



Study assessing the EU Health Policy Platform (SANTE/2023)

Final Report

July 2023

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International Development July 2023



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*Health and
Food Safety*

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Acronyms and abbreviations

Acronym	Definition
AMR	Antimicrobial Resistance
BRG	Better Regulation Guidelines
CO ₂	Carbon Dioxide
COVID-19	Coronavirus Disease 2019
DG	Directorate-General
DG AGRI	Directorate-General for Agriculture and Rural Development
DG CNECT	Directorate-General for Communications Networks, Content and Technology
DG EAC	Directorate-General for Education, Youth, Sport, and Culture
DG ENV	Directorate-General for Environment
DG INTPA	Directorate-General for International Partnerships
DG RTD	Directorate-General for Research and Innovation
DG SANTE	Directorate-General for Health and Food Safety
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EU	European Union
FTE	Full-time Employee
GDPR	General Data Protection Regulation
HaDEA	Health and Digital Executive Agency
HERA	Health Emergency Preparedness and Response Authority
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HPP	Health Policy Platform
JRC	Joint Research Centre
JS	Joint Statement
MS(s)	Member State(s)
NGO(s)	Non-Government Organisation(s)
OECD	Organisation for Economic Co-operation and Development
QA	Quality Assurance
Qs	Questions
TOR	Terms of Reference
WHO	World Health Organization

Abstract

This report covers the “Study assessing the EU Health Policy Platform (HPP)”. The aim of the study, which focused on the Platform’s activities between 2020 and mid-2022, was to provide robust evidence about the use and functioning of the HPP. The study followed a mixed-methods approach, combining extensive desk-based research with participatory surveys, interviews and consultations with moderators and users of the Platform, including EU, national and local health stakeholders. The study was complemented with nine thematic case studies that involved more targeted desk research and in-depth interviews. The findings confirmed the continued relevance of the Platform, both in terms of alignment with EU health policies and initiatives and addressing the needs of health stakeholders. The Platform has been most effective as a space for facilitating information exchange between health stakeholders, and with the European Commission (Commission) services (in particular with Directorate General for Health and Food Safety (DG SANTE). Through the Joint Statements resulting from the work of the Thematic Networks, the HPP has also encouraged policy discussions and dialogue, and supported health-related actions beyond DG SANTE. Findings shed light on areas for improvement, including more promotion of the Platform to enhance its visibility, and the possibility of opening Agora and the newsletter to audiences beyond registered HPP users. The interactive features of the Platform could also be reinforced but this would require a comprehensive user experience (UX) audit.

Résumé

Le présent rapport porte sur les résultats de « l'étude et l'évaluation de la plateforme européenne sur la politique de santé (HPP) » l'étude portait principalement sur les activités de la plateforme entre 2020 et mi-2022. Elle visait à apporter des éléments de preuve solide concernant l'utilisation et le fonctionnement de HPP. L'étude a été réalisée à travers une approche comportant des méthodes mixtes associant une recherche documentaire, des enquêtes participatives, des entretiens et des consultations avec les modérateurs et utilisateurs de la plateforme. Les acteurs participants à ces entretiens viennent de tout type d'organisation active dans le domaine de la santé aux niveaux européens, nationaux et locaux. L'étude a été complétée par la mise en place de neuf études de cas thématique comportant une recherche documentaire plus ciblée et des entretiens plus approfondis. Les résultats de l'ensemble de ces processus ont confirmé que la plateforme garde toute sa pertinence tant au niveau des alignements sur les politiques et les initiatives européennes en matière de santé, que, dans sa capacité à répondre au besoin des organisations impliquées dans le domaine de la santé publique.

La plateforme s'est imposée comme un espace facilitant des échanges d'informations entre les parties prenantes et les services de la Commission européenne, notamment la direction générale de la Santé et de la Sécurité alimentaire. À travers les déclarations communes, issues du travail des réseaux thématiques, la HPP a également encouragé des débats et un dialogue politique. Elle a également soutenu des actions en matière de santé en dehors de la DG SANTÉ. Les résultats font état de domaines nécessitant des améliorations. Elles incluent une meilleure promotion de la plateforme afin d'accroître sa visibilité, la possibilité d'ouvrir Agora et le bulletin d'information à de nouveaux publics au-delà des utilisateurs inscrits à la HPP. Les fonctions interactives de la plateforme pourraient également être renforcées à l'aide d'une évaluation exhaustive de l'expérience utilisateur (UX).

Zusammenfassung

Der vorliegende Bericht behandelt die "Studie zur Bewertung der EU-Plattform für Gesundheitspolitik" (Study assessing the EU Health Policy Platform (HPP)). Ziel der Studie, die sich auf die Aktivitäten zwischen den Jahren 2020 und Mitte 2022 konzentrierte, war es, fundierte Erkenntnisse über die Nutzung und Funktionsweise der HPP zu gewinnen. Die Studie kombinierte methodisch eine umfangreiche Dokumentenstudium mit partizipativen Erhebungen, Interviews und Konsultationen von Moderator*innen und Nutzer*innen der Plattform auf europäischer, nationaler und lokaler Ebene. Ergänzt wurde die Studie durch neun thematische Fallstudien, die ein gezielteres Dokumentenstudium und intensivere Befragungen umfassten. Die Ergebnisse bestätigten die anhaltende Relevanz der Plattform, sowohl im Hinblick auf die Abstimmung mit gesundheitspolitischen Maßnahmen und Initiativen der EU als auch im Hinblick auf die Erfüllung der Bedürfnisse der Akteur*innen im Gesundheitswesen. Am wirksamsten hat sich die Plattform als Raum zur Erleichterung des Informationsaustauschs zwischen den Akteur*innen des Gesundheitswesens und mit den Dienststellen der Europäischen Kommission (insbesondere mit der Generaldirektion für Gesundheit und Lebensmittelsicherheit (GD SANTE)) erwiesen. Durch Gemeinsame Erklärungen, die aus der Arbeit der Thematischen Netzwerke hervorgegangen sind, hat das HPP auch politische Diskussionen und den Dialog gefördert und gesundheitsbezogene Maßnahmen außerhalb der GD SANTE unterstützt. Die Ergebnisse geben Aufschluss über Verbesserungspotential. Dazu gehört eine verstärkte Werbung für die Plattform, um ihren Bekanntheitsgrad zu erhöhen, und die Möglichkeit, Agora und den Newsletter für ein Publikum zu öffnen, das nicht nur aus registrierten HPP-Nutzer*innen besteht. Auch die interaktiven Funktionen der Plattform könnten verstärkt werden, doch würde dies ein umfassendes Audit des Nutzungserlebnisses (UX) erfordern.

Executive Summary

Policy context

Online discussion platforms, such as the EU Health Policy Platform (HPP), have a key and growing role in achieving a stronger European Health Union. Launched by the European Commission's Directorate General of Health and Food Safety (DG SANTE) in 2016, the HPP facilitates dialogue between health stakeholders, to share best practice, while also providing a channel for the European Commission (Commission) and stakeholders to exchange information on a more regular basis. The HPP is also a channel for consultation. The creation of the Platform was in line with the call in the EU's 2014-2020 Health Programme for health policy stakeholders to participate in Commission dialogue and interactions¹.

Study objectives and scope

The present study has assessed the EU Health Policy Platform as a whole, including the web tool (the core of the HPP), the various networks it hosts, the live webinars on key EU health initiatives that are organised through the Platform, and the seven annual editions of the EU Health Award held between 2015 and 2021 which were part of the Platform's remit. The study focused on the Platform's activities between 2020 and mid-2022. It was contracted by DG SANTE to a grouping led by Economisti Associati. The work was led by Tetra Tech International Development and supported by Wavestone. The study has provided DG SANTE with robust evidence about the use and functioning of the Health Policy Platform. Based on this assessment, the study team has made recommendations for improvements and identified additional features or services the Platform could offer.

Study design and methods

In line with the European Commission's stakeholder consultation strategy, the study followed a mixed-methods approach, combining extensive desk-based research with the following consultation activities:

- HPP user consultation, featuring a comprehensive survey targeting all HPP users.
- Targeted consultations, including:
 - Targeted surveys for webinar participants and EU Health Award contestants;
 - Targeted interviews with HPP moderators and users.
 - Individual discussions² with Member States' representatives, health stakeholders, as well as Commission and EU agencies' representatives.
- Case studies involving additional consultations with relevant stakeholders.
- Validation workshop with stakeholders, held on 19 April 2023, involving onsite and virtual break-out sessions with attendees to the HPP Annual Meeting.

The consultation activities focused on gathering the views and experiences of stakeholders regarding the criteria in the Better Regulation Guidelines, namely relevance, effectiveness, efficiency, coherence / complementarity, and EU added value. In addition, impact of the

¹ European Commission, Recital 20 of Regulation 282/2014, Available at: [Regulation \(EU\) No 282/2014 of the European Parliament and of the Council of 11 March 2014 on the establishment of a third Programme for the Union's action in the field of health \(2014-2020\) and repealing Decision No 1350/2007](#)

² These discussions were initially designed as panel sessions with different groups of stakeholders but given the low response rates from people contacted and the limited availability, individual discussions were organised.

Platform, including of the EU Health Award and the Joint Statements, was included in the assessment.

Key evaluation findings and conclusions

Overall conclusion

The findings confirmed the continued relevance of the Platform, both in terms of alignment with EU health policies and initiatives, and addressing the needs of health stakeholders. The Platform has been most effective as a space for facilitating information exchange between health stakeholders and with Commission services (in particular with DG SANTE). Through the Joint Statements resulting from the work of the Thematic Networks, the HPP has also encouraged policy discussions and dialogue, as well as supported health-related actions beyond DG SANTE. Findings shed light on areas for improvement, including measures to raise awareness of the Platform, and the possibility of opening Agora and the newsletter to audiences beyond the registered HPP users. The interactive features of the Platform could also be reinforced but this would require a comprehensive user experience (UX) audit.

Relevance of the Platform

At the general level, the study findings confirmed the continued relevance of the EU Health Policy Platform, both in terms of alignment with EU health policies and initiatives and in terms of addressing the needs of health stakeholders. The Platform is a relevant and valued tool with a unique offer and an important role in the EU health community.

Alignment of the Platform with EU health policies and initiatives. There is a clear alignment between HPP objectives and health topics with EU health policies and initiatives. In practice, the alignment is reflected in the different activities that take place in the framework of the Platform. Study findings were conclusive about the relevance of the topics covered by the Platform's networks, the online webinars and the production of Joint Statements. The EU Health Award (active from 2015 to 2021) was also appreciated by stakeholders. The Agora and bi-weekly newsletters are highly consulted and valued sources of information among HPP users.

Relevance of the Platform to respond to users' needs. At the time of its inception the HPP was designed to respond to the need for exchange of information and knowledge, and to foster dialogue between policymakers and organised stakeholders in the area of health and EU health policies. The main rationale behind the Platform's creation was to take advantage of the benefits and efficiencies of the virtual world, ensuring broader representation of national, regional and local health stakeholders in the dialogue and increasing stakeholder ownership of EU health policy.

In practice, the Platform does well to meet the needs of health stakeholders for diverse, up-to-date and trustworthy information on EU health policy and health topics. Even though the majority of users also consider it as a relevant space for discussion and interaction with other health stakeholders and Commission policy-makers, the fairly limited features offered by the Platform have restricted opportunities for users to engage with one another and to work collaboratively. Hypothetical improvements to further strengthen stakeholder engagement, networking and policy advocacy included the possibility of working in shared documents directly on the Platform, previewing files without downloading them, and a direct messaging or chat function. Other inhibiting factors include the limited time that people dedicate to interacting with the Platform in comparison to other competing sources and channels of information (which have grown exponentially over the years) and the limited presence of Commission staff on the Platform and in its activities.

Effectiveness of the Platform

The successful evolution of the Platform in recent years confirms the need for such a community. The Platform has been most effective as a space for facilitating information exchanges between health stakeholders and with Commission services (in particular DG SANTE), for supporting the objectives and priorities under the EU4Health and previous health programmes and for responding to health crises. Policy discussions and dialogue and the support for health-related actions beyond DG SANTE have been more limited. The current language regime has been reported as appropriate.

Evolution of the Platform over the years. One of the most compelling arguments of the success of the Platform has been its dynamic growth over the years. Most importantly, the evolution shows that the growth in the number of registered users was closely accompanied by an expansion of the offer of activities, including increased Platform networks, online webinars and an expanded scope of the EU Health Award³. The expansion, which was accelerated as a result of the COVID-19 pandemic, brought challenges for the management of the Platform, including limited resources to respond to increased demand for participation in webinars and networks, and more users.

The study findings clearly showed that the Platform has a number of flagship activities and channels that are highly valued by its users, including the live webinars and bi-weekly newsletter. Findings were less favourable towards the results and benefits of the HPP networks, in particular the low levels of activity across many networks which were considered to diminish their effectiveness and potential impact.

Effectiveness of the Platform as a space for facilitating information exchanges. The Platform has effectively fulfilled its role as a space for facilitating information exchanges between health stakeholders and Commission services. However, the extent to which these exchanges have evolved as discussions and policy debates is less evident. As highlighted above, the limited functionalities for networking and interacting within the Platform were considered to hamper the opportunities for dialogue, but study findings pointed to several adjustments that could be made with the available set-up and resources which could enhance the interactivity elements that are seen to be missing. These include encouraging more active participation of the users including Commission representatives on the Platform (webinars, posting in Agora and the networks), as well as adjusting specific features of the format of the webinars and the activities of the networks.

Effectiveness of the Platform in responding to health-related crises. The Platform has been very effective in responding to health-related crises over the years. The examples of the COVID-19 pandemic and the situation in Ukraine and neighbouring countries have confirmed that the capacity to react swiftly to crisis situations has been facilitated as a result of the existing health community on the Platform. Through its different channels and activities, the HPP offers the possibility to respond flexibly to specific crises and also emerges as a trustworthy source of information in crisis contexts.

Support for actions under the Health Programmes and for other health related EU-funded actions. Study findings were conclusive about the important role of the Platform in supporting the implementation and dissemination of actions financed under the EU4Health and previous health programmes. However, there was limited evidence regarding the contribution of the HPP to the dissemination of information on health-related actions financed through other EU funding instruments. Consultations with representatives of other Commission services

³ The EU Health Award was discontinued after its 2021 edition.

highlighted opportunities to further promote the Platform beyond DG SANTE and the Health and Digital Executive Agency (HaDEA).

Appropriateness of the Platform’s linguistic regime. The study findings confirmed that the current linguistic regime of the Platform is considered appropriate by HPP users. The broad majority of respondents to the different study surveys felt comfortable reading, understanding and speaking in English. The hypothetical improvement to provide automated translation of posts and messages was not viewed as a priority by users.

Efficiency of the Platform

The Platform has evolved substantially over the years, realising benefits for its users and providing efficiency of working in a virtual environment. However, it competes with a multitude of alternative, online channels (including digital and social media) with advanced networking functionalities. Any technical updates to the Platform would require additional investments (including in terms of financial and human resources) to be implemented over a longer time period. The lack of a monitoring framework hinders the formulation of recommendations for changes.

Cost and carbon footprint savings generated by the Platform. Online exchanges on the HPP have generated significant savings in terms of time, resources and carbon footprint. The online nature of the Platform has also made it easier to set up new groups or organise meetings in direct response to topical issues or crises. Despite the advantages and savings identified, the outputs achieved remain limited due to the lack of advanced functionalities enabling users to engage and work collaboratively on the Platform.

Adequacy of resources and of the monitoring framework. Even though the study findings confirmed that the financial resources are sufficient for running the HPP in its current form, more resources would be required to update the Platform further, if new technical functionalities were to be explored and implemented. While the discontinuation of the EU Health Award has freed up financial and human resources, the increasing demand placed on DG SANTE for managing the Platform and the work of the networks, combined with a decrease in the number of staff, raised concerns about the availability of human resources to organise, implement and follow up on the outcomes of the Platform’s activities. The lack of an adequate monitoring framework and performance indicators for the Platform also makes it difficult to conclude on the efficiency question. Any new design and implementation of recommended changes should complement other channels and be accompanied with a monitoring framework and indicators following an evidence-based approach.

Coherence of the Platform

There is scope to enhance collaboration and synergies with other Commission services and EU agencies working on topics with links to health. The study identified examples of successful collaboration within the HPP that could be replicated if the Platform reached out to relevant Commission services who could act as users and multipliers of the activities offered. Similarly, further promotion of the HPP at regional and local levels would make it possible to find alternative ways to engage with stakeholders at subnational level.

Synergies with the work of other Commission services and EU agencies. Study findings confirmed that there is potential for promoting synergies with policies and initiatives of other Commission services and EU agencies with implications for health. Where collaboration has taken place, in particular in the areas of environmental and research policy, this has been positive. A greater presence of other Directorates-General (DGs) on the Platform could help to expand the user base and the number of health topics (including adding new topics), as well as increase the relevance of the Platform for users who are already there. However, this would

require significant internal communication and promotion of the HPP towards other Commission services.

Contribution to the work of other health stakeholders. Evidence collected confirmed broad consensus that the Platform's contribution to the work of other health stakeholders has been significant, which is closely linked to the view of Agora and the Platform's bi-weekly newsletter as main sources of information on EU public health topics. The challenge remains to find ways to increase the engagement of health stakeholders at the local and regional levels.

EU added value of the Platform

Despite the limitations and the scope for improvement, it follows from the assessment of the Platform's EU added value that the HPP and its activities should continue to exist to consolidate its achievements and to address the continuous need for information and networking of health stakeholders in the area of EU health policy and health topics as these evolve.

Main added value of the Platform. The main added value of the Platform lies in the provision of relevant information on EU health policy and health topics, and the promotion of the exchange of good practices and initiatives. The extent to which the HPP was perceived to add value to networking, collaboration, policy dialogue and interaction with the Commission was significantly lower. However, the study findings were conclusive that a hypothetical discontinuation of the Platform would negatively impact the health stakeholder community as the Platform was perceived as a unique channel.

Added value of the Joint Statements. The Joint Statements were positively assessed in relation to the benefits derived from the process of developing them, mainly linked to increased visibility, enhanced networking and the possibility for more direct interaction with the Commission. Findings were more critical regarding the promotion and follow-up of the outcomes of the Joint Statements, and the extent to which they were considered in the policy-making process. When faced with the hypothetical discontinuation of the Thematic Networks, there was consensus that this would negatively impact the possibility for health stakeholders to articulate common positions on EU health topics.

Impact of the Platform

Findings for the Joint Statements – as well as the discontinued EU Health Award - evidenced a common challenge for the Platform to consolidate and promote the outputs of its activities. More efforts are needed to give the activities more visibility and to explore ways for them to contribute more meaningfully to shaping EU health policy.

Impact of the EU Health Award. The main impact of the EU Health Award was the monetary support it provided to health actors (including NGOs, cities, and schools who participated in the different editions) to continue implementing awareness-raising activities on health priority projects. The EU Health Award also contributed to raising awareness of the Commission's health policies and priorities amongst some stakeholders. However, feedback from contestants suggests that the lack of visibility (beyond announcing the calls and the winners) was a missed opportunity. Additional activities such as using the winners as multipliers and promoting the best practices from the winning initiatives from previous editions would have increased the visibility and impact of the award.

Impact on enhanced dialogue and transparency. Even though engagement and discussions are not a frequent feature of the Platform, study findings confirmed that the HPP has been successful in building a broad community of health stakeholders who are well informed and able to access relevant events, publications and information. In practice, the HPP has met the needs of its users as a trusted aggregator, even though this role was not expressly stated as part of the Platform's original objectives. As such, it complements other channels

because it provides curated information in one place. The role of health stakeholders in contributing to shaping EU health policy through the Platform's activities (i.e., the Thematic Networks and the Joint Statements) was unclear, but the study identified positive examples that could be showcased as best practice.

Impact of the Joint Statements. The study findings confirmed that the Joint Statements are effective tools to disseminate information and best practices to wide audiences, and that the process of developing them through the Thematic Networks provides a space to discuss and articulate common positions on health topics that are aligned with EU priorities. Despite the positive views, the impact of the Joint Statements on health policies at local, national and EU level has been perceived as limited, as a result of multiple factors already discussed above. Even though the Joint Statements are not binding on Commission, there was consensus that there could be scope to ensure a better link with specific policy initiatives to leverage their input.

Résumé analytique

Contexte politique

Les plates-formes de discussion en ligne, comme la plateforme européenne sur la politique de santé (HPP), jouent un rôle essentiel et croissant dans la réalisation d'une Union européenne de la santé plus forte. La plateforme HPP, lancée par la Direction générale de la santé et de la sécurité alimentaire (DG SANTE) de la Commission européenne (Commission) en 2016, favorise le dialogue entre les parties prenantes dans le domaine de la santé en vue d'un partage des meilleures pratiques, en offrant également une instance d'échange d'informations plus régulière entre la Commission et les parties prenantes. La HPP est aussi un outil de consultation. La création de cette plateforme s'inscrivait dans l'appel lancé dans le cadre du programme pour la santé de l'UE 2014-2020, invitant les parties prenantes dans le domaine de la politique de santé à participer aux dialogues et échanges de la Commission⁴.

Objectifs et portée de l'étude

Les éléments suivants ont fait l'objet de la présente étude : la plateforme européenne sur la politique de santé dans son ensemble, y compris son outil en ligne (l'élément central de la HPP) avec les différents réseaux qu'il héberge, les webinaires en direct portant sur les initiatives clés de l'UE en matière de santé organisées par l'intermédiaire de la plateforme et les sept éditions annuelles du prix européen de la santé, qui ont eu lieu entre 2015 et 2021, et qui relevaient également de la compétence de la plateforme. L'étude a porté principalement sur les activités de la plateforme entre 2020 et mi-2022. Cette étude a été commandée par la DG SANTE à un groupe dirigé par Economisti Associati . Le travail a été dirigé par Tetra Tech International Development avec l'appui de Wavestone. La présente étude a fourni à la DG SANTE des éléments de preuve solides concernant l'utilisation et le fonctionnement de la plateforme sur la politique de santé. Sur la base de la présente évaluation, l'équipe chargée de l'étude a émis des recommandations en vue d'améliorations et a identifié des fonctions et services supplémentaires que la plateforme pourrait offrir.

Plan et méthodologie de l'étude

Conformément à la stratégie de consultation des parties prenantes de la Commission européenne, l'étude a été réalisée selon une approche de méthodes mixtes, associant une vaste recherche documentaire aux activités de consultation suivantes :

- Une consultation des utilisateurs de la HPP, comprenant une enquête approfondie s'adressant à tous les utilisateurs de la HPP.
- Des consultations ciblées, comprenant :
 - Des enquêtes ciblées destinées aux participants aux webinaires et aux candidats au prix européen de la santé.
 - Des entretiens ciblés avec les modérateurs et les utilisateurs de la HPP.

⁴ Commission européenne, considérant 20 du règlement (CE) n° 282/2014, disponible à l'adresse : [Règlement \(UE\) n° 282/2014 du Parlement européen et du Conseil du 11 mars 2014 portant établissement d'un troisième programme d'action de l'Union dans le domaine de la santé \(2014-2020\) et abrogeant la décision n° 1350/2007/CE](#)

- Des entretiens individuels⁵ avec les représentants des États membres, les parties prenantes dans le domaine de la santé et les représentants de la Commission et des agences de l'Union européenne.
- Des études de cas prévoyant des consultations supplémentaires avec les parties prenantes concernées.
- Un atelier de validation avec les parties prenantes, qui a eu lieu le 19 avril 2023, comprenant des séances de discussion en petits groupes sur place et en ligne avec les participants à la réunion annuelle de la HPP.

Les activités de consultation ont porté sur la collecte des avis et expériences des parties prenantes quant aux critères énoncés dans les lignes directrices pour une meilleure réglementation, notamment la pertinence, l'efficacité, l'efficience, la cohérence / complémentarité et la valeur ajoutée européenne. En outre, cette évaluation comprend également l'impact de la plateforme, y compris l'impact du prix européen de la santé et des déclarations communes.

Constatations et conclusions essentielles de l'évaluation

Conclusion générale

Les résultats ont confirmé que la plateforme garde toute sa pertinence, tant au niveau d'alignement sur les politiques et initiatives européennes en matière de santé que de satisfaction des besoins des parties prenantes dans le domaine de la santé. La plateforme s'est surtout imposée comme espace facilitant les échanges d'informations entre les parties prenantes dans le domaine de la santé et les services de la Commission (notamment la DG SANTE). A travers les déclarations communes, issues du travail des réseaux thématiques, la HPP a également encouragé des débats et un dialogue politiques et a soutenu des mesures en matière de santé en dehors de la DG SANTE. Les résultats ont fait état de domaines où des améliorations sont nécessaires. Elles incluent des mesures pour faire connaître la plateforme et la possibilité d'ouvrir Agora et le bulletin d'information à de nouveaux publics au-delà des utilisateurs inscrits à la HPP. Les fonctions interactives de la plateforme pourraient également être renforcées, mais il faudrait pour cela une évaluation exhaustive de l'expérience utilisateur (UX).

Pertinence de la plateforme

De manière générale, les résultats de l'étude ont confirmé que la plateforme européenne sur la politique de santé garde toute sa pertinence, tant au niveau d'alignement sur les politiques et initiatives européennes en matière de santé que de satisfaction des besoins des parties prenantes dans le domaine de la santé. La plateforme est un outil pertinent et précieux avec une offre unique et un rôle important au sein de la communauté de santé européenne.

Alignement de la plateforme sur les politiques et initiatives européennes en matière de santé. Les objectifs et les questions de santé de la HPP sont clairement alignés sur les politiques et initiatives européennes en matière de santé. Dans la pratique, cet alignement se traduit par les différentes activités qui ont lieu dans le cadre de la plateforme. Les résultats de l'étude ont été concluants quant à la pertinence des questions traitées par les réseaux de la plateforme, les webinaires en ligne et l'élaboration des déclarations communes. Le prix européen de la santé (qui a eu lieu entre 2015 et 2021) a également été apprécié par les

⁵ Ces entretiens étaient initialement conçus sous forme de tables rondes avec les différents groupes de parties prenantes, mais compte tenu du faible taux de réponse de la part des personnes contactées et de leur disponibilité limitée, des entretiens individuels ont été organisés.

parties prenantes. Agora et le bulletin d'information bimensuel sont des sources de renseignement très consultées et particulièrement appréciées par les utilisateurs de la HPP.

Pertinence de la plateforme quant aux besoins des utilisateurs. Au moment de sa création, la plateforme HPP avait été conçue pour répondre au besoin d'échange d'informations et de connaissances et pour promouvoir le dialogue entre les responsables politiques et les parties prenantes organisées dans le domaine de la santé et de la politique de santé de l'UE. La raison principale qui sous-tendait la création de la plateforme était de tirer parti des avantages et des gains d'efficacité du monde virtuel, en assurant une meilleure représentation dans le dialogue des parties prenantes dans le domaine de la santé aux niveaux national, régional et local et une appropriation accrue de la politique européenne de santé par les parties prenantes.

Dans la pratique, la plateforme répond pleinement aux besoins des parties prenantes dans le domaine de la santé d'informations diversifiées, fiables et à jour sur la politique de santé et les questions de santé de l'UE. Bien que la majorité des utilisateurs la considèrent également comme un espace pertinent permettant un débat et des échanges avec d'autres parties prenantes dans le domaine de la santé et d'autres décideurs politiques de la Commission, les fonctions relativement limitées offertes par la plateforme ont réduit les chances des utilisateurs de communiquer les uns avec les autres et de collaborer. Parmi les potentielles améliorations nécessaires afin de renforcer davantage la participation des parties prenantes, la mise en réseau et la défense des politiques, il faudrait prévoir la possibilité de travailler sur des documents partagés directement sur la plateforme, d'afficher un aperçu des documents sans devoir les télécharger et d'intégrer une fonction de messagerie directe ou instantanée. D'autres facteurs inhibiteurs incluent le temps d'interaction des personnes avec la plateforme qui est limité par rapport à d'autres sources et canaux d'information concurrents (qui ont connu une croissance exponentielle au fil des ans) et une faible présence des fonctionnaires de la Commission sur la plateforme et dans ses activités.

[Efficacité de la plateforme](#)

L'évolution fructueuse de la plateforme ces dernières années confirme la nécessité d'une telle communauté. La plateforme s'est surtout imposée comme espace facilitant les échanges d'informations entre les parties prenantes dans le domaine de la santé et les services de la Commission (notamment la DG SANTE), appuyant les objectifs et les priorités dans le cadre de EU4Health et des programmes de santé précédents, et répondant aux crises sanitaires. Des débats et un dialogue politiques ainsi que le soutien aux mesures en matière de santé en dehors de la DG SANTE ont été plus limités. Le régime linguistique actuel a été qualifié d'adéquat.

Évolution de la plateforme au fil des ans. L'un des facteurs principaux de réussite de la plateforme a été sa croissance dynamique au fil des ans. Cette évolution montre surtout que le nombre croissant d'utilisateurs enregistrés s'est accompagné étroitement d'un élargissement de l'offre d'activités, y compris une augmentation du nombre des réseaux de la plateforme, des webinaires en ligne et un champ d'application élargi du prix européen de la santé⁶. Cet élargissement, qui a été accéléré en raison de la pandémie de COVID-19, a engendré des défis en ce qui concerne la gestion de la plateforme, y compris le manque des ressources pour répondre à l'augmentation de la demande de participation aux webinaires et aux réseaux ainsi qu'à l'augmentation du nombre d'utilisateurs.

Les résultats de l'étude ont clairement montré que la plateforme a un certain nombre d'activités et canaux phares qui sont très appréciés par ses utilisateurs, y compris les webinaires en

⁶ Le prix européen de la santé a été supprimé après l'édition de 2021.

direct et le bulletin d'information bimensuel. Les résultats et bénéfices des réseaux de la HPP ont obtenu des conclusions moins positives, notamment à cause des faibles taux d'activité sur plusieurs réseaux, qui, d'après l'étude, diminuent leur efficacité et impact potentiel.

Efficacité de la plateforme en tant qu'espace facilitant les échanges d'informations. La plateforme a rempli efficacement son rôle d'espace facilitant les échanges d'informations entre les parties prenantes dans le domaine de la santé et les services de la Commission. Toutefois, il est moins évident de déterminer dans quelle mesure ces échanges se sont traduits par des dialogues et débats politiques. Comme indiqué dans la section pertinence ci-dessus, les fonctionnalités limitées relatives à la mise en réseau et à l'interaction sur la plateforme ont été perçues comme une entrave aux opportunités de dialogue, mais les résultats de l'étude ont identifié plusieurs aménagements qui sont envisageables avec la configuration et les ressources disponibles et qui pourraient améliorer les éléments interactifs qui ont été considérés comme manquants. Il s'agit notamment d'encourager une participation plus active des utilisateurs à la plateforme (webinaires, publications sur Agora et sur les réseaux), y compris des représentants de la Commission, et d'adapter des caractéristiques spécifiques du format des webinaires et des activités des réseaux.

Efficacité des réponses de la plateforme aux crises sanitaires. La plateforme a répondu très efficacement aux crises sanitaires au fil des ans. Les exemples de la pandémie de COVID-19 ainsi que de la situation en Ukraine et dans les pays voisins ont confirmé que la capacité de réaction rapide aux situations de crise a été favorisée par l'existence d'une communauté de la santé sur la plateforme. A travers ses différents canaux et activités, la HPP offre la possibilité de réagir à des crises spécifiques de façon flexible et s'impose également comme une source fiable d'informations dans les situations de crise.

