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D3.3 Final Evaluation Report

WP3 Evaluation

Task 3.2. Monitoring implementation

Collection of monitoring indicators and results of ongoing evaluation activities

Elisa Poses-Ferrer and Mireia Espallargues.

Agency for Health Quality and Assessment of Catalonia

WP3

27 / 11 / 2020

This report is part of the joint action CHRODIS-PLUS which has received funding from the European Union's Health Programme (2014-2020)

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The CHRODIS PLUS Joint Action

CHRODIS PLUS is a three-year initiative (2017-2020) funded by the European Commission and participating organisations. Altogether, 42 beneficiaries representing 20 European countries collaborate on implementing pilot projects and generating practical lessons in the field of chronic diseases.

The very core of the Action includes 21 pilot implementations and 17 policy dialogues:

- The pilot projects focus on the following areas: health promotion & primary prevention, an Integrated Multimorbidity Care Model, fostering the quality of care for people with chronic diseases, ICT-based patient empowerment and employment & chronic diseases.
- The policy dialogues (15 at the national level, and 2 at the EU level) raise awareness and recognition in decision-makers with respect to improved actions for combatting chronic diseases.

A heavy price for chronic diseases: Estimates are that chronic diseases cost EU economies €115 billion or 0.8% of GDP annually. Approximately 70% to 80% of healthcare budgets across the EU are spent on treating chronic diseases.

The EU and chronic diseases: Reducing the burden of chronic diseases such as diabetes, cardiovascular disease, cancer and mental disorders is a priority for EU Member States and at the EU Policy level, since they affect 8 out of 10 people aged over 65 in Europe.

A wealth of knowledge exists within EU Member States on effective and efficient ways to prevent and manage cardiovascular disease, strokes and type-2 diabetes. There is also great potential for reducing the burden of chronic disease by using this knowledge in a more effective manner.

The role of CHRODIS PLUS: CHRODIS PLUS, during its 36 months of operation, will contribute to the reduction of this burden by promoting the implementation of policies and practices that have been demonstrated to be successful. The development and sharing of these tested policies and projects across EU countries is the core idea driving this action.

The cornerstones of CHRODIS PLUS: This Joint Action raises awareness of the notion that in a health-promoting Europe - free of preventable chronic diseases, premature death and avoidable disability - initiatives on chronic diseases should build on the following four cornerstones:

- health promotion and primary prevention as a way to reduce the burden of chronic diseases
- patient empowerment
- tackling functional decline and a reduction in the quality of life as the main consequences of chronic diseases
- making health systems sustainable and responsive to the ageing of our populations associated with the epidemiological transition

Contributors and Acknowledgements

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WP3 Subcontractor; Rogério Ribeiro

APDP-ERC - Education and Research Centre, APDP - Diabetes Portugal

CEDOC-NMS| FCM - Chronic Diseases Research Centre, Faculty of Medical Sciences of Lisbon

We also want to thank all WP leaders and the JA Coordination for regularly providing data on the indicators and for their support in the development of surveys and complementary evaluation activities.

Lastly, the financial support from the European Commission is gratefully acknowledged and appreciated.

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Abbreviations

AQuAS	Agència de Qualitat i Avaluació Sanitàries de Catalunya
CD	Chronic Diseases
CHAFEA	Consumers, Health, Agriculture and Food Executive Agency
CPD	Continuing Professional Development
CSJA	Consejeria de Salud de la Junta de Andalucia
DG	Directorate General (European Commission)
EB	Executive Board
ECAB	European Cross-border Care Collaborations
ECHI	European Core Health Indicator (previously "European Community Health Indicator")
EEA	European Economic Area
EIP-AHA	European Innovation Partnership for Active and Healthy Aging
EPF	European Patient Forum
EU	European Union
F2F	Face-to-face
GA	General Assembly
GB	Governing Board
HPDP	Health Promotion and Disease Prevention
IACS	Aragon Health Sciences Institute
ISCIII	Instituto de Salud Carlos III
IMCM	Integrated Multimorbidity Care Model
JA	Joint Action
KPI	Key Performance Indicators
LIWG	Local Implementation Working Group
M#	Month number
MoH	Ministry of Health

MS	Member States
NIGRiR	National Institute of Geriatrics, Rheumatology and Rehabilitation
NIJZ	National Institute of Public Health of Slovenia
NIVEL	Netherlands Institute for Health Services Research
PDSA	Plan, Do, Study, Act cycles
PM	Persons-month
QCR	Quality Criteria and Recommendations Tool
SGPP	Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases of the European Commission
SMART - RACER	Specific, Measurable, Achievable, Relevant and Time-bound - Relevant, Accepted, Credible, Easy and Robust
SQUIRE	Standards for Quality Improvement Reporting Excellence
SWOT	Strengths, Weaknesses, Opportunities and Threats analysis
THL	National Institute for Health and Welfare, Finland
UCSC	Universita Cattolica del Sacro Cuore, Italy
VULSK	Vilnius University Hospital Santariskiu Klinikos, Lithuania
WP	Work Package

Executive summary

The overarching goal of the CHRODIS PLUS Joint Action (JA) is to help European Union Member States (MS) to identify efficient ways of reducing the burden of chronic diseases, of increasing the sustainability of their health systems, and of developing their human capital. The focus is placed on tangible trans-national activities with potential for triggering policies on health and chronic disease in MS and for improving health outcomes. More specifically, the aim of CHRODIS PLUS is to promote the implementation of innovative policies and practices for health promotion, disease prevention and patient empowerment; it does so by fostering high-quality management of chronic diseases and multimorbidity in pilot implementations which are deployed in various countries and are then validated before scale up. CHRODIS PLUS also seeks to improve the adaptation of the employment sector to the needs of chronic patients, via the development of a training tool for managers and a prevention activity toolkit for European companies.

The final report is a key part of the evaluation activities of the CHRODIS PLUS Joint Action (JA). It presents the results for the monitoring indicators over the entire period of the JA (2017-2020), and thus it enables the consortium to evaluate past activities and to draw contextualized conclusions regarding project performance.

Several monitoring and evaluation plans were developed to assess the accomplishment of the Grant Agreement and the process quality and outputs of CHRODIS PLUS. WP3 is the work package responsible for this task, and the Agency for Health Quality and Assessment of Catalonia (AQuAS) is the leader organization. This report describes the 36-months strategy applied in WP3, which was preceded by the establishment of a set of monitoring indicators in agreement with WP leaders, and shared with the members of the Executive Board and WP1 Coordination (available as deliverable D3.1, Evaluation Plan). The group includes sets of WP-specific indicators (83 indicators in total), complemented by a limited set of seven general indicators for the JA as a whole. The evaluation was conducted at various dimensions: the general aims of the project, the objectives and actions of individual work packages, and large-scale general events such as the General Assembly and stakeholders' meetings held during the course of the project. WP3 collected information on the timely submission of deliverables and milestones, the quality of the actions carried out based on inclusion of key stakeholders and partners, the quality of the processes based on D3.1 agreements and the evaluation and reporting of participants' satisfaction. This data collection task was aided by the production by WP3 of WP-specific check-lists, which were then provided to WP leaders. WP leaders were encouraged to add qualitative data to the queries, and the collected data collected were subsequently processed and analysed by WP3, with the collaboration of an external expert, the Associação Protectora dos Diabéticos de Portugal (APDP).

In this report, each WP section begins with a table summarizing the WP indicators evaluated, corresponding to the indicators planned for evaluation up until M36. The level of achievement of each indicator is mentioned, both in the text and in the summary tables. This level of achievement is rated as: completed, accepted, delayed, or unachieved. In some cases the indicators have not been assessed as planned, due to specific conditions during the JA. The month planned for each evaluation is indicated in the report. Additional information, such as satisfaction indicators, was obtained by WP3 from complementary scheduled activities.

The main objective of WP1 was to manage the project, to ensure that it was implemented as planned, and to provide strategic guidance for representatives of the health ministries of member states of the EU and the European Economic Area (EEA) dealing with chronic diseases. This WP also discussed the sustainability of the JA after its termination based on the collaboration in this area between the various health ministries. As regards the monitoring activities, within the evaluation timeframe WP1 held 50 supervision meetings with

other WP leaders. Due to changes in the Coordination, most of the meetings were led by the Scientific Coordinator during the transition. These meetings were complemented by 30 Executive Board meetings, seven of them face-to-face. By M36, the Scientific Coordination had promoted a total of 54 meetings with WP pilot implementation leaders. A General Assembly (GA) was held in May 2019 in Malta, and a final online conference was held in October 2020. To date, two collaborating partners have been involved in CHRODIS PLUS activities, and two key external stakeholders have liaised with the CHRODIS PLUS. On the completion of the JA, the percentage of actual person-days vs person-days stipulated by the Grant Agreement was 100%, and the budget spent amounted to 87.8%, with sporadic justified deviations and the reassignation of funds initially reserved for travel to dissemination activities.

The mission of WP2 was to facilitate a sustainable internal and external communication of the Joint Action. As the first step, the list of stakeholders from the earlier JA-CHRODIS project was updated and the most relevant stakeholders for this project were identified. Stakeholders were divided into groups based on their role in the project and their possible interests deriving from this role. A database with the CHRODIS PLUS partners and Governing Board members is available on the CHRODIS PLUS Intranet. Two Key Multiplier partners were identified, and the Semmelweis University in Budapest managed the database of subscribers of the External Newsletter. The database currently includes some 2,300 contacts. Information regarding the subscribers to the Internal Newsletter is managed by the Ministry of Health of Slovakia, and includes 105 contacts (CHRODIS PLUS partners only). The CHRODIS PLUS website was set up before M6 of the JA, and a CHRODIS PLUS YouTube channel is currently open with 56 videos available. WP2 published 12 newsletters, issued press releases during the Kick off meeting in Vilnius, the General Assembly in Budapest, and the Final Online Conference. Webinars were organized for four of the five core WPs. Finally, 29 good practices were transferred to the EU Commission platform (good practices sharing), which will help to activate the platform's use. Besides the wider dissemination through EU activities, the best practice portal was promoted in the June 2019 issue of CHRODIS PLUS Newsletter.

The main focus of WP3 was to track whether JA tasks were being conducted as planned and whether the objectives were achieved. This ongoing process is supported by the Evaluation Plan, which provided the framework for the regular monitoring of the implementation through ongoing evaluation analysis. WP3 held nine meetings with WP leaders to discuss the set of evaluation indicators, which were validated in the Evaluation Plan (Deliverable D3.1). All the indicators were built using the methodological SMART-RACER framework. None of the indicators in the initial Evaluation Plan were changed. The reporting of the protocol requirements was merged with the implementation strategy reporting tool SQUIRE 2.0 recommendations on the advice of the Scientific Coordinator and WP leaders. WP3 also conducted 16 satisfaction surveys as part of the ongoing evaluation of the project, and summarized and shared the results with the rest of the EB. As follow-up, WP3 has conducted 20 supporting meetings with other WPs, and in May-June 2018 held a first round of 10 interviews to explore its alignment with the expectations of the GB members. The recommendations arising from the analysis of these interviews supported the preparation of the first Governing Board (GB) meeting. Due to the outbreak of COVID-19 and the additional workload imposed on GB members, WP3 did not include a second round of interviews. Furthermore, nine indicators were established for the evaluation of the short and midterm impact of JA-CHRODIS. WP3 concluded that JA-CHRODIS has had a medium-scale impact in the short and midterm but a potentially large impact in the long term among the scientific community, health professionals and policy makers in Europe.

The aim of WP4 was to support MS with regard to the implementation of new or innovative policies and practices for patient empowerment, health promotion and disease prevention, and the management of chronic diseases and multimorbidity. By M20, 90% of the associated MS were represented in the GB (all but Bulgaria and Croatia). After this, changes were made due to political cycles; even so, 80% of the 19 MS in CHRODIS PLUS were represented in the GB throughout the JA. GB members were initially supported through

a concise document with updates on CHRODIS PLUS topics, and they provided strategic guidance and a useful sounding board for the CHRODIS PLUS during the face to face meeting in Ulm (Germany). During the second half of the JA, due to the pandemic, an alternative communication plan was established which guaranteed continued feedback from the GB. Furthermore, WP4 was in close contact with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases of the European Commission (SGPP). Policy Dialogues topics were selected by the national organizers who completed the questionnaire prepared by WP4. All the attendees in the four policy dialogues considered were deemed relevant as key stakeholders as per the evaluation indicators defined in the Evaluation Plan. Prior to the dialogues, WP4 held a series of phone calls to help the organizers plan the policy dialogue. WP4 has received all the scheduled reports on the policy dialogues, and the results were systematically presented in a scientific publication. The lessons learned during the project were included in the CHRODIS PLUS Consensus Statement. During the final online GB meeting, a long session was dedicated to discussing and finally endorsing the consensus statement.

WP5 built on the successful results of the previous JA- CHRODIS, with the aim of improving the knowledge and practices of health promotion and disease prevention across Europe. Twenty-one new or updated country reports were produced and included in the Report "Health Promotion and Primary Prevention in 21 European Countries - A Comparative Overview of Key Policies, Approaches, Examples of Good Practice, and Gaps and Needs" (Deliverable D5.1). WP5 received Scope, SWOT, and Pilot Action Plans for all five different implementation projects; however, the implementation was delayed. All the local implementers considered the level of support provided by WP5 leaders and external partners to be satisfactory or very satisfactory, with an overall rating of 8.3/10. All of the implementing sites took part in the preparation of the "Recommendations for the implementation of health promotion good practices" report, after a workshop held by WP5 which discussed positive and negative factors for inter-/intrasectoral collaboration in 20 health promotion practices. The joint workshop was held the day before the General Assembly.

The purpose of WP6 was to improve the quality of chronic disease and multimorbidity management, by developing country-specific versions of the CHRODIS Integrated Care Model (ICM). All the pilot implementation sites identified and summarized the most relevant features of the corresponding practice, and 80% defined formal risk stratification strategies for patients participating in their pilots, at individual and/or at population level. All the pilots defined specific inclusion and exclusion criteria for patients. Representatives of all implementation partners attended the strategy meeting held in Treviso in February 2018. An additional TC was organized in July 2018 to further discuss strategies for the implementation of the ICM. Partners from both NIVEL and EIP-AHA were involved in the cooperative activities. All the pilot sites incorporated the elements agreed upon in the "Guidelines on Implementation strategy" for the three implementation stages. As in WP5, implementation was delayed. All the local implementers considered the level of support provided by WP6 leaders and external partners to be satisfactory/very satisfactory, with an overall rating of 8.0 on a scale of 1-10 points. Learning, success factors, and barriers were shared with stakeholders, and the main results of the implementation were reported in a scientific publication. The evidence from D6.2 shows that, despite the differences between sites, in general, the ICM had positive effects across all the healthcare systems in which it was tested.

The aim of WP7 was to foster high-quality care for people with chronic diseases through the implementation of a set of quality criteria and recommendations defined in the previous JA- CHRODIS. The Quality Criteria and Recommendations (QCR) tool was applied in a series of pilot actions conducted by eight project partners in different settings, domains, and health care organizations. All the implementation partners used the framework defined at the Pre-Implementation workshop, organized in June 2018 to design their pilot plan using the QCR tool and the "Guideline on implementation strategy". The inclusion of patients' views was ensured by an interim follow-up workshop organized by the European Patient Forum (EPF). All WP7 partners

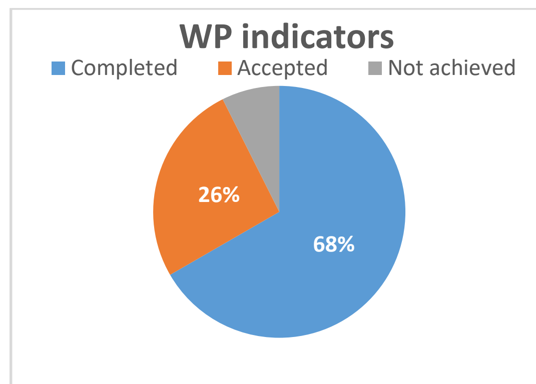
with pilots applied the implementation strategy agreed, which included several short PDSA cycles, adapting the work accordingly. All local implementers considered the level of support provided by WP7 leaders and external partners as satisfactory / very satisfactory, with an overall rating of 8.8. A questionnaire on the mHealth pilots was not administered. A practical guide for the implementation of CHRODIS Recommendations and Criteria was created (D7.2), and short and layman versions are available on the CHRODIS website as well as translations to the various native languages.

The aim of WP8 was to improve access to employment for people with chronic diseases, to support employers in implementing health promotion and chronic disease prevention activities in the workplace, and to reinforce decision-makers' abilities to create policies that improve access or return to work, and the ability to "stay-at-work" for people with chronic diseases. All respondents rated the Expert Meeting held in Brussels March 2018 as "very good" (55%) or "excellent" (45%). WP8 chose optional indicators related to the implementation strategy, and so the planned indicators could not be recorded. Interviews were conducted with 67 respondents from critical stakeholder groups in six European countries. Six national pilots were conducted at 12 workplaces; two extra countries were added to the original plan. Usability, utility, and general implementation of the toolkit was assessed through questionnaires at the pilot sites. The administration of the questionnaires was delayed somewhat due to the pandemic. No reports on the pilot were carried out, but the toolkit was reviewed based on the feedback collected. WP8 also conducted specific dissemination activities to promote the toolkit and training tool.

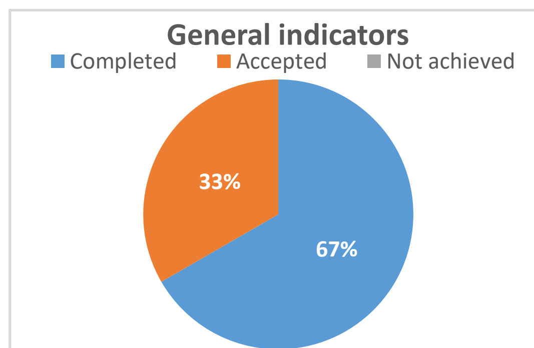
With regards to the general indicators, the requirements for participation and attendance in WP internal meetings were largely met, as were the quality criteria in the work carried put. Satisfaction of partners with each WP leadership was also high. The level of timely accomplishment of milestones and deliverables met the criteria for acceptance, taking into consideration the delays due to the pandemic. Finally, the vast majority of indicators in all WPs were evaluated positively, and 100% of the deliverables at M36 met the quality criteria.

In conclusion, problem areas were identified during the various evaluation stages, and corrective measures taken accordingly. The COVID 19 pandemic led to delays, which were satisfactorily addressed by the consortium; however, it notably restricted the involvement of non-implementation partners in the activities. In general, the analysis of the indicators for CHRODIS PLUS shows a good degree of overall achievement, based on the tasks defined in the Grant Agreement and the specific aims and objectives of each WP.

- ➢ From 81 evaluation indicators specific for the WPs (excluding optional indicators), 55 fulfilled the criteria for "completion"; 21 fulfilled the criteria for "acceptance"; and six were not achieved. In total, **94% of the WPs indicators were evaluated positively** as shown in figure below:



➢ **All seven general indicators were evaluated positively.** All the WPs fulfilled the criteria for "completion" or "acceptance" as shown in the figure below:



Introduction

This section highlights:

1. The overarching goal of CHRODIS PLUS Joint Action
2. The specific objectives of WP3 Evaluation (on monitoring and evaluation activity)
3. The evaluation strategy and tasks/responsabilities of WP3

The overarching goal of CHRODIS PLUS Joint Action is to support MS to identify efficient means to reduce the burden of chronic diseases, increase the sustainability of health systems and develop human capital. The focus is on tangible trans-national activities with a potential to trigger health and chronic diseases policies in MS with the prospective to improve health outcomes. In specific terms, the aim of CHRODIS PLUS is to promote the implementation of innovative policies and practices for health promotion and prevention, patient empowerment, fostering quality management of chronic disease and multimorbidity, in implementation pilots taking place in several countries, being validated before scale up. CHRODIS PLUS also searches for improving the prevention and adaptation of the employment sector to chronic patients, running the development of a training tool for managers and a prevention activity toolkit for European companies.

Innovative practices were identified based on the collection of policies, strategies and interventions that started in JA-CHRODIS and in its outputs, such as the Integrated Multimorbidity Care Model (IMCM) or the Recommendations for Diabetes Quality Criteria or National Plans. They were also based on other outputs derived from projects such as the EU PATHWAYS project on chronic diseases and the employment strategies in Europe. The cross-national implementation of these innovative practices is promoted by CHRODIS PLUS supporting the cross-national collaboration of local implementers and maximizing the dissemination of the lessons learnt through a clear strategy engaging the appropriate stakeholders, promoting the integration and sustainability of the novel, inter-sectorial approaches to health promotion and disease prevention and chronic diseases care into national policies. Policy Dialogues were conducted in several countries and at the EU level, with the ultimate aim to provide a proposal of tangible actions in order to have country specific impact for better management of chronic diseases. Policy Dialogues result in guidance for health sector stakeholders to achieve policy impact. CHRODIS PLUS aims also to establish operational links with existing European strategies (at international-national-local levels).

In order to acknowledge the process quality and outputs of the CHRODIS PLUS, a monitoring and evaluation activity was developed in order to assess the progress, the inclusion of stakeholders, and the partner's feedback during all the Joint Action. WP3 is the work package responsible for this task, and the Agency for Health Quality and Assessment of Catalonia (AQuAS) the leading organization.

This report shows the results of the monitoring indicators at M36 (2020) and ongoing evaluation activities performed during the three years of the JA.

The evaluation of Joint Action CHRODIS PLUS (2017-2020) is a task performed by Work Package 3 (WP3) of the Joint Action, aiming to respond to the need of "Actions undertaken to verify if the project is being implemented as planned and reaches the objectives". With this goal, WP3 is responsible for:

a) a follow-up and monitoring of the activities of the Joint Action;

b) complementary methodological, overall know-how, surveys and interpretation support brought to other partners during all along the Joint Action;

c) the plan of the corresponding short, mid and long-term impact assessment.

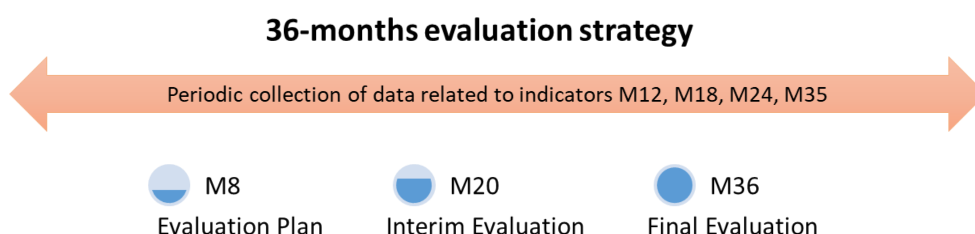
In order to achieve these goals, WP3 designed a strategy to undertake the evaluation of the activities of CHRODIS PLUS based on a 36-months plan, were there are three main milestones:

M8 –Evaluation Plan (deliverable) including a set of monitoring indicators that were agreed with WP leaders, and shared with the members of the Executive Board and WP1 Coordination (D3.1) . This deliverable can be found on the CHRODIS PLUS Intranet (https://emk.semmelweis.hu/chrodisplus/s/dTQjNbYHtDCn8cD)

M18 –Interim Evaluation report: presentation of partial results and ongoing WPs activities and tasks.

M36 – Final report (deliverable) with the full results of the CHRODIS PLUS evaluation.

During this 36-month evaluation strategy, was an ongoing and periodic collection of data from all WPs activities.



Monitoring CHRODIS PLUS is oriented towards following the tasks and activities foreseen in the Grant Agreement and verifying whether its deliverables and milestones are appropriately achieved. Also the quality of what will be achieved and the satisfaction from different stakeholders is included. This job is done following the logics of the separation between the Plan and the scientific added-value related with the overall Joint Action aim that the project brings.

The complementary support was oriented to perform searches, surveys, implement analysis, discuss alignment, and co-learn from dealing with specific challenges from the different work-packages. The topics for support are aligned given the assigned person-months and are as much oriented to the experience and know-how of AQuAS, especially in the field of project management, stakeholder analysis and evaluation.

Impact assessment of CHRODIS PLUS is oriented to assess to what extent the objective of CHRODIS PLUS is achieved in a longer term. This work is performed in alignment with the learnings from assessing the impact of JA CHRODIS. The results of the planned evaluation support the interpretation of the consequences of the results and actions performed.

Section 1 - Evaluation methodology

This section highlights:

1. The design and methods (on monitoring and evaluation activity)

The evaluation is being held at different dimensions: general aims of the project, individual work packages objectives and actions, and big general events, such as General Assembly and Stakeholders meetings which are held all along the project. WP3 collects information on timely submissions of deliverables and milestones, quality of actions based on inclusion of key stakeholders and partners, quality of the processes based on D3.1 agreement and the evaluation and reporting of participants 's satisfaction.

The design of the methodology of the evaluation was conducted jointly by the leader of WP3 (AQuAS) and the external collaboration of APDP. Their specific tasks were to provide parallel expert support during the whole evaluation. The development of the evaluation indicators arose from the intended activities previously designed in each WP, including the general description of each indicator (quantitative or qualitative) and the respective methodology to collect data and analyse results. More information about the specific indicators can be found on the D3.1 Evaluation and Monitoring Plan of CHRODIS PLUS.

Section 2 - WP results

This section highlights:

1. A summary of all the indicators evaluated per WP
2. Evaluation results by each WP

Evaluation results by each WP are presented here.

- WP1 - Coordination
- WP2 - Dissemination
- WP3 - Evaluation
- WP4 - Integration in National Policies and Sustainability
- WP5 - Health Promotion and Disease Prevention (HPDP)
- WP6 - Pilot Implementation of Integrated care model for multimorbidity
- WP7 - Fostering quality of care for people with chronic diseases
- WP8 - Employment and Chronic Diseases: health in all sectors

At the beginning of each WP section, there is a table summarising all the indicators evaluated per WP, corresponding to the indicators planned for evaluation during all the JA.

As specified in the Evaluation and Monitoring Plan, an indicator can be:

a) Completed: when the indicator has fulfilled to the maximum its goal and objectives
b) Accepted: when the indicator has reached the minimum level to be considered of quality and enough for its objectives.
c) Not completed/Failed: when the indicator has not reached the minimum standards of quality or measurement. If a justification exists, it is described and corrective actions proposed.

2.1 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 in time and form and ensure all project objectives and contractual obligations are satisfactorily fulfilled; support the partners with administrative and financial issues; ensure communication with CHAFEA and Commission regarding the progress of the Joint action.

Data collected from indicators

Table 1. CHRODIS PLUS WP1 monitoring indicators per task assessed at M36 final evaluation

WP1: Coordination of the Joint Action
Task 1.1. Financial and managerial monitoring and coordination
WP1.1.1_Number of WP1 work performances supervision meetings with WP leaders
WP1.1.2_Executive Board meetings
WP1.1.3_Percentage of Person days Grant Agreement vs current person days (every 6 months)
WP1.1.4_Budget executed from all partners versus budget Joint Action
WP1.1.5_ Month's difference from the planned and final General Assembly meeting dates
WP1.1.6_Percentage of Beneficiaries at General Assembly Meetings
WP1.1.7_Percentage of Collaborating Partners at General Assembly Meetings
WP1.1.8_Number of activities developed by Collaborating Partners through their WP
WP1.1.9_ Key stakeholder identified and liaised at CHRODIS PLUS
Task 1.2. Scientific coordination
WP1.2.1__Number of meetings between Scientific Coordination and WP pilot implementation leaders

WP1.1.1 Number of WP1 work performances supervision meetings with WP leaders

Until M36, WP1 conducted 50 supervision meetings with WP2, WP3, WP4, WP5, WP6, WP7 and WP8. We need to take into account that due to the change in the Coordination, most of the meetings were covered by the Scientific Coordinator during the transition. Thus, the meetings between the Scientific Coordination and WP leaders were incremented to cover coordination tasks (see indicator WP1.2.1). The evaluation team considers that the coordination meetings between WP1 and WP leaders, as well as implementation leaders, were effective and covered all the WP1 responsibilities and support needed by WP, and that this task has been covered satisfactorily. Below are detailed the different meetings that WP1 held with WP leaders, others than the ones organized directly by the Scientific Coordinator.

WP2

1. 10/10/2017-CHRODIS PLUS Website
2. 17/04/2018 WP2 update
3. 24/05/2018 WP2 update
4. 9/07/2018 WP2 update
5. 28/02/2020 WP2 update

WP3

1. 07/05/2018 Tele-conference
2. 15/04/2020 Tele-conference
3. 01/07/2020 Tele-conference

WP4

1. 19/09/2017 WP4, Vilnius
2. 10/11/2017, WP4 Coordination Team
3. 04/12/2017, WP4 Coordination Team
4. 1/02/2018, WP4 Coordination Team
5. 14/02/2018 WP4, Treviso
6. 12/07/2018 WP4 Coordination Team
7. 1/10/2018
8. 5/11/2018
9. 13/11/2018 (Webinar about Policy Dialogues)
10. 20/11/2018 WP4, Seville
11. 9/01/2019
12. 21/02/2019
13. 19/03/2019
14. 29/04/2019
15. 4-5/06/2019 (2nd GB meeting FTF in Malta)
16. 26/06/2019
17. 03/04/2020
18. 23/04/2020
19. 28/05/2020
20. 05/06/2020
21. 16/06/2020
22. 09/07/2020

WP5

23. 13/05/2019 (Workshop in Budapest)
24. 24/09/2019
25. 07/11/2019 (Workshop)
26. 26/11/2019
27. 27/01/2020
28. 26/02/2020

WP6

1. 13/05/2019 (Workshop in Budapest)

WP7

1. 22/10/2018
2. 3/12/2018 Workshop, Belgrade
3. 05/03/2019 (Site Visit in Novo Mesto)
4. 12/03/2019 (Site Visit in Helsinki)
5. 24/04/2019 (Site Visit)
6. 13/05/2019 (Workshop in Budapest)

WP8

1. 5/02/2019
2. 28/02/2019 (Expert meeting WP8-WP6 Rome)
3. 13/05/2019 (Workshop in Budapest)
4. 11/09/2019
5. 02/12/2019
6. 10/12/2019
7. 31/01/2020

➢ This indicator achieves the acceptance criteria due to the reasons exposed above.

WP1.1.2 Executive Board meetings

By M30, WP1 had organized 30 Executive Board meetings led by the Coordinator; seven by face-to-face (Vilnius, Treviso, Seville, Ulm, Budapest, Malta and Brussels) and 23 by WebEx. This corresponds to a fully complete indicator.

During the last 6-month period, there have been 6 EB meetings online during the COVID-19 pandemic, accounting for a monthly EB meeting, on the following dates:

- 9th March, Extraordinary EB meeting due to COVID-19 crisis
- 17th March

- 21st April
- 19th May
- 9th June
- 7th July

➢ This corresponds to the completion of the indicator.

WP1.1.3 Percentage of Person days Grant Agreement vs current person days (every 6 months)

By M12, the percentage of current person days vs person days designated by the Grant Agreement was 96.7%, which is in line with the acceptance criteria. This also represents globally a positive evolution in relation to GA project budget distribution for a 6-month period, as this has increased from 66.7% execution for M1-6 to 125% execution declared for M7-M12. By M18, this was stable at 90%, with 57.5% of total persons-month (PM) executed. At M24 the 76, 02% of the total PM had been executed: 18 partners have executed 90% or more of their PM. Nevertheless, it is not a specific problem in this period due to this issue detected in the last report. The partners were notified and they had to explain this situation, some of them both to the Commission and to the Coordination of CHRODIS-PLUS. At M30, 92,89 % of the total PM had been executed: from the reports received (39 out of 49 institutions): 2 partner 100% in accordance with number of PM in GA, and 18 partner ±10% in accordance with number of PM in GA. At M30, 19 partners had executed 90% or more of their PM. The partners were notified and they had to explain this situation to the Coordination of CHRODIS-PLUS.

At M36, the percentage of current person days vs person days designated by the Grant Agreement was 100%, which is in line with the completion criteria for this indicator. The average of PM extracted from the reports received (34/49) is above the figures foreseen in the Grant Agreement for this period. At M36 more than 100 % of the total PM foreseen has been executed.

24 institutions have executed more than 100% of their PM. The partners were notified and they had to explain this situation to the Coordination of CHRODIS-PLUS, usually associated to an increased effort needed, and budget not completely exhausted due to actual cost of the PM lower than the estimated at the proposal time.

➢ This corresponds to the completion of the indicator.

WP1.1.4 Budget executed from all partners versus budget Joint Action

By M12, the percentage of budget executed by all partners versus the budget established for the Joint Action was 115.9%, which was slightly above the acceptance criteria (100 ± 10%). This represented an evolution from 95.9% for M1-M6 to 135.9% declared at M7-M12. This was subsequently corrected, with a global performance at M18 of 85.28%, slightly below the acceptance criteria. At M24 60,58% of the total budget had been executed: 6 partners had executed 90% or more of their budget. The partners were notified and

they had to explain this situation, some of them both to the Commission and to the Coordination of CHRODIS-PLUS. At M30, 67,88 % of the total budget had been executed: from the reports received (39 out of 49 institutions); 2 partners were 100% in accordance with GA budget, and 12 partners were ±10% accordance with GA budget. 9 partners had executed 90% or more of their budget. Some of these partners had fully spent their budget and have not reported any expenses for this period. Others is due to adjustments between their third parties. Nevertheless, all the partners were notified and they had to explain this situation to the Coordination of CHRODIS-PLUS.

At M36, the average of all the reports received (34/49) is in good accordance with the Grant Agreement for this period of time. According to the reports received at M36, in average 87.70 % of the total budget has been executed. 16 out of the 32 institutions differ more than 10% from the estimated budget execution rate (92%). Some of this budget was initially dedicated to travel to meetings. Since all meetings were transformed in online meetings, that budget has been shifted to other activities, mainly dissemination activities.

Some of these partners have fully spent their budget and have not reported any expenses for this period. Others have discrepancy due to adjustments between their third parties. Nevertheless, all the partners were notified and they had to explain deviations to CHRODIS-PLUS Coordination. Therefore, the financial Reports on actual partner budgets that differ ±10% from planned budgets are well justified with a reason for the deviation.

- ➢ This stands for acceptance criteria for this indicator.

WP1.1.5 Month's difference from the planned and final General Assembly meeting dates

General Assembly was planned for M18 (February 2019). It has been organized in M21 (May 2019)

(3 months later)

- ➢ The organization of the General Assembly was in compliance with the acceptance criteria for this indicator.

WP1.1.6 Percentage of Beneficiaries at General Assembly Meeting

33 of the CHRODIS PLUS beneficiaries attended the General Assembly meeting in May 2019 held in Budapest, representing a percentage of 78% of the total of beneficiaries (42).

- ➢ This roughly meets the acceptance criteria for this indicator.

WP1.1.7 Percentage of Collaborating Partners at General Assembly Meeting

One of the CHRODIS-PLUS Collaborating partners attended the General Assembly, representing a percentage of 4% of the total of Collaborating partners (25).

- This percentage does not meet the acceptance criteria for this indicator, which was set at 80% of attendance.

