



Evaluation study of the work of the Expert Panel on effective ways of investing in health (EXPH)

Final Report

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Abstract

This report evaluates the work of the Expert Panel on effective ways of investing in health (EXPH). The study evaluated the effectiveness, efficiency, and coherence of the EXPH and aimed to assess the current format, the rules of procedure and the working methods of the Panel. It also evaluated the relevance of the EXPH by assessing its opinions' impacts, including how they were disseminated to stakeholders.

The study found that the EXPH's work has been largely relevant to the EU health agenda and priorities, and coherent with the work of other EU bodies. However, recommendations to improve its relevance include making them more actionable, shorter, and timelier. Similarly, the study found that the EXPH has met its objectives and increased interest and knowledge across areas. It is also considered as independent and trustworthy, and, albeit less so, as a multisectoral source of information. Moreover, the latter is an area where further improvement is recommended. Results show that views differed on the perception of the lasting impact of the work of the EXPH.

Working methods and rules of procedure were considered adequate. The format, content of opinions, mandates, roles and ways of working of the secretariat were considered the most efficient, voting rules and accelerated procedures least efficient. Recommended improvements relate to the collaboration aspects of the Panel and how targeted audiences are reached.

The study analysed the challenges that were identified and indicated which ones could bring about improvements where needed. Specific themes regarding changes include better interaction with stakeholders, increased Panel diversity, timelier delivery of opinions, and more clarity, actionability and innovativeness of the work of the Panel.

Executive Summary

Introduction and study purpose

This study was commissioned to ICF by the European Commission with the purpose of assessing the work of the Expert Panel on effective ways of investing in health (EXPH). The study evaluated the effectiveness, efficiency, and coherence of the EXPH by assessing the current format, the rules of procedure and working methods of the Panel. It also evaluated the relevance of the EXPH by assessing the impact of its opinions, including the way opinions are disseminated to stakeholders. The period covered is the implementation of the EXPH between 2013 and 2022 and encompasses 24 opinions.

The Expert Panel on effective ways of investing in health (EXPH) is an interdisciplinary and independent group established by the European Commission, which is aimed at providing advice on effective ways of investing in health. It was created in 2012 and came into force in 2013. The Decision was originally intended to apply until 1 October 2015, however, it was extended twice, first by Commission Decision 2015/6719/EC and, subsequently, by Commission Decision 2019/C 174/04. This is because, the Commission deemed both in 2015 and 2019 that the Panel was "best placed" to serve as a mechanism for pooling expertise at EU level and for providing relevant advice contributing to accessible, effective and sustainable health systems, and considered it "essential" that the EXPH be able to carry out these functions. The EXPH will continue to operate until 31 December 2022.

The EXPH aimed to provide independent advice on how to improve health systems, in particular on their accessibility, resilience, effectiveness and investment in health.

- Accessibility: the EXPH seeks to provide evidence-based information to improve the access to appropriate and timely health care;

- Resilience: the EXPH aims to identify the methods and tools that will allow health systems to adapt and be more responsive and resilient across time and towards new and emerging health threats; and
- Effectiveness: the EXPH focuses on how to improve the quality, effectiveness, and efficiency of health systems to provide better care to the European population.

Methodology

The study, which was aligned to the Better Regulation Guidelines, used the following methodology:

- Five exploratory interviews with EXPH Members, DG SANTE, researchers and NGOs, were carried out to collect stakeholder's perceptions on the approach and objectives of the study.
- An in-depth preliminary document review: an in-depth preliminary document review to identify documents for the desk review. 528 documents, including EXPH outputs, academic literature, published reports, and webpages, were rigorously reviewed and mapped against the assessment criteria.
- A document and literature review was carried out covering 234 documents, such as academic papers, reports, and position papers, and strategic documents which illustrating evolving needs and priorities of Member States in relation to pertinent health topics covered by the Panel.
- A mapping of EXPH's outputs was conducted to analyse qualitative elements of EXPH work (Mandates, opinions, meetings/events/hearings), which included scraping the European Commission's website for publications.
- A thematic analysis: carried out to analyse the uptake of the 24 opinions against European Commission priorities in health.
- A citation analysis: carried out to analyse the uptake of EXPH opinions in publications by reviewing a number of citations.
- A targeted survey: conducted to collect the views of key stakeholders. These were individuals and organisations directly involved in the work of the EXPH, benefitting from the work of the EXPH, or having an interest in the Panel. 73 responses were received across all stakeholder groups.
- Targeted interviews: 22 interviews were carried out to collect insights from the different stakeholder groups and to cross-check findings from other data collected and fill-in evidence gaps.
- Focus groups: two focus groups were conducted to validate the findings of the study and the results from other consultation activities. One Focus Group was organised with EXPH members (former and current) and another one with DG SANTE and a mix of stakeholders.

The outputs of the various research tasks were brought together in the synthesis phase, which consisted in producing a final report through the triangulation of collected evidence, and comprehensively answering the study questions.

Key findings

Relevance

This study shows that the EXPH's work (Mandates, opinions, and recommendations) has been largely relevant to the EU health agenda and priorities, as well as to the needs of the stakeholders consulted. It has focused on key policy topics; it has been evidence-based, comprehensive, transparent, and clear; and it has contained valuable information, including good practices. Such relevance applies to its work over time – that is, from its start through to the present day – and in light of the challenges faced by the public health sector, notably with regard to the COVID-19 pandemic and emerging cross-border health

threats. Relevance was found to have improved over time, due to increased collaboration within the Panel and between the Panel and DG SANTE. However, opinions could be shorter, timelier, and more actionable. Focusing on how rather than what to do was suggested as an adequate approach. Similarly, the opinion's recommendations were considered 'relevant' and 'specific', agreement was lower as for how 'measurable' and 'achievable' they were – thus, suggesting again that a more practical approach could better match stakeholders' needs.

Effectiveness

Findings show that the EXPH has met its objectives, despite some potential scope for further improvement. The EXPH is considered an independent, trustworthy, and – albeit less so – a multisectoral source of information and advice, thanks to well-defined processes and strong members' expertise. However, the multi-sectoral approach and members' multi-disciplinarity and geographical balance could be further improved. Gender imbalance has decreased over time. Overall, the EXPH opinions were found to have increased interest, knowledge and / or expertise across areas, and to have facilitated and promoted evidence exchange and discussion. However, the impact on policy implementation at EU level and particularly at national level were less clear.

The perception of the relevance and (lasting) impact of given Mandates, opinions, and recommendations vary across different stakeholders, largely based on their involvement with the EXPH, as well as their needs and interests. Similarly, views generally differ as to which Mandates and opinions were most or least relevant and addressed by the Panel, on one hand; and most relevant but not addressed by the Panel, on the other hand. Similarly, in terms of effectiveness, stakeholders referred back to a range of opinions and recommendations.

Efficiency

The current working methods and rules of procedure are considered to largely provide the right framework for efficient ways of working. Format and content of opinions, Mandates, roles and ways of working of the Secretariat were considered most efficient; while minority opinions, and accelerated procedures, as well as voting rules, were perceived as least efficient. However, some opinions were published with severe delays. Overall, members were satisfied with the value found in being part of the Panel and with their own role and their fellow members. Yet, members' expertise, their division of work, and the collaboration between newcomers and longstanding members were mentioned among the areas that could be improved. Further, the principles for the operation of the Panel - excellence, independence, transparency, confidentiality, and multi-sectoral approach -were viewed as largely appropriate, and new principles were also suggested. Some dissemination activities were carried out, however, improvements were strongly suggested by a variety of stakeholders in this area, to reach the right target audiences and in turn increase the impact of the Panel.

Coherence

The study found that the work of the EXPH supported DG SANTE priorities over time, although it was felt that it contributed less to the DG SANTE 2019-2024 priority 'diminishing the impact of cancer in Europe'. The Panel has been to a large extent aligned with the work of other EU bodies, but not as much with the work of international organisations. Even less alignment was found with the work of national organisations.

Conclusions and recommendations

This study analysed what challenges were identified and referred particularly to what changes could bring about improvement where needed. Certain themes regarding changes are rather cross-cutting across evaluation criteria:

- More clarity, actionability, and innovativeness - stakeholders lamented a lack of clarity and/or transparency on how Mandates are formulated and for what policy goals. Mandates were also perceived to be too broad or vague, which would affect the actionability of opinions. This theme largely applies to the relevance of the EXPH, with some mismatch between needs and output. In turn, it also hindered its effectiveness, use, and (lasting) impact of the opinions and their recommendations. It also impacted the efficiency of the Panel's work and its coherence, in terms of potential duplication of efforts and challenges in producing new insights.
- Better interaction with stakeholders – was considered a key theme across evaluation criteria. Improved collaboration with stakeholders at EU and, particularly, at national level would further support relevance – both in terms of current needs and a more forward-looking and strategic approach to public health needs. Key hindrances to the achievement of the EXPH's objective were perceived to be the low level of interaction with stakeholders, particularly but not limited to national ones, and awareness of stakeholders of its work, including visibility and dissemination of the opinions. These findings point to the notion that opinions are less used to contribute to national policy development. The EXPH could differentiate its approach to targeted groups. It could also have a stronger bottom-up and dialogical approach that better involves local and national stakeholders, for instance, defining Mandates and including feedback from public hearings. Dissemination efforts were considered to have substantial scope for improvement, both in terms of effectiveness and efficiency, given the challenges related to dissemination processes and resources (e.g., low time and lack of budget to devote to it). Regarding efficiency, some EXPH (present and past) members also mentioned that meeting in different cities would increase contact with national stakeholders from different countries. Finally, in terms of coherence, low interaction with stakeholders also generated less alignment with the work of national bodies.
- Time pressure, timeliness, and prioritisation – A timelier delivery of opinions would mitigate the risk of any mismatch between needs and output: shorter outputs could be useful to lighten members' workload and time pressure, as well as better meet stakeholder needs. Despite the group functioning well, research assistance and stronger Secretarial support (from DG SANTE) were considered efficient changes that could relieve pressure, and so would the adoption of an efficient approach informed by project management in how opinions are drafted. More structurally, to promptly address needs, stakeholders considered prioritisation and the opportunity to have a more 'proactive' approach rather than a 'reactive' one. Such a predictive and future-oriented approach could prevent future issues from turning into fully-fledged crises; besides, starting work early on them would allow for producing timely advice with less time pressure. Finally, time pressure was considered to hinder interaction with stakeholders and dissemination efforts.
- Increased Panel's diversity – EXPH opinions were seen as not always relevant, with suggestions to increase the representation of multi-disciplinary expertise on the Panel. What is more, this could also increase the efficiency of the principle for the operation of the Panel in terms of a multi-sectoral approach, including, for instance, a 'health in all policy approach.' Increased diversity in terms of professional background could also favour more practical and actionable outputs. This is because sometimes opinions do not tackle in-depth how to bring about change – which is considered to be in no small part due to a lack of direct experience from Panel members of everyday health and healthcare work activities, while they possess excellent scientific knowledge. What is more, the better geographical coverage of countries would support members leveraging more in their national and local context, in terms of interaction and dialogue with stakeholders and dissemination efforts.

Überblick (DE)

Dieser Bericht bewertet die Arbeit des Expertengremiums für wirksame Gesundheitsinvestitionen (EXPH). Die Studie bewertete die Effektivität, Effizienz und Kohärenz des EXPH und zielte darauf ab, das aktuelle Format, die Verfahrensregeln und die Arbeitsmethoden des Expertengremiums zu bewerten. Sie gab auch eine Bewertung zur Relevanz des EXPH ab, indem sie die Auswirkungen seiner Stellungnahmen bewertete, einschließlich der Art und Weise, wie sie an Interessengruppen verbreitet wurden.

Die Studie ergab, dass die Arbeit des EXPH für die EU-Gesundheitsagenda und -prioritäten weitgehend relevant und mit der Arbeit anderer EU-Organen kohärent war. Zu den Empfehlungen zur Verbesserung ihrer Relevanz gehört jedoch auch, sie umsetzbarer, kürzer und zeitgerechter werden zu lassen. In ähnlicher Weise stellte die Studie fest, dass der EXPH seine Ziele erreicht und das Interesse und das Wissen in allen Bereichen gesteigert hat. Er gilt auch als unabhängig und vertrauenswürdig und, wenn auch in abgeschwächter Form, als multisektorale Informationsquelle. Darüber hinaus ist letztere ein Bereich, in dem weitere Verbesserungen empfohlen werden. Die Ergebnisse zeigen, dass die Ansichten bezüglich der Wahrnehmung der nachhaltigen Wirkung der Arbeit des EXPH auseinandergingen.

Die Arbeitsmethoden und Verfahrensregeln wurden als angemessen angesehen. Das Format, der Inhalt der Stellungnahmen, die Mandate, Rollen und Arbeitsweise des Sekretariats wurden als am effizientesten, Abstimmungsregeln als am wenigsten effizient empfunden. Empfohlene Verbesserungen beziehen sich auf die Aspekte der Zusammenarbeit des Gremiums und darauf, wie Zielgruppen erreicht werden.

Die Studie analysierte die identifizierten Herausforderungen und zeigte auf, welche, wo notwendig, zu Verbesserungen führen könnten. Zu den spezifischen Themen in Bezug auf Änderungen gehören eine bessere Interaktion mit Interessengruppen, eine größere Vielfalt des Expertengremiums, eine zeitgerechtere Abgabe von Stellungnahmen sowie mehr Klarheit, Umsetzbarkeit und Innovationsfähigkeit der Arbeit des Expertengremiums.

Kurzfassung (DE)

Einführung und Studienzweck

Diese Studie wurde bei ICF von der Europäischen Kommission mit dem Ziel in Auftrag gegeben, die Arbeit des Expertengremiums für wirksame Gesundheitsinvestitionen (EXPH) zu bewerten. Die Studie bewertete die Effektivität, Effizienz und Kohärenz des EXPH, indem sie das aktuelle Format, die Verfahrensregeln und die Arbeitsmethoden des Expertengremiums auswertete. Sie bewertete auch die Relevanz des EXPH, indem sie die Auswirkungen seiner Stellungnahmen evaluierte, einschließlich der Art und Weise, wie Stellungnahmen an Interessengruppen verbreitet werden. Der abgedeckte Zeitraum beinhaltet die Implementation des EXPH von 2013 bis 2022 und umfasst 24 Stellungnahmen.

Das Expertengremium für wirksame Gesundheitsinvestitionen (EXPH) ist eine interdisziplinäre und unabhängige Gruppe, die von der Europäischen Kommission eingerichtet wurde und deren Ziel es ist, Ratschläge zu effektiven Möglichkeiten bei der Gesundheitsinvestition zu geben. Es wurde 2012 gebildet und trat 2013 in Kraft. Der Beschluss sollte ursprünglich bis zum 1. Oktober 2015 gelten, wurde jedoch zweimal verlängert, zunächst durch den Beschluss 2015/6719/EG der Kommission und anschließend durch den Beschluss 2019/C 174/04 der Kommission. Dies beruht darauf, dass die Kommission sowohl 2015 als auch 2019 der Ansicht war, dass das Expertengremium „am besten geeignet“ sei, um als Mechanismus zur Bündelung von Fachwissen auf EU-Ebene und für die Bereitstellung relevanter Ratschläge zu dienen, die zu zugänglichen, effektiven und nachhaltigen Gesundheitssystemen beitragen. Sie hielt es für „wesentlich“, dass das EXPH diese Funktionen erfüllen kann. Das EXPH ist bis zum 31. Dezember 2022 aktiv.

Ziel des EXPH war es, unabhängige Beratung zur Verbesserung der Gesundheitssysteme bereitzustellen, insbesondere bezüglich ihrer Zugänglichkeit, Belastbarkeit, Effektivität und Investition in die Gesundheit.

- Zugänglichkeit: Das EXPH versucht, faktengestützte Informationen bereitzustellen, um den Zugang zu einer angemessenen und zeitgerechten Gesundheitsversorgung zu verbessern;
- Belastbarkeit/Resilienz: Das EXPH zielt darauf ab, die Methoden und Instrumente zu identifizieren, die es den Gesundheitssystemen ermöglichen, sich im Laufe der Zeit und gegenüber neuen und aufkommenden Gesundheitsbedrohungen anzupassen und reaktions- und widerstandsfähiger zu sein und
- Effektivität: Das EXPH konzentriert sich darauf, wie die Qualität, Effektivität und Effizienz von Gesundheitssystemen verbessert werden können, um der europäischen Bevölkerung eine bessere Gesundheitsversorgung zu bieten.

Methodik

Die Studie, die an den Richtlinien zur besseren Durchführungsverordnung ausgerichtet war, wendete folgende Methodik an:

- Fünf Sondierungsinterviews mit EXPH-Mitgliedern, GD SANTE, Forschern und NGOs wurden durchgeführt, um die Meinungen der Interessengruppen zu Ansatz und Zielen der Studie zusammenzutragen.
- Eine eingehende, vorläufige Dokumentenprüfung: eine eingehende, vorläufige Dokumentenprüfung, um Dokumente für die Bestandsaufnahme zu identifizieren. 528 Dokumente, darunter EXPH-Ergebnisse, wissenschaftliche Literatur, veröffentlichte Berichte und Webseiten, wurden streng geprüft und mit den Bewertungskriterien verglichen.
- Es wurde eine Dokumenten- und Literaturrecherche durchgeführt, die 234 Dokumente umfasste, darunter wissenschaftliche Arbeiten, Berichte und Grundsatzpapiere sowie strategische Dokumente, die die sich entwickelnden Bedürfnisse und Prioritäten der Mitgliedsstaaten in Bezug auf die vom Expertengremium behandelten, einschlägigen Gesundheitsthemen veranschaulichten.
- Es wurde eine Bestandsaufnahme der Ergebnisse des EXPH durchgeführt, um qualitative Arbeitselemente des EXPH (Mandate, Stellungnahmen, Sitzungen/Veranstaltungen/Anhörungen) zu analysieren, einschließlich des Durchsuchens der Website der Europäischen Kommission nach Veröffentlichungen.
- Eine thematische Analyse: Wurde durchgeführt, um die Aufnahme der 24 Stellungnahmen zu den Prioritäten der Europäischen Kommission im Gesundheitsbereich zu analysieren.
- Eine Zitatenaanalyse: Wurde durchgeführt, um die Aufnahme von EXPH-Meinungen in Publikationen zu analysieren, indem eine Reihe von Zitaten überprüft wurde.
- Eine gezielte Umfrage: Wurde durchgeführt, um die Ansichten der wichtigsten Interessengruppen einzuholen. Dabei handelte es sich um Personen und Organisationen, die direkt an der Arbeit des EXPH beteiligt waren, von der Arbeit des EXPH profitierten oder ein Interesse am Gremium hatten. 73 Antworten gingen aus allen Interessengruppen ein.
- Gezielte Interviews: Es wurden 22 Interviews durchgeführt, um Erkenntnisse aus den verschiedenen Interessengruppen zu vereinen und Ergebnisse aus anderen gesammelten Daten abzugleichen und Beweislücken zu schließen.
- Fokusgruppen: Es wurden zwei Fokusgruppen durchgeführt, um die Ergebnisse der Studie und die anderer Konsultationsaktivitäten zu validieren. Eine Fokusgruppe wurde mit (ehemaligen und aktuellen) EXPH-Mitgliedern und eine andere mit GD SANTE und einer Mischung aus Interessengruppen erstellt.

Die Ergebnisse der verschiedenen Forschungsaufgaben wurden in der Synthesephase zusammengeführt, die darin bestand, durch Triangulation der gesammelten Belege einen Abschlussbericht zu erstellen und die Studienfragen umfassend zu beantworten.

Wichtigste Ergebnisse

Relevanz

Diese Studie zeigt, dass die Arbeit des EXPH (Mandate, Stellungnahmen und Empfehlungen) weitgehend relevant für die EU-Gesundheitsagenda und -prioritäten sowie für die Bedürfnisse der konsultierten Interessengruppen war. Sie hat sich auf wichtige politische Themen konzentriert, war faktengestützt, umfassend, transparent und klar und enthielt wertvolle Informationen, einschließlich bewährter Praktiken. Diese Relevanz gilt für ihre Arbeit im Laufe der Zeit – d. h. von ihren Anfängen bis heute – und angesichts der Herausforderungen, denen sich der öffentliche Gesundheitssektor gegenüber sieht, insbesondere im Hinblick auf die COVID-19-Pandemie und neu entstehende, grenzüberschreitende Gesundheitsbedrohungen. Es wurde festgestellt, dass sich die Relevanz aufgrund der verstärkten Zusammenarbeit innerhalb des Expertengremiums und zwischen dem Expertengremium und GD SANTE in diesem Zeitraum verbessert hat. Meinungen könnten jedoch kürzer, zeitgerechter und umsetzbarer sein. Als angemessener Ansatz wurde vorgeschlagen, sich darauf zu konzentrieren, wie etwas und nicht was zu tun ist. In ähnlicher Weise wurden die Empfehlungen der Stellungnahme als „relevant“ und „spezifisch“ eingestuft. Die Zustimmung war im Hinblick auf ein Maß für „Messbarkeit“ und „Erreichbarkeit“ geringer – was wiederum darauf hindeutet, dass ein praktischerer Ansatz den Bedürfnissen der Interessengruppen besser entsprechen könnte.

Effektivität

Die Ergebnisse zeigen, dass das EXPH seine Ziele trotz einiger potenzieller Spielräume für weitere Verbesserungen erreicht hat. Dank klar definierter Prozesse und starker Mitgliederexpertise gilt das EXPH als unabhängige, vertrauenswürdige und – wenn auch weniger – branchenübergreifende Informations- und Beratungsquelle. Der branchenübergreifende Ansatz sowie die Interdisziplinarität und geografische Ausgewogenheit der Mitglieder könnten jedoch weiter verbessert werden. Das Ungleichgewicht zwischen den Geschlechtern hat im Laufe der Zeit abgenommen. Insgesamt wurde festgestellt, dass die EXPH-Gutachten das Interesse, das Wissen und/oder die Fachkenntnisse in allen Bereichen gesteigert sowie den Austausch und die Diskussion von Belegen erleichtert und gefördert haben. Die Auswirkung auf die Umsetzung der Politik auf EU-Ebene und insbesondere auf nationaler Ebene war jedoch weniger offensichtlich.

Die Wahrnehmung der Relevanz und (dauerhaften) Auswirkung zugeteilter Mandate, Meinungen und Empfehlungen variiert zwischen verschiedenen Interessengruppen, hauptsächlich aufgrund ihrer Beteiligung am EXPH sowie ihren Bedürfnissen und Interessen. Ebenso gehen die Ansichten allgemein darüber auseinander, welche Mandate und Meinungen einerseits am relevantesten oder am wenigsten relevant waren und vom Expertengremium behandelt wurden, und andererseits am relevantesten waren, aber vom Expertengremium nicht bearbeitet wurden. In ähnlicher Weise verwiesen die Interessengruppen auf die Effektivität etlicher Meinungen und Empfehlungen.

Effizienz

Die aktuellen Arbeitsweisen und Verfahrensregeln bieten weitgehend den richtigen Rahmen für eine effiziente Arbeitsweise. Das Format und der Inhalt der Stellungnahmen, Mandate, Rollen und Arbeitsweisen des Sekretariats wurden als am effizientesten erachtet, während Abstimmungsregeln als am wenigsten effizient empfunden wurden. Einige Stellungnahmen wurden jedoch mit erheblicher Verzögerung veröffentlicht. Insgesamt waren die Mitglieder

mit dem Wert ihrer eigenen Rolle und der ihrer Kollegen zufrieden, der darin bestand, Teil des Gremiums zu sein. Als verbesserungswürdige Bereiche wurden jedoch das Fachwissen der Mitglieder, ihre Arbeitsteilung und die Zusammenarbeit zwischen neuen und langjährigen Mitgliedern genannt. Darüber hinaus wurden die Grundsätze für die Tätigkeit des Gremiums – Exzellenz, Unabhängigkeit, Transparenz, Vertraulichkeit und branchenübergreifender Ansatz – als weitgehend angemessen angesehen, und es wurden auch neue Grundsätze vorgeschlagen. Es wurden einige Verbreitungsaktivitäten durchgeführt, jedoch wurden von vielen der Interessengruppen in diesem Bereich nachdrücklich Verbesserungen vorgeschlagen, um die richtigen Zielgruppen zu erreichen und wiederum die Auswirkung des Gremiums zu steigern.

Kohärenz

Die Studie ergab, dass die Arbeit des EXPH die Prioritäten von GD SANTE im Laufe der Zeit unterstützte, auch wenn sich GD SANTE in Bezug auf einige prioritäre Themen wie Krebs auf andere Beratungsquellen verließ. Das Gremium wurde weitgehend mit der Arbeit anderer EU-Organen abgestimmt, jedoch nicht so sehr mit der Arbeit internationaler Organisationen. Noch weniger Übereinstimmung wurde mit der Arbeit nationaler Organisationen gefunden.

Schlussfolgerungen und Empfehlungen

Diese Studie analysierte die identifizierten Herausforderungen und wies insbesondere darauf hin, welche Änderungen gegebenenfalls zu Verbesserungen führen könnten. Bestimmte Themen in Bezug auf Änderungen sind eher branchenübergreifende Bewertungskriterien:

- Mehr Klarheit, Handlungsfähigkeit und Innovation – Interessengruppen beklagten einen Mangel an Klarheit und/oder Transparenz darüber, wie Mandate und für welche politischen Ziele sie formuliert werden. Mandate wurden auch als zu weit gefasst oder vage empfunden, was die Umsetzbarkeit von Stellungnahmen beeinträchtigen würde. Dieses Thema trifft weitgehend auf die Relevanz des EXPH zu, mit einer gewissen Diskrepanz zwischen Bedarf und Ergebnis. Dies wiederum behinderte auch seine Effektivität, Nutzung und (dauerhafte) Auswirkung der Stellungnahmen und seine Empfehlungen. Es wirkte sich auch auf die Effizienz der Arbeit des Gremiums und seine Kohärenz im Hinblick auf potenziell doppelte Anstrengungen und Herausforderungen bei der Gewinnung neuer Erkenntnisse aus.
- Bessere Interaktion mit Interessengruppen – wurde in allen Bewertungskriterien als Schlüsselthema betrachtet. Eine verbesserte Zusammenarbeit mit Interessengruppen auf EU- und insbesondere auf nationaler Ebene würde die Relevanz weiter fördern – sowohl im Hinblick auf aktuelle Bedürfnisse als auch auf einen weiter vorausschauenden und strategischeren Ansatz für die Bedürfnisse der öffentlichen Gesundheit. Als Haupthindernisse für das Erreichen des Ziels des EXPH wurden insbesondere das geringe Maß an Interaktion mit Interessengruppen, ohne Beschränkung auf die nationalen, und das Bewusstsein der Interessengruppen für seine Arbeit, einschließlich der Sichtbarkeit und Verbreitung der Meinungen, angesehen. Diese Ergebnisse deuten darauf hin, dass Meinungen weniger genutzt werden, um zur nationalen Politikentwicklung beizutragen. Das EXPH könnte seinen Ansatz zielgruppenspezifisch differenzieren. Es könnte auch einen stärkeren Bottom-up- und partizipativen Ansatz haben, der lokale und nationale Interessengruppen besser einbezieht, beispielsweise durch die Definition von Mandaten und die Einbeziehung von Rückmeldungen aus öffentlichen Anhörungen. Die Verbreitungsbemühungen wurden angesichts der Herausforderungen im Zusammenhang mit Verbreitungsprozessen und -ressourcen (z. B. wenig Zeit und fehlendes Budget dafür) als erheblich verbesserungsfähig angesehen, sowohl in Bezug auf Effektivität als auch auf Effizienz. Hinsichtlich der Effizienz erwähnten einige (gegenwärtige und ehemalige) EXPH-Mitglieder auch, dass Treffen in

verschiedenen Städten den Kontakt mit nationalen Interessengruppen aus verschiedenen Ländern verbessern würden. Letztlich führte eine geringere Interaktion mit Interessengruppen auch zu einer geringeren Abstimmung mit der Arbeit nationaler Stellen in Bezug auf die Kohärenz.

- Zeitdruck, Pünktlichkeit und Priorisierung – Eine zeitnähere Abgabe von Stellungnahmen würde das Risiko einer Diskrepanz zwischen Bedarf und Ergebnis verringern: Schnellere Ergebnisse könnten nützlich sein, um die Arbeitsbelastung und den Zeitdruck der Mitglieder zu verringern und die Bedürfnisse der Interessengruppen besser zu erfüllen. Obwohl die Gruppe gut harmonierte, wurden Forschungsförderung und stärkere Sekretariatsunterstützung (seitens GD SANTE) als effiziente Änderungen angesehen, die Druck verringern könnten. Das gilt auch für die Annahme eines effizienten Projektmanagementansatzes über die Erstellung von Stellungnahmen. Um den Bedürfnissen umgehend gerecht zu werden, regten die Interessengruppen an, die Priorisierung von Themen und die Adoption eines „proaktiveren“ als „reaktiven“ Ansatzes zu verfolgen. Ein derart vorausschauender und zukunftsorientierter Ansatz könnte zur Verbesserung der Vorbereitung auf künftige Krisen beitragen. Außerdem würde ein früher Beginn der Arbeit an ihnen eine rechtzeitige Beratung mit weniger Zeitdruck ermöglichen. Schließlich wurde der Zeitdruck als Hindernis für die Interaktion mit den Interessengruppen und bei den Verbreitungsbemühungen angesehen.
- Eine größere Vielfalt im Gremium – EXPH-Meinungen wurden als nicht immer relevant angesehen und wurden von Vorschlägen begleitet, die Repräsentation des interdisziplinären Fachwissens im Gremium zu erhöhen. Darüber hinaus könnte dies auch die Effizienz des Arbeitsgrundsatzes des Gremiums im Sinne eines multisektoralen Ansatzes steigern, einschließlich beispielsweise des „Health in all Policies“-Ansatzes. Eine größere Vielfalt in Bezug auf den beruflichen Hintergrund könnte auch praktischere und umsetzbare Ergebnisse begünstigen. Dies liegt daran, dass Stellungnahmen manchmal nicht genügend darauf eingehen, wie Veränderungen herbeigeführt werden können – was nicht zuletzt auf einen Mangel an direkter Erfahrung der Gremiummitglieder aus dem Arbeitsalltag im Gesundheitswesen zurückzuführen ist, obwohl sie über hervorragende wissenschaftliche Kenntnisse verfügen. Darüber hinaus würde die bessere geografische Abdeckung der Länder die Mitglieder dabei unterstützen, mehr in ihrem nationalen und lokalen Kontext die Interaktion und den Dialog mit Interessengruppen und bei Verbreitungsbemühungen zu nutzen.

Résumé (FR)

Le présent rapport évalue le travail du groupe d'experts sur les moyens efficaces d'investir dans la santé (EXPH). L'étude a évalué l'efficacité, l'efficience et la cohérence de l'EXPH et visait à évaluer le format actuel, les règles de procédures et les méthodes de travail du groupe. Elle a également examiné la pertinence de l'EXPH en mesurant l'impact de ses avis, notamment leur mode de diffusion auprès des parties prenantes.

L'étude a révélé que les activités liées à l'EXPH sont largement pertinentes dans le cadre du programme et des priorités de l'UE en matière de santé et cohérentes avec les activités d'autres organes de l'UE. Toutefois, les recommandations visant à améliorer cette pertinence soulignent la nécessité de rendre des avis plus exploitables, plus courts et dans de meilleurs délais. De même, l'étude a révélé que l'EXPH avait atteint ses objectifs et accru l'intérêt et les connaissances dans divers domaines. Ce groupe d'experts est également considéré comme indépendant et fiable et, dans une moindre mesure, comme une source d'information multisectorielle. Des améliorations sont d'ailleurs recommandées dans ce domaine. Les résultats mettent en évidence la divergence des avis quant à la perception de l'impact durable des travaux de l'EXPH.

Ses méthodes de travail et ses règles de procédures ont été jugées adéquates. Le format, le contenu des avis, les missions, les rôles et les méthodes de travail du secrétariat ont été considérés comme les plus efficaces, tandis que les règles de vote étaient perçues comme

les moins efficaces. Parmi les améliorations suggérées figurent les aspects de collaboration du groupe et la manière d'atteindre les publics cibles.

L'étude a analysé les défis identifiés et a indiqué ceux susceptibles d'apporter des améliorations dans certains domaines. Parmi les thèmes spécifiques devant faire l'objet d'évolutions, citons : une meilleure interaction avec les parties prenantes, une plus grande diversité au sein du groupe, une transmission plus rapide des avis, ainsi que davantage de clarté, de possibilités d'action et d'innovation dans les travaux du groupe.

Résumé analytique (FR)

Introduction et objectif de l'étude

Cette étude a été commandée à l'ICF par la Commission européenne dans le but d'évaluer le travail du groupe d'experts sur les moyens efficaces d'investir dans la santé (EXPH). Elle a évalué l'efficacité, l'efficience et la cohérence de l'EXPH en évaluant le format actuel, les règles de procédure et les méthodes de travail du groupe. Elle a également examiné la pertinence de l'EXPH en mesurant l'impact de ses avis, notamment leur mode de diffusion auprès des parties prenantes. La période concernée est la mise en œuvre de l'EXPH entre 2013 et 2022 et englobe 24 avis.

Le groupe d'experts sur les moyens efficaces d'investir dans la santé (EXPH) est un groupe interdisciplinaire et indépendant établi par la Commission européenne. Son objectif est de fournir des avis sur les moyens efficaces d'investir dans la santé. Créé en 2012, il est entré en vigueur en 2013. La décision devait initialement s'appliquer jusqu'au 1er octobre 2015, mais elle a été prolongée deux fois, d'abord par la décision 2015/6719/CE de la Commission, puis par la décision 2019/C 174/04 de la Commission. En effet, la Commission a estimé, tant en 2015 qu'en 2019, que l'EXPH était « le mieux placé » pour servir de mécanisme de mise en commun de l'expertise au niveau de l'UE et pour fournir des conseils pertinents contribuant à des systèmes de santé accessibles, efficaces et durables ; elle a en outre jugé « essentiel » que l'EXPH puisse remplir ces fonctions. L'EXPH fonctionnera jusqu'au 31 décembre 2022.

L'EXPH a pour but de fournir des conseils indépendants sur la manière d'améliorer les systèmes de santé, en particulier sur leur accessibilité, leur résilience, leur efficacité et l'investissement dans la santé.

- Accessibilité : l'EXPH cherche à fournir des informations factuelles pour améliorer l'accès à des soins de santé appropriés et en temps opportun ;
- Résilience : l'EXPH a pour but d'identifier les méthodes et les outils qui permettront aux systèmes de santé de s'adapter et d'être plus réactifs et résilients dans le temps et dans le contexte de menaces sanitaires nouvelles et émergentes ; et
- Efficacité : l'EXPH se concentre sur la façon d'améliorer la qualité, l'efficacité et l'efficience des systèmes de santé afin de fournir de meilleurs soins à la population européenne.

Méthodologie

L'étude, qui s'alignait sur les lignes directrices pour une meilleure réglementation, a suivi la méthodologie suivante :

- Cinq entretiens exploratoires avec des membres de l'EXPH, de la DG SANTE, des chercheurs et des ONG, ont eu lieu afin de recueillir les perceptions des parties prenantes sur l'approche et les objectifs de l'étude.
- Un examen préliminaire approfondi de la documentation afin d'identifier les documents pour l'examen sur dossier. Un total de 528 documents, dont des résultats de l'EXPH, de la littérature universitaire, des rapports publiés et des pages Web, ont fait l'objet d'un examen rigoureux et ont été mis en correspondance avec les critères d'évaluation.

- Un examen de la documentation et de la littérature a été effectué sur 234 documents. Parmi ceux-ci figurent des articles universitaires, des rapports et des prises de position, ainsi que des documents stratégiques qui illustrent l'évolution des besoins et des priorités des États membres par rapport aux sujets de santé pertinents couverts par le groupe.
- Une cartographie des résultats de l'EXPH a été réalisée afin d'analyser les éléments qualitatifs du travail du groupe (missions, avis, réunions / événements / auditions). Cette étape a impliqué la recherche de publications sur le site Web de la Commission européenne.
- Une analyse thématique a été menée pour analyser l'adoption des 24 avis par rapport aux priorités de la Commission européenne en matière de santé.
- Une analyse de plusieurs citations a été exécutée pour examiner l'intégration des avis de l'EXPH dans les publications.
- Une enquête ciblée a été réalisée pour recueillir les opinions des principales parties prenantes. Il s'agissait d'individus et d'organisations prenant directement part au travail de l'EXPH, bénéficiant des travaux de l'EXPH ou ayant un intérêt dans le groupe. Au total, tous les groupes de parties prenantes ont fait parvenir 73 réponses.
- Entretiens ciblés : 22 d'entre eux ont été menés afin de recueillir les points de vue des différents groupes de parties prenantes, de recouper les conclusions des autres données collectées et de combler les lacunes.
- Groupes de discussion : deux groupes de discussion ont été organisés pour valider les conclusions de l'étude et les résultats des autres activités de consultation. Un groupe de discussion a été organisé avec les membres de l'EXPH (anciens et actuels), et un autre avec la DG SANTE et une combinaison de parties prenantes.

Les résultats des différentes tâches de recherche ont été rassemblés lors de la phase de synthèse, qui consistait à produire un rapport final par triangulation des preuves collectées et à apporter une réponse exhaustive aux questions de l'étude.

Constatations essentielles

Pertinence

Cette étude a mis en exergue que les travaux de l'EXPH (missions, avis et recommandations) ont été largement pertinents dans le cadre du programme et des priorités de l'UE en matière de santé, ainsi que pour les besoins des parties prenantes consultées. Ces travaux se concentrent sur des sujets politiques clés, s'appuient sur des preuves, sont complets, transparents et clairs et contiennent des informations précieuses, notamment des bonnes pratiques. Cette pertinence s'applique aux travaux de l'EXPH au fil du temps (c'est-à-dire depuis son lancement jusqu'à aujourd'hui) et apporte une réponse aux défis auxquels est confronté le secteur de la santé publique, notamment en ce qui concerne la pandémie de COVID-19 et les nouvelles menaces sanitaires transfrontalières. La pertinence s'est améliorée au fil du temps, grâce à une collaboration accrue au sein du groupe, ainsi qu'entre le groupe et la DG SANTE. Toutefois, les avis pourraient être plus courts et délivrés dans des délais plus opportuns. Il a été suggéré de se concentrer sur le comment plutôt que sur le quoi faire afin d'adopter une approche adéquate. De même, les recommandations des avis ont été jugées « pertinentes » et « spécifiques », mais leur caractère « mesurable » et « réalisable » ne faisait pas l'unanimité, ce qui suggère à nouveau qu'une approche plus pratique pourrait mieux répondre aux besoins des parties prenantes.

Efficacité

Les résultats montrent que l'EXPH a atteint ses objectifs, malgré quelques possibilités d'amélioration. L'EXPH est considéré comme une source d'information et de conseil indépendante, fiable et, dans une moindre mesure, multisectorielle, grâce à des processus

bien définis et à l'expertise solide de ses membres. Toutefois, l'approche multisectorielle, la pluridisciplinarité des membres et l'équilibre géographique pourraient bénéficier d'une amélioration plus poussée. En outre, le déséquilibre entre les sexes a diminué au fil du temps. Dans l'ensemble, il a été constaté que les avis de l'EXPH ont accru l'intérêt, les connaissances et/ou l'expertise dans différents domaines, et qu'ils ont facilité et encouragé l'échange de données et la discussion. Cependant, leur impact sur la mise en œuvre des politiques au niveau de l'UE et particulièrement au niveau national était moins clair.

La perception de la pertinence et de l'impact (durable) des missions, des avis et des recommandations formulés varie selon les parties prenantes, ce qui est en grande partie corrélé à leur participation à l'EXPH, ainsi qu'à leurs besoins et intérêts. De même, les avis divergent généralement quant aux missions et avis les plus ou les moins pertinents qui sont traités par le groupe d'une part, et ceux plus pertinents mais non traités par le groupe d'autre part. En termes d'efficacité, les parties prenantes ont également fourni un éventail d'avis et de recommandations.