Soutien aux mesures dans le cadre des programmes de santé et à d'autres mesures en matière de santé financées par l'UE. Les résultats de l'étude ont montré que la plateforme a joué un rôle important de soutien à la mise en œuvre et diffusion des mesures financées dans le cadre de EU4Health et des programmes de santé précédents. Toutefois, les éléments de preuve confirmant la contribution de la HPP à la diffusion d'informations concernant les mesures en matière de santé financées par d'autres instruments de financement de l'UE ont été limités. Des consultations avec les représentants d'autres services de la Commission ont souligné les opportunités de promotion de la plateforme en dehors de la DG SANTE et de l'Agence exécutive européenne pour la santé et le numérique (HaDEA).

Pertinence du régime linguistique de la plateforme. Les résultats de l'étude ont confirmé que le régime linguistique actuel de la plateforme a été qualifié d'adéquat par les utilisateurs de la HPP. La grande majorité des participants aux différentes enquêtes de l'étude peuvent lire, comprendre et parler en anglais avec aisance. La proposition d'amélioration de la plateforme par le biais d'une traduction automatique des publications et messages n'a pas été considérée comme une priorité par les utilisateurs.

Efficiency of the platform

La plateforme a évolué considérablement au fil des ans, apportant des avantages à ses utilisateurs et assurant un travail efficace dans un environnement virtuel. Toutefois, elle est en concurrence avec une multitude de canaux en ligne alternatifs (y compris les médias numériques et sociaux) qui ont des fonctions de mise en réseau avancées. Toute mise à jour de nature technique apportée à la plateforme nécessiterait des investissements supplémentaires (y compris sous forme de ressources financières et humaines) sur une période plus longue. L'absence d'un cadre de suivi entrave la formulation des recommandations de changements.

Économies de coûts et réduction de l'empreinte carbone réalisées par la plateforme. Les échanges en ligne sur la HPP ont permis de réaliser des économies importantes en termes

de temps, ressources et bilan carbone. De par sa nature numérique, la plateforme a également favorisé la création de nouveaux groupes ou l'organisation de réunions en réponse directe à des thèmes ou des crises d'actualité. Malgré les avantages et économies identifiés, les résultats obtenus restent limités à cause du manque de fonctions avancées permettant aux utilisateurs de communiquer les uns avec les autres et de collaborer sur la plateforme.

Adéquation des ressources et du cadre de suivi. Bien que les résultats de l'étude aient confirmé que les ressources financières sont suffisantes pour le fonctionnement de la HPP sous sa forme actuelle, des ressources supplémentaires seraient nécessaires pour une nouvelle mise à jour de la plateforme, si de nouvelles fonctionnalités techniques étaient approfondies et mises en œuvre. Bien que la suppression du prix européen de la santé ait permis de libérer des ressources financières et humaines, la demande accrue à laquelle la DG SANTE est confrontée pour la gestion de la plateforme et le travail des réseaux, combinée à la diminution du nombre des fonctionnaires, a soulevé des préoccupations au sujet de la disponibilité des ressources humaines nécessaires à l'organisation, à la mise en œuvre et au suivi des résultats des activités de la plateforme. L'absence d'un cadre de suivi et d'indicateurs de performance adéquats pour la plateforme rend en outre difficile de tirer des conclusions en matière d'efficacité. Toute nouvelle élaboration et mise en œuvre des changements recommandés devraient compléter les autres canaux et s'accompagner d'un cadre de suivi et d'indicateurs reposant sur une approche basée sur des preuves.

Cohérence de la plateforme

Il est possible d'améliorer la collaboration et les synergies avec d'autres services de la Commission et agences de l'UE travaillant dans des domaines liés à la santé. L'étude a identifié des exemples de collaboration fructueuse au sein de la HPP qui pourraient être reproduits si la plateforme prenait contact avec les services concernés de la Commission, qui pourraient agir en tant qu'utilisateurs et multiplicateurs des activités offertes. De la même manière, une promotion plus approfondie de la HPP aux niveaux régional et local permettrait de trouver d'autres moyens de collaboration avec les parties prenantes au niveau infranational.

Synergies avec le travail d'autres services de la Commission et des agences de l'UE. Les résultats de l'étude ont confirmé qu'il est possible de promouvoir les synergies avec des politiques et initiatives d'autres services de la Commission et agences de l'UE avec des répercussions sur la santé. La collaboration qui s'est instaurée dans certains domaines, notamment ceux des politiques de l'environnement et de la recherche, s'est avérée positive. Une présence plus marquée d'autres directions générales (DG) sur la plateforme pourrait favoriser une augmentation de la base d'utilisateurs et du nombre des questions de santé (en ajoutant également des nouvelles questions) et pourrait également renforcer la pertinence de la plateforme pour les utilisateurs déjà actifs. Toutefois, cela impliquerait la mise en place d'importantes mesures de communication interne et de promotion de la HPP au sein d'autres services de la Commission.

Contribution au travail d'autres parties prenantes dans le domaine de la santé. Les preuves recueillies ont confirmé qu'il existe un large consensus quant au fait que la plateforme a contribué considérablement au travail d'autres parties prenantes dans le domaine de la santé, ce qui est étroitement lié au fait que Agora et le bulletin d'information bimensuel de la plateforme figurent parmi les principales sources d'information sur les questions de santé publique de l'UE. Il reste à trouver des moyens pour renforcer la participation des parties prenantes dans le domaine de la santé aux niveaux local et régional.

Valeur ajoutée européenne de la plateforme

Malgré les limites et la marge d'amélioration, il ressort de l'évaluation de la valeur ajoutée européenne de la plateforme que la HPP et ses activités devraient se poursuivre

afin de consolider les acquis et répondre aux besoins constants des parties prenantes dans le domaine de la santé de renseignements et mise en réseau dans les domaines de la politique de santé de l'UE et des questions de santé à mesure qu'elles évoluent.

La principale valeur ajoutée de la plateforme. La communication d'informations pertinentes au sujet de la politique de santé de l'UE et des questions de santé, ainsi que la promotion de l'échange de bonnes pratiques et initiatives, constitue la principale valeur ajoutée de la plateforme. La valeur ajoutée que la HPP peut apporter pour la mise en réseau, la collaboration, le dialogue politique et l'interaction avec la Commission est considérée sensiblement inférieure. Toutefois, les résultats de l'étude ont conclu qu'une potentielle suppression de la plateforme pourrait nuire à la communauté des parties prenantes dans le domaine de la santé, puisque la plateforme a été perçue comme un canal unique.

Valeur ajoutée des déclarations communes. Les déclarations communes ont été jugées positivement par rapport aux avantages découlant de leur processus de développement, qui sont principalement associés à une visibilité accrue, une mise en réseau améliorée et la possibilité d'une interaction plus directe avec la Commission. Les conclusions relatives à la promotion et au suivi des résultats des déclarations communes, et leur rôle dans le processus d'élaboration des politiques, ont été plus critiques. Quant à une potentielle suppression des réseaux thématiques, il a été conclu que cela aurait des conséquences négatives sur la possibilité pour les parties prenantes dans le domaine de la santé d'élaborer des positions communes sur les questions européennes de santé.

Impact de la plateforme

Les conclusions relatives aux déclarations communes, ainsi qu'au prix européen de la santé qui a été supprimé, ont illustré un défi commun pour la plateforme, qui consiste à renforcer et promouvoir les résultats de ses activités. Des efforts supplémentaires sont nécessaires afin d'accroître la visibilité des activités et chercher d'autres moyens pour qu'elles contribuent de façon plus significative à l'élaboration de la politique en matière de santé de l'UE.

Impact du prix européen de la santé. L'impact principal du prix européen de la santé a été le soutien monétaire fourni aux acteurs de la santé (y compris les ONGs, les villes et les écoles qui ont participé aux différentes éditions) afin de continuer à mettre en place des activités de sensibilisation sur les projets prioritaires en matière de santé. Le prix européen de la santé a également contribué à sensibiliser certaines parties prenantes sur les politiques et les priorités de la Commission en matière de santé. Toutefois, les commentaires des participants suggèrent que le manque de visibilité (en dehors de l'annonce des appels d'offres et des gagnants) a été une occasion manquée. D'autres activités, telles que permettre aux gagnants d'agir en tant que multiplicateurs et promouvoir les meilleures pratiques observées dans le cadre des initiatives gagnantes des éditions précédentes, auraient augmenté la visibilité et l'impact du prix.

Impact sur le dialogue renforcé et la transparence. Bien que la participation et les échanges ne soient pas courants sur la plateforme, les résultats de l'étude ont confirmé que la HPP a réussi à construire une vaste communauté de parties prenantes dans le domaine de la santé qui sont bien informées et en mesure d'accéder aux événements, publications et informations pertinents. Dans la pratique, la HPP a satisfait le besoin de ses utilisateurs d'un regroupement fiable, bien que ce rôle ne fût pas expressément partie des objectifs initiaux de la plateforme. Ainsi elle complète d'autres canaux, puisqu'elle fournit des informations organisées dans un seul endroit. Le rôle qui ont joué les parties prenantes dans le domaine de la santé en contribuant à l'élaboration de la politique en matière de santé de l'UE par le biais des activités de la plateforme (par exemple, les réseaux thématiques et les déclarations communes) n'est

pas clair, mais l'étude a identifié des exemples positifs qui pourraient servir de meilleures pratiques.

Impact des déclarations communes. Les résultats de l'étude ont confirmé que les déclarations communes sont des outils efficaces pour la diffusion d'informations et des meilleurs pratiques à des publics vastes et que leur processus de développement à travers les réseaux thématiques offre un espace où l'on peut discuter et élaborer des positions communes sur les questions de santé qui sont alignées avec les priorités de l'UE. En dépit des avis favorables, l'impact des déclarations communes sur la politique en matière de santé aux niveaux local, national et européen a été jugé insatisfaisant, à cause de plusieurs facteurs qui ont déjà été examinés dans les sections efficacité et valeur ajoutée ci-dessus. Bien que les déclarations communes ne lient pas la Commission, il a été conclu que des meilleurs liens avec des initiatives politiques spécifiques peuvent être assurés afin d'optimiser leur apport.

Kurzfassung

Politischer Kontext

Online-Diskussionsplattformen wie die EU-Plattform für Gesundheitspolitik (HPP) spielen eine wichtige und wachsende Rolle bei der Verwirklichung einer stärkeren Europäischen Gesundheitsunion. Die von der Generaldirektion Gesundheit und Lebensmittelsicherheit (GD SANTE) der Europäischen Kommission (Kommission) 2016 ins Leben gerufene HPP erleichtert den Dialog zwischen den Akteur*innen im Gesundheitsbereich, um bewährte Verfahren auszutauschen, und bietet der Kommission und den Akteur*innen einen Kanal für einen regelmäßigen Informationsaustausch. Die HPP ist auch ein Kanal für Konsultationen. Die Errichtung der Plattform steht im Einklang mit der im EU-Gesundheitsprogramm 2014-2020 enthaltenen Aufforderung an die Akteur*innen der Gesundheitspolitik, sich an den Dialogen und Interaktionen der Kommission zu beteiligen⁷.

Ziele und Umfang der Studie

In der vorliegenden Studie wurde die HPP als Ganzes bewertet, einschließlich des Webtools (dem Kernstück der HPP) sowie der verschiedenen Netzwerke, die sie beherbergt, der Live-Webinare zu wichtigen EU-Gesundheitsinitiativen, die über die Plattform organisiert werden, und der sieben jährlichen Verleihungen des EU-Gesundheitspreises, die zwischen 2015 und 2021 stattfanden und ebenfalls in den Aufgabenbereich der Plattform fielen. Die Studie konzentrierte sich auf die Aktivitäten der Plattform zwischen 2020 und Mitte 2022. Sie wurde von der GD SANTE an ein von Economisti Associati geleitetes Konsortium in Auftrag gegeben. Die Arbeit wurde von Tetra Tech International Development geleitet und von Wavestone unterstützt. Die Studie lieferte der GD SANTE fundierte Erkenntnisse über die Nutzung und Funktionsweise der Gesundheitspolitik-Plattform. Auf der Grundlage dieser Bewertung hat das Forschungsteam Empfehlungen für Verbesserungen ausgesprochen und zusätzliche Funktionen oder Dienstleistungen ermittelt, die die Plattform anbieten könnte.

Studiendesign und Methoden

Im Einklang mit der Strategie der Europäischen Kommission zur Konsultation von Interessengruppen wurde bei der Studie ein Methodenmix verfolgt, bei dem umfangreiche Sekundärforschung mit den folgenden Konsultationen kombiniert wurden:

- HPP-Benutzerkonsultation mit einer umfassenden Umfrage, die sich an alle HPP-Nutzer*innen richtet.
- Gezielte Konsultationen, einschließlich:
 - Gezielte Umfragen bei Webinar-Teilnehmer*innen und bei Teilnehmer*innen am EU-Gesundheitspreis;
 - Gezielte Interviews mit HPP-Moderator*innen und -Nutzer*innen.

⁷ Europäische Kommission, Erwägung 20 der Verordnung 282/2014, verfügbar unter: [Regulation \(EU\) No 282/2014 of the European Parliament and of the Council of 11 March 2014 on the establishment of a third Programme for the Union's action in the field of health \(2014-2020\) and repealing Decision No 1350/2007](#)

- Einzelgespräche⁸ mit Vertreter*innen der Mitgliedsstaaten, Interessenvertreter*innen aus dem Gesundheitswesen sowie Vertreter*innen der Kommission und der EU-Agenturen.
- Fallstudien inklusive zusätzlicher Konsultationen mit relevanten Interessengruppen.
- Validierungsworkshop mit Interessenvertreter*innen am 19. April 2023 inklusive virtueller und Präsenz-Kleingruppen mit Teilnehmer*innen der HPP-Jahrestagung.

Die Konsultationen konzentrierten sich darauf, Perspektiven und Erfahrungen der Interessengruppen zu den Kriterien der Leitlinien zur Besseren Rechtsetzung zu sammeln, also zu Relevanz, Effektivität, Effizienz, Kohärenz/Komplementarität und EU-Mehrwert. Darüber hinaus wurden auch die Wirkungen der Plattform, einschließlich des EU-Gesundheitspreises und der Gemeinsamen Erklärungen, in die Bewertung einbezogen.

Hauptergebnisse der Evaluierung und Schlussfolgerungen

Allgemeine Schlussfolgerungen

Die Ergebnisse bestätigten die anhaltende Relevanz der Plattform, sowohl im Hinblick auf die Abstimmung mit den gesundheitspolitischen Maßnahmen und Initiativen der EU als auch im Hinblick auf die Erfüllung der Bedürfnisse der Akteur*innen im Gesundheitswesen. Die Plattform hat sich vor allem als Raum zur Erleichterung des Informationsaustauschs zwischen den Akteur*innen im Gesundheitswesen und mit den Kommissionsdienststellen (insbesondere mit der GD SANTE) bewährt. Durch Gemeinsame Erklärungen, die aus der Arbeit der Thematischen Netzwerke hervorgegangen sind, hat die HPP auch politische Diskussion und Dialog gefördert und gesundheitsbezogene Maßnahmen außerhalb der GD SANTE unterstützt. Die Ergebnisse geben Aufschluss über Verbesserungspotential. Dazu gehören Maßnahmen zur Steigerung des Bekanntheitsgrads der Plattform und die Möglichkeit, Agora und den Newsletter auch für ein Publikum zu öffnen, das über die registrierten HPP-Nutzer*innen hinausgeht. Auch die interaktiven Funktionen der Plattform könnten verstärkt werden, was jedoch ein umfassendes Audit des Nutzungserlebnisses (UX) erfordern würde.

Relevanz der Plattform

Auf allgemeiner Ebene bestätigten die Ergebnisse der Studie die anhaltende Relevanz der EU-Plattform für Gesundheitspolitik (HPP), sowohl im Hinblick auf die Abstimmung mit den gesundheitspolitischen Maßnahmen und Initiativen der EU als auch im Hinblick auf die Erfüllung der Bedürfnisse der Akteur*innen im Gesundheitswesen. Die Plattform ist ein relevantes und geschätztes Instrument mit einem einzigartigen Angebot und einer wichtigen Rolle in der EU-Gesundheitsgemeinschaft.

Übereinstimmung der Plattform mit der Gesundheitspolitik und -initiativen der EU. Die Ziele und Gesundheitsthemen der HPP sind eindeutig auf die Gesundheitspolitik und -Initiativen der EU abgestimmt. In der Praxis spiegelt sich diese Abstimmung in den verschiedenen Aktivitäten wider, die im Rahmen der Plattform stattfinden. Die Studienergebnisse waren aussagekräftig bezüglich der Relevanz der Themen, die durch die Netzwerke der Plattform, die Online-Webinare und die Erstellung Gemeinsamer Erklärungen abgedeckt werden. Auch der EU-Gesundheitspreis (der von 2015 bis 2021 verliehen wurde) wurde von den Beteiligten geschätzt. Die Agora und der zweiwöchentlich erscheinende

⁸ Diese Diskussionen waren ursprünglich als Podiumsdiskussionen mit verschiedenen Gruppen von Interessenvertreter*innen geplant, aber angesichts der geringen Rücklaufquote der kontaktierten Personen und der begrenzten Verfügbarkeit wurden Einzelgespräche organisiert.

Newsletter werden von den HPP-Nutzer*innen häufig konsultiert und als Informationsquellen geschätzt.

Relevanz der Plattform, um den Bedürfnissen der Nutzer*innen gerecht zu werden. Bei ihrer Gründung wurde die HPP als Antwort auf den Bedarf an Informations- und Wissensaustausch und zur Förderung des Dialogs zwischen politischen Entscheidungsträger*innen und organisierten Interessenvertreter*innen im Bereich der Gesundheit und der EU-Gesundheitspolitik konzipiert. Der Hauptgrund für die Gründung der Plattform war, die Vorteile und die Effizienz der virtuellen Welt zu nutzen, eine breitere Vertretung nationaler, regionaler und lokaler Gesundheitsakteur*innen im Dialog zu gewährleisten und die Eigenverantwortung der Akteur*innen für die EU-Gesundheitspolitik zu stärken.

In der Praxis deckt die Plattform sehr gut den Bedarf der Akteur*innen im Gesundheitswesen an vielfältigen, aktuellen und vertrauenswürdigen Informationen über die EU-Gesundheitspolitik und Gesundheitsthemen. Obwohl die Mehrheit der Nutzer*innen die Plattform auch als wichtigen Ort für Diskussionen und Interaktionen mit anderen Akteur*innen des Gesundheitswesens und politischen Entscheidungsträger*innen der Kommission betrachtet, haben die recht begrenzten Funktionen der Plattform beschränkte Möglichkeiten für Nutzer*innen, miteinander in Kontakt zu treten und zusammenzuarbeiten. Zu den potentiellen Verbesserungen, die das Engagement der Akteure, die Vernetzung und die politische Interessenvertretung weiter stärken würden, gehören die Möglichkeit, direkt auf der Plattform in gemeinsam genutzten Dokumenten zu arbeiten, die Vorschau von Dateien, ohne sie herunterzuladen, und eine direkte Nachrichten- oder Chatfunktion. Weitere hemmende Faktoren sind die begrenzte Zeit, die die Menschen für die Interaktion mit der Plattform aufwenden, im Vergleich zu anderen konkurrierenden Informationsquellen und -kanälen (die im Laufe der Jahre exponentiell zugenommen haben) und die begrenzte Anwesenheit von Mitarbeiter*innen der Europäischen Kommission auf der Plattform und bei ihren Aktivitäten.

Effektivität der Plattform

Die erfolgreiche Entwicklung der Plattform in den letzten Jahren bestätigt den Bedarf an einer solchen Gemeinschaft. Am effektivsten war die Plattform als Raum zur Erleichterung des Informationsaustauschs zwischen den Akteur*innen des Gesundheitswesens und mit den Kommissionsdienststellen (insbesondere der GD SANTE), zur Unterstützung der Ziele und Prioritäten im Rahmen des EU4Health-Programms und früherer Gesundheitsprogramme sowie zur Reaktion auf Gesundheitskrisen. Die politischen Diskussionen und der Dialog sowie die Unterstützung für gesundheitsbezogene Maßnahmen außerhalb der GD SANTE waren eher begrenzt. Die derzeitige Sprachenregelung wurde als angemessen bezeichnet.

Entwicklung der Plattform im Laufe der Jahre. Eines der überzeugendsten Argumente für den Erfolg der Plattform ist ihr dynamisches Wachstum im Laufe der Jahre. Vor allem aber zeigt die Entwicklung, dass der Anstieg der Zahl der registrierten Nutzer*innen eng mit einer Ausweitung des Angebots an Aktivitäten einherging, darunter mehr Plattform-Netzwerke, Online-Webinare und ein erweiterter Geltungsbereich des EU-Gesundheitspreises⁹. Die Expansion, die durch die COVID-19-Pandemie beschleunigt wurde, brachte Herausforderungen für die Verwaltung der Plattform mit sich, u. a. begrenzte Ressourcen, um auf die gestiegene Nachfrage nach der Teilnahme an Webinaren und Netzwerken sowie auf mehr Nutzer*innen zu reagieren.

⁹ Der EU-Gesundheitspreis wurde nach seiner Ausgabe im Jahr 2021 eingestellt.

Die Ergebnisse der Studie zeigen deutlich, dass die Plattform über eine Reihe von Vorzeigekanälen und -kanälen verfügt, die von ihren Nutzer*innen sehr geschätzt werden, darunter die Live-Webinare und der zweiwöchentliche Newsletter. Weniger positiv wurden die Ergebnisse und der Nutzen der HPP-Netzwerke bewertet, insbesondere im Hinblick auf die geringen Aktivitäten vieler Netzwerke, die deren Effektivität und potenzielle Wirkung schmälern.

Effektivität der Plattform als Raum zur Erleichterung des Informationsaustauschs. Die Plattform hat ihre Rolle als Raum zur Erleichterung des Informationsaustauschs zwischen den Akteur*innen des Gesundheitswesens und den Kommissionsdienststellen effektiv erfüllt. Inwieweit sich dieser Austausch jedoch zu Diskussionen und politischen Debatten entwickelt hat, ist weniger offensichtlich. Wie oben unter "Relevanz" hervorgehoben, wurden die begrenzten Funktionen für die Vernetzung und Interaktion innerhalb der Plattform als Hindernis für die Möglichkeiten des Dialogs angesehen. Die Ergebnisse der Studie weisen auf mehrere Anpassungen hin, die mit dem verfügbaren Aufbau und den vorhandenen Ressourcen vorgenommen werden könnten, um die Interaktivitätselemente, die als fehlend angesehen werden, zu verbessern. Dazu gehören die Förderung einer aktiveren Beteiligung der Nutzer*innen, einschließlich der Kommissionsvertreter*innen an der Plattform (Webinare, Beiträge in Agora und den Netzwerken), sowie die Anpassung bestimmter Merkmale des Formats der Webinare und der Aktivitäten der Netzwerke.

Wirksamkeit der Plattform bei der Reaktion auf gesundheitsbezogene Krisen. Die Plattform hat sich im Laufe der Jahre bei der Bewältigung von Gesundheitskrisen als sehr effektiv erwiesen. Die Beispiele der COVID-19-Pandemie und der Situation in der Ukraine und den Nachbarländern haben bestätigt, dass die Fähigkeit, schnell auf Krisensituationen zu reagieren, durch die bestehende Gesundheitsgemeinschaft auf der Plattform erleichtert wurde. Durch ihre verschiedenen Kanäle und Aktivitäten bietet die HPP die Möglichkeit, flexibel auf spezifische Krisen zu reagieren, und erweist sich auch als vertrauenswürdige Informationsquelle in Krisensituationen.

Unterstützung für Maßnahmen im Rahmen der Gesundheitsprogramme und für andere gesundheitsbezogene EU-finanzierte Maßnahmen. Die Studienergebnisse belegten die wichtige Rolle der Plattform bei der Unterstützung der Durchführung und Verbreitung von Maßnahmen, die im Rahmen von EU4Health und früheren Gesundheitsprogrammen finanziert wurden. Der Beitrag der HPP zur Verbreitung von Informationen über gesundheitsbezogene Maßnahmen, die über andere EU-Finanzierungsinstrumente finanziert werden, war jedoch begrenzt. Konsultationen mit Vertreter*innen anderer Kommissionsdienststellen zeigten Möglichkeiten auf, die Plattform über die GD SANTE und die Exekutivagentur für Gesundheit und Digitales (HaDEA) hinaus weiter zu fördern.

Angemessenheit der Sprachenregelung der Plattform. Die Ergebnisse der Studie bestätigen, dass die derzeitige Sprachregelung der Plattform von den HPP-Nutzer*innen als angemessen angesehen wird. Die große Mehrheit der Teilnehmer*innen an den verschiedenen Umfragen der Studie fühlte sich wohl dabei, Englisch zu lesen, zu verstehen und zu sprechen. Die mögliche Verbesserung, eine automatische Übersetzung von Beiträgen und Nachrichten anzubieten, wurde von den Nutzer*innen nicht als Priorität angesehen.

Effizienz der Plattform

Die Plattform hat sich im Laufe der Jahre erheblich weiterentwickelt und bietet ihren Nutzer*innen Vorteile und Effizienz bei der Arbeit in einem virtuellen Umfeld. Sie konkurriert jedoch mit einer Vielzahl alternativer Online-Kanäle (einschließlich digitaler und sozialer Medien) mit fortgeschrittenen Vernetzungsfunktionalitäten. Jede technische Aktualisierung der Plattform würde zusätzliche Investitionen (auch in Bezug auf finanzielle und personelle Ressourcen) erfordern, die über einen längeren Zeitraum

hinweg umgesetzt werden müssten. Das Fehlen eines Monitorings erschwert die Formulierung von Empfehlungen für Änderungen.

Einsparungen bei den Kosten und dem CO₂-Fußabdruck, die durch die Plattform entstehen. Der Online-Austausch auf der HPP hat zu erheblichen Einsparungen an Zeit, Ressourcen und CO₂-Fußabdruck geführt. Der Online-Charakter der Plattform hat es auch einfacher gemacht, neue Gruppen zu gründen oder Treffen als direkte Reaktion auf aktuelle Themen oder Krisen zu organisieren. Trotz der festgestellten Vorteile und Einsparungen bleiben die erzielten Ergebnisse begrenzt, da es an fortschrittlichen Funktionen mangelt, die es den Nutzer*innen ermöglichen, sich auf der Plattform zu engagieren und zusammenzuarbeiten.

Angemessenheit der Ressourcen und des Monitorings. Auch wenn die Ergebnisse der Studie bestätigten, dass die finanziellen Ressourcen für den Betrieb der HPP in ihrer derzeitigen Form ausreichen, wären mehr Ressourcen erforderlich, um die Plattform weiter zu aktualisieren, wenn neue technische Funktionalitäten erforscht und implementiert werden sollen. Die Einstellung des EU-Gesundheitspreises hat zwar finanzielle und personelle Ressourcen freigesetzt, doch die zunehmenden Anforderungen an die GD SANTE für die Verwaltung der Plattform und die Arbeit der Netzwerke in Verbindung mit einer Verringerung der Mitarbeiterzahl gaben Anlass zur Sorge über die Verfügbarkeit von Personalressourcen für die Organisation, Durchführung und Weiterverfolgung der Ergebnisse der Plattformaktivitäten. Das Fehlen eines angemessenen Monitorings und von Leistungsindikatoren für die Plattform erschwert auch eine abschließende Beurteilung der Effizienzfrage. Jede Neugestaltung und Umsetzung der empfohlenen Änderungen sollte andere Kanäle ergänzen und mit einem Monitoring und Indikatoren einhergehen, die einem faktengestützten Ansatz folgen.

Kohärenz der Plattform

Es besteht die Möglichkeit, die Zusammenarbeit und die Synergien mit anderen Kommissionsdienststellen und EU-Agenturen zu verbessern, die sich mit gesundheitsrelevanten Themen befassen. In der Studie wurden Beispiele für eine erfolgreiche Zusammenarbeit innerhalb der HPP ermittelt, die sich wiederholen ließen, wenn die Plattform auf die einschlägigen Kommissionsdienststellen zugehen würde, die als Nutzer*innen und Multiplikator*innen der angebotenen Aktivitäten fungieren könnten. In ähnlicher Weise würde eine weitere Förderung der HPP auf regionaler und lokaler Ebene es ermöglichen, alternative Wege zu finden, um mit Stakeholdern auf subnationaler Ebene zusammenzuarbeiten.

Synergien mit der Arbeit anderer Kommissionsdienststellen und EU-Agenturen. Die Ergebnisse der Studie bestätigten, dass es ein Potenzial für die Förderung von Synergien mit Strategien und Initiativen anderer Kommissionsdienststellen und EU-Agenturen gibt, die sich auf Gesundheit auswirken. Wo eine Zusammenarbeit stattgefunden hat, insbesondere in den Bereichen Umwelt- und Forschungspolitik, war diese positiv. Eine stärkere Präsenz anderer Generaldirektionen (GD) auf der Plattform könnte dazu beitragen, die Nutzerbasis und die Zahl der Gesundheitsthemen (einschließlich dem Hinzufügen neuer Themen) zu erweitern und die Relevanz der Plattform für die bereits vorhandenen Nutzer*innen zu erhöhen. Dies würde jedoch eine umfangreiche interne Kommunikation und Werbung für die HPP bei anderen Kommissionsdienststellen erfordern.

Beitrag zur Arbeit anderer Akteure im Gesundheitswesen. Die gesammelten Daten bestätigten den breiten Konsens darüber, dass die Plattform einen bedeutenden Beitrag zur Arbeit anderer Akteur*innen des Gesundheitswesens geleistet hat, was damit zusammenhängt, dass Agora und der zweiwöchentlich erscheinende Newsletter der Plattform als die wichtigsten Informationsquellen zu Themen der öffentlichen Gesundheit in der EU

angesehen werden. Die Herausforderung besteht weiterhin darin, Wege zu finden, um das Engagement der Gesundheitsakteur*innen auf lokaler und regionaler Ebene zu verstärken.

EU-Mehrwert der Plattform

Trotz der Einschränkungen und des Verbesserungspotenzials ergibt sich aus der Bewertung des EU-Mehrwerts der Plattform, dass die HPP und ihre Aktivitäten weiter bestehen sollten, um ihre Errungenschaften zu konsolidieren und den kontinuierlichen Informations- und Vernetzungsbedarf der Akteur*innen des Gesundheitswesens im Bereich der EU-Gesundheitspolitik und der sich weiterentwickelnden Gesundheitsthemen zu decken.

Hauptmehrwert der Plattform. Der Hauptmehrwert der Plattform liegt in der Bereitstellung relevanter Informationen über die EU-Gesundheitspolitik und Gesundheitsthemen sowie in der Förderung des Austauschs von bewährten Verfahren und Initiativen. Der Mehrwert der HPP für die Vernetzung, die Zusammenarbeit, den politischen Dialog und die Interaktion mit der Kommission wurde als deutlich geringer eingeschätzt. Die Ergebnisse der Studie waren jedoch schlüssig und zeigten, dass eine hypothetische Einstellung der Plattform negative Auswirkungen auf die Interessengruppen im Gesundheitswesen hätte, da die Plattform als einzigartiger Kanal wahrgenommen wurde

Mehrwert der Gemeinsamen Erklärungen. Positiv bewertet wurden die Gemeinsamen Erklärungen in Bezug auf die Vorteile, die sich aus dem Prozess ihrer Ausarbeitung ergaben, vor allem im Zusammenhang mit einer größeren Sichtbarkeit, einer besseren Vernetzung und der Möglichkeit einer direkteren Interaktion mit der Kommission. Kritischer waren die Ergebnisse in Bezug auf die Förderung und Weiterverfolgung der Ergebnisse der Gemeinsamen Erklärungen und das Ausmaß, in dem sie im politischen Entscheidungsprozess berücksichtigt wurden. Angesichts der hypothetischen Abschaffung der Thematischen Netzwerke herrschte Einigkeit darüber, dass sich dies negativ auf die Möglichkeit der Akteur*innen im Gesundheitswesen auswirken würde, gemeinsame Positionen zu EU-Gesundheitsthemen zu formulieren.

