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Final Evaluation Report

WP3 - EVALUATION



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Final Draft

Executive Summary/Abstract

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

Monitoring JA-CHRODIS is oriented towards following the activities foreseen in the Grant Agreement and verifying whether deliverables and milestones are appropriately achieved. Satisfaction evaluation is likewise included.

This evaluation was performed on different levels including general aims of the project and individual work packages' objectives and actions.

The design of the evaluation methodology and corresponding indicators considered for each Work-Package (WP) task was conducted by the leaders of WP3, AQuAS and APDP, in collaboration with FFIS, and in consultation with the leaders of the WPs involved in the JA. The final value for each evaluation indicator is presented in Annex 1.

The Final Evaluation Report, as complementary to the Interim Evaluation Report¹, focuses on the evaluation of the last 21 months of the JA-CHRODIS (from July 2015 to March 2017), contextualizing if necessary the work previously done in the first 18 months of the JA. WP3 prepared a helping set of tailored checklists for each WP for facilitating data collection (see Annex 2). The checklists included global process indicators and indicators evaluating the activities of the WP during the assessment period covered.

WP1

WP1 objectives were: (a) to manage the project facilitating and ensuring the planned implementation, and (b) to provide strategic guidance from the representatives of Ministries of health dealing with chronic diseases from the European Union (EU) and European Economic Area (EEA) Member States point of view to develop the JA-CHRODIS and to discuss its sustainability.

From a process perspective, between M19 and M39, WP1 has organized three WP face-to-face meetings and 17 conference calls with participation rates of 80% or more in all but four conference calls. Moreover, all WP1 planned milestones and all but one of committed deliverables (strategic guidance and sustainability report for the JA-CHRODIS development) were completed on time. Complementarily, for the whole JA period, all but three JA deliverables (from all work-packages) expected by M39 were achieved on time (considering a threshold of delay of three months later), and are publically available on the JA website². Finally, satisfaction with WP1 as declared by JA partners was qualified as effective by 60% of Associated Partners (APs) and 100% of Collaborative Partners (CPs), and well valued by 80%

¹ http://chrodis.eu/wp-content/uploads/2016/03/D05-02-JA_CHRODIS_Interim-Evaluation-Report_Final-Version.pdf

² <http://chrodis.eu/our-work/01-coordination/wp01-documents/>

or more both in terms of providing adequate feedback and required information, satisfaction with the WP1 progress, and awareness of the next activities required by WP1.

JA-CHRODIS had a total budget of 9,402,408€, and 33,942 person days were considered for the JA at the Grant Agreement. WP1 informed WP leaders biannually of the level of budget and person days executed versus the data according the Grant Agreement. 54% and 75% of the aforementioned values corresponded to budget and person-days used at M33 respectively.

In the context of strengthening forces with leading organizations in the field of chronic diseases, WP1 (as well as WP4) contacted the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) involving them in certain JA meetings and in the CHRODIS Platform piloting process. Additionally, during M19-M39, the third Stakeholder Forum was organized (together with the second general assembly). This event counted with the participation of 15 stakeholders, and all the corresponding presentations have been made publically available at the JA website³. 2016 stakeholders' meeting satisfaction was assessed and the results are available on the website of the project⁴.

Coordination across the Joint Action was also conducted through working together with different type of governance structures: Executive Board (EB), Advisory Board (AB), Governing Board (GB) and General Assembly (GA). Communication between EB members was mediated by both 17 teleconferences (TC) and three face-to-face meetings between M19 and M39 with a partners' participation rate of 90% or more in almost all the meetings. After each meeting, WP1 had followed up the achievement of the agreements reviewing actions agreed and the progress of those. Additionally, during this period (M19-M39), two AB meetings (with 90% and 40% rates of attendance), three GB meetings (50%, 75% and 55%) and the 2nd GA (182 participants) were organized. Minutes were collected and are publically available on the JA website for all the governance structure meetings, and satisfaction was assessed for all GA, GB and EB meetings, with the sole exception of the last EB meeting⁴.

WP2

WP2's 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.

Support provided by WP2 to JA-CHRODIS communication and dissemination demonstrated to be effective, especially through the website, newsletters, and materials as the brochures. Regarding satisfaction of WP2 partners with the work-package, over 70% of the

³ <http://chrodis.eu/event/2nd-general-assembly/>

⁴ <http://chrodis.eu/wp-content/uploads/2014/07/chrodis-wp3-evaluation-meetings-2016-report.pdf>

corresponding respondents of a satisfaction survey, reported to agree/strongly agree with all the aspects described, from WP coordination to satisfaction and involvement.

JA-CHRODIS was disseminated in 149 events during the last evaluation period, with four WP2 press releases being accompanied by 129 national press releases and publications. Furthermore, dissemination was conducted in 19 different languages, with an extensive coverage of European countries.

100% of planned milestones and deliverables for the M19-M39 period were fully achieved, with occasional deviations due to external issues. The most widely used promotional material, the JA-CHRODIS brochure, has been made available in 12 languages, fulfilling all requests received from partners. Partner satisfaction was reported for this and other WP2 products, as well as in regards to the webinars organised. Furthermore, contact database growth (from 2,424 entries in M18 to 2,618 entries in M39), as well as website traffic increase (from 3,426 visitors/month in M18 to 5,660 visitors/month in M39; from 3:17 minutes to 3:21 minutes respectively), showed a sustained interest in JA-CHRODIS content, which was also fostered by WP2 through social media.

WP3

The strategic objective of the evaluation WP3 is to assess the Joint Action procedures and results. The planned tasks to achieve this objective were: (1) the development of an evaluation plan, (2) implementation of a mid-term report, and (3) implementation of a final report. None of the tasks were totally fulfilled in the first half on the project (M18). In M13, a change in the leadership of WP3 occurred, with Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS) and Associação Protetora dos Diabéticos de Portugal (APDP) taking up the lead and co-lead of the work package.

Focusing on the period between July to December 2015 (M19-M24) one face-to-face meeting and three TCs were carried out, whereas from January 2016 to March 2017 (M25-M39), four face-to-face meeting and three TC were carried out. 66% was the partners' attendance rate in most meetings. This is partly explained by the low number of WP3 members (three), with one of the partners not formally involved in all WP3 tasks.

In a leadership change context (M1-M18), milestones and deliverables were achieved with delay (i.e. the Evaluation Plan was delivered in M25). Nevertheless, the final evaluation report was delivered on time (delay is understood as one month later than committed). WP leaders were contacted by WP3 at least once by TC or face-to-face for discussing topics related to the development of the different evaluation deliverables. All WP3 reports are publically available at the JA website⁵.

⁵ <http://chrodis.eu/our-work/03-evaluation/>

With regards to satisfaction, 80% of partners who answered to a Global Satisfaction Survey agreed they were aware of the next WP3 activities. There was also a certain positive degree of agreement, but lower (40-60%), with regards to the rest of items analysed.

The percentage of requested indicators obtained for the mid-term evaluation was 100% of all those planned to be available for all work-packages, except for WP1 and WP2 (94% and 97% respectively). Meanwhile, the percentage of foreseen indicators for each WP that had been successfully achieved by the end of the Joint Action was positively of 70% or higher for all work-packages (successfully achieved means totally achieved according to the pre-established acceptance levels of the evaluation plan). If the “partially achieved” indicators were also considered, the percentage of indicators accomplished was of 80% or higher for all work-packages. The average satisfaction with the quality of the final project evaluation was assessed as 4.8 out of 5 by work-package leaders.

WP4

This work-package specific objective was building a CHRODIS Platform, including help desk and a clearinghouse. The tasks undertaken were: (1) development of assessment criteria, (2) design of a set of online tools aimed at providing users with guidance on development, implementation and evaluation of chronic care practices, (3) setting an online help desk with expert consultants available to help users in the actual development, implementation and evaluation of chronic care practices, (4) creation of a repository of excellent chronic care practices and policies across Europe, (5) development of a digital library and (6) technological platform and services to support post JA activities. Most indicators and milestones, and all the deliverables (and therefore, most tasks), were planned to be completed after the mid-term of the project (after M18).

In the evaluation period M19-M39, WP4 has organized 11 meetings and seven conference calls (average attendance: 64%). In this period also two meetings were organised with EIP-AHA, and an analysis of the functionalities included in the CHRODIS Platform allowing convergence with EIP-AHA repository was conducted. Planned milestones and deliverables were achieved with a percentage of accomplishment of 100%. Regarding different satisfaction questions, rates of positive opinions with regards to WP4 between 67 and 83% were achieved.

Four 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. The three rounds of the Delphi studies had response rates always higher than 81%, 76% and 55%. The criteria, categories and weights agreed in the Delphi studies ended up with four lists, which were published in corresponding reports and are publically available at the JA CHRODIS website⁶.

⁶ <http://chrodis.eu/our-work/04-knowledge-platform/wp04-activities/delphi-process/>

The Platform was made effectively operational by M36. By March 2017, a clearinghouse with practices of excellence in chronic care across Europe based on a valid and sound set of criteria with all functionalities developed was available⁷. The on-line help-desk with expert consultants, providing all on-line tools and meaningful information was also available. Moreover, there were 24 chronic care practices submitted (100% were assessed and included; three working days from submission to assessment, and three working days from assessment to storing) and 129 documents stored in the Digital Library.

At M24, there were 43 incidences related with the assessment tool at the piloting phase associated with functionalities added and changed, and five with bugs. There were 10 additional incidences on the Digital Library and 24 on the Help Desk and Dashboard. Usability of the Help Desk Services ready for piloting was also addressed solving 52 incidences on functionalities and 15 on bugs. Additionally, 31 incidences from beta-users were reported in the monitoring process of the functionalities associated to the storage of practices (23 on functionalities and eight on bugs). Finally, there were 31 incidences reported on the functionalities and five on bugs related with the digital library.

Satisfaction of the online tools available was also addressed through a Survey in March 2017, with 88% of users reporting positive satisfaction responses (22 of 25) regarding the experience of surfing the practices and 7.2 out of 10 assessments regarding the easiness to submit practices. Moreover, trouble-shooting and the Help-Desk attention was considered satisfactory by 92% and 100% of respondents. Additionally, 88% of respondents reported both to be satisfied when surfing the practices of the platform and to be satisfied with the digital library.

WP5

The key objective of the health promotion WP5 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. Apart from accomplishing general organization and satisfaction objectives, the tasks foreseen in order to achieve this goal, consisted in: (1) Review of existing work, situation and needs in different European countries, (2) Defining Good Quality Criteria for the assessment of practices, (3) Identification and collection of good practices and (4) Setting up conference seminars, and (5) conducting Peer reviews/ Study visits. During the first half of the project, as reported in the Evaluation Mid-term report, the first and second of these tasks were carried out.

Concerning the global process indicators, both three work-package meetings and five meetings related to seven different study visits were held in the M19-M39 evaluation period. Meetings' objectives of attendance were fully achieved in this evaluation period. The percentage of accomplishment of deliverables was full compliance for both the first and

⁷ <http://platform.chrodis.eu/>

second period, with full deliverable reports available for download from the JA CHRODIS website⁸. However, some deliverables were sent with delay. Finally, partners working in WP5 reported a high degree of satisfaction (more than 80% in all the satisfaction outcomes measures).

With regards to the specific WP5 tasks, the planned milestones and deliverables for the first period were achieved and completed: “Identification of three good practices per participant”, “Country Reviews” and “Agreement on selection criteria of good practices”.

Specifically, WP5 partners identified and documented three or more promising examples. In total, more than 30 organisations from 13 EU Member States collaborated in setting a report containing 41 final promising interventions and policies on health promotion and chronic disease prevention based on a jointly developed set of criteria. The collected examples are expected to feed into a JA CHRODIS ‘Platform for Knowledge Exchange’ (PKE) (CHRODIS Platform), a repository of good practices for disease prevention and chronic care.

The approach to assess and identify good practice examples involved different criteria and a RAND modified Delphi expert panel with 25 participants. The result was a list of ranked and weighted criteria to identify good practices in health promotion and prevention of chronic diseases. An agreed guideline of criteria of good practices was also obtained. The chosen good practices had to cover a broad spectrum of different criteria, correspond to a broad range of settings and practice types, and match the partners’ interest. A guideline of criteria on the choice making for study visits was agreed and the methodology was included in a section in a final recommendations report which final draft is available at the JA CHRODIS website at M39. The number of the different reports’ visits/downloads was not available.

Finally, with regards to the study visits that JA-CHRODIS organised to present the selected seven good practices to visit and share experiences among themselves (April- June 2016) a recommendations report is produced describing success factors and barriers for transferring or scaling up promising practices into different contexts. The number of partners involved in the visits was 45 different individuals from 27 different partner institutions. A combination of minutes and summarized outcome results from the visits will be published on the JA-CHRODIS website.

WP6

WP6 aims to design and implement innovative, cost-effective and patient-centred approaches for Multi-Morbid (MM) patients. Apart from accomplishing general organization and satisfaction objectives, the tasks foreseen in order to achieve this goal, consisted in: (1) Identifying targets of potential interventions for management of multi-morbid patients, (2) Reviewing existing care (pathways) approaches for multi-morbid patients, (3) Assessing and selecting good practices on management of multi-morbid patients (to develop a common

⁸ <http://chrodis.eu/our-work/05-health-promotion/wp05-activities/>

model for multi-morbidity management) and (4) defining multi-morbidity case management training programs. During the M19-M39 evaluation period, the third and the fourth tasks were carried out.

Concerning the global process indicators, between M19 and M39 period one expert meeting and two WP meetings were organised. In the whole period, all planned milestones and deliverables were achieved and completed on time. Regarding the satisfaction of JA CHRODIS partners working with WP6 with the work-package, between 50 to 70% of the respondents of a satisfaction survey reported a positive opinion concerning different process and result aspects (from coordination leadership to satisfaction and involvement).

With regards to the specific tasks, the target population of study was clearly defined, described and made available in nine articles published as a special issue on Multi-morbidity in the Elderly in the European Journal of Internal Medicine¹, achieving the aim of identifying the targets of potential interventions for management of MM patients. Within this target population analysis, 86 existing care pathways were found and described through different search strategies. Both the pathways and the search criteria to find the programmes that contained them were reported and are available for further projects⁹. Although variables to characterize MM care good practices were defined, no formal assessment to know if the mentioned programmes (or related interventions) corresponded to good practices was undertaken.

The abovementioned information, together with the results of a systematic review published in a peer-reviewed journal², was used in an expert panel to build an intended MM care model. With regards to the MM care model assessment, an applicability questionnaire was completed by experts and an associated report is publically available at the JA CHRODIS website¹⁰.

Finally, the information obtained by means of both a revision of training programmes and an expert consensus meeting was used to define an intended curriculum for available MM case management training¹¹. A guideline to develop MM training programmes was also produced but has not been made available for further use beyond the JA-CHRODIS project.

WP7

WP7's main objective is to actively contribute to a stronger European cooperation on the prevention and management of type 2 diabetes, that can also apply to other chronic diseases. The work package is organized according to the following areas: (1) Prevention of diabetes: focus on people at high-risk; (2) Prevention of complications of type 2 diabetes; (3) Health promotion interventions; (4) Education/Training strategies and approaches; and (5)

⁹ http://chrodis.eu/wp-content/uploads/2017/02/deliverable-7-02-of-joint-action-chrodis_final.pdf

¹⁰ <http://chrodis.eu/wp-content/uploads/2017/03/wp6-results-survey-applicability-mmcaremodel-dec2016.pdf>

¹¹ http://chrodis.eu/wp-content/uploads/2017/02/d07-03-wp6_final-draft.pdf

National Diabetes Plans. During WP7 work, all four planned milestones and deliverables were achieved, although some delayed in relation to what was initially planned. Information and conclusions about Diabetes Prevention and Care, including Education and Training, and the National Diabetes Plans, were resumed in several reports and deliverables¹². Furthermore, WP7 was able to produce five open access scientific papers linked at the JA CHRODIS website¹², one EU newsletter, a leaflet for patients (translated into several languages), and four leaflets with the key WP7 results.

Besides the three face-to-face partners' meetings organised by the work package leadership during the M19-M39 evaluation period, communication within the group was promoted by email and by participation through a web-based community of practice. WP7 partners showed a high degree of satisfaction with the work package.

The WP7 leader, co-leader, and task leaders identified, through a literature review, preliminary lists of quality criteria and indicators on the WP7 main topics. The process (RAND modified Delphi methodology) led to the agreement on nine quality criteria, made up of 39 categories ranked and weighted, to assess whether an intervention, policy, strategy, program, as well as processes and practices, can be regarded as a "good practice" in the field of diabetes prevention and care. These criteria were the basis to formulate recommendations to implement practices on prevention, health promotion, care management, education, and training, and ultimately to improve prevention and quality of care for people with diabetes.

WP7 conducted a survey to map interventions/strategies/good practices. 19 questionnaires were submitted by WP7 partners representing 19 countries. From this, 89 potential good practices were identified, of which 38 were described with the criteria established previously. Until the end of 2016, two of these practices had been sent to the CHRODIS platform. Additionally, 14 SWOT analyses were likewise performed and reported. The final results and conclusions of these tasks were gathered in three reports^{13,14,15} and one deliverable¹⁶.

Regarding the National Diabetes Plans in Europe, WP7 prepared and disseminated a questionnaire, of which 24 answers were received, representing 22 EU countries. These led to the production of three deliverables^{17,18,19} and a workshop, held in October 2015, with 34 participants representing all countries participating in WP7.

¹² <http://chrodis.eu/our-work/07-type-2-diabetes/wp07-activities/prevention-care/>

¹³ <http://chrodis.eu/wp-content/uploads/2017/01/wp7-report-potential-good-practices-1.pdf>

¹⁴ https://drive.google.com/file/d/0B8Xu4R_n0-nzTUtuNIhuOHBIZGM/view

¹⁵ <http://chrodis.eu/wp-content/uploads/2016/01/Report-prevention-and-management-diabetes-Final.pdf>

¹⁶ <http://chrodis.eu/wp-content/uploads/2017/02/wp7-deliverable-recommendations-final-draft.pdf>

¹⁷ http://chrodis.eu/wp-content/uploads/2017/01/wp7-t5-report-on-ndps_final.pdf

¹⁸ <http://chrodis.eu/wp-content/uploads/2017/02/d4-02-guide-for-ndp-final-draft.pdf>

¹⁹ http://chrodis.eu/wp-content/uploads/2017/01/national_diabetes_plans_final_21122016.pdf

CONCLUSIONS

As a major conclusion of the evaluation we can comfortably state that this 3-year work commitment has achieved much:

- CHRODIS serves as a relevant basis for future work on the prevention and management of chronic diseases: (a) the concept of good practice was clearly stated, (b) currently existing Good Practices were found, (c) a sharing platform was built and (d) transferability was dealt, with recommendations and GP study visits
- Level of accomplishment with the first Grant Agreement set of objective indicators was high, and most uncovered indicators are subject to longer impact of the Joint Action
- JA-CHRODIS adherence to the deliverables' timetable was high. All deliverables expected by M39 were delivered, and only three were completed more than three months later than committed. Same high rates occurred with milestones.
- Not only deliverables and milestones were achieved, but also additional reports and publications were undertaken.
- Most attendance and participation rates of meetings, communication flux or data from the website flux grew during the JA-CHRODIS execution.
- The level of accomplishment of the Monitoring Evaluation Plan indicators was positive (61%/70% or higher considering the pre-established acceptance criteria levels for all the work-packages) and remained similar when analysing interim/final evaluation reports.
- Expected usefulness rates related with some of main outputs declared by JA participants and Final conference attendees were positive (all had rates of intention to use in the future of 60% or higher, or rates of perceived usefulness of 52% or higher).
- GB members considered the deliverables helpful and expected to be used, but were less convinced that these outputs filled a knowledge or policy gap in their own country.
- JA-CHRODIS' most useful deliverables, as reported by JA partners and GB members, were the multi-morbidity care model report and the CHRODIS Platform.
- 86% of AP and 94% of CP members ranked the experience in participating in JA CHRODIS as interesting or very interesting

We can thus consider that the real JA-CHRODIS success seems ultimately to be associated with the equilibrium between

- a perceived clearness of the good practices transferability recommendations by those who can implement them,
- institutional commitment and corresponding resource allocation to keep fleshing out the Platform content with all type of good practices,
- the use of the JA-CHRODIS experience and deliverables as tools for improving the prevention and management of chronic diseases by Member States,
- visibility of the expected implementation work at possible future related Joint Actions.

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Introduction

JA-CHRODIS Evaluation. Contextual and historical perspective

What is JA CHRODIS evaluation?

With 71 partners, JA-CHRODIS is the largest Joint Action co-financed under the EU Public Health Programme to date. Specifically, JA-CHRODIS is a three-year initiative (2014-2017) led by the Institute of Health Carlos III and funded by the European Commission and the participating parties.

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 diabetes²⁰.

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.

Work package 3 of this Joint Action focused on the Evaluation of JA-CHRODIS and ensured that the work undertaken in the context of the Joint Action was implemented as agreed in the Joint Action agreement, on the “right track”, and following its stated objectives.

What are 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. Therefore, as can be seen in Figure 1,

- 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.

²⁰ Grant Agreement Number 2013 22 01. Annex I a (Technical annex).

- 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.

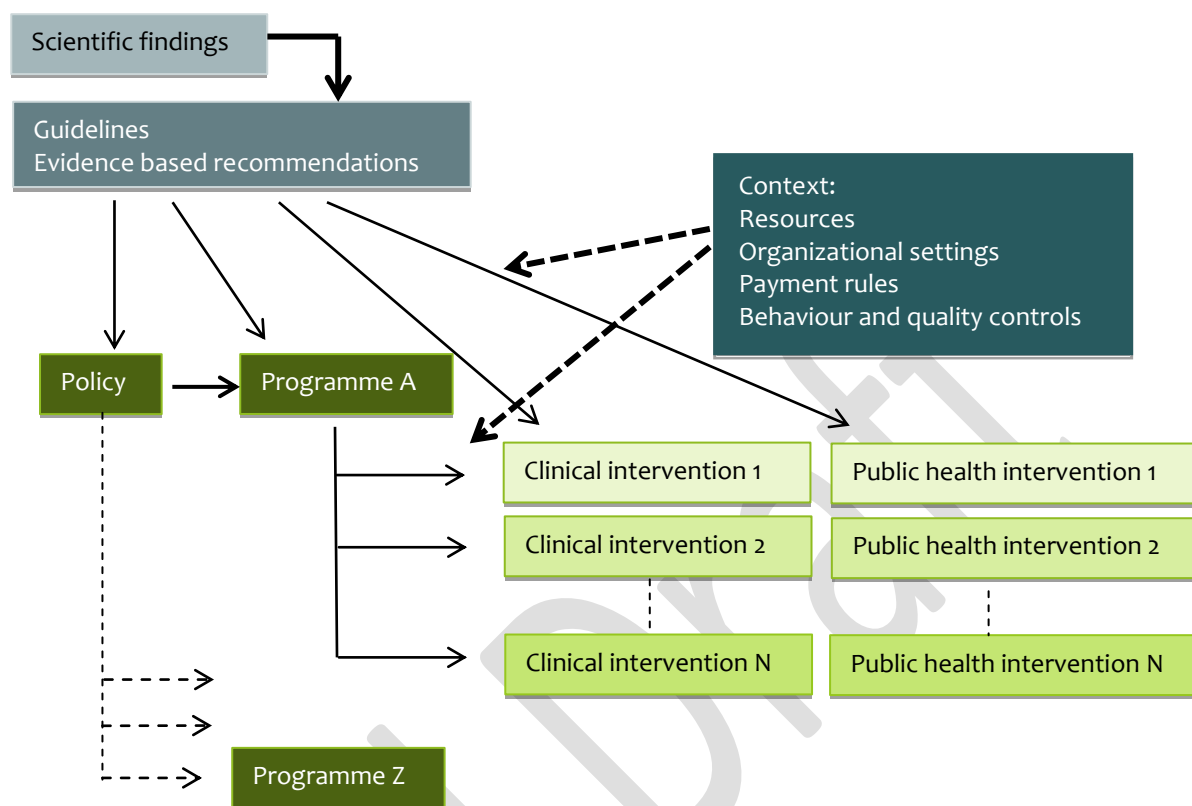
Practices include specific organisational and operational management elements that are context-related. A practice is not a guideline but the way of applying a guideline in a specific situation and context, mediated by available resources, organisations, institutions, or local culture³.

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.

Under certain conditions, practices being implemented in a given context may inspire professionals in a different setting to solve concrete problems and implement their own practice.

The translation from science to policies, programmes and interventions



Comments: Practices may mean policies, programmes or interventions implemented in real life

Figure 1 Scheme of translation from science to policies for the JA CHRODIS project

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^{4,5,6}. The specific features to define a practice as a good practice in the framework of this Joint Action have been a relevant task of this Joint Action and elaborated by WP4 (CHRODIS Platform) in collaboration with WP5 (Health Promotion and Primary Prevention), 6 (Multi-morbidity), and 7 (Type 2 Diabetes).

Exchanging and transferring the good practices

JA-CHRODIS aimed to facilitate the exchange and transfer of good practices across Europe, using the CHRODIS Platform and the help desk amongst other activities.

The exchange and transfer of good practices requires a specific strategy with a systematic procedure. The planned systematic flow requires interventions of WP2, 5, 6 and 7, in **three actions** that can be seen as three phases in a continuous process.

a) 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 WP2 is considered a relevant key aspect.

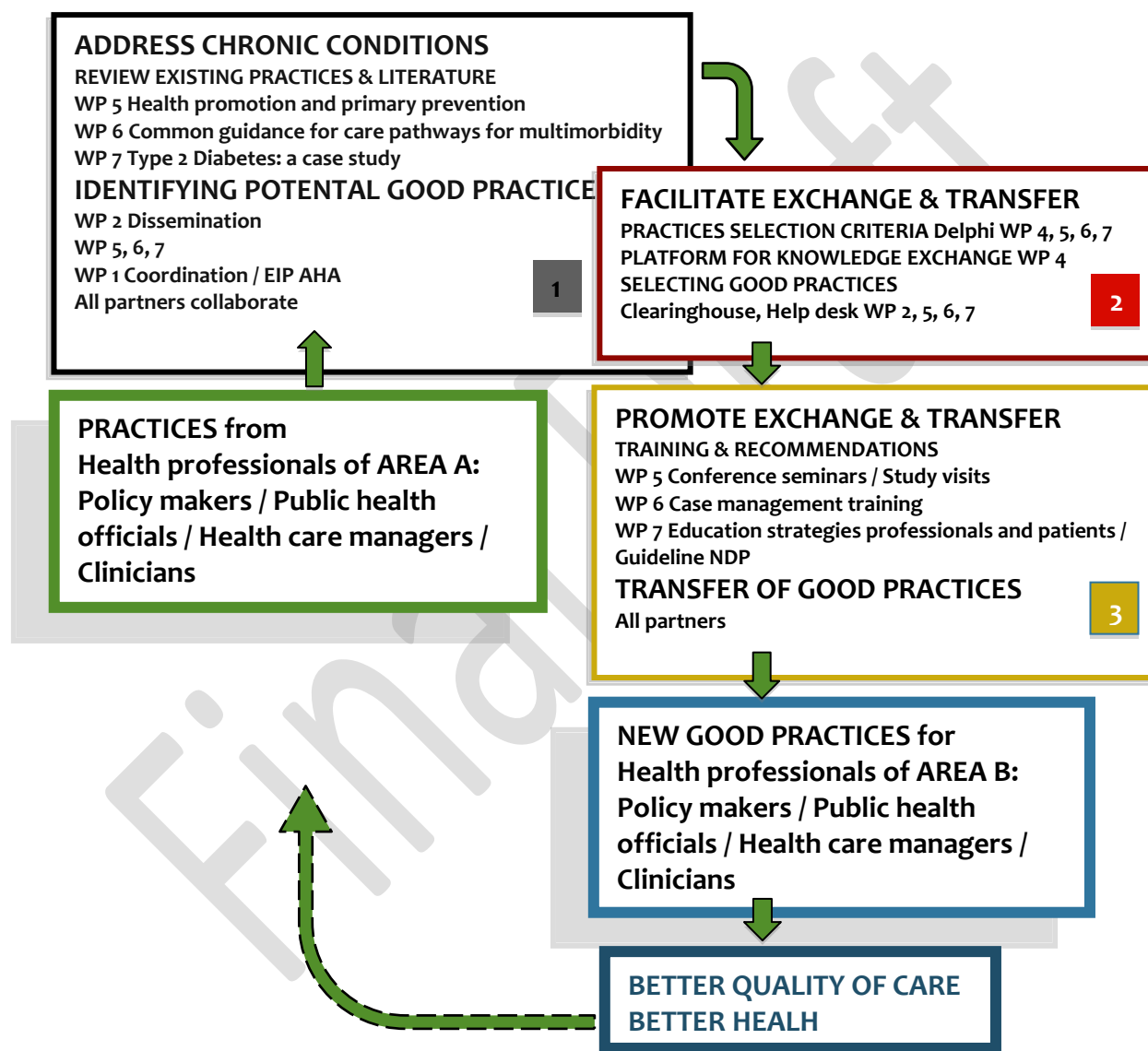


Figure 2: The flow of good practices in JA-CHRODIS: The transfer of good practices from one site to other sites

All partners promote the submission of good practices within the PKE. The general scheme of work is shown at Figure 2, with the appropriate adaptations to specific contexts:

- Each partner of JA-CHRODIS chooses communities of professionals or reference 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 to be identified, so that interventions can be implemented. The identification facilitates describing the intervention context and provides an estimation of the target population of interventions and the number of health professionals that can be or are actually contacted.
- Once the geographic areas are defined, an active JA-CHRODIS dissemination is made.

b) Facilitating the exchange and transfer of good practices.