Efficienc

Il est admis que les méthodes de travail et les règles de procédures actuelles fournissent largement le cadre adéquat pour des méthodes de travail efficaces. Le format et le contenu des avis, les missions, les rôles et les méthodes de travail du secrétariat sont considérés comme les plus efficaces, tandis que les règles de vote sont perçues comme les moins efficaces. Toutefois, certains avis ont été publiés avec un retard considérable. Dans l'ensemble, les membres sont satisfaits de la valeur liée à leur participation au groupe, de leur propre rôle et de celui de leurs collègues. Cependant, l'expertise des membres, la répartition du travail et la collaboration entre les nouveaux venus et les membres de longue date ont été mentionnées comme points à améliorer. En outre, les principes de fonctionnement du groupe (excellence, indépendance, transparence, confidentialité et approche multisectorielle) sont considérés comme largement appropriés, et de nouveaux principes ont également été suggérés. Certaines activités de diffusion ont été menées, mais plusieurs parties prenantes ont fortement recommandé des améliorations dans ce domaine, afin d'atteindre les bons publics cibles et d'accroître ainsi l'impact du groupe.

Cohérence

L'étude a révélé que les travaux de l'EXPH ont soutenu les priorités de la DG SANTE au fil du temps, mais la DG SANTE a consulté d'autres sources au sujet de certaines questions telles que le cancer. Les travaux du groupe sont, dans une large mesure, alignés sur le travail des autres organes de l'UE, mais moins sur celui des organisations internationales, et encore sur les travaux des organisations nationales.

Conclusions et recommandations

L'étude a analysé les défis identifiés et a en particulier indiqué les changements susceptibles d'apporter des améliorations et les domaines dans lesquels elles sont nécessaires. Certains thèmes concernant les changements sont plutôt transversaux aux critères d'évaluation :

- Plus de clarté, d'exploitabilité et d'innovation : les parties prenantes ont déploré un manque de clarté et/ou de transparence sur la façon dont les missions sont formulées et les objectifs politiques visés. Les missions sont également perçues comme trop larges ou trop vagues, ce qui nuit à l'exploitabilité des avis. Cette remarque s'applique largement à la pertinence de l'EXPH, avec une certaine inadéquation entre les besoins et les résultats. Ce point négatif a également nui à l'efficacité, à l'utilisation et à l'impact (durable) des avis et recommandations et a eu un impact sur l'efficacité du travail du groupe et sur sa cohérence, notamment la duplication potentielle des efforts et les difficultés à produire de nouvelles idées.

- Meilleure interaction avec les parties prenantes : il s'agit d'un thème clé dans tous les critères d'évaluation. Une plus grande collaboration avec les parties prenantes au niveau de l'UE et, en particulier, au niveau national contribuerait à renforcer la pertinence du groupe, tant en termes de besoins actuels que d'approche plus prospective et stratégique des besoins en matière de santé publique. Le faible niveau d'interaction avec les parties prenantes, notamment nationales, et la sensibilisation des parties prenantes à ses travaux, y compris la visibilité et la diffusion des avis, sont perçus comme les principaux obstacles à la réalisation des objectifs de l'EXPH. Ces résultats soulignent le fait que les avis servent moins à contribuer à l'élaboration des politiques nationales. L'EXPH pourrait différencier son approche des groupes ciblés. Il pourrait également adopter une approche ascendante et participative plus marquée qui réunirait davantage les parties prenantes locales et nationales, par exemple en définissant les missions et en incluant les retours émanant des auditions publiques. Il est que les efforts de diffusion pourraient être considérablement améliorés, tant en termes d'efficacité que d'efficience, vu les défis liés aux processus et aux ressources de diffusion (par exemple, le manque de temps et de budget à y consacrer). En ce qui concerne l'efficience, certains membres (actuels et anciens) de l'EXPH ont également signalé que l'organisation de réunions dans différentes villes permettrait d'accroître le contact avec les parties prenantes nationales de différents pays. Enfin, en termes de cohérence, la faible interaction avec les parties prenantes a également limité l'alignement des activités de l'EXPH sur le travail des organismes nationaux.
- Pression temporelle, respect des délais et priorisation : une transmission plus rapide des avis atténuerait le risque d'inadéquation entre les besoins et les résultats ; des résultats plus courts pourraient s'avérer utiles pour alléger la charge de travail des membres et la pression à respecter les délais, ainsi que pour mieux répondre aux besoins des parties prenantes. Malgré le bon fonctionnement du groupe, l'assistance à la recherche et le renforcement du soutien du secrétariat (de la DG SANTE) ont été considérés comme des changements efficaces susceptibles de soulager cette pression, tout comme l'adoption d'une approche efficace inspirée de la gestion de projet dans la manière de rédiger les avis. De manière plus structurelle, pour répondre rapidement aux besoins, les parties prenantes ont suggéré de fixer des priorités aux sujets et d'adopter une approche plutôt « proactive » que « réactive ». Une telle approche prédictive et orientée vers l'avenir pourrait contribuer à améliorer la disposition à faire face aux crises futures ; en outre, le fait de commencer à travailler tôt sur ces problèmes permettrait de produire des avis dans des délais opportuns avec une moindre pression temporelle. Enfin, il a été considéré que la pression temporelle entravait l'interaction avec les parties prenantes et les efforts de diffusion.
- Renforcement de la diversité du groupe : les avis de l'EXPH n'étaient pas toujours perçus comme pertinents. Il a été suggéré d'accroître la visibilité de l'expertise multidisciplinaire au sein du groupe. En outre, ce changement pourrait également augmenter l'efficacité du groupe en termes d'approche multisectorielle, y compris, par exemple, une « approche de la santé dans toutes les politiques ». Une plus grande diversité en termes d'expérience professionnelle pourrait également favoriser des résultats plus pratiques et exploitables. En effet, il arrive que les avis n'abordent pas en profondeur la manière de susciter le changement, un inconvénient considéré comme largement dû au manque d'expérience directe des membres du groupe en matière d'activités quotidiennes dans le domaine de la santé et des soins de santé, alors qu'ils possèdent d'excellentes connaissances scientifiques. En outre, une plus grande couverture géographique permettrait aux membres de tirer meilleur parti de leur contexte national et local, en termes d'interaction, de dialogue avec les parties prenantes et d'efforts de diffusion.

1 Introduction

This is the draft final report for the 'Evaluation study of the work of the Expert Panel on effective ways of investing in health' (EXPH). The report gives a brief background into the EXPH, followed by an overview of the methodology used in this study, before presenting an assessment of the relevance, effectiveness, efficiency, and coherence of the EXPH during its implementation - between 2013 and 2022. Supporting evidence and research tools used for key evaluation activities can be found in the Annexes to this report.

1.1 Background

1.1.1 Establishment of the EXPH

Over the last decade, EU Member States have faced growing common challenges to their health systems, such as the increasing cost of healthcare, ageing population, shortages of health professionals, health inequalities, scarcity of resources linked to the economic crises, the Covid-19 pandemic, and emerging cross-border health threats. These challenges have heightened the importance of strengthening cooperation between European health systems in order to make them more resilient, effective, and accessible.¹

The Panel was established within this context, aiming to provide independent and evidence-based advice and recommendations on subjects related to accessible, resilient, and effective health systems to support policy making in public health. Additionally, the Panel was tasked with facilitating EU-level cooperation and developing cross-country information, knowledge, and expertise of health systems - to inform national policies and develop good practices across the EU health landscape.

To achieve these goals, independent experts in various areas of public health were appointed by the Commission based on their professional qualifications, while also ensuring the geographical and gender balance of the Panel. In the best interest of EU citizens, members are committed to independence, transparency, excellence, confidentiality, and a multi-sectoral approach. The Chair is elected by members each term (every three years); a Vice-Chair was also elected in the last term.

1.1.2 Legal basis for the EXPH

Directive 2011/24 of the European Parliament and of the Council² "provides rules for facilitating the access to safe and high-quality cross-border healthcare and promotes cooperation on healthcare between Member States." This paved the way in 2014 for Article 168 (2) on the Treaty of the Functioning of the European Union, which asserted that Member States must coordinate among themselves their policies and programmes to improve public health in liaison with the Commission, which may also take initiative to promote this coordination. In the same year, the Commission Communication emphasised the need for effective, accessible, and resilient health systems (COM (2014) 215 final).

The Expert Panel was itself established in 2012 by Commission Decision 2012/C 198/06 to be a 'multisectoral and independent expert Panel to provide advice on effective ways of investing in health.' The Decision was intended to apply until 1 October 2015, but was extended twice because the Commission felt the Panel was 'best placed' to provide expert relevant advice on health systems and was 'essential' for these functions. As a result, the EXPH will continue to work until 31 December 2022. A new Commission Decision would be needed to extend the work of the EXPH beyond this date.

¹ Consolidated version of the Treaty on the Functioning of the European Union, <https://www.legislation.gov.uk/eut/teec/article/168>

² Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare (legislation.gov.uk) <https://www.legislation.gov.uk/eudr/2011/24/article/3>

1.1.3 Implementation of the EXPH

The EXPH provides non-binding opinions on questions related to health, as set out in Mandates defined by the Commission. Opinions are addressed to EU institutions, national authorities, and other stakeholders. At a minimum, an opinion includes the following: the specific questions asked by the Mandate, background information, evidence and considerations used to reach conclusions, conclusions answering the Mandate's questions, recommendations, and a bibliography.

For each Mandate, the EXPH establishes a drafting/working group composed of members with relevant expertise, a Chair, and one or more Rapporteurs; external experts may also be involved at the Secretariat's discretion. Members meet 3-5 times a year in plenary sessions.

Once an opinion is drafted, the Secretariat organises a so-called public hearing (or public consultation until 2017) to consult interested parties on the draft opinion. The views submitted by stakeholders are considered by the Panel for incorporation into the published final opinion.

The EXPH has produced 25 opinions with recommendations since 2013 (see Table 1 below), with focus on 'health system financing', followed by 'innovation in health', 'cross-border issues and cooperation' and 'access to quality healthcare'.

Dissemination plans are prepared for each Mandate, indicating potential target audience and most efficient ways of reaching them (e.g. through circulation of opinions, lay-language summaries, communication materials and events including targeted workshops and conferences). The opinion is disseminated through the Chair and the rest of the members, who represent the Panel at external events, as well as through additional reports and documents published.

Table 1. Information on EXPH opinions

Opinion	Date of Mandate	Publication date	Area of interest
Definition and Endorsement of Criteria to identify Priority Areas when Assessing the Performance of Health Systems	September 2013	27 February 2014	Health systems performance
Definition of a Frame of Reference in relation to Primary Care with a special emphasis on Financing Systems and Referral Systems	September 2013	15 July 2014	Health systems financing
Health and Economic Analysis for an Evaluation of the Public-Private Partnership in Health Care Delivery across Europe	September 2013	8 August 2014	Health systems financing
Future EU Agenda on Quality of Health Care with a special emphasis in Patient Safety	January 2014	14 October 2014	Access to quality health care
Competition among health care providers Investigating policy options in the European Union	January 2014	12 June 2015	Healthcare providers
Cross-border Cooperation	February 2015	3 August 2015	Cross-border issues and cooperation

Opinion	Date of Mandate	Publication date	Area of interest
Disruptive Innovation. Considerations for health and health care in Europe	February 2015	9 April 2016	Innovation in health
Access to health services in the European Union	February 2015	3 May 2016	Access to quality healthcare
Typology of health policy reforms and framework for evaluating reform effects	July 2015	3 May 2016	Health systems reform
Best practices and potential pitfalls in public health sector commissioning from private providers	July 2015	3 May 2016	Health systems financing
Memorandum -Reflections on hospital reforms in the EU	N/A	3 May 2016	Health systems reform
Tools and methodologies for assessing the performance of primary care	N/A	9 February 2018	Health systems performance
Innovative payment models for high-cost innovative medicines	N/A	9 February 2018	Health systems financing
Benchmarking access to healthcare in the EU	N/A	9 February 2018	Access to quality healthcare
Vaccination programmes and health systems in the European Union	March 2018	26 September 2018	Disease prevention
Application of the ERN Model in European cross-border healthcare cooperation outside the rare diseases area	January 2018	30 October 2018	Cross-border issues and cooperation
Assessing the impact of digital transformation of health services	January 2018	29 January 2019	Innovation in health
Defining Value in "Value Based Healthcare"	December 2018	30 July 2019	Health systems financing
Task shifting and health system design	February 2019	19 July 2019	Innovation in health
Options to foster health promoting health systems	May 2019	26 November 2019	Health promotion
The organisation of resilient health and social care following the COVID-19 pandemic	June 2020	7 December 2020	Disease prevention
Public procurement in healthcare systems	April 2020	17 May 2021	Health systems financing

Opinion	Date of Mandate	Publication date	Area of interest
Supporting mental health of health workforce and other essential workers	January 2021	14 October 2021	Healthcare workforce
European solidarity in public health emergencies	January 2021	8 December 2021	Cross-border issues and cooperation

1.2 Scope of the study

This study evaluates the effectiveness, efficiency and coherence of the EXPH, by assessing the current format, the rules of procedure and working methods. The study also contributes to the wider efforts towards making health systems in the EU more effective, accessible, and resilient.

The scope covers 27 EU Member States and all the opinions delivered during the three terms of the EXPH (2013-2016, 2016-2019, and 2019-2022).

2 Methodology

The study was structured in three phases: study design, consultation activities, and analysis (see Figure 1, below).

Figure 1. Overall methodological approach



2.1 Methodological approach

The first phase of the study involved gathering contextual information on the background, structure, functioning and outputs of the Panel. The steps taken under this phase are outlined below.

- A **kick-off meeting with DG SANTE** was held during the early stages of the study to discuss the scope of the study, data availability, proposed analytical and methodological approaches to the study, and functioning of the EXPH.
- **Identification of 12 relevant stakeholder groups**, through preliminary research, to be consulted in the later phases of the study. The study team prepared a stakeholder engagement strategy to detail how stakeholders were to be involved in the study.³

³ Relevant stakeholder groups were defined by the ToR. Additional groups were selected through stakeholder mapping. The twelve groups identified were as follows: EU institutional stakeholders, international

- Five **exploratory interviews** with EXPH members, DG SANTE, researchers, and NGOs, were carried out to collect stakeholders' perceptions on the approach/objectives of the study and the EXPH, and gain insight into relevant data and information sources, contacts, and potential data gaps.
- An in-depth **preliminary document review** to identify documents for the desk review. 528 documents including EXPH outputs, academic literature, published reports, as well as webpages were rigorously reviewed and mapped against assessment criteria. Documents reviewed were identified by: DG SANTE as part of the study ToR; the study team during proposal writing; and targeted research through the citation analysis. Additionally, the study team conducted an online search for grey literature.
- A **mapping of EXPH's outputs** was conducted to analyse qualitative elements of EXPH work (Mandates, opinions, meetings/events/hearings), which included scraping the European Commission's website for publications. The objective was to develop an in-depth understanding of the functioning of the EXPH and collate information which would help to answer the study questions.
- The main **document and literature review** was carried out, covering 234 documents that confirm and review EXPH activities (academic papers, reports, and position papers), and strategic documents which illuminate the evolving needs and priorities of Member States in relation to pertinent health topics covered by the Panel. This review template provided valuable documentary evidence relating to each relevant study question and ensured that data was collected consistently.
- A **thematic analysis** was carried out using topic modelling to map the coherence of the 24 opinions against European Commission priorities in health. Abstracts and full texts were analysed.
- A **citation analysis** was conducted using Overton and Google Scholar to analyse the uptake of EXPH opinions in publications by reviewing number of citations.

2.2 Consultation activities

In-depth stakeholder consultations were carried out over the course of the study: a targeted survey, targeted interviews, and Focus Groups, as detailed below.

- The **targeted survey** (2nd June - 11th July 2022) collected information on the views of key stakeholders, as defined by the ToR, on the relevance, effectiveness, efficiency, and coherence of the EXPH. The survey was targeted at those directly involved in the work of the EXPH, those who benefit from the work of the EXPH, and those who have interest in it. In total, 73 respondents from the 12 agreed stakeholder groups completed the survey.
- 22 **targeted interviews** were carried out (30th June - 15th September 2022) to collect additional insights from stakeholders on the relevance, effectiveness, efficiency and coherence of the EXPH. Interviews were also used to cross-check findings with other data collected and to fill in gaps in evidence. The interviews were primarily targeted at the stakeholders more directly involved in the EXPH and the policy-making process, although all identified stakeholder groups were invited to interview.
- Two online **Focus Groups** (on 23rd September 2022) were conducted to validate findings and identify gaps from other consultation and data collection activities. The first group was organised with nine (past and present) EXPH members. The second

organisations, EXPH members, EXPH external experts, national and regional public health authorities and agencies, EU and national public health associations, EU and national medical associations, pharmaceutical and medical devices industry and their representative associations, citizens and patients' associations, relevant think tanks and academic organisations or institutions, specialised media, and 'other' relevant stakeholders.

one was organised with six participants: a mix of stakeholders and two DG SANTE representatives. Each Focus Group lasted three hours.

2.3 Analysis

After the desk research and consultation activities were completed, analysis, synthesis, and triangulation of findings was undertaken to draw together data sources, identify patterns and gaps, and comprehensively answer the study questions, as detailed below.

Analysis and synthesis

Quantitative and qualitative evidence collected through study activities were systematically organised through the coding/collating of data, the use of a sense check to ensure the usability and validity of data, and the translation of data into usable formats/units of analysis (e.g., writing up interview and Focus Group notes, and cleaning and organising the targeted survey data files). Each study activity/data source was separately analysed to identify key findings per evaluation question, and findings were compared per evaluation across different study activities.

This permitted the study team to identify patterns, divergences, and convergences in findings from study activities against the evaluation criteria (relevance, effectiveness, efficiency, coherence) and per evaluation question, accounting for differences in views per stakeholder group.

Qualitative data analysis

The following steps were carried out to utilise qualitative data gathered through the desk review and stakeholder consultations:

- The study team extracted key findings from the document review to provide documentary evidence relating to each relevant evaluation question.
- Open-ended questions from the targeted stakeholder survey were manually reviewed and coded following the analytical framework of the study for key themes.
- The notes from the interviews were reviewed and coded into a master file showing key issues by stakeholder group. This was then reviewed by evaluation criteria and trends were summarised into the final report.
- The notes from the Focus Groups were reviewed and key findings were summarised by evaluation criteria.
- The notes from the interviews were reviewed and coded into a master file showing key issues by stakeholder group. This was then reviewed by evaluation criteria and trends were summarised into the final report.
- Analysis of structured text within the thematic analysis allowed the team to compare EXPH opinions with the EU policy priorities and quantitatively estimate the extent to which opinions have aligned with priorities.

Quantitative data analysis

The following steps were carried out to utilise quantitative data gathered through the document review and stakeholder consultations:

- Responses to close-ended questions within the targeted stakeholder survey were processed using univariate analysis (proportions, averages), disaggregated by question and key variables. Responses were also processed using bivariate analysis, including cross-tabulations.

- Different characteristics for each output were analysed using univariate analysis (proportions, averages), disaggregated by key variables.
- Citations of EXPH opinions was calculated through univariate analysis (proportions, averages), disaggregated by key variables.

2.4 Limitations and robustness of study findings

A key strength of the EXPH study was engagement with a range of stakeholders across the main groups identified. Engagement with EXPH members was particularly high through Focus Groups and interviews consultations, which allowed valuable in-depth insights into the functioning of the Panel. Furthermore, a high number of those consulted had been directly involved with the EXPH work (84% survey respondents). The study team corroborated insights from relevant stakeholder groups across multiple consultations to yield reliable evidence and data, from which a thorough assessment was conducted. Furthermore, the extensive document review provided a solid basis for the study and generated key lines of enquiry to be investigated through stakeholder consultations.

A limitation regarding consultation activities, however, was the number of stakeholders interviewed. Whilst the objective was to carry out 45 interviews, only 22 were conducted, despite multiple targeted follow-up emails. This may have been due to lack of availability or interest of those contacted. Furthermore, stakeholder groups were not evenly represented. Most interviews (nine) were with EXPH members, followed by EU institutional stakeholders (three) and those from International Organisations (three). The rest of those interviewed were from the following stakeholder groups: relevant think tanks and academic organisations or institutions (two), national or regional public health authorities or agencies (one), EU and national public health associations (one), pharmaceutical and medical devices industries or representative associations (one), citizens or patients' organisation (one), and EXPH external experts (one). No interviews were conducted with the following groups: EU and national medical associations, specialised media, and 'other', which may have led to gaps in findings. A larger number of interviews and more representativity would have provided greater depth to the qualitative analysis; however, level of detail provided by those interviewed was rich, and consultation through survey responses and Focus Groups filled in most gaps and reached those not interviewed.

There was also a lack of even representation of survey respondents which may threaten the representativity of views. Most respondents (16, 22%) were from national or regional public health authorities or agencies, or were current EXPH members (12, 16%). The following groups only represented 1% each of respondents: think tanks, specialised media, EXPH external experts, and EU public health associations. However, the survey captured responses of different stakeholder groups to interviews, providing altogether sufficient coverage of groups. Furthermore, the survey represented all Member States, except for Bulgaria, Croatia, Slovakia, or Sweden.

Whilst participation in the first Focus Group with past and present EXPH members was good, participation in the second Focus Group with a mix of stakeholders and DG SANTE representatives was limited due to participants unexpectedly dropping out on the day. Despite this, there was good coverage of stakeholder groups in those who did attend: EU and national medical associations, relevant think tanks/academic institutions, national and regional public health authorities/agencies, and 'other' (trade union), and the discussion was useful.

Accessibility of some data was limited. During the desk review, the study team were unable to find part of the information related to assessing the extent to which the EXPH remained relevant considering the pandemic - because five out of eight external events on the topic shared by the contractor could not be found online. This limits the quality of the analysis and the study team's ability to fully answer the question. Similarly, when testing outputs mapping, the study team could not find information on one event in a list provided by DG

SANTE. There was no information on level of exchange, discussion, or dissemination activities related to the event online.

The study team also mapped the EXPH opinions against the European Commission priorities in health.

3 Emerging evaluation study findings

3.1 Detailed analytical framework

A detailed analytical framework (see Annex 1.1) has guided this study, thus ensuring robust study outcomes and providing clarity on how each study question is answered, and what data collection methods are used to substantiate those answers.

3.2 Study findings

3.2.1 Relevance

3.2.1.1 Q1: To what extent is the EXPH still relevant?

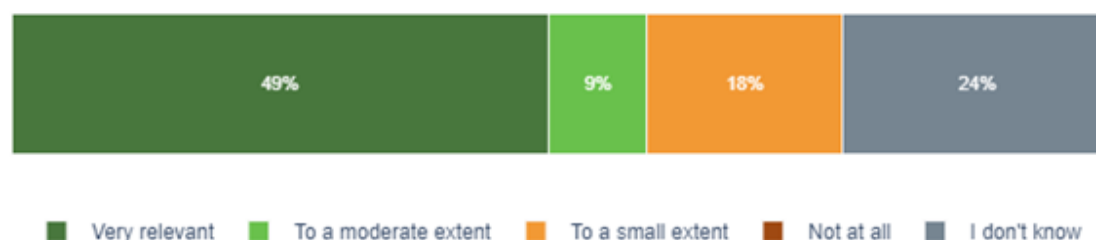
This section assesses the extent to which the EXPH is still relevant, drawing on desk research and consultation activities.

Overall, findings indicate that the EXPH has remained relevant from its inception until the present day, even considering changes within the EU health landscape. The EXPH was needed when first established to provide advice on health matters to the Commission and facilitate the sharing of good practices across Member States. Over time, the EXPH created valuable outputs on a range of topics pertinent to the Commission and to stakeholders (particularly relevant topics were quality healthcare and health systems performance), including on the Covid-19 pandemic. Positively, opinions framed policy discussions, informed EU policymaking, increased knowledge on topics, and supported advocacy work. Whilst not all topics perceived to be relevant were addressed by the Panel (mainly cross-border health threats) and the anticipation of important topics could have been improved, the work of the EXPH was also relevant to manifold other changes in the EU health landscape - for example, health system resilience and sustainability, and fake news and disinformation. Despite these strengths, there was not sufficient clarity on how Mandates were selected, Mandates were also seen to be too broad, which impacted how actionable opinions were, particularly at national level. Furthermore, timing of opinions was seen to decrease their relevance, particularly in relation to emerging crises. These findings are substantiated in the sub-sections below.

Q1.1. How relevant was the EXPH when it was first established in 2012?

Overall, the study finds that the EXPH was very relevant when first established, responding to EU health priorities, and increasing discussion around good practices in health. For these reasons, stakeholders across all groups perceived the EXPH to be very relevant when it was first established (see survey results in Figure 2, below).

Figure 2. How relevant was the EXPH when it was first established in 2012, considering the public health landscape at the time?



All respondent groups (n=45)

The Panel was considered relevant in relation to the pressure on health systems linked to the financial crises and the austerity measures put in place in some Member States, and aligned with the objectives of the Second Health programme on generation and dissemination of health information and knowledge.⁴ Furthermore, the Panel was perceived to have helped put health high on the EU agenda, and it addressed the issue of there being no Mandate on healthcare at EU level at that time, clarifying actions Member States should take in health.⁵ Stakeholders reported that the Panel enabled the sharing of good practices⁶ and the democratic communication of ideas. The EXPH was also perceived to have filled a gap in the European Commission for consultancy from external experts of different backgrounds.⁷

Q1.2. Have topics and questions contained in the Mandates been appropriate/relevant to the needs in the EU public health landscape over time?

Overall, study activities reveal that topics and questions contained in the Mandates have been appropriate and relevant to the needs of stakeholders in the EU public health landscape over time. Even when stakeholders mentioned that topics were not relevant to their sector, they believed it was relevant to others, including European institutions and / or the Commission; indeed, all opinions published during the first and second Panel terms reference at least one of the European Commission's priorities in health.⁸ Many reported that the Panel simplified topics, by producing digestible outputs such as fact sheets and presentations.⁹ Furthermore, certain topics addressed by the EXPH catalysed paradigm shifts within the EU health landscape¹⁰ and gave visibility/increased knowledge on relevant topics.¹¹ For example, one EXPH member mentioned that the opinion Supporting mental health of health workforce and other essential workers (2021) provoked an important paradigm shift and was adopted by other groups on the Health Policy Platform. Similarly, the opinion on 'Disruptive Innovations: Considerations for health and health care in Europe' (2016) was seen by two EXPH members to catalyse an important discussion on healthcare, as it was the first time the word 'disruptive' was used.

In line with opinions deemed most useful (see Q3 below), the Panel's work was seen to be particularly relevant in the following areas:

- Access to quality healthcare (79% survey respondents felt it was relevant to a large or moderate extent)
- Health systems performance (79% survey respondents felt it was relevant to a large or moderate extent)
- Health systems reform (72% survey respondents felt it was relevant to a large or moderate extent)
- Innovation in health (72% survey respondents felt it was relevant to a large or moderate extent)

⁴ This view was expressed by EXPH members.

⁵ This view was expressed by a stakeholder from a relevant think tank/academic organisation and a stakeholder from pharmaceutical and medical devices industry and their representative associations.

⁶ This view was expressed by a stakeholder from an international organisation.

⁷ This view was expressed by EXPH members.

⁸ See thematic analysis.

⁹ This view was expressed by stakeholders from the following groups: EXPH members, international organisations, EU and national public health authority, and EU and national medical associations.

¹⁰ This view was expressed by EXPH members in Focus Group 1 in relation to opinions 'Disruptive Innovations', 'Task shifting', and 'Public procurement'.

¹¹ This view was expressed by stakeholders from the following groups: EXPH members, international organisations, and relevant think tanks and academic organisations or institutions.

Importantly, these topics were also aligned with the Commission's priorities between 2014 and 2021 relating to *healthcare access, effectiveness, and capacity building*.¹²

Conversely, the areas for which the EXPH work was seen as least relevant were:

- Healthcare providers (least relevant in the survey and mentioned by an EU institutional stakeholder)
- Disease prevention (second least relevant in the survey)
- Healthcare workforce (second least relevant in the survey and mentioned by a stakeholder from a trade union as relevant, but not sufficiently addressed by the Panel)

Topics considered most relevant by stakeholders were covered by opinions (see Effectiveness section Q5). Topics perceived to be relevant to stakeholders, but not fully addressed by the Panel were in the areas of:

- Social care (trade union)
- Cancer (trade union)
- Ageing population and workforce (relevant think tank/academic institution/organisation)
- Health and social care workforce (trade union)
- Holistic approaches to health/health in the broader context (international organisation; EU institutional stakeholder)
- AMR (relevant think tank/academic institutions/organisation; international organisation)
- New technologies (relevant think tank/academic institution/organisation)
- Informal care economy (relevant think tank/academic institution/organisation)
- Animal health welfare (international organisation)
- Environmental issues (international organisation).

Stakeholders also underlined that the relevance of topics and questions had improved over time, as the Panel and the Commission collaborated and a defined process for developing Mandates was established.¹³ Despite this, issues with the selection of topics persisted. Generally, stakeholders reported that there was a lack of clarity on the selection, scope, development, and drafting of topics and Mandates and which goals or policies they would support. Relatedly, the fact that topics and Mandates were perceived by several stakeholders to be too broad and out of the scope of the Panel¹⁴, in turn was seen to decrease the actionability/specificity of opinions and to prevent the clear definition of opinions' target audience. Consequently, topics and opinions sometimes lacked relevance for national policymakers and more collaboration with stakeholders (at both EU and national level) was generally seen to be needed to increase relevance.¹⁵ Finally, some stakeholders also mentioned that topics covered by the Panel had to an extent reproduced what was already published and was sufficiently covered (addressed further in section 3.2.6).¹⁶

¹² See thematic analysis.

¹³ This view was expressed by EXPH members in Focus Group 1.

¹⁴ This view was expressed by stakeholders from the following groups: international organisations; EXPH members.

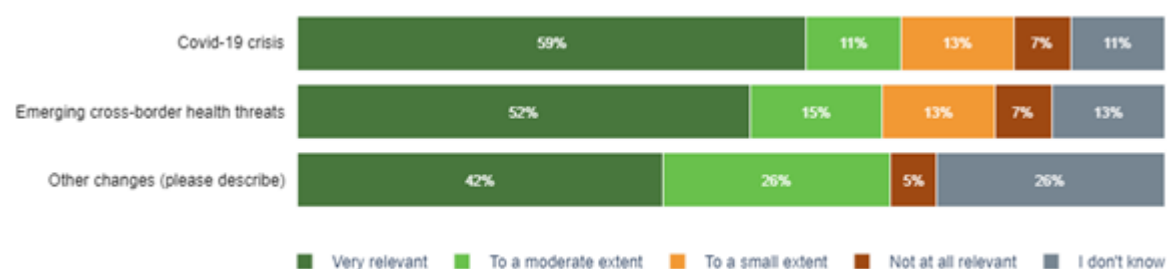
¹⁵ This view was expressed by stakeholders from the following groups: citizens and patients' associations; EU institutional stakeholders.

¹⁶ This view was expressed by stakeholders from the following groups: EXPH members; national and regional public health authorities.

Q1.3. How relevant is the EXPH today, in light of various changes in the public health sector (e.g., Covid-19 crisis, emerging cross-border health threats)?

The lion's share of stakeholders felt that the EXPH was very or moderately relevant in light of Covid-19 and cross-border health threats (see survey results in Figure 3 below).

Figure 3. How relevant is the EXPH today, in light of various changes in the public health sector?



All respondent groups (n=46)

The EXPH generated a high number of outputs on the topic of organisation of health and social care following the COVID-19 pandemic, and COVID-19 was discussed extensively during online plenary meetings, wider external events, and drafting meetings (of which there were four on this topic). The opinion 'A new framework for the organisation of health and social care following the COVID-19 pandemic' and "The impact of post-COVID-19 condition (Long COVID) on health systems" were particularly discussed. Furthermore, Commission priorities relating to health threats were found in the opinions that were mandated from 2020, showing alignment with the start of the Covid-19 pandemic.¹⁷ Desk research indicates that the 2014-2019 priority 'Protect citizens from serious cross-border health threats' became increasingly important as a result of Covid-19, as it was referenced in two opinions during the EXPH second term (2016-2019), but not in opinions published during 2014-2019. Although stakeholders also generally felt that the EXPH work was relevant to cross-border health threats, and protection of citizens from/effective response to cross-border health threats was a priority in two Panel terms, desk research showed that the topic was less addressed in the EXPH's work between 2019-2022. There were few outputs related to cross-border health threats,¹⁸ although it was included in the Mandate 'European solidarity in public health emergencies', from which the corresponding opinion of the same title was produced in 2021.

Stakeholders listed other areas for which the EXPH provided relevant opinions considering changes to the health landscape:

- Health system resilience and sustainability (to a large extent; current EXPH member; national/regional public health authority/agency)
- Fake news and disinformation (EU public health association/EU and national medical associations)
- Re-defining value in value-based healthcare (to a large extent; EXPH member)
- Changing the paradigm to goal-oriented and person-centred care (to a large extent; current EXPH member)
- Migration (to a moderate extent; current EXPH member)
- Scarcity (past EXPH member)
- Vulnerable populations (citizens' and patients' associations)
- Health systems reform (past EXPH member)

¹⁷ See thematic analysis.

¹⁸ Opinions related to cross-border health threats were Cross-border Cooperation (2015) and Application of the ERN Model in European cross-border healthcare cooperation outside the rare diseases area (2018)

- Innovation in the EU and regulatory system to deal with new treatments (think tank)

A key issue for the relevance of the Panel's work in relation to crises was the timing of outputs.¹⁹ Whilst some believed opinions to be timely, generally stakeholders highlighted that drafting was lengthy, and as such, opinions '*came a little late in the debate*'.²⁰ Another issue with timing was the Panel's '*reactive*' approach to identifying issues, which meant that '*timings of publications did not always coincide with needs*', reducing policy impact. One stakeholder mentioned, for example, that the opinion on public procurement was too late to impact the work of the healthcare sector and the Commission.

3.2.1.2 Q2: What changes would be necessary to make the EXPH more relevant?

Q2.1. What changes would be necessary to make the EXPH more relevant?

This section assesses the changes which could be made to make the EXPH more relevant, drawing upon consultation activities undertaken as part of the study.

Findings reveal several potential changes perceived to increase the relevance of the Panel's work, including: increased guidance for the Panel on their role and the audience and scope of opinions; strengthened and increased collaboration with stakeholders on topic selection; and better anticipation of important topics. These suggestions were made by stakeholders across almost all groups, as discussed further below.

Many stakeholders felt that the Panel should be given more guidance on their role and what or whom opinions address. Due to the lack of clarity on audiences of opinions, EXPH members questioned whether they sometimes exceeded Mandates. EXPH members suggested that questions within Mandates should be narrower, more defined, and formulated in a more systematic way. Additionally, EXPH members and a stakeholder from a national/regional public health authority or agency highlighted that the role of the Panel needed better defining, and a stakeholder from a think tank also highlighted that clearer communication was required on how results of the Panel influence the Commission's policymaking process. Without clearer definition of the role of the EXPH, a stakeholder from a national/regional public health authority or agency felt it was difficult to identify the EXPH's value in comparison to other policy advisor providers.

To ensure the Panel address relevant and priority topics for a range of stakeholders, many suggested that further collaborations should take place with groups and policymakers working on similar topics.²¹ This would mean choosing topics that are not just relevant for the Commission. For example, one stakeholder from a think tank suggested topics be selected by national authorities. An EXPH member suggested stakeholders contribute to the formulation of questions. Others mentioned topics should be tailored to national contexts, which one current EXPH member suggested could be implemented through a needs assessment. One EXPH member also felt that selection of topics should be informed more by EU data sources.

Relatedly, stakeholders strongly felt that better horizon-scanning may improve relevance of topics to the wider EU population. Stakeholders stressed that the Panel should work proactively instead of reactively, anticipating topics which need to be addressed in advance where the Commission needs strategic input. Stakeholders across a wide range of groups²² flagged this as an improvement. Stakeholders felt that if the Panel adopted this more proactive approach, opinions would be timelier.

¹⁹ Stakeholders who expressed this view came from the following groups: international organisations; EXPH members; pharmaceutical and medical devices industry and their representative associations; relevant think tanks/academic institutions and organisations.

²⁰ Quote taken from a stakeholder from a relevant think tank/academic institution/organisation.

²¹ This was expressed by stakeholders from the following groups: EU institutional stakeholders, citizens' and patients' associations, relevant think tanks/academic institutions and organisations.

²² Stakeholders from the following groups: EU institutional stakeholders, citizens' and patients' associations, relevant think tanks/academic institutions and organisations, EXPH members, and pharmaceutical and medical devices industry and their representative associations.

3.2.1.3 Q3: How useful are the opinions perceived by stakeholders?

This section assesses the extent to which opinions were perceived to be useful by stakeholders, drawing on the study's consultation activities.

Overall, findings show that opinions were always useful to certain groups of stakeholders, depending on the topic addressed. Opinions were useful for providing new insights and knowledge on, and visibility of, important topics in health. However, the lengthy process of drafting opinions and their lack of specificity/focus on local, regional, and national solutions reduced their applicability to stakeholders. The reason for the latter issue was generally attributed to lack of 'everyday' experience of the Panel members at the local, regional, and national level in the healthcare sector, which consequently diminished 'actionability' of opinions. Additionally, limited dissemination of the opinions to national and local health administrations and in the EU-wide healthcare sector hindered their potential for wider impact.

Changes suggested by stakeholders to improve usefulness of opinions included: more research secretarial support to speed up drafting of opinions; drafting solution-oriented opinions that are applicable to national contexts; increased involvement of (particularly, national) stakeholders in developing opinions; improved feedback to the Panel on how opinions are used; establishment of a tailored and funded dissemination strategy. These findings are expanded upon in the following sub-sections (as well as in section 3.2.5, on dissemination).

Q3.1. How useful are the opinions perceived by stakeholders?

According to stakeholders consulted, opinions were well-formulated²³ and evidence-based,²⁴ and framed policy approach/discussion for the European Commission.²⁵ Opinions were also seen to provide valuable and useful information on how to address an issue²⁶ and focused on key relevant policy areas.²⁷ The majority of stakeholders felt opinions were useful, at least to a moderate extent (43% felt they were very useful, and 31% felt they were useful to a moderate extent in the survey)²⁸.

Stakeholders mentioned many opinions useful to their work, but opinions cited most were:

- Assessing the impact of digital transformation of health services²⁹ (the 4th most cited opinion within Overton and Google Scholar)³⁰
- Task shifting and health system design³¹

²³ This view was expressed by stakeholders from the following groups: EU institutional stakeholders, EU and national medical associations, international organisations, and EU public health associations.

²⁴ This was expressed by stakeholders from the following groups: past EXPH members; national or regional public health authority or agency; other; EU public health associations.

²⁵ This was expressed by stakeholders from the following groups: international organisations and EXPH members.

²⁶ View expressed by stakeholders from the following groups: citizens or patients' associations; EU institutional stakeholders; national medical associations; national or regional public health authority or agency; relevant think tanks/academic institution/organisations.

²⁷ View expressed by stakeholders from the following groups: past EXPH members; National or regional public health authority or agency; EU public health associations; relevant think tanks/academic institution/organisations.

²⁸ Those who answered that they were not at all useful or useful only to a small extent were from the EU institutional stakeholders' group, national/regional public health authorities, past EXPH members, EU medical associations, and those listed as 'other'.

²⁹ View expressed by stakeholders from the following groups: EU institutional stakeholders; EXPH members; EU/national public health authorities; national/regional medical associations.

³⁰ See Inception report, citation analysis.

³¹ This was considered relevant by stakeholders from: EXPH members; EU and national public health authorities; citizens' and patients' associations; relevant think tanks and academic organisations or institutions; EU and national medical associations.

