D05-02

Interim Evaluation Report

WP3 - EVALUATION

CHRODIS

ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

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Executive Summary/Abstract

The monitoring and evaluation of JA-CHRODIS is based on the follow-up of the activities of the Joint Action, its concept, and mid-term and long-term implementation assessment.

Monitoring JA-CHRODIS is oriented towards following the activities foreseen in the Grant Agreement and verifying whether its deliverables and milestones are appropriately achieved. The quality of what is achieved and the satisfaction from different stakeholders is likewise included.

The evaluation was held at different levels: general aims of the project, individual work packages objectives and actions and big general events such as General Assembly and Stakeholders meeting which is held all along the project.

The design of the methodology of the evaluation was conducted by the leaders of WP3 (AQuAS and APDP), FFIS collaborating partner, in consultation with each one of the leaders of the WPs involved in the JA. The development of evaluation indicators arises from the previous design of activities in each WP and from the adaptations introduced to streamline tasks achievement.

The Mid Term Report evaluates the first 18 months of the JA-CHRODIS (from January 2014 to June 2015). WP3 prepared a helping tool tailored for each WP for facilitating data collection (see annex). The tool included the global process indicators and those indicators for evaluating the activities of the WP during the period covered for the assessment.

WP1. Coordination

The main objective of WP1 is to manage the joint action. Specifically, WP1 must facilitate and make sure of its implementation as planned; provide strategic guidance from the representatives of Ministries of Health dealing with chronic diseases from the EU and EEA Member States' (Governing Board's); and discuss the sustainability of the JA with various stakeholders.

WP1 informed WP-leaders biannually of the number of person days executed versus the available person days per WP according the GA. All the reports and outcomes developed by the WPs are available on the website of the project. Focusing on WP1 deliverables only one of the planned deliverables has not been achieved.

The kick off meeting of the project was organized by WP1 and it was held on 29th-30th January 2014 in the Spanish Ministry of Health, Social Services and Equality in Madrid. During the 18 month period WP1 organized: one General Assembly, two Stakeholder Forums, 11 TCs with the executive board member and 6 face-to-face meetings. Communication within the EB was achieved during this period, with more than 1 meeting/month carried out.

WP2. Dissemination of the Joint Action

WP2 general area of action deals with the production of dissemination guidelines and materials, the internal communication to partners, and the external dissemination of project materials and results.

The website was made available through www.chrodis.eu and www.chronicdiseases.eu, and includes dissemination materials in digital form. Regarding social media, WP2 has created, in May 2014, Twitter and Facebook accounts. Furthermore, WP2 leaders produced and disseminated, in the period of evaluation, press-releases in relation to all events identified as key together with JA-CHRODIS coordination.

Work package leadership showed to maintain communication exchanges among the WP2 associated partners, through emails and meetings. Planned milestones and deliverables for the period were fully achieved. Furthermore, records/information sources were able to show that available materials and related dissemination activities have been produced and made available, and build-up to an effective communication.

WP3: Evaluation

The main objective of WP3 is to assess the impact of the Joint Action evaluating procedures and results.

In the evaluation period, WP3 had a low level of accomplishment of activities and milestones and the failure of Deliverable 5 (Evaluation Plan) due to the withdrawal of WP3 Leader (EHMA) from leadership and the WP (officially notified the 4th of November 2014). Additionally, the Greek Associated Partner (YPE) also retired from the WP.

After the official communication of EHMA's withdrawal, the Coordinator activated a procedure for replacement that was resolved in December 18th 2014, with the assignment of the Agency for Health Quality and Assessment of Catalonia (AQuAS) from Spain as WP3 leader and the Portuguese Diabetes Association (APDP) as WP3 co-leader.

The new team moved to quickly regain lost time, particularly regarding two deliverables: the acceptance of the Terms of Reference (due in M3), and the development of the Evaluation Plan (due in M5). Regarding the ToR, the previous team accepted terms in M5 and the new team confirmed the document in March 2015.

WP4: Platform for knowledge exchange

WP4 aims to set up a platform for knowledge exchange, where decision-makers, caregivers, patients, and researchers, will be able to exchange the best knowledge on chronic care across Europe via an on-line help-desk and a web-based clearinghouse.

In the evaluation period, WP4 has organized 8 meetings and 13 conference calls to maintain communication with the 14 WP4 associated partners. The percentage of attendance was 76%. Planned milestones and deliverables for the period were achieved. 2 Delphi studies were designed to develop a set of assessment criteria. All steps listed in the protocol for each Delphi study have been carried out and documented.

WP5: Good practices in the field of health promotion and chronic prevention across the life cycle

The key objective of the health promotion work package 5 in JA CHRODIS is to facilitate the exchange, scaling up, and transfer of good practices in health promotion and primary prevention of chronic diseases between EU countries and regions.

The Planned milestones and deliverables for the period were achieved and completed on time with exceptions of the deliverables related to the Identification of 3 good practices per participating Member-States, which were delayed by 6 weeks.
WP5 organized tree meetings in April 2014 (Cologne) in February 2015 and in May 2015. Country reviews on existing policies and mechanisms in the area of health promotion and primary prevention in partner countries, also in relation to the identification of good practice, have been conducted, along with highlights on gaps and needs in this area. The Overall summary of country reviews was developed and made available on the website.
WP 5 integrated within the framework of task 2 the Expert Board for Delphi Panel for identified good practice criteria in relation to health promotion and primary prevention practice. The final result is a list of ranked and weighted criteria for the identification of good practices in health promotion and prevention of chronic diseases. The final criteria represent common knowledge in health promotion, while the innovative aspect is the ranking and weight of the criteria. The full report with a detailed description of each criterion category is also available on the website.

WP6: Development of common guidance and methodologies for care pathways for multi-morbid patients

WP6 aims to design and implement innovative, cost-effective and patient-centred approaches for multi-morbid patients including case management training programmes for care personnel.

In the evaluation period, WP6 organized 2 WP meetings (Vilnius and Treviso) and 5 conference calls. All planned milestones and deliverables for the period were achieved and completed on time.

The first task of WP6 was focused on the identification of targets of potential interventions for management of multi-morbid patients. The target population of study was clearly defined, described and available. The process of defining target population has been published in 9 articles published as a special issue on Multimorbidity in the Elderly in the *European Journal of Internal Medicine.*

The second task encomprised the review of existing care pathways approaches for multi-morbid care management interventions based on efficacy on patients outcomes, cost-effectiveness (service utilization), applicability and replication in other regions/settings, based on existing literature, case-studies and evidences. Regarding the literature review, the search criteria for papers describing applied interventions was clearly defined, described and available

WP7: Diabetes: a case study on strengthening health care for people with chronic diseases

WP7 has as a main objective to actively contribute to a stronger European cooperation on the prevention and management of type 2 diabetes. The work package is organized according to the following areas: Task 1, Prevention of diabetes: focus on people at high-risk; Task 2, Prevention of complications of type 2 diabetes; Task 3, Health promotion interventions; Task 4, Education/Training strategies and approaches; Task 5, National Diabetes Plans.

Besides the two in person meetings (Rome and Vilnius) organised by work package leadership during the evaluation period, communication within the group is promoted by email and by participation through a web-based community of practice.

Only the planned milestone of “expert overview on successful strategies to improve prevention of diabetes and the quality of care for people with diabetes” was not delivered on time. This was due to data collection on strategies/practices and the definition of list of quality criteria requiring more time than expected. Moreover, the partners agreed to conduct a SWOT analysis, by country, with the objective to give also a qualitative overview of the current strategies/ practices. It was agreed that the Report on SWOT will be the means of verification for the milestone.

A literature review report was produced, as planned covering tasks 1 to 4. Similarly, questionnaires for data collection were developed for tasks 1-4 and 5. A long list of criteria to support good practices description in tasks 1-4 was also developed. As a demonstration of the further productivity of the work package, WP7 was able to produce 5 papers and other special publications.

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Introduction

The monitoring and evaluation of JA-CHRODIS is based on

a) The follow-up of the activities of the Joint Action

b) Its concept and mid-term and long-term implementation assessment

Monitoring JA-CHRODIS is oriented towards following the activities foreseen in the Grant Agreement and verifying whether its deliverables and milestones are appropriately achieved. Also the quality of what will be achieved and the satisfaction from different stakeholders will also be included.

Impact assessment of JA-CHRODIS will be oriented to assess to what extent the objective of JA-CHRODIS is achieved. The results of the evaluation should then be interpreted in the light of the results of the monitoring, to help analyse if and how are the outcomes associated to the implementation of planned activities, together with both mid-term and long-term expectations.

While monitoring is based on the description of activities, deliverables and milestones of JA-CHRODIS, impact assessment requires a more detailed description of the objective, that is, the process of exchange and transfer of good practices that it is supposed to be implemented by JA-CHRODIS. The framework will make a selection of dimensions related to the functions of JA-CHRODIS. Once this basis defined, the framework proposes a number of indicators related to the dimensions, and the sources of information to obtain them along with specific features to be kept in mind.

Joint Action CHRODIS

"***The objective of JA-CHRODIS is to promote and facilitate a process of exchange and transfer of good practices between European countries and regions, addressing chronic conditions, with a specific focus on health promotion and prevention of chronic conditions, multi-morbidity and diabetes***." [1]

Implicit in this sentence is the assumption that the exchange and transfer of good practices will result in improved outcomes of policies, programmes and clinical or public health interventions on chronic conditions.

According to the objective, we can review the general concepts and ideas to describe and analyse JA-CHRODIS and its work packages. These are the good practices, the exchange and transfer of good practices, the specific health problems addressed by JA-CHRODIS, and the sustainability of JA-CHRODIS.

[1] Grant Agreement Number 2013 22 01. Annex I a (Technical annex).

Good practices

A practice is the customary or habitual way, method or modality of performing an action in a specific context under real life conditions.

In the context of JA-CHRODIS, practices may mean policies, programmes, and clinical or public health interventions. They are considered practices to the extent that they are implemented in real life. Plans, guidelines or recommendations not yet implemented may be considered only as examples of design.

- A policy is a general strategy with a defined objective related to a societal problem. A policy may entail a set of programmes.
- A programme is a set of coordinated actions to achieve a specific measurable societal objective, with a specific budget.
- An intervention is an action with a specific objective which, combined with other interventions, is expected to produce an outcome that contribute to achieve the objective in terms of the societal problem to be addressed.

Practices include specific organisational and operational management elements that are context-related. A practice is not a guideline but the way of applying a guideline in a specific situation and context, mediated by available resources, organisations, institutions, or local culture[2].

Evidence guidelines or recommendations do not translate directly to practice without the influence of other variables that facilitate - or not - this translation. All these context variables shape the way evidence is translated to programmes, policies or interventions. They also influence the way policies are specified in programmes, and these in interventions. Resources available, professional payment rules, organisational settings, are some of the variables that may shape implementation of guidelines.

Practices are implemented by persons, which we name here “health professionals”. Depending on the type of practice, health professionals may be policy makers, health care managers, public health officials, and all sorts of practitioners (including physicians, nurses and related professionals). Patients and even the general public may be actively involved in a given practice. The way the context shapes the activities and behaviour of these different actors influences the concrete implementation of practices.

Because the context may be quite different in different geographic areas, practices may be very diverse. Concrete interventions, that are closest to local context, offer the greatest variety. Under certain conditions, practices being implemented in a given context may

[2] Marc Roberts, William Hsiao, Peter Berman, Michael Reich. Getting health reform right: a guide to improving performance and equity. Oxford University Press 2008.

inspire professionals in a different setting to solve concrete problems and implement their own practice.

The translation from science to policies, programmes and interventions

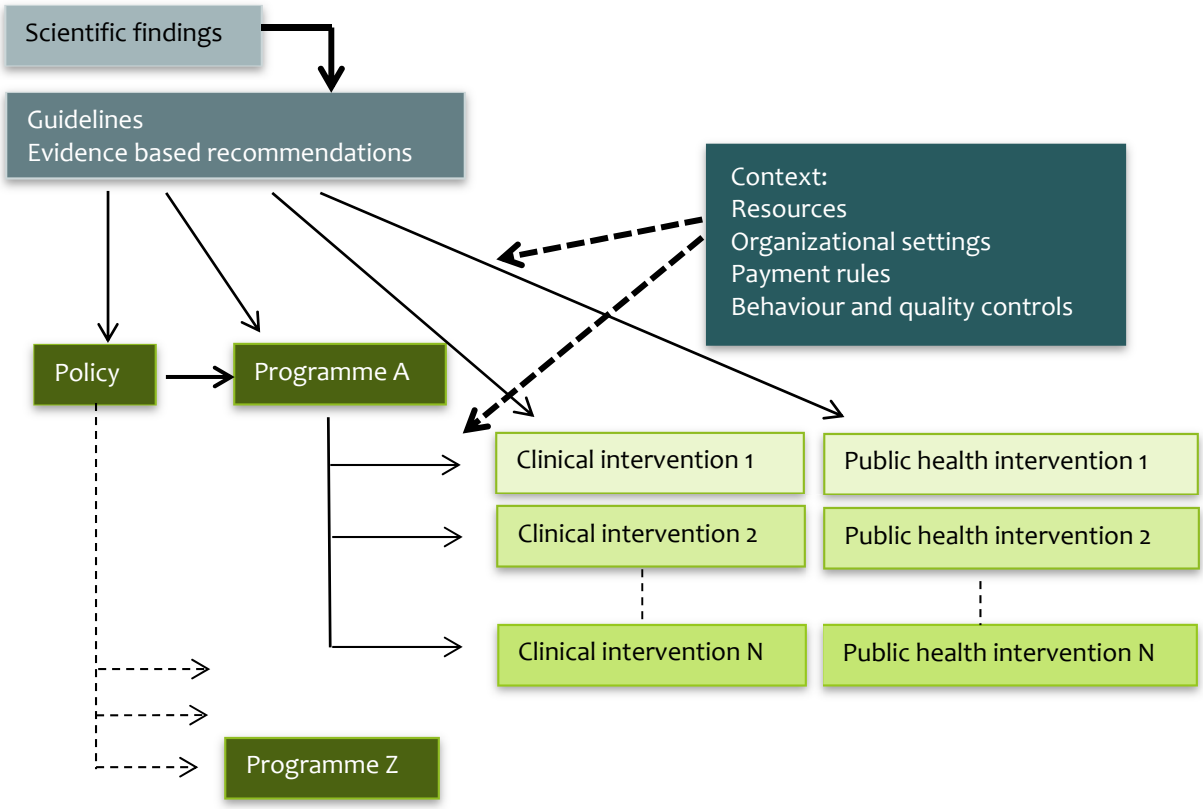

Figure 1 Schematic representation of translation from science to policies

A good practice is one that is worth disseminating because it is based on best available evidences, is associated with good outcomes and may inspire practices in different contexts[3,4,5]. The specific features to define a practice as a good practice have been elaborated by WP 4 (Platform for Knowledge Exchange) in collaboration with WP 5 (Health Promotion and Primary Prevention), 6 (Multimorbidity), and 7 (Type 2 Diabetes). There may be general (non-disease specific) characteristics and disease specific characteristics of a good practice.

