Final Report

Evaluation of Health-related Programmes and Projects (2014-2021 Financial Mechanisms)

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Authors: Mariana Dates, Aleksander Fuksiewicz, Ana Craciun, Aurore Petit





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List of Abbreviations

Acronym	Definition
ACF	Active Citizens Fund
AHR	Aryl hydrocarbon receptor
AI	Artificial Intelligence
AMR	Antimicrobial Resistance
ASD	Autism spectrum disorder
ASI	Ayres Sensory Integration
BS	Beneficiary State
CN	Concept Note
CoC	Continuum of Care
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organisation
DG SANTE	Directorate-General for Health and Food Safety (European Commission)
DPP	Donor Programme Partner
Dpp	Donor Project Partner
EEA	European Economic Area
EHDS	European Health Data Space
EMA	European Medicines Agency
EPF	European Patients' Forum
ERDF	European Regional Development Fund
EQ	Evaluation Question
EQM	Evaluation Question Matrix
ESF	European Social Fund
EU	European Union
FO	Fund Operator
FMC	Financial Mechanism Committee
FMO	Financial Mechanism Office
FMS	Financial Mechanisms
GAS	Goal Attainment Scaling
GrACE	Grants Administration and Collaboration Environment
HIIT	High-Intensity Interval Training
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HPV	Human papillomavirus
ICT	Information and Communication Technology
loT	Internet of things
ISCA	International Sport and Culture Association
JA	Joint Action
KII	Key Informant Interview
KS	Norwegian Association of Local and Regional Authorities
MFF	Multiannual Financial Framework
MHT	Mental Health Team
MoU	Memorandum of Understanding

Acronym	Definition
NAT	Nucleic Acid Amplification Test
NAPO	National Association of Patient Organisations
NCD	Non-Communicable Disease
NDD	Neurodevelopmental Disorder
NGO	Non-Governmental Organisation
NFP	National Focal Point
NMT	Neurosequential Model of Therapeutics
PA	Programme Area
PAR	Participatory action research
PKU	Phenylketonuria
PO	Programme Operator
PP	Project Promoter
PROMs	Patient Reported Outcome Measures
RBM	Results-Based Management
RCN	Research Council of Norway
RRF	Recovery and Resilience Facility
SEBD	Social, Emotional, and Behavioural Difficulties
SI	Sensory Integration
SiM	Schools in Motion
SIT	Sensory Integration Therapy
SME	Small or Medium-sized Enterprise
SOS	Sequential Oral Sensory
TF-CBT	Trauma-Focused Cognitive Behavioural Therapy
ToR	Terms of Reference
USAID	United States Agency for International Development
WHO	World Health Organization

Executive summary

This report presents the findings of the Evaluation of Health-related Programmes and Projects (2014-2021 Financial Mechanisms), commissioned by the Financial Mechanism Office (FMO) and conducted by Tetra Tech International Development Europe between November 2024 and March 2025.

The EEA and Norway Grants represent a unique contribution by Iceland, Liechtenstein, and Norway to reducing social and economic disparities in Europe. Programming is guided by a set of objectives and priorities outlined in the **Blue Book**¹, a strategic reference document developed for each funding period in consultation with stakeholders. The Blue Book sets out the priority sectors and programme areas eligible for support. In it, **public health** is identified as a key priority sector during the 2014–2021 funding period, with the objective of improving prevention and reducing inequalities in health.

Under Programme Area 06 (PA06) - European Public Health Challenges, the Blue Book defined eight Areas of Support were eligible for funding: 1) prevention of non-communicable diseases, 2) prevention and control of communicable diseases, 3) health systems development, including information and surveillance systems, 4) universal access to health care, 5) reduction of social inequalities in health, 6) mental health, including mental disorders associated with alcohol and drug abuse, 7) strengthening systems for primary health care services, and 8) healthy and active ageing.

For this evaluation, **280 projects** were selected for the analysis, representing €188 million in funding, and implemented across 27 programmes in 14 countries. The evaluation focused in particular on all 148 projects funded under PA06, receiving a total of €87.5 million. It also assessed at programme level the dedicated health programmes implemented in Czechia (36 projects, €13.5 million), Lithuania (70 projects, €16.6 million), Poland (15 projects, €13.8 million), and Romania (27 projects, €43.5 million). The remaining 132 projects in the sample addressed a broad spectrum of public health challenges embedded in other programme areas:

- **PA10 Local Development and Poverty Reduction:** 60 health-related projects under PA10 were, together with PA06 projects, a main focus of the evaluation. Relevant projects included in the sample were identified in Bulgaria (13), Cyprus (3), Estonia (6), Malta (1), Romania (34), Slovakia (3). Combined, they amount to €23.9 million. They represent 22% of the totality of projects funded under this PA.
- PA01 Innovation: 15 relevant projects under PA01 (10 in Estonia and 5 in Slovakia), totalling €9 million in funding (12% of PA01 projects).
- PA02 Research: 25 relevant health-related projects were identified in Czechia (3), Latvia (2), Lithuania (1), Poland (7), and Romania (12), totalling €30 million in funding (10% of PA02 projects).
- PA15- Active Citizens' Fund: 32 relevant health-related projects under PA15 were funded in Bulgaria (1), Croatia (5), Cyprus (4), Estonia (1), Greece (6), Poland (6), Slovakia (4), and Slovenia (4), totalling €2.5 million. The projects represent 2% of the totality of projects funded under this PA².

It is important to note that these 132 projects represent a sample rather than the full set of healthrelated projects supported by the Grants. The projects were identified by the FMO to be within the scope of the evaluation as they were aligned with the five overarching themes of this evaluation: 1) cancer, 2) mental health, 3) health inequalities, 4) women's health, and 5) prevention and healthy life choices.