WP1.1.8 Number of activities developed by Collaborating Partners through their WP

The Scientific coordinator encouraged WP leaders to identify and propose possible ways of involvement for Collaborating Partners and non-implementing partners. It was agreed that all WP leaders would reach out to non-implementers or collaborating partners of WP with a proposal to complete the pre-implementation phase and elaborate the pilot action plan report, but need to find local resources for testing the pre-implementation phase in their site. To date, only two collaborating partners have been involved in CHRODIS PLUS activities as follows:

1. The National Institute for health and Welfare of Finland (THL) has organized their activities concerning the pre-implementation stage in Finland. In WP 5 task 2 they completed the pre-implementation phase. It was done with a local partner, city of Kuopio.
2. National Institute of Public Health of Slovenia (NIJZ) got an agreement with MoH regarding the detailed task description from NIJZ as a non-implementer in WP6. NIJZ will perform a comparative study of the IMCM (WP6) and the current Slovenian Resolution on National Health Plan 2016-2025 with an aim to identify potential gaps at strategic level;

Second step, if the human resources will allow it, would be to perform a policy dialogue from the focus on the needs and gaps in implementation of the areas identified by IMCM.

There are possibilities to conduct the pre-implementation activities also by NIGRiR and WP6 collaborating partners: A) Center of preventive cardiology, Department of vascular diseases, University medical center in Slovenia) and B) The Danish Committee for Health Education will be investigated.

- This indicator fulfils the acceptance criteria.

WP1.1.9 Key stakeholder identified and liaised at CHRODIS PLUS

The European Public Health Association (EUPHA) was engaged and its elected president, Iveta Nagyova, participated at the CHRODIS-PLUS General Assembly in Budapest on May 2019.

- This indicator fulfils acceptance criteria.

WP1.2.1 Number of meetings between Scientific Coordination and WP pilot implementation leaders

At M36, the Scientific Coordination had promoted a total of 54 meetings together with WP pilot implementation leaders. Some of the activities were join meeting with WP5, WP6, WP7 and WP8, or meeting focused on implementation, with the participation of several WPs. Meeting held with each WP are detailed below.

WP5

1. 18/02/2017, Vilnius
2. 9/02/2018, VC of Scientific Coordinator with WP5-6-7 leaders
3. 13/02/2018 Treviso meeting
4. 20/02/2018, 6th EB TC mostly dedicated to Implementation
5. 12/04/2018, VC Scientific Coordinator with WP5-6-7 leaders
6. 8/05/2018, 8th EB TC mostly dedicated to implementation
7. 15/05/2018, VC of Scientific Coordinator with WP5-6-7 leaders
8. 18/05/2018, Webinar on pre-implementation
9. 19/07/2018 VC Scientific Coordinator with WP5-6-7 leaders
10. 4/10/2018: VC Scientific Coordinator with WP5-6-7 leaders
11. 12/11/2018: VC KRONIKGUNE/SC/implementation WP5-6-7 leaders
12. 15/11/2018: Webinar on Module II: Implementation and Post implementation phases document for ALL pilot site leaders
13. 11/01/2019: Video teleconference Scientific Coordinator with WP5-6-7 leaders
14. 1/02/2019: Webinar on Module II: Implementation and Post implementation phases document for ALL pilot site leaders
15. 30/04/2019
16. 31/05/2019
17. 02/07/2019
18. 17/07/2019
19. 14/10/2019
20. 05/12/2019 (Webinar “"How to write implementation report")
21. 21/01/2020
22. 22/01/2020
23. 08/04/2020
24. 20/04/2020
25. 23/06/2020
26. 26/08/2020

WP6

1. 18/02/2017, Vilnius
2. 9/02/2018, VT of Scientific Coordinator with WP5-6-7 leaders
3. 13/02/2018 Treviso meeting
4. 20/02/2018, 6th EB TC mostly dedicated to Implementation
5. 12/04/2018, VC Scientific Coordinator with WP5-6-7 leaders
6. 8/05/2018, 8th EB TC mostly dedicated to implementation
7. 15/05/2018, VC of Scientific Coordinator with WP5-6-7 leaders
8. 18/05/2018, Webinar on pre-implementation
9. 19/07/2018 VC Scientific Coordinator with WP5-6-7 leaders
10. 4/10/2018: VC Scientific Coordinator with WP5-6-7 leaders
11. 12/11/2018: VC KRONIKGUNE/SC/implementation WP5-6-7 leaders
12. 11/01/2019: Video teleconference Scientific Coordinator with WP5-6-7 leaders
13. 28/02/2019 WP8-WP6 Expert meeting (face-to-face meeting) WP6 and WP8 leaders
14. 30/04/2019
15. 31/05/2019
16. 02/07/2019

17. 17/07/2019
18. 14/10/2019
19. 05/12/2019 (Webinar “"How to write implementation report")
20. 21/01/2020
21. 08/04/2020
22. 17/04/2020
23. 23/06/2020
24. 10/07/2020
25. 26/08/2020

WP7

1. 18/02/2017, Vilnius
2. 9/02/2018, VT of Scientific Coordinator with WP5-6-7 leaders
3. 13/02/2018 Treviso meeting
4. 20/02/2018, 6th EB TC mostly dedicated to Implementation
5. 12/04/2018, VC Scientific Coordinator with WP5-6-7 leaders
6. 8/05/2018, 8th EB TC mostly dedicated to implementation
7. 15/05/2018, VC of Scientific Coordinator with WP5-6-7 leaders
8. 18/05/2018, Webinar on pre-implementation
9. 6/06/2018, TC with WP7 leaders
10. 19/07/2018 VC Scientific Coordinator with WP5-6-7 leaders
11. 4/10/2018: VC Scientific Coordinator with WP5-6-7 leaders
12. 12/11/2018: VC KRONIKGUNE/SC/implementation WP5-6-7 leaders
13. 11/01/2019: Video teleconference Scientific Coordinator with WP5-6-7 leaders
14. 30/04/2019
15. 31/05/2019
16. 02/07/2019
17. 17/07/2019
18. 05/12/2019 (Webinar “"How to write implementation report")
19. 21/01/2020
20. 08/04/2020
21. 17/04/2020
22. 23/06/2020
23. 26/08/2020

WP8

1. 18/02/2017, Vilnius
2. 13/02/2018, Treviso meeting
3. 20/02/2018, 6th EB TC mostly dedicated to Implementation
4. 8/05/2018, 8th EB TC mostly dedicated to implementation
5. 18/05/2018, Webinar on pre-implementation
6. 6/06/2018, VC Scientific Coordinator with WP8 leaders
7. 29/01/2019: VC Scientific Coordinator with WP8 leaders
8. 28/02/2019 WP8-WP6 Expert meeting (face-to-face meeting) WP6 and WP8 leaders
9. 07/05/2019
10. 31/05/2019
11. 05/12/2019 (Webinar “"How to write implementation report")

12. 21/01/2020
13. 08/04/2020
14. 20/04/2020
15. 26/08/2020

- This corresponds to a fully complete indicator.

2.2 WP2: Dissemination of the Joint Action

The mission of WP2 is to facilitate a sustainable internal and external communication by the Joint Action. It ensures that Joint Action's activities, results and recommendations are communicated to all stakeholders and European audiences at the EU and national level.

Data collected from indicators

Table 2. CHRODIS PLUS WP2 monitoring indicators per task assessed at M36 final evaluation

WP2: Dissemination
Task 2.1. Strategic Documents
WP2.1.1_ Conduction of Stakeholder Analysis
WP2.1.2_ Dissemination reports: website, Facebook and Twitter analysis
Task 2.2. Communication channels & contents
WP2.2.1_ CHRODIS PLUS Website setting up
WP2.2.2_ Percentage of electronic newsletters issued as presented in the Grant Agreement
WP2.2.3_ YouTube video channel creation
WP2.2.4_ Press releases associated with key delivery of products or activities
WP2.2.5_ Webinars organised and completed for each WP
Task 2.3 CHRODIS Platform
WP2.3.1_ CHRODIS Platform Help-Desk and transference

WP2.1.1 Conduction of Stakeholder Analysis

Existing databases and mailing lists are derived from the previous Joint Action CHRODIS, being used as the basis for identifying the target groups for CHRODIS PLUS. As the first step, the stakeholder list was updated and the relevant stakeholders were identified for this project. Stakeholders were divided into groups based on their role in the project and their possible interests deriving from this role. For that, 4 major groups were identified, achieving the completion criteria for this indicator:

1. CHRODIS PLUS partners /beneficiaries and collaborating partners

2. Governing Board members

3. Key Multipliers

4. Subscribers to CHRODIS PLUS Newsletters

For the 1. and 2. categories, a Database of CHRODIS PLUS partners, along with Governing Board members, is available on the CHRODIS PLUS Intranet and WP1 Coordination folder – Contact list.

For the 3. category, there were two Key Multipliers identified: EUPHA, contact person Iveta Nagyova, President of section for chronic diseases, and WHO, contact person, Menno van Hilten, Senior external relations officer.

For the 4. category, the Semmelweis University in Budapest manages the database of subscribers of the External Newsletter. The database currently includes some 2,300 contacts. Information regarding the subscribers for the Internal Newsletter is managed by the Ministry of Health of Slovakia, and includes 105 contacts (CHRODIS PLUS partners only).

The entire stakeholder analysis with the rationale behind the stakeholders division is fully available on the Intranet of CHRODIS PLUS for all CHRODIS PLUS partners.

- ➢ This indicator fulfils the acceptance criteria.

WP2.1.2 Dissemination reports: website, Facebook and Twitter analysis

WP2 has produced 28 posts on Facebook and 51 posts on Twitter during all the Joint Action. On average, there were 0.2 posts per month on Facebook and 1.4 posts on Twitter. No dissemination reports have been provided to WP3. The amount of Twitter posts partially fulfils the completion criteria for this indicator, but the dissemination reports are missing. The qualitative analysis of the indicator is not possible to perform.

- ➢ Therefore, this indicator is not achieved.

WP2.2.1 CHRODIS PLUS Website setting up

The CHRODIS PLUS website was set up before M6 of the Joint Action, completing this indicator. The website offers structured sections describing the activity of the different WPs. Access to JA CHRODIS results is also available. Governing Board current list of members was uploaded at M8 for public knowledge.

- ➢ This indicator fulfils the completion criteria.

WP2.2.2 Percentage of electronic newsletters issued as presented in the Grant Agreement

WP2 has published 4 newsletters in 2018 (2 internal and 2 published for the external audience), and 6 newsletters in 2019 (3 internal and 3 published for the external audience). In 2020, WP2 has issued 2 newsletters (1 internal and 1 for the external audience), completing thus far this indicator, and following the Grant Agreement as indicated:

- March 2018 CHRODIS PLUS 1st Newsletter

- June 2018 Internal Newsletter
- October 2018 Internal Newsletter
- December 2018 CHRODIS PLUS 2nd Newsletter
- February 2019 Internal Newsletter
- March 2019 CHRODIS PLUS 3rd Newsletter
- May 2019 CHRODIS PLUS Conference Internal Newsletter
- June 2019 CHRODIS PLUS Budapest Conference follow-up 4th Newsletter
- September 2019 CHRODIS PLUS 5th Newsletter
- December 2019 CHRODIS PLUS Internal Newsletter
- June 2020 CHRODIS PLUS Internal Newsletter
- October 2020 CHRODIS PLUS 6th Final Newsletter

➢ This indicator fulfils the completion criteria.

WP2.2.3 YouTube video channel creation

A CHRODIS PLUS YouTube channel (EU CHRODIS PLUS) is currently open and accessible at: https://www.youtube.com/channel/UCQ06YwxDUgp4bUrgpZjJxTQ/featured

During all the JA, WP2 has uploaded 56 videos on the channel. The channel has presently 94 subscribers. The videos include interviews with WP leaders and representatives of the pilot projects, among other information such as description of the tools, implementation strategy and presentations in different conferences and JA meeting.

➢ The videos and information available on the CHRODIS PLUS YouTube channel fulfil the completion criteria for this indicator.

WP2.2.4 Press releases associated with key delivery of products or activities

There were three press releases during all JA. First one, issued during the Kick off meeting in Vilnius, following the recommendation of their production on the first year. The next press release was issued for the General Assembly and Conference in Budapest in May 2019 (M19). In the second half of the JA, WP2 issued the press release related to the Final Online Conference that was held on 27th October.

➢ The press releases issued fulfil the acceptance criteria for this indicator.

WP2.2.5 Webinars organized and completed for each WP

The webinar "Health Promotion and Primary Prevention in 21 European Countries. A Comparative Overview of Key Policies, Approaches, Examples of Good Practice, and Gaps and Needs". A report prepared by the CHRODIS PLUS joint action was organized and took place on M19. This webinar is related to the work of WP5, and the recording is available on the EU platform. During the month after the event, a total of 553 persons viewed the recorded webinar. In the second half of the JA, WP2 organized 3 more webinars. The complete list of webinars organized are listed below:

1. WP5: Health Promotion and Primary Prevention in 21 European Countries (March 2019)
2. WP4: training webinar for National Policy Dialogues organizers (March 2019)
3. WP6: webinar "How To Write Final Implementation Report" (May 2019)
4. WP8: webinar "Employment and chronic conditions in Europe – facing the challenge" (September 2019)

➢ Therefore, WP2 organized webinars from 4 of the 5 core work packages. This fulfils the acceptance criteria.

WP2.3.1 CHRODIS Platform Help-Desk and transference

Currently, there are 29 good practices transferred at the EU Commission Platform.

Besides a wider dissemination, through EU activities, the best practice portal was promoted in the last issue of CHRODIS PLUS Newsletter that is fully available on the website chrodis.eu in the section News.

➢ This activity fulfills completion criteria of the respective indicator, constituting a starter for dissemination of the platform use.

2.3 WP3: Evaluation

The main focus of Work Package 3 is to continuously evaluate if Joint Action tasks are being conducted as planned and if the objectives are being achieved. This constant process is supported by the Evaluation Plan, which provides the framework for the consistent monitoring of the implementation through ongoing evaluation analysis.

Data collected from indicators

Table 3. CHRODIS PLUS WP3 monitoring indicators per task assessed at M36 final evaluation

WP3: Evaluation
Task 3.1. Definition of the Evaluation Plan of CHRODIS PLUS
WP3.1.1_ Meetings /TC with WP leaders
WP3.1.2_ SMART -RACER indicators definition
WP3.1.3_ Adherence to protocol requirements
WP3.1.4_ CHRODIS PLUS Impact evaluation indicators definition
Task 3.2. Monitoring implementation
WP3.2.1_ Percentage of final indicators unreasonably changed compared with indicators initially proposed
WP3.3.1_ Meetings, deliverables and/or process ongoing evaluation surveys
WP3.3.2_ WP3 advice based TC meetings and actions
WP3.3.3_ Governing Board on-line evaluation interviews
Task 3.4. JA-CHRODIS short/mid-term Impact Evaluation
WP3.4.1_ JA -CHRODIS short/midterm impact evaluation indicators definition
WP3.4.2_ JA -CHRODIS short/midterm impact evaluation indicators collection

WP3.1.1 Meetings /TC with WP leaders

WP3 has conducted 9 meetings with WP leaders, to discuss evaluation tasks. These have covered all WPs as indicated below:

14/12/2017 - WP1, WP2 and WP6 (3 separate meetings)

15/12/2017 - WP8, WP4 and WP7 (3 separate meetings)

18/12/2017 - WP5

06/02/2018 – WP4

12/02/2018 – WP1

➢ These meetings fulfil the acceptance criteria for the indicator.

WP3.1.2 SMART -RACER indicators definition

A working proposal for the establishment of evaluation indicators was created by WP3, and circulated to the JA coordination and to each of the WPs, to work in the design of the evaluation jointly. The joint discussion allowed WP3 to reach an equilibrium of the number of indicators per WP and realistic approach of the "acceptance criteria" always accomplishing with the Grant Agreement objectives. Furthermore, all indicators were discussed and agreed with WP leaders. The set of agreed indicators, and respective information, is thoroughly covered in the Evaluation Plan (Deliverable D3.1).

➢ All the indicators were built considering the methodological SMART-RACER framework, fulfilling completely this indicator.

WP3.1.3 Adherence to protocol requirements

Protocol requirements reporting has been merged with the Implementation Strategy reporting tool SQUIRE 2.0 recommendations as per advice of Scientific Coordination and WP leaders. An adapted SQUIRE 2.0 including typical items from protocol has been agreed with Kronikgune and Scientific Coordinator to offer a useful tool for reporting of pilots and future transferability of the practices. The adapted version of the SQUIRE 2.0 can be found in Annex 3.

➢ This fulfils the acceptance criteria.

WP3.1.4 CHRODIS PLUS Impact evaluation indicators definition

With the second Joint Action, JA CHRODIS PLUS, the focus changed from the identification and dissemination of best practices to the up taking of JA CHRODIS products and strategies, in the form of direct implementation of pilots and generation of practical lessons. Thus, now there was a need to further develop

the impact assessment framework to evaluate implementation activities and the integration into national policies, with a concrete global health services perspective, and not anymore just with a research emphasis. For this, WP3 has conducted an additional literature review, focused on impact assessment frameworks adjusted to implementation activities in Public Health. From the literature review, we identified the RE-AIM evaluation framework as the most suitable to complement the impact assessment plan. This approach was designed to assess public health or population-based impact, considering internal and external validity. Furthermore, the framework was designed to be flexible regarding the intervention format, being adaptable to both programs and policies, and even to measure collective impact of multiple, diverse, interventions. Based on the five dimensions of this framework, WP3 designed indicators for each WP, with the aim to provide a baseline for a potential assessment of the impact of CHRODIS-PLUS. These indicators, although being open to further specifications at the time of impact assessment, and to the design of specific thresholds, followed the SMART principles: Specific, Measurable, Achievable, Relevant and Time-bound. The indicators proposed can be found on the JA intranet, as the milestone MS15.

- ➢ The indicators defined in the Impact Plan fulfil the completion criteria for this assessment indicator.

WP3.2.1 Percentage of final indicators unreasonably changed compared with indicators initially proposed

No indicators have been changed from the initial Evaluation Plan.

The common indicators related to the implementation strategy that were pending to be updated according to the "Guideline on Implementation Strategy" developed by the Scientific Coordinator and Kronikgune were defined and accepted by all WPs as follows:

(code) Indicator	WPX._ Pre-Implementation strategy
Definition	Pilots alignment to the Implementation Strategy in the Pre-Implementation stage
Justification	The adaptation and implementation of inter sectorial practices requires adherence to a defined strategy, including preparation, implementation and follow up phases. In the preparatory phase, partners follow a common framework for a systematic approach of situation analyses and feasibility of the implementation of health promotion practices to a local context, assessment of the QCR tool and assessment of the MCM. This common framework is described on the "Guideline on Implementation Strategy", approved by the Executive Board
Type of indicator	Output
Methodology	Quantitative

Data source(s)	WPx pilot pre-implementation work
Data collection instrument	Templates or proofs of pre-implementation phase according to the Implementation Strategy contents
Responsible	WPX and leaders of WP5-WP6-WP7 (shared responsibility)
Periodicity of data collection	M15
Completion criteria	100% of WPx pilots follow the pre- implementation strategy agreed, , including a Scope Analysis, SWOT analysis and a Pilot Plan with defined change packages.
Acceptance criteria	80% of WPx pilots follow the pre- implementation strategy, including a scope analysis, SWOT analysis and a pilot action plan with defined change packages
Observations	WP8 collaboration as a potential follower of the "Guideline on Implementation Strategy". External expert advice for the implementation will be obtained if necessary

(code) Indicator	WPx_ Implementation strategy
Definition	Pilots alignment to the Implementation Strategy in the Implementation stage
Justification	The adaptation and implementation of inter sectorial practices requires adherence to a defined strategy, including preparation, implementation and follow up phases. In the implementation phase, partners will follow a common framework for the implementation of health promotion practices, QCR tool pilots and MCM pilots, as recommended on the "Guideline on Implementation Strategy". The processes, methods and/or tools that will be used in the common implementation strategy still need to be defined by Kronikgune and WP leaders and agreed by the Executive Board.
Type of indicator	Output
Methodology	Quantitative
Data source(s)	WPx pilot implementation work
Data collection instrument	Proofs of implementation phase according to the "Guideline on Implementation Strategy" contents

Responsible	Kronikgune (as definer of the Strategy) and WPx as aligned followers
Periodicity of data collection	M15, M35
Completion criteria	100% of WPx pilots follow the implementation strategy agreed in the "Guideline on Implementation Strategy. Module II", with a minimum of one PDSA cycle, which includes (minimum): one F2F PLAN session with LIWG where it is agreed the processes to collect the KPIs specified in the Action Plan; collection and measure of KPIs; one F2F STUDY session to discuss results; and a decisions document to gather next actions (in case of 2 PDSA cycles) or future actions (in case of 1 PDSA cycle)
Acceptance criteria	80% of WPx pilots follow the implementation strategy agreed in the "Guideline on Implementation Strategy. Module II", with a minimum of one PDSA cycle, which includes (minimum): one F2F PLAN session with LIWG where it is agreed the processes to collect the KPIs specified in the Action Plan; collection and measure of KPIs; one F2F STUDY session to discuss results; and a decisions document to gather next actions (in case of 2 PDSA cycles) or future actions (in case of 1 PDSA cycle)
Observations	External expert advice for the implementation will be obtained if necessary

(code) Indicator	WPx_ Post-implementation strategy
Definition	Pilots alignment to the Implementation Strategy in the Post-Implementation stage
Justification	The adaptation and implementation of inter sectorial practices requires adherence to a defined strategy, including preparation, implementation and follow up phases. In the post implementation phase, partners will follow a common framework for the health promotion practices implemented and QCR tool and MCM pilots' assessment, as recommended on the "Guideline on Implementation Strategy". The processes, methods and/or tools that will be used in the common post implementation strategy still need to be defined by Kronikgune and WP leaders and agreed by the Executive Board.
Type of indicator	Output
Methodology	Quantitative

Data source(s)	WPx pilot implementation work
Data collection instrument	Proofs of post-implementation phase according to the “Guideline on Implementation Strategy” contents.
Responsible	Kronikgune (as definer of the Strategy) and WPx as aligned followers
Periodicity of data collection	M35
Completion criteria	100% of WPx pilots follow the post- implementation strategy agreed in the “Guideline on Implementation Strategy. Module II”, including: a minimum of one F2F meeting with LIWGs to assess the implementation process using the CFIR framework; and the adapted SQUIRE 2.0 template completed with the results of the whole implementation analysis.
Acceptance criteria	80% of WPx pilots follow the post- implementation strategy agreed in the “Guideline on Implementation Strategy. Module II”, including: a minimum of one F2F meeting with LIWGs to assess the implementation process using the CFIR framework; and the adapted SQUIRE 2.0 template completed with the results of the whole implementation analysis.
Observations	External expert advice for the implementation will be obtained if necessary

- This fulfils de completion criteria for this indicator.

WP3.3.1 Meetings, deliverables and/or process ongoing evaluation surveys

WP3 has conducted 16 satisfaction surveys as part of the ongoing evaluation analysis of the project. This fulfils the completion criteria for the indicator. The surveys conducted are listed below:

1. Implementation Workshop Treviso 2018
2. EB Meeting Treviso 2018
3. WP8 Expert Meeting, Brussels 20-21 of March 2018
4. WP5 Study Visit, Milan 22-23 of May 2018
5. Policy Dialogue Ireland, 12 June 2019
6. EB Meeting Ulm, 18 June 2019
7. EB meeting Seville, 20-21 November 2018
8. Policy Dialogue Poland, 27 November 2018
9. Policy Dialogue Portugal, 30 January 2019
10. WP5 Workshop Pre-Assembly meeting 13th May Budapest 2019
11. General Assembly 14th May Budapest 2019

12. Open Conference 14th-15th May 2019
13. Policy Dialogue Slovakia, 29 October 2019.
14. Policy Dialogue Croatia, 17 December 2019.
15. Policy Dialogue Slovenia, 30 January 2020.
16. Policy Dialogue Hungary, 18 February 2020.

The analysis of the surveys conducted during the Joint Action were summarized and shared with the rest of the EB through the end of year Reports, uploaded and available to all partners on the CHRODIS PLUS official Intranet. WPs and partners involved in each activity have received the results and analysis of the satisfaction surveys performed by WP3 as a supporting activity for a continuous improvement of their activities and meetings, ensuring stakeholders' satisfaction and achievement of meetings' goals.

➢ This indicator fulfils de completion criteria

WP3.3.2 WP3 advice based TC meetings and actions

During the 36 months of the JA, WP3 has conducted 20 supporting meetings with other WPs (apart from the ones specifically set to discuss the Evaluation Plan). These have provided support on evaluation forms and strategies, protocol requirements, survey methodologies and study visits organization and evaluation.WP3 has communicated results of the evaluation activities joining TC of different WPs with partners, calls and presentations, and provided constant advice to the organization of questionnaires for evaluation. As defined in the Grant agreement, WP3 has provided methodological support to other WPs as follows:

- General support to WP1 on the monitoring of activities
- Supported to WP2 on the identification, mapping and analysis of CHRODIS PLUS stakeholders
- Evaluation of the organization and contents of each policy dialogue, developing a feedback survey and sharing it with participants at the end of each meeting. WP3 developed an analysis of the answers and communicated the results to organizers and the EB, uploading the corresponding report on the Intranet with key conclusions from the meeting, including participants' views, and suggesting actions for improvement.
- WP3 provided support on the evaluation of the study visits of WP5, and will provide support to the evaluation of the implementation of the WP5 pilots starting M25
- WP3 provided support on the evaluation of the study visits of WP6
- WP3 provided support on the evaluation of the study visits of WP7.
- WP3 provided support to WP8 by the development of the evaluation of the Training tool for managers by M22, and technical support in constructing the web-based questionnaire for the Toolkit in order to collect information from piloting workplaces.

These TC meetings and actions numbered as follows: WP1 (4), WP2 (3), WP5 (3), WP6 (2), WP7 (4), and WP8 (3).

➢ The indicator fulfills the acceptance criteria.

WP3.3.3 Governing Board on-line evaluation interviews

Supporting the preparation of the first Governing Board (GB) of Joint Action CHRODIS PLUS, WP3 conducted, in May-June 2018, a first round of 10 interviews to explore alignment and expectations of the GB members. These semi-structured interviews were prepared with a guide to assure consistency, developed by WP3 and agreed by WP4 in April-May 2018, as WP4 was responsible for organizing the GB meeting.

The selection of the interviewed members of the Governing Board was a randomised selection of 15 from the 26 countries represented in the JA. Of the 15, six GB members responded by teleconference (Hungary, France, England, Luxemburg, Denmark, Sweden) and four GB members responded in writing (Romania, Lithuania, Serbia, Ireland). Live interviews were conducted with a standard duration of 20 minutes.

The respective report was also produced and shared with WP4 organisers and the EB before the 1st GB meeting held in Ulm in June 2018, as agreed in the GA.

During the interviews, GB members showed to be highly motivated and to have considerable knowledge and alignment with CHRODIS PLUS objectives and planned activities. They also seem at the time to be expectant regarding their own ability to influence the JA processes and to follow the coming results, as well as communicating them to their colleagues and country structures. Based on the common analysis done of all answers received, WP3 provided WP4 with the following recommendations concerning the organisation of the 1st Governing Board meeting and the development and share of knowledge with the GB during the overall Joint Action:

1. Provide overall information about CHRODIS PLUS and offer space for questions, discussions and suggestions.

2. Explain and itemize in detail the initially expected roles of the Governing Board members, including the pre-reading of the GB terms of reference, and what is expected from them;

3. Provide the list and description of the pilots that will be implemented. Consider presenting the already existing experience of the integrated-care model in the Netherlands;

4. Explain in more detail the tasks and deliverables of “Employment and Chronic diseases” work package, as it seems to be the topic less valued/ known by Governing Board members;

5. Give information about how and through with channel the results and deliverables are expected to be disseminated and share with them;

6. Make a call for sharing relevant policy documents for the WP3 JA CHRODIS Impact Evaluation mapping and also for understanding how to fit the CHRODIS PLUS projects into policies in a long term (no problem with own language documents).

These recommendations supported the preparation of the first GB meeting.

Due to the COVID-19 outbreak, WP4 did not accept a second round of interviews for the GB members, due to the high commitments members had with their respective Ministries due to the pandemic. The objective of the second round was the analysis of the interviews in order to help in valuing the cross-country collaboration in the development of policies for controlling CD (Consensus Statement, finished by M32, is endorsed by National representatives). WP4 refused this support from WP3, due to the time limitation of the GB members during the entire pandemic. Governing Board members were also contributing to the development of the consensus statement. Therefore, WP3 was not able to perform this task.

➢ The COVID-19 pandemic did not allow to conduct the second round of interviews with GB members. Therefore, this indicator was not achieved.

WP3.4.1 JA -CHRODIS short/midterm impact evaluation indicators definition

The first year after the end of the Joint Action CHRODIS was considered as an adequate timeframe to measure short-term impact. The midterm impact was understood as years 1-3, and the long term years 3-5.

Accordingly, nine indicators have been established, as an assessment tool for five typified sources of information.

➢ These indicators were defined following SMART-RACER framework, which fulfils the completion criteria for this indicator.

WP3.4.2 JA -CHRODIS short/midterm impact evaluation indicators collection

The "Short-Midterm Impact Report of the JA-CHRODIS" (Deliverable D3.2 of CHRODIS PLUS) highlighted the results of the analysis of the short-midterm impact of the JA, performed between March 2017 and November 2018, as well as an analysis of the potential impact of JA-CHRODIS in the long term. This analysis was based on diverse sources of collected information, namely: 1. Citations; 2. CHRODIS Platform use; 3. interviews with people who have used JA-CHRODIS knowledge and deliverables; 4. a short-term impact and feedback ad-hoc survey on-line; and 5. an analysis of how the JA could help achieve the goals set on national health policies of MS.

It was concluded that JA-CHRODIS has had a medium impact in the short midterm and has a potential big impact among scientific community, health professionals and policy makers in Europe in the long term thanks to the continuation of the work during the second JA related CHRODIS PLUS. A significant number of institutions from several countries, even some not included in the JA-CHRODIS net of partners, already used the deliverables as a reference for their job and publications. These institutions encompass most of the EU MS, showing that the JA has already benefited a significant percentage of European countries in the shared challenge of reducing the burden of chronic diseases. The transfer of good practices from the CHRODIS Platform to the Best Practice Portal of the European Commission is also seen to facilitate the access and knowledge of best practices selected during JA-CHRODIS among the scientific community and health professionals as a central point of consultation and share of knowledge among MS in the future.

➢ WP3 has achieved the completion criteria for this indicator.

2.4 WP4: Integration in national policies and sustainability

The aim of WP4 is to support MS with respect to the implementation of new or innovative policies and practices that further empowerment, health promotion and prevention, and the management of chronic diseases and multimorbidity. Work produced included an analysis regarding the sustainability and integration into national policies of CHRODIS proposals beyond 2020, as well as a Consensus Statement concerning the EU added value of cross-country collaboration in the field of chronic diseases.

Data collected from indicators

Table 4. CHRODIS PLUS WP4 monitoring indicators per task assessed at M36 final evaluation

WP4: Integration in National Policies and Sustainability
Task 4.1 Governing Board
WP4.1.1_ Governing Board EU membership
WP4.1.2_ Governing Board WP work awareness
WP4.1.3_WP and Governing Board work implication
Task 4.2 Policy Dialogues
WP4.2.1_ Existing policies or changes in existing policies identification methods
WP4.2.2_ Relevance of involved stakeholders and policy makers
WP4.2.3_ Preparation for Policy Dialogues
WP4.2.4_ Policy Dialogues reporting
Task 4.3 Knowledge transfer and change management on Chronic Diseases across Europe
WP4.3.1_ Experiences in uptake of JA CHRODIS and CHRODIS PLUS alignment
WP4.3.2_ Value-added links to relevant CD initiatives
WP4.3.3_ Activities for the elaboration of the interim reports on Knowledge transfer and Change management on CD across Europe are clearly presented
Task 4.4 Consensus Statement and Report on the Integration in National Policies and Sustainability
WP4.4.1_ Lessons learned inclusion in consensus statement
WP4.4.2_ Integration on policies and sustainability consensus submission to GB

WP4.1.1 Governing Board EU membership

At M20, 90% of the associated MS were represented in the GB (missing Bulgaria and Croatia). After, there were changes in the GB Secretariat. The changes were mostly caused by political cycle change or personnel movement in the Ministry (some members have left the Ministry, others changed departments, etc). Every time GB Secretariat was contacted regarding the change, the information was also forwarded to WP2 team to update the list which is at www.chrodis.eu. Still, 80% of the 19 Member States represented in CHRODIS PLUS were represented at the GB during all JA.

- ➢ This result achieves the acceptance criteria for this indicator.

WP4.1.2 Governing Board WP work awareness

Governing Board action success is expected to be directly related to the alignment with the work package's actions. Based on the common analysis done of all answers received from GB members interviews, there was the need to prepare reference materials, which could be useful for GB members. The list and description of the pilots, implemented during JA CHRODIS PLUS was shared with GB members during the first GB meeting in Ulm.

In order to keep the interest of GB members the communication was coherent with previously shared messages. Having in mind the feedback from GB members, from the first interviews and Ulm meeting, GB secretariat aimed to take several actions to prevent the „worse case scenario". Concrete proposals of next steps to take were communicated with GB members and expectations from the Governing Board Members were highlighted at this stage of the Joint Action. A concise document with JA CHRODIS PLUS update topics was prepared and shared with GB members. It included 5-6 main topics, where GB members 'actual contribution would be appreciated, key messages from every WP leader (WPs work), short description and a voluntary proposed step for GB member.

The 1st Governing Board newsletter also included:

-proposal for GB members to download CHRODIS PLUS leaflet and to access the CHRODIS PLUS newsletters;

-the schedule of the policy dialogues, which was prepared in collaboration with task 4.2 leaders;

-the full analysis report of the workshop which was organized during the first GB meeting to establish a proactive bi-directional communication strategy in order to align the work of JA CHRODIS PLUS with the needs of MS.

During the second half of the JA, due to the impossibility of having face to face meetings because of the COVID-19 pandemic, the GB Secretariat was working on alternative action plan about how the communication with GB members could be successfully maintained. The alternative schedule and format of the interactions between the GB and CHRODIS PLUS was presented and approved by EB members and shared with all GB members.

The alternative plan was based on 4 main pillars:

• The Consensus Statement 2nd Workshop with GB volunteers. It was held on June 10th from 11:00 to 14:30. All GB members were invited to participate in this meeting that was organized virtually. GB secretariat presentation is uploaded in the intranet folder

• Newsletter for GB with key future dates for interactions and Consensus Statement update. GB secretariat (with WP2 support) developed and shared with GB members the newsletter. http://chrodis.eu/governing-board-newsletter-august-2020

• In order to maintain the concentration of attendees and to share the most valuable CHRODIS PLUS findings it was proposed by GB secretariat organized 2 webinars followed by short virtual discussion session meetings. Recommendation for webinar agenda was developed and shared by GB Secretariat. This exercise was meant for WP leaders to showcase the potential impact/value of their WP and propose what needs to be continued/implemented at the wider scale/tested in other context or sector/finalized/ or etc. with key take home messages for GB members. GB secretariat initiated a survey to decide the most suitable dates for the online events. The most suitable date/time for the online interactions were set: Sep 2nd at 15 pm (WP5 and WP6), Sep 4th at 15 pm (follow-up of the previous session), Sep 9th at 14 pm (WP7 and WP8), Sep 11th at 14 pm (follow-up). Save the date messages were sent and virtual meeting were scheduled via online platform.

The presentations from the sessions held during the period are uploaded in the intranet folder.

- ➢ All these activities provide that the indicator is currently achieving completion criteria.