- Access to health systems in the European Union³²
- Defining value in 'Value-based healthcare'³³
- Organisation of resilient health and social care following the COVID-19 pandemic³⁴
- European solidarity in public health emergencies³⁵
- Supporting the mental health of health workforce and other essential workers³⁶
- Benchmarking access to healthcare in the EU³⁷ (the 3rd most cited opinion within Overton and Google Scholar)³⁸
- Public procurement in healthcare systems³⁹

Stakeholders mentioned that opinions were useful for EU policymaking, to the European Parliament, Health Policy Platform users, stakeholders' own organisations, those in the 'Brussels/EU bubble', researchers and scientists, and for interviewed organisations' advocacy work.⁴⁰ According to survey findings, opinions were also seen to be very relevant to citizens and patients, and relevant - at least to a small extent - to healthcare professionals and national or regional authorities.^{41 42}

Those who believed opinions were not so useful felt they were too general to implement or were too academic and long.⁴³ Opinions were seen by some stakeholders to be more theory-focused and thus removed from 'everyday' contexts of the health and healthcare sector⁴⁴ because Panel members lacked 'hands-on experience' of the healthcare sector at local, regional, and/or national level. The absence of national policymakers within the Panel meant that Panel members did not always have the policy knowledge to make opinions actionable for national governments; one EXPH member estimated that only five out of 25 opinions produced had been used by their Member State because opinions were not seen to be relevant to the national context, whilst a stakeholder from a pharmaceutical/medical devices industry and their representative associations also

³² This was considered relevant by stakeholders: EU institutional stakeholder; EU and national public health authorities; citizens' and patients' associations; relevant think tanks and academic organisations or institutions.

³³ This was considered relevant by stakeholders: EU institutional stakeholder; EXPH members; citizens' and patients' associations; relevant think tanks and academic organisations or institutions.

pharmaceutical and medical devices industry and their representative associations; international organisations.

³⁴ This opinion was considered relevant by stakeholders from: international organisations; EU and national public health authorities; pharmaceutical and medical devices industry and their representative associations; national/regional medical associations; relevant think tanks and academic organisations or institutions.

³⁵ This opinion was considered relevant by stakeholders from: EXPH members; EU and national public health authorities; EU and national medical associations.

³⁶ This opinion was considered relevant by stakeholders from: international organisations; EXPH members; EU and national public health authorities; EU and national medical associations.

³⁷ This opinion was considered relevant by stakeholders from: EU institutional stakeholders; EXPH members; citizens' and patients' associations; international organisations.

³⁸ See Inception report, citation analysis.

³⁹ This opinion was considered relevant by stakeholders from: EXPH members, international organisations, relevant think tanks and academic organisations or institutions.

⁴⁰ These views were expressed by (in order): an EU institutional stakeholder/stakeholder from an international organisation; a stakeholder from an international organisation; a stakeholder from an international organisation; stakeholders from international organisations, EU and national public health associations, EU and national medical associations, citizens' and patients' associations; a stakeholder from an international organisation; a stakeholder from an international organisation; a stakeholder from an EU and national medical association and an EXPH member; an EXPH member; and stakeholders from an EU and national medical association and a citizens' and patients' association.

⁴¹

Around a third of survey respondents from national and regional authorities (7 organisations) felt that the Opinions were relevant to them only to a small extent.

⁴² Answered by citizens' or patients' associations, EU public health associations, and national public health associations, EU medical associations and national medical associations, and national or regional authorities within the survey.

⁴³ This view was expressed by an EXPH member, a stakeholder from a hospital, and a stakeholder from the pharmaceutical and medical devices industry and their representative associations.

⁴⁴ This view was expressed by an EXPH member and an EU institutional stakeholder.

mentioned their organisation did not use opinions due to the lack of clarity on their policy impact.

As mentioned above, timing was seen to be an issue that reduced the usefulness of opinions. Drafting opinions was a lengthy process⁴⁵ and the Panel's lack of understanding of certain areas was seen to delay the process further. This meant opinions were not always published at the point at which they would be most useful.

Q3.2. What changes would render the opinions more relevant?

This section assesses changes which would make EXPH opinions more relevant. The assessment draws on consultation activities.

Key suggestions to make opinions more relevant include: making opinions more solution-oriented and concrete; reinforcing the role of the Secretariat, to provide dedicated support in drafting and consolidating the opinions (a research Secretariat); increasing stakeholders involved in drafting and development of opinions; providing further feedback on use of opinions to Panel members; and employing a specific, funded dissemination strategy. These findings are substantiated below (as well as in section 3.2.5, on dissemination).

The main feedback from consultation activities was that opinions should be more solution-oriented and applicable to a wider range of contexts (e.g., to the healthcare sector and at national/regional level), focusing not on '*what should be done, but what could be done*'.⁴⁶ Stakeholders suggested opinions be more specific,⁴⁷ containing concrete proposals that are actionable. Several stakeholders also suggested opinions be more succinct; an EXPH member suggested taking inspiration from policy briefings and fact sheets, as information was synthesised in a digestible way for a range of stakeholders. Shorter opinions may also be delivered more quickly,⁴⁸ addressing the perception that opinions at times were published too late to impact policy at national level.

To ensure relevance and timeliness of opinions, stakeholders suggested the need for a research Secretariat in the drafting of opinions.⁴⁹ Stakeholders suggested that the Secretariat could be responsible for references, editing, and even drafting a policy synopsis to make the opinions more relevant (see more in sections 3.2.3.1 and 3.2.4.1).⁵⁰

Furthermore, a wider group of stakeholders was seen to be needed in the drafting and development of opinions. Firstly, stakeholders highlighted the need for more organisations (citizens' and patients' associations/EU-level health organisations),⁵¹ key decision/policy makers (at national and EU and level), and national/regional public health authorities/agencies to be involved in the development of topics and opinions, so they would be better tailored to a wider variety of contexts.⁵² EXPH members highlighted the need for this collaboration to be a more formal process, established by the European

⁴⁵ This view was expressed by EXPH members and a stakeholder from a pharmaceutical and medical devices industry and their representative associations.

⁴⁶ Quote taken from EU institutional stakeholder.

⁴⁷ This view was expressed by stakeholders from the following groups: national/regional public health authorities; EXPH members; pharmaceutical and medical devices industry and their representative associations.

⁴⁸ This view was expressed by stakeholders from the following groups: EXPH members, international organisations.

⁴⁹ This view was expressed by stakeholders from the following groups: EXPH members/international organisation.

⁵⁰ This view was expressed by EXPH members.

⁵¹ This view was expressed by stakeholders from the following groups: EU institutional stakeholders, citizens' and patients' associations.

⁵² This view was expressed by stakeholders from the following groups: EXPH members, relevant think tanks and academic institutions/organisations, pharmaceutical and medical devices industry and their representative associations.

Commission. Secondly, a number of those consulted felt that the Panel itself should be more multi-disciplinary,⁵³ involving more experts⁵⁴ (discussed further in section 3.2.4.2).

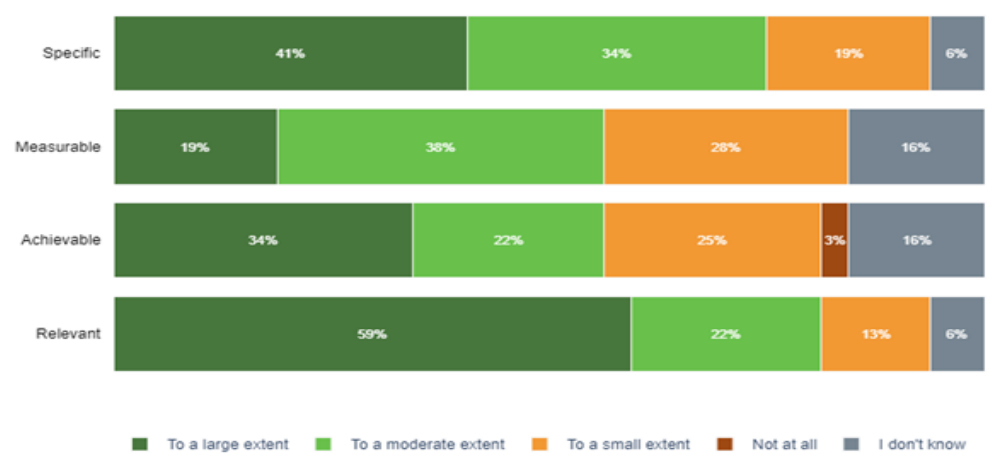
Once an opinion is produced, EXPH members highlighted the need for further feedback on its use. Lack of knowledge on how opinions are utilised decreased their usefulness.

3.2.1.4 Q4: How are recommendations perceived?

Q4.1. How are recommendations perceived by stakeholders?

This section assesses to what extent the EXPH's recommendations are perceived by stakeholders to be specific, measurable, achievable, and relevant. The assessment is based on the study's consultation activities. Overall, stakeholders perceived recommendations to be relevant and specific, as well as achievable and measurable, although to differing degrees, as shown in Figure 4. For all items, the modal class is 'to a large extent', the only exception is 'measurable' for which the modal class is 'to a moderate extent.'

Figure 4. To what extent have the recommendations made by the EXPH been specific, measurable, achievable, and relevant.



All respondent groups except current EXPH members and EXPH external experts (n=32)

Most respondents to the survey (81%) reported that recommendations were **relevant** to a moderate or large extent. Stakeholders mentioned the quality of recommendations and references within them, considering the short period of time given to compose them.⁵⁵ Those who felt recommendations were relevant only to a small extent (13%) were past EXPH members and those from EU medical associations. A stakeholder from an international organisation highlighted that relevance is highly dependent on topics/questions addressed within the opinions.

Most respondents (75%) also felt that recommendations were **specific** to a moderate or large extent; those who felt they were only specific to a small extent were respondents from the following groups: EU institutional stakeholders, past EXPH members, and EU medical associations.

There was less consensus amongst stakeholders on the two other criteria. In total, 56% and 57% of respondents felt that recommendations were **achievable** and **measurable** to a moderate or large extent, respectively. Those who believed they were only achievable or measurable to a small extent (25% and 28%, respectively) were from the following groups: EU institutional stakeholders, past EXPH members, national/regional public health authorities or agencies, and EU medical associations. One EU institutional stakeholder felt recommendations could be more ambitious. Those who did not know were from EU public

⁵³ This view was expressed by EXPH members and an EU institutional stakeholder.

⁵⁴ This view was expressed by stakeholders from the following groups: EXPH members, relevant think tanks and academic institutions and organisations, EU institutional stakeholders.

⁵⁵ This view was expressed by a stakeholder from an EU and national medical association.

health associations, international organisations (on measurable), and citizens' and patients' associations (on achievable). One EU institutional stakeholder felt that recommendations were not at all achievable. One EXPH member felt that having more specific questions within Mandates would help to make recommendations more achievable and measurable. Another stakeholder from a think tank suggested that recommendations were general so that the European Commission did not have to justify why they were not implemented, as opinions were difficult to measure.

3.2.2 Effectiveness

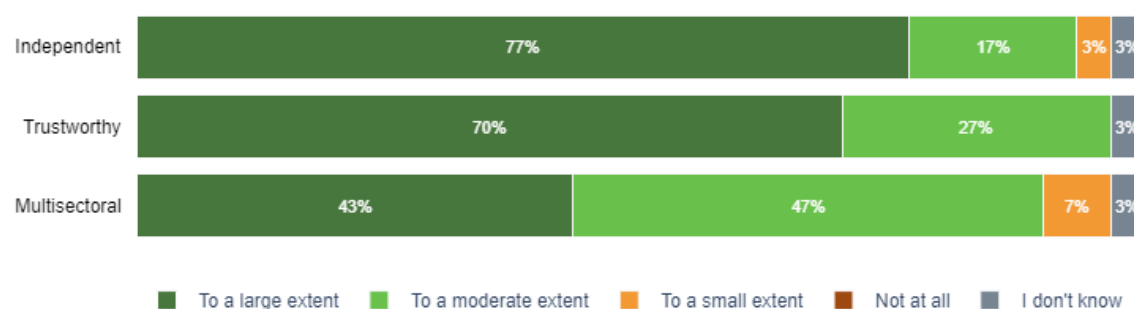
3.2.3 Q5: To what extent have the objectives of the EXPH been met?

This section addresses the extent to which the EXPH provided the Commission with independent and multisectoral evidence and advice on topics related to effective ways of investing in health. The assessment draws together evidence collected through desk research and consultation activities. The study results indicate that the EXPH is a source of evidence, which is to a large extent independent and trustworthy. Although some stakeholders consider the Panel to be multisectoral, the diversity of the Panel composition could be further improved. Findings show that the EXPH has increased knowledge and/or expertise across the areas where opinions were drafted, and also increased interest. However, the impact on policy implementation at EU level and particularly at national level are less clear. Limitations were also noted vis-à-vis dissemination activities and overall stakeholder awareness of the opinions. These findings are substantiated in the sub-sections below.

Q5.1. To what extent has the EXPH provided the Commission with independent and multisectoral evidence and advice on topics related to effective ways of investing in health?

Stakeholders from all groups agreed to a moderate or large extent that the EXPH provided the Commission with independent (92%), trustworthy (96%), and – albeit less so - multisectoral (89%) advice on topics related to effective ways of investing in health (see Figure 5 below). Participants were split about the multisectoral nature of the EXPH: around half felt this was only the case to a moderate extent.

Figure 5. To what extent is the EXPH a source of evidence and advice which is...?



All respondent groups except current EXPH members, EXPH external experts, and specialised media (n=30)

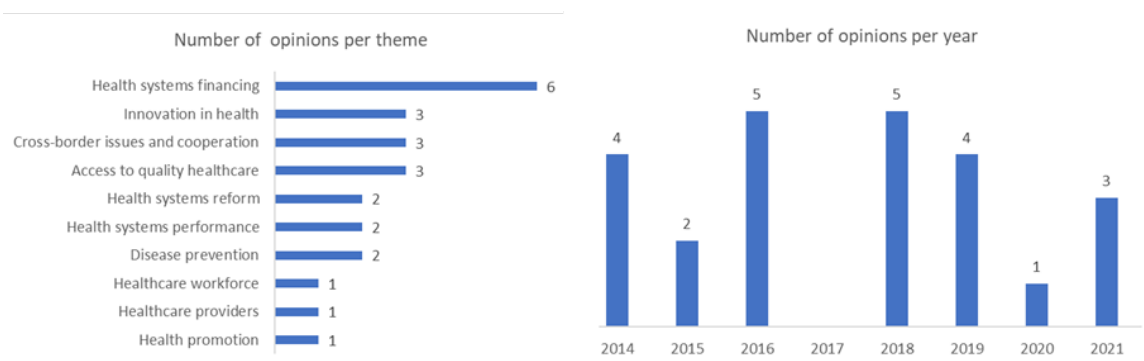
Overall, there is a high degree of **independence** given to the EXPH members by DG SANTE during the drafting of the opinions. These findings are supported by consultation with stakeholders which demonstrate that the EXPH is a source of evidence and advice which is to a large extent independent.⁵⁶ DG SANTE is responsible for providing Secretariat support to the EXPH and its drafting/working groups. The Secretariat provides administrative

⁵⁶ All interviewed EXPH members and past members considered the EXPH as independent. Nearly all surveyed stakeholders asked about their views on the independence of the Panel (all respondent groups except current EXPH members, EXPH external experts, and specialised media), considered the Panel to be independent to a large or moderate extent.

support to facilitate the functioning of the EXPH; monitors compliance with the rules of procedure; publishes opinions; and ensures communication on the EXPH's activities. The EXPH follows a structured approach to meet, discuss and develop opinions. DG SANTE is not involved in managing the drafting process of the opinions, and only fact-checks the draft opinions. Moreover, the Secretariat produces the factsheets only once the opinions and recommendations are finalised.

Some stakeholders⁵⁷ consulted in this study discussed limitations of the EXPH regarding the composition of the Panel or the lack of engagement with other stakeholders which, in their view may hinder the **multisectoral** dimension of the opinions and advice produced. Such views, while compelling, are mitigated by findings based on desk research. Indeed, the EXPH has produced 24 opinions⁵⁸ - with recommendations, and thirteen factsheets since it was created in 2013⁵⁹ - on a variety of issues, including: primary (health) care, cross-border cooperation and vaccination, e-health and value-based healthcare, health promotion, disease prevention, healthcare workforce, etc. However, as shown in Figure 6 below, some thematic areas were covered more than others. Further details on the issues around the multisectoral dimension of the Panel are discussed under Q6.1. Were there any issues that might have hindered the achievement of the EXPH's objectives, and if so, what were they? Q6.2. What (if any) have been the main concerns expressed by stakeholders regarding the EXPH opinions?

Figure 6. Summary of main characteristics of EXPH opinions



Q5.2 To what extent has the EXPH served as a mechanism to further develop cross-country knowledge and expertise of health systems which can inform policies at the national and Union level? Q.5.3 To what extent has the EXPH helped facilitate and promote evidence exchange and discussion concerning health systems? Q7. How are the opinions used?

Findings show that EXPH opinions have increased cross-country knowledge and expertise across areas, and increased interest. They have also helped facilitate and promote evidence exchange and discussion concerning health systems. However, the impact on policy implementation at EU level and particularly at national level are less clear.

In the survey, most respondents reported that the EXPH:

- Increased their knowledge or expertise to a moderate or large extent (88%), without much variation across areas.
- Increased interest in specific areas, with around 50-60% of respondents agreeing to a moderate or large extent across areas.
- Helped facilitate and promote evidence exchange and discussion in relation to health systems to a large or moderate extent (74%).

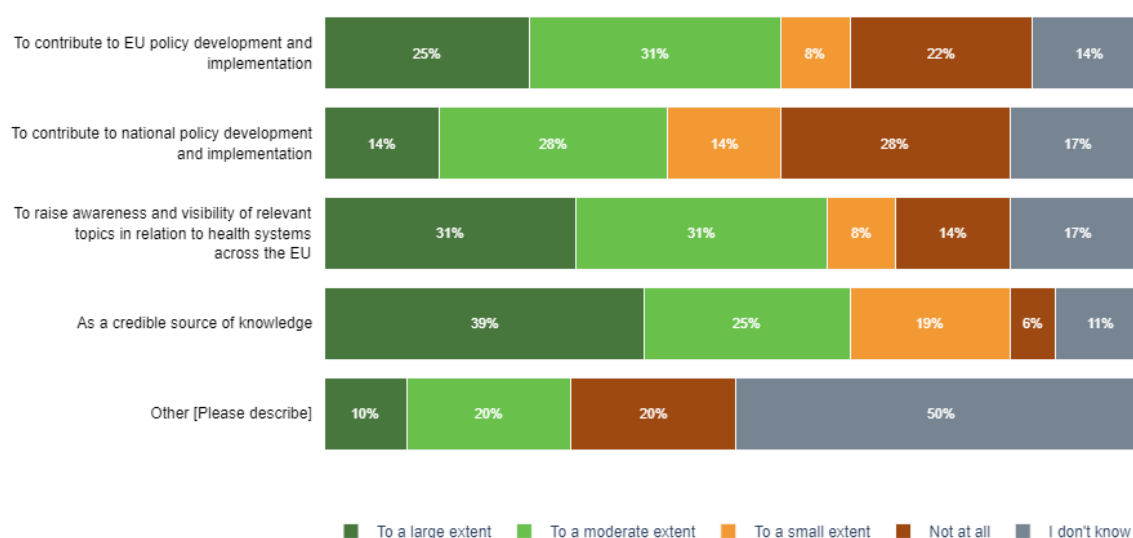
⁵⁷ View expressed by EU institutional stakeholder, Past EXPH members,

⁵⁸ The EXPH's website only lists 23 opinions. Table 1 **Error! Reference source not found.** lists all of these, as well as one additional opinion identified through desk research (24 in total).

⁵⁹ Factsheets were produced for all opinions since 2018.

Besides, opinions were used in different ways, as Figure 7 below shows. The most common was as a 'credible source of knowledge' (64% agreeing to a moderate and large extent), followed by 'to raise awareness' (62%) and to 'contribute to EU policy development and implementation' (56%). It was less common to have used the opinions 'to contribute to national policy development and implementation': not only is the combined percentage of respondents agreeing to a moderate and large extent 42% - thus, respectively 22, 20, and 14 percentage points lower than the first three items - but the percentage of respondents agreeing to a large extent is only 14%, which compares poorly to the first three items (respectively, 39%, 31%, and 25%).

Figure 7. To what extent have you (or your organisation) used the EXPH opinions in the following ways?



All respondent groups except current EXPH members, EXPH external experts, and specialised media (n=36)

From the citation analysis, there is strong evidence that the EXPH has served as a mechanism to further develop **cross-country knowledge and expertise of health systems**. The 24 opinions have been cited in other work 413 times. Four opinions were cited over 40 times each: "Access to health services in the European Union" (64 citations); "Innovative payment models for high-cost innovative medicines" (55 citations); "Benchmarking access to healthcare in the EU" (54 citations); "Assessing the impact of digital transformation of health services" (42 citations). The citation analysis also shows that opinions are used across different countries. In total, publications citing the opinions span 27 countries.^{60,61} Italy has the highest number of publications (29), followed by Belgium (23), the Netherlands (16) and Germany (15). Opinions were cited in academic papers,⁶² governmental papers⁶³, and international organisations' papers, such as those from the World Health Organisation and OECD. While citations are present in high number both in academic papers and in governmental ones, the citation analysis does not offer clear data as to whether the impact of sharing knowledge present in the scientific/research community is matched by a similar level of impact in relevant policy making fora. Besides, interview and focus group findings indicate that developing cross-country knowledge and expertise only indirectly, if at all, informs policy – particularly, at national and at devolved / decentralised regional levels.

There is evidence from the consultation activities that the EXPH has **promoted evidence exchange and discussion**. For instance, opinions have been used to inform organisations

⁶⁰ In cases where publication location was not provided, location of lead author was used.

⁶¹ Country location was provided or 189 of the publications.

⁶² 146 academic papers.

⁶³ 136 governmental papers.

active in the EU health sector, to inform advocacy work, to increase the knowledge of stakeholders, and to foster discussions among researchers as also evidenced by the citation analysis.

However, there is also evidence – from the analysis of a selection of public hearings (outputs mapping) and from consultation activities – that the work of the Panel is rather visible at EU level but not so much at the national one, and that (particularly) national level stakeholders are not always fruitfully involved in exchanges or discussions with the Panel. First, the analysis of a selection of public hearings⁶⁴ shows that the EXPH has facilitated and promoted evidence exchange and discussion at the EU level, with high diversification of the participants that attend public hearings, particularly the one on resilient health and social care following the COVID-19 pandemic. Second, as explained in focus groups and interviews, there is limited time for stakeholders to provide detailed feedback to the Expert Panel during public hearing, although they can provide written comments after the public hearing. Besides, approaches on how to provide feedback to the opinions should be revised and feedback provided by stakeholders should be incorporated into the opinions – to ensure a fruitful exchange and discussion. While these barriers apply both to the EU and national levels, they are compounded at the national level by challenges related to language of opinions (for instance, increasing time pressure for stakeholders to provide feedback), location of public hearing (when not taking place online), and lower visibility, relevance, and dissemination efforts at the national level.

3.2.3.1 Q6: Where expectations have not been met, what factors have hindered their achievement?

This section addresses factors that might have hindered the achievement of the EXPH's objectives. The perception is that the work of the Panel is not very visible at national level, it is focused on the EU level - as per its Mandate – and does not necessarily follow a bottom-up and dialogical approach that involves local and national stakeholders. Improved dissemination is considered key to enhancing the level of awareness of stakeholders of the work of the EXPH and its visibility. The Panel composition and selection of experts were hindrances to a small degree: for instance, in terms of multi-sectoral coverage, and the limited geographical balance, which also hampered dissemination in national contexts. The ability of experts to collaborate, with some experts having a dominant influence over the whole Panel, was considered a minor hindrance overall.

Q6.1. Were there any issues that might have hindered the achievement of the EXPH's objectives, and if so, what were they? Q6.2. What (if any) have been the main concerns expressed by stakeholders regarding the EXPH opinions?

Figure 8 below shows the results of the survey question that was asked to EXPH (past and present) members and EU institutional stakeholders with regards to the issues that hindered the achievement of the EXPH's objectives. The question allowed respondents to select all items that applied. There are 12 items in the question, which can be organised into two main groups: on one hand, (in light and dark blue, respectively) issues related to the interaction with stakeholders and to the level of stakeholder awareness of the EXPH and the visibility of its opinions; on the other hand, (in light and dark orange) internal issues related to the composition of the Panel and the selection of experts, and its working

⁶⁴ Thirteen Public Hearings were analysed: All public hearings listed in the EXPH website were analysed. Namely: Hearings of the Expert Panel on Effective ways of Investing on: 'European solidarity in public health emergencies'; 'Supporting mental health of health workforce and other essential workers'; 'public procurement in healthcare systems'; 'The organisation of resilient health and social care following the COVID-19 pandemic'; 'Options to foster health promoting health systems'; 'Task shifting in health systems'; 'Value-based healthcare'; 'Assessing the impact of the digital transformation of health services'; 'Application of the ERN model in European cross-border healthcare cooperation outside the rare disease's area'; 'Vaccination programmes and health systems in the EU'; 'Innovative payment models for high-cost innovative medicines'; 'Benchmarking access to healthcare in the EU'; 'Tools and methodologies for assessing the performance of primary care'.

methods and members' ability to collaborate effectively and transparently. There is also an item – 'other' – that was more exploratory in nature.

Figure 8. Have any of the following issues hindered the achievement of the EXPH's objectives?⁶⁵

Level of interaction between the EXPH and national authorities	64%	Level of interaction between the EXPH and other relevant stakeholders	27%
Composition of the Panel (e.g. number of experts, geographical/multisectoral coverage)	41%	Other	23%
Level of awareness of stakeholders of the work of the EXPH	41%	Ability of experts to collaborate (e.g. did some experts have a dominant influence over the whole Panel)	18%
Visibility and dissemination of the opinions	36%	No issue	18%
Level of interaction between the EXPH and EU institutions	32%	Selection of experts (e.g. independence level, level of expertise: did experts tend to go beyond their field of competence)	14%
Working methods of the EXPH	27%	Transparency of the work of the EXPH	5%

From ICF survey - EU institutional stakeholders, current EXPH members, past EXPH members, and EXPH external experts (n=22). Note respondents could select more than one response.

The **level of interaction between the EXPH and national authorities** (64%) features high as hindrance. There is not much interaction with National authorities as stakeholders also confirmed in interviews and focus groups. According to EXPH members, there is a need to have a bottom-up approach that involves local and national stakeholders. Yet, according to broader stakeholders, more than a bottom-up approach, what is needed is dialogue in terms of defining Mandates, integrating feedback during public hearings, and broader dissemination activities. The level of interaction with EU institutions (32%) and with other relevant stakeholders (27%) are also noteworthy dimensions, but not as much as the one with national authorities – with a 32 and 37 percentage points gap, respectively.

Related to the reported low interaction with some stakeholder groups, views from stakeholders show that **awareness of the EXPH's work** was a high hindrance (41%). The low awareness is in turn linked to the low visibility of the opinions, whose **visibility and dissemination** were a further hindrance (37%), thus pointing to the need to improve on this (further in section 3.2.5, on dissemination).

The **composition of the Panel** was also highlighted as a key limitation that hindered the achievement of the objectives of the Panel (41%) and is ranked second overall – after the level of interaction between the EXPH and national authorities. This limitation relates to the reported lack of diversity among members. Stakeholders believed that some geographical areas are not covered enough in the Panel,⁶⁶ notably from Eastern countries. This in turn affects dissemination efforts in those areas, given that local dissemination often relies on members' personal contacts. What is more, stakeholders questioned whether the Panel was best placed to deliver recommendations on topics they lacked expertise or for which they have not got practical everyday hands-on experience.⁶⁷ Further, other stakeholders reported that the Panel is not multisectoral⁶⁸ in its expertise from

⁶⁵ Survey question 26.

⁶⁶ View expressed by past EXPH members; current EXPH members in survey results. View also expressed by a current EXPH member in a focus group.

⁶⁷ Views expressed by three stakeholders participating in a focus groups.

⁶⁸ View expressed by EXPH members attending a focus group.

various scientific epistemological branches (e.g., anthropology, sociology; implementation science; social determinants and health promotion). Finally, some stakeholders considered improvements in the selection of external experts, to include stakeholders who are not part of the 'health community', but are relevant for health (for example employers, social policy specialists, agriculture, economy, etc.).

Regarding the **working methods** (27%) of the EXPH, stakeholders mentioned that the planning of the work is sometimes suboptimal, with unclear expectations, milestones, and progress between meetings. Some members lamented that the working methods do not enable the production of new viewpoints, because some other members participate in similar networks, which may undermine innovativeness and the uniqueness of the Panel – although it is also an element that favours the EXPH's visibility. Besides, according to a past EXPH member, the EXPH sometimes struggles to adapt established knowledge in a new context, and rather tends to cite and repeat previously established knowledge. Further information on working methods is included under the efficiency evaluation criterion (section 3.2.4).

Regarding the ability of experts to **collaborate** (18%), some issues were highlighted, including the presence of a few very prominent and long-standing experts in the EXPH who may at times be perceived to dominate discussions, thus leaving little room for others to fully participate and for consensus building. The introduction of a more participatory leadership was considered a beneficial addition in the focus group discussion.⁶⁹ The Covid-19 pandemic and the lack of in-person meetings may have exacerbated collaboration difficulties, with some (present and past) EXPH members highlighting that building virtual relationships with colleagues has been challenging, especially for newcomers without a history of in-person collaboration.

3.2.3.2 Q8: To what extent are recommendations implemented?

This section addresses the extent to which recommendations in the opinions are implemented. The impact on policy implementation at EU level and particularly at national level are less clear overall. The perception is that the work of the EXPH is not very visible at the national level, it is focused on EU-level policy, and does not necessarily follow a bottom-up and/or dialogical approach that meaningfully involves local and national stakeholders. Improved interaction with stakeholders and dissemination efforts are considered key by consulted stakeholders to enhancing impact and should be an area of work for the future.

Q8.1 To what extent are recommendations implemented?

Overall, the Panel impact on policy implementation at EU level and particularly at national level are less clear. Hence, EU institutional stakeholders and National or regional public health authorities or agencies were split precisely on whether they had implemented recommendations from the EXPH opinions.

Survey results show that half of national or regional public health authorities or agencies (50%) reported⁷⁰ that recommendations from the EXPH cover issues which benefit the national health policy making process to a large extent, and 17% reported the recommendations did that to a moderate extent. The remaining 34% reported this was the case only to a small extent. Less than half of the respondents⁷¹ reported that the recommendations contained in the EXPH opinions have been "taken up" or implemented by policymakers and health professionals to a moderate extent. EU institutional stakeholders and national or regional public health authorities or agencies were split over whether they had implemented recommendations from the EXPH opinions⁷²: less than half

⁶⁹ View expressed by a current EXPH member.

⁷⁰ Q38 To what extent do the recommendations of the EXPH cover issues which benefit the national health policy-making process? (National or regional public health authorities or agencies; n=6)

⁷¹ 42% of 43 respondents, question not asked to EXPH current or past members or specialised media.

⁷² Q32 Have you ever "taken up" or implemented a recommendation(s) from EXPH opinions? (n=11)

of these stakeholder groups reported that they had not implemented the recommendations and a similar percentage reported that they had. Similarly, findings from focus groups⁷³ and interviewed stakeholders show uncertainty over whether the recommendations contained in the opinions are implemented by stakeholders.

3.2.3.3 Q9: Do the opinions and the recommendations contained in the opinions have a lasting impact?

This section addresses whether the recommendations contained in the opinions have a lasting impact. Study results show that some opinions with longer shelf life produced by the Panel are accessed and used by stakeholders even years after their publication and used in the work of some of these stakeholders/organisations. However, stakeholders acknowledged that better awareness and dissemination of the work of the Panel could improve the impact these and, particularly, other opinions have.

Q9.1. Do the opinions and the recommendations contained in the opinions have a lasting impact?

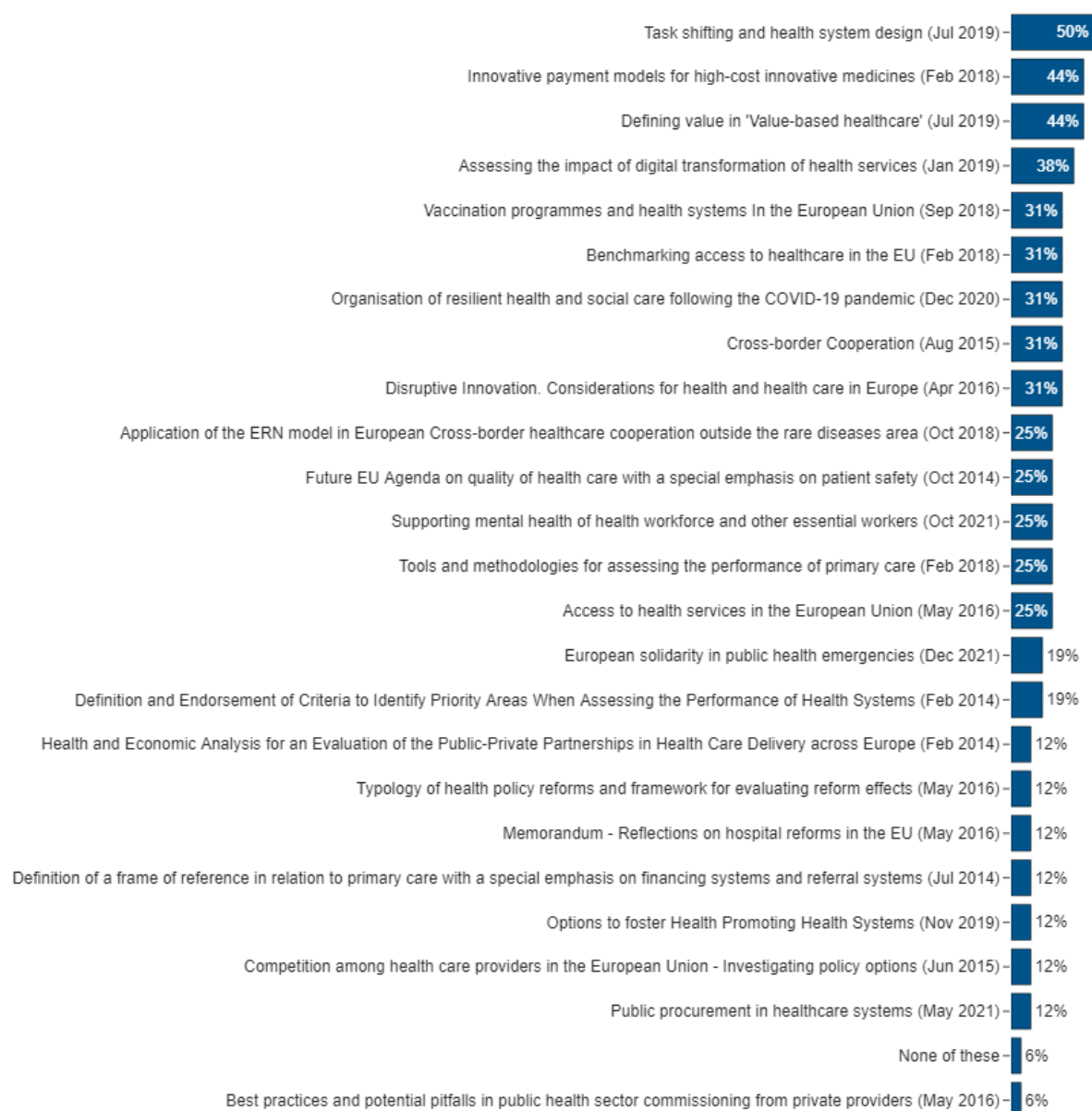
Over half of the surveyed stakeholders⁷⁴ reported to have referred back to past recommendations in the context of their work. One third of the respondents reported not having done so. Among those who referred back to the opinions, the most common opinion was 'Task shifting and health system design', followed by 'Innovative payment models for high-cost innovative medicines' and 'Defining value in Value-based healthcare' – as shown in Figure 9 below. Besides, citation analysis shows that opinions are used to prepare academic papers, governmental document, or international organisation documents years after the first publication.

This shows that some opinions and the recommendations are used beyond the momentum created around their publication. However, it is unclear whether the impact is only in terms of knowledge or also in terms of policy making.

⁷³Views expressed by Stakeholders representing national agencies, EU associations and academic institutions in a focus group.

⁷⁴ Question was asked to all respondent groups except current EXPH members and EXPH external experts

Figure 9. Which opinion(s) have you referred back to?



All respondent groups except current EXPH members and EXPH external experts (n=16). Note respondents could select more than one response.

Stakeholders illustrated how they had referred back to EXPH opinions. An academic organisation or institution shared findings of the opinion with co-authors on a paper for the UK workforce, and another academic organisation or institution cited the opinions in published work, used them for teaching purposes and also referred others to consult them, including policymakers and practitioners. A past EXPH member reported they used opinions as references in publications or presentations.

Interviewed stakeholders also reported referring back to past recommendations in the context of their work. One of them mentioned having used the recommendations from "Future EU Agenda on quality of health care with a special emphasis on patient safety",⁷⁵ while another international organisation stakeholder mentioned also to refer back to the opinions in the field of their work. Additionally, a citizen and patient organisations provided

⁷⁵ Citizens and patients' associations (P-CP_36_RRC)

examples on how they would refer back to an opinion when they had dealt with topics covered by the Panel's work.

3.2.4 Efficiency

3.2.4.1 Q10: Do the current rules of procedure and working methods provide the right framework for efficient ways of working?

This section assesses the current rules of procedure and working methods of the EXPH Panel. It draws together evidence collected through desk research consultation and activities. Based on the consultation activities, the current working methods and rules of procedure are considered to provide the right framework for efficient ways of working, especially in relation to format and content of opinions and Mandates. However, there is room for improvement in many areas (e.g., roles and ways of working of the Secretariat, role of the Chair and Vice-Chair, Mandates). For example, stakeholders mentioned involving professional expertise to help in the formulation of the opinion as well as the clarity needed in the selection of the Mandate. The principles for the operation of the Panel were deemed appropriate, but excellence, transparency and the multi-sectoral aspect were also questioned to some limited degree. Some limiting factors (gaps) were also identified, and they were linked to changes needed to improve the functioning of the Panel as well as the rules of procedures. Indeed, no evidence could be gathered on the approach and instruments that would be required to make such changes, as the focus was more on "what" to change rather than on the "how" to apply the changes required. The following sub-sections present the evidence base/findings that substantiate this assessment.

Q.10.1 Does the functioning of the Panel provide the right framework for efficient ways of working, in view of achieving the EXPH's objectives?

Findings from the interviews show that there is agreement that the functioning of the Panel provides the right framework for efficient ways of working. More specifically, EXPH's rules of procedure were defined as efficient by nine out of 13 respondents⁷⁶. The same views were collected via the survey, where most of the stakeholders⁷⁷ consulted agreed with the statement (80% - 95% to a moderate and large extent). Figure 10 below shows the extent to which each item provides the right framework for efficient ways of working, in view of achieving the EXPH's objectives, based on overall moderate and strong agreement:

Figure 10. Extent to which each item provides the right framework for efficient ways of working (Source: survey)

Format and content of Opinions	96%	Establishment and role of Working Groups	80%
Mandates (topics covered, way questions are phrased, quality of prior information presented etc.)	95%	Selection of external experts to participate in Working Groups	75%
Role and ways of working of the Secretariat	95%	Co-operation with other Scientific Bodies	55%
Meetings	95%	Minority opinions	40%
Election of Chair and Vice-Chair, Role (and replacement of Chair and Vice-Chair)	80% (55%)	Rapid advice and accelerated procedure	40%
Designation and role of Rapporteurs	80%	Voting rules	30%

As the figure outlines, format and content of opinions, Mandates, role and ways of working of the Secretariat, and meetings were considered to provide the right framework for

⁷⁶ This view was expressed by the following stakeholders: one EU Institutional Stakeholder and 8 EXPH Members.

⁷⁷ This view was expressed by the following stakeholders: current EXPH members, past EXPH members, EXPH external experts, and EU institutional stakeholders directly involved in the working of the EXPH (n=20).

efficient ways of working to a large or moderate extent. By contrast, minority opinions, rapid advice, accelerated procedures, and voting rules were perceived as the least efficient elements.

Q.10.2. How could the functioning of the Panel be improved?