WP 4, in collaboration with WP 5, 6 and 7 defines the selection criteria for good practices using the Delphi methodology. This requires previous work by WP 5, 6, and 7 to review the relevant literature and map existing practices in each thematic field. At the same time WP 4 develops the necessary technicalities of the CHRODIS Platform with the informatics experts. The final output is the PKE with the clearinghouse, tools to guide implementation and self-evaluation, and a help desk.

c) Promoting the exchange and transfer of good practices.

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

In this context, WP5 includes two additional activities - a conference and several national study visits-, WP6 includes a specific task to define multi-morbidity case management training programmes, and WP7 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 of the good practices exchange and transfer

Sustainability of the process is to 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.

In this context, what does the JA-CHRODIS evaluation consist in?

The evaluation of JA-CHRODIS was organised in two main parts:

- a) Monitoring the progress of JA-CHRODIS against the specifications of the Grant Agreement
- b) Defining a framework plan proposal for future mid-term and long-term implementation impact assessment of JA-CHRODIS

Monitoring JA-CHRODIS is oriented towards following the activities foreseen in the Grant Agreement and verifying whether deliverables (including their codes according to the Evaluation Plan) and milestones are appropriately achieved. In the monitoring process, the quality and the satisfaction are also analysed.

Impact assessment of JA-CHRODIS is oriented to assess to what extent the objective of JA-CHRODIS is achieved. The results of the evaluation should then be mainly interpreted and based 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.

This Final Evaluation report focuses on the monitoring evaluation results, while the additional Impact Assessment Plan is publically available at the JA CHRODIS website for forthcoming analyses²¹.

²¹ <http://chrodis.eu/our-work/03-evaluation/>

JA CHRODIS Evaluation. Aims, implementation strategy and development

The JA-CHRODIS monitoring Evaluation Plan. Aims and implementation strategy

JA-CHRODIS WP3 goal 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 were described^{22, 23}

The evaluation was held at different stages such as general aims of the project or individual work packages objectives, actions and activities throughout the duration of the project. The design of the methodology of the evaluation was 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 methodology of joint work among WPs is considered one of the key points of the evaluation. Evaluation indicators should ensure that the final product produced by each WP establishes quality criteria for subsequent application.

In the Evaluation Plan, process, output and outcome indicators per WP were specified. Each indicator was defined according to 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

²² http://chrodis.eu/wp-content/uploads/2016/01/D05-01_Evaluation-Plan_-JA-CHRODIS_def-1.pdf

²³ http://chrodis.eu/wp-content/uploads/2016/01/D05-01_Annex-Definition-of-indicators_JA-CHRODIS_def.pdf

The JA-CHRODIS monitoring evaluation. Implementation development

Full evaluation information on the first 18 months of JA-CHRODIS was presented in the form of the interim evaluation report²⁴. Therefore, the Final Evaluation Report focuses on the last 21 months of JA-CHRODIS (from July 2015 to March 2017) always contextualizing the work previously done in the first 18 months of the JA. The timetable followed for the development of this final work is presented in Table 2.

WP3 prepared a set of tailored checklists for each WP for facilitating data collection (see Annex 2). These checklists included the global process indicators and specific indicators for evaluating the activities of the each WP.

	January 2017	1 st half February 2017	2 nd half February 2017	March 2017
Data collection				
Analysis and 1 st final report draft				
WP-leaders revision				
Final report last version				

Table 2: Timetable of the final assessment.

Checklists were sent to WP leaders and co-leaders for completion with required information. In order to make a preliminary analysis, two collection periods were defined. Thus, in February 2017 work-package leaders sent back to WP3 a first batch of information, whereas in March 2017 final total information (including the final deliverables' status) was sent (Table 2). Once each batch was received, WP3 revised the data checking quality and coherence, and undertook a revision process with each WP, requiring any additional data, clarifying potential incoherence and better understanding the answers. Finally, once information received was considered definitive, level of acceptance and completion of each indicator was assigned.

A first draft version containing the descriptive analysis of the WP5, WP6 and WP7 results was preliminarily sent to work-package leaders for their revision and approval. Afterwards, the first full assessment draft version report was also circulated. Taking feedbacks in consideration, the final version of the Final Assessment Report was produced and delivered to the European Commission.

²⁴ http://chrodis.eu/wp-content/uploads/2016/03/D05-02-JA_CHRODIS_Interim-Evaluation-Report_Final-Version.pdf

The JA-CHRODIS overall evaluation

This report contains a final chapter discussing the results from an overall perspective. Thus, the discussion not only considers the monitoring indicators performance but also the result from other evaluation analyses held during JA-CHRODIS²⁵. Consequently, the following information was also included in the discussion as for assessing JA-CHRODIS satisfaction and usefulness:

- (a) the results of the Global Satisfaction Survey, a survey prepared and sent to the Joint Action partners by WP3²⁶
- (a) the results of the JA CHRODIS Closing Survey –that was prepared and sent to the JA-CHRODIS Final conference attendees, including questions on both the conference sessions and JA CHRODIS outputs, and
- (b) the opinions from the Governing Board members on JA CHRODIS outputs, assessed through an ad-hoc defined questionnaire also prepared by WP3

²⁵ Three additional evaluation reports which results are not included in this report were conducted by WP3 focusing on: (1) the involvement of JA-CHRODIS at the 2016 European Public Health conference, (2) an assessment of the 1st and 2nd JA-CHRODIS Stakeholders Forum, and (3) an assessment of 2016 JA-CHRODIS meetings. All of them are available at <http://chrodis.eu/our-work/03-evaluation/>

²⁶ <http://chrodis.eu/wp-content/uploads/2014/07/gss-report-and-questionnaire.pdf>

Evaluation of each JA-CHRODIS Work Package

WP1 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.

Global process indicators

In the evaluation period (M19-M39), WP1 has organized 3 WP meetings and 17 conference calls (Indicator 1.G.1 and 1.EB.1; Executive Board Meetings). The participation was of 90% or more in all the face-to-face meetings. Concerning the TCs participation rate, all but four were of 80% or more. No TC occurred with a partners level of representation under 60% (Indicator 1.G.2).

All planned milestones and deliverables for WP1 at the M19-M39 period to be completed at M39 were achieved and completed on time, representing a percentage of accomplishment of 100% (Indicator 1.G.3).

Satisfaction with WP1 (Indicator 1.G.4) was assessed by the Global Satisfaction Survey (carried out from June to October 2016). It must be kept in mind that the following results are based only in the answers of five associated partners (AP) and 1 collaborating partner (CP). Coordination of the WP1 was qualified as effective by 60.0% of APs and 100% of CPs. WP1 leadership was well valued in terms of providing adequate feedback and required information by 80.0% of APs and 100% of CPs. Around 80% of APs and 100% of CPs were satisfied with the progress of WP1. Finally, all APs and CPs reported to be aware of the next activities required of WP1.

Task 1: General coordination

JA-CHRODIS activity

WP1 has to guarantee the correct development of the JA implementation monitoring the achievement of all the scheduled activities, deliverables and milestones. For the whole JA period, only three deliverables were delivered with more than three months of delay

(Indicator 1.1.12). All JA deliverables planned to be achieved by M39 are publically available on the JA website (Indicator 1.1.6)²⁷.

Focusing on WP1 deliverables for the whole JA period only one of the planned deliverables has not been achieved on-time. 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 final delivery date was M24. All the activity of the different years was reported in the corresponding annual Technical Report (Indicator 1.1.5)^{28,29}. Finally, During the M19-M39 period, WP1 has, together with WP3, defined a list of topics for indicators to assess JA-CHRODIS impact³⁰ (Indicator 1.1.13).

Administrative and Financial Issues

The JA-CHRODIS has a total budget of 9,402,408€ according to the amended GA, during this period (M24) 5,085,289€ has been executed (54% 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 (Indicator 1.1.9). In relation with the workload, a total number of 35,942 person days were allocated to the JA according to the amended GA, and, at M24, 19,709 person days have been executed (58% 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 (Indicator 1.1.8). Concerning the Person days GA vs actual person days, the estimation of resources was accurate (Indicator 1.1.7).

Work Package	Person days amended GA	Person days consumed M26;M33
WP1	3,856	2,554; 3,150
WP2	1,027	563; 735
WP3	1,157	387; 538
WP4	9,296	4,328; 5,597
WP5	5,460	3,624; 4,945
WP6	7,059	4,530; 5,597
WP7	6,087	3,723; 4,768
Total	33,942	19,709; 25,330

Table 3: Workload (person days) spent by WP

²⁷ <http://www.chrodis.eu/our-work/01-coordination/wp01-documents/>

²⁸ <http://chrodis.eu/wp-content/uploads/2015/07/First-Interim-Report-JA-CHRODIS.pdf>

²⁹ https://drive.google.com/file/d/0B8Xu4R_n0-nzeINSeFdvNWVaZFE/view

³⁰ <http://chrodis.eu/our-work/03-evaluation/>

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)³¹. During this period (M19-M39) there have been frequent interactions between WP1 and EIP-AHA, but also through WP4 collaboration with EIP-AHA 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 was invited to participate in certain JA-CHRODIS meetings (Indicator 1.1.10; 1.1.4)

Stakeholders meetings

During this period (M19-M39) one Stakeholder Forum has been organized, it was the third one and was held in Madrid in 2016 achieving the objective of one stakeholder meeting per year (Indicator 1.SH.1). The minutes of this meeting has been uploaded on the project website in order to make available the relevant information of the meeting to stakeholders (Indicator 1.SH.4)^{32,33}.

A total number of 2,604 stakeholders from more than 700 institutions were invited to participate in the meetings, which includes the full list of the stakeholders identified in the stakeholders map (Indicator 1.SH.2)³⁴. Of those invited 15 professionals from five countries attended the third meeting (Indicator 1.SH.3). Four organizations were present in the first two meetings, and only one of the participants was the same person who attended both (Indicator 1.SH.6). Satisfaction from participants in the meeting was assessed in the third meeting (Indicator 1.SH.5) and the results are available on the website of the project³⁵.

³¹ http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing

³² <http://www.chrodis.eu/wp-content/uploads/2014/10/JA-CHRODIS-1st-STAKEHOLDER-FORUM-REPORT.pdf>

³³ <http://www.chrodis.eu/wp-content/uploads/2015/09/JA-CHRODIS-2ND-STAKEHOLDER-FORUM-REPORT.pdf>

³⁴ <http://www.chrodis.eu/wp-content/uploads/2015/04/D01-02.1-Stakeholder-mapping.pdf>

³⁵ <http://www.chrodis.eu/our-work/03-evaluation/>

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.

Communication between EB members are mediated both by teleconference (TC) and face-to-face meetings. As said, during this period (M19-M39) 17 TCs and three face-to-face meetings have been organized reaching the acceptance criteria of organizing almost two face-to-face meeting per year (Indicator 1.EB.1). The EB has maintained full communication during this period, with one or more meeting being carried out each month. Moreover, WP leaders and co-leaders have participated in at least 90% of the meetings organised (Indicator 1.EB.2).

All the minutes of the meetings are available on the website intranet (Indicator 1.EB.3)^{36,37} 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 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 assessed in all but the last of the 2016 face-to-face meetings (Indicator 1.EB.4).

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 Advisory Board is composed of nine members.

Two AB meeting had been organized (the 2nd on February 2016 and the 3rd on September 2016 - 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)³⁸. Satisfaction from participants in the meeting had not been assessed (Indicator 1.AB.7).

³⁶ <http://www.chrodis.eu/wp-content/uploads/2015/04/D08-02-Executive-Board-Minutes.pdf>

³⁷ <http://www.chrodis.eu/wp-content/uploads/2015/04/MINUTES-5th-EB-meeting.pdf>

³⁸ http://www.chrodis.eu/wp-content/uploads/2015/11/MINUTES-FIRST-AB-MEETING_final-1-6_06_2015-2.pdf

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. During the second period of assessment (M19-M39) 2nd GA had been organized (Indicator 1.GA.1) and there were 182 attendees. Of those, 84 were AP, nine CP, six members of the GB, five member of the AB, three participants from EC/EC organisations and 15 stakeholders (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)^{39,40}. A total of 32 institutions, CHAFAE and European Commission attended both GA meetings (Indicator 1.GA.6)

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. The GB was established before this period of assessment and, at M39, is composed of 20 Member States (Indicator 1.GB.1).

During this period (M19-M39) the 2nd, 3rd and 4th GB meetings had been organized (February, June and November 2016 - Indicator 1.GB.2) in which 50%, 75% and 55% respectively of the nominated members attended –bearing in mind that there was an 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.GB.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). The GB reports are available at the JA website (Indicator 1.GB.7)⁴¹.

³⁹ http://www.chrodis.eu/wp-content/uploads/2015/06/JA-CHRODIS-1ST-GA_MINUTES-2.pdf

⁴⁰ <http://www.chrodis.eu/event/1st-general-assembly/>

⁴¹ <http://chrodis.eu/our-work/01-coordination/wp01-meetings/>

WP2 Dissemination of the Joint Action

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.

Global process indicators

In the evaluation period (M19-M39), work package leadership showed to maintain communication exchanges among all the WP2 associated partners, through emails and meetings (Indicator 2.1.1). Satisfaction of WP2 partners with the work-package was assessed through the Global Satisfaction Survey, where over 70% of the participants reported to agree/strongly agree with all the aspects described, from WP coordination to satisfaction and involvement (Indicator 2.G.1). On the other hand, only 47.6% of AP and 31.3% of CP reported to be clearly satisfied with the information received from WP2 about the overall developments of JA-CHRODIS, additionally with a considerable number reporting a neutral opinion (44.4% and 62.5%, respectively), which may be explained by the fact that many deliverables were only made available to the entire Joint Action community sometime after this survey had been conducted.

Planned milestones and deliverables for the period were fully achieved. This was done generally on time, with a few exceptions due to logistical issues external to WP2 (Indicator 2.1.2). Namely, issues regarding the CHRODIS content on the EIP-AHA website and the CHRODIS webinars (as described in the respective sections, below).

Furthermore, records/information sources were able to show that available materials and related dissemination activities (as described immediately below) have been produced and made available (Indicator 2.2.9), building up an effective communication.

Task 1: Dissemination

To support JA-CHRODIS partners, WP2 prepared, among other materials, a Dissemination Strategy and a Guidance document. Based on the answers provided to the Global Satisfaction Survey, 91.0% of AP and 84.2% of CP were aware of the availability of the Dissemination Strategy, while 70.1% of AP and 63.2% of CP declared to have indeed consulted it (Indicator 2.2.2). On the other hand, the Guidance document was known to 85.1% of AP and 73.7% of CP, and was consulted by 56.7% of AP and 36.8% of CP (Indicator 2.2.5).

Until M38, 27 associated partners reported back dissemination activities, which fulfilled the acceptance criteria by representing 69% of those partners (Indicator 2.2.7).

The most widely used promotional material, the JA-CHRODIS brochure, has been made available in 12 languages, fulfilling all requests received from partners (Indicator 2.2.10). It can be considered to cover national needs, as no new request for translation was received at least in the last year. Since M19, dissemination materials, including brochures, were sent to Associated Partners VULSK and AIFA for their national dissemination events in Vilnius and Rome, respectively. About 100 brochures were sent to each organisation, in addition to pens and notepads, as well as being distributed in key events, as the EPH congress in Vienna (Indicator 2.2.13). Materials were also provided for the WP5 health promotion conference in Vilnius in November 2015. An additional JA-CHRODIS brochure, focusing on the outcomes, was produced and is available in seven languages. In addition, info-sheets were produced for WP4 (one info-sheet) as well as three info-sheets for each 5, 6 and 7. All ten info-sheets are available at the JA CHRODIS website⁴².

For the evaluation period, WP2 together with stakeholders has identified 38 key events in M19-M24, and 88 events in M25-M38. In this period, four press releases were distributed: WP5 Overview report (July 2015), WP7 Policy Brief on World Diabetes Day (April 2016), Stakeholder Workshop at EP (November 2016), Final Conference (February 2017) (Indicator 2.2.11). Additionally, partners reported to have disseminated 129 press releases and publications, either translated from WP2 materials or original (Indicator 2.2.12).

JA-CHRODIS was disseminated at 40 events and individual meetings during the second half of 2015, and 88 events during 2016, which includes presentations at conferences and distribution of brochures (Indicator 2.2.14), and at 21 individual meetings with key stakeholders. Furthermore, partners disseminated JA-CHRODIS in a wide coverage of languages (18 languages in 2015, and 19 languages in 2016-2017), with a national annual coverage of well over one third of the participating countries (Indicator 2.2.15).

WP2 has also been involved in answering all external requests of information (Indicator 2.2.16). In total, 133 requests were received: 116 directly to info@chrodis.eu (WP1 and WP2 representatives receive those) and 17 through the website contact form. 93 and 7 messages respectively requested to receive the newsletter. 14 and 9 messages respectively related to potential collaboration (e.g. becoming CP) requesting additional information about meetings or advertised conferences or services.

⁴² <http://chrodis.eu/our-work/02-communication/tools/>

Task 2: Stakeholder Mapping

The Contact Database has 2618 entries (up from 2424 entries in M18) and an updated version (less than one year old) is currently available within WP2 (Indicator 2.3.6), covering all stakeholder groups identified by WP1 and WP2 (Indicator 2.3.5). These includes the following stakeholder groups: 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; as according the specific key stakeholders for each WP, indicated in the Guidance document and Dissemination Strategy Annex 2, and agreed to by the respective WP leaders.

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.

Task 3: Online Tools

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 27 news items (up from 21 in the previous evaluation period) and 51 events (up from 26 events) (Indicator 2.4.6).

For the period 1st July 2015 – 28th February 2017, the website recorded a total of 111,208 visits (see Table 4; Figure 3), i.e. on average about 5,560 monthly visits, up from the monthly statistics from the previous evaluation period of 3,426 visitors (Indicator 2.4.4), with an

average session duration of 3:21 minutes (Indicator 2.4.5), which signifies a slight increase from the previous evaluation period (3:17 minutes). 44% of the overall visitors are returning visitors (see screenshot below), also an increase from the previous evaluation period (38.8%). Naturally, the most page visits took place around the final conference in February 2017, which attracted a lot of attention.



Table 4: Number of visits to JA-CHRODIS website per month

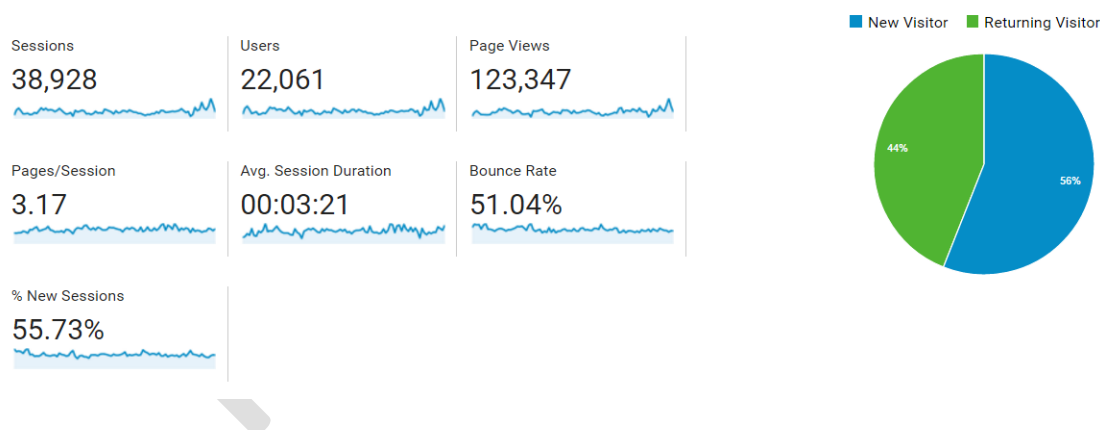


Figure 3: Recorded visits to the JA-CHRODIS website, and characteristics of users

JA-CHRODIS partners showed to be satisfied with the website. Inquired through the Global Satisfaction Survey, 89.4% of AP and 94.8% of CP reported a medium/high degree of satisfaction with the website (Indicator 2.4.7). Regarding the interconnectivity between institutional websites, 25 associated partners and 16 collaborating partners have reported to provide links to the JA-CHRODIS website from their institution website. While this shows

an increased commitment (from 24 AP and, especially, from 2 CP, in the previous evaluation period) it is still below the intended target of 31 associated partners (Indicator 2.2.8).

Information about JA-CHRODIS was likewise uploaded on the EIP-AHA portal (Indicator 2.4.2; Deliverable D01-04), however the EIP-AHA portal was subsequently revamped and the information that had been uploaded disappeared. EuroHealthNet flagged the problem to WP1 and the EC, but the EC did not follow up.

For the period M19-M39, 5 newsletters (July 2015, Nov 2015, May 2016, Dec 2016, Feb 2017) and 11 monthly updates, which can all be accessed at the JA-CHRODIS website⁴³, have been sent out, going well beyond the criteria of 3 such documents expected for the evaluation period (Indicator 2.4.9). Unfortunately, it is not possible to state exactly how often each newsletter has been read or downloaded, as the JA-CHRODIS website does not record this for PDFs (monthly updates) or external sites (newsletter). However, we can state that the general newsletter page has been accessed 2,326 times during the evaluation period (Indicator 2.4.10). The graph below shows extreme increases on those days, when a newsletter was published (the reason is that in order to read the newsletter, people had to click on the link provided in the email, while the content of the monthly updates was included in the email body and we uploaded the PDFs with the content only for future reference).

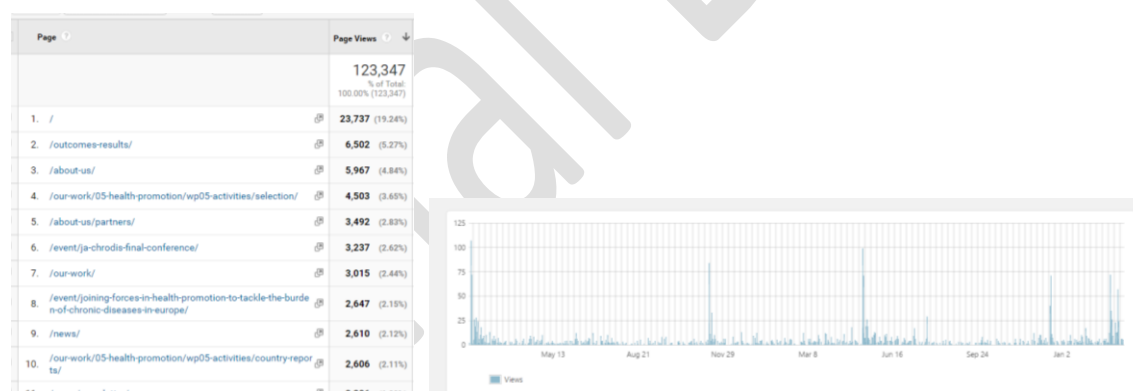


Figure 4: Estimated access of newsletters

According to the results obtained in the Global Satisfaction Survey, 95.5% of AP and 94.7% of CP reported a medium/high degree of satisfaction with the newsletters (Indicator 2.4.11), with more than half of the readers declaring to consult the newsletters as soon as they are published. Also, only 6.0% of AP and none of CP report not to read the newsletters.

⁴³ <http://chrodis.eu/news/newsletter/>

WP2 also provided support to the implementation of JA-CHRODIS webinars. A Webinar Strategy was developed and made available to the members of the Executive Board (Indicator 2.4.12). WP2 organised the series of webinars in October 2016 on four consecutive Tuesdays between 2-3 pm, CET. The first webinar focused on JA-CHRODIS in general (WP1) and the following webinars on WP5, 6 and 7, respectively. The concept outlined also two webinars for WP4, presenting the CHRODIS platform targeted to two specific stakeholder groups (patients/patients' groups and healthcare professionals) and liaised with EPF and EHMA for the organisation and dissemination of the webinars, after the foreseen launch in December 2016. However, due to the fact that the CHRODIS Platform was not open yet, and to new information from the EC challenging the future of the Platform, WP4 leaders did not feel comfortable to continue dissemination activities for the CHRODIS Platform and thus the webinars were cancelled. Nonetheless, WP2 held four webinars in total and thus achieved the deliverable/milestone.

As measured through the platform, the General JA-CHRODIS Webinar had 21 participants, the Health Promotion Webinar had 26 participants, the Multimorbidity Webinar had 14 participants, and the Diabetes Webinar had 10 participants (Indicator 2.4.13). However, this attendance numbers are surely underestimated, as the software did not allow to account for the participants connected through the phone. Furthermore, the four webinars had a consistent mean rate of registrants of 40 people.

The response rate to the webinars satisfaction survey was characteristically low, nonetheless all participants reported the webinars as useful/very useful for their aims and all aspects were overwhelmingly rated as good/excellent (Indicator 2.4.14).

By 14th March 2017, the Facebook account⁴⁴ was liked by 196 users (up from 55 users by M18), and WP2 has generated 106 posts in the evaluation period (also up, from 39 posts) (Indicators 2.4.18 and 2.4.20). Throughout the duration of the joint action, the CHRODIS Facebook page was mainly liked by women (69%). The average age of the most active users ranged between 25 and 44 in women, and between 35 and 44 in men (Figure 5). The overall analysis of Facebook statistics shows that users engagement was particularly relevant simultaneously with CHRODIS events/conferences (Figure 6).

Also by 14th March, the Twitter account⁴⁵ had 696 followers (up from 284 followers), and WP2 produced 257 tweets, and 913 retweets, in the evaluation period (in relation to 408 tweets to the previous evaluation period). Almost every tweet generated engagement, with

⁴⁴ https://www.facebook.com/EU_Chrodis-301426573354024/?fref=ts

⁴⁵ https://twitter.com/EU_CHRODIS

97.7% being retweeted and/or liked (Indicator 2.4.17 and 2.4.19). This hints to a considerable uptake of JA-CHRODIS related content through social media.

