

Evaluation of the sector health and childcare under the EEA/Norway Grants



EEA/Norway Grants

Country Report Hungary

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COWI

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Responsibility for the contents and presentation of findings and recommendations rest with the evaluation team. The views and opinions expressed in the report do not necessarily correspond with those of the EFTA Financial Mechanism Office.

Annex 11: Evaluation results - Hungary

1. Introduction

In total, 14 health and childcare projects were supported by the EEA/Norway Grants from 2004 to 2009 in Hungary (12 individual projects and two funds/programmes), see appendix 4 in the final report for more details.

This evaluation of the grants provided to health and childcare projects in Hungary 2004-2009 builds on information collected through desk studies in-depth reviews and interviews with stakeholders from two individual projects, interviews with two programme managers, one Norwegian partner, the National Focal Point and the State Secretary of Healthcare and project promoters. The evaluation results are presented below following a brief introduction to the Hungarian health system, the national health strategy and the national set-up for implementation of the EEA/Norway Grants.

The mapping of the 14 Hungarian health and childcare projects shows that 6 out of the 14 projects have grants above the average. There are three partnership projects, of which none have received above-average grant.

The projects are divided fifty-fifty between 'develop infrastructure' and 'prevent or treat diseases'. There are no projects within 'affect lifestyle', but 3 projects have it as their secondary object. Eight of the projects are assigned to a disease category.

The target groups of the projects are fairly distributed between four of the five categories; only the elderly population is not represented.

1.1. The Hungarian healthcare system in brief

Primary and secondary care

According to the law, local governments are responsible for providing primary healthcare, including GP services. Local (town) hospitals provide a basic range of services, and more specialized work is undertaken at county institutions and at hospitals specialising in research and education. Most specialists and healthcare staff are salaried public servants, and nearly all hospitals are owned and operated by local governments (county or municipality), while national institutes and medical universities are run by the central government.

Financing

The Hungarian healthcare system is principally a comprehensive, compulsory, employment-based national health insurance scheme that provides near universal coverage both in terms of treatments and in terms of population, with nearly all citizens receiving care irrespective of their contribution to the system. The current structures were introduced at the beginning of the 1990's. (Previously, the healthcare system operated as an integral part of the government with no separate budget or accounting system).

Within the new scheme, the purchasing and service-provision functions are separated, with the National Health Insurance Fund Administration (HIFA) entering into performance-based contracts with hospitals, outpatient clinics and independent caregivers. Participation in the insurance is mandatory for everyone in the workforce, including the self-employed. The budget of HIFA was supplemented by direct subsidies from the central budget. At present, public health activities and the National Ambulance Service are financed from the state budget, while investments are funded by state and local governments that own most health facilities.

1.2. National health strategy

The Hungarian healthcare system is changing

All reform plans in Hungary are naturally influenced by the state's severe indebtedness. The present Hungarian government (since 2010) has successfully addressed the indebtedness inherited from previous governments in the last eight years. As public debt is reduced, more financial resources will be allocated to healthcare. The amount currently stands at 4.4 per cent of the Hungarian GDP.

Recently, the Hungarian government made a strategic decision about the future healthcare system. One of the major problems of the present Hungarian healthcare system is the lack of qualified human resources. To address this problem, the government has decided to raise the salaries of doctors and nurses to stop the increasing number of experts immigrating to wealthier states of the European Union.

The „SZÉCHENYI' PLAN

In the early phases of the plan, the health conditions of the population and the healthcare facilities were examined throughout the country. The plan aims to reform the institutional system by abolishing territorial and professional inequalities. An important target of the plan Széchenyi is to solve the above-mentioned problem of low salaries in the sector and to offer attractive career prospects. At the same time, important measures, such as health prevention, protection of non-smokers, free screening tests and specialized national health programmes, are also introduced in the plan.

The „SZÉLL KÁLMÁN' PLAN

The main objective of the plan is to reduce state indebtedness. However, the healthcare administration has to cope with very important and urgent tasks within next few years, for which reason a carefully planned consolidation scheme is urgently needed.

Major structural changes in the healthcare system

Following the recent government decision, Hungary will be divided into nine areas, with 1-1.5 million citizens each. In every area, regional health centres will be established, while the main centre will be located in the capital, Budapest together with three emergency centres.

The main objectives are:

- Increase in funds for healthcare and prevention programmes.
- Increase the average lifetime. In Hungary, the number of patients suffering from chronic illnesses is higher than in other EU Member States, while the expected average lifetime is below the EU average.
- Improvement and rationalization of the hospital system.

- Increase of grants for GPs providing them with new equipment and IT systems.
- Government support for newly graduated doctors and pharmacists to promote careers in the healthcare sector.
- Promotion of one-day-surgery services to replace inpatient services. To this end, hospitals in smaller cities will be equipped to provide improved outpatient services.
- Establishment of a modern, regional oncological network.
- Being primarily treatment-oriented rather than prevention-oriented, the healthcare system needs financial support to promote health prevention, although certain treatment areas have seen significant development, e.g. in the field of cardiology. A success story is the *Budapest Model*. The model proved that it is much better to rush patients who have suffered a heart infarct directly to the catheter centre.
- Purchase of a large number of medical equipment, especially imaging devices, and training of staff in operating new equipment.
- Large-scale education and training of the Hungarian population in health prevention and healthier ways of living.
- Access to healthy food for all people and promotion of physical and sports activities on a regular basis through information campaigns and other targeted measures

At the end of June 2011, the final decision was made on the new hospital structure, which will enter into force at the beginning of 2012. The restructuring process will be supported by EU grants (HUF 60 billion HUF in 2011 and HUF 70 billion in 2012). As Dr. Miklós Szócska, State Secretary of Healthcare points out: The aim is to strike the optimum balance between patients and services. 'We have to choose: either there is a hospital, or there is an improved hospital. The point of the improvements is that we have to support those facilities in the areas where we really need to have a fully functional hospital.'

How and where to apply for funds for a health project?