Overall, study activities reveal that there is room for improvement in many areas regarding the functioning of the Panel, including the ones considered to be efficient. According to stakeholders⁷⁸, the following changes would be needed:

- **Opinions:** on one hand, more clarity in member designation, responsibility, and collaboration would increase efficiency; on the other hand, there is a trade-off between collaborative and efficient approaches, in that having only a small number of authors drafting the opinion and other members commenting on it - rather than trying to produce opinions completely collaboratively - also leads to efficiency.
- **Mandates:** Increasing clarity in the selection of the Mandate would bring about more efficient working methods, since this would help the Panel be clear about its own scope.
- **Role and ways of working of the Secretariat:** while efficient, it could be improved by involving professional expertise to help in the drafting/formulation of the opinions - through a research Secretariat. While, earlier in the report under Effectiveness, it was mentioned that the EXPH has a strong member expertise, the latter would be needed to increase its efficiency - as also related to the timeliness of opinion.
- **Chair and Vice-Chair:** setting a maximum of two periods for the Chair and Vice-Chair, establishing clear and complementary assignments for both roles⁷⁹, avoiding voting for these roles during the first meeting. Moreover, the necessity to have a Vice-Chair was questioned, as such role was not found to be entirely useful.
- **Designation and role of Rapporteur:** a higher degree of responsibility in the content of the opinion is considered to have the potential to improve the efficient functioning of the Panel, as related to time pressure for drafting opinions, particularly in terms of collecting evidence, editing, and referencing.
- **Selection of external experts participating in Working Groups:** making the selection procedure more efficient and clearer, and also considering the opportunity of different career-level research expertise to speed up groundwork.
- **Meetings:** keeping the number of meetings at a minimum, while working efficiently in between meetings; work through a project management approach; and balancing physical and virtual meetings. Regarding the latter point, physical meetings ensure bonding among members, but they are also time-consuming for those having to travel. It was, thus, also suggested to hold physical meetings in different cities and not only in Brussels. Besides, the opportunity to create smaller thematic groups to allow for more targeted meetings was also mentioned.
- **Minority opinions:** using and appreciating their value.
- **Rapid advice and the accelerated procedures:** it was noted that the very short time frame hinders their use.
- **Voting rules:** there was no specific suggestion on how to improve, despite being regarded as the least efficient item. Voting was only mentioned in the context of the election of the Chair and Vice-Chair.

⁷⁸ These views were expressed by the following stakeholders: current EXPH members, past EXPH members, EU Institutional stakeholders.

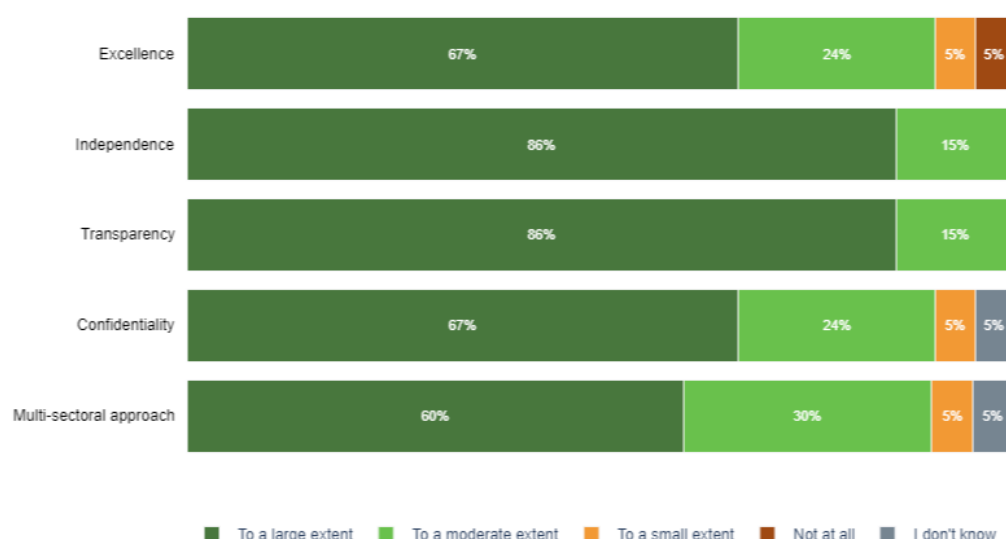
⁷⁹ This view was expressed by a past EXPH member.

Q.10.3. Are the principles for the operation of the Panel appropriate? Q.10.6. Should there be any other principles? If so, what kind?⁸⁰

The EXPH operates under **five principles** listed in Figure 11 below. The aim of these principles is to guide the work of the Panel; they also reflect the members' willingness to remain independent and to seek the best interest for European citizens. From the consultation activities carried out⁸¹, it emerged that all the principles are appropriate, even though independence and transparency were perceived to be more appropriate than the other three.

Indeed, almost all survey respondents⁸² felt the all the principles for the operation of the EXPH are appropriate (excellence 91%, independence and transparency 100%, confidentiality 91% and multi-sectoral approach 90% - to a large or moderate extent), as reported in the figure below. When asked about principles that are not appropriate, few past EXPH members questioned if excellence could be assessed, called for more transparency in the way Mandates are chosen, and questioned whether a multi-sectoral approach is applied.

Figure 11. (Q41) To what extent are the principles for the operation of the Panel appropriate? (Source: survey)



EU institutional stakeholders, current EXPH members, past EXPH members, and EXPH external experts (n=21)

In terms of whether other principles for the operation of the Panel are needed, only 14% of survey respondents agreed, 27% said no, and 60% said did not know.

Principles that were suggested, in the survey and in interviews, include: 1. changing the 'multi-sectoral approach' to the principle of 'interdisciplinarity'; 2. adding 'diversity' to encourage discussion among different groups and sectors; 3. adding 'relevance', 'timeliness' and 'sustainability' of the advice; 4. adding 'innovative thinking', including critical self-reflection and low degree of self-citations; and 5. adding 'creative process' to be achieved through the inclusion of second-level experts.

⁸⁰ Questions were merged for clarity and coherence.

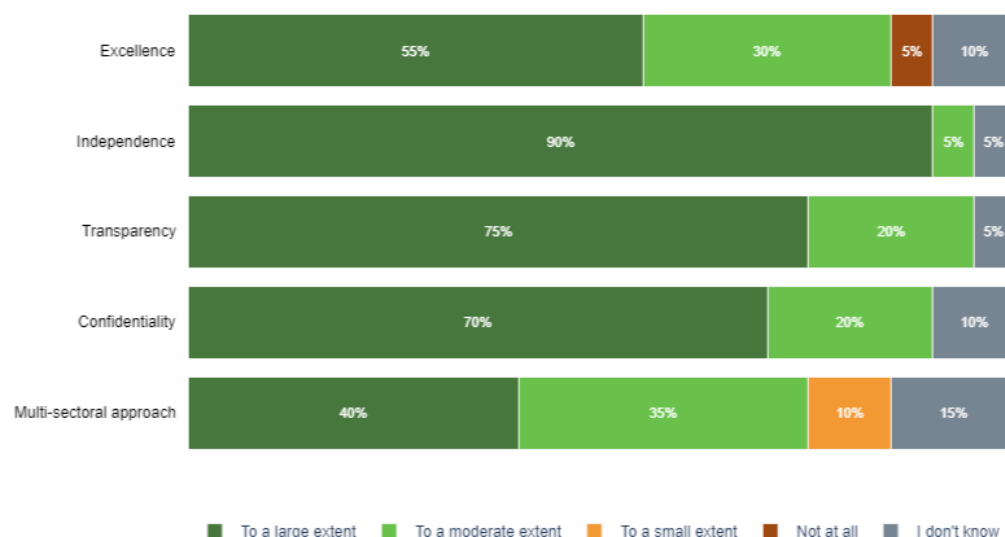
⁸¹ Survey and interviews; while this was not addressed during Focus Groups.

⁸² This view was expressed by the following stakeholders: EU institutional stakeholders, current EXPH members, past EXPH members, and EXPH external experts (n=21).

Q.10.4. Do the rules of procedures related to each principle provide the right framework for efficient ways of working? Q.10.5. How could the rules of procedure be improved?⁸³

Findings show that most stakeholders⁸⁴ (75% to a moderate extent and 95% to a moderate and large extent) considered that the **rules of procedures** provide the appropriate framework for working efficiently. However, a few respondents involved in the consultation activities (survey and interviews) considered that the rules of procedure **for multi-sectoral approach and excellence** provide the right framework for working only to a small extent. The figure below substantiates these findings, as well as what already reported under the previous questions (Q10.3 and Q10.4) which put under discussion the multisectoral approach and the excellence principles when it comes to the overall working methods of the Panel. This is also in line with what expressed under section 3.2.2 (under Effectiveness) and it re-states the need and importance to improve such principles to enable efficient ways of working of the Panel.

Figure 12. Q43 To what extent do the rules of procedures related to each principle provide the right framework for efficient ways of working? (Source: survey)



Current EXPH members, past EXPH members, EXPH external experts, and EU institutional stakeholders directly involved in the working of the EXPH (n=20)

As confirmed by the results collected through the survey, past and present EXPH members have a clear view on what aspects of the rules of procedure should be improved:

- Preparing evidence-based rather than expert-based opinions.
- Improving the clarity on the format of the opinions.
- Improving the multi-sectoral approach of the opinions.
- Foreseeing in the rules of procedure an obligation for EXPH members to come prepared to the meetings.
- Improving dissemination efforts.

Improving the multi-sectoral approach of the opinions as well as the dissemination efforts are recurrent themes mentioned by multiple stakeholders to increase both the efficiency and the effectiveness of the Panel working methods. Such similar views expressed by various stakeholders show agreement around which aspects of the Panel's working methods should be improved to enable not only its efficiency but also its effectiveness.

⁸³ Questions were merged for clarity and coherence.

⁸⁴ These views were expressed by the following stakeholders: current EXPH members, past EXPH members, EXPH external experts, and EU institutional stakeholders directly involved in the working of the EXPH (n=20).

3.2.4.2 Q11: What changes would be necessary to make the EXPH's collaboration more efficient?

This section assesses the extent to which changes would be necessary to make the EXPH's (internal) collaboration more efficient. The assessment draws together evidence collected through consultation activities and desk research. The study results from consultation activities demonstrate that there are some contradictions in the findings. Notably, the desk research seems to point to the fact that collaboration within the EXPH did not prove full efficient, since some opinions were adopted with substantial delays. However, stakeholders consulted through interviews and surveys agreed or strongly agreed that the collaboration within the EXPH was efficient and members were overall satisfied with the collaboration. While these findings may seem to conflict, they can be interpreted as the Panel working efficiently despite the high workload and members' limited time availability. What is more, applying more transparency and better project management in relation to budgeting were mentioned as useful ways to make collaboration even more efficient. These findings are further substantiated below.

Q.11.1. How efficient was the EXPH's collaboration to provide independent and multisectoral evidence and advice on topics related to effective ways of investing in health?

As regards these aspects, various findings emerge from the desk research, which are, to some extent, in contradiction with what emerged from the consultation activities, as it will be explained further below. From the analysis of the Mandates, the efficiency of collaboration within the EXPH is seen to not be optimal, since some opinions were adopted with a delay of 1 to 7 months. However, EXPH members worked efficiently, considering the high workload and their limited availability.

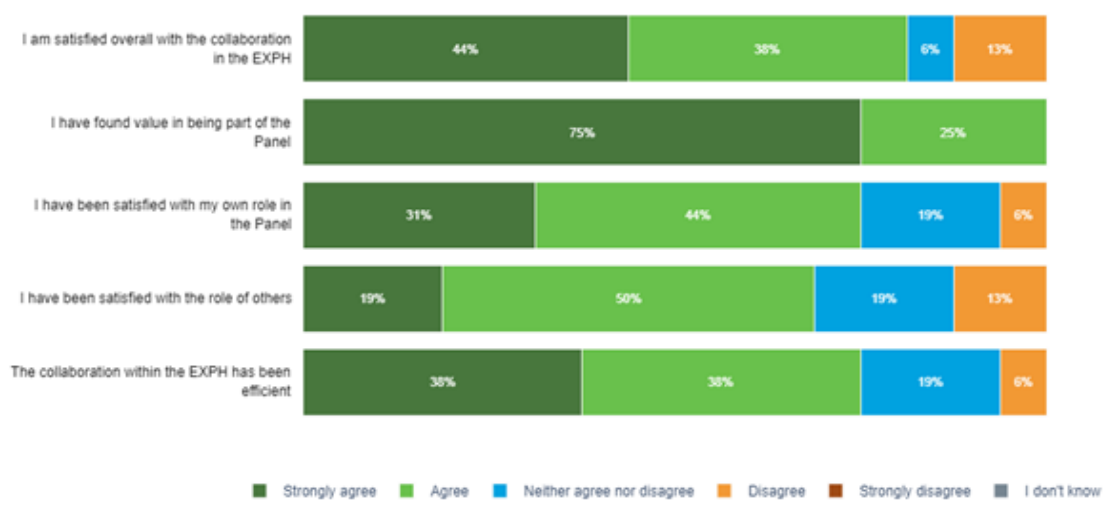
By contrast, the review of the plenary meetings shows efficiency in the collaboration rates between the EXPH, when considering the provision of multisectoral evidence and advice on different topics. The multisectoral nature of the advice is proven by the high rate of EXPH and external members taking part in the plenary meetings, as well as the diversified background (e.g., professors, doctors, researchers in biochemistry, medicine, toxicology) and origin of its members (e.g., members come from Portugal, Spain, Italy, the Netherlands, Poland, Slovenia, Greece, and Czech Republic).

Nevertheless, data overall shows that several limiting factors were hindering the optimal efficiency of the collaboration, including a disconnection between the research and policy making world with an underrepresentation of stakeholders outside the health community, yet relevant for health, as well as the reported imbalance of several prominent EXPH members leading the discussion.

Q.11.2. How satisfied were members of the EXPH in terms of collaboration (e.g., value found in being part of the Panel, satisfaction with their own role and the role of others, etc.)?

Overall, consulted EXPH members (current and past) strongly or moderately agreed: to have found value in being part of the Panel (100%); that they were satisfied with the collaboration in the EXPH (82%); with their own role in the panel (75%); and with that of other members (69%, but mainly driven by moderate agreement, 50%, and less by strong agreement, 19%); and that the collaboration within the EXPH was efficient (76%). This is detailed in the Figure 13 below.

Figure 13. (Q46) Please rate your agreement with the following statements related to collaboration in the Panel. (Source: survey)



Current EXPH members and Past EXPH members (n=16)

Overall, EXPH members agreed that their experience collaborating with the Panel was satisfactory, pointing to the level of participation and collaboration between Panel members as major aspect of their positive experience. They also added that it was inspiring to meet with competent experts from a variety of countries, even though there is less space for contributions of experts coming from smaller Eastern European countries. Yet, some respondents expressed disagreement with the roles of others in the EXPH and with the overall collaboration within the EXPH: contributions were in some instances considered imbalanced, and challenges emerged in the collaboration between long-standing members and newcomers. Relatedly, one EXPH member claimed that the work of the Panel is based on individual experts' scientific reputation. Finally, in terms of efficient collaboration, insufficient language skills were lamented.

Q.11.3. What changes would be necessary to make the EXPH's collaboration more efficient?

Interviews and Focus groups allowed to gather views on what changes would be needed to make the EXPH's collaboration more efficient:

- Improving the degree of transparency within the Panel by developing new methods of consensus to increase internal dialogue and participation.
- Implementing a method that incorporates structured interviews/surveys and workshops to promote collaboration between members of the EXPH, and to ensure that everyone can participate equally.
- Improving interaction within the Panel, as related to the online or offline meetings.

As for the latter point, some respondents emphasised the importance of meeting in person and more frequently to allow newer members to participate on equal footing; others stressed the benefits of meeting remotely (to avoid travel) and keeping the number of meetings to a minimum, while improving the preparation between meetings.

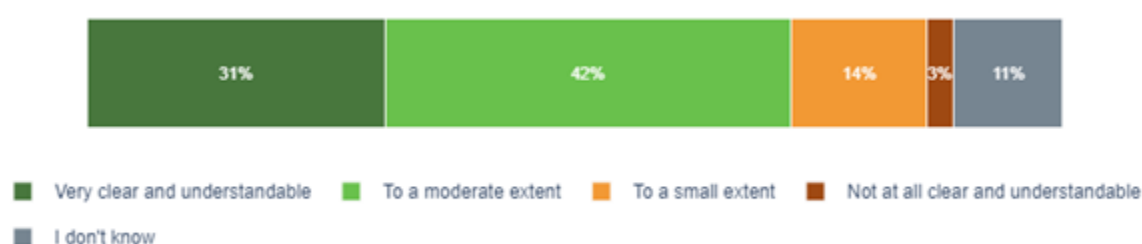
In addition, during the Focus Group with past and present EXPH members, participants highlighted the need to have more efficient methods inspired by project management approaches, including in terms of budgeting.

Q12.3. Are the following clear and understandable for users, relevant stakeholders and the public?

3.2.4.3 The organisation and process leading to the opinion, as well as their rationale?

Findings for this sub-section obtained through the survey activity showed that there was an agreement among the consulted stakeholders⁸⁵ (73%) on the dissemination activities being very or moderately clear and understandable, although no clear dissemination strategy was in place. Figure 14 below provides an overview of these findings.

Figure 14. (Q49) To what extent have dissemination activities been clear and understandable? (Source: survey)



All respondent groups (n=36)

Opinions are generally considered to be **written in a clear and structured manner**⁸⁶, despite some contradictions within the text⁸⁷, as emerged from the interviews. As far as concerns the **meaning of the opinions and their purpose**, one respondent⁸⁸ mentioned that the EXPH lacked openness on the opinions, causing a repetition of what is already known about a topic. Another respondent mentioned that the work of the EXPH was done without knowing the intended use/purpose of the opinion and considered that the opinions produced had no impact. When asked about the clarity of different topics in relation to the opinions, respondents considered that all aspects were very clear or moderately clear (91%)⁸⁹. The aspects that participants found the least clear were: limits to the conclusions' validity, rationale of the opinions, and other (not better defined) uncertainties surrounding the opinions as illustrated by Figure 15 below.

⁸⁵ These views were expressed by all respondent groups (n=36).

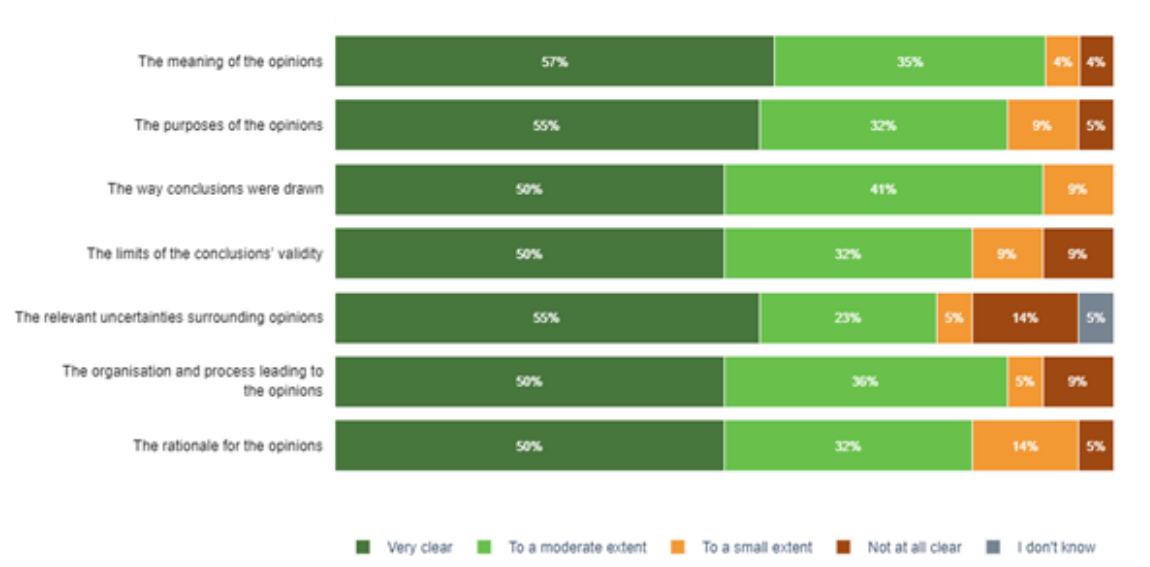
⁸⁶ This view was expressed by the following stakeholders: International organisations, agencies and citizens and patients' associations, national and regional public health authorities, EXPH Members.

⁸⁷ This view was expressed by national and regional public health authorities.

⁸⁸ This view was expressed by a past EXPH member.

⁸⁹ All respondent groups except current EXPH members and EXPH external experts (n=23).

Figure 15. (Q48) To what extent have the following topics been clear? (Source: survey)



All respondent groups except current EXPH members and EXPH external experts (n=23)

Q12.4. Has dialogue and collaboration with third parties during public hearings been transparent?

From the survey results, there is alignment in the views of stakeholders⁹⁰ (78%) in considering that dialogue and collaboration with third parties during public hearings has been transparent. Only a few respondents (9%) believed otherwise, as Figure 16 below shows.

Figure 16. Q50 To what extent has dialogue and collaboration with third parties during public hearings been transparent? (Source: survey)



Yet, the data collected showed mixed opinions as to the role that public hearing events played in helping the EPXH finalise the opinions and collect relevant insights. According to some EXPH members, public hearings are very important as they enable the Panel to engage with stakeholders and collect their feedback. Moreover, the public consultation was described as productive and very transparent⁹¹ and online public hearings increased stakeholder participation and feedback⁹².

However, some EXPH members felt that Member States and other stakeholders, such as the Ministries of Health (MoH), could be more involved in the public hearings and that the hearings should take place in all Member States and not only in Brussels (particularly moving forward as the pandemic seems to be subsiding and physical events are once again more common). On one hand some stakeholders asserted that public hearings were unhelpful because participants rarely raised pertinent or important issues that needed to

⁹⁰ These views were expressed by all respondent groups except specialised media (n=36).

⁹¹ This view was expressed by an international organisation.

⁹² This view was expressed by EXPH members.

be considered in the opinion⁹³, while on the other hand stakeholders from the citizens and patient associations sector felt their input was not listened to or considered.

Overall, more time should be allocated to improve the organisation of these events, and they should emphasise opinion-based content and include more individuals who could contribute to the event's success⁹⁴.

Regarding the way in which feedbacks are addressed in the final opinion, some respondents found it useful to participate in a public hearing, as they gained a better understanding of how the feedback received from the public hearing is incorporated into the final opinions⁹⁵; whilst another stated the opposite, namely that it was not clear how the feedback from stakeholders was addressed⁹⁶.

3.2.5 Dissemination⁹⁷

3.2.5.1 Dissemination mechanisms: between the EC and the EXPH

Research activities show that the Commission had a substantial role in dissemination, including: via the Health Policy Platform, the Council Working Party, DG SANTE eNews, and the Secretariat's mailing list. Findings also show that opinions were disseminated by Panel members through formal channels, including: public hearings most notably, as well as publications in peer review journals, and participation in workshops and conferences. Panel members also used informal channels and personal contacts to disseminate opinions further.

Despite these arrangements, stakeholders felt that the incisiveness of dissemination mechanisms was limited overall, and that this reduced the visibility and impact of opinions.⁹⁸ Stakeholders particularly considered that not enough is done to disseminate information to national and regional stakeholders, as the opinions are predominantly disseminated among EU-level stakeholders. As a result, according to some stakeholders, they had to take initiative to disseminate locally the opinions of interest to them⁹⁹ - so that opinions could gain more visibility. The little time available on the part of EXPH members to disseminate locally was considered a key hindrance. Moreover, opinions were difficult to disseminate at local level due to bureaucratic and language barriers and they were disseminated by members themselves in their own countries of origin, on their own initiative, outside of the Panel. Finally, there was some division among EXPH members about who should take the lead role in dissemination: some suggested that it was primarily the role of the Rapporteur(s) and only secondly of broader members, while others felt it was the role of the Commission as the owner of the results.

⁹³ These views were expressed by EXPH members.

⁹⁴ These views were expressed by EXPH members.

⁹⁵ This view was expressed by an EU and national medical associations.

⁹⁶ This view was expressed by a pharmaceutical and medical devices industry and their representative associations.

⁹⁷ While not an evaluation criterion, dissemination is covered under a specific section to organically present information across evaluation criteria. Data for this section was collected across manifold research questions, including: Q3.1. How useful are the opinions perceived by stakeholders?; Q3.2. What changes would render the opinions more relevant?; Q6.1. Were there any issues that might have hindered the achievement of the EXPH's objectives, and if so, what were they?; Q6.2. What (if any) have been the main concerns expressed by stakeholders regarding the EXPH opinions?; Q12.5. How can dissemination of the opinions be improved to reach the right target audiences?; Q12.1. To what extent have the opinions been disseminated?; and Q12.2. What have been the target audiences of the dissemination activities?.

⁹⁸ This view was expressed by stakeholders from national and regional public health authorities and agencies and EXPH members.

⁹⁹ This view was expressed by stakeholders from the following groups: international organisations; EU and national public health associations; EU and national medical associations.

3.2.5.2 Facilitators: relevance of outputs and synergy of dissemination mechanisms

Desk research activities outlined how the participation rate to the public hearings was not particularly high. In fact, in most cases only 3 to 5 out of the 10 stakeholder groups identified took part in the events¹⁰⁰. The lowest participation rate was registered for events related to vaccination, primary care and innovative payment methods.

Conversely, the highest participation rate was registered for COVID-19 and mental health, where the peak was reached with 95 different organisations participating. The high participation rate for these two opinions was likely due to two key reasons.

First, the high relevance of these issues, in line with the increasing attention given by Member States to health threats, which was further reinforced by the timely adoption of the opinions. Indeed, during 2019 and 2022, national authorities were more prone to attend events related to COVID-19 as this was a priority/emergency at both national and EU level.

Second, the synergies between the EC and Panel member's efforts in disseminating opinions: as compared to earlier hearings, those for the two opinions mentioned above were organised online via Health Policy Platform, which played a role in giving them visibility.

3.2.5.3 Changes to improve dissemination

Stakeholders put forth various suggestions to improve dissemination of the opinions and ensure they reach the right target audiences. In turn, improving dissemination was considered to increase the relevance, effectiveness, efficiency, and coherence of the EXPH. Suggestions included:

- **Broadening the scope of dissemination:** on one hand, to relevant EU-funded projects and Joint Actions; and, on the other hand, in Member States;
- Introducing **more effective and efficient dissemination mechanisms**. EXPH members generally felt that dissemination needed a specific plan and budget, with a substantial part of the budget (at least half, according to some members during Focus groups) spent on dissemination. Moreover, since the Panel members have a high workload, a dissemination infrastructure would require a strong Secretarial support.
- **Easing formal and informal dissemination processes through logistics and human resources** by holding public hearings in different cities; including experts and members with a diverse geographical and professional/academic background; being supported by experts and organisations that have dissemination strategies already in place, such as the WHO, EMA, and EUPHA; and using organisations where EXPH members work and national representatives in Brussels as "multipliers" to further disseminate the opinions within the health community and invite stakeholders to the events.
- **Increasing the attractiveness of outputs and dissemination tools** by producing accessible communication infographics, in addition to fact-sheets; using social media more aggressively, as well as new channels of information such as podcasts and webinars; making the language of the opinions less technical and more accessible to the wider public; and translating the opinions (or at least the key messages / recommendations) into all EU languages.

¹⁰⁰ The following stakeholders mainly participated in the events: EU institutional stakeholders, pharmaceutical and medical devices industry and their representative associations and EU and national public health associations.

3.2.5.4 Q12: How can dissemination of the opinions be improved to reach the right target audiences?

Stakeholders found dissemination activities clear and understandable. However, dissemination was also found to be somewhat inefficient and limited due to: first, lack of clarity around dissemination responsibilities; second, lack of budget for formal dissemination activities and of suitable communication channels and networks; and third, lack of clarity and measurement with regards to what type and how many stakeholders participated in the events (e.g., public hearings, external events, etc).

3.2.6 Coherence

3.2.6.1 Q13: To what extent is this intervention coherent with other interventions (other actions aiming to gather evidence and share knowledge on health systems)?

This section discusses the extent to which this intervention is coherent with other interventions that aim to gather evidence and share knowledge on health systems. The assessment draws together evidence collected through desk research and consultation activities.

The results of this study demonstrate that the work of the EXPH was coherent with the work of other EU bodies and international bodies. However, there was less alignment with the work of national bodies, due to the selection of topics being based largely on the EU agenda. In this context, it is important to emphasise that the mandate of the EXPH is to provide advice/evidence to support the EU policy making agenda. Therefore, it does meet its EU ambitions. Despite this, findings show varying levels of coherence with national bodies. What is more, findings further show that the level of coherence with EU, national and international bodies also depended on the specific topics addressed by the Panel.

Some gaps were identified in relation to the EXPH's mechanisms to develop synergies with other organisations. On one hand, the Commission provided the Panel with regular updates on policy developments. On the other, Panel members often relied on personal rather than institutional connections to increase the coherence with the work of other EU, international and national bodies. Further gaps were found in relation to synergies with national bodies and other European Commission Directorates General (DG) besides DG SANTE. The following subsections present the evidence that substantiates this assessment.

Q13.1 To what extent is the work of the EXPH coherent with the work of other EU bodies, National or International bodies?

Coherence with EU bodies

The EXPH was aligned to the work of other EU bodies. Findings from the desk research showed that the EXPH developed strong synergies with the Expert Group on Health Systems Performance Assessment (HPSA) and the European Observatory on Health Systems and Policies. For example, the opinion "*Tools and methodologies for assessing the performance of primary care*" significantly contributed to the work on primary care that was being developed by the HPSA¹⁰¹. Additionally, the European Observatory on Health Systems and Policies used findings from the opinion on "*Vaccination programmes and health systems In the European Union*" to develop a report on vaccination service in the EU¹⁰².

Furthermore, slightly less than two thirds of survey respondents (61%) considered that the work of the EXPH was coherent with the work of EU bodies to a large or moderate extent. Only a few respondents did not know (14%). A limiting factor of coherence highlighted by survey respondents was the limited communication between and among

¹⁰¹ Paoli, F., Schmidt, I., Wigzell, O. and Ryś, A., 2019. An EU approach to health system performance assessment: building trust and learning from each other. *Health Policy*, 123(4), pp.403-407.

¹⁰² Rechel, B., Richardson, E., McKee, M. and World Health Organization, 2018. The organization and delivery of vaccination services in the European Union: prepared for the European Commission.

European Commission (EC) departments and scientific panels, as well as with the Council Working Party on Public Health. By contrast, several interviewees agreed that EXPH's activities at EU level aligned and synergised with each other.

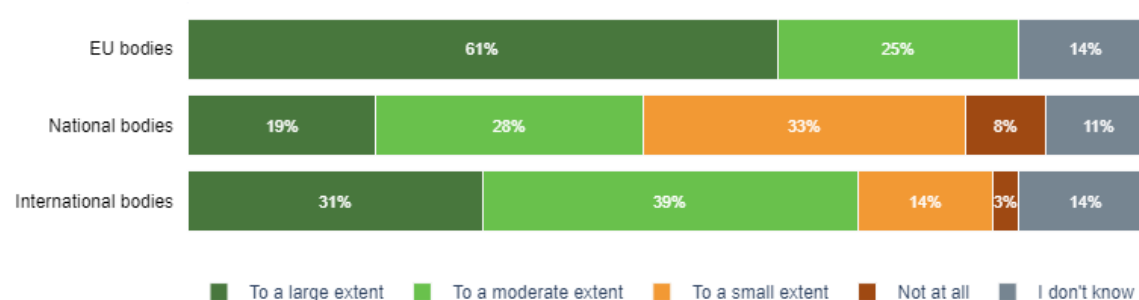
Coherence with international bodies

Findings show that the work of EXPH was coherent with the work of international bodies. Around 70% of survey respondents believed that the work of the EXPH was coherent with the work of international bodies, while slightly less than one in five respondents considered that it was coherent with the work done by international bodies to a small extent or not coherent at all (17%). Furthermore, limiting factors were indicated by survey respondents who highlighted that synergies and links with the WHO-EU should be strengthened. They also mentioned that the content of opinions was sometimes repetitive of what was already published at international level. This was complemented by interviewees who also agreed that synergies between the EXPH and international organisations, such as the WHO, should be strengthened. Nevertheless, one interviewee representing an international organisation mentioned that the WHO was already considering the work of the Panel, intending to ensure complementarity and synergies with the EXPH. Additionally, another interviewee working for an animal health organisation, stressed that the work of the EXPH should consider more the health for all policy framework for the WHO European Region.

Coherence with national bodies

Overall, there was less alignment with the work of national organisations compared to EU and international bodies. As shown in Figure 17, slightly less than half survey respondents (48%) considered that the work of the EXPH was coherent (to a large and moderate extent) with the work of national bodies. A slightly lower number of respondents (43%) considered that the EXPH was coherent with the work of national bodies to a small extent or not at all. Survey results also showed that there was limited interaction and language barriers, which resulted in lack of knowledge of national needs and the ensuing difficulty in addressing specific conditions and / or concerns. Furthermore, some interviewees confirmed that they did not observe alignments at national level and found them fragmented at international level, leading to duplication of outputs.

Figure 17. Q51 To what extent is the work of the EXPH coherent with the work of other bodies? (n=36)



Finally, the coherence of the work of the EXPH with other EU, international and national organisations was perceived to depend on the given topics / Mandates. This was because the topics addressed by the EXPH were sometimes too broad and had no direct link to the work of EU, international, and/or national bodies.

Q13.2 Where there have been inconsistencies or gaps, what has caused these? Q13.3 How could these issues be solved?

Gaps were identified in relation to the Panel's ability to develop synergies with other organisations. Rather than having an institutional mechanism to create such synergies,

EXPH members had to use their personal connections with other organisations/institutions to foster synergies with the work of the Panel. This was confirmed by interview respondents who mentioned that the fact that synergies relied only on personal relations and were not a structural component of the EXPH working methodology was a factor that could cause potential gaps or inconsistencies. Conversely, one interviewee mentioned that synergies were facilitated by the professional backgrounds of EXPH members, who were members of other institutions.

As mentioned in Q13.1, there was less alignment between the EXPH and national bodies. This could be due to the nature of the EXPH – having been created to respond primarily to EU questions and needs – which makes coherence with Member States challenging. Furthermore, in relation to the level of coherence between the EXPH and other European Commission Directorates General (DG), besides DG SANTE, one interviewee representing EXPH members mentioned that the Panel could communicate more with other DGs for the development of an opinion. However, no further information was found on the way other DGs supported the Panel and the effects of this relations on the coherence of opinions delivered.

Additionally, in order to prevent gaps and inconsistencies in the future, several stakeholders proposed to foster better synergies with Member States, other DGs (such as DG GROW and DG RTD), the WHO, the ECDC,¹⁰³ and EU Research and Innovation programmes, such as Horizon 2020. Further, a Panel member suggested to foster synergies by looking at the four-year EC’s work plan as a way to avoid duplication.¹⁰⁴

3.2.6.2 Q14: How do the opinions support EU policy priorities?

This section discusses the extent to which the EXPH opinions supported EU policy priorities. Specifically, related to EU health policy priorities at the time of its implementation (2014-2019) and to current priorities (2019-2024). The assessment draws together the evidence collected through data analytics and consultation activities.

The study results demonstrate that the EXPH supported DG SANTE priorities at the time of their implementation (2014-2019) and to current priorities (2019-2024). The following subsections present the evidence that substantiates this assessment.

Q14.1 To what extent have the EXPH opinions supported the main EU health policy priorities at the time of its implementation (2014-2019)

Overall, the EXPH supported DG SANTE priorities at the time of their implementation (2014-2019). Findings from the thematic analysis show that EXPH opinions published between 2014-2020 were coherent with DG SANTE’s priorities.

As presented in Table 2, sixteen priorities were covered by DG SANTE across three timeframes. Priorities in the first two timeframes of DG SANTE (2014-2015 and 2016-2019) coincided with the Panel’s first two terms (2013-2016 and 2016-2019), while the third timeframe coincided with the Panel’s third term (2019-2022).

Table 2. DG SANTE’s Priorities from 2014 to 2024

Relevant Commission priorities	DG SANTE’s specific priorities 2014-2015
Europe 2020 priorities	1.Promote health, prevent diseases, and foster supportive environments for healthy lifestyles
<ul style="list-style-type: none"> • Smart growth • Sustainable growth • Inclusive growth • Smart Growth 	2.Protect citizens from serious cross-border health threats
	3. Support public health capacity building and contribute to innovative, efficient and sustainable health systems

¹⁰³ European Centre of Disease Prevention and Control

¹⁰⁴ EXPH Member (P-EXPHM_48_FH)

	4. Facilitate access to better and safer healthcare for Union citizens
Relevant Commission priorities	DG SANTE's specific priorities 2016-2019¹⁰⁵
A new boost for jobs, growth and investment in the EU	1.1 Better preparedness, prevention and response to human, animal and plant health threats
	1.3 Cost-effective health promotion and disease prevention
	1.4 Effective, accessible and resilient healthcare systems in the EU
	1.5 Increased access to medical expertise and information for specific conditions
A deeper and fairer internal market with a strengthened industrial base	2.1 Effective EU assessment of medicinal products and other treatment
	2.2 Stable legal environment and optimal use of current authorisation procedures for a competitive pharmaceutical sector and patients' access to safe medicines
	2.3 Common Member States' tools and methodologies used for EU health systems performance assessments
A balanced and progressive trade policy to harness globalisation	3.2 A balanced agreement with the US on pharmaceutical products and in SPS area
Relevant Commission priorities	DG SANTE's specific priorities 2019-2024
Promoting our European Way of Life	2.1 Diminishing the impact of cancer in Europe
	2.2 Patients' access to safe, innovative and affordable medicines and medical devices
	2.3 Effective response coordination of serious cross-border health threats
	2.4 More effective, accessible and resilient health systems

All twenty opinions published during the first (2013-2016) and second Panel terms (2016-2019) referenced at least one of DG SANTE's priorities. The priorities that were mostly referenced in the opinions produced by the EXPH were: "Facilitate access to better and safer healthcare for Union citizens", "Support public health capacity building and contribute to innovative, efficient and sustainable health systems", "Effective, accessible and resilient healthcare systems in the EU" and "Promote health, prevent diseases, and foster supportive environments for healthy lifestyles".

The extended mapping of opinions in relation to DG SANTE's priorities across time is presented in Table 3 below.

¹⁰⁵ Priority 1.2 is related to food systems, and it is not included in the table.