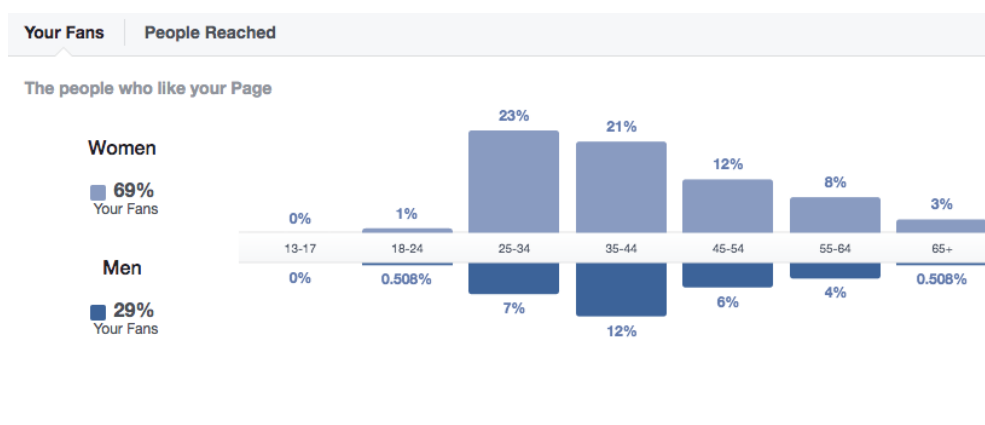


Figure 5: Demographics of the CHRODIS Facebook page users

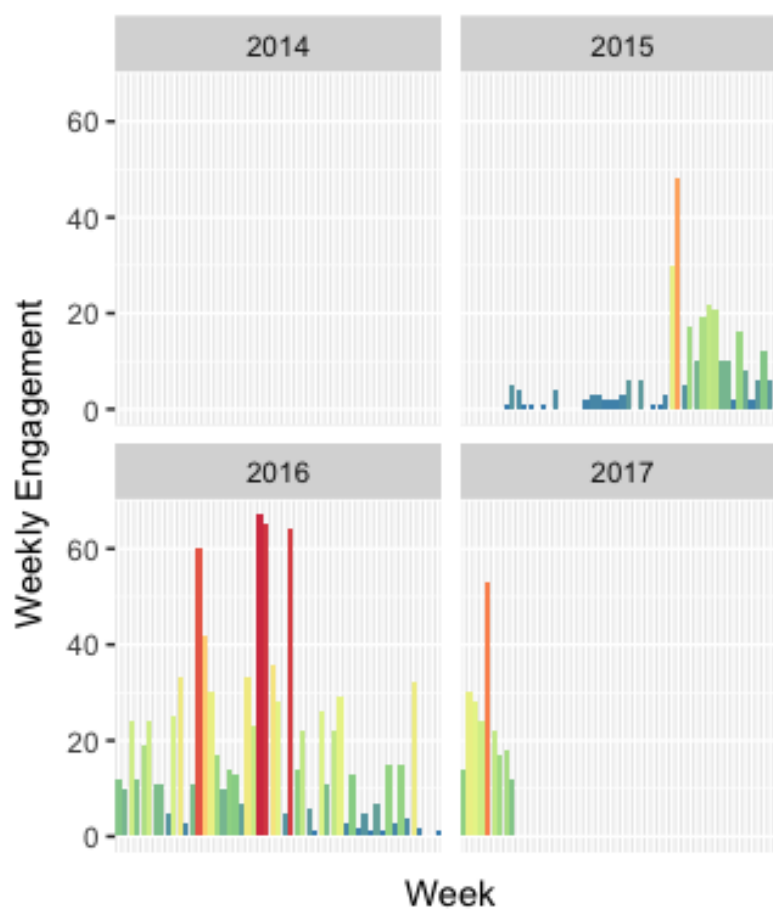


Figure 6: Monthly user engagement with CHRODIS Facebook account

WP3 Evaluation

The main objective of WP3 is to assess the Joint Action procedures and results. This objective is covered through the following tasks: (1) development of an evaluation plan, (2) implementation of a mid-term report and (3) implementation of a final report. It is important to remark that, in M13, a change in the leadership of WP3 occurred, with Agència de Qualitat i Avaluació Sanitàries de Catalunya (AQuAS) and Associação Protetora dos Diabéticos de Portugal (APDP) taking up the lead and co-lead of the work package.

Global process indicators

From July 2015 to December 2015 (M19-M24) 1 face-to-face meeting and 3 TCs were carried out. From January 2016 to March 2017 (M25-M39), 4 face-to-face meeting and 3 TC were carried out (Indicator 3.G.1). Those invited to participate were AQuAS and APDP as leader and co-leader, and FFIS as Associated Partner. The percentage of attendance was 66% in most of these meetings, although it is worth noting that several of the meetings focused on tasks in which one of the three WP partners were not involved, and therefore their participation was not required (Indicator 3.G.2).

In a context of leadership change, the M1-M18 milestone of agreement on evaluation indicators and the related Evaluation Plan deliverable were achieved at M25. Moreover, also affected by several rounds of conceptual and practical discussions by email and in EB/AB/GB face-to-face meetings, the impact assessment part of the evaluation plan had to be delivered yet as a framework and was finally delivered in February 2017 (M38). Nevertheless, the final evaluation report was delivered adequately on time (Indicator W3.G.3) (delay is understood as one month or more later than committed). All three reports are publically available at the JA CHRODIS website.

With regards to satisfaction, 80% of partners answering a Global Satisfaction Survey stated that they were aware of the next WP3 activities. There was also a certain positive degree of agreement, but lower (40-60%) with regards to the rest of items analysed (Indicator W3.G.4).

Task 1: Development of the Evaluation Plan

The Evaluation Plan was completed with delay (Deliverable D05-01)⁴⁶ and is available at the JA-CHRODIS website (Indicators 3.1.3). The related terms of reference proposed by WP1 were also accepted as assessed at M21 (Indicator 3.1.2). Moreover, WP leaders were contacted by WP3 at least once by TC or face-to-face for discussing topics related to the development of the Evaluation plan (Indicator 3.1.1; assessed at M24).

Task 2: Implementation of mid-term report

The mid-term evaluation report was released in M27 (three months later than expected) (Deliverable D05-02)⁴⁷ (Indicator 3.2.2). In order to adequately revise and complete the report, WP leaders were contacted by WP3 at least once by TC or face-to-face for discussing topics related to the report writing (Indicator 3.2.1). The percentage of requested indicators obtained for the mid-term evaluation was 100% of all those planned to be available for all work-packages, except for WP1 and WP2 (94% and 97% respectively) (Indicator 3.2.3). Satisfaction with the quality of the project evaluation at mid-term was not assessed (Indicator 3.2.4).

Task 3: Implementation of final report

At least one TC and 1 face-to-face meeting/discussion were conducted with each WP leader to discuss data collection and revision leading up to the final report (Indicator 3.3.1). The final version of the final report was delivered on time (March 2017; less than one month after the committed date) (Indicator 3.3.2). The percentage of foreseen indicators for each WP that had been successfully achieved by the end of the second term evaluation was positively higher than 70% for all work-packages (successfully achieved means totally achieved according to the pre-established acceptance levels of the evaluation plan). (Indicator 3.3.3). If the “partially achieved” indicators were also considered, the percentage of indicators accomplished was of 80% or higher for all work-packages. The average satisfaction with the quality of the project evaluation at the end of the project was required to the work-package leaders and assessed as 4.8 out of 5 by respondents (Indicator 3.3.4).

⁴⁶ http://chrodis.eu/wp-content/uploads/2016/01/D05-01_Evaluation-Plan_-JA-CHRODIS_def.pdf

⁴⁷ http://chrodis.eu/wp-content/uploads/2016/03/D05-02-JA_CHRODIS_Interim-Evaluation-Report_Final-Version.pdf

WP4 Platform for knowledge exchange

WP4 aims to set up a Platform for knowledge exchange (CHRODIS Platform), 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.

Global process indicators

In the evaluation period M19-M39, WP4 has organized 11 meetings and 7 conference calls (average attendance: 64%; Indicator 4.G.2) maintaining coordinated communication within the 14 WP4 partners (Indicator 4.G.1). Planned milestones and deliverables were achieved with a percentage of accomplishment of 100% (Indicator 4.G.3).

Regarding satisfaction, 18 participants (all associated partners of JA CHRODIS) answered the Global Satisfaction Survey with regards to WP4. These participants reported a high degree of agreement with all the aspects described, from WP coordination to satisfaction and involvement, with 67 to 83 % of participants reporting a marked positive opinion with various aspects of the work-package (Indicator 4.G.4)

Task 1: Development of assessment criteria

Four 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. For the 3rd Delphi study, the response rate was 81%, 95% and 55% for R1, R2, and R3, respectively. For the 4th Delphi study, the response rate was 100%, 93% and 62% for R1, R2, and R3, respectively (Indicator 4.1.2). Finally, the criteria, categories and weights agreed in the Delphi studies ended up with four lists, which were published in corresponding reports and are publically available at the JA CHRODIS website⁴⁸ (Indicator 4.1.3)

Task 2: Design of a set of online tools aimed at providing users with guidance on development, implementation and evaluation of chronic care practices

At M24, there were 43 incidences related with the assessment tool at the piloting phase associated with functionalities added and changed, and five with bugs (Indicator 4.2.1).

⁴⁸ <http://chrodis.eu/our-work/04-knowledge-platform/wp04-activities/delphi-process/>

Concerning the usability, a total incidences solved, 48 focused on the clearinghouse, 10 on the Digital Library and 24 on the Help Desk and Dashboard. Moreover, satisfaction of the online tools available was also addressed through a Survey in March 2017, with 88% of users reporting positive satisfaction responses (22 of 25) regarding the experience of surfing the practices and 7.2 out of 10 assessments regarding the easiness to submit practices. (Indicator 4.2.2)

Task 3: Setting an online help desk with expert consultants available to help users in the actual development, implementation and evaluation of chronic care practices

Usability of the Help Desk Services ready for piloting was addressed at the final monitoring piloting phase through solving 52 incidences on functionalities and 15 on bugs (Indicators 4.3.1). Moreover, trouble-shooting and the Help-Desk attention was considered satisfactory by 92% (23 of 25) and 100% (25 of 25) respondents (Indicator 4.3.2).

Task 4: Creation of a repository of excellent chronic care practices and policies across Europe

31 incidences from beta-users were reported in the monitoring process of the functionalities associated to the storage of practices (23 on functionalities and eight on bugs) (Indicator 4.4.1). Specifically, 88% of 25 user respondents to a pre-defined satisfaction survey reported to be satisfied when surfing over the practices of the platform (Indicator 4.4.2). Moreover, there were 24 chronic care practices submitted (100% were assessed and included) (Indicator 4.4.3) and all of those above the Percentile 10-threshold vs total practices submitted punctuations are suitable and presented assessed for public display (Indicator 4.4.4). Also 30 SCIROCCO practices were submitted into the repository.

Task 5: Development of a digital library

36 incidences from beta-users were reported in the monitoring process of the functionalities associated to the digital library; 31 on functionalities added and changed and five on bugs (Indicator 4.5.1). Specifically, 88% of 25 user respondents to a pre-defined satisfaction survey reported to be satisfied with the digital library (Indicator 4.5.2). Additionally, 129 documents were stored in the Digital Library by 3rd March 2017 (Indicator 4.5.3).

Task 6: Technological platform and services to support post JA activities

By M39 a clearinghouse with practices of excellence in chronic care across Europe based on a valid and sound set of criteria with all functionalities developed was available (Indicator 4.6.1). The efficiency of the Clearinghouse in the operational phase, by means of time to response in the monitoring flow process was high: three working days from submission to assessment, and three working days from assessment to storing (Indicator 4.6.2). The on-line help-desk with expert consultants, providing all on-line tools and meaningful information was also available by M39 (Indicator 4.6.3; Deliverable D03).

The number of meetings organised between partners of WP4 and members of EIP-AHA at M24 and M39 were 0 and 2 respectively (Indicator 4.TO.1). Moreover, an analysis of the functionalities included in the PKE allowing convergence with EIP-AHA repository was conducted (Indicator 4. TO.2). Additionally, a business plan was developed in order to manage the sustainability of the Platform by the end of March 2017 (Indicator 4.TO.3). Finally, the related satisfaction with the effective use of the insight from partners was declared through a satisfaction survey, and 72.2% of partners respondents, reported to be satisfied with the leadership and adequate feedback and information when required (Indicator 4.TO.4). The Platform was made effectively operational by M36 (Indicator 4.TO.5; Deliverable D02).

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 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. This objective is covered through the following tasks: (1) Review of existing work, situation and needs in different European countries, (2) Defining Good Quality Criteria for the assessment of practices, (3) Identification and collection of good practices and (4) Setting of conference seminars, and (5) Conduction of Peer reviews/ Study visits.

Global process indicators

In the second half of the Joint Action (M19-M39) WP5 organized three additional meetings (some were set in the context of a more generalised JA CHRODIS meeting) and five specific meetings related to seven different study visits (Indicator 5.G.1).

Specifically, in November 2015 JA-CHRODIS organised a main conference in Vilnius, Lithuania, *Joining Forces in Health Promotion to Tackle the Burden of Chronic Diseases in Europe*. The aim of the conference was to provide JA-CHRODIS partners, relevant EU level national and local policy makers, and practitioners the opportunity to: (1) discuss the state of health promotion and primary prevention in Europe, (2) reflect on how to move forward the recommendations resulting from the European Union's Reflection Process on Chronic Diseases in this area, and (3) share examples of good practices (16 associated partners/ 49 participants from 15 different countries).

Participation levels in the remaining WP5 meetings as follows: in February 2016 General Assembly in Madrid (17 associated partners/ 33 participants from 13 different countries), and November 2016 WP5 meeting in Lisbon (16 associated partners/ 28 assistants from 11 countries). Consequently, the three M19-M39 events had a participation rate of 80% or more of the WP5 partners (WP5 had 20 associated partners) (Indicator 5.G.2).

Five meetings related to seven study visits and exchange of experiences with a focus on transferability of good practices were organised: June 2016 in The Netherlands (1-2), May 2016 in Portugal (3), May 2016 in Italy (4), June 2016 in Iceland (5), and June 2016 in the UK (6-7)).

The percentage of accomplishment of deliverables was full compliance (Indicators 5.G.3) for both the first and second period. Indeed, WP5 achieved its goals with success and quality, but one deliverable was sent with delay.

The experience of Associated and Collaborating partners involved in WP5 was assessed through the Global Satisfaction Survey questionnaire conducted in the frame of WP3 (data collection between M30 and M34). The 29 participants that declared to have been involved in WP5 reported a high degree of satisfaction (more than 80% in all the satisfaction outcomes measures) (Indicator 5.G.4).

Additionally, in the context of the main conference of Vilnius on health promotion (main WP5 scope) organized by JA-CHRODIS, a good evaluation was obtained (the conference satisfaction questionnaires returned an un-weighted overall score over all questions of 3.95 out of 5).

The first three WP5 tasks were accomplished and assessed in the Interim Evaluation Report. Further details are explained below and available in the Annex 1.

Task 1: Review of existing work, situation and needs

In order to provide an overview of existing work in relation to good practices for chronic diseases and healthy ageing in different countries, partners in WP5 produced 14 country reports and an Overview (project milestone), covering the following jurisdictions: Bulgaria, Cyprus, Estonia, Germany, Greece, Iceland, Ireland, Italy, Lithuania, Norway, Portugal, Spain, The Netherlands, United Kingdom. In these country reviews, partners outline the health promotion and primary prevention landscape in their country, describe each country identified good practices, as well as describe relevant forecasting and cost-effectiveness studies in this area. Finally, the country reviews identify gaps and needs in relation to health promotion and the prevention of chronic diseases. Based on these 14 country reports, an overview report was written finding significant differences in systems and structures across partner countries. Some of these differences included evaluation, monitoring, research and capacity development. The overview shows that there is a strong need for consistent investment in health promotion and primary prevention in order to reduce the burden of chronic diseases and make health systems more sustainable (Indicators 5.1.1-5.1.10).

Task 2: Defining an approach

Based on existing approaches to define good practice and a review of existing databases and literature, a consensus panel of European health promotion experts defined key criteria for the identification of good practice examples (M-5.2). The expert panel followed a structured survey methodology conducted by Work Package 4. The full report on the criteria background is publically available in the JA CHRODIS site⁴⁹ (Indicators 5.2.1-5.2.3).

Task 3: Identification of good practices

JA-CHRODIS has produced a summary report on good practices in health promotion and primary prevention of chronic diseases across Europe. It was developed on the basis of the Joint Action's key objective to facilitate the exchange of good practices in tackling chronic diseases among EU countries and regions. More than 38 organisations from 24 partner countries collaborated in the task process, reflecting a broad thematic range of interventions across the life cycle and for various settings as well as examples of policies and strategies. In the process, 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 were identified and selected. The summary report contains all practices sorted by the stage of life cycle they address. The countries that provided good practices on health promotion and disease prevention (all providing three or more) were: Bulgaria, Estonia, Germany, Greece, Iceland, Ireland, Italy, Lithuania, Norway, Portugal, Spain, Sweden, Netherlands and United Kingdom (Indicators 5.3.1-5.3.2).

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 also been explored in a detailed description from the partners of the local context and structures where practices have been implemented. Within task 3, 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 depends very much on the context.

⁴⁹ http://chrodis.eu/wp-content/uploads/2016/03/Delphi-1-report_HPPP.pdf

The final “Good Practices in Health Promotion and Primary Prevention of Chronic Diseases” summary report⁵⁰ including an annex⁵¹ with detailed project descriptions is available for download from the Joint Action CHRODIS website (Deliverable D06-01). The number of reports’ visits/downloads was not available (Indicators 5.3.3-5.3.4).

Task 4: Conference seminars

On November 2015, JA-CHRODIS organized a conference in Vilnius, Lithuania, entitled “Joining Forces in Health Promotion to Tackle the Burden of Chronic Diseases in Europe” (Indicator 5.4.1). The aim of this conference was to provide JA-CHRODIS partners and relevant EU level, national and local policy makers, and practitioners, the opportunity to: (1) discuss the state of health promotion and primary prevention in Europe, (2) discuss how to move forward the recommendations resulting from the European Union’s Reflection Process on Chronic Diseases in this area, and (3) share examples of good practices.

The conference also reflected on whether good practices can be transferred to other contexts and, if so, how these can be identified, what criteria should be applied in order to choose them. Also discussed were the criterions to promote a series of study visits and recommendations on practical measures that EU Member States and the EU can take to strengthen outcomes and secure more investments in this field.

The conference subjects were: The State of Health Promotion and Primary Prevention in Europe, From Present to Future – What Works, What’s needed? , Panel discussion on future visions for health promotion and primary prevention, Moving Forward – Shaping the Further Process of Mutual Exchange. The agenda and documentation of the conference are publically available at the JA CHRODIS website⁵² (Deliverable D06-02).

52 persons from partner institutions located in 15 different countries attended. The proportion of policy/decision maker per associated partner which attended was 0.6383, and of stakeholder per associated partner which attended was 0.2766 (Indicator 5.4.2). The Satisfaction Questionnaires in the conference had an un-weighted overall score over all questions of 3.95 out of 5 (Indicator 5.4.3).

⁵⁰ http://chrodis.eu/wp-content/uploads/2015/09/Summary-Report-CHRODIS-WP5-Task-3_Version-1.3.pdf

⁵¹ http://chrodis.eu/wp-content/uploads/2015/09/Annex-Report-CHRODIS-WP5-Task-3_Version-1.3-.pdf

⁵² <http://chrodis.eu/event/joining-forces-in-health-promotion-to-tackle-the-burden-of-chronic-diseases-in-europe/>

WP5 did not produce a single, specific document of recommendations on policy and practical measures for local, national and EU level to strengthen health promotion and primary prevention and reduce the burden of chronic diseases. However, most reports produced by WP5 touch this point: e.g. the “Overview of country reports”⁵³ draws a number of conclusions how Health Promotion and Disease Prevention (HPDP) can be strengthened, and the collection of 41 good practices aims to provide ideas with examples of what can be done, inform about which assessed practices exist, and which elements might be considered when designing or improving practices. Furthermore, this will be supported by a recommendations report of what to take into consideration when scaling up existing good practices to different region or transferring (elements of) good practices across borders (publically available at JA CHRODIS website at M39) (Deliverable D06-03). Practices in this sense can be the whole range from programmes, small scale interventions, strategies, to policies of varying complexity and at different levels of implementation. So, although there is no single report dedicated to the question of how to strengthen HPDP, the whole WP5 approach followed this endeavour and contributes with different reports, measures, and outcomes to it (Indicator 5.4.4).

Task 5: Peer reviews/ Study visits

Between April and June 2016, JA-CHRODIS WP5 organised a series of five study visits to present the selected seven good practices and share experiences among themselves (M.5-3). The study visits cover a range of selected criteria such as sustainability, equity, target groups, evaluation, governance, potential of scalability, etc. The countries visited were Iceland, Italy, Netherlands, Portugal and UK.

A brief document provides an overview on the visits process approach⁵⁴. The study visits were selected by partners during the WP5 Meeting in Vilnius. Countries or regions that will further investigate the usability of these approaches within their own context were identified. Seven study visits were organized between April and June 2016. Conclusions of the discussions facilitated in the frame of the visits were documented and a recommendations report was produced describing success factors and barriers for

⁵³ <http://chrodis.eu/wp-content/uploads/2015/07/FinalFinalSummaryofWP5CountryReports.pdf>

⁵⁴ <http://chrodis.eu/wp-content/uploads/2015/10/Briefing-document-WP5-Task-5.pdf>

transferring or scaling up promising practices into different contexts⁵⁵. The format of the site visit was decided by partners from each site, thus enabling maximum flexibility for hosts in the conceptualization. Each partner was at least actively engaged in two study visits; and bilateral study visits on specific topics were highly appreciated. Outcomes were documented and shared among partners. Following each visit, a report was completed by site delegates using a previously developed template for the site visits.

An agreed guideline of criteria to establish what good practices are was conducted. The practices chosen as good practices referred to these criteria and followed a threefold approach: a) chosen practices should cover as broad a spectrum of different criteria, b) as broad a range of different settings, practice types, age groups, and target groups, and c) match the interest of partners. This was an internal decision-making process and no report or formal guideline was published on this issue. The decision-making process, however, was a part of the methodology section in a final draft recommendations report available at the JA CHRODIS website at M39. (Indicator 5.5.1)

The number of partners involved in the seven study visits was 45 different individuals from 27 different JA CHRODIS partner institutions. A combination of minutes and summarised outcome results from the visits will be published on the JA-CHRODIS website. Partners were asked to fill in an evaluation form for each visit including the mentioned quality criteria (Indicator 5.5.2).

The overall report is in the writing phase and is published in the JA CHRODIS webpage. It covers in particular success factors and barriers for the implementation, scale up, and transfer of good practices (Indicator 5.5.3). The number of report visits/downloads was not available (Indicator 5.5.4).

⁵⁵ http://chrodis.eu/wp-content/uploads/2014/10/170223_wp5-t5_report-successfactorstranf-scalability_wotable2.pdf

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. Apart from accomplishing general organization and satisfaction objectives, the tasks/method foreseen in order to achieve this goal consisted in: (1) identifying targets of potential interventions for management of multi-morbid patients, (2) reviewing existing care (pathways) approaches for multi-morbid patients, (3) assessing and selecting good practices on management of multi-morbid patients (to develop a common model for multi-morbidity management) and (4) defining multi-morbidity case management training programs.

Global process indicators

During the second evaluation period (M19-M39), WP6 has organized:

- 2 WP meetings (3rd and 4th of a kind),
- 1 expert meeting (2nd of a kind)
- 1 conference meetings with Italian stakeholders and
- no conference calls (Indicator 6.G.1).

The 3rd WP meeting took place in Madrid (February 2016) with 21 partners; participation rate of 75% (the total number of partners are 14 associated partners – including leaders- and 14 collaborative partners). The 4th meeting was held in Brussels (February 2017); participation rate higher than 80%. The 2nd expert meeting, with the participation of 12 partners, was organized in Treviso (November 2016). For this period, no teleconferences were made (Indicator 6.G.2).

All planned milestones and deliverables for the Joint Action were achieved and completed on time (no delay higher than 3 months), representing a percentage of accomplishment of 100% (Indicator 6.G.3).

Satisfaction with WP6 (Indicator 6.G.4) was assessed by the Global Satisfaction Survey (carried out between June- October 2016). Based on the opinion of 17 individuals directly participating with WP6 (13 from AP, four from CP), coordination of the WP6 was qualified as

effective by 61.5% of APs and 50.0% of CPs. Also WP6 leadership was well valued in terms of providing adequate feedback and required information by 69.2% of APs and 50% of CPs. Around 75% of APs and 50% of CPs was satisfied with the progress of WP6. Finally, 69.2% of APs and 75% of CPs reported to be aware of the next activities to be undertaken in the frame of WP6.

The first task of WP6 was focused on the identification of targets of potential interventions for management of multi-morbid patients. This task was accomplished by M18 and assessed in the Interim Evaluation Report. Further details are available in the Annex 1.

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 gathering data on resources utilization (8 databases were analysed including more than two million patients) (Indicators 6.1.1-6.1.2; M-6.1) and reviewing data from scientific literature (finding 3,892 and selecting 36 final publications) (Indicator 6.1.3-Indicator 6.1.4). After this exercise 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 nine articles published as a special issue on Multi-morbidity in the Elderly in the European Journal of Internal Medicine (Indicator 6.1.7).

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

The second task comprised 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.

Papers describing the effectiveness of integrated care programmes for people with multi-morbidity were systematically searched and search criteria was clearly defined, described and available. The search, which was completed in M24 and for which most information was already available in M18, yielded 2,611 potentially relevant publications (Indicator 6.2.1). A total of 19 relevant publications were found, including 18 comprehensive care programs for multi-morbid or frail patients, of which only one was implemented in a European country

(Indicator 6.2.2). The identified studies took place in the following countries: USA (13 studies), Canada (3), Australia (1), Japan (1), and Netherlands (1) (WP6.2.3).

Moreover, two complementary searches on interventions or care programs of approaches for multi-morbid patients results were carried out: information available from the “JA-CHRODIS module” (identified by the ICARE4EU project) and care programmes traced by JA-CHRODIS WP6 partners. Overall, 101 and 18 additional care interventions (care programmes or approaches) were identified, producing a list made publically available at the JA CHRODIS website (Indicator 6.2.5). Respectively, 76 and 10 of the interventions included a care pathway (Indicator 6.2.7).

In all the selected studies, there were three main types of outcomes (Indicator 6.2.4): patient related outcomes (e.g., such as patient satisfaction, health, quality of life, depressive symptoms, functional status, mortality), caregiver related outcomes (e.g., caregiver burden), and health care utilization costs (e.g., primary care/GP visit, inpatient care (hospitalizations or ER access)).

A summary of existing programs, including a clear explanation of care pathways, was developed and is available for further project proposes (Indicator 6.2.8). In addition, the effectiveness systematic review was published in *Health and Policy*² (impact factor: 2.035) (Indicator 6.2.9) (Deliverable D07-01)⁵⁶.

The quality of the systematic review was not measured using the AMSTAR checklist. However, another quality tool to review the quality of studies identified was used (Indicator 6.2.10), which provided a total quality sum-score (ranging from 0 to 6) per study, which was determined by counting a number of criteria scored positively. The considered criteria were: randomization, similar at baseline, compliance, drop-out rate, ITT-analysis, adjustments for confounding variables in analysis. The quality of a study was considered as low if the total quality sum-score was lower than 3, moderate if it was 3, good if it was 4 or 5, and high if it was 6 (Indicator 6.2.11).

Task 3: Assess and select good practices on management of multi-morbid patients

The third task’s aim is to develop a common model for multi-morbidity management, based on identified good practices which are easy to apply and replicate in different settings. By the end of the first half of the project, this task was still not completed.

⁵⁶ <http://chrodis.eu/wp-content/uploads/2015/04/D07-01-Report-on-review-of-the-medical-literature.pdf>

Variables for selection of good practices on management of multi-morbid patients were described and are publically available at the JA CHRODIS website⁵⁷ (Indicators 6.3.1 and 6.3.6): evaluation, sustainability and scalability, change management, care intervention design, objectives and target group, interaction with relevant social structures, resources and infrastructure and context and need analysis. Subcategories and weights to achieve a final score were also assigned and reached through an expert consensus to reach a publicly available methodology available at the JA CHRODIS website in a report titled “Task 1: selecting JA-CHRODIS criteria to assess good practice in interventions related to chronic conditions Interim Report 2” (Indicator 6.3.2).