[3] http://ec.europa.eu/enterprise/policies/sme/best-practices/index_en.htm
[4] http://www.fao.org/capacitydevelopment/goodpractices/gphome/en/
[5] http://www.sdc-learningandnetworking.ch/en/Home/SDC_KM_Tools/Good_Practice

Organizing the flow of good practices

JA-CHRODIS will facilitate the exchange and transfer of good practices across Europe, using the Platform for Knowledge Exchange (PKE) and the help desk amongst other activities.

The exchange and transfer of good practices requires a specific strategy. It may be an opportunistic strategy – just being alert to identify potential good practices by chance – or a systematic procedure. The systematic flow requires interventions of WP 2, 5, 6 and 7, in three actions that can be seen as three phases in a continuous process.

- Defining the focus on chronic conditions & identifying potential good practices.
- Facilitating the exchange and transfer of good practices.
- Promoting the exchange and transfer of good practices.

Defining the focus on chronic conditions & identifying potential good practices

In this activity WPs 4, 5, 6 and 7 define the field and sort of practices that are the focus of JA-CHRODIS. They review existing practices and scientific literature relevant to JA-CHRODIS. At some point in time and JA-CHRODIS maturity, this action includes an organised identification of potential good practices to be screened and to populate the PKE. The dissemination work of WP 2 is being a relevant key aspect.

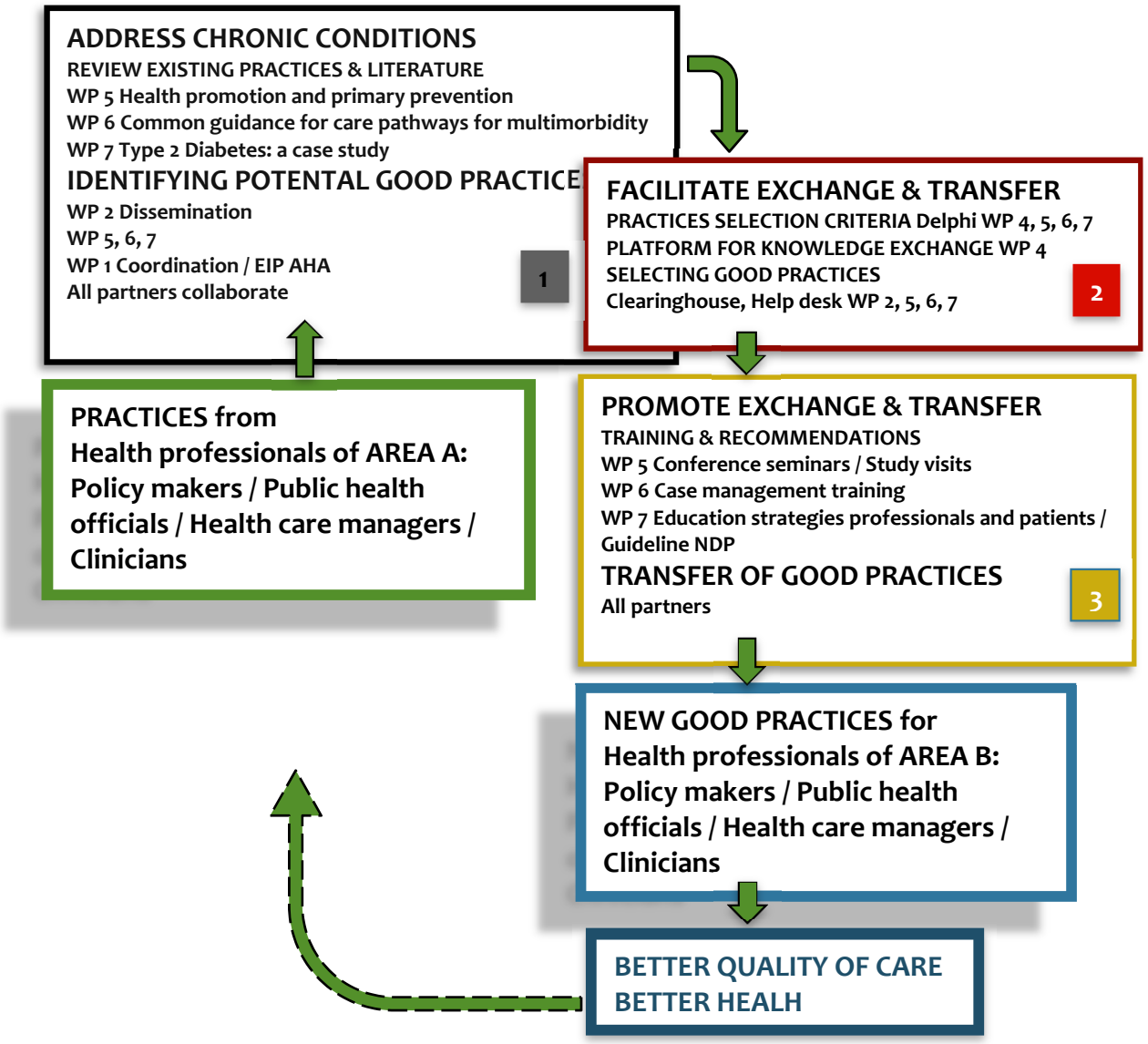

Figure 2: The flow of good practices in JA-CHRODIS: The transfer of good practices from one site to other sites

All partners are promoting the submission of good practices within the PKE. The general scheme of work is the following one, with the appropriate adaptations to specific contexts:

- Each partner of JA-CHRODIS has chosen communities of professionals or reference geographic areas where they already have had contacts and where the potential good practices can be more easily identified. If the practice is a policy or a programme, the associated area may be frequently a country or a region. For instance, they may choose their national ministry of health, or a regional ministry or department of health to select health policies. Local areas are most probably the appropriate areas if the practice is an intervention.
- Within the same region or area (could be also a different one) local areas and corresponding health professionals are being identified, so that interventions can be implemented. The identification of areas and professionals has facilitated the description of the context of the intervention and provided an estimation of the target population of interventions and of the number of health professionals that can be or are actually contacted.
- Once the geographic areas have been defined, an active dissemination of JA-CHRODIS has been made.

Facilitating the exchange and transfer of good practices

WP 4 has been collaborating with WP 5, 6 and 7 in the task of defining the selection criteria for good practices using the Delphi methodology. This has required previous work by WP 5, 6, and 7 to review the relevant literature and map existing practices in each thematic field. This work has been very useful in order to inform the discussions on the selection criteria in the Delphi group. At the same time WP 4 has developed the necessary technicalities of the Platform for Knowledge Exchange with the informatics experts. The final output should be the PKE with the clearinghouse, tools to guide implementation and self-evaluation, and a help desk.

Promoting the exchange and transfer of good practices

The last phase will be the transfer of good practices to new settings, once they have been screened and are available in the clearinghouse. In this phase, each partner will identify health professionals from the communities contacted before in need or willing to transfer a good practice to their own context. WP 2 will continue disseminating JA-CHRODIS, and WP 5, 6 and 7 may contribute providing specialized advice at the help desk.

WP5 includes two additional specific activities: a conference and several national study visits.

WP 6 includes a specific task to define multimorbidity case management training programmes.

WP 7 includes the development of cross-national recommendations on prevention, management, non-pharmacologic interventions, education and national plans.

If JA-CHRODIS is successful, the population of the PKE, the flow of good practices and the exchange and transfer will require less active participation of partners, as professionals will spontaneously use the PKE on their own initiative.

Sustainability

Sustainability will be addressed by the Governing Board, comprised of representatives of ministries of health, and under the condition of an effective and successful implementation of the rest of tasks in JA-CHRODIS. It will be therefore included in due time in this framework.

Evaluation plan

The monitoring and evaluation plan of JA-CHRODIS will be organised in the following parts:

1. Monitoring the progress of JA-CHRODIS against the specifications of the grant agreement.

2. Mid-term and long-term Implementation Impact Assessment of JA-CHRODIS.

Evaluation of JA-CHRODIS

WP3 aims (Evaluation Plan)

JA-CHRODIS WP3 description is about "Actions undertaken to verify if the project is being implemented as planned and reaches the objectives". In order to achieve this aim, an evaluation plan and a set of indicators should be described.

The evaluation is held at different stages: general aims of the project, individual work packages objectives and actions and big general events such as General Assembly and Stakeholders meeting which will be held all along the project.

The design of the methodology of the evaluation is conducted jointly by the leaders of WP3 (AQuAS and APDP) and FFIS as collaborating partner and each one of the leaders of the WPs involved in the Project. The development of evaluation indicators arises from the previous design in each WP of the intended activities throughout the duration of the project. This design includes:

- General description of indicator (process, outputs or outcomes)
- Methodology to collect data and analyse results

The methodology of joint work among WPs is considered one of the key indicators of the evaluation. This likewise reflects how the overall objectives of the project are developed among WPs. Evaluation indicators should ensure that the final product produced by each WP establishes quality criteria for subsequent application. The following aspects will be considered when designing the methodology of work and for selecting good practices: validity, consistency, applicability and strength.

Indicators will be of two types:

- Qualitative indicators: identification of key people and key groups of external (and internal) stakeholders for each country involved in the JA to test their knowledge about and their judgement of the impact that it will have or has had on their policy and practice environment.
- Quantitative indicators: to be used to determine the use of the best practices database, the inputs needed to achieve project aims and mainly the general impact of the final outcomes of JA-CHRODIS.

In the Evaluation Plan, output and outcome indicators per WP are specified and more detailed information about each specific indicator is defined in the annex attached to that document. Each indicator is defined following the following chart:

(code)_Indicator	WPX_number of indicator_Name of indicator
Definition	A brief description of the indicator
Justification	Reason why this indicator is relevant for the monitoring of JA-CHRODIS
Type of indicator	Quantitative or qualitative indicator
Methodology	What methodology is going to be followed in order to collect data in relation to the indicator
Data source(s)	Which data sources will be checked (if any)
Data collection instrument	Which data collection instrument will be used in order to data collect (if any)
Responsible	Which WP is responsible for data collection (together with WP3)
Periodicity of data collection	How often will the indicator be measured
Completion criteria	What is the maximum level that the indicator can reach
Acceptance criteria	What is the minimum value of the indicator that is considered enough
Observations	Any other relevant aspect

Table 1: Chart to define indicators

First internal evaluation

Design and methods

The Mid Term Report evaluates the first 18 months of the JA-CHRODIS (from January 2014 to June 2015).

WP3 prepared a helping tool tailored for each WP for facilitating data collection (see annex). The tool included the global process indicators and those indicators for evaluating the activities of the WP during the period covered for the assessment (M1 to M18).

The helping tools were sent to WP leaders and co-leaders for being filled with the information of their records. WP leaders had one month for completing the data collection process and sending the required information to WP3. Once received, WP3 analysed the data considering the acceptance and completion criteria agreed for each indicator, and all the relevant information included in each indicator chart. The first draft version of the assessment was circulated among partners for their revision and approval.

	November	December	January	February
Data collection				
Analysis and 1st mid-term report draft				
WP-leaders revision				
Mid-term report final version				

Table 2: Time sheet followed when doing mid-term assessment.

Results

A summary of main results per WP is presented.

WP1. Coordination

Task 1: General coordination

The main objective of WP1 is to manage the project and to make sure that it is implemented as planned. Specifically WP1 should facilitate and make sure of its implementation as planned; and provide strategic guidance from the representatives of ministries of health dealing with chronic diseases from the EU and EEA Member States (Governing Board); and discuss the sustainability of JA after its end based on the collaborative initiative among ministries of health on the field.

SOP and Working Plan

During the firsts months of the JA, WP1 focused on developing and releasing both a description of the principles, procedures and tools in order to facilitate the relations between the JA-CHRODIS partners and the governance structure (the Standard Operating Procedures - SOP), and a 3 years Working Plan which provides a guide of the coordination and timings of the JA activities. The SOP and the 3-year Working Plan were circulated in M2 and approved by the EB in M4 as planned, and all the documents are available on the intranet of the JA website (Indicators 1.1.1 and 1.1.2).