Table 3. DG SANTE's priorities (2014-2019) mapped to Expert Panel's opinions within this timeframe

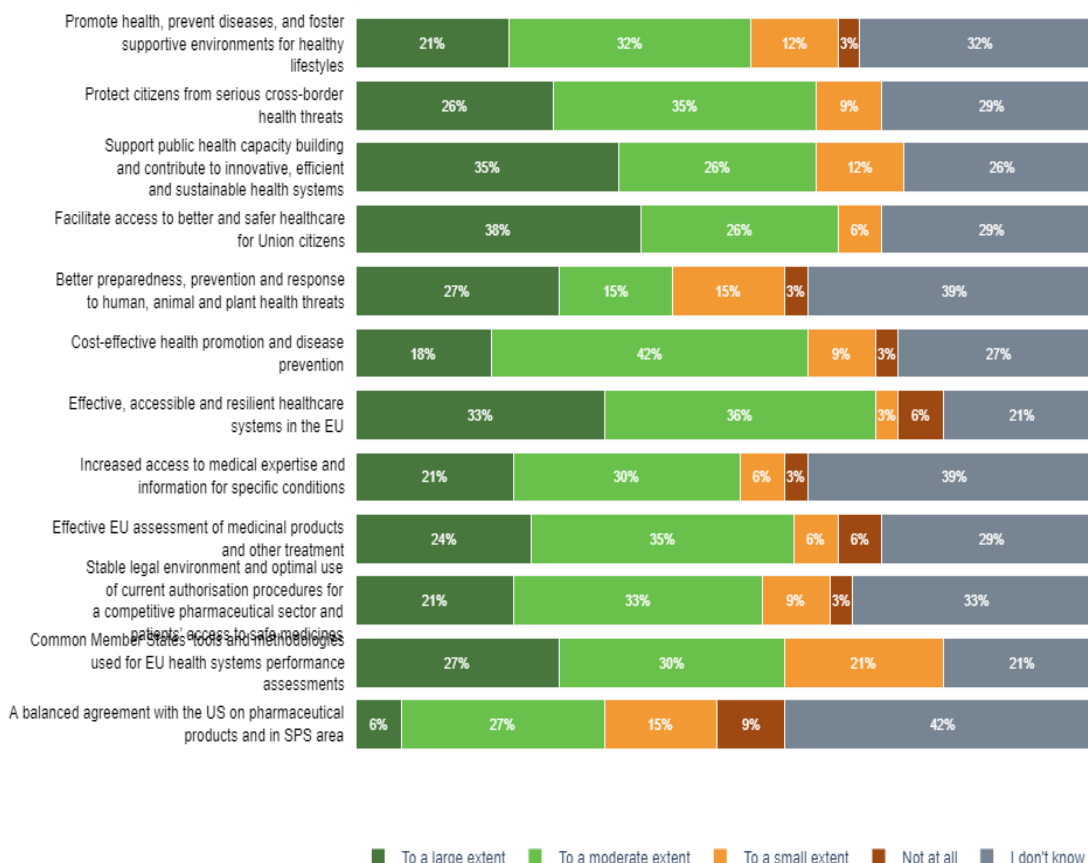
DG SANTE's specific priorities 2014-2015	Number of Opinions published by the EXPH
1.Promote health, prevent diseases, and foster supportive environments for healthy lifestyles	5
2.Protect citizens from serious cross-border health threats	
3. Support public health capacity building and contribute to innovative, efficient, and sustainable health systems	8
4. Facilitate access to better and safer healthcare for Union citizens	9
DG SANTE's specific priorities 2016-2019	Number of Opinions published by the EXPH
1.1 Better preparedness, prevention and response to human, animal and plant health threats	1
1.3 Cost-effective health promotion and disease prevention	1
1.4 Effective, accessible and resilient healthcare systems in the EU	6
1.5 Increased access to medical expertise and information for specific conditions	2
2.1 Effective EU assessment of medicinal products and other treatment	-
2.2 Stable legal environment and optimal use of current authorisation procedures for a competitive pharmaceutical sector and patients' access to safe medicines	-
2.3 Common Member States' tools and methodologies used for EU health systems performance assessments	1
3.2 A balanced agreement with the US on pharmaceutical products and in SPS area	-

Additionally, as seen in Figure 18 below, between 50% and 63% of survey respondents on average considered that the EXPH supported DG SANTE priorities to a large extent or to a moderate extent. The support was higher (68-71%) for two DG SANTE priorities: "Facilitate access to better and safer healthcare for Union Citizens" or "Effective, accessible and resilient healthcare systems in the EU". Three priorities were the least supported by the EXPH in the view of the respondents, between 20-26% considered that the EXPH did not supported the following DG SANTE priorities: "Better preparedness, prevention and response to human, animal and plant health threats", "Common Member States tools and methodologies used for EU health systems performance assessments", "A balanced agreement with the US on pharmaceutical products and in SPS area". However, survey respondents also showed a considerable degree of uncertainty when analysing the relation between EXPH and DG SANTE priorities - around one third of respondents (22%-43%) did not know which opinions supported the main DG SANTE priorities.

Furthermore, several interviewees confirmed that the EXPH opinions supported EU policy priorities at the time of implementation (2014-2019). In contrast, stakeholders representing EU associations and academic institutions that attended the Focus Group questioned the idea that the EXPH supported EU policy priorities. They mentioned that

given that two opinions were published a year, the EXPH was unable to address all relevant EU policy priorities.

Figure 18. (Q53) To what extent have the EXPH opinions supported the main DG SANTE priorities at the time of its implementation (2014-2019)? (n=34)



All respondent groups (n=34)

Q14.2 To what extent do the EXPH opinions support the current EU health policy priorities (2019-2024)?

The EXPH supported DG SANTE current priorities (2019-2024). Findings from the thematic analysis showed that EXPH opinions published between 2019-2024 were coherent with DG SANTE's priorities. Three current DG SANTE priorities were referenced in the opinions "The organisation of resilient health and social care following the COVID-19 pandemic", "Supporting mental health of health workforce and other essential workers", "Effective response coordination of serious cross-border health threats", and "More effective, accessible and resilient health systems". Information on the specific priorities addressed by each opinion can be seen in Table 5Table 4 below.

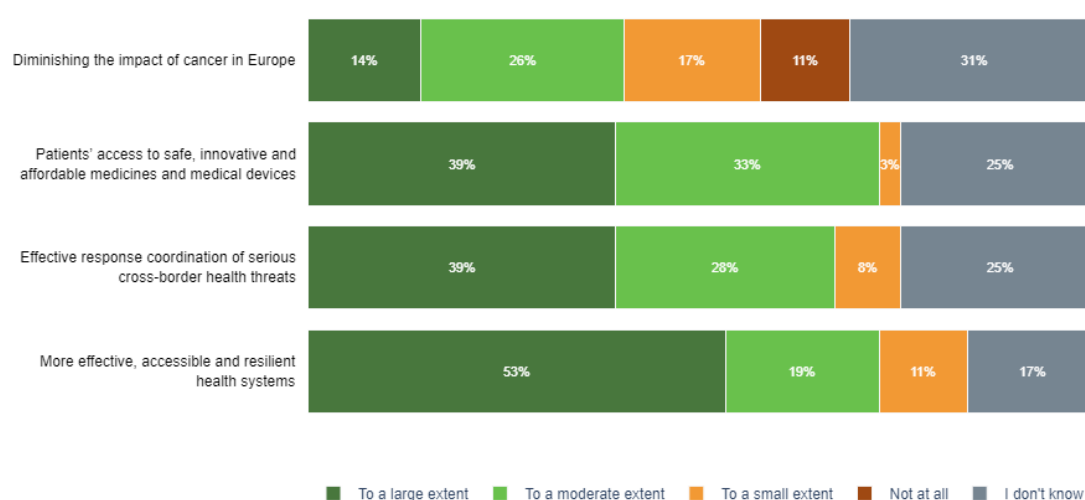
Table 4. DG SANTE's priorities (2019-2024) mapped to Expert Panel's opinions within this timeframe

Opinion	DG SANTE's 2019-2024 priorities and the number of priorities referenced by opinion			
	2.1 Diminish the impact of cancer in Europe	2.2 Patient's access to safe, innovative, and affordable medicines and medical devices	2.3 Effective response coordination of serious cross-border health threats	2.4 More effective, accessible, and resilient health systems

The organisation of resilient health and social care following the COVID-19 pandemic			1	1
Public procurement in healthcare systems				1
Supporting mental health of health workforce and other essential workers			1	
European solidarity in public health emergencies			1	

Regarding the support of the EXPH to current DG SANTE priorities, survey respondents' views differed for each priority. As seen in Figure 19, a majority of survey respondents considered that the EXPH supported "more effective, accessible and resilient health systems", "patients' access to safe, innovative and affordable medicines and medical devices", to a large and moderate extent (72% each). A slightly lower share of respondents (67%) considered that the EXPH supported "effective response coordination of serious cross-border health threats" to a large or moderate extent. Yet, only 40% of respondents believed that the EXPH supported "diminishing the impact of cancer in Europe" to a large or moderate extent; besides, regarding this last priority, about one third of the respondents (28%) considered that the EXPH supported DG SANTE priorities to a small extent or not at all; similarly, one third of the respondents (31%) did not know.

Figure 19. (Q54) To what extent do the EXPH opinions support the current DG SANTE priorities? (n=36)



All respondent groups (n=36)

3.2.7 Conclusions

This study finds that the EXPH is largely a **relevant, effective, efficient, and coherent instrument for DG SANTE**. However, improvements are needed to strengthen its contribution. The results of this study are reliable and valid. They are based on different

and carefully crafted data collection methods, across various stakeholders, which were then triangulated. First, methods included desk research and, particularly, consultation activities - survey, interviews, and focus groups - which largely built on each other and allowed to: collect data on different parts of the whole; confirm, clarify, add richness to findings, or fill any gaps (e.g., focus groups). Second, they did so across different stakeholders who were or have been directly involved in the work of the EXPH; have benefited from its work, and / or have an interest in its work - which ensured triangulation of views across participants, and not only of data collection methods.

3.2.7.1 Findings across evaluation criteria

As for relevance, the EXPH's work (Mandates, opinions, and recommendations) has been largely relevant to the EU health agenda and priorities, as well as to the needs of the stakeholders consulted. It has focused on key policy topics; it has been evidence-based, comprehensive, transparent, and clear; and has contained valuable information, including good practices. What is more, such relevance applies to its work over time - that is, from its start through to the present day - and in light of the challenges faced by the public health sector, notably with regards to the Covid-19 pandemic and emerging cross-border health threats. In fact, relevance was found to have improved over time, due to increased collaboration within the Panel and between the Panel and DG SANTE. However, opinions could be shorter, timelier, and more actionable. An approach to writing opinions that is focused on *how* to do things rather than *what* to do was also emphasised. Similarly, for recommendations, while considered 'relevant' and 'specific', agreement was lower as for how 'measurable' and 'achievable' they are - thus, suggesting again that a more practical approach could better match stakeholders' needs.

In terms of effectiveness, findings show that the EXPH has met its objectives, despite some potential scope for further improvement. The EXPH is considered an independent, trustworthy, and - albeit less so - multisectoral source of information and advice, thanks to well-defined processes and strong member expertise. However, members' multi-disciplinarity and geographical balance, as well as multi-sectoral approach could be further improved. Gender imbalance has decreased over time. Overall, the EXPH opinions were found to have increased interest, knowledge and / or expertise across areas, and to have facilitated and promoted evidence exchange and discussion. However, the impact on policy implementation at EU level and particularly at national level were less clear.

The perception of the **relevance and (lasting) impact** of given Mandates, opinions, and recommendations **varies across different stakeholders**, largely based on their involvement with the EXPH, as well as their needs and interests. Therefore, while some opinions are highlighted more than others, views generally differ as to which Mandates and opinions were most or least relevant and addressed by the Panel, on one hand; and most relevant but not addressed by the Panel, on the other hand. Similarly, in terms of **effectiveness**, stakeholders referred back to a range of opinions and recommendations.

As for **efficiency**, the current working methods and rules of procedure are considered to largely provide the right framework for efficient ways of working. Format and content of opinions, Mandates, roles and ways of working of the Secretariat were considered most efficient; while minority opinions, and accelerated procedures, as well as voting rules were perceived as least efficient. However, some opinions were published with severe delays. Overall, members were satisfied with the value found in being part of the Panel and with their own role and their fellow members'. Yet, members' expertise, their division of work, the collaboration between newcomers and longstanding members, were mentioned among the areas that could be improved, thus increasing efficiency and outcomes of the Panel. Further, the principles for the operation of the Panel, such as excellence; independence; transparency; confidentiality; and multi-sectoral approach were viewed as largely appropriate, and new principles have also been suggested. Some dissemination activities were carried and found clear; however, improvements were strongly suggested by a variety of stakeholders, to reach the right target audiences and in turn increase the impact of the Panel.

Regarding coherence, the study finds that the work of the EXPH supported DG SANTE priorities over time, although it was felt that it contributed less to the DG SANTE 2019-2024 priority '*diminishing the impact of cancer in Europe*'. The Panel has been to a large extent aligned with the work of other EU bodies, but not as much with the work of international organisations. Even less alignment was found with the work of national organisations.

3.2.7.2 Changes to improve the functioning of the EXPH

This study also analysed what challenges were identified, and referred particularly to what changes could bring about improvement where needed. Certain themes regarding changes are rather cross-cutting across evaluation criteria, as this final sub-section of the conclusion further clarifies.

More clarity, actionability, and innovativeness - stakeholders lamented a degree of lack of clarity and / or transparency on how Mandates are formulated and for what policy goals. Mandates were also perceived to be too broad or vague, which in turn would affect the actionability of opinions. This theme largely applies to the relevance of the EXPH, with some level of mismatch between needs and output. In turn, it also hindered its effectiveness, use, and (lasting) impact of opinions and recommendations. It also impacted the efficiency of the Panel's work and its coherence, in terms of potential duplication of efforts and challenges in producing new insights.

Better interaction with stakeholders – was considered a key theme across evaluation criteria. Improved collaboration with stakeholders at EU and, particularly, at national level would further support relevance – both in terms of current needs and a more forward-looking and strategic approach to public health needs. Key hindrances to the achievement of the EXPH's objective were perceived to be the low level of interaction with stakeholders, particularly but not limited to national ones; and awareness of stakeholders of its work, including in terms of visibility and dissemination of the opinions. In terms of effectiveness, findings point to the notion that opinions are less used to contribute to national policy development - the perception is that the Panel is not very visible at national level and could differentiate its approach to targeted groups. It could also have a stronger bottom-up and dialogical approach that involves local and national stakeholders more, for instance in terms of defining Mandates and including feedback from public hearings. Dissemination efforts were considered to have substantial scope for improvement, both in terms of effectiveness and efficiency, given the challenges related to dissemination processes and resources (e.g., low time and lack of budget to devote to it). In terms of efficiency, some EXPH (present and past) members also mentioned that having meetings in different cities would increase contact with national stakeholders from different countries. Finally, in terms of coherence, low interaction with stakeholders also generated less alignment with the work of national bodies.

Time pressure, timeliness, and prioritisation – A timelier delivery of opinions would mitigate the risk of any mismatch between needs and output: shorter outputs could be useful to lighten members' workload and time pressure, as well as better meet stakeholder needs. Despite the group functioning well, research assistance and stronger Secretarial support were considered efficient changes that could relieve pressure, and so would the adoption of an efficient approach informed by project management in the way opinions are drafted. More structurally, to promptly address needs, stakeholders considered prioritisation and the opportunity to have a more 'proactive' approach rather than 'reactive' one. Such predictive and future-oriented approach could prevent future issues from turning into fully-fledged crises; besides, starting work early on them would allow to produce timely advice with less time pressure. Finally, time pressure was also considered to hinder interaction with stakeholders and dissemination efforts.

Increased Panel's diversity – EXPH opinions were seen to not always be relevant, with suggestions to increase the representation of multi-disciplinary expertise on the Panel. What is more, this could also increase efficiency of the principle for the operation of the Panel in terms of multi-sectoral approach, including for instance a 'health in all policy approach.' Increased diversity in terms of professional background could also favour more

practical and actionable outputs. This is because sometimes opinions do not tackle in-depth *how* to bring about change – which is considered to be in no small part due to a lack of direct experience from Panel members of everyday health and healthcare work activities, while they possess excellent scientific knowledge. What is more, better geographical coverage of countries would support members leveraging more in their national and local context, in terms of interaction and dialogue with stakeholders and dissemination efforts.

3.2.7.3 Concluding remarks

The key goal of this report has been to support the Commission to decide on the continuation of the EXPH and, relatedly, to provide insights into how to improve it. In pursuing this goal, it is important to consider the new and enlarged role of the EU in health – whose aims include making Europe a healthier and safer place through a strong European Health Union and improved public health. Equally, it is key to consider – as evidenced by this research – how the COVID-19 pandemic has raised awareness on the interconnectedness of our health, as One Health, and how different factors – that may enhance or undermine health – are at play in our local, national, EU, and global health ecosystems.

Findings across desk research and consultation activities show that the EXPH Panel constitutes a largely relevant, effective, efficient, and coherent tool at disposal of the Commission, albeit with some limitations. Rather than a clear-cut continuation or discontinuation of the Panel, what findings point to is the need for a change in continuity for the EXPH. These concluding remarks help to sum up three key steps that will be useful to improve the work of the Panel going forward.

As a first step, in terms of content, findings clearly show that stakeholders expressed the need for forward-looking Mandates with a focus on preventing threats from turning into future crises. According to consultation activities, stakeholders consider that this is best achieved through Mandates that are broad enough to allow for such proactive approach and sufficiently narrow, well-structured, and clear to be actionable. What is more, stakeholders clearly expressed the view that health ought to be considered as a holistic concept that requires attention to human health (as also related to an ageing population and workforce), animal health and welfare, and the environmental domain. They also highlighted how current and future threats or crises are likely to impact our physical (infectious diseases; noncommunicable diseases, including cancer) and mental health, and well-being (including for informal carers and the health and social care workforce). Stakeholders also clearly highlighted that such understandings require a ‘health in all policy’ approach, which – alongside healthcare – considers the broader social determinants of health.

Second, one key element to achieve the ‘One Health’ and ‘health in all policy’ approaches is that of expanding how multi-disciplinary Panel members are. Such expansion is also likely to create challenges in terms of internal cohesion – whereas shared understandings, terminologies, and member bonding are crucial to the Panel’s efficient functioning. Therefore, expanding on the Panel multi-disciplinarity should be balanced with the continuity of longstanding members and the implementation of consensus-based practices to smooth the onboarding of new members.

Third, it is suggested that adjustments be made in terms of the resources at disposal of the Panel (human capital, Secretarial support, research assistance, etc) and its internal (e.g., inspired by project management) and external processes, so as to improve its outputs (relevance, effectiveness, coherence) and their timeliness, as well as its interaction with stakeholders.

Annexes

A1.1 Analytical framework

Study questions (from ToR)	Changes compared to ToR	Sub-questions	Judgment criteria	Examples of indicators	Data sources and triangulation of data sources (methodology)
Relevance					
1. To what extent is the EXPH still relevant?	n/a	1.1. How relevant was the EXPH when it was first established in 2012?	JC 1.1 Considering the public health landscape at the time, the EXPH was highly relevant when it was first established	[Qualitative] Rationale used to extend the EXPH twice (up until 2022) while Decision 2012/C 198/06 was originally intended to apply until 1 October 2015	Interviews with EU institutions
				[Qualitative] Stakeholders' insights on relevance of the EXPH at the time it was established	Surveys, interviews
		1.2. Have topics and questions contained in the Mandates been appropriate/relevant to the needs in the EU public health landscape over time?	JC 1.2 The themes contained in the EXPH Mandates addressed the health needs in the EU public health landscape over time	[Qualitative] Stakeholders' insights on relevance of the EXPH Mandates throughout time	Surveys, interviews
		1.3. How relevant is the EXPH today, in light of various changes in the public health sector (e.g., Covid-19 crisis, emerging cross-border health threats)?	J.C. 1.3 The EXPH remains relevant considering the most recent changes in the public health landscape, in particular: - COVID-19 pandemic	[Qualitative] Rapid analysis of main changes in the public health sector (from a European-level perspective) and comparison to the type of themes the EXPH has focused on recently (e.g., since 2019)	Desk research (mapping of EXPH outputs)

Study questions (from ToR)	Changes compared to ToR	Sub-questions	Judgment criteria	Examples of indicators	Data sources and triangulation of data sources (methodology)
			- emerging cross-border health threats	[Qualitative] Stakeholders' insights on relevance of the EXPH today	Surveys, interviews
2. What changes would be necessary to make the EXPH more relevant?	n/a	2.1 What changes would be necessary to make the EXPH more relevant?	JC 2.1 Changes are identified that would render the EXPH more relevant in light of the changing public health landscape	[Qualitative] Stakeholders' insights on how the EXPH could be made more relevant	Interviews, focus groups
3. How useful are the opinions perceived by stakeholders?	n/a	3.1. How useful are the opinions perceived by stakeholders?	JC 3.1 The EXPH opinions are used by the targeted stakeholders	[Qualitative] Stakeholders' insights on whether opinions were useful to them / to other stakeholders	Surveys, interviews
		3.2. What changes would render them more relevant?	JC 3.2 Changes are identified that would make the EXPH opinions more useful	[Qualitative] Stakeholders' insights on what changes could be made to make opinions more relevant	Surveys, interviews
4. How are recommendations perceived?	n/a	4.1. How are recommendations perceived by stakeholders?	JC 4.1 EXPH's recommendations are perceived by stakeholders as being: <ul style="list-style-type: none"> - Specific - Measurable - Achievable - Relevant 	[Qualitative] Stakeholders' insights on whether opinions' recommendations were: <ul style="list-style-type: none"> specific? measurable? attainable / achievable? relevant? 	Surveys, interviews

Study questions (from ToR)	Changes compared to ToR	Sub-questions	Judgment criteria	Examples of indicators	Data sources and triangulation of data sources (methodology)
Effectiveness					
5. To what extent have the objectives of the EXPH been met?	n/a	5.1. To what extent has the EXPH provided the Commission with independent and multisectoral evidence and advice on topics related to effective ways of investing in health?	JC 5.1 EXPH opinions provided to the Commission are independent and multisectoral	[Quantitative] Analysis of EXPH's activities and outputs (e.g. number of opinions, factsheets, reflection papers, broken down by themes) [Qualitative] Stakeholders' insights on whether the EXPH opinions are independent (/trustable)	Desk research (mapping of EXPH outputs) Surveys, interviews
		5.2. To what extent has the EXPH served as a mechanism to further develop cross-country knowledge and expertise of health systems which can inform policies at national and at Union level?	JC 5.2 EXPH opinions provide knowledge on, and promote a better understanding of, the issues covered	[Qualitative] Stakeholders' insights on whether opinions helped them gather more knowledge/ understanding/ interest of specific issues covered [Quantitative] Review of Overton to determine <i>number of references to opinions in public policy documents</i> , as well as their characteristics (e.g. year of publication, issued by government/NGO/think tank, country of origin etc.)	Surveys, interviews Data analytics (citations analysis)
		5.3. To what extent has the EXPH helped facilitate and promote evidence exchange and	JC 5.3 Evidence exchange and policy discussions in relation to health systems	[Qualitative] Stakeholders' insights on whether the EXPH helped facilitate and promote evidence exchange and discussions	Surveys, interviews

Study questions (from ToR)	Changes compared to ToR	Sub-questions	Judgment criteria	Examples of indicators	Data sources and triangulation of data sources (methodology)
		discussion in relation to health systems?	have increased thanks to the EXPH's work	[Qualitative/quantitative] Analysis of EXPH outputs and activities (i.e., public hearings and external events) to map participation and assess the level of engagement of EXPH members and targeted audience	Desk research (mapping of EXPH outputs)
6. Where expectations have not been met, what factors have hindered their achievement?	n/a	<p>6.1. Were there any issues that might have hindered the achievement of the EXPH's objectives, and if so, what were they? For example:</p> <ul style="list-style-type: none"> the selection of experts (e.g. independence level, level of expertise: did experts tend to go beyond their field of competence)? the composition of the Panel (e.g. number of experts, geographical/multisectoral coverage) the ability of experts to collaborate (e.g. did some experts have a dominant influence over the whole Panel)? the level of awareness of stakeholders of the work of the EXPH? the transparency of the work of the EXPH? 	JC 6.1 Factors that prevent the achievement of the EXPH's objectives are identified	<p>[Qualitative] Issues raised in literature and documents related to the EXPH (and other similar expert panels/ groups)</p> <p>[Qualitative] Stakeholders' insights on what factors might have hindered the achievement of the EXPH's objectives</p>	<p>Desk research (document and literature review)</p> <p>Surveys, interviews</p>

Study questions (from ToR)	Changes compared to ToR	Sub-questions	Judgment criteria	Examples of indicators	Data sources and triangulation of data sources (methodology)
		<ul style="list-style-type: none"> the visibility and dissemination of the opinions? the working methods of the EXPH the level of interaction between the EXPH and EU institutions the level of interaction between the EXPH and national authorities the level of interaction between the EXPH and other relevant stakeholders 			
		6.2. What (if any) have been the main concerns expressed by stakeholders regarding the EXPH and its opinions?	JC 6.2 Stakeholders' concerns regarding the EXPH and its opinions are identified	<p>[Qualitative] Concerns raised by stakeholders in public consultations on EXPH opinions</p> <p>[Qualitative] Stakeholders' insights on main issues regarding the EXPH, and any concerns raised</p>	<p>Desk research (document and literature review)</p> <p>Surveys, interviews, focus groups</p>
7. How are the opinions used?	Moved from Relevance to Effectiveness	7.1. How are the opinions used?	JC 7.1 Channels and ways in which the EXPH opinions are used are identified	<p>[Quantitative] Rapid review of Google Scholar to determine number of references to opinions in academic published and grey papers</p> <p>[Quantitative] Review of Overton to determine number of references to</p>	Data analytics (citations analysis)

Study questions (from ToR)	Changes compared to ToR	Sub-questions	Judgment criteria	Examples of indicators	Data sources and triangulation of data sources (methodology)
				opinions in public policy documents, as well as their characteristics (e.g. year of publication, issued by government/NGO/think tank, country of origin etc.)	
				[Qualitative] Stakeholders' insights on how opinions are used	Surveys, interviews
8. To what extent are recommendations implemented?	Moved from Relevance to Effectiveness	8.1. To what extent are recommendations implemented?	JC 8.1 The recommendations issued by the EXPH have been implemented by targeted stakeholders	[Qualitative] Stakeholders' insights on whether they and other stakeholders took up the EXPH opinions' recommendations: overall focusing on specific themes/opinions	Surveys, interviews, focus groups
9. Do the opinions and the recommendations contained in the opinions have a lasting impact?	Moved from Relevance to Effectiveness	9.1. Do the opinions and the recommendations contained in the opinions have a lasting impact?	JC 9.1 Past EXPH opinions and recommendations are taken into account by targeted stakeholders	[Qualitative] Whether consulted stakeholders say they refer back to past recommendations and take them into account – after one month, after one year, etc.: overall focusing on specific themes/opinions	Surveys, interviews, focus groups
			JC 9.2 Past EXPH opinions are quoted by public policy documents several years after their publications	[Quantitative] Review of Overton to determine number of references to opinions in public policy documents, per year	Data analytics (citations analysis)

Study questions (from ToR)	Changes compared to ToR	Sub-questions	Judgment criteria	Examples of indicators	Data sources and triangulation of data sources (methodology)
Efficiency					
10. Do the current rules of procedure and working methods provide the right framework for efficient ways of working?	n/a	10.1. Does the functioning of the Panel provide the right framework for efficient ways of working, in view of achieving the EXPH's objectives ¹⁰⁶ ?	JC 10.1 Factors that promote efficient ways of working are identified	[Qualitative] Rapid review of other similar expert panels/ groups' ways of working	Desk research (document and literature review)
				[Qualitative] Stakeholders' insights on the EXPH's rules of procedures	Surveys, interviews
		10.2. How could the functioning of the Panel be improved?	JC 10.2 Ways to improve the functioning of the Panel are identified	[Qualitative] Stakeholders' insights on how EXPH's rules of procedures could be improved	Surveys, interviews
		10.3. Are the principles for the operation of the Panel appropriate? <ul style="list-style-type: none"> • Excellence • Independence • Transparency • Confidentiality • Multi-sectoral approach 	JC 10.3 The principles of excellence, independence, transparency, confidentiality and multisectoral approach are found to be appropriate	[Qualitative] Stakeholders' insights on the EXPH's principles	Surveys, interviews

¹⁰⁶ Aspects to be covered include: Role and ways of working of the Secretariat / Election of Chair and Vice-Chair / Role and replacement of Chair and Vice-Chair / Mandates (topics covered, way questions are phrased, quality of prior information presented etc.) / Designation and role of Rapporteurs / Establishment and role of Working Groups / Selection of external experts to participate in Working Groups / Meetings / Format and content of opinions / Minority opinions / Rapid advice and accelerated procedure / Voting rules / Co-operation with other Scientific Bodies

Study questions (from ToR)	Changes compared to ToR	Sub-questions	Judgment criteria	Examples of indicators	Data sources and triangulation of data sources (methodology)
		10.4. Do the rules of procedures related to each principle provide the right framework for efficient ways of working?	JC 10.4 The rules of procedures provide the right framework for efficient ways of working		
		10.5. How could the rules of procedure be improved?	JC 10.5 Ways to improve the rules of procedures are identified		
		10.6. Should there be any other principles? If so, what kind?	JC 10.6 New principles for the operation of the Panel are identified		
11. What changes would be necessary to make the EXPH's collaboration more efficient?	n/a	11.1. How efficient was the EXPH's collaboration to provide independent and multisectoral evidence and advice on topics related to effective ways of investing in health?	JC 11.1 The collaboration within the EXPH efficiently provided independent and multisectoral evidence and advice	[Quantitative] Analysis of collaboration for drafting opinions (e.g. number of experts, geographical/ multisectoral representation)	Desk research (mapping of EXPH outputs)
		11.2. How satisfied were members of the EXPH in terms of collaboration (e.g. value found in being part of the Panel, satisfaction with their own role and the role of others, etc.)?	JC 11.2 EXPH members' level of satisfaction in terms of collaboration is determined	[Quantitative] Analysis of participation (e.g. meeting attendance)	Surveys, interviews
				[Qualitative] Stakeholders' insights on the level of efficiency of collaboration within the EXPH	

Study questions (from ToR)	Changes compared to ToR	Sub-questions	Judgment criteria	Examples of indicators	Data sources and triangulation of data sources (methodology)
		11.3. What changes would be necessary to make the EXPH's collaboration more efficient? E.g., in terms of: <ul style="list-style-type: none"> • quality/ frequency of communications • collaboration channels • number/ frequency of meetings • format/ organisation of meetings 	JC 11.3 Way to improve the efficiency of the collaboration within the EXPH are identified	[Qualitative] Stakeholders' insights on how the level of collaboration could be improved	Interviews, focus groups
12. How can dissemination of the opinions be improved to reach the right target audiences?	n/a	12.1. To what extent have the opinions been disseminated?	JC 12.1 The EXPH's opinions have been disseminated	[Quantitative] Analysis of dissemination activities (e.g. number of presentations to the Council Working Party on Public Health, lay-language summaries, communication materials and events including targeted workshops and conferences)	Desk research (mapping of EXPH outputs)
		12.2. What have been the target audiences of the dissemination activities?	JC 12.2 The target audiences of the dissemination activities are identified		
		12.3. Are the following clear and understandable for users,	JC 12.3 The dissemination activities have been clear	[Qualitative] Stakeholders' insights on whether dissemination activities were clear and understandable	Surveys, interviews

Study questions (from ToR)	Changes compared to ToR	Sub-questions	Judgment criteria	Examples of indicators	Data sources and triangulation of data sources (methodology)
		relevant stakeholders and the public? <ul style="list-style-type: none"> • Meaning of the opinions and its purpose? • The way conclusions were drawn? • The limits of their validity and the relevant uncertainties? • The organisation and process leading to the opinion, as well as their rationale? 	and understandable, in terms of: <ul style="list-style-type: none"> - the meaning of the opinions and their purpose - the way conclusions were drawn - the limits of the opinions' validity - the organisation, drafting process and the rationale of the opinions 		
		12.4. Has dialogue and collaboration with third parties during public hearings been transparent?	JC 12.4 The collaboration with third parties during public hearings was transparent	[Qualitative] Stakeholders' insights on whether dialogue and collaboration with third parties was transparent	Surveys, interviews
		12.5. How can dissemination of the opinions be improved to reach the right target audiences?	JC 12.5 Ways to improve the dissemination process to target the right audience are identified	[Qualitative] Stakeholders' insights on how the dissemination of opinions could be improved	Interviews, focus groups
Coherence					
13. To what extent is this intervention coherent with	n/a	13.1. To what extent is the work of the EXPH coherent with the work of other EU, National or International bodies such as:	JC 13.1 A relationship between the work of the EXPH and other EU,	[Qualitative] Comparison of EXPH's work with other relevant interventions	Desk research (document and literature review)

Study questions (from ToR)	Changes compared to ToR	Sub-questions	Judgment criteria	Examples of indicators	Data sources and triangulation of data sources (methodology)
other interventions (other actions aiming to gather evidence and share knowledge on health systems)?		the Council Working Party on Public Health? the Expert Group on Health Systems Performance Assessment (HSPA)? the Economic Policy Committee and the Social Protection Committee? the European Observatory on Health Systems and Policies? the TO-REACH project? the Organisation for Economic Co-operation and Development the European Parliament Committee on Environment, Public Health and Food Safety (ENVI) European Commission Directorates General (other than DG SANTE)	national and international bodies is established	[Qualitative] Stakeholders' insights on coherence of the EXPH with other interventions	Surveys, interviews
		13.2. Where there have been inconsistencies or gaps, what has caused these?	JC 13.2 Factors that have caused inconsistencies or gaps are identified	[Qualitative] Stakeholders' insights on factors leading to inconsistencies and gaps	Interviews, focus groups
		13.3. How could these issues be solved?	JC 13.3 Ways to overcome the impeding factors are identified		

Study questions (from ToR)	Changes compared to ToR	Sub-questions	Judgment criteria	Examples of indicators	Data sources and triangulation of data sources (methodology)
14. How do the opinions support EU policy priorities?	n/a	14.1. To what extent have the EXPH opinions supported the main EU health policy priorities at the time of its implementation (2014-2020) ¹⁰⁷ ?	JC 14.1 The EXPH opinions supported the main EU health policy priorities over the period 2014-2020	[Quantitative] Alignment between the EXPH's work and EU health policy priorities	Data analytics (thematic analysis)
				[Qualitative] Stakeholders' insights on coherence of the EXPH opinions with previous EU health policy priorities	Surveys, interviews
		14.2. To what extent do the EXPH opinions support the current EU health policy priorities (2020-2024) ¹⁰⁸ ?	JC 14.2 The EXPH opinions support the current EU health policy priorities (2020-2024)	[Quantitative] Alignment between the EXPH's work and EU health policy priorities	Data analytics (thematic analysis)
				[Qualitative] Stakeholders' insights on coherence of the EXPH opinions with current EU health policy priorities	Surveys, interviews

¹⁰⁷ DG SANTE health-related specific objectives for the period 2014-2015: Promote health, prevent diseases, and foster supportive environments for healthy lifestyles / Protect citizens from serious cross-border health threats / Support public health capacity building and contribute to innovative, efficient and sustainable health systems / Facilitate access to better and safer healthcare for Union citizens. DG SANTE health-related specific objectives for the period 2016-2019: Better preparedness, prevention and response to human, animal and plant health threats / Cost-effective health promotion and disease prevention / Effective, accessible and resilient healthcare systems in the EU / Increased access to medical expertise and information for specific conditions / Effective EU assessment of medicinal products and other treatment / Stable legal environment and optimal use of current authorisation procedures for a competitive pharmaceutical sector and patients' access to safe medicines / Common Member States' tools and methodologies used for EU health systems performance assessments / A balanced agreement with the US on pharmaceutical products and in SPS area. Source: ICF analysis of European Commission policy documentation, including strategic documents and DG SANTE's annual management plans and activity reports.

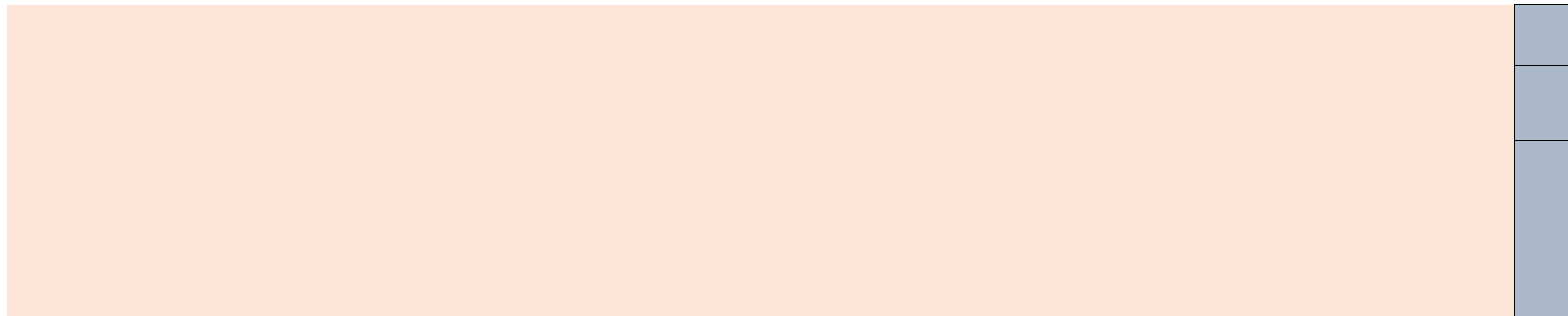
¹⁰⁸ DG SANTE health-related specific objectives for 2020: Diminishing the impact of cancer in Europe / Patients' access to safe, innovative and affordable medicines and medical devices / Effective response coordination of serious cross-border health threats / More effective, accessible and resilient health systems. Source: ICF analysis of European Commission policy documentation, including strategic documents and DG SANTE's annual management plan and activity report

A1.2 Outputs mapping

Opinion #	Opinion to be cited as	Link
24	Definition and Endorsement of Criteria to identify Priority Areas when Assessing the Performance of Health Systems.	https://ec.europa.eu/health/publications/definition-and-endorsement-criteria-identify-priority-areas-when-assessing-performance-health_en
23	Health and Economic Analysis for an Evaluation of the Public-Private Partnership in Health Care Delivery across Europe	https://ec.europa.eu/health/publications/health-and-economic-analysis-evaluation-public-private-partnerships-health-care-delivery-across_en
22	Definition of a Frame of Reference in relation to Primary Care with a special emphasis on Financing Systems and Referral Systems	https://ec.europa.eu/health/publications/definition-frame-reference-relation-primary-care-special-emphasis-financing-systems-and-referral_en
21	Future EU Agenda on quality of health care with a special emphasis on patient safety	https://ec.europa.eu/health/publications/future-eu-agenda-quality-health-care-special-emphasis-patient-safety_en
20	Competition among health care providers Investigating policy options in the European Union	https://ec.europa.eu/health/publications/competition-among-health-care-providers-european-union-investigating-policy-options_en
19	Cross-border Cooperation	https://ec.europa.eu/health/publications/cross-border-cooperation_en
18	Disruptive Innovation. Considerations for health and health care in Europe	https://ec.europa.eu/health/publications/disruptive-innovation-considerations-health-and-health-care-europe_en
17	Typology of health policy reforms and framework for evaluating reform effects	https://ec.europa.eu/health/publications/typology-health-policy-reforms-and-framework-evaluating-reform-effects_en
16	Best practices and potential pitfalls in public health sector commissioning from private providers	https://ec.europa.eu/health/publications/best-practices-and-potential-pitfalls-public-health-sector-commissioning-private-providers_en
15	Access to health services in the European Union	https://ec.europa.eu/health/publications/access-health-services-european-union_en
14	Reflections on hospital reforms in the EU	https://ec.europa.eu/health/publications/memorandum-reflections-hospital-reforms-eu_en
13	Innovative payment models for high-cost innovative medicines	https://ec.europa.eu/health/publications/innovative-payment-models-high-cost-innovative-medicines_en
12	Tools and methodologies for assessing the performance of primary care	https://ec.europa.eu/health/publications/tools-and-methodologies-assessing-performance-primary-care_en
11	Benchmarking access to healthcare in the EU	https://ec.europa.eu/health/publications/benchmarking-access-healthcare-eu_en
10	Vaccination programmes and health systems in the European Union	https://ec.europa.eu/health/publications/vaccination-programmes-and-health-systems-european-union_en
9	Application of the ERN Model in European cross-border healthcare cooperation outside the rare diseases area	https://ec.europa.eu/health/publications/application-ern-model-european-cross-border-healthcare-cooperation-outside-rare-diseases-area_en
8	Assessing the impact of digital transformation of health services	https://ec.europa.eu/health/publications/assessing-impact-digital-transformation-health-services_en
7	Task shifting and health system design	https://ec.europa.eu/health/publications/task-shifting-and-health-system-design_en
6	Defining Value in “Value Based Healthcare”	https://ec.europa.eu/health/publications/defining-value-value-based-healthcare_en
5	Options to foster health promoting health systems	https://ec.europa.eu/health/publications/options-foster-health-promoting-health-systems-0_en
4	The organisation of resilient health and social care following the COVID-19 pandemic	https://ec.europa.eu/health/publications/organisation-resilient-health-and-social-care-following-covid-19-pandemic_en
3	Public procurement in healthcare systems	https://ec.europa.eu/health/publications/public-procurement-healthcare-systems-0_en
2	Supporting mental health of health workforce and other essential workers	https://ec.europa.eu/health/publications/supporting-mental-health-health-workforce-and-other-essential-workers-0_en
1	European solidarity in public health emergencies	https://ec.europa.eu/health/publications/european-solidarity-public-health-emergencies-0_en