Impact der Plattform

Die Ergebnisse der Gemeinsamen Erklärungen - wie auch des nicht mehr vergebenen EU-Gesundheitspreises - zeigen, dass die Plattform vor der gemeinsamen Herausforderung steht, die Ergebnisse ihrer Aktivitäten zu konsolidieren und zu fördern. Es sind weitere Anstrengungen erforderlich, um den Aktivitäten mehr Sichtbarkeit zu verleihen und nach Möglichkeiten zu suchen, wie sie sinnvoller zur Gestaltung der EU-Gesundheitspolitik beitragen können

Impact des EU-Gesundheitspreises. Die wichtigste Wirkung des EU-Gesundheitspreises war die finanzielle Unterstützung, die er den Akteur*innen des Gesundheitswesens (einschließlich NRO, Städten und Schulen, die an den verschiedenen Ausgaben teilgenommen haben) gewährte, damit sie weiterhin Sensibilisierungsmaßnahmen zu vorrangigen Gesundheitsprojekten durchführen können. Der EU-Gesundheitspreis trug auch dazu bei, das Bewusstsein für die Gesundheitspolitik und die Prioritäten der Kommission bei einigen Akteur*innen zu schärfen. Die Rückmeldungen der Teilnehmer*innen deuten jedoch darauf hin, dass die mangelnde Sichtbarkeit (über die Bekanntgabe der Ausschreibungen und der Gewinner*innen hinaus) eine verpasste Gelegenheit war. Zusätzliche Aktivitäten wie der Einsatz der Gewinner*innen als Multiplikator*innen und die Förderung bewährter Verfahren aus den Gewinnerinitiativen früherer Ausgaben hätten die Sichtbarkeit und Wirkung des Preises erhöht.

Auswirkungen auf den verstärkten Dialog und die Transparenz. Obwohl Engagement und Diskussionen auf der Plattform nicht gängig sind, bestätigten die Ergebnisse der Studie, dass

es der HPP gelungen ist, eine breite Gemeinschaft von Akteur*innen im Gesundheitsbereich aufzubauen, die gut informiert sind und Zugang zu relevanten Veranstaltungen, Veröffentlichungen und Informationen haben. In der Praxis hat die HPP die Bedürfnisse ihrer Nutzer*innen als vertrauenswürdiger Aggregator erfüllt, auch wenn diese Rolle nicht ausdrücklich als Teil der ursprünglichen Ziele der Plattform genannt wurde. Als solche ergänzt sie andere Kanäle, da sie kuratierte Informationen an einem Ort bereitstellt. Die Rolle der Akteur*innen des Gesundheitswesens bei der Gestaltung der EU-Gesundheitspolitik durch die Aktivitäten der Plattform (d. h. die Thematischen Netzwerke und die Gemeinsamen Erklärungen) war unklar, doch wurden in der Studie positive Beispiele ermittelt, die als bewährte Verfahren vorgestellt werden könnten.

Impact der Gemeinsamen Erklärungen. Die Ergebnisse der Studie bestätigten, dass die Gemeinsamen Erklärungen ein wirksames Instrument zur Verbreitung von Informationen und bewährten Verfahren an ein breites Publikum sind und dass der Prozess ihrer Erarbeitung durch die Thematischen Netzwerke einen Raum für die Diskussion und Artikulation gemeinsamer Positionen zu Gesundheitsthemen bietet, die mit den Prioritäten der EU übereinstimmen. Trotz dieser positiven Einschätzung wird die Wirkung der Gemeinsamen Erklärungen auf die Gesundheitspolitik auf lokaler, nationaler und EU-Ebene als begrenzt empfunden, was auf mehrere Faktoren zurückzuführen ist, die bereits oben unter Wirksamkeit und Mehrwert erörtert wurden. Auch wenn die Gemeinsamen Erklärungen für die Kommission nicht verbindlich sind, bestand Einigkeit darüber, dass eine bessere Verknüpfung mit spezifischen politischen Initiativen möglich wäre, um deren Beitrag zu nutzen.

1. Introduction

1.1. Policy context

A stronger European Health Union was outlined as one of the policy priorities in the European Commission President's State of Union address in 2020¹⁰. Online platforms, such as the EU Health Policy Platform (HPP), have a key and growing role in achieving a stronger Health Union. Moreover, the commitment towards improving public health in the Union through international health initiatives and cooperation is specifically envisaged in the 2022 EU4Health Work Programme¹¹.

Launched by the European Commission's Directorate General of Health and Food Safety (DG SANTE) in 2016, the HPP facilitates the dialogue between health stakeholders to share best practice, while also providing a channel for the Commission and stakeholders to communicate on a more regular basis, allowing for instant coordination and exchange of information. The HPP is also a channel for consultation. The creation of the Platform was in line with the call in the EU's 2014-2020 Health Programme for health policy stakeholders to participate in Commission dialogues and interactions¹².

The Platform has three pillars: the web tool (the core of the HPP), the webinars and regular meetings and events, and the EU Health Award (discontinued after the 2021 edition). The web tool has greatly expanded in terms of number of networks and user base, but its basic features remain broadly unchanged.

The Platform was set up to take advantage of the benefits and efficiencies of the virtual world, ensure broader representation in the dialogue and increase stakeholder ownership of EU health policy. It was established in parallel with the adoption of a complete overhaul of the Commission's approach to stakeholder consultation.¹³

1.2. Study objectives

The present study has assessed the EU Health Policy Platform as a whole, including the web tool (the core of the HPP), as well as the various networks it hosts, the live webinars on key EU health initiatives that are organised by the Platform team, and the seven annual editions of the EU Health Award held between 2015 and 2021, which are also part of the Platform's remit.

The study focused on the Platform's activities between 2020 and mid-2022. It was contracted by DG SANTE to a grouping led by Economisti Associati. The work was led by Tetra Tech International Development and supported by Wavestone. The study has provided DG SANTE with robust evidence about the use and functioning of the Health Policy Platform including its relevance, effectiveness, efficiency, coherence with Commission policies and health actions, added value and impact. Based on this assessment, the study team has made

¹⁰ Speech text available at https://ec.europa.eu/commission/presscorner/detail/en/SPEECH_20_1655

¹¹ European Commission, Annex II to the Commission Implementing Decision, Last consulted: 14.11.2022, Available at: https://health.ec.europa.eu/system/files/2022-07/com_2022-5436_annex2_en.pdf

¹² European Commission, Recital 20 of Regulation 282/2014, Available at: [Regulation \(EU\) No 282/2014 of the European Parliament and of the Council of 11 March 2014 on the establishment of a third Programme for the Union's action in the field of health \(2014-2020\) and repealing Decision No 1350/2007](#)

¹³ European Commission, Rules of Procedure, Last consulted: 16.11.2022, Available at: [Rules of Procedure EU Health Policy Platform.pdf \(europa.eu\)](#)

recommendations for improvements and identified additional features or services the Platform could offer.

2. Methodology

2.1. Overview of consultation activities

In line with the European Commission's stakeholder consultation strategy, the study entailed the following consultation activities:

- Large HPP user consultation, featuring a comprehensive survey targeting all HPP users.
- Targeted consultations, including:
 - Targeted surveys for webinar participants and EU Health Award contestants;
 - Targeted interviews with HPP moderators and users;
 - Individual discussions¹⁴ with Member States' representatives, health stakeholders and European Commission and EU agencies' representatives.
- Case studies involving additional consultations with relevant stakeholders.
- Validation workshop with stakeholders, held on 19 April 2023, involving onsite and virtual break-out sessions with attendees to the HPP Annual Meeting.

The consultation activities focused on gathering the views and experiences of stakeholders with regard to the criteria in the Better Regulation Guidelines, namely relevance, effectiveness, efficiency, coherence / complementarity, and EU added value. In addition, impact was also included in the assessment. For each criterion, a number of questions and sub-questions were assessed:

- **Relevance of the Platform**, including: relevance of the main aspects of the HPP regarding the Commission's health policies and initiatives (Q1); and relevance regarding the current and future needs of health stakeholders (Q2).
- **Effectiveness of the Platform**, including the extent to which the central objectives of the HPP have been reached. These relate to the facilitation of exchanges between stakeholders and the Commission services (Q3); the response to situations of health crises (Q4); the achievement of results through the different activities (Q5); the support for the implementation and dissemination of health-related actions financed through the EU Health Programmes and other EU funding instruments (Q6); the extent to which it is used by health stakeholders beyond the provision of input for the Commission services (Q7); and the appropriateness of the linguistic regime in which it operates (Q8).

¹⁴ These discussions were initially designed as panel sessions with different groups of stakeholders but given the low response rates from people contacted and the limited availability, individual discussions were organised.

- **Efficiency of the Platform**, including: the efficiency gains from the virtual collaboration and tools made possible by the Platform (Q9); and the extent to which the resources available for the HPP are adequate for its functioning (Q10).
- **Coherence of the Platform**, including: the extent to which the HPP facilitates dialogue on health-related topics concerning policies of other Commission services (Q11, internal coherence); and the extent to which the HPP promotes health actions by health stakeholders and other health organisations (Q12, external coherence).
- **EU added value of the Platform**, including: the extent to which bringing together health stakeholders at the European level is adding value to EU health policy (Q13); the added value of the Joint Statements produced under the Thematic Networks (Q14); and new activities that can be carried out via the HPP which can generate additional value (Q15).
- **Impact of the Platform**, including: the extent to which the EU Health Award has contributed to encouraging health actors to continue their efforts to raise public health awareness, health promotion and disease prevention (Q16); the extent to which the HPP has impacted the process of health policy-making, by making it more transparent, inclusive and participatory, especially for stakeholders from the regional or national level (Q17); and the extent to which the Joint Statements have impacted policies at the local, national and EU level under the impact criterion (Q18).

The study engaged a total of 927 stakeholders through these activities. Further details on the specific groups of stakeholders who provided data, views and experiences for the study are provided in the next section.

The study team conducted a quantitative and qualitative analysis of data gathered through the different consultation activities. The quantitative analysis included a descriptive statistical analysis of the results of the targeted surveys. The views and information provided in the interviews and the open questions of the targeted surveys were analysed using qualitative data analysis techniques.

The analysis was conducted first at the level of individual data collection tools. Then, the study team triangulated the data, and contrasted it with data coming from the desk research, to produce the study findings and develop overarching conclusions and recommendations. These are presented at the end of this report.

2.2. Stakeholders consulted

provides an overview of stakeholders consulted as part of the study. The breakdown of stakeholders evidences that the consultation aimed to collect different perspectives on the issues under assessment. A choice was made so that the most relevant consultation tool was selected for each stakeholder group and that the topics of the consultation reflected the profile, knowledge, experience, and interest of each group.

Table 1: Stakeholders engaged per consultation activity

Consultation activity	Stakeholder group	Nr of stakeholders targeted	Nr of stakeholders responding	Level of engagement ¹⁵
Scoping interviews	Commission representatives (DG SANTE, DG RTD), relevant European umbrella organisations and external contractors who are actively involved and familiar with the Platform and its different components	19	13	High
Large HPP survey	All HPP registered users (including moderators) from the following groups: <ul style="list-style-type: none"> public health governmental organisations universities and public research institutes public health non-governmental organisations European institutions patients' non-governmental organisations business organisations or associations working on health promotion, protection and improvement health service providers health insurance bodies 	HPP registered users	189 (between 12 to 15% of active users) in 26 European countries ¹⁶ and other non-EU countries (including Iceland, Norway, Moldova, the United Kingdom, Switzerland, and Colombia)	Moderate
Targeted surveys	Webinar requestors and participants from the following groups: <ul style="list-style-type: none"> public health governmental organisations universities and public research institutes health service providers public health non-governmental organisations European institutions patients' non-governmental organisations organisations representing health professionals business organisations or associations working on health promotion, protection and improvement 	Requestors and participants in HPP webinars held between 2017 and 2022	552 (10% of the total universe of participants reached), in all 27 EU Member States and other non-EU countries ¹⁷	Moderate
	EU Health Award contestants (applicants, short-listed, winners), including representatives from the following groups: <ul style="list-style-type: none"> non-governmental bodies / organisations 	EU Health Award applicants (2015 to 2021)	47 (10% of the total universe of applicants reached) in 16 European countries ¹⁸ and other non-EU countries	Moderate

¹⁵ While the level of engagement rating considers the percentage of respondents over the total number of stakeholders consulted for each consultation activity, it also considers challenges faced, such as the number of emails and follow-ups required to schedule the consultation activities.

¹⁶ There were no responses from Latvia.

¹⁷ Respondents from non-EU countries included Switzerland, Serbia, the United Kingdom, Kosovo, Norway, Moldova, Brazil, North Macedonia, Norway, Ukraine, Albania, Kosovo, Iceland, Georgia and Turkey.

¹⁸ There were no responses from Austria, Bulgaria, Finland, Germany, Hungary, Latvia, Lithuania, Luxembourg, Malta, Slovakia and Sweden.

Consultation activity	Stakeholder group	Nr of stakeholders targeted	Nr of stakeholders responding	Level of engagement ¹⁵
	<ul style="list-style-type: none"> primary, secondary or higher education institutions city / local authority or affiliated institutions 		(Bosnia and Herzegovina)	
In-depth interviews	HPP moderators leading Stakeholder, Thematic and Commission and Member-State led networks	27	15	High
	HPP users	107	45	Moderate
Individual sessions	Member States' representatives, DG SANTE officers, health stakeholders and representatives from across other Commission DGs and Agencies	58	16	Moderate
Case studies	DG SANTE officers, health stakeholders (including moderators and users of different types of HPP networks, requestors and participants to HPP webinars, and EU Health Award contestants), and representatives from benchmarked Platforms selected for review	35	18	Moderate
Validation workshop (break-out sessions)	Moderators and users of different types of HPP networks (including leaders of Thematic Networks) who participated in the onsite and online break-out sessions organised in the framework of the Annual HPP meeting	122 ¹⁹	29 onsite 14 online	High (onsite), low (online)

2.3. Consultation challenges

The following challenges were faced during the consultation activities:

- Slow survey take up:** The large HPP survey was launched in late December 2022, followed by the targeted surveys which kicked off in early January 2023. The pace of responses was slow in December and most of January, although surveys were being widely disseminated in different channels with strong support from the HPP and communication teams. Response rates were closely followed up by the study team and some further measures were taken in close consultation with DG SANTE to increase responses, including: deferring the closure of the surveys to the end of February; disseminating several reminders in multiple SANTE communication channels; promoting the survey links in HPP webinars; cross-promoting the surveys; sending mass emails to webinar participants and EU Health Award applicants; and preparing a promotional leaflet to support the dissemination of the study and the survey links. This ensured wider participation, with a total of 784 responses collected across the large consultation and the two targeted surveys.
- Low participation from HPP users in interviews:** In order to offset the low levels of participation of HPP users, interviewees were contacted with tailored requests including an

¹⁹ The study team emailed a total of 122 HPP users and moderators who had contributed to the study either by responding to one of the surveys and/or participating in interviews. This promotion complemented the dissemination of the annual meeting carried out by DG SANTE.

official recommendation letter from DG SANTE to boost participation. Interview topics and questions were included in the request to avoid any apprehension about the ability to answer, and to allow participants to prepare. We offered flexibility in the timing of the interviews according to users' needs. Back-up or alternative interviewees were identified from the survey with webinars' participants to provide additional contacts willing to support the study, which has enhanced the number of interviews scheduled. The timeframe for finalising the interviews was extended to April 2023 to account for the low response, resulting in delays in the reporting of the complete interview findings.

- **Variable amount and quality of evidence:** The evidence and monitoring data available for the different activities and user engagement was variable, which led to gaps in the preliminary findings. Given that the desk research was an ongoing task throughout the study, the team used the planned data collection (including surveys and interviews) to fill the identified gaps in the evidence. The use of triangulation as part of the final reporting phase also helped to offset the inevitable imperfection of any one research tool.
- **Stakeholders' fatigue for panel sessions:** The organisation of the panel sessions as initially foreseen (two sessions with representatives of each stakeholder group identified) proved very challenging, given the low response rates from people contacted and the limited availability (which made it difficult to organise group sessions). The panel sessions were promoted as an opportunity for participants to discuss preliminary findings of the study, and to have an opportunity to propose forward-looking recommendations for the Platform. The study team proposed potential alternative stakeholder groups to be consulted if the identified stakeholder groups were not available. Individual discussions were organised to replace the group sessions. These were complemented by the group sessions organised in the frame of the Annual HPP meeting study workshop. DG SANTE supported the study team in identifying and scheduling interviews with Commission and external stakeholders.
- **Moderate level of interest in validation workshop:** The validation workshop was organised as a high-level event where invitations to the selected participants were sent in advance in the framework of the annual HPP meeting. It was highlighted to the participants that they would get access to networking opportunities and insights, aside from the information and the opportunity to have a say on the future of the Platform. In addition, the fact that the validation workshop took place as part of the agenda of the HPP annual stakeholder meeting also guaranteed participation of attendees to the workshop. Online participation to the break-out sessions was low, but the discussions held provided rich insights which complemented the onsite sessions with attendees to the annual meeting in Luxembourg, as well as findings from the other consultation activities.

3. Analysis

This section presents the findings of the study assessing the EU Health Policy Platform. These are derived from an analysis of the supporting evidence from the desk research, the consultation activities (one large HPP user survey, two targeted surveys, targeted interviews with network moderators and users, individual sessions), one validation workshop and nine case studies. The findings are presented by evaluation criterion and study questions.

3.1. Relevance of the Platform

Relevance assesses the alignment between the objectives of an intervention and current and future needs. In the context of this study, relevance of the Platform is examined regarding the Commission's health policies and initiatives (Q1); and regarding the current and future needs of health stakeholders (Q2).

3.1.1. EQ1: To what extent is the EU HPP (the health topics and networks, activities and objectives pursued; profile of the users/organisations, Platform architecture, etc.) relevant to the EU health policies and its initiatives / missions (EU4Health Programme, Horizon Europe etc.)?

Relevance of HPP objectives, health topics and activities

There was strong evidence that HPP objectives, health topics and activities are aligned with EU health priorities. The alignment is formally exposed in the Platform's Intervention Logic, with the overall long-term objective of the HPP to support the attainment of EU health policies and initiatives contributing to a healthier European Union, and the specific objectives, outputs and activities of the HPP all aligned towards achieving this long-term goal. In practice, the alignment is reflected in the different activities that take place in the framework of the Platform. The network topics, webinars, and EU Health award themes support the EU Commission's health priorities, the European Health Union and the EU4Health Programme (see Box 1 for examples).

Box 1: Examples of alignment of the activities of the HPP with the Commission's health priorities

The topics of many **HPP networks** were considered highly relevant for EU health policies including, for example, cancer prevention, antimicrobial resistance, vaccination, digital health, mental health, health inequalities, pharma strategy, responding to health emergencies, and strengthening of national healthcare systems via exchange of best practices. Through the selection of annual topics, Thematic Networks provide another pathway for flexible alignment with EU health priorities.

Similarly, **webinars** have supported the dissemination of information related to the EU4Health Programme and other health-related EU funding instruments as well as the promotion of EU-funded actions and outputs. Webinars have been also instrumental for the timely reaction to emerging health crises related to COVID-19 and the situation in Ukraine.

The previous editions of the **EU Health Award** contributed to the general objective of the EU4Health Programme by encouraging and supporting the implementation of national and local organisations on health priority projects (i.e., ebola, antimicrobial resistance, vaccination, tobacco, obesity, healthy lifestyles, cancer prevention, and mental health). The themes of the EU Health Award (which changed each year) also provided flexibility for the award to respond to emerging priorities and/or specific thematic areas of the European Commission. For instance the 2021 award on cancer prevention among children and young people aligned with the Commission's "Beating Cancer Plan"²⁰, and President von der Leyen's political guidelines²¹.

²⁰ European Commission, 2021, Europe's Beating Cancer Plan, Available at: [Europe's Beating Cancer Plan \(europa.eu\)](https://european-council.europa.eu/media/en/press-communications/infographic/2021/04/11/Pages/Beating-Cancer-Plan-Infographic-2021-04-11.pdf)

²¹ European Commission, 2019, Political guidelines for the next Commission (2019-2024) - "A Union that strives for more: My agenda for Europe", Available at: [Political guidelines for the next Commission \(2019-2024\) - "A Union that strives for more: My agenda for Europe" | European Commission \(europa.eu\)](https://ec.europa.eu/press-communications/infographic/2019/06/11/Pages/Political-guidelines-for-the-next-Commission-2019-2024-11-06-19.pdf):

Stakeholders consulted through the different surveys and consultations implemented (interviews and case studies) were strongly in agreement that the Platform and the different activities hosted under its umbrella are aligned with EU health policy priorities.

Relevance of the Platform's user base and architecture

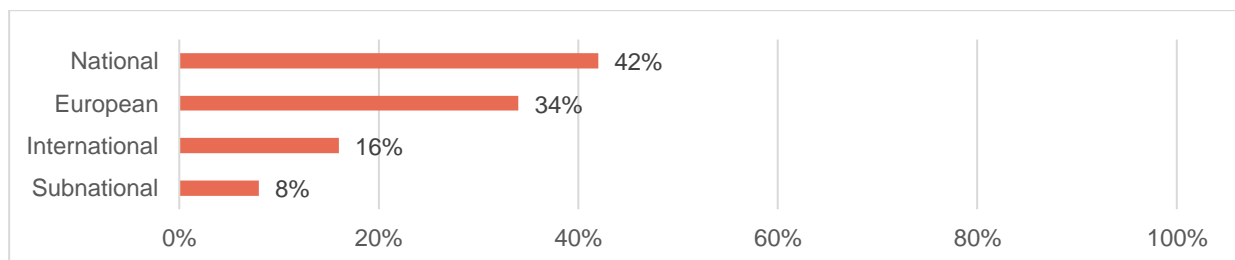
Similarly, study findings were supportive of the relevance of the Platform's user base. Participants consulted via the targeted interviews, individual sessions and the validation workshop appreciated the large and diverse user base of relevant stakeholders working on diverse health topics across different sectors. The Platform was viewed as a space where civil society can work together without pressure from industry organisations. Users were also positive of the fact that the Platform is run by the Commission, which lends it credibility and legitimacy. However, several stakeholders suggested that there could be scope for consolidating the user base by attracting more health stakeholders from the regional and local levels. Data provided by DG SANTE confirmed the diversity of HPP users, both in terms of the sector and type of organisations represented in the Platform (see Figure 1 and Figure 2).

Figure 1: HPP users by sector (N= 5927)



Source: Data provided by DG SANTE

Figure 2: HPP users by type of organisations (N= 5927)



Source: Data provided by DG SANTE

Evidence was less conclusive about the relevance of the HPP's architecture, including in relation to the Platform and network accessibility requirements and rules. On the positive side, findings from interviews and individual sessions highlighted the fact that the closed networks provided a secure space for discussion and for the storage of documents,

particularly in the context of meetings with Member State representatives. Moderators interviewed also appreciated the introduction of a centralised approval mechanism for new Platform users.

On the negative side, users and moderators consulted as part of the interviews, individual sessions and case studies expressed concern about the lack of clarity on the rules for accessing individual closed networks. With regard to the Platform's architecture (the web tool), the consultation detected a degree of unclarity among users about the rationale behind the different types of networks. Findings from the case study on the Agora network confirmed that users found the Agora landing page difficult to navigate, and most users consulted were not aware of the content of the Agora library. Further recurring comments from users interviewed pivoted around difficulties in accessing the Platform, which they characterised as not designed in a user-centred way. Some users perceived the registration procedure as complex and long, discouraging immediate use of the Platform given the information requirements (e.g. company transparency register number) which many organisations had difficulties in providing. In addition, many users found the log-in procedure burdensome, requesting authentication each time they logged in to the Platform.

3.1.2. EQ2: To what extent is the EU HPP relevant to the health stakeholders' needs (in terms of e.g., exchange of information, knowledge and good practices and opportunities for discussion and interaction with other health stakeholders and EC policy makers)?

Relevance of the Platform as a space to exchange information

The Platform was perceived to be most relevant as a space to exchange information, knowledge and good practices. The Platform meets very well the needs of health stakeholders for diverse, up-to-date and trustworthy information on EU health policy and health topics (more than 85% of respondents to large scale and targeted surveys and most users and moderators interviewed agreed with this view). It provides a unique space which concentrates diverse, up-to-date and trusted information on EU health policy. Platform users surveyed agreed that membership of the Platform and the networks mainly offered them the possibility to learn about relevant events, receive up-to-date relevant health policy information, and learn about relevant publications.

Relevance of the Platform as a space for discussion and interaction

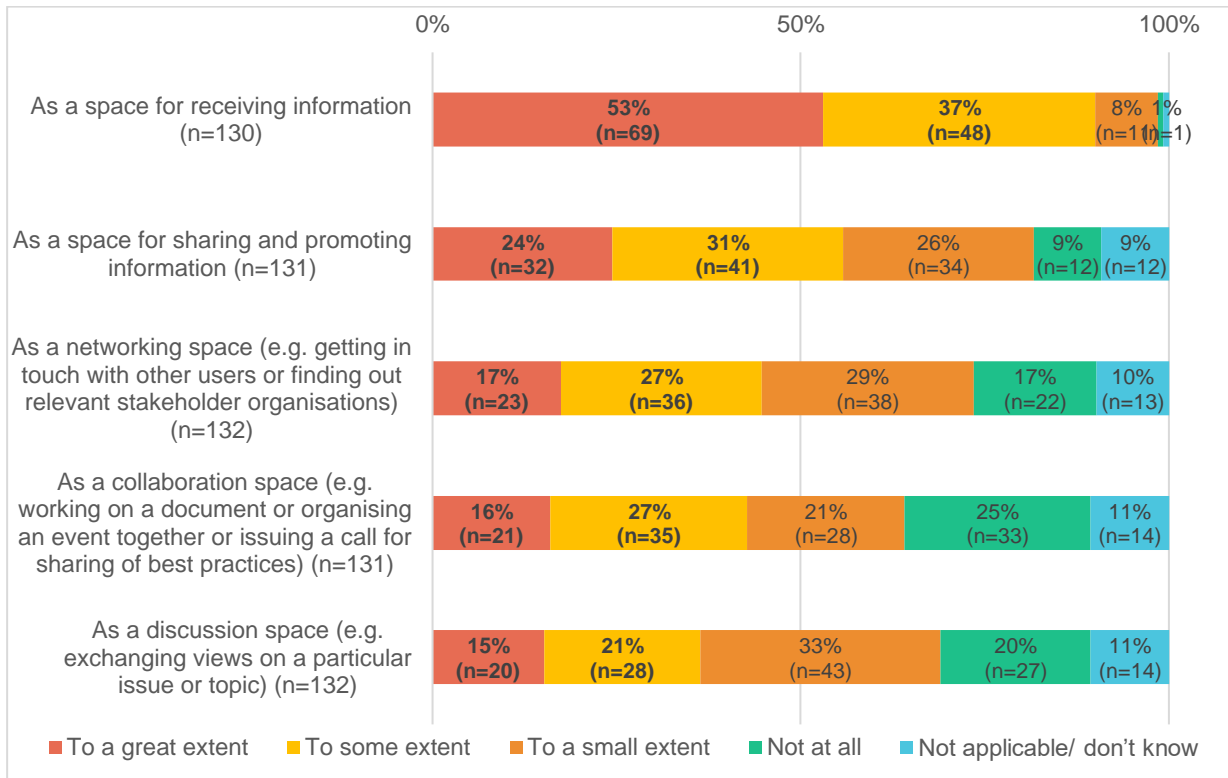
Even though the majority of users consider the Platform as a relevant space for engaging with other health stakeholders and Commission policy-makers, in practice it is used less for discussion and interaction with other health stakeholders and Commission policy-makers. As reflected in the surveys, the Platform and its main activities meet needs for stakeholder engagement, networking and policy advocacy to a small extent. Six in every ten respondents to the large HPP survey (60%) saw it as a space for dialogue and discussion among health stakeholders, and 69% of respondents to the webinar survey agreed that their participation in HPP webinars contributed to policy dialogue and shaping EU policy.

Stakeholders consulted were least satisfied with the levels of activity in the Platform networks. Evidence collected through the targeted interviews, case studies and individual sessions (including from both moderators and users) confirmed links between the low levels of user activity and the limited functionalities offered by the Platform. There was consensus among users that the potential of the Platform cannot be fully exploited due to the limited features to engage users and enable them to interact with one another and work collaboratively on the Platform. The lack of monitoring data on actual user engagement was also highlighted as a challenge in this context, as moderators lack metrics to assess users' preferences and interests and more effectively respond to them. Figure 3 below reflects views from survey

respondents to the large HPP survey on the extent to which the Platform met their different needs.

Despite the findings from the consultations, the assessment of similar platforms as part of the benchmarking case study evidenced that facilitating engagement and interaction appears to be a common challenge not specific to the EU Health Policy Platform. The knowledge sharing role of the benchmarked platforms (including Capacity4dev and Joinup) is greater than their success in stimulating debate.

Figure 3: To what extent does the HPP meet your needs... (n=130 to 132, respondents to large HPP survey who are active users of the Platform)



Source: Results from large HPP survey

3.2. Effectiveness of the Platform

Effectiveness examines the extent to which an intervention’s objectives have been achieved. In the framework of the study, we have examined the facilitation of exchanges between stakeholders and the Commission services (Q3); the response to situations of health crises (Q4); the achievement of results through the different activities (Q5); the support for the implementation and dissemination of health-related actions financed through the EU Health Programmes and other EU funding instruments (Q6); the extent to which the Platform is used by health stakeholders beyond the provision of input for the Commission services (Q7); and the appropriateness of the linguistic regime in which it operates (Q8).

3.2.1. EQ3: To what extent did the EU HPP facilitate the exchanges between health stakeholders and the Commission services, particularly in the context of its priorities?

Effectiveness of the Platform as a space for the facilitation of exchanges

The information exchanges on health topics that take place through the Platform’s channels between health stakeholders and the Commission services were viewed as very effective and with a clear link to EU health priorities. Findings from the large HPP

survey confirmed that the facilitation of exchanges between health stakeholders and DG SANTE was perceived as the second most important contribution of the Platform, with 82% of respondents agreeing with the statement. Findings from the webinars' survey were slightly less positive, with 71% of survey respondents agreeing that participation in webinars had contributed to facilitating exchanges with the Commission.

Consultations with HPP users and moderators in the framework of interviews, individual sessions, case studies and the validation workshop provided concrete examples of effective exchanges via the networks, the webinars and the EU Health Award, ranging from information sharing to consultations on specific topics within networks, to exchanges in live online webinars with the participation of Commission staff (see Box 2 below for examples). Despite the positive examples, stakeholders consulted also considered that there was scope for the networks and webinars to be more interactive, with stronger participation of Commission officials, more space for questions and discussion, and follow-up activities to webinars and meetings.

Box 2: Examples of effective exchanges via the networks, the webinars and the EU Health Award

Examples of exchanges through Platform networks:

- Members of a Stakeholder Network had the opportunity to provide input to the Beating Cancer Action Plan, including policy recommendations.
- Moderators from DG SANTE and other Commission services appreciated the opportunity offered by the Platform networks to have direct contact with stakeholders and the flexibility to post on the Platform and reach out to a wide community of HPP users without going through the hierarchy chain.
- The Thematic networks have also provided opportunities for exchanges between health stakeholders and DG SANTE via the process of producing a Joint Statement. The topics are pre-selected by the Commission, and the Joint Statements are presented by the Thematic network leaders at the HPP Annual Meeting, while a policy officer from DG SANTE accompanies the Thematic Network throughout the process and comments on the final output at the HPP Annual Meeting.