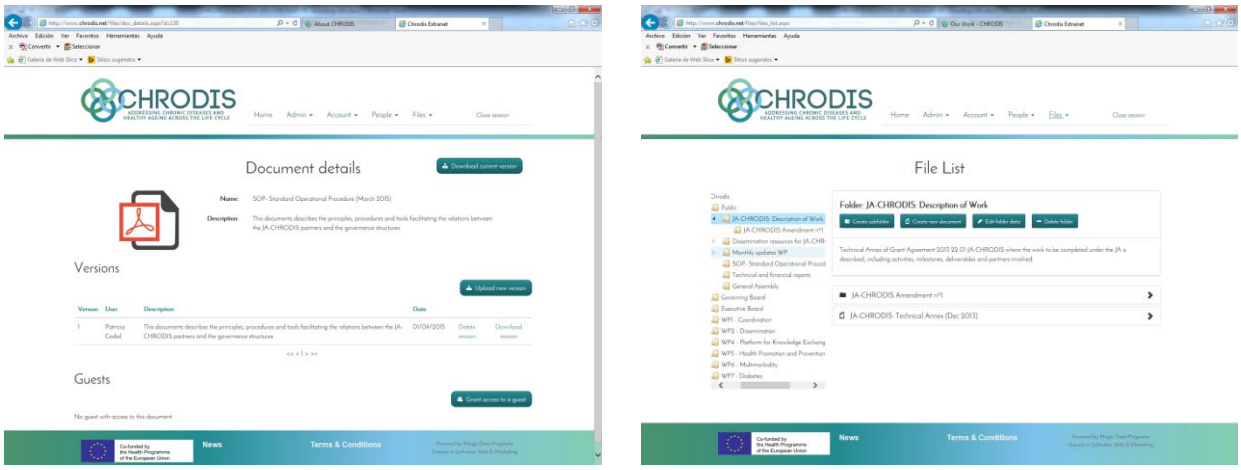

Figure 3: Availability of the SOP (left) and Working Plan (right) documents in the JA-CHRODIS intranet

JA-CHRODIS activity

WP1 have to guarantee the correct development of the JA implementation monitoring the achievement of all the scheduled activities, deliverables and milestones. The following table shows all the deliverables tracked by WP1 for the evaluated period: 60% of those deliverables were achieved on time, 20% were achieved with a slight delay (1 month) and the other 20% has not been achieved yet (Indicator 1.1.12). The planned deliverables for the first year of the JA are available on the website, but not for the second year (Indicator 1.1.6)[6].

Work Package	All deliverables achieved on time *	Deliverables achieved with delay	Deliverables not achieved
WP1	*D08-01* *D08-02* *D10-01.1*		*D09-01.1 (date in Grant Agreement M15; WP1 liaising with GB leader on this. Expected date M24)*
WP2	*D01-01.2;* *D01-01.3;* *D01-02.2* *D01-03.2*	*D01-01.1 (delayed from M3 to M5)* *D01-02.1 (delayed from M3 to M5)* *D01-03.1 Visual identity (delayed from M3 to M5)*	*D01-04 (date in Grant Agreement M12; not achieved due to technical issues regarding the migration of EIPA-AHA web platform. Expected date of completion M23)*
WP3			*D05-01 Evaluation plan (date in Grant Agreement M5; not achieved due to withdrawal of WP3 leader during year 1. After replacement of WP leader, delivered date M22)*
WP4			
WP5	*D06-01*		
WP6	*D07-01*		
WP7			

*Delivered on time given +1 month from date indicated in the Grant Agreement

Table 3: Achievements of deliverables per WP

[6] http://www.chrodis.eu/our-work/01-coordination/wp01-documents/

Focusing on WP1 deliverables only one of the planned deliverables has not been achieved. It is D09-01.1 *Report on the conclusions of the discussions of the MoH Forum on the future plans for making the activities of JA-CHRODIS sustainable in time* that had to be achieved M15; but WP1 is still liaising with GB leader on this (Indicator 1.1.3). The expected date for this deliverable is M24. All the activity of the first year was reported in the 1st Technical Report (Indicator 1.1.5), submitted in February 2015 (M13) and approved in June 2015 (M18)[7]. All the reports and outcomes developed by the WPs are available on the website of the project (Indicator 1.1.6)[8].

Administrative and Financial Issues

The JA-CHRODIS has a total budget of 9,307,927.00€ according to the amended GA, during this period 3,636,769€ has been executed (39% of the total budget – Indicator 1.1.15). WP1 informed WP-leaders biannually of the level of the budget executed versus the available budget per WP according the GA in order to help them to maximise their resources, except in the M9 (Indicator 1.1.9). In relation with the workload, a total number of 32,597 person days were allocated to the JA according to the amended GA, and during this period 13,968 person days have been executed (42.9% of the total person days – Indicator 1.1.14). WP1 informed WP-leaders biannually of the number of person days executed versus the available person days per WP according the GA, except in the M9 (Indicator 1.1.8).

Work Package	Total Budget amended GA (€)	Expenses M18 (€)	Person days amended GA	Person days consumed M18
WP1	1.198.831	694.024	4.198	2.063
WP2	239.880	125.831	840	367
WP3	214.750	63.433	752	258
WP4	2.378.527	716.951	8.329	2.988
WP5	1.573.786	617.817	5.511	2.503
WP6	1.953.882	747.194	6.842	3.270
WP7	1.748.271	671.519	6.122	2.519
Total	**9.307.927**	**3.636.769**	**32.594**	**13.968**

Table 4: Budget (€) and workload (person days) spent by WP at M18

[7] http://www.chrodis.eu/wp-content/uploads/2015/07/First-Interim-Report-JA-CHRODIS.pdf
[8] http://www.chrodis.eu/outcomes-results/

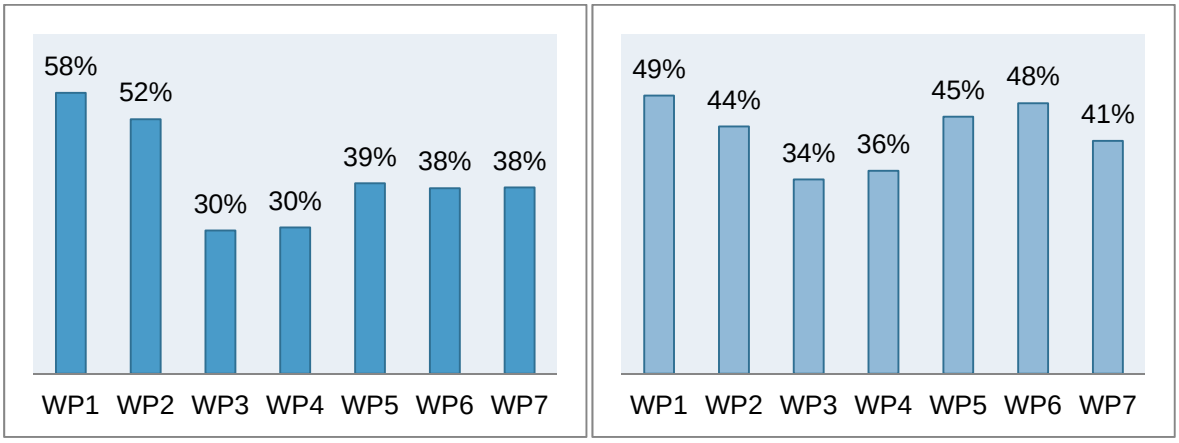

Figure 3: Percentage of budget (left) and workload expressed in person days (right) per WP at M18

EIP-AHA collaboration

WP1 is in charge of strengthening forces with those organizations and actions that also focus on chronic diseases. Specifically JA-CHRODIS has been in contact with the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA)[9]. During this period there have been frequent interactions with EIP-AHA, mainly between WP1 and EIP-AHA but also through WP4 collaboration due to some experts had been contacted to be involved in the piloting of the PKE. Equally JA-CHRODIS experts had provided feedback in the EIP-AHA repository developing process. Finally, the officer of EIP-AHA is involved in all communication of JA-CHRODIS and she is invited to participate in JA-CHRODIS meetings (Indicator 1.1.10). The number of contacts between both projects has not been quantified (Indicator 1.1.4).

Kick-off meeting

The Kick-off meeting of the project was organized by WP1 and it was held on 29th-30th January 2014 in the Spanish Ministry of Health, Social Services and Equality in Madrid (Indicator 1.KO.1). A total number of 19 European countries and associated countries including Norway and Iceland participated, which means 68% of countries representation, not achieving the objective of a minimum of 80% of representation (Indicator 1.KO.2). Regarding the attending partners of the JA, a total number of 65 partners attended the Kick-

[9] http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing

off meeting, this represented the 72% of the involved partners in the project, thus the minimum 80% of participation expected have not achieved (Indicator 1.KO.3).

The minutes of the Kick-off included all the conclusions of the meeting (Indicator 1.KO.5) and the document is pubic available on the project website in order to ensure a transparent interaction and decision making (Indicator 1.KO.4)[10].

Stakeholders meetings

During this period two Stakeholder Forums have been organized, the first one held in Madrid in 2014 and the second one organized in Brussels in 2015 achieving the objective of one stakeholder meeting per year (Indicator 1.SH.1). The minutes of both meetings have been uploaded on the project website in order to make available the relevant information of the meeting to stakeholders (Indicator 1.SH.4)[11,12].

A total number of 431 organizations were invited to participate in the meetings, what includes the full list of the stakeholders identified in the stakeholders map (Indicator 1.SH.2)[13]. Of those invited 64 professionals of 13 European countries including Switzerland participated in the first forum; and 41 people of 11 European countries and Canada attended the second meeting (Indicator 1.SH.3). Four organizations were presented in both meetings, and only one of the participants was the same person who attended the first and the second meeting (Indicator 1.SH.6). Satisfaction from participants in the meeting was only assessed in the second meeting (Indicator 1.SH.5) and the results are available on the website of the project[14].

Executive Board meetings

The Executive Board (EB) has among other responsibilities the guidance and steering the project and informing on progress, outputs and outcomes. It is essential that meeting and communication occurs within this board for the successful development and implementation of the JA-CHRODIS.

[10] http://www.chrodis.eu/wp-content/uploads/2014/07/KICK-OFF-Minutes.pdf
[11] http://www.chrodis.eu/wp-content/uploads/2014/10/JA-CHRODIS-1st-STAKEHOLDER-FORUM-REPORT.pdf
12http://www.chrodis.eu/wp-content/uploads/2015/09/JA-CHRODIS-2ND-STAKEHOLDER-FORUM-REPORT.pdf
[13] http://www.chrodis.eu/wp-content/uploads/2015/04/D01-02.1-Stakeholder-mapping.pdf
[14] http://www.chrodis.eu/our-work/03-evaluation/

Communication between EB members are mediated both by teleconference (TC) and face-to-face meetings. During this period 11 TCs and 6 face-to-face meetings have been organized reaching the acceptance criteria of organizing almost 2 face-to-face meeting per year (Indicator 1.EB.1). The EB has maintained full communication during this period, with 1 or more meeting being carried out each month.

The participation of the EB members varied from 60% to 100%. Only in five meetings the acceptance criteria of almost 90% of the members attending had not been reached, and in two TCs is not possible to assess due to the missing of the participants list (Indicator 1.EB.2).

MEETING	WP-LEADERS AND CO-LEADERS ATTENDING
Face-to-face (29 Jan 2014, Madrid)	10
TC (25 Feb 2014)	8
TC (20 Mar 2014)	List of participants not available
Face-to-face (2 Apr 2014, Brussels)	10
TC (25 Jun 2014)	List of participants not available
Face-to-face (7-8 Jul 2014, Rome)	10
TC (2 Sep 2014)	8 (WP6 leader and co-leader missing)
TC (7 Oct 2014)	8 (WP6 leader and co-leader missing)
TC (4 Nov 2014)	6 (WP3 and WP6 leader and co-leader missing)
Face-to-face (2 Dec 2014, Brussels)	9
TC (18 Dec 2014)	8 (WP3 leader and co-leader missing)
TC (13 Jan 2015)	8 (WP6 leader and co-leader missing)
TC (3 Feb 2015)	10
Face-to-face (17 Feb 2015, Brussels)	10
TC (14 Apr 2015)	10
TC (5 May 2015)	8
Face-to-face (11-12 Jun 2015, Treviso)	10

Table 5: Attendance of leaders and co-leaders of all WP in EB meetings

All the minutes of the meetings are available on the website intranet (Indicator 1.EB.3)[15,16] except the TC on 25th June 2014 due to no records is available. After each meeting WP1 had followed up the achievement of the agreements reviewing actions agreed and the progress

[15] http://www.chrodis.eu/wp-content/uploads/2015/04/D08-02-Executive-Board-Minutes.pdf
[16] http://www.chrodis.eu/wp-content/uploads/2015/04/MINUTES-5th-EB-meeting.pdf

of those and including the element if necessary in the following meeting agenda to follow up on the agreement (Indicator 1.EB.5).

Satisfaction from participants in the meeting was only assessed in the last face-to-face meeting (Indicator 1.EB.4). Analysis of the survey is still in progress.

Advisory Board meetings

The Advisory Board (AB) advises and supports JA-CHRODIS to ensure an optimal overall scientific quality of all components, advising the EB on content and methodology. The criteria for Advisory Board (AB) membership were discussed and agreed by the EB (Indicator 1.AB.1 – see Terms of Reference). Briefly, the process of selection started in May 2014 and a letter of invitation were sent to candidates in August 2014. The final list of AB members was completed in December 2014. A total number of 19 candidates were proposed for joining in the AB (Indicator 1.AB.2) and finally only 9 of them were nominated (47% of the candidates) according to Terms of Reference (Indicator 1.AB.3). Finally the AB was considered set up on 18th February 2015 during the 1st AB meeting (Indicator 1.AB.6).

One AB meeting had been organized (February 2015 - Indicator 1.AB.4), the minutes of the meeting included all the inputs of the AB (Indicator 1.AB.8) and they are available on the JA website (Indicator 1.AB.5)[17]. Satisfaction from participants in the meeting had not been assessed (Indicator 1.AB.7).