A1.3 Document review

REVIEW			DOCUMENT INFORMATION				
#	Reviewer	Review status	Type of document	Author/Name of Organisation	Year of publication	Name of the document	Link
1	Simona/test	Completed	Reflection paper	Rogers, H.L., Barros, P.P., Maeseener, J.D.,	2021	Resilience Testing of Health Systems: How Can It Be Done?.	https://ww
2	Simona/test	Completed	Functioning of the Expert	European Commission	2019	Rules of Procedure 12 February 2020	https://ec.e
3	Simona/test	Completed	Policy document	World Health Organisation, Regional Office for	2018	Sixty-eighth session of the Regional Committee for Europe: Rome, 17–20 September 2018: Can people afford	https://app
4	Romen	Completed	Comentary paper	Barros, P.P	2017	A quick and selected overview of the expert panel on effective ways of investing in health	https://doi
5	Romen	Completed	Journal Article	Barros, P.P.	2021	Introduction to the Expert Panel on Effective ways of investing in health (EXPH) and its mandate	https://doi
6	Romen	Completed	Journal Article	Paoli, F., Schmidt, I., Wigzell, O. and Ryś, A.	2019	An EU approach to health system performance assessment: building trust and learning from each other.	https://rea
7	Romen	Completed	Study	European Parliament	2018	Review of the status of the Commissions register of expert groups and their composition.	https://ww
8	Romen	Completed	Report	European Comission	2018	A new drive for primary care in Europe	https://op
9	Romen	Completed	Report	European Comission	2016	So what? Strategies across Europe to assess quality of care. Report by the Expert Group on Health Systems	https://op
10	Romen	Completed	Report	Strategische Adviesraad voor het Vlaamse	2018	9 jaar beleidsadviesing over welzijn, gezondheid en gezin Het referentiekader van de SAR WGG:	https://pub
11	Romen	Completed	Book	European Observatory on Health Systems and	2019	Improving healthcare quality in Europe: Characteristics, effectiveness and implementation on different	https://ww
12	Romen	Completed	Report	European Commission	2019	COMMISSION STAFF WORKING DOCUMENT Accompanying the document Report from the Commission to the	https://eur-
13	Romen	Completed	Report	European Observatory on Health Systems and	2016	Eurohealth: priorities for health systems strengthening in the WHO European Region	https://app
15	Romen	Completed	Report	European Commission	2017	Mid-term evaluation of the third Health Programme (2014 – 2020) : final report. Annex B, Case study report.	https://op
16	Romen	Completed	Position Paper/Feedback	Expert Panel on Effective Ways of Investing in	2021	Feedback on HERA Consultation by the Expert Panel on Effective Ways of Investing in Health	https://ec.e
17	Romen	Completed	Special Issue	European Observatory on Health Systems and	2022	Eurohealth: health system resilience post-COVID: moving towards more European cooperation	https://app
18	Romen	Completed	Policy brief	WHO Regional Office for Europe	2020	Building on value-based health care: towards a health system perspective	https://app
19	Romen	Completed	Catalogue	European Commission	2019	Key publications of the European Union : 2019.	https://pub
20	Romen	Completed	Book	WHO Regional Office for Europe	2019	2nd, rev. ed	https://app
21	Romen	Completed	Report	European Observatory on Health Systems and	2018	The organization and delivery of vaccination services in the European Union: prepared for the European	https://app
22	Romen	Completed	Special Issue	European Observatory on Health Systems and	2018	Eurohealth: Observatory 20th anniversary special issue	https://app
23	Romen	Completed	Journal	World Health Organisation	2018	Publications and events	https://app
24	Romen	Completed	Policy Brief	European Observatory on Health Systems and	2018	Ensuring access to medicines: how to redesign pricing, reimbursement and procurement?	https://app
25	Romen	Completed	Report	European Commission	2017	Mid-term evaluation of the third Health Programme (2014 – 2020) : final report. Annex A.	https://op
26	Romen	Completed	COMMISSION STAFF	European Commission	2017	COMMISSION STAFF WORKING DOCUMENT Accompanying the document COMMUNICATION FROM THE	https://web
27	Romen	Not started	Article	Gornitzka, Å. and Sverdrup, U.	2011	Access of experts: Information and EU decision-making.	https://ww
28	Romen	Not started	Book	Ambrus, M., Arts, K., Hey, E. and Raulus, H.	2014	The role of experts in international and European Decision-Making Processes: Setting the scene	https://ww
29	Romen	Completed	Journal Article	McKee, M., Altmann, D., Costello, A., Friston,	2022	Open science communication: The first year of the UK's Independent Scientific Advisory Group for	https://ww
30	Romen	Completed	Study	European Observatoy on Health Systems and	2021	Health Systems resilience during COVID-19: lessons for building back better	https://eur



Harvard reference	Additional documents	Short summary is about
Rogers, H.L., Barros, P.P., Maeseneer, J.D., Lehtonen, L., Lionis, C., McKee, M., Siciliani, L., Stahl, D., Zaletel, J. and Kringos, D., 2021. Resilience Testing of Health Systems: How Can It Be Done?. International journal of environmental research and public health, 18(9), p.4742. Available from:		This paper p
European Commission., 2019. Commission Decision 2019/C 174/04 amending Decision 2012/C 198/06 on setting up a multisectoral and independent expert panel to provide advice on effective ways of investing in health. Available from: https://eur-lex.europa.eu/legal-		This docum
World Health Organisation, Regional Office for Europe, 2018, Sixty-eighth session of the Regional Committee for Europe: Rome, 17–20 September 2018: Can people afford to pay for health care? New evidence on financial protection in Europe: regional report summary.		This docum
Barros, P.P., 2017. A quick and selected overview of the expert panel on effective ways of investing in health. Arch Public Health 75, 49. Available from: https://doi.org/10.1186/s13690-017-0219-3 . [Accessed January 2022].	x Astier-Peña MP,	This docum
Barros, P.P., 2021. Introduction to the Expert Panel on Effective ways of investing in health (EXPH) and its mandate. European Journal of Public Health, 31(Supplement_3), pp.ckab164-147. Available from: https://doi.org/10.1093/eurpub/ckab164.147 [Accessed January 2022].		This docum
Paoli, F., Schmidt, I., Wigzell, O. and Ryś, A., 2019. An EU approach to health system performance assessment: building trust and learning from each other. Health Policy, 123(4), pp.403-407. Available from:		This docum
European Parliament.,2018. Review of the status of the Commissions register of expert groups and their composition. Available from: https://www.europarl.europa.eu/RegData/etudes/STUD/2018/621793/IPOL_STU(2018)621793_EN.pdf .		
European Comission, 2018, A new drive for primary care in Europe		Report from
European Commission, 2016, So what? Strategies across Europe to assess quality of care. Report by the Expert Group on Health Systems Performance Assessment. Available from: https://op.europa.eu/o/opportal-service/download-handler?identifier=97e7c6d8-173a-11e6-ba9a-		Report from
Strategische Adviesraad voor het Vlaamse Welzijns-, Gezondheids- en Gezinsbeleid		This docum
European Observatory on Health Systems and Policies & OECD, 2019, Improving healthcare quality in Europe: Characteristics, effectiveness and implementation on different strategies. Available from: https://www.oecd-ilibrary.org/docserver/b11a6e8f-		This book se
European Commission, 2019, COMMISSION STAFF WORKING DOCUMENT Accompanying the document Report from the Commission to the European Parliament and the Council Implementation of the third Programme of Union action in the field of health in 2016		The report
European Observatory on Health Systems and Policies, 2016, Eurohealthnet: Quarterly of European Observatory on Health Systems and Policies. Volume 2 Number 2. Available from: https://apps.who.int/iris/bitstream/handle/10665/332718/Eurohealth-22-2-2016-		This issue lo
European Commission, 2017, Mid-term Evaluation of the Third Health Programme (2014-2020) Final Report and Case Study report. Available from: https://op.europa.eu/o/opportal-service/download-handler?identifier=ddec8971-b3ad-11e7-837e-		The mid-ter
The Expert Panel on Effective Ways of Investing in Health, 2021, Feedback on HERA Consultation by the Expert Panel on Effective Ways of Investing in Health. Available from: https://ec.europa.eu/health/publications/feedback-hera-consultation-expert-panel-effective-ways-investing-health_en		This docum
European Observatory on Health Systems and Policies (2022) Health system resilience postCOVID: Moving towards more European cooperation. Available from: https://apps.who.int/iris/bitstream/10665/351087/1/Eurohealth-28-1-2022-eng.pdf	Health systems	This special
		This policy l
European Commission, 2019, Key publications of the European Union. Available from: https://publications.europa.eu/portal2012-portlet/html/downloadHandler.jsp?identifier=498862e5-ec04-11e9-9c4e-01aa75ed71a1&format=pdf&language=en&productionSystem=cellar&part=		Catalogue li
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European Observatory on Health Systems and Policies, 2018, The organization and delivery of vaccination services in the European Union. Available from: https://apps.who.int/iris/bitstream/handle/10665/330345/9789289051736-eng.pdf?sequence=1		This report
European Observatory on Health Systems and Policies, 2018, Quarterly of the European Observatory on Health Systems and Policies: Eurohealth: Observatory 20th Anniversary Special Issue. Vol 24:2. Available from: https://apps.who.int/iris/bitstream/handle/10665/332575/Eurohealth-24-2-2018-		Summary o
World Health Organisation, 2018, WHO Drug Information, Vol 32:1. Available from: https://apps.who.int/iris/bitstream/handle/10665/330933/DI321-eng.pdf?sequence=1&isAllowed=y	Ellen 't Hoen.	Summary o
European Observatory on Health Systems and Policies, 2018, Ensuring access to medicines: how to redesign pricing, reimbursement and procurement?. Policy Brief 30. Available from: https://apps.who.int/iris/bitstream/handle/10665/331972/Policy-brief-30-1997-8073-eng.pdf?sequence=1		Policy Brief
European Comission, 2017, Mid-term Evaluation of the Third Health Programme (2014-2020) Final Report . Available from: https://op.europa.eu/o/opportal-service/download-handler?identifier=ddec8971-b3ad-11e7-837e-01aa75ed71a1&format=pdf&language=en&productionSystem=cellar&part=		The final re
European Commission, 2017, OMMISSION STAFF WORKING DOCUMENT Accompanying the document COMMUNICATION FROM THE COMMISSION TO THE COUNCIL AND THE EUROPEAN PARLIAMENT on Boosting Growth and Cohesion in EU Border Regions. Available from:		Staff workin
Gornitzka, Å. and Sverdrup, U., 2011. Access of experts: Information and EU decision-making. West European Politics, 34(1), pp.48-70. Available from: https://www.tandfonline.com/doi/abs/10.1080/01402382.2011.523544 [Accessed January 2022].		This article
Ambrus, M., Arts, K., Hey, E. and Raulus, H., 2014. The role of experts in international and European Decision-Making Processes: Setting the scene. Available from: https://www.cambridge.org/core/books/role-of-experts-in-international-and-european-decisionmaking-		This book is
McKee, M., Altmann, D., Costello, A., Friston, K., Haque, Z., Khunti, K., Michie, S., Ohi, T., Pagel, C., Pillay, D., Reicher, S., Salisbury, H., Scally, G., Yates, K., Bauld, L., Bear, L., Drury, J., Parker, M., Phoenix, A., Stokoe, E. & West, R. (2022) Open science communication: The first year of the UK's Independent Scientific		This paper r
European Observatoy on Health Systems and Policies (2021) Health Systems resilience during COVID-19: lessons for building back better. Available at: https://eurohealthobservatory.who.int/publications/i/health-systems-resilience-during-covid-19-lessons-for-building-back-better		

Effectiveness		Efficiency	Coherence	
Study Question 6 Where expectations have not been met, what factors have hindered their achievement?		Study Question 10 Do the current rules of procedure and working methods provide the right framework for efficient ways of working?	Study Question 13 To what extent is this intervention coherent with other interventions (other actions aiming to gather evidence and share knowledge on health systems)?	
SubQuestion 6.1 Were there any issues that might have hindered the achievement of the EXPH's objectives, and if so, what were they? For example: the selection of experts (e.g. independence level, level of expertise: did experts tend to go beyond their field of competence); the composition of the Panel (e.g. number of experts, geographical/ multisectoral coverage); the ability of experts to collaborate (e.g. did some experts have a dominant influence over the whole Panel); the level of awareness of stakeholders of the work of the EXPH; the transparency of the work of the EXPH; the visibility of the opinions	SubQuestion 6.2 What (if any) have been the main concerns expressed by stakeholders regarding the EXPH and its opinions?	SubQuestion 10.1 Does the functioning of the Panel provide the right framework for efficient ways of working, in view of achieving the EXPH's objectives?	SubQuestion 13.1 To what extent is the work of the EXPH coherent with the work of other EU, National or International bodies such as: the Council Working Party on Public Health; the Expert Group on Health Systems Performance Assessment (HSPA); the Economic Policy Committee and the Social Protection Committee; the European Observatory on Health Systems and Policies; the TO-REACH project	
JC 6.1 Factors that prevent the achievement of the EXPH's objectives are identified	JC 6.2 Stakeholders' concerns regarding the EXPH and its opinions are identified	JC 10.1 Factors that promote efficient ways of working are identified	JC 13.1 A relationship between the work of the EXPH and other EU, national and international bodies is established	Additional comments
n/a	n/a	n/a	n/a	The reflection paper makes
n/a	n/a	Background information on the functioning of the Panel	n/a	
n/a	n/a	n/a	The WHO Regional Office for Europe makes use of EXPH opinions,	
n/a	n/a	n/a	The author found no direct, immediate, and visible impact on	This Commentary explains what the
n/a	n/a	n/a	n/a	
n/a	n/a	This document identifies weaknesses and strengths of the HPSA. Some	The HPSA worked in collaboration with the EXPH, also a close	
n/a	n/a	n/a	n/a	Some general recommendations at
n/a	n/a	n/a	This report contains a dedicated chapter to one of the EXPH	
n/a	n/a	n/a	Context about the creation of the expert group on Health System	
n/a	n/a	n/a	n/a	The SAR WGG was tasked to advise
n/a	n/a	N/A	In 2014 the EXPH was asked to produce an opinion on the future EU	
n/a	n/a	Background information on what the Panel produces.	n/a	
n/a	n/a	n/a	n/a	
The non-prescriptive nature of the priority's scope is likely to offer benefits,	x Conclusion of the case study: due to the lack of MS	x The case study suggested that a larger panel membership, for example	x At the time of its conception, the EXPH responded to the	
n/a	n/a	n/a	EXPH views on HERA's potential to uptake/adopt actions in line with	
n/a	n/a	n/a	n/a	
n/a	n/a	n/a	Building on value-based health care policy brief: "Building on value-	
n/a	n/a	n/a	n/a	
n/a	n/a	n/a	n/a	x The text provides a comment
n/a	n/a	n/a	x The Report prepared by the European Observatory on Health	
n/a	n/a	n/a	This issues suggest that there has been some punctual	
n/a	n/a	n/a	x Tone of the Opinions of the EXPH is regarded as very relevant to a	
n/a	n/a	n/a	x Coordination in the same topic between the UN and the EXPH.	
n/a	n/a	n/a	n/a	Results from a focus group
n/a	n/a	n/a	n/a	This document shows how an opinion
n/a	n/a	This journal articles identifies the importance of learning from local	n/a	
n/a	n/a	n/a	n/a	The study shows how the EXPH

A1.4 Survey questionnaire

J330301054 EXPH survey

Start of Block: Introduction and consent

INTRODUCTION The Expert Panel on effective ways of investing in health (EXPH) is an interdisciplinary and independent group established by the European Commission. The Panel's aim is to support DG Health and Food Safety (DG SANTE) in their efforts towards the development of evidence-based policymaking in matters related to public health. In addition, the EXPH aims to foster EU-level cooperation and further develop cross-country information, knowledge, and expertise of health systems, in view of informing policies at national level.

ICF is conducting an evaluation (running from March – November 2022) of the EXPH. The purpose of the study is to assess the format, structure, procedures, outputs of the EXPH; and explore potential impacts of the EXPH opinions. The main evaluation areas we are focusing on are the following: Relevance, Effectiveness, Efficiency, and Coherence.

Part of this study is a series of targeted consultations (targeted stakeholder surveys, stakeholder interviews, focus groups). Your insights will help us to assess the successes and areas for improvement of the Programme.

You have been contacted to take part in this survey because we believe you will be able to provide valuable perceptions on the work carried out by the Expert Panel on effective ways of investing in health (EXPH). This survey should take approximately 15-20 minutes to complete.

We have compiled a [guidance document](#) with information which may help you better answer the questions in the survey. Please feel free to download this document to refer to as you complete the survey.

If you have any questions related to this survey, or the issues we discuss here, you can contact the ICF study team via the following email: study-expert-panel-exph@icf.com. In case you wish to contact the DG SANTE unit responsible for the survey, please send an email to: sante-expert-panel@ec.europa.eu.

For more information about how your data will be used please see our [privacy statement](#)

CONSENT Do you agree that...

You consent voluntarily to be a participant in this study. You understand that personal information collected about you, such as your name, will not be shared beyond the study team over the duration of the assignment and beyond. You understand that the information you provide will be used in reports and other deliverables to DG SANTE to help inform the evaluation of the EXPH. I understand that no specific attribution will be made to me or my organisation in reporting (1)

Yes (1)

No (2)

End of Block: Introduction and consent

Start of Block: Screening questions 1

Q2 How would you best describe yourself or your organisation?

- EU institutional stakeholder (1)
 - International organisation (2)
 - Current EXPH member (3)
 - Past EXPH member (4)
 - EXPH external expert (5)
 - National or regional public health authority or agency (6)
 - EU public health association (7)
 - National public health association (8)
 - EU medical association (9)
 - National medical association (10)
 - Pharmaceutical and medical devices industry or representative association (11)
 - Citizens or patients' association (12)
 - Think tank (13)
 - Academic organisation or institution (14)
 - Specialised media (15)
 - Other (please describe): (16)
-

Q3 Where is your institution / organisation's headquarters?

- Austria (1)
- Belgium (2)
- Bulgaria (3)
- Croatia (4)
- Republic of Cyprus (5)
- Czech Republic (6)
- Denmark (7)
- Estonia (8)
- Finland (9)
- France (10)
- Germany (11)
- Greece (12)
- Hungary (13)
- Ireland (14)
- Italy (15)
- Latvia (16)
- Lithuania (17)
- Luxembourg (18)
- Malta (19)
- Netherlands (20)
- Poland (21)

- Portugal (22)
- Romania (23)
- Slovakia (24)
- Slovenia (25)
- Spain (26)
- Sweden (27)
- United Kingdom (28)
- Other (29)

Display This Question:

If Q3 = Other

Q4 If other, please specify

End of Block: Screening questions 1

Start of Block: Screening questions 2

Q5 Does your organisation work mainly in $\{e://Field/Country_pipe\}$, or is it a Pan-European or international organisation which works across other countries as well?

- My organisation's work is focused on $\{e://Field/Country_pipe\}$ (1)
- My organisation's work has a Pan-European or international focus broader than $\{e://Field/Country_pipe\}$ (2)

Display This Question:

If Q2 = Past EXPH member

Q6 What is the main reason you stopped being a member of the EXPH?

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = International organisation

Or Q2 = Past EXPH member

Or Q2 = EXPH external expert

Or Q2 = National or regional public health authority or agency

Or Q2 = EU public health association

Or Q2 = National public health association

Or Q2 = EU medical association

Or Q2 = National medical association

Or Q2 = Pharmaceutical and medical devices industry or representative association

Or Q2 = Citizens or patients' association

Or Q2 = Think tank

Or Q2 = Academic organisation or institution

Or Q2 = Specialised media

Or Q2 = Other (please describe):

Q7 To what extent have you engaged with the work of the EXPH?

- Not at all (1)
- To a small extent (2)
- To a moderate extent (3)
- To a large extent (4)
- I don't know (5)

Display This Question:

If Q2 = EU institutional stakeholder

Q8 Have you been directly involved in the working of the EXPH?

- Yes (1)
- No (2)
- I don't know (3)

Display This Question:

If Q2 = Specialised media

Q9 Please elaborate on your engagement:

End of Block: Screening questions 2

Start of Block: Relevance of the EXPH

RELEVENCE_INTRO **Relevance of the EXPH** This section invites you to assess whether, and how, the priorities and objectives of the EXPH address needs and problems in society.

Q10 How relevant was the EXPH when it was first established in 2012, considering the public health landscape at the time?

- Not at all relevant (1)
 - To a small extent (2)
 - To a moderate extent (3)
 - Very relevant (4)
 - I don't know (5)
-

Q11 To what extent have the EXPH opinions on the following areas of interest addressed the health needs in the EU public health landscape over time?

	The opinions on this area of interest have addressed the health needs in the EU public health landscape...				
	Not at all (1)	To a small extent (2)	To a moderate extent (3)	To a large extent (4)	I don't know (5)

Access to quality healthcare (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross-border issues and cooperation (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disease prevention (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health promotion (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health systems financing (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health systems performance (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health systems reform (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare workforce (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare providers (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Innovation in health (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12 How relevant is the EXPH today, in light of various changes in the public health sector?

	Not at all relevant (1)	To a small extent (2)	To a moderate extent (3)	Very relevant (4)	I don't know (5)
Covid-19 crisis (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emerging cross-border health threats (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other changes (please describe) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Q2 = Citizens or patients' association

Or Q2 = EU public health association

Or Q2 = National public health association

Q13 To what extent is the work of the EXPH relevant, considering the needs of citizens and patients?

- Not at all relevant (1)
- To a small extent (2)
- To a moderate extent (3)
- Very relevant (4)
- I don't know (5)

Display This Question:

If Q2 = EU medical association

Or Q2 = National medical association

Q14 To what extent is the work of the EXPH relevant, considering the needs of healthcare professionals?

- Not at all relevant (1)
 - To a small extent (2)
 - To a moderate extent (3)
 - Very relevant (4)
 - I don't know (5)
-

Display This Question:

If Q2 = National or regional public health authority or agency

Q15 To what extent is the work of the EXPH relevant, considering the needs of national authorities?

- Not at all relevant (1)
 - To a small extent (2)
 - To a moderate extent (3)
 - Very relevant (4)
 - I don't know (5)
-

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = International organisation

Or Q2 = Past EXPH member

Or Q2 = National or regional public health authority or agency

Or Q2 = EU public health association

Or Q2 = National public health association

Or Q2 = EU medical association

Or Q2 = National medical association

Or Q2 = Pharmaceutical and medical devices industry or representative association

Or Q2 = Citizens or patients' association

Or Q2 = Think tank

Or Q2 = Academic organisation or institution

Or Q2 = Specialised media

Or Q2 = Other (please describe):

Q16 How useful are the EXPH opinions to you?

- Not at all useful (1)
- To a small extent (2)
- To a moderate extent (3)
- Very useful (4)
- I don't know (5)

Display This Question:

If Q16 = Very useful

Or Q16 = To a moderate extent

Q17 Why? Please elaborate:

Display This Question:

If Q16 = To a small extent

Or Q16 = Not at all useful

Q18 Why not? What changes would render them more relevant? Please elaborate:

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = International organisation

Or Q2 = Past EXPH member

Or Q2 = National or regional public health authority or agency

Or Q2 = EU public health association

Or Q2 = National public health association

Or Q2 = EU medical association

Or Q2 = National medical association

Or Q2 = Pharmaceutical and medical devices industry or representative association

Or Q2 = Citizens or patients' association

Or Q2 = Think tank

Or Q2 = Academic organisation or institution

Or Q2 = Specialised media

Or Q2 = Other (please describe):

Q19 To what extent have the recommendations made by the EXPH been...

	Not at all (1)	To a small extent (2)	To a moderate extent (3)	To a large extent (4)	I don't know (5)
Specific (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measurable (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Achievable (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Relevance of the EXPH

Start of Block: Effectiveness of the EXPH

EFFECTIVENESS_INTRO Effectiveness of the EXPH This section invites you to assess how successful the EXPH has been in achieving or progressing towards its stated objectives (i.e. looking at the effects of the EXPH, and the extent to which the observed effects can be linked to it).

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = International organisation

Or Q2 = Past EXPH member

Or Q2 = National or regional public health authority or agency

Or Q2 = EU public health association

Or Q2 = National public health association

Or Q2 = EU medical association

Or Q2 = National medical association

Or Q2 = Pharmaceutical and medical devices industry or representative association

Or Q2 = Citizens or patients' association

Or Q2 = Think tank

Or Q2 = Academic organisation or institution

Or Q2 = Other (please describe):

Q20 To what extent is the EXPH a source of evidence and advice which is...

	Not at all (1)	To a small extent (2)	To a moderate extent (3)	To a large extent (4)	I don't know (5)
Independent (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trustworthy (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multisectoral (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Q20 = Not at all

Or Q20 = To a small extent

Or Q20 = To a moderate extent

Or Q20 = To a large extent

Or Q20 = I don't know

Q21 Please elaborate:

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = International organisation

Or Q2 = Past EXPH member

Or Q2 = National or regional public health authority or agency

Or Q2 = EU public health association

Or Q2 = National public health association

Or Q2 = EU medical association

Or Q2 = National medical association

Or Q2 = Pharmaceutical and medical devices industry or representative association

Or Q2 = Citizens or patients' association

Or Q2 = Think tank

Or Q2 = Academic organisation or institution

Or Q2 = Other (please describe):

Q22 To what extent have the EXPH opinions increased your knowledge or expertise overall?

- Not at all (1)
- To a small extent (2)
- To a moderate extent (3)
- To a large extent (4)
- I don't know (5)

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = International organisation

Or Q2 = Past EXPH member

Or Q2 = National or regional public health authority or agency

Or Q2 = EU public health association

Or Q2 = National public health association

Or Q2 = EU medical association

Or Q2 = National medical association

Or Q2 = Pharmaceutical and medical devices industry or representative association

Or Q2 = Citizens or patients' association

Or Q2 = Think tank

Or Q2 = Academic organisation or institution

Or Q2 = Other (please describe):

Q23 To what extent have the EXPH opinions increased your **knowledge or expertise** about the specific areas of interest and issues covered?

	My knowledge or expertise on this area of interest has increased...				
	Not at all (1)	To a small extent (2)	To a moderate extent (3)	To a large extent (4)	I don't know (5)

Access to quality healthcare (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross-border issues and cooperation (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disease prevention (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health promotion (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health systems financing (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health systems performance (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health systems reform (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare workforce (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare providers (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Innovation in health (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = International organisation

Or Q2 = Past EXPH member

Or Q2 = National or regional public health authority or agency

Or Q2 = EU public health association

Or Q2 = National public health association

Or Q2 = EU medical association

Or Q2 = National medical association

Or Q2 = Pharmaceutical and medical devices industry or representative association

Or Q2 = Citizens or patients' association

Or Q2 = Think tank

Or Q2 = Academic organisation or institution

Or Q2 = Other (please describe):

Q24 To what extent have the EXPH opinions increased your **interest** in specific areas of interest and issues covered?

	My interest in this area of interest has increased...				
	Not at all (1)	To a small extent (2)	To a moderate extent (3)	To a large extent (4)	I don't know (5)

Access to quality healthcare (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross-border issues and cooperation (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disease prevention (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health promotion (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health systems financing (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health systems performance (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health systems reform (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare workforce (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare providers (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Innovation in health (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = International organisation

Or Q2 = Past EXPH member

Or Q2 = National or regional public health authority or agency

Or Q2 = EU public health association

Or Q2 = National public health association

Or Q2 = EU medical association

Or Q2 = National medical association

Or Q2 = Pharmaceutical and medical devices industry or representative association

Or Q2 = Citizens or patients' association

Or Q2 = Think tank

Or Q2 = Academic organisation or institution

Or Q2 = Other (please describe):

Q25 To what extent has the EXPH helped facilitate and promote evidence exchange and discussion in relation to health systems?

- Not at all (1)
- To a small extent (2)
- To a moderate extent (3)
- To a large extent (4)
- I don't know (5)

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = Current EXPH member

Or Q2 = Past EXPH member

Or Q2 = EXPH external expert

Q26 Have any of the following issues **hindered** the achievement of the EXPH's objectives?

Please select all that apply.

- The selection of experts (e.g. independence level, level of expertise) (1)
 - The composition of the Panel (e.g. number of experts, geographical/multisectoral coverage) (2)
 - The ability of experts to collaborate (3)
 - The level of awareness of stakeholders of the work of the EXPH (4)
 - The transparency of the work of the EXPH (5)
 - The visibility and dissemination of the opinions (6)
 - The working methods of the EXPH (7)
 - The level of interaction between the EXPH and EU institutions (8)
 - The level of interaction between the EXPH and national authorities (9)
 - The level of interaction between the EXPH and other relevant stakeholders (10)
 - Other (please describe) (11)
-
- No issues have hindered the achievement of the EXPH's objectives (12)

Page Break

Display This Question:

If Q26 = The selection of experts (e.g. independence level, level of expertise)

Or Q26 = The composition of the Panel (e.g. number of experts, geographical/ multisectoral coverage)

Or Q26 = The ability of experts to collaborate

Or Q26 = The level of awareness of stakeholders of the work of the EXPH

Or Q26 = The transparency of the work of the EXPH

Or Q26 = The visibility and dissemination of the opinions

Or Q26 = The working methods of the EXPH

Or Q26 = The level of interaction between the EXPH and EU institutions

Or Q26 = The level of interaction between the EXPH and national authorities

Or Q26 = The level of interaction between the EXPH and other relevant stakeholders

Or Q26 = Other (please describe)

Q27 Please elaborate:

Display This Choice:

If Q26 = The selection of experts (e.g. independence level, level of expertise)

The selection of experts (e.g. independence level, level of expertise) (1)

Display This Choice:

If Q26 = The composition of the Panel (e.g. number of experts, geographical/ multisectoral coverage)

The composition of the Panel (e.g. number of experts, geographical/ multisectoral coverage) (2)

Display This Choice:

If Q26 = The ability of experts to collaborate

The ability of experts to collaborate (3)

Display This Choice:

If Q26 = The level of awareness of stakeholders of the work of the EXPH

The level of awareness of stakeholders of the work of the EXPH (4)

Display This Choice:

If Q26 = The transparency of the work of the EXPH

The transparency of the work of the EXPH (5)

Display This Choice:

If Q26 = The visibility and dissemination of the opinions

The visibility and dissemination of the opinions (6)

Display This Choice:

If Q26 = The working methods of the EXPH

The working methods of the EXPH (7)

Display This Choice:

If Q26 = The level of interaction between the EXPH and EU institutions

The level of interaction between the EXPH and EU institutions (8)

Display This Choice:

If Q26 = *The level of interaction between the EXPH and national authorities*

- The level of interaction between the EXPH and national authorities (9)
-

Display This Choice:

If Q26 = *The level of interaction between the EXPH and other relevant stakeholders*

- The level of interaction between the EXPH and other relevant stakeholders (10)
-

Display This Choice:

If Q26 = *Other (please describe)*

- \${Q26/ChoiceTextEntryValue/11} (11)
-

Display This Question:

If Q2 = *EU institutional stakeholder*

Or Q2 = *International organisation*

Or Q2 = *Past EXPH member*

Or Q2 = *National or regional public health authority or agency*

Or Q2 = *EU public health association*

Or Q2 = *National public health association*

Or Q2 = *EU medical association*

Or Q2 = *National medical association*

Or Q2 = *Pharmaceutical and medical devices industry or representative association*

Or Q2 = *Citizens or patients' association*

Or Q2 = *Think tank*

Or Q2 = *Academic organisation or institution*

Or Q2 = *Specialised media*

Or Q2 = *Other (please describe):*

Q28 If you have any other concerns regarding the EXPH and its opinions, please elaborate below:

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = International organisation

Or Q2 = Past EXPH member

Or Q2 = National or regional public health authority or agency

Or Q2 = EU public health association

Or Q2 = National public health association

Or Q2 = EU medical association

Or Q2 = National medical association

Or Q2 = Pharmaceutical and medical devices industry or representative association

Or Q2 = Citizens or patients' association

Or Q2 = Think tank

Or Q2 = Academic organisation or institution

Or Q2 = Other (please describe):



Q29 To what extent have you (or your organisation) used the EXPH opinions in the following ways?

	I have used the EXPH opinions...				
	Not at all (1)	To a small extent (2)	To a moderate extent (3)	To a large extent (4)	I don't know (5)

To contribute to EU policy development and implementation (1)

To contribute to national policy development and implementation (2)

To raise awareness and visibility of relevant topics in relation to health systems across the EU (3)

As a credible source of knowledge (4)

Other [Please describe] (5)

Page Break

Display This Question:

If Q29#1 = To a small extent

Or Q29#1 = To a moderate extent

Or Q29#1 = To a large extent

Q30 Please elaborate on how you have used the opinions, including any relevant links:

Q31 To what extent have the recommendations contained in the EXPH opinions been “taken up” or implemented by policy makers and health professionals at EU, national, regional or local level?

- Not at all (1)
- To a small extent (2)
- To a moderate extent (3)
- To a large extent (4)
- I don't know (5)

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = National or regional public health authority or agency

Q32 Have you ever “taken up” or implemented a recommendation(s) from EXPH opinions?

- Yes (1)
 - No (2)
 - I don't know (3)
-

Display This Question:

If Q32 = Yes

Or Q32 = I don't know

Q33 Which opinion(s) have you “taken up” or implemented recommendation(s) from?

Please select all that apply:

- Health and Economic Analysis for an Evaluation of the Public-Private Partnerships in Health Care Delivery across Europe (Feb 2014) (1)
- Definition and Endorsement of Criteria to Identify Priority Areas When Assessing the Performance of Health Systems (Feb 2014) (2)
- Definition of a frame of reference in relation to primary care with a special emphasis on financing systems and referral systems (Jul 2014) (3)
- Future EU Agenda on quality of health care with a special emphasis on patient safety (Oct 2014) (4)
- Competition among health care providers in the European Union - Investigating policy options (Jun 2015) (5)
- Cross-border Cooperation (Aug 2015) (6)
- Disruptive Innovation. Considerations for health and health care in Europe (Apr 2016) (7)
- Typology of health policy reforms and framework for evaluating reform effects (May 2016) (8)
- Memorandum - Reflections on hospital reforms in the EU (May 2016) (9)
- Access to health services in the European Union (May 2016) (10)
- Best practices and potential pitfalls in public health sector commissioning from private providers (May 2016) (11)
- Benchmarking access to healthcare in the EU (Feb 2018) (12)
- Tools and methodologies for assessing the performance of primary care (Feb 2018) (13)
- Innovative payment models for high-cost innovative medicines (Feb 2018) (14)

- Vaccination programmes and health systems In the European Union (Sep 2018) (15)
 - Application of the ERN model in European Cross-border healthcare cooperation outside the rare diseases area (Oct 2018) (16)
 - Assessing the impact of digital transformation of health services (Jan 2019) (17)
 - Task shifting and health system design (Jul 2019) (18)
 - Defining value in 'Value-based healthcare' (Jul 2019) (19)
 - Options to foster Health Promoting Health Systems (Nov 2019) (20)
 - Organisation of resilient health and social care following the COVID-19 pandemic (Dec 2020) (21)
 - Public procurement in healthcare systems (May 2021) (22)
 - Supporting mental health of health workforce and other essential workers (Oct 2021) (23)
 - European solidarity in public health emergencies (Dec 2021) (24)
 - None of these (25)
-

Display This Question:

If Q33 = Health and Economic Analysis for an Evaluation of the Public-Private Partnerships in Health Care Delivery across Europe (Feb 2014)

Or Q33 = Definition and Endorsement of Criteria to Identify Priority Areas When Assessing the Performance of Health Systems (Feb 2014)

Or Q33 = Definition of a frame of reference in relation to primary care with a special emphasis on financing systems and referral systems (Jul 2014)

Or Q33 = Future EU Agenda on quality of health care with a special emphasis on patient safety (Oct 2014)

Or Q33 = Competition among health care providers in the European Union - Investigating policy options (Jun 2015)

Or Q33 = Cross-border Cooperation (Aug 2015)

Or Q33 = Disruptive Innovation. Considerations for health and health care in Europe (Apr 2016)

Or Q33 = Typology of health policy reforms and framework for evaluating reform effects (May 2016)

Or Q33 = Memorandum - Reflections on hospital reforms in the EU (May 2016)

Or Q33 = Access to health services in the European Union (May 2016)

Or Q33 = Best practices and potential pitfalls in public health sector commissioning from private providers (May 2016)

Or Q33 = Benchmarking access to healthcare in the EU (Feb 2018)

Or Q33 = Tools and methodologies for assessing the performance of primary care (Feb 2018)

Or Q33 = Innovative payment models for high-cost innovative medicines (Feb 2018)

Or Q33 = Vaccination programmes and health systems In the European Union (Sep 2018)

Or Q33 = Application of the ERN model in European Cross-border healthcare cooperation outside the rare diseases area (Oct 2018)

Or Q33 = Assessing the impact of digital transformation of health services (Jan 2019)

Or Q33 = Task shifting and health system design (Jul 2019)

Or Q33 = Defining value in 'Value-based healthcare' (Jul 2019)

Or Q33 = Options to foster Health Promoting Health Systems (Nov 2019)

Or Q33 = Organisation of resilient health and social care following the COVID-19 pandemic (Dec 2020)

Or Q33 = Public procurement in healthcare systems (May 2021)

Or Q33 = Supporting mental health of health workforce and other essential workers (Oct 2021)

Or Q33 = European solidarity in public health emergencies (Dec 2021)

Q34 Please elaborate:

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = International organisation

Or Q2 = Past EXPH member

Or Q2 = National or regional public health authority or agency

Or Q2 = EU public health association

Or Q2 = National public health association

Or Q2 = EU medical association

Or Q2 = National medical association

Or Q2 = Pharmaceutical and medical devices industry or representative association

Or Q2 = Citizens or patients' association

Or Q2 = Think tank

Or Q2 = Academic organisation or institution

Or Q2 = Specialised media

Or Q2 = Other (please describe):

Q35 Have you referred back to past recommendations in the context of your work?

Yes (1)

No (2)

I don't know (3)

Display This Question:

If Q35 = Yes

Or Q35 = I don't know

Q36 Which opinion(s) have you referred back to?

Please select all that apply:

- Health and Economic Analysis for an Evaluation of the Public-Private Partnerships in Health Care Delivery across Europe (Feb 2014) (1)
- Definition and Endorsement of Criteria to Identify Priority Areas When Assessing the Performance of Health Systems (Feb 2014) (2)
- Definition of a frame of reference in relation to primary care with a special emphasis on financing systems and referral systems (Jul 2014) (3)
- Future EU Agenda on quality of health care with a special emphasis on patient safety (Oct 2014) (4)
- Competition among health care providers in the European Union - Investigating policy options (Jun 2015) (5)
- Cross-border Cooperation (Aug 2015) (6)
- Disruptive Innovation. Considerations for health and health care in Europe (Apr 2016) (7)
- Typology of health policy reforms and framework for evaluating reform effects (May 2016) (8)
- Memorandum - Reflections on hospital reforms in the EU (May 2016) (9)
- Access to health services in the European Union (May 2016) (10)
- Best practices and potential pitfalls in public health sector commissioning from private providers (May 2016) (11)
- Benchmarking access to healthcare in the EU (Feb 2018) (12)
- Tools and methodologies for assessing the performance of primary care (Feb 2018) (13)
- Innovative payment models for high-cost innovative medicines (Feb 2018) (14)

- Vaccination programmes and health systems In the European Union (Sep 2018) (15)
 - Application of the ERN model in European Cross-border healthcare cooperation outside the rare diseases area (Oct 2018) (16)
 - Assessing the impact of digital transformation of health services (Jan 2019) (17)
 - Task shifting and health system design (Jul 2019) (18)
 - Defining value in 'Value-based healthcare' (Jul 2019) (19)
 - Options to foster Health Promoting Health Systems (Nov 2019) (20)
 - Organisation of resilient health and social care following the COVID-19 pandemic (Dec 2020) (21)
 - Public procurement in healthcare systems (May 2021) (22)
 - Supporting mental health of health workforce and other essential workers (Oct 2021) (23)
 - European solidarity in public health emergencies (Dec 2021) (24)
 - None of these (25)
-

Display This Question:

If Q36 = Health and Economic Analysis for an Evaluation of the Public-Private Partnerships in Health Care Delivery across Europe (Feb 2014)

Or Q36 = Definition and Endorsement of Criteria to Identify Priority Areas When Assessing the Performance of Health Systems (Feb 2014)

Or Q36 = Definition of a frame of reference in relation to primary care with a special emphasis on financing systems and referral systems (Jul 2014)

Or Q36 = Future EU Agenda on quality of health care with a special emphasis on patient safety (Oct 2014)

Or Q36 = Competition among health care providers in the European Union - Investigating policy options (Jun 2015)

Or Q36 = Cross-border Cooperation (Aug 2015)

Or Q36 = Disruptive Innovation. Considerations for health and health care in Europe (Apr 2016)

Or Q36 = Typology of health policy reforms and framework for evaluating reform effects (May 2016)

Or Q36 = Memorandum - Reflections on hospital reforms in the EU (May 2016)

Or Q36 = Access to health services in the European Union (May 2016)

Or Q36 = Best practices and potential pitfalls in public health sector commissioning from private providers (May 2016)

Or Q36 = Benchmarking access to healthcare in the EU (Feb 2018)

Or Q36 = Tools and methodologies for assessing the performance of primary care (Feb 2018)

Or Q36 = Innovative payment models for high-cost innovative medicines (Feb 2018)

Or Q36 = Vaccination programmes and health systems In the European Union (Sep 2018)

Or Q36 = Application of the ERN model in European Cross-border healthcare cooperation outside the rare diseases area (Oct 2018)

Or Q36 = Assessing the impact of digital transformation of health services (Jan 2019)

Or Q36 = Task shifting and health system design (Jul 2019)

Or Q36 = Defining value in 'Value-based healthcare' (Jul 2019)

Or Q36 = Options to foster Health Promoting Health Systems (Nov 2019)

Or Q36 = Organisation of resilient health and social care following the COVID-19 pandemic (Dec 2020)

Or Q36 = Public procurement in healthcare systems (May 2021)

Or Q36 = Supporting mental health of health workforce and other essential workers (Oct 2021)

Or Q36 = European solidarity in public health emergencies (Dec 2021)

Q37 Please elaborate:

Display This Question:

If Q2 = National or regional public health authority or agency

Q38 To what extent do the recommendations of the EXPH cover issues which benefit the national health policy-making process?