WP4.1.3 WP and Governing Board work implication

The Governing Board Members provided support to CHRODIS PLUS during the face to face meeting in Ulm (Germany), on June 18th 2018. There they participated in a two-hour discussion session. The result of this discussion was analyzed and reported in a document that was shared with GB members. During the webinars for GB members WP leaders presented the work of different groups and showcased the potential value and impact MS could reach by using CHRODIS PLUS outcomes.

All CHRODIS PLUS results are owned by MS, so the national governments that seek for efficiency in their healthcare and innovative ways to tackle the burden of NCDs were encouraged to use them. GB secretariat hosted 2 webinar sessions and 2 follow up discussion sessions, as well as final GB meeting with additional 2 dedicated discussion session that allowed GB members to share their view and support JA process during September 2020. GB members expressed their interest and desirable degree of involvement in the initiatives that are in the Consensus Statement for the post-2020 period via an online questionnaire. The results were included in the Consensus statement Report.

- ➢ This indicator fulfils for the completion criteria.

WP4.2.1 Existing policies or changes in existing policies identification methods

The Policy Dialogues were selected by the national organisers, communicated through completing the questionnaire that has been developed by WP4. The countries submitted their questionnaires for feedback and respond to any issues that were raised. The organisers based within the countries developed their topics in different ways. The description of the topics for each of the policy dialogues was objective, transparent, and clear.

Concerning the European policy dialogues, the topics for both were determined at the planning stages of JA CHRODIS PLUS and came out either as a product of ongoing work of the CHRODIS PLUS project (e.g. EU level PD on employment) or an attempt to offer potential options for financial sustainability of CHRODIS PLUS outcomes (e.g. EU Level PD on funding health promotion).

The first European policy dialogue aimed at bringing together EU stakeholders and presenting them CHRODIS Plus Workbox on Employment and Chronic conditions. The event took place in the European Parliament on November 12th 2020 and was organised like a parliamentary hearing where CHRODIS PLUS partners presented tools to analyse and improve workplace environments developed and piloted during the project, following which different stakeholders provided suggestions about how to encourage the use of those tools across Europe.

The second European policy dialogue took place electronically on June 26th looking at the sustainability of CHRODIS PLUS results in terms of financing health promotion and chronic disease prevention actions. The meeting aimed to raise awareness and encourage decision-makers to explore specific ways in which they can support the equitable financing of chronic disease prevention. The primary focus was how to foster more effective use of European Union funding mechanisms. The Report of this policy dialogue was still under development at the time of this Final report (October 2020), and it will be dissemanted through CHRODIS PLUS website when available.

➢ The clear communication of the Policy Dialogue contents has fulfiled the completion criteria for this indicator.

WP4.2.2 Relevance of involved stakeholders and policy makers

The organizers of the Policy Dialogues had the task to constitute a relevant and balanced panel of participants. In each country, it was achieved through specific criteria:

- Greece: Implementation of Integrated Care Services for the elderly and the chronic diseases patients
  - 12 attendees: 1 representative of a regional government; 1 from the national school of public administration (training organisation); 4 from medical/clinical sector (Medical School of AUTH and ATEITh); 1 from R&D organisation; 1 from a diabetes patients' association; 1 person representative of the hoteliers of Northern Greece and; 3 local authorities.
- Ireland: Tobacco control and inequalities – reflecting on the first five years of Tobacco Free Ireland

  - 8 attendees: 2 from The Institute of Public Health in Ireland, 4 from the national governmental health organization/Department of Health, 1 from a cancer institution, 1 from Department of Public Expenditure & Reform / Civil Service.

- Poland: Prevention of cardiovascular system and respiratory system diseases and their consequences by modification of the Comprehensive Geriatric Assessment (CGA).

  - 18 attendees; 12 from the national governmental organization for health, 4 from the National Institute of Geriatrics, Rheumatology and Rehabilitation, 1 from academic/research institution, 1 from The Word Bank

- Portugal: Advertisement of Food and Beverages to Children

  - 14 attendees: 6 from the national Directorate of Health; 1 from the national Directorate General of Education; 1 from the Food and Economic Security Authority (ASAE); 1 from the Portuguese Association for Consumer Protection (DECO); 1 from the Portuguese Institute of the Sea and the Atmosphere (IPMA); 1 from the General Secretariat of the Ministry of Internal Administration; 1 from the Regulatory Entity for the media; 1 from the Consumer Directorate-General; 1 from the Ministry of Agriculture.

100% of attendees in these 4 policy dialogues are relevant as key stakeholders for policy dialogues general aims and specific topics discussed. All of the policy dialogues had the participation of at least one key stakeholder that falls outside the healthcare sector, government and medical sciences: Greece had 1 representative of the tourism sector, Ireland one person from the Public Expenditure & Reform institution, Poland attendees from the Word Bank, and Portugal people from media, consumer's health and marketing sector.

➢ This indicator fulfils the completion criteria.

WP4.2.3 Preparation for Policy Dialogues

Preparatory documents have always been sent to participants. Prior to the dialogues WP4 held a series of phone calls to help the organisers and plan the Policy Dialogue. A week before the dialogue the national organisers sent documents relevant to the participants in a pack that helped the attendees to prepare. These are only available in the language of the specific dialogue (all were held in the national language of each country).

➢ The preparation mailing was sent to 100% of policy dialogues, therefore, this indicator fulfils the completion criteria.

WP4.2.4 Policy Dialogues reporting

All the reporting documents from policy dialogues were submitted to task leaders, however, some of them required more time than one month to be finalized.

- ➢ This indicator fulfils the acceptance criteria.

WP4.3.1 Experiences in uptake of JA CHRODIS and CHRODIS PLUS alignment

Meetings between WP4 and WP3 were organized in order to align the results of the Impact Analysis of JA-CHRODIS with the monitoring strategy and evaluation and reporting of the policy dialogues, with the aim of disseminating lessons learnt and future actions to boost CHRODIS PLUS impact. The results of this cooperation are shown in the paper "Shaping Policy on Chronic Diseases through National

Policy Dialogs in CHRODIS PLUS", published in the International Journal of Environmental research and Public Health, in September 2020[1]. Another paper is not yet finished at the time of this report, which tries to present the monitoring and evaluation strategy followed during CHRODIS PLUS in order to generate greater impact of cross-national initiatives of transferability of good practices at European level.

- ➢ Therefore, this indicator fulfils the acceptance criteria.

WP4.3.2 Value-added links to relevant CD initiatives

During the first half of the JA, WP4 was in close contact with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases of the European Commission (SGPP). The WP4 participated in a face to face meeting of the SGPP presenting CHRODIS PLUS and discussing possibilities of collaboration. As a consequence of the meeting, a structured collaboration was agreed to take place between SGPP and CHRODIS PLUS in the near future regarding the preparation of a policy-level position paper concerning the European added value of cross-country collaboration in the field of Non-Communicable Diseases. Since M18 there was an intensive involvement of the EU Steering Group on Health Promotion, Disease Prevention and Management of NCD (SGPP), with two meetings and direct participation through a dedicated survey. The survey was seeking input about future priority action areas for future engagement of Member States on NCD prevention and management. The survey was designed in collaboration with the SGPP Members through two meetings, the first one face to face in Rome in November 2019. The second meeting was online and took place on February 13th, 2020.

The survey was launched in July 2019 and closed on October 11th, 2019. A total of 18 out of the 27 European Union Member States fulfilled the questionnaire. The results and methodology of the survey were described in detail in the Report related with Milestone MS43, finished in March 2020. Conclusions and main messages of the survey were incorporated in the final Consensus Statement (Deliverable 4.2).

- ➢ This indicator fulfils the completion criteria.

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[1] Sienkiewicz D, Maassen A, Imaz-Iglesia I, Poses-Ferrer E, McAvoy H, Horgan R, et al. Shaping Policy on Chronic Diseases through National Policy Dialogs in CHRODIS PLUS. Int J Environ Res Public Health [Internet]. 2020;17(19):7113. Available from: https://www.mdpi.com/1660-4601/17/19/7113

WP4.3.3 Activities for the elaboration of the interim reports on Knowledge transfer and Change management on CD across Europe are clearly presented

The activities and results in the area of “Knowledge transfer and Change Management of CD” are described in detail in the Report of the Milestone MS43. This document includes analysis and lessons learned that were used as input for the elaboration of the Consensus Statement.

- ➢ This indicator fulfils the completion criteria.

WP4.4.1 Lessons learned inclusion in consensus statement

The CHRODIS PLUS Consensus Statement includes a wide variety of results coming from international and European initiatives, SGPP and GB members contributions, as well as from the 16 Policy Dialogues and the 21 implementation projects developed under the different areas of CHRODIS PLUS (mainly work packages 4, 5, 6, 7 and 8).

The lessons learned can be summarized with the content of the Annex I of the Consensus Statement where the main CHRODIS PLUS outputs and recommendations are formulated. This document is the Deliverable 4.2. The document was almost finished at the time of this Final report, only waiting for final adjustments and approval from European Commission officers.

- ➢ The main information and recommendations included in the Consensus Statement make this indicator to fulfil the acceptance criteria.

WP4.4.2 Integration on policies and sustainability consensus submission to GB

During the final GB online meeting a long session was dedicated to discuss and finally endorsed the Consensus Statement. This meeting took place virtually on September 28th at 14 pm. The GB received the text previously and had had the chance to discuss the content in previous meetings as described in other GovBoard indicators. The Report of the Consensus Statement is available in the intranet folder “Consensus Statement”: https://emk.semmelweis.hu/chrodisplus/s/MeBfK4YigJAxdi”.

- ➢ This timely activities make the indicator to fulfil the completion criteria.

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

The WP5 builds on the successful results from the previous Joint Action CHRODIS, with the aim to improve the knowledge and practice on health promotion and disease prevention across Europe. WP5 focuses primarily on: analysing and assessing countries' health promotion and disease prevention strategies; implementing good practices with projects specifically targeting children, the working population, and older people; and better integrating health promotion and disease prevention in the healthcare and wider social care systems.

Data collected from indicators

Table 5. CHRODIS PLUS WP5 monitoring indicators per task assessed at M36 final evaluation

WP5: Health Promotion and Disease Prevention
Task 5.1. Completion, update, and systematization of country reports
WP5.1.1_ Five country reports and one overview report produced
Task 5.2. Adaptation and implementation of inter-sectoral good practices
WP5.2.1_ Pre-implementation strategy
WP5.2.2_ Implementation strategy
WP5.2.3_ Post-implementation strategy
WP5.2.4_ Support provided by WP5 to implementers during pilot actions
WP5.2.5_ Involvement of non-implementation partners
WP5.2.6_ Formulation of one recommendation report, containing success factors for HPDP implementations
Task 5.3. Support health promotion across the broader health system
WP5.3.1_ Recommendations for intra-and inter-sectoral collaboration of HPDP
WP5.3.2_ Expert meeting "Feasibility/applicability of success factors for successful intra/inter-sectoral collaboration between health promotion, healthcare and other sectors"
WP5.3.3_ Joint Workshop and other reports to formulate recommendations
Task 5.4. Final overview
WP5.4.1_ Series of recommendations with consensus

WP5.1.1 Five country reports and one overview report produced

According to the Report "Health Promotion and Primary Prevention in 21 European Countries - A Comparative Overview of Key Policies, Approaches, Examples of Good Practice, and Gaps and Needs" (Deliverable D5.1), there were twenty-one new and updated country reports produced, enriched by the mentioned overview report. The findings of this WP5 overview report indicate that there are still low levels of expenditure across all partner countries for health promotion and disease prevention. In addition, it indicates the urgent need to identify the most effective approaches to promoting health and addressing risk factors.

- ➢ This completely fulfilled the agreed indicator.

WP5.2.1 Pre-implementation strategy

WP5 has received Scope, SWOT, and Pilot Action Plans for all of the five different implementation projects. These include 10 sites in total, of which 100% have followed the agreed methodology. The implementation plans correspond to:

5.2.3 A Toybox Project in Malta

5.2.3A Active School Flag in Piedmont, Italy and Klaipeda City and Klaipeda District, Lithuania.

5.2.3A J.O.G.G in Iceland

5.2.3B Lombardy Workplace Plan in Andalucía

5.2.3C Multi-Modal Plan in Iceland, Zaragoza, Spain and Klaipeda City/Klaipeda District, Lithuania.

- ➢ This fulfilled the completion criteria.

WP5.2.2 Implementation strategy

All 8 implementers followed the implementation strategy, according to the predefined tools/processes/methods agreed and included in the "Guideline on Implementation Strategy" (i.e PDSA cycles).

- ➢ This fulfils the completion criteria of this indicator.

WP5.2.3 Post-implementation strategy

All 8 implementers submitted their implementation reports. However, one of the implementers (Health Promotion and Disease Prevention Directorate in Malta) underestimated the resources necessary for

analyzing the data collected, therefore, was unable to provide the quantitative data analysis of the intervention (only qualitative data has been reported).

- ➢ Although one of the pilots was unable to provide quantitative data, all reports were submitted with relevant information about implementation evaluation and experiences. This fulfils the completion criteria of this indicator.

WP5.2.4 Support provided by WP5 to implementers during pilot actions

According to the survey, 100% of the local implementers considered the level of support provided by WP5 (including WP leaders and external partners involved in implementation; i.e. Kronikgune, external advisors) satisfactory/very satisfactory (7 or more in a 0 to 10 satisfaction scale).

- ➢ The overall rating for WP5 was 8.3/10.0, thus fulfilling the completion criteria of the indicator.

WP5.2.5 Involvement of non-implementation partners

Non-implementation partners participated only in the preparatory phase analysing the transferability of good practices (M1-12). Three tele-conferences were organized during the reporting period by the task leaders (May 2018, Nov 2018 and Feb 2019) to explain the pre-implementation and implementation strategies. Non-implementing partners were: 11 organisations from 8 different countries. (CIPH, OOI, KAUNO KLINIKOS, IPHS, MoH IT, SU, NCPHA, THL, VU, MS, NIGRiR). In addition, there were 4 non-implementers (RIVM, HSE, IPH, FINCB) from 3 countries who actively followed the transfer of a good practice from their country: RIVM: JOGG good practice elements to Iceland; HSE, IPH: Active School Flag good practice to Italy and Lithuania; FINCB: Lombardy Workplace Health Promotion Network good practice to Andalusia in Spain.

RIVM is planning to transfer and implement the Lombardy Workplace Health Promotion Network good practice to the Netherlands.

Non-implementers were asked to complete the pre-study in a hypothetical manner and to 'test' the feasibility of transferring a good practice that would not result in an actual implementation process. Since pre-studies weren't mandatory for non-implementers, as they weren't part of a 'critical path' to achieve a deliverable, it proved difficult to keep partners motivated and engaged, and only one partner submitted their pre-implementation analysis: City of Kuopio and vocational school Sakky testing the idea of JOGG in Finland, delivered by THL.

Partners were encouraged to join at least one of the three groups of the good practices (children, adults at work, and the elderly), which they did.

- ➢ Although non-implementation partners were included in the preparatory phase analyzing the transferability of goof practices, they did not participate in the development of the contents included in the "Recommendation report of innovative success factors of intra- and inter-sectoral

collaboration" and "Final report of findings and results with the consensus of all the involved during the process" Therefore, this indicator is not achieved.

WP5.2.6 Formulation of one recommendation report, containing success factors for HPDP implementations

All of the implementing sites collaborated in preparing the report "*Recommendations for the implementation of health promotion good practices"* since they submitted their implementation reports, participated in extra interviews and reviewed the final deliverable.

- Therefore, this indicator fulfils the completion criteria.

WP5.3.1 Recommendations for intra-and inter-sectoral collaboration of HPDP

To identify success factors for intra-and intersectoral collaboration WP5 analyzed 20 health promotion practices and these success factors were discussed in the joint workshop. The success factors and barriers are:

Key enablers for intersectoral collaboration

Key enablers	Number of practices
A shared vision of the problem to be addressed and the successes of the collaboration	13
Communication	13
A win-win for partners in the collaboration (mutual and joint benefits)	11
There is uptake in structural processes (clarity about roles and responsibilities, availability of protocol)	9
Macro level context is taken into account (changes on system level)	8
Capacity e.g. enough personnel, personnel has enough time and qualified personnel	7
Trust between collaboration partners (e.g. trust between health sector and welfare sector)	7
Recruitment of diverse partners (effective mix)	6
The intervention has a strong leadership in advancing shared purposes	6
There is support and uptake in policies	6
Funding	5
The community and the target group are involved from the start	5

There was time to build a relationship (contains also building personal relationships)	4
Sustaining the collaboration; adequate, sustainable and flexible resources	4
There are strong relationships among partners	3
Building upon existing collaboration structures	3
Motivation of professionals	2
Outward-looking culture: e.g. gaining insight in each other's work and position, sharing work places	2
Experience and knowhow	2
Other key enablers (mentioned once)	9

Identified barriers for intersectoral sectoral collaboration

Barriers	Number of practices
There is no support and uptake in policies	6
No shared vision of the problem to be addressed and the successes of the collaboration	4
No capacity e.g. not enough personnel, personnel has not enough time and no qualified personnel	4
No funding	3
No trust between collaboration partners (e.g. trust between health sector and welfare sector)	3
No recruitment of diverse partners (no effective mix)	2
There was no time to build a relationship	2
The intervention has no strong leadership in advancing shared purposes	2
Lack of knowledge of health and health care system in the other domains	2
Bureaucracy	2
Negative attitudes of professionals	2
Not sustaining the collaboration; no adequate, sustainable and flexible resources	2
There is no uptake in structural processes (no clarity about roles and responsibilities, no availability of protocol)	2
Other barriers (mentioned only once)	13

These success factors and barriers are available on the "*Recommendations Report for the implementation of HPDP good practices*".

- ➢ This indicator fulfils the completion criteria.

WP5.3.2 Expert meeting "Feasibility/applicability of success factors for successful intra/inter-sectoral collaboration between health promotion, healthcare and other sectors"

The joint workshop on inter- and intra-sectoral collaboration was held a day prior to the General Assembly.

- ➢ This corresponds now to the achievement of the acceptance criteria.

WP5.3.3 Joint Workshop and other reports to formulate recommendations

The aim of the expert workshop was to reach consensus on the content and text of the recommendations. 75 partners of WPs 5,6,7 and 8 participated in the joint workshop in May 2019. Moreover, 12 partners (18 persons) participated in the last online expert workshop in April 2020. From them, 11 partners returned the evaluation form and evaluated the achievement of the goal of the meeting, agreement on recommendation and the moderator as very good to good. The workshop allowed to identify success factors in the practices, recommendations for collaboration at local level, key factors for sustainability, barriers, and lessons learned to advance health promoting synergies within the broader health system.

- ➢ This fulfils the completion criteria for this indicator.

WP5.4.1 Series of recommendations with consensus

In the process of the elaboration of the recommendations for intra-and intersectoral collaboration there were three steps: Joint workshop in Budapest (75 participants of WP5,6,7 and 8), In-depth interviews (6 partners) and in the final elaboration of the recommendations 12 partners (18 persons) were involved. The final report has been finished, including strategic and justified overview recommendations.

- ➢ This fulfils the completion criteria for this indicator.

2.6 WP6: Pilot implementation of the integrated Care Model for multi-morbidity

The aim of WP6 is to facilitate an improvement in the quality of chronic disease and multimorbidity management. The primary focus is to field test the new IMCM for people with multiple morbidities in primary and tertiary care hospitals in Lithuania, Italy and Spain (five pilot sites). Country-specific CHRODIS integrated care model versions will be developed as a result.

Data collected from indicators

Table 6. CHRODIS PLUS WP6 monitoring indicators per task assessed at M36 final evaluation

WP6: Pilot Implementation of Integrated care model for multi-morbidity
Task 6.1. Preparatory phase
WP6.1.1_ Integrated care model Pilot site characteristics data collection
WP6.1.2_ Strategies/tools for risk stratification revision
WP6.1.3_ Participants at the Integrated care model strategy meeting attendance
WP6.1.4_ Preparatory phase ICM cooperative involvements
WP6.1.5_ Integrated care model components at pilot sites
Task 6.2. Pilot implementation
WP6.2.1_ Pre-implementation strategy
WP6.2.2_ Implementation strategy
WP6.2.3_ Post-implementation strategy
WP6.2.4_ Support provided by WP6 to implementers during pilot actions
WP6.2.5_ Involvement of non-implementation partners
Task 6.3. Support to implementation activities
WP6.3.1_ Local partners support to Integrated care model pilots
Task 6.4. Outcomes assessment and evaluation
WP6.4.1_ Integrated care model pilot level of success assessing process outcomes and/or factors
Task 6.5. CHRODIS integrated care model adjustment for local healthcare setting
WP6.5.1_ Integrated care model adjustments

WP6.1.1 Integrated care model Pilot site characteristics data collection

100% of the pilot implementation sites have presented the “general information form” and “practice summary questionnaire” where the most relevant features of the practice have been identified and summarised.

- ➢ This fulfils the completion criteria.

WP6.1.2 Strategies/tools for risk stratification revision

80% of the WP6 implementation sites have defined formal risk stratification strategies to their patients of the pilots, at individual and/or at population level, of both approaches. 100% of the pilots have defined specific inclusion and exclusion criteria of patients.

- ➢ This fulfils the acceptance criteria.

WP6.1.3 Participants at the Integrated Care Model strategy meeting attendance

Representatives of all implementation partners attended the strategy meeting held in Treviso (February 2018). An additional TC was organized on July 2018 to further discuss strategies for implementation of the integrated care model, with the following attendance:

- representatives of each pilot,
- non-implementation partners attended,
- scientific coordination team members,
- Kronikgune,
- And an external advisor from the European Commission for the implementation

- ➢ This corresponds to the completion criteria for this indicator.

WP6.1.4 Preparatory phase ICM cooperative involvements

Both partners from NIVEL and EIP-AHA were involved in the cooperative activities, thus fulfilling the completion criteria for this indicator. Namely, two webinars were organized by Kronikgune to support the implementation strategy, and Mieke Rijken (NIVEL) supported the preparation phase, contributing to the realization of the "Form to assess participating practices". NIVEL also participated in the strategy meeting in Treviso (February 2018).

Furthermore, Mieke Rijken consulted with Kauno Klinikos and the VULSK sites to identify the best possible choice of questionnaire to assess the social problems with an aim to improve the care for MM patients.

- ➢ This fulfils completion criteria for this indicator.

WP6.1.5 Integrated care model components at pilot sites

100% of the pilot sites have included the rationale for the implementation of specific components of the IMCM on their Pilot Action Plan.

- ➢ This corresponds to the completion criteria for this indicator.

WP6.2.1 Pre-implementation strategy

100% of the pilot sites have incorporated the elements agreed on the "Guidelines on Implementation strategy" for the pre-implementation phase: scope definition and SWOT analysis.

- ➢ This indicator fulfils the completion criteria.

WP6.2.2 Implementation strategy

The 5 WP6 pilots have followed and completed the implementation strategy included in the "Guideline on Implementation Strategy.

- ➢ This indicator fulfils the completion criteria.

WP6.2.3 Post-implementation strategy

The 5 WP6 pilots have followed and completed the post-implementation strategy included in the "Guideline on Implementation Strategy.

- ➢ This indicator fulfils the completion criteria.

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WP6.2.4 Support provided by WP6 to implementers during pilot actions

100% of the local implementers considered the level of support provided by WP6 (including WP leaders and external partners involved in implementation; i.e. Kronikgune, external advisors) as satisfactory/very satisfactory (7 or more in a 0 to 10 satisfaction scale). Furthermore, the overall rating for WP6 was 8.0.

- ➢ This indicator fulfils the completion criteria

WP6.2.5 Involvement of non-implementation partners

Due to COVID-19 pandemic the theoretical exercises (planned to be executed by non-implementers) had to be canceled. Therefore, the collaborating partners did not provide any final data and delayed the activities to be continued after the situation get's more stable.

➢ This indicator is not achieved due to the limitations produced by the COVID-19 pandemic.

WP6.3.1 Local partners support to Integrated care model pilots

WP6 organized 5 site visits, as one of the ideal sources to understand a practice and therefore provide excellence to implementation. As far as planned and financed, each visit had a specific clear stated value added. The people who conducted and evaluated the site visits are listed below:

- Antonio Giulio de Belvis (UCSC) perfomed the visit in Rome site
- Joao Forjaz (ISCIII), Carmen Rodriguez Blazquez (ISCIII) and Elisa Poses Ferrer (AQuAS/Gencat) perfomed the visits in Spanish sites
- Laimis Dambrauskas, Rokas Navickas and Elena Jurevičienė (VULSK) performed the visit in Kauno Klinikos, Lithuanian pilot site

- Miglė Rukšėnienė (VULSK audit person) performed the visit in Vilnius University hospital Santaros clinic pilot site

The learnings, success factors and barriers for implementation where shared between local partners and WP leaderships.

➢ Therefore, this indicator fulfil the completion criteria

WP6.4.1 Integrated care model pilot level of success assessing process outcomes and/or factors

In order to support partners during the complex process of implementing practices and assessing the outcomes, a dedicated implementation strategy has been developed. The strategy provides a series of methods and techniques to enhance the adoption and sustainability of practices and the use of tools developed in JA CHRODIS that can be applied in different settings and contexts. All partners followed Module II (Implementation and Post-implementation phases) of the JA CHRODIS PLUS Guidelines on implementation strategy. Adapted WP6 reporting templates were elaborated and filled by each WP6 pilot partner. Main result with the type of outcomes assessed by WP6 pilots can be found in D6.2 and D6.3.

Further information was provided in the publication: Rodriguez-Blazquez C, João Forjaz M, Gimeno-Miguel A, Bliek-Bueno K, Poblador-Plou B, Pilar Luengo-Broto S, Guerrero-Fernández de Alba I, Maria Carriazo A, Lama C, Rodríguez-Acuña R, Cosano I, Bedoya JJ, Angioletti C, Carfì A, Di Paola A, Navickas R, Jureviciene E, Dambrauskas L, Liseckiene I, Valius L, Urbonas G, Onder G, Prados-Torres A. Assessing the Pilot Implementation of the IMCM in Five European Settings: Results from the Joint Action CHRODIS-PLUS. Int J Environ Res Public Health. 2020 Jul 22;17(15):5268. doi: 10.3390/ijerph17155268.

- ➢ This indicator fulfils the completion criteria.

WP6.5.1 Integrated care model adjustments

Throughout the lifetime of CHRODIS PLUS, IMCM pilot implementations took place in five pilot sites, which were required to implement at least one component. Based on local experience and knowledge, participating partners determined IMCM to the specific characteristics of their local health care setting and developed country specific model versions, fully adapted and specified for local implementation. Pilot sites directly reached total of 3449 patients in Europe and brought significant change in the quality of their care. The evidence from D6.2 shows that despite the differences between sites in terms of implemented components of the IMCM and target population in general the IMCM had positive effect across all healthcare systems in which it was tested. Deliverable D6.3 presents country specific CHRODIS IMCM versions, from no less than 3 different healthcare settings maintaining the model structure, but taking into consideration local context, regulations, etc. Based on local experience and knowledge, LIWG members from participating sites adapted the IMCM to the specific characteristics of their local health care setting and developed country specific model versions. Local implementers proved the applicability of the IMCM in five European settings of both primary and specialized care levels, with different characteristics.

Each site has adapted the primary model to local needs. These adaptations and adjustments are described in the 5 reports included.

- ➢ This indicator fulfils the completion criteria

2.7 WP7: Fostering quality of care for people with chronic diseases

The aim of WP7 is to foster high-quality care for people with chronic diseases through the implementation of a set of quality criteria and recommendations defined in the previous Joint Action CHRODIS. The Quality Criteria and Recommendations Tool were applied in a series of pilot actions conducted by eight project partners in different settings, domains, and health care organizations.

Data collected from indicators

Table 7. CHRODIS PLUS WP7 monitoring indicators per task assessed at M36 final evaluation

WP7: Fostering Quality of Care for people with chronic diseases
Task 7.1. Baseline analyses and defining pilot action design
WP7.1.1_ Production of a framework for implementing actions (and the design for each pilot) using JA_CHRODIS recommendations to improve quality of care of chronic diseases
Task 7.2. Piloting of the QCR tool through pilot actions
WP7.2.1_ Inclusion of patients views by the workshop on interim follow-up
WP7.2.2_ Pre-implementation strategy
WP7.2.3_ Implementation strategy
WP7.2.4_ Post-implementation strategy
WP7.2.5_ Support provided by WP7 to implementers during QCR pilot actions
WP7.2.6_ Assessment of the success of pilot implementation description
Task 7.3. Pilots on the implementation of mHealth tools
WP7.3.1_ Presentation of the specific results and lessons learned focused on mHealth tools pilots
Task 7.4. Guide on the implementation of QCR tool
WP7.4.1_ Production of short and layman versions
WP7.4.2_ European availability of short and layman versions

WP7.1.1 Production of a framework for implementing actions (and the design for each pilot) using JA CHRODIS recommendations to improve quality of care of chronic diseases

All the implementation partners used the framework defined on the Pre-Implementation workshop, organized on June 4th-5th 2018 in Ljubljana to design their pilot plan using QCR tool and "Guideline on implementation strategy". The document provides operational elements, methodological details, and practical indications to:

- define the Local Implementation Working Group (LIWG) and identify key stakeholders;
- describe the scope of intervention selecting, from QCR tool, the recommendations and related quality criteria, to be considered as the components of the intervention;
- conduct the SWOT analysis of the context of Pilot action using QCR tool;
- identify and prioritise improvement areas using QCR tool;
- plan actions for each identified improvement areas;
- define the key performance indicators;
- design the Pilot implementation plan.

➢ The existence of this document, and its use, are aligned with the completion criteria for this indicator.

WP7.2.1 Inclusion of patients views by the workshop on interim follow-up

The inclusion of patients' views has been ensured by the interim follow-up workshop organised by the European Patient Forum (EPF), aiming to support partners to successfully run the study visits and assure a meaningful patient involvement onto the implementation sites. Representatives of patients from LIWG participated in the meeting. EPF formulated a series of indicators, discussed and agreed by participants, to assess if pilot activities meet patients'/persons' expectations with special emphasis on empowering the target population as well as the education and training to promote empowerment.

➢ The positive evidence of WP7 activities to promote inclusion of patients' views fulfils the completion criteria for this indicator.

WP7.2.2 Pre-implementation strategy

All WP7 partners with pilots have followed the agreed pre-implementation strategy, including a scope analysis, SWOT and a Pilot Action plan following the "Guideline on implementation strategy".

➢ This is aligned with the completion criteria for this indicator.

WP7.2.3 Implementation strategy

All WP7 partners with pilots have followed the agreed implementation strategy, including several small PDSA cycles during their work, and adapted the work accordingly (example from Finland, where Somalis reported significantly higher levels of diabetes compared to any of the other migrant groups and native Finns; the initial app was translated by a local Agency to Somali. The app was checked latter on by a Somalian-speaking leader of the LIWG, and was found to be completely unfitting for purpose, so the native speaker group of LIWG with the help of native speaking people of nonmedical background redid and tested the translation. The big frame checking for the potential need for changes in the plan, based on JA CHRODIS Recommendations and Criteria (QCR Tool) was performed in the preparation for the Study Visit and during the study visit itself. Until end of March 2019, 3 study visits were performed, 2 decided to change their plans (to enter second PDSA cycle) and 1 did not, since according to the nature of intervention and their plan the implementation almost finished by the time of the study visit.

- ➢ These procedures are aligned with the completion criteria for this indicator.

WP7.2.4 Post-implementation strategy

The 5 WP7 pilots followed the post-implementation strategy, according to the predefined tools/processes/methods agreed and included in the “Guideline on Implementation Strategy” (i.e. SQUIRE 2.0). The WP7 pilots of Task.7.3 (mHealth) namely NCPHA (Bulgaria), CSC (Spain), and UHREG (Germany), adhered to the guidelines through the help of OBFU, CERTH, and UUL.

- ➢ These procedures are aligned with the completion criteria for this indicator.

WP7.2.5 Support provided by WP7 to implementers during QCR pilot actions

100% of the local implementers consider the level of support provided by WP7 (including WP leaders and external partners involved in implementation; i.e. Kronikgune, external advisors) as satisfactory / very satisfactory (7 or more in a 0 to 10 satisfaction scale).

- ➢ The overall rating for WP7 is 8.8, which fulfils the completion criteria for this indicator.

WP7.2.6 Assessment of the success of pilot implementation description

The core writing group (NIJZ, EHFF, EPF) and the wider writing group that included several representatives of partners with pilot actions helped in this task. The core writing group was responsible for analyzing the key materials, prepare drafts and revisions of the Guide and coordinate dissemination of the documents among the partners and coordinators WP7 partners provided insights and feedback through teleconferences, written materials and revisions.

The Guide was developed based on five key inputs:

(1.) The Implementation strategy developed by KRONIKGUNE and adjusted to the objectives of the WP7;

(2.) Intermediate evaluation of Pilot action practices against JA CHRODIS Recommendations and Criteria;

(3.) EPF and EHFF evaluation reports from study visits performed in five pilot action sites from task 7.2.;

(4.) Questionnaire on the usability of JA CHRODIS Recommendations and Criteria for partners with pilot actions in task 7.3 where study visits were not performed;

(5.) Individual pilot action reports by all partners with pilot actions.

Findings and results section describes the implementation process (seven steps) as experienced by the partners with pilot actions – from establishing the implementation working group, conducting baseline analysis and designing action plan to implementing, monitoring, evaluating and reporting of the pilot action with the support of JA CHRODIS Recommendations and Criteria; general and country specific lessons learnt, key enablers and barriers to implementation of the framework, and its applicability as well as transferability potential; the potential future steps for further development.

- Based on this information, the Guide for the implementation of QCR tool was produced providing assessment on the transferability of the quality criteria by using results achieved in the implementation of the QCR tool in the pilots. Due the fact that the questionnaire on the usability of JA CHRODIS Recommendations and Criteria for partners with pilot actions in task 7.3 where study visits were not performed, this indicator fulfils the acceptance criteria.

WP7.3.1 Presentation of the specific results and lessons learned focused on mHealth tools pilots

Description of country specific lessons learnt was based on open-ended questionnaire for three pilot actions where study visits were not performed.

- Therefore, this indicator was achieved.

WP7.4.1 Production of short and layman versions

The short and layman versions are available on the CHRODIS PLUS website.

- This fulfils the completion criteria for this indicator.

WP7.4.2 European availability of short and layman versions

At the time of this Final report, the short and layman versions of the Guide for implementation of the QCR have been translated to the native language of WP7 partners and to at least 9 countries languages. They have to be uploaded on CHRODIS PLUS website by WP2 and make them available.

- Due to the fact that these translations were not in time for the Final Conference, this indicator fulfils the acceptance criteria.

2.8 WP8: Employment and chronic diseases: health in all sectors

The aim of WP8 is to improve work access for and participation by people with chronic diseases, to support employers in implementing health promotion and chronic disease prevention activities in the workplace, and to reinforce decision-makers' abilities to create policies that improve access, reintegration, maintenance and stay at work of people with chronic diseases.

This work package created a training tool for employers, a toolkit for workplace adaptation, and policy recommendations, all for the benefit of employees, employers, and society.