General Assembly meetings

The General Assembly (GA) involves all partners. It is important to ensure open discussion and updates to all partners through yearly meetings as included in the Grant Agreement. At the moment one GA had been organized (Indicator 1.GA.1) and a 143 total number of people attended the meeting. Of those, 64 were AP, 14 CP, 12 members of the GB, 4 member of the AB, 3 participants from EC/EC organisations and 46 stakeholders; all of them represented 45 institutions (Indicator 1.GA.2). Both the minutes of the meeting and the report on the participants' satisfaction with the development of the meeting are available on the project website (Indicators 1.GA.3 and 1.GA.5)[18,19].

[17] http://www.chrodis.eu/wp-content/uploads/2015/11/MINUTES-FIRST-AB-MEETING_final-1-6_06_2015-2.pdf
[18] http://www.chrodis.eu/wp-content/uploads/2015/06/JA-CHRODIS-1ST-GA_MINUTES-2.pdf
[19] http://www.chrodis.eu/event/1st-general-assembly/

Task 2: Establishment of the Governing Board

The Governing Board (GB) provides strategic guidance for the implementation of JA-CHRODIS. It also assesses possible options for the sustainability of a joint initiative on chronic diseases and of JA-CHRODIS. The support from Member States through participation in this Board is indicator of the relevance and interest in this Action. 17 Member States (EU/EAA) were nominated for the GB (Indicator 1.GB.1) all of them belong to ministries of health or related departments (Indicator 1.GB.5). The GB was formally set up on 18th February 2015 during the 1st GB meeting (Indicator 1.GB.8) and a working plan was developed for the forthcoming years (Indicator 1.GB.6).

At this moment, only one meeting of the GB had been organized on 18th February 2015 (Indicator 1.GB.2) in which 82% of the nominated members attended, reaching the objective of 70% of participation (Indicator 1.GB.3). Satisfaction of the GB members with the meeting development was assessed using a satisfaction survey (Indicator 1.AB.9).

All the strategic guidance and possible options for the sustainability and for the development of JA-CHRODIS provided by the GB has been collected in deliverable D09-01.01 (M15, delayed to M24 - Indicator 1.GB.11). The minutes of the meeting included all the inputs of the GB (Indicator 1.GB.10) and they are available on the JA intranet (Indicator 1.GB.4).

WP2. Dissemination of the Joint Action

General process indicators

WP2 deals with the production of dissemination guidelines and promotional materials, the internal communication to partners (together with WP leaders), and the external dissemination of project materials and results.

In the evaluation period (M1-M18), work package leadership showed to maintain communication exchanges among the WP2 associated partners, through emails and meetings (Indicator 2.1.1). Planned milestones and deliverables for the period were fully achieved. This was done generally on time, with the few exceptions deriving from iteration processes leading to achieving final versions better adapted to the JA and partner needs (Indicator 2.1.2), or is dependent upon third-parties outside the JA.

Furthermore, records/information sources were able to show that available materials and related dissemination activities (described below) have been produced and made available (Indicator 2.2.9), and built up to an effective communication, with WP2 being broadly successful in achieving the indicators that were set up by us.

Task 1: Materials and Dissemination Activities

The Guidance and Reporting Back documents were delivered to partners on time and made available online (Indicators 2.2.4 and 2.2.6). Until M12, 24 associated partners reported back, which fulfilled the acceptance criteria by representing 61% of those partners (Indicator 2.2.7). In total, 35 organisations replied, which represents 51% of all JA partners. However, while most of the organisations (40%) responded with the reporting-back template and describing activities, 12% of the respondents used the email indicating that they had not done any communication activities (see following graphs).

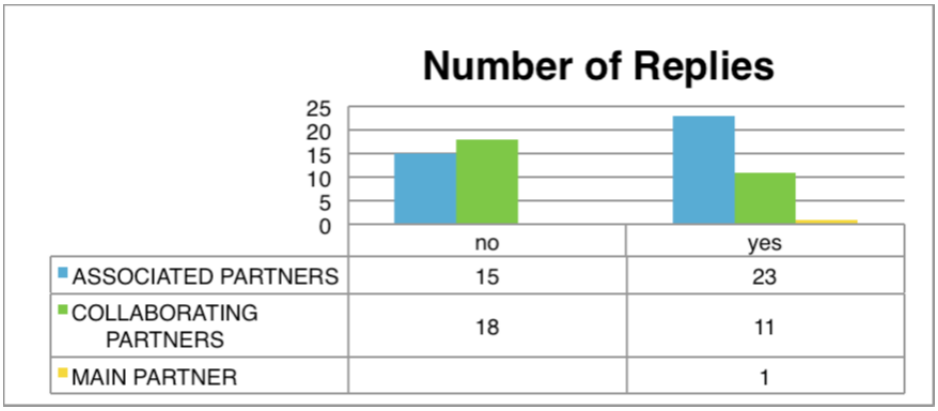

Table 6: Number of replies at M12 to the delivered documents

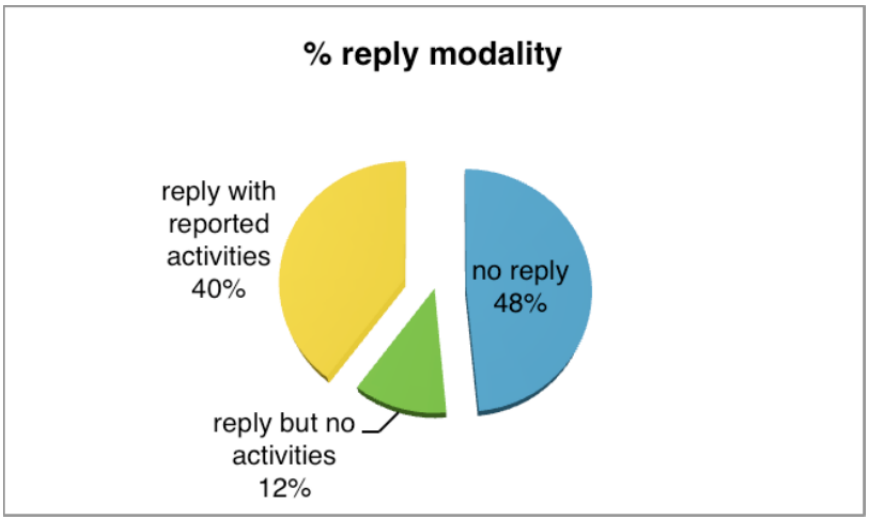

Figure 4: Percentage of reply modality at M12

The visual identity, including the logo and Word and PowerPoint templates, was ready in M3 and also made available (Indicator 2.2.3).

A stakeholder mapping template was developed by WP2 (Indicator 2.3.1), being then used in the stakeholder mapping exercise with partners (M3-4). From this exercise, a report was produced and made available (Indicator 2.3.2), being the support to the establishment of the JA Contact Database. The Contact Database has 2424 entries and an updated version (less than one year old) is currently available within WP2 (Indicators 2.3.3 and 2.3.6), covering all stakeholder groups identified by WP1 and WP2 (Indicator 2.3.5). The Dissemination Strategy outlines in Annex 2 the specific key stakeholders for each WP, agreed to by the relevant WP leaders. These stakeholders include European federations and associations (e.g. patient organisations, public health related, prevention/health promotion, healthcare), national associations (e.g. diabetes, cancer, patients organisations) and public health institutes, European networks, European Institutions (Commission, Parliament, EESC, CoR), national governments (policy makers), hospitals, private sector/industry (e.g. pharma and insurance groups), research organisations (e.g. universities and researchers), international organisations (e.g. WHO), national and European media.

The Contact Database has also an even wider geographical coverage than required in the evaluation criteria, including stakeholders from 28 countries of the European Union plus 29 other countries (Indicator 2.3.4). These include Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania,

Slovakia, Slovenia, Spain, Sweden, and United Kingdom; Albania, Algeria, Armenia, Aruba, Australia, Azerbaijan, Belarus, Bosnia and Herzegovina, Brazil, Canada, Colombia, Faroe Islands, Georgia, Iceland, Israel, Kazakhstan, Republic of Korea, Kyrgyzstan, Republic of Macedonia, Moldova, Nigeria, Norway, Russian Federation, Serbia, Switzerland, Turkey, Ukraine, United States, and Uzbekistan.

The Dissemination Strategy document was concluded and made available (Indicator 2.2.1), although with a slight delay (final approval from Chafea in M16). This was reported as being due to a lengthy review process, which since became more streamlined and made more effective (see more below, regarding the development of the website).

Promotional materials have been developed throughout the JA. The first one, the brochure, was ready in M10, and has been since made available in 12 languages, fulfilling all requests received from partners (Indicator 2.2.10). Until M12, around 800 printed brochures were distributed (Indicator 2.2.13). Since then, WP2 has also produced a poster, a roll-up banner, pens, conference folders, notepads and a video.

In total, 6 newsletters are due to be disseminated electronically by M36. In M14 and together with WP1 and the EB, WP2 has decided to produce, in addition to the 6 newsletters, a monthly update. For the period M1-M18, 1 newsletter and 2 updates have been sent out, fulfilling the criteria of 3 such documents in the first evaluation period (Indicator 2.4.9). WP2 reports that the processes and templates have now been set up and both the newsletters and updates are scheduled more regularly now.

For the evaluation period, WP2 together with stakeholders has identified 56 key events. JA-CHRODIS was disseminated at 49 events, which includes presentations at conferences and distribution of brochures (Indicator 2.2.14). Furthermore, partners disseminated JA-CHRODIS in 197 separate activities, with a wide coverage of languages (see table below), with a national annual coverage of well over one third of the participating countries (Indicator 2.2.15).

Language	Number of activity	%
English	84	43%
Spanish	24	12%
Portuguese	16	8%
Croatian/English	12	6%
Greek	11	6%
Slovenian	9	5%
Bulgarian	7	4%
Spanish/English	6	3%

Lithuanian	4	2%
Dutch	4	2%
Italian	4	2%
(blank)	3	2%
Swedish	2	1%
German	2	1%
Greek/English	2	1%
Portuguese/English	1	1%
French/English	1	1%
Italian/English	1	1%
English/Bulgarian	1	1%
Estonian	1	1%
English, French, Spanish, Dutch	1	1%
English, French, Spanish, German, Italian, Greek	1	1%
Total	197	100%

Table 7: Languages covered in the dissemination and presentation activities

Furthermore, WP2 leaders produced and disseminated, in the period of evaluation, press-releases in relation to all events identified as key together with JA-CHRODIS coordination, namely the Kick-off meeting, EU Chronic Disease Summit, Stakeholder Forum in October 2014 and February meetings 2015 (Indicator 2.2.11). Additionally, partners reported to have disseminated 23 press releases and publications, either translated from WP2 materials or original (Indicator 2.2.12).

As planned, WP2 has been involved in answering all external requests of information (Indicator 2.2.16). In total, 64 requests were received: 56 directly to info@chrodis.eu (WP1 and WP2 representatives receive those) and 8 through the website contact form. 44 and 7 messages respectively requested to receive the newsletter. 9 and 1 messages respectively requested more information regarding the whole JA or meetings in particular (e.g. the Stakeholder Forum). Three emails sent to info@chrodis.eu were related to problems encountered on the website (1), marketing for another initiative (1) and a job application (1).

Task 3: Online Tools

As mentioned above, some aspects of the Dissemination Strategy were re-evaluated during the initial stages of the JA implementation. Initially, there was the need to further debate the development of the initial static website and the 'fully functional' website subsequently. The static page was online M3 while the more elaborate website went live in M7 (Indicator 2.4.1) but required a bit of redevelopment that led to a short delay of about four weeks.
The website was made available through www.chrodis.eu and www.chronicdiseases.eu, and includes dissemination materials in digital form (Indicator 2.4.3). During the evaluation period, WP2 assured the actuality and relevance of the website by adding 21 news items and 26 events (Indicator 2.4.6). Furthermore, the first newsletter (M14) was uploaded to the page and has 734 page views in total. When more updates followed, a special page was added for the February newsletter in June 2015, which got 37 page views in the evaluation period (Indicator 2.4.10). The updates are uploaded on the general newsletter page and are available as PDF documents for download only. Unfortunately, there is no way to track the number of downloads.

Even though the website is online since the summer 2014, it is recording visiting numbers only since November 2014 (see figures below). The total amount of recorded visits to the website in M1-M18 was thus 27408 (47+2,286+3,575+6,511+3,666+3,659 +2,604+5,060=27,408). This makes an average of 3426 visitors per month in the evaluation period (Indicator 2.4.4), with an average session duration of 3:17 minutes (Indicator 2.4.5). Additionally, 38.8% of overall visitors were returning visitors, which comes close to the acceptance criteria of 40% (Indicator 2.4.8) (see figures below).