- Not at all (1)
- To a small extent (2)
- To a moderate extent (3)
- To a large extent (4)
- I don't know (5)

End of Block: Effectiveness of the EXPH

Start of Block: Efficiency of the EXPH

EFFICIENCY_INTRO **Efficiency of the EXPH** This section invites you to assess the extent to which the current working methods enable the EXPH to meet its objectives.

Display This Question:

If Q8 = Yes

Or Q2 = Current EXPH member

Or Q2 = Past EXPH member

Or Q2 = EXPH external expert

Q39 To what extent does each aspect of how the Panel functions provide the right framework for efficient ways of working, in view of achieving the EXPH's objectives?

	This aspect enables efficient ways of working...				
	Not at all (1)	To a small extent (2)	To a moderate extent (3)	To a large extent (4)	I don't know (5)

Role and ways of working of the Secretariat (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Election of Chair and Vice-Chair (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role and replacement of Chair and Vice-Chair (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mandates (topics covered, way questions are phrased, quality of prior information presented etc.) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Designation and role of Rapporteurs (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishment and role of Working Groups (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selection of external experts to participate in Working Groups (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meetings (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Format and content of opinions (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minority opinions (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rapid advice
and
accelerated
procedure
(11)



Voting rules
(12)



Co-operation
with other
Scientific
Bodies (13)



Page Break

Display This Question:

If Q8 = Yes

Or Q2 = Current EXPH member

Or Q2 = Past EXPH member

Or Q2 = EXPH external expert



Q40 How could the functioning of the Panel be improved?

Display This Choice:

If Q39#1 = Role and ways of working of the Secretariat [Not at all]

Or Q39#1 = Role and ways of working of the Secretariat [To a small extent]

Role and ways of working of the Secretariat (1)

Display This Choice:

If Q39#1 = Election of Chair and Vice-Chair [Not at all]

Or Q39#1 = Election of Chair and Vice-Chair [To a small extent]

Election of Chair and Vice-Chair (2)

Display This Choice:

If Q39#1 = Role and replacement of Chair and Vice-Chair [Not at all]

Or Q39#1 = Role and replacement of Chair and Vice-Chair [To a small extent]

Role and replacement of Chair and Vice-Chair (3)

Display This Choice:

If Q39#1 = Mandates (topics covered, way questions are phrased, quality of prior information presented etc.) [Not at all]

Or Q39#1 = Mandates (topics covered, way questions are phrased, quality of prior information presented etc.) [To a small extent]

Mandates (topics covered, way questions are phrased, quality of prior information presented etc.) (4)

Display This Choice:

If Q39#1 = Designation and role of Rapporteurs [Not at all]

Or Q39#1 = Designation and role of Rapporteurs [To a small extent]

Designation and role of Rapporteurs (5)

Display This Choice:

If Q39#1 = Establishment and role of Working Groups [Not at all]

Or Q39#1 = Establishment and role of Working Groups [To a small extent]

Establishment and role of Working Groups (6)

Display This Choice:

If Q39#1 = Selection of external experts to participate in Working Groups [Not at all]

Or Q39#1 = Selection of external experts to participate in Working Groups [To a small extent]

Selection of external experts to participate in Working Groups (7)

Display This Choice:

If Q39#1 = Meetings [Not at all]

Or Q39#1 = Meetings [To a small extent]

Meetings (8) _____

Display This Choice:

If Q39#1 = Format and content of opinions [Not at all]

Or Q39#1 = Format and content of opinions [To a small extent]

Format and content of opinions (9)

Display This Choice:

If Q39#1 = Minority opinions [Not at all]

Or Q39#1 = Minority opinions [To a small extent]

Minority opinions (10) _____

Display This Choice:

If Q39#1 = Rapid advice and accelerated procedure [Not at all]

Or Q39#1 = Rapid advice and accelerated procedure [To a small extent]

Rapid advice and accelerated procedure (11)

Display This Choice:

If Q39#1 = Voting rules [Not at all]

Or Q39#1 = Voting rules [To a small extent]

Voting rules (12) _____

Display This Choice:

If Q39#1 = Co-operation with other Scientific Bodies [Not at all]

Or Q39#1 = Co-operation with other Scientific Bodies [To a small extent]

Co-operation with other Scientific Bodies (13)

Other (14) _____

Display This Question:
 If Q2 = EU institutional stakeholder
 Or Q2 = Current EXPH member
 Or Q2 = Past EXPH member
 Or Q2 = EXPH external expert

Q41 To what extent are the principles for the operation of the Panel appropriate?

	Not at all (1)	To a small extent (2)	To a moderate extent (3)	To a large extent (4)	I don't know (5)
Excellence (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independence (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transparency (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidentiality (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi-sectoral approach (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:
 If Q41 = Not at all
 Or Q41 = To a small extent

Q42 Why not? Please elaborate:

Display This Question:

If Q8 = Yes

Or Q2 = Current EXPH member

Or Q2 = Past EXPH member

Or Q2 = EXPH external expert

Q43 To what extent do the rules of procedures related to each principle provide the right framework for efficient ways of working?

	The rules of procedures related to this principle enable efficient ways of working...				
	Not at all (1)	To a small extent (2)	To a moderate extent (3)	To a large extent (4)	I don't know (5)
Excellence (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independence (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transparency (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidentiality (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi-sectoral approach (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = Current EXPH member

Or Q2 = Past EXPH member

Or Q2 = EXPH external expert

Or Q2 = National or regional public health authority or agency

Or Q2 = EU public health association

Or Q2 = National public health association

Or Q2 = Think tank

Or Q2 = Academic organisation or institution

Q44 How could the rules of procedure for the EXPH be improved?

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = Current EXPH member

Or Q2 = Past EXPH member

Or Q2 = EXPH external expert

Or Q2 = National or regional public health authority or agency

Or Q2 = EU public health association

Or Q2 = National public health association

Or Q2 = Think tank

Or Q2 = Academic organisation or institution

Q45 Should there be any other principles for the operation of the Panel?

Yes (Please elaborate) (1)

No (2)

I don't know (3)

Display This Question:

If Q2 = Current EXPH member

Or Q2 = Past EXPH member

Q46 Please rate your agreement with the following statements related to collaboration in the panel

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)	I don't know (6)
I am satisfied overall with the collaboration in the EXPH (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have found value in being part of the Panel (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been satisfied with my own role in the Panel (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been satisfied with the role of others (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The collaboration within the EXPH has been efficient (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Q46 = Disagree

Or Q46 = Strongly disagree

Q47 Please elaborate on why you disagree or strongly disagree:

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = International organisation

Or Q2 = Past EXPH member

Or Q2 = National or regional public health authority or agency

Or Q2 = EU public health association

Or Q2 = National public health association

Or Q2 = EU medical association

Or Q2 = National medical association

Or Q2 = Pharmaceutical and medical devices industry or representative association

Or Q2 = Citizens or patients' association

Or Q2 = Think tank

Or Q2 = Academic organisation or institution

Or Q2 = Specialised media

Or Q2 = Other (please describe):

Q48 To what extent have the following topics been clear?

	Not at all clear (1)	To a small extent (2)	To a moderate extent (3)	Very clear (4)	I don't know (5)
The meaning of the opinions (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The purposes of the opinions (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way conclusions were drawn (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The limits of the conclusions' validity (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The relevant uncertainties surrounding opinions (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The organisation and process leading to the opinions (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The rationale for the opinions (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DESSEMINATION_INTRO *Dissemination actions are undertaken for each public opinion, in the form of communication materials, targeted workshops and conferences, lay-language summaries, presentations to the Council Working Party on Public Health, etc.*

Q49 To what extent have dissemination activities been clear and understandable?

(By this we mean that the dissemination actions were clear about the meaning of the opinions

and their purpose; clear about the way conclusions were drawn, the limits of the opinions' validity, and/or the organisation, the drafting process, and the rationale of the opinions)

- Not at all clear and understandable (1)
- To a small extent (2)
- To a moderate extent (3)
- Very clear and understandable (4)
- I don't know (5)

Display This Question:

If Q2 = EU institutional stakeholder

Or Q2 = International organisation

Or Q2 = Current EXPH member

Or Q2 = Past EXPH member

Or Q2 = EXPH external expert

Or Q2 = National or regional public health authority or agency

Or Q2 = EU public health association

Or Q2 = National public health association

Or Q2 = EU medical association

Or Q2 = National medical association

Or Q2 = Pharmaceutical and medical devices industry or representative association

Or Q2 = Citizens or patients' association

Or Q2 = Think tank

Or Q2 = Academic organisation or institution

Or Q2 = Other (please describe):

Q50 To what extent has dialogue and collaboration with third parties during public hearings been transparent?

- Not at all transparent (1)
- To a small extent (2)
- To a moderate extent (3)
- Very transparent (4)
- I don't know (5)

End of Block: Efficiency of the EXPH

Start of Block: Coherence of the EXPH

COHERENCE_INTRO Coherence of the EXPH This section invites you to indicate the extent to which the EXPH complemented and created synergies internally and with other actions outside of the Panel.

Q51 To what extent is the work of the EXPH coherent with the work of other bodies?

	The EXPH has been coherent with the work of this body...				
	Not at all (1)	To a small extent (2)	To a moderate extent (3)	To a large extent (4)	I don't know (5)
EU bodies (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National bodies (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
International bodies (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Display This Question:

If Q51#1 = Not at all

Or Q51#1 = To a small extent

Q52 Please elaborate on why you feel the EXPH has not been coherent with one or more bodies:

Q53 To what extent have the EXPH opinions supported the main DG SANTE priorities at the time of its implementation (2014-2019)?

The EXPH opinions supported this DG SANTE policy priority...

	Not at all (1)	To a small extent (2)	To a moderate extent (3)	To a large extent (4)	I don't know (5)
Promote health, prevent diseases, and foster supportive environments for healthy lifestyles (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protect citizens from serious cross-border health threats (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support public health capacity building and contribute to innovative, efficient and sustainable health systems (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitate access to better and safer healthcare for Union citizens (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better preparedness, prevention and response to human, animal and plant health threats (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost-effective health promotion and disease prevention (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Effective, accessible and resilient healthcare systems in the EU (7)



Increased access to medical expertise and information for specific conditions (8)



Effective EU assessment of medicinal products and other treatment (9)



Stable legal environment and optimal use of current authorisation procedures for a competitive pharmaceutical sector and patients' access to safe medicines (10)



Common Member States' tools and methodologies used for EU health systems performance assessments (11)



A balanced agreement with the US on pharmaceutical products and in SPS area (12)

Q54 To what extent do the EXPH opinions support the current DG SANTE priorities (2020-2024)?

	The EXPH opinions support this DG SANTE priority...				
	Not at all (1)	To a small extent (2)	To a moderate extent (3)	To a large extent (4)	I don't know (5)
Diminishing the impact of cancer in Europe (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients' access to safe, innovative and affordable medicines and medical devices (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective response coordination of serious cross-border health threats (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More effective, accessible and resilient health systems (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q55 To what extent do the EXPH opinions support the your / your organisations priorities?

- Not at all (1)
- To a small extent (2)
- To a moderate extent (3)
- To a large extent (4)
- I don't know (5)

End of Block: Coherence of the EXPH

Start of Block: Conclusion

CONCLUSION_INTRO We may wish to discuss some of the issues you have raised further. If you would be happy for us to contact you for a brief interview on this issue, we would be grateful if you could provide your contact details below. Personal information will be handled and stored securely and shall not be shared with anyone beyond the study team, nor for any other purposes outside of this study.

Q56 If you would like to participate in an interview, please provide your information below:

- First name (1) _____
- Surname (2) _____
- Organisation name (3) _____
- Job title (4) _____
- Email (5) _____
- Telephone number (6) _____

End of Block: Conclusion

A1.5 Thematic analysis

1.1 Thematic analysis

1.1.1 Overview

The 24 opinions by the expert panel were published between 2014-2021.¹ Within the first panel term, covering 2014-2019, 20 of the opinions were published and within the second panel term (since 2020) 4 of the opinions were published.

To understand how the opinions support the EU policy priorities, a thematic analysis was carried out to address:

- To what extent have the EXPH opinions supported the main EU health policy priorities at the time of its implementation (2014-2020)
- To what extent do the EXPH opinions support the current EU health policy priorities (2020-2024)

Initially, an analysis was carried out to map the opinions against the general EU priorities (Table 1.1), but the priorities proved to be too broad to meaningfully map against the opinions.

Table 1.1 European Commission priorities

To what extent have the EXPH opinions supported the main EU health policy priorities at the time of its implementation (2014-2020)	A new boost for jobs, growth and investment
	A connected digital single market
	A resilient Energy Union with a forward-looking climate change policy
	A deeper and fairer internal market with a strengthened industrial base
	A deeper and fairer Economic and Monetary Union (EMU)
	A reasonable and balanced free trade agreement with the United States
	An area of Justice and Fundamental Rights based on mutual trust
	Towards a new policy on migration
	Europe as a stronger global actor
	A Union of democratic change
To what extent do the EXPH opinions support the current EU health policy priorities (2020-2024)	A European Green Deal
	A Europe fit for the digital age
	An economy that works for people
	A stronger Europe in the world
	Promoting our European way of life
	A new push for European democracy

¹ Provided in Annex 1

A subsequent analysis was therefore carried out to map the 24 opinions to the European Commission priorities in health. As shown in Table 1.2, these 16 priorities cover three timeframes: 2014-2015, 2016-2019, and 2020. The priorities in the first two timeframes coincide with the panel's first term and the third timeframe coincides with panel's second term.

Table 1.2 European Commission priorities in health (2014-2020)

Relevant Commission priorities	DG SANTE's specific objectives related to the 3HP spending 2014-2015
Europe 2020 priorities: <ul style="list-style-type: none"> ○ Smart growth ○ Sustainable growth ○ Inclusive growth 	1. Promote health, prevent diseases, and foster supportive environments for healthy lifestyles
	2. Protect citizens from serious cross-border health threats
	3. Support public health capacity building and contribute to innovative, efficient and sustainable health systems
	4. Facilitate access to better and safer healthcare for Union citizens
Relevant Commission priorities (2016-2019)	DG SANTE's specific objectives related to the 3HP spending 2016-2019
A new boost for jobs, growth and investment in the EU	1.1 Better preparedness, prevention and response to human, animal and plant health threats
	1.3 Cost-effective health promotion and disease prevention
	1.4 Effective, accessible and resilient healthcare systems in the EU
	1.5 Increased access to medical expertise and information for specific conditions
A deeper and fairer internal market with a strengthened industrial base	2.1 Effective EU assessment of medicinal products and other treatment
	2.2 Stable legal environment and optimal use of current authorisation procedures for a competitive pharmaceutical sector and patients' access to safe medicines
	2.3 Common Member States' tools and methodologies used for EU health systems performance assessments
A balanced and progressive trade policy to harness globalisation	3.2 A balanced agreement with the US on pharmaceutical products and in SPS area

Relevant Commission priorities	DG SANTE's specific objectives related to the 3HP spending 2020
Promoting our European Way of Life	2.1 Diminishing the impact of cancer in Europe
	2.2 Patients' access to safe, innovative and affordable medicines and medical devices
	2.3 Effective response coordination of serious cross-border health threats
	2.4 More effective, accessible and resilient health systems

To map the European Commission priorities in health against the opinions, the keywords in each of the priorities were searched in each of the opinions. For example, for the priority *Protect citizens from serious cross-border health threats*, 'cross-border' and 'health threat' were used as keywords and for *Facilitate access to better and safer healthcare for Union citizens*, 'access' and 'safe' were used.

As this approach is language based, any opinions which:

- Discuss the priorities in language which is not in line with the phrasing of the priorities will not have been captured.
- Contain the keywords only in background sections of the opinions or only as illustrative examples were not counted. To improve accuracy, manual checks were carried out to ensure that keyword matches were based on the main conclusions and/or recommendations of the opinions.

1.1.2 Opinions published 2014-2019

All twenty opinions published during the first panel term referenced at least one of European Commission priorities in health (2014-2019) and three quarters (8) of the priorities were referenced in one or more of the opinions.

Two opinions each referenced three priorities (*Disruptive Innovation. Considerations for health and health care in Europe* and *Vaccination programmes and health systems in the European Union*) both of which referenced *Promote health, prevent diseases, and foster supportive environments for healthy lifestyles* and *Facilitate access to better and safer healthcare for Union citizens*. The latter priority was also the most supported overall, as nine opinions referenced it. Other highly referenced priorities were:

- *Support public health capacity building and contribute to innovative, efficient and sustainable health systems* (referenced in 8 opinions)
- *Effective, accessible and resilient healthcare systems in the EU* (6 opinions)
- *Promote health, prevent diseases, and foster supportive environments for healthy lifestyles* (5 opinions)

Figure 1.1 European Commission priorities in health (2014-2019) mapped to the 20 first panel term opinions (2014-2019)

Priorities in health: 2014-2015			
1. Promote health, prevent diseases, and foster supportive environments for healthy lifestyles	2. Protect citizens from serious cross-border health threats	3. Support public health capacity building and contribute to innovative, efficient and sustainable health systems	4. Facilitate access to better and safer healthcare for Union citizens
5		8	9

Priorities in health: 2016-2019							
1.1 Better preparedness, prevention and response to human, animal and plant health threats	1.3 Cost-effective health promotion and disease prevention	1.4 Effective, accessible and resilient healthcare systems in the EU	1.5 Increased access to medical expertise and information for specific conditions	2.1 Effective EU assessment of medicinal products and other treatment	2.2 Stable legal environment and optimal use of current authorisation procedures for a competitive pharmaceutical sector and patients' access to safe medicines	2.3 Common Member States' tools and methodologies used for EU health systems performance assessments	3.2 A balanced agreement with the US on pharmaceutical products and in SPS area
1	1	6	2				1

1.1.3 Opinions published 2020 onwards

All opinions published within the second panel term referenced at least one of European Commission priorities in health (2014-2020). The opinion *The organisation of resilient health and social care following the COVID-19 pandemic* referenced 5 of the priorities, including 2 of the 2020 priorities. The opinion *Supporting mental health of health workforce and other essential workers* was the only opinion published within the second panel term which did not reference a 2020 priority.

Of the four 2020 priorities, two were supported in the opinions published within the second panel term. These were *Effective response coordination of serious cross-border health threats* and *More effective, accessible and resilient health systems* which were each present in two opinions.

Of the opinions published in the second panel term which contained reference to priorities from 2014-2019, *Support public health capacity building and contribute to innovative, efficient and sustainable health systems* was the most referenced appearing in three of the four opinions. The 2014-2019 priority *Protect citizens from serious cross-border health threats* was referenced in two second panel term opinions but not in opinions published during 2014-2019, indicating that it became of significance as a result of the Covid-19 pandemic.

Figure 1.2 European Commission priorities in health mapped to the 4 second panel term opinions (2020 onwards)

Priorities in health: 2014-2015			
1. Promote health, prevent diseases, and foster supportive environments for healthy lifestyles	2. Protect citizens from serious cross-border health threats	3. Support public health capacity building and contribute to innovative, efficient and sustainable health systems	4. Facilitate access to better and safer healthcare for Union citizens
2	2	3	

Priorities in health: 2016-2019							
1.1 Better preparedness, prevention and response to human, animal and plant health threats	1.3 Cost-effective health promotion and disease prevention	1.4 Effective, accessible and resilient healthcare systems in the EU	1.5 Increased access to medical expertise and information for specific conditions	2.1 Effective EU assessment of medicinal products and other treatment	2.2 Stable legal environment and optimal use of current authorisation procedures for a competitive pharmaceutical sector and patients' access to safe medicines	2.3 Common Member States' tools and methodologies used for EU health systems performance assessments	3.2 A balanced agreement with the US on pharmaceutical products and in SPS area
1							

Priorities: 2020			
2.1 Diminishing the impact of cancer in Europe	2.2 Patients' access to safe, innovative and affordable medicines and medical devices	2.3 Effective response coordination of serious cross-border health threats	2.4 More effective, accessible and resilient health systems
		2	2

Annex 1

Opinion number	Title	Mandated	Panel's term
Opinion 1	Definition and Endorsement of Criteria to identify Priority Areas when Assessing the Performance of Health Systems.	2014	2013-2016
Opinion 2	Health and Economic Analysis for an Evaluation of the Public-Private Partnership in Health Care Delivery across Europe	2014	2013-2016
Opinion 3	Definition of a Frame of Reference in relation to Primary Care with a special emphasis on Financing Systems and Referral Systems	2014	2013-2016
Opinion 4	Future EU Agenda on quality of health care with a special emphasis on patient safety	2014	2013-2016
Opinion 5	Competition among health care providers Investigating policy options in the European Union	2015	2013-2016
Opinion 6	Cross-border Cooperation	2015	2013-2016
Opinion 7	Disruptive Innovation. Considerations for health and health care in Europe	2016	2016-2019
Opinion 8	Typology of health policy reforms and framework for evaluating reform effects	2016	2016-2019
Opinion 9	Best practices and potential pitfalls in public health sector commissioning from private providers	2016	2016-2019
Opinion 10	Access to health services in the European Union	2016	2016-2019
Opinion 11	Reflections on hospital reforms in the EU	2016	2016-2019
Opinion 12	Innovative payment models for high-cost innovative medicines	2018	2016-2019
Opinion 13	Tools and methodologies for assessing the performance of primary care	2017	2016-2019
Opinion 14	Benchmarking access to healthcare in the EU	2017	2016-2019
Opinion 15	Vaccination programmes and health systems in the European Union	2018	2016-2019
Opinion 16	Application of the ERN Model in European cross-border healthcare cooperation outside the rare diseases area	2018	2016-2019
Opinion 17	Assessing the impact of digital transformation of health services	2018	2016-2019
Opinion 18	Task shifting and health system design	2019	2016-2019
Opinion 19	Defining Value in "Value Based Healthcare"	2019	2016-2019
Opinion 20	Options to foster health promoting health systems	2019	2019-2022
Opinion 21	The organisation of resilient health and social care following the COVID-19 pandemic	2020	2019-2022
Opinion 22	Public procurement in healthcare systems	2021	2019-2022
Opinion 23	Supporting mental health of health workforce and other essential workers	2021	2019-2022
Opinion 24	European solidarity in public health emergencies	2021	2019-2022

Annex 2

Opinion	Title	Mandated	Panel's Term	1. Promote health, prevent diseases, and foster	2. Protect citizens from serious cross-border health	3. Support public health capacity building and contribute to	4. Facilitate access to better and safer healthcare	1.1 Better preparedness, prevention and response to	1.3 Cost-effective health promotion and disease	1.4 Effective, accessible and resilient healthcare systems in	1.5 Increased access to medical expertise	2.1 Effective EU assessment of medicinal products and	2.2 Stable legal environment and optimal use of	2.3 Common Member States' tools and methodology	3.2 A balanced agreement with the US	2.1 Diminishing the impact of cancer in Europe	2.2 Patients' access to safe, innovative and	2.3 Effective response coordination of serious cross-border	2.4 More effective, accessible and resilient health	Total
Opinion 1	Definition and Endorsement of Criteria to identify Priority Areas when Assessing the Performance of Health Systems.	2014	2013-2016	1			1													2
Opinion 2	Health and Economic Analysis for an Evaluation of the Public-Private Partnership in Health Care Delivery across Europe	2014	2013-2016			1														1
Opinion 3	Definition of a Frame of Reference in relation to Primary Care with a special emphasis on Financing Systems and Referral Systems	2014	2013-2016			1	1													2
Opinion 4	Future EU Agenda on quality of health care with a special emphasis on patient safety	2014	2013-2016				1													1
Opinion 5	Competition among health care providers Investigating policy options in the European Union	2015	2013-2016				1													1
Opinion 6	Cross-border Cooperation	2015	2013-2016			1	1													2
Opinion 7	Disruptive Innovation. Considerations for health and health care in Europe	2016	2016-2019	1		1	1													3
Opinion 8	Typology of health policy reforms and framework for evaluating reform effects	2016	2016-2019	1						1										2
Opinion 9	Best practices and potential pitfalls in public health sector commissioning from private providers	2016	2016-2019			1														1
Opinion 10	Access to health services in the European Union	2016	2016-2019	1						1										2
Opinion 11	Reflections on hospital reforms in the EU	2016	2016-2019			1														1
Opinion 12	Innovative payment models for high-cost innovative medicines	2018	2016-2019			1	1													2
Opinion 13	Tools and methodologies for assessing the performance of primary care	2017	2016-2019							1										1
Opinion 14	Benchmarking access to healthcare in the EU	2017	2016-2019				1													1
Opinion 15	Vaccination programmes and health systems in the European Union	2018	2016-2019	1			1	1												3
Opinion 16	Application of the ERN Model in European cross-border healthcare cooperation outside the rare	2018	2016-2019								1									1
Opinion 17	Assessing the impact of digital transformation of health services	2018	2016-2019							1				1						2
Opinion 18	Task shifting and health system design	2019	2016-2019							1										1
Opinion 19	Defining Value in "Value Based Healthcare"	2019	2016-2019							1										1
Opinion 20	Options to foster health promoting health systems	2019	2019-2022			1				1										2
				5	0	8	9	1	1	6	1	0	0	1	0	0	0	0	0	0

Annex 3

Opinion	Title	Mandated	Panel's Term	1. Promote health, prevent diseases, and foster supportive environments for healthy	2. Protect citizens from serious cross-border health threats	3. Support public health capacity building and contribute to innovative, efficient and sustainable	4. Facilitate access to better and safer healthcare for Union citizens	1.1 Better preparedness, prevention and response to human, animal and plant health	1.3 Cost-effective health promotion and disease prevention	1.4 Effective, accessible and resilient healthcare systems in the EU	1.5 Increased access to medical expertise and information for specific	2.1 Effective EU assessment of medicinal products and other treatment	2.2 Stable legal environment and optimal use of current authorisation procedures	2.3 Common Member States' tools and methodologies used for EU health systems	3.2 A balanced agreement with the US on pharmaceutical products and in SPS	2.1 Diminishing the impact of cancer in Europe	2.2 Patients access to safe, innovative and affordable medicines and medical	2.3 Effective response coordination of serious cross-border health threats	2.4 More effective, accessible and resilient health systems	Total	
Opinion 21	The organisation of resilient health and social care following the COVID-19 pandemic	2020	2019-2022	1	1	1												1	1	5	
Opinion 22	Public procurement in healthcare systems	2021	2019-2022			1														1	2
Opinion 23	Supporting mental health of health workforce and other essential workers	2021	2019-2022	1																	1
Opinion 24	European solidarity in public health emergencies	2021	2019-2022		1	1		1										1			4
				2	2	3	0	1	0	0	0	0	0	0	0	0	0	0	2	2	

A1.6 Interview guides

Topic guides for targeted interviews

The interviews will be used to explore specific points that the interviewees will be able to address/are knowledgeable about, rather than covering all aspects (assessment areas). Hence, these topic guides only form the basis of discussions, and need to be tailored based on each interviewee's experience. The stakeholder groups covered in these consultations and their relationships to the EXPH are describes in Table 1.1 below. We have identified six main stakeholder groups to consult.

- EU institutions
- International organisations
- EXPH members (current and former)
- EXPH external experts
- Intended users of the opinions/ groups which may interact with the EXPH (and its outputs):
 - National and regional public health authorities and agencies;
 - EU and national public health associations;
 - EU and national medical associations;
 - Pharmaceutical and medical devices industry and their representative associations;
 - Citizens and patients' associations;
 - Relevant think tanks and academic organisations or institutions;
 - Specialised media
- All other stakeholder categories

Prior to each interview, the interviewer needs to undertake some background work to understand the relationship of the interviewee with the EXPH and tailor the relevant questions. This background group will help understand:

- Stakeholder group they represent
- Their relationship with the panel and specific opinions

Please find [here](#) the link to the EXPH Study Proposal where you can find the background section (pages 6 to 24) – this will help you understand what the EXPH is and how it works (objectives, establishment, secretariat, composition, working principles and rules of procedure, opinions produced).

Once your notes from the interview are completed and reviewed, please add them in [this](#) mapping template.

Table 1.1 Relevant stakeholders and their relationship with the EXPH, and interest in the study.

Category	Relationship with, and interest in the EXPH
EU institutional stakeholders	<p>DG SANTE is the secretariat of the EXPH, but also the entity that set up the Panel originally.</p> <p>Engaging with relevant contacts within DG SANTE and a number of other related DGs will therefore allow us to collect first-hand information on the EXPH (for example, on its relevance, its ways of working and rules of procedure, as well as on what works well and areas for improvement).</p> <p>In addition, EU institutional stakeholders are the decision-making bodies of the European Union and their agencies. They create legislations, policies, and recommendations for the Member States and support their implementation. Therefore, they are particularly interested in opinions issued by the EXPH, which include evidence and recommendations on how best to develop policies that improve health systems.</p>

Category	Relationship with, and interest in the EXPH
	It will therefore be useful to engage with EU institutional stakeholders, for example to see the extent to which they are using the EXPH opinions.
International organisations	<p>International organisations focusing on public health may make use of the EXPH opinions (e.g. as part of research on health systems, when developing recommendations/policy aiming to improve health systems etc.).</p> <p>It will therefore be useful to engage with them, for example to see the extent to which they are using the EXPH opinions.</p>
EXPH members	<p>EXPH members are the ones who produce opinions and other EXPH outputs.</p> <p>They are therefore a key stakeholder group for our study, as they will be able to provide first-hand information on the EXPH (for example, on its ways of working and rules of procedure, as well as on what works well or not so well).</p>
EXPH external experts	EXPH external experts advise and support the EXPH members on some of the opinions they issue. Similarly to EXPH members, they are therefore a key stakeholder group for our study, as they will be able to provide first-hand information on the EXPH (for example, on its ways of working and rules of procedure, as well as on what works well or not so well).
<i>Intended users of the opinions/ groups which may interact with the EXPH</i>	
National and regional public health authorities and agencies	Public health authorities and agencies have the national or regional competence of health systems among EU countries. Their vision is important to understand their country's needs, improvements, and steer actions. Public health authorities and agencies are therefore likely to take interest in and actively follow the work of the EXPH. It will therefore be useful to engage with them as part of this study, for example to see the extent to which they are using the EXPH opinions and to gather their views on the EXPH's relevance and effectiveness.
EU and national public health associations	Public health associations contribute to improving health and health services through different kinds of actions in the field of health promotion, disease prevention, education, research as well as actions relating to planning, management, and health assessment. It will therefore be useful to engage with them, for example to see the extent to which they are using the EXPH opinions.
EU and national medical associations	Medical associations represent the healthcare professionals and service providers who work in the different health systems. The EXPH issues opinions that may impact the way they work (e.g. implement recommendations), and that they may disseminate among their members. It will therefore be interesting to engage with this stakeholder group as part of the study, to collect their views on the EXPH's effectiveness and relevance, as well as on the impacts of EXPH opinions.
Pharmaceutical and medical devices industry and their representative associations	The industry develops, produces and distributes medical devices and medicinal products across the EU. The EXPH issues opinions that may impact the way they work. It will therefore be interesting to engage with this stakeholder group as part of the study, to collect their views on the EXPH opinions and their impacts.
Citizens and patients' associations	Citizens and patients' associations are the service users who are directly impacted by changes in health systems. They will therefore have an interest in the work of the EXPH (as the Panel aims to improve health systems). It will be interesting as part of this study to understand what their views are on the EXPH's relevance and effectiveness.
Relevant think tanks and academic organisations or institutions	Think tanks and academic organisations support policy-/ decision- makers by providing evidence in the policy-making process. They will therefore likely have an interest in the work of the EXPH and have an opinion on its relevance and effectiveness, which will be interesting to understand as part of this study.
Specialised media	Specialised media are communication media that echo the outputs of the EXPH. They will therefore have some opinions on how the EXPH is working or could be improved. It will be interesting to engage with them as part of the study to collect these viewpoints.
Other relevant stakeholders	<p>Other relevant stakeholders include EU-level expert groups, working parties, committees and projects who focus on topics similar to the EXPH's areas of interest (e.g. public health services and systems, social inclusion etc.).</p> <p>It will be interesting to consult them, for example to understand if/ how they have engaged with the EXPH and understand the level of coherence of the EXPH.</p>

Category	Relationship with, and interest in the EXPH
	This category also includes EU-level civil society who focus on the EXPH's areas of interests. Again, it will be useful to engage with them to get their views on the EXPH.

1.2 Introduction

1.2.1 Purpose and scope of the evaluation

Interviewer to introduce themselves, the objectives of the study and the purpose of conducting this interview.

The European Commission's Directorate General for Health and Food Safety (DG SANTE) has commissioned ICF, to conduct an **evaluation study of the work of the Expert Panel on effective ways of investing in health (EXPH)**.

The aim of the study is to provide to provide an independent and evidence-based evaluation of the EXPH's relevance, effectiveness, efficiency and coherence. We aim to do this by assessing the current format, the rules of procedure and working methods, the relevance of the EXPH by assessing the impact of the opinions of the EXPH to date, whether and how the priorities and objectives of the EXPH address needs and problems in society, including the ways opinions are used by relevant stakeholders promoted. We will also explore how the EXPH complemented and created synergies internally and with other actions outside of the Panel.

As part of the evaluation, we are gathering opinions, feedback and data from key stakeholders at EU, national and international level. This interview forms part of this effort.

The interview covers four main sections: one for each of the evaluation criteria listed mentioned earlier (relevance, effectiveness, efficiency, coherence of the EXPH).

1.2.2 Method of study

Interviewer to introduce method for the study evaluation below

Figure 1.2 Summary of EXPH evaluation method

The evaluation of the EXPH consist of the following activities:

- Desk review of existing sources
- In-depth review of a selection of EXPH outputs.
- A series of targeted consultations (targeted surveys, targeted interviews, focus groups).

1.2.3 Consent to take part in interview

We would like to assure you that everything that is said during the interview will be anonymised and will only be used to inform the study. Information and quotes will not be attributed to organisations and/or individuals.

1. **Do you consent to the conversation being recorded for the purposes of note-taking? The recording will then be deleted.**

1.3 Stakeholder background and involvement

Introductory questions [ALL]

2. Could you please introduce yourself and **briefly** explain how your organisation and your role relates to the work of the EXPH?

Note for interviewer: This question is necessary to determine how familiar the interviewee is with the EXPH (helping to filter out irrelevant questions).

Prompt:

- How familiar are you with the EXPH?
- Do you consult any of their outputs as part of your work?

Table 1.2 Interviewer to fill in this table

Participant name	
Participant organisation	
Interviewer name	
Date and time of interview	
Consent to record	

1.4 Relevance of the EXPH

[For all respondent groups]

1. [Q1.1] Do you think that the establishment EXPH was appropriate with the EU Public health landscape/needs when it was first established in 2012?

Prompt:

- The establishment of the Expert Panel was aligned with the objectives of the Second Health programme on generation and disseminating health information and knowledge
- Cooperation across the Union was deemed necessary to share experiences and information about good practices

[Follow up for EU institutions only]

a. The EXPH's mandate was originally intended to apply until 2015, however since, the mandate has been renewed twice. What, in your opinion were the main reasons for such a renewal?

Prompts:

- The panel was still best placed to serve as a mechanism to further develop cross-country knowledge and expertise of health systems to inform policies at national and EU level.
- The panel's expertise remained relevant to provide advice on effective ways to invest in health benefiting from the expertise available
- The advice provided so far by the panel has proven to be an effective tool for generating and dissemination of health information and knowledge

- The advice produce by the Expert Panel contributes to the attainment of the objectives of the EU Health Programmes

[For all respondents]

2. [Q1.2] Do you think the topics identified by the EXPH have been relevant given the needs and context over time?

- a. If yes, can you explain/provide examples why?

<u>List of opinions</u>	Year
Definition and Endorsement of Criteria to Identify Priority Areas When Assessing the Performance of Health Systems	2014
Health and Economic Analysis for an Evaluation of the Public-Private Partnerships in Health Care Delivery across Europe	2014
Definition of a frame of reference in relation to primary care with a special emphasis on financing systems and referral systems	2014
Future EU Agenda on quality of health care with a special emphasis on patient safety	2014
Competition among health care providers in the European Union - Investigating policy options	2015
Cross-border Cooperation	2015
Disruptive Innovation. Considerations for health and health care in Europe	2016
Memorandum - Reflections on hospital reforms in the EU	2016
Access to health services in the European Union	2016
Best practices and potential pitfalls in public health sector commissioning from private providers	2016
Typology of health policy reforms and framework for evaluating reform effects	2016
Benchmarking access to healthcare in the EU	2018
Tools and methodologies for assessing the performance of primary care	2018
Innovative payment models for high-cost innovative medicines	2018
Vaccination programmes and health systems In the European Union	2018
Application of the ERN model in European Cross-border healthcare cooperation outside the rare diseases area	2018
Assessing the impact of digital transformation of health services	2019

List of opinions	Year
Application of the ERN model in European Cross-border healthcare cooperation outside the rare diseases area	2019
Assessing the impact of digital transformation of health services	2019
Task shifting and health system design	2019
Defining value in 'Value-based healthcare'	2019
Options to foster Health Promoting Health Systems	2019
Organisation of resilient health and social care following the COVID-19 pandemic	2020
Public procurement in healthcare systems	2021
Supporting mental health of health workforce and other essential workers	2021
European solidarity in public health emergencies	2021

[For EU and national public health associations (if they represent healthcare professionals) / EU and national medical associations only]

3. [Q1.2 / 3.1] Do you think that the work delivered by the EXPH is in line with the priorities and needs of your organisation?

- a. [If yes] Can you explain why?
- b. [If not] Can you describe why?

[For EU and national public health associations (if they represent patients' citizens) / EU and national medical associations if they represent patients / Citizens and patients' associations only]

4. [Q1.2 / 3.1] Do you think that the work of the EXPH is relevant for supporting policy change on issues important to healthcare professionals, EU citizens and patients?

- a. [If yes] Can you explain why?
- b. [If not] Can you describe why?

[For National and regional public health authorities and agencies only]

5. [Q1.2 / 3.1] Do you think that the work of the EXPH is aligned / responds to your national needs?

- a. [If yes], Can you give examples.
- b. [If not], Can you describe why?
- c. Follow up question: To what extent does the work of the EXPH support policy change in the health sector in your country?