Moreover, using the information gathered in Task 2, a set of 20 components for a MM care model were identified and their relevance was discussed by a multidisciplinary experts group (M-6.2). All the information regarding the 16 final components was organized and summarized in a final deliverable (“Report on care pathways approaches for multi-morbid chronic patients”; Deliverable D07-02)– publically available at the JA CHRODIS website for further project purposes-. These constitute the components of the multi-morbidity care model for management of multi-morbid patients for task 3 (Indicator 6.3.9, M-6.3).

The experts’ discussion and model was built on the basis of all the programmes found in Task 2, so they were informally considered as “good practices” for the Task 3 work of generating a MM care model, even if there was no formal process of assessment of the programmes using the variables for selection of good practices. Therefore, no work was formally selected according to the criteria (Indicator 6.3.3). Moreover, no practice was formally identified at local level through questionnaires (Indicator 6.3.4) although three main practices (from Finland’s Potku Programme, from Denmark’s Clinic for Multi-morbidity and Poly-pharmacy Programme, and from the Spanish region of Valencia’s Strategy for chronic care) were informally found to be the best practices (all from the programmes found in the ICARE4EU context). Additionally, no formally selected “good practices” were sent to WP4 (Indicator 6.3.5). Nevertheless, WP6 contacted – and shared with WP4- two lists of programmes in order to enhance them to introduce their practices in the CHRODIS Platform: a list of 30 executors of Lithuanian practices and a list of executors of programmes found in Task 2. Finally, one intervention from WP6 is being submitted into the Platform and in process of acceptance (Indicators 6.3.7 and 6.3.8).

The quality of the multi-morbidity care model report was not measured using a Critical Appraisal Skills Programme (CASP) Qualitative Research Checklist (Indicator 6.3.10). Instead of holding a face-to-face expert consensus meeting for the assessment of cost-effectiveness and applicability of good practices in multi-morbidity management, a questionnaire about

⁵⁷ http://chrodis.eu/wp-content/uploads/2016/03/Delphi-2_MULTIMORBID.pdf

the applicability of the suggested care models across different healthcare settings was completed by 21 experts including care providers, epidemiologists, psychologists and results summarized. No formal measurement of the quality of expert consensus was undertaken. The report reflecting the applicability analysis is publically available at the JA CHRODIS website⁵⁸ (Indicator 6.3.11).

Task 4: Define multi-morbidity case management training modules

The fourth task entails the revision of pre-existing training programmes for multi-morbidity case management in order to both define a standardized curriculum applicable in different countries and settings, and to provide guidelines for developing multi-morbidity training programmes.

This task commenced in M24 and was ongoing up until 36. In the process, three scientific papers describing different case management training programmes were identified (Indicator 6.4.1). The publications examined did not report a detailed description of training modules, thus the description of the identified training modules is not available for further project purposes (Indicator 6.4.2). Nevertheless, the main contents can be summarized as following:

- Pain management (Pain Resource Nurse).
- Oncologic patient management (Cancer Centre Collaborative Course-Essentials of Chemotherapy for the Oncology Nurse).
- Hematopoietic cell transplantation nursing practices.
- Collaborative case management.
- End-of-Life case management (end-of-life nursing or COMFORT Communication Model).
- Patient and family centred models (CARES model).
- Case management adherence guidelines (instruction on how to apply motivational interviews as a strategy to improve knowledge and motivation in five key domains: health literacy, medication knowledge, willingness to change, social support, and predicting adherence).

⁵⁸ <http://chrodis.eu/wp-content/uploads/2017/03/wp6-results-survey-applicability-mmcaremodel-dec2016.pdf>

- Electronic tools (electronic workflow management tools, electronic medical record, etc.).
- Organizational framework (hospital's professional practice model).

A consensus meeting with a group of 12 European experts (Indicator 6.4.4) working in the field of case management and related training was held on the 4th November 2016 in Treviso Italy (M-6.4; meeting report publically available at JA CRHODIS website⁵⁹, Deliverable D07-03) . The group of experts encompassed a wide range of professions and specialties (e.g. general practitioners, neurologists, geriatricians, epidemiologists or, psychologists) and a representative from a patient organization. The minutes of the consensus meeting are available for further project purposes (Indicator 6.4.5). The consensus criteria to reach an agreement on the multi-morbidity case management training programmes/modules were discussed without a formal protocol (Indicator 6.4.3) but with the support of the contents of a survey that was sent out to organizations running specific training programs for Case Managers. The ad-hoc prepared questionnaire included extensive questions concerning the length and type of training, types of professionals included etc., with a specific question to define and describe all the components included in the training. The information from the surveys was summarized and sent to all the experts prior to the meeting. The training components described in the survey responses formed the basis of discussion during the consensus meeting.

Building on this experience, WP6 has defined a standardized curriculum for multi-morbidity case management applicable in different countries and settings. The curriculum includes twelve different topics and is available for further project purposes (Indicator 6.4.6). The topics included are the following:

1. Ethical principles,
2. Legislative and organizational frameworks,
3. Comprehensive Assessment,
4. Care planning (Individualized Care Plans),
5. Team work principles,
6. Supporting patient-centred care,
7. Listening and communication skills,
8. Strategies to improve and support patient self-management,
9. Social and community framework,
10. Knowledge and ability to use technology,
11. Case Management theory and concepts,
12. Add-on training: Basic Clinical Principles.

⁵⁹ http://chrodis.eu/wp-content/uploads/2017/02/d07-03-wp6_final-draft.pdf

Moreover, a description of skills for searching multi-morbidity professional training programs has been developed (Indicator 6.4.7) including the eleven aforementioned skills or knowledge subjects and the additional skill (pre-requisite) for people without a clinical background: basic clinical knowledge. The document reporting skills and knowledge can be considered at the same time a guideline for the developing of multi-morbidity *case management* training programmes (Indicator 6.4.8) and the description is publically available on the JA-CHRODIS website⁶⁰.

⁶⁰ http://chrodis.eu/wp-content/uploads/2017/02/d07-03-wp6_final-draft.pdf

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

The main objective of WP7 is to actively contribute to a stronger European cooperation on the prevention and management of type 2 diabetes, that can also apply to other chronic diseases. 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: (1) Prevention of diabetes: focus on people at high-risk; (2) Prevention of complications of type 2 diabetes; (3) Health promotion interventions; (4) Education/Training strategies and approaches; and (5) National Diabetes Plans. All the deliverables and all but one milestone (three out of four) corresponded to the M19-M39 period. The only milestone that had to be covered on M18 (before M19) was finally covered on M24. Further M1-M39 commitment details are available in the Annex 1.

General process indicators

The number of partners involved in WP7 remained stable in comparison to the previous report: 14 associated partners and 15 collaborating partners. Nonetheless, an increased commitment was demonstrated by the fact that all 14 associated partners and 10 of the collaborating partners participated in at least one face-to-face meeting in this period (up from 13 and 8, respectively, until July 2015) (Indicator 7.1.2, 7.G.2).

Besides the two face-to-face partners' meetings organised by the work package leaders during the M19-M39 evaluation period in Ljubljana and Madrid (Indicators 7.1.1, 7.G.1), communication within the group was also promoted by email and by participation through a web-based community of practice. This intranet website registered 7,047 log-ins (Indicator 7.1.4), with 383 new posts inserted (Indicator 7.1.5) and 6,877 page views (Indicator 7.1.6), which demonstrates it has remained a viable work tool. A final conference was also held in Rome in October 2016 to draw key lessons from the activities and achievements of the WP on diabetes.

During WP7 work, several of the four milestones (M-7.1 to M-7.4 and committed for the M18-M39 period) and main deliverable (which was split in three different deliverables) were delayed in relation to what was initially planned (Indicator 7.1.3, 7.G.3): (1) The M-7.1 "Expert overview on successful strategies" expected at M18 was delivered at M24 because the partners agreed to conduct a SWOT analysis to give a qualitative overview, by country,

of the current policies and programs, and to identify the core elements of successful strategies, (2) the M-7.4 “Expert/policy-maker meeting”, expected at M20, was delivered at M22 because the meeting was conducted together with the “Workshop to analyse collected data on processes in NDP development, implementation, sustainability” (M-7.2), (3) the “Guide for National Diabetes Plans” (part of the deliverable to be achieved) was delivered on M33 because it was based on workshop at WP7 Partners’ level, held in M26, February 2016, and on workshop with GB members held in June 2016 (M30).

The satisfaction of WP7 partners with the work developed within the work-package has been assessed through the Global Satisfaction Survey. Here, from 71 to 100% of the 25 respondents from WP7 reported a positive opinion with various aspects (from coordination leadership to satisfaction and involvement) of the work package (Indicator 7.1.8, 7.G.4). Only one associated partner member reported to strongly disagree with a positive assessment regarding WP coordination efficiency, information provided, and satisfaction with progress of the work package, and one collaborating partner member reported not to be aware of future WP7 activities.

Furthermore, considering the satisfaction survey undertaken at the final WP7 meeting, all participants ranked highly the meeting as productive and worthwhile, as well as all reported to be comfortable working within the group. Additionally, 72% reported to have a medium-high degree of information and involvement in relation to the work of other WPs and the JA-CHRODIS in general.

As a demonstration of the further productivity of the work package, WP7 was able to produce:

- six papers, made available on open access format both in the JA CHRODIS website⁶¹ and in the context of a monograph on diabetes of the Journal of the Italian National Institute of Health⁶², regarding
 - Monograph’s preface,
 - Quality criteria on education and health professionals training programs for people with type 2 diabetes,
 - Quality indicators for diabetes prevention programs in health care targeted at people at high risk,
 - Health promotion interventions in type 2 diabetes (and supplementary materials),

⁶¹ <http://chrodis.eu/our-work/07-type-2-diabetes/wp07-activities/prevention-care/>

⁶² <http://www.iss.it/publ/index.php?lang=1&id=2887&tipo=3>

- National Diabetes Plans
- one EU newsletter,
- a leaflet for patients (translated into several languages), and
- four leaflets with the key WP7 results, translated into several languages (Indicator 7.1.7).

Task 1 to 4 – Diabetes Prevention and Care, including Education and Training

The WP7 leader, co-leader, and task leaders identified, through literature review (Indicator 7.2.1), developed 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). The objective was to define a core set of quality criteria that may be applied to various domains (prevention, care, health promotion, education, and training), are general enough to be applied in countries with different political, administrative, social and health care organization, and could potentially be used in other chronic diseases. The process followed a structured methodology involving the WP7 community, and experts from a wide number of organizations across Europe and from a variety of professional backgrounds. The consultation with the expert panel followed the RAND modified Delphi methodology.

The process led to the agreement on nine quality criteria, made up of 39 categories ranked and weighted, to assess whether an intervention, policy, strategy, program, as well as processes and practices, can be regarded as a "good practice" in the field of diabetes prevention and care. These criteria were the basis to formulate recommendations to implement practices on prevention, health promotion, care management, education, and training, and ultimately to improve prevention and quality of care for people with diabetes.

WP7 conducted a survey to map interventions/strategies/good practices on primary prevention of diabetes, identification of people at high risk, early diagnosis, complications of diabetes prevention, comprehensive multi-factorial care, education programs for persons with diabetes and training for professionals.

There were 19 questionnaires concerning identification and preliminary description of strategies related to Tasks 1 to 4 submitted by WP7 partners (Indicator 7.2.2, Indicator 7.2.5), representing 19 countries (Indicator 7.2.7). From this, there were 89 potential good practices identified, of which 40 were described with the criteria established previously (Indicator 7.2.4). Until the end of 2016, 2 of these practices had been sent to the CHRODIS platform.

Additionally, 14 SWOT analyses were likewise performed and reported. The aim was to offer insights and partners' point of view, on what makes a policy/program applicable,

sustainable, and effective from a public health and from the stakeholders' perspectives, what are the necessary preconditions for its implementation and what are the lessons learnt from the experience, including successful strategies.

The final results and conclusions of tasks 1 to 4 were gathered in three reports and one deliverable (Indicator 7.2.8):

- Survey on practices for prevention and management of diabetes report (with an appendix of data by Country) (report 1)
- Examples of potential good practices for prevention and management of diabetes (report 2)
- SWOT analysis – overview of national or sub-national policies and programmes on prevention and management of diabetes (report 3)
- Recommendations to improve early detection, preventive interventions and the quality of care for people with diabetes. Definition and agreement on a common minimum set of indicators (Deliverable D04-03; M-7.3) containing the quality criteria to assess whether an intervention, policy, strategy, program, process or practice can be regarded as “good practice” in the context of diabetes

Task 5. National Diabetes Plans

Regarding the National Diabetes Plans in Europe, WP7 prepared and disseminated a questionnaire to 35 institutions from 31 European countries (Indicator 7.3.1), of which 24 answers (69.6%) were received (Indicator 7.3.2), representing 22 European countries (Indicator 7.3.3). These led to the production of two deliverables (Indicator 7.3.4), and a workshop, organised in October 2015, with 34 participants representing all countries participating in WP7 (Indicator 7.3.5). The objectives of this workshop were to make an update on activities of the WP7 and to present, discuss, and get the input from the Partners of WP7 and other participants including the topic of the National Diabetes Plans.

This information led to the production of several reports publicly available at the JA CHRODIS website:

- a “Report on Contents of National Diabetes Plans”-compiling the responses to the questionnaire,
- a Policy Brief on National Diabetes Plans (Deliverable D04-01) ,

- a report deliverable by means of guidelines to support improvement and cooperation among member states on diabetes prevention and care (“Guide for National Diabetes Plans”; Deliverable D04-02)

Final Draft

Overall evaluation conclusions

JA-CHRODIS is the largest EU Joint Action to date, aiming at promoting and facilitating a process of exchange and transfer of Good Practices (GP). A relevant basis of work with regards to chronic diseases was built within this Joint Action:

- (a) GP definition was clearly stated;
- (b) currently existing GP were found;
- (c) a Platform was built for exchange;
- (d) GP contacts were encouraged to include their practices in the Platform;
- (e) transferability of good practices was dealt with recommendations (including patient empowerment and professionals training) and GP study visits





In this chapter we will try to convey a narrative conducive to an integrated evaluation of JA-CHRODIS, bringing together several available disparate sources of evaluation. This is especially important, as the work of evaluation changed with the evolution of the Joint Action itself. This process will be conducted starting with the original evaluation framework as per the Grant Agreement, going through the analysis of the time and format of the deliverables, the evolution of results of token indicators throughout the Joint Action, the satisfaction with JA-CHRODIS work, and the usefulness and helpfulness of main products. Finally, general conclusions and some lessons learned will be drawn.

General JA-CHRODIS Evaluation

At the beginning of the Joint Action, at the Grant Agreement, a set of indicators were presented with regards to six specific JA objectives. In Table 5 these objectives are summarised and assessed from a pre-post (M1-M39) perspective. Thus, the table shows in:

- green those indicators that were fully covered,
- red those that were not covered, and
- orange those that were partially covered, can remain doubtful, or that were less adequate to finally apply due to project process changes.

In general, this analysis demonstrates that the final level of achievement was high, with the exception of some indicators related with the CHRODIS Platform. This specific lack of achievement would be explained by the preliminary status of the Platform at M39, being nonetheless relevant to establish “outcome indicators” to follow-up the Platform in a future longer term.

GA objectives	Process indicators	Output indicators	Outcomes indicators
Building a Platform for knowledge exchange , including help desk and a clearinghouse	Best practices included with quality in Clearing House assessment  Examples from across Europe included  Clearing House used  Helpdesk used 	N reviewed best practice models available  N examples available on the Platform  Users of Clearing House monitored through online analytical system  Better informed users of the platform within Member States 	Increase knowledge exchange (IKE). Qualitative data from a sample of users. Mentions in policy documents  IKE  Questionnaire completed by users  Helpdesk users monitored through online analytical system 
To promote exchange, scaling up, and transfer of highly promising, cost-effective and innovative health promotion and chronic disease prevention practices	Methodology developed [study visits to discuss, among others, the scalability of practices]  Best practices identified 	Report outlining the methodology for scaling up  N best practices identified 	Transparency measured after assessing the number of partners susceptible of putting methodology into practice  IKE  Questionnaire sent to a stakeholders sample 
	Report with recommendations produced 	Recommendations Report 	Increased knowledge exchange between and uptake across Member States and other partners 
To design and implement innovative, cost-effective and patient-centred approaches for multi-morbid patients including case management training programmes for care personnel	Design and implementation of innovative, cost-effective and patient-centred approaches for multi-morbid patients  Case management programme developed 	-- --	Dissemination and wider uptake of good approaches for multi-morbid patients. Expert board to be organized within WP6. Questionnaires sent to stakeholders  Increased capacity for implementing good approaches for multi-morbid patients 
To improve coordination and cooperation among Member States to act on diabetes , including the exchange of good practices across the EU, and to	Steps to identify best practices for diabetes and transferring them among regions completed in timely fashion 	--	IKE between and uptake across Member States and regions via feedback for attendants to workshops and expert groups organized within WP7. Questionnaires sent to stakeholders 



















create ground for innovative approaches to reduce the burden of chronic disease	Reports and common guidelines for care pathways produced 	--	Increased knowledge exchange between and uptake across Member States and regions (Conference Meeting) 
To discuss sustainability of CHRODIS-JA after its end based on the collaborative initiative among Ministries of Health on the field	Forum established  Sustainability discussed within it 	-- --	Willingness and agreement among Member States, regions and other partners on collaboration post-JA. Mentions in policy documents and papers across Member states. Feedback for attendants to final conference  Agreement between Member States, regions and other partners on how to continue collaboration post-JA 
Dissemination of JA CHRODIS among relevant stakeholders	Dissemination strategy delivered in M6. Stakeholder mapping (M3) and internal contact database (M7). Number of stakeholders identified  Webinars organised. Number of assistants  Dissemination material (M10). Number of recipients of newsletter  Final conference organised. Number of assistants to final conference 	Dissemination strategy Stakeholder mapping  Number of Webinars  Number of Newsletters with Number of recipients  Better informed stakeholders, Participants feedback 	Better targeted and timely dissemination. Better overview of stakeholders and target groups. Stakeholder mapping. Number of JA CHRODIS activities participants. Data on knowledge of JA and its activities.  Better informed targeted stakeholders. Feedback from attendants to webinars  Better informed untargeted stakeholders. Feedback from recipients  Number of participants in final conference 

Table 5: JA CHRODIS Grant agreement (GA) preliminary indicators analysis at M39

JA CHRODIS global performance can also be analysed investigating the commitment of the deliverables that were planned on the Grant Agreement/Evaluation Plan from a chronological perspective. Based on Table 6, it can be seen that the JA CHRODIS deliverables were achieved with a high degree of perseverance and chronological commitment (only **three** (D9.1, D1.4 and D5.1) were delivered with more than three months of delay).

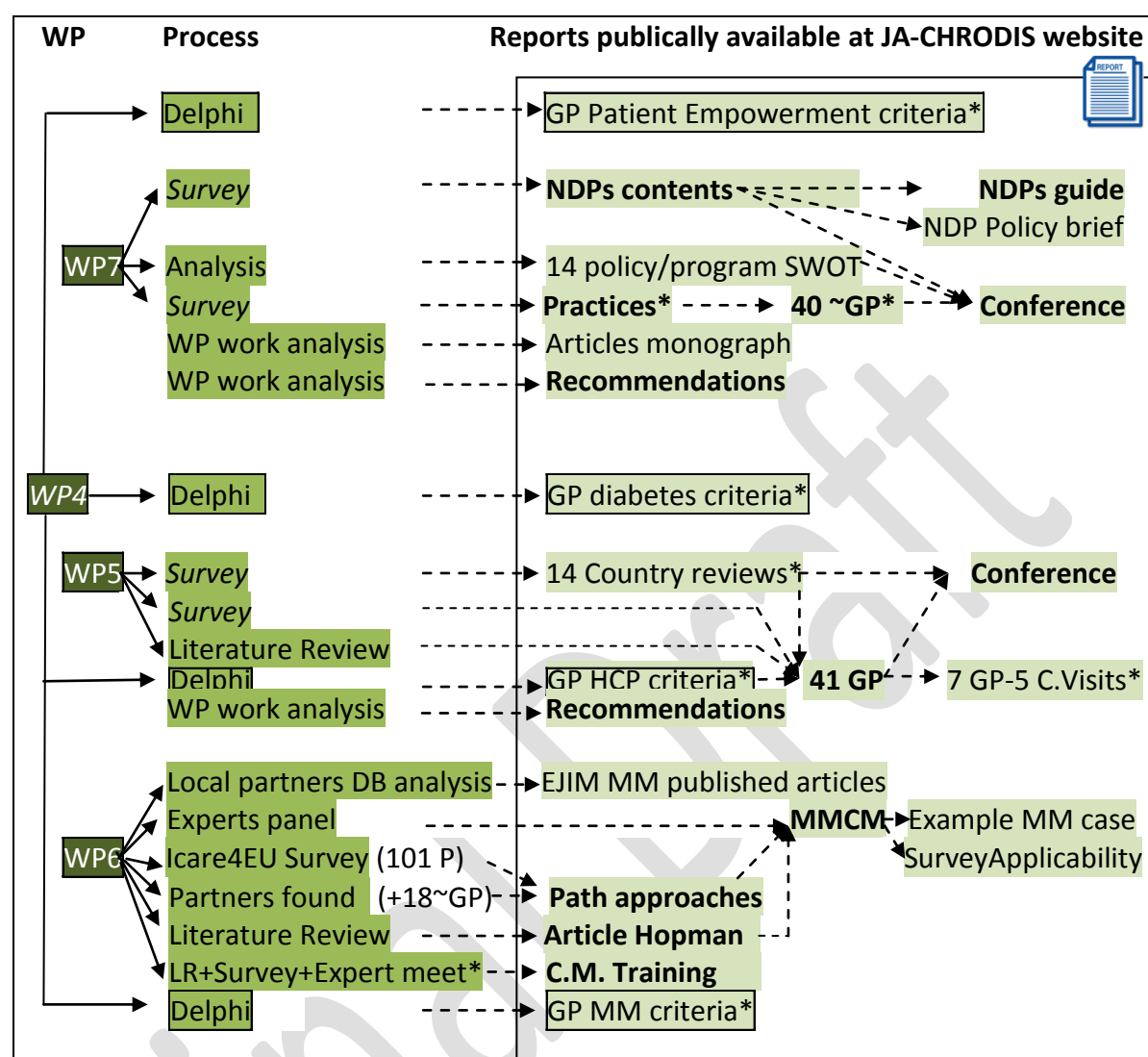
		First Year				Second Year					Third Year						
		M3	M5	M10	M12	M15	M18	M19	M22	M24	M26	M27	M30	M33	M36	M37	M39
Horizontal packages	WP1 - Coordinate	-	-	-	D8.1 Progress/EB minutes D10.1 Technical and financial	D9.1 Sustainability	-	-	-	D8.2 Progress/EB minutes D10.2 Technical and financial D9.1*	-	D9.2- Sustainability	-	-	D8.3 Progress/EB minutes	D9.3- Sustainability	D10.3- Technical and financial (D10.3 M40)/ D10.4.Final conference
	WP2 - Communicate	D1.Strategy, visual identity, stakeholder mapping...	Part of D1*	D1. Promotion materials	D1.4. CHRODIS-EIP-AHA portal	-	-	-	-	-	D1.4*	-	-	-	-	Final conference (M38)	D1. Newsletters Webinar
	WP3 - Evaluation	-	D5.1- Plan. Monitor	-	-	-	-	-	-	D5.2- Interim Evaluation	D5.1* (M25)	D5.2*	-	-	-	-	D5.3- Final Evaluation/ Impact Plan
Core packages	WP4 - CHRODIS Platform	-	-	-	-	-	-	-	-	ClearingHouse, Digital Library and HelpDesk ready for piloting	-	-	HelpDesk ready for service	-	-	D2- Platform +practices D3- Helpdesk	-
	WP5 - Health Promotion	-	-	-	-	-	D6.1 - Good Practices identified	-	-	D6.2- Conference Agenda and outcomes	-	-	-	-	D6.3- Recommendation	-	D6.3*
	WP6 - Multi-morbidity	-	-	-	D7.1. Review literature (article)	-	-	-	-	D7.2- Care approach/ MM interventions	D7.2*	-	-	-	D7.3- Case management programmes (experts)	-	-
	WP7 – Diabetes	-	-	-	-	-	-	-	-	-	D4.1 Policy Brief	D4.1*	D4.3 Recommends	D4.2 Guide NDP D4.3* (M31)	D4.2 (M35)*	-	-

*Delays. A delay is considered in the Table when the deliverable is sent to CHAFAEA 1 month later than committed (technical reports are allowed to be sent two months later than committed, so D10.3 was not considered to be delayed). In the text of the report, sometimes the description points at the most relevant delays (more than three months)

Table 6: JA CHRODIS Deliverables chronogram accomplishment

If, in parallel, the 32 committed milestones are analysed, we observe that all were achieved, but six with more than three months of delay: CHRODIS-JA section on EIP-AHA portal (WP2 task; 14 months of delay), agreement on the evaluation indicators (WP3; 15), programming + meta-data file design, implementation (WP4; 5), Delphis Completed (WP4;6), country reviews (WP5; 4) and the expert overview on successful strategies to improve prevention of diabetes, and the quality of care for people with diabetes (WP7; 6).

Complementarily, in order to assess the performance of the work done by core WP, Table 7 provides an analysis, not only of the deliverables' achievement, but also a complementary analysis and reports made publically available on the JA CHRODIS website. Although production was mainly related with the commitment of deliverables/ milestones, the number of additional outputs is considerable. Moreover, the scheme enables to see the process followed by the core work-packages to achieve their different outputs/outcomes (not including the CHRODIS Platform and corresponding Helpdesk).



Deliverable Report; Milestone Related Report*; Other Report

CMT Case Management; C. Visits: Country Visits; DB: Data-base; EJIM: European Journal of Internal Medicine; GP: Good Practice; ~GP: Potential GP not-validated with the criteria; HCP: Health-care Promotion; LR: Literature Review; Data-Base; MM(CM): Multi-morbidity (Care Model); NDP: National Diabetes Plans; P: Practices

Table 7: JA-CHRODIS core work-packages process and corresponding publically available reports

Additionally, an analysis was conducted regarding trends seen on nine monitoring evaluation indicator values in the first, second and third Joint Action years (Table 7). These nine indicators were selected to be analysed because:

- they were collected in more than one point in time (most monitoring indicators of all the work-packages but that of WP1/WP2 were collected at one point in time) and
- the information available was thought to make them interesting from a global Joint Action evaluation perspective (e.g. attendance/participation rates).

Most of the selected indicators increased in time, accordingly with an expected increase of level of interest and involvement with the Joint Action, and related with the progressive appearance of deliverables, work done and word spread on the project.

Type of indicator	Indicator	First Year	Second year	Third year
Output	Face-to-face Executive Board Meetings attendance	10-10-10-9 (4 meetings)	10-10 (2 meetings) ↗	11-11 (2 meetings) ↗
	Number of participants at the two General Assembly meetings	--	39 AP; 30 CP	39 AP; 34 CP ↗
	Number of participants at the three Stakeholders (SH) meetings*	64 of 13 counties	41 of 11 countries ↘	15 ↘
Outcome	Indicator	M1-M18		M19-M39
	Press releases by JA CHRODIS partners (2.2.12)	23		129 ↗
	% of EU and associated countries covered (2.3.4)	28		28 →
	Average number of visits to JA CHRODIS website (2.4.4)	3,426 visitors/month		5,560 visitors/month ↗
	Time spent visiting JA-CHRODIS website (2.4.5)	3:17 minutes		3:21 minutes ↗

*The number of SH decreases relevantly with time. This might be caused by: (1) maybe not all the SH considered as SH from the first meeting should be considered as SH; (2) the first meeting might had a bias related with being the first (more participation), and the second value might be higher than the third because it was held in Brussels (better communication) instead of Madrid (where the third happened)

Table 8: Trends on JA-CHRODIS monitoring indicators analysis

Finally, the percentage of evaluation indicators from the Evaluation Plan that were successfully accomplished (meaning totally achieved according to the pre-established acceptance levels of the evaluation plan) was positively of 61%/70% or higher for all work-packages comparing the indicators values from interim/final evaluation reports. If the “partially achieved” indicators were also considered at the final evaluation report, the percentage of indicators accomplished was of 80% or higher for all work-packages (Table 9). Comparisons between work-packages should be made with big caution, because the number and nature of the indicators was different.