Several sources are available, mainly in the form of various grants. For the latter half of 2011, the following grant sources are available:

- Ministry of National Resources
- Local governments
- The „Széchenyi Plan'
- EU grants
- Foundations of universities, banks, industries, private, etc.

1.3. National set-up for implementation of EEA/Norway Grants

Revision of the application procedure – the two-round system

Based on the experience gained during the first two rounds of applications, it was clear that the programme had become very popular in Hungary. Priorities were well defined, but at the same time there was an obvious need to decrease the number of the formally rejected applications and to minimize the administrative burden on applicants.

The National Development Agency being the National Focal Point (NFP) of the EEA and the Norwegian Financial Mechanisms in Hungary on 1 June 2007 announced a call for proposals for outline applications within the framework of the EEA Financial Mechanism and the Norwegian Financial Mechanism. This third and at the same time last open call in Hungary was changed to a 'two-round-system'. By the change, a much simpler applicant-friendly and less time and money-consuming procedure was introduced while retaining transparency. This means that the selection of applications under the framework of the EEA and Norwegian Financial Mechanisms has two phases. In the first application phase, the applicants submit an outline application (project proposal) with only a short description of the basic features of the project. In the second phase of the application procedure, the selected applicants are given two months to submit project proposals with all relevant documents. The NFP is responsible for these processes. The NFP is the National Development Agency, and in this institution the designated organization is the Managing Authority for International Co-operation Programmes.

Project selection process

The evaluation process of the applications submitted in the third call for proposals complied with the Government Decree regulating the Hungarian implementation of the financial mechanisms no. 242/2006 (XII. 5.) and the Memoranda of Understanding on the implementation of the EEA and the Norwegian Financial Mechanisms in order to ensure a careful and prudent project selection procedure.

The projects submitted were first registered and checked for administrative compliance and eligibility by NDA staff. This process involved an examination of completeness (submitted application form and all relevant annexes) and eligibility (eligibility of the applicant and the application).

In the framework of the technical evaluation process, each application was first assessed by two **independent assessors**, based on previously defined evaluation criteria. These criteria were published in the Application Form User Guide; therefore applicants were aware of the criteria according to which the experts would assess the applications. After the administrative and eligibility check the applicants were called to complete missing documents. After the completing the applications were forwarded for the technical evaluation to two independent assessors who were experts of the priorities.

The two independent assessors evaluated all applications on the basis of the published evaluation criteria. The evaluation consisted of numerical and written evaluation. During the technical evaluation the assessors examined and scored the eligibility of applicants, relevance (correspondence with objectives and priorities), and correspondence with overall objectives efficiency, risks, economic feasibility, compliance with horizontal (cross-cutting) issues and other professional aspects. Written summaries and evaluations were elaborated on each application. The evaluation grids contained scores and a proposal of whether the projects should be rejected or approved. The maximum available score was 100.

In those cases where the difference between the points given by the two independent evaluators was more than 10, the application was checked by a third evaluator in order to guarantee the transparency of the evaluation.

Based on the average of the points given by the two independent assessors, the order of projects evolved. In those cases where a third evaluation was involved, the average points were calculated based on the scores that were closest to each other.

As the subsequent step in the technical evaluation, the assessors sent the completed evaluation grids to the relevant **working committee**. The working committees discussed the evaluated applications and listed them in descending order. Altogether five working committees were established based on the priority sectors. The members of the working committees were: The professionally competent ministry, local government associations, Regional Development Councils and representatives of civil organizations (NGOs). The members of each working group were appointed by relevant line ministries on the one hand, and representatives of regions and local authorities, civil society and social partners on the other hand.

Following this, the members of the **Project Selection Committee** decided on the final list and selected the projects for financing under the framework of the Financial Mechanisms. Besides, a reserve list was drawn up. The Project Selection Committee was composed of representatives from: National Development Agency, Office for EU Affairs, Ministry of Foreign Affairs, Ministry of Finance and Ministry of Economy and Transport.

The NFP posted hard copies of notification letters to all applicants on the outcome of the application round and put the lists to the website. In addition, the notification letter provided additional information to the project promoters whose applications had been deemed eligible for submission to the donor states for final decision.

Monitoring

The NFP has the obligation to monitor and report on the EEA and Norwegian Financial Mechanisms. The monitoring process includes the following actions:

- Assessment of how the originally defined overall objective, purposes and results correlate with the implementation.
- Monitoring of project management.
- Monitoring of process of project implementation.
- Assessment of the reliability of the project implementation, mainly of the financial and public procurement procedure.
- Monitoring of publicity activity.
- Monitoring of cross-cutting issues.

Above all, the NFP is responsible for preparing the Monitoring Plan and the Annual Report, working with the Monitoring Committee, organizing the annual meeting and the monthly meetings.

As the EEA and Norwegian FM programmes are nearing completion, the two most important activities are the monitoring visits and the monthly meetings.

The **monitoring visits** are based on the Monitoring Plan of the NFP. The average number of annual monitoring visits is around 30; therefore almost every project was monitored by the end of the implementation.

The other significant activity of the NFP is to monitor the implementation of the projects continuously based on the **monthly meetings**. This is done jointly with the Implementing Agency and the Paying Authority. These meetings are held monthly and are based on the reports of the Implementing Agency.

Evaluation

The NFP is responsible for the evaluation of projects not only in the implementation period, but also in the period following completion.

In the implementation period the following evaluation tools are applied:

- Project Implementation Reports
- Monitoring visits
- Monthly meetings
- Reports of Project Promoters required by NFP/FMO occasionally
- Progress Reports made by Project Promoters
- Support to the FMO monitoring, if necessary
- Support to the sector evaluations
- Support to the evaluation activities of donor states
- Support to the supervision activities of the Hungarian controlling organizations.

After the implementation period, the following evaluation tools are applied:

- Project Implementation Reports.
- Project Completion Reports.
- Follow-up on monitoring visits, checking the sustainability, documents, assets, maintenance etc.
- Support to the FMO monitoring, if necessary.
- Support to the sector evaluations.
- Support to the evaluation activities of donor states.
- Support to the supervision activities of the Hungarian controlling organizations.