Data collected from indicators

Table 8. CHRODIS PLUS WP8 monitoring indicators per task assessed at M36 final evaluation

WP8: Employment and chronic diseases: health in all sectors
Task 8.1. Implementation of Training Tool for employers and the employment sector
WP8.1.1_ Satisfaction of attendees at the expert meeting
WP8.1.2_ Pan-European dissemination of the training tool
WP8.1.3_ Satisfaction of attendees at the expert meeting for multimorbidity and employment
Task 8.2. Development and piloting a toolkit for Adaptation of the Workplace
WP8.2.1_ European coverage of stakeholders interviews
WP8.2.2_ Stakeholder representability in focus groups /interviews
WP8.2.3_ Number of pilots of the Toolkit for adaptation of the workplace
WP8.2.4_ Reporting on the pilots of the Toolkit for adaptation of the workplace
Optional Indicators for WP8
WP8.2.5_ Pre-implementation strategy
WP8.2.6_ Implementation strategy
WP8.2.7_ Post-implementation strategy

WP8.1.1 Satisfaction of attendees at the expert meeting

A satisfaction survey of the Expert Meeting held in Brussels on the 20th and 21st of March 2018 was conducted by WP3. All respondents rated as "very good" (55%) or "excellent" (45%) the meeting. Most of the meeting contents were rated very positive by participants, with suggestions to increase the time for discussions, participation and sharing.

100% of the participants considered satisfactory (3 or more in a 1 to 5 satisfaction scale) when assessing if being at the Expert Meeting was worth the time, which fulfils the completion criteria for this indicator.

WP8.1.2 Pan-European dissemination of the training tool

Several dissemination activities were conducted by WP8 in order to share the toolkit and training tool to key stakeholders.

a. From March 2020, TC meetings were organized by FINCB and THL to plan and implement the project of creating an online CHRODIS PLUS Workbox on Employment and Chronic Conditions. These meetings involved an Italian IT agency which is implementing the work. At the time of this Final report, the online tool is not available yet, but it will be in few weeks, by the end of October 2020 and Final Conference. The online tool will allow the online implementation of the two WP8 tools (the Training Tool for managers, and the Toolkit for Workplaces) thanks to a much more fruitful modality as opposed to the PDF original version of the tools.
b. During summer 2020, FINCB and THL organized several TC meetings with WP2 to collaborate on the development of the WP8 page on the CHRODIS PLUS website. Such meetings were held almost weekly and are still ongoing until the definition of the final webpage for WP8.
c. The Training Tool for managers were translated in 8 languages (English, Italian, French, Lithuanian, Finnish, Spanish, Hungarian and German). All the PDF language versions will be available on the CHRODIS PLUS website and the online version of the Workbox will be translated in all these languages.
d. A leaflet on the CHRODIS PLUS Workbox on Employment and Chronic Conditions has been shared at the Self-Care Week Europe 2020 November 16-22 by the The Danish Committee for Health Education (DCHE).
e. A webinar with Governing Board was held on the 9th of September 2020 presenting WP8 work and tools.
f. The CHRODIS PLUS Workbox was presented to the Committee on Social Affairs, Health and Sustainable Development of the Council of Europe in the hearing on Discrimination against persons dealing with chronic or long-term illness.
g. WP8 contributed to the definition of D4.2, adding all the references on employment to the draft report on Integration in National Policies and Sustainability so as to increase the exchange of good practices on NCDs among EU Member States introducing the vision of health in all policies. WP8 collaborated horizontally and vertically to tackle chronic diseases.

➢ All these dissemination activities are considered relevant for the dissemination of the two WP8 tools developed during the JA, with the participation of all pilot countries. Therefore, this indicator fulfils the completion criteria.

WP8.1.3 Satisfaction of attendees at the expert meeting for multimorbidity and employment

91% of the participants considered satisfactory (3 or more in a 1 to 5 satisfaction scale) when assessing if being at this expert meeting was worth the time. The overall rating of the meeting was 7.8 points out of 10.

➢ This fulfils the completion criteria for this indicator.

WP8.2.1 European coverage of stakeholder's interviews

The interviews relating to task 8.2 were conducted to gather experience-based data on the possibilities workplaces have, and facilitators and barriers workplaces faced in promoting employees wellbeing, health, and work participation. Interviews were conducted in six European countries: Denmark, Finland, Italy, Netherlands, Spain, and Germany. Of these, Denmark completed the interviews in addition to the 5 participating countries defined in the grant agreement. Forty-five interviews were conducted with altogether 67 interviewees. Interviewed individuals represented either workplace management, employees, or stakeholders that collaborate with workplaces in promoting employees' health. Interviewees represented medium and large organizations from various fields of operation, and worked in different positions in the organizations they represented.

➢ This indicator fulfils the completion criteria.

WP8.2.2 Stakeholder representability in focus groups /interviews

WP8 included at least one representative of different critical stakeholder group including employers, employees, patients/representatives and administrative authorities such as managers as shown in the table below:

Number of interviews conducted and persons (in parenthesis) involved in each country:

Country	Management (n persons)	Employee (n persons)	Stakeholder (n persons)	Altogether (n persons)
Denmark	2 (2)	0 (0)	1 (1)	3 (3)
Finland	3 (3)	6 (6)	7 (8)	16 (17)
Italy	2 (2)	2 (4)	2 (2)	6 (8)
Netherlands	4 (6)	2 (8)	2 (2)	8 (16)
Spain	3 (4)	4 (13)	2 (2)	9 (19)
Germany	1 (1)	1 (2)	1 (1)	3 (4)
Altogether	**15 (18)**	**15 (33)**	**15 (16)**	**45 (67)**

- Healthcare professionals and patients' representatives were not included in the WP8 interviews/focus groups. This indicator fulfils the acceptance criteria.

WP8.2.3 Number of pilots of the Toolkit for adaptation of the workplace

WP8 conducted six pilots to test the Toolkit for Workplaces as shown in the table below:

Country	No. of workplaces
Finland	5
The Netherlands	2
Spain	2
Italy	1
Lithuania	1
Germany	1
Total	**12**

WP8 shared a questionnaire with the workplaces participating in the pilots. The workplaces were asked to evaluate the usability and utility of the Toolkit, as well as the usefulness, comprehensiveness, feasibility, and level of detail of each of the seven Toolkit domains (1. nutrition, 2. physical activity, 3. ergonomics, 4. mental health and wellbeing, 5. recovery from work, 6. community spirit and atmosphere, 7. smoking cessation and reduction of excess alcohol consumption). In addition, the workplaces were asked about their plans to implement one or more of the means suggested in the Toolkit. The questionnaire also provided the workplaces an opportunity to provide suggestions for improving the Toolkit.

- WP8 managed to conduct more country pilots than the ones agreed on the Grant Agreement (Finland, Spain, The Netherlands and Germany), adding Italy and Lithuania. In addition, there were more than one workplace participating in the pilot in three different countries. The questionnaire enabled the transferability and adaptability of the tool for different types of settings. Therefore, this indicator fulfils the completion criteria.

WP8.2.4 Reporting on the pilots of the Toolkit for adaptation of the workplace

The pilot of the CHRODIS+ Toolkit for Workplaces involved two questionnaires that the contact persons of participating workplaces were asked to complete.

The first questionnaire asked to evaluate the usability and utility of the Toolkit, as well as the usefulness, comprehensiveness, feasibility, and level of detail of each of the seven Toolkit domains.

In the second questionnaire the pilot workplaces were asked whether they ended up implementing one or more means suggested in the Toolkit, and if yes, to tell about their experiences of the implementation. Completing the second questionnaire was slightly delayed due to the COVID19 outbreak, since the workplaces were provided more time to complete the questionnaire.

The table below presents the sample of workplaces that completed the first questionnaire, and the ones that completed the second questionnaire.

Country	No. of workplaces that completed the questionnaire	
	Questionnaire 1	Questionnaire 2
Finland	3	1
The Netherlands	2	2
Spain	2	2
Italy	1	1
Lithuania	1	0
Germany	1	1
Total	**10**	**6**

- There is no report available from each country, describing the process, developing, and implementing the toolkit. The information provided by WP8 is the result of the two questionnaires shared with the working places, which had the aim to assess the acceptability and feasibility of the toolkit, between others. The detail on the experiences of the implementation provided in the second questionnaire are very brief. Although some open feedback was received by the pilot workplaces, no lessons learnt are developed by WP8 for the Toolkit. However, there is a section about "assessment of strength and limitations", and the toolkit was reviewed based on the feedback of pilots. Thus, this indicator does not fulfil the completion criteria (no lessons learnt developed), but is accepted as a common reporting of the pilots is provided, including a review of the Toolkit and some recommendations to use and implement the Toolkit in the workplace.

WP8.2.5 Pre-implementation strategy

WP8 has rather chosen optional indicators related to the implementation strategy. WP8 has reported they have not applied any of the common elements of implementation as scope analysis, SWOT and pilot Action Plan with at least a PDSA cycle. Thus, no data has been collected for this indicator.

WP8.2.6 Implementation strategy

This was an optional indicator for WP8, due to the specific characteristics of its pilots. WP8 pilots did not followed the implementation strategy of other WP pilots. Thus, no data has been collected for this indicator.

WP8.2.7 Post-implementation strategy

This was an optional indicator for WP8, due to the specific characteristics of its pilots. WP8 pilots did not followed the post-implementation strategy of other WP pilots. Thus, no data has been collected for this indicator.

Section - General indicators

This section highlights:

1. Evaluation results of the general indicators for all WPs. This provides, with a limited number of common indicators, a consistent overarching picture of the organization and process of JA CHRODIS PLUS.

WPx.G.1_Internal meetings organised by WPx

WP1 held 7 meetings between coordinator and scientific coordinator: 23 January 2019, 25th January 2019 with OECD representative, 19 February 2019 and 25 February 2019 (in preparation for the 2nd GB), 12th November 2019, 21 January 2020 and 8 June 2020, plus numerous ad hoc calls and emails.

As for WP2, there were 12 face-to-face meetings conducted until M18. Out of these, 4 meetings were Kick off meeting in Vilnius, Implementation workshop in Treviso and Executive Board in Ulm and in Seville, where separate face-to-face work package 2 meetings were arranged. The remaining 6 meetings were face-to-face that took place in Budapest and 1 meeting that took place in Bratislava. As for the teleconference call organized by WP2, there is a regular call done on weekly basis /every Thursday at 2 p.m. This call covers all necessary tasks of WP2, responsibilities and timelines and always check the status of the tasks and processes. The call participants are work package leader Zoltan Aszalos, work package co-lead Zuzana Matlonova and usually one members of the team from the Semmelweis University in Budapest. Besides the weekly work package 2 call, there are calls arranged based on the current project needs with other work packages and also with coordinator and scientific coordinator. WP2 takes regular part on the electronic Executive Board calls. As a minimum, there was 160 WP2 TC meeting between Semmelweis University and Ministry of Health Slovakia, and numerous face to face meetings conducted. This communication was denser during the conference preparation time and Newsletter preparation periods.

AQuAS is the only WP3 partner. It nonetheless maintained contact with other institutions, according to evaluation activities, and subcontracted tasks.

For WP4, meetings were the following: Three face to face meetings (Vilnius (Sep 2017), Treviso (February 2018) and Sevilla (November 2018); One webinar for organizers of National Policy Dialogues on November 2018; and eleven teleconferences. During the second half of the JA, there were 12 internal meetings of the WP4 since February 2019 and August 2020, both included.

WP5 held TC meetings on seven occasions, plus a face to face workshop in Treviso on 13-15 February 2018. The dates of the TCs were 18 October 2017, 27 February 2018, 3 May 2018, 14 May 2018, 16 October 2018, 29 October 2018, and 8 November 2018. Additionally, WP5 held bi-monthly meetings for implementers during the implementation phase. The first meetings were held on 31 January 2019, 18 February 2019, and 22 March 2019. The meetings were held by sub-task and reports collected after the calls. The inter/intra sectoral task has held 2 TC meetings, on 10 December 2018 and 19 March 2019. During the second half of the JA, WP5 organised a total of 15 teleconferences. There were many more bilateral calls between the partners to discuss the progress of implementation and reporting results of their interventions, as well as preparations for the final conference. There were also bilateral calls with all 8 implementing sites to retrieve

the learning from transfer and implementation that were not reflected in the implementation reports – 8 TC meetings. In addition, Task 5.3 organised 6 tele-conferences and 2 workshops.

WP6 organized one face-to-face meeting in Treviso (Feb 2017) and six TCs: July 2, 2018: WP6 Partners TC; September 13, 2018: WP6 Partners TC; October 24, 2018: WP6 non implementers TC; December 3, 2018: WP6 implementing sites TC; December 7, 2018: WP6 & Borut Jug (non-implementers role in CHRODIS PLUS); January 10, 2019: WP6 Non-implementers TC (Poland); January 25, 2019: WP6 Monitoring and site visits; February 12, 2019: WP6 implementing sites TC. During the second half of the JA, 6 more teleconferences were organized to discuss the status of the implementation and the next steps of WP6 pilot sites (every 2-3 months). Final pilot implementation reporting template was presented and explained during the webinar organized together with coordination team and expert Mirca Barbolini.

For WP7, there were four face-to-face meetings, and monthly TCs from October 2018 onwards for Task2 partners. Moreover, a web-based platform has been developed using the open-source learning platform Moodle. This web environment is aimed at enhancing the development of a community of practice within WP7, in order to promote exchanges, discussion, sharing of resources and experiences. The number of total views, computed from logs, was 5.356 from the beginning of September 2017 to the end of February 2019, with an average of 13 accesses per day. In the second half of the JA, WP7 organised 38 meetings, taking into account 17 monthly TCs with partners and representatives, 19 with task 7.3 leaders, and two more extra meetings at M21 and M25.

In period M1-M18, WP8 has organized 18 internal meeting, as follows: 8 Teleconferences with all partners on update of activities; 2 Expert Meetings face to face with all partners; and 8 Teleconferences with some partners on specific activity of tasks. From M19 to M36, WP8 has organized 18 more internal meetings (monthly) with all WP8 partners and collaborating partners. From March 2020, several TC meetings have been organized with FINCB and THL to plan and implement the project of creating an online CHRODIS PLUS Workbox on Employment and Chronic Conditions. These meetings involved an Italian IT agency which is implementing the work. During summer 2020, FINCB and THL organized several TC meetings with WP2 to collaborate on the development of the WP8 page on the CHRODIS PLUS website. Such meetings have been held almost weekly and are still ongoing until the definition of the final webpage for WP8. From March 2020, several TC meetings have been organized (and are still ongoing) from FINCB and THL to plan and implement the project of creating an online CHRODIS Plus Workbox on Employment and Chronic Conditions. These meetings involved an Italian IT agency which is implementing the work. The online tool will be ready by end of October before the CH+ Final Conference. During summer 2020, FINCB and THL organized several TC meetings with WP2 to collaborate on the development of the WP8 page on the CH+ website. Such meetings have been held almost weekly and are still ongoing until the definition of the final webpage for WP8.

- ➢ Taken together, these activities fulfil the completion criteria for this indicator.

WPx.G.2_Percentage of partners attending the WPx meetings /teleconferences

WP1 meetings are internal with attendance of 100% of partners, and EB meetings are attended by the majority of WP Leaders, which currently fulfils this indicator.

The attendance of WP2 leading institutions is 100%. On the other hand, there is no need for regular calls with WP2 partners. The pool of partners is wide and the partners assigned themselves for particular activities on which they are cooperating, such as EPF along with WP2 is taking care of Facebook and Twitter accounts.

Hungarian Institute of Oncology participated at the preparation of the General Assembly and the Conference. Taken from the perspective of involvement in the tasks that the partners assigned themselves for, it is close to 100%.

AQuAS is the only WP3 partner. It nonetheless maintained contact with other institutions, according to evaluation activities, and subcontracted tasks.

For WP4, almost all the partners with responsibilities as task leaders and co-leaders participated in the scheduled meetings. The WP4 partners summoned to meetings were the following: VULSK, EuroHealthNet, NIJZ, ISS, MoH Italy, CSJ Andalucía, ISCIII. The average of attendance in the meetings was a 82.5%.

For WP5, 100% of partners have attended TCs since the beginning of the Joint Action. 80% of work package members have 100% attendance. Approximately 70% of partners attended online and/or face-to-face meetings when they were organized for a big group of partners. Bilateral or small group calls were scheduled so that everyone could attend.

Regarding WP6, several meetings were organized specifically for implementing sites, others for non-implementing sites. For this reason, only the two WP leaders attended all the meetings/TCs and there was an average of 73% of attendance of the rest of the partners.

Half of all WP7 partners have attended all the meetings/TCs organised, corresponding to 100% of Task2 partners. For the rest of the tasks, the attendance varied but was always between 70% and 100%. WP7 Conference was organized on May 13th in Budapest to evaluate, together with WP7 partners with pilot, applicability and transferability of the QCR across countries, and identify key enablers and barriers to implementation of the QCR tool. WP7 Poster session was organized on May 14th-15th to present results to all CHRODIS PLUS partners. At least one representative for each partner organization was invited, with the participation of all invited partners.

WP8 meetings in the period M1-M18 were attended as follows: for the 8 TCs, 74% of partners attendance; for the first Expert Meeting “Employment and chronic condition”, carried out in Brussels on 20-21 march 2018, 68% attendance; for the second face-to-face Expert Meeting “Employment in the multi-morbidity care model”, carried out in Rome on 28 February 2019, 78% attendance. As for the collaborating partners, half the partners participate in the TC. From M19 to M36, all WP8 partners and collaborating partners have always attended all internal TC meetings. During the second half of the JA, all WP8 Partners and Collaborating partners have always attended all internal TC meetings.

- ➢ These activities fulfil the acceptance criteria for this indicator, according to WP specificities.

WPx.G.3_Percentage of accomplishment of Deliverables

As regarding CHRODIS PLUS deliverables completed and sent to CHAFEA by WP1, 1 deliverable was sent on time, 1 deliverable within a 2-month period, 3 deliverables with more than 2 months delay, and 3 deliverables for this period have not been submitted yet. The completion rate at M18 was 62%, with only 25% being delivered on time or within a 2 months delay. During the second half of the JA, deliverables submission deadline was delayed due to COVID-19 pandemic, with a total of 7 deliverables sent in the time agreed with CHAFEA.

➢ This fulfils the acceptance criteria for this indicator, taking into account the delay on the deadline because of the COVID-19 outbreak.

WPx.G.4_Percentage of accomplishment of Milestones

From the 22 milestones foreseen at M18, 8 milestones were reached on time, 5 within a 2-month period, and 9 with more than 2 and less than 3 months delay. This fulfilled for the moment the acceptance criteria with 100% of planned milestones achieved, all on time or with a delay of less than three months. During the second half of the JA, 8 out of 17 Milestones (47%) foreseen for period M18-M36 were completed on time, and 3 out of 20 (Final Repot, Final Conference and Impact Evaluation Report) were implicitly extended due to JA extension.

Milestones related to implementation were delayed mainly due to the delay on the definition of the implementation strategy, and its situation was aggravated as for other milestones with the public health crisis due to coronavirus outbreak.

➢ Taking into account the difficulties experienced due to the COVID pandemic and the general delay on the implementation, this indicator can be considered as fulfilling the acceptance criteria.

WPx.G.5 Satisfaction of WP Partners with WPx's leadership

100% of the WP5, WP6 and WP7 implementation partners are satisfied with their WP leaders with the organization, information and feedback received to their work. Results of the survey developed by WP3 showed that implementers rated 8.2 points on a 10 points scale the overall support received by their WP leaders and external organizations (Kronikgune, EC expert consultant, etc.). No respondent to the survey rated the support received lower than 6 points out of 10: therefore, all partners are overall satisfied with the WP leaderships.

Some specific ratings are showed below:

- Timely availability of WP leaders for support: 8.6
- Facilitation of alignment between partners:7.2
- Quality and usefulness of the support provided:7.9

➢ This indicator fulfills the completion criteria.

WPx.G.6 Percentage of positive monitoring evaluation indicators

The great majority of indicators in all WPs are positively evaluated.

➢ This fulfils the acceptance criteria for this indicator.

WPx.G.7_WPx deliverables "general quality criteria" accomplishment

100% deliverables at M36 met most criteria on Guidelines on general quality criteria.

- This indicator fulfils the completion criteria.

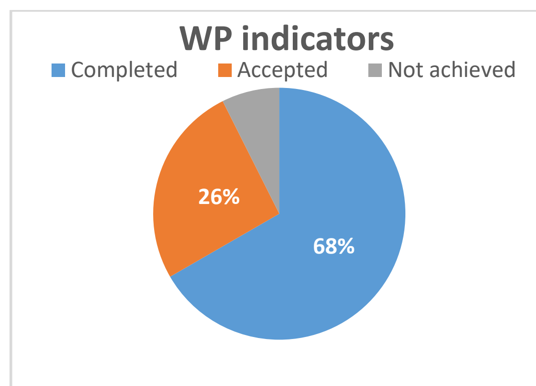
Section - Conclusions

This section highlights:

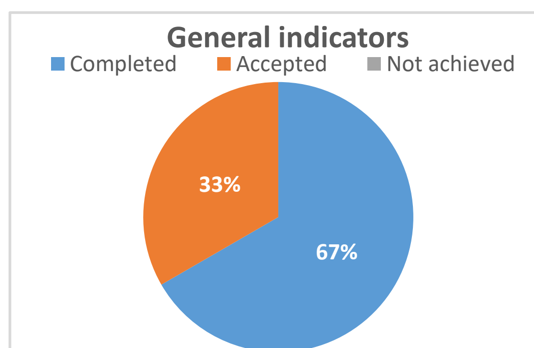
1. The conclusions of the WP3 monitoring and evaluation activities

In conclusion, issue areas were identified during the various evaluation stages, and corrective measures taken accordingly. COVID 19 interference produced delays, which were satisfactorily addressed by the consortium. However, this particularly restricted the involvement of non-implementation partners in the activities. The analysis of the indicators for CHRODIS PLUS shows a good degree of overall achievement, based on the tasks defined in the Grant Agreement and the specific aims and objectives of each WP.

- From 81 evaluation indicators specific for the WPs (excluding optional indicators), 55 fulfilled the completion criteria; 21 fulfilled the acceptance criteria; and 5 were not achieved. In total, **94% of the WPs indicators were evaluated positively** as shown in figure below:



- For the 7 general indicators **100% of the general indicators were evaluated positively.** All the WPs fulfilled the completion or acceptance criteria as shown in figure below:



Annex 1. Summary table of indicators accomplished per WP at M30

	Completed	Accepted	Unachieved
WP1: Coordination of the Joint Action			
Task 1.1. Financial and managerial monitoring and coordination			
WP1.1.1_Number of WP1 work performances supervision meetings with WP leaders		•	
WP1.1.2_Executive Board meetings	•		
WP1.1.3_Percentatge of Person days Grant Agreement vs current person days (every 6 months)	•		
WP1.1.4_Budget executed from all partners versus budget Joint Action		•	
WP1.1.5_Month's difference from the planned and final General Assembly meeting dates		•	
WP1.1.6_Percentatge of Beneficiaries at General Assembly Meetings		•	
WP1.1.7_Percentatge of Collaborating Partners at General Assembly Meetings			•
WP1.1.8_Number of activities developed by Collaborating Partners through their WP		•	
WP1.1.9 Key stakeholder identified and liaised at CHRODIS PLUS		•	
Task 1.2. Scientific coordination			
WP1.2.1__Number of meetings between Scientific Coordination and WP pilot implementation leaders	•		
WP2: Dissemination			
Task 2.1. Strategic Documents			
WP2.1.1_ Conduction of Stakeholder Analysis		•	
WP2.1.2_ Dissemination reports: website, Facebook and Twitter analysis			•
Task 2.2. Communication channels & contents			
WP2.2.1_ CHRODIS PLUS Website setting up	•		
WP2.2.2_Percentatge of electronic newsletters issued as presented in the Grant Agreement	•		
WP2.2.3_ YouTube video channel creation	•		

	Completed	Accepted	Unachieved
WP2.2.4_Press releases associated with key delivery of products or activities	•		
WP2.2.5_ Webinars organised and completed for each WP		•	
Task 2.3 CHRODIS Platform			
WP2.3.1_ CHRODIS Platform Help-Desk and transference	•		
WP3: Evaluation			
Task 3.1. Definition of the Evaluation Plan of CHRODIS PLUS			
WP3.1.1_ Meetings /TC with WP leaders		•	
WP3.1.2_ SMART -RACER indicators definition	•		
WP3.1.3_ Adherence to protocol requirements		•	
WP3.1.4_ CHRODIS PLUS Impact evaluation indicators definition	•		
Task 3.2. Monitoring implementation			
WP3.2.1_ Percentage of final indicators unreasonably changed compared with indicators initially proposed	•		
Task 3.3. Ongoing evaluation analysis			
WP3.3.1_ Meetings, deliverables and/or process ongoing evaluation surveys	•		
WP3.3.2_ WP3 advice based TC meetings and actions		•	
WP3.3.3_ Governing Board on-line evaluation interviews			•
Task 3.4. CHRODS short/mid-term Impact Evaluation			
WP3.4.1_ JA -CHRODIS short/midterm impact evaluation indicators definition	•		
WP3.4.2_ JA -CHRODIS short/midterm impact evaluation indicators collection	•		
WP4: Integration in National Policies and Sustainability			
Task 4.1 Governing Board			
WP4.1.1_ Governing Board EU membership		•	
WP4.1.2_ Governing Board WP work awareness	•		
WP4.1.3_WP and Governing Board work implication	•		

	Completed	Accepted	Unachieved
Task 4.2 Policy Dialogues			
WP4.2.1_ Existing policies or changes in existing policies identification methods	•		
WP4.2.2_ Relevance of involved stakeholders and policy makers	•		
WP4.2.3_ Preparation for Policy Dialogues	•		
WP4.2.4_ Policy Dialogues reporting		•	
Task 4.3 Knowledge transfer and change management on Chronic Diseases across Europe			
WP4.3.1_ Experiences in uptake of JA CHRODIS and CHRODIS PLUS alignment		•	
WP4.3.2_ Value-added links to relevant CD initiatives	•		
WP4.3.3_ Activities for the elaboration of the interim reports on Knowledge transfer and Change management on CD across Europe are clearly presented	•		
Task 4.4 Consensus Statement and Report on the Integration in National Policies and Sustainability			
WP4.4.1_ Lessons learned inclusion in consensus statement		•	
WP4.4.2_ Integration on policies and sustainability consensus submission to GB	•		
WP5: Health Promotion and Disease Prevention			
Task 5.1. Completion, update, and systematization of country reports			
WP5.1.1_ Five country reports and one overview report produced	•		
Task 5.2. Adaptation and implementation of inter-sectoral good practices			
WP5.2.1_ Pre-implementation strategy	•		
WP5.2.2_ Implementation strategy	•		
WP5.2.3_ Post-implementation strategy	•		
WP5.2.4_ Support provided by WP5 to implementers during pilot actions	•		
WP5.2.5_ Involvement of non-implementation partners			•

	Completed	Accepted	Unachieved
WP5.2.6_ Formulation of one recommendation report, containing success factors for HPDP implementations	•		
Task 5.3. Support health promotion across the broader health system			
WP5.3.1_ Recommendations for intra-and inter-sectoral collaboration of HPDP	•		
WP5.3.2_ Expert meeting "Feasibility/applicability of success factors for successful intra/inter-sectoral collaboration between health promotion, healthcare and other sectors"		•	
WP5.3.3_ Joint Workshop and other reports to formulate recommendations	•		
Task 5.4. Final overview			
WP5.4.1_ Series of recommendations with consensus	•		
WP6: Pilot Implementation of Integrated care model for multi-morbidity			
Task 6.1. Preparatory phase			
WP6.1.1_ Integrated care model Pilot site characteristics data collection	•		
WP6.1.2_ Strategies/tools for risk stratification revision		•	
WP6.1.3_ Participants at the Integrated care model strategy meeting attendance	•		
WP6.1.4_ Preparatory phase ICM cooperative involvements	•		
WP6.1.5_ Integrated care model components at pilot sites	•		
Task 6.2. Pilot implementation			
WP6.2.1_ Pre-implementation strategy	•		
WP6.2.2_ Implementation strategy	•		
WP6.2.3_ Post-implementation strategy	•		
WP6.2.4_ Support provided by WP6 to implementers during pilot actions	•		
WP6.2.5_ Involvement of non-implementation partners			•
Task 6.3. Support to implementation activities			
WP6.3.1_ Local partners support to Integrated care model pilots	•		

	Completed	Accepted	Unachieved
Task 6.4. Outcomes assessment and evaluation			
WP6.4.1_ Integrated care model pilot level of success assessing process outcomes and/or factors	•		
Task 6.5. CHRODIS integrated care model adjustment for local healthcare setting			
WP6.5.1_ Integrated care model adjustments	•		
WP7: Fostering Quality of Care for people with chronic diseases			
Task 7.1. Baseline analyses and defining pilot action design			
WP7.1.1_ Production of a framework for implementing actions (and the design for each pilot) using JA_CHRODIS recommendations to improve quality of care of chronic diseases	•		
Task 7.2. Piloting of the QCR tool through pilot actions			
WP7.2.1_ Inclusion of patients views by the workshop on interim follow-up	•		
WP7.2.2_ Pre-implementation strategy	•		
WP7.2.3_ Implementation strategy	•		
WP7.2.4_ Post-implementation strategy	•		
WP7.2.5_ Support provided by WP7 to implementers during QCR pilot actions	•		
WP7.2.6_ Assessment of the success of pilot implementation description			
Task 7.3. Pilots on the implementation of mHealth tools		•	
WP7.3.1_ Presentation of the specific results and lessons learned focused on mHealth tools pilots	•		
Task 7.4. Guide on the implementation of QCR tool			
WP7.4.1_ Production of short and layman versions	•		
WP7.4.2_ European availability of short and layman versions		•	
WP8: Employment and chronic diseases: health in all sectors			
Task 8.1. Implementation of Training Tool for employers and the employment sector			
WP8.1.1_ Satisfaction of attendees at the expert meeting	•		

	Completed	Accepted	Unachieved
WP8.1.2_ Pan-European dissemination of the training tool	•		
WP8.1.3_ Satisfaction of attendees at the expert meeting for multimorbidity and employment	•		
Task 8.2. Development and piloting a toolkit for Adaptation of the Workplace			
WP8.2.1_ European coverage of stakeholders interviews	•		
WP8.2.2_ Stakeholder representability in focus groups /interviews		•	
WP8.2.3_ Number of pilots of the Toolkit for adaptation of the workplace	•		
WP8.2.4_ Reporting on the pilots of the Toolkit for adaptation of the workplace		•	
Optional Indicators for WP8			
WP8.2.5_ Pre-implementation strategy	-	-	-
WP8.2.6_ Implementation strategy	-	-	-
WP8.2.7_ Post-implementation strategy	-	-	-

Annex 2. Summary table of general indicators accomplished

Completed	++
Accepted	+
Delayed	*
Unachieved	o

	WP1	WP2	WP3	WP4	WP5	WP6	WP7	WP8
WPx.G.1_Internal meetings organised by WPx	++	++	++	++	++	++	++	++
WPx.G.2_Percentage of partners attending the WPx meetings/TCs	++	++	++	+	+	+	+	+
WPx.G.3_Percentage of accomplishment of Deliverables	+							
WPx.G.4_Percentage of accomplishment of Milestones	+							
WPx.G.5_Satisfaction of WP Partners with WPx's leadership				++	++	++	++	++
WPx.G.6_Percentage of positive monitoring evaluation indicators	+	+	+	++	+	+	+	++
WPx.G.7_WPx deliverables "general quality criteria" accomplishment	++	++	++	++	++	++	++	++

Annex 3. Adapted version of the SQUIRE 2.0 for post-implementation and evaluation

WP:…….	• Name of the LIWG: …………………….
Title and Abstract (word limit)	
1. Title	• Indicate that the manuscript concerns an initiative to improve healthcare (broadly defined to include the quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, and equity of healthcare)
2. Abstract	• Provide adequate information to aid in searching and indexing • Summarize all key information from various sections of the text using the abstract format of the intended publication or a structured summary such as: background, local problem, methods, interventions, results, conclusions
Introduction	***Why did you start?***
3. Problem Description	• Nature and significance of the local problem *"Problem/challenge" of the scope definition template"*
4. Available knowledge	• Summary of what is currently known about the problem, including relevant previous studies
5. Rationale	• Informal or formal frameworks, models, concepts, and/or theories used to explain the problem, any reasons or assumptions that were used to develop the intervention(s), and reasons why the intervention(s) was expected to work
6. Specific aims	• Purpose of the project and of this report *"General purpose of the intervention" of the scope definition template"* *"Objectives" of the collaborative methodology*
Methods	***What did you do?***
7. Context	• Contextual elements considered important at the outset of introducing the intervention(s) *Main output of the Situation Analysis. SWOT analysis*

8. Intervention(s)	• Description of the intervention(s) in sufficient detail that others could reproduce it *"Target population" of the scope definition"* *"Areas of improvement and Change package of the Collaborative methodology"* • Specifics of the team involved in the work *"Description of the LIWG participants (number, profiles, roles)"*
9. Study of the Intervention(s)	• Approach chosen for assessing the impact of the intervention(s) *(quantitative or qualitative analysis)* • Approach used to establish whether the observed outcomes were due to the intervention(s)
10. Measures	Measures chosen for studying processes and outcomes of the intervention(s), including rationale for choosing them, their operational definitions, and their validity and reliability *"Key Performance Indicator of the Collaborative methodology"* • Description of the approach to the ongoing assessment of contextual elements that contributed to the success, failure, efficiency, and costs • Methods employed for assessing completeness and accuracy of data
11. Pilot Action Plan	*Report the Pilot Action Plan designed (from Appendix 6 – Pilot Action Plan Report for Country)*
12. Analysis	• Qualitative and quantitative methods used to draw inferences from the data • Methods for understanding variation within the data, including the effects of time as a variable *Based on what already detailed in the 7. Study of the Intervention(s) above, describe how data were collected (data sources and quantitative and qualitative methods), and possible changes occurred from the initial design.*

13. Ethical considerations	• Ethical aspects of implementing and studying the intervention(s) and how they were addressed, including, but not limited to, formal ethics review and potential conflict(s) of interest
Results	**What did you find?**
14. Results	• Initial steps of the intervention(s) and their evolution over time (e.g., time-line diagram, flow chart, or table), including modifications made to the intervention during the project. For LIWGs with one PDSA Cycle: Referring to the Pilot Action Plan designed, (Appendix 6), report the set of activities implemented (change package), and any deviation from the initial Pilot Action Plan. Describe problems occurred and solutions found. For LIWGs with more than one PDSA Cycle: Explain if relevant changes had occurred during the implementation of different PDSA cycles (through periodic assessment of results-KPI, activities, stakeholders involved, timing, other). • Details of the process measures and outcome Making reference to the chapter "Measures (8) and the Pilot Action Plan (Appendix 6), describe which measures were chosen for studying processes and outcomes of the intervention(s), and describe the changes occurred from the initial design. Report the key indicators achieved (process, outcomes). If more than one PDSA cycle was adopted, report the information taking into consideration all cycles. • Contextual elements that interacted with the intervention(s) • Observed associations between outcomes, interventions, and relevant contextual elements • Unintended consequences such as unexpected benefits, problems, failures, or costs associated with the intervention(s). • Details about missing data Outcome analysis
Discussion	**What does this mean?**
15. Implementation process	• Facilitators, barriers and suggestions for future implementations Describe the barriers, enablers and suggestions for future implementations (report on the table 2 below).