Examples of exchanges through live online webinars:

- Interviewed moderators representing the stakeholder community appreciated the participation of Commission services' staff in the live online webinars. In addition to DG SANTE or HaDEA staff, some webinars were attended by high-level figures such as the Commissioner (4 in 2020 and 2021; 2 in 2022).
- Interviews and consultations with users showcased the webinars as useful tools for the dissemination of outputs from Joint Actions or as information sessions on EU4Health grants.

Examples of exchanges through the EU Health Award:

- Award participants consulted through the survey and interviews were mostly satisfied with the networking opportunities offered by the award ceremony. Main benefits included the possibility to meet and connect with organisations working on similar health issues, and (to a lesser extent) the opportunity to engage with and expand their networks at national, local and EU level.
- Commission representatives reported that the award had been effective in reaching a wider audience beyond the Brussels ecosystem (i.e. local stakeholders who would otherwise not attend the HPP Annual Meeting, including schools, small NGOs and public administrations at local/municipal level).

Extent to which the exchanges have taken shape as discussions and policy debates

The study findings were less conclusive regarding the extent to which the exchanges have taken shape in the form of effective discussions and policy debates with Commission services. According to findings from the large HPP survey, 61% of respondents agreed that the Platform had facilitated dialogue and discussion between health stakeholders and DG SANTE. HPP network users interviewed also held critical views on the extent to which the Platform provided them with opportunities to interact with Commission services. While most agreed that the Commission (through DG SANTE) could do more to engage with existing stakeholder communities organised around specific topics, some interviewees also recognised

that there were not enough human resources in their organisations to allow them to engage in-depth in the work of the networks.

Participants to the live online webinars highlighted the restricted opportunities for interaction, as a result of several factors, including limited responsiveness from the Commission or limited time to address and respond to participants' feedback, and the high number of attendees participating in the webinars. Some complained that questions could only be asked in the chat and not directly.²² Suggestions for improving the interaction included the possibility to have a discussion thread after a webinar, so that the conversation could continue within the respective network or in a general discussion forum. Some participants to the breakout sessions suggested that additional concepts beyond the webinar format could be considered to allow for a more informal exchange, e.g. roundtables or panels with invited speakers facilitating dialogue, as opposed to one-way information sharing.

Attendees to the EU Health Award annual ceremonies who responded to the survey suggested that exchanges had mainly taken place with other applicants and organisations working on similar issues. Views were more divided on the extent to which the ceremony offered them the opportunity to expand their network at national or local level. Survey respondents were least in agreement that through attending the ceremony they could expand their health stakeholder networks at EU level.

3.2.2. EQ4: How effective was the HPP in situations of health crises that required quick reaction – e.g., before, during and after the COVID19 pandemic; providing support to Ukraine and neighbouring countries?

Effectiveness of the Platform in responding to health-related crises

The study findings confirmed that the HPP was quick and effective in responding to health-related crises such as the COVID-19 pandemic and the war in Ukraine. Four networks were created in response to various health crises, two of which continue to be active²³. Most respondents to the large HPP survey (67%) agreed that the Platform's response to COVID-19 was quick and effective, and reflected a clear need of an online environment to meet and exchange. Slightly fewer respondents (59%) agreed on the Platform's effective response to the situation in Ukraine and neighbouring EU countries. However, findings from interviews with moderators evidenced that not all crisis responses were channelled via the Platform. One example mentioned in an interview was that the European Centre for Disease Prevention and Control (ECDC) used a different channel rather than the Platform for its response to the recent Mpox outbreak.

Users and moderators consulted were also positive about the Platform as a trusted source of information in the context of emerging health crises. During the COVID-19 pandemic the Platform provided users the latest information on the crisis, but also the opportunity to participate in online events related to their work. The bi-weekly newsletter was positively valued as a useful source of information to keep up to date on the latest topics, including emerging health crises. Moderators credited the swift reaction of the Commission to the fact that many health stakeholders were already on the Platform, which was an enabler to appeal quickly to the stakeholder community and set up new networks at relatively short notice.

Effectiveness of HPP webinars organised in response to health-related crises

²² It should be noted that this feature is an active decision of the organisers who prefer to use the time efficiently by replying to as many questions as possible which is not feasible when participants interact orally.

²³ COVID-19: mental health support and Supporting Ukraine, neighbouring EU Member States and Moldova. Both networks were launched within a month of the respective crises breaking out, demonstrating the Platform's capacity for quick reaction.

There was strong evidence that the HPP webinars were particularly effective and reactive to health crises. The first webinar on COVID-19 took place in the beginning of February 2020, while the first webinar on health aspects related to Russia’s aggression in Ukraine was organised on 4 March 2022, eight days after the Russian invasion began. As reflected in Table 2, in 2020, 11 webinars were organised on the topic of COVID-19 and related aspects (mental health, mis- and disinformation, cancer, impact on vulnerable populations). A few of the webinars were attended by the Commissioner with one reaching an audience of 2000 viewers. In 2022, the Platform hosted a total of 11 webinars on health emergency topics, of which seven were organised in relation to the war in Ukraine.

Table 2: Webinars organised in response to health crises (2020 to 2022)

Health crises	2020	2021	2022
COVID-19	11	3	3
War in Ukraine and the situation in neighbouring countries	n/a	n/a	7
Other health crises	0	0	1 (monkeypox)
Total	11	3	11

Source: Authors’ elaboration based on data provided by DG SANTE

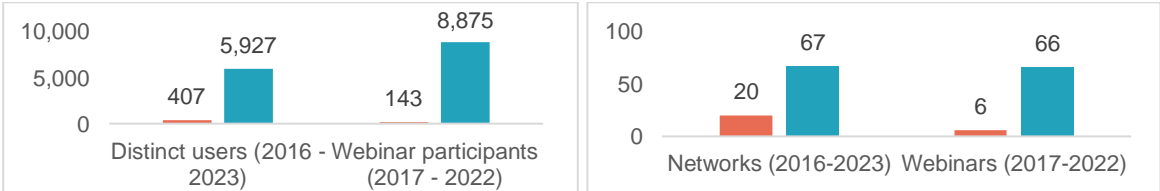
Findings from the webinars’ survey reflected significantly higher attendance levels to webinars on COVID (40%) than to webinars on the crisis in Ukraine (13%). Most attendees agreed that the Platform had been reactive in promoting these webinars and that, through the events organised, the Platform had contributed to managing the respective crises.

3.2.3. EQ5: What are notable results obtained through the different networks (including the Joint Statements produced under the Thematic Networks), Live Webinars and the EU Health Award?

Evolution of the Platform over the years

The Platform as a whole has registered a dynamic growth over the years. By April 2023, the number of registered users increased more than 14 times since the launch of the Platform in 2016 (from 407 to 5927), while the number of currently active HPP networks more than tripled (from 20 to 67). The offer of HPP webinars increased from 6 in 2017 to 66 in 2022, and the number of webinar participants increased exponentially from 143 in 2017 to 8875 in 2022 (see Figure 4). The EU Health Award also evolved over time from one to two Award topics per year. Initially targeted at NGOs, it was expanded to include schools and municipalities, which resulted in an increase in the number of proposals received from 26 in the first edition to 110 in the last edition before it was discontinued.

Figure 4: Exponential growth of the Platform and its activities over the years (2016 – 2023)



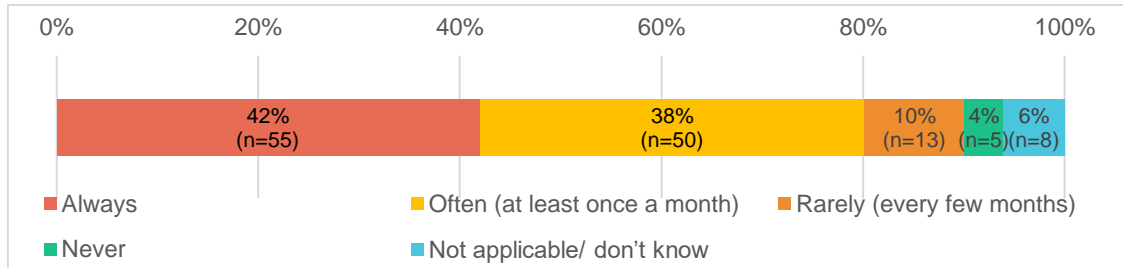
Source: Authors’ elaboration based on data provided by DG SANTE

Notable results of the bi-weekly newsletter

The bi-weekly newsletter emerged as a success story and one of the most valued channels of the Platform. Widely praised by stakeholders across all consultation activities, it was ranked as the second most important source of information on health and health policy topics by respondents to the large HPP survey, and was read regularly (always or often) by

80% of active users of the Platform and by 32% of inactive users who replied to the survey (see Figure 5 below).

Figure 5: How often do you read the biweekly newsletter of the Agora Network/HPP? (n=136, respondents to large HPP survey who are active users of the Platform)



Source: Results from large HPP survey

Suggestions for improving the newsletter focused on its visual design and personalisation features, which were rated least favourably in the HPP survey. Stakeholders consulted as part of the interviews, individual sessions and validation workshop mentioned that the length of the newsletter and the duplication of entries could be refined. Suggestions for improving the readability and visual appearance of the newsletter included inserting a hyperlinked table of contents at the top of each edition for a quick overview, organising posts in sections with headings (e.g., by topic or by type of entry: news, events, etc.), breaking up the text by adding visual features and videos, and prioritising time-sensitive entries (e.g., events taking place within the next day or two) so that they could be more easily identified.

Participants to the breakout sessions of the validation workshop were positive about the possibility to subscribe to the newsletter without the need to register on the Platform, especially in light of the fact that many of the posts concern publicly available information. They shared that they often forward the newsletter to their professional networks, yet people who are not registered on the Platform are unable to open the links. It was suggested that an option is added whereby the post's author can select if they want to make their post public (accessible without registration) or private (only for registered HPP users).

Notable results of the HPP webinars

Webinars were also valued positively and have proven to be very flexible tools for stakeholder engagement. They can be convened on a relatively short notice and can be tailored to the target audience: open to the public or closed to invited participants. Findings from the webinars' survey reflected highly positive assessments of the different aspects of HPP webinars, with above 80% of respondents rating the overall quality, topics and speakers as good or very good. Stakeholders consulted through interviews, case studies, individual sessions and the validation workshop generally appreciated the webinars and pointed out that they provide flexibility for rapid response on certain topics. The length of the webinars (generally lasting 1 to 1.5 hours) was generally highlighted as a positive feature which made it possible to attend considering the multiple obligations of participants.

Even though there was consensus among participants that the webinars have improved substantially over the years, there were several constructive suggestions for further improving their offer and quality, including in terms of registration and promotion, format of the webinars, and networking opportunities (see

Table 3 for an overview of suggested improvements).

Table 3: HPP webinar features: aspects for improvement and suggestions

Webinar Features	Aspects for improvement	Suggestions
Registration process	Unclear; several links and invitations received; Webex links did not include agenda for the webinars	<ul style="list-style-type: none"> • Simplify the registration process • Include agenda in advance embedded in Webex link
Promotion	Limited cross-promotion of HPP webinars in other channels	<ul style="list-style-type: none"> • Consider new dissemination channels to attract broader audiences beyond the HPP community • Post / share material and recordings from HPP webinars on an online channel, for e.g. a repository of HPP webinars on YouTube
Format	Limited time for questions and answers; Traditional webinars involving one or more speakers (one-way information sharing); Limited participation of Commission representatives	<ul style="list-style-type: none"> • Build in more time for questions and answers from participants • Explore the organisation of roundtables or panels with invited speakers to facilitate dialogue • Encourage more active and meaningful participation of Commission representatives
Networking	Limited interactive features offered by WebEx	<ul style="list-style-type: none"> • Consider enhancing interactivity (by reducing the number of participants to webinars) • Share lists of webinar participants (prior consent from attendees)

Source: Authors' own elaboration based on study findings

Notable results of the Platform's networks

Stakeholders' perceptions were more divided on the notable results of the Platform's networks. Users and moderators interviewed mentioned benefits such as information and knowledge sharing, awareness-raising on health topics, dissemination of project achievements, exchange of best practices and to a lesser extent the opportunity to contribute to shaping EU health policies. However, the low levels of activity across many networks were seen as negatively impacting their effectiveness. Case study findings suggested that users expect greater leadership from moderators in terms of initiating activities or consultations on specific topics as well as providing guidance as to how they can contribute and engage in the network. Moderators, on the other hand, felt constrained by the technical features that the Platform offered to them and the lack of analytics to better gauge activities in the networks. They also felt discouraged by the limited response from users when invited to participate.

Notable results of the EU Health Award

The EU Health Award has contributed to the policies of the EU Health programmes and to the Commission's political priorities. As evidenced by the survey with award contestants, the EU Health Award also served to enhance visibility and recognition of the topics of the prize and the work of the participating organisations, as well as to encourage networking. This was achieved by encouraging and financially supporting (with more than EUR 1 million) initiatives of non-governmental organisations, schools and local authorities on health priority projects from 2016 to 2021.

Other notable results stemming from the award include greater exposure and visibility of the Platform, including among local stakeholders (schools, small NGOs and public administrations at the local and municipal level). This was reported as beneficial in bringing different types of stakeholders to the Platform. One Commission official interviewed reported an increase in new Platform users after each award ceremony (i.e., estimated between 300 to 400 more users) while 86% of respondents to the contestants' survey indicated having joined the Platform as a

result of their participation in the EU Health Award ceremony. However, feedback from contestants collected through the survey and the case study suggests that the visibility of the award may only have been achieved to a limited extent within the targeted communities, limiting the reach and impact of the communication activities. The lack of targeted communication and follow-up activities regarding the identified best practices was another factor that reportedly restricted the visibility of the award and its results.

3.2.4. EQ6: To what extent did the HPP support the implementation and dissemination of actions financed under the Health Programmes and other health related actions funded under other EU funding instruments?

Support for actions under the Health Programmes and health related EU-funded actions

The Platform has played an important role in supporting the implementation and dissemination of actions financed under the EU4Health and previous health programmes. Most prominently, the live online webinars have contributed to the dissemination of information about various types of grant opportunities and a smaller number of webinars have also been dedicated to launching EU-funded projects as well as disseminating project findings. Roughly between 20% to 25% of the HPP webinars have been organised on such topics by HaDEA. Interviews with HPP users confirmed that webinars on the EU4Health Programme were among the most popular in terms of relevant topics. In addition to the webinars, at least two networks focus on supporting current or completed Joint Actions. Most respondents to the large HPP survey (82%) largely agreed that the Platform has supported the implementation and dissemination of actions financed under the successive Health Programmes.

There was limited evidence regarding the contribution of the Platform to the dissemination of information on health-related actions financed through other EU funding instruments. This is related to the findings from the interviews and individual sessions (also reported under the coherence criterion below) about the low levels of awareness of the Platform across Commission services and the potential ways in which it can be used more actively (to post information, organise webinars, moderate networks) beyond consulting it as a source of information.

Several participants from other Commission services and EU agencies who were interviewed as part of the individual sessions suggested that the Platform could liaise on a regular basis (e.g. once or twice a year) with relevant DGs and EU agencies working on health-related topics to raise awareness of its activities. A participant who worked as a communication officer pointed out that they were currently not aware of the audience that could be reached via the Platform (e.g. civil society and industry stakeholders versus health practitioners and experts) and highlighted that a better understanding of the size and composition of the Platform's user base was needed in order to know what type of information could be effectively promoted there.

3.2.5. EQ7: To what extent do health stakeholders make use of the possibilities offered by the HPP? What is missing according to them?

Use of the possibilities offered by the Platform

Study findings confirmed that the Platform is mostly perceived and used as a space for receiving information on EU health policy and health related topics of interest. The bi-weekly newsletter is a very useful tool and is widely consulted by Platform users and moderators. According to findings from the large HPP survey, readership figures are significant among active users of the Platform, with 80% of respondents in this group confirming they read it always or often. Network moderators interviewed also confirmed that reading the newsletter

was the most common activity outside of their role as moderators. Other features of the Platform, including the webinars and networks, are also popular among its members, despite the fact that interactivity and exchanges are mostly limited to receiving information.

Perceptions on missing Platform features

The consultation activities yielded a variety of recommendations for improvements to existing functionalities and for the addition of new ones. The majority of stakeholders consulted, both as part of the surveys and the interviews, case studies, individual sessions and validation workshop, were most critical of the overall user-friendliness of the Platform, the lack of interactivity and its visual appearance. The EU login and password requirements were often mentioned as an obstacle. Similarly, more than two-thirds of respondents to the large HPP survey (69%) agreed that a read-only version of Agora and the bi-weekly newsletter should be open without the need to register to the Platform. Suggestions for future improvements or new functionalities are discussed in detail under the added value criterion.

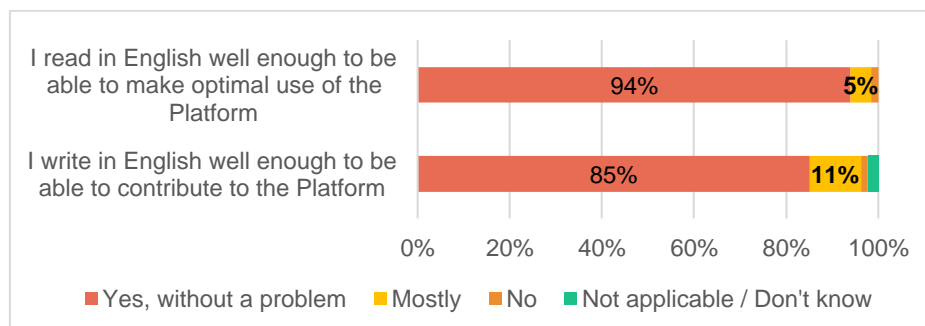
3.2.6. EQ8: Is the linguistic regime applied to the Platform and its satellite activities appropriate / satisfactory?

Appropriateness of the Platform's linguistic regime

The study findings were conclusive regarding the appropriateness of the current linguistic regime of the Platform and its satellite activities. Despite the fact that the Platform's Rules of Procedure highlight that HPP networks can be created in any EU language, all Platform networks apart from one Portuguese network which is no longer active have used or are using English as their main working language. This suggests that in practice HPP moderators and users have not met with the need to create networks in languages other than English.

The broad majority of respondents to the large HPP survey and interviews confirmed that they felt comfortable reading, understanding and speaking in English. More than nine in every ten survey respondents (94%) agreed that they read in English well enough to make optimal use of the Platform, and 85% expressed that they wrote in English well enough to contribute to the HPP (see Figure 6 below). In line with these findings, the option to include automated translation of the content on the Platform in another EU language was met with limited enthusiasm by respondents to the large HPP survey, with 27% considering it would be beneficial to their work, 51% who did not view it as a priority, and 22% who did not have an opinion. Platform moderators interviewed expressed some concerns that translations would negatively impact the timeliness of the information, and that automated translation could be inaccurate and require review.

Figure 6: Reading, understanding and speaking in English (n=133, respondents to large HPP survey who are active users of the Platform)

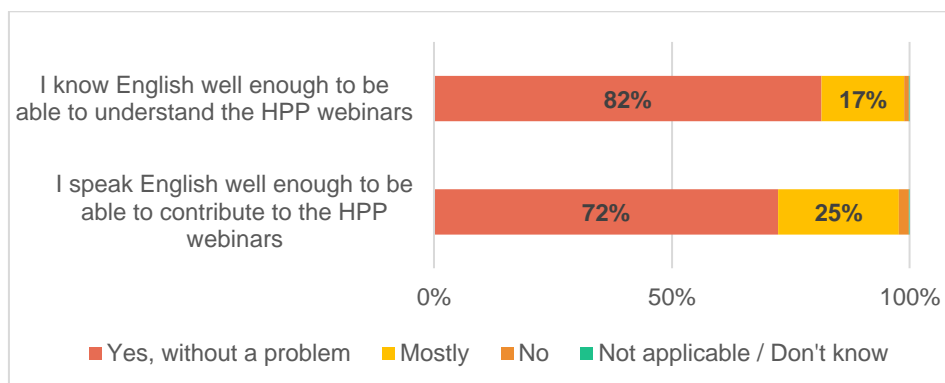


Source: Results from large HPP survey

Appropriateness of the HPP webinars' language offer

The webinars' survey, which targeted a broader audience than the community of HPP users and moderators, confirmed similar findings. As reflected in Figure 7, the broad majority of respondents to the webinars' survey (82%) indicated that they understood English without a problem and 17% mostly without a problem. In terms of speaking English to contribute to the webinars, the respective figures were 72% (without a problem) and 25% (mostly without a problem). The top five most common languages other than English used professionally by webinar participants were French (31%), Spanish (22%), Italian (17%), German (15%) and Portuguese (7%).

Figure 7: Understanding and speaking in English (n=547, respondents to webinars' survey)



Source: Results from large HPP survey

Appropriateness of the EU Health Award language offer

Most respondents to the EU Health Award survey confirmed that they were satisfied to a large or to some extent (91%) with the language policy for submitting their application. Even though contestants were pleased with the simultaneous interpretation options in ten EU languages offered at the last EU Health Award ceremony, hypothetical options to expand the language offer which were tested (leaflets and videos promoting the EU Health Award in additional languages) were not perceived to be a priority.

3.3. Efficiency of the Platform

Efficiency assesses the relationship between resources and outputs of an intervention.

In the framework of the study, we have assessed the efficiency gains from the virtual collaboration and tools made possible by the Platform (Q9); and the extent to which the resources available for the HPP are adequate for its functioning (Q10).

3.3.1. EQ9: To what extent have economies been achieved by the organisation of online meetings and use of collaborative tools?

Cost savings generated by the Platform

Online exchanges on the HPP²⁴ were perceived to have generated savings in terms of time, resources and carbon footprint, contributing to EU Green Deal and Green Transformation priorities. Findings from the desk research and consultations with stakeholders confirmed that the HPP is a useful tool centralising and disseminating information in a secure space and creating connections between relevant stakeholders. Before the development of

²⁴ Including meetings, information and knowledge exchanges through Agora and the Platform networks and the webinars.

the Platform, the exchange of information was achieved through several physical thematic groups meeting 3 or 4 times a year with stakeholders and Member States' groups for each disease or health determinant. While these meetings were justified in themselves, Commission stakeholders spent significant time in preparing, attending and reporting on them.

There was consensus among all stakeholders consulted that the Platform increased the cost-effectiveness of meetings and webinars by cutting down on the cost and time required for travels, while allowing for greater attendance compared to what could be achieved through in-person meetings. The reported benefits include less organisational time and expenses to book a suitable space and organise catering, as well as greater flexibility in terms of number, profile, and geographical diversity of participants.

The study also identified examples where the online format of the Platform made it easier to set up new groups or organise meetings in direct response to topical issues or crises. The exponential growth of the offer of activities (webinars and networks) during the COVID-19 pandemic and the positive response from users are evidence of the need of an online environment to meet and exchange during the pandemic, and of the effective response provided by the Platform.

Several positive examples were highlighted by stakeholders consulted, including the creation of the network on COVID-19 and mental health and the meeting of stakeholder groups dealing with the war in Ukraine to exchange information about funding opportunities. In the latter case, organising such a meeting physically outside of the Platform would have been challenging and resource demanding (especially bringing people from Ukraine).

Carbon footprint savings generated by the Platform

The estimated carbon footprint generated by the Platform and its activities was calculated using publicly available tools and benchmarks for CO₂ savings²⁵.

Online collaboration on the Platform (i.e., including webinars) and the shift from on-site to hybrid annual meetings have generated significant savings in terms of carbon footprint while producing the same or greater outputs. Namely:

- The annual meeting's shift to a hybrid format reduced in-person participation in 2022 and 2023 in favour of online participation, thus significantly reducing the carbon footprint emission of the annual meeting while increasing the total number of participants.²⁶ For example, we estimated that the 933 online participants in 2019 generated 365kg CO₂ altogether, which is less than what was generated by one participant travelling by plane to the meeting (468kg CO₂).
- Similarly to the HPP annual meeting, the organisation of online webinars represents a lower carbon footprint compared to what would otherwise be emitted as a result of organising the webinars in-person. For instance, assuming a best-case scenario where participants live within 40km of the webinar venue, the carbon footprint for 134 participants (average number of participants in 2022) to travel to the venue would be 1,152kg CO₂ compared to 15kg CO₂ if they attended the event online.
- The online format of the Platform also generates carbon emissions, even though these can be considered insignificant (i.e., a new visit on the HPP website generates 0,561g CO₂,

²⁵ Digital Beacon tool Report – Beacon (digitalbeacon.co); the European Commission benchmarks; and research paper on the carbon impact of streaming.

²⁶ The largest contributor to the carbon footprint of the annual meetings is linked to the travel required by stakeholders from all over Europe to attend the event in person (physically) in Luxembourg.

while a return visit generates 0,543g CO₂²⁷. Moreover, compared to other websites, the Platform scores highly - on a scale from worst (above 1.5g) to best (less than 0.25g), the HPP website CO₂ emissions are assessed as 'great' on the Beacon Report Measurement system.²⁸

Box 3: Calculation of carbon footprint emissions

HPP annual meetings

- The average CO₂ emissions for a passenger on a return two-hour flight within Europe (average flight duration within the EU) is 468kg CO₂. Assuming that most (70%) participants traveled by plane to the annual meeting, the carbon footprint linked to travel was 37,019kg CO₂ emissions at the last in-person only meeting in 2017 (113 participants, estimating 79 international travellers), compared to 15,444kg in 2023 (47 participants, estimating 33 international travellers). Although to a lesser extent, several other factors beyond travel also increase the carbon footprint of attending meetings in person, such as the venue, food, equipment, etc.²⁹
- In contrast, the average CO₂ emission of one hour of online video streaming is 56g CO₂ (the exact amount will vary depending on the computer, the network/connection, etc.). As the annual meeting typically lasts 7 hours, the average CO₂ emission is 0.4kg CO₂ per participant attending the event online. One thousand online participants generate less CO₂ (400kg) than one in-person participant taking a two-hour flight.

HPP webinars

- The average CO₂ emission of one hour of online video streaming is 55 g CO₂.³⁰ Webinars last 2 hours on average, meaning that the average CO₂ emission is 0.1kg CO₂ per participant. Taking as a basis the average number of participants in 2022 (134), the average CO₂ emissions for an online webinar in 2022 is 15kg CO₂.
- Assuming a best-case scenario of a regional webinar whereby all participants live, on average, within 40 km of the venue and can travel by car instead of plane, the average CO₂ emissions for 134 participants to drive to and from the venue would be 1,152kg CO₂ (i.e., 8.6KG/CO₂ per person)³¹. In practice, it is likely that participants would live further away (i.e., in different countries) and may travel longer distances by car or by plane, which would raise the carbon footprint emission significantly. Similarly to the annual meeting, factors such as the venue, the equipment, etc., would also increase the carbon footprint of in-person webinars.

The HPP website/infrastructure:

- The average CO₂ produced per visit on a website will vary based on several characteristics of the website (such as the number/size of the images, the font, the script, etc.). However, beyond the website, the carbon footprint will also vary depending on whether the visitor is a new or returning user (i.e., for returning visitors, the footprint is lower based on caching mechanisms), whether the website is hosted using renewable energy or carbon offsets, and on the energy consumption of the users' devices. When tested using the Beacon online carbon footprint calculator tool, the HPP web page was estimated to produce 0,561g CO₂ per new visit, while a return visit from the same device would slightly reduce the carbon footprint to 0,543g CO₂. When assessed against the Beacon rating - on a scale from worst (above 1.5g) to best (below 0.25g), the HPP website was assessed as 'great'.

Limitations of online collaboration and potential improvements

Despite the advantages identified, the outputs achieved remain limited in regard to collaborative work due to the absence of effective tools. Most stakeholders reported that the potential of the Platform could not be fully exploited due to the lack of functionalities required to effectively engage users and enable them to interact with one another within the Platform (and to work collaboratively on the HPP). When asked about potential improvements

²⁷ Results based on the calculation made by the Digital Beacon tool, [Report – Beacon \(digitalbeacon.co\)](#) on 5.06.2023. The estimation might vary due to new activity on the Platform.

²⁸ Digital Beacon computes CO₂ emissions based on network traffic and the nature of the hosting provider, using data from PageSpeed Insights and The Green Web Foundation.

²⁹ The venue required (i.e., the greater the number of in-person participants, the larger the room and its carbon footprint in terms of heat, electricity, etc.); the food (i.e., packaging and transport, potential waste, etc.), and the technical equipment used (i.e., computers, monitors, projectors, etc.).

³⁰ The Carbon Trust: [Updated calculation released on the carbon impact of online video streaming | The Carbon Trust](#)

³¹ Based on the average CO₂ emissions for new passenger cars in 2020 (107.5 gCO₂/km as reported by the European Commission - [Average CO₂ emissions from new passenger cars registered in Europe decreased by 12% in 2020 and the share of electric cars tripled as new targets started applying \(europa.eu\)](#))

to the webinars, the most recurrent suggestion from users interviewed was the need to provide more channels and tools for dialogue. Several stakeholders consulted mentioned the possibility to combine online and onsite events, or to organise more hybrid webinars.

3.3.2. EQ10: To what extent are the resources available adequate to the HPP functioning?

Adequacy of resources allocated to the HPP

Available financial data and feedback indicate that while financial resources are sufficient for the running of the HPP in its current form, more would be required to upgrade the Platform (or in case the volume of activities, e.g. the number of webinars, increases). The human cost of running and maintaining the Platform is moderate as it only requires two external full-time staff (FTE) to coordinate the Platform and two external FTE staff to maintain the IT infrastructure, supported by several part-time staff from different DG SANTE units (see Box 4, which also includes the human resources required for the discontinued EU Health Award). It was, however, not possible to provide a detailed breakdown of the number of FTEs required to manage the HPP due to the diversity of actors involved for whom the HPP is only part of their tasks/responsibilities, and because the time spent by these staff varies depending on the period within the year (i.e., the organisation of the EU Health Award in previous years, or support to the Thematic Networks and the development of the Joint Statements) or based on specific needs (i.e., updating the Platform). The HPP has fewer human resources available than the two EC platforms against which the HPP was benchmarked, i.e., Capacity4dev and Joinup. This applies both in terms of the policy officers available and IT development, and in terms of the contractor staff available for content and IT curation.

Box 4: Overview of the human resources for the functioning of the HPP

- A **project manager** from DG SANTE (Unit B3 – Health Monitoring and Cooperation, Health Networks) who oversees the running of the Platform (0.5 FTE).
- A **Platform manager** and **online community manager** (full-time external contractors - 2 FTEs).
- An **IT project manager** from DG SANTE (Unit R4 - Policy and Administrative Support Information systems) and one **external contractor** (two part-time staff). In addition, they receive support from a team of three **developers and two administrators**, as needed.
- A **communication officer** from DG SANTE (Unit A3 - One Health – Communication) responsible for the promotion and communication activities on the Commission’s channels in collaboration with various colleagues.
- The **Deputy Director General for Health** (Directorates B, C and D - Public Health, Cancer and Health security), participating in annual meetings and previously responsible for approving the steps and procedures related to the award (approving the selection of the jury, the expenses reports, etc.).
- (For the discontinued EU Health Award) A **jury** composed of one **chair** (Principal Advisor in DG SANTE), and six jury members per award topic (1.5 weeks)
- (For the discontinued EU Health Award) An **evaluation support panel** composed of several project officers from HaDEA and DG SANTE for one week, depending on the number of submissions for the EU Health Award.
- Staff from **policy units and other Commission services** involved in the activities of the Platform (i.e., for instance DG SANTE involvement in evaluating the proposals for Thematic Networks, participating in the relevant webinars, commenting and reviewing the Joint Statements).