2. Relevance

The overall objective of the EEA/Norway Grants is twofold, namely to contribute to the reduction of economic and social disparities in the European Economic Area and to strengthen bilateral relations between the donor and beneficiary countries.

In the healthcare and childcare sectors, the focus areas of the EEA/Norway Grants to Hungary in the programming period 2004-2009 were¹:

Healthcare

- Enhance preventative measures and health promotion activities.
- Improve mental healthcare.
- Fight against addictions.
- Fight against AIDS, promote the treatment of HIV-positive patients.
- Capacity building of health care related NGOs.

¹ Reference: Memorandums of Understanding 2004-9

Children and youth

- Integration of multiple disadvantaged youth – including Roma – and of children with special needs.
- Development and extension of the network of integrated local information and advisory centres for the youth.
- Improvement of living conditions.

The Memorandums of Understanding (focus areas) for the next programme period have not yet been signed. The focus areas (2004-9) are experienced very broad by the fund/programme managers; but this is considered an advantage because the possibility of obtaining funding in the respective work areas is higher. The ministry determines the national context, and the EU context is also predefined. The purpose of the EEA grants is to fill the gap not filled by the EU funds. The national strategy and the EEA strategy are not complementary, they are developed independently, and therefore they do not support each other. To some stakeholders, it is difficult to identify the national health strategy and thereby assess if the support is in line with it. More interaction between the EEA strategy and the national strategy would be appreciated. This is in line with the opinion of the Intermediate Body, who also stated that the EEA/Norway Grants are not coordinated with the Hungarian national health strategy. The grants should be more focused covering a few priority areas and meet the objectives of the national health strategy. Furthermore, both the Intermediate Body and the Fund/programmes mentioned that the grants should be earmarked to existing organizations/programmes, which should then distribute the funds. On the other hand, the Intermediate Body states that the EEA/Norway Grants does not follow the national strategy. All projects are in line with EU health strategies and they all contribute to social cohesion in their areas.

Table A11-1 Relevance of EEA/Norway Grants support to Hungary

	Focal point (NFP) and intermediate bodies (IB)	Fund/programme managers	Project promoters	EFTA (Norwegian) stakeholders
EEA/Norway Grants - social cohesion	The national strategy in Hungary aims to reduce economic and social disparity. The national strategy is defined by the ministry alone. But this is in line with the EEA/Norway grants (FP). IB is aware of the EEA/Norway Grants, but does not know enough about it to comment on social cohesion.	The national strategy in Hungary aims to reduce the economic and social disparity. The national strategy is defined by the ministry alone. But this is in line with the EEA/Norway grants.	In both projects, social cohesion has reduced inequality in health since the whole population of young people and HIV- infected have the possibility to use the educational material or the analysis of HIV/AIDS respectively independent of social class. IN both areas capacity has increased.	Yes, social cohesion was addressed in the project.
EEA/Norway Grants - bilateral relations	It is relevant in some projects whereas in others not relevant at all (NFP).	No bilateral relations.	In some projects, it is an advantage to work bilaterally, as e.g. in research projects. In	Very relevant, although we did not receive any funds. The grant was for the

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	Focal point (NFP) and intermediate bodies (IB)	Fund/programme managers	Project promoters	EFTA (Norwegian) stakeholders
	Do not know (IB).		other projects it is not relevant at all.	Hungarian partner.
EEA/Norway Grants - focus areas in the sector health and childcare	<p>'The focus areas are within health and children and youth as described in Memorandums of Understanding for 2004-2009 (NFP).</p> <p>The Norwegians should focus spending - it is better to spend money on only a few priorities in public health. They should coordinate their priorities with the Hungarian national strategy in health. Furthermore they should spend their money on existing organizations in Hungary at a 'higher hierarchical level', who can distribute the money (IB).</p>	The focus areas are broad and cover different aspects of health and children and youth.	For these two projects, the focus areas fitted very well with those of the EEA/Norway Grants. It is important to have the same focus areas for more than one Grant cycle - otherwise it can be difficult to really support and move an area.	Yes, it covers the health sector 'Fight against AIDS, promotes the treatment of HIV-positive patients'.
National/EU health strategies	<p>In the EU, the spectrum of funded projects is wider. They are more general. The EEA grants also fund smaller projects, which are not funded under the EU funds.</p> <p>The purpose of the EEA grants is to fund what is not funded by the EU FP).</p> <p>The EEA grants do not follow the national strategy (IB).</p>	Most of the projects are in line with the EU strategy: Better accessibility for disabled people.	There is no national strategy. There is an EU strategy for HIV/AIDS and it is also a strategy in the EU to increase health among young people which also means decreasing the number of young people with sexually transmitted diseases.	Fight against AIDS is also part of the EU strategy.

Sources: In-depth project reviews and interviews

2. Objectives of the EEA/Norway Grants

Both the Hungarian projects selected for in-depth interview contributed to decreasing disparities across Europe since they improved screening for patients infected with HIV/AIDS in Hungary and reduced the number of abortions and young people suffering from sexually transmitted diseases. In the HIV/AIDS project, bilateral relations with a Norwegian researcher in the field were very successful. The two partners knew each other from earlier projects, and in the interview they both stated that the cooperation was fruitful. Regarding the A-HA project bilateral relations were not relevant, since the project builds largely on Hungarian culture among young people. On the other hand, both projects did to a high degree address the focus area in the sectors of health and childcare.

Table A11-2 How successful was the project in addressing the objectives of the EEA/Norway Grants?

Project	Prevent or treat diseases	Prevent or treat diseases
Was the project successful in addressing the objective of social cohesion?	The project was successful in increasing social cohesion by building shared values and communities of interpretation.	The project was successful in increasing social cohesion by reducing disparities in treatment of HIV.
Was the project successful in addressing the objective of strengthened bilateral relations?	This project is not a partnership project. Therefore, the contribution to achieving these objectives is not possible.	There is one Norwegian partner in this project and the strengthened bilateral relations were very successful. The two partners knew each other before the project started.
Was the project successful in addressing the focus areas in the sector of health and childcare?	The project did address the focus area of the children and youth sector Development and extension of the network of integrated local information and advisory centres for the youth.	The project did address the focus area of the health sector 'Fight against AIDS, promote the treatment of HIV-positive patients'.
Evaluator assessment*	3: The project contributed to the objectives of the EEA/Norway Grants.	4. The project contributed to a high degree to the objectives of the EEA/Norway Grants.