Months and Years

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2014											47	2,286	2,333
2015	3,575	6,511	3,666	3,659	2,604	5,060	3,958	2,887	6,022	7,172	5,536	289	50,939

Table 8: Number of visits to JA-CHRODIS website per month

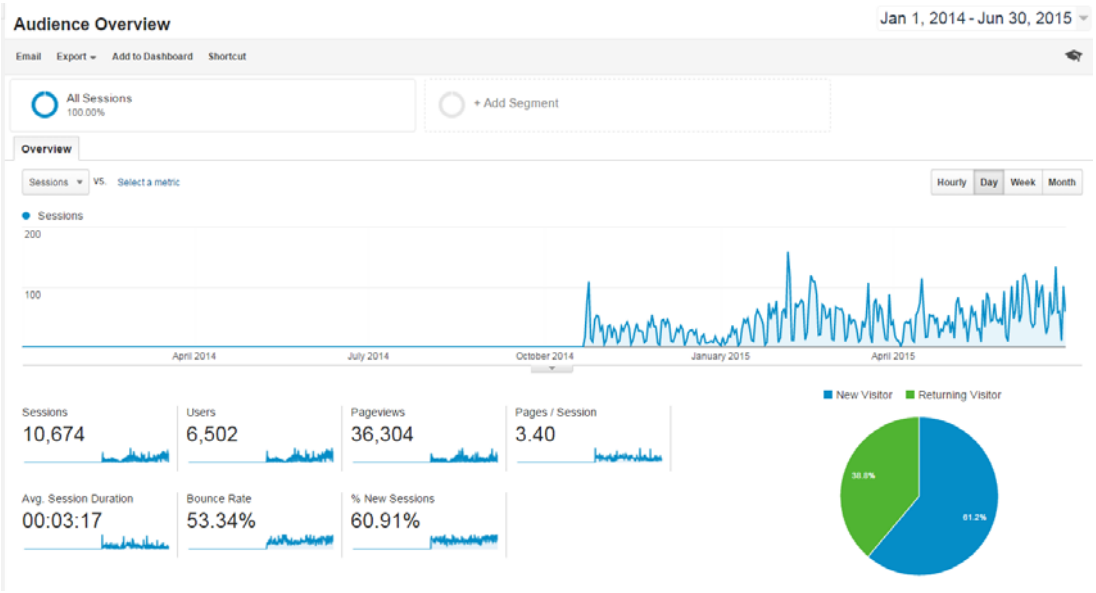

Figure 5: Recorded visits to the JA-CHRODIS website, and characteristics of users

Regarding the interconnectivity between institutional websites, 24 associated partners and 2 collaborating partners have reported to provide links to the JA-CHRODIS website from their institution website, which is still below the intended target of 31 associated partners showing such engagement (Indicator 2.2.8).

Indicator 2.4.2, regarding the availability of a JA-CHRODIS section on the EIP-AHA website, remains to be adequately achieved. WP2 has reported to been in touch with EC representatives for it. However, due to technical constraints from the EIP-AHA's side, it was not possible to give a prominent place (e.g. a banner) to JA-CHRODIS. WP2 was told that the EIP-AHA's backend was in the process of changing. However, for reasons clearly beyond WP2, no timeframe can be indicated at the moment.

Regarding social media, WP2 has created Twitter and Facebook accounts in May 2014 (Indicators 2.4.15 and 2.4.16). The Facebook account[20] was liked by 55 users, and WP2 has generated 39 posts in the evaluation period (Indicators 2.4.18 and 2.4.20). The Twitter account[21] has 284 followers, and WP2 produced 408 tweets in the evaluation period, 71.3% of which were retweeted (Indicator 2.4.17 and 2.4.19). This goes greatly beyond the objective of 30% retweeted messages, and hints to a considerable uptake of JA-CHRODIS related content through Twitter.

[20] https://www.facebook.com/EU_Chrodis-301426573354024/?fref=ts
[21] https://twitter.com/EU_CHRODIS

WP3: Evaluation

Global process indicators

The main objective of WP3 is to assess the impact of the Joint Action evaluating procedures and results.

WP3 has had a low level of accomplishment of activities and milestones and the failure of Deliverable 5 (Evaluation Plan) due to the withdrawal of WP3 Leader (EHMA) from leadership and the WP (officially notified the 4th of November 2014). Additionally, the Greek Associated Partner (YPE) also expressed its willingness to retire from the WP.
After the official communication of EHMA's withdrawal, the Coordinator activated a procedure for replacement that was resolved in December 18th 2014, with the assignment of the Agency for Health Quality and Assessment of Catalonia (AQuAS) from Spain as WP3 leader and the Portuguese Diabetes Association (APDP) from as WP3 co-leader.

Meetings

The new team agreed to perform a minimum number of 1 WP meeting per month. From January 2015 to June 2015 (M13-M18) a total number of 8 meetings were carried out in order to organize workflows and track the development of the Evaluation Plan and the other activities commissioned (Indicator 3.G.1). Four of these meetings were face-to-face meetings (February 17th in Brussels; March 12nd in Barcelona; March 26th in Barcelona; June 11st in Treviso); the others were TC/Skype meetings.

Those invited to participate were AQuAS and APDP as leader and co-leader, FFIS as AP, and the WP1 team. The percentages of attendance in the meetings were 100% (Indicator 3.G.2).

There are no data available about previous WP-leader in this activity.

Task 1: Development of the Evaluation Plan

During this period two deliverables have to be achieved: the acceptance of the Terms of Reference in M3 (Indicator 3.1.2) and the development of the Evaluation Plan in M5 (Indicator 3.1.3). Regarding the ToR, the previous team accepted terms in M5 and the new team confirmed the document in M15 (March 2015).

In relation to the Evaluation Plan, the previous team only achieved the 28% of the plan according to the 1st Technical Report. The AQuAS-APDP team agreed with WP1 October 2015 (M22) as the new deadline for the release of the Evaluation Plan.

WP4: Platform for knowledge exchange

Global process indicators

WP4 aims to set up a platform for knowledge exchange, where decision-makers, caregivers, patients, and researchers, will be able to exchange the best knowledge on chronic care across Europe via an on-line help-desk and a web-based clearinghouse.

In the evaluation period M1-M18, WP4 has organized 8 meetings and 13 conference calls to maintain in communication with the 14 WP4 associated partners (Indicator 4.G.1). The percentage of attendance was 76% (Indicator 4.G.2). Planned milestones and deliverables for the next evaluation period (DEL2 and DEL3) were already recorded with a percentage of accomplishment of 40% (Indicator 4.G.3).

Task 1: Development of assessment criteria

2 Delphi studies were designed to develop a set of assessment criteria. All steps listed in the protocol for each Delphi study have been carried out and documented (Indicator 4.1.1). For the 1st Delphi study, the response rate for each of the three rounds was 100%, 76% and 88% for R1, R2, and R3, respectively. For the 2nd Delphi study, the response rate was 100%, 92% and 95% for R1, R2, and R3, respectively (Indicator 4.1.2). Finally, the criteria, categories and weights agreed in the 1st Delphi study ended up with a list, which was published in May 2015.

WP5: Good practices in the field of health promotion and chronic prevention across the life cycle

Global process indicators

The key objective of the health promotion work package 5 is to facilitate the exchange, scaling up, and transfer of good practices in health promotion and non-pharmacological primary prevention of chronic diseases between EU countries and regions.

Each member state partner identified and documented three or more highly promising examples. In total, more than 30 organisations from 13 EU member states have identified 41 promising interventions and policies on health promotion and chronic disease prevention based on a jointly developed set of criteria. The collected examples will feed into the 'Platform for Knowledge Exchange' (PKE) in an up-to-date stakeholder's repository of good practices for disease prevention and chronic care, currently under development by the Joint Action CHRODIS.

The approach taken to assess and identify the documented good practice examples involved a collection of country reviews and different approaches to good practice criteria with a consultation in the format of a RAND modified Delphi methodology with a group of more than 25 European experts from the field of health promotion and non-pharmacological primary prevention. The final result is a list of ranked and weighted criteria for the identification of good practices in health promotion and prevention of chronic diseases.

The planned milestones and deliverables for the period were achieved and completed on time with exceptions of the deliverable "Identification of 3 good practices per participating MS" (M18) that was delayed by 6 weeks. The milestone " Country Reviews on health promotion and chronic disease prevention approaches (existing work, current situation, gaps and needs)" (M8) that was sent to Chafea on 12/2014 and "Agreement on selection criteria of good practices" (M10) was delayed by 11 days (Indicator 5.G.3).

WP5 organized three meetings in April 2014 (Cologne with 29 in attendance from 11 different countries), in February 2015 (with 47 in attendance from 18 different countries), and in May 2015 (with 21 in attendance from 11 different countries). The indicator was one meeting per year, therefore compliance is above it (Indicators 5.G.1 and 5.G.2).

The indicators of the period of (M1-M18) were completed successfully.

The full report including an annex with detailed project descriptions is available for download from the Joint Action CHRODIS website[22].

Task 1: Review of existing work, situation and needs

Within the framework of WP 5 (Task 1), country reviews on existing policies and mechanisms in the area of health promotion and primary prevention in partner countries, also in relation to the identification of good practice, have been conducted, along with highlights on gaps and needs in this area[23].

The collected information was obtained from two major domains:

1. The country reports which were developed in the first semester of JA-CHRODIS within WP5. The reports were based on questionnaires which aimed to gather information on if and how frameworks of good practice are designed in the partner countries. The reports as well as an executive overview can be obtained through the JA-CHRODIS website[24].

2. A literature review was conducted to include information on conceptual frameworks, assessment tools and procedures from sources outside the scope of JA-CHRODIS.

WP 5 developed the questionnaire of "good practices" in the field of health promotion and primary prevention to learn about the existing work, situation and needs as well as the current situation of policies that relate to health promotion and primary prevention of chronic diseases in different countries. Several feedback rounds took place based on drafts among the different WP partners, the questionnaire was circulated in its final version in June 4th 2014 to all partners by task leader and replied by 17 partners. 16 of the 17 reached the minimum of answered questions acceptable (Indicators 5.1, 5.1.1, 5.1.2, 5.1.3 and 5.1.4).

The countries participating in the process of answering the questionnaire of "Good practices" totalled 14: Bulgaria, Cyprus, Estonia, Germany, Greece, Iceland, Ireland, Italy, Lithuania, Netherlands, Norway, Portugal, Spain and UK. All of the countries made this Country Review available on JA-CHRODIS website[25] (Indicators 5.1.5 and 5.1.8) the number

[22] http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/selection/
[23] http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/country-reports/
[24] http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/country-reports/
[25] http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/country-reports/

of downloads cannot be tracked, according to page admin but regarding the page views, the country reports page was viewed 859 times in the evaluation period (M1-M18) and people stayed significantly longer on that page (2:40 min compared to the average 1:22 min) (Indicator 5.1.9).

	Page Title	Pageviews	Unique Pageviews	Avg. Time on Page	Entrances	Bounce Rate
		36,304 % of Total: 100.00% (36,304)	24,728 % of Total: 100.00% (24,728)	00:01:22 Avg for View: 00:01:22 (0.00%)	10,626 % of Total: 100.00% (10,626)	53.34% Avg for View: 53.34% (0.00%)
1.	CHRODIS - Joint Action on Chronic Diseases	7,676 (21.14%)	5,426 (21.94%)	00:01:20	5,116 (48.15%)	36.79%
2.	Partners - CHRODIS	2,529 (6.97%)	1,459 (5.90%)	00:00:56	306 (2.88%)	39.54%
3.	About CHRODIS	2,344 (6.46%)	1,555 (6.29%)	00:01:58	250 (2.35%)	43.20%
4.	Our Work - CHRODIS	1,439 (3.96%)	686 (2.77%)	00:00:33	57 (0.54%)	17.54%
5.	News & Events - CHRODIS	1,310 (3.61%)	848 (3.43%)	00:00:48	64 (0.60%)	39.06%
6.	Home page	1,262 (3.48%)	1,262 (5.10%)	00:00:00	1,145 (10.78%)	100.00%
7.	Country Reports - CHRODIS	859 (2.37%)	487 (1.97%)	00:02:40	234 (2.20%)	58.97%
8.	Background - CHRODIS	833 (2.29%)	684 (2.77%)	00:01:39	107 (1.01%)	71.96%
9.	05 Health Promotion - CHRODIS	812 (2.24%)	487 (1.97%)	00:01:25	93 (0.88%)	55.91%
10.	06 Multimorbidity - CHRODIS	809 (2.23%)	585 (2.37%)	00:01:39	326 (3.07%)	86.81%

Show rows:

Figure 6: Statistics on Country Reports visits on JA-CHRODIS website (highlighted in yellow)

The overall summary of country reviews developed and available on the JA-CHRODIS website[26] (Indicator 5.1.10).

Task 2: Defining and approach (Delphi panel)

WP 5, within the framework of task 2, integrated the Expert Board for Delphi Panel for identified good practice criteria in relation to health promotion and primary prevention practice with 34 professionals from 14 countries, (Belgium, Bulgaria, England, Estonia, Germany, Greece, Iceland, Ireland, Italy, Lithuania, Netherlands, Portugal, Spain, and Sweden) The board was composed of 15 Academics, 1 Academic/Practice, 1 Academic /Clinician, 3 Academic/Policy, 1 Clinician, 1 Clinician/Policy, 1 Pharma/Policy, 10 Policy, 1 Not defined (a list of DELPHI Experts was sent to WP3 as supplemental material for the assessment) (Indicator 5.2.1). A template for the Delphi panel process was used. Also, a

[26] http://www.chrodis.eu/wpcontent/uploads/2015/07/FinalFinalSummaryofWP5Country Reports.pdf

template for Delphi Questionnaire and Criteria descriptions was developed[27] (Indicators 5.2.2 and 5.2.3).

The JA-CHRODIS Delphi consultation conducted by WP4 gathered an expert panel to decide on the suitability and priority of a series of criteria to assess whether an intervention policy, strategy, programmers/service, as well as processes and practices- can be regarded as 'good practice' in the field of Health Promotion and Primary Prevention of Chronic Conditions.
The DELPHI questionnaire was also developed in collaboration with WP4 leadership. The DELPHI expert panel was composed through WP5 partners, while the actual RAND modified Delphi methodology was conducted by WP4. The consultation entailed two online rounds using a web-based questionnaire, followed by a face to face meeting. The number of participants was restricted to a maximum of 30 and a minimum of 15, allowing for eventual drop offs (the group included more than 25 European experts in the field of health promotion and primary prevention of chronic conditions). The first web-based questionnaire included the criteria identified through a search and appraisal of primary and secondary documents from different sources. Two main bodies of information were identified. The first came from the country reviews conducted by JA-CHRODIS WP 5. The second was made up of the conceptual models, assessment tools, frameworks and procedures identified at national and international level for the evaluation of good practice related to chronic conditions, in particular those focused on health promotion and primary prevention. In addition, a reverse search was undertaken based on the identified and reviewed sources.