16. Summary	• Key findings, including relevance to the rationale and specific aims Describe the major outcomes of the Practices, Model and Tool*: -Benefits for Patients (improved access to care, health status, quality of life) -Stakeholders and Policy Makers Involvement and related Actions (policy and programs design, inter-intra sectoral collaboration, others) *These aspects were recommended by the European Commission • Particular strengths of the project
17. Interpretation	• Nature of the association between the intervention(s) and the outcomes (as described in the 7. Study of the Intervention). • Comparison of results with findings from other publications • Impact of the project on people and systems • Reasons for any differences between observed and anticipated outcomes • Costs and strategic trade-offs, including opportunity costs
18. Limitations	• Limits to the generalizability of the work • Factors that might have limited internal validity such as confounding, bias, or imprecision in the design, methods, measurement, or analysis • Efforts made to minimize and adjust for limitations • Outcome analysis
19. Conclusions	• Usefulness of the work • Sustainability (see Table 3: Short Guidance on Sustainability and Replicability-Scaling-Up) • Potential for spread to other contexts (see Table 3: Short Guidance on Sustainability and Replicability-Scaling-Up) • Implications for practice and for further study in the field • Suggested next steps: describe the suggestions for future implementations (see Table 2. “Barriers, Enablers and suggestions for future implementations”).

20. Funding	• Sources of funding that supported this work. Role, if any, of the funding organization in the design, implementation, interpretation, and reporting Specify if additional funding (beside CHRODIS PLUS), was obtained during the Implementation

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The CHRODIS PLUS Joint Action

CHRODIS PLUS is a three-year initiative (2017-2020) funded by the European Commission and participating organisations. Altogether, 42 beneficiaries representing 20 European countries collaborate on implementing pilot projects and generating practical lessons in the field of chronic diseases.

The very core of the Action includes 21 pilot implementations and 17 policy dialogues:

- The pilot projects focus on the following areas: health promotion & primary prevention, an Integrated Multimorbidity Care Model, fostering the quality of care for people with chronic diseases, ICT-based patient empowerment and employment & chronic diseases.
- The policy dialogues (15 at the national level, and 2 at the EU level) raise awareness and recognition in decision-makers with respect to improved actions for combatting chronic diseases.

A heavy price for chronic diseases: Estimates are that chronic diseases cost EU economies €115 billion or 0.8% of GDP annually. Approximately 70% to 80% of healthcare budgets across the EU are spent on treating chronic diseases.

The EU and chronic diseases: Reducing the burden of chronic diseases such as diabetes, cardiovascular disease, cancer and mental disorders is a priority for EU Member States and at the EU Policy level, since they affect 8 out of 10 people aged over 65 in Europe.

A wealth of knowledge exists within EU Member States on effective and efficient ways to prevent and manage cardiovascular disease, strokes and type-2 diabetes. There is also great potential for reducing the burden of chronic disease by using this knowledge in a more effective manner.

The role of CHRODIS PLUS: CHRODIS PLUS, during its 36 months of operation, will contribute to the reduction of this burden by promoting the implementation of policies and practices that have been demonstrated to be successful. The development and sharing of these tested policies and projects across EU countries is the core idea driving this action.

The cornerstones of CHRODIS PLUS: This Joint Action raises awareness of the notion that in a health-promoting Europe - free of preventable chronic diseases, premature death and avoidable disability - initiatives on chronic diseases should build on the following four cornerstones:

- health promotion and primary prevention as a way to reduce the burden of chronic diseases
- patient empowerment
- tackling functional decline and a reduction in the quality of life as the main consequences of chronic diseases
- making health systems sustainable and responsive to the ageing of our populations associated with the epidemiological transition

Contributors and Acknowledgements

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CEDOC-NMS| FCM - Chronic Diseases Research Centre, Faculty of Medical Sciences of Lisbon

We also want to thank all WP leaders and the JA Coordination for regularly providing data on the indicators and for their support in the development of surveys and complementary evaluation activities.

Lastly, the financial support from the European Commission is gratefully acknowledged and appreciated.

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Table 5. CHRODIS PLUS WP5 monitoring indicators per task assessed at M36 final evaluation

Table 6. CHRODIS PLUS WP6 monitoring indicators per task assessed at M36 final evaluation

Table 7. CHRODIS PLUS WP7 monitoring indicators per task assessed at M36 final evaluation

Table 8. CHRODIS PLUS WP1 monitoring indicators per task assessed at M36 final evaluation

Abbreviations

AQuAS	Agència de Qualitat i Avaluació Sanitàries de Catalunya
CD	Chronic Diseases
CHAFEA	Consumers, Health, Agriculture and Food Executive Agency
CPD	Continuing Professional Development
CSJA	Consejeria de Salud de la Junta de Andalucia
DG	Directorate General (European Commission)
EB	Executive Board
ECAB	European Cross-border Care Collaborations
ECHI	European Core Health Indicator (previously "European Community Health Indicator")
EEA	European Economic Area
EIP-AHA	European Innovation Partnership for Active and Healthy Aging
EPF	European Patient Forum
EU	European Union
F2F	Face-to-face
GA	General Assembly
GB	Governing Board
HPDP	Health Promotion and Disease Prevention
IACS	Aragon Health Sciences Institute
ISCIII	Instituto de Salud Carlos III
IMCM	Integrated Multimorbidity Care Model
JA	Joint Action
KPI	Key Performance Indicators
LIWG	Local Implementation Working Group
M#	Month number
MoH	Ministry of Health

MS	Member States
NCD	Non-Communicable Disease
NIGRiR	National Institute of Geriatrics, Rheumatology and Rehabilitation
NIJZ	National Institute of Public Health of Slovenia
NIVEL	Netherlands Institute for Health Services Research
PDSA	Plan, Do, Study, Act cycles
PM	Persons-month
QCR	Quality Criteria and Recommendations Tool
SGPP	Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases of the European Commission
SMART - RACER	Specific, Measurable, Achievable, Relevant and Time-bound - Relevant, Accepted, Credible, Easy and Robust
SQUIRE	Standards for Quality Improvement Reporting Excellence
SWOT	Strengths, Weaknesses, Opportunities and Threats analysis
THL	National Institute for Health and Welfare, Finland
UCSC	Universita Cattolica del Sacro Cuore, Italy
VULSK	Vilnius University Hospital Santariskiu Klinikos, Lithuania
WP	Work Package

Executive summary

The overarching goal of the CHRODIS PLUS Joint Action (JA) is to help European Union Member States (MS) to identify efficient ways of reducing the burden of chronic diseases, of increasing the sustainability of their health systems, and of developing their human capital. The focus is placed on tangible trans-national activities with potential for triggering policies on health and chronic disease in MS and for improving health outcomes. More specifically, the aim of CHRODIS PLUS is to promote the implementation of innovative policies and practices for health promotion, disease prevention and patient empowerment; it does so by fostering high-quality management of chronic diseases and multimorbidity in pilot implementations which are deployed in various countries and are then validated before scale up. CHRODIS PLUS also seeks to improve the adaptation of the employment sector to the needs of chronic patients, via the development of a training tool for managers and a prevention activity toolkit for European companies.

The final report is a key part of the evaluation activities of the CHRODIS PLUS Joint Action (JA). It presents the results for the monitoring indicators over the entire period of the JA (2017-2020), and thus it enables the consortium to evaluate past activities and to draw contextualized conclusions regarding project performance.

Several monitoring and evaluation plans were developed to assess the accomplishment of the Grant Agreement and the process quality and outputs of CHRODIS PLUS. WP3 is the work package responsible for this task, and the Agency for Health Quality and Assessment of Catalonia (AQuAS) is the leader organization. This report describes the 36-months strategy applied in WP3, which was preceded by the establishment of a set of monitoring indicators in agreement with WP leaders, and shared with the members of the Executive Board and WP1 Coordination (available as deliverable D3.1, Evaluation Plan). The group includes sets of WP-specific indicators (83 indicators in total), complemented by a limited set of seven general indicators for the JA as a whole. The evaluation was conducted at various dimensions: the general aims of the project, the objectives and actions of individual work packages, and large-scale general events such as the General Assembly and stakeholders' meetings held during the course of the project. WP3 collected information on the timely submission of deliverables and milestones, the quality of the actions carried out based on inclusion of key stakeholders and partners, the quality of the processes based on D3.1 agreements and the evaluation and reporting of participants' satisfaction. This data collection task was aided by the production by WP3 of WP-specific check-lists, which were then provided to WP leaders. WP leaders were encouraged to add qualitative data to the queries, and the collected data collected were subsequently processed and analysed by WP3, with the collaboration of an external expert, the Associação Protectora dos Diabéticos de Portugal (APDP).

In this report, each WP section begins with a table summarizing the WP indicators evaluated, corresponding to the indicators planned for evaluation up until M36. The level of achievement of each indicator is mentioned, both in the text and in the summary tables. This level of achievement is rated as: completed, accepted, delayed, or unachieved. In some cases the indicators have not been assessed as planned, due to specific conditions during the JA. The month planned for each evaluation is indicated in the report. Additional information, such as satisfaction indicators, was obtained by WP3 from complementary scheduled activities.

The main objective of WP1 was to manage the project, to ensure that it was implemented as planned, and to provide strategic guidance for representatives of the health ministries of member states of the EU and the European Economic Area (EEA) dealing with chronic diseases. This WP also discussed the sustainability of the JA after its termination based on the collaboration in this area between the various health ministries. As regards the monitoring activities, within the evaluation timeframe WP1 held 50 supervision meetings with

other WP leaders. Due to changes in the Coordination, most of the meetings were led by the Scientific Coordinator during the transition. These meetings were complemented by 30 Executive Board meetings, seven of them face-to-face. By M36, the Scientific Coordination had promoted a total of 54 meetings with WP pilot implementation leaders. A General Assembly (GA) was held in May 2019 in Malta, and a final online conference was held in October 2020. To date, two collaborating partners have been involved in CHRODIS PLUS activities, and two key external stakeholders have liaised with the CHRODIS PLUS. On the completion of the JA, the percentage of actual person-days vs person-days stipulated by the Grant Agreement was 100%, and the budget spent amounted to 87.8%, with sporadic justified deviations and the reassignation of funds initially reserved for travel to dissemination activities.

The mission of WP2 was to facilitate a sustainable internal and external communication of the Joint Action. As the first step, the list of stakeholders from the earlier JA-CHRODIS project was updated and the most relevant stakeholders for this project were identified. Stakeholders were divided into groups based on their role in the project and their possible interests deriving from this role. A database with the CHRODIS PLUS partners and Governing Board members is available on the CHRODIS PLUS Intranet. Two Key Multiplier partners were identified, and the Semmelweis University in Budapest managed the database of subscribers of the External Newsletter. The database currently includes some 2,300 contacts. Information regarding the subscribers to the Internal Newsletter is managed by the Ministry of Health of Slovakia, and includes 105 contacts (CHRODIS PLUS partners only). The CHRODIS PLUS website was set up before M6 of the JA, and a CHRODIS PLUS YouTube channel is currently open with 56 videos available. WP2 published 12 newsletters, issued press releases during the Kick off meeting in Vilnius, the General Assembly in Budapest, and the Final Online Conference. Webinars were organized for four of the five core WPs. Finally, 29 good practices were transferred to the EU Commission platform (good practices sharing), which will help to activate the platform's use. Besides the wider dissemination through EU activities, the best practice portal was promoted in the June 2019 issue of CHRODIS PLUS Newsletter.

The main focus of WP3 was to track whether JA tasks were being conducted as planned and whether the objectives were achieved. This ongoing process is supported by the Evaluation Plan, which provided the framework for the regular monitoring of the implementation through ongoing evaluation analysis. WP3 held nine meetings with WP leaders to discuss the set of evaluation indicators, which were validated in the Evaluation Plan (Deliverable D3.1). All the indicators were built using the methodological SMART-RACER framework. None of the indicators in the initial Evaluation Plan were changed. The reporting of the protocol requirements was merged with the implementation strategy reporting tool SQUIRE 2.0 recommendations on the advice of the Scientific Coordinator and WP leaders. WP3 also conducted 16 satisfaction surveys as part of the ongoing evaluation of the project, and summarized and shared the results with the rest of the EB. As follow-up, WP3 has conducted 20 supporting meetings with other WPs, and in May-June 2018 held a first round of 10 interviews to explore its alignment with the expectations of the GB members. The recommendations arising from the analysis of these interviews supported the preparation of the first Governing Board (GB) meeting. Due to the outbreak of COVID-19 and the additional workload imposed on GB members, WP3 did not include a second round of interviews. Furthermore, nine indicators were established for the evaluation of the short and midterm impact of JA-CHRODIS. WP3 concluded that JA-CHRODIS has had a medium-scale impact in the short and midterm but a potentially large impact in the long term among the scientific community, health professionals and policy makers in Europe.

The aim of WP4 was to support MS with regard to the implementation of new or innovative policies and practices for patient empowerment, health promotion and disease prevention, and the management of chronic diseases and multimorbidity. By M20, 90% of the associated MS were represented in the GB (all but Bulgaria and Croatia). After this, changes were made due to political cycles; even so, 80% of the 19 MS in CHRODIS PLUS were represented in the GB throughout the JA. GB members were initially supported through

a concise document with updates on CHRODIS PLUS topics, and they provided strategic guidance and a useful sounding board for the CHRODIS PLUS during the face to face meeting in Ulm (Germany). During the second half of the JA, due to the pandemic, an alternative communication plan was established which guaranteed continued feedback from the GB. Furthermore, WP4 was in close contact with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases of the European Commission (SGPP). Policy Dialogues topics were selected by the national organizers who completed the questionnaire prepared by WP4. All the attendees in the four policy dialogues considered were deemed relevant as key stakeholders as per the evaluation indicators defined in the Evaluation Plan. Prior to the dialogues, WP4 held a series of phone calls to help the organizers plan the policy dialogue. WP4 has received all the scheduled reports on the policy dialogues, and the results were systematically presented in a scientific publication. The lessons learned during the project were included in the CHRODIS PLUS Consensus Statement. During the final online GB meeting, a long session was dedicated to discussing and finally endorsing the consensus statement.

WP5 built on the successful results of the previous JA- CHRODIS, with the aim of improving the knowledge and practices of health promotion and disease prevention across Europe. Twenty-one new or updated country reports were produced and included in the Report “Health Promotion and Primary Prevention in 21 European Countries - A Comparative Overview of Key Policies, Approaches, Examples of Good Practice, and Gaps and Needs” (Deliverable D5.1). WP5 received Scope, SWOT, and Pilot Action Plans for all five different implementation projects; however, the implementation was delayed. All the local implementers considered the level of support provided by WP5 leaders and external partners to be satisfactory or very satisfactory, with an overall rating of 8.3/10. All of the implementing sites took part in the preparation of the “Recommendations for the implementation of health promotion good practices” report, after a workshop held by WP5 which discussed positive and negative factors for inter-/intrasectoral collaboration in 20 health promotion practices. The joint workshop was held the day before the General Assembly.

The purpose of WP6 was to improve the quality of chronic disease and multimorbidity management, by developing country-specific versions of the CHRODIS Integrated Care Model (ICM). All the pilot implementation sites identified and summarized the most relevant features of the corresponding practice, and 80% defined formal risk stratification strategies for patients participating in their pilots, at individual and/or at population level. All the pilots defined specific inclusion and exclusion criteria for patients. Representatives of all implementation partners attended the strategy meeting held in Treviso in February 2018. An additional TC was organized in July 2018 to further discuss strategies for the implementation of the ICM. Partners from both NIVEL and EIP-AHA were involved in the cooperative activities. All the pilot sites incorporated the elements agreed upon in the “Guidelines on Implementation strategy” for the three implementation stages. As in WP5, implementation was delayed. All the local implementers considered the level of support provided by WP6 leaders and external partners to be satisfactory/very satisfactory, with an overall rating of 8.0 on a scale of 1-10 points. Learning, success factors, and barriers were shared with stakeholders, and the main results of the implementation were reported in a scientific publication. The evidence from D6.2 shows that, despite the differences between sites, in general, the IMCM had positive effects across all the healthcare systems in which it was tested.

The aim of WP7 was to foster high-quality care for people with chronic diseases through the implementation of a set of quality criteria and recommendations defined in the previous JA- CHRODIS. The Quality Criteria and Recommendations (QCR) tool was applied in a series of pilot actions conducted by eight project partners in different settings, domains, and health care organizations. All the implementation partners used the framework defined at the Pre-Implementation workshop, organized in June 2018 to design their pilot plan using the QCR tool and the "Guideline on implementation strategy". The inclusion of patients’ views was ensured by an interim follow-up workshop organized by the European Patient Forum (EPF). All WP7 partners

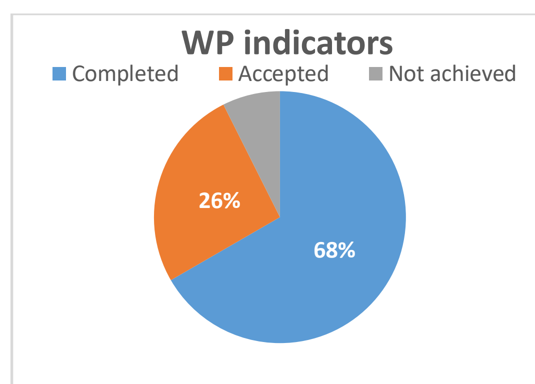
with pilots applied the implementation strategy agreed, which included several short PDSA cycles, adapting the work accordingly. All local implementers considered the level of support provided by WP7 leaders and external partners as satisfactory / very satisfactory, with an overall rating of 8.8. A questionnaire on the mHealth pilots was not administered. A practical guide for the implementation of CHRODIS Recommendations and Criteria was created (D7.2), and short and layman versions are available on the CHRODIS website as well as translations to the various native languages.

The aim of WP8 was to improve access to employment for people with chronic diseases, to support employers in implementing health promotion and chronic disease prevention activities in the workplace, and to reinforce decision-makers' abilities to create policies that improve access or return to work, and the ability to "stay-at-work" for people with chronic diseases. All respondents rated the Expert Meeting held in Brussels March 2018 as "very good" (55%) or "excellent" (45%). WP8 chose optional indicators related to the implementation strategy, and so the planned indicators could not be recorded. Interviews were conducted with 67 respondents from critical stakeholder groups in six European countries. Six national pilots were conducted at 12 workplaces; two extra countries were added to the original plan. Usability, utility, and general implementation of the toolkit was assessed through questionnaires at the pilot sites. The administration of the questionnaires was delayed somewhat due to the pandemic. No reports on the pilot were carried out, but the toolkit was reviewed based on the feedback collected. WP8 also conducted specific dissemination activities to promote the toolkit and training tool.

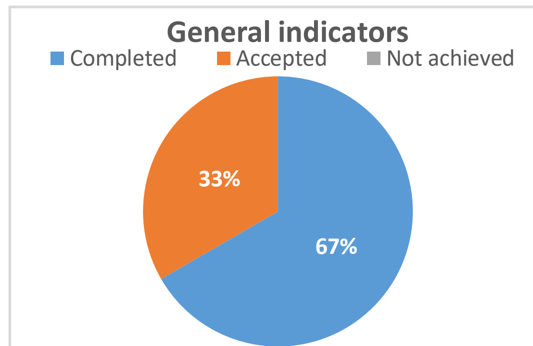
With regards to the general indicators, the requirements for participation and attendance in WP internal meetings were largely met, as were the quality criteria in the work carried put. Satisfaction of partners with each WP leadership was also high. The level of timely accomplishment of milestones and deliverables met the criteria for acceptance, taking into consideration the delays due to the pandemic. Finally, the vast majority of indicators in all WPs were evaluated positively, and 100% of the deliverables at M36 met the quality criteria.

In conclusion, problem areas were identified during the various evaluation stages, and corrective measures taken accordingly. The COVID 19 pandemic led to delays, which were satisfactorily addressed by the consortium; however, it notably restricted the involvement of non-implementation partners in the activities. In general, the analysis of the indicators for CHRODIS PLUS shows a good degree of overall achievement, based on the tasks defined in the Grant Agreement and the specific aims and objectives of each WP.

- From 81 evaluation indicators specific for the WPs (excluding optional indicators), 55 fulfilled the criteria for "completion"; 21 fulfilled the criteria for "acceptance"; and six were not achieved. In total, **94% of the WPs indicators were evaluated positively** as shown in figure below:



- **All seven general indicators were evaluated positively.** All the WPs fulfilled the criteria for "completion" or "acceptance" as shown in the figure below:



Introduction

This section highlights:

1. The overarching goal of CHRODIS PLUS Joint Action
2. The specific objectives of WP3 Evaluation (on monitoring and evaluation activity)
3. The evaluation strategy and tasks/responsabilities of WP3

The overarching goal of the CHRODIS PLUS Joint Action (JA) is to help European Union Member States (MS) to identify efficient ways of reducing the burden of chronic diseases, of increasing the sustainability of their health systems, and of developing their human capital. The focus is placed on tangible trans-national activities with potential for triggering policies on health and chronic disease in MS and for improving health outcomes. More specifically, the aim of CHRODIS PLUS is to promote the implementation of innovative policies and practices for health promotion, disease prevention and patient empowerment; it does so by fostering high-quality management of chronic diseases and multimorbidity in pilot implementations which are deployed in various countries and are then validated before scale up. CHRODIS PLUS also seeks to improve the adaptation of the employment sector to the needs of chronic patients, via the development of a training tool for managers and a prevention activity toolkit for European companies.

Innovative practices were identified based on the compilation of the policies, strategies and interventions which started in JA-CHRODIS and in its outputs, such as the Integrated Care Model, the Recommendations for Diabetes Quality criteria and the national plans. These practices were also based on other outputs derived from programmes such as the EU-funded PATHWAYS project on chronic diseases and employment strategies in Europe. CHRODIS PLUS promotes the cross-national implementation of these innovative practices. It supports collaboration between local implementers in different countries and maximizes the dissemination of the lessons learnt. Its strategy engages the appropriate stakeholders and promotes the sustainability of novel inter-sectorial approaches to health promotion, disease prevention and chronic disease care and their integration in national policies. Policy dialogues were conducted in several countries and at the EU level, with the ultimate aim of providing a proposal of tangible actions in order to make a country-specific impact on chronic disease management. The policy dialogues will generate guidance for health sector stakeholders in their attempts to implement their policies and guarantee a positive impact. CHRODIS PLUS also aims to establish operational links with existing European strategies at international, national and local levels.

In order to assess the quality and outputs of CHRODIS PLUS, a monitoring process was carried out assessing the progress, the inclusion of stakeholders, and partners' feedback throughout the JA. WP3 is the work package responsible for this task, and the Agency for Health Quality and Assessment of Catalonia (AQuAS) is the leader organization.

This report presents the results of the monitoring indicators at M36 (2020) and the ongoing evaluation activities performed over the course of the three years of the JA.

The evaluation of JA CHRODIS PLUS (2017-2020) is performed by Work Package 3 (WP3), and is one of the "Actions undertaken to verify if the project is being implemented as planned and reaches the objectives". With this goal in mind, WP3 is responsible for:

a) follow-up and monitoring of the activities of the JA;

b) providing complementary methodological expertise and overall know-how, survey and interpretation support to other partners throughout the JA;

c) producing the plan of the corresponding short, mid, and long-term impact assessment.

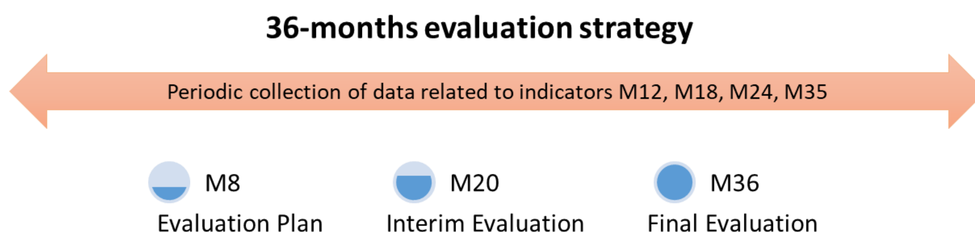
In order to achieve these goals, WP3 designed a strategy for the evaluation of the activities of CHRODIS PLUS based on a 36-month plan, comprising three main milestones:

M8 – Evaluation plan (deliverable) including a set of monitoring indicators agreed with WP leaders, and shared with the members of the Executive Board and WP1 Coordination (D3.1). This deliverable can be found on the CHRODIS PLUS Intranet (https://emk.semmelweis.hu/chrodisplus/s/dTQjNbYHtDCn8cD)

M18 – Interim evaluation report: presentation of partial results and ongoing WP activities and tasks.

M36 – Final report (deliverable) with the full results of the CHRODIS PLUS evaluation.

This 36-month evaluation plan included ongoing and periodical collection of data from all WP activities.



The monitoring process of CHRODIS PLUS carries out the tasks and activities foreseen in the Grant Agreement and assesses whether its deliverables and milestones have been accomplished. It also evaluates the quality of the results and the satisfaction of the various stakeholders. The process applies the logic of the separation between the Plan and the scientific added-value that the project brings to the overall aim of the JA.

The complementary support comprised the organization of searches and surveys, analysis, the discussion of alignment, and co-learning from dealing with specific challenges arising in the different work-packages. The topics for support are coherent with the person-months allocated and are oriented to the experience and know-how of AQuAS, especially in the field of project management, stakeholder analysis and evaluation.

The assessment of the impact of CHRODIS PLUS aims to determine the extent to which its objective is achieved in a longer term. This task is performed taking into account the learnings derived from assessing the impact of JA CHRODIS. The results of the planned evaluation support the interpretation of the consequences of the results and actions performed.

Section 1 - Evaluation methodology

This section highlights:

1. The design and methods (on monitoring and evaluation activity)

The evaluation is conducted at different dimensions: the general aims of the project, the aims of individual work packages and the actions carried out, and large-scale general events such as General Assembly and Stakeholders' meetings which are held over the course of the project. WP3 collects information on the timely submission of deliverables and milestones, the quality of actions based on inclusion of key stakeholders and partners, the quality of the processes based on D3.1 agreements, and the evaluation and reporting of participants' satisfaction.

The evaluation methodology was designed jointly by the leader of WP3 (AQuAS) with the external collaboration of APDP, who provided parallel expert support throughout the evaluation process. The evaluation indicators were created on the basis of the intended activities previously designed in each WP, including the general description of each indicator (quantitative or qualitative) and the respective methodology for collecting data and analysing results. More information on the specific indicators can be found in the D3.1 Evaluation and Monitoring Plan of CHRODIS PLUS.

Section 2 - WP results

This section highlights:

1. A summary of all the indicators evaluated per WP
2. Evaluation results by each WP

Evaluation results by each WP are presented here.

- WP1 - Coordination
- WP2 - Dissemination
- WP3 - Evaluation
- WP4 - Integration in National Policies and Sustainability
- WP5 - Health Promotion and Disease Prevention (HPDP)
- WP6 - Pilot Implementation of Integrated care model for multimorbidity
- WP7 - Fostering quality of care for people with chronic diseases
- WP8 - Employment and Chronic Diseases: health in all sectors

Each section begins with a table summarizing the indicators evaluated for the WP in question from among all the indicators planned for evaluation in the JA.

As specified in the Evaluation and Monitoring Plan, an indicator can be:

a) Completed: when it has fulfilled its goal and objectives to the maximum
b) Accepted: when it has reached the minimum level to be considered sufficient and enough for its objectives.
c) Not completed/failed: when it has not reached the minimum standards of quality or measurement. If a justification exists, it is described and corrective actions are proposed.

2.1 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 in time and form and ensure all project objectives and contractual obligations are satisfactorily fulfilled; support the partners with administrative and financial issues; ensure communication with CHAFEA and Commission regarding the progress of the Joint action.

Data collected from indicators

Table 1. CHRODIS PLUS WP1 monitoring indicators per task assessed at M36 final evaluation

WP1: Coordination of the Joint Action
Task 1.1. Financial and managerial monitoring and coordination
WP1.1.1_Number of WP1 work performances supervision meetings with WP leaders
WP1.1.2_Executive Board meetings
WP1.1.3_Percentage of Person days Grant Agreement vs current person days (every 6 months)
WP1.1.4_Budget executed from all partners versus budget Joint Action
WP1.1.5_ Month's difference from the planned and final General Assembly meeting dates
WP1.1.6_Percentage of Beneficiaries at General Assembly Meetings
WP1.1.7_Percentage of Collaborating Partners at General Assembly Meetings
WP1.1.8_Number of activities developed by Collaborating Partners through their WP
WP1.1.9_ Key stakeholder identified and liaised at CHRODIS PLUS
Task 1.2. Scientific coordination
WP1.2.1__ Number of meetings between Scientific Coordination and WP pilot implementation leaders

WP1.1.1_Number of WP1 supervision meetings with WP leaders

By M36 of CHRODIS PLUS, WP1 had conducted 50 supervision meetings with WP2, WP3, WP4, WP5, WP6, WP7 and WP8. Due to the change in the Coordination, most of the meetings were led by the Scientific Coordinator during the transition; thus, the number of meetings between the Scientific Coordination and WP leaders increased in order to cover coordination tasks (see indicator WP1.2.1). The evaluation team considers that the coordination meetings between WP1 and WP leaders, as well as implementation leaders, were effective and covered all WP1's responsibilities and the support needed by the WP. This task was considered to have been satisfactorily covered. Below is a list of the meetings that WP1 held with WP leaders, other than the ones organized directly by the Scientific Coordinator.

WP2

1. 10/10/2017-CHRODIS PLUS Website
2. 17/04/2018 WP2 update
3. 24/05/2018 WP2 update
4. 9/07/2018 WP2 update
5. 28/02/2020 WP2 update

WP3

1. 07/05/2018 Tele-conference
2. 15/04/2020 Tele-conference
3. 01/07/2020 Tele-conference

WP4

1. 19/09/2017 WP4, Vilnius
2. 10/11/2017, WP4 Coordination Team
3. 04/12/2017, WP4 Coordination Team
4. 1/02/2018, WP4 Coordination Team
5. 14/02/2018 WP4, Treviso
6. 12/07/2018 WP4 Coordination Team
7. 1/10/2018
8. 5/11/2018
9. 13/11/2018 (Webinar about Policy Dialogues)
10. 20/11/2018 WP4, Seville
11. 9/01/2019
12. 21/02/2019
13. 19/03/2019
14. 29/04/2019
15. 4-5/06/2019 (2nd GB meeting FTF in Malta)
16. 26/06/2019
17. 03/04/2020
18. 23/04/2020
19. 28/05/2020
20. 05/06/2020

21. 16/06/2020
22. 09/07/2020

WP5

23. 13/05/2019 (Workshop in Budapest)
24. 24/09/2019
25. 07/11/2019 (Workshop)
26. 26/11/2019
27. 27/01/2020
28. 26/02/2020

WP6

1. 13/05/2019 (Workshop in Budapest)

WP7

1. 22/10/2018
2. 3/12/2018 Workshop, Belgrade
3. 05/03/2019 (Site Visit in Novo Mesto)
4. 12/03/2019 (Site Visit in Helsinki)
5. 24/04/2019 (Site Visit)
6. 13/05/2019 (Workshop in Budapest)

WP8

1. 5/02/2019
2. 28/02/2019 (Expert meeting WP8-WP6 Rome)
3. 13/05/2019 (Workshop in Budapest)
4. 11/09/2019
5. 02/12/2019
6. 10/12/2019
7. 31/01/2020

- ➢ This indicator achieves the acceptance criteria due to the reasons exposed above.

WP1.1.2 Executive Board meetings

By M30, WP1 had organized 30 Executive Board (EB) meetings; seven face-to-face (Vilnius, Treviso, Seville, Ulm, Budapest, Malta and Brussels) and 23 by WebEx. The indicator therefore meets the criteria for "completion".

During the second half of the JA, six EB meetings were held online during the COVID-19 pandemic, on the following dates

- 9th March, Extraordinary EB meeting due to COVID-19 crisis

- 17th March
- 21st April
- 19th May
- 9th June
- 7th July

➢ This corresponds to the completion of the indicator.

WP1.1.3 Percentage of Person days Grant Agreement vs current person days (every 6 months)

By M12, the percentage of actual person-days vs person-days stipulated in the GA was 96.7%, thus meeting the criteria for "acceptance". Overall, this also represents a positive evolution in relation to the GA project budget distribution over a 6-month period, as the actual PM as a proportion of GA-stipulated PM rose from 66.7% for M1-6 to 125% for M7-M12. By M18, the figure was stable at 90%, with a persons-month (PM) ratio of 57.5%. At M24, the proportion was 76%: 18 partners had execution ratios of 90% or more. Nevertheless, this is not a specific problem in this period because it was detected in the last report. The partners were notified and they had to explain this situation, some of them to both the Commission and the Coordination of CHRODIS-PLUS. At M30 the proportion was 92.9% of the total PM: from the reports received (39 out of 49 institutions): two partners were 100% in accordance with number of PM stipulated in the GA, and 18 partners were ±10% in accordance with number of PM in the GA. At M30, 19 partners had proportions of 90% or more. The partners were notified and they had to explain this situation to the Coordination of CHRODIS-PLUS.

At M36, the percentage of actual person-days vs person-days designated by the Grant Agreement was 100%; the indicator thus meets the criteria for "completion". The mean PM extracted from the reports received (34/49) is above the figure foreseen in the Grant Agreement for this period. By M36 the total PM proportion was above 100%.

Twenty-four institutions had PM proportions above 100%. The partners were notified and they had to explain this situation to the Coordination of CHRODIS-PLUS; it was usually associated with an increased effort needed, and the budget was not completely exhausted because the cost of the PM was lower than had been estimated at the time of the proposal.

➢ The indicator is therefore rated "completed".

WP1.1.4 Budget executed from all partners versus budget Joint Action

By M12, the percentage of the budget spent by all partners versus the budget established for the J A was 115.9%, which was slightly above the acceptance criterion (100 ± 10%). The figure rose from 95.9% for M1-M6 to 135.9% declared at M7-M12. This was subsequently corrected, with a global performance at M18 of

85.3%, slightly below the acceptance criterion. At M24 606% of the total budget had been spent: six partners had spent 90% or more of their budget.. The partners were notified and they had to explain this situation, some of them to both the Commission and to the Coordination of CHRODIS-PLUS. At M30, 67.9% of the total budget had been executed: from the reports received (39 out of 49 institutions); two partners were 100% in accordance with the GA budget, and 12 partners were ±10% accordance with the GA budget. Nine partners have spent 90% or more of their budget. Some of these partners had spent all their budget and had not reported any expenses for this period. Other cases are due to adjustments between their third parties. Nevertheless, all the partners were notified and they had to explain this situation to the Coordination of CHRODIS-PLUS.

By M36, the average of all the reports received (34/49) was in good accordance with the stipulations of the GA for this period of time. According to the reports received by M36, on average 87.7% of the total budget had been spent. Sixteen out of the 32 institutions differed by more than 10% from the estimated budget execution rate (92%). Some of this budget was initially assigned to travelling to meetings. Since all meetings were held online, this budget was shifted to other activities, mainly dissemination activities.

Some of these partners had spent all their budget and had not reported any expenses for this period. Others presented discrepancies due to adjustments with their third parties. Nevertheless, all the partners were notified and they had to explain the deviations to CHRODIS-PLUS Coordination. Therefore, the financial Reports on actual partner budgets that differed by ±10% from planned budgets presented well-justified reasons for the deviation.

- This indicator was rated “accepted”.

WP1.1.5 Difference (in months) between the planned and final dates of the General Assembly meetings

The General Assembly was planned for M18 (February 2019), and was held in M21 (May 2019), three months later. The organization of the General Assembly was in compliance with the acceptance criteria for this indicator.

- This indicator met the criterion for “acceptance”.

WP1.1.6 Percentage of Beneficiaries at General Assembly Meetings

Thirty-three of the CHRODIS PLUS beneficiaries attended the General Assembly meeting in May 2019 held in Budapest, representing 78% of the total beneficiaries (42).

- This indicator more or less meets the acceptance criterion.