All 280 projects in the sample were classified across these five themes. The most common focus was on health inequalities and inequities in access to healthcare (109 projects), followed by mental health (79), healthy life choices (56), women's health (19), and cancer (17). In addition, the 148 PA06 and the 60 PA10 projects were classified across the eight PA06 Areas of Support outlined in the Blue Book and presented above, with some projects falling under multiple categories.

¹ EEA and Norway Grants 2014-2021 – Blue Book, available at:

² For Poland, only the 179 under PL-ACTIVECITIZENS-REGIONAL have been considered, as the six health-related projects identified fall under this PA.

The evaluation had both summative and forward-looking objectives. It assessed the coherence, effectiveness, and sustainability of these programmes and projects, as well as examine the contribution of bilateral cooperation. It also explored success factors, challenges, and lessons to inform the design of the 2021–2028 funding period. The evaluation applied different assessment criteria depending on the Programme Area and sought to answer the following questions:

Criterion	Questions	Programme Areas
Coherence	PA06, PA10, PA15	
Effectiveness	EQ2. Programme level results: To what extent have the health and local development programmes achieved their planned outputs and outcomes in health, taking into account special concerns?	PA06, PA10
	EQ3. Project level results: Which, and what types of, projects have best contributed to the health programme area's objective? Why?	PA06, PA10, PA15
	EQ4. What are the key outputs of the health-related projects falling under the Research and Innovation Programme Areas with respect to the identified themes?	PA01, PA02
	EQ5. How could the Grants better measure the health-related results?	PA06, PA10
Sustainability	EQ6. How to build on the most significant results and upscale/ sustain these in the upcoming Financial Mechanisms 2021-2028?	PA06, PA10, PA15

Methodology

The evaluation combined qualitative and quantitative research approaches, including:

- Desk review of programme and project documentation,
- 54 individual and 3 group interviews with key stakeholders,
- Online survey of 110 Project Promoters (PPs) and 32 Donor project partners (Dpps),
- Site visits to 16 projects in Czechia, Lithuania, Poland, and Romania (PA06 programmes),
- Identification of 14 success stories across five key themes.

Limitations of the study included:

- Stakeholder engagement: Engagement was high at national and programme levels, with all planned interviews with National Focal Points (NFPs), Programme Operators (POs), Fund Operators (FOs), and Donor Programme Partners (DPPs) completed, but the engagement at project level, although satisfactory, was lower. Nonetheless, most of planned interviews with PPs and Dpps were conducted and the response rates to the survey were also at satisfactory level (39% for PPs and 30% for Dpps).
- Sampling limitations: The list of priority projects for in-depth review, identified by the FMO, had a
 significantly different structure compared to the complete list of projects, so it was challenging to
 ensure representativeness of the sample. Although the focus on priority projects reflects their
 significance for the Beneficiary States and the FMO, the results of the evaluation may be slightly
 biased towards feedback provided by PPs of larger, predefined projects. To address this, feedback
 from POs of other programmes and FOs of the Active Citizens Fund was included, and the survey
 targeted all projects, not just priority ones.
- **Group interviews**: Limited timeframes made group interviews difficult to arrange. Additionally, for some large high-level predefined projects, without clearly identified target audience, it was difficult to identify a relevant representative group for interviews. When group interviews were impractical, the evaluators adapted by conducting additional interviews or gathering other data to ensure robust evidence.
- Influence of beneficiary perspectives on evaluation findings: The evaluation relied heavily on feedback from beneficiaries and stakeholders involved in the projects. While their insights are

valuable, they may introduce bias, as beneficiaries might assess the outcomes of their projects overly optimistic. This self-selection bias is common in grant evaluations, especially without neutral third-party observations. To mitigate this, feedback from NFPs, DPPs, and Dpps was included. Anonymity in interviews and surveys encouraged honest opinions, and data was reviewed to provide a balanced interpretation.

• Identification of success stories: Suggestions for "success stories" came from Grants stakeholders, but this selection may also be biased. Project Promoters may view their projects more favourably without a comparative perspective. Evaluators relied more on higher-level stakeholders like NFPs, POs, and FOs, but they may also have their own biases, e.g., towards predefined projects. Comparing projects across different modalities, sizes, and programmes was challenging. However, evaluators established unified selection criteria to facilitate this process.

Key findings and conclusions

Coherence

The EEA and Norway Grants filled a **distinct niche** in the European health funding landscape by addressing critical areas and populations that are often underserved by larger EU funding instruments. Their contribution is especially significant in the context of health equity, innovation, and local responsiveness. Key contributions of the Grants include: 1) targeting marginalised populations (e.g. Roma, elderly, persons with disabilities, LGBTIQ+ individuals, low-income households); 2) addressing politically sensitive or underfunded issues, such as reproductive rights, mental health, and genderbased violence; 3) piloting innovative approaches, including telemedicine, mobile outreach services, and community-based health models; 4) filling gaps left by national and EU investments, especially in geographically remote or socioeconomically disadvantaged areas; 5) supporting civil society, NGOs, and smaller actors often excluded from mainstream EU health financing.

Evidence from interviews and surveys indicated that the EEA and Norway Grants **complement** rather than compete with EU funding. To explore how Project Promoters viewed the two funding sources, the survey included a question on how likely it would have been for them to secure funding from other programmes, particularly EU funds, had support from the EEA and Norway Grants not been available. Results showed that 66% of surveyed Project Promoters found it unlikely they would have secured EU funding for their projects, including 40% considering it rather unlikely and 26% very unlikely. Only 24% considered it likely. The Grants also provided early-stage, proof-of-concept support for innovations later scaled up with EU or national funds. They often backed grassroots and civil society actors.