*Explanation of the score: The score 4 is given if the project contributes to achieving both of the overall objectives of the EEA/Norway Grants (social cohesion and strengthened bilateral relations) and the focus areas in the sector health and childcare (health or children and youth). The score 3 is given if the project contributes to achieving two of the objectives (social cohesion, strengthened bilateral relations or specific focus areas in the sector health and childcare). The score 2 is given if the project contributes to achieving one of the objectives (social cohesion, strengthened bilateral relations or specific focus areas in the sector health and childcare). The score 1 is given if the project does not contribute to any of these objectives.

Source: In-depth project review

2.1. National and EU health strategies

The situation of the health sector in Hungary is quite complex. The officials of the Health Ministry are changing very fast and therefore the national strategy is also changing very fast. Therefore, it is not really fair to discuss if the two Hungarian projects address the objectives of the national health strategy. Both projects hope that their respective areas will be considered in the next national health strategy. Regarding EU health strategies, both projects contribute to the overall EU strategies within their respective areas.

Table A11-3 How successful was the project in addressing the objectives of national and EU health strategies?

Project	Prevent or treat diseases	Prevent or treat diseases
Was the project successful in addressing the objectives of national health strategies?	This is difficult since no clear national health strategies exist. The government does not focus on prevention, only treatment, but there are priority similarities between the two.	HIV is not a focus area at national level. It is becoming increasingly important (partly due to this project).
Was the project successful in addressing the objectives of EU health strategies?	Overall, the project focuses on Hungary, and no European health strategies have been addressed.	The project does aim at implementing international screening methods. It is a European recommendation to screen for HIV. It was argued in the proposal that this would also be relevant in Hungary.
Evaluator assessment*	2: The project contributed to achieving objectives of other national or EU health strategies.	4: The project contributed significantly to the achievements of objectives of national or EU health strategies.

*Explanation of the score: The score 4 is given if the project contributes directly to achieving objectives of national or EU health strategies. The score 3 is given if the project contributes indirectly to achieving the objectives of national or EU health strategies. The score 2 is given if the project contributes to achieving objectives of other national or EU strategies. The score 1 is given if the project does not contribute to any of these objectives.

Source: In-depth project review

3. Impact/effectiveness

The logo of EEA/Norway grants is on papers (national and international), educational material, construction works in many cities, shown in video spots on national television etc., so it is very visible. All projects are described on the national EEA web page, partly in English and partly in Hungarian, and the NFP also spreads the information through for example press conferences and meetings with project promoters. In public consultations, information can always be found on the website. Furthermore, the Norwegian embassy assists quite a lot in enhancing visibility. The embassy also visits projects and takes part in meetings. People from the FMO often visit Hungary. It is too early to assess the impact of the programme 2004-9. But the projects completed have been successful.

Investment in prevention is important, maybe even more so than investment in treatment. The EEA grant is very important in supporting preventive efforts where it is not possible to get funds from other sources. Prevention is also very important in reducing inequality in health. Furthermore, it is obvious that the grants make a difference, as witnessed by e.g. fewer HIV infected persons or fewer abortions among young girls and better accessibility for disabled people. This would not be possible without the EEA grants. The Hungarian people know that.

The project promoters state that it is very difficult to obtain EEA grants. It is a really good source and many of the funded projects are not able to obtain funding elsewhere. There is fierce competition for the EEA grants, and those who obtain it feel lucky - they know that their project is of high quality as otherwise it would not have obtained the grant!

Table A11-4 Impact/effectiveness of EEA/Norway Grants support to Hungary

	Focal point (NFP) and intermediate bodies (IB)	Fund/programme managers	Project promoters	EFTA (Norwegian) stakeholders
Project deliverables	The projects define the deliverables. The NFP does not interfere, but it offers help if the projects need help. Do not know (IB).	All planned impacts have been achieved and are in use.	All planned impacts have been achieved and are in use.	The most important deliverable is the European accreditation. It puts Hungary on the international scene in this area.
Dissemination and visibility of EEA/Norway Grants	Everybody should be able to know about the projects and assess information about the projects. All projects are described on the national EEA webpage, partly in English and partly in Hungarian. They are not as highlighted as EU funds. But the Focal Point spreads the information using for example press conferences and holding meetings with project promoters. For public consultation they always put the information on their website (NFP). Do not know (IB).	All constructions have the EEA logo on it - so it is very much visible for everybody who supported the construction. Norwegian tourists can see what they get for their money.	The EEA logo is visible in all educational material, on trucks, in TV spots etc. Furthermore, the EEA/Norway Grants are always mentioned in articles, at courses, workshops etc.	
Impacts	It is too early to say. But those finished have been successful (NFP). The way the grants are spent at the moment is very inefficient. The Norwegians give money to projects without having any system that guides which projects are funded and which are not. Giving money here and there does not	All the objectives, which mean building of equal opportunities to everyday activities, have been met (the ability to participate in e.g. social or health events offered by the municipalities). Communication about equal opportunities (they made a video which was broadcasted on national television). A	Both projects have had a huge impact in their respective areas in Hungary. The HIV project also had an important impact in the international scientific world in the field of HIV/AIDS.	This project has had a huge impact in Hungary because it is now easier to fight AIDS. But also scientifically as the project reached an advanced scientific level also internationally.

	Focal point (NFP) and intermediate bodies (IB)	Fund/programme managers	Project promoters	EFTA (Norwegian) stakeholders
	work (IB).	communication strategy has been formulated as well.		