WP1.1.7 Percentage of Collaborating Partners at General Assembly Meeting

One of the CHRODIS-PLUS Collaborating partners attended the General Assembly, representing a percentage of 4% of the total of Collaborating partners (25).

- ➢ This indicator does not meet the acceptance criterion, which stipulated an attendance rate of 80%..

WP1.1.8 _Number of activities developed by Collaborating Partners through their WP

The Scientific Coordinator encouraged WP leaders to identify and propose possible ways of involving Collaborating Partners and non-implementing partners. It was agreed that all WP leaders should reach out to non-implementers or collaborating partners in the WP with a proposal to complete the pre-implementation phase and draw up the pilot action plan report, but would need to find local resources for testing the pre-implementation phase at their sites. To date, only two collaborating partners have taken part in CHRODIS PLUS activities:

1. The National Institute for Health and Welfare of Finland (THL) organized activities for the pre-implementation stage in their country. In WP 5 task 2, they completed the pre-implementation phase, in cooperation with a local partner, the city of Kuopio.
2. The National Institute of Public Health of Slovenia (NIJZ) made an agreement with the Ministry of Health regarding the institute's detailed task description as an non-implementer in WP6. NIJZ will perform a comparative study of the Integrated Care Model (WP6) and the current Slovenian Resolution on National Health Plan 2016-2025 with a view to identifying potential gaps at strategic level;

In the second step, if the human resources allow, a policy dialogue will be held focusing on the needs and gaps in implementation of the areas identified by the ICM..

There is a possibility that the pre-implementation activities may also be carried out by NIGRiR and WP6 collaborating partners: the Centre of Preventive Cardiology, the Department of Vascular Diseases, the University medical centre in Slovenia) and the Danish Committee for Health Education.

- ➢ This indicator fulfils the criteria for acceptance.

WP1.1.9 Key stakeholder identified and liaised with in CHRODIS PLUS

The European Public Health Association (EUPHA) participated, and its elected president, Iveta Nagyova, attended the CHRODIS-PLUS General Assembly in Budapest in May 2019..

- ➢ This indicator fulfils the criteria for acceptance.

WP1.2.1 Number of meetings between Scientific Coordination and WP pilot implementation leaders

At M36, the Scientific Coordination had promoted a total of 54 meetings together with WP pilot implementation leaders. Some of the activities were join meeting with WP5, WP6, WP7 and WP8, or meeting focused on implementation, with the participation of several WPs. Meeting held with each WP are detailed below.

WP5

1. 18/02/2017, Vilnius
2. 9/02/2018, VC of Scientific Coordinator with WP5-6-7 leaders
3. 13/02/2018 Treviso meeting
4. 20/02/2018, 6th EB TC mostly dedicated to Implementation
5. 12/04/2018, VC Scientific Coordinator with WP5-6-7 leaders
6. 8/05/2018, 8th EB TC mostly dedicated to implementation
7. 15/05/2018, VC of Scientific Coordinator with WP5-6-7 leaders
8. 18/05/2018, Webinar on pre-implementation
9. 19/07/2018 VC Scientific Coordinator with WP5-6-7 leaders
10. 4/10/2018: VC Scientific Coordinator with WP5-6-7 leaders
11. 12/11/2018: VC KRONIKGUNE/SC/implementation WP5-6-7 leaders
12. 15/11/2018: Webinar on Module II: Implementation and Post implementation phases document for ALL pilot site leaders
13. 11/01/2019: Video teleconference Scientific Coordinator with WP5-6-7 leaders
14. 1/02/2019: Webinar on Module II: Implementation and Post implementation phases document for ALL pilot site leaders
15. 30/04/2019
16. 31/05/2019
17. 02/07/2019
18. 17/07/2019
19. 14/10/2019
20. 05/12/2019 (Webinar “"How to write implementation report")
21. 21/01/2020
22. 22/01/2020
23. 08/04/2020
24. 20/04/2020
25. 23/06/2020
26. 26/08/2020

WP6

1. 18/02/2017, Vilnius
2. 9/02/2018, VT of Scientific Coordinator with WP5-6-7 leaders
3. 13/02/2018 Treviso meeting
4. 20/02/2018, 6th EB TC mostly dedicated to Implementation
5. 12/04/2018, VC Scientific Coordinator with WP5-6-7 leaders
6. 8/05/2018, 8th EB TC mostly dedicated to implementation
7. 15/05/2018, VC of Scientific Coordinator with WP5-6-7 leaders
8. 18/05/2018, Webinar on pre-implementation
9. 19/07/2018 VC Scientific Coordinator with WP5-6-7 leaders

10. 4/10/2018: VC Scientific Coordinator with WP5-6-7 leaders
11. 12/11/2018: VC KRONIKGUNE/SC/implementation WP5-6-7 leaders
12. 11/01/2019: Video teleconference Scientific Coordinator with WP5-6-7 leaders
13. 28/02/2019 WP8-WP6 Expert meeting (face-to-face meeting) WP6 and WP8 leaders
14. 30/04/2019
15. 31/05/2019
16. 02/07/2019
17. 17/07/2019
18. 14/10/2019
19. 05/12/2019 (Webinar “"How to write implementation report")
20. 21/01/2020
21. 08/04/2020
22. 17/04/2020
23. 23/06/2020
24. 10/07/2020
25. 26/08/2020

WP7

1. 18/02/2017, Vilnius
2. 9/02/2018, VT of Scientific Coordinator with WP5-6-7 leaders
3. 13/02/2018 Treviso meeting
4. 20/02/2018, 6th EB TC mostly dedicated to Implementation
5. 12/04/2018, VC Scientific Coordinator with WP5-6-7 leaders
6. 8/05/2018, 8th EB TC mostly dedicated to implementation
7. 15/05/2018, VC of Scientific Coordinator with WP5-6-7 leaders
8. 18/05/2018, Webinar on pre-implementation
9. 6/06/2018, TC with WP7 leaders
10. 19/07/2018 VC Scientific Coordinator with WP5-6-7 leaders
11. 4/10/2018: VC Scientific Coordinator with WP5-6-7 leaders
12. 12/11/2018: VC KRONIKGUNE/SC/implementation WP5-6-7 leaders
13. 11/01/2019: Video teleconference Scientific Coordinator with WP5-6-7 leaders
14. 30/04/2019
15. 31/05/2019
16. 02/07/2019
17. 17/07/2019
18. 05/12/2019 (Webinar “"How to write implementation report")
19. 21/01/2020
20. 08/04/2020
21. 17/04/2020
22. 23/06/2020
23. 26/08/2020

WP8

1. 18/02/2017, Vilnius
2. 13/02/2018, Treviso meeting
3. 20/02/2018, 6th EB TC mostly dedicated to Implementation
4. 8/05/2018, 8th EB TC mostly dedicated to implementation

5. 18/05/2018, Webinar on pre-implementation
6. 6/06/2018, VC Scientific Coordinator with WP8 leaders
7. 29/01/2019: VC Scientific Coordinator with WP8 leaders
8. 28/02/2019 WP8-WP6 Expert meeting (face-to-face meeting) WP6 and WP8 leaders
9. 07/05/2019
10. 31/05/2019
11. 05/12/2019 (Webinar “"How to write implementation report")
12. 21/01/2020
13. 08/04/2020
14. 20/04/2020
15. 26/08/2020

➢ This indicator meets the criteria for “completion”.

2.2 WP2: Dissemination of the Joint Action

The mission of WP2 is to facilitate sustainable internal and external communication inside the JA. It ensures that the JA's activities, results and recommendations are communicated to all stakeholders and European audiences at both national and EU level.

Data collected from indicators

Table 2. CHRODIS PLUS WP2 monitoring indicators per task assessed at the M36 final evaluation

WP2: Dissemination
Task 2.1. Strategic Documents
WP2.1.1_ Conduction of Stakeholder Analysis
WP2.1.2_ Dissemination reports: website, Facebook and Twitter analysis
Task 2.2. Communication channels & contents
WP2.2.1_ CHRODIS PLUS Website setting up
WP2.2.2_ Percentage of electronic newsletters issued as presented in the Grant Agreement
WP2.2.3_ YouTube video channel creation
WP2.2.4_ Press releases associated with key delivery of products or activities
WP2.2.5_ Webinars organised and completed for each WP
Task 2.3 CHRODIS Platform
WP2.3.1_ CHRODIS Platform Help-Desk and transference

WP2.1.1 Stakeholder Analysis

Existing databases and mailing lists were extracted from the previous CHRODIS JA, and were used as the basis for identifying the target groups for CHRODIS PLUS. As the first step, the list of stakeholders was updated and the most relevant ones for this project were identified. Stakeholders were divided into groups based on their role in the project and their possible interests deriving from this role. Thus, four major groups were identified; this indicator met the criteria for "completion":

1. CHRODIS PLUS partners /beneficiaries and collaborating partners

2. Governing Board members

3. Key multipliers

4. Subscribers to CHRODIS PLUS Newsletters

With regard to categories 1 and 2, a database of CHRODIS PLUS partners, along with Governing Board members, is available on the CHRODIS PLUS Intranet and WP1 Coordination folder – Contact list.

For Category 3, two key multipliers identified: EUPHA (contact person Iveta Nagyova, President of the section for chronic diseases), and the WHO (contact person Menno van Hilten, Senior external relations officer).

As for Category 4, the Semmelweis University in Budapest manages the database of External Newsletter subscribers. The database currently includes some 2,300 contacts. Information regarding Internal Newsletter subscribers is managed by the Ministry of Health of Slovakia, and includes 105 contacts (CHRODIS PLUS partners only).

The entire stakeholder analysis and an explanation of the classification carried out is available to all CHRODIS PLUS partners on the CHRODIS PLUSIntranet.

- ➢ This indicator fulfils the acceptance criteria.

WP2.1.2 Dissemination reports: website, Facebook and Twitter analysis

During the course of the JA, WP2 has produced 28 posts on Facebook and 51 posts on Twitter – a monthly average of 0.2 posts on Facebook and 1.4 posts on Twitter. No dissemination reports were provided to WP3. The amount of Twitter posts partially fulfils the completion criteria for this indicator, but as there are no dissemination reports this indicator cannot be qualitatively assessed.

- ➢ Therefore, this indicator was not achieved.

WP2.2.1 CHRODIS PLUS Website setting up

The CHRODIS PLUS website was set up before M6 of the JA, and so this indicator was rated “completed”. The website offers structured sections describing the activity of the different WPs. CHRODIS JA results can also be accessed. The list of current members of Governing Board was uploaded at M8 and made publicly available.

- ➢ This indicator fulfils the criteria for “completion”.

WP2.2.2 _Percentage of electronic newsletters issued as presented in the Grant Agreement

WP2 published four newsletters in 2018 (two internal and two published for an external readership), and six in 2019 (three internal and three external). In 2020, WP2 issued two newsletters (one internal and one external. It thus conforms to the stipulations of the GA, and so this indicator is rated "completed":

- March 2018 CHRODIS PLUS 1st Newsletter

- June 2018 Internal Newsletter
- October 2018 Internal Newsletter
- December 2018 CHRODIS PLUS 2nd Newsletter
- February 2019 Internal Newsletter
- March 2019 CHRODIS PLUS 3rd Newsletter
- May 2019 CHRODIS PLUS Conference Internal Newsletter
- June 2019 CHRODIS PLUS Budapest Conference follow-up 4th Newsletter
- September 2019 CHRODIS PLUS 5th Newsletter
- December 2019 CHRODIS PLUS Internal Newsletter
- June 2020 CHRODIS PLUS Internal Newsletter
- October 2020 CHRODIS PLUS 6th Final Newsletter

➢ This indicator meets the criteria for "completion".

WP2.2.3 YouTube video channel creation

A CHRODIS PLUS YouTube channel (EU CHRODIS PLUS) is currently open and accessible at: https://www.youtube.com/channel/UCQ06YwxDUgp4bUrgpZjJxTQ/featured

During the course of the JA, WP2 has uploaded 56 videos on the channel, which currently has 94 subscribers. The videos include interviews with WP leaders and representatives of the pilot projects, among other information such as description of the tools, implementation strategy, and presentations at conferences and JA meetings.

➢ This indicator meets the criteria for "completion".

WP2.2.4 _Press releases associated with key delivery of products or activities

Three press releases were issued during the course of the JA. The first one was issued during the Kick-off meeting in Vilnius, following the recommendation that a press release be made during the first year. The next press release was issued for the General Assembly and Conference in Budapest in May 2019 (M19). In the second half of the JA, WP2 issued a press release related to the Final Online Conference held on 27 October.

➢ This indicator met the criteria for "acceptance".

WP2.2.5 _ Webinars organized and completed for each WP

he webinar “Health Promotion and Primary Prevention in 21 European Countries. A Comparative Overview of Key Policies, Approaches, Examples of Good Practice, and Gaps and Needs” was held in M19 by the CHRODIS PLUS JA. This webinar is related to the work of WP5, and the recording is available on the EU platform. During the month after the event, a total of 553 people viewed the recording of the webinar. In the second half of the JA, WP2 organized three more webinars. The complete list of webinars held is listed here:

1. WP5: Health Promotion and Primary Prevention in 21 European Countries (March 2019)
2. WP4: training webinar for National Policy Dialogues organizers (March 2019)
3. WP6: webinar “How To Write Final Implementation Report” (May 2019)
4. WP8: webinar “Employment and chronic conditions in Europe – facing the challenge” (September 2019)

➢ Thus, WP2 organized webinars related to four of the five core work packages. This indicator fulfils the criteria for “acceptance”.

WP2.3.1 _ CHRODIS Platform Help-Desk and transference

Currently, 29 good practices have been transferred to the EU Commission Platform.

Besides its wide dissemination through EU activities, the “best practices portal” was promoted in the last issue of the CHRODIS PLUS Newsletter which is fully available on the chrodis.eu website, in the News section.

➢ This activity is a starting-point for the dissemination of the platform use, and so this indicator meets the criteria for “completion”.

2.3 WP3: Evaluation

The main focus of Work Package 3 is to continuously evaluate if Joint Action tasks are being conducted as planned and if the objectives are being achieved. This constant process is supported by the Evaluation Plan, which provides the framework for the consistent monitoring of the implementation through ongoing evaluation analysis.

Data collected from indicators

Table 3. CHRODIS PLUS WP3 monitoring indicators per task assessed at M36 final evaluation

WP3: Evaluation
Task 3.1. Definition of the Evaluation Plan of CHRODIS PLUS
WP3.1.1_ Meetings /TC with WP leaders
WP3.1.2_ SMART -RACER indicators definition
WP3.1.3_ Adherence to protocol requirements
WP3.1.4_ CHRODIS PLUS Impact evaluation indicators definition
Task 3.2. Monitoring implementation
WP3.2.1_ Percentage of final indicators unreasonably changed compared with indicators initially proposed
WP3.3.1_ Meetings, deliverables and/or process ongoing evaluation surveys
WP3.3.2_ WP3 advice based TC meetings and actions
WP3.3.3_ Governing Board on-line evaluation interviews
Task 3.4. JA-CHRODIS short/mid-term Impact Evaluation
WP3.4.1_ JA -CHRODIS short/midterm impact evaluation indicators definition
WP3.4.2_ JA -CHRODIS short/midterm impact evaluation indicators collection

WP3.1.1 _ Meetings /TCs with WP leaders

As of M18, WP3 has conducted nine meetings with WP leaders to discuss evaluation tasks. These meetings have involved all WPs, as indicated below:

14/12/2017 - WP1, WP2 and WP6 (three separate meetings)

15/12/2017 - WP8, WP4 and WP7 (three separate meetings)

18/12/2017 - WP5

06/02/2018 – WP4

12/02/2018 – WP1

- ➢ This indicator meets the criteria for “acceptance”.

WP3.1.2 _ SMART -RACER indicators definition

A working proposal for the establishment of evaluation indicators was created by WP3, and circulated to the JA coordination and to each of the WPs in order to work together on the design of the evaluation. The joint discussion allowed WP3 to reach a balance on the number of indicators per WP and a realistic approach to the “acceptance criteria”, complying with the GA objectives at all times. Furthermore, all indicators were discussed and agreed with WP leaders. The set of indicators and information relating to them is covered in depth in the Evaluation Plan (Deliverable D3.1).

- ➢ All the indicators were created using the SMART-RACER methodological framework. This indicator thus meets the criteria for “completion”.

WP3.1.3 Adherence to protocol requirements

The reporting of the protocol requirements has been merged with the Implementation Strategy reporting tool SQUIRE 2.0, following the advice of the Scientific Coordinator and WP leaders. An adapted SQUIRE 2.0 including typical items from the protocol was developed in agreement with Kronikgune and the Scientific Coordinator to provide a useful tool for the reporting of pilots and future transferability of the practices. The adapted version of the SQUIRE 2.0 can be found in Annex 3.

- ➢ This indicator fulfils the criteria for “acceptance”.

WP3.1.4 _ CHRODIS PLUS Impact evaluation indicators definition

With the second J , CHRODIS PLUS JA, the focus changed from the identification and dissemination of best practices to the deployment of JA CHRODIS products and strategies, in the form of direct implementation of pilots and the generation of practical lessons. Therefore, it was necessary to develop the impact assessment framework further so as to evaluate implementation activities and the integration into national policies, specifically from a global health services perspective, and no longer just with a research emphasis. To this end, WP3 conducted an additional literature review focused on impact assessment frameworks adjusted to the implementation of activities in Public Health. The review suggested that the RE-AIM evaluation framework was the most suitable complement to the impact assessment plan. This approach was designed to assess public health or population-based impact, considering both internal and external validity. Furthermore, the framework was designed to be flexible regarding the intervention format; it was adaptable to both programs and policies, and was even able to measure the collective impact of multiple, diverse interventions. Based on the five dimensions of this framework, WP3 designed indicators for each WP, with the aim of providing a baseline for the potential assessment of the impact of CHRODIS-PLUS. These indicators, although open to further specifications at the time of impact assessment and to the design of specific thresholds, followed the SMART principles: Specific, Measurable, Achievable, Relevant and Time-bound. The indicators proposed can be found on the JA intranet as milestone MS15.

- ➢ The indicator fulfils the criteria for “completion”.

WP3.2.1 Percentage of final indicators unreasonably changed compared with indicators initially proposed

None of the indicators in the initial Evaluation Plan were changed.

The common indicators related to the implementation strategy that were scheduled to be updated according to the “Guideline on Implementation Strategy”, developed by the Scientific Coordinator and Kronikgune, were defined and accepted by all WPs as follows:

(code) Indicator	WPX._ Pre-Implementation strategy
Definition	Pilots alignment to the Implementation Strategy in the Pre-Implementation stage
Justification	The adaptation and implementation of inter sectorial practices requires adherence to a defined strategy, including preparation, implementation and follow up phases. In the preparatory phase, partners follow a common framework for a systematic approach of situation analyses and feasibility of the implementation of health promotion practices to a local context, assessment of the QCR tool and assessment of the MCM. This common framework is described on the “Guideline on Implementation Strategy”, approved by the Executive Board
Type of indicator	Output

Methodology	Quantitative
Data source(s)	WPx pilot pre-implementation work
Data collection instrument	Templates or proofs of pre-implementation phase according to the Implementation Strategy contents
Responsible	WPX and leaders of WP5-WP6-WP7 (shared responsibility)
Periodicity of data collection	M15
Completion criteria	100% of WPx pilots follow the pre- implementation strategy agreed, , including a Scope Analysis, SWOT analysis and a Pilot Plan with defined change packages.
Acceptance criteria	80% of WPx pilots follow the pre- implementation strategy, including a scope analysis, SWOT analysis and a pilot action plan with defined change packages
Observations	WP8 collaboration as a potential follower of the "Guideline on Implementation Strategy". External expert advice for the implementation will be obtained if necessary

(code) Indicator	WPx_ Implementation strategy
Definition	Pilots alignment to the Implementation Strategy in the Implementation stage
Justification	The adaptation and implementation of inter sectorial practices requires adherence to a defined strategy, including preparation, implementation and follow up phases. In the implementation phase, partners will follow a common framework for the implementation of health promotion practices, QCR tool pilots and MCM pilots, as recommended on the "Guideline on Implementation Strategy". The processes, methods and/or tools that will be used in the common implementation strategy still need to be defined by Kronikgune and WP leaders and agreed by the Executive Board.
Type of indicator	Output
Methodology	Quantitative
Data source(s)	WPx pilot implementation work
Data collection instrument	Proofs of implementation phase according to the "Guideline on Implementation Strategy" contents

Responsible	Kronikgune (as definer of the Strategy) and WPx as aligned followers
Periodicity of data collection	M15, M35
Completion criteria	100% of WPx pilots follow the implementation strategy agreed in the "Guideline on Implementation Strategy. Module II", with a minimum of one PDSA cycle, which includes (minimum): one F2F PLAN session with LIWG where it is agreed the processes to collect the KPIs specified in the Action Plan; collection and measure of KPIs; one F2F STUDY session to discuss results; and a decisions document to gather next actions (in case of 2 PDSA cycles) or future actions (in case of 1 PDSA cycle)
Acceptance criteria	80% of WPx pilots follow the implementation strategy agreed in the "Guideline on Implementation Strategy. Module II", with a minimum of one PDSA cycle, which includes (minimum): one F2F PLAN session with LIWG where it is agreed the processes to collect the KPIs specified in the Action Plan; collection and measure of KPIs; one F2F STUDY session to discuss results; and a decisions document to gather next actions (in case of 2 PDSA cycles) or future actions (in case of 1 PDSA cycle)
Observations	External expert advice for the implementation will be obtained if necessary

(code) Indicator	**WPx_** Post-implementation strategy
Definition	Pilots alignment to the Implementation Strategy in the Post-Implementation stage
Justification	The adaptation and implementation of inter sectorial practices requires adherence to a defined strategy, including preparation, implementation and follow up phases. In the post implementation phase, partners will follow a common framework for the health promotion practices implemented and QCR tool and MCM pilots' assessment, as recommended on the "Guideline on Implementation Strategy". The processes, methods and/or tools that will be used in the common post implementation strategy still need to be defined by Kronikgune and WP leaders and agreed by the Executive Board.
Type of indicator	Output
Methodology	Quantitative
Data source(s)	WPx pilot implementation work

Data collection instrument	Proofs of post-implementation phase according to the "Guideline on Implementation Strategy" contents.
Responsible	Kronikgune (as definer of the Strategy) and WPx as aligned followers
Periodicity of data collection	M35
Completion criteria	100% of WPx pilots follow the post- implementation strategy agreed in the "Guideline on Implementation Strategy. Module II", including: a minimum of one F2F meeting with LIWGs to assess the implementation process using the CFIR framework; and the adapted SQUIRE 2.0 template completed with the results of the whole implementation analysis.
Acceptance criteria	80% of WPx pilots follow the post- implementation strategy agreed in the "Guideline on Implementation Strategy. Module II", including: a minimum of one F2F meeting with LIWGs to assess the implementation process using the CFIR framework; and the adapted SQUIRE 2.0 template completed with the results of the whole implementation analysis.
Observations	External expert advice for the implementation will be obtained if necessary

➢ This fulfils de completion criteria for this indicator.

WP3.3.1 Meetings, deliverables and/or process ongoing evaluation surveys

WP3 conducted 16 satisfaction surveys as part of the ongoing evaluation analysis of the project. This indicator thus fulfils the criteria for "completion". The surveys conducted are listed below:

1. Implementation Workshop Treviso 2018
2. EB Meeting Treviso 2018
3. WP8 Expert Meeting, Brussels 20-21 of March 2018
4. WP5 Study Visit, Milan 22-23 of May 2018
5. Policy Dialogue Ireland, 12 June 2019
6. EB Meeting Ulm, 18 June 2019
7. EB meeting Seville, 20-21 November 2018
8. Policy Dialogue Poland, 27 November 2018
9. Policy Dialogue Portugal, 30 January 2019
10. WP5 Workshop Pre-Assembly meeting 13th May Budapest 2019
11. General Assembly 14th May Budapest 2019
12. Open Conference 14th-15th May 2019
13. Policy Dialogue Slovakia, 29 October 2019.
14. Policy Dialogue Croatia, 17 December 2019.
15. Policy Dialogue Slovenia, 30 January 2020.

16. Policy Dialogue Hungary, 18 February 2020.

The analysis of the surveys conducted during the course of the JA were summarized and shared with the rest of the EB through the end of year reports, uploaded and available to all partners on the CHRODIS PLUS official Intranet. The WPs and partners involved in each activity received the results and analysis of the satisfaction surveys performed by WP3 as a support activity for the continuous improvement of their activities and meetings, ensuring stakeholders' satisfaction and the fulfilment of the goals of the meetings.

➢ This indicator fulfils the criteria for "completion"

WP3.3.2 WP3 advice based TC meetings and actions

During the 36 months of the JA, WP3 conducted 20 support meetings with other WPs (apart from the ones organized specifically to discuss the Evaluation Plan). These meetings provided support on forms of evaluation and strategies, protocol requirements, survey methodologies and study visits.WP3 communicated the results of the evaluation activities of different WPs with partners, calls and presentations, and provided constant advice on the organization of questionnaires for evaluation. As defined in the GA, WP3 provided methodological support to other WPs as follows:

- General support to WP1 on the monitoring of activities
- Supported to WP2 on the identification, mapping and analysis of CHRODIS PLUS stakeholders
- Evaluation of the organization and contents of each policy dialogue, developing a feedback survey and sharing it with participants at the end of each meeting. WP3 conducted an analysis of the answers and communicated the results to organizers and the EB, uploading the corresponding report on the Intranet with key conclusions from the meeting, including participants' views, and suggesting actions for improvement.
- WP3 provided support on the evaluation of the study visits of WP5, and will provide support to the evaluation of the implementation of the WP5 pilots starting M25
- WP3 provided support on the evaluation of the study visits of WP6
- WP3 provided support on the evaluation of the study visits of WP7.
- WP3 provided support to WP8 by the development of the evaluation of the Training tool for managers by M22, and technical support in constructing the web-based questionnaire for the Toolkit in order to collect information from piloting workplaces.

These TC meetings and actions numbered as follows: WP1 (4), WP2 (3), WP5 (3), WP6 (2), WP7 (4), and WP8 (3).

➢ The indicator fulfils the criteria for "acceptance".

WP3.3.3 Governing Board on-line evaluation interviews

Supporting the preparation of the first Governing Board (GB) of the CHRODIS PLUS JA, , in May-June 2018 WP3 conducted a first round of 10 interviews to explore the alignment and expectations of the GB members.

These semi-structured interviews were prepared with a guide to ensure consistency, created by WP3 and approved by WP4 in April-May 2018, since WP4 was responsible for organizing the GB meeting.

The 15 members of the Governing Board to be interviewed were selected randomly from the 26 countries represented in the JA. Of the 15, six GB members responded by teleconference (Hungary, France, England, Luxembourg, Denmark, Sweden) and four in writing (Romania, Lithuania, Serbia, Ireland). Live interviews were conducted with a standard duration of 20 minutes.

The corresponding report was also produced and shared with WP4 organizers and the EB before the 1st GB meeting which was held in Ulm in June 2018, as agreed in the GA.

During the interviews, GB members showed themselves to be highly motivated and to have considerable knowledge and alignment with the objectives and activities planned for CHRODIS PLUS. They also seemed to be expectant regarding their own ability to influence the JA processes and to follow the upcoming results, and to communicate them to their colleagues and structures in their country. Based on the common analysis of all the answers received, WP3 provided WP4 with the following recommendations concerning the organization of the 1st GB meeting and the development and sharing of knowledge with the GB members over the course of the JA:

1. Provide overall information about CHRODIS PLUS and offer space for questions, discussions and suggestions.

2. Explain and itemize in detail the initially expected roles of the Governing Board members, including the pre-reading of the GB terms of reference, and what is expected from them;

3. Provide the list and description of the pilots that will be implemented. Consider presenting the already existing experience of the integrated-care model in the Netherlands;

4. Explain in more detail the tasks and deliverables of “Employment and Chronic diseases” work package, as it seems to be the topic less valued/ known by Governing Board members;

5. Give information about how and through with channel the results and deliverables are expected to be disseminated and share with them;

6. Make a call for sharing relevant policy documents for the WP3 JA CHRODIS Impact Evaluation mapping and also for understanding how to fit the CHRODIS PLUS projects into policies in a long term (no problem with own language documents).

These recommendations supported the preparation of the first GB meeting.

Due to the outbreak of COVID-19, WP4 did not accept a second round of interviews, because of the additional workload imposed on GB members. The second round was intended to analyse the interviews in order to contribute to the evaluation of the cross-country collaboration in the development of policies for controlling chronic diseases (the Consensus Statement, completed by M32, is endorsed by national representatives). WP4 rejected this support from WP3, due to the other commitments of the GB members during the pandemic. GB members also contributed to the preparation of the consensus statement. Therefore, WP3 was not able to perform this task.

➢ Due to the COVID-19 pandemic, the second round of interviews with GB members was not held; therefore, this indicator was not achieved.

WP3.4.1 JA -CHRODIS short/midterm impact evaluation indicators definition

The first year after the end of JA-CHRODIS was considered as an adequate time point for measuring its short-term impact. It was decided to assess the midterm impact in years 1-3, and the long term in years 3-5.

Accordingly, nine indicators were established to assess the five sources of information characterized.

➢ These indicators were defined in accordance with the SMART-RACER framework, and so this indicator meets the criteria for completion.

WP3.4.2_ JA -CHRODIS short/midterm impact evaluation indicators collection

The "Short-Midterm Impact Report of JA-CHRODIS" (Deliverable D3.2 of CHRODIS PLUS) highlighted the results of the analysis of the short-midterm impact of the JA, performed between March 2017 and November 2018, as well as an analysis of its potential impact in the long term. This analysis was based on diverse sources of information, namely: 1. Citations; 2. CHRODIS platform use; 3. interviews with people who have used JA-CHRODIS knowledge and deliverables; 4. an ad-hoc on-line survey of its short-term impact and feedback; and 5. an analysis of how the JA could help to achieve the goals established in MS' national health policies.

It was concluded that JA-CHRODIS has had a medium impact in the short and mid term, but a potentially large impact in the long term among the scientific community, health professionals and policy makers in Europe thanks to the continuation of the work during the second related JA, CHRODIS PLUS. A significant number of institutions from several countries, including even some not present in the JA-CHRODIS partner network, have already used the deliverables as a reference for their work and their publications. These institutions encompass most of the EU MS, which shows that the JA has already benefited a significant percentage of European countries in the shared challenge of reducing the burden of chronic diseases. The transfer of good practices from the CHRODIS platform to the Best Practice Portal of the European Commission is also facilitating the access to, and dissemination of, the best practices selected during JA-CHRODIS among the scientific community and health professionals. It is likely to become a central point of consultation and sharing of knowledge among MS in the future.

➢ This indicator achieved the criteria for "completion" in WP3.

2.4 WP4: Integration in national policies and sustainability

The aim of WP4 is to support MS with regard to the implementation of new or innovative policies and practices that further empowerment, health promotion and disease prevention, and the management of chronic diseases and multimorbidity. The work produced included an analysis of the sustainability and integration into national policies of CHRODIS proposals beyond 2020, as well as a Consensus Statement concerning the added value to the EU of cross-country collaboration in the field of chronic diseases.

Data collected from indicators

Table 4. CHRODIS PLUS WP4 monitoring indicators per task assessed at M36 final evaluation

WP4: Integration in National Policies and Sustainability
Task 4.1 Governing Board
WP4.1.1_ Governing Board EU membership
WP4.1.2_ Governing Board WP work awareness
WP4.1.3_WP and Governing Board work implication
Task 4.2 Policy Dialogues
WP4.2.1_ Existing policies or changes in existing policies identification methods
WP4.2.2_ Relevance of involved stakeholders and policy makers
WP4.2.3_ Preparation for Policy Dialogues
WP4.2.4_ Policy Dialogues reporting
Task 4.3 Knowledge transfer and change management on Chronic Diseases across Europe
WP4.3.1_ Experiences in uptake of JA CHRODIS and CHRODIS PLUS alignment
WP4.3.2_ Value-added links to relevant CD initiatives
WP4.3.3_ Activities for the elaboration of the interim reports on Knowledge transfer and Change management on CD across Europe are clearly presented
Task 4.4 Consensus Statement and Report on the Integration in National Policies and Sustainability
WP4.4.1_ Lessons learned inclusion in consensus statement
WP4.4.2_ Integration on policies and sustainability consensus submission to GB

WP4.1.1 _ Governing Board EU membership

At M20, 90% of the associated MS were represented in the GB (all but Bulgaria and Croatia). After this, there were changes in the GB secretariat, mainly due to political changes or staff movement in ministries (some members left, others changed departments, etc.). Each time the GB secretariat was contacted regarding changes, the information was also forwarded to the WP2 team to update the list at www.chrodis.eu. Even so, 80% of the 19 MS in CHRODIS PLUS were represented in the GB throughout the JA.

➢ This indicator meets the criteria for "acceptance".

WP4.1.2 _ Governing Board WP work awareness

The success of GB action is expected to be directly related to the alignment with the WP's action. The joint analysis of all answers received from interviews with GB members indicated the need to prepare reference materials that could be useful for them. The list and description of the pilots implemented during JA CHRODIS PLUS, was shared with GB members during the first GB meeting in Ulm.

In order to maintain the interest of GB members, the communication was consistent with previously shared messages. Bearing in mind the feedback obtained from GB members in the first interviews and at the Ulm meeting, the GB secretariat aimed to take several actions to prevent the "worst case scenario". Concrete proposals for the next steps to be taken were communicated with GB members, and the expectations of the GB members were highlighted at this stage of the JA. A concise document with updates on JA CHRODIS PLUS topics was prepared and shared with GB members. It included five or six main topics in which the contributions of GB members could be appreciated, key messages from each WP leader (WPs work), a short description and a voluntary proposed step for GB member.

The first GB newsletter also included:

- a proposal for GB members to download the CHRODIS PLUS leaflet and to access the CHRODIS PLUS newsletters;

- the schedule of the policy dialogues, prepared in collaboration with task 4.2 leaders;

- the full report of the workshop held during the first GB meeting to establish a proactive bi-directional communication strategy in order to align the work of JA CHRODIS PLUS with the needs of MS.

During the second half of the JA, due to the impossibility of holding face-to-face meetings during the Covid-19 pandemic, the GB secretariat worked on an alternative action plan for the successful maintenance of the communication with GB members. The alternative schedule and format of the interactions between the GB and CHRODIS PLUS was presented and approved by EB members and shared with all GB members.

The alternative plan was based on four main pillars:

• The Consensus Statement of the second Workshop held virtually on 10 June from 11:00 to 14:30. All GB members were invited to attend. The GB secretariat presentation is uploaded in the intranet folder.

• A newsletter for GB with key future dates for interactions and a Consensus Statement update. The GB secretariat (with WP2 support) developed and shared the newsletter with GB members. http://chrodis.eu/governing-board-newsletter-august-2020

• To maintain attendees' concentration and to share the most valuable CHRODIS PLUS findings, the GB secretariat proposed the organization of two webinars followed by short virtual discussion meetings. Recommendations for the webinar agenda were made and shared by the GB secretariat. This exercise was meant for WP leaders to showcase the potential impact/value of their WP and to outline what needed to be continued/implemented at the wider scale, tested in other contexts or sectors, finalized, etc., with key take home messages for GB members. The GB secretariat conducted a survey to decide on the most suitable dates for the online events. The following dates/times were scheduled for the online interactions: 2 Sep at 15.00h (WP5 and WP6), 4 Sep at 15.00h (follow-up of the previous session), 9 Sep at 14.00h (WP7 and WP8), 11 Sep at 14.00h (follow-up).