However, as reported by Commission officials, increasing demand placed on DG SANTE combined with a decreasing staff raises concerns about the availability of human resources to organise, implement and follow up on the outcomes of the Platform’s activities. As expressed in consultations, the Thematic Networks require substantial time from

Commission policy officers throughout their lifecycle (selection, participation in kick-off and webinars, preparing a response to the Joint Statement, and attending the HPP Annual Meeting). The growing number of requests for webinars has also resulted in increased pressure on the two full-time external contractors (the HPP coordinators).

Figures on available resources

The lack of financial data made available to the study team limits the extent to which an in-depth assessment can be made regarding the adequacy of the resources allocated to the HPP. Consultations with Commission officials suggest that the development of the Platform required significant financial and human resources at the start. Moreover, the IT costs related to the maintenance and continued development of the Platform were estimated to amount to EUR 35,000 annually for the IT environment and EUR 190,000 annually for the salary of the IT personnel (i.e., human resources). As reported by stakeholders consulted within the Commission, while this is a sufficient amount for the running of the Platform (i.e., fixing errors, etc.), it is not sufficient to upgrade or make significant changes (i.e., adding new functionalities like messaging, etc.).

The financial costs associated with running the EU Health Award were significant both for the lump-sum payment of the monetary incentive (EUR 627,000 in 2021) and for the organisation of the award ceremony conducted as part of the EU Annual HPP Meeting (EUR 177,633 in 2021). A breakdown of the costs of the award ceremony is not possible as the available financial data does not differentiate between the different types of costs associated with the award ceremony and the costs associated with the EU Annual HPP meeting (i.e., catering, transport, etc). However, feedback from Commission officials suggests that the award ceremonies constituted the largest share of the costs of the annual meetings due to the interpretation and translation services provided, and the travel and accommodation expenses of the jury members, the winners, and the shortlisted applicants which were reimbursed – an estimated 120 representatives in 2021.

Box 56: Partial overview of the financial resources for the functioning of the HPP

- The financial cost associated with organising and running the **EU HPP Annual meeting** (including the EU Health Award) amounted to EUR 94,377 in 2019 (hybrid event), and EUR 177,633 in 2021 (online event)³²
- The **lump-sum monetary incentive** awarded to the winners of the award (1st, 2nd and 3rd place) and runner-ups (4th, 5th and 6th) for each category increased from EUR 49,500 in 2015 to EUR 627,000 in 2021 due to the increase in the amount of the monetary incentive, the number of stakeholder categories and the number of award category/themes (see EU Health Award case study for complete breakdown).
- The **IT costs** related to the initial development of the Platform were not provided to the study team. The IT costs related to the functioning of the Platform consist of an estimated annual cost of EUR 190,000 for the external IT staff (human resources) and EUR 35,000 dedicated to the IT environment (i.e., the production, acceptance, test and development hosted at the European Commission Data Center).

Adequacy of the monitoring framework

The HPP does not collect monitoring data systematically and comprehensively. Moreover, due to the absence of a logframe highlighting the planned activities and expected outcomes of the HPP, there are no specific indicators against which data is being collected. Box 6 below outlines the monitoring data that is currently available and gaps that were identified as part of the desk research and the consultations undertaken.

³² Due to the Covid-19 pandemic, there was no annual meeting organised in 2020. The large increase in the cost between 2019 and 2021 was explained by interviewees consulted within the HPP team that in 2021 the event was organised and run by an external contractor.

Box 67: Monitoring data and gaps

- Data on the number of new user requests, validated and declined, per year is collected. Basic **data on the users' organisation** (sector, country, and level of operation – national, regional, etc.) is collected as part of the user's registration on the Platform. Invalid user accounts are manually deleted about once a year by the IT support team where emails have bounced back but data on removed accounts per year is not kept.
- **Detailed user analytics** reflecting engagement on the Platform, such as the number of likes/endorsements and comments on posts, as well as the number of materials/documents downloaded from the Platform are not collected. In addition, while the number of active and inactive users can be extracted via the "last login date", which indicates the last time a user logged in, previous logins are not retained so the users' activity level (i.e., if the user logs in daily, weekly, monthly, etc.) cannot be monitored.
- A survey of network moderators is conducted annually to confirm which networks have acting moderators. Data on when a network is created can also be extracted. Data on when a network is closed down is not systematically kept (just the overall number of closed down networks) as well as data on networks with pending or archived status. Data on number of visits per network is not kept.
- The **number and length of webinars and live viewers per webinar** are monitored, including a breakdown of the proportion of webinars moderated by the Commission versus other health stakeholders. However, data on the total number of times a webinar has been viewed once uploaded to the Platform and/or downloaded is not collected.
- The number of **EU Health Award applicants** per year and category (i.e., NGOs, municipalities, educational institutions) was collected for the previous editions of the award. However, feedback from participants on their participation was not systematically collected and the winners' activities/initiatives were not monitored after the award (i.e., winners were asked, but not requested, to report on how they used the prize money).
- Metrics on the **communication activities** are not collected, neither in terms of the type and number of communication activities (e.g., number of social media posts promoting the EU Health Award or the webinars), nor in terms of engagement and reach of the activities.
- Limited monitoring data is collected on the **EU annual meeting** beyond the number of attendees. For instance, information is not collected on the type of attendees and their geographical location, as well as on the financial breakdown of the costs of the annual meetings (i.e., including the EU Health Award ceremony).

3.4. Coherence of the Platform

Coherence assesses the extent to which the intervention works in unison and reinforces other measures, initiatives and actions or, on the contrary, duplicates or even contradicts them. As part of the study, coherence assessed the extent to which the HPP facilitates dialogue on health-related topics concerning policies of other Commission services (Q11, internal coherence); and the extent to which the HPP promotes health actions by the health stakeholders and other health organisations (Q12, external coherence).

3.4.1. EQ11: To what extent does the dialogue with health stakeholders on the HPP involve health aspects related to policies of other Commission services?

Synergies with the work of other Commission services and EU agencies

Study findings confirmed that information exchange and dialogue on policies of other Commission services and EU agencies with implications for health have happened to some extent on the Platform. According to Platform analytics, HPP users from other Commission services and EU agencies were responsible for about 4.5% of the posts on Agora. Networks in which they were active included the Beating Cancer Stakeholder Contact Group, EU HIV/AIDS, Viral Hepatitis and Tuberculosis (Think Tank and Civil Society Forum), and the eHealth networks. Desk research findings evidenced that synergies with other Commission services were exploited in the areas of environmental and research policy. These included several networks and webinars (see Box 7 for examples).

Box 87: Examples of synergies with other Commission services

In the area of environmental policy:

- Thematic Network dedicated to the topic of Climate and Health Education in Europe (2021), which produced a Joint Statement on Climate action through public health education and training (relaunched as an Exchange Network in May 2022, with 138 members).
- Three live online webinars were organised in 2022: Health impact of climate change: from science to policy (2021, 98 views); Air Quality Revision of EU Rules (2022, 51 views); Climate Change and Health: Climate crisis, heat stress, infectious disease threats: Health impacts and solutions in Europe (2022).

In the area of cancer research:

- Stakeholder Network: Beating Cancer Stakeholder Contact Group.
- Two live online webinars were co-organised with DG RTD related to the EU Mission on Cancer (2021 with 743 viewers and 2023 with 100+ viewers).
- Eight webinars were organised since 2021 on the Cancer Inequalities Registry with the participation of representatives from JRC and OECD; a webinar with the participation of DG CNECT on the Cancer Imaging Initiative; a webinar on childhood cancer with DG RTD, JRC, and DG CNECT.

Opportunities for enhanced involvement of other Commission services

Despite the successful examples of collaboration identified, the view of Commission officers and health stakeholders consulted was that more could be done to increase cooperation with other Commission services. Moderators interviewed agreed that there are untapped synergies from a potential greater presence of the other DGs on the Platform. They saw possible synergies with DG INTPA (global health), DG AGRI (food and nutrition), and DG EAC (physical activity and health). One participant pointed out the benefit of reaching stakeholders that they would not have otherwise reached through their networks. However, individual session participants from other Commission services and EU agencies noted that the opportunities for enhanced collaboration demanded better promotion of the Platform with different DGs and agencies. Several participants consulted agreed that the main challenge was that they lacked a clear view of the Platform. There was consensus that a better understanding of the size and composition of the Platform's user base, as well as of its features and capabilities, was needed in order to know what type of information could be effectively promoted there.

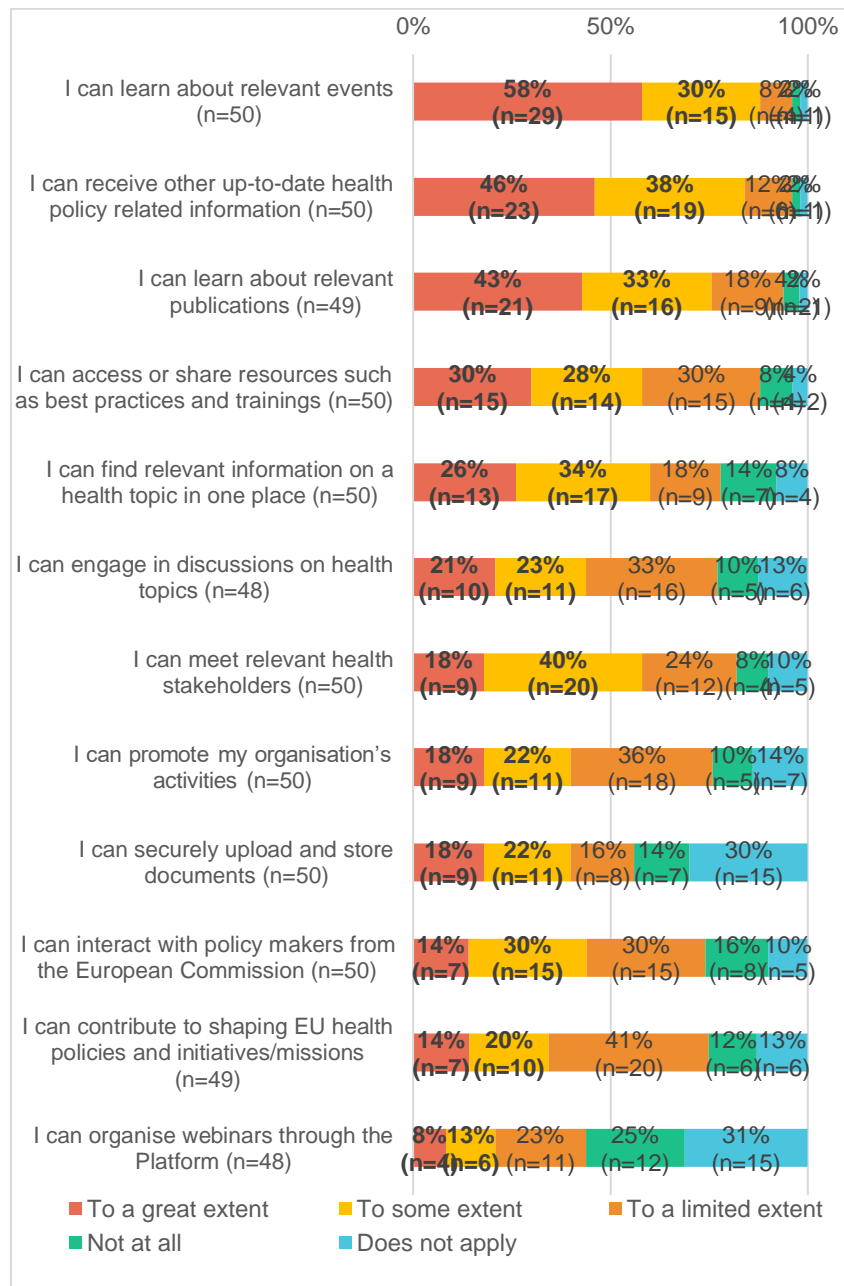
3.4.2. EQ12: To what extent does the HPP promote health actions undertaken by health stakeholders and other health organisations?

Contribution to the work of other health stakeholders

The Platform was perceived to have promoted the actions of health stakeholders and other health organisations to a great extent. The most valued and consulted channels were the Agora Network and its bi-weekly newsletter where health stakeholders can announce and receive information on news, events and publications. Respondents to the large HPP survey ranked information sharing among health stakeholders as the main contribution of the Platform (85%), significantly above other stated objectives of the HPP like fostering a community of health stakeholders (69%), shaping EU health policy, initiatives and missions (61%), or facilitating dialogue and discussion between health stakeholders (60%). The finding is consistent with the perceptions of interviewees and participants to the validation workshop and individual sessions, most of whom viewed the HPP as a channel for receiving information on health topics. There was consensus among interviewees that further promotion of the Platform and the possibilities offered by the different channels (including in terms of how to promote activities and events) was needed to increase engagement of health stakeholders and other health organisations. HPP users representing national health organisations highlighted that the Platform was not very visible among colleagues. One participant pointed that the Platform could be better promoted with regional authorities in Member States with federal structures, where important health competences were held at the regional level.

The Platform networks were considered less effective as spaces for dissemination of health actions. There was consensus between stakeholders that this was mainly as a result of the limited user activity on the networks. As reflected in Figure 8, the main benefits derived from network membership were more associated to learning about relevant events (88%), receiving up-to-date health policy information (84%) and learning about relevant publications (76%). There was significantly less agreement among survey respondents that their participation in Platform networks had allowed them to engage in discussions on health topics (44%), interact with Commission policy makers (44%), promote their organisations’ activities (40%), or contribute to shaping EU health policies and initiatives (34%).

Figure 8: Benefits from participating in networks (n=14 to 50, respondents to large HPP survey who were network users)



Source: Results from large HPP survey

Webinars are used less often to promote actions of health stakeholders on the HPP. Data provided by DG SANTE suggests that live online webinars requested by health stakeholders make up a small proportion (a quarter or less) of the overall number of webinars

organised via the Platform (Table 4). This was confirmed in interviews with moderators as well as by the results of the HPP webinars' survey, which indicated that only 2% (13) of the 552 respondents had ever (co-)organised a webinar. Roughly about half of the live online webinars requested by health stakeholders are in the framework of the Thematic Networks.

Table 4: Overview of webinars requested by health stakeholders (2020 to 2022)

Webinars	2020	2021	2022
Thematic networks	7	6	7
Other health stakeholders	8	4	3
Total number of webinars requested by health stakeholders	15	10	10
Total number of HPP webinars	58	45	66

Source: Authors' own elaboration based on data provided by DG SANTE

It appears that health stakeholders prefer to organise their online or hybrid events independently and promote them through the Platform as opposed to using the HPP to convene their webinars. One moderator interviewed noted that they found it difficult to differentiate in the bi-weekly newsletter between HPP webinars and webinars organised outside of the Platform.

The past editions of the EU Health Award were viewed as particularly effective channels for promoting actions, specifically of national and local health stakeholders. The unique contribution of the EU Health Award was that it highlighted and showcased actions and organisations from the local, regional and national levels. The promotion took place both at the EU level (via the EU Health Award ceremony) but also horizontally, encouraging interaction across organisations in different countries and supporting possible uptakes in other local contexts. Moreover, winners and participants have acted as multipliers, further spreading awareness of the winning initiatives and, in some cases, the award and the EU more broadly (including the EU Health programmes and EU policies). For instance, one winner reported increased media attention as a result of winning, including being invited on national television during a highly watched segment of the news, as well as featuring on local television and radio shows, in newspaper articles and on the official websites of the national Ministry of Health.

3.5. EU Added Value of the Platform

EU added value covers the extent to which the benefits of the intervention derive from action being taken at EU level and explores whether the same gains could have been generated at local, regional or national level. In the framework of the study, EU added value focuses on the following issues: the extent to which bringing together health stakeholders at the European level is adding value to EU health policy (Q13); the added value of the Joint Statements produced under the Thematic Networks (Q14); and new activities that can be carried out via the HPP which can generate additional value (Q15).

3.5.1. EQ13: What is the added value of such a Platform bringing together health stakeholders at European level?

Added value of the Platform in providing relevant information on EU health policy

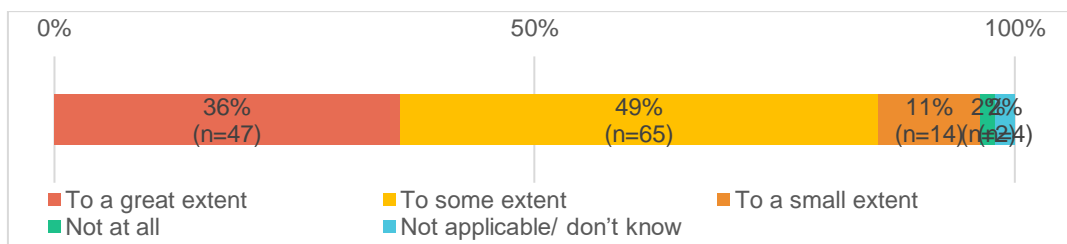
The added value of the Platform lies to a great extent on the provision of relevant information on EU health policy. HPP users and moderators consulted through surveys, interviews, individual sessions and the validation workshop appreciated the unique contribution of the Platform in centralising the exchange of timely and relevant information on a wide range

of health and health policy topics and bringing together in a common space a diverse community of health stakeholders.

The information posted on Agora and distributed through the bi-weekly newsletter were judged to be particularly relevant both for active and inactive users of the Platform. The large majority of active HPP users (85%) agreed to a great or to some extent that the content posted on Agora (including news, events and documents) was important for their work. Most respondents (77%) also confirmed that the Agora network was important for their needs, compared to other information channels they used (see Figure 9 and Figure 10). Source: Results from large HPP survey

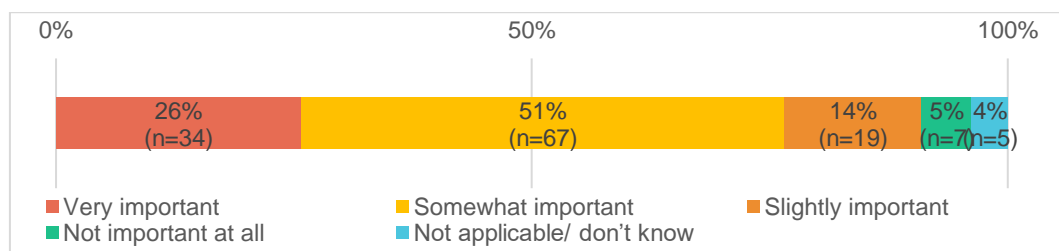
Figure 10).

Figure 9: To what extent is the content posted on Agora relevant for your work (n= 132, respondents to large HPP survey who were active HPP users)



Source: Results from large HPP survey

Figure 10: How important is the Agora Network for your needs, compared to other information channels (n= 132, respondents to large HPP survey who were active HPP users)



Source: Results from large HPP survey

The live online webinars and the EU Health Award were also perceived as relevant Platform channels facilitating the exchange of information and best practices. The broad majority of respondents to the HPP webinars' survey agreed that one of the main benefits of participation was the opportunity to raise their awareness on a health topic or on EU action on that topic, as well as to exchange information and good practices (88%). Participants were particularly receptive to the fact that HPP webinars had provided them the opportunity to hear from relevant stakeholders, engage in stimulating discussions and acquire a deeper understanding of key health topics and activities compared to what they could have achieved by sourcing the information online. They also valued that HPP webinars were an effective channel for promoting initiatives and learning from others.

Most participants to the EU Health Award survey (81%) agreed that the award had been successful in promoting the exchange of good practices and initiatives. The main added value, which would not necessarily have been the case if the prize had been awarded by another actor at the national level, was the fact that participants considered it prestigious because it was awarded by the European Commission. This strengthened its branding and the recognition value it conferred on contestants and winners. However, the added value of the EU brand could have been further strengthened if the prize had gained greater visibility.

The added value of Platform networks (beyond Agora) was perceived to be weaker. Even though several network moderators and users interviewed highlighted that the networks offered them the opportunity to share information with a broad community of relevant

stakeholders, the degree to which the exchanges took place in practice undermined the benefits of participating in Platform networks.

Added value of the Platform in facilitating networking, collaboration, policy dialogue and interaction with the Commission

Views were more divided on the extent to which the HPP facilitates networking, collaboration, policy dialogue and interaction with the Commission. Less than half of respondents to the large HPP survey viewed the Platform as a networking space for getting in touch with other users or finding out about relevant stakeholders (44%), as a collaboration space (43%), or as a discussion space for exchanging views on a particular topic (36%).

Members of HPP networks (beyond Agora) were also less inclined to view the Platform as a channel to interact with policy makers from the Commission (44%), as a space to engage in discussions on health topics (44%), or as a tool to contribute to shaping EU health policies and initiatives (34%). Feedback collected through the interviews, individual sessions, case studies and the workshop pointed to the lack of transparency in terms of follow-up and impact of the outcomes of the networks, loose links with the policy-making process, and limitations of the Platform (in terms of the functionalities for enhancing collaboration).

Respondents to the webinars' survey were comparatively less likely to agree that participation in webinars had contributed to facilitating exchanges with European Commission services (71%), facilitating policy dialogue and shaping policy-making at EU level (71%), or to facilitating the sharing of information between national, regional and local health stakeholders (62%).

Respondents to the EU Health Award survey were divided on the extent to which attending the EU Health Award ceremony resulted in enhanced networking and collaboration opportunities. While approximately two in every three respondents (65%) agreed that they could meet other contestants and engage with organisations working on similar topics, a lower number (50%) highlighted that they were able to expand their network in the health stakeholder community at national and local level. Contestants who replied to the survey were least in agreement that participating in the award ceremony enhanced their networks at EU level (43%).

Findings from the benchmarking case study provided an interesting example in the approach taken by the Global Health Hub Germany (GHHG) to promote connections and networking between policy and technical stakeholders (see Box 8 below).

Box 8: The approach of the Global Health Hub Germany in connecting policy and technical stakeholders

The **Global Health Hub Germany (GHHG)** platform has an ambitious strategy in commissioning expert group reports on two topics a year chosen by its Steering Committee, drawing on selected expertise in organising a major week-long international event, offering a service of putting politicians in contact with experts on global health from different disciplines and sectors (private sector, civil society, academia, etc.) and organising consultations of all GHHG members on policy issues. It is possible to identify some good practice, including:

- The strategy of including a wide range of stakeholders: While the involvement of the political realm, including members of the Bundestag, would not suit the purpose of the HPP, the inclusion of youth, e.g., through medicine students' unions, and the attempt to balance representation could offer inspiration to the HPP.
- Consultation of *all* members on policy issues.
- Written confirmation of officials' reactions to input from stakeholders.

Perceptions on the hypothetical discontinuation of the Platform

Despite some of the critical views registered, stakeholders could not point to another Platform that serves such a function in the health field. In this regard the Platform was considered to be a unique example, able to reach out to a wide audience and to provide a useful communication channel with the Commission. There was broad consensus that a discontinuation of the Platform would negatively impact on the EU health stakeholder community, translating into less information exchange, and a lower level of information.

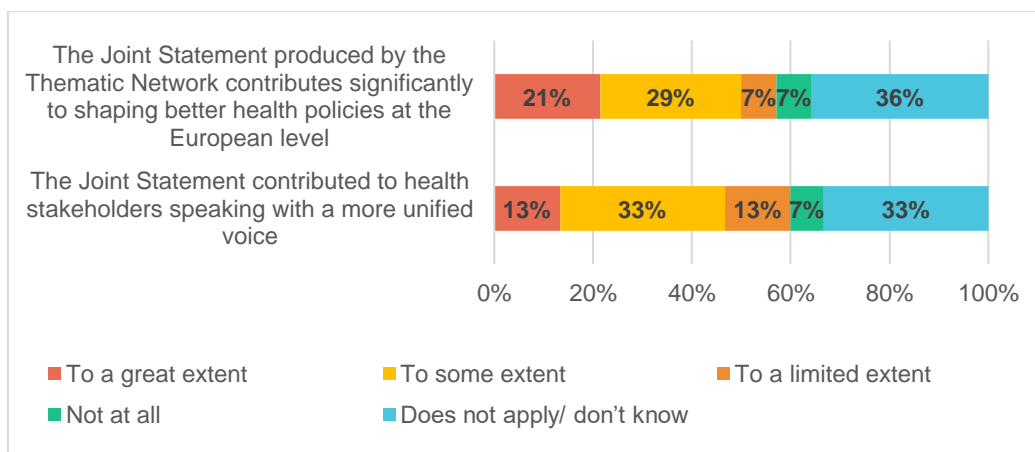
3.5.2. EQ14: What is the added value of the Joint Statements produced under the HPP Thematic Networks, both for the leading stakeholders and for the Commission?

Added value of the Joint Statements

The added value of the Joint Statements was positively valued in relation to the process for developing the Statements. One of the main benefits for leading stakeholders included increased visibility and enhanced networking opportunities. A second benefit was closer and more direct interaction with the Commission, which depended on the extent to which the policy officer engaged with the topic. Findings from the case study on Thematic Networks also confirmed that leading organisations highlighted that the process of developing a Joint Statement offered them opportunities to raise awareness about the topics their organisations were working on beyond their usual audiences, or to expand their work into adjacent areas linked to their thematic portfolio. Leading a Thematic Network offered them the possibility to maintain ownership of the discussion and the process. Benefits for the Commission were mainly linked to the alignment of the topics with EU health priorities.

Evaluation findings were more uncertain regarding the promotion and follow-up of the outcomes of the Joint Statements. Most moderators consulted as part of the targeted interviews and in the framework of the case study on Thematic Networks lacked clarity on whether and how the Commission considered (or was planning to consider) the recommendations coming from the Joint Statements within the policy-making process. According to the results from the large HPP survey, only 50% of the moderators of Thematic Networks who answered the questions agreed that the Joint Statements they had been involved in contributed to shaping health policies at the EU level, while the remaining 50% disagreed or could not answer the question. Views were also divided when consulted about the extent to which the Joint Statements contributed to health stakeholders speaking with a more unified voice, with 46% agreeing and 54% who either disagreed or did not have a shaped view on the topic (see Figure 11 below).

Figure 11: To what extent do you agree with the following statements concerning Thematic Networks and Joint Statements? (n= 13-15, respondents to large HPP survey who were moderators of Thematic Networks)



Source: Results from large HPP survey

The lack of visibility on the (potential) follow-up to Joint Statements (including possible impact on policies or initiatives at EU level) was a disincentive for organisations leading Thematic Networks who highlighted having invested substantial time and resources. It also affected Thematic Network members as users interviewed noted a lack of transparency in terms of the follow-up and impact of the outcomes of the networks, including information from network leaders when Thematic Networks transitioned to Stakeholder or Exchange Networks. The development of Joint Statements was also considered demanding and time-consuming for Commission policy officers.

The findings from the case study on Stakeholder Networks identified a best practice example in the transition of the Antimicrobial Resistance (AMR) Thematic Network to a Stakeholder Network, which suggests that there is potential to learn from this example (see Box 9 below).

Box 9: AMR, from Thematic to Stakeholder Network - follow up and notable results

The EPHA-led Joint Statement³³, developed between November 2017 and March 2018 and aimed at supporting and improving the implementation of the EU One Health Action Plan against AMR, was endorsed by over 40 organisations from different sectors. This was developed together with a Call to Action³⁴. To allow the group of endorsing organisations to keep exchanging information and collaborating, the former Thematic Network was transformed into a Stakeholder Network maintaining its presence on the Health Policy Platform. The leading organisation made both the Joint Statement and the Call to Action “living documents”, allowing for future endorsement, and provided a final implementation report related to the Joint Statement to the Commission in September 2018. Two main notable results were identified in relation to the continuation of the work started within the Thematic Network, namely:

- A **Roadmap for Action on Antimicrobial resistance**³⁵, launched in November 2019 and asking for immediate action and commitment from EU and national policy makers to tackle this urgent public health threat by identifying five key strategies.
- A **case study collection developed between 2020 and 2021**, following the launch of a call for good practices aimed at raising the profile of AMR on the political agenda and offering examples of practical solutions. Twelve out of the 40 submitted cases were selected as best fitting with the goals of the AMR Stakeholder Network.

Perceptions on the hypothetical discontinuation of the Thematic Networks

There was consensus among stakeholders consulted that if the work of the Thematic Networks were discontinued, health stakeholders would be less able to articulate common positions on certain health topics. The process of developing Joint Statements was perceived to provide structured, shorter, and simpler centralised guidelines. Other positive features mentioned by interviewees were the credibility of the process (given that the Joint Statements were developed with Commission support), a cohesive approach to create a common position, and a reduced burden for the parties involved due to the shared effort.

3.5.3. EQ15: What other activities could be developed as to add value to the Platform?

Other activities that could be developed to add value to the Platform

Study findings confirmed broad consensus among stakeholders consulted that the addition of features facilitating greater interaction, discussion and collaboration as well as improved user-friendliness would contribute to exploiting the Platform’s full potential. There was agreement among HPP users and moderators that the Platform offered limited functionalities for collaborative work, which in turn impacted negatively on the levels of activity registered in HPP networks. Despite the feedback on the potential new features that could be added to enhance exchanges and discussions, the saturation with competing platforms suggests that even if updates were made to the Platform, HPP users would still have limited time to engage with the new features. Commission stakeholders interviewed confirmed that several requests had been received over the years regarding the possibility of adding new features, such as working together in a shared document directly on the Platform. Most requests were assessed and deemed unfeasible due to the high development and maintenance costs, but also in terms of security-related risks.

Respondents to the large HPP survey ranked the top hypothetical improvements as the possibility to preview files without downloading them (78%) and a read-only version of Agora and the newsletter accessible without registration (69%). Opportunities for networking and

³³ https://epha.org/wp-content/uploads/2018/02/antimicrobial-resistance-joint-statement_final.pdf. Last accessed on 17.04.2023.

³⁴ https://epha.org/wp-content/uploads/2018/02/antimicrobial-resistance-call-to-action_final.pdf. Last accessed on 17/04/23023.

³⁵ Available at: <https://epha.org/wp-content/uploads/2022/01/amr-roadmap-22.pdf>. Last accessed on 17.04.2023.

interacting with other users such as extending the MyProfile section with interest tabs, direct messaging or a chat function and email notifications for activities were moderately supported by HPP survey respondents but received stronger endorsement from users and moderators interviewed, individual sessions and workshop participants (see Figure 12).

Figure 12: To what extent would the hypothetical addition of the following functionalities improve your experience on the Platform? (n= 133-135, respondents to large HPP survey who were active HPP users)



Source: Results from large HPP survey

Consultations with users and moderators suggested several concrete changes to improve user experience of the Platform. These are featured in Table 5 below.