Sources: In-depth project reviews and interviews

3.1. Project deliverables

The aims of both these projects are very much relevant to public health in Hungary. In both projects, all planned deliverables were produced, which resulted in less abortions/sexually transmitted diseases in young people and better screening for HIV/AIDS infected patients respectively. The HIV/AIDS analysis is used by most physicians in Hungary. The educational material produced as part of the A-HA project is still in great demand. The contribution to the healthcare sector is very important in both cases.

Table A11-5 Have the project activities resulted in the planned project deliverables and have they been used?

Project	Prevent or treat diseases	Prevent or treat diseases
What was the purpose of the project?	The purpose of the project was to further develop the A-HA! Nationwide Sex and Mental Hygiene Education Programme, with the overall objective of reducing the number of abortions as well as the number of teenagers diagnosed with a sexually transmitted disease in the under 18 age group in Hungary.	The purpose of the project was to monitor the HIV pandemic in Hungary, to develop an accredited HIV diagnostic system for HIV drug resistance in the National Centre for Epidemiology, and to promote therapies based on drug resistance, with the overall objective of fighting against the spread of HIV/AIDS in Hungary.
What are the predefined targets (indicators)?	To avoid pregnancy and decrease the number of abortions among young women (youth). Objective indicators: Education programmes are difficult to measure. Indicators could be the number of the reached schools, people accessing their website, etc. Global goals: Number of abortions, unwanted pregnancies. The number of abortions in girls' under 19 years has gone down by 20%. The project thinks it is part of this positive development. More young women use condoms, but this is difficult to use as an indicator.	The number of accredited diagnostic methods of the National Reference laboratory. Number of people diagnosed and reports to physicians about the drug resistance of the HIV therapy. Reports or publications produced related to the monitoring of HIV pandemic in Hungary by molecular virological methods.
Have predefined targets (indicators) been met?	Yes, more than about 700,000 young students have participated in the educational programme during the whole project period (10 years).	Yes, the laboratory has been accredited, the physicians report to the lab, and articles have been drawn up.

Project	Prevent or treat diseases	Prevent or treat diseases
Have project deliverables been used?	Plenty of information kit has been given to young people/schools.	Yes,
Evaluator assessment*	4: Project activities have resulted in the planned deliverables and all deliverables have been used by the users.	4: Project activities have resulted in the planned deliverables and all deliverables have been used by the users.

(1) Project activities include: Visits at schools, city events and continuous development of educational material. The purpose of the project is to communicate knowledge about sexual behaviour in a modern way. This is based on four pillars: - Lectures at school, - Utilising the Internet, - The game, - Publications. A constant learning process is faced because of the focus of the project. When working with communication strategies, new strategies have to be developed all the time. This project bases its new moves on previous experiences in the field. The project combines the scientific expert knowledge of its own with expert knowledge of other areas from other professionals, such as for example, expert knowledge of communication strategies, of obstetric expertise. They use various professionals to cover all relevant aspects.

(2) Project activities include: Describe the evolution of the HIV pandemic in Hungary in scientific papers and lectures. Establish a web page. Establish the HIV drug resistance detection method. Prepare and implement the accreditation of the HIV drug resistance detection method. Work with newly infected HIV patients.

*Explanation of the score: The score 4 is given if the project activities have resulted in the planned deliverables (predefined targets have been met) and all project deliverables have been used by the users. The score 3 is given if the project activities have resulted in the planned deliverables (predefined targets have been met) and most project deliverables have been used by the users. The score 2 is given if the project activities have resulted in the planned deliverables (predefined targets have been met) but project deliverables have only been used to a limited extent by the users. The score 1 is given if project activities did not result in the planned deliverables (predefined targets have not been met).

Source: In-depth project review

3.2. Dissemination and visibility of the EEA/Norway Grants

Both the educational material elaborated in the A-HA project and the screening/analysis of HIV/AIDS were disseminated very effectively in different ways: Education of trainers/doctors, workshops, video spots on TV, international papers, scientific papers etc. Each time a possibility of mentioning EEA/Norway Grants occurred, the possibility was used. By way of example, the EEA logo appears on all educational material, video spots, in papers. Everybody who has heard about these two projects or work in the same field also knows that funding derives from the EEA/Norway Grants, which is very well-known in Hungary. Both project promoters mention that they were honoured to receive funding from EEA/Norway Grants as it is quite difficult to obtain funding from the EEA/Norway Grants compared to other funds, and only projects of a high quality are funded.

Table A11-6 How effective were the dissemination efforts and has the EEA/Norway Grants support become visible?

Project	Prevent or treat diseases	Prevent or treat diseases
Have the dissemination efforts been effective?	The dissemination efforts have been very effective: The main activity is the activities at schools. The project has entered into a partnership with the medical student organization, which is important since they have midwives	The dissemination efforts have been effective in reaching the target group of the project. Most dissemination is to GPs, physicians and the scientific world. An international article has been drawn up, a YouTube video has

Project	Prevent or treat diseases	Prevent or treat diseases
	and medical students as the target groups. The project educates their teachers through seminars and annual conferences with lectures and workshops (workshops four times a year) and elaborates materials for the teachers ('education bag'). The project has 10,000 visits the web site every month. The project organizes campaigns. Project representatives visit 10 big cities in a bus equipped with facilities to check for HIV and other STIs. As a new thing, the project will start making films. Press conferences are also organized. A famous rapper made a song for the project.	been produced, and the project has been in contact with policymakers and has conducted workshops and lectures at national level.
Has the EEA/Norway Grants support become visible?	Yes, very much. The project team put the EEA logo on all materials, including newsletters, website, everywhere. EEA has been mentioned in newspapers, radio, television etc. When project representatives attend conferences, they mention the EEA several times.	Yes, they have been careful to place the logo on papers and reports, and explicitly mentioning the EEA as a support.
Evaluator assessment*	4. The dissemination efforts are effective at both local and national level, and the EEA/Norway Grant support is visible.	4. The dissemination efforts are effective at both local and national level and the EEA/Norway Grant support is visible.