Save-the-date messages were sent and virtual meetings were scheduled via the online platform.

The presentations at the sessions held during the period were uploaded in the intranet folder.

➢ The indicator is currently meeting the criteria for "completion".

WP4.1.3 WP and Governing Board work implication

The GB members provided support to CHRODIS PLUS during the face-to-face meeting in Ulm on 18 June 2018, where they participated in a two-hour discussion session. The result of this discussion was analysed and reported in a document that was shared with GB members. During the webinars for GB members, WP leaders presented the work of the different groups and showcased the potential value and impact for MS by using the CHRODIS PLUS outcomes.

All CHRODIS PLUS results are owned by MS, so the national governments seeking greater efficiency in their healthcare and innovative ways to tackle the burden of non-communicable diseases (NCD) were encouraged to use them. The GB secretariat hosted two webinar sessions and two follow-up discussion sessions, as well as the final GB meeting with two additional dedicated discussion sessions that allowed GB members to share their views and support the JA process in September 2020. Via an online questionnaire, GB members expressed their interest, and their desired degree of involvement, in the initiatives in the Consensus Statement for the post-2020 period. The results were included in the Consensus statement report.

➢ This indicator fulfils for the criteria for "completion".

WP4.2.1 Existing policies or changes in existing policies identification methods

The policy dialogues were selected by the national organizers, who communicated their decisions by completing the questionnaire created by WP4. The countries submitted their questionnaires for feedback and responded to any issues raised. The organizers in different countries developed the topics in different ways; the description of the topics for each of the policy dialogues was objective, transparent, and clear.

The topics for both European policy dialogues were determined at the planning stages of JA CHRODIS PLUS and emerged either as a product of ongoing work of the CHRODIS PLUS project (e.g., EU level policy dialogue on employment) or an attempt to offer options for the financial sustainability of CHRODIS PLUS outcomes (e.g., EU level policy dialogue on funding health promotion).

The first European policy dialogue aimed to bring together EU stakeholders and to present the CHRODIS Plus Workbox on Employment and Chronic conditions. The event was held in the European Parliament on 12 November 2020 and was organized as a parliamentary hearing where CHRODIS PLUS partners presented tools to analyse and improve the workplace environments developed and piloted during the project. Following this, different stakeholders provided suggestions about how to encourage the use of those tools across Europe.

The second European policy dialogue took place electronically on 26 June, looking at the sustainability of CHRODIS PLUS results in terms of financing health promotion and chronic disease prevention actions. The meeting aimed to raise awareness and encourage decision-makers to explore specific ways of supporting the equitable financing of chronic disease prevention. The primary focus was how to foster more effective use of European Union funding mechanisms. The report on this policy dialogue was still under preparation at the time of the present final report (October 2020), and it will be disseminated through the CHRODIS PLUS website when available.

- ➢ This indicator has fulfilled the criteria for “completion”.

WP4.2.2 Relevance of involved stakeholders and policy makers

The organizers of the Policy Dialogues had the task to constitute a relevant and balanced panel of participants. In each country, it was achieved through specific criteria:

- Greece: Implementation of integrated care services for the elderly and patients with chronic diseases
    - o Twelve attendees: one representative of a regional government; one from the national school of public administration (training organization); four from the medical/clinical sector (Medical School of AUTH and ATEITh); one from an R&D organization; one from a diabetes patients’ association; one representative of the hoteliers of northern Greece; and three local authorities.
- Ireland: Tobacco control and inequalities – reflecting on the first five years of Tobacco Free Ireland
    - o Eight attendees: two from Ireland’s Institute of Public Health, four from the national governmental health organization/Department of Health, one from a cancer institution, one from the Department of Public Expenditure & Reform / Civil Service.
- Poland: Prevention of cardiovascular system and respiratory system diseases and their consequences by modification of the Comprehensive Geriatric Assessment (CGA).

- 18 attendees; 12 from the national governmental organization for health, four from the National Institute of Geriatrics, Rheumatology and Rehabilitation, one from an academic/research institution, one from the World Bank

- Portugal: Advertisement of Food and Beverages to Children
    - 14 attendees: six from the national Directorate of Health; one from the national Directorate General of Education; one from the Food and Economic Security Authority (ASAE); one from the Portuguese Association for Consumer Protection (DECO); one from the Portuguese Institute of the Sea and the Atmosphere (IPMA); one from the General Secretariat of the Ministry of Internal Administration; one from the Regulatory Entity for the media; one from the Consumer Directorate-General; and one from the Ministry of Agriculture.

All attendees in these four policy dialogues are relevant key stakeholders for general aims of the policy dialogues and the specific topics discussed. All the policy dialogues were attended by at least one key stakeholder from outside the medical or healthcare sector or the government: Greece had one representative from the tourism sector, Ireland one from the Department of Public Expenditure & Reform, Poland attendees from the World Bank, and Portugal from media, consumer health and marketing sectors.

➢ This indicator fulfils the criteria for “completion”.

WP4.2.3 Preparation for Policy Dialogues

Preparatory documents were always sent out to participants. Prior to the policy dialogues, WP4 held a series of phone calls to help the organizers and plan the Dialogue. A week before the dialogue the national organizers sent relevant documents to the participants in a pack to help the attendees to prepare. These documents were only available in the language of the specific dialogue (all were held in the national language of each country).

➢ The preparatory documents were sent out in all cases; therefore, this indicator fulfils the criteria for “completion”.

WP4.2.4 Policy Dialogues reporting

All the reporting documents from policy dialogues were submitted to task leaders, however, some of them required more time than one month to be finalized.

➢ This indicator fulfils the criteria for “acceptance”.

WP4.3.1 _ Experiences in uptake of JA CHRODIS and CHRODIS PLUS alignment

Meetings between WP4 and WP3 were organized in order to align the results of the Impact Analysis of JA-CHRODIS with the monitoring strategy and evaluation and reporting of the policy dialogues, with the aim of disseminating the lessons learnt and preparing future actions to boost the impact of CHRODIS PLUS. The results of this cooperation are shown in the paper "Shaping Policy on Chronic Diseases through National

Policy Dialogues in CHRODIS PLUS", published in the International Journal of Environmental Research and Public Health in September 2020[1]. Another paper, unfinished at the time of this report, describes the monitoring and evaluation strategy followed during CHRODIS PLUS in order to increase the impact of cross-national initiatives for transferring good practices at European level.

➢ This indicator fulfils the criteria for "acceptance".

WP4.3.2 Value-added links to relevant CD initiatives

During the first half of the JA, WP4 was in close contact with the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases of the European Commission (SGPP). At a face-to-face meeting with the SGPP, WP4 presented CHRODIS PLUS and discussed possibilities for collaboration. As a result of the meeting, a structured collaboration was agreed on between SGPP and CHRODIS PLUS in the near future regarding the preparation of a policy-level position paper concerning the European added value of cross-country collaboration in the field of non-communicable diseases. Since M18 the SGPP has been intensely involved, holding two meetings and participating directly through a dedicated survey which sought inputs for future priority action areas to promote the engagement of MS in NCD prevention and management. The survey was designed in collaboration with the SGPP members through two meetings, the first one face-to-face in Rome in November 2019 and the second one held online on 13 February 2020.

The survey was launched in July 2019 and closed on 11 October 2019. Eighteen of the 27 EU MS completed the questionnaire. The results and the methodology of the survey were described in detail in the report on Milestone MS43, completed in March 2020. The conclusions and main messages of the survey were incorporated in the final Consensus Statement (Deliverable 4.2).

➢ This indicator fulfils the criteria for "completion".

[1] Sienkiewicz D, Maassen A, Imaz-Iglesia I, Poses-Ferrer E, McAvoy H, Horgan R, et al. Shaping Policy on Chronic Diseases through National Policy Dialogs in CHRODIS PLUS. Int J Environ Res Public Health [Internet]. 2020;17(19):7113. Available from: https://www.mdpi.com/1660-4601/17/19/7113

WP4.3.3 _ Activities for the elaboration of the interim reports on Knowledge transfer and Change management on CD across Europe are clearly presented

The activities and results in the area of "Knowledge transfer and change management in CD" were described in detail in the report on Milestone MS43. This document includes analysis and lessons learned that were used as input for the preparation of the Consensus Statement.

➢ This indicator fulfils the criteria for "completion".

WP4.4.1 _ Lessons learned inclusion in consensus statement

The CHRODIS PLUS Consensus Statement includes a wide variety of results from international and European initiatives, contributions of SGPP and GB members, and from the 16 policy dialogues and the 21 implementation projects developed under the different areas of CHRODIS PLUS (mainly WPs 4 - 8).

The lessons learned are summarized in Annex I of the Statement where the main CHRODIS PLUS outputs and recommendations are formulated. This document is the Deliverable 4.2. The document was almost finished at the time of this Final Report, pending final adjustments and approval from European Commission officers..

➢ The information and recommendations included in the Consensus Statement mean that this indicator fulfils the criteria for "acceptance".

WP4.4.2 _ Integration on policies and sustainability consensus submission to GB

During the final GB online meeting, a long session was dedicated to the discussion and endorsement of the Consensus Statement. This meeting was held virtually on 28 September at 14.00h. The GB had received the text in advance and had had the chance to discuss the content in previous meetings as described in other GovBoard indicators. The Report of the Consensus Statement is available in the intranet folder "Consensus Statement": https://emk.semmelweis.hu/chrodisplus/s/MeBfK4YigJAxdi".

➢ This indicator fulfils the criteria for "completion".

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

The WP5 builds on the successful results of the previous JA CHRODIS, with the aim of improving the knowledge and practices regarding health promotion and disease prevention across Europe.

WP5 focuses primarily on: analysing and assessing countries' health promotion and disease prevention strategies; implementing good practices with projects specifically targeting children, the working population, and older people; and improving the integration of health promotion and disease prevention in the healthcare and wider social care systems.

Data collected from indicators

Table 5. CHRODIS PLUS WP5 monitoring indicators per task assessed at M36 final evaluation

WP5: Health Promotion and Disease Prevention
Task 5.1. Completion, update, and systematization of country reports
WP5.1.1_ Five country reports and one overview report produced
Task 5.2. Adaptation and implementation of inter-sectoral good practices
WP5.2.1_ Pre-implementation strategy
WP5.2.2_ Implementation strategy
WP5.2.3_ Post-implementation strategy
WP5.2.4_ Support provided by WP5 to implementers during pilot actions
WP5.2.5_ Involvement of non-implementation partners
WP5.2.6_ Formulation of one recommendation report, containing success factors for HPDP implementations
Task 5.3. Support health promotion across the broader health system
WP5.3.1_ Recommendations for intra-and inter-sectoral collaboration of HPDP
WP5.3.2_ Expert meeting "Feasibility/applicability of success factors for successful intra/inter-sectoral collaboration between health promotion, healthcare and other sectors"
WP5.3.3_ Joint Workshop and other reports to formulate recommendations
Task 5.4. Final overview
WP5.4.1_ Series of recommendations with consensus

WP5.1.1 _ Five country reports and one overview report produced

According to the Report "Health Promotion and Primary Prevention in 21 European Countries - A Comparative Overview of Key Policies, Approaches, Examples of Good Practice, and Gaps and Needs" (Deliverable D5.1), 21 new and updated country reports were produced, enriched by the overview report mentioned The findings of this WP5 overview report indicated that expenditure on health promotion and disease prevention remains low across all partner countries. The report also noted the urgent need to identify the most effective approaches for promoting health and addressing risk factors.

- ➢ This indicator fulfils the criteria for "completion".

WP5.2.1 Pre-implementation strategy

WP5 received Scope, SWOT, and Pilot Action Plans for all of the five different implementation projects, currently fulfilling the completion criteria. These include 10 sites in total, all of which 100% applied the agreed methodology. The implementation plans correspond to:

5.2.3 A Toybox Project in Malta

5.2.3A Active School Flag in Piedmont, Italy and Klaipeda City and Klaipeda District, Lithuania.

5.2.3A J.O.G.G in Iceland

5.2.3B Lombardy Workplace Plan in Andalusia, Spain.

5.2.3C Multi-Modal Plan in Iceland, Zaragoza, Spain and Klaipeda City/Klaipeda District, Lithuania.

- ➢ This indicator fulfils the criteria for "completion".

WP5.2.2 Implementation strategy

All eight implementers followed the implementation strategy in accordance with the predefined tools/processes/methods agreed and included in the "Guideline on Implementation Strategy" (i.e., PDSA cycles).

- ➢ This indicator fulfils the criteria for "completion".

WP5.2.3 Post-implementation strategy

All eight implementers submitted their implementation reports. However, one of the implementers (Health Promotion and Disease Prevention Directorate in Malta) underestimated the resources necessary for

analysing the data collected and was therefore unable to provide the quantitative data analysis of the intervention (only qualitative data are reported).

- ➢ Although one of the pilots was unable to provide quantitative data, all reports were submitted with relevant information about implementation evaluation and experiences. Therefore this indicator fulfils the criteria for "completion".

WP5.2.4 Support provided by WP5 to implementers during pilot actions

According to the survey, 100% of the local implementers considered the level of support provided by WP5 (including WP leaders and external partners involved in the implementation, Kronikgune, external advisers) to be satisfactory/very satisfactory (scores of 7 or more on a 0-10 satisfaction scale).

- ➢ The overall rating for WP5 was 8.3/10.0; therefore, this indicator fulfils the criteria for "completion".

WP5.2.5 Involvement of non-implementation partners

Non-implementation partners participated only in the preparatory phase, analysing the transferability of good practices (M1-12). Three tele-conferences were organized during the reporting period by the task leaders (May 2018, Nov 2018 and Feb 2019) to explain the pre-implementation and implementation strategies. The non-implementing partners comprised 11 organizations from eight different countries. (CIPH, OOI, KAUNO KLINIKOS, IPHS, MoH IT, SU, NCPHA, THL, VU, MS, NIGRiR). In addition, there were four non-implementers (RIVM, HSE, IPH, FINCB) from three countries which actively followed the transfer of a good practice from their country: RIVM: JOGG good practice elements to Iceland; HSE, IPH: Active School Flag good practice to Italy and Lithuania; FINCB: Lombardy Workplace Health Promotion Network good practice to Andalusia, Spain.

RIVM is planning to transfer and implement the Lombardy Workplace Health Promotion Network good practice in the Netherlands.

Non-implementers were asked to complete the pre-study in a hypothetical manner and to 'test' the feasibility of transferring a good practice that would not result in an actual implementation process. Since pre-studies were not part of a 'critical path' to achieve a deliverable and so were not mandatory for non-implementers, it proved difficult to keep partners motivated and engaged. Only one partner submitted the pre-implementation analysis: the City of Kuopio and vocational school Sakky, testing the idea of JOGG in Finland delivered by THL.

Partners were encouraged to join at least one of the three groups of good practices (children, adults at work, and the elderly); all did so.

- ➢ Although non-implementation partners were included in the preparatory phase analysing the transferability of good practices, they did not participate in the development of the contents included in the "Recommendation report of innovative success factors of intra-/inter-sectoral

collaboration" or the "Final report of findings and results with the consensus of all the involved during the process" Therefore, this indicator was not achieved.

WP5.2.6 Formulation of one recommendation report, containing success factors for HPDP implementations

All of the implementing sites collaborated in preparing the report "*Recommendations for the implementation of health promotion good practices"* since they submitted their implementation reports, participated in extra interviews and reviewed the final deliverable.

- ➢ Therefore, this indicator fulfils the criteria for "completion".

WP5.3.1 Recommendations for intra-and inter-sectoral collaboration of HPDP

To identify success factors for intra-/inter-sectoral collaboration, WP5 analysed 20 health promotion practices and discussed these success factors in the joint workshop. The success factors, and barriers, were:

Key enablers for intersectoral collaboration

Key enablers	Number of practices
A shared vision of the problem to be addressed and the successes of the collaboration	13
Communication	13
A win-win for partners in the collaboration (mutual and joint benefits)	11
There is uptake in structural processes (clarity about roles and responsibilities, availability of protocol)	9
Macro level context is taken into account (changes on system level)	8
Capacity e.g. enough personnel, personnel has enough time and qualified personnel	7
Trust between collaboration partners (e.g. trust between health sector and welfare sector)	7
Recruitment of diverse partners (effective mix)	6
The intervention has a strong leadership in advancing shared purposes	6
There is support and uptake in policies	6
Funding	5
The community and the target group are involved from the start	5
There was time to build a relationship (contains also building personal relationships)	4

Sustaining the collaboration; adequate, sustainable and flexible resources	4
There are strong relationships among partners	3
Building upon existing collaboration structures	3
Motivation of professionals	2
Outward-looking culture: e.g. gaining insight in each other's work and position, sharing work places	2
Experience and knowhow	2
Other key enablers (mentioned once)	9

Identified barriers for intersectoral sectoral collaboration

Barriers	Number of practices
There is no support and uptake in policies	6
No shared vision of the problem to be addressed and the successes of the collaboration	4
No capacity e.g. not enough personnel, personnel has not enough time and no qualified personnel	4
No funding	3
No trust between collaboration partners (e.g. trust between health sector and welfare sector)	3
No recruitment of diverse partners (no effective mix)	2
There was no time to build a relationship	2
The intervention has no strong leadership in advancing shared purposes	2
Lack of knowledge of health and health care system in the other domains	2
Bureaucracy	2
Negative attitudes of professionals	2
Not sustaining the collaboration; no adequate, sustainable and flexible resources	2
There is no uptake in structural processes (no clarity about roles and responsibilities, no availability of protocol)	2
Other barriers (mentioned only once)	13

These success factors and barriers are available in the "*Recommendations Report for the implementation of HPDP good practices".*

➢ This indicator fulfils the criteria for "completion".

WP5.3.2 Expert meeting "Feasibility/applicability of success factors for successful intra/inter-sectoral collaboration between health promotion, healthcare and other sectors"

The joint workshop on inter- and intra-sectoral collaboration was held a day before the General Assembly.

➢ This indicator fulfils the criteria for "acceptance".

WP5.3.3 Joint Workshop and other reports to formulate recommendations

The aim of the expert workshop was to reach a consensus on the content and text of the recommendations. Seventy-five partners from WPs 5, 6, 7 and 8 participated in the joint workshop in May 2019. Moreover, 12 partners (18 persons) participated in the last online expert workshop in April 2020. Eleven partners returned the evaluation form and assessed the achievement of the goal of the meeting. Agreement on the recommendations and the moderator as very good to good. The workshop participants were able to identify success factors in the practices, recommendations for collaboration at local level, key factors for sustainability, barriers, and lessons learned in order to advance health promoting synergies within the broader health system.

➢ This indicator fulfils the criteria for "completion".

WP5.4.1 Series of recommendations with consensus

In the process of preparing the recommendations for intra-/inter-sectoral collaboration there were three steps: a joint workshop in Budapest (75 participants of WP5, 6, 7 and 8), in-depth interviews with six partners and the final creation of the recommendations (12 partners, 18 persons). The final report was completed, including strategic and overall recommendations.

➢ This indicator fulfils the criteria for "completion".

2.6 WP6: Pilot implementation of the integrated Care Model for multi-morbidity

The aim of WP6 is to help improve chronic disease and multimorbidity management. The primary focus is to field test the new ICM for people with multiple morbidities at five pilot sites in primary and tertiary care hospitals in Lithuania, Italy and Spain. Country-specific versions of the CHRODIS integrated care model will be developed as a result.

Data collected from indicators

Table 6. CHRODIS PLUS WP6 monitoring indicators per task assessed at M36 final evaluation

WP6: Pilot Implementation of Integrated care model for multi-morbidity
Task 6.1. Preparatory phase
WP6.1.1_ Integrated care model Pilot site characteristics data collection
WP6.1.2_ Strategies/tools for risk stratification revision
WP6.1.3_ Participants at the Integrated care model strategy meeting attendance
WP6.1.4_ Preparatory phase ICM cooperative involvements
WP6.1.5_ Integrated care model components at pilot sites
Task 6.2. Pilot implementation
WP6.2.1_ Pre-implementation strategy
WP6.2.2_ Implementation strategy
WP6.2.3_ Post-implementation strategy
WP6.2.4_ Support provided by WP6 to implementers during pilot actions
WP6.2.5_ Involvement of non-implementation partners
Task 6.3. Support to implementation activities
WP6.3.1_ Local partners support to Integrated care model pilots
Task 6.4. Outcomes assessment and evaluation
WP6.4.1_ Integrated care model pilot level of success assessing process outcomes and/or factors
Task 6.5. CHRODIS integrated care model adjustment for local healthcare setting
WP6.5.1_ Integrated care model adjustments

WP6.1.1 _Integrated care model Pilot site characteristics data collection

All the pilot implementation sites presented the “general information form” and “practice summary questionnaire” which identify and summarize the most relevant features of the model.

➢ This indicator fulfils the criteria for “completion”.

WP6.1.2 Strategies/tools for risk stratification revision

80% of the WP6 implementation sites have defined formal risk stratification strategies to their patients of the pilots, at individual and/or at population level, of both approaches. 100% of the pilots have defined specific inclusion and exclusion criteria of patients.

➢ This fulfils the acceptance criteria.

WP6.1.3 Participants at the Integrated Care Model strategy meeting attendance

Representatives of all implementation partners attended the strategy meeting held in Treviso in February 2018. An additional TC was organized in July 2018 to further discuss strategies for implementation of the ICM. It was attended by:

- representatives of each pilot,
- non-implementation partners attended,
- scientific coordination team members,
- Kronikgune,
- And an external advisor from the European Commission for the implementation

➢ This indicator fulfils the criteria for “completion”.

WP6.1.4 Preparatory phase ICM cooperative involvements

Both partners from NIVEL and EIP-AHA were involved in the cooperative activities, thus fulfilling the completion criteria for this indicator. Two webinars were organized by Kronikgune to support the implementation strategy, and Mieke Rijken (NIVEL) supported the preparation phase, contributing to the creation of the "Form to assess participating practices". NIVEL also participated in the strategy meeting in Treviso (February 2018).

Furthermore, Mieke Rijken consulted with Kauno Klinikos and the VULSK sites to identify the best possible choice of questionnaire to assess the social problems in order to improve the care of patients with multimorbidity.

➢ This indicator fulfils the criteria for “completion”.

WP6.1.5 Integrated care model components at pilot sites

All pilot sites e included the rationale for the implementation of specific components of the ICM in their Pilot Action Plan.

- ➢ This indicator fulfils the criteria for "completion".

WP6.2.1 Pre-implementation strategy

All the pilot sites incorporated the elements agreed upon in the "Guidelines on Implementation strategy" for the pre-implementation phase: scope definition and SWOT analysis.

- ➢ This indicator fulfils the criteria for "completion".

WP6.2.2 Implementation strategy

The five WP6 pilots have followed and completed the implementation strategy included in the "Guideline on Implementation Strategy".

- ➢ This indicator fulfils the criteria for "completion".

WP6.2.3 Post-implementation strategy

The 5 WP6 pilots have followed and completed the post-implementation strategy included in the "Guideline on Implementation Strategy.

- ➢ This indicator fulfils the criteria for "completion".

WP6.2.4 Support provided by WP6 to implementers during pilot actions

All the local implementers considered the level of support provided by WP6 (including WP leaders and external partners involved in implementation: i.e., Kronikgune, external advisors) to be satisfactory/very satisfactory (scores of 7 or more on a 0 - 10 satisfaction scale). Furthermore, the overall rating for WP6 was 8.0.

- ➢ This indicator fulfils the criteria for "completion"

WP6.2.5 _ Involvement of non-implementation partners

Due to the COVID-19 pandemic, the theoretical exercises scheduled for non-implementers had to be cancelled. Therefore, the collaborating partners did not provide any final data. The activities were postponed until after the situation becomes more stable.

➢ This indicator was not achieved due to the limitations produced by the COVID-19 pandemic.

WP6.3.1 _ Local partners support to Integrated care model pilots

WP6 organized five site visits, which are ideal ways to understand a practice and thus guarantee its implementation. As far as planned and financed, each visit had a specific, clearly stated added value. The people who conducted and evaluated the site visits are listed below:

- Antonio Giulio de Belvis (UCSC) perfomed the visit in Rome.
- Joao Forjaz (ISCIII), Carmen Rodriguez Blazquez (ISCIII) and Elisa Poses Ferrer (AQuAS/Gencat) perfomed the visits in Spanish sites
- Laimis Dambrauskas, Rokas Navickas and Elena Jurevičienė (VULSK) performed the visit in Kauno Klinikos, Lithuanian pilot site

- Miglė Rukšėnienė (VULSK audit person) performed the visit in Vilnius University hospital Santaros clinic pilot site

The learning, success factors and barriers for implementation were shared between local partners and WP leaders.

➢ Therefore, this indicator fulfils the completion criteria

WP6.4.1 _ Integrated care model pilot level of success assessing process outcomes and/or factors

To support partners during the complex process of implementing practices and assessing the outcomes, a dedicated implementation strategy was developed. The strategy provides a series of methods and techniques for enhancing the adoption and sustainability of practices and the use of tools developed in JA-CHRODIS which can be applied in different settings and contexts. All partners followed Module II (implementation and post-implementation phases) of the JA CHRODIS PLUS guidelines on implementation strategy. Reporting templates adapted for WP6 were created and filled in by each WP6 pilot partner. The main results with the type of outcomes assessed by WP6 pilots can be found in D6.2 and D6.3.

Further information was provided in the publication: Rodriguez-Blazquez C, João Forjaz M, Gimeno-Miguel A, Bliek-Bueno K, Poblador-Plou B, Pilar Luengo-Broto S, Guerrero-Fernández de Alba I, Maria Carriazo A, Lama C, Rodríguez-Acuña R, Cosano I, Bedoya JJ, Angioletti C, Carfì A, Di Paola A, Navickas R, Jureviciene E, Dambrauskas L, Liseckiene I, Valius L, Urbonas G, Onder G, Prados-Torres A. Assessing the Pilot Implementation of the Integrated Multimorbidity Care Model in Five European Settings: Results from the

Joint Action CHRODIS-PLUS. Int J Environ Res Public Health. 2020 Jul 22;17(15):5268. doi: 10.3390/ijerph17155268.

➢ This indicator fulfils the criteria for “completion”.

WP6.5.1 _Integrated care model adjustments

Throughout the lifetime of CHRODIS PLUS, IMCM pilot implementations were performed in five pilot sites, which were required to implement at least one component. Based on local experience and knowledge, participating partners adapted IMCM to the specific characteristics of their local health care setting and developed country-specific model versions, fully adapted and specified for local implementation. Pilot sites in Europe reached 3449 patients directly and brought significant changes in the quality of their care. The evidence from D6.2 shows that, despite the differences between sites in terms of the components of the IMCM implemented and the target population in general, the IMCM had positive effect across all healthcare systems in which it was tested. Deliverable D6.3 presents country-specific CHRODIS IMCM versions from no fewer than three different healthcare settings maintaining the model structure, but taking into consideration local context, regulations, etc. Based on local experience and knowledge, LIWG members from participating sites adapted the IMCM to the specific characteristics of their local health care setting and developed country-specific versions. Local implementers proved the applicability of the IMCM in five European settings at both primary and specialized care levels.

Each site adapted the primary model to local needs. These adaptations and adjustments are described in the five reports included.

➢ This indicator fulfils the criteria for “completion”.

2.7 WP7: Fostering quality of care for people with chronic diseases

The aim of WP7 is to foster high-quality care for people with chronic diseases through the implementation of a set of quality criteria and recommendations defined in the previous JA-CHRODIS. The Quality Criteria and Recommendations Tool were applied in a series of pilot actions conducted by eight project partners in different settings, domains, and health care organizations.

Data collected from indicators

Table 7. CHRODIS PLUS WP7 monitoring indicators per task assessed at M36 final evaluation

WP7: Fostering Quality of Care for people with chronic diseases
Task 7.1. Baseline analyses and defining pilot action design
WP7.1.1_ Production of a framework for implementing actions (and the design for each pilot) using JA_CHRODIS recommendations to improve quality of care of chronic diseases
Task 7.2. Piloting of the QCR tool through pilot actions
WP7.2.1_ Inclusion of patients views by the workshop on interim follow-up
WP7.2.2_ Pre-implementation strategy
WP7.2.3_ Implementation strategy
WP7.2.4_ Post-implementation strategy
WP7.2.5_ Support provided by WP7 to implementers during QCR pilot actions
WP7.2.6_ Assessment of the success of pilot implementation description
Task 7.3. Pilots on the implementation of mHealth tools
WP7.3.1_ Presentation of the specific results and lessons learned focused on mHealth tools pilots
Task 7.4. Guide on the implementation of QCR tool
WP7.4.1_ Production of short and layman versions
WP7.4.2_ European availability of short and layman versions

WP7.1.1 Production of a framework for implementing actions (and the design for each pilot) using JA CHRODIS recommendations to improve quality of care of chronic diseases

All the implementation partners used the framework defined at the Pre-Implementation workshop held in Ljubljana on 4-5 June 2018 to design their pilot plan using the QCR tool and the "Guideline on implementation strategy". The document provides operational elements, methodological details, and practical indications in order to:

- define the Local Implementation Working Group (LIWG) and identify key stakeholders;
- describe the scope of intervention selecting, from QCR tool, the recommendations and related quality criteria, to be considered as the components of the intervention;
- conduct the SWOT analysis of the context of Pilot action using QCR tool;
- identify and prioritise improvement areas using QCR tool;
- plan actions for each identified improvement areas;
- define the key performance indicators;
- design the Pilot implementation plan.

➢ In view of the existence of this document, and its use, this indicator fulfils the criteria for “completion”.

WP7.2.1 Inclusion of patients views by the workshop on interim follow-up

Patients’ views were included by the interim follow-up workshop organized by the European Patient Forum (EPF), aiming to support partners to run the study visits successfully and ensure meaningful patient involvement at the implementation sites. Representatives of patients from LIWG participated in the meeting. The EPF formulated a series of indicators, discussed and agreed by participants, to assess whether the pilot activities met the expectations of patients and other persons, with special emphasis on empowering the target population.

➢ In view of the positive evidence of WP7 activities for promoting the inclusion of patients’ views, this indicator fulfils the criteria for “completion”.

WP7.2.2 Pre-implementation strategy

All WP7 partners with pilots have followed the agreed pre-implementation strategy, including a scope analysis, SWOT and a Pilot Action plan following the "Guideline on implementation strategy".

➢ This indicator fulfils the criteria for “completion”.

WP7.2.3 Implementation strategy

All WP7 partners with pilots applied the implementation strategy agreed, including several small PDSA cycles during their work, and adapted the work accordingly. An example from Finland: Somalis reported significantly higher levels of diabetes compared to any of the other migrant groups and native Finns; the initial app had been translated into Somali by a local agency. The app was checked later on by a Somali-speaking leader of the LIWG, and was found to be completely unfit for purpose. Therefore, the native speaker group of LIWG, with the help of native speakers of a nonmedical background, retranslated and tested the app. The big frame checking for the potential need for changes in the plan, based on JA CHRODIS Recommendations and Criteria (the QCR Tool) was performed in the preparation for the site visit and during the site visit itself. By the end of March 2019, three site visits had been performed: two decided to change their plans (to enter second PDSA cycle) and one did not, since according to the nature of intervention and their schedule the implementation had almost finished by the time of the visit.

- ➢ This indicator fulfils the criteria for "completion".

WP7.2.4 Post-implementation strategy

The five WP7 pilots applied the post-implementation strategy, according to the predefined tools/processes/methods agreed and included in the "Guideline on Implementation Strategy" (i.e., SQUIRE 2.0). The WP7 pilots of Task.7.3 (mHealth) namely NCPHA (Bulgaria), CSC (Spain), and UHREG (Germany), complied with the guidelines with the help of OBFU, CERTH, and UUL.

- ➢ This indicator fulfils the criteria for "completion".

WP7.2.5 Support provided by WP7 to implementers during QCR pilot actions

All the local implementers considered the level of support provided by WP7 (including WP leaders and external partners involved in implementation; i.e., Kronikgune, external advisors) as satisfactory/very satisfactory (scores of 7 or more on a 0 - 10 satisfaction scale).

- ➢ The overall rating for WP7 was 8.8, so this indicator fulfils the criteria for "completion".

WP7.2.6 Assessment of the success of pilot implementation description

The core writing group (NIJZ, EHFF, EPF, NIJZ) and the wider writing group including several representatives of partners involved in pilot actions helped in this task. The core writing group was responsible for analysing the key materials, preparing drafts and revisions of the Guide and coordinating the dissemination of the documents among the partners and coordinators. WP7 partners provided insights and feedback through teleconferences, written materials, and revisions.

The Guide was developed based on five key inputs:

(1.) The Implementation strategy developed by Kronikgune and adjusted to the objectives of the WP7;

(2.) Intermediate evaluation of Pilot action practices with respect to JA-CHRODIS Recommendations and criteria;

(3.) EPF and EHFF evaluation reports from study visits performed at five pilot action sites from task 7.2.;

(4.) A questionnaire on the usability of the JA-CHRODIS recommendations and criteria for partners with pilot actions in task 7.3 where site visits were not performed;

(5.) Individual pilot action reports by all partners involved.

The findings and results section describes the implementation process (in seven steps) as experienced by the partners involved in pilot actions – from establishing the implementation working group, conducting baseline analysis and designing action plan to implementing, monitoring, evaluating and reporting the pilot action with the support of the JA-CHRODIS Recommendations and criteria. The following sections describe the general and country-specific lessons learnt, the key enablers and barriers to implementation of the framework, and its applicability as well as its potential for transferability. Finally, the last section describes potential future steps for further development.

➢ Based on this information, the Guide for the implementation of the QCR provided assessment on the transferability of the quality criteria by using the results achieved with its implementation in the pilots. Given the presence of a questionnaire on the usability of the JA-CHRODIS Recommendations and criteria for partners with pilot actions in task 7.3 where site visits were not performed, this indicator fulfils the criteria for "acceptance".

WP7.3.1 _ Presentation of the specific results and lessons learned focused on mHealth tools pilots

The questionnaire on the usability of JA CHRODIS Recommendations and criteria for partners with pilot actions in task 7.3 where study visits were not performed.

➢ Therefore, this indicator is not achieved.

WP7.4.1 _ Production of short and layman versions

The short and layman versions are available on the CHRODIS PLUS website.

➢ This indicator fulfils the criteria for "completion".

WP7.4.2 _ European availability of short and layman versions

At the time of writing of this Final report, the short and layman versions of the Guide for implementation of the QCR are being translated into the native languages of WP7 partners. When the versions are finished, they will be translated into the languages of at least nine countries and will be available on the CHRODIS PLUS website.

- Due to the fact that these translations will not be in time for the Final Conference, this indicator fulfils the criteria for “acceptance”.

2.8 WP8: Employment and chronic diseases: health in all sectors

The aim of WP8 is to improve access to work for people with chronic diseases, to support employers in implementing health promotion and chronic disease prevention activities in the workplace, and to reinforce decision-makers' abilities to create policies that improve access to work for people with chronic diseases and their ability to return to or stay at work.

This work package created a training tool for employers, a toolkit for workplace adaptation, and policy recommendations, all for the benefit of employees, employers, and society.