The expert meeting to refine and prioritize criteria to assess practices on health promotion and primary prevention of chronic diseases was held face-to-face on April 23rd and 24th in Brussels. Fourteen out of the 23 experts that completed the 2nd round were able to attend. They were 3 men (21,5%) and 11 women (92,9%). The range of countries represented (Estonia, Belgium, Germany, Iceland, Ireland, Italy, Portugal, Serbia, Netherlands and United Kingdom) still showed a good sample of the variety of health systems in Europe; the range in expertise was also covered (academic, clinician, policy and advocacy). Final set of criteria recommended for evaluating HPPP interventions, from highest to lowest:

1. Equity
2. Comprehensiveness of the intervention
3. Description of the practice
4. Ethical Considerations

[27] http://www.chrodis.eu/wp-content/uploads/2015/08/ INTERIM-REPORT-1_Delphi-on-Health-promotion-and-prevention-1.pdf

5. Evaluation
6. Empowerment and Participation
7. Target population
8. Sustainability
9. Governance and project management
10. Potential of scalability and transferability

The final result is a list of ranked and weighted criteria for the identification of good practices in health promotion and prevention of chronic diseases. The final criteria represent common knowledge in health promotion, while the innovative aspect is the ranking and weight of the criteria.

For a detailed description of each criterion category see WP4's report on the JA-CHRODIS website[28].

Task 3: Identification of good practices

The key objective of the health promotion work package in JA-CHRODIS is to facilitate the exchange, scaling up, and transfer effective interventions on good practices in health promotion and primary prevention of chronic diseases between EU countries and regions.

More than 30 organisations from 13 EU member states have identified and selected 41 potentially effective interventions and policies on health promotion and chronic disease prevention for exchange or transfer to other settings based on a jointly developed set of criteria.

WP 5 made the report of the Identification of 3 good practices from each associated countries that match the selection criteria. There is a repository of 41 good practice collected and there is an English summary of each one of them (Indicators 5.3.1, 5.3.2, 5.3.3)[29,30,31]. There are not registered downloads of good practice reported for technical reasons, according to WP2 leader (Indicator 5.3.4).

[28] www.chrodis.eu/wp-content/uploads/2015/08/INTERIM-REPORT-1_Delphi-on-Health-promotion-and-prevention-1.pdf
[29] http://www.chrodis.eu/wp-content/uploads/2015/09/Summary-Report-CHRODIS-WP5-Task-3_Version-1.3.pdf

The countries that developed the good practice example report on health promotion and disease prevention were:

- Associated Partners (Bulgaria); (Estonia); (Germany); (Greece); (Iceland); (Ireland); (Italy); (Lithuania); (Norway); (Portugal); (Spain); (Netherlands)
- Collaborating Partners (Cyprus); (United Kingdom); (Sweden)

Each partner presented three or more highly promising or evidence-based examples with the collaboration of their relevant national Ministries, Institutes and civil society institutions. In order to do not miss out innovative approaches, partners involved in the identification process of best practice examples were not strictly obliged to choose exclusively interventions which match the criteria and their priorities by 100%.

Special attention was given to effective practices that have shown to have a positive impact on the health status of populations and groups, with a focus on vulnerable populations. Aspects of transferability and applicability have been also explored in a detailed description from the partners of the local context and structures where practices have been implemented. Within the current task, it is considered that appraisal of applicability and transferability could be enhanced by ensuring a thorough knowledge of the proposed health promotion and prevention practice/intervention and of its local setting and structures, since public health intervention depend very much on the context.

This is the information that is contained in the Chart: (Overview of Good Practice Examples)

- Name of the practice Country
- Target group(s) and goal (s)
- Type of practice and setting
- Major characteristics
- ANNEX

Therefore, the resulting collection of good practice examples reflects the respective partner's decisions and none of the practices submitted for consideration were excluded

[30] http://www.chrodis.eu/wp-content/uploads/2015/09/Annex-Report-CHRODIS-WP5-Task-3_Version-1.3-.pdf
[31] http://www.chrodis.eu/wp-content/uploads/2015/10/CHRODIS-WP5-Task-3-Executive-Summary-V1_1.pdf

from documentation. The full report including an annex with detailed project descriptions is available for download from the Joint Action CHRODIS website[32].

In the report, the countries' good practice examples are summarised in Table 3 (i.e. Overview of Projects) where the reader can find the major characteristics in terms of aims, setting and implementation level. In the final section, the abstract of each project is presented with the aim to give a brief description of their core elements. For a comprehensive and detailed description of each project, readers are referred to the report.

[32] http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/selection/

WP6: Development of common guidance and methodologies for care pathways for multi-morbid patients

Global process indicators

WP6 aims to design and implement innovative, cost-effective and patient-centred approaches for multi-morbid patients including case management training programmes for care personnel.

In the evaluation period M1-M18, WP6 has organized 2 WP meetings, 1 expert meeting and 5 conference calls (Indicator 6.G.1). The first WP meeting took place in Vilnius (LT) (November 2014, with 13 partners). The 2nd one was set in Treviso (IT) (June 2015, with 11 partners). The first expert meeting, with the participation of 11 partners, was organized in Brussels in October 2015. The partner's attendance to the conference calls was the following: 1 with 10 partners (February 18, 2014), 2 with 9 partners (for the monographic issue) and 2 with 3 partners (for TASK2) (Indicator 6.G.2).

All planned milestones and deliverables for the period were achieved and completed on time, representing a percentage of accomplishment of 100% (Indicator 6.G.3).

Task 1: Identify targets of potential interventions for management of multi-morbid patients

The first task of WP6 was focused on the identification of targets of potential interventions for management of multi-morbid patients. This task was planned to be accomplished by two approaches: 1) by gathering and analysing data on resources utilization available at a regional or national level; and 2)by reviewing data from scientific literature.

Regarding the first approach, 8 databases were analysed (Indicator 6.1.1); 1 database was excluded because the number of patients was too low. The total number of patients studied in the database was 2,052,833 (Indicator 6.1.2).

In relation to the literature review process, a methodology for the identification of papers was defined and available (Indicator 6.1.7). The search was made in MEDLINE, Cochrane Central Register of Controlled Trials and PubMed database from 1994 to 2014 for English-language studies of risk prediction models in medical populations. All citations were imported into an electronic database (Zotero reference management software). The search

strategy identified 3,853 articles through electronic databases and other 39 articles were retrieved through other sources (Indicator 6.1.3). After removal of duplicated records, 3,674 articles were checked by title and abstract and 89 of them were reviewed in full text. Finally, 36 publications met inclusion criteria (Indicator 6.1.4).

The target population of study was clearly defined, described and available (Indicator 6.1.5). However, the methodology and criteria of multi-morbid patients was not defined by consensus of experts, since the criteria were based on data analysis (Indicator 6.1.6).

The process of defining target population has been published in several articles (n=9), which are detailed below (Indicator 6.1.7). All of them were published as an special issue on Multimorbidity in the Elderly in the *European Journal of Internal Medicine*.

Special Issue on Multimorbidity in the Elderly, April 2015, Vol 26, Issue 3, p157-216, European Journal of Internal Medicine

1. Onder G et al. Time to face the challenge of multimorbidity. A European perspective from the joint action on chronic diseases and promoting healthy ageing across the life cycle (JA-CHRODIS). European Journal of Internal Medicine , Volume 26 , Issue 3 , 157 - 159
2. Navickas R. et al. Prevalence and structure of multiple chronic conditions in Lithuanian population and the distribution of the associated healthcare resources. European Journal of Internal Medicine , Volume 26 , Issue 3 , 160 - 168
3. Alonso-Morán E et al. Health-related quality of life and multimorbidity in community-dwelling telecare-assisted elders in the Basque Country. European Journal of Internal Medicine , Volume 26 , Issue 3 , 169 - 175
4. Forjaz MJ et al. Chronic conditions, disability, and quality of life in older adults with multimorbidity in Spain. European Journal of Internal Medicine , Volume 26 , Issue 3 , 176 - 181
5. Alonso-Morán E et al. Multimorbidity in risk stratification tools to predict negative outcomes in adult population. European Journal of Internal Medicine , Volume 26 , Issue 3, 182 - 189
6. Hopman P et al. Health care utilization of patients with multiple chronic diseases in The Netherlands: Differences and underlying factors. European Journal of Internal Medicine , Volume 26 , Issue 3 , 190 - 196
7. Alonso-Morán E et al. Multimorbidity in people with type 2 diabetes in the Basque Country (Spain): Prevalence, comorbidity clusters and comparison with other chronic patients. European Journal of Internal Medicine , Volume 26 , Issue 3 , 197 - 202

8. Wikström K et al. Clinical and lifestyle-related risk factors for incident multimorbidity: 10-year follow-up of Finnish population-based cohorts 1982–2012. European Journal of Internal Medicine , Volume 26 , Issue 3 , 211 - 216
9. Calderón-Larrañaga A. et al. Global health care use by patients with type-2 diabetes: Does the type of comorbidity matter? European Journal of Internal Medicine , Volume 26 , Issue 3 , 203 - 210

Task 2: Review existing care (pathways) approaches for multi-morbid patients

The second task encomprised the review of existing care pathways approaches for multi-morbid care management interventions based on efficacy on patients outcomes, cost-effectiveness (service utilization), applicability and replication in other regions/settings, based on existing literature, case-studies and evidences.

Regarding the literature review, the search criteria for papers describing applied interventions was clearly defined, described and available. The literature search yielded 2,611 potentially relevant publications (Indicator 6.2.1). On the basis of their titles and abstracts, 80 publications were selected for full-text screening (Indicator 6.2.2). 19 publications were included describing effects of eighteen comprehensive care programs for multimorbid or frail patients, of which only one was implemented in a European country. 1 paper was identified by manual search. The countries where the identified studies took place were the following: USA (12 studies); Australia (1), Canada (3), Japan (1), and Netherlands (1) (WP6.2.3). The full list of countries is available for further research proposes.

18 care interventions using multi-morbid patient approaches were identified (Indicator 6.2.4). 12 programs focused on frail elderly who were (at risk of) using long-term care or medical services or had difficulty in self-managing medications. 3 programs focused on older people with (a combination of) specific chronic conditions such as diabetes mellitus and heart failure, 2 programs focused on frequently admitted and/or complex patients (not necessarily frail/older), and 1 program focused on kidney disease patients (not necessarily frail/older) with diabetes and/or cardiovascular disease. (Indicator 6.2.5)

Several pathways were identified in the literature reviews: the diversity in the comprehensive care programs was evaluated with regard to the number of included interventions and related CCM (Chronic Care model) components: two CCM components (n=7), three CCM components (n=5), four CCM components (n=4), and five CCM components (n=2) (Indicator 6.2.7). A summary of existing pathways was developed and is

available for further project proposes (Indicator 6.2.8). In addition, an article regarding the existing multi-morbid care pathways has been submitted (European Journal of Public Health, November 2015) and it is currently under review (Indicator 6.2.9).

The quality of the systematic review was not measured using the AMSTAR checklist. However, another quality tool was used (Indicator 6.2.10). The methodological quality of the selected studies was scored by two researchers separately, based on 6 items adapted from 2 quality criteria lists:

1) Verhagen AP,deVet HC, de Bie RA, Kessels AG, Boers M, Bouter LM, et al. The Delphi list: a criteria list for quality assessment of randomized clinical trials for conducting systematic reviews developed by Delphi consensus. Journal of Clinical Epidemiology 1998;51:1235–41. doi:10.1016/S0895-4356(98)00131-0.

2) Van Tulder M, Furlan A, Bombardier C, Bouter L. Updated method guidelines for systematic reviews in the Cochrane collaboration back review group. Spine (Phila Pa 1976) 2003;28:1290–9. DOI: 10.1097/01.BRS.0000065484.95996.AF.]

Similar to previous reviews [de Bruin SR et al. Comprehensive care programs for patients with multiple chronic conditions: A systematic literature review. Health Policy 2012;107:108–45. doi: 10.1016/j.healthpol.2012.06.006.; Peikes D et al. Effects of care coordination on hospitalization, quality of care, and health care expenditures among Medicare beneficiaries: 15 randomized trials. JAMA 2009;301:603–18. doi: 10.1001/jama.2009.126], WP6 list only included criteria that in our opinion were most relevant for studies on comprehensive care. Each criterion was rated as '+' (criterion fulfilled), '-' (criterion not fulfilled), '?' (criterion not reported), or 'N.A.' (not applicable).

Since WP6 did not use a complete standardized set of quality assessment criteria, they provided a total quality sum-score (ranging from 0 to 6) per study, which was determined by counting the number of criteria scored positively. The criteria taken into account were the following: randomization, similar at baseline, compliance, drop-out rate, ITT-analysis, adjustments for confounding variables in analysis. We considered the quality of a study as low if the total quality sum-score was lower than 3, moderate if itwas 3, good if it was 4 or 5, and high if it was 6 (Indicator 6.2.11).

Note: About the methodological quality of studies: Two studies fulfilled all quality criteria (sum-score of 6) based on what could be retrieved from the information provided in the papers.

WP7: Diabetes: a case study on strengthening health care for people with chronic diseases

General process indicators

WP7 has as a main objective to actively contribute to a stronger European cooperation on the prevention and management of type 2 diabetes. The areas identified and mapped include health promotion, detection of individuals at high-risk to develop diabetes, primary and secondary prevention, HCP training, and Diabetes National Plans.
The work package is organized according to the following areas: Task 1, Prevention of diabetes: focus on people at high-risk; Task 2, Prevention of complications of type 2 diabetes; Task 3, Health promotion interventions; Task 4, Education/Training strategies and approaches; Task 5, National Diabetes Plans.