*Explanation of the score: The score 4 is given if the dissemination efforts were effective at both local and national level and the EEA/Norway Grants support is visible. The score 3 is given if the dissemination efforts were effective at either local or national level and the EEA/Norway Grants support is visible. The score 2 is given if the dissemination efforts were not effective or the EEA/Norway Grants support is not visible. The score 1 is given if the dissemination efforts were not effective and the EEA/Norway Grants support is not visible.

Source: In-depth project review

3.3. Impacts

Both projects have been very successful in achieving their planned impacts by increasing the capacity and reaching the predefined targets respectively. Only one (positive) unplanned impact was achieved by the A-HA project; the project attracted a very high level of PR and understanding for the project idea based on a 30-second film broadcasted on national TV.

Table A11-7 What have been the planned and unplanned impacts?

Project	Prevent or treat diseases	Prevent or treat diseases
Has the project achieved the planned impacts (on institutional capacity and the targeted areas/groups)?	Yes, the abortion rate has gone down. Also without an increase in newborns. However, there have not been any measurable improvements to the institutional capacity. The project made some protocols for professionals (in 2006, the project started taking care of the HPV, and made a HPV protocol). Another protocol is 'How to give contraceptive pills to girls under 18?'). These protocols will be addressed by the ministry and will be implemented in the national strategy.	Yes, the planned impact was to inform the clinicians about the situation and to teach them how to screen for HIV. For the epidemiological part: it is important to see how HIV is spreading and monitor from where the strain comes. Therefore, taking the proper measures is important in an epidemiological context. Furthermore, GPs and physicians who already worked in Hungary have been approached in this project.
Has the project achieved unplanned impacts (on institutional capacity and the targeted areas/groups)?	A 30-second film for the media focusing on abortion was produced. The film takes place in an operation room, where the camera focuses on a 15-year-old girl showing the operation. This was to demonstrate that many abortions are carried out every day. All channels refused to put it on television before nine o'clock in the evening (where the 15-years-old watch television). This provoked a media discussion, which the project benefitted from because everybody paid attention to the project and visited the project website.	
Evaluator assessment*	4. The project has achieved the planned impacts, and unplanned impacts only enhance the overall positive impacts of the project.	4. The project has achieved the planned impacts, and unplanned impacts only enhance the overall positive impacts of the project.

*Explanation of the score: The assessment is based on information from the project promoter. No quantitative data has been available. The score 4 is given if the project has achieved the planned impacts, and unplanned impacts only enhance the overall positive impacts of the project. The score 3 is given if the project has achieved the planned impacts, and any unplanned impacts have not changed this view. The score 2 is given if project has achieved the planned impacts, but unplanned impacts have reduced the overall positive impacts of the project. The score 1 is given if the project has not achieved the planned impacts.

Source: In-depth project review

4. Efficiency

Although there is understanding for the necessity of a certain extent of administration, both the NFPs and the stakeholders find the administrative burden far too heavy. All projects mention that the period from receiving the grant agreement, signing the contract and obtaining the first payout of the grant is far too long. This can be the reason for delays in the project. When project completion approaches, the projects suffer from lack of time to finish the project settlements to be sent to the FMO.

All projects stated that it was the first time they received EEA/Norway Grants, which might have hampered both the technical and the administrative parts of handling the grants. Next time, it will probably be easier as procedures will then be more familiar. However, one of the project promoters stated that 'next time he would hire an external person to do all the administrative work'.

It is a time-consuming task for the NFPs to help project promoters in the application, implementation and final phases of the projects. Project promoters need help for both reporting and administration. Therefore, it is not surprising that the project promoters all find the NFP very helpful. NFPs enjoyed a very good and flexible relationship with the FMO. On the other hand, the response time to almost all questions was relatively long, which in some cases prolonged the various procedures.

According to the Intermediate Body, there is no collaborative interaction with the EEA/Norway Grants. The organization would like to establish a closer relationship with the Norwegian Grants as it is believed that collaboration between the EEA/Norway Grants and the Secretary of State for Health on strategy and priorities could increase the efficiency of the grants. This is in agreement with the Fund/programme holders, who state that closer cooperation between the funds, the ministry and the FMO would ease procedures.

Table A11-8 Efficiency of EEA/Norway Grants support to Hungary

	Focal point (NFP) and intermediate bodies (IB)	Fund/programme managers	Project promoters	EFTA (Norwegian) stakeholders
Problems and constraints	Both the administrative and the financial part are difficult. The project promoters report to the NFP who in turn report to the FMO. It takes a lot of time for the NFP to help the project promoters with the implementation and financing, because many project promoters are not used to applying for grants. But the FMO is flexible and patient (NFP). The national policy cycle is very difficult. The priorities and focus areas are constantly changing (IB).	It is a lengthy process to obtain grants - especially the EEA grants. Therefore, it was important to be on time with the application. The reports were quite easy to prepare in the beginning, but became more and more demanding. The NFP is not a public organization, but they depend on the EEA, and therefore have to follow the rules drawn up by the EEA. This also means that the NFP cannot al-	Both project promoters mentioned the administrative burden as a problem.	I did not meet any problems or constraints - it was the Hungarian partner who attended to the administrative burden. We did not get any financing - I did this because I got the possibility to help a good Hungarian colleague.

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	Focal point (NFP) and intermediate bodies (IB)	Fund/programme managers	Project promoters	EFTA (Norwegian) stakeholders
		ways adjust to the needs in real life.		
Collaboration between stakeholders	<p>The flexibility with the FMO is important. The procedures are clear. The process is easy concerning communication, but the administrative system is heavy. Furthermore, the degree of administrative tasks depends on the person you talk to in the FMO. Some FMO staff asks for too detailed information. On the other hand, it is understandable that a lot of information is required - and the administrative burden is necessary. (NFP). There is no collaborative interaction with Norway. Hungary has not been offered the chance to collaborate. The Hungarian system has the potential to cooperate with the Norwegians and is ready to do it. The barrier is the Norwegians - they do not see the potential. In the previous project cycle, Hungary negotiated with the Norwegian embassy. This was a very slow process, because the Norwegians have a very complex and heavy administrative structure. IB would like to establish a relationship with the Norwegians. IB thinks that collaboration between the EEA/Norway Grants and the Secretary of State for Health, concerning strategy and priorities could increase the efficiency of the grants. But it claims that the FMO understands the context of the health problems in Hungary better. Maybe a contact/better contact to the NFP could foster collaboration. IB already has a good relationship with the Ministry</p>	<p>Closer cooperation among the foundation, the ministry and the FMO would make everything much easier. These three stakeholders should be together in the process from a very early stage. VARTY should have more rights in the whole process and they deal with the government priorities and the government decision process.</p>	<p>Both projects had a very good relationship with the NFP. They both enjoyed the 'official visits' where both the Norwegian ambassador and people from the FMO participated.</p>	<p>The partner stated that the collaboration was excellent. The Hungarian partner is very skilled and he did not need much help from us. We only exchanged scientific understanding and experience.</p>