Table 5: Suggestions to improve user experience of the Platform

Platform tool	Suggestions for improvement
Agora	<ul style="list-style-type: none"> • Read-only version of Agora accessible for the public without registration • Better organisation / layout of the information (e.g., organisation by health topics) • Improved visual appearance of Agora (e.g., simplifying the landing page, using professional images as illustrations, highlighting the most important information for users).
Newsletter	<ul style="list-style-type: none"> • Allow possibility to subscribe without the need to register to the Platform • Include table of contents • Personalise content options and avoid repetition of posts / information • Personalise frequency options for receiving the newsletter • Divide content into News and Events • Display time sensitive information more visibly (upcoming or deadlines) while excluding events that are already over • Include one-sentence excerpt to explain each news item • Include hyperlinks in the body of newsletter posts • Feature images and videos to break up the text with more visual material
Networks	<ul style="list-style-type: none"> • Clear explanations of the purpose of the different types of networks • Better enforcement/follow-up with network moderators to include the criteria for users joining a closed network in their network's description³⁶ • Better enforcement/follow-up with network moderators to feed back to users on the reasons for declined requests to restricted networks Provide an easy way to unsubscribe from / exit a network • User analytics available on activity in networks (for moderators)
Webinars	<ul style="list-style-type: none"> • Provide clear and sufficient information about the registration process and the organisation of the webinars (organisers, logistics, agenda³⁷) in the webinar invitation • Post / share material and recordings from webinars on an online channel • Consider advising webinar requesters to restrict the webinar to a certain number of participants for specific webinars to enhance interactivity • Share lists of webinar participants (prior consent from attendees) and/or encourage participants to exchange their contact details in the chat during the webinar. • Build in more time for direct questions and answers from participants • Explore the organisation of roundtables, presentations by internationally renowned figures or other interactive formats such as debates, fireside chats³⁸, townhall meetings³⁹ as well as the use of innovative tools such as pre- and post-webinar surveys, webinar polls, whiteboards, and annotation features • Encourage more active and meaningful participation of Commission representatives

3.6. Impact of the Platform

Impact assesses the effects of the intervention beyond its immediate outputs. In the framework of the current study, the questions focus on the extent to which the EU Health Award has contributed to encouraging health actors to continue their efforts to raise public health awareness, health promotion and disease prevention (Q16); the extent to which the HPP has impacted the process of health policy-making, by making it more transparent, inclusive and participatory, especially for stakeholders from the regional or national level (Q17); and the extent to which the Joint Statements have impacted policies at the local, national and EU level under the impact criterion (Q18).

³⁶ Network moderators are required to include information on the conditions for joining a closed network in their network description but this is not done systematically in all cases.

³⁷ The webinar agenda is only visible to webinar participants who have completed the registration process.

³⁸ Personal and more interactive discussions involving a moderator and a guest.

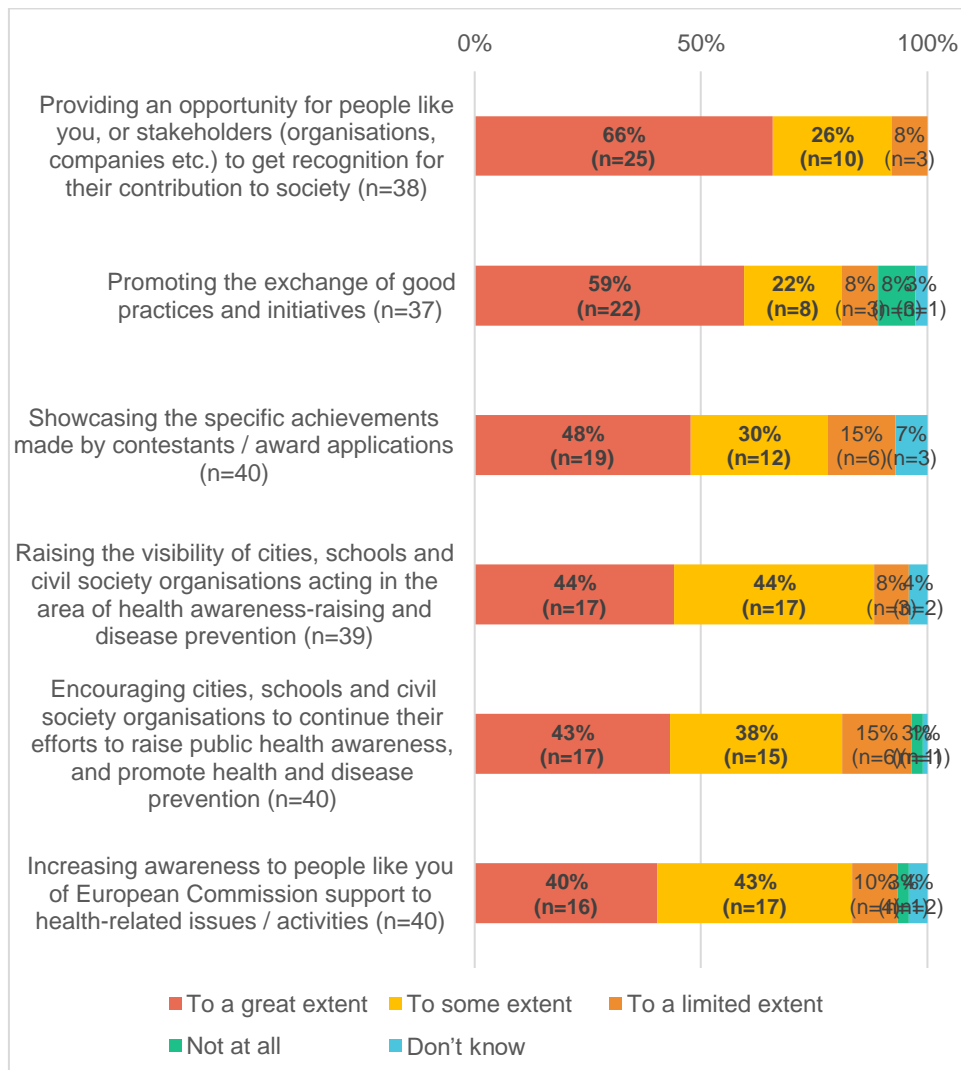
³⁹ Including engaging features to interact with the audience, taking up questions, conducting polls, and activities like trivia.

3.6.1. EQ16: To what extent has the EU Health Award encouraged health actors such as NGOs, municipalities, schools, etc. to continue their efforts in relation to raising public health awareness, and promoting health and disease prevention?

Impact of the EU Health Award

The study findings confirmed that the EU Health Award supported and encouraged health actors such as NGOs, cities, and schools to continue implementing awareness raising activities on health priority projects. Winning the EU Health Award also conferred prestige to the winners, providing greater visibility to their initiatives thus furthering their reach and impact. The broad majority of respondents to the EU Health Award survey (92%) agreed that the main impact of the award was that it provided an opportunity for stakeholders and organisations to get recognition for their contribution to society. Most respondents (81%) also agreed that the award had been successful in promoting the exchange of good practices and initiatives (see Figure 13).

Figure 13: In your opinion, was the EU Health Award successful in contributing to the following results? (n= 37-40, respondents to EU Health Award survey)



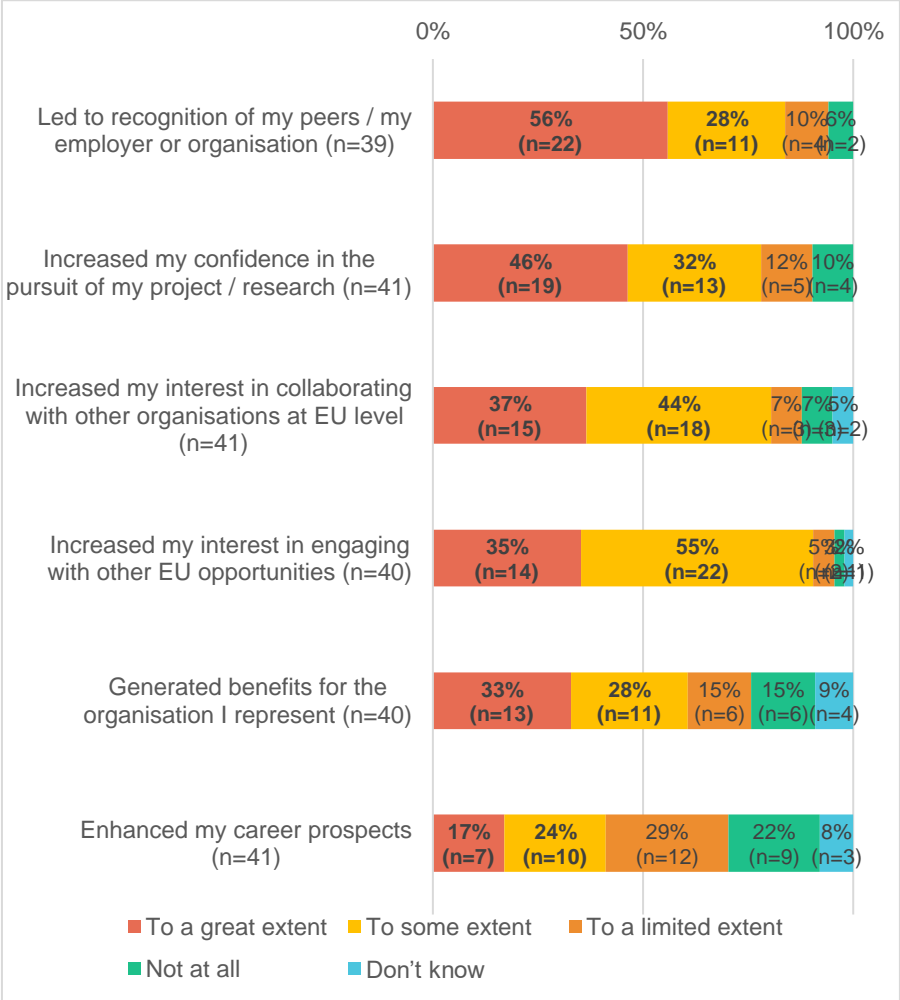
Source: Results from EU Health Award survey

Survey respondents were also asked to reflect on the individual benefits that they gained from participating in the award. The main perceived result at the individual level was the recognition of peers or employer organisations (84% who agreed to a great or to some extent). Respondents were also positive that participation had resulted in increased confidence in the

pursuit of their projects and research (78%). Award contestants were least in agreement that participation in the award editions had enhanced their career prospects (41%) (see Figure 14). Most winners of the award who answered the survey (70%) confirmed that they used the money of the prize to further develop and promote their projects. This is consistent with direct feedback from winners documented in the EU Health Award case study report:

- The winner of the 2020 EU Health Award in the vaccination category used the prize money to conduct a promotional campaign (including video clips) and online classes to raise awareness about vaccinations.
- Another winner reported being asked to present the winning initiative on national television during a highly watched segment of the news, as well as on local county television and radio shows. The initiative also featured in newspaper articles and was promoted on the official websites of the country’s Ministry of Health.

Figure 14: In your opinion, was the EU Health Award successful in contributing to the following results? (n= 37-40, respondents to EU Health Award survey)



Source: Results from EU Health Award survey

Visibility of the EU Health Award

The visibility of the EU Health Award and its results were perceived to be low. In terms of the promotion of the award editions, survey respondents discovered the prize either through a peer, colleague, friend, etc (33%) or via communication from national, regional, or local authorities (16%). Fewer participants found out about the award through the bi-weekly newsletter of the HPP (12%), an HPP network (5%), or Agora (5%). More than seven in every

ten respondents to the award ceremony (72%) confirmed that they found out about the Platform after attending the ceremony, which suggests that a minority of participants in the EU Health Award editions were already users of the Platform. The European Commission website (9%), social media (5%) and winners of previous editions (2%) were not perceived as important sources of information. This indicates a missed opportunity to use past participants as multipliers.

More than two in every three respondents to the EU Health Award survey (68%) felt that the award was not very well known or not known at all among potential contestants. This finding contrasts with the expectations that participants had when deciding to apply for the EU Health Award, namely adding visibility to the topic they were working on (100%) and receiving recognition for their work (88%).

When asked about hypothetical improvements to the EU Health Award, several respondents agreed on the need to enhance the promotion of networking opportunities between participants and stakeholders. Another suggestion included giving more visibility to the leaders of the selected initiatives. These findings confirm that the profile of the prize and the good practices and initiatives resulting from the award could have been further exploited by the Commission.

3.6.2. EQ17: To what extent has the dialogue with health stakeholders through the HPP led to more active and transparent involvement of all concerned interested parties from national, regional and local levels in shaping EU health policies?

Contribution to enhanced dialogue between health stakeholders

Study findings confirmed that the Platform has effectively contributed to a more interconnected and better-informed health stakeholder community. While engagement and discussions are less frequent, users and moderators valued being part of a broad community of health stakeholders and being able to access relevant events, publications and up-to-date information on health topics in one place. Most participants assessed the Platform as having a unique added value and could not think of other similar platforms. Another unique advantage of the Platform that was mentioned by participants to the validation workshop is that it is a space where civil society can work together without pressure from industry organisations. Users also appreciated that the Platform is run by the Commission which lends it credibility and legitimacy. One participant from other Commission services appreciated the connection to Member State representatives that the Platform offered through the respective networks.

The study evidence collected highlighted that there could be scope to further contribute to an enhanced dialogue between health stakeholders. The composition of the large HPP survey sample, which reflected more active participation of public health organisations based in Brussels and in large Western European countries, was in line with stakeholder perceptions that the Platform and its activities have not fully contributed in practice to greater participation and inclusion of relevant stakeholders from national, regional and local levels.

Survey and interview respondents who were members of networks were particularly critical that active participation in Thematic Networks and Joint Statements was limited to larger organisations based in Brussels, with adequate resources and management skills. Consultations with Platform users and moderators suggested that the webinars and the EU Health Award have been successful in broadening the reach of the Platform to audiences outside Brussels (see Box 10). The discontinuation of the award poses risks to this objective.

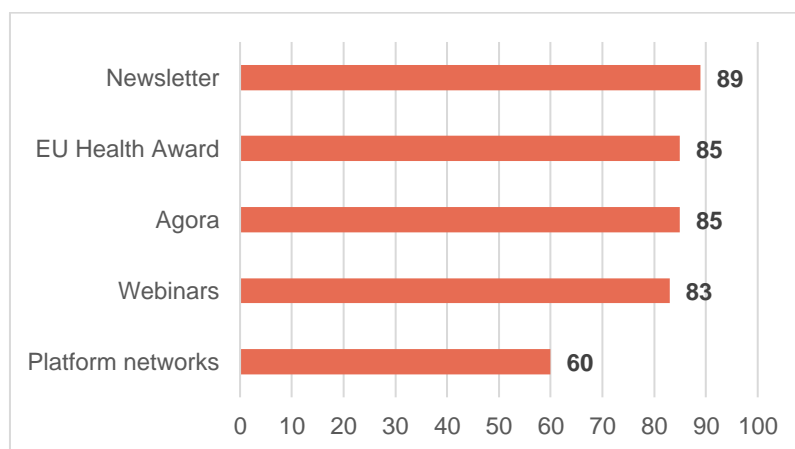
Box 109: The EU Health Award's success in broadening the reach of the Platform to new audiences

Initially designed to recognise the activities of NGOs, its extension in the last three editions (2019, 2020 and 2021) to include the participation of cities and schools resulted in a significant increase of proposals received, from an average of 21 proposals during the first four editions, to an average of 115 proposals during the last three editions. This enhanced participation had a positive multiplier impact on the Platform, as reflected by the increase in Platform users after each award ceremony (i.e., 300-400 more users). Most respondents to the contestants' survey (81%) indicated having joined the Platform as a result of their participation in the EU Health Award ceremony.

Contribution to greater transparency in the shaping of EU health policy

Stakeholders were also divided on the extent to which the Platform has contributed to greater transparency in the shaping of EU health policy. On the positive side, there was consensus among survey, interviews, individual sessions and workshop respondents that the different activities of the Platform (including Agora and the newsletter, the networks, webinars and previous editions of the EU Health Award) were relevant, adequate, and aligned with EU health policy priorities. Figure 15 below features the degree to which respondents to the large HPP survey and the targeted surveys agreed (to a great or to some extent) on the relevance of the topics covered through the different Platform channels, and their alignment with EU health policy priorities.

Figure 15: Views on the relevance of the topics covered through the different Platform channels (respondents to the large HPP survey and to the targeted surveys with webinar participants and EU Health Award contestants – in %s)



Source: Results from large HPP survey and the targeted surveys

Despite the positive perceptions about the relevance of the topics covered by the Platform, HPP users and moderators consulted did not perceive that health stakeholders played a decisive role in contributing to shaping EU health policies and initiatives through the Platform (61% agreed versus 39% who disagreed or did not have an opinion on the issue). These views were also linked to divided perceptions on the Platform as a space for facilitating dialogue and discussion between health stakeholders and the Commission (61% agreed), or as a channel for enhancing dialogue with other Commission services (43% agreed).

Consultations with users and moderators of Platform networks also highlighted mixed views on the effective contribution of the networks to shaping EU health policy. While several stakeholders who had participated in the Thematic Networks valued the transparency in the selection of topics and the process of developing the Joint Statements, these were overshadowed by a lack of follow-up on the concrete outcomes that the Joint Statements had supported. Concrete positive examples were also highlighted, including in the framework of specific networks. Box 11 below highlights the experience of the Beating Cancer Stakeholder

Contact Group, which provided health stakeholders the opportunity to input into the Beating Cancer Action Plan and related policy recommendations.

Box 11: Beating Cancer Stakeholder Contact Group –meetings contributing to EU health policy

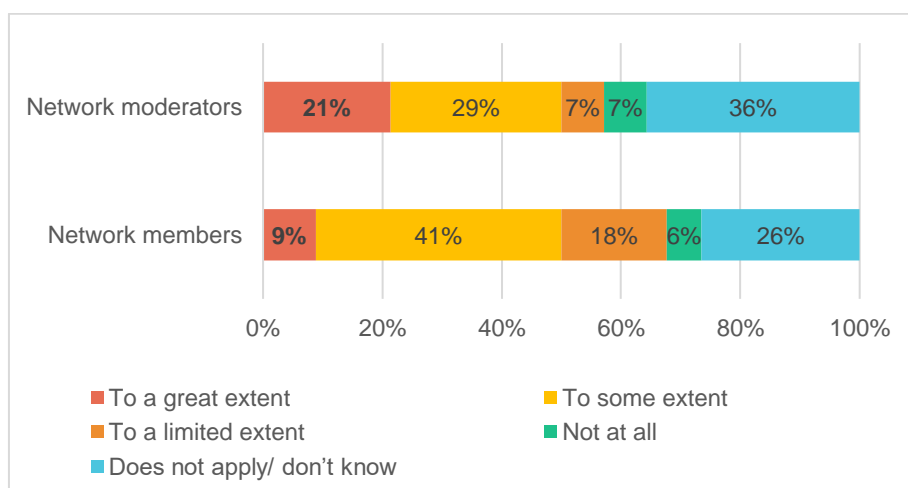
The Beating Cancer Stakeholder Contact Group leveraged targeted meetings on special topics like cancer screening. This was an occasion to consult stakeholders on the new recommendations on cancer screening adopted in December 2022. Some of the subgroups within the network (i.e., six thematic areas, including early detection, prevention, treatment and research) were consulted separately to allow them not only to provide information but also to have a more in-depth exchange, namely gathering their views and opinions, as well as feedback on what could be changed or amended. The participating stakeholders were selected based on their geographical location and their role and organisation, as the network comprises mostly umbrella organisations.

3.6.3. EQ18: How have the Joint Statements produced under the Thematic Networks impacted on health policies at local, national and EU level?

Impact of the Joint Statements

Study findings pointed out that the impact of the Joint Statements on health policies at local, national and EU level has been limited. Despite positive perceptions on the role of Joint Statements as effective tools to disseminate information and best practices to wide audiences and their alignment with EU priorities, the extent to which the recommendations are followed up on and implemented was unclear. Most Thematic Network moderators who were consulted as part of the interviews and the case study lacked clarity on whether and how the Commission considered (or was planning to consider) the inputs from the Joint Statements within the policy-making process. The results from the large HPP survey were in line with the findings from interviews. Both moderators and users of Thematic Networks who replied to the survey were divided on the extent to which the Joint Statements had contributed to shaping better health policies at EU level, with only 50% agreeing to a great or to some extent (see Figure 16 below).

Figure 16: Views on the extent to which the Joint Statements contributed to shaping better health policies at EU level (respondents to the large HPP survey who were network moderators and network members – in %s)



Source: Results from large HPP survey

The lack of visibility on a (potential) follow-up to Joint Statements (including possible impact on policies or initiatives at EU level), and the fact that these required investing substantial time and resources, disincentivised organisations from leading Thematic Networks. Members of Thematic Networks interviewed also expressed a lack of transparency in terms of follow-up and impact of the outcomes of the networks, including information from network leaders when Thematic Networks transitioned to Stakeholder or Exchange Networks.

DG SANTE policy officers who were consulted emphasised that while Joint Statements were not binding on the Commission, they shared the view that they had the potential to provide useful and relevant information to the policy-making process. Several Commission interviewees agreed that their scope, and relative recommendations, could be improved to ensure a better link with specific policy initiatives to fully leverage their input.

Considering the uncertain follow-up from the Commission, leading organisations reported using the Joint Statement for their own advocacy purposes. One moderator reported that they framed some points from the Joint Statement to address the declared priorities of the EU Presidency in that area in order to increase the relevance of their recommendations. Another moderator reported drawing on the Joint Statement for academic publications.

The majority of moderators and users consulted as part of the interviews, case studies and the validation workshop who participated in Thematic Networks confirmed that these transitioned into a Stakeholder or Exchange Network, but only a few of these reconverged networks were still active, which explains the limited impact after their publication and presentation. The main challenges were related to the lack of clear links with the EU policy-making process and the lack of dissemination of the outcomes of the Statements.

Findings from the case study on Stakeholder Networks provided the positive example of the Antimicrobial Resistance Network, a former Thematic Network which successfully transitioned into a Stakeholder Network (see Box 12 below). Additional best practice examples were also identified in the Exchange Networks case study, with network leaders organising a coordinated promotion of the Joint Statement, posting on the former Thematic Network to ask members to share it on social media using coordinated tags.

Box 12: Antimicrobial Resistance Network – active transition from a Thematic to a Stakeholder Network

Strongly linked to one of the EU priorities in the health field, namely the 2017 Action Plan against Antimicrobial Resistance⁴⁰, network moderators agreed that it has already achieved its goals to bring the topic higher on the political agenda and to further contribute to EU policy in this area. Some members of the network also believed that the network managed to become one of the main channels for communicating with the Commission on the matter.

Within this Stakeholder Network, a yearly plan listing the main actions (e.g., support to the AMR Awareness Week, position papers) is designed collectively with the members of the network. Input from network members is not collected through the HPP, but they are invited on an external webpage⁴¹, managed by the leading organisation's communication department. In addition, they hold four Annual Meetings.

In conclusion, Joint Statements appear suspended between two conflicting objectives or sets of demands. On the one hand, they need to be actionable for the Commission and within the scope of its competences to be considered in the first place, yet even then they are not binding and follow-up is uncertain. On the other hand, given that leading organisations need to justify to their base the substantial investment of efforts and own funds combined with the uncertainty of a follow-up to the Joint Statement, it is not surprising that they frame the Joint Statements for their own advocacy needs.

Perceptions on the hypothetical discontinuation of the Joint Statements

In the absence of the Thematic Networks, most of the users who contributed to the development of Joint Statements agreed that health stakeholders would be less able to articulate common positions on certain health topics. In their view, the process of developing Joint Statements provided a structured, shorter, simpler centralised approach. By giving different stakeholders a space to collaborate and cross-fertilise ideas, Thematic

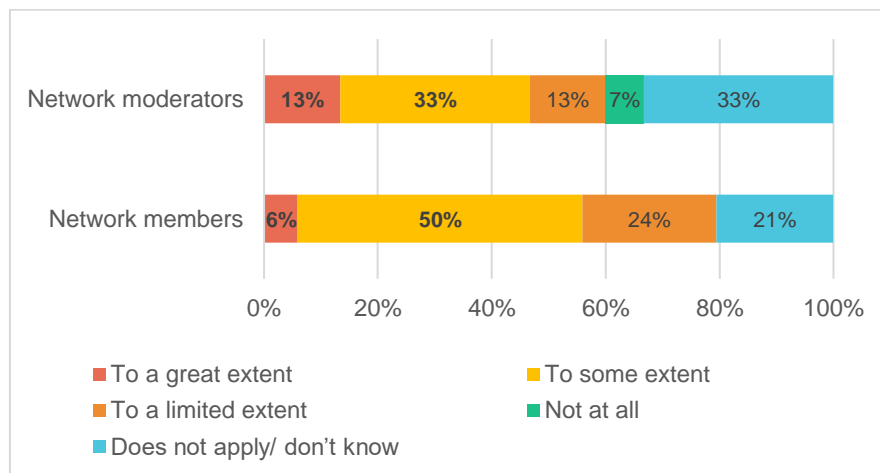
⁴⁰ European Commission, A European One Health Action Plan against Antimicrobial Resistance (AMR). Available at: https://health.ec.europa.eu/system/files/2020-01/amr_2017_action-plan_0.pdf. Last accessed 13.04.2023.

⁴¹ Accessible at: <https://crm.apha.org/civicrm>.

Networks were perceived to facilitate their engagement and encourage their collaboration on relevant health topics.

Other positive features mentioned by interviewees were the credibility of the process (given that the Joint Statements were developed with Commission support), a cohesive approach to create a common position, and a reduction of the burden for the parties involved due to the shared effort. Some of the consulted Thematic Network leaders confirmed that Thematic Networks offered them the possibility to interact with stakeholders outside of their usual professional network. However, the community-building component was seen as a limitation of the Platform, with both network moderators and users who responded to the large-scale survey divided on the extent to which the Joint Statements had contributed to health stakeholders speaking with a more unified voice (see Figure 17 below). One user consulted as part of the interviews indicated these activities were more efficiently performed outside of the Platform.

Figure 17: Views on the extent to which the Joint Statements contributed to health stakeholders speaking with a more unified voice (respondents to the large HPP survey who were network moderators and network members – in %s)



Source: Results from large HPP survey

Thematic Network leaders and members consulted as part of the targeted interviews and case agreed that national stakeholders are still underrepresented in the networks. The majority also indicated they did not continue their collaboration with the other stakeholders once the Thematic Network was closed, reflecting that such cooperation was not sustained in the long term. Moreover, policy officers shared the feeling that members of Thematic Networks do not take full advantage of the collaboration opportunities provided by the HPP to work collaboratively on the topic at stake. This, in turn, reflects in the type of contribution provided in the Joint Statements, which often fails to include elements related to a future collaboration among stakeholders to bring forward the recommendations of the document.

4. Conclusions and recommendations for next steps

4.1. Conclusions

4.1.1. Overall conclusion

The findings confirmed the continued relevance of the Platform, both in terms of alignment with EU health policies and initiatives, and addressing the needs of health stakeholders. The Platform has been most effective as a space for facilitating information exchange between health stakeholders and with Commission services (in particular with DG SANTE). Through the Joint Statements resulting from the work of the Thematic Networks, the HPP has also encouraged policy discussions and dialogue, as well as supported health-related actions beyond DG SANTE. Findings shed light on areas for improvement, including measures to raise awareness of the Platform, and the possibility of opening Agora and the newsletter to audiences beyond the registered HPP users. The interactive features of the Platform could also be reinforced but this would require a comprehensive user experience (UX) audit.

4.1.2. Conclusions under relevance

At the general level, the study findings confirmed the continued relevance of the EU Health Policy Platform, both in terms of alignment with EU health policies and initiatives and in terms of addressing the needs of health stakeholders. The Platform is a relevant and valued tool with a unique offer and an important role in the EU health community.

Alignment of the Platform with EU health policies and initiatives. There is a clear alignment between HPP objectives and health topics with EU health policies and initiatives. In practice, the alignment is reflected in the different activities that take place in the framework of the Platform. Study findings were conclusive about the relevance of the topics covered by the Platform's networks, the online webinars and the production of Joint Statements. The EU Health Award (active from 2015 to 2021) was also appreciated by stakeholders. The Agora and bi-weekly newsletters are highly consulted and valued sources of information among HPP users.

Relevance of the Platform to respond to users' needs. At the time of its inception the HPP was designed to respond to the need for exchange of information and knowledge, and to foster dialogue between policymakers and organised stakeholders in the area of health and EU health policies. The main rationale behind the Platform's creation was to take advantage of the benefits and efficiencies of the virtual world, ensuring broader representation of national, regional and local health stakeholders in the dialogue and increasing stakeholder ownership of EU health policy.

In practice, the Platform does well to meet the needs of health stakeholders for diverse, up-to-date and trustworthy information on EU health policy and health topics. Even though the majority of users also consider it as a relevant space for discussion and interaction with other health stakeholders and Commission policy-makers, the fairly limited features offered by the Platform have restricted opportunities for users to engage with one another and to work collaboratively. Hypothetical improvements to further strengthen stakeholder engagement, networking and policy advocacy included the possibility of working in shared documents directly on the Platform, previewing files without downloading them, and a direct messaging or chat function. Other inhibiting factors include the limited time that people dedicate to interacting with the Platform in comparison to other competing sources and channels of information (which

have grown exponentially over the years) and the limited presence of Commission staff on the Platform and in its activities.

4.1.3. Conclusions under effectiveness

The successful evolution of the Platform in recent years confirms the need for such a community. The Platform has been most effective as a space for facilitating information exchanges between health stakeholders and with Commission services (in particular DG SANTE), for supporting the objectives and priorities under the EU4Health and previous health programmes and for responding to health crises. Policy discussions and dialogue and the support for health-related actions beyond DG SANTE have been more limited. The current language regime has been reported as appropriate.

Evolution of the Platform over the years. One of the most compelling arguments of the success of the Platform has been its dynamic growth over the years. Most importantly, the evolution shows that the growth in the number of registered users was closely accompanied by an expansion of the offer of activities, including increased Platform networks, online webinars and an expanded scope of the EU Health Award⁴². The expansion, which was accelerated as a result of the COVID-19 pandemic, brought challenges for the management of the Platform, including limited resources to respond to increased demand for participation in webinars and networks, and more users.

The study findings clearly showed that the Platform has a number of flagship activities and channels that are highly valued by its users, including the live webinars and bi-weekly newsletter. Findings were less favourable towards the results and benefits of the HPP networks, in particular the low levels of activity across many networks which were considered to diminish their effectiveness and potential impact.

Effectiveness of the Platform as a space for facilitating information exchanges. The Platform has effectively fulfilled its role as a space for facilitating information exchanges between health stakeholders and Commission services. However, the extent to which these exchanges have evolved as discussions and policy debates is less evident. As highlighted above, the limited functionalities for networking and interacting within the Platform were considered to hamper the opportunities for dialogue, but study findings pointed to several adjustments that could be made with the available set-up and resources which could enhance the interactivity elements that are seen to be missing. These include encouraging more active participation of the users including Commission representatives on the Platform (webinars, posting in Agora and the networks), as well as adjusting specific features of the format of the webinars and the activities of the networks.

Effectiveness of the Platform in responding to health-related crises. The Platform has been very effective in responding to health-related crises over the years. The examples of the COVID-19 pandemic and the situation in Ukraine and neighbouring countries have confirmed that the capacity to react swiftly to crisis situations has been facilitated as a result of the existing health community on the Platform. Through its different channels and activities, the HPP offers the possibility to respond flexibly to specific crises and also emerges as a trustworthy source of information in crisis contexts.

Support for actions under the Health Programmes and for other health related EU-funded actions. Study findings were conclusive about the important role of the Platform in supporting the implementation and dissemination of actions financed under the EU4Health and previous health programmes. However, there was limited evidence regarding the contribution

⁴² The EU Health Award was discontinued after its 2021 edition.

of the HPP to the dissemination of information on health-related actions financed through other EU funding instruments. Consultations with representatives of other Commission services highlighted opportunities to further promote the Platform beyond DG SANTE and the Health and Digital Executive Agency (HaDEA).

Appropriateness of the Platform's linguistic regime. The study findings confirmed that the current linguistic regime of the Platform is considered appropriate by HPP users. The broad majority of respondents to the different study surveys felt comfortable reading, understanding and speaking in English. The hypothetical improvement to provide automated translation of posts and messages was not viewed as a priority by users.