Work Package	Interim Evaluation Report	Final Evaluation Report	
	% indicators accomplishment (N of Total indicators)*	% indicators accomplishment	
		Achieved**	Achieved+ Partially Achieved
WP1. Coordination	66 (27 of 41)	77 (104 of 135)	86 (116 of 135)
WP2. Dissemination	86 (32 of 37)	86 (70 of 81)	94 (76 of 81)
WP3. Evaluation	67 (2 of 3)	75 (15 of 20)	80 (16 of 20)
WP4. Platform of knowledge exchange	83 (5 of 6)	90 (37 of 41)	90 (37 of 41)
WP5. Health promotion and disease prevention	100 (17 of 17)	85 (28 of 33)	91 (30 of 33)
WP6. Multi-morbidity	70 (14 of 20)	70 (39 of 56)	89 (50 of 56)
WP7. Diabetes: Chronic Disease case	61 (8 of 13)	94 (29 of 31)	100 (31 of 31)

* Yes Achieved vs “NA, Not Achieved or Partially Achieved” (Number of related indicators assessed according to report)

** Yes Achieved vs “NA, Not Achieved or Partially Achieved” (Cumulative number of related indicators assessed according to report). If more than point in time is assessed on an indicator, each point in time is considered as an indicator by itself

There were exceptional indicators that were related with the WP achievement but were responsibility of another WP

Table 9: Level of JA-CHRODIS monitoring indicators accomplishment

Some examples that explain why between 6% to 20% (depending on the work-package) of the acceptance criteria established for the indicators at the Evaluation Plan⁶³ were not accomplished, are:

- WP1: very specific uncollected data (e.g. GB meeting satisfaction at M24), no General Assembly meeting held before M12 (and therefore, the corresponding indicators of the meeting were not accomplished at M12), and acceptance criteria not always reached (e.g. 50% of GB members attending GB meeting; 70% needed)
- WP2: there was no information or the acceptance criteria was not reached at some point at a time with regards to very specific indicators like the “% of returning visitors at the JA-CHRODIS website”. Also, values like “percentage of JA partners with links to website”, was 61% at M10 when 80% was the acceptance criteria
- WP3: the Evaluation Plan and the Mid-term Evaluation report were delivered with delay (this was biased by the leadership change at the middle of the JA), and global satisfaction was assessed at the end of the Joint Action but not at M27 (meetings satisfaction was assessed but this didn’t allow to analyse the work-package data)
- WP4: the main not reached indicators were the percentage of partners meetings attendance, that had to be at least of 80% and values ranged 64-76%
- WP5: the number of meetings at M12 was one (instead of two needed), and the percentage of partners that had at least one decision maker/policy officer at the “Joining forces” conference was lower than 80%. Number of report downloads were required and were not available, making this indicators impossible to be assessed
- WP6: the number of meetings at M12 was one (instead of two needed), the percentage of attendees at the meetings was lower than the 80% needed, no good practice was assessed as such and included at the CHRODIS Platform
- WP7: only “partially achieved” indicators problems were found, which were related with delays on milestones accomplishment

Analysis of levels of satisfaction and perceived usefulness of each work-package

The cross-satisfaction rates found after analysing the satisfaction among partners by the end of the Joint Action was high according to the Global Satisfaction Survey. More than half of the variables used to measure satisfaction obtained over 75% of respondents stating to be satisfied with the aspect assessed. These rates are especially reliable with regards to the core work-packages, due to the larger pools of response and to the fact that they did not experience institutional leadership changes. WP5 rates could be highlighted as having the highest associated satisfaction rates (Table 10). Additionally, 86% of AP and 94% of CP

⁶³ http://chrodis.eu/wp-content/uploads/2016/01/D05-01_Annex-Definition-of-indicators_JA-CHRODIS_def.pdf

members ranked their experience of participating in JA CHRODIS as interesting or very interesting.

Work Package (number of respondents)	% Agree on WP work (satisfaction)			
	Effective coordination	Adequate feedback and information when required	Progress of the WP	Awareness of the next activities
WP1. Coordination (6)*	60/100	80/100	80/100	100/100
WP2. Dissemination (7)**	71.5	85.7	85.7	85.7
WP3. Evaluation (5)**	40.0	40.0	60.0	80.0
WP4. Platform of knowledge exchange (18)**	77.8	77.2	66.7	83.4
WP5. Health promotion and disease prevention (29)*	81.9/100	86.4/100	95.4/100	95.5/85.7
WP6. Multi-morbidity (17)*	61.6/50.0	79.3/50.0	74.9/50.0	61.6/75.0
WP7. Diabetes: Chronic Disease case (25)*	83.3/100	88.9/100	83.4/71.4	88.9/71.4

*Divided information regarding Associated/Collaborating Partners answers **Only AP participants answers available. One additional CP respondent answered the questionnaire with regards to WP3 but answering to be neutral on all the questions

Table 10: Cross-satisfaction among JA-CHRODIS partners

On the other hand, considering the JA-CHRODIS Closing Survey results (which obtained a response rate of 46.2% of the 238 Conference attendees), the different Final Conference sessions also demonstrated a positive degree of attendees satisfaction (all sessions obtained at least 66% of respondents rating them as good, very good or excellent). All WP6 and WP4 sessions were positively rated at least by 83% respondents, in all the requested aspects.

Session	% Good, Very Good or Excellent assessment			
	Speakers	Discussing opportunities	Conclusions	Take-home usefulness
WP6 (multi-morbidity) session	99.3	88.1	96.6	89.8
WP5 (health prevention) session	91.5	78.0	93.2	88.1
WP7 (diabetes) session	76.4	97.1	70.6	67.7
WP4 (platform of knowledge exchange) session	90.6	86.8	86.8	83.0
Session 1. Addressing chronic disease challenge	94.5	76.7	91.1	91.0
Session 2. How can policy makers use JA results	94.2	84.9	89.4	87.1
Session 3. How can better integrate health promotion	97.3	87.8	94.7	94.7
Session 4. How can JA leave its mark	88.4	85.5	82.6	82.6

Table 11: JA-CHRODIS Final Conference Session Satisfaction results

Finally, the rates of expected usefulness of the main deliverables from the core work-packages declared in the Global Satisfaction Survey (by JA-CHRODIS participants) and in the Closing Survey (by Final conference attendees) were positive. Thus, at least 60% of all respondents manifested a positive intention to further use outputs in all cases, and rates of perceived usefulness were always 50% or higher. The highest rate of usefulness according to the Final Conference attendees corresponded to the *multi-morbidity model and programmes search report*, whereas Joint Action partners perceived the *Delphi Panels defining good practices reports* as the most useful (Table 12).

Although not assessed in the frame of these surveys, the impact assessment plan, a WP3 added-value extra product, might be of relevant importance, as it provides a framework to establish specific indicators and make a longer term evaluation not only for JA-CHRODIS, but applicable to other Joint Actions.

Work Package. Deliverable	% will probably or surely share it **	Agree or strongly agree on usefulness***
WP6. Multi-morbidity pathway approaches and model	80.7	52.0
WP5. Health Promotion and prevention Good practices	77.1	-
WP5. Country reports	-	70.9
WP7. Diabetes Recommendations	62.1	-
WP4. Platform for sharing Knowledge and experiences	59.6	55.7
WP4. Reports from Delphi Panels	-	79.2
12 Steps*	71.7	-

*usefulness question (agree or strongly agree) ** Closing Survey data (Final Conference attendees) ***Global Satisfaction Survey data (partners)

Table 12: Closing Survey Deliverables Usefulness results

These findings are coherent with the feedback received from seven members of the GB through answers to an ad-hoc questionnaire on the usability of JA-CHRODIS specific deliverables, which demonstrated general positive levels of perceived future usefulness and helpfulness (even if they weren't felt as adequately filling a gap in one's own country). Also concordant with the JA-CHRODIS partners' perception, the higher percentages of expected future use (83-86% of six GB respondents) were associated to the multi-morbidity model report and the Platform for knowledge exchange (CHRODIS Platform). The number of missings when assessing the helpfulness of WP7 deliverables was remarkable (Table 13).

Work Package. Deliverable	Percentage		
	Agree or Strongly Agree with "This deliverable adequately fills a gap in my country"	This deliverable is helpful	Decided that the deliverable will probably or surely be used within MoH
WP6. Report on care pathways/Multi-morbidity model	28.6	75/100 [#]	33.3/ 83.3 ^{****}
WP5. Good practices in the field of health promotion	28.6	100 ^{****}	71.4
WP7. Diabetes Recommendations	28.6	100 ^{**}	57.1
WP7. Guide for National Diabetes Plans	0	100 ^{***}	57.1
WP4. Platform for sharing Knowledge and experiences	28.6	100 ^{##}	85.7

^{**}n=2, ^{***}n=3, [#]n=4; ^{##}n=5; ^{****}n=6 (two opinions corresponded to see it partially or indirectly helpful). The "undecided" answers were considered as negative answers in this analysis. MoH: Ministry of Health

Table 13: GB Survey on usability of JA-CHRODIS deliverables (n=7)

Monitoring evaluation limitations, challenges and lessons learned

Some relevant limitations during the monitoring analysis were:

- uncollected data: some indicators were "not available" to be completely characterised either because data was not collected at all the committed points in time (e.g. several dissemination indicators or budget/person-days per work-package), or because a

survey was conducted at the end of the JA but not at other committed points in time (satisfaction with the JA).

- focus on certain deliverables: for example, the indicators agreed in the Monitoring Evaluation Plan for WP6's *task 2 multimorbidity* focused on the documents describing pathway selection and analysis, whereas the achievement of the intended multimorbidity care model was not covered to such an extent.
- evaluation has slowly become part of Joint Action culture: although being totally cooperative filling the checklists, evaluation tasks were initially handled as an additional reactive informative chore, which coincided in time with the lion's share of putting into place all necessary activities to ensure the smooth development of WP tasks on track (e.g. in the case of defining the Monitoring Evaluation Plan). However, at a later stage, the level of involvement of partners in the evaluation and its repercussions (e.g. need to accomplish previously agreed acceptance criteria of each indicator) increased and became a proactive process.
- monitoring focuses on the short and mid-term: as envisaged in the JA Grant Agreement, the evaluation undertaken focuses on process and immediate outputs, but does not allow, in the formal life of the JA to assess CHRODIS' impact in a longer view. This gives special relevance to the Impact assessment plan (available on the JA CHRODIS website at the end of the project), in line with other materials, which have been developed in addition enabling a future long-term evaluation assessment.

Some relevant challenges during the monitoring analysis were:

- M39 data: some deliverables (such as the Final Conference Report) were not finished until M39, and some data collection was not completed until M39 (e.g. satisfaction of CHRODIS Platform users). This implies a very short timeframe for completing the full set of indicators and corresponding analysis.
- type of data availability: some meeting attendees/participants registries made difficult to make certain analysis (e.g. calculation of the percentages of partner institution participation)
- difficulties in registering necessary data for the calculation of indicators: e.g. two different results could be given as number of participants from a meeting, and additional checking was necessary to confirm the correct numbers.
- dealing with co-responsibility: some data fell under the umbrella of one work-package in the frame of the evaluation plan, but the corresponding tasks de facto were led under the frame of another WP. This implied a more complex data collection (e.g. WP4 led the Delphi Panels and had the corresponding information for other work-package indicators).

Some additional lessons learned during the monitoring analysis were:

- additional indicators, focusing on assessing both the quality of the deliverables and their corresponding methodology approaches, would have added value to the monitoring analysis
- the Evaluation Plan indicators might have been too focused on task accomplishment and not on giving added value for execution of the work-package tasks.
- the Evaluation Plan indicators helped obtain a wide range of JA-CHRODIS quantitative information but did not collect much complementary qualitative perceptions. These perceptions could have included, for example, longer term (impact assessment) perceptions, or information on the immediate uptake of JA-CHRODIS main outputs by the target audience, which was finally collected by means of the JA-CHRODIS Closing Survey.

Final evaluation conclusions

As a major conclusion of the evaluation we can comfortably state that this 3-year work commitment has achieved much:

- CHRODIS serves as a relevant basis for future work on the prevention and management of chronic diseases: (a) the concept of good practice was clearly stated, (b) currently existing Good Practices were found, (c) a sharing platform was built and (d) transferability was dealt, with recommendations and GP study visits
- Level of accomplishment with the first set of objective indicators from the Grant Agreement was high, and most of the uncovered indicators are subject to longer impact of the Joint Action
- Level of adherence to the JA-CHRODIS deliverables' timetable was high. All deliverables expected by M39 were delivered, and only three were completed more than three months later than committed. Same high rates occurred with milestones.
- Not only deliverables and milestones were achieved, but also additional reports and publications were undertaken.
- Most attendance and participation rates of meetings, communication flux or data from the website flux grew during the JA-CHRODIS execution.
- The level of accomplishment of the Monitoring Evaluation Plan indicators was positive (61%/70% or higher considering the pre-established acceptance criteria levels for all the work-packages) and remained similar when analysing interim/final evaluation reports.
- Rates of expected usefulness related with some of main outputs from the core WPs declared by JA-CHRODIS participants and Final conference attendees were positive (all had rates of intention to use in the future of 60% or higher, or rates of perceived usefulness of 52% or higher).

- GB members considered the deliverables helpful and are expected to be used within their respective ministries of Health, but were less convinced that these outputs filled a knowledge or policy gap in their own country.
- JA-CHRODIS' most useful deliverables, as reported by JA partners and GB members, were the multi-morbidity care model report and the CHRODIS Platform.
- 86% of AP and 94% of CP members ranked the experience in participating in JA CHRODIS as interesting or very interesting

It can be thus considered that the real JA-CHRODIS success seems ultimately to be associated with the equilibrium between

- (1) a perceived clearness of the good practices transferability recommendations by those who can implement them,
- (2) institutional commitment and corresponding resource allocation to keep fleshing out the Platform content with all type of good practices,
- (3) the use of the JA-CHRODIS experience and deliverables as tools for improving the prevention and management of non-communicable chronic diseases by each Member State, and
- (4) visibility of the expected implementation work at possible future related Joint Actions.

Finally, from an evaluation work perspective, the explicit support, transparency, and active discussion from partners, especially WP leaders, jointly engaging in the establishment of and compliance with work processes to gather the necessary data to assess the JA according to the predefined set of indicators, and also contributing towards the definition of an impact assessment plan was undoubtedly key for the successful completion of this evaluation.

Annex 1. Indicators tables

The purpose of the following table is to show a complete register of all monitoring evaluation indicators used to assess the JA as a whole. As to distinguish between indicators assessed in the frame of the Mid-Term Evaluation report, and those that have been incorporated into this full evaluation of the Joint Action, the last three columns are shaded for indicators corresponding to the first evaluation period (M1-M18).

WP1 Indicators

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay	Comments
WP1: Coordination of the Joint Action					
WP1.G.1 _Number of meetings/teleconferences organized by WP1	WP1 meeting minutes	Annual: M12, M24, M36	M12: YES	NO	TC and Face-to-face meetings considered
			M24: YES	NO	TC and Face-to-face meetings considered
			M36: YES	NO	TC and Face-to-face meetings considered
WP1.G.2 _Percentage of partners attending to the WP1 meetings/teleconferences	WP1 meetings/teleconferences ' minutes	Annual: M12, M24, M36	M12: YES	NO	All Face-to-Face and all but 1 out of 7 TCs
			M24: YES	NO	All Face-to-Face and all but 2 out of 9 TCs
			M36: YES	NO	All Face-to-Face and all but 2 out 10 TCs
WP1.G.3 _Percentage of accomplishment of deliverables	Interim (annual) and final reports	Annual: M14, M26, M39	M14: YES	NO	--
			M26: YES	YES	D9.1 should be released in M15. Delivered in M24
			M39: YES	NO	--
WP1.G.4 _Satisfaction of WP members with WP	Associated and Collaborating partners of WP1	M27, M38	M27:NO	NO	--
			M38: YES	NO	By means of Global Satisfaction Survey
WP1.1.1 _Development of SOP	JA-CHRODIS website or intranet	Once (M3)	YES	NO	Less than 1 month of delay
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)	M12: PARTIALLY	YES	D9.1 should be released in M15. Delivered in M24
			M24: YES	NO	--

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay	Comments
			M39: YES	NO	--
WP1.1.4 _Interactions EIP-AHA	Meeting minutes/ annual reports/ email contact	Annually (M12, M24, M39)	M12: NO	no applicable	no records about number of interactions (emails, TC, calls)
			M24: YES		Interaction was made
			M39: YES		Interaction was made
WP1.1.5 _Annual reports	Final report	Annually for interim reports (M12, M24, M39) and final report (M39)	M12: YES	NO	Submitted in M13, approved in M18
			M24: YES	NO	--
			M39: YES	NO	--
WP1.1.6 _Delivables_reports_on_web	JA-CHRODIS website	Annually (M12, M24, M39)	M12: YES	NO	No delay associated with uploading process
			M24: YES	NO	NA
			M39: YES	NO	No delay associated with uploading process
WP1.1.7 _Person days GA vs actual person days	Emails	M9, M14, M21, M26, M33, M36	M9: NA	NO	--
			M14: YES	NO	--
			M21: NA	NO	--
			M26: YES	NO	--
			M33: YES	NO	--
			M36: YES	NO	--
WP1.1.8 _Person days executed vs person days available	Financial Reports	Biannually (M6, M12, M18, M24, M30, M39)	M6, M12: PARTIALLY	NO	No information provided in M9
			M18,24: YES		--
			M30,39: YES		--
WP1.1.9 _Budget executed WP versus budget JA	Financial Reports	Biannually (M6, M12, M18, M24, M30, M39)	M6, M12 & M18: PARTIALLY	NO	No information provided in M9
			M24: YES		--
			M30: YES		--
			M39: YES		--
WP1.1.10 _Collaboration EIP-AHA	Monthly reports/ interim reports	Once a year (M12, M24, M39)	M12: YES	NO	--
			M24: YES	NO	--
			M39: YES	NO	--

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay	Comments
WP1.1.11_Satisfaction WP leaders	WP1 leadership	Twice (M24, M39)	M24: NO	NO	--
			M39: YES	NO	--
WP1.1.12_% accomplishment deliverables	Interim and final reports	(M12, M24, M39)	M12: PARTIALLY	YES	20% of deliverables not yet achieved Acceptance criteria: Deliverables achieved are completed with no more than 3 months delay in relation to schedule
			M24: PARTIALLY	YES	--
			M39: PARTIALLY	YES	3 deliverables with more than 3 months delay
WP1.1.13. Impact Assessment indicators	WP1 leadership	M24	YES	YES	Topics for impact indicators achieved at M38
WP1.1.14_% person days executed	Financial Reports	Annually (M12, M24, M39)	M12: YES	NO	42.9% of the total persons day executed
			M24: YES	NO	58.1% of the total persons day executed
			M39: YES	NO	-- data available at March 2017: M33
WP1.1.15_% Budget executed	Financial Reports	Annually (M12, M24, M39)	M12: YES	NO	39% of the total budget executed
			M24: YES	NO	54% of the total budget executed
			M39: YES	NO	-- data available at March 2017: M33
WP1.KO.1_Kick off meeting	Minutes from meeting	Once (M3)	YES	NO	--
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	NO	--
WP1.KO.5_Final outcome of the meeting	JA-CHRODIS web	Once (M3)	YES	NO	--
WP1.SH.1_Number stakeholder meetings	JA-CHRODIS web	Once (M39)	YES	NO	Acceptance criteria: 1 meeting per year. Three SH meetings held (October 2014, February 2015, and February 2016)
WP1.SH.2_Number of participants	Participants list SH	3 times (following	M12 & M17:	NO	431 organizations invited to participate

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay	Comments
invited to SH meetings	meetings	the annual SH Forum meeting) (M12, M17, M29)	YES		
			M29: YES	NO	--
WP1.SH.3 _Number of participants to SH meetings	Participants list SH meetings	3 times (following the annual SH Forum meeting) (M12, M17, M29)	M12 & M17: YES	NO	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
			M29: YES	NO	16 professionals participated in the 3rd SH meeting from 5 European countries
WP1.SH.4 _Minutes website	JA-CHRODIS website	3 times (following the annual SH Forum meeting) (M12, M17, M29)	M12 & M17: YES	NO	--
			M29: YES	NO	--
WP1.SH.5 _Satisfaction SH meeting	Satisfaction survey	3 times (following the annual SH Forum meeting) (M12, M17, M29)	M12 & M17: YES	NO	--
			M29: YES	NO	--
WP1.SH.6 _Continuous involvement	Participants list	2 times (following the 2nd and 3rd annual SH Forum meeting) (M17, M29)	M17: NO	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
			M29: NO	NO	
WP1.EB.1 _Number of EB meetings	Meeting minutes	M12, M24, M39	M12: YES	NO	Acceptance criteria: minimum 2 face-to-face meeting per year. During 1st year 4 face-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)
			M24: YES	NO	6 th EB meeting (July 2015) (M19) 7 th EB meeting (February 2016) (M26)
			M39: YES	NO	8 th EB meeting (June 2016) (M30) 9 th EB meeting (September 2016) (M33)

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay	Comments
WP1.EB.2 _Attendance to EB meeting	Meeting list of participants	M12, M24, M39	M12: PARTIALLY	5 events did not reach 90% participation	Acceptance criteria: 90% members EB attending each meeting
			M24: YES	NO	--
			M39: YES	NO	--
WP1.EB.3 _Minutes on website	Meeting minutes on intranet or internet	M12, M24, M39	M12: PARTIALLY	NO	no available records for the June 15th 2014 TC
			M24: YES	NO	--
			M39: YES	NO	--
WP1.EB.4 _Satisfaction EB meetings	EB face-to-face meeting survey	M12, M24, M39	M12: NO	NO	--
			M24: NO	NO	--
			M39: PARTIALLY	NO	Satisfaction was not assessed at all the EB meetings
WP1.EB.5 _Follow up actions	Meeting minutes	M12, M24, M39	M12: YES	NO	--
			M24: YES	NO	--
			M39: YES	NO	--
WP1.AB.1 _Advisory Board selection	Recording of criteria discussed and agreed by EB	Once (M5)	YES	NO	--
WP1.AB.2 _Number candidates	Voting results for AB members	Once (M5)	YES	NO	19 candidates proposed
WP1.AB.3 _ % candidates acceptance	AB members response	Once (M5)	NO	NO	47% of the candidates accepted
WP1.AB.4 _Number of AB meetings	Annual reports	Three times (M12, M24, M39)	M12: NO	NO	Acceptance criteria: 3 meetings. During this period one AB meeting organized in 2015
			M24: NO	YES	2 nd AB meeting (February 2016) (M26)
			M39: PARTIALLY	NO	3 rd AB meeting (September 2016) (M33)
WP1.AB.5 _Minutes on website	JA-CHRODIS website	Three times (M12, M24, M39)	M12: YES	NO	--
			M24: YES	NO	--
			M39: YES	NO	--

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay	Comments
WP1.AB.6 _Setting up Advisory Board	AB Terms of reference and 1st meeting	Once (M6)	YES	NO	--
WP1.AB.7 _Satisfaction from AB members	AB meeting survey	Three times (M12, M24, M39)	M12: NO	NO	--
			M24: YES	NO	--
			M39: YES	NO	--
WP1.AB.8 _Feedback AB member	AB minutes approval	Three times (M12, M24, M39)	M12: YES	NO	--
			M24: YES	NO	--
			M39: YES	NO	--
WP1.GA.1 _Number of GA meetings	WP1 leadership	Three times (M12, M24, M39)	M12: NO	NO	No GA in 2014
			M24: YES	NO	1 st GA meeting organized in 2015
			M39: YES	NO	2 nd GA meeting (February 2016) (M26)
WP1.GA.2 _% of GA attendance	Participants' list	Three times (M12, M24, M39)	M12: NO	NO	No meeting
			M24: YES	NO	80% criteria met with associated partners
			M39: YES	NO	80% criteria met with associated partners
WP1.GA.3 _General Assembly minutes on website	JA-CHRODIS website	Three times (M12, M24, M39)	M12: YES	NO	--
			M24: YES	NO	--
			M39: YES	NO	--
WP1.GA.4 _Setting up General Assembly	General Assembly 1st meeting. Annual report	Once (M12)	YES	NO	--
WP1.GA.5 _Satisfaction General Assembly	GA meeting survey	M12, M24 and M36	M12: YES	NO	--
			M24: YES	NO	--
			M36: YES	NO	--
WP1.GA.6 _Continuous interest	Participants' list/ Surveys	2 times (following the 2nd and 3rd GA meeting) (M15, M27)	M15: NO	NO	Only one meeting organized during the period.
			M27: NO	NO	70% of GA institutions participating after having attended at least 1 previous meeting not achieved
WP1.GB.1 _Nomination for members to Governing Board	List of Member States nominations to the GB	Once (M12)	M12: YES	NO	--
WP1.GB.2 _Number of Governing Board meeting	Minutes from GB meetings	M12, M24, M39	M12: NO	NO	Acceptance criteria: 2 meeting per year. During this period, only one meeting had been organized
			M24: NO	YES	2 nd GB meeting (February 2016) (M26)

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay	Comments
			M39: YES	NO	3 rd GB meeting (June 2016) (M30) 4 th GB meeting (November 2016) (M35)
WP1.GB.3_ % of GB attendance	List of participants	M12, M24, M39	M12: YES	NO	Acceptance criteria: 70% participation. 82% of the members attended the meeting
			M24: NO	YES	50% of the members attended the meeting
			M39: PARTIALLY	NO	75% and 55% of the members attended the meeting
WP1.GB.4_ GB minutes on intranet	Intranet	M12, M24, M39	M12: YES	NO	--
			M24: YES	NO	--
			M39: YES		--
WP1.GB.5_ % MoH involved	GB member list & affiliation	M12	YES	NO	--
WP1.GB.6_ Working Plan	GB Working Plan	M18	YES	NO	--
WP1.GB.7_ Publication reports	JA-CHRODIS website	M20, M30, M37	M20: YES	NO	--
			M30: YES	NO	--
			M37: YES	NO	--
WP1.GB.8_ Set up GB	List of GB members	Once (M12)	YES	NO	--
WP1.GB.9_ Satisfaction of Governing Board meetings	Survey	M12, M24, M37	M12: YES	NO	--
			M24: NO	NO	--
			M37: YES	NO	--
WP1.GB.10_ Feedback by GB	Meeting minutes	M12, M24, M37	M12: YES	NO	--
			M24: YES	NO	--
			M37: YES	NO	--
WP1.GB.11_ Final report	Report	M37	YES	NO	--