The effectiveness of complementarity of the Grants and EU funding instruments depended heavily on national coordination models to explore synergies and avoid duplication. These models take different forms: centralised NFPs coordinating all international funding streams, hybrid approaches relying on inter-ministerial and donor coordination, and flexible or informal models enabling cross-sectoral funding synergies.

Effectiveness

At the programme level, the health programmes (PA06) in Lithuania and Czechia stood out for their strong delivery, strategic alignment with national policies, and effective bilateral cooperation with Donor Programme Partners. These programmes demonstrated high absorption of funding, successful completion of projects, and achievement of a large majority of performance indicators. Contributing factors included strong institutional commitment, building on previous initiatives, and a high level of Programme Operator capacity. Romania and Poland faced more substantial implementation challenges, including cancelled calls, procurement delays, and limited timeframes, which affected delivery. Nevertheless, both countries achieved substantial progress, particularly through predefined projects. Romania's success was supported by competent and committed Project Promoters. In Poland, the telemedicine projects managed to develop and test six out of seven telemedicine models and test five of them despite pandemic-related constraints, with three (cardiology, obstetrics, and psychiatry) submitted to the Agency for Health Technology Assessment and Tariff System for funding verification.

However, the programme overall faced broader implementation challenges, including delays and limited absorption.

Under PA10, health-related components delivered notable value in improving access to services for disadvantaged groups, particularly Roma communities. Although these programmes were not solely focused on health, synergies with broader social inclusion objectives contributed to positive outcomes.

At the project level, 95% of surveyed Project Promoters reported achieving their planned results either fully or to a large extent. Effectiveness was not closely tied to project size or modality. Instead, success correlated more strongly with factors such as alignment with national strategies, previous experience, committed project leadership, and effective partnerships. Notably, small-scale projects, often implemented by NGOs, showed high levels of achievement and responsiveness to community needs.

Health-related **projects** funded under the Innovation (PA01) and Research (PA02) programme areas generated a rich portfolio of scientific, technical, and social outputs across all five evaluation themes. Several projects focused on cutting-edge diagnostics and therapies, for example, delivering AI-driven diagnostic algorithms and advanced therapeutic approaches. Other projects focused on digital health platforms from telemedicine systems and mobile health apps to cloud-based decision-support tools for cardiovascular risk stratification and diabetic retinopathy screening. Health inequalities and access to care of vulnerable groups was also the focus of some PA01 and PA02 projects, with research teams developed decision-support tools for Roma community health risk monitoring, educational interventions to reduce stigma against LGBTIQ+ individuals, and digital rehabilitation games for older adults and persons with disabilities. While innovations generally show clear scale-up and transfer potential, their long-term sustainability often depends on securing subsequent funding, often at EU level, and formal integration into national research and health-care frameworks.

Across all programmes and projects, common implementation challenges included pandemic-related disruptions, procurement delays, administrative burden, and limited flexibility. These external and systemic issues underscore the importance of sufficient planning horizons, institutional capacity, and adaptive management.

Monitoring and results measurement

The evaluation found that the **2014–2021 results framework**, while not perceived as overly burdensome, was limited in its ability to capture health-related outcomes. The absence of health-specific core indicators and limited availability of data contributed to challenges in assessing results. Target-setting was generally cautious, with many targets set at low levels. This often resulted in overachievement that reflected modest ambitions rather than exceptional performance. Additionally, data gaps, zero baselines, and inconsistent use of indicator methodologies—particularly in the definition, target-setting, and reporting of programme-specific indicators—undermined comparability over time and limited the ability to assess actual outcomes.

Sustainability

Sustainability outcomes were uneven: while 66 % of Project Promoters reported having secured follow-on financing (34 % fully, 32 % partially), and 77 % saw their initiatives as scalable or replicable, many projects faced continuity challenges. Key factors supporting sustainability included: 1) early alignment with national priorities and funding streams, 2) integration into institutional plans or legislative frameworks, 3) bilateral cooperation and capacity building, 4) follow-up partnerships and funding applications.

Barriers to sustainability included limited government commitment, unclear continuation mechanisms, and disruption due to long programming gaps. While the Grants are well positioned to fund pilot and innovative projects, more structured pathways for scale-up and continuation would increase their long-term impact.

Bilateral cooperation

Bilateral cooperation at **project level** was one of the most appreciated elements of the Grants. Over 50% of projects included a Donor project partner, and 97% of respondents were satisfied with these

partnerships. Benefits included: 1) knowledge transfer and mutual learning, 2) technical inputs on project design and implementation, 3) follow-up research and institutional partnerships.

Challenges included limited operational engagement in some partnerships, differences in institutional capacity and legal environments, and a lack of mechanisms for post-project collaboration. Structured matchmaking, clearer expectations, and continued support for follow-up cooperation could enhance bilateral outcomes in future programming.

At **programme level**, bilateral cooperation was strongest in countries with clear strategic focus, stable institutional leadership, and proactive engagement with Donor Programme Partners. In Czechia and Lithuania, sustained collaboration with the DPP contributed to systemic reforms in mental health care. In contrast, in both Poland and Romania, difficulties beyond the direct control of the POs, such as political instability and frequent personnel changes, posed challenges to establishing more structured cooperation and achieving long-term impact.

Success stories

Fourteen projects were selected as **success stories** across five themes: cancer, mental health, health inequalities, women's health, and prevention. These cases illustrate a wide range of interventions and demonstrate the breadth of impact achieved under the Grants. The stories were selected based on defined criteria including impact, sustainability, replicability, bilateral cooperation, and innovation. While not representative of all funded projects, they highlight good practice and provide lessons for future programming. Several success stories show strong integration with national systems and ongoing sustainability.