Until June 2015, 14 associated partners and 15 collaborative partners joined WP7. Partner involvement was demonstrated by the fact that, of those, 13 associated partners and 8 collaborative partners participated in at least one in person meeting (Indicator 7.1.2). The remaining associated partner has since started to actively collaborate, after personnel changes.

Besides the two in person meetings (Rome 2014, July 8-9; Vilnius 2014, November 6-7) organised by work package leadership during the evaluation period (Indicators 7.G1 and 7.G2), communication within the group is promoted by email and by participation through a web-based community of practice. This tool is aimed to support the WP activities, and to promote exchanges, discussion, sharing of resources and experiences among all the WP7 partners.

Since web statistics were implemented (11th April 2014), there were 13.418 log ins registered in this community (Indicator 7.1.4). Also, 235 posts were inserted (Indicator 7.1.5), which were accessed 12.273 times (Indicator 7.1.6).

Task 1-4 - Map data/good practice on prevention, health promotion, management, education and training

To provide an overview on practices for prevention and management of type 2 diabetes, WP7 conducted a survey organized in two phases: the first had the objective to provide a

structured overview about current programs (interventions, initiatives, approaches or equivalents) that focus on aspects of primary prevention of diabetes, identification of people at high risk, early diagnosis, prevention of complications of diabetes, comprehensive multifactorial care, education programs for persons with diabetes and training for professionals; the second phase is devoted to an in-depth analysis of the programs identified in the first one.

The survey was not intended to provide an exhaustive description of all the activities on diabetes in the participating countries, in fact the partners were asked to report plans, programs, interventions, strategies, and experiences that they felt worth to be reported and shared. Implicit in this activity is the assumption that the description of experiences is an effective means to make own experience available to others, and to create a capital of knowledge that can be shared and used in the future.

WP7 team developed a questionnaire that was distributed to all the partners (associated and collaborating) of JA-CHRODIS. The partners were invited to identify and invite experts working on diabetes (e.g. experts from national, regional and local health institutes or public authorities, associations of persons with diabetes, professionals involved in the care of persons with diabetes, …) to contribute in filling in the questionnaire (Indicators 7.2.2 and 7.3.1). A web-based version of the questionnaire was available.

A total of nineteen countries, with 63 experts, contributed to the collection of data on prevention and management of diabetes. Seventeen of them were involved in the JA-CHRODIS, Romania was reached through EPF, and Hungary by its representative in the JA Advisory board. Data was collected in the period December 2014 to April 2015.

Task 1-4 - Definition of quality criteria

The WP7 leader, co-leader, and task leaders identified, through literature review (Indicator 7.2.1), preliminary lists of quality criteria and indicators on the four WP7 main topics: diabetes prevention with a focus on people at high-risk, management of diabetes, health promotion, and educational intervention for persons with diabetes, and training for health professionals (Indicator 7.2.3).

Based on these preliminary criteria, specific forms were designed to describe potential good practices. WP7 and WP4 agreed on developing a Delphi on Diabetes based on the selection criteria already identified by WP7. These criteria will be reviewed and weighted by a panel of experts.

Task 5 - National diabetes plan

The mapping of national diabetes plans (NDPs) across EU and EFTA Member States used a data collection template, which was based on the ‘Guide to National Diabetes Programmes’ developed by the International Diabetes Federation.

The questionnaire was piloted in September 2014 using Italy, Slovenia, Finland, Germany and Norway (the countries of task leaders within Work Package 7 of JA-CHRODIS) as case studies to test the appropriateness of the questions and to assess the effort required to complete the questionnaire. The questionnaire was then emailed to JA-CHRODIS project partners of Work Package 7 on diabetes and partners of other JA-CHRODIS work packages; for countries with no representation in the JA-CHRODIS project, potential respondents were identified through the European Patient Forum and the International Diabetes Federation European Region (IDF Europe).

Of a total of 35 organizations and institutions in 31 countries that were approached for the survey, 24 in 22 countries responded and these responses are presented in this policy brief.

Data collection was between end of September 2014 and end of December 2014, with a final round of clarifications completed in January 2015.

However, the planned milestone of “expert overview on successful strategies to improve prevention of diabetes and the quality of care for people with diabetes” was not delivered on time – M18 (Indicator 7.1.3). This was due to data collection on strategies/practices and the definition of list of quality criteria requiring more time than expected. Moreover, the partners agreed to conduct a SWOT analysis, by country, with the objective to give also a qualitative overview of the current strategies/ practices. It was agreed that the Report on SWOT will be the means of verification for the milestone.

As a demonstration of the further productivity of the work package, WP7 was able to produce 5 papers and other special publications (Indicator 7.1.7).

Annex

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay	Comments
WP1: Coordination of the Joint Action					
WP1.1.1_Development of SOP	JA-CHRODIS website or intranet	Once (M3)	YES	NO	Delivered in M4 instead of M3, but 1 month of delay is considered on time (Grant Agreement)
WP1.1.2_3-year Work Plan	JA-CHRODIS website or intranet	Once (M4)	YES	NO	
WP1.1.3_Deliverables WP1	Annual and final reports	Annually (M12, M24, M39)	PARTIALLY	YES	D09-01.1 should be released in M15 and it has been postponed until M24
WP1.1.4_Internactions EIP-AHA	Meeting minutes/ annual reports/ email contact	Annually (M12, M24, M39)	NO	no applicable	no records about number of interactions (emails, TC, calls)
WP1.1.5_Annual reports	Final report	Annually for interim reports (M12, M24, M39) and final report (M39)	YES	NO	Submitted in M13, approved in M18
WP1.1.6_Delivables_reports_on_web	JA-CHRODIS website	Annually (M12, M24, M39)	YES		

WP1.1.7_Person days GA vs actual person days	Emails	M9, M14, M21, M26, M33, M36			
WP1.1.8_ Person days executed vs person days available	Financial Reports	Biannually (M6, M12, M18, M24, M30, M39)	PARTIALLY	no applicable	No information provided in M9
WP1.1.9_ Budget executed WP versus budget JA	Financial Reports	Biannually (M6, M12, M18, M24, M30, M39)	PARTIALLY	no applicable	No information provided in M9
WP1.1.10_ Collaboration EIP-AHA	Monthly reports/ interim reports	Once a year (M12, M24, M39)	YES		
WP1.1.12_ % accomplishment deliverables	Interim and final reports	(M12, M24, M39)	NO	20% of deliverables not yet achieved	Acceptance criteria: Deliverables achieved are completed with no more than 3 months delay in relation to schedule
WP1.1.14_ % person days executed	Financial Reports	Annually (M12, M24, M39)			42,9% of the total persons day executed
WP1.1.15_ % Budget executed	Financial Reports	Annually (M12, M24, M39)			39% of the total budget executed
WP1.KO.1_ Kick off meeting	Minutes from meeting	Once (M3)	YES		
WP1.KO.2_MS participating in kick off meeting	List of participants	Once (M3)	NO	68% representation achieved	Acceptance criteria: 80% of Member States attending

WP1.KO.3_Partners participating in kick off meeting	List of participants	Once (M3)	NO	72% attendance	Acceptance criteria: 80% of partners attending the KO
WP1.KO.4_Minutes kick off meeting	JA-CHRODIS web	Once (M3)	YES		
WP1.KO.5_Final outcome of the meeting	JA-CHRODIS web	Once (M3)	YES		
WP1.SH.2_ Number of Stakeholders meetings			YES		Acceptance criteria: 1 meeting per year
WP1.SH.2_ Number of participants invited to SH meetings	Participants list SH meetings	3 times (following the annual SH Forum meeting) (M12, M17, M29)			431 organizations invited to participate
WP1.SH.3_ Number of participants to SH meetings	Participants list SH meetings	3 times (following the annual SH Forum meeting) (M12, M17, M29)			Of those invited 64 professionals of 13 European countries including Switzerland participated in the first forum; and 41 people of 11 European counties and Canada attended the second meeting
WP1.SH.4_ Minutes website	JA-CHRODIS website	3 times (following the annual SH Forum meeting) (M12, M17, M29)	YES		
WP1.SH.5_ Satisfaction SH meeting	Satisfaction survey	3 times (following the annual SH Forum meeting) (M12, M17, M29)	YES		

WP1.SH.6_ Continuous involvement	Participants list	2 times (following the 2nd and 3rd annual SH Forum meeting) (M17, M29)		In the 2nd meeting 4 organizations attended both events	Acceptance criteria: 30% of SH attending 2nd or 3rd annual meeting has attended at least 1 previous
WP1.EB.1_ Number of EB meetings	Meeting minutes	M12, M24, M39	YES		Acceptance criteria: minimum 2 face-to-face meeting per year. During 1st year 4 f-to face meetings were organized; during the second year two f-t-f meetings were organized. Additionally 11 TC had been organized (7 the 1st year; 4 the 2nd)
WP1.EB.2_ Attendance to EB meeting	Meeting list of participants	M12, M24, M39	PARTIALLY	5 events did not reached 90% participation	Acceptance criteria: 90% members EB attending each meeting
WP1.EB.3_ Minutes on website	Meeting minutes on intranet or internet	M12, M24, M39	PARTIALLY		no available records for the June 15th 2014 TC
WP1.EB.4_ Satisfaction EB meetings	EB face-to-face meeting survey	M12, M24, M39	NO		Only in one meeting the satisfaction was assessed
WP1.EB.5_ Follow up actions	Meeting minutes	M12, M24, M39	YES		
WP1.AB.1_ Advisory Board selection	Recording of criteria discussed and agreed by EB	Once (M5)	YES		

WP1.AB.2_ Number candidates	Voting results for AB members	Once (M5)			19 candidates proposed
WP1.AB.3_ % candidates acceptance	AB members response	Once (M5)			47% of the candidates accepted
WP1.AB.4_ Number of AB meetings	Annual reports	Three times (M12, M24, M39)	??		Acceptance criteria: 3 meetings. During this period one AB meeting organized in 2015
WP1.AB.5_ Minutes on website	JA-CHRODIS website	Three times (M12, M24, M39)	YES		
WP1.AB.6_ Setting up Advisory Board	AB Terms of reference and 1st meeting	Once (M6)	YES		
WP1.AB.7_ Satisfaction from AB members	AB meeting survey	Three times (M12, M24, M39)	NO		
WP1.AB.8_ Feedback AB member	AB minutes approval	Three times (M12, M24, M39)	YES		
WP1.GA.1_ Number of GA meetings	WP1 leadership	Three times (M12, M24, M39)	??		Acceptance criteria: 3 meetings. During this period one AB meeting organized in 2015
WP1.GA.2_ % of GA attendance	Participants' list	Three times (M12, M24, M39)			Acceptance criteria: 80% partners attending the meeting
WP1.GA.3_ General Assembly minutes on website	JA-CHRODIS website	Three times (M12, M24, M39)	YES		

WP1.GA.4_ Setting up General Assembly	General Assembly 1st meeting. Annual report	Once (M12)	YES		
WP1.GA.5_ Satisfaction General Assembly	GA meeting survey	M12, M24 and M36	YES		
WP1.GA.6_ Continuous interest	Participants' list/ Surveys	2 times (following the 2nd and 3rd annual GA meeting) (M15, M27)			Only one meeting organized during the period.
WP1.GB.1_ Nomination for members to Governing Board	List of Member States nominations to the GB	Once (M12)			17 MS nominated
WP1.G2.2_ Number of Governing Board meeting	Minutes from GB meetings	M12, M24, M39	NO		Acceptance criteria: 2 meeting per year. During this period only one meeting had been organized
WP1.G3.3_ % of GB attendance	List of participants	M12, M24, M39	YES		Acceptance criteria: 70% participation. 82% of the members attended the meeting
WP1.GB.4_ GB minutes on intranet	Intranet	M12, M24, M39	YES		
WP1.GB.5_ % MoH involved	GB member list & affiliation	M12	YES		
WP1.GB.6_ Working Plan	GB Working Plan	M18	YES		
WP1.GB.8_ Set up GB	List of GB members	Once (M12)	YES		

WP1.GB.9_ Satisfaction of Governing Board meetings	Survey	M12, M24, M37	YES		
WP1.GB.10_ Feedback by GB	Meeting minutes	M12, M24, M37	YES		
WP2: Dissemination of the Joint Action					
WP2.1.1_Evidence of e-mail exchanges, meetings/teleconferences organised by WP2	JA-CHRODIS website	Annual: M10, M22, M34	YES		
WP2.1.2_% accomplishment of deadlines of milestones/deliverables	JA-CHRODIS Partners survey	Annual: M10, M22, M34	YES		
WP2.2.1_Development of Dissemination Strategy	JA-CHRODIS website	Once: M3	PARTIALLY	M16	The document was concludes and made available with some delay. Final approval from CHAFEA in M16
WP2.2.3_Design of JA-CHRODIS logotype	JA-CHRODIS website	Once: M3	YES		
WP2.2.4_Development of Guidance document	JA-CHRODIS website	Once M3	YES		
WP2.2.6_Reporting-back template	JA-CHRODIS website	Once (M3)	YES		
WP2.2.7_% of partners reporting back on dissemination activities	Reporting-back documents, email	Annual: M12, M24, M36	YES		