4.1.4. Conclusions under efficiency

The Platform has evolved substantially over the years, realising benefits for its users and providing efficiency of working in a virtual environment. However, it competes with a multitude of alternative, online channels (including digital and social media) with advanced networking functionalities. Any technical updates to the Platform would require additional investments (including in terms of financial and human resources) to be implemented over a longer time period. The lack of a monitoring framework hinders the formulation of recommendations for changes.

Cost and carbon footprint savings generated by the Platform. Online exchanges on the HPP have generated significant savings in terms of time, resources and carbon footprint. The online nature of the Platform has also made it easier to set up new groups or organise meetings in direct response to topical issues or crises. Despite the advantages and savings identified, the outputs achieved remain limited due to the lack of advanced functionalities enabling users to engage and work collaboratively on the Platform.

Adequacy of resources and of the monitoring framework. Even though the study findings confirmed that the financial resources are sufficient for running the HPP in its current form, more resources would be required to update the Platform further, if new technical functionalities were to be explored and implemented. While the discontinuation of the EU Health Award has freed up financial and human resources, the increasing demand placed on DG SANTE for managing the Platform and the work of the networks, combined with a decrease in the number of staff, raised concerns about the availability of human resources to organise, implement and follow up on the outcomes of the Platform's activities. The lack of an adequate monitoring framework and performance indicators for the Platform also makes it difficult to conclude on the efficiency question. Any new design and implementation of recommended changes should complement other channels and be accompanied with a monitoring framework and indicators following an evidence-based approach.

4.1.5. Conclusions under coherence

There is scope to enhance collaboration and synergies with other Commission services and EU agencies working on topics with links to health. The study identified examples of successful collaboration within the HPP that could be replicated if the Platform reached out to relevant Commission services who could act as users and multipliers of the activities offered. Similarly, further promotion of the HPP at regional and local levels would make it possible to find alternative ways to engage with stakeholders at subnational level.

Synergies with the work of other Commission services and EU agencies. Study findings confirmed that there is potential for promoting synergies with policies and initiatives of other Commission services and EU agencies with implications for health. Where collaboration has

taken place, in particular in the areas of environmental and research policy, this has been positive. A greater presence of other Directorates-General (DGs) on the Platform could help to expand the user base and the number of health topics (including adding new topics), as well as increase the relevance of the Platform for users who are already there. However, this would require significant internal communication and promotion of the HPP towards other Commission services.

Contribution to the work of other health stakeholders. Evidence collected confirmed broad consensus that the Platform's contribution to the work of other health stakeholders has been significant, which is closely linked to the view of Agora and the Platform's bi-weekly newsletter as main sources of information on EU public health topics. The challenge remains to find ways to increase the engagement of health stakeholders at the local and regional levels.

4.1.6. Conclusions under EU added value

Despite the limitations and the scope for improvement, it follows from the assessment of the Platform's EU added value that the HPP and its activities should continue to exist to consolidate its achievements and to address the continuous need for information and networking of health stakeholders in the area of EU health policy and health topics as these evolve.

Main added value of the Platform. The main added value of the Platform lies in the provision of relevant information on EU health policy and health topics, and the promotion of the exchange of good practices and initiatives. The extent to which the HPP was perceived to add value to networking, collaboration, policy dialogue and interaction with the Commission was significantly lower. However, the study findings were conclusive that a hypothetical discontinuation of the Platform would negatively impact the health stakeholder community as the Platform was perceived as a unique channel.

Added value of the Joint Statements. The Joint Statements were positively assessed in relation to the benefits derived from the process of developing them, mainly linked to increased visibility, enhanced networking and the possibility for more direct interaction with the Commission. Findings were more critical regarding the promotion and follow-up of the outcomes of the Joint Statements, and the extent to which they were considered in the policy-making process. When faced with the hypothetical discontinuation of the Thematic Networks, there was consensus that this would negatively impact the possibility for health stakeholders to articulate common positions on EU health topics.

4.1.7. Conclusions under impact

Findings for the Joint Statements – as well as the discontinued EU Health Award - evidenced a common challenge for the Platform to consolidate and promote the outputs of its activities. More efforts are needed to give the activities more visibility and to explore ways for them to contribute more meaningfully to shaping EU health policy.

Impact of the EU Health Award. The main impact of the EU Health Award was the monetary support it provided to health actors (including NGOs, cities, and schools who participated in the different editions) to continue implementing awareness-raising activities on health priority projects. The EU Health Award also contributed to raising awareness of the Commission's health policies and priorities amongst some stakeholders. However, feedback from contestants suggests that the lack of visibility (beyond announcing the calls and the winners) was a missed opportunity. Additional activities such as using the winners as multipliers and promoting the best practices from the winning initiatives from previous editions would have increased the visibility and impact of the award.

Impact on enhanced dialogue and transparency. Even though engagement and discussions are not a frequent feature of the Platform, study findings confirmed that the HPP has been successful in building a broad community of health stakeholders who are well informed and able to access relevant events, publications and information. In practice, the HPP has met the needs of its users as a trusted aggregator, even though this role was not expressly stated as part of the Platform's original objectives. As such, it complements other channels because it provides curated information in one place. The role of health stakeholders in contributing to shaping EU health policy through the Platform's activities (i.e., the Thematic Networks and the Joint Statements) was unclear, but the study identified positive examples that could be showcased as best practice.

Impact of the Joint Statements. The study findings confirmed that the Joint Statements are effective tools to disseminate information and best practices to wide audiences, and that the process of developing them through the Thematic Networks provides a space to discuss and articulate common positions on health topics that are aligned with EU priorities. Despite the positive views, the impact of the Joint Statements on health policies at local, national and EU level has been perceived as limited, as a result of multiple factors already discussed above. Even though the Joint Statements are not binding on Commission, there was consensus that there could be scope to ensure a better link with specific policy initiatives to leverage their input.

4.2. Recommendations for next steps

4.2.1. Introduction

Based on the study findings and conclusions presented above, the study team identified a number of recommendations that could be considered for the future development of the HPP. The recommendations are categorised in two groups, according to the perceived feasibility, which also reflects the steering involvement required of DG SANTE, and the resources required to implement them.

Recommendations in the first group are **short-term basic upgrades** to the Platform that would not require major changes to the current functioning of the HPP. Recommendations in the second group are considered to demand **long-term major upgrades**. Experience from similar platforms benchmarked as part of the study confirmed that a user experience (UX) audit would be a first step towards any changes. Given the time that implementing the outcomes of that audit is likely to require (if so desired), the proposed short-term basic upgrades should not be put on hold in anticipation of the results of the assessment.

The two main scenarios are the following:

1. **Scenario 1 – short-term basic upgrades (1 to 2 years' horizon):** In the short term, DG SANTE should concentrate efforts on the incremental improvement of the current Platform features, with a focus on consolidating the information exchange nature of the HPP, and introducing specific improvements (in terms of management, promotion, key activities and channels) that would not require significant changes in the design and functionalities of the Platform. This would include making the Agora and the newsletter available without registration if technically feasible.
2. **Scenario 2 – long-term major upgrades (3 to 5 years' horizon):** The second scenario would assess the feasibility of a set of additional upgrades that would require more time, analysis and resources to design and implement. The enhanced upgrades would consider significant improvements to the Platform's accessibility and attractiveness for users, building tools and functionalities for engagement and extending reach, and enhancing collaboration and input from health stakeholders on policy formulation. This would require

a comprehensive user experience (UX) audit to systematically inform the process and required changes, and policy decisions on the degree of transparency desired, e.g., placing all information in the public domain except content creation and commenting.

4.2.2. Summary of overarching recommendations

Open up the Agora and the bi-weekly newsletter to non-registered users. The closed nature of the Platform, with access to all information subject to registration and login, are a disincentive to engage with the HPP. The platforms assessed as part of the benchmarking case study, including the two Commission platforms, Capacity4dev and JoinUp, are open by default, with only content creation and commenting restricted to members. Placing more information in the public domain would also contribute to enhancing the Platform's transparency and accountability.

Improve the navigation features of the Platform and the user-friendliness of the newsletter. The Platform and the bi-weekly newsletter could be easier to navigate. In practical terms, there is scope to explain Platform features and functionalities better through tutorials and to make specific options/settings already offered by the Platform more visible. The newsletter, which is highly valued by users, should enhance its offer by including a table of contents, better integrating hyperlinks in the posts, avoiding duplication of posts, arranging event announcements chronologically and including images and/or graphics.

Enhance the options for increased user engagement and interaction. Facilitating engagement and interaction is a common challenge to other similar platforms, there is scope to improve the tools and functionalities for engagement. In particular, the webinars could build in more time for questions and answers from participants, consider the organisation of more innovative formats, and explore the feasibility of sharing lists of webinar participants by obtain the advance consent of participants to the sharing of their information. The annual meetings could introduce a structured networking component in the programme. The different types of Platform networks should also encourage opportunities for interaction between network members and with Commission stakeholders.

Promote the Platform actively to increase membership. There is scope to promote the Platform and its features more actively to increase the added value and impact of its activities. In particular, this includes reaching out to other Commission DGs and EU Agencies to explore synergies and opportunities for collaboration, as well as looking to expand the user base by targeting national, regional and local level health authorities and stakeholders. Effective promotion strategies could include encouraging DG SANTE policy officers to engage more actively in Agora, relevant networks and webinars and developing more Platform-specific social media content.

Enhance the impact of the Joint Statements developed through the work of the Thematic Networks. Through the Joint Statements resulting from the work of the Thematic Networks, the HPP has encouraged policy discussions and dialogue. However, there is scope to ensure a better link with specific policy initiatives to leverage the input of the Joint Statements. Specific actions could include linking calls for upcoming Thematic Networks to concrete ongoing policy initiatives, finding ways to ensure better monitoring and follow-up of the outcomes of the Joint Statements, and ensuring continuity between the work of the Thematic Networks and the Stakeholder Networks that follow.

Improve objective setting and monitoring: A strategy document should be developed for the Platform, including a vision, a mission statement, an intervention logic, and short and medium-term objectives. These should be integrated in to an annual plan with concrete annual objectives and performance indicators linked to the Platform's activities and outputs. The current set of indicators could be expanded to include additional user, network and webinar

analytics. Network moderators should receive analytics linked to their networks to assess activity and plan actions in response. A Steering Group for the Platform should monitor the objectives on an annual basis and propose adjustments.

4.2.3. Detailed recommendations

The overarching recommendations listed above have been further developed into more specific recommendations, categorised by topic and by temporal scope of implementation. These are presented in the table below.

Table 6: Key recommendations for basic and major upgrades to the Platform

Key recommendations	Short-term basic upgrades	Long-term major upgrades
Agora		
○ Consider developing and posting a short video tutorial for users which introduces the Platform's features and functionalities	√	
○ Consider making a read-only version of Agora publicly accessible (i.e. open to non-registered users) and allow authors of posts to choose whether to make their posts public ⁴³	√	√
○ Consider revising the visual appearance and organisation of the information on Agora to make it more intuitive and user-friendly; this could be done by simplifying the landing page, providing some description on the different sections, using professional images as illustrations, highlighting the most important information for users, and showcasing success stories more prominently		√
Newsletter		
○ Include a hyperlinked Table of Contents at the top of each edition	√	
○ Better integrate hyperlinks in the newsletter posts	√	
○ Avoid duplicating posts due to cross-posting in multiple networks	√	
○ Arrange event announcements chronologically by upcoming date (not by date of publication)	√	
○ Explore the possibility to divide content into News and Events		√
○ Allow the possibility to subscribe to the newsletter without the need to register to the Platform		√
○ Personalise frequency and content options for receiving the newsletter		√
○ Feature images and videos to break up the text with more visual material ⁴⁴		√
Webinars		
○ Build in more time for questions and answers for participants	√	

⁴³ Given how widely this suggestion was sought by HPP users consulted and the good practice benchmarks identified as part of the case study, we recommend considering this change in the short-term if technically feasible to implement. The promotional activities outlined below will be more effective with the removal of the login barrier.

⁴⁴ The Health and Food Safety newsletter managed by Unit A3 could be a model to follow. However, any updates could be tested in advance in the user experience audit, including their feasibility considering that the HPP newsletter is automatically generated.

Key recommendations	Short-term basic upgrades	Long-term major upgrades
○ Explore the organisation of roundtables, presentations by internationally renowned figures or other interactive formats such as debates, fireside chats ⁴⁵ , townhall meetings ⁴⁶ as well as the use of innovative tools such as pre- and post-webinar surveys, webinar polls, whiteboards, and annotation features	√	
○ Encourage more active and meaningful participation of Commission representatives	√	
○ Consider advising webinar requestors to reduce the number of participants to specific webinars to encourage discussion	√	
○ Increase awareness of the possibilities for organising webinars among representatives of other Commission DGs and EU Agencies and among non-Commission health stakeholders	√	
○ Explore the feasibility of sharing lists of webinar participants (prior consent from attendees)	√	
○ Consider options for simplifying the registration process by reducing the number of steps required to sign up, offering single click registration options, and simplifying the form fields		√
○ Consider exploring alternative platforms to Webex with enhanced features for hosting the webinars		√
○ Post / share material and recordings from webinars on an open video platform (prior consent from attendees)		√
Annual Meetings		
○ Consider extending the time for each Joint Statement presentation to allow more time for interaction and substantive discussion	√	
○ Encourage Commission policy officers to deliver their responses to the Joint Statements in person on site, both to increase engagement and interaction, and to raise the visibility of the Joint Statements	√	
○ Consider introducing a structured networking component in the agenda (for both online and on-site participants), including innovative formats (e.g. World Café ⁴⁷ , Living Libraries ⁴⁸) for informal exchanges in small groups		√
Thematic Networks		
○ Link calls for upcoming Thematic Networks to concrete ongoing policy initiatives to increase opportunities for links with the policy-making process	√	
○ Revise the timeline associated with the Joint Statements' development process: this includes adjusting the launch of the calls for proposals (avoiding the summer period) and extending the	√	

⁴⁵ Personal and more interactive discussions involving a moderator and a guest.

⁴⁶ Including engaging features to interact with the audience, taking up questions, conducting polls, and activities like trivia.

⁴⁷ World Café is a structured conversational process for knowledge sharing in which groups of people discuss a topic at several small tables like those in a café.

⁴⁸ Living Libraries is a participatory discussion method where people tell their stories.

Key recommendations	Short-term basic upgrades	Long-term major upgrades
lifespan of Thematic Networks to allow more time for collecting endorsements		
<ul style="list-style-type: none"> ○ Strengthen the contribution of the Commission, including physical presence of relevant policy officers during the presentation of the Joint Statements in the Annual Meeting 	√	
<ul style="list-style-type: none"> ○ Raise awareness about the Thematic Networks and their goals, especially beyond the Commission and Brussels audiences, to attract relevant stakeholders from the national and local levels 		√
<ul style="list-style-type: none"> ○ Further clarify expectations associated with the role of the Thematic Networks' moderators: moderators could be provided with a welcoming kit including practical guidelines on how to steer the Joint Statement development process, reach final agreement and manage the endorsement process, as well as good practices on how to engage with the community and ensure a collaborative approach 		√
<ul style="list-style-type: none"> ○ Provide more opportunities for interaction among moderators and members of networks and Commission policy officers; this could take the form of monthly checkpoints between the leading organisations/core members of the network and the Commission to exchange on the development of the Joint Statement 		√
<ul style="list-style-type: none"> ○ Consider making funding available to organisations leading Thematic Networks to enable broader and more inclusive participation 		√
<ul style="list-style-type: none"> ○ Find ways to ensure better monitoring and follow-up of the outcomes of the Joint Statements; in the case of cross-cutting topics, facilitate visibility and promotion of the Joint Statements to other relevant DGs - this would ensure more transparency and provide further incentives to stakeholders to participate in the work carried out by the Thematic Networks 		√
Stakeholder Networks		
<ul style="list-style-type: none"> ○ Consider ways to increase the transparency of rules for accessing a Stakeholder Network 	√	
<ul style="list-style-type: none"> ○ Ensure closer links and follow-up from the work carried out within the preceding Thematic Networks, especially with respect to the outcomes of the Joint Statements; this can be done by providing an account of the feedback received at EU and national level following the presentation of the Statements, as well as through regular updates about their impact on new initiatives and policy developments 		√
<ul style="list-style-type: none"> ○ Raise awareness about the Stakeholder Networks and their goals, and showcase best practice examples from successful Stakeholder Networks 		√
Exchange Networks		
<ul style="list-style-type: none"> ○ Given the low level of activity in Exchange Networks, consider transforming them into libraries accessible through Agora 		√

Key recommendations	Short-term basic upgrades	Long-term major upgrades
Commission and Member State-led Networks		
<ul style="list-style-type: none"> ○ Consider expanding the offer of available Commission and Member State led networks to align with the latest EU health priorities 	√	
<ul style="list-style-type: none"> ○ Encourage Member States and other Commission services to engage more actively in these types of networks 		√
Management, Promotion and Engagement		
<ul style="list-style-type: none"> ○ Develop a strategy document for the Platform, including vision and mission statements and integrate these to an annual plan and concrete objectives and performance indicators linked to the Platform’s activities and outputs; a Steering Group for the Platform could monitor the objectives on an annual basis and propose adjustments 	√	
<ul style="list-style-type: none"> ○ Increase commitment and ownership of the Platform as a channel for stakeholder engagement from the DG SANTE leadership - as evidenced by the study, participation of high-level Commission officials in HPP webinars has been key for promoting engagement of health stakeholders 	√	
<ul style="list-style-type: none"> ○ Encourage DG SANTE policy officers to engage more actively in Agora and relevant networks and show presence by posting, moderating discussions and encouraging users’ engagement; link this to success stories of networks led by DG SANTE, e.g. Beating Cancer Plan 	√	
<ul style="list-style-type: none"> ○ Actively reach out to policy officers in charge of portfolios with health relevance in other Commission services and EU agencies to promote the opportunities offered by the Platform (announce news and events) and to explore synergies, for example, through the organisation of live online webinars or the moderation of networks 	√	
<ul style="list-style-type: none"> ○ Discuss with Unit A3 the feasibility of, and alternatives for, promoting the Platform with Communication Units of relevant Commission services and EU agencies to encourage them to (continue to) include the Platform in their communication channels/plans 	√	
<ul style="list-style-type: none"> ○ Consider offering training for moderators on additional topics such as community building, community engagement, and effective communication 		√
<ul style="list-style-type: none"> ○ Actively promote the Platform with desired target audiences: the study findings evidenced that a dissemination plan targeting national, regional and local level health authorities and stakeholders would help to expand the user base and fill in the gaps left by the discontinuation of the EU Health Award, addressed at these audiences 		√
<ul style="list-style-type: none"> ○ Consider developing platform- specific social media content for Twitter, Instagram, LinkedIn 		√

Key recommendations	Short-term basic upgrades	Long-term major upgrades
and Facebook; monitor EC policy that currently prevents HPP having its own social media accounts, and differentiate in style between each channel to maximise followers and engagement		
Technical Features⁴⁹		
○ Display the members' directory more prominently so that users can easily see it	√	
○ Expand the My Profile section to include interest tags or 'open for networking on specific topics' and allow search by these		√
○ Consider offering users the option to preview a file on the Platform without downloading it		√
○ Consider introducing a direct messaging functionality through the Platform		√
○ Display the option that allows users to leave/unsubscribe from a closed network or from the Platform more prominently		√
Monitoring		
○ Continue implementing the annual survey of HPP moderators to ensure that all networks on the Platform have moderators; expansion of the survey could be considered to include a review of network activity so that inactive networks can be identified and closed down after a certain period of inactivity.	√	
○ Set up a comprehensive monitoring system for the Platform: the current annual activity report could be expanded to include user, network and webinar analytics (e.g., number of active networks of each type, number of new networks opened, number of networks closed, number of new users, number of document views and downloads, and total number of registered users) - analytics would be shared with network moderators to help them assess activity in their networks and plan actions in response		√

⁴⁹ Recommendations under Technical Features are based on study findings from multiple sources, but an UX audit would be needed to confirm the technical and financial feasibility of the different options, and the shape they would take.

5. Appendix: Study Questions Matrix

Question	Sub question	Judgement criteria	Indicators	Data sources
Relevance				
1. To what extent is the EU HPP (the health topics and networks, activities and objectives pursued; profile of the users/organisations, <i>Platform architecture</i> , etc.) relevant to the EU health policies and its initiatives / missions (EU4Health Programme, Horizon Europe etc.)? ⁵⁰	To what extent are the objectives of the HPP relevant for the EU health policies and initiatives/missions?	The objectives of the EU HPP are aligned with the EU health policies and initiatives/missions and appropriate to pursue them	<ul style="list-style-type: none"> Alignment between the HPP objectives and EU health policy Stakeholders' perceptions that the HPP objectives are designed to support / contribute to EU health policies and initiatives/missions 	<ul style="list-style-type: none"> Desk research Scoping interviews Specialised Panel: <ul style="list-style-type: none"> - <i>other EC services and agencies using the HPP</i>
	To what extent are the health topics covered by the HPP relevant for the EU health policies and initiatives/missions?	The health topics covered by the EU HPP are aligned with the EU health policies and initiatives/missions and appropriate to pursue them	<ul style="list-style-type: none"> Alignment between the HPP health topics and EU health policy Stakeholders' perceptions that the HPP health topics support / contribute to EU health policies and initiatives/missions 	<ul style="list-style-type: none"> Desk research Scoping interviews Large HPP user consultation Specialised Panel <ul style="list-style-type: none"> - <i>other EC services and agencies using the HPP</i>
	To what extent are the Thematic Networks of the HPP (including the Joint Statements) and the other types of networks (Agora, exchange, stakeholder, Commission and MS-led) relevant for the EU health policies and initiatives/missions?	The Thematic Networks and other types of networks of the EU HPP are aligned with the priorities of EU health policies and initiatives/missions and appropriate to pursue them	<ul style="list-style-type: none"> Stakeholders' perceptions that the Thematic Networks and Joint Statements, Agora Network, exchange, stakeholders and MS-led networks are designed to support / contribute to the EU health policy and initiatives/missions 	<ul style="list-style-type: none"> Desk research Scoping interviews Large HPP user consultation Targeted survey: <ul style="list-style-type: none"> - <i>Moderators & users of HPP Networks</i> Targeted interviews Specialised Panels: <ul style="list-style-type: none"> - <i>other EC services and agencies using the HPP</i> - <i>Member States' representatives using the HPP</i> Case studies 1-5on the Platform's networks
	To what extent are other activities of the HPP (webinars, EU Health	<ul style="list-style-type: none"> Other activities of the EU HPP are aligned with the priorities of EU health 	<ul style="list-style-type: none"> Stakeholders' perceptions that the EU Health Award, webinars, Annual meetings, and other HPP activities are 	<ul style="list-style-type: none"> Desk research Scoping interviews Large HPP user consultation

⁵⁰ This study question has been slightly updated to also focus on the relevance of the overall architecture of the Platform. A specific sub question and related judgement criteria and indicators have been added accordingly.

Question	Sub question	Judgement criteria	Indicators	Data sources
	Award, Annual Meetings, etc.) relevant to the priorities of the EU health policies and initiatives/missions?	policies and initiatives/missions and appropriate to pursue them	designed to support / contribute to the EU health policy and initiatives/missions	<ul style="list-style-type: none"> Targeted surveys: <ul style="list-style-type: none"> Requestors & participants of Open Live Webinars Selected applicants and not-selected applicants to the EU Health Awards Case study 6: Webinars Case study 7: EU Health awards Case study 8: Annual meetings
	To what extent is the HPP user base in terms of user and organisation profiles relevant for the EU health policies and initiatives/missions?	<ul style="list-style-type: none"> The HPP user base is aligned with the priorities of EU health policies and initiatives/missions and appropriate to pursue them 	<ul style="list-style-type: none"> Number of user profiles by type of organisation Stakeholders' perceptions that the HPP user base can support / contribute to EU health policies and initiatives/missions 	<ul style="list-style-type: none"> Desk research <i>including aggregate statistics on user profiles by type of organisation</i> Scoping interviews Targeted surveys: <ul style="list-style-type: none"> Moderators & users of HPP Networks Targeted interviews
	To what extent is the overall architecture of the HPP, including the structuring into the existing types of networks, relevant for the EU health policies and initiatives/missions?	<ul style="list-style-type: none"> The overall architecture of the Platform is aligned with the priorities of EU health policies and initiatives/missions and appropriate to pursue them The types of networks currently operational on the Platform are aligned with the priorities of EU health policies and initiatives/missions and appropriate to pursue them 	<ul style="list-style-type: none"> Review of the objectives of each type of network and how they relate to each other as well as to the overall objectives of the HPP and to health stakeholders' needs Stakeholders' perceptions that the overall architecture of the Platform is relevant for their needs and aligned with EU health policy priorities Stakeholders' perceptions that the types of networks currently offered by the Platform is relevant for their needs and aligned with EU health policy priorities 	<ul style="list-style-type: none"> Desk research, <i>including the HPP Rules of Procedure</i> Scoping interviews Large HPP user consultation Targeted surveys (all) Case studies 1 to 5 (Platform's networks) Specialised Panel <ul style="list-style-type: none"> other EC services and agencies using the HPP
2. To what extent is the EU HPP relevant to the health stakeholders' needs (in terms of e.g., exchange of information, knowledge and good practices and opportunities for discussion and interaction with other health	What are the main currently existing needs of health stakeholders that the EU HPP addresses and to what extent are they fulfilled?	<ul style="list-style-type: none"> The main needs of health stakeholders continue to be fulfilled by the HPP 	<ul style="list-style-type: none"> Stakeholders' perceptions on what needs the HPP meets and to what extent 	<ul style="list-style-type: none"> Large HPP user survey Targeted interviews Targeted surveys <ul style="list-style-type: none"> Moderators & users of HPP Networks who are users of the Platform
	What, if any, existing aspects of the HPP do not serve current needs of the health stakeholders?	<ul style="list-style-type: none"> A list of functionalities and content-related aspects that are underused/obsolete on the Platform 	<ul style="list-style-type: none"> Statistics on low user activity on the HPP (e.g. inactive stakeholder networks) Stakeholders' perceptions on aspects of the HPP that do not correspond to their current needs 	<ul style="list-style-type: none"> Desk research, including statistical data on user activities Large HPP user consultation

Question	Sub question	Judgement criteria	Indicators	Data sources
stakeholders and EC policy-makers)?				<ul style="list-style-type: none"> Targeted interviews with network moderators and users Targeted surveys: <ul style="list-style-type: none"> Moderators & users of HPP Networks Requestors & participants of Open Live Webinars
	What new activities or functionalities of the HPP could be added to respond to currently unmet needs or future evolving needs of health stakeholders?	<ul style="list-style-type: none"> A list of suggestions for new activities or functionalities that would address unmet current or future needs of health stakeholders 	<ul style="list-style-type: none"> Stakeholders' perceptions on existing needs or anticipated future needs that are currently unfulfilled by the HPP Stakeholders' perceptions on new features (including content and technical-related) that could be added to the HPP to better respond to their current and anticipated needs 	<ul style="list-style-type: none"> Scoping interviews Large HPP user consultation Targeted interviews Targeted surveys <ul style="list-style-type: none"> Moderators & users of HPP Networks Requestors & participants of Open Live Webinars Specialised panels (all) Case studies (all) Validation workshop
Effectiveness				
3. To what extent did the EU HPP facilitate the exchanges between health stakeholders and the Commission services, particularly in the context of its priorities?	<p>To what extent has the HPP facilitated exchanges between health stakeholders and the Commission services, including through public and targeted consultations? What are the main enabling and hindering factors for the facilitation of the exchanges?</p> <p>To what extent has this exchange happened in the context of the Commission's priorities?</p> <p>To what extent have equivalent platforms facilitated exchanges between their stakeholders and policymakers, successfully built communities, and</p>	<p>The HPP has been effective in facilitating information sharing and exchange between health professionals and the Commission services.</p> <p>The exchange between health stakeholders and the Commission services largely has taken place in the context of the Commission's priorities</p> <p>The HPP Rules of Procedure are conducive to effectively facilitating the exchanges between the health stakeholders and the Commission services</p> <p>Equivalent platforms have been effective in facilitating information sharing and exchange between their stakeholders and policymakers, successfully</p>	<p>Quantitative data on exchanges between health stakeholders and the Commission</p> <ul style="list-style-type: none"> Number of registered members and active users on the Platform Evidence on public and targeted consultations conducted through the Platform (if available); Number of webinars and viewers per webinar Network analytics (e.g. number of posts per network) <p>Qualitative data on exchanges between health stakeholders and the Commission</p> <ul style="list-style-type: none"> Perceptions of health stakeholders (users) on the effectiveness of the exchange on the HPP as well as main enabling and hindering factors and the appropriateness of the current Rules of Procedure Perceptions of network moderators on the effectiveness of the exchange on the Platform as well as main 	<ul style="list-style-type: none"> Desk research, <i>including statistical data and user activity analytics on the use of the HPP, bi-weekly newsletters on public and targeted consultations, Rules of Procedure, registered members, requests, documents</i> Scoping interviews Large HPP user survey Targeted survey: <ul style="list-style-type: none"> Moderators & users of HPP Networks Interviews with network moderators and users Specialised panels (all) Case study 9: Benchmarking

Question	Sub question	Judgement criteria	Indicators	Data sources
	disseminated good practices?	building communities and disseminating good practices.	<p>enabling and hindering factors, and the appropriateness of the current Rules of Procedure</p> <ul style="list-style-type: none"> • Perceptions of Commission services staff on the extent to which the exchanges have taken place in the context of EU priorities as well as main enabling and hindering factors, and the appropriateness of the current Rules of Procedure • Stakeholders' perceptions of the bi-weekly newsletter sent by the Platform • Stakeholder perceptions on usefulness of features from other comparable platforms 	
4. How effective was the HPP in situations of health crisis that required quick reaction – e.g. before, during and after the COVID19 pandemic; providing support to Ukraine and neighbouring countries?	In what ways did the HPP react and adapt to the COVID19 pandemic? To what extent was the response quick and effective?	<ul style="list-style-type: none"> • A list of adaptations introduced since the creation of the HPP to respond to the need for quick reaction • The HPP reacted quickly to the COVID19 pandemic • The HPP reacted effectively to the COVID pandemic 	<ul style="list-style-type: none"> • Creation and timing of new networks and activities within networks added to the Platform to address COVID19 topics (e.g. stakeholder network “COVID-19: mental health support” and “Coalition for vaccination”) • Analytics on the level of engagement within the new networks and activities addressing the COVID19 pandemic • Number of webinars on topics related to COVID19 and respective number of users per webinar • Number of posts mentioning “Covid-19” • Stakeholders' perceptions on the speed and effectiveness of the HPP reaction to the health crisis arising from COVID19 	<ul style="list-style-type: none"> • Desk research, <i>including network analytics and webinar analytics</i> • Large HPP user consultation • Targeted interviews • Targeted surveys <ul style="list-style-type: none"> - <i>Moderators & users of HPP Networks</i> - <i>Requestors & participants of Open Live Webinars</i> • Specialised panels (all) • Case studies 1 to 5 (Platform's networks) • Case study 6: Webinars
	What factors enabled or prevented the HPP to react quickly to the health crisis arising from COVID19?	<ul style="list-style-type: none"> • Enabling and inhibiting factors for a quick and effective reaction to the health crisis arising from COVID19 	<ul style="list-style-type: none"> • Stakeholders' perceptions about enabling and inhibiting factors to a quick reaction to the health crisis arising from COVID19 	<ul style="list-style-type: none"> • Large HPP user consultation • Targeted interviews • Targeted surveys <ul style="list-style-type: none"> - <i>Requestors & participants of Open Live Webinar</i> - <i>Moderators & users of HPP Networks</i> • Specialised panels (all)