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	Focal point (NFP) and intermediate bodies (IB)	Fund/programme managers	Project promoters	EFTA (Norwegian) stakeholders
	of National Development, which is important since they coordinate the funds.			
Donor efficiency	Both in implementation and application phases, it takes a long time (up to two months) before the FMO reports back to the NFP on even small changes (spelling corrections). Here the timeframe could be reduced. Because of the administrative system, it takes time to get something through the system. Also, the FMO sometimes makes grant agreement modifications. This means a lot of correcting and double work for the NFP - this is very time-consuming. It would be a good idea if the FMO could predefine all the information to be provided. (NFP).	We only experienced good relations with the donors	Most administrative tasks were very heavy and took a long time - if it was due to the NFP or the donors are difficult to say. But the different processes were very lengthy.	N.A.
Beneficiary country efficiency		We only experienced good relations with the NFP.	Most administrative tasks were very heavy and took a long time - if it was due to the NFP or the donors are difficult to say. But the different processes were very lengthy.	N.A.

Sources: In-depth project reviews and interviews.

Both project promoters stress that the NFP was very helpful, flexible and easy to work with despite being a very bureaucratic organization. They always received help if they asked the NFP. They find the administrative burden very heavy with much too much paper work! Next time it might be a solution to hire an external person to take care of all administration - the work load on the project promoter is too heavy considering that he also has to manage the project!

Table A11-9 How efficient was the project implementation set-up?

Project	Prevent or treat diseases	Prevent or treat diseases
Were anticipated activities and outputs delivered on time and according to specifications?	The only problem is the timing of the financial part. But this is due to the EEA rules.	Yes, and the NFP was helpful concerning the application.

Project	Prevent or treat diseases	Prevent or treat diseases
What are the main problems or constraints that project promoters have faced?	None, but the administrative part was a heavy burden.	NFP is a bureaucratic organization, and in this way the project and the NFP think differently, but in general they had a good communication relationship.
To what extent are these problems related to donor efficiency?	The EEA rules are very strict - this lowers the efficiency of the application process.	The application procedures are very time-consuming probably due to lack of donor efficiency.
To what extent are these problems related to beneficiary state efficiency?	There is just too much paper work.	There is too much paperwork. It is understandable why it is important. Next time an external person will be hired to do the administrative work, because it takes much too much time.
Evaluator assessment*	4. Anticipated activities and outputs have been delivered according to specifications without any significant extension of the project period.	4. Anticipated activities and outputs have been delivered according to specifications without any significant extension of the project period.

*Explanation of the score: The score 4 is given if anticipated activities and outputs have been delivered according to specifications without any significant extension of the project period (< 6 months). The score 3 is given if anticipated activities and outputs have been delivered according to specifications, but the project period has been extended by 6-12 months. The score 2 is given if anticipated activities and outputs have been delivered according to specifications, but the project period has been extended by more than 12 months. The score 1 is given if anticipated activities and outputs have not been delivered according to specifications.

Source: In-depth project review

5. Sustainability

The project set-up between the beneficiary and donor country respectively took the form of continued cooperation rather than a new relationship. The two partners will keep working together on exchanging ideas and scientific knowledge. For the Fund/programme managers, the project set-up does not depend on the EEA grant and will in all probability sustain for many years.

Most of the deliverables such as educational material, trained staff and web pages will continue to exist, but it needs to be updated and renewed continuously to follow the trends in the target group especially in the A-HA project. The project set-up will also continue but with a lower intensity. Funding is necessary to keep the capacity and quality in line with the demand of the project results.

All projects have already made quite important impacts although they have not yet been completed. They all touch upon very important health areas and will sustain for many years.

Table A11-10 Sustainability of EEA/Norway Grants support to Hungary

	Focal point (NFP) and intermediate bodies (IB)	Fund/programme managers	Project promoters	EFTA (Norwegian) stakeholders
Project set-up	- (NFP). Do not know (IB).	The set-up of the foundation is not dependent on the EEA	The project set-up will sustain in the future, though with a lower intensity.	The partner stated that exchanging ideas and experience would continue.

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	Focal point (NFP) and intermediate bodies (IB)	Fund/programme managers	Project promoters	EFTA (Norwegian) stakeholders
		grant.		Maybe we will start exchanging students and comparing data.
Project deliverables	Too early to assess (NFP). Do not know (IB).	There is no doubt that these grants make a difference and all constructions will sustain for many years.	The education material will sustain - but it will have to be revised regularly, as it will otherwise not be possible to reach the young generation. Also the analysis of HIV will sustain.	To my knowledge, all deliverables have been produced.
Project impacts	Too early to assess (NFP). Do not know (IB).	But this area (accessibility) is still very underdeveloped in Hungary, so hopefully it will be a priority area in the EEA grants also in the future.	It is not yet assessed since the projects are not finished. But both project promoters are convinced that the project results will have a huge impact in their areas.	According to the opinion of the partner the project has a huge impact in Hungary as well as internationally.

Sources: In-depth project reviews and interviews

The project set-up of both these projects will continue after the funding from EEA/Norway Grants in one way or another. The projects have targeted very important health areas, and the impact of the results is significant. However, continued development and funding are needed in both projects to be 'up to date' regarding project set-up, capacity and knowledge if the same level of impact is to be maintained.