WP2.2.8_% of JA-CHRODIS partners with links to website	Direct contact with partners	Annual: M10, M22, M34	NO		Acceptance criteria: 80% AP reporting link on their institutional website. Only 61% reported the linkeage
WP2.2.9_Development of dissemination materials	WP2 leadership	Annual: M10, M22, M34	YES		
WP2.2.10_Number of languages in which the brochure is available	JA-CHRODIS website	Annual: M10, M22, M34	YES		12 Languages
WP2.2.11_Number of press releases of key JA-CHRODIS events	JA-CHRODIS website	Annual: M10, M22, M34	YES		4
WP2.2.12_Number of JA-CHRODIS national press releases produced by project partners	Reporting-back template	Annual: M12, M24, M36	YES		23
WP2.2.13_Number of brochures delivered	WP2 Activity Reports	Annual: M10, M22, M34	YES		
WP2.2.14_Number of events where the brochures are distributed	Reporting-back template	Annual: M12, M24, M36	NO INFO AVAILABLE		distributed but not quantified
WP2.2.15_Number of events in which JA-CHRODIS is disseminated	Reporting-back template	Annual: M12, M24, M36	YES		197 activities

WP2.2.16_Number of requests for information about JA-CHRODIS	WP 1 and 2 records	Annual: M10, M22, M34	YES		64 requests
WP2.3.1_Stakeholder mapping template	Questionnaire/WP2 leadership	Once (M3)	YES		
WP2.3.2_Report of Stakeholder mapping exercise	Questionnaire	Once (M10)	YES		
WP2.3.3_Contact database	Stakeholders database	Once (M7)	YES		
WP2.3.4_% of EU and Associated Countries covered	Stakeholders database	Annual: M10, M22, M34	YES		28 european countries + 29 others
WP2.3.5_Coverage of all categories of stakeholders considered	Stakeholders database	Annual: M10, M22, M34	YES		
WP2.3.6_Yearly database revisions	JA-CHRODIS contact list in database	Annual: M10, M22, M34	YES		
WP2.4.1_Development of JA-CHRODIS website	JA-CHRODIS website	Once (M6)	YES		Static page online at M3 and more elaborate website at M7
WP2.4.2_Information provided to EIP-AHA website	WP2 records	Once (M12)	YES		
WP2.4.3_Promotional materials available on the website	JA-CHRODIS website	Annual: M10, M22, M34	YES		

WP2.4.4_Average number of visits to JA-CHRODIS website	JA-CHRODIS website statistics	Annual: M10, M22, M34	YES		3426 visitors/month
WP2.4.5_Time spent visiting JA-CHRODIS website	JA-CHRODIS website statistics	Annual: M10, M22, M34	YES		3:17 minutes
WP2.4.6_Updates to the JA-CHRODIS website	Website back-office	Annual: M10, M22, M34	YES		
WP2.4.8_% of returning visitors	JA-CHRODIS website statistics	Annual: M10, M22, M34	NO		38,8% (Acceptanc criteria: 40%)
WP2.4.9_Number of JA-CHRODIS newsletters	CHRODIS website	Annual: M10, M22, M34	NO		1 newsletter and 2 updates
WP2.4.10_Number of newsletter page visits	CHRODIS website	Annual: M10, M22, M34	YES		734 views
WP2.4.15_Opening a Twitter account	JA-CHRODIS website	Once (M5)	YES		
WP2.4.16_Opening a Facebook page	JA-CHRODIS website	Once (M5)	YES		
WP2.4.17_Number of followers on Twitter	JA-CHRODIS Twitter account	Annual: M10, M22, M34	YES		284 followers
WP2.4.18_Number of followers on Facebook	JA-CHRODIS Facebook account	Annual: M10, M22, M34	YES		liked by 55 users
WP2.4.19_Number of retweets	JA-CHRODIS Twitter account	Annual: M10, M22, M34	YES		71,3% tweets were retwitted

WP2.4.20_Number of Facebook WP2-generated posts	JA-CHRODIS Facebook account	Annual: M10, M22, M34	YES		39 posts
WP3: Evaluation of the Joint Action					
WP3.G.1_Number of meetings/teleconferences organized by WP3	WP3 meeting minutes	Annual: M12, M24, M36	YES		8 meetings (4 face to face and 4TC)
WP3.G.2_Percentage of partners attending to the WP3 meetings/teleconferences	WP3 meetings/teleconferences' minutes	Annual: M12, M24, M36	YES		100%
WP3.G.3_Percentage of accomplishment of Deliverables	Interim (annual) and final reports	Annual: M14, M26, M39	NO		Delay in the accomplishment of the Evaluation Plan design due to a change in the leadership of WP3
WP4: Platform for knowledge exchange					
WP4.G.1_Number of meetings/teleconferences organized by WP4	WP4 meeting minutes	Annual: M12, M24, M36	YES		21 meetings and TCs
WP4.G.2_Percentage of partners attending to the WP4 meetings/teleconferences	WP4 meetings/teleconferences' minutes	Annual: M12, M24, M36	NO		76% attendance
WP4.G.3_Percentage of accomplishment of Deliverables	Interim (annual) and final reports	Annual: M14, M26, M39	YES		40%

WP4.T1.1_ Process of development of assessment criteria	Final report (excel sheet)	D1: May 2015; D2: November 2015; D3: December 2015; D4: Julio 2016	YES		
WP4.T1.2_ Response rate in each Delphi round (for each Delphi)	Online Delphi platform	Once per round	YES		DELPHI 1: R1:100% R2: 76%, R3: 88%, DELPHI 2: R1: 100 % R2: 92% R3: 95%
WP4.T1.3_Criteria, categories and weights agreed	Final report	D1: May 2015; D2: November 2015; D3: December 2015; D4: July 2016	YES		
WP5: Good practices in the field of health promotion and chronic prevention across the life cycle					
WP5.G.1_Number of meetings/teleconferences organized by WP5	WP5 meeting minutes	Annual: M12, M24, M36	YES		
WP5.G.2_Percentage of partners attending to the WP5 meetings/teleconferences	WP5 meetings/teleconferences' minutes	Annual: M12, M24, M36	YES		
WP5.G.3_Percentage of accomplishment of Deliverables	Interim (annual) and final reports	Annual: M14, M26, M39			3 deliverables delayed (6 weeks, 4 months, 11 days)

WP5.1.1_ Questionnaire development guideline	CHRODIS Website	Once (M20)	YES		
WP5.1.1.2_ Questionnaire development	CHRODIS Website	Once (M20)	YES		
WP5.1.2 Percentage of partners agreement on the final version of the questionnaire	WP5 Meeting protocol, Mail correspondence	Once (M20)	YES, 94% agreeemen t		Acceptance criteria: 50% agreement; completion criteria 100% agreement. Results: 94% agremment
WP5.1.3 Percentage of questionnaires received	Questionnaire on "Good Practice in the Field of Health Promotion and Disease Prevention"	Once (M20)	YES		100%
WP5.1.4 Percentage of questionnaires fulfilling	Questionnaire on "Good Practice in the Field of Health Promotion and Disease Prevention"	Once (M20)	YES		Acceptance criteria: 80% questionnaires full filled. Result: 94%
WP5.1.5_ Countries participating	Questionnaire on "Good Practice in the Field of Health Promotion and Disease Prevention"	Once (M20)	YES		
WP5.1.8_ Publication of Country Reviews.	Country reports	Once (M20)	YES		
WP5.1.9_ Number of visits / downloads of country reviews	JA-CHRODIS web site	2x per year (M20, M24, M30, M36)	YES		Acceptance criteria 300 visits. Completion criteria: 500. Result: 859. Number of downloads is not available in the system.

WP5.1.10_Overall summary of country reviews	JA-CHRODIS website	Once (M20)	YES		
WP5.2.1_Composition of an Expert Board for Delphi panel – Expert list	List of expert representatives for WP5 in the Delphi panel	Once (M20)	YES		Completion criteria: 30 experts. Result 34
WP5.2.2_Criteria template used for Delphi panel process	Delphi criteria template	Once (M20)	YES		
WP5.2.3_ Description of criteria for the identification of good practices in the prevention of chronic diseases	Delphi Questionnaire	Once (M20)	YES		
WP5.3.1_ Identification of 3 good practices from associated countries that match the selection criteria	Good practices report	Once (M20)	YES		
WP5.3.2_Number of good practices collected per country and sent to WP4	Good practices report Information to be completed by WP5 leader	Once (M20)	YES		41 good practices collected
WP5.3.3_Development of an English summary of good practices	Good practices report	Once (M20)	YES		
WP6: Development of common guidance and methodologies for care pathways for multi-morbid patients					

WP6.G.1_Number of meetings/teleconferences organized by WP6	WP6 meeting minutes	Annual: M12, M24, M36	YES		8 meetings (1 meeting, 1 expert meeting, 5 TCs)
WP6.G.2_Percentage of partners attending to the WP6 meetings/teleconferences	WP6 meetings/teleconferences' minutes	Annual: M12, M24, M36	NO		average of 48% attendance
WP6.G.3_Percentage of accomplishment of Deliverables	Interim (annual) and final reports	Annual: M14, M26, M39	YES		100%
WP6.1.1_ Number of databases analyzed	National databases: partners surveys	Once (M18)	YES		8 databases
WP6.1.2_Overall number of patients in the dataset analysis with multimorbidity	Partners national databases	Once (M18)	YES		2,052,833
WP6.1.3_Number of articles identified in literature search	Interim report and final report	Once (M18)	YES		3,892
WP6.1.4_ Number of articles selected	Interim report and final report	Once (M18)	YES		36
WP6.1.5_ Definition of target population	Interim report and final report	Once (M18)	PARTIALLY		Target population was defined, but no information on periodicity

WP6.1.6_Description of the criteria for the definition of multi-morbid patient	Interim and final report	Once (M18)	PARTIALLY		Criteria was defined, but no information on periodicity
WP6.1.7_Description of methodology for the identification of papers (articles)	interim informal reports and final report	Once (M18)	PARTIALLY		Methodology was defined, but it lacks information on T0 and T3
WP6.2.1_Number of relevant papers identified by electronic database search	National databases: surveys Official reports derived by other UE projects Literature search	Twice (Interim and final report) (M18-M36)	YES		2,611
WP6.2.2_Number of articles selected	National databases: surveys Results of already performed EU projects	Periodical informal updates and two official report: 1 interim report (WP6 meeting) and the final report (M18, M36)	YES		80
WP6.2.3_Countries where these studies take place	ICARE4EU network, documents provided by partners	Twice (Interim and final report) (M18, M36)	YES		5

WP6.2.4_Number of type of outcomes analyzed in those studies	ICARE4EU network, documents provided by partners, publications selected by scientific literature review.	Twice (Interim and final report) (M18, M36)	YES		18
WP6.2.5_Number of works done or interventions found	ICARE4EU network, documents provided by partners, publications selected by scientific literature review	Twice (Interim and final report) (M18, M36)	YES		
WP6.2.7_ Total number of identified existing pathways	ICARE4EU network, documents provided by partners, publications selected by scientific literature review	Twice (Interim and final report) (M18, M36)	YES		18
WP6.2.8_ Summary of existing care pathways	Interim and final official report with care pathways identified	Twice (Interim and final report) (M18, M36)	YES		
WP6.2.9_ Article published in a peer-review indexed journal	Scientific literature search	Once (M36)	PARTIALLY		an article is under review in the Eur J Public Health

WP6.2.10_ Quality of Systematic Review measured with AMSTAR checklist	Published papers	Once (M18)	PARTIALLY		Not measured using the AMSTAR checklist, but with another quality tool
WP6.2.11_Description search criteria for papers describing applied interventions	Submitted or published article	Twice and according deliverable times	YES		
WP7: Diabetes: a case study on strengthening health care for people with chronic diseases					
WP7.G.1_Number of meetings/teleconferences organized by WP7	WP7 meeting minutes	Annual: M12, M24, M36	NO		2 in person meetings. Communication within the group is promoted by email and by participation through a web-based community of practice
WP7.G.2_Percentage of partners attending to the WP7 meetings/teleconferences	WP6 meetings/teleconferences' minutes	Annual: M12, M24, M36	PARTIALLY		92% of associated partners and 53% of collaborative partners have attended in at least one in person meeting
WP7.G.3_Percentage of accomplishment of Deliverables	Interim (annual) and final reports	Annual: M14, M26, M39	NO DELIVERABLES FOR THIS PERIOD		
WP7.1.2_% attendants to the WP7 meetings	WP7 partners confirmation of participation	Yearly (October)	PARTIALLY		92% of associated partners and 53% of collaborative partners have attended in at least one in person meeting

WP7.1.3_% accomplishment of deadlines of milestones/deliverables	Activities Report	Twice a year (October/May)	NO		The planned milestone of "expert overview on successful strategies to improve prevention of diabetes and the quality of care for people with diabetes" was not delivered on time – M18 . This was due to data collection on strategies/practices and the definition of list of quality criteria requiring more time than expected. Moreover, the partners agreed to conduct a SWOT analysis, by country, with the objective to give also a qualitative overview of the current strategies/ practices. It was agreed that the Report on SWOT will be the means of verification for the milestone
WP7.1.4_WP7 web-based community of practice indicators: number of log ins	Access of WP7 members to the platform	Twice a year (October/May)	YES		13,418 log ins
WP7.1.5_WP7 web-based community of practice indicators: number of posts	Contribution of WP7 members to the platform	Twice a year (October/May)	YES		235 posts
WP7.1.6_WP7 web-based community of practice indicators: number of views	Contribution of WP7 members to the platform	Twice a year (October/May)	YES		12,273 views
WP7.1.7_Papers and other publications produced	Activities Reports	Once yearly (October)	YES		5 papers
WP7.2.1_Literature review	WP7 intranet platform	Once (M18)	YES		
WP7.2.2_Development of questionnaire for data collection	WP7 intranet platform	Once (M18)	YES		

WP7.2.3_Long list of criteria for description	WP7 intranet platform	Once (M18)	YES		
WP7.3.1_Questionnaire for NDP mapping	Questionnaire	Once (M18)	YES		