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Question	Sub question	Judgement criteria	Indicators	Data sources
				<ul style="list-style-type: none"> • Case studies 1 to 5 (Platform's networks) • Case study 6: Webinars
	How did the HPP react and adapt to providing support to Ukraine and neighbouring countries?	<ul style="list-style-type: none"> • A list of adaptations introduced since the creation of the HPP to respond to the need for quick reaction • The HPP reacted quickly to providing support to Ukraine and neighbouring countries • The HPP reacted effectively to providing support to Ukraine and neighbouring countries 	<ul style="list-style-type: none"> • Creation and timing of new networks or new discussion threads within networks to provide support to Ukraine and neighbouring countries (e.g. stakeholder network ""Supporting Ukraine, neighbouring EU Member States and Moldova" and "Migration & Health") • User analytics on the level of engagement within the new networks and activities • Number of webinars on topics related to providing support to Ukraine and neighbouring countries • Stakeholders' perceptions on the speed and effectiveness of the HPP reaction to the health crisis arising from the situation in Ukraine and neighboring countries 	<ul style="list-style-type: none"> • Desk research, <i>including network analytics and webinar analytics</i> • Large HPP user consultation • Targeted interviews • Targeted surveys - <i>Requestors & participants of Open Live Webinar</i> - <i>Moderators & users of HPP Networks</i> • Specialised panels (all) • Case studies 1 to 5 (Platform's networks) • Case study 6: Webinars
	What factors enabled or prevented the HPP to provide support to Ukraine and neighbouring countries?	<ul style="list-style-type: none"> • Enabling and inhibiting factors for a quick and effective reaction to providing support to Ukraine and neighbouring countries 	<ul style="list-style-type: none"> • Stakeholders' perceptions about enabling and inhibiting factors to providing effective support to Ukraine and neighbouring countries 	<ul style="list-style-type: none"> • Large HPP user consultation • Targeted interviews • Targeted surveys - <i>Requestors & participants of Open Live Webinar</i> - <i>Moderators & users of HPP Networks</i>
	In what ways did the HPP react to other health crises that required quick reaction?	<ul style="list-style-type: none"> • A list of adaptations introduced in response to other health crises that required a quick reaction • The HPP reacted quickly to other health crises • The HPP reacted effectively to other health crises 	<ul style="list-style-type: none"> • Creation and timing of new networks or new activities/discussion threads within networks to respond to other health crises • Number of webinars and respective number of viewers on topics related to other health crises • Stakeholders' perceptions on the speed and effectiveness of the HPP reaction to the health crises 	<ul style="list-style-type: none"> • Desk research, <i>including network and webinar analytics</i> • Large HPP user consultation • Targeted interviews • Targeted surveys - <i>Requestors & participants of Open Live Webinar</i> - <i>Moderators & users of HPP Networks</i> • Specialised panels (all) • Case studies 1 to 5 (Platform's networks) • Case study 6: Webinars

Question	Sub question	Judgement criteria	Indicators	Data sources
	<p>What factors enabled or prevented the HPP to react quickly and effectively to other health crises?</p>	<ul style="list-style-type: none"> • Enabling and inhibiting factors for a quick and effective reaction to other health crises 	<ul style="list-style-type: none"> • Stakeholders' perceptions about enabling and inhibiting factors to other health crises 	<ul style="list-style-type: none"> • Large HPP user consultation • Targeted interviews • Targeted surveys <ul style="list-style-type: none"> - Requestors & participants of Open Live Webinar - Moderators & users of HPP Networks • Specialised panels (all) • Case studies 1 to 5 (Platform's networks) • Case study 6: Webinars
<p>5. What are notable results obtained through the different Networks (including the Joint Statements produced under the Thematic Networks), Live Webinars and the EU Health Award?</p>	<p>What are some notable results achieved through the different Networks:</p> <ul style="list-style-type: none"> • Agora Network • Exchange Networks • Thematic Networks (including Joint Statements) • Stakeholder Networks • European Commission and MS-led Networks <p>To what extent are the different types of networks contributing to the effectiveness of the Platform?</p> <p>Is there duplication or overlap in terms of content between the different networks?</p>	<ul style="list-style-type: none"> • The HPP contributed significantly to fostering health policy dialogue between the European Commission services and health stakeholders • The exchange networks contributed significantly to sharing of good practices and training materials among health stakeholders • The HPP contributed significantly to information and knowledge exchange between health stakeholders and other Commission services and agencies • The Joint Statements produced by the Thematic Networks contributed significantly to better health policies • The stakeholder networks contributed significantly to knowledge and information sharing in specific health areas • The MS- and Commission-led networks contributed significantly to health policy coordination 	<ul style="list-style-type: none"> • Number of actively operating Networks by type and year • Number of users per year and per network • Number of Joint Statements produced per Thematic Network per year and topics • Stakeholders' perceptions on the results achieved by the work of the different networks • Stakeholders' perceptions on the effectiveness of the process of development of Joint Statements, including the pitching process and collection of endorsements • Stakeholders' perceptions on the contribution of Joint Statements to shaping health policies and initiatives • Stakeholders' perceptions on other notable results specific to a certain type of network or to an individual network 	<ul style="list-style-type: none"> • Desk research <i>including network and user analytics and on Joint Statements</i> • Large HPP user survey • Targeted interviews • Targeted survey <ul style="list-style-type: none"> - Moderators & users of HPP Networks • Specialised Panel <ul style="list-style-type: none"> - Member State representatives using the HPP • Case studies: <ul style="list-style-type: none"> - Case study 1: Exchange networks - Case study 2: Stakeholder networks - Case study 3: MS / Commission-led networks - Case study 4: Thematic networks and Joint Statements - Case study 5: Agora network

Question	Sub question	Judgement criteria	Indicators	Data sources
		<ul style="list-style-type: none"> Each type of network had its own separate and unique contribution to the achievement of the overall objectives of the HPP without duplication or overlaps 		
	What factors enabled or prevented the different types of networks to achieve notable results?	<ul style="list-style-type: none"> Enabling and inhibiting factors for achievement of notable results by the different types of networks Factors leading to the closure of networks, e.g. due to inactivity Thematic Networks are successfully transformed/preserved (e.g. into other types of networks) upon expiration of their year-long mandate 	<ul style="list-style-type: none"> Stakeholders' perceptions about enabling and inhibiting factors for the effective functioning of the different types of networks Stakeholders' perceptions about reasons for low user activity or lack of engagement Evidence of transformation/preservation of expired Thematic Networks 	<ul style="list-style-type: none"> Scoping interviews Large HPP user consultation Targeted interviews Targeted surveys <ul style="list-style-type: none"> Moderators & users of HPP Networks Specialised Panel <ul style="list-style-type: none"> Member State representatives using the HPP Case studies 1-5 on the Platform's networks
	What are some notable results achieved through the live online webinars?	<ul style="list-style-type: none"> The HPP webinars contributed significantly to information and knowledge exchange on health policy issues The HPP webinars facilitated discussions among health stakeholders and with the Commission services 	<ul style="list-style-type: none"> Number and topics of live webinars and corresponding number of viewers Alignment of topics with priorities of EU health policy Proportion of webinars offered by the Commission vs health stakeholders Proportion of webinars attended by Commission representatives Other specific notable results stemming from the live online webinars Stakeholders' perceptions on the results achieved through the live online webinars 	<ul style="list-style-type: none"> Desk research <i>including statistics of viewership of live online webinars</i> Large HPP user consultation Targeted survey <ul style="list-style-type: none"> Requestors & participants of Open Live Webinars Case study 6: Webinars
	What factors enabled or prevented the achievement of notable results by the live online webinars?	<ul style="list-style-type: none"> Enabling and inhibiting factors for the achievement of notable results by the live online webinars 	<ul style="list-style-type: none"> Stakeholders' perceptions about enabling and inhibiting factors for the effectiveness of live online webinars Stakeholders' perceptions of the extent to which live online webinars are promoted effectively through the Platform and/or other channels 	<ul style="list-style-type: none"> Large HPP user consultation Targeted survey <ul style="list-style-type: none"> Requestors & participants of Open Live Webinars Case study 6: Webinars

Question	Sub question	Judgement criteria	Indicators	Data sources
	<p>What are some notable results achieved through the EU Health Award?</p> <p>To what extent will the discontinuation of the EU Health Award impact the Annual meetings?</p> <p>To what extent will the discontinuation of the EU Health Award impact the visibility and support for activities of national level organisations (cities, municipalities, educational institutions and NGOs) and the exchange/ promotion of good practices and initiatives?</p>	<ul style="list-style-type: none"> The EU Health Award has significantly contributed to encouraging awareness raising of health-related issues by municipalities, schools and civil society organisations The EU Health Award has significantly contributed to exchange of good practices and initiatives The EU Health Award has significantly contributed to raising the visibility of cities, schools and civil society organisations acting in the area of health awareness-raising and disease prevention 	<ul style="list-style-type: none"> Number of EU Health Award applicants per year and per category (NGOs, municipalities, educational institutions) Topics of EU Health Awards for each year in the scope of the evaluation Other notable results achieved through the EU Health Award Stakeholders' perceptions on the results achieved through the EU Health Award Stakeholders' perceptions of the benefits of participating in the EU Health Award as an applicant and as a winner Stakeholders' perceptions of the impact of the discontinuation of the EU Health Award on the Annual stakeholder meetings Stakeholders' perceptions of the impact of the discontinuation of the EU Health Award on the visibility and support for activities of national level organisations and the exchange / promotion of good practices and initiatives at EU level 	<ul style="list-style-type: none"> Desk research <i>including reports from award winners and (if available) media monitoring of EU Health Award winners</i> Targeted survey <ul style="list-style-type: none"> <i>Selected applicants and not-selected applicants to the EU Health Awards</i> Case study 7: EU Health Awards Case study 8: Annual Meetings
	<p>What factors enabled or prevented the achievement of notable results through the EU Health Award?</p>	<ul style="list-style-type: none"> Enabling and inhibiting factors for the achievement of notable results through the EU Health Award The extension of the EU Health Award recipients to additional categories (municipalities and educational institutions) has increased the effectiveness of the EU Health Award 	<ul style="list-style-type: none"> Stakeholders' perceptions about enabling and inhibiting factors for the effectiveness of the EU Health Award Stakeholders' perceptions on the extension of the EU Health Award recipients to two new categories Stakeholders' perceptions of the visibility of the EU Health Award and the extent to which eligible applicants are aware of it 	<ul style="list-style-type: none"> Desk research Targeted survey <ul style="list-style-type: none"> <i>Selected applicants and not-selected applicants to the EU Health Awards</i> Case study 7: EU Health Awards
<p>6. To what extent did the HPP support the implementation and dissemination of actions financed under the Health Programmes and other</p>	<p>To what extent did DG SANTE take advantage of the opportunities offered by the HPP to support the implementation and dissemination of actions</p>	<ul style="list-style-type: none"> DG SANTE and other Commission services and agencies took full advantage of the opportunities to support implementation and dissemination of health- 	<ul style="list-style-type: none"> Support to the implementation and dissemination of actions financed under the Health Programmes and other health-related actions, as described in communication strategy and planning documents 	<ul style="list-style-type: none"> Desk research Large HPP survey (questions to members from EU Institutions) Specialised Panel <ul style="list-style-type: none"> <i>other EC services and agencies using the HPP</i>

Question	Sub question	Judgement criteria	Indicators	Data sources
health related actions funded under other EU funding instruments?	under EU4Health and prior Health Programmes?	related actions offered by the HPP	<ul style="list-style-type: none"> Number and types of activities (e.g. news posts, webinars, etc.) by other European Commission services 	
	<p>To what extent did other Commission services and agencies take advantage of the opportunities offered by the HPP to support the implementation and dissemination of actions under other EU funding instruments?</p> <p>To what extent have the opportunities to support the implementation and outreach of EU4Health and past Health Programmes been effective for DG SANTE?</p> <p>To what extent have the opportunities to support the implementation and outreach of EU-funded health-related actions been effective for other Commission services and agencies?</p>	<ul style="list-style-type: none"> The opportunities to support the implementation and dissemination of health-related actions have been effective for DG SANTE and other Commission services and agencies 	<ul style="list-style-type: none"> Analytics of activities by other Commission services on the HPP (membership in networks, number of posts, etc.) Stakeholders' perceptions about the effectiveness of the interaction on the Platform with other European Commission services in terms of support for implementation and dissemination of EU-funded health-related actions 	<ul style="list-style-type: none"> Desk research Large HPP user consultation Targeted surveys <ul style="list-style-type: none"> Moderators & users of HPP Networks Requestors & participants of Open Live Webinars Targeted interviews Specialised Panel <ul style="list-style-type: none"> other EC services and agencies using the HPP
7. To what extent do health stakeholders make use of the possibilities offered by the HPP? What is missing according to them?	What are the most and least popular use cases of the HPP by type of activity or type of network?	<ul style="list-style-type: none"> Most and least popular types of activities that health stakeholders engage in on the Platform 	<ul style="list-style-type: none"> Number of active and inactive users (data available for 2022) User perceptions about the benefits of the use of HPP User and network moderators' perceptions about the directions in which the use of the HPP could be extended 	<ul style="list-style-type: none"> Desk research <i>including statistics on user activities</i> Large HPP user consultation Targeted survey <ul style="list-style-type: none"> Moderators & users of HPP Networks Targeted interviews

Question	Sub question	Judgement criteria	Indicators	Data sources
	What user profiles are most active on the HPP Platform (e.g. EU-, national or local level organisations and users)	<ul style="list-style-type: none"> Types of profiles that exhibit high activity on the HPP 	<ul style="list-style-type: none"> Number of active users by type of sector and (if available) other characteristics Perceptions of network moderators about active user profiles 	<ul style="list-style-type: none"> Desk research Large HPP users survey Targeted survey <ul style="list-style-type: none"> <i>Moderators & users of HPP Networks</i> Targeted interviews
	Within the same type of networks (e.g. exchange, stakeholder, etc.), what factors account for lower/greater membership and more/less active participation by health stakeholders?	<ul style="list-style-type: none"> Explanatory factors for the variation in the levels of membership and activity within the same type of networks 	<ul style="list-style-type: none"> Number of active users by type of sector and (if available) other characteristics (see above) (If available) Average number of networks that a user is a member of on the Platform Stakeholders' perceptions of users and moderators about motivation regarding joining a network and actively participating in it 	<ul style="list-style-type: none"> Desk research Large HPP user consultation Targeted survey <ul style="list-style-type: none"> <i>Moderators & users of HPP Networks</i> Targeted interviews Case studies 1 to 5: Platform networks
	How important is the role of the moderators for stimulating the use of the HPP by health stakeholders?	<ul style="list-style-type: none"> Network moderators play an important role in the extent to which health stakeholders make use of the possibilities offered by the HPP 	<ul style="list-style-type: none"> Moderators' perceptions about their role in encouraging active participation on the HPP Users' perceptions about the role of moderators in the extent to which users are active on the HPP 	<ul style="list-style-type: none"> Large HPP user consultation Targeted surveys <ul style="list-style-type: none"> <i>Moderators & users of HPP Networks</i> Targeted interviews
	To what extent are health stakeholders taking advantage of the opportunity to lead live online webinars on the HPP?	<ul style="list-style-type: none"> Health stakeholders take advantage of the opportunity to lead live online webinars to a significant extent 	<ul style="list-style-type: none"> Number of live webinars offered by health stakeholders by network and topic and as a proportion for all offered live webinars Stakeholders' perceptions on benefits of leading live online webinars 	<ul style="list-style-type: none"> Desk research, <i>including live webinar analytics</i> Large HPP survey consultation Targeted survey <ul style="list-style-type: none"> <i>Requestors & participants of Open Live Webinars</i> Case study 6: Webinars
8. Is the linguistic regime applied to the Platform and its satellite activities appropriate / satisfactory?	Does the linguistic regime of the HPP enable inclusive participation for the majority of stakeholders?	<ul style="list-style-type: none"> The linguistic regime of the HPP and its satellite activities is appropriate / satisfactory for the majority of users 	<ul style="list-style-type: none"> Users' perceptions about the appropriateness of the linguistic regime of the HPP and satellite activities Users' perceptions about their own personal capacity to meaningfully participate in the HPP under the current linguistic regime 	<ul style="list-style-type: none"> Desk research, including "Rules of Procedure" Large HPP user consultation Targeted survey <ul style="list-style-type: none"> <i>Moderators & users of HPP Networks</i> Targeted interviews Benchmarking with other Platforms
	Does the linguistic regime significantly disadvantage specific clusters of health stakeholders (e.g. on a	<ul style="list-style-type: none"> The English-only requirement in the Agora network (as per the Rules of Procedure) is appropriate 	<ul style="list-style-type: none"> Number of requests to the Commission for approval of national networks Number of active national networks by EU language other than English 	<ul style="list-style-type: none"> Desk research, <i>including "Rules of Procedure"</i> Large HPP user consultation Targeted survey

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Question	Sub question	Judgement criteria	Indicators	Data sources
	specific topic or from a specific country)?	<ul style="list-style-type: none"> The national networks provide sufficient flexibility for discussions in languages other than English 	<ul style="list-style-type: none"> Stakeholders' perceptions about the exclusion of posts in languages other than English in the Agora network Stakeholders' perceptions about the usefulness of national networks in languages other than English and the ease of their creation/approval by the Commission 	<ul style="list-style-type: none"> Moderators & users of HPP Networks Targeted interviews Case studies 1-5 on Platform's networks Specialised Panel with health stakeholders
Efficiency				
9. To what extent have economies been achieved by the organisation of online meetings and use of collaborative tools? The climate footprint reduction could also be part of this analysis.	To what extent has online collaboration (meetings, information and knowledge exchange, live online webinars, etc.) on the HPP generated savings in terms of time, resources and carbon footprint while producing same or greater outputs?	<ul style="list-style-type: none"> The online mode of collaboration on the HPP has generated significant savings in terms of time, resources and carbon footprint while producing same or greater outputs 	<ul style="list-style-type: none"> Amount of cost savings generated by the HPP for health stakeholders and Commission services Estimate of carbon footprint reduction generated as a result of virtual collaboration on the Platform, calculated using publicly available benchmarks for CO2 savings (e.g., travel and accommodation, venue, food) minus CO2 emissions from video-streaming the event (e.g., data transmission and storage). 	<ul style="list-style-type: none"> Desk research Large HPP user consultation Targeted surveys Moderators & users of HPP Networks Requestors & participants of Open Live Webinars Case study 6: Webinars Specialised Panels (all)
	Are there ways to create further efficiencies through the HPP?	<ul style="list-style-type: none"> A list of suggestions for ways to create further efficiencies through the HPP 	<ul style="list-style-type: none"> Stakeholders' perceptions on the extent to which further efficiencies can be created through the Platform 	<ul style="list-style-type: none"> Targeted surveys: Moderators & users of HPP Networks Requestors & participants of Open Live Webinars Targeted interviews Specialised Panels (all)
10. To what extent are the resources available adequate to the HPP functioning?	What resources have been made available to the HPP? How have they changed over time?	<ul style="list-style-type: none"> Figures on available resources 	<ul style="list-style-type: none"> Budget amount and number of FTEs (including external contractors) dedicated to the operation of the HPP by year and by activity type 	<ul style="list-style-type: none"> Desk research
	To what extent has the allocation of resources been in line with the scope and scale of operations of the HPP over time?	<ul style="list-style-type: none"> The resources made available for the functioning of the HPP are adequate 	<ul style="list-style-type: none"> Users' perceptions about the adequacy of the resources allocated to the HPP Moderators' perceptions about the adequacy of the resources allocated to the HPP 	<ul style="list-style-type: none"> Large HPP user survey Targeted surveys Moderators & users of HPP Networks Targeted interviews
	To what extent is the monitoring framework of the HPP appropriate and comprehensive?	<ul style="list-style-type: none"> The data collected through the monitoring framework is comprehensive and allows for assessment of the achievement of the HPP objectives 	<ul style="list-style-type: none"> Overview of available and missing data indicators collected through the monitoring framework Stakeholders' perceptions on the appropriateness and comprehensiveness of the monitoring framework 	<ul style="list-style-type: none"> Desk research Scoping interviews Targeted surveys Moderators & users of HPP Networks Specialised Panel

Question	Sub question	Judgement criteria	Indicators	Data sources
				- <i>other EC services and agencies using the HPP</i>
Coherence/Complementarity				
11. To what extent does the dialogue with health stakeholders on the HPP involve health aspects related to policies of other Commission services?	To what extent do the policy discussions, information- and knowledge-sharing and other activities of the HPP concern policies of other Commission services?	<ul style="list-style-type: none"> Policy discussions, information- and knowledge-sharing and other activities of the HPP often concern policies of other Commission services 	<ul style="list-style-type: none"> Collaboration with other Commission services, as described in communication strategy and planning documents Stakeholders' perceptions on the extent to which the policy discussions, information- and knowledge-sharing and other activities of the HPP concern policies of other Commission services 	<ul style="list-style-type: none"> Desk research Large HPP user consultation Specialised Panel - <i>other EC services and agencies using the HPP</i>
	To what extent do other Commission services take advantage of the opportunities for information- and knowledge-sharing, cooperation and coordination offered by the HPP on health-related policies? Is there more space for exploiting synergies and complementarities?	<ul style="list-style-type: none"> To the extent that other Commission services deal with aspects of health policies, they take full advantage of the opportunities offered by the HPP 	<ul style="list-style-type: none"> Frequency and types of activities on the Platform by other Commission services Stakeholders' perceptions on the extent to which other Commission services take advantage of the opportunities offered by the HPP 	<ul style="list-style-type: none"> Desk research Large HPP user consultation Specialised Panel - <i>other EC services and agencies using the HPP</i>
	To what extent does the dialogue and other activities with health stakeholders on the HPP duplicate or overlap with activities or initiatives of other Commission services?	<ul style="list-style-type: none"> There is no significant overlap or duplication between the HPP and activities or initiatives of other Commission services 	<ul style="list-style-type: none"> Stakeholders' perceptions on the extent to which there is overlap or duplication between the HPP and activities or initiatives of other Commission services 	<ul style="list-style-type: none"> Desk research Large HPP user consultation Specialised Panel - <i>other EC services and agencies using the HPP</i>
12. To what extent does the HPP promote health actions undertaken by the health stakeholders and other health organisations?	To what extent does the HPP promote health actions undertaken by the health stakeholders and other health organisations?	<ul style="list-style-type: none"> The HPP promotes health actions undertaken by health stakeholders and other health organisations 	<ul style="list-style-type: none"> Sampling of number of posts promoting activities/actions of health stakeholders Stakeholders' perceptions on the extent to which the HPP promotes health actions undertaken by health stakeholders and other health organisations 	<ul style="list-style-type: none"> Desk research, including biweekly HPP newsletter Large HPP user consultation Targeted surveys (all) Case studies 1-5 (Platform's networks) Case study 6: Webinars

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Question	Sub question	Judgement criteria	Indicators	Data sources
EU added value				
13. What is the added value of such a Platform bringing together health stakeholders at European level?	In the absence of the EU HPP, what level and type of exchange and policy dialogue could be expected to take place between the health stakeholders and the Commission services?	<ul style="list-style-type: none"> The EU HPP provides added value in facilitating policy dialogue and exchange between health stakeholders and the European Commission services 	<ul style="list-style-type: none"> Stakeholders' perceptions on the HPP contribution to facilitating policy dialogue and exchange between health stakeholders and the EU Commission services Stakeholders' perceptions on the extent and mode of exchange and policy dialogue between the health stakeholders and the Commission in the absence of the HPP Stakeholders' perceptions on the discontinuation of the EU Health Award and the lack of opportunities to expand the reach of the HPP the discontinuation constitutes 	<ul style="list-style-type: none"> Large HPP user consultation Targeted surveys (all) Targeted interviews Specialised Panel - <i>other EC services and agencies using the HPP</i> Case study 7: EU Health Award Case study 9: Benchmarking
	In the absence of the EU HPP, to what extent would local, regional and national health stakeholders share information, knowledge and good practices among themselves?	<ul style="list-style-type: none"> The EU HPP provides added value by facilitating sharing of information and good practices among national, regional and local health stakeholders 	<ul style="list-style-type: none"> Stakeholders' perceptions on the contribution of the HPP to sharing of information and good practices among national, regional and local health stakeholders Stakeholders' perceptions on the extent of sharing of information, knowledge and good practices among national, regional and local health stakeholders in the absence of the HPP 	<ul style="list-style-type: none"> Large HPP user consultation Targeted surveys (all) Targeted interviews Case study 1: Exchange Networks Specialised panel with health stakeholders
14. What is the added value of the Joint Statements produced under the HPP thematic networks, both for the leading stakeholders and for the Commission?	In the absence of the Joint Statements, how fragmented would the input of the health stakeholders be?	<ul style="list-style-type: none"> The Joint Statements contribute to health stakeholders speaking with a more unified voice thus increasing their policy impact 	<ul style="list-style-type: none"> Stakeholders' perceptions of the benefit of Joint Statements for consolidating policy input from health stakeholders 	<ul style="list-style-type: none"> Targeted survey - <i>Moderators & users of HPP Networks</i> Targeted interviews Case study 4: Thematic Networks and Joint Statements
	To what extent would a discontinuation of the process leading to Joint Statements result in greater complexity for the European Commission services in handling input from health stakeholders?	<ul style="list-style-type: none"> The Joint Statements contribute to more efficient and consolidated input from health stakeholders to the European Commission services thus simplifying its work 	<ul style="list-style-type: none"> Stakeholders' perceptions of the contribution of the Joint Statements for supporting the Commission services in organising policy input from health stakeholders 	<ul style="list-style-type: none"> Scoping interviews Targeted survey - <i>Moderators & users of HPP Networks</i> Targeted interviews Case study 4: Thematic Networks and Joint Statements Specialised Panel <i>other EC services and agencies using the HPP</i>

Question	Sub question	Judgement criteria	Indicators	Data sources
15. What other activities could be developed as to add value to the EU Health Policy Platform?	In what new ways can the HPP facilitate the interaction between health stakeholders and Commission services or among health stakeholders that would not happen otherwise?	<ul style="list-style-type: none"> A list of new activities that could be added to the Health Policy Platform 	<ul style="list-style-type: none"> Perceptions of stakeholders about new ways which can add value to the HPP 	<ul style="list-style-type: none"> Scoping interviews Large HPP user consultation Targeted surveys (all) Targeted interviews Specialised Panels (all) Validation workshop
Impact				
16. To what extent has the EU Health Award encouraged health actors such as NGOs, municipalities, schools, etc. to continue their efforts in relation to raising public health awareness, and promoting health and disease prevention?	How important has the role of the EU Health Award been in encouraging health actors such as NGOs, municipalities, schools, etc. to continue their efforts to raise public health awareness, and promote health and disease prevention?	<ul style="list-style-type: none"> The EU Health Award has played an important role in encouraging health actors such as NGOs, municipalities, schools, etc. to continue their efforts to raise public health awareness, and promote health and disease prevention 	<ul style="list-style-type: none"> Evidence on the relevance of the award topics and the visibility of the EU Health Awards Stakeholders' perceptions on the importance of the role of the EU Health Award for encouraging health actors to continue their efforts to raise public health awareness, and promote health and disease prevention 	<ul style="list-style-type: none"> Desk research, <i>including overview of the award topics, summary reports, flash reports, websites of winners and shortlisted candidates, aftermath reports, etc.</i> Targeted survey - <i>EU Health Award winners, shortlisted candidates and other participants</i> Case study 7: EU Health Awards
17. To what extent has the dialogue with health stakeholders through the HPP led to more active and transparent involvement of all concerned interested parties from national, regional and local levels in shaping EU health policies?	To what extent has the functioning of the HPP contributed to greater participation and inclusion of relevant health stakeholders from national, regional and local level?	<ul style="list-style-type: none"> The functioning of the HPP has contributed to greater participation and inclusion of relevant health stakeholders from national, regional and local level 	<ul style="list-style-type: none"> Number of active users by level (national, regional, local) and by year Stakeholders' perceptions on contribution of the HPP to greater participation and inclusion of relevant health stakeholders from national, regional and local levels 	<ul style="list-style-type: none"> Desk research <i>including statistics on user profiles</i> Large HPP user consultation Targeted survey - <i>Moderators & users of HPP Networks</i> Targeted interviews Case study 6: Webinars
	To what extent has the functioning of the HPP contributed to greater transparency in the shaping of EU health policy?	<ul style="list-style-type: none"> The functioning of the HPP has contributed to greater transparency in the shaping of EU health policy 	<ul style="list-style-type: none"> Stakeholders' perceptions on the extent to which the functioning of the HPP contributed to greater transparency in the shaping of EU health policy 	<ul style="list-style-type: none"> Large HPP user consultation Targeted survey - <i>Moderators & users of HPP Networks</i> Targeted interviews
	To what extent has the functioning of the HPP contributed to a more inter-connected health stakeholder community?	<ul style="list-style-type: none"> The functioning of the HPP has contributed to a more inter-connected health stakeholder community 	<ul style="list-style-type: none"> Stakeholders' perceptions on the extent to which the functioning of the HPP contributed to a more inter-connected health stakeholder community 	<ul style="list-style-type: none"> Large HPP user consultation Targeted survey - <i>Moderators & users of HPP Networks</i> Targeted interviews Case study 8: Annual meetings

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Question	Sub question	Judgement criteria	Indicators	Data sources
			<ul style="list-style-type: none"> Stakeholders' perceptions of the benefits of attending the Annual stakeholder meeting 	<ul style="list-style-type: none"> Case study 9: Benchmarking
	To what extent has the functioning of the HPP contributed to a better-informed health stakeholder community?	<ul style="list-style-type: none"> The functioning of the HPP has contributed to a better-informed health stakeholder community 	<ul style="list-style-type: none"> Stakeholders' perceptions on the extent to which the functioning of the HPP contributed to a better-informed health stakeholder community 	<ul style="list-style-type: none"> Large HPP user consultation Targeted survey - <i>Moderators & users of HPP Networks</i> Targeted interviews Case study 6: Webinars
18. How have the Joint Statements produced under the thematic networks impacted on health policies at local, national and EU level? ⁵¹	To what extent have the Joint Statements contributed to shaping health policies at EU, national and local level?	<ul style="list-style-type: none"> The Joint Statements have contributed to shaping health policy at international, EU, national and local level. 	<ul style="list-style-type: none"> Examples of policy positions and other aspects of the Joint Statements that have been reflected in health policy at EU, national and local level. Stakeholders' perceptions on the importance of the Joint Statements for shaping health policy at the EU, national and local level 	<ul style="list-style-type: none"> Desk research Scoping interviews Targeted survey - <i>Moderators & users of HPP Networks</i> Targeted interviews Case study 4: Thematic Networks and Joint Statements

⁵¹ Moved this question (initially under added value) to impact.

6. Annexes

The annexes listed below are submitted as separate documents:

- 6.1. Annex 1– Stakeholder Consultation Synopsis Report
- 6.2. Annex 2 – Large HPP Survey – Factual Summary Report
- 6.3. Annex 3 – Large HPP Survey – In-depth Survey Report
- 6.4. Annex 4 – Large HPP Survey – Full Survey Figures
- 6.5. Annex 5 – Webinars’ Survey – Analytical Summary Report
- 6.6. Annex 6 – Webinars’ Survey – Full Survey Figures
- 6.7. Annex 7 – EU Health Award Survey – Analytical Summary Report
- 6.8. Annex 8 – EU Health Award Survey – Full Survey Figures
- 6.9. Annex 9 – Scoping and Targeted Interviews – Summary Report
- 6.10. Annex 10 – Validation Workshop – Factual Summary Report
- 6.11. Annex 11 – Individual Sessions – Factual Summary Report
- 6.12. Annex 12 – Case Studies’ Report

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