[For all respondent groups]

6. [Q1.3] Considering various changes in the public health sector (e.g., Covid-19 crisis, emerging cross-border health threats) has the EXPH remained relevant as an advisory group ?

- a. Has the EXPH being able to produce opinions that are timely?

[For all respondent groups]

7. [Q2.1] (Ask the following questions If the interviewee does not find the EXPH relevant (based on the responses to Q. 1.3) **Can you explain the main reasons why you did not find the work delivered by the Expert Panel relevant?**

Prompts:

- The topics addressed by the EXPH are not relevant
- Generalisation of opinions' conclusions, not specific to relevant stakeholders to then be taken up
- Lack of interaction with relevant stakeholder groups in the process of producing the Opinions
- Outputs produced are not useful to accelerate policy change

QUESTIONS ABOUT THE OPINIONS

[For all respondent groups except EXPH current and past members / EXPH external experts]

8. [Q3.1] **Which opinion**, (based on the list provided above) **do you/does your organisations or those who you represent find the most useful? And how?**

Prompts:

- Contributes to policy implementation
 - Contributes to increase the awareness and visibility of relevant topics in relation to health systems across the EU
- a. [If yes], Do you / does your organising or those you represent use the opinions?
- b. Can you name the opinions that you have found to be the most useful?
- c. [If no] Are you aware of other stakeholders that use them?

[For all respondent groups except EXPH current and past members / EXPH external experts]

9. [Q7.1 / Q.8.1 effectiveness] **In your view what are the potential outcomes or impacts that the Opinions you just mentioned (previous question) have contributed to?**

- Outcome: Provision of independent multisectoral evidence and advice on relevant topics;
- Impacts: Advice from the EXPH is taken up / followed at EU/national level
- Impacts: Increased knowledge by intended audiences on topics / areas to improve national health systems
- Outcome: Provision of a mechanism that further promotes/develops cross-country knowledge;
- Impacts: Opinions incentivise policy change at national level
- Impacts: Measures that work well in certain national/regional settings are adopted elsewhere (and health systems improve)
- Outcome: Evidence is exchanged and promoted across relevant stakeholder groups directly working on health systems' change

[For all respondent groups except EXPH members / EXPH external experts / Specialised media]

10. [Q8.1] The opinions you mentioned in Q8 prescribe a set of recommendations. Have you implemented these recommendations?

- a. [If yes] What were the most relevant opinions / topics implemented?
- b. Can you describe how the recommendations have been implemented / taken up?
- c. [If no] Are you aware of others that uptake these recommendations? [If yes] Who are they?

[For all respondent groups except EXPH members / EXPH external experts / Specialised media]

11. [Q9.1] Do you refer back to past recommendations in the context of your work?

- a. [If yes] Can you indicate the topic you have referred back? What were the reasons motivating it?

Prompts;

- Access to quality healthcare
- Cross-border issues and cooperation
- Disease prevention
- Health promotion
- Health systems performance
- Health system financing
- Health system reform
- Healthcare workforce
- Healthcare providers

[For EU institutional bodies / International organisations / EU and national public health associations / national and regional public health authorities and agencies]

12. [3.1] Are the opinions you mentioned useful in relation to EU policy making and national/local policy making?

13. [Q3.2] [Based on previous questions if the interviewer senses that the respondent's does not find the opinions relevant] How can the EXPH be better equipped to produce more relevant opinions considering the changing public health landscape?

Prompts:

- The Number/diversity of experts involved
- How stakeholders are involved in the preparation of the opinions
- Further collaboration with other institutions is needed
- How the opinions are disseminated amongst its intended users
- The opinions should explore more foresight-oriented work
- The focus of the opinions should be more on timely topics selected by national authorities

[For all respondent groups except EXPH current and past members / EXPH external experts]

14. [Q4.1] What is your understanding of the purpose of the recommendations that the Opinions propose?

Prompts:

- Recommendations prescribe are specific recommendations
- Recommendations are measurable
- The expected outcomes of the recommendations are attainable / achievable?

[For all respondent groups except EXPH members / EXPH external experts]

15. [Q12.3] In your view are the Opinions clear and comprehensible?

- a. Can you elaborate on the motives of your response?

Prompts:

- Meaning of the opinions and their purpose
- The organisations of the opinion
- The rationale of the opinions
- How the conclusions are drawn in each opinion
- The options validity has a limit opinions' validity
- The organisation and process leading to the opinion

[For all respondent groups]

16. [Q12.3] Dissemination actions are undertaken for each public opinion, in the form of communication materials, targeted workshops and conferences, lay-language summaries, presentations to the Council Working Party on Public Health, etc.

- a. Have dissemination activities being clear to you?
- b. Do you consider that these dissemination activities enough to reaching the right targets?
- c. [If no] What could be improved? What other channels could be used?

Prompt:

- Any actions the European should take/support to improve the dissemination

[For all respondent groups except EXPH members (current and former)
Specialised media]

17. [Q12.4] Prior to the finalisation of each opinion, the panel hosts a public hearing where the draft opinion is presented to stakeholders. Have you ever attended a public hearing?

- a. [If yes] Do you think that the discussions and the dialogue established in these hearings have been transparent?
- b. Is it transparent to you how the feedback from these hearings is addressed in the final opinion?
- c. [If no] What are the motives/concerns for not participating in these public hearings?

QUESTIONS ABOUT THE OPINIONS EXPH members and experts

[The following four questions are only to be asked to EXPH members (past and current) EXPH external experts]

18. [Q3.1] In your view, how useful are the main outputs of the EXPH (the opinions) in supporting policy change in the area health at EU, national and/or regional level?

- The opinions contribute to policy implementation
- The opinions contribute to policy discussions
- The opinions contribute to increasing the awareness and visibility of relevant topics in relation to health systems across the EU
- a. Who do you think are the stakeholders that find the opinions most useful?
- b. Thinking about specific opinions, are there any that have been particularly successful and useful (used by various stakeholder groups)?

19. [Q3.2] How satisfied are you with the resulting outputs of the EXPH? What could have been better done in order to better inform the policy change across the EU?

Prompts:

- Improve the rules of procedure to support better drafting/development of Opinions
- Increase interaction with other relevant stakeholder groups during the process of drafting Opinions
- Revise the involvement of DG SANTE in the process of drafting Opinions
- Improve the development and dissemination of Opinions across the EU

20. [Q7.1 / Q.81 effectiveness] In your view what are the potential outcomes or impacts that the Opinions produced by the EXPH have contributed to?

- Outcome: Provision of independent multisectoral evidence and advice on relevant topics;
- Impacts: Advice from the EXPH is taken up / followed at EU/national level
- Impacts: Increased knowledge by intended audiences on topics / areas to improve national health systems
- Outcome: Provision of a mechanism that further promotes/develops cross-country knowledge;
- Impacts: Opinions incentivise policy change at national level
- Impacts: Measures that work well in certain national/regional settings are adopted elsewhere (and health systems improve)
- Outcome: Evidence is exchanged and promoted across relevant stakeholder groups directly working on health systems' change

21. [Q12.4] Prior to the finalisation of each opinion, public hearings are hosted by the panel where the draft opinion is presented to stakeholders. Do these events facilitate your work in finalising the opinions and collecting relevant insights from the stakeholders?

- a) Is there any change you would like to suggest in the way these events are organised?

1.5 Effectiveness

[For EXPH members / EXPH external experts]

22. [Q5.1] What are your views on the European Commission's involvement in commenting on / fact checking draft opinions? How does this European Commission role impacts on the independence of the Expert Panel?

23. [Q5.1] In your opinion, does the Expert Panel achieve its objectives? What are the impeding factors in the achievement of the objectives?

24. [Q5.1] Are you satisfied in the way the opinions are used / implemented? How could this be improved?

[For all respondent groups except EXPH members / EXPH external experts / Specialised media]

25. [Q5.2] From your perspective and of those who you represent, did the opinions produced helped improve your knowledge or expertise of the topics covered by the panel?

a. If so, are there any opinions that are more/least useful?

Prompts:

- Access to quality healthcare
- Cross-border issues and cooperation
- Disease prevention
- Health promotion
- Health systems performance
- Health system financing
- Health system reform
- Healthcare workforce
- Healthcare providers
- Innovation in health

b. Overall, do you think the EXPH's work plays an important role in increasing the interest / political attention on the topics covered?

[For National and regional public health authorities only]

c. Have the opinions facilitated discussions at National level?

d. [If yes] Do you consider that exchanges and policy discussions in relation to health systems are encouraged through the EXPH's work?

[For all respondent groups except EXPH members / EXPH external experts / Specialised media]

26. [Q.5.3] What is your opinion about the ability of the EXPH to boost evidence exchange and discussion in relation to health systems across the EU?

1.6 Efficiency

[For EU institutional stakeholders (directly involved in working of EXPH based) / EXPH members (past and current) / EXPH external experts]

27. [Q10.1/10.2] Would you define EXPH's rules of procedures as efficient?

a. [If yes] In your opinion, what are the main aspects that enable the EXPH to work well?

Prompts:

- Role and ways of working of the Secretariat
 - Election of Chair and Vice-Chair, their role and replacement
 - Mandates (topics covered, way questions are phrased, quality of prior information presented etc.)
 - Designation and role of rapporteurs
 - Establishment and role of working groups
 - Selection of external experts to participate in Working Groups
 - Meetings
 - Format and content of opinions
 - Minority opinions
 - Rapid advice and accelerated procedure
 - The voting rules
 - Co-operation with other scientific bodies
- b. What are those aspects that hinder efficient ways of working?
- c. How could these aspects been improved to have an efficient rule of procedures?
- d. [If no / those that hinder the functioning of the Panel] What changes in the rules of procedures could improve the efficiency in the way the Panel works?

[For EU institutional stakeholders (/ EXPH members (past and current) / EXPH external experts / International Organisations]

28. [Q10.3] The EXPH operates under five principles (excellence, independency, transparency, confidentiality, and to have a multi-sectoral approach).

- a. To what extent each of these principles remains appropriate? Should they be refined?
- b. [Q.10.4] Regarding each of the principles. Do you think the current rules of procedures provide the right support to work efficiently?
- c. [Q.10.6] Should there be any other and new principles for the operation of the panel? If so, what type, can you describe?

[For past EXPH members and EXPH external experts or EU institutional stakeholders]

29. [Q11.2] How would you describe your experience collaborating with the Panel?

Prompts:

- Satisfactory
- Unsatisfactory
- Inadequate
- Improvable

- a. What do you think has contributed to an efficient collaboration?

Prompts:

- Participation was valuable
 - The collaboration was efficiently organised
 - Your Individual role was satisfactory
 - The role of others was satisfactory
- b. [of those mentioned] Can you further elaborate?

30. [Q11.3] In what ways could the EXPH be changed so that the collaboration within the panel is improved?

Prompts:

- Changes in the quality/ frequency of communications
- The collaboration channels used
- Changes in the number/ frequency of meetings
- Using a different format/ organisation of meetings

EXPH members (past and current) / EXPH external experts]

31. How could you describe your experience about the internal work process of the panel in producing the different outputs?

Prompts:

- Satisfactory
 - Unsatisfactory
 - Inadequate
 - Improvable
- a. What do you think has contributed to an efficient process?

Prompts:

- Plenary meetings
 - Drafting/working groups
 - Public hearings
 - External events
 - Factsheets
- b. In your opinion do all the outputs of the EXPH add value? Which ones add the most value?

Prompts:

- Plenary meetings
 - Drafting/working groups
 - Public hearings
 - External events
 - Factsheets
- c. Thinking about external factors, what do you think about the European Commissions' involvement in commenting on / fact checking draft opinions?
- d. Where is there room for improvement?

[For EU institutional stakeholders (directly involved in working of EXPH based)

32. How could you describe your experience about the work process of the EXPH in producing the different outputs?

Prompts:

- Satisfactory
 - Unsatisfactory
 - Inadequate
 - Improvable
- a. What do you think has contributed to an efficient process?

Prompts:

- Plenary meetings
 - Drafting/working groups
 - Public hearings
 - External events
 - Factsheets
- b. Where is there room for improvement?

1.7 Coherence

[For all respondent groups except Specialised media]

33. [Q.13.1] What is your opinion on the alignments / synergies of work of the EXPH with the work carried out at national, EU and international level?

Prompts:

- the Council Working Party on Public Health?
 - the Expert Group on Health Systems Performance Assessment (HSPA)?
 - the Economic Policy Committee and the Social Protection Committee?
 - the European Observatory on Health Systems and Policies?
 - the TO-REACH project?
 - the OECD work?
- a. [If no] what factors have caused these gaps or inconsistencies?
- b. How could these inconsistencies have been avoided in the future?

[For all respondent groups except Specialised media / EXPH members / EXPH external experts]

34. [Not in AF] To what extent is the work of the EXPH coherent with the work of your organisation/ institution?

- a. Where have there been synergies?
- b. Where there has been a lack of coherence (e.g., inconsistencies, duplications or contradictions), what has caused this?

[For EU institutional stakeholders, EXPH members, international organisations, EU public health associations, EU medical associations, Citizens and patients' associations, Relevant think tanks and academic organisations or institutions.]

35. [Q14.1] Do you believe the EXPH opinions supported EU policy priorities at the time implementation (2014-2019)?

Table 1.3 Past DG SANTE's priorities (interviewer to share in interview chat for reference)

2014-2015	2016-2019
<ul style="list-style-type: none"> ■ Promote health, prevent diseases, and foster supportive environments for healthy lifestyles ■ Protect citizens from serious cross-border health threats ■ Support public health capacity building and contribute to innovative, efficient and sustainable health systems ■ Facilitate access to better and safer healthcare for Union citizens 	<ul style="list-style-type: none"> ■ Better preparedness, prevention and response to human, animal and plant health threats ■ Cost-effective health promotion and disease prevention ■ Effective, accessible and resilient healthcare systems in the EU ■ Increased access to medical expertise and information for specific conditions ■ Effective EU assessment of medicinal products and other treatment

2014-2015	2016-2019
	<ul style="list-style-type: none"> ■ Stable legal environment and optimal use of current authorisation procedures for a competitive pharmaceutical sector and patients' access to safe medicines ■ Common Member States' tools and methodologies used for EU health systems performance assessments ■ A balanced agreement with the US on pharmaceutical products and in SPS area

Prompt:

- a. Was there a specific time / opinion that did not?

[For all respondents]

36. [Q.14.2] How about current priorities, do the EXPH opinions support the current EU health policy priorities (2014-2024)? Why?

Table 1.4 Current DG SANTE's priorities (interviewer to share in interview chat for reference)

2020-2024
<ul style="list-style-type: none"> ■ Diminishing the impact of cancer in Europe ■ Patients' access to safe, innovative and affordable medicines and medical devices ■ Effective response coordination of serious cross-border health threats ■ More effective, accessible and resilient health systems

1.8 Looking forward

[For all respondent groups except Specialised media]

37. In your view, do you think there is there still a need to have such Panel to support the Commission in providing independent and sound advice on effective ways of investing in health?

- a. If so, what kind of changes to its mandate or current rules of procedure would make it more relevant and impactful (EXPH in its current format)?
- b. Do you have any other ideas by which the Commission would otherwise be able to ensure relevant, independent, and sound advice on effective ways of investing in health in a timely manner (an EXPH equivalent, or new format/initiative)?

1.9 Conclusions

Thank you very much for participating in the interview and for providing your feedback on the Panel. Before we finish, can I ask:

38. Is there anything else you would like to mention?

1.10 Follow-up questions (by email)

39. Do you have any useful documents you can share with us that we have discussed?

40. Can you recommend any other stakeholders we should consult with?



Evaluation study of the work of the Expert Panel on effective ways of investing in health (EXPH)

Synopsis Report

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October 2022



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Directorate-General for Health and Food Safety

Directorate C - Digital, EU4Health and Health Systems Modernisation

Unit C2 - State of Health, European Semester, Health Technology Assessment

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Evaluation study of the work of the Expert Panel on effective ways of investing in
health (EXPH)

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1 Introduction

2 Approach to the consultation

The objective of the consultations was to collect qualitative and quantitative information from stakeholders on their views of the Expert Panel on effective ways of investing in health (EXPH), with the aim of supporting the evaluation of the Panel's relevance, effectiveness, efficiency, and coherence. The consultation activities have been planned and carried out in accordance with the Better Regulation Guidelines, although this study is not in the scope of the Better Regulation framework. All consultations have been agreed with DG SANTE. Consultations have included a survey (n=72), interviews (n=22), and two focus groups.

2.1 Stakeholder selection

Consultation activities targeted a wide range of stakeholders, encompassing those directly involved in the work of the EXPH, those who benefit from its work, and those who have an interest in it. Twelve stakeholder groups were identified by the study team: EU institutional stakeholders; international organisations; current EXPH members, past EXPH members, and EXPH external experts; national or regional public health authorities or agencies; EU and national public health associations; EU and national medical associations; pharmaceutical and medical devices industry or representative associations; citizens or patients' associations; think tanks; academic organisations or institutions; specialised media; and other stakeholders.

Stakeholders were identified through desk research to collate publicly available contact names and email addresses from the websites of the identified organisations and through other desk review sources. ICF made use of its extensive experience in consulting relevant stakeholders for EU public health evaluations; reviewed the summary reports of the EXPH's public hearings to identify organisations that attended; and reviewed opinions produced by the EXPH to identify external experts.

The stakeholder mapping was updated during the study. In some cases, the study team asked for assistance from DG SANTE to review the list: to ensure it complied with their understanding of the EXPH stakeholders, to identify missing stakeholders and/or fill gaps in the contact details. DG SANTE also shared the contact details of stakeholders who had agreed to be contacted for the study.

2.2.1 Advertising the consultations

The study team invited stakeholders to participate in the survey, interviews, and focus groups by sending emails and by following up when required. In order to increase the number of responses, communication around the consultations was brief and informative, clearly outlining the importance of the consultations and encouraging participation, as well as clearly illustrating how to participate.

The first email sent to stakeholders included key details on the study including: (a) purpose of the study and key steps; (b) consent procedures for taking part in the study consultation (it was clearly stated that taking part in this research was voluntary); (c) link to survey; (d) attribution of information (information and quotes were not attributed to individuals, unless explicitly approved); and (e) audio-recording of the interviews and focus groups (for accuracy and note-taking purposes, and only with specific consent). This was also accompanied by an accreditation letter from DG SANTE.

Table 1 below details the activities undertaken to increase the response rate to the consultations.

Table 1. – Activities undertaken to advertise the consultations

Consultation method	Activities undertaken
---------------------	-----------------------

Survey	<ul style="list-style-type: none">• Emails from ICF to selected contacts in the database collated by ICF• ICF worked with DG SANTE to identify the most suitable stakeholders for the survey
Interviews	<ul style="list-style-type: none">• Emails from ICF to selected contacts in the database collated by ICF• ICF worked with DG SANTE to identify the most suitable stakeholders for the interviews
Focus groups	<ul style="list-style-type: none">• Emails from ICF to selected contacts in the database collated by ICF• ICF worked with DG SANTE to identify the most suitable stakeholders for the focus groups

2.2.2 Targeted survey

The purpose of the targeted survey was to collect evidence on the views and perceptions of those with direct experience or interest in the EXPH regarding its relevance, effectiveness, efficiency, and coherence. The survey was targeted at those who were directly involved in the operations of the Panel, such as members, former members, and external experts, as well as those who had a stake or interest. ICF produced one questionnaire for all stakeholders, which included tailored alternate sections so as to capture the diversity in knowledge, involvement, and interest in the EXPH of the different groups. The survey thus allowed screening of respondents, who were directed to their relevant sections alongside questions common to all stakeholder groups.

Identification and recruitment of participants

The identification and recruitment of participants to the survey was in line with section 2.1 on stakeholder selection and 2.2.1 on contacting stakeholders.

Conducting the targeted survey

The targeted survey was implemented using ICF's survey platform (Qualtrics). Before participating in the survey, respondents were provided with a privacy statement to ensure they were informed of their rights under the General Data Protection Regulation (GDPR)¹ in relation to the collection and retention of their data and to the fact that their participation was provided on a voluntary basis. The collected personal data and all information related to the consultation were recorded in a secured and protected database hosted at ICF's secure data centre within the European Union. The database is not accessible from outside ICF. Inside ICF, the database can be accessed using a User-ID/Password .

The study team kept the survey open between 2nd June and 11th July 2022. Despite multiple email reminders, there was a lack of response from some stakeholders. DG SANTE also emailed a number of stakeholders identified in the ICF contacts file to encourage participation.

Analysis

The questions asked in the survey covered the key evaluation criteria and the main questions as per Analytical Framework. The analysis included cross-tabulations of closed answer questions, and qualitative analysis of additional textual feedback provided by

1 <https://gdpr-info.eu/>

respondents in open-ended questions. Manual qualitative analysis was used to provide insight into the themes being discussed.

2.2.3. Targeted interviews

Targeted telephone / Teams' interviews aimed to help the study team to understand in more depth the views of stakeholders on the work of the EXPH. The interviews were also used to help us cross-check findings drawn from other data collection tasks and fill gaps in evidence collected through other tasks or where the study team identified contradictory evidence.

Identification and recruitment of participants

The study team selected potential interviewees based on their field of knowledge and expertise, their level of involvement with and / or interest in the Panel, as well as on their likely ability to provide information on key issues of the evaluation. Accordingly, interviewers tailored the questions for each interview to explore specific points, rather than aiming to cover all aspects of the evaluation with each interviewee. In this way, the study team aimed to make maximum and efficient use of the time-constrained consultation period and of the resources available.

Once a stakeholder responded to the invitation, the study team followed up with a high-level summary of topics to be covered in the interviews (topic guide), to allow time for the interviewee to prepare. The study team also followed up by email to schedule a telephone call or virtual meeting (as preferred by the stakeholder) and find a suitable date and time for the interview.

After being invited to the interview, each stakeholder that did not respond to the invitation was contacted up to three additional times. A detailed log of all invited interviewees, contacts and consent was systematically stored on password protected computers, which helped ensure effective and efficient interview scheduling.

Conducting the interviews

The interviews followed a semi-structured topic guide. Each interview was conducted by phone or Microsoft Teams. Each interview lasted approximately 40-60 minutes. The working language of the interviews was English.

Interviews were recorded upon interviewee's consent. Recordings were stored on secure servers during the study to ensure the completeness and accuracy of qualitative and quantitative data collected.

Analysis

A summary of key points was drafted by the interviewer after each interview using the audio-recording to identify specific details and obtain direct quotes where needed. Interview write-ups were analysed thematically in order to match points discussed in each interview to the questions in the study's analytical framework.

2.2.4. Focus groups

The objective of the focus groups was to discuss preliminary findings, emerging from the targeted survey and interviews, and to fill any gaps related to the relevance, effectiveness, efficiency, and coherence of the EXPH's work.

The study team conducted two focus groups:

- one with EXPH members and former members (n=9); and
- one (n=6) with: two representatives of DG SANTE, one representative of EU and national medical associations, an EU think tank, and one regional public health authorities/agencies; and another stakeholder group (Trade union).

Identification and recruitment of participants

For each focus group, the study team aimed to recruit between 5 and 12 participants. Recruiting a minimum of five participants meant that the study team had enough participants to engage in a meaningful discussion and gather sufficient feedback from a variety of stakeholders. Limiting the focus groups to a maximum of 10-12 participants meant that participants would be more comfortable and willing to speak, that each participant could have an opportunity to share insights and observations, and facilitators could more efficiently moderate the discussion so that it stayed on topic.

When a stakeholder responded to the invitation, the study team followed up with an email with further information including the agenda for the focus group. The link to join the focus group and a guidance note were then shared in advance with all attendees. For each focus group, the study team kept a detailed log of all invited participants responses. After being invited to the focus group, each stakeholder that did not respond to the invitation was contacted up to three additional times.

Conducting the focus groups

The focus groups took place virtually, online. The benefit of this was that individuals were able to participate from different locations. The study team conducted the focus groups via Microsoft Teams.

In advance of the focus groups, the study team provided a guidance note to participants so they could consider the topics of the focus group in advance.

The focus groups started with a presentation on the emerging findings from the study to date, and continued with participants being asked the Focus Group questions, which had been agreed with DG SANTE in advance. Each focus group lasted 3 hours.

Analysis

Notes about the discussions were taken by two different note-takers, and they were then summarised in a report for the two focus groups. These reports were organised by evaluation question to enable findings to be easily integrated into the draft final report.

Limitations

A larger number of survey responses would have provided greater detail, but the coverage of stakeholder views was good, with no obvious gaps. Similarly, for the stakeholder targeted interviews and focus groups, not all stakeholder groups were consulted.

3 Overview of contributions

3.1 Targeted Survey

Whilst 92 participants started the survey and provided consent, 19 of these did not complete the initial demographic section, so were removed from the analysis. Resultantly, a sample of 73 respondents remained. Most respondents (16, 22%) were from national or regional public health authorities or agencies, followed by current EXPH members (12, 16%). Six respondents (8%) were EU institutional stakeholders. National public health associations and academic organisations or institutions each had five respondents (7%). Four respondents (5%) were past EXPH members, and the following stakeholder groups each had three respondents (4%): pharmaceutical and medical devices industries or representative associations, international organisations, EU medical associations, and citizens or patients' organisations. Two respondents (3%) were from a national medical association, and there was only one respondent (1%) in each of the following groups: think tanks, specialised media, EXPH external experts, and EU public health associations. The remaining seven respondents (10%) categorised themselves as 'other'. These stakeholders were from an NGO, a hospital, a body representing pharmaceutical industries, a European Commission DG, a notified body (further information was not provided), and an organisation which seeks to 'promote

and implement the EU definition of Value Based HealthCare'. One third of respondents' institutions were headquartered in Belgium. See Table 2, below.

Table 2. Overview of survey respondents

Type of stakeholder	Number of respondents
National or regional public health authorities or agencies	16
Current EXPH members	12
EU institutional stakeholders	6
National public health associations	5
Academic organisations or institutions	5
Past EXPH members	4
Pharmaceutical and medical devices industries or representative associations	3
International organisations	3
EU medical associations	3
Citizens or patients' organisations	3
National medical associations	2
Think tanks	1
Specialised media	1
EXPH external experts	1
EU public health associations	1
Other	7
Total	73

It is important to note that some of the 73 respondents dropped out throughout the survey, and some questions were only asked to each group, therefore throughout the report the sample size is noted for each question.

Respondents came from 24 different countries, of which most respondents (24, 33%) were from Belgium. There were no responses received from Bulgaria, Croatia, Slovakia, or Sweden. No respondents selected "other". See Table 3, below.

Table 3. Overview of survey respondents by Member State

Member State	Number of respondents
Belgium	24
UK	5
Netherlands	5
Portugal	3
Germany	3

Austria	3
Poland	2
Finland	2
Malta	2
Slovenia	2
Czech Republic	2
Denmark	2
Spain	2
Ireland	2
Hungary	2
Republic of Cyprus	2
Estonia	2
France	2
Greece	1
Romania	1
Latvia	1
Lithuania	1
Luxembourg	1
Italy	1
Total	73

More than half (42, 58%) of respondents' organisations had a Pan-European or international focus, whilst the remaining respondents (31 respondents, 43%) worked mainly in the countries shown in table 2.

61 respondents were asked to what extent they were engaged with EXPH work (excluding EXPH members). The majority of respondents were engaged with the work of the EXPH, to a small (18 respondents, 30%), moderate, (13 respondents, 21%), or large (9 respondents, 15%) extent. Over a quarter of respondents (16 respondents, 26%) did not know, whilst only five (8%) were not engaged at all.

Some stakeholder groups were asked specific questions about their involvement in EXPH. Among EU institutional stakeholders, 84% (61 respondents) had been directly involved in the work of the EXPH and the remaining 17% (12 respondents) had not³. The sole specialised media stakeholder stated they have not been involved with the EXPH⁴.

3.2 Targeted Interviews

Although the target number for targeted interviews was 45, 22 were completed due to lack of response or availability of the targeted stakeholders.

Most interviews were conducted with EXPH members (9), followed by EU institutional stakeholders (3) and those from international organisations (3). The following

stakeholder groups were not interviewed: EU and national medical associations, specialised media, and other stakeholders.

An overview of stakeholders interviewed can be seen in Table 4, below.

Table 4. Overview of targeted interview participants, by stakeholder group

Type of stakeholder	Number of interviews conducted
National or regional public health authorities or agencies	1
EXPH members	9
EU institutional stakeholders	3
EU and National public health associations	1
Relevant think tanks and academic organisations or institutions	2
Pharmaceutical and medical devices industries or representative associations	1
International organisation	3
EU and national medical associations	0
Citizens or patients' organisation	1
Specialised media	0
EXPH external experts	1
Other	0
Total	22

3.3 Focus Groups

Two Focus Groups were conducted as part of the study: the first with EXPH members and past EXPH members, and the second with DG SANTE and a mix of stakeholders (see Table 5, below).

Table 5. Overview of participants in Focus Groups

Stakeholder group	Focus Group 1	Focus Group 2
Past EXPH members	2	
Current EXPH members	7	
EU and national medical associations		1
Relevant think tanks/academic institutions		1
National and regional public health authorities/agencies		1
Other relevant stakeholders (Trade unions)		1
DG SANTE		2
Total	9	6

Identified stakeholders were contacted up to three times by email to take part and were sent Teams Meeting invites three weeks and a half in advance².

Whilst nine stakeholders were expected to attend the second Focus Group, three dropped out on the day due to unforeseen circumstances.

There were no stakeholders at any focus groups from the following stakeholder groups: EXPH external experts, Citizens or patients' organisations, specialised media, international organisations, Pharmaceutical and medical devices industries or representative associations, EU and National public health associations, or EU institutional stakeholders.

4 Analysis of the replies

4.1 Relevance

The relevance of the EXPH's work has improved over time, as linked to increased collaboration within the Panel and between the Panel and DG SANTE on developing topics. Most stakeholders felt that topics were always relevant to some group, so views on topics not sufficiently covered by the EXPH were considered to vary depending on stakeholder interest in and benefits from the work of the EXPH. EXPH opinions were considered useful and relevant because they contain valuable information due to their focus on key policy topics and outputs are well-formulated, comprehensive, clear, and transparent.

When the EXPH was first established, it was seen to be aligned with the Second Health Programme and put health on the EU agenda. It was also perceived to fill a gap in the European Commission's need for advice from experts of different health backgrounds. Over time, it was perceived to have produced evidence-based, relevant outputs for the European health community, and was particularly useful for introducing new ideas within the health policy landscape, for example through the opinions 'Disruptive Innovation: Considerations of health and health care in Europe' (2016) and 'Supporting mental health of health workforce and other essential workers'. Other opinions regarded as particularly relevant by a number of stakeholders were: 'Task shifting and health system design' (2019), 'Assessing the impact of digital transformation of health services' (2019), and 'Vaccination programmes and health systems in the European Union' (2018).

The EXPH's work was most relevant to areas of access to quality healthcare and health systems performance, and innovation in health. EXPH mandates and opinions have also been considered relevant to: the Covid-19 crisis; emerging cross-border health threats; pandemic preparedness; health system resilience and sustainability; innovation in the EU and the regulatory system to deal with new treatments; fake news and disinformation; re-defining value in value-based health care; migrations; resilience and solidarity; changing the paradigm to goal-oriented and person-centred care; and European health care.

Despite the relevance over time, there is a perceived lack of clarity on how mandates are developed and what goals they support, especially considering the wide variety of health areas that could be addressed. The mandates are also generally perceived by EXPH members to be too broad – by having narrower ones, opinions would in turn be more relevant to the needs of stakeholders. However, other stakeholders feared that having narrower mandates could affect prioritisation and imply that reactive opinions would be produced, rather than proactive and forward-looking ones.

EXPH members felt that their work would be more relevant if the opinions were shorter, more focused, and delivered in a timelier manner. Stakeholders added that opinions should touch on how to implement change rather than what changes are needed.

² The invitations to the Focus Groups were sent on 31st August 2022.

What is more, EXPH opinions were seen to not always be relevant due to: lack of clarity on how mandates, opinions, and recommendations would support policies; lack of policy expertise in the panel; lack of a defined audience for opinions; lack of guidance on how 'deep to go' into mandates and opinions; lack of collaboration with relevant national stakeholders; and lack of dialogue in defining mandates and the content of opinions. Suggestions to improve upon this included: ensuring that topics were more informed by the needs of EU population and EU data sources; increasing representation of multi-disciplinary experts on the Panel; and further collaboration with interested groups and national policy makers.

Some topics perceived to be less covered by the Panel included workers and social care, cancer, and the ageing population whilst the EXPH opinions were seen to be least relevant in the areas of healthcare providers and disease prevention.

4.2 Effectiveness

The analysis conducted in different consultation activities showed that overall, the EXPH is a source of evidence and advice, which is to a large extent independent and trustworthy. However, the Panel could be more inclusive when it comes to a multisectoral approach. Research participants believed that the EXPH remained independent from the European Commission and mentioned that the Commission fact checked the opinions and provided comments, with no influence on the development of the opinions.

Well-defined processes and a strong group of experts with a balance of inputs from different perspectives allowed for these three dimensions (independency, trustworthiness and – albeit less so - multisectoral). Nonetheless, improvements were suggested to increase effectiveness of the EXPH even further: to increase the diverse panel composition, to improve the working methods and internal collaboration, to enhance the collaboration with DG SANTE and other European Commission DGs, to adopt a 'health in all policy' approach, to draft shorter and more timely opinions, to be more innovative and less reliant on what has been already published.

Findings across different consultation activities show that the EXPH increased knowledge and/or expertise across the areas where opinions were drafted, and increased interest, for example among healthcare providers. The EXPH has also helped to facilitate and promote evidence exchange and discussion. For instance, opinions have been used to inform organisations active in the EU health sector, to inform advocacy work, to increase knowledge of stakeholders and foster discussions among researchers. However, data analysis points to the notion that opinions are less used to contribute to national policy development. Other stakeholders mentioned how the opinions should be improved to be used or implemented: this includes shorter opinions and/or translations in all EU-languages.

Some further improvements to the Panel were suggested to solve the variability in the academic capacities of the EXPH and to increase the number of stakeholders the opinions reach. To solve the latter, some stakeholders suggested focusing on different dissemination activities. Research participants also suggested changes in the process of collecting feedback from stakeholders when drafting the opinions.

Overall, the impact on policy implementation at EU level and particularly at national level are less clear. Hence, EU institutional stakeholders and National or regional public health authorities or agencies were split precisely on whether they had implemented recommendations from the EXPH opinions.

The perception is that the key issue that has hindered the effectiveness of the work of the Panel is that it is not very visible at national level, and it is focused on EU level policy. The composition of the Panel and the level of interaction between it and relevant stakeholders were mentioned as limitations as well. Low awareness of the EXPH may be related to the low visibility and dissemination of the opinions. Limitations regarding the composition of the Panel related to the diversity of the EXPH members. Lastly,

interaction between the EXPH and EU institutions, national authorities or other relevant stakeholders was considered as limited.

Therefore, improved interaction with stakeholders and dissemination efforts were considered key to enhancing impact. According to EXPH members there is a need to have a bottom-up approach that involves local and national stakeholders. Yet, according to broader stakeholders, more than a bottom-up approach, what is needed is dialogue.

4.3 Efficiency

The findings resulting from the analysis conducted across different data collection tasks demonstrate that for most of stakeholders the current working methods and rules of procedure provide the right framework for efficient ways of working.

However, it also emerged that the extent to which each item provides the right framework for efficient ways of working, in view of achieving the EXPH's objectives, varies significantly according to the stakeholders consulted (current EXPH members, past EXPH members, EXPH external experts, and EU institutional stakeholders directly involved in the working of the EXPH). Notably, format and content of opinions, mandates, role and ways of working of the Secretariat were considered the most efficient items; while minority opinions, and accelerated procedures, as well as voting rules were perceived as the least efficient elements.

The opinions, their multi-sectorial approach, and the dissemination efforts were mentioned by some stakeholders as key areas where improvement is needed. Suggestions were put forward by various stakeholders on how to improve the dissemination, including disseminating opinions more broadly at the Member States level as well as publishing them more aggressively.

The role of the Secretariat is considered efficient overall. Nevertheless, some EXPH members pointed out how changing contributions and eventually writing up the opinions are resource-intensive activities for Rapporteurs. In particular, the Chair and Rapporteur often did not have sufficient time between meetings to prepare or progress drafts, which in turn impacted the efficiency of Panel meetings. This process could be performed more effectively and efficiently by a dedicated person in the Secretariat (EC).

With regard to other items related to the roles and working methods of the EXPH, including meetings, Chair and vice-Chair roles (and replacement), Rapporteur's role, working groups, and external experts, they were also considered efficient. Yet, stakeholders exhibited discordant opinions on this. For instance, some current and past EXPH members questioned the length of the mandate and the necessity to have a Vice-Chair - as they did not find the role of the Vice-Chair useful in the last years. By contrast, voting rules were considered as not efficient in terms of confidentiality by one stakeholder (international organisation).

Members of the EXPH were satisfied in terms of collaboration (e.g., value found in being part of the Panel, satisfaction with their own role and the role of others). While experiences are largely satisfactory, there are things to consider further, including: division of work among members, expertise of the members, working language, newcomers vs longstanding members, geographical distribution, logistics, and regularity of meetings.

Furthermore, stakeholders considered the principles for the operation of the Panel (e.g., Excellence; Independence; Transparency; Confidentiality; Multi-sectoral approach) to be appropriate. New principles were also suggested, including: patient-centred perspective; future-proof decisions (i.e., long-term perspective); diversity; multi-disciplinary approach; and relevance (and for whom). Nevertheless, stakeholders not (present or past) members of the EXPH questioned the level of transparency in the selection of Panel members as they were not aware of how the selection process works and suggested that further information on this process should be disseminated by the European Commission.

Finally, EXPH members generally felt that the payments provided (indemnities and reimbursement) were appropriate to support and motivate the Panel's work, especially considering that some expert groups are not paid at all, and that the pay rate is the same as the one experts receive for other tasks in the Commission. However, one stakeholder felt that the Rapporteur was not paid enough for the volume of work he/she undertakes. Three EXPH members also mentioned that the adequacy of payment depends on Panel members' workload in terms of hours dedicated to planning activities, collecting evidence, and writing opinions: on one hand, the workload could be decreased by having a more efficient approach to the planning of activities informed by a project management approach; on the other hand, the workload could be decreased either by having a small budget to delegate the initial collection of evidence – that is time-consuming – to external researchers, or by having stronger Secretarial support.

4.4 Coherence

The analysis shows that the work of the EXPH supported DG SANTE priorities and was aligned with the work of other EU bodies to a large extent, but less so with the work of international organisations.

There was even less alignment with the work of national organisations. Results of the consultation activities showed that there was limited interaction and language barriers, resulting in lack of knowledge of national needs and concerns. Furthermore, some interviewees confirmed that they did not observe alignments at national level and found them fragmented at international level, leading to duplication of outputs.

The coherence of the work of the EXPH with other EU, international and national organisations is perceived to depend on the given topics/mandates. This was because the topics addressed by the EXPH were sometimes too broad and have no direct link to the work of EU, national, and/or international bodies.

EXPH members' personal connections seem to make it easier to develop synergies with other organisations. Research participants mentioned that synergies relied on personal relations and were not a structural component of the EXPH working methodology.

With regard to DG SANTE's current priorities, the EXPH supported "more effective, accessible and resilient health systems", "patients' access to safe, innovative, and affordable medicines and medical devices", to a large and moderate extent. In the same vein, there was considerable support to "effective response coordination of serious cross-border health threats". However, it was felt that the EXPH contributed less to "diminishing the impact of cancer in Europe".

Finally it emerged that EXPH supported the priorities of consulted stakeholders' organisations.

5 Use of information gathered

All information gathered as part of the stakeholder consultations was firstly converted into useable units of analysis. For instance, a summary report was produced for the survey results, creating tables and graphs for closed questions and descriptive text for open-ended responses. Interview audio recordings were used to write notes for each interview to summarise key points and quotes, and a summary report of the interviews was produced by the ICF team. Finally, a summary of key findings per evaluation question was drafted for the focus groups.

Then, these data sources were analysed to identify patterns and trends across stakeholder groups. These data sources will be further used to examine each evaluation question alongside the desk research conducted for this study, to reach the conclusions and recommendations for the (draft) final report.

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