*understood as later than one month in comparison with what was committed

WP2 Indicators

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay	Comments
WP2: Dissemination of the Joint Action					
WP2.G.1 _Meetings/teleconferences organized by WP2	WP2 meeting minutes	Annual: M12, M24, M36	YES	NO	--
WP2.G.2 _ % Partners attending to the WP2 meetings/ teleconferences	WP2 meetings/ teleconferences' minutes	Annual: M12, M24, M36	YES	NO	--
WP2.G.3 _Percentage of accomplishment of deliverables	Interim (annual) and final reports	Annual: M14, M26, M39	YES	YES	The CHRODIS EIP-AHA portal was delivered late
WP2.G.4 _ Satisfaction of WP members with WP2	Associated and Collaborating partners of WP2	M27, M38	M38: PARTIALLY	YES	Positive values but not all above 80%
WP2.1.1 _Evidence of e-mail exchanges, meetings/teleconferences organised by WP2	JA-CHRODIS website	Annual: M10, M22, M34	M10: YES M34: YES	NO	--
WP2.1.2 _ % accomplishment of deadlines of milestones/deliverables	JA-CHRODIS Partners survey	Annual: M10, M22, M34	M10: YES	NO	--
			M22: YES	NO	--
			M34: YES	NO	--
WP2.2.1 _Development of Dissemination Strategy	JA-CHRODIS website	Once: M3	PARTIALLY	M16	The document was concluded and made available with some delay. Final approval from CHAFA in M16
WP2.2.2 _ % of partners who consulted the Dissemination Strategy	Self-reported surveys	Annual: M10, M22, M34	M34: PARTIALLY	NO	70.1% of AP and 63.2% of CP consulted the document
WP2.2.3 _ JA-CHRODIS logotype	JA-CHRODIS website	Once: M3	YES	NO	--
WP2.2.4 _ Guidance document	JA-CHRODIS website	Once M3	YES	NO	--
WP2.2.5 _ % of partners who consulted the Guidance document	Self-reported surveys	Annual: M10, M22, M34	M34: PARTIALLY	NO	56.7% of AP and 36.8% of CP consulted the document
WP2.2.6 _Reporting-back template	JA-CHRODIS website	Once (M3)	YES	NO	--
WP2.2.7 _ % of partners reporting back on dissemination activities	Reporting-back documents, email	Annual: M12, M24, M36	M12: YES	NO	--
			M24: NA	NO	NA
			M36: YES	NO	--

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay	Comments
WP2.2.8 _ % of JA-CHRODIS partners with links to website	Direct contact with partners	Annual: M10, M22, M34	M10: NO	NO	Acceptance criteria: 80% AP reporting link on their institutional website. Only 61% reported the linkage
			M34: NO	NO	Acceptance criteria: 80% AP reporting link on their institutional website. Only 64% reported the linkage
WP2.2.9 _Development of dissemination materials	WP2 leadership	Annual: M10, M22, M34	M10: YES	NO	--
			M22: YES	NO	--
			M34: YES	NO	--
WP2.2.10 _Number of languages in which the brochure is available	JA-CHRODIS website	Annual: M10, M22, M34	M10: YES	NO	12 Languages
			M22: YES	NO	12 Languages
			M34: YES	NO	12 Languages
WP2.2.11 _Number of press releases of key JA-CHRODIS events	JA-CHRODIS website	Annual: M10, M22, M34	M10: YES	NO	4
			M22: NA	NO	--
			M34: YES	NO	4
WP2.2.12 _Number of JA-CHRODIS national press releases produced by project partners	Reporting-back template	Annual: M12, M24, M36	M12: YES	NO	23
			M24: NA	NO	--
			M36: YES	NO	129
WP2.2.13 _Number of brochures delivered	WP2 Activity Reports	Annual: M10, M22, M34	M10: YES	NO	--
			M22: YES	NO	--
			M34: YES	NO	--
WP2.2.14 _Number of events where the brochures are distributed	Reporting-back template	Annual: M12, M24, M36	M12: NO	NO	Information N/A. distributed but not quantified
			M24: NA	NO	--
			M36: YES	NO	88
WP2.2.15 _Number of events in which JA-CHRODIS is disseminated	Reporting-back template	Annual: M12, M24, M36	M12: YES	NO	197 activities
			M24: NA	NO	NA
			M36: YES	NO	national annual coverage of well over one third of the participating countries
WP2.2.16 _Number of requests for information about JA-CHRODIS	WP 1 and 2 records	Annual: M10, M22, M34	M10: YES	NO	64 requests
			M22: NA	NO	NA
			M34: YES	NO	133 requests
WP2.3.1 _Stakeholder mapping template	Questionnaire/WP2 leadership	Once (M3)	YES	NO	--
WP2.3.2 _Report of Stakeholder	Questionnaire	Once (M10)	YES	NO	--

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay	Comments
mapping exercise					
WP2.3.3 _Contact database	Stakeholders database	Once (M7)	YES	NO	--
WP2.3.4 _ % of EU and Associated Countries covered	Stakeholders database	Annual: M10, M22, M34	M10: YES	NO	28 European countries + 29 others
			M22: NA M34: YES	NO	28 European countries + 29 others
WP2.3.5 _ Coverage of all categories of stakeholders considered	Stakeholders database	Annual: M10, M22, M34	M10: YES	NO	--
			M34: YES	NO	--
WP2.3.6 _Yearly database revisions	JA-CHRODIS contact list in database	Annual: M10, M22, M34	M10: YES	NO	--
			M22: YES	NO	--
			M34: YES	NO	--
WP2.4.1 _Development of JA-CHRODIS website	JA-CHRODIS website	Once (M6)	YES	NO	Static page online at M3 and more elaborate website at M7
WP2.4.2 _Information to EIP-AHA web	WP2 records	Once (M12)	YES	NO	--
WP2.4.3 _Promotional materials available on the website	JA-CHRODIS website	Annual: M10, M22, M34	M10: YES	NO	--
			M22: YES	NO	--
			M34: YES	NO	--
WP2.4.4 _Average number of visits to JA-CHRODIS website	JA-CHRODIS website statistics	Annual: M10, M22, M34	M10: YES	NO	3,426 visitors/month
			M22: NA	NO	--
			M34: YES	NO	5,560 visitors/month
WP2.4.5 _Time spent visiting JA-CHRODIS website	JA-CHRODIS website statistics	Annual: M10, M22, M34	M10: YES	NO	3:17 minutes
			M22: NA	NO	--
			M34: YES	NO	3:21 minutes
WP2.4.6 _Updates to the JA-CHRODIS website	Website back-office	Annual: M10, M22, M34	M10: YES	NO	--
			M22: NA	NO	NA
			M34: YES	NO	--
WP2.4.7 _Satisfaction of partners with website	Website back-office	Annual: M10, M22, M34	M10: NO	NO	NA
			M22: NA	NO	NA
			M34: YES	NO	--
WP2.4.8 _ % of returning visitors	JA-CHRODIS website statistics	Annual: M10, M22, M34	M10: NO	NO	38.8% (Acceptance criteria: 40%)
			M22: NA	NO	--

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay	Comments
			M34: YES	NO	44% (Acceptance criteria: 40%)
WP2.4.9 _Number of JA-CHRODIS newsletters	CHRODIS website	Annual: M10, M22, M34	M10: PARTIALLY	NO	1 newsletter and 2 updates
			M22: NA	NO	--
			M34: YES	NO	5 newsletter and 11 updates
WP2.4.10 _Number of newsletter page visits	CHRODIS website	Annual: M10, M22, M34	M10: YES	NO	734 views
			M22: NA	NO	--
			M34: YES	NO	2,326 views
WP2.4.11 _Satisfaction of partners with Newsletters	Satisfaction surveys	Annual: M10, M22, M34	M10: NO	NO	NA
			M22: NA	NO	--
			M34: YES	NO	--
WP2.4.12 _Development of Webinars Strategy	CHRODIS website	Once (M24)	YES	NO	--
WP2.4.13 _Number of webinar participants	Registration/ documented attendance	Once for each webinar (M36)	PARTIALLY	NO	Software does not allow full account
WP2.4.14 _Satisfaction of webinar participants	Satisfaction survey	Once for each webinar (M36)	YES	NO	--
WP2.4.15 _Opening a Twitter account	JA-CHRODIS website	Once (M5)	YES	NO	--
WP2.4.16 _Opening a Facebook page	JA-CHRODIS website	Once (M5)	YES	NO	--
WP2.4.17 _Number of followers on Twitter	JA-CHRODIS Twitter account	Annual: M10, M22, M34	M10: YES	NO	284 followers
			M22: NA	NO	--
			M34: YES	NO	696 followers
WP2.4.18 _Number of followers on Facebook	JA-CHRODIS Facebook account	Annual: M10, M22, M34	M10: YES	NO	liked by 55 users
			M22: NA	NO	--
			M34: YES	NO	liked by 196 users
WP2.4.19 _Number of retweets	JA-CHRODIS Twitter account	Annual: M10, M22, M34	M10: YES	NO	71.3% tweets were retweeted
			M22: NA	NO	--
			M34: YES	NO	97.7% tweets were retweeted
WP2.4.20 _Number of Facebook WP2-generated posts	JA-CHRODIS Facebook account	Annual: M10, M22, M34	M10: YES	NO	39 posts
			M22: NA	NO	NA
			M34: YES	NO	106 posts

WP3 Indicators

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay*	Comments
WP3: Evaluation of the Joint Action					
WP3.G.1 _Number of meetings/teleconferences organized by WP3	WP3 meeting minutes	Annual: M12, M24, M36	M12: NA	NO	-
			M24 YES	NO	8 meetings (4 face to face and 4TC) (guessing it refers till M12)
			M36 YES	NO	8 meetings (5 face to face and 3 TC)
WP3.G.2 _Percentage of partners attending to the WP3 meetings/teleconferences	WP3 meetings/teleconferences' minutes	Annual: M12, M24, M36	M12: NA	NO	--
			M24: YES	NO	Some meetings were attended by 66% of partners. This is partly explained by the low number of WP3 members (three), with one of the partners not formally involved in all WP3 tasks.
			M36: YES	NO	
WP3.G.3 _Percentage of accomplishment of Deliverables	Interim (annual) and final reports	Annual: M14, M26, M39	M14: NO	NO	Delay in the accomplishment of the Evaluation Plan design due to a change in the leadership of WP3
			M26 YES	YES	Delay in the release.(Finally released 7 th March 2016)
			M39 YES	NO	
WP3.G.4 _Satisfaction of WP members wit WP3	Associated and Collaborating partners of WP3	M27, M38	M27: NO	YES	GSS data assessed between M30 and M34 (more related with the M38 deadline)
			M38: PARTIALLY	NO	80% of agreement by partners who answered to a Global Satisfaction Survey
WP3.1.1 _Number of meetings/TC with WP leaders	Agendas and minutes	Once (M24)	M24: YES	NO	
WP3.1.2 _Terms of reference document	Terms of reference document	Once (M21)	YES	NO	

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay*	Comments
WP3.1.3_ Evaluation plan	Evaluation plan document	Once (M21)	YES	YES	Delay in release (30 th November 2015)
WP3.2.1_ Number of meetings/TC with WP leaders	Agendas and minutes	Once (M24)	YES	NO	--
WP3.2.2_ Mid-term evaluation report	WP1 and WP3 records	Once (M24)	NO	NO	Mid-Term report was released three months later (7 th March 2016)
WP3.2.3_ Percentage of indicators with response at mid-term according to the total of indicators proposed	Mid-term evaluation report	Once (M24)	YES	NO	All WP above 95% response rate
WP3.2.4_ Satisfaction survey about the quality of the project evaluation at mid-term (perception of utility, support and understanding of the assessment)	Satisfaction surveys	Once (M26)	NO	NO	There is not a specific GSS for mid term evaluation
WP3.3.1_ Number of meetings/TC with WP leaders	Agendas and minutes	Once (M39)	YES	NO	--
WP3.3.2_ Final evaluation report	WP1 and WP3 records	Once (M39)	YES	NO	--
WP3.3.3_ Percentage of indicators with response according to the total of indicators proposed	Final evaluation report	Once (M39)	YES	NO	The practical totality of the indicators proposed were obtained
WP3.3.4_ Satisfaction survey about the quality of the project evaluation at final term (perception of utility, support and understanding of the assessment)	WP-leaders	Once (M39)	YES	NO	--

*understood as later than one month in comparison with what was committed

WP4 Indicators

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay*	Comments
WP4: Platform for knowledge exchange					
WP4.G.1 _Number of meetings/teleconferences organized by WP4	WP4 meeting minutes	Annual: M12, M24, M36	M12: YES	NO	21 meetings and TCs
			M24: YES	NO	11 meetings and 7 TCs
			M36: YES	NO	
WP4.G.2 _Percentage of partners attending to the WP4 meetings/teleconferences	WP4 meetings/teleconferences ' minutes	Annual: M12, M24, M36	M12: NO	NO	76% attendance
			M24: NO	NO	64% attendance
			M36:NO	NO	
WP4.G.3 _Percentage of accomplishment of Deliverables	Interim (annual) and final reports	Annual: M14, M26, M39	M14: YES	NO	--
			M26: YES	NO	--
			M39: YES	NO	--
WP4G.4 _Satisfaction of WP members with WP4	Associated and Collaborating partners of WP4	M27, M38	M27: NA	NO	--
			M38: YES	NO	GSS data assessed between M30 and M34
WP4.T1.1 _Process of development of assessment criteria	Final report (excel sheet)	D1: May 2015; D2: Nov. 2015; D3: Dec. 2015; D4: July 2016	D1: YES D2: YES	NO	--
			D3: YES D4: YES	NO	DELPHI 3 delivered with 2 months of delay
WP4.T1.2 _Response rate in each Delphi round (for each Delphi)	Online Delphi platform	Once per round	D1: YES D2: YES	NO	DELPHI 1: R1:100% R2: 76%, R3: 88%, DELPHI 2: R1: 100 % R2: 92% R3: 95%
			D3: YES D4: YES	NO	DELPHI 3: R1:81% R2: 95%, R3: 55%, DELPHI 4: R1: 100 % R2: 93% R3: 62%
WP4.T1.3 _Criteria, categories and weights agreed	Final report	D1: May 2015; D2: Nov. 2015; D3: Dec. 2015; D4: July 2016	D1: YES D2: YES	NO	--
			D3: YES D4: YES	NO	--
WP4.T2.1 _Assessment tool: piloting phase (no storage)	Platform metrics	December 2015 (M24)	YES	NO	--
WP4.T2.2 _Other online tools available	Satisfaction survey	Once - M36	YES	NO	--
WP4.T3.1 _Help Desk Services ready for piloting	Platform metrics plus survey to beta-piloting users	December 2016 (M36)	YES	NO	--

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay*	Comments
WP4.T3.2 _User satisfaction	Satisfaction survey	From January 2017 onwards	YES	NO	--
WP4.T4.1 _Repository of practices: storage in the piloting (phase II)	User metrics (excel sheet)	Q1 2016 (M27)	YES	NO	--
WP4.T4.2 _Repository of practices: operational phase	Satisfaction survey	From January 2017 onwards	YES	NO	--
WP4.T4.3 _User metrics on assessment of practices	Online repository platform records	M37 till the end of CHRODIS JA	YES	NO	--
WP4.T4.4 _Practices for public display	Platform records (Excel)	Once- M39	YES	NO	--
WP4.T5.1 _Digital library: piloting phase	Platform metrics (Excel)	M27 until M30	YES	NO	--
WP4.T5.2 _Quality of Digital library at operational status	Survey	Once- March 2017 (M39)	YES	NO	--
WP4.T5.3 _Use of Digital library at operational status	Digital library platform	Once- March 2017 (M39)	YES	NO	--
WP4.T6.1 _Clearinghouse with practices of excellence in chronic care across Europe, based on a valid and sound set of criteria (D4.1)	Final report	Once- March 2017 (M39)	YES	NO	--
WP4.T6.2 _Efficiency of the Clearinghouse in the operational phase	Online platform	Once- March 2017 (M39)	YES	NO	--
WP4.T6.3 _On-line help-desk with expert consultants, providing on-line tools and meaningful information(D4.2)	Final report	Once- March 2017 (M39)	YES	NO	--
WP4.TO.1 _Number of meetings with EIP-AHA members	WP4 agenda	Twice – M24, M39	YES	NO	0 at M24, but totally 2 (twice) at M39
WP4.TO.2 _Report of convergence	Report on convergence	Once- M24	YES	NO	--
WP4.TO.3 _Development of the business plan	Report	M24 (draft), M39 (final)	YES	NO	Final by M39
WP4.TO.4 _Effective use of the insight from WP 5,6, 7	Satisfaction Survey	July 2016 (M31)	NO	NO	72% satisfaction when 80% is required
WP4.TO.5 _Effective linkage to website (WP2)	JA_CHRODIS website	Once – M36	YES	NO	--

*understood as later than one month in comparison with what was committed

WP5 Indicators

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay*	Comments
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	M12:NO	--	1 Meeting in Cologne (2014)
			M24: YES	NO	1 general meeting (Vilnius 25/11/2015): and 2 additional WP5 meetings.
			M36: YES	NO	3 additional general meetings and 5 additional meetings related to 7 different study visits
WP5.G.2 Percentage of partners attending to the WP5 meetings/teleconferences	WP5 meetings/teleconferences' minutes	Annual: M12, M24, M36	M12: YES	NO	--
			M24: PARTIALLY	NO	Some meetings reached the 80% threshold
			M36: YES	NO	All M24-M36 meeting reached the threshold
WP5.G.3 Percentage of accomplishment of Deliverables	Interim (annual) and final reports	Annual: M14, M26, M39	M14: PARTIALLY	NO	1 deliverable was delayed more than 1 month (6 weeks)
			M26: YES	NO	--
			M39: YES		--
WP5.G.4 Satisfaction of WP members with WP5	Associated and Collaborating partners of WP5	M27, M38	M27: NA	NO	Not received an assessment
			M38: YES	NO	GSS data assessed between M30 and M34 (WP3) with high degrees of satisfaction and an additional satisfaction survey.
WP5.1.1 Questionnaire development guideline	CHRODIS Website	Once (M20)	YES	NO	--
WP5.1.1.2 Questionnaire development	CHRODIS Website	Once (M20)	YES	NO	--
WP5.1.2 Percentage of partner agreement on the final version of the questionnaire	WP5 Meeting protocol, Mail correspondence	Once (M20)	YES	NO	Acceptance criteria: 50% agreement; completion criteria 100% agreement. Results: 94% agreement
WP5.1.3 Percentage of questionnaires received	Questionnaire on "Good Practice (GP) in the Field of Health Promotion and Disease Prevention" (HPDP)	Once (M20)	YES	NO	100%

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay*	Comments
WP5.1.4 Percentage of questionnaires fulfilling	Questionnaire on “GP in the Field of HPDP”	Once (M20)	YES	NO	Acceptance criteria: 80% questionnaires full filled. Result: 94%
WP5.1.5 _Countries participating	Questionnaire on “GP in the Field of HPDP”	Once (M20)	YES	NO	--
WP5.1.8 _Publication of Country Reviews.	Country reports	Once (M20)	YES	NO	--
WP5.1.9 _Number of visits / downloads of country reviews	JA-CHRODIS web site	2x per year (M20, M24, M30, M36)	M20: YES	NO	Acceptance criteria 300 visits. Completion criteria: 500. Result: 859. Number of downloads is not available in the system.
			M24:NA	--	Information said to be not available
			M30:NA	--	Information said to be not available
			M36:NA	--	Information said to be not available
WP5.1.10 _Overall summary of country reviews	JA-CHRODIS website	Once (M20)	YES	NO	--
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	NO	--
WP5.2.2 _Criteria template used for Delphi panel process	Delphi criteria template	Once (M20)	YES	NO	--
WP5.2.3 _Description of criteria for the identification of good practices in the prevention of chronic diseases	Delphi Questionnaire	Once (M20)	YES	NO	--
WP5.3.1 _Identification of 3 good practices (GP) from associated countries that match the selection criteria	Good practices (GP) report	Once (M20)	YES	NO	--
WP5.3.2 _Number of GP collected per country and sent to WP4	GP report Information to be completed by WP5 leader	Once (M20)	YES	NO	41 good practices collected
WP5.3.3 _Development of an English summary of good practices	Good practices report	Once (M20)	YES	NO	--
WP5.3.4 _ Number of visits/downloads of good practices report	Good practices report	M24, M36	M24:NA	--	Information said to be not available
			M36:NA	--	Information said to be not available
WP5.4.1 _Organization of the general conference	Agenda and minutes	Once (M27)	M23: YES	NO	“Joining forces in health promotion to tackle the burden of chronic diseases in Europe” (Vilnius November 2015)
WP5.4.2 _Number of participants in the	List of signatures	Once (M27)	M23: NO	--	Less than 80% of associated partners were

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay*	Comments
Conference: "Joining forces in health promotion to tackle the burden of chronic diseases in Europe"					represented
WP5.4.3 _Satisfaction with the general conference	General conference satisfaction questionnaire	Once (M27)	M23:YES	NO	4 out of 5 average level of satisfaction
WP5.4.4 _Recommendations on policy and practical measures for local, national and EU level to strengthen health promotion and primary prevention and reduce the burden of chronic diseases	Conference agenda and minutes, list of initial recommendations formulated, or documentation	Once (M36)	YES	NO	There is no single, specific document on recommendations. However, most reports produced by WP5 touch this point.
WP5.5.1 _Guideline to select good practices for study visits	Guideline document available	Once (M30)	YES	NO	There is an agreed guideline of criteria of good practices; the practices chosen for good practices referred to these criteria and followed a threefold approach.
WP5.5.2 _Number of study visits carried out for the selected good practices	Agenda and minutes on study visits	Once (June 2016)	YES 7+1 bilateral	NO	Number of partners involved in the visits: 45 different individuals from 27 different partner institutions 7 study visits minutes are currently under revision; a combination of minutes and summarized outcome results will be published on the JA-CHRODIS website
WP5.5.3 _Overall report on success factors and barriers for transferring of good practices to other countries and settings	Report document	Once (June 2016)	YES	YES	--
WP5.5.4 _Number of visits/downloads of the overall report	Website stats	Every 6 months	NA	--	Information said to be not available

*understood as later than one month in comparison with what was committed. NA: Not Available

WP6 Indicators

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay*	Comments
WP6.G.1 _Number of meetings/teleconferences organised by WP6	WP6 meeting minutes	Annual: M12, M24, M36	M12: YES	NO	1 meetings (1 meeting, 5 TCs)
			M24: YES	NO	Cumulative description: 2 meetings (1 meeting, 1 expert meeting, 5 TCs)
			M36: YES	NO	Cumulative description: 3 meetings (2 meetings, 1 expert meeting, 5 TCs)
WP6.G.2 _Percentage of partners attending to the WP6 meetings/teleconferences	WP6 meetings/teleconference s' minutes	Annual: M12, M24, M36	M12: NO	NO	Average of 48% attendance
			M24: NO	NO	75% (3 rd WP6 partner meeting)
			M36:NO	NO	3 rd expert meeting had 12 attendees 4 th meeting to be held after M36
WP6.G.3 _Percentage of accomplishment of Deliverables	Interim (annual) and final reports	Annual: M14, M26, M39	M14: YES	NO	100%
			M26: YES	NO	100%
			M39: YES	NO	100%
WP6G.4 _Satisfaction of WP members with WP6	Associated and Collaborating partners of WP6	M27, M38	M27:NO	NO	According to the Global Satisfaction Survey, 50 to 75% of AP/CPs, qualified WP6 as effective, qualified WP6 as giving adequate feedback, declared to be satisfied with the progress of WP6 and declared to be aware of the next activities required of WP6
WP6.1.1 _Number of databases analysed	National databases: partners surveys	Once (M18)	YES	NO	8 databases
WP6.1.2 _Overall number of patients in the dataset analysis with multimorbidity	Partners national databases	Once (M18)	YES	NO	2,052,833
WP6.1.3 _Number of articles identified in literature search	Interim report and final report	Once (M18)	YES	NO	3,892
WP6.1.4 _Number of articles selected	Interim report and final report	Once (M18)	YES	NO	36
WP6.1.5 _Definition of target population	Interim report and final report	Once (M18)	PARTIALLY	NO	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	NO	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	NO	Methodology was defined, but it lacks information on T0 and T3

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay*	Comments
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)	M18: YES	NO	2,611
			M36: YES	NO	No additional relevant papers identified (the task was completed at M24)
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)	M18: YES	NO	19
			M36: YES	NO	19 (No additional relevant articles specifically selected by JA CHRODIS WP6 (the task was completed at M24))
WP6.2.3 _Countries where these studies take place	ICARE4EU network, documents provided by partners	Twice (Interim and final report) (M18, M36)	M18: YES	NO	5 countries [USA (13 studies), Canada (3), Australia (1), Japan (1), Netherland (1)]
			M36: YES	NO	5
WP6.2.4 _Number of type of outcomes analysed in those studies	ICARE4EU network, documents provided by partners, publications selected by scientific literature review.	Twice (Interim and final report) (M18, M36)	M18: YES	NO	3 types: patient related, caregiver related and referred to health care utilization costs
			M36: YES	NO	3 types: patient related, caregiver related and referred to health care utilization costs
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)	M18: YES	NO	18 JA CHRODIS – 119 considering ICARE4EU network
			M36: YES	NO	18 JA CHRODIS – 119 considering ICARE4EU network
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)	M18: YES	NO	10 JA CHRODIS WP6 - 86 considering ICARE4EU network
			M36: YES	NO	10 JA CHRODIS WP6 - 86 considering ICARE4EU network
WP6.2.8 _ Summary of existing care pathways	Interim and final official report with care	Twice (Interim and final report)	M18: YES	NO	--
			M36: YES	NO	Summary available for further project purposes

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay*	Comments
	pathways identified	(M18, M36)			
WP6.2.9_ Article published in a peer-review indexed journal	Scientific literature search	Once (M36)	YES	NO	An article published in Health Policy (July 2016) and an article submitted to Health Policy (Sep 2016)
WP6.2.10_ Quality of Systematic Review measured with AMSTAR checklist	Published papers	Once (M18)	PARTIALLY	NO	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	M18: YES	NO	--
			M36: YES	NO	No additional search done Description available for further project purposes
WP6.3.1_ Variables evaluated as good practices	Database of good practices identified	Once (M18)	YES	YES	Were found and defined by WP4.
WP6.3.2_ Assessment methods of good practices	WP6 records	Once (M18)	YES	YES	The variables to be considered to establish a good practice was confirmed by an expert consensus
WP6.3.3_ Number of works done of selected good practices according established criteria	WP6 records	Once (M18)	PARTIALLY	YES	None (Nevertheless, documents found at Task 2 were used as good practices by experts to build the finally intended MM model, but no formal "good practices" assessment was done)
WP6.3.4_ Number of good practices identified at local level by questionnaires	WP6 records	Once (M18)	PARTIALLY	YES	
WP6.3.5_ Number of good practices selected and given to WP4	WP6 records	Once (M18)	PARTIALLY	YES	1 considered to be assessable as good practice. Also contacts from practices found were shared with WP4
WP6.3.6_ Description of criteria used for evaluation of interventions	Database of good practices / interventions identified	Once (M18)	YES	YES	Same as 6.3.1
WP6.3.7_ Number of interventions selected	Database of good practices / interventions identified	Once (M18)	PARTIALLY	YES	By M39 one intervention is being introduced in the CHRODIS Platform
WP6.3.8_ Description of good practices selected	Good practices database/ interventions identified	Once (M18)	NO	NO	
WP6.3.9_ Final document report produced	Database of good practices / interventions identified	Once (M18)	YES	YES	Report available for further project purposes
WP6.3.10_ Quality of the document following: Critical Appraisal Skills Programme (CASP) Qualitative Research	Final document report on beneficial interventions for management of multi-	Once (M18)	NO	NO	--

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay*	Comments
Checklist	morbid patients				
WP6.3.11 _Description of expert consensus for assessment cost-effectiveness and applicability of good practices in multi-morbidity management	The expert meeting agenda and minutes	Once (M18)	PARTIALLY	YES	Instead of an expert meeting, a questionnaire was completed by experts. Quality of the expert consensus not measured.
WP6.4.1 _Number of case management training programmes identified	Field survey, interim report, final report	Twice: interim and final reports (M18, M36)	M18: YES	YES	Task was started at M24
			M36: YES	NO	Three
WP6.4.2 _Description of the identified training modules	Interim report and final report	Twice (M18, M36)	M18: YES	YES	Task was started at M24
			M36: NO	NO	--
WP6.4.3 _Definition of consensus meeting protocol	Consensus meeting agenda and minutes List of participants / signature sheet	Once (M24)	PARTIALLY	NO	There was no formal protocol although there was a methodology behind the meeting
WP6.4.4 _Number of participants in the consensus meeting	List of participants / signature sheet	Once (M24)	YES	NO	12 participants
WP6.4.5 _Minutes of the consensus meeting	Consensus meeting agenda and minutes	Once (M24)	YES	NO	Minutes available for further project purposes
WP6.4.6 _Definition of a standardized curriculum applicable in different countries and settings	Results of the expert meeting	Once (M24)	YES	NO	Description available for further project purposes
WP6.4.7 _Description of skills for search multi-morbidity professionals training programs	Results of the expert meeting	Once (M36)	YES	YES	Available soon at JA CHRODIS website
WP6.4.8 _Provide Guidelines for development of multi-morbidity training programmes	Official report	Once (M36)	PARTIALLY	NO	Guidelines elaborated but not publically available