Both projects have produced deliverables, which will sustain for years. This applies to educational material, education of staff, accreditation as well as analysis. But again, it will be necessary to regularly develop and renew both material and knowledge.

Project impact will sustain for the monitoring of HIV whereas the same is much more difficult to ensure for the mental hygiene programme, which demands behavioural changes.

Table A11-11 Are project set-up and outcomes sustainable?

Project	Prevent or treat diseases	Prevent or treat diseases
Does the project set-up sustain beyond the EEA/Norway Grant co-funding period?	Yes, but the set-up will diminish significantly in size.	Yes, though no international collaboration as such in the project. Will continue organizing conferences, workshops etc. nationally.
Do project deliverables sustain beyond the EEA/Norway Grants co-funding period?	Do not know, the project has not ended yet. But hopefully! External funds are needed to keep all materials up to date.	The project has not ended. There is a possibility that the ministry will support the laboratory (analysis) beyond the EEA/Norway Grants co-funding period.

Project	Prevent or treat diseases	Prevent or treat diseases
Do project impacts sustain beyond the EEA/Norway Grants co-funding period?	The project has not ended yet. Many schools still ask for the information - and new schools are coming up all the time.	The project has not ended - but it is expected.
Evaluator assessment*	3. The project results partly sustain beyond the EEA/Norway Grants co-funding period.	3. The project results partly sustain beyond the EEA/Norway Grants co-funding period.

*Explanation of the score: The score 4 is given if the project results fully sustain beyond the EEA/Norway Grants co-funding period, i.e. the project set-up sustain (if relevant), the project deliverables sustain for a period of at least 10 years, and sustainability of project impacts are likely. The score 3 is given if the project results partly sustain beyond the EEA/Norway Grants co-funding period, i.e. the project set-up partly sustain (if relevant) and the project deliverables sustain beyond the co-funding period, but for a period of 5-9 years or sustainability of project impacts is not likely. The score 2 is given if the project results sustain only to a limited degree beyond the EEA/Norway Grants co-funding period, i.e. the project set-up partly sustain (if relevant), the project deliverables sustain beyond the co-funding period but for a period of < 5 years or sustainability of project impacts is not likely. The score 1 is given if the project results do not sustain beyond the EEA/Norway Grants co-funding period, i.e. the project set-up does not sustain (if relevant), the project deliverables do not sustain beyond the co-funding and sustainability of project impacts is not likely.

6. Cross-cutting issues

Both projects address social exclusion and economic sustainability, they contribute to changing behaviour in young people towards a healthier lifestyle regarding safe and sensible sex and create equal possibilities for AIDS/HIV treatment all over the country respectively. Overall, both projects address males and females, but more males than females are HIV infected. The A-HA project promote values for safe sex among young people, and the HIV project provides equal possibilities for treatment of HIV patients at a qualitatively high level all over the country.

Table A11-12 Are project set-up and outcomes sustainable?

Project	Prevent or treat diseases	Prevent or treat diseases
Sustainable development (economic, social)	The project aims at positive aspects, preventing abortions and sexually transmitted diseases as a cause of social exclusion. Indirectly, also economic sustainability is an aim in terms of both society and the individual.	The project aims at positive aspects, by giving equal possibilities for treatment of HIV infected patients as a cause of social exclusion. Indirectly, also economic sustainability is an aim in terms of both society and the individual.
Gender equality	Obviously, the aim to decrease abortion is primarily intended to affect the young girls, but secondarily also the young boys (use of condoms). For the sexually infected diseases both sexes are the target groups. Both women and men work in the project.	The target group is AIDS/HIV infected which are mostly men - to lesser degree women. Mainly women work in the project (at the lab but also PGs and physicians).

Project	Prevent or treat diseases	Prevent or treat diseases
Good governance	The project aims at increasing awareness and responsibility among young people regarding sexual behaviour.	The project has established a HIV drug resistance detection method to be able to treat HIV-infected patients at a qualitatively high level all over the country.

Source: In-depth project review

7. Conclusions

The two projects funded are in line with EU health strategies. The ministry alone defines the national health strategy. No coordination takes place with the EEA/Norway Grants. Therefore, it is not possible to assess if the projects help implement national strategies or policies.

The resulting proposed **areas of improvement** are:

- Cooperation and coordination between the Hungarian national strategy and the EEA/Norway Grants, which all stakeholders find rewarding and desirable.
- Fewer focus areas with only few priorities within public health.
- Allocation of EEA/Norway Grants to existing organizations in Hungary at a 'higher hierarchical level', which can distribute funds.

The EEA/Norway Grants is very much visible in Hungary and makes a significant difference, especially in the field of prevention where it is often impossible to obtain funds from other sources. It is very difficult to obtain EEA grants since there is fierce competition for obtaining the EEA grants and since the project application has to be of high quality. This places a heavy burden on the NFPs.

The resulting proposed **area of improvement** is:

- Establishment of a 'help desk' for the applicants to reduce the burden of the NFPs.

There is a high understanding of the huge amount of information needed by the FMO, still everybody characterizes cooperation with other stakeholders (FMO, NFPs etc.) as flexible. However, the administrative burden on NFPs, project promoters and fund/programme managers is heavy. All projects mention that the period from receiving the grant agreement, signing the contract and obtaining the first payout of the grant is much too long. This can be the reason for delays in the project. At the end of the project period, the projects suffer from time constraints in finishing final payments and project settlements to the FMO.

The resulting proposed **area of improvement** is:

- Reduction of the administrative burden.

Only one of the projects had an EFTA partner. This partnership was very successful, but it was established on the basis of previous cooperation and was primarily advantageous to the Hungarian partner. However, it can be questioned if all projects benefit from having a partner. It seems more beneficial to have a partner in research projects and educational projects, whereas a partner is seldom valuable to construction projects. If a Norwegian partner is needed to obtain the grant, it is always possible to find at least a 'paper partner'. The point is that it can be a waste of money.

The resulting proposed area of improvement is:

- Assessment of whether all projects benefit from extra points by including an EFTA partner.

Literature

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