Data collected from indicators

Table 8. CHRODIS PLUS WP8 monitoring indicators per task assessed at M36 final evaluation

WP8: Employment and chronic diseases: health in all sectors
Task 8.1. Implementation of Training Tool for employers and the employment sector
WP8.1.1_ Satisfaction of attendees at the expert meeting
WP8.1.2_ Pan-European dissemination of the training tool
WP8.1.3_ Satisfaction of attendees at the expert meeting for multimorbidity and employment
Task 8.2. Development and piloting a toolkit for Adaptation of the Workplace
WP8.2.1_ European coverage of stakeholders interviews
WP8.2.2_ Stakeholder representability in focus groups /interviews
WP8.2.3_ Number of pilots of the Toolkit for adaptation of the workplace
WP8.2.4_ Reporting on the pilots of the Toolkit for adaptation of the workplace
Optional Indicators for WP8
WP8.2.5_ Pre-implementation strategy
WP8.2.6_ Implementation strategy
WP8.2.7_ Post-implementation strategy

WP8.1.1 _Satisfaction of attendees at the expert meeting

A satisfaction survey of the Expert Meeting held in Brussels on 20 - 21 March 2018 was conducted by WP3. All respondents rated the meeting as "very good" (55%) or "excellent" (45%). Most of the meeting's contents were rated very positively by participants, who suggested that more time be made available for discussions, participation and sharing.

When asked whether attending the Expert Meeting had been worth the time, all participants expressed their satisfaction with the meeting (scores of 3 or more on a 1 - 5 satisfaction scale).

- This indicator fulfils the criteria for "completion".

WP8.1.2 Pan-European dissemination of the training tool

Several dissemination activities were conducted by WP8 in order to share the toolkit and training tool with key stakeholder.

a. From March 2020, TC meetings were organized by FINCB and THL to plan and implement the project of creating an online CHRODIS PLUS Workbox on Employment and Chronic Conditions. These meetings involved an Italian IT agency which is currently implementing the project. At the time of writing of this Final report the online tool is not yet available, but it will be ready by the end of October 2020 and the Final Conference. The online tool will allow the online implementation of the two WP8 tools (the Training Tool for managers and the Toolkit for Workplaces) in a format that is much more flexible than the original version in PDF.
b. During summer 2020, FINCB and THL organized several TC meetings with WP2 to develop the WP8 page on the CHRODIS PLUS website. These meetings were held almost weekly and will continue until the definition of the final webpage for WP8.
c. The Training Tool for managers was translated into eight languages (English, Italian, French, Lithuanian, Finnish, Spanish, Hungarian and German). All the PDF language versions will be available on the CHRODIS PLUS website, and the online version of the Workbox will be translated into all these languages.
d. A leaflet on the CHRODIS PLUS Workbox on Employment and Chronic Conditions was shared at the Self-Care Week Europe 2020 held from 16-22 November by the Danish Committee for Health Education (DCHE).
e. A webinar with Governing Board was held on 9 September 2020, presenting WP8 work and tools.
f. The CHRODIS PLUS Workbox was presented to the Committee on Social Affairs, Health and Sustainable Development of the Council of Europe in the hearing on Discrimination against persons with chronic or long-term illness.
g. WP8 contributed to the definition of D4.2, adding all the references on employment to the draft report on Integration in National Policies and Sustainability so as to foster the exchange of good practices on NCDs between EU MS by introducing the vision of health in all policies. WP8 collaborated horizontally and vertically to tackle chronic disease.

- ➢ All these dissemination activities are considered relevant for the dissemination of the two WP8 tools developed during the JA, with the participation of all pilot countries. Therefore, this indicator fulfils the criteria for "completion".

WP8.1.3 Satisfaction of attendees at the expert meeting for multimorbidity and employment

When asked whether attending the Expert Meeting had been worth the time, 91% of the participants expressed their satisfaction with the meeting. The overall rating of the meeting was 7.8 points out of 10.

- ➢ This indicator meets the criteria for "completion".

WP8.2.1 European coverage of stakeholder's interviews

The interviews relating to task 8.2 were conducted to gather experience-based data on the possibilities and barriers facing the adaptation of workplaces to promote employees' wellbeing, health, and work participation. Interviews were conducted in the five participating countries defined in the Grant Agreement – Finland, Italy, Netherlands, Spain, and Germany – and also in Denmark. Forty-five interviews were conducted with a total of 67 interviewees. Interviewees were workplace managers or employees, or stakeholders who collaborate with workplaces in promoting employees' health. They represented medium and large organizations in various fields of operation, and worked in different positions in the organizations they represented.

- ➢ This indicator fulfils the criteria for "completion".

WP8.2.2 Stakeholder representability in focus groups /interviews

WP8 included at least one representative from different critical stakeholder group including employers, employees, patients/representatives and administrative authorities such as managers as shown in the table below:

Number of interviews conducted and persons (in parenthesis) involved in each country:

Country	Management (n persons)	Employee (n persons)	Stakeholder (n persons)	Altogether (n persons)
Denmark	2 (2)	0 (0)	1 (1)	3 (3)
Finland	3 (3)	6 (6)	7 (8)	16 (17)
Italy	2 (2)	2 (4)	2 (2)	6 (8)
Netherlands	4 (6)	2 (8)	2 (2)	8 (16)
Spain	3 (4)	4 (13)	2 (2)	9 (19)
Germany	1 (1)	1 (2)	1 (1)	3 (4)
Altogether	**15 (18)**	**15 (33)**	**15 (16)**	**45 (67)**

- Healthcare professionals and patients' representatives were not included in the WP8 interviews/focus groups. This indicator fulfils the criteria for "acceptance".

WP8.2.3 Number of pilots of the Toolkit for adaptation of the workplace

WP8 conducted six pilots to test the Toolkit for Workplaces as shown in the table below:

Country	No. of workplaces
Finland	5
The Netherlands	2
Spain	2
Italy	1
Lithuania	1
Germany	1
Total	**12**

WP8 shared a questionnaire with the workplaces participating in the pilots. The workplaces were asked to evaluate the usability and utility of the toolkit, as well as its comprehensiveness, feasibility, and level of detail of each of the seven domains (1. nutrition, 2. physical activity, 3. ergonomics, 4. mental health and wellbeing, 5. recovery from work, 6. community spirit and atmosphere, 7. smoking cessation and reduction of excess alcohol consumption). In addition, the workplaces were asked about their plans to implement one or more of the means suggested in the toolkit. The questionnaire also provided the workplaces with an opportunity to provide suggestions for improving the toolkit.

- WP8 surpassed the number of country pilots agreed upon in the Grant Agreement (Finland, Spain, Netherlands and Germany), adding Italy and Lithuania. In addition, more than one workplace participated in the pilot in three different countries. The questionnaire allowed the transferability and adaptability of the tool for different types of settings. Therefore, this indicator fulfils the criteria for "completion".

WP8.2.4 Reporting on the pilots of the Toolkit for adaptation of the workplace

In the pilot of the CHRODIS PLUS toolkit for workplaces, contact persons at the participating workplaces were asked to complete two questionnaires.

The first questionnaire evaluated the usability and utility of the toolkit, as well as its comprehensiveness, feasibility, and level of detail of each of the seven domains.

In the second questionnaire the pilot workplaces were asked whether they ended up implementing one or more means suggested in the toolkit, and, if they, they were asked to describe their experiences of the implementation. Completion of the second questionnaire was delayed slightly due to the COVID-19 outbreak.

The table below presents the sample of workplaces that completed the questionnaires.

Country	No. of workplaces that completed the questionnaire	
	Questionnaire 1	Questionnaire 2
Finland	3	1
The Netherlands	2	2
Spain	2	2
Italy	1	1
Lithuania	1	0
Germany	1	1
Total	**10**	**6**

- There are no reports on the process, development, and implementation of the toolkit from each country. The information provided by WP8 is the result of the two questionnaires shared with the working places, which were designed (among other things) to assess the acceptability and applicability of the toolkit. The detail on the experiences of the implementation provided in the second questionnaire was very brief. Although some open feedback was received from the pilot workplaces, WP8 did not obtain information on the lessons learnt. However, in the "assessment of strength and limitations" section, the toolkit was reviewed based on the feedback on the pilots. Thus, this indicator does not fulfil the criteria for "completion" (as no "lessons learnt" emerged) but, as a common report

of the pilots is provided, including a review of the toolkit and some recommendations for its use in the workplace, it meets the criteria for “acceptance”.

WP8.2.5 Pre-implementation strategy

WP8 chose optional indicators related to the implementation strategy. It reported that it did not apply any of the common elements of implementation like scope analysis, SWOT and pilot Action Plan with at least a PDSA cycle. Thus, no data have been collected for this indicator.

WP8.2.6 Implementation strategy

This was an optional indicator for WP8, due to the specific characteristics of its pilots. WP8 pilots did not follow the implementation strategy of other WP pilots; therefore, no data were collected for this indicator.

WP8.2.7 Post-implementation strategy

This was an optional indicator for WP8, due to the specific characteristics of its pilots. WP8 pilots did not follow the post-implementation strategy of other WP pilots; therefore, no were been collected for this indicator.

Section - General indicators

This section highlights:

1. Evaluation results of the general indicators for all WPs. This provides, with a limited number of common indicators, a consistent overarching picture of the organization and process of JA CHRODIS PLUS.

WPx.G.1_Internal meetings organised by WPx

WP1 held seven meetings involving the coordinator and scientific coordinator on 23 January 2019, 25 January 2019 with a representative of the OECD, 19 February 2019 and 25 February 2019 (in preparation for the 2nd GB), 12 November 2019, 21 January 2020 and 8 June 2020.

As for WP2, 12 face-to-face meetings were conducted up until M18. Of these, four were the Kick-off meeting in Vilnius, the implementation workshop in Treviso and the Executive Board meetings in Ulm and in Seville, where separate face-to-face WP2 meetings were arranged. The remaining six meetings were face-to-face, five held in Budapest and one in Bratislava. A regular weekly teleconference call for WP2 was scheduled every Thursday at 14.00h, covering all the tasks of WP2, responsibilities and timelines and check-ups on the status of the tasks and processes. The call participants were WP leader Zoltan Aszalos, WP co-leader Zuzana Matlonova and usually one member of the team from the Semmelweis University in Budapest. Besides the weekly WP2 call, other calls were arranged based on the current project needs in combination with other WPs and also with the coordinator and the scientific coordinator. WP2 regularly took part in the electronic Executive Board calls. There were at least 160 WP2 TC meetings between Semmelweis University and Slovakian Ministry of Health, and numerous face-to-face meetings. This communication was particularly intense during the preparation of the conference and the Newsletter.

AQuAS is the only WP3 partner. It nonetheless maintained contact with other institutions with regard to evaluation activities and subcontracted tasks.

For WP4, the following meetings were held: three face-to-face meetings (Vilnius (Sep 2017), Treviso (February 2018) and Seville (November 2018); one webinar for organizers of National Policy Dialogues on November 2018; and eleven teleconferences. During the second half of the JA, 12 internal meetings of the WP4 were held between February 2019 and August 2020.

WP5 held seven TC meetings, plus a face-to-face workshop in Treviso on 13-15 February 2018. The dates of the TCs were 18 October 2017, 27 February 2018, 3 May 2018, 14 May 2018, 16 October 2018, 29 October 2018, and 8 November 2018. Additionally, WP5 held bi-monthly meetings for implementers during the implementation phase. The first meetings were held on 31 January 2019, 18 February 2019, and 22 March 2019. The meetings were held according to sub-tasks and reports collected after the calls. Two TC meetings were held on the inter/intra-sectoral collaboration task, on 10 December 2018 and on 19 March 2019. During the second half of the JA, WP5 organized a total of 15 TCs. There were many more bilateral calls between the partners to discuss the progress of implementation and report results of their interventions, as well as preparations for the final conference. There were also bilateral calls with all eight implementing sites to record the learning from transfer and implementation that was not reflected in the implementation reports. In addition, Task 5.3 organized six tele-conferences and two workshops.

WP6 organized one face-to-face meeting in Treviso (Feb 2017) and six TCs: 2 July 2018, WP6 partners TC; 13 September 2018, WP6 partners TC; 24 October 2018: WP6 non-implementers TC; 3 December 2018: WP6 implementing sites TC; 7 December 2018: WP6 & Borut Jug (non-implementers role in CHRODIS PLUS); 10 January 2019: WP6 mon-implementers TC (Poland); 25 January 2019: WP6 monitoring and site visits; 12 February 2019: WP6 implementing sites TC. During the second half of the JA, six more TCs were organized to discuss the status of the implementation and the next steps of WP6 pilot sites (every 2-3 months). The template for reporting the final pilot implementation was presented and explained during the webinar organized together with coordination team and expert Mirca Barbolini.

In WP7, there were four face-to-face meetings, and monthly TCs from October 2018 onwards for Task 2 partners. Moreover, a web-based platform was developed using the open-source learning platform Moodle. This web environment was designed to enhance the development of a community of practice within WP7, in order to promote discussion and the sharing of resources and experiences. The number of total views, computed from logs, was 5,356 from the beginning of September 2017 to the end of February 2019, with an average of 13 views per day. In the second half of the JA, WP7 organized 38 meetings, including 17 monthly TCs with partners and representatives, 19 with Task 7.3 leaders, and two more extra meetings at M21 and M25.

In the first half of the JA (M1-M18), WP8 organized 18 internal meetings, as follows: eight TCs with all partners updating the activities; two face-to-face expert meetings with all partners; and eight TCs with partners regarding specific activities. From M19 to M36, WP8 organized 18 more internal meetings (monthly) with all WP8 partners and collaborating partners. Since March 2020, several TC meetings have been organized with FINCB and THL to plan and implement the project of creating an online CHRODIS PLUS Workbox on Employment and Chronic Conditions. These meetings were attended by an Italian IT agency which is implementing the project. During summer 2020, FINCB and THL organized several TC meetings with WP2 to collaborate on the development of the WP8 page on the CHRODIS PLUS website. These meetings were held almost weekly and will continue until the definition of the final webpage for WP8.

- ➢ Taken together, these activities mean that this indicator fulfils the criteria for "completion".

WPx.G.2_Percentage of partners attending the WPx meetings /teleconferences

WP1 meetings were internal and were attended by all partners, and EB meetings were attended by the majority of WP leaders. Thus, this indicator fulfils the criteria for "completion".

The attendance of WP2 leaders at meetings was 100%. There was no need for regular calls with WP2 partners. The pool of partners is wide and the partners assigned themselves the particular activities on which they are cooperating; for example, EPF, along with WP2, took care of Facebook and Twitter accounts. The Hungarian Institute of Oncology participated in the preparation of the General Assembly and the Conference. Partners' involvement in the tasks that they self-assigned was close to 100%.

AQuAS is the only WP3 partner. It nonetheless maintained contact with other institutions in relation to evaluation activities, and subcontracted tasks.

In WP4, almost all the partners with responsibilities as task leaders and co-leaders participated in the scheduled meetings. The following WP4 partners were summoned to meetings: VULSK, EuroHealthNet, NIJZ, ISS, MoH Italy, CSJ Andalusia, ISCIII. The mean attendance in the meetings was 82.5%.

For WP5, 100% of partners attended TCs since the beginning of the Joint Action. Eighty per cent of WP attended all meetings. Approximately 70% of partners attended online and/or face-to-face meetings when they were organized for large groups; bilateral or small group calls were scheduled so that everyone could attend.

Regarding WP6, several meetings were organized specifically for implementing sites and others for non-implementing sites. For this reason, only the two WP leaders attended all the meetings/TCs and the mean attendance of the rest of the partners was 73%.

Half of all WP7 partners attended all the meetings/TCs organized, corresponding to 100% of Task 2 partners. For the rest of the tasks, the attendance varied but was always between 70% and 100%. The WP7 Conference was held on 13 May in Budapest to evaluate, together with WP7 partners involved in the pilot implementation, the applicability and transferability of the QCR across countries, and to identify key enablers and barriers to implementation of the tool. A WP7 poster session was organized on 14-15 May to present the results to all CHRODIS PLUS partners. At least one representative for each partner organization was invited, and all invited partners participated.

The attendance rates at WP8 meetings in the period M1-M18 were : for the eight TCs, 74%; for the first Expert Meeting “Employment and chronic conditions”, carried out in Brussels on 20-21 March 2018, 68% e; for the second face-to-face Expert Meeting “Employment in the multi-morbidity care model”, held in Rome on 28 February 2019, 78%. As for the collaborating partners, half participated in the TC. In the second half of the JA, from M19 to M36, all WP8 partners and collaborating partners attended all internal TC meetings.

- ➢ This indicator fulfils the criteria for “acceptance”.

WPx.G.3_Percentage of accomplishment of deliverables

As regards CHRODIS PLUS deliverables completed and sent to the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) by WP1, one was sent on time, one within a 2-month period, three with more than 2 months delay, and three deliverables for this period are yet to be submitted. This indicator has currently not been achieved, as the completion rate at M18 was 62%, and only 25% were delivered on time or within two months of the deadline. During the second half of the JA, the deadline for the submission of deliverables was delayed due to the COVID-19 pandemic, with a total of seven deliverables within the period agreed with CHAFEA.

- ➢ This indicator fulfils the criteria for “acceptance”, taking into account the delay cause by the COVID-19 outbreak.

WPx.G.4_Percentage of accomplishment of Milestones

Of the 22 milestones scheduled at M18, eight were met on time, five within a 2-month period, and nine with a delay of between two and three months. This indicator fulfilled criteria for “acceptance” with 100% of planned milestones achieved, all on time or within three months of the deadline. During the second half of

the JA, eight out of 17 milestones (47%) foreseen for period M18-M36 were completed on time, and three out of 20 (Final Report, Final Conference and Impact Evaluation Report) were implicitly extended due to the JA extension.

Milestones related to implementation were delayed mainly due to the delay in the definition of the implementation strategy. As for other milestones, the situation was aggravated due to the public health crisis following the coronavirus outbreak.

➢ Taking into account the difficulties caused by the COVID pandemic and the general delay in the implementation, this indicator can be considered as fulfilling the criteria of "acceptance".

WPx.G.5 Satisfaction of WP Partners with WPx's leadership

All the WP5, WP6 and WP7 implementation partners were satisfied with their WP leaders in terms of the organization, information and feedback received on their work. In the survey carried out by WP3, implementers awarded a score of 8.2 points out of 10 for the overall support received by their WP leaders and external organizations (Kronikgune, EC expert consultant, etc.). No survey respondents gave a score below 6 points; thus, all partners were satisfied overall with the WP leaderships.

Some specific ratings are shown below.

- Timely availability of WP leaders for support: 8.6
- Facilitation of alignment between partners:7.2
- Quality and usefulness of the support provided:7.9

➢ This indicator fulfils the criteria for "completion".

WPx.G.6 Percentage of positive monitoring evaluation indicators

The great majority of indicators in all WPs are positively evaluated.

➢ This indicator fulfils the criteria for "acceptance".

WPx.G.7_WPx deliverables "general quality criteria" accomplishment

At M36, 100% of deliverables met most of the criteria in the Guidelines on general quality criteria.

➢ This indicator fulfils the criteria for "completion".

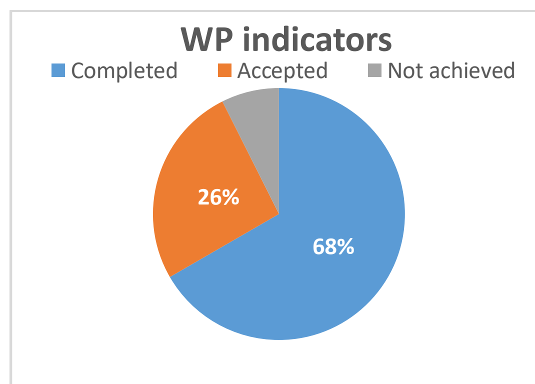
Section - Conclusions

This section highlights:

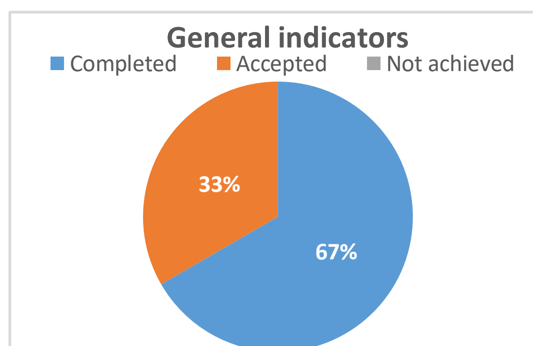
1. The conclusions of the WP3 monitoring and evaluation activities

In conclusion, issue areas were identified during the various evaluation stages, and corrective measures taken accordingly. COVID 19 interference produced delays, which were satisfactorily addressed by the consortium. However, this particularly restricted the involvement of non-implementation partners in the activities. The analysis of the indicators for CHRODIS PLUS shows a good degree of overall achievement, based on the tasks defined in the Grant Agreement and the specific aims and objectives of each WP.

- From 81 evaluation indicators specific for the WPs (excluding optional indicators), 55 fulfilled the completion criteria; 21 fulfilled the acceptance criteria; and 5 were not achieved. In total, **94% of the WPs indicators were evaluated positively** as shown in figure below:



- For the 7 general indicators **100% of the general indicators were evaluated positively.** All the WPs fulfilled the completion or acceptance criteria as shown in figure below:



Annex 1. Summary table of indicators accomplished per WP at M30

	Completed	Accepted	Unachieved
WP1: Coordination of the Joint Action			
Task 1.1. Financial and managerial monitoring and coordination			
WP1.1.1_Number of WP1 work performances supervision meetings with WP leaders		•	
WP1.1.2_Executive Board meetings	•		
WP1.1.3_Percentatge of Person days Grant Agreement vs current person days (every 6 months)	•		
WP1.1.4_Budget executed from all partners versus budget Joint Action		•	
WP1.1.5_Month's difference from the planned and final General Assembly meeting dates		•	
WP1.1.6_Percentatge of Beneficiaries at General Assembly Meetings		•	
WP1.1.7_Percentatge of Collaborating Partners at General Assembly Meetings			•
WP1.1.8_Number of activities developed by Collaborating Partners through their WP		•	
WP1.1.9 Key stakeholder identified and liaised at CHRODIS PLUS		•	
Task 1.2. Scientific coordination			
WP1.2.1__Number of meetings between Scientific Coordination and WP pilot implementation leaders	•		
WP2: Dissemination			
Task 2.1. Strategic Documents			
WP2.1.1_ Conduction of Stakeholder Analysis		•	
WP2.1.2_ Dissemination reports: website, Facebook and Twitter analysis			•
Task 2.2. Communication channels & contents			
WP2.2.1_ CHRODIS PLUS Website setting up	•		
WP2.2.2_Percentatge of electronic newsletters issued as presented in the Grant Agreement	•		
WP2.2.3_ YouTube video channel creation	•		

	Completed	Accepted	Unachieved
WP2.2.4_Press releases associated with key delivery of products or activities	•		
WP2.2.5_ Webinars organised and completed for each WP		•	
Task 2.3 CHRODIS Platform			
WP2.3.1_ CHRODIS Platform Help-Desk and transference	•		
WP3: Evaluation			
Task 3.1. Definition of the Evaluation Plan of CHRODIS PLUS			
WP3.1.1_ Meetings /TC with WP leaders		•	
WP3.1.2_ SMART -RACER indicators definition	•		
WP3.1.3_ Adherence to protocol requirements		•	
WP3.1.4_ CHRODIS PLUS Impact evaluation indicators definition	•		
Task 3.2. Monitoring implementation			
WP3.2.1_ Percentage of final indicators unreasonably changed compared with indicators initially proposed	•		
Task 3.3. Ongoing evaluation analysis			
WP3.3.1_ Meetings, deliverables and/or process ongoing evaluation surveys	•		
WP3.3.2_ WP3 advice based TC meetings and actions		•	
WP3.3.3_ Governing Board on-line evaluation interviews			•
Task 3.4. CHRODS short/mid-term Impact Evaluation			
WP3.4.1_ JA -CHRODIS short/midterm impact evaluation indicators definition	•		
WP3.4.2_ JA -CHRODIS short/midterm impact evaluation indicators collection	•		
WP4: Integration in National Policies and Sustainability			
Task 4.1 Governing Board			
WP4.1.1_ Governing Board EU membership		•	
WP4.1.2_ Governing Board WP work awareness	•		
WP4.1.3_WP and Governing Board work implication	•		

	Completed	Accepted	Unachieved
Task 4.2 Policy Dialogues			
WP4.2.1_Existing policies or changes in existing policies identification methods	•		
WP4.2.2_Relevance of involved stakeholders and policy makers	•		
WP4.2.3_Preparation for Policy Dialogues	•		
WP4.2.4_Policy Dialogues reporting		•	
Task 4.3 Knowledge transfer and change management on Chronic Diseases across Europe			
WP4.3.1_ Experiences in uptake of JA CHRODIS and CHRODIS PLUS alignment		•	
WP4.3.2_Value-added links to relevant CD initiatives	•		
WP4.3.3_ Activities for the elaboration of the interim reports on Knowledge transfer and Change management on CD across Europe are clearly presented	•		
Task 4.4 Consensus Statement and Report on the Integration in National Policies and Sustainability			
WP4.4.1_ Lessons learned inclusion in consensus statement		•	
WP4.4.2_ Integration on policies and sustainability consensus submission to GB	•		
WP5: Health Promotion and Disease Prevention			
Task 5.1. Completion, update, and systematization of country reports			
WP5.1.1_ Five country reports and one overview report produced	•		
Task 5.2. Adaptation and implementation of inter-sectoral good practices			
WP5.2.1_ Pre-implementation strategy	•		
WP5.2.2_ Implementation strategy	•		
WP5.2.3_ Post-implementation strategy	•		
WP5.2.4_ Support provided by WP5 to implementers during pilot actions	•		
WP5.2.5_ Involvement of non-implementation partners			•

	Completed	Accepted	Unachieved
WP5.2.6_ Formulation of one recommendation report, containing success factors for HPDP implementations	•		
Task 5.3. Support health promotion across the broader health system			
WP5.3.1_ Recommendations for intra-and inter-sectoral collaboration of HPDP	•		
WP5.3.2_ Expert meeting "Feasibility/applicability of success factors for successful intra/inter-sectoral collaboration between health promotion, healthcare and other sectors"		•	
WP5.3.3_ Joint Workshop and other reports to formulate recommendations	•		
Task 5.4. Final overview			
WP5.4.1_ Series of recommendations with consensus	•		
WP6: Pilot Implementation of Integrated care model for multi-morbidity			
Task 6.1. Preparatory phase			
WP6.1.1_ Integrated care model Pilot site characteristics data collection	•		
WP6.1.2_ Strategies/tools for risk stratification revision		•	
WP6.1.3_ Participants at the Integrated care model strategy meeting attendance	•		
WP6.1.4_ Preparatory phase ICM cooperative involvements	•		
WP6.1.5_ Integrated care model components at pilot sites	•		
Task 6.2. Pilot implementation			
WP6.2.1_ Pre-implementation strategy	•		
WP6.2.2_ Implementation strategy	•		
WP6.2.3_ Post-implementation strategy	•		
WP6.2.4_ Support provided by WP6 to implementers during pilot actions	•		
WP6.2.5_ Involvement of non-implementation partners			•
Task 6.3. Support to implementation activities			
WP6.3.1_ Local partners support to Integrated care model pilots	•		

	Completed	Accepted	Unachieved
Task 6.4. Outcomes assessment and evaluation			
WP6.4.1_ Integrated care model pilot level of success assessing process outcomes and/or factors	•		
Task 6.5. CHRODIS integrated care model adjustment for local healthcare setting			
WP6.5.1_ Integrated care model adjustments	•		
WP7: Fostering Quality of Care for people with chronic diseases			
Task 7.1. Baseline analyses and defining pilot action design			
WP7.1.1_ Production of a framework for implementing actions (and the design for each pilot) using JA_CHRODIS recommendations to improve quality of care of chronic diseases	•		
Task 7.2. Piloting of the QCR tool through pilot actions			
WP7.2.1_ Inclusion of patients views by the workshop on interim follow-up	•		
WP7.2.2_ Pre-implementation strategy	•		
WP7.2.3_ Implementation strategy	•		
WP7.2.4_ Post-implementation strategy	•		
WP7.2.5_ Support provided by WP7 to implementers during QCR pilot actions	•		
WP7.2.6_ Assessment of the success of pilot implementation description			
Task 7.3. Pilots on the implementation of mHealth tools		•	
WP7.3.1_ Presentation of the specific results and lessons learned focused on mHealth tools pilots	•		
Task 7.4. Guide on the implementation of QCR tool			
WP7.4.1_ Production of short and layman versions	•		
WP7.4.2_ European availability of short and layman versions		•	
WP8: Employment and chronic diseases: health in all sectors			
Task 8.1. Implementation of Training Tool for employers and the employment sector			
WP8.1.1_ Satisfaction of attendees at the expert meeting	•		

	Completed	Accepted	Unachieved
WP8.1.2_ Pan-European dissemination of the training tool	•		
WP8.1.3_ Satisfaction of attendees at the expert meeting for multimorbidity and employment	•		
Task 8.2. Development and piloting a toolkit for Adaptation of the Workplace			
WP8.2.1_ European coverage of stakeholders interviews	•		
WP8.2.2_ Stakeholder representability in focus groups /interviews		•	
WP8.2.3_ Number of pilots of the Toolkit for adaptation of the workplace	•		
WP8.2.4_ Reporting on the pilots of the Toolkit for adaptation of the workplace		•	
Optional Indicators for WP8			
WP8.2.5_ Pre-implementation strategy	-	-	-
WP8.2.6_ Implementation strategy	-	-	-
WP8.2.7_ Post-implementation strategy	-	-	-

Annex 2. Summary table of general indicators accomplished

Completed	++
Accepted	+
Delayed	*
Unachieved	o

	WP1	WP2	WP3	WP4	WP5	WP6	WP7	WP8
WPx.G.1_Internal meetings organised by WPx	++	++	++	++	++	++	++	++
WPx.G.2_Percentage of partners attending the WPx meetings/TCs	++	++	++	+	+	+	+	+
WPx.G.3_Percentage of accomplishment of Deliverables	+							
WPx.G.4_Percentage of accomplishment of Milestones	+							
WPx.G.5_Satisfaction of WP Partners with WPx's leadership				++	++	++	++	++
WPx.G.6_Percentage of positive monitoring evaluation indicators	+	+	+	++	+	+	+	++
WPx.G.7_WPx deliverables "general quality criteria" accomplishment	++	++	++	++	++	++	++	++

Annex 3. Adapted version of the SQUIRE 2.0 for post-implementation and evaluation

WP:…….	• Name of the LIWG: ……………………..
Title and Abstract (word limit)	
1. Title	• Indicate that the manuscript concerns an initiative to improve healthcare (broadly defined to include the quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, and equity of healthcare)
2. Abstract	• Provide adequate information to aid in searching and indexing • Summarize all key information from various sections of the text using the abstract format of the intended publication or a structured summary such as: background, local problem, methods, interventions, results, conclusions
Introduction	***Why did you start?***
3. Problem Description	• Nature and significance of the local problem *"Problem/challenge" of the scope definition template"*
4. Available knowledge	• Summary of what is currently known about the problem, including relevant previous studies
5. Rationale	• Informal or formal frameworks, models, concepts, and/or theories used to explain the problem, any reasons or assumptions that were used to develop the intervention(s), and reasons why the intervention(s) was expected to work
6. Specific aims	• Purpose of the project and of this report *"General purpose of the intervention" of the scope definition template"* *"Objectives" of the collaborative methodology*
Methods	***What did you do?***
7. Context	• Contextual elements considered important at the outset of introducing the intervention(s) *Main output of the Situation Analysis. SWOT analysis*

8. Intervention(s)	• Description of the intervention(s) in sufficient detail that others could reproduce it *"Target population" of the scope definition"* *"Areas of improvement and Change package of the Collaborative methodology"* • Specifics of the team involved in the work *"Description of the LIWG participants (number, profiles, roles)"*
9. Study of the Intervention(s)	• Approach chosen for assessing the impact of the intervention(s) *(quantitative or qualitative analysis)* • Approach used to establish whether the observed outcomes were due to the intervention(s)
10. Measures	Measures chosen for studying processes and outcomes of the intervention(s), including rationale for choosing them, their operational definitions, and their validity and reliability *"Key Performance Indicator of the Collaborative methodology"* • Description of the approach to the ongoing assessment of contextual elements that contributed to the success, failure, efficiency, and costs • Methods employed for assessing completeness and accuracy of data
11. Pilot Action Plan	*Report the Pilot Action Plan designed (from Appendix 6 – Pilot Action Plan Report for Country)*
12. Analysis	• Qualitative and quantitative methods used to draw inferences from the data • Methods for understanding variation within the data, including the effects of time as a variable *Based on what already detailed in the 7. Study of the Intervention(s) above, describe how data were collected (data sources and quantitative and qualitative methods), and possible changes occurred from the initial design.*

13. Ethical considerations	• Ethical aspects of implementing and studying the intervention(s) and how they were addressed, including, but not limited to, formal ethics review and potential conflict(s) of interest
Results	**What did you find?**
14. Results	• Initial steps of the intervention(s) and their evolution over time (e.g., time-line diagram, flow chart, or table), including modifications made to the intervention during the project. For LIWGs with one PDSA Cycle: Referring to the Pilot Action Plan designed, (Appendix 6), report the set of activities implemented (change package), and any deviation from the initial Pilot Action Plan. Describe problems occurred and solutions found. For LIWGs with more than one PDSA Cycle: Explain if relevant changes had occurred during the implementation of different PDSA cycles (through periodic assessment of results-KPI, activities, stakeholders involved, timing, other). • Details of the process measures and outcome Making reference to the chapter "Measures (8) and the Pilot Action Plan (Appendix 6), describe which measures were chosen for studying processes and outcomes of the intervention(s), and describe the changes occurred from the initial design. Report the key indicators achieved (process, outcomes). If more than one PDSA cycle was adopted, report the information taking into consideration all cycles. • Contextual elements that interacted with the intervention(s) • Observed associations between outcomes, interventions, and relevant contextual elements • Unintended consequences such as unexpected benefits, problems, failures, or costs associated with the intervention(s). • Details about missing data Outcome analysis
Discussion	**What does this mean?**
15. Implementation process	• Facilitators, barriers and suggestions for future implementations Describe the barriers, enablers and suggestions for future implementations (report on the table 2 below).

16. Summary	• Key findings, including relevance to the rationale and specific aims Describe the major outcomes of the Practices, Model and Tool*: -Benefits for Patients (improved access to care, health status, quality of life) -Stakeholders and Policy Makers Involvement and related Actions (policy and programs design, inter-intra sectoral collaboration, others) *These aspects were recommended by the European Commission • Particular strengths of the project
17. Interpretation	• Nature of the association between the intervention(s) and the outcomes (as described in the 7. Study of the Intervention). • Comparison of results with findings from other publications • Impact of the project on people and systems • Reasons for any differences between observed and anticipated outcomes • Costs and strategic trade-offs, including opportunity costs
18. Limitations	• Limits to the generalizability of the work • Factors that might have limited internal validity such as confounding, bias, or imprecision in the design, methods, measurement, or analysis • Efforts made to minimize and adjust for limitations • Outcome analysis
19. Conclusions	• Usefulness of the work • Sustainability (see Table 3: Short Guidance on Sustainability and Replicability-Scaling-Up) • Potential for spread to other contexts (see Table 3: Short Guidance on Sustainability and Replicability-Scaling-Up) • Implications for practice and for further study in the field • Suggested next steps: describe the suggestions for future implementations (see Table 2. "Barriers, Enablers and suggestions for future implementations").

20. Funding	• Sources of funding that supported this work. Role, if any, of the funding organization in the design, implementation, interpretation, and reporting Specify if additional funding (beside CHRODIS PLUS), was obtained during the Implementation