*understood as later than one month in comparison with what was committed

WP7 indicators

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay*	Comments
WP7: Diabetes: a case study on strengthening health care for people with chronic diseases					
WP7.1.1_ Number of meetings organized by WP7 / WP7.G.1 Number of meetings/teleconferences organised by WP7	WP7 leadership	Annual: M12, M24, M36	M12: YES	NO	2 face-to-face meetings. Communication within the group is promoted by email and by participation through a web-based community of practice
			M24: YES	NO	Same as 7.1.1 M12
			M36: YES	NO	Same as 7.1.1 M12
WP7.1.2_ Percentage of partners attending to the WP7 meetings/teleconferences / WP7.G.2_ Percentage of partners attending to the WP7 meetings/teleconferences	WP7 meetings/teleconference s' minutes	Annual: M12, M24, M36	M12: PARTIALLY	NO	92% of associated partners (AP) and 53% of collaborative partners (CP) have attended in at least one face-to-face meeting
			M24: YES	NO	100% of AP and 67% of CP have attended in at least one face-to-face meeting
			M36: YES	NO	Same as 7.1.2 M24
WP7.1.3_ % accomplishment of deadlines of milestones/deliverables/ WP7.G.3_ Percentage of accomplishment of Deliverables	Activities Report	Twice a year (October/May)	M18: PARTIALLY	YES (M24)	"Expert overview on successful strategies to improve prevention of diabetes and the quality of care for people with diabetes" not delivered on time. Reason: data collection on strategies/ practices and the definition of list of quality criteria requiring more time than expected. Moreover, partners agreed to conduct a SWOT analysis, by country, with the objective to give a qualitative overview of the current strategies/ practices. The SWOT Report was agreed to be the means of verification for the milestone.
			M20: PARTIALLY	YES (M22)	"Expert policymaker meeting" not delivered on time. Reason: the meeting was conducted together with the Workshop to analyse collected data on processes in NDP development, implementation, sustainability
			M22: NA	NO	NDP Workshop conducted on time
			M30: PARTIALLY	YES (M33)	"Guide for National Diabetes Plans" not delivered on time. Reason: it was based on workshop at WP7 Partners' level, held in M26, February 2016, and on workshop with GB members held in June 2016 (M30).
			M32: NA	NO	Workshop with GB members conducted on time

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay*	Comments
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)	1 st year: YES	NO	13,418 log ins
			2 nd year: N.A.	NO	N.A.
			3 rd year: YES	NO	7,047 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)	1 st year: YES	NO	235 posts
			2 nd year: N.A.	NO	N.A.
			3 rd year: YES	NO	383 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)	1 st year: YES	NO	12,273 views
			2 nd year: N.A.	NO	N.A.
			3 rd year: YES	NO	6,877 views
WP7.1.7 _Papers and other publications produced	Activities Reports	Once yearly (October)	1 st year: YES	NO	5 papers
			2 nd year: N.A.	NO	N.A.
			3 rd year: YES	NO	5 papers, made available on open access format, 1 EU newsletter, 1 patients leaflet (translated into several languages), and 4 leaflets with the key WP7 results
WP7.1.8 _Satisfaction of WP members / WP7G.4 _Satisfaction of WP members with WP6	Self-reported WP7 partners	Once yearly (October)	1 st year: NA	N.A.	--
			2 nd year: NA	N.A.	--
			3 rd year: YES	NO	All participants ranked highly the meeting as productive and worthwhile. Additionally, 92% reported to have a medium-high degree of information and involvement in relation to the work of other WPs and the JA-CHRODIS in general.
WP7.2.1 _Literature review	WP7 intranet platform	Once (M18)	YES	NO	--
WP7.2.2 _Development of questionnaire for data collection	WP7 intranet platform	Once (M18)	YES	NO	--
WP7.2.3 _Long list of criteria for description	WP7 intranet platform	Once (M18)	YES	NO	--
WP7.2.4 _Potential good practices sent to WP4	WP7 intranet platform	Once (M32)	YES	NO	2 of the 38 described practices were sent to the CHRODIS platform.
WP7.2.5 _Number of questionnaires collected	WP7 intranet platform	Once (M24)	YES	NO	19 questionnaires and 14 SWOT analyses
WP7.2.6 _% of questionnaire fully completed	WP7 intranet platform	Once (M24)	N.A.	N.A.	The filling was based on the availability of strategies/ programmes/ practices". The initial strategy was to produce a questionnaire for each task 1-4, and it was later decided to produce a single questionnaire, that

Code_Indicator	Data source(s)	Periodicity	Achievement	Delay*	Comments
					could be partially filled depending on the initiatives existing in each country relating to all tasks
WP7.2.7 _Coverage of EU + Associated Countries	WP7 intranet platform	Once (M24)	YES	NO	17 EU countries represented in JA-CHRODIS plus 2 associated countries
WP7.2.8 _Final document produced	WP7 intranet platform	Once (M32)	YES	NO	Two reports and one deliverable
WP7.3.1 _Questionnaire for NDP mapping	Questionnaire	Once (M18)	YES	NO	--
WP7.3.2 _Number of collected NDP questionnaires	Questionnaire	Once (M24)	YES	NO	24 questionnaires collected
WP7.3.3 _Coverage of EU + Associated Countries	Questionnaire	Once (M24)	YES	NO	22 EU and EFTA countries represented
WP7.3.4 _Cross-National NDP Guidelines	CHRODIS website	Once (M24)	YES	NO	Originated two deliverables
WP7.3.5 _Workshop about NDP	CHRODIS website	Once (M32)	YES	NO	Ljubljana, October 20-21, 2015
WP7.3.6 _Number of workshop participants	Members confirmation of participation	Once (M32)	YES	NO	34 participants (22 countries represented)

*understood as later than one month in comparison with what was committed. NA: Not Available

Annex 2. Work Package Evaluation Checklists

WP1 – Coordination

Period of evaluation: from July 2015 to March 2017

Below you can find the checklist corresponding to the second evaluation period for CHRODIS WP1. Please note that each indicator is asked considering the periodicity of achievement that was previously established (see [Annex: Indicators Description](#)). If afterwards some new deadlines have been agreed upon with the funding authority, please specify this with a comment so we do not consider this as a delay, but an agreed postponement.

1. Global process indicators

1.1. **Number of meetings** (TC/face to face) organized by WP1 with its own associated partners during the project⁶⁴ (from January 2014 to March 2017) (**WP1.G.1**⁶⁵)

Please, answer for each data collection point:

	Number of face to face meetings	Number of Teleconferences (TC)
<u>*From M1 to M12</u> ⁶⁶ :		
<u>From M13 to M24</u>		
<u>From M25 to M36</u> :		

*Please, report also this information although it corresponds to the previous evaluation period

1.2a. **Number of total WP1 partners** (**WP1.G.2**)

Please, answer for each data collection point:

At M12: _____

At M24: _____

At M36: _____

⁶⁴ For some indicators the information corresponding to the first evaluation period was not gathered, so there are some questions referred to this period written in blue that we kindly ask you to provide now.

⁶⁵ Code indicators are highlighted in grey, in order to facilitate their identification if needed.

⁶⁶ List of months mentioned in the checklist: **M9**: September 2014; **M12**: December 2014; **M14**: February 2015; **M18** June 2015; **M21**: September 2015; **M24**: December 2015; **M26**: February 2016; **M27**: March 2016; **M30**: June 2016; **M31**: July 2016; **M33**: September 2016; **M36**: December 2016; **M39**: March 2017.

1.2b. Number of partners **attending meetings** during the project (from January 2014 to March 2017) organized by WP1 (TC/face to face) (**WP1.G.2**)

	WP1 meeting X	WP1 meeting XX	WP1 meeting XXX	WP1 meeting XXXX	...
Number of partner attendees					

1.3 – Planned **milestones** and **deliverables** of WP1 for the period were **achieved/completed on time?** (**WP1.G.3**). Please, answer for each data collection point:

At M26:

Yes, all ☐

Yes, with exceptions ☐ Please indicate which, current status and delay

No ☐ Please indicate current status and delay

At M39:

Yes, all ☐

Yes, with exceptions ☐ Please indicate which, current status and delay

No ☐ Please indicate current status and delay

1.4 – WP1 has determined the **Satisfaction** of WP members with WP1 by using a satisfaction survey? (**WP1.G.4**)

(Note: this question has already been answered by the WP3 team, as the Global Satisfaction Survey collects data from WP1 members on WP1 performance. Nevertheless, if you have performed additional satisfaction surveys in parallel, please specify so, providing the survey questionnaire and data collection period)

(please choose all that apply)

☒ Yes, by means of the Global Satisfaction Survey conducted in the frame of WP3

☐ Yes, by an additional satisfaction survey

☐ No

2. General coordination

2.1 – **Planned deliverables** for the period (July 2015-March 2017) were achieved/completed on time. (**WP1.1.3**). Please, answer for each data collection point:

At M24:

Yes, all ☐

Yes, with exceptions ☐ Please indicate which, current status and delay

No ☐ Please indicate current status and delay

At M39:

Yes, all ☐

Yes, with exceptions ☐ Please indicate which, current status and delay

No ☐ Please indicate current status and delay

2.2 – WP1 has been able to **interact** (regular TC's, meetings or emails) regularly with the EIP-AHA partnership. (**WP1.1.4**). Please, answer for each data collection point:

At M24:

Yes ☐

No ☐

At M39:

Yes ☐

No ☐

2.3 – Planned **annual report** for the period were completed on time (**WP1.1.5**). Please, answer this question for each planned report.

2nd interim report

Yes, on time (M24) ☐

Yes, with delay ☐ Please indicate delay _____

No ☐

3rd interim report

Yes, on time (M39) ☐

Yes, with delay ☐ Please indicate delay _____

No ☐

Final report

Yes, on time (M39) ☐

Yes, with delay ☐ Please indicate delay _____

No ☐

2.4 – **Public deliverables** and **reports** for the period are **available** on public website (**WP1.1.6**). Please, answer for each data collection point:

At M24:

Yes, all ☐ Please indicate the links

Yes, with exceptions ☐ Please indicate which and delay _____ and indicate the links for those available _____

No ☐

At M39:

Yes, all ☐ Please indicate the links

Yes, with exceptions ☐ Please indicate which and delay _____ and indicate the links for those available _____

No ☐

2.5 – Variation in the number **Person days** per WP in GA versus person days per WP at the end of the evaluated period: (**WP1.1.7**)

Work Package	Number of Person days in GA	Number of person days in M21	Number of person days in M26	Number of person days in M33	Number of person days in M36
WP1					
WP2					
WP3					
WP4					
WP5					
WP6					
WP7					

Because this indicator was not collected for the first time period, please complete also this table: (**WP1.1.7**)

Work Package	Number of Person days in GA	Number of person days in M9	Number of person days in M14
WP1			
WP2			
WP3			
WP4			
WP5			
WP6			
WP7			

2.6 – WP1 has **informed** biannually (M18, M24, M30 and M39) of the **person days executed** per WP versus person days available for the whole JA (**WP1.1.8**)

Yes ☐ Yes, with exceptions ☐ Please indicate which and delay _____

No ☐

2.7 – WP1 has **informed** biannually (M18, M24, M30 and M39) of the level of **budget executed** versus budget available per WP according to the GA. (**WP1.1.9**)

Yes ☐ Yes, with exceptions ☐ Please indicate which and delay _____

No ☐

2.8 – WP1 has provided **evidence** of regular **exchange and interaction** with EIP-AHA representatives (**WP1.1.10**). Please, answer this question for each data collection point.

At M24:

Yes ☐

No ☐

At M39:

Yes ☐

No ☐

2.9 – Has WP1 determined the **Satisfaction** of **WP leaders** with organisation, information received and feedback of WP1 work by using a satisfaction survey? (**WP1.1.11**)

(Note: this question has already been answered by the WP3 team, as the Global Satisfaction Survey collects data from WP1 members on WP1 performance. Nevertheless, if you have performed additional satisfaction surveys in parallel, please specify so, providing the survey questionnaire and data collection period) (please choose all that apply)

☒ Yes, by means of the Global Satisfaction Survey conducted in the frame of WP3

☐ Yes, by an additional satisfaction survey

☐ No

2.10 – WP1 has ensured the **deliverables** for all WP were achieved* on schedule for the period (July 2015-March 2017) (**WP1.1.12**). Please answer this question for each data collection point.

At M24:

Work Package	All deliverables achieved	Not all deliverables achieved	Indicate which deliverables were not achieved
WP1			
WP2			
WP3			
WP4			
WP5			
WP6			
WP7			

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

At M39:

Work Package	All deliverables achieved	Not all deliverables achieved	Indicate which deliverables were not achieved
WP1			
WP2			
WP3			
WP4			
WP5			
WP6			
WP7			

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

2.11 – WP1 has defined, together with WP3, a list of indicators to assess JA-CHRODIS impact (**WP1.1.13**)

Yes, on time (M24) ☐

Yes, with delay ☐ Please indicate delay _____

No ☐

2.12 – How many **person days** were **allocated** to the JA? (**WP1.1.14**)

2.12b – How many **person days** have been **executed** during the evaluated period? (**WP1.1.14**)

At M24: _____

At M39: _____

2.13 – Which is the **total budget** of the JA-CHRODIS? (**WP1.1.15**)

2.13b – Which is the **budget executed** during the evaluated period?

At M24: _____

At M39: _____

3. Stakeholders meetings

3.1 – **Number** of Stakeholder (SH) **meetings** during the period (July 2015-March 2017) (**WP1.SH.1**).

3.2 – The 3rd stakeholders meeting was held... (**WP1.SH.2**)

On time (during or before May 2016) (M29) ☐

With delay ☐ Please indicate delay _____

3.2b – How many participants (organisations per Member State) were **invited** to the 3rd annual stakeholders meeting? (**WP1.SH.2**) _____

3.3 – How many participants (organisations per Member State) **attended** the 3rd annual stakeholders meeting? (**WP1.SH.3**) _____

3.4 – Were the **minutes** from the 3rd SH meeting available on JA-CHRODIS website? (**WP1.SH.4**)

Yes, on time (M29) ☐ Please indicate the links _____

Yes, with exceptions or delay ☐ Please indicate which or delay _____ and indicate the links for those available _____

No ☐

3.5 – Has WP1 determined the **Satisfaction** from participants about SH meetings by using a satisfaction survey? (**WP1.SH.5**)

(Note: this question has already been answered by the WP3 team. Nevertheless, if you have performed additional satisfaction surveys in parallel, please specify so, providing the survey questionnaire and data collection period)

(please choose all that apply)

☒ Yes, by means of a Meeting Survey conducted in the frame of WP3

☐ Yes, by an additional satisfaction survey

☐ No

3.6 – How many stakeholders **attended more than one** stakeholders meeting? _____
(**WP1.SH.6**)

4. Executive Board meetings

4.2– Number of Executive board leaders and co-leaders: (**WP1.EB.2**)

At M24: _____

At M39: _____

4.1 Executive Board Face to face meetings

4.1.1. Number of **EB face to face meetings** organised during the period (July 2015-March 2017) (**WP1.EB.1**). Please answer this question for each data collection point:

From M19 to M24: _____

From M25 to M36: _____

4.1.2 – How many WP leaders and co-leaders have **attended** to EB face to face meetings? (**WP1.EB.2**)

	6 th EB meeting	7 th EB meeting	8 th EB meeting
Number of attendees					

4.1.3– Are the EB face to face meeting **minutes** available in the website/intranet? (**WP1.EB.3**). Please, answer this question for each data collection point:

At M24:

Yes, all and on time (M24) ☐ Please indicate the links _____

Yes, with exceptions or delay ☐ Please indicate which or delay _____ and indicate the links for those available _____

No ☐

At M39:

Yes, all and on time (M39) ☐ Please indicate the link _____

Yes, with exceptions or delay ☐ Please indicate which or delay _____ and indicate the link for those available _____

No ☐

4.1.4 - WP1 has determined the **Satisfaction** from participants about EB face to face meetings (6th, 7th, and 8th...) by using a satisfaction survey? (**WP1.EB.4**)

(Note: this question has already been answered by the WP3 team. Nevertheless, if you have performed additional satisfaction surveys in parallel, please specify so, providing the survey questionnaire and data collection period)
(please choose all that apply)

☒ Yes, by means of a Meeting Survey conducted in the frame of WP3

☐ Yes, by an additional satisfaction survey

☐ No

4.1.5 – Has WP1 **followed up** on EB meeting agreements after each EB face to face meeting (6th, 7th, and 8th...)? (**WP1.EB.5**). Please answer this question for each data collection point:

At M24:

Yes ☐

Yes, with exceptions ☐ Please indicate which and reason _____

No ☐

At M39:

Yes ☐

Yes, with exceptions ☐ Please indicate which and reason _____

No ☐

4.2. Executive Board teleconference meeting

4.2.1 Number of **EB TC meetings** organised during the period (July 2015-March 2017)?
(**WP1.EB.1**)

From M19 to M24: _____

From M25 to M39: _____

4.2.2 – How many WP leaders and co-leaders have **attended** to EB TC meetings? (**WP1.EB.2**)

	EB TC meeting X	EB TC meeting XX	EB TC meeting XXX
Number of attendees					

4.2.3– Are the EB meeting **minutes** available in the website/intranet? (**WP1.EB.3**).

Please answer this question for each data collection point:

At M24:

Yes, all ☐

Please indicate the link _____

Yes, with exceptions ☐

Please indicate which _____

No ☐

At M39:

Yes, all ☐

Please indicate the link _____

Yes, with exceptions ☐

Please indicate which _____

No ☐

4.2.4. Has WP1 **followed up** on EB meeting agreements after each EB teleconference meeting? (**WP1.EB.5**)

Please answer this question for each data collection point:

At M24:

Yes ☐

Yes, with exceptions ☐ Please indicate which _____

No ☐

At M39:

Yes ☐

Yes, with exceptions ☐ Please indicate which _____

No ☐

5. Advisory Board (AB) meetings

5.1 – How many AB **meetings** have been organised during the period (July 2015-March 2017)? (**WP1.AB.4**). Please answer this question for each data collection point:

From M19 to M24: _____

From M25 to M36: _____

5.2 – Are the AB meeting **minutes available** in the website/intranet? (WP1.AB.5)

Please answer this question for each data collection point:

At M24:

Yes, all ☐ Please indicate the links

Yes, with exceptions ☐ Please indicate which _____ and indicate the links for those available _____

No ☐

At M39:

Yes, all ☐ Please indicate the links

Yes, with exceptions ☐ Please indicate which _____ and indicate the links for those available _____

No ☐

5.3 – Has WP1 determined the **Satisfaction** from participants about AB meetings by using a satisfaction survey? (WP1.AB.7)

(Note: this question has already been answered by the WP3 team. Nevertheless, if you have performed additional satisfaction surveys in parallel, please specify so, providing the survey questionnaire and data collection period)

(please choose all that apply)

☒ Yes, by means of a Meeting Survey conducted in the frame of WP3

☐ Yes, by an additional satisfaction survey

☐ No

5.4 – Have the **minutes been approved** by AB members attending the meeting? (WP1.AB.8)

Please answer this question for each data collection point:

At M24:

Yes ☐

Yes, with exceptions ☐ Please indicate which _____

No ☐

At M39:

Yes ☐

Yes, with exceptions ☐ Please indicate which _____

No ☐

6. General Assembly (GA) meetings

6.1 – How many GA **meetings** have been celebrated during the period (July 2015-March 2017)? (**WP1.GA.1**). Please answer this question for each data collection point:

From M19 to M24: _____

From M25 to M36: _____

6.1b – Please, indicate month and year for each GA meeting during the period (July 2015-March 2017):

6.2. Total number of Associated and collaborating partners: (**WP1.GA.2**)

Please answer this question for each data collection point:

At M24: _____

At M39: _____

6.2b – How many Associated and Collaborating partners have **attended** each GA meeting? (**WP1.GA.2**)

	1 st GA meeting*	2 nd GA meeting	
Number of partners			

*Please, report also this information for 1st GA meeting although it corresponds to the previous evaluation period

6.3 – Are the GA meeting **minutes available** in the website/intranet? (**WP1.GA.3**)

Please answer this question for each data collection point:

At M24:

Yes, all ☐ Please indicate the link

Yes, with exceptions ☐ Please indicate which _____ and indicate the links for those available _____

No ☐

At M39:

Yes, all ☐ Please indicate the link

Yes, with exceptions ☐ Please indicate which _____ and indicate the links for those available _____

No ☐

6.4 – Has WP1 determined the **Satisfaction** from participants about GA meetings by using a satisfaction survey? **(WP1.GA.5)**

(Note: this question has already been answered by the WP3 team. Nevertheless, if you have performed additional satisfaction surveys in parallel, please specify so, providing the survey questionnaire and data collection period)

(please choose all that apply)

- ☒ Yes, by means of a Meeting Survey conducted in the frame of WP3
☐ Yes, by an additional satisfaction survey
☐ No

6.5 – How many partners (institutions) **attended more than one** GA meeting? _____
(WP1.GA.6)

7. Establishment of the Governing Board

7.1 - How many GB **meetings** have been celebrated during the period (July 2015-March 2017)? **(WP1.GB.2)**. Please answer this question for each data collection point:

From M19 to M24: _____

From M25 to M36: _____

7.2. Number of GB members: **(WP1.GB.3)**

At M24:: _____

7.2b – How many GB members have **attended** to each GB meeting? **(WP1.GB.3)**

	2 nd GB meeting	3 rd GB meeting	4 th GB meeting	...
Number of GB members				

7.3 – Are the GB meeting **minutes available** in the website/intranet? **(WP1.GB.4)**

Please answer this question for each data collection point:

At M24:

Yes, all ☐ Please indicate the link

Yes, with exceptions ☐ Please indicate which _____ and indicate the links for those available _____

No ☐

At M39:

Yes, all ☐ Please indicate the link

Yes, with exceptions ☐ Please indicate which _____ and indicate the links for those available _____

No ☐

7.4 – Are GB **reports available** in the website/intranet? (**WP1.GB.7**) Please answer this question for each data collection point:

At M20:

Yes, all on time (M20) ☐ Please indicate the link _____

Yes, with exceptions or delay ☐ Please indicate which and delay _____ and indicate the links for those available _____

No ☐

At M30:

Yes, all on time (M30) ☐ Please indicate the link _____

Yes, with exceptions or delay ☐ Please indicate which and delay _____ and indicate the links for those available _____

No ☐

At M37:

Yes, all on time (M37) ☐ Please indicate the link _____

Yes, with exceptions or delay ☐ Please indicate which and delay _____ and indicate the links for those available _____

No ☐

7.5 - Has WP1 determined the **Satisfaction** from participants about GB meetings by using a satisfaction survey? (**WP1.GB.9**)

(Note: this question has already been answered by the WP3 team. Nevertheless, if you have performed additional satisfaction surveys in parallel, please specify so, providing the survey questionnaire and data collection period)

(please choose all that apply)

☒ Yes, by means of a Meeting Survey conducted in the frame of WP3

☐ Yes, by an additional satisfaction survey

☐ No

7.6 – Have the **minutes been approved** by the Governing Board members attending the meeting? (**WP1.GB.10**). Please answer this question for each data collection point:

At M24:

Yes, all on time (M24) ☐

Yes, with exceptions ☐ Please indicate which _____

No ☐

At M37:

Yes, all on time (M37) ☐

Yes, with exceptions ☐ Please indicate which _____

No ☐

7.7 – Has the GB elaborated a **Final Report**? (**WP1.GB.11**)

Yes, on time (M37)

Yes, with delay ☐ Indicate delay _____

No ☐

JA-CHRODIS EVALUATION CHECKLIST

WP2 – Communication

Period of evaluation: From July 2015 to February 2017.

Where possible, please provide information until around M24 and after until Feb 2017.

1. General process indicators

1.1 – WP2 has been able to maintain communication exchanges (emails, meetings) with respective WP associated partners.

Yes, with all ☐

Yes, with exceptions ☐ Please indicate which _____

No ☐

1.2 – Planned milestones and deliverables for the period were achieved/ completed on time.

Yes, all ☐

Yes, with exceptions ☐ Please indicate which, current status and delay _____

No ☐ Please indicate current status and delay _____

2. Dissemination

2.1 – Already collected (**WP2.2.1**)

2.2 – WP3 will determine the percentage of partners that consulted the Dissemination Strategy document through the Global Satisfaction Survey (**WP2.2.2**)

2.3 – Already collected (**WP2.2.3**)

2.4 – Already collected (**WP2.2.4**)

2.5 – WP3 will determine the percentage of partners that consulted the Guidance document through the Global Satisfaction Survey (**WP2.2.5**)

2.6 – Already collected (**WP2.2.6**)

2.7 – How many of the JA-CHRODIS associated partners have reported activities to WP2 during this/these period(s) (through the template or otherwise)? _____

If need be, refer to Annex 1 for partners listing (**WP2.2.7**)

2.8 – How many partners have confirmed to provide institutional links to the JA-CHRODIS website? Associated partners _____ Collaborative Partners _____ **(WP2.2.8)**

2.9 – Were the appropriate dissemination materials developed and made available upon request to WP2? **(WP2.2.9)**

Yes ☐

No ☐ Please describe the lack

2.10 – In how many languages is the JA-CHRODIS brochure available? _____ How many other languages did WP2 received a request to translate the brochure to? _____ **(WP2.2.10)**

2.11 – How many key events were identified by WP2 for this period? _____ How many of these key events were anticipated by the dissemination of a press-release? _____ **(WP2.2.11)**

2.12 – How many national or regional press-releases, other publications or materials, were reported to WP2 (include translated/adapted)? _____ **(WP2.2.12)**

2.13 – How many JA-CHRODIS brochures were delivered, upon request by partners? _____ **(WP2.2.13)**

2.14 – In how many events were brochures and/or presentations delivered? _____ **(WP2.2.14)**

2.15 – In how many languages was JA-CHRODIS disseminated? _____ **(WP2.2.15)**

2.16 – How many requests for information about JA-CHRODIS has WP2 received from external institutions (directly or through WP1)? _____ **(WP2.2.16)**

3. Stakeholder Mapping

3.1 – Already collected **(WP2.3.1)**

3.2 – Already collected **(WP2.3.2)**

3.3 – Already collected **(WP2.3.3)**

3.4 – Which European Union and other countries are represented in the Contact database?