Recommendations

The evaluation confirms that the EEA and Norway Grants have made a meaningful and distinct contribution to health system development and equity in Beneficiary States. The evaluation proposes targeted **recommendations**, grouped by the main evaluation criteria:

Criterion	Recommendations	Main addressees
Coherence	1. Strengthen coordination mechanisms between the Grants and EU health funding at national level; promote	NFPs, with FMO support
	joint planning, gap analyses, and structured alignment	
	with EU and national health strategies.	
	2. Introduce options for collaboration and consultation	FMO, with Donors
	about funding priorities with EU-funded Joint Actions, to maximise synergy and reduce fragmentation	and DPPs support
Effectiveness	3. Ensure a balanced mix of projects adapted to capacity	POs, with NFPs
	and context.	monitoring support
	4. Use the opportunity of the revised results framework to	FMO and
	provide clear guidance and training to POs and PPs on	POs/FOs
	the use and purpose of indicators.	
Sustainability	5. Integrate sustainability planning into programme and	POs/FOs, with
	project design.	FMO support
	6. Explore options to reduce the time gaps between funding	Donors, NFPs
	periods (reducing the time spent for programming) and	
	provide transitional support or "bridge funding" for highly	
	successful projects by the Beneficiary States.	
	7. Monitor sustainability outcomes through follow-up	FMO
	surveys or light-touch ex post evaluations	
Bilateral	8. Explore options for providing financial resources, to	NFPs
cooperation	support continued cooperation post-project by the	
	Beneficiary States	
	9. Document and share examples of successful	FMO, with Donors
	partnerships across Beneficiary and Donor States.	and DPPs support

Introduction

This document is the **Final Report** for the **Evaluation of Health-related Programmes and Projects (2014-2021 Financial Mechanisms)**, under Framework Agreement No. 2017-05. The evaluation was delivered by Tetra Tech International Development.

This report provides an overview of the objectives and scope of the evaluation, outlines the methodological approach employed, and presents the findings according to the evaluation criteria, including responses to the evaluation questions. It also sets out the evaluation's conclusions and associated recommendations.

The report is structured as follows:

- Chapter 1: Background and context
- Chapter 2: Methodology
- Chapter 3: Findings
- Chapter 4: Conclusions
- Chapter 5: Recommendations

This report is accompanied by seven annexes:

- Annex I. Evaluation questions matrix
- Annex II. Survey report
- Annex III. List of interviews
- Annex IV. References/list of documents
- Annex V. Data collection tools: discussion guides and survey questionnaire
- Annex VI. Health-related research and innovation projects
- Annex VII. List of health projects

1. Background and context

1.1. Background to the health programmes and health-related projects

1.1.1. Overview of health programmes and health-related projects in the 2014-2020 **Financial Mechanisms**

During the 2014–2021 funding period, the EEA and Norway Grants-representing the financial contributions of Iceland, Liechtenstein, and Norway-focused on 23 programme areas³. Among the most significant was **Programme Area 06 (PA06) – European Public Health Challenges**⁴. With a total allocation of approximately €87.5 million, PA06 targeted key public health priorities, including disease prevention, reducing health inequalities, and strengthening health systems. The areas of support under PA06 are outlined in the **Blue Book**⁵ and include:

- Prevention of non-communicable diseases
- Prevention and control of communicable diseases in accordance with the international health • regulations, including Tuberculosis and HIV/AIDS
- Health systems development, including information and surveillance systems •
- Universal access to health care
- Reduction of social inequalities in health and the burden of diseases •
- Mental health, including mental disorders associated with alcohol and drug abuse
- Strengthening systems for primary health care services •
- Healthy and active ageing

The Beneficiary States with a dedicated health programme (PA06) were Czechia, Lithuania, Poland, and Romania. The programmes focused on one or more of the above areas of support.

Adding to this, there were health-related projects funded under other programme areas, such as PA01 (Business Development, Innovation and SMEs area)⁶, PA02 (Research)⁷, PA15 (Active Citizens' Fund)⁸ and, notably, PA10 (Local Development and Poverty Reduction)⁹. These projects focused on a range of themes, including the following falling under the scope of this evaluation:

- Cancer: research and innovation, prevention, screening, early diagnosis, monitoring, treatment, and care, as well as improving the quality of life of patients and survivors.
- Mental health, with a focus on the wellbeing of children and youth, especially those at risk.
- Health inequalities and inequities in relation to healthcare: improved access to healthcare • for people in vulnerable situations, including Roma and people living in remote areas, including through mobile clinics and e-health services.
- Women's health, including maternal health (e.g., home visitation services) and sexual and reproductive health.
- Prevention and actions to enable healthy life choices, to promote healthy diets and regular . physical activity with the aim of promoting life-long health, especially of children and youth.

³ EEA and Norway Grants 2014-2021 – Blue Book: Local Development and Poverty Reduction, available at: EEA and Norway Grants 2014-2021 - Blue Book: Local Development and Poverty Reduction | EEA Grants ⁴ EEA and Norway Grants 2014-2021 – Blue Book: Local Development and Poverty Reduction, available at: Pages+from+Blue+Book_PA+00-

^{6.}pdf ⁵ EEA and Norway Grants 2014-2021 – Blue Book, available at:

https://deagrants.org/sites/default/files/resources/Pages%2Bfrom%2BBlue%2BBook_PA%2B00-6.pdf ⁶ EEA and Norway Grants, Business Development, Innovation and SMEs, available at: <u>Business Development, Innovation and SMEs | EEA</u>

Grants 7 EEA and Norway Grants 2014-2021 – Blue Book: Research, available at: EEA and Norway Grants 2014-2021 – Blue Book: Research | EEA

Grants ⁸ EEA and Norway Grants 2014-2021 – Blue Book: Civil Society, available at: <u>EEA and Norway Grants 2014-2021 – Blue Book: Civil Society</u>

EEA Grants
⁹ EEA and Norway Grants 2014-2021 – Blue Book: Local Development and Poverty Reduction, available at: EEA and Norway Grants 2014-2021 - Blue Book: Local Development and Poverty Reduction | EEA Grants

In addition, PA10 also addressed areas of support relevant to the main objective of PA06, listed above.

The following table provides an overview of the total funding (€187.6 million) distributed across the different Beneficiary States and programme areas, as well as the number of health-related projects evaluated.

Countries and programmes	Total funding per PA and per country (in €) ¹¹	% of funding per PA and per country	Number of projects per PA and country
Bulgaria	14,954,931.2	8.0%	14
PA10	14,624,931.2	7.8%	13
PA15	330,000.0	0.2%	1
Croatia	149,168.8	0.1%	5
PA15	149,168.8	0.1%	5
Cyprus	1,370,101	0.7%	4
PA10	1,275,000	0.7%	3
PA15	95,101.0	0.1%	1
Czechia	17,967,209.0	9.6%	42
PA06	13,509,450.5	7.2%	36
PA02	4,236,789.0	2.3%	3
PA15	220,969.4	0.1%	3
Estonia	8,718,218.4	4.6%	17
PA10	4,720,641.8	2.5%	6
PA01	3,927,957.5	2.1%	10
PA15	69,619.0	0.0%	1
Greece	745,171.2	0.4%	6
PA15	745,171.2	0.4%	6
Latvia	2,030,000.0	1.1%	2
PA02	2,030,000.0	1.1%	2
Lithuania	17,663,321.2	9.4%	71
PA06	16,663,321.2	8.9%	70
PA02	1,000,000.0	0.5%	1
Malta	2,407,059.0	1.3%	1
PA10	2,407,059.0	1.3%	1
Poland	23,265,988.4	12.4%	28
PA06	13,875,453.0	7.4%	15
PA02	8,937,927.7	4.8%	1
PA15	452,607.7	0.2%	0
Portugal	57,500.0	0.0%	1
PA15	57,500.0	0.0%	1
Romania	92,081,646.3	49.1%	73
PA06	43,450,999.7	23.2%	27
PA10	34,98,733.8	18.5%	34
PA02	13,931,912.8	7.4%	12
Slovakia	6,011,360.9	3.2%	12
PA10	831,375.0	0.4%	3

Table 1: Programmes and funding¹⁰

¹⁰ Please note that, the amounts presented in this table correspond exclusively to grant allocations for the health-related projects analysed. ¹¹ The total funding per Programme Area (PA) and per country refers exclusively to health-related projects pre-selected by the FMO—**not necessarily all health-related projects**—as outlined in Annex VII of this report.

Countries and programmes	Total funding per PA and per country (in €) ¹¹	% of funding per PA and per country	Number of projects per PA and country
PA01	5,041,093.9	2.7%	5
PA15	138,892.0	0.1%	4
Slovenia	178,594.1	0.1%	4
PA15	178,594.1	0.1%	4
Total	187,601,341.6	100%	280

Source: Based on the original grant allocations in the list of health-related projects provided by the FMO (Annex VII).

The distribution of projects across the five themes was as follows, with the main theme being "health inequalities and inequities in relation to healthcare." While each project was assigned to a main theme, there was some overlap, particularly as health inequalities emerged as a cross-cutting issue addressed— to varying degrees— in most projects.

Table 2: Distribution of all health-related projects by theme

Themes	Number of projects funded under each theme (per programme)
Cancer	17
BG-LOCALDEV	1
CY-LOCALDEV	1
CZ-RESEARCH	1
EE-INNOVATION	1
GR-ACTIVECITIZENS	1
LT-RESEARCH	1
LV-RESEARCH	1
PL-Applied Research	4
PL-Basic Research	1
RO-HEALTH	2
RO-RESEARCH	3
Health inequalities and inequities in relation to	109
	1
	12
	12
	1
	1
	13
	1
	2
	2
	2
	2
	1
PI -Applied Research	1
	8
RO-HEALTH	17
RO-LOCALDEV	33
RO-RESEARCH	3
SK-INNOVATION	
SK-LOCALDEV	2

Themes	Number of projects funded under each theme (per programme)
Mental health	79
CY-LOCALDEV	1
CZ-ACTIVECITIZENS	2
CZ-HEALTH	14
EE-ACTIVECITIZENS	1
EE-LOCALDEV	1
GR-ACTIVECITIZENS	3
HR-ACTIVECITIZENS	3
LT-HEALTH	37
PL-ACTIVECITIZENS-REGIONAL	5
PL-HEALTH	1
PT-ACTIVECITIZENS	1
RO-HEALTH	1
RO-RESEARCH	2
SI-ACTIVECITIZENS	2
SK-ACTIVECITIZENS	4
SK-INNOVATION	1
Prevention and actions to enable healthy life choices	56
CY-LOCALDEV	1
CZ-HEALTH	7
CZ-RESEARCH	1
EE-INNOVATION	6
EE-LOCALDEV	2
LT-HEALTH	16
LV-RESEARCH	1
PL-ACTIVECITIZENS-REGIONAL	1
PL-Applied Research	1
PL-HEALTH	5
RO-HEALTH	7
RO-RESEARCH	4
SI-ACTIVECITIZENS	1
SK-INNOVATION	3
Women's health	19
EE-INNOVATION	1
EE-LOCALDEV	1
LT-HEALTH	13
PL-HEALTH	1
RO-LOCALDEV	1
SI-ACTIVECITIZENS	1
SK-LOCALDEV	1
Grand Total	280

Source: List of health-related projects provided by the FMO (Annex VII).

PA06 and PA10 projects were also classified across areas of support, with most of these projects falling under two or often three possible categories. The classification is presented in the table below.

Table 3: Classification of PA06 and PA10 projects across Areas of Support

Areas of support	Number of projects per Area of Support (projects usually fall under two or more areas)
Health systems development, including information and surveillance systems	119
Healthy and active ageing	9
Mental health	70
Prevention and control of communicable diseases	4
Prevention of non-communicable diseases	49
Reduction of social inequalities in health and the burden of diseases	136
Strengthening systems for primary health care services	35
Universal access to health care	138

Source: List of health-related projects provided by the FMO (Annex VII).

1.2. Bilateral cooperation

Bilateral cooperation between Donor and Beneficiary States is a key feature of the EEA and Norway Grants, involving partnerships between institutions from the Beneficiary States with Norwegian and Icelandic institutions, as far as the evaluated programmes are concerned, to facilitate knowledge exchange and capacity building.

Donor Programme Partners (DPPs) play a strategic role in programme design, planning and implementation, as well as in facilitating project partnerships. In the 2014-2021 funding period, the DPPs involved in the studied programmes are the following:

Table 4: List of DPPs involved in the programmes covered by the evaluation

Donor Programme Partner	Programme
Directorate for Higher Education and Skills (HK-	LV-RESEARCH
DIR NO)	SK-INNOVATION
	LT-RESEARCH
Innovation Norway (IN NO)	EE-INNOVATION
	SK-INNOVATION
Norwegian Association of Local and Regional	BG-LOCALDEV
Authorities (KS NO)	RO-LOCALDEV, LV-LOCALDEV
Norwegian Directorate of Health (HDIR NO)	RO-HEALTH
	EE-LOCALDEV
	PL-HEALTH
	CZ-HEALTH
	LT-HEALTH

Donor Programme Partner	Programme
Research Council of Norway (RCN NO)	RO-RESEARCH
	LV-RESEARCH
	CZ-RESEARCH
	LT-RESEARCH
	PL-Applied Research, PL-Basic Research

Donor project partners (Dpps) play a critical role in enhancing the effectiveness of projects by leveraging their expertise, resources, and networks to address specific challenges faced by Beneficiary States. In the evaluated projects, the donor project partners comprised a diverse network of 74 organisations, universities, and public institutions from Norway and, to a lesser extent, Iceland. They included research institutions such as the University of Oslo, the Norwegian Institute of Public Health, and Oslo University Hospital, which contributed expertise in medical research, public health policy, and healthcare innovation. Additionally, civil society organisations and advocacy groups, including Save A Child, Sex og Politikk, and the Norwegian Rheumatism Association, focused on health rights, disease prevention, and support for vulnerable populations, while regional and municipal bodies like Trøndelag Region and the Municipality of Trondheim engaged in governance and development initiatives to strengthen health systems at the local level. The collaboration between Dpps and Beneficiary State institutions was characterised by mutual learning and shared objectives, with a focus on building long-term relationships that extend beyond individual projects.

1.3. Aims and scope of the assignment

This evaluation of health-related programmes and projects under the 2014-2021 Financial Mechanisms had both a summative and a forward-looking purpose. As such, the evaluation:

- assessed the coherence, effectiveness, and sustainability of the health-related programmes and projects funded by the EEA and Norway Grants during the 2014 and 2021 Financial Mechanisms.
- assessed how well these projects have addressed specific needs and opportunities in the health sector compared to larger EU-funded initiatives.
- consolidated insights on key outputs and outcomes across selected themes and areas of support within the Grants.
- identified and analysed success stories through a deeper examination of successful projects, offering key lessons and recommendations for replication, upscaling, and sustainability in the upcoming funding periods.
- examined how bilateral cooperation has contributed to the success of the health-related programmes and projects, focusing on knowledge transfer, capacity building, and the long-term results of partnerships between Donor and Beneficiary States.

At a more specific level, the evaluation also:

- assessed how the health-related programmes and projects¹² aligned with and complement large EU funding in the health sector (e.g., the EU Third Health Programme as well as more recent programmes including but not limited to the Fourth EU4Health Programme and EU Recovery and Resilience Fund (RRF)). The evaluation explored how and to what extent the EEA and Norway Grants play a unique role in addressing funding gaps or building synergies with EU funding.
- evaluated the degree to which health-related programmes and projects have achieved their intended outputs and outcomes, and the factors that have contributed (or not) to this, including bilateral cooperation. For programmes and projects falling under PA06 and PA10 all areas of support as defined in the *Blue Book*, and presented in Section 1.1.1, were considered. For projects falling under the other Programme Areas, special attention was given to projects' results under five key themes:

¹² Here referring to the PA06 (Health programme), PA10 (Local Development programme for Estonia and Local Development projects for other countries), PA15 (Active Citizens Fund projects)

cancer, mental health, health inequalities and inequities in access to healthcare, women's health, and prevention and healthy life choices.

 assessed the sustainability of the health-related outcomes, with a focus on how results can be maintained and scaled in future funding periods. The evaluation explored opportunities for continued funding, partnership building, and institutional frameworks that support long-term healthcare improvements.

The primary focus of this evaluation was programmes under **PA06**, as well as relevant projects under **PA10**. As secondary focus, the evaluation also covered selected health-related projects from **PA01**, **PA02** and **PA15**. Overall, the evaluation covered **280 projects**. Of these, 148 projects were funded under **PA06**. The remaining 132 projects represent a **sample** of health-related projects supported by the Grants under the other four PAs. These projects were identified by the FMO based on their alignment with the five overarching themes of this evaluation, i.e., cancer, mental health, health inequalities, women's health, and prevention and healthy life choices.

As per the Evaluation Question Matrix (EQM), presented in **Annex I**, the evaluation sought to answer the following questions:

Table	5:	Evaluation	questions
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Criterion	Questions
Coherence	EQ1. How, and to what extent, have the programmes and projects filled in a niche compared to large EU funding in the health sector? (PA06, PA10, PA15)
Effectiveness	EQ2. Programme level results: To what extent have the health and local development programmes achieved their planned outputs and outcomes in health, taking into account special concerns? (PA06, PA10)
	EQ3. Project level results: Which, and what types of, projects have best contributed to the health programme area's objective? Why? (PA06, PA10, PA15)
	EQ4. What are the key outputs of the health-related projects falling under the Research and Innovation Programme Areas with respect to the identified themes? (PA01, PA02)
	EQ5. How could the Grants better measure the health-related results? (PA06, PA10)
Sustainability	EQ6. How to build on the most significant results and upscale/ sustain these in the upcoming Financial Mechanisms 2021-2028? (PA06, PA10, PA15)

2. Methodology

The study was conducted between November 2024 and March 2025.

The data collection included desk research, a detailed interview programme at country and programme levels, as well as project-level research, which included an online survey of beneficiaries (i.e., Project Promoters (PP), and Donor project partners (Dpps), and site visits to selected projects in the four selected Beneficiary States with designated PA06 Health Programmes: Czechia, Lithuania, Poland, and Romania. Altogether, the evaluators conducted 54¹³ individual and 3 group interviews with Grants stakeholders.

2.1. Desk research

The desk research was a cross-cutting task of the evaluation and entailed the following key activities:

 Review of documentation and monitoring data: in-depth review of information sources and thorough examination of project-level information encoded in the GrACE system.

¹³ The evaluators carried out 33 interviews at programme level and 21 at project level.

- Mapping projects to areas of support and key themes: categorisation of the 280 projects listed in Annex VII across the areas of support (for projects under PA06 and PA10) and the five main themes (all projects).
- Supplementary desk research for projects under PA01, PA02, and PA15: focused review of secondary evidence available on the key outputs of the health-related projects falling under PA01, PA02 and PA15 with respect to the five key themes, in particular projects covered by site visits.

2.2. Interview programme

The evaluation team conducted 33 interviews with key stakeholders involved in the Grants, including at:

- **the Grants level**: three experts in the Financial Mechanism Office (FMO, as part of scoping phase of the study) and one former FMO staff member.
- **the national level**: National Focal Points across seven Beneficiary States that have a dedicated Health programmes (PA06) and/or selected projects under PA10.
- **the programme level**: respective Programme Operators (PO) and Donor Programme Partners as well as selected Fund Operators (FO) for the Active Citizens Fund in countries where health-related civil society projects were identified.

We also interviewed a representative of the European Commission, in charge of the EU Health Programme.

The table below presents the details of the interviews conducted. The detailed list of interviewees is presented in **Annex III**.

Stakeholder type	Number of interviews	Countries / programmes
National Focal Points (NFP)	7	Bulgaria, Czechia, Estonia, Lithuania, Poland, Romania, Slovakia
Programme Operators	12	Bulgaria (Local Development), Cyprus (Local Development), Estonia (Local Development), Latvia (Research), Lithuania (Health; Research), Malta (Local Development), Poland (Health), Romania (Health; Local Development), Slovakia (Local Development; Innovation)
Fund Operators (Active Citizens Fund)	4	Croatia, Greece, Poland (ACF – Regional), Slovakia
Donor Programme Partners	5	Bulgaria (Local Development), Czechia (Health), Estonia (Local Development), Lithuania (Health), Poland (Health), Romania (Health), Latvia (Research), Lithuania (Research), Slovakia (Innovation) ¹⁴
Financial Mechanism Office	4	3 Programme Managers/Sector Officers (scoping interviews as part of inception phase of the study) and a former Health Sector Officer
European Commission	1	Third Health Programme and EU4Health manager

Table 6. Interviews conducted as part of the interview programme

The interviews were conducted in English or in the local languages and were held online. The interviews focused on the assessment of achievements or health-related programmes, key challenges, assessment of sustainability, bilateral cooperation at programme level and identification of success stories. The interviews addressed the evaluation questions under coherence, effectiveness, and sustainability criteria (please refer to Annex V for the detailed discussion guides used in the interviews).

¹⁴ Norwegian Directorate of Health was a DPP for 5 programmes.

2.3. Online survey of Project Promoters and Donor project partners

Consultation at project level, with PPs and Dpps, was mainly conducted via an online survey. It was disseminated to PPs and Dpps, whose projects were identified as health-related by the FMO.

The survey was launched on Snap Survey platform on 3 February 2025, and it was open until 28 February 2025. Respondents were contacted via targeted e-mails based on a list of projects provided by the FMO, which included:

- 280 Project Promoters
- 108 Donor Project Partners

The questionnaire (presented in Annex V) was available in English.

Overall, 142 respondents contributed to the survey, which included:

- 110 Project Promoters (response rate of 39%)
- 32 Donor Project Partners (response rate of 30%)

The distribution of respondents per country, including the Beneficiary States and the Donors States, is presented in the Figure below.

Figure 1. Online survey – geographical distribution of respondents (PPs and Dpps)



Source: PP and Dpp survey

A complete survey report is presented in Annex II.

2.4. Project visits in selected Beneficiary States

Additional project-level data was collected through visits to selected 16 projects funded under PA06 and PA10, and one bilateral initiative, in the four selected countries implementing a health programme (PA06), i.e., Czechia, Lithuania, Poland and Romania. The projects for the visits were selected to reflect the diverse structure of projects listed in **Annex VII**. When selecting the projects, we considered the following criteria:

- Implementation modality: the sample covered projects selected through calls and predefined projects.
- Size of projects: the sample included a mix of small projects (up to €100,000), medium projects (above €100,000 euro but below €1 million) and large (above €1 million) projects.
- Areas of support: we have attempted to cover as many areas as possible.
- Balanced mix of projects with and without a Dpp: to capture diverse implementation experiences and insights.

We aimed to reflect the structure of all 280 projects in the list (provided in Annex VII), but this had to be adjusted as the structure of priority projects was significantly different in terms of project modality and

project size. Also, during the implementation of the study, one project in Romania had to be replaced¹⁵ and a bilateral initiative in Czechia was added, of importance to, and the request of, the FMO.

The list of projects covered in site visits is presented in the Table below.

Table 7. Project sample for field research

Project code	Title	Modality	Grant size (in €)	Areas of support
Lithuania				•
LT-HEALTH- 0001	Adaption and implementation of Incredible Years Programme in Lithuania	Pre-defined project	Large 1,741,744	Mental health
LT-HEALTH- 0002	Adjustment and Coordination of Youth- friendly Health Care Service Provision Model at National Level	Pre-defined project	Medium 221,775	Mental health
LT-HEALTH- 0003	Development and implementation of the Well- being Advisers model	Pre-defined project	Medium 259,938	Mental health
LT-HEALTH- 0004	Development of Home visitation early intervention model	Pre-defined project	Medium 219,530	Reduction of social inequalities in health and the burden of diseases Mental health
Poland			·	
PL-HEALTH- 0001	Tackling social inequalities in health with the use of e- health and telemedicine solutions	Pre-defined project	Large 4,456,716	Health systems development, including information and surveillance systems Universal access to health care Reduction of social inequalities in health and the burden of diseases
PL-HEALTH- 0002	Healthy lifestyle of children and youth	Pre-defined project	Large 4,250,000	Prevention of non- communicable diseases Reduction of social inequalities in health and the burden of diseases Mental health
Czechia		L		
CZ- HEALTH- 0002	AMR prevention	Pre-defined project	Large 2,656,360	Prevention and control of communicable diseases
CZ- HEALTH- 0016	Saste Roma - Improving Health in Excluded Localities	Call	Medium 588,295	Reduction of social inequalities in health and the burden of diseases Prevention of non- communicable diseases Prevention and control of communicable diseases
CZ- HEALTH- 0018	Child Talks+ – preventive intervention for children of parents with mental health problems	Call	Medium 576,279	Mental health
CZ- HEALTH- 0029	Establishment and development of the National Association of Patient Organizations (NAPO)	Call	Medium 157,772	Prevention of non- communicable diseases

¹⁵ Due to personal issues, the Project Promoter was unavailable for an interview with the evaluation team for the duration of the data collection phase.

Project code	Title	Modality	Grant size (in €)	Areas of support
CZ-BI155	Improving access to primary healthcare services for most marginalized communities in Czechia	Bilateral initiative	Medium 494,186.00	Reduction of social inequalities in health and the burden of diseases Prevention of non- communicable diseases
Romania				
RO- HEALTH- 0001	Strengthening the National Network of Primary Health Care Providers to improve the Health Status of the Population, children, and adults (including vulnerable population)	Pre-defined project	Large 8,443,365	Strengthening systems for primary health care services Reduction of social inequalities in health and the burden of diseases
RO- HEALTH- 0006	Increase performance regarding diagnosis and treatment of cancers in children by improving technical equipment, purchase of modern devices, medical personnel training, and development of guidelines	Pre-defined project	Large 3,698,245	Universal access to health care Reduction of social inequalities in health and the burden of diseases
RO- HEALTH- 0007	Support for the Development of Community Mental services for children and adolescents	Pre-defined project	Large 2,971,247	Mental health
RO- LOCALDEV- 0055 ¹⁶	PALCommunity-Increasing access to palliative care for beneficiaries from disadvantaged communities	Call	Large 2,034,424	Reduction of social inequalities in health and the burden of diseases
RO- LOCALDEV- 0113	Community Health Services for Roma community in the Ion Corvin village	Call	Small 49 909	Universal access to health care Reduction of social inequalities in health and the burden of diseases

Project visits included individual interviews with PPs and Dpps and group interviews with end beneficiaries. Overall, the evaluators conducted individual interviews with 16 PPs (15 PA06 projects and one bilateral initiative in Czechia) and five Dpps. Their feedback provided qualitative insights that deepened the information collected through the survey and supported the triangulation of evidence.

Additionally, the evaluators conducted three group interviews with end beneficiaries of selected projects, in Czechia, Lithuania and Romania. These interviews were conducted with:

Table 8: Projects subject to group discussions

Project	Short description of the project	Participants
RO-LOCALDEV-0113 - Community Health Services for Roma community in Ion Corvin village	Setting up of a community assistance centre by purchasing, and endowment of a modular structure for the provision of community healthcare services for 400 people.	Three members of the Roma community accessing services (two men and one woman)
CZ-HEALTH-0029 - Establishment and Development of the National Association of Patient Organizations (NAPO)	Establishment and development of an umbrella organization of patient organizations - the National Association of Patient Organizations (NAPO), an umbrella organisation facilitating systemic involvement of patients across diagnostic	Four Chairs of patient organisations

¹⁶ This project replaces RO-LOCALDEV-0079, Equity for health, equity for a better life!, grant size € 588 467, as Project Promoter was unavailable for an interview for the duration of the data collection phase.

Project	Short description of the project	Participants	
	groups in the formulation of health policies in Czechia.		
LT-HEALTH-0004 - Development of Home visitation early intