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TECHNICAL REPORT

Interim Evaluation of the Public Health Programme 2003-2008

Final Report

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Prepared for the European Commission

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Executive summary

A coherent and coordinated health strategy was first put forward by the European Commission in May 2000. This built on the experience of eight separate health programmes. A key part of the new strategy was a Public Health Programme (PHP) and this was adopted in September 2002 (referred to as the 'Programme Decision')¹. It was to run from January 2002 until December 2008. In keeping with Commission requirements, the Health and Consumer Protection Directorate General (DG SANCO) invited RAND Europe to conduct an Intermediate Evaluation of the Public Health Programme in February 2005.² The purpose of this evaluation is to provide an evaluation of the PHP at this interim stage and to contribute to thinking about the future delivery of the PHP and to the new Health Programme currently being developed by the Commission. The evaluation of the PHP is foreseen in Article 12 of the Programme Decision and aims to assess a) the impact achieved on health in the European Union; b) the efficiency of resource use; and c) how consistently and how well the Programme complements other relevant Community programmes, actions and initiatives.

The PHP aims to “to contribute towards the attainment of a high level of physical and mental health and well-being and greater equality in health matters throughout the Community, by directing action towards improving public health, preventing human diseases and disorders, and obviating sources of danger to health with a view to combating morbidity and premature mortality, while taking gender and age into consideration”.³ To deliver these the PHP supports activities such as conducting research, building networks, coordinating health activities, sharing experiences, and educating and disseminating relevant information and knowledge to improve health by preventing diseases and disorders and protecting health. The programme's initial budget allocation of 312 million Euros was increased to 354 million Euros to accommodate the 10 new Member States in 2004.

Approach to evaluation

Evaluation is central to supporting accountability and effective learning. RAND Europe is committed to supporting evaluation of this kind. However, it is worth noting that there are significant barriers to be overcome, and limitations to recognise, in conducting an evaluation of

¹ Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002. OJ No L 271, 09.10.2002.

² S12.425930

³ Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003–2008). Official Journal of the European Communities (L 271/1 of 9.10.2002).

the sort presented here. First, the broad objectives of the PHP are subject to the influence of many factors over which the Commission has little or no control. Consequently, measuring the impact of the PHP is constrained since its actions are often mediated by the actions of independent organisations. Second, the PHP objectives do not always have measurable performance indicators, requiring a more qualitative interpretation. Third, the counter-factual (i.e. what would have happened in the absence of the PHP) is hard to specify not least because what might have happened in the absence of the PHP is hard to estimate. On the one hand, we have assessed whether the PHP has helped to deliver its intended objectives (such as greater synergy, coordination of efforts and so on) but on the other hand it is at least plausible that some of these things might have happened without the PHP. Finally, changes in (inter)national health policy generally cannot be causally attributed to single activities funded within the PHP, which lacks the leverage needed to independently deliver this because of its relatively modest scale.

This evaluation therefore triangulates evidence from a variety of sources to produce a reasoned set of conclusions and recommendations. The evidence base includes desk research, a survey of 59 project leaders, interviews with 84 key stakeholders (Commission officials, project and proposal leaders, representatives of interest groups, international organisations and national health authorities), a network analysis, and database analysis.

What we found

Perceived to be relevant

Those working closely with the PHP share a perception that projects it funds are relevant to the aims of the PHP, and that these aims help to meet the needs of European citizens. It achieves this by contributing to the production of new knowledge and to information sharing, addressing health problems over which national governments have limited traction, and creating opportunities to pool resources for mutual benefit. It has also supported more coordination of efforts, in part through forums, conferences, websites and other means of linking organisations and individuals. And it has stimulated networks and partnerships which included new and accession countries, international organisations, and other NGOs. All of the intended areas for action were funded and many had significantly more applications than could be funded. The projects that were funded were not only relevant to the aims of the PHP but were also adequately monitored against these aims.

Complicated priorities

The PHP brought together existing activities into a Programme. Its priorities therefore partly reflected its historic origins. It also reflected the Programme Decision. Priorities were also shaped by the aim of coordinating the PHP's activities with other EC policies and activities (with DG Research, for example). Priorities were further influenced by the need for co-financing and the need for partnerships that drew upon participants from a range of Member States. This complicated set of influences produces de facto priorities which may be entirely justified but which might not reflect precisely the needs of stakeholders or the needs of EU citizens.

A conservative portfolio of activities

The objectives of the PHP are delivered through annual work plans. These identify the areas of work to be accomplished and the delivery of this work is sufficiently monitored. Invitations to Tender and Calls for Proposals are generally over-subscribed and proposals and tenders meeting acceptable standards are awarded. To be clear, the general aims of the individual projects studied

(i.e. a representative sample of 59) were all compatible with the Programme Decision. However, it was often difficult to measure performance against these wider purposes of the PHP because of the limited use of (quantitative or qualitative) intermediary measures which could chart the progress of each project against the wider aims of the PHP. Open competition is a well established mechanism in securing tenders and proposals for securing value for money for the funder. However, this mechanism may also encourage more conservative, less ambitious, and less innovative proposals. This tendency is reinforced by the need to put together partnerships and to secure co-financing. The result is that the funding modalities might make it hard for the PHP to meet its more innovative or pro-active needs to provide it with a more balanced portfolio.

A need for legacy plans

The findings show that there is a widespread perception amongst stakeholders that PHP will reduce health risks by health promotion, disease prevention or health protection and improved surveillance. These anticipated results can be sustained through the strong networks PHP has both helped to constitute and has been part of. They can also be sustained through the information systems supported by the PHP (such as shared health measurements in the Member States). However, projects do not have specific legacy plans to support the sustainability of the benefits they produce.

A clear presence on the international stage

Amongst international organisations and stakeholders, the PHP has helped to establish (or at least not prevented) a widely shared view that it is appropriate for public health action to be organised at the European level. It has also established a clear presence on the World Wide Web, in international forums, and on the websites of international partners. This is important because the successful delivery of the PHP depends upon co-operation and agreement with international organisations and stakeholders.

Communicates well to 'inner circle' but perhaps not to wider potential audience

The PHP seeks to achieve its objectives in part through influence. Its influence is strengthened by providing not only funding but also profile and prestige for award holders, access to new partners and better access to information (e.g. via the Public Health EU-portal). In turn, this higher profile supports the dissemination of findings and the spread of good practice. However, there is an 'inner circle' of stakeholders who are very aware of the work of the PHP but a wider potential audience that may be missed. These are unlikely to be interested in 'generic' messages about the PHP but may be very interested in more specific messages, tailored to their particular public health interests.

Supports the work of Member States but not always their highest priorities

The PHP is in a position to do a number of things that add value to national policies in areas where national governments find it difficult or inefficient to take effective action on their own account. Despite such opportunities, consistency and complementarity with Member States is limited by three factors. First, the information collected and used by Member States on public health varies (although initiatives such as the PHP and OECD sponsored system of health accounts help limit this difference) and the categories used for data collection and evaluating impact also differ. Indeed, what is included as 'public health' varies in different national systems. Second, the capacity of Member States to participate in agenda-setting and in delivering public health gains varies. Third, priorities vary. For example countering inequality might be given a

higher priority in some states than in others. Policy makers from Member States reported that they supported and accepted the rationale for European intervention in public health. Interviewees suggested focusing on a smaller number of high profile issues known to be relevant to the concerns of Member States. However, this needs to be interpreted with care because what might be high profile and acceptable in one Member State might not be so in another.

Some complementarity with other Commission policies and actions

The PHP aims to not only provide complementarity with Member States but also with other Community policies and actions. Achieving complementarity across Community programmes faces barriers including the EC financial mechanisms that limit synergies between programmes. Some stakeholders stated that the extent to which the PHP interacts with other EC activities is small and that more horizontal information exchange is needed (e.g. in the field of quality of water and structural funds for health system development). However, in other areas there is quite some interaction between different programmes such as bioterrorism, pharmaceuticals and health information technologies.

Recommendations

The overall picture, then, is one of a Programme that has pulled together a more disparate set of activities and established a recognised position for public health at the European level. This is considered to be a legitimate and complementary role. The PHP is seen by stakeholders to manage its affairs efficiently. It is, at this interim stage, delivering the programme of work identified in its annual work plans. However, this is a good time for building on these achievements by:

- developing sharper priorities that are driven by stakeholder expectations and citizens needs as well as meeting policy goals and high standards of probity;
- monitoring its activities against not only the aims of each project but also the overall aims of the Programme Decision;
- communicating its priorities and actions more crisply to stakeholders, and targeting tailored messages to members of the wider public health committee.

Understanding what is required to deliver this would be facilitated by developing a logic model capable of tracing the precise causal relationships that are anticipated to connect the Programme activities to its intended outcomes. Logic models are commonly used evaluative techniques that allow a graphic representation of the “theory of action” – what is invested, what is done, and what are the outcomes. Logic models are one potential method of evaluation. The visual representation of the “theory of action” is easy to understand for all stakeholders, not just those with experience in evaluation. This allows a shared understanding of the project between all the stakeholders involved in the project and can surface unspoken disagreements and confusions. Thus, they can benefit organisations well beyond the production of a standard evaluation framework.

Our recommendations are more fully listed in Chapter 4 but they are summarised below. We have directed these recommendations to the programme, management and project levels. In our view this applies to both the final stages of the existing PHP and to considerations about any future programme of this sort.

Summary of Recommendations

	Recommendations
Programme	<ul style="list-style-type: none"> • Develop a more needs-driven prioritisation process e.g. roadmap • Make use of Delphis and other horizon-scanning exercises • Give the PHP a sharper, less complex profile and focus on areas with a high impact and high concern (including a concern to Member States) • Develop logic models for understanding the mechanisms to achieve intended outcomes • Use project-level feedback to report against Programme priorities as well as project priorities and draw these together into a Programme-wide 'dashboard'
Management	<ul style="list-style-type: none"> • Develop new funding modalities to encourage greater adventurousness and balance the current incentives towards a more conservative set of proposals • Work with projects to develop legacy plans to strengthen sustainability • Require, as part of the final evaluation, and exploit the findings of, bibliometric analyses of impact of PHP projects • Work with projects to target dissemination on particular stakeholders • Maintain and strengthen existing links with international bodies and develop a clear division of labour
Project	<ul style="list-style-type: none"> • Manage and limit the number of proposals to be assessed • Consider using indirect competition • Consider using closed competition • Consider using informal competition • Pro-actively support the development of innovative research teams through residential events • Address and reduce the risks of high turnover of project officers • Simplify application procedure • Require projects to monitor their progress against PHP priorities