(WP2.3.4)

3.5 – Which categories of stakeholders were agreed by WP1 and WP2, and which of those are covered by the Contact database? **(WP2.3.5)**

3.6 – How many entries does the Stakeholders Contact database have? _____ **(WP2.3.6)**
 Was the most recent update done by WP2 less than one year ago? Yes ☐ No ☐

4. Online Tools

4.1 – Already collected **(WP2.4.1)**

4.2 – Already collected **(WP2.4.2)**

4.3 – Are dissemination materials available in digital form in the JA-CHRODIS website? **(WP2.4.3)**

Yes ☐

No ☐

4.4 – How many average monthly visits were recorded during this period on the JA-CHRODIS website? _____ **(WP2.4.4)**

4.5 – How much average time was spent per visit during this period on the JA-CHRODIS website? **(WP2.4.5)** _____

4.6 – How many updates were done in the JA-CHRODIS website during this period? **(WP2.4.6)** _____

4.7 – WP3 will determine the satisfaction of partners that consulted the website through the Global Satisfaction Survey **(WP2.4.7)**

4.8 – How many average monthly returning visits were recorded during this period on the JA-CHRODIS website? _____ **(WP2.4.8)**

4.9 – How many newsletters and monthly updates were made available through the JA-CHRODIS website during this period? _____ **(WP2.4.9)**

4.10 – How many newsletter views (per newsletter) were recorded during this period on the JA-CHRODIS website? **(WP2.4.10)**

4.11 – WP3 will determine the satisfaction of partners that consulted the newsletters through the Global Satisfaction Survey (**WP2.4.11**)

4.12 – Was a document describing the Webinars Strategy developed and made available? (**WP2.4.12**)

Yes ☐

No ☐

4.13 – How many people have registered, and how many have participated in the following webinars? (**WP2.4.13**)

i) General JA-CHRODIS Webinar _____ (participated/registered).

ii) Health Promotion Webinar _____ (participated/registered).

iii) Multimorbidity Webinar _____ (participated/registered).

iv) Diabetes Webinar _____ (participated/registered).

v) Platform Webinar _____ (participated/registered).

4.14 – WP3 will determine the satisfaction of people that participated in the webinars through the Webinars Satisfaction Survey (**WP2.4.14**)

4.15 – Already collected (**WP2.4.15**)

4.16 – Already collected (**WP2.4.16**)

4.17 – How many Twitter users follow the JA-CHRODIS account? _____ (**WP2.4.17**)

4.18 – How many Facebook users have liked the JA-CHRODIS page? _____ (**WP2.4.18**)

4.19 – Number of tweets/retweets during this period? _____ (**WP2.4.19**)

4.20 – Number of WP2-generated Facebook posts during this period? _____ (**WP2.4.20**)

WP3 –Evaluation
from July 2015 to March 2017

1. Global process indicators

1.1 – Number of meetings (TC/face to face) organized by WP3 with its own associated partners during the time period of July 2015 to March 2017 (WP3.G.1)

Please, answer for each data collection point:

	Number of face to face meetings	Number of Teleconferences (TC)
From M19 to M24 ⁶⁷ : (July-December 2015)		
From M25 to M36: (Jan 2016-March 2017)		

1.2 – Number of total WP3 partners: (WP3.G.2)

At M24:

At M36:

1.2b. Number of partners attending meetings organized by WP3 (TC/face to face) from July 2015 to March 2017 (WP3.G.2)

	WP3 meeting X	WP3 meeting XX	WP3 meeting XXX	WP3 meeting XXXX	...
Number of partner attendees					

1.3 – Were planned milestones and deliverables for the period (July 2015-March 2017) achieved/ completed on time? (WP3.G.3)

Please, answer for each data collection point:

At M26:

Yes, all ☐

Yes, with exceptions ☐ Please indicate which, current status and delay

No ☐ Please indicate current status and delay

At M39:

Yes, all ☐

Yes, with exceptions ☐ Please indicate which, current status and delay

⁶⁷ List of months mentioned in the checklist: **M19**: July 2015; **M21**: September 2015; **M24**: December 2015; **M25**: January 2016; **M26**: February 2016; **M27**: March 2016; **M36**: December 2016; **M38**: February 2017; **M39**: March 2017.

No ☐ Please indicate current status and delay _____

1.4 –Has WP3 determined the Satisfaction of WP members with WP3 for the period (July 2015-March 2017) by using a satisfaction survey? **(WP3.G.4)**

Please, answer for each data collection point:

At M27:

Yes ☐

Yes, with exceptions ☐ Please indicate which, reason and delay _____

No ☐

At M38:

Yes ☐

Yes, with exceptions ☐ Please indicate which, reason and delay _____

No ☐

2. Development of evaluation plan

2.1 – Number of meetings (TC/face to face) organized by WP3 with WP leaders in relation to the development of the evaluation plan during the period (July 2015-March 2017)? **(WP3.1.1)**

2.1b – The meetings were held...

During or before M24 ☐

With delay ☐ Please indicate delay _____

2.2 – Has WP3 leader and co-leader accepted the Terms of Reference document proposed by WP1? **(WP3.1.2)**

Yes, on time (M21) ☐

Yes, with delay ☐ Please indicate delay _____

No ☐

2.3 –Was the Evaluation plan document released? **(WP3.1.3)**

Yes, on time (M21) ☐

Yes, with delay ☐ Please indicate delay _____

No ☐

If this report is available on the website or intranet, please indicate link: _____

3. Implementation of mid-term report

3.1 – Number of meetings (TC/face to face) organized by WP3 with WP leaders in relation to the monitorization process for the mid-term report during the period (July 2015-March 2017)? **(WP3.2.1)**

3.1b – The meetings were held...

During or before M24 ☐

With delay ☐ Please indicate delay _____

3.2 – Was the Mid-term Evaluation Report released? **(WP3.2.2)**

Yes, on time (M24) ☐

Yes, with delay ☐ Please indicate delay _____

No ☐

If this report is available on the website or intranet, please indicate link: _____

3.3 – Indicate the % of indicators with response at mid-term evaluation according to the total indicators agreed **(WP3.2.3)**

3.4 – Indicate the % of leaders satisfied with the quality of the project evaluation at mid-term? **(WP3.2.4)**

3.4b – Please, indicate moth of measurement of WP3.2.4 indicator:

At M26 ☐

With delay ☐ Please indicate delay _____

4. Implementation of final report

4.1 – Number of meetings (TC/face to face) with WP leaders in relation to the monitorization process for the final report during the period (July 2015-March 2017)? **(WP3.3.1)**

4.2 – Was the Final Evaluation Report released? **(WP3.3.2)**

Yes ☐

No ☐

If this report is available on the website or intranet, please indicate link: _____

4.3 – Indicate the % of indicators with response at second-term evaluation according to the total indicators agreed **(WP3.3.3)**

4.4 – Indicate the % of leaders satisfied with the quality of the project evaluation at second-term? **(WP3.3.4)**

Final Draft

WP4 –Platform for knowledge exchange

Period of evaluation: from July 2015 to March 2017

Below you can find the checklist corresponding to the second evaluation period for WP4. Please note that each indicator is asked considering the periodicity of achievement that was previously established (see Annex: Indicators Description). If afterwards some new deadlines have been agreed upon with the funding authority, please specify this with a comment so we do not consider this as a delay, but an agreed postponement.

1. Global process indicators

1.1 – Number of **meetings** (TC/face to face) organized by WP4 with its own associated partners during the time period of July 2015 to March 2017 (**WP4.G.1**⁶⁸).

Please, answer for each data collection point:

	Number of face to face meetings	Number of Teleconferences (TC)
<u>From M19 to M24</u> ⁶⁹ :		
<u>From M25 to M36</u> :		

1.2 – Number of total WP4 **partners**: (**WP4.G.2**)

At M24: _____

At M36: _____

1.2b. Number of partners **attending meetings** organized by WP4 (TC/face to face) from July 2015 to March 2017 (**WP4.G.2**)

	WP4 meeting X	WP4 meeting XX	WP4 meeting XXX	WP4 meeting XXXX	...
Number of partner attendees					

1.3 – Were planned **milestones and deliverables** for the period (July 2015-March 2017) achieved/completed on time? (**WP4.G.3**). Please, answer for each data collection point:

At M26:

Yes, all ☐

Yes, with exceptions ☐ Please indicate which, current status and delay

No ☐ Please indicate current status and delay

⁶⁸ The code of the indicator that each piece of information is needed for is highlighted in grey, in order to facilitate their identification if needed.

⁶⁹ List of months mentioned in the checklist: **M19**: July 2015; **M24**: December 2015; **M25**: January 2016; **M26**: February 2016; **M27**: March 2016; **M31**: July 2016; **M36**: December 2016; **M39**: March 2017.

At M39:

Yes, all ☐

Yes, with exceptions ☐ Please indicate which, current status and delay

No ☐ Please indicate current status and delay

1.4 – WP4 has determined the **Satisfaction** of WP members with WP4 by using a satisfaction survey? (**WP4.G.4**)

(Note: this question has already been answered by the WP3 team, as the Global Satisfaction Survey collects data from WP4 members on WP4 performance. Nevertheless, if you have performed additional satisfaction surveys in parallel, please specify so, providing the survey questionnaire and data collection period) (please choose all that apply)

☒ Yes, by means of the Global Satisfaction Survey conducted in the frame of WP3

☐ Yes, by an additional satisfaction survey

☐ No

2. Development of assessment criteria

2.0a – DELPHI 3 was carried out...

On time (December 2015) (M24) ☐

With delay ☐ Please indicate delay _____

No, it was not ☐

2.0b – DELPHI 4 was carried out...

On time (July 2016) (M31) ☐

With delay ☐ Please indicate delay _____

No, it was not ☐

2.1 – All the steps listed in the **protocol** for each Delphi assessment have been carried out and documented (**WP4.T1.1**)

Answer this question for DELPHI 3:

Yes ☐

Yes, with exceptions ☐ Please indicate which _____

No ☐

Answer this question for DELPHI 4:

Yes ☐

Yes, with exceptions ☐ Please indicate which _____

No ☐

2.2 –How many people have accepted to participate in each **Delphi round**? How many questionnaires were completed in each Delphi round? (**WP4.T1.2**)

Answer this question for DELPHI 3:

Round 1: Number of people _____	Number of questionnaires completed _____
Round 2: Number of people _____	Number of questionnaires completed _____
Round 3: Number of people _____	Number of questionnaires completed _____

Answer this question for DELPHI 4:

Round 1: Number of people _____	Number of questionnaires completed _____
Round 2: Number of people _____	Number of questionnaires completed _____
Round 3: Number of people _____	Number of questionnaires completed _____

2.3 –There is a **list of criteria** (criteria, categories, weights agreed) obtained from each **DELPHI**: (**WP4.T1.3**)

Please, answer this question for DELPHI 3:

Yes ☐

No ☐

Please, answer this question for DELPHI 4:

Yes ☐

No ☐

3. Design of a set of online tools aimed at providing users with guidance on development, implementation and evaluation of chronic care practices

3.1 – Number of incidences reported during the piloting phase (no storage) of the assessment tool (**WP4.T2.1**)

3.1b – Please, indicate month of measurement of WP4.T2.1 indicator:

At M24 ☐

With delay ☐ Please indicate delay _____

3.2 – Are there other online tools available in the platform? (**WP4.T2.2**)

Yes ☐

No ☐

3.2b – Usability and satisfaction (**WP4.T2.2**)

3.2c – Please, indicate time of measurement of WP4.T2.2 indicator (satisfaction survey):

At M36 ☐

With delay ☐ Please indicate delay _____

4. Setting an online help desk with expert consultants available to help users in the actual development, implementation and evaluation of chronic care practices

4.1 – Was there a piloting phase developed to assess help desk services? (WP4.T3.1)

Yes, on time (M36) ☐

Yes, with delay ☐ Please indicate delay _____

No ☐

4.1b – Number of incidences reported during the piloting phase of the help desk services: (WP4.T3.1)

4.1c – % of beta-piloting users satisfied: (WP4.T3.1)

4.2 – Was satisfaction of users with the online help-desk assessed by using a satisfaction survey (questionnaires completed by users of the platform while using it)? (WP4.T3.2)

Yes, starting in January 2017 ☐

Yes, with delay ☐ Please indicate delay _____

No ☐

4.2b – % of users of the platform satisfied: (WP4.T3.2)

5. Creation of a repository of excellent chronic care practices and policies across Europe

5.1 – Number of incidences reported during the storage piloting phase (phase II) of the repository of practices: (WP4.T4.1)

5.1b – Please, indicate time of measurement of WP4.T4.1 indicator:

At Q1 2016 (M25-M27) ☐

With delay ☐ Please indicate delay _____

5.2 – Was satisfaction of users with the repository of practices assessed by using a satisfaction survey? (WP4.T4.2)

Yes, starting in January 2017 ☐

Yes, with delay ☐ Please indicate delay _____

No ☐

5.2b – % of users satisfied: (WP4.T4.2)

5.3 – Number of chronic care practices submitted (submitters): **(WP4.T4.3)**

5.3b – Number of chronic care practices assessed (reviewers, referees) **(WP4.T4.3)**

5.3c – Please, indicate time of measurement of WP4.T4.3 indicator:

From January 2016 till the end ☐

With delay ☐ Please indicate delay _____

5.4 – Number of chronic care practices above the Percentile 10-threshold **(WP4.T4.4)**

6. Development of a digital library

6.1 – Was there a piloting phase developed to assess the digital library? **(WP4.T5.1)**

Yes ☐

No ☐

6.1b – Platform metrics **(WP4.T5.1)**

6.1c- Please indicate time of measurement of WP4.T5.1 indicator (platform metrics):

From April 2016 until June 2016 ☐

With delay ☐ Please indicate delay _____

6.2 – % of appreciation quality obtained from the survey about the quality of the experience: **(WP4.T5.2)**

6.3 – Number of uses (submissions and queries) of the digital library: **(WP4.T5.3)**

7. Technological platform and services to support post-JA activities

7.1 – Development of a clearinghouse with practices of excellence in chronic care across Europe: **(WP4.T6.1)**

Yes ☐

No ☐

7.2 – Time of response of the clearinghouse in the operational phase: **(WP4.T6.2)**

7.3 – Development of an on-line help-desk with expert consultants: **(WP4.T6.3)**

Yes ☐

No ☐

8. Other outputs

8.1 – Number of meetings organized between partners of WP4 and EIP-AHA members during the time period of July 2015 to March 2017: **(WP4.TO.1)**

Please, answer this question for each data collection point:

At M24: _____

At M39: _____

8.2 – Development of a report of convergence (between PKE and EIP AHA): **(WP4.TO.2)**

Yes, on time (M24) ☐

Yes, with delay ☐ Please indicate delay _____

No ☐

8.3 – Development of a business plan listing PKE tasks beyond Chrodis JA: **(WP4.TO.3)**

Yes ☐

No ☐

8.3b – Was this business plan provided to the coordination? **(WP4.TO.3)**

Yes ☐

No ☐

8.4 – Was satisfaction with the collaboration between WPs assessed by using a satisfaction survey? **(WP4.TO.4)**

Yes, on time (M31) ☐

Yes, with delay ☐ Please indicate delay _____

No ☐

8.4b – % of satisfied from the survey: **(WP4.TO.4)**

8.5 – Linkage of the PKE (Platform for Knowledge Exchange) in JA CHRODIS website completed and operational **(WP4.TO.5)**

Yes, on time (M36) ☐

Yes, with delay ☐ Please indicate delay _____

No ☐

**WP5 –Good practices in the field of health promotion and chronic disease prevention
across the life cycle**

Period of evaluation: from July 2015 to December 2016

Global process indicators

G.1. Number of meetings (TC/face to face) organized by WP5
with its own associated partners during the time period of July 2015 to December 2016
(WP5.G.1)

G.2a. Number of total WP5 partners **(WP5.G.2)**

G.2b. Number of partners attending meetings (from July 2015 to December 2016) organized
by WP5 (TC/face to face)

	WP 5 meeting 1	WP 5 meeting 2	WP 5 meeting 3	WP 5 meeting 4
Number of partner attendees				

G.3 – Planned milestones and deliverables of WP5 for the period were achieved/ completed
on time? **(WP5.G.3)**

Yes, all ☐

Yes, with exceptions ☐ Please indicate which, current status and delay

No ☐ Please indicate current status and delay

G.4 – WP5 has determined the Satisfaction of WP members (Associated and Collaborating
partners) with WP5 by using a satisfaction survey? **(WP5.G.4)**

(Note: this question has already been answered by the WP3 team, as the Global Satisfaction
Survey collects data from WP5 members on WP5 performance. Nevertheless, if you have
performed additional satisfaction surveys in parallel, please specify so, providing the survey
questionnaire and data collection period)

(please choose all that apply)

☐ Yes, by means of the Global Satisfaction survey conducted in the frame of WP3

☐ Yes, by an additional satisfaction survey

☐ Yes, with exceptions. Please indicate which and reason _____

☐ No

Identification of Good Practices

3.4 Number of visits to the downloads of good practices report **(WP5.3.4)** _____
(Probably this information is important to get it, from the JA-Chrodis Website WP 2 WP 2).

Conference Seminars

4.1 Did you Organised a general conference dedicated to exchange and discuss good practices between associated partners, policy and decision makers at the European and national level? (WP5.4.1) _____

Yes ☐

When _____ Have you any minutes _____

No ☐ Please indicate current status and delay _____

4.2 Number of participants in the Conference "Joining forces in health promotion to tackle the burden of chronic diseases in Europe" **(WP5.4.2)** _____

Please list of participants accord the signature list _____

Number of policy/decision maker per associated partner which attended

Number of stakeholder per associated partner which attended

4.3 Did you made some Satisfaction Questionnaires in the general conference **(WP5.4.3)**

Yes ☐ _____ Average level of satisfaction _____

No ☐ _____ Why _____

4.4 Did you made a document of recommendations on policy and practical measures for local, national and EU level to strengthen health promotion and primary prevention and reduce the burden of chronic diseases **(WP5.4.4)**

Yes ☐ Please indicate the link _____

No ☐ Please indicate current status and delay

Peer Reviews/ Study Visits

5.1 Did you develop Guideline to select good practices for study visits? Are they available in website? **(WP5.5.1)**

Yes ☐ Please indicate the link _____

No ☐ Please indicate current status and delay _____

Is there any explicit methodology for the development of the criteria either by papers or expert consensus?

Yes ☐ Please describe the criteria used _____

No ☐ Please indicate causes _____

5.2. Number of study visits carried out for the selected good practices **(WP5.5.2)**

Number of partners involved in the visits _____

Number of study visits minutes _____

Please indicate the link _____

Were there any quality criteria for participation, satisfaction and usefulness?

Yes ☐ Please describe the criteria used _____

No ☐ Please indicate causes _____

5.3 Did you develop any overall report on success factors and barriers for transferring good practices to other countries context and settings? **(WP5.5.3)**

Yes ☐ Please indicate the link _____

No ☐ Please indicate current status and delay _____

5.4 Number of visits/downloads of the overall report on CHRODIS website? **(WP5.5.4)**

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

1. Global process indicators

1.1. Number of **meetings** (TC/face to face) organized by WP6 with its own associated partners during the time period of July 2015 to December 2016 (**WP6.G.1**⁷⁰)

1.2a. Number of total WP6 **partners** (**WP6.G.2**)

1.2b. Number of partners **attending meetings** (from July 2015 to December 2016) organized by WP6 (TC/face to face) (**WP6.G.2**)

1.3 – Planned **milestones and deliverables** of WP6 for the period were achieved/completed on time? (**WP6.G.3**)

Yes, all ☐

Yes, with exceptions ☐ Please indicate which, current status and delay

No ☐ Please indicate current status and delay

1.4 – WP6 has determined the **Satisfaction** of WP members with WP6 by using a satisfaction survey? (**WP6.G.4**)

☐ Yes, by means of the Global Satisfaction survey conducted in the frame of WP3

☐ Yes, by an additional satisfaction survey

☐ Yes, with exceptions. Please indicate which and reason _____

☐ No Any additional satisfaction survey was performed

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

2.1. Number of **relevant papers** identified by electronic database search (**WP6.2.1**)

2.2. Number of **articles selected** (**WP6.2.2**)

2.3. List of the **countries** where the identified studies took place (**WP6.2.3**)

2.3b. Is this list available for further project purposes?

Yes ☐

No ☐

2.4. Number of **type of outcome** analyzed in those studies available for further project purposes (**WP6.2.4**)

⁷⁰ Code indicators are highlighted in grey, in order to facilitate their identification if needed.

2.5. Number of **works done or care interventions** found using multi-morbid patients approaches (**WP6.2.5**)

2.6. Total number of **pathways** (care programs or approaches) identified in the literature review (**WP6.2.7**)

2.7. Development of a **summary** of existing care pathways available for further project purposes (**WP6.2.8**)

Yes ☐

No ☐

2.8. **Article published** in a peer-review indexed journal regarding the existing multi-morbid care pathways by WP6 group of experts (**WP6.2.9**)

Yes ☐ Please provide paper reference and impact factor

Article is submitted ☐ Please provide journal and date of submission

No ☐

2.9. **Search criteria** for papers describing applied interventions was defined (**WP6.2.11**)

Yes ☐ Please describe the search criteria:

No ☐

Which were the databases used? Which were the search terms used? Which were the languages included (for example, only English papers)? For the period following March 2014, have any other search been done?

2.9b. Is this search criteria available for further project purposes?

Yes ☐

No ☐

3. Assess and select good practices on management of multi-morbid patients

3.1. **Variables** for the evaluation and selection of good practices were defined (**WP6.3.1**)

Yes ☐ Please describe the variables selected:

No ☐

3.1b Is this list of variables available for further project purposes?

Yes ☐

No ☐

3.2. Evaluation **methodology** for the evaluation and selection of good practices was established (**WP6.3.2**)

Yes ☐ Please describe the methodology used

No ☐

3.2b Is the description of this evaluation methodology available for further project purposes?

Yes ☐

No ☐

3.3. Number of **works done or interventions** of selected good practices according to established criteria (**WP6.3.3**)

3.4. Number of **good practices identified** at local level by questionnaires (specify by country)? (**WP6.3.4**)

3.5. Number of **good practices selected** (matching selection criteria) and given to WP4 by associated countries (**WP6.3.5**)

3.6. Criteria for the **evaluation** of selected interventions was defined? (**WP6.3.6**)

Yes ☐ Please describe the criteria used

No ☐

3.7. **Number of interventions** finally **selected** according to established criteria to be included in the repository of good practice and clinical data? (**WP6.3.7**)

3.8. Please describe the **methodology** used in the selection of good practices (or criteria for defining what a good practice is)? (**WP6.3.8**)

3.8b. Is the description of the methodology in the selection of good practices available?

Yes ☐ Please indicate the link

No ☐

3.9. Development of a **final document** report for management of multimorbid patients (**WP6.3.9**)

Yes ☐

No ☐

3.9b. Is the final document report available?

Yes ☐ Please indicate the link

No ☐

3.10. Quality of the final report has been measured using the Critical Appraisal Skills Programme (CASP) Qualitative Research Checklist (**WP6.3.10**)

Yes ☐ Please provide the score

We used another quality tool ☐ Please provide the tool and the score

No ☐

3.11. Development of expert consensus meeting for the assessment of cost-effectiveness and applicability of good practices (**WP6.3.11**)

Yes ☐

No ☐

Please, can you specify which issues were assessed in this questionnaire? Cost-effectiveness and applicability? Easiness to replicate? If the summary is available on the website, can you indicate the link?

3.11b. Quality of the expert consensus has been measured:

Yes ☐ Please provide the quality results

No ☐

4. Define multi-morbidity case management training modules

4.1. Number of **case management training programs** identified (**WP6.4.1**)

4.2. Please describe the **contents** of the selected training programs (**WP6.4.2**)

Please, can you summarise the contents of the selected training programs:

4.2b Is the description of the identified training modules available for further project purposes?

Yes ☐

No ☐

4.3. Development of a **protocol** explaining the **consensus criteria** to reach an agreement on the multi-morbidity case management training programmes/modules (**WP6.4.3**)

Yes ☐ Please describe the justification of the methodology used for the development of the consensus meeting protocol

No ☐

4.3b Is the protocol available for further project purposes?

Yes ☐ Please indicate the link

No ☐

4.4. Number of **participants** in the **consensus meeting** to agree on the definition of the multi-morbidity case management training programmes/modules (**WP6.4.4**)

4.5. Existence of a **minutes** of the **consensus meeting** (**WP6.4.5**)

Yes ☐

No ☐

4.5b Is the minutes available for further project purposes?

Yes ☐ Please indicate the link

No ☐

4.6. Definition of a **standardized curriculum** applicable in different countries and settings (**WP6.4.6**)

Yes ☐

No ☐

Can you provide information about the description?

4.6b Is the definition of a standardized curriculum available for further project purposes?

Yes ☐ Please indicate the link

No ☐

4.7. Description of **skills for search** multi-morbidity professionals training programs (**WP6.4.7**)

Yes ☐ Please provide the description of the skills

No ☐

4.8. **Guidelines** for developing multi-morbidity training programmes elaborated: (**WP6.4.8**)

Yes ☐

No ☐

4.8b Are the guidelines for developing multi-morbidity training programs available for further project purposes?

Yes ☐ Please indicate the link

No ☐

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

Period of evaluation: from July 2015 to December 2016

1. General process indicators

1.1 – How many meetings with partners were organized by WP7? (**WP7.G.1**): _____.

1.2 – How many partners are involved in WP7? (**WP7.G.2**), (**WP7.1.2**): _____ associated partners and _____ collaborative partners.

Of those, _____ associated partners and _____ collaborative partners have participated in at least one WP7 in person meeting.

1.3 – Planned milestones and deliverables for the period were achieved/completed on time. (**WP7.G.3**), (**WP7.1.3**):

Yes, all ☐

Yes, with exceptions ☐ Please indicate which, current status and delay _____

No ☐ Please indicate current status and delay _____

1.4 – Number of log ins to the web-based community of practice: (**WP7.1.4**): _____

1.5 – Number of posts to the web-based community of practice (**WP7.1.5**): _____

1.6 – Number of post views in the web-based community of practice (**WP7.1.6**): _____

1.7 – Number of papers and other special publications produced by WP7 (**WP7.1.7**): _____

1.8 – WP3 will determine the satisfaction of partners with WP7 through the Partners Satisfaction Survey. : (**WP7.G.4**), (**WP7.1.8**)

2. Specific indicators for Tasks 1-4

2.1 – Already collected: (**WP7.2.1**).

2.2 – Already collected. : (**WP7.2.2**).

2.3 – Already collected. : (**WP7.2.3**).

2.4 – How many potential good practices were identified and described in tasks 1-4? : **(WP7.2.4)** _____. And, of those how many were submitted to the CHRODIS platform? _____. If relevant, indicate how many you plan to have submitted by the end of the year: _____.

2.5 – How many filled questionnaires concerning identification and preliminary description of strategies related to Tasks 1 to 4 were received? **(WP7.2.5)**: _____.

2.6 – How many of those questionnaires were fully filled? **(WP7.2.6)**: _____.

2.7 – How many countries were represented on those questionnaires? **(WP7.2.7)**: _____.

2.8 – Was a final document produced regarding tasks 1-4? **(WP7.2.8)**:

Yes ☐

No ☐

Please indicate current status and delay _____

3. Specific indicators for Task 5

3.1 – Already collected. **(WP7.3.1)**.

3.2 – How many filled questionnaires regarding NDPs were received? **(WP7.3.2)**: _____.

3.3 – How many countries were represented on those questionnaires? **(WP7.3.3)**: _____.

3.4 – Was a final document produced regarding NDPs? **(WP7.3.4)**:

Yes ☐

No ☐ Please indicate current status and delay _____

3.5 – Was a workshop organised, regarding NDPs? **(WP7.3.5)**:

Yes ☐ Please indicate date and place _____

No ☐

Please indicate current status and delay _____

3.6 – How many participants attend the workshop? **(WP7.3.6)**: _____.

Literature References

¹ Special Issue on Multimorbidity in the Elderly. European Journal of Internal Medicine. Volume 26, Issue 3, Pages 157-216 (April 2015)

² Hopman P, de Bruin SR, Forjaz MJ et al. Effectiveness of comprehensive care programs for patients with multiple chronic conditions or frailty: A systematic literature review. Health Policy. 2016 Jul;120(7):818-32

³ Marc Roberts, William Hsiao, Peter Berman, Michael Reich. Getting health reform right: a guide to improving performance and equity. Oxford University Press 2008.

⁴ European Commission. Defence-related SMEs.
https://ec.europa.eu/growth/sectors/defence/industrial-policy/smes_en

⁵ Food and Agriculture Organization of the United Nations. Decent Rural Employment.
<http://www.fao.org/rural-employment/resources/good-practices/en/>

⁶ Schweizerische Eidgenossenschaft. Knowledge Management Toolkit. http://www.sdc-learningandnetworking.ch/en/Home/SDC_KM_Tools/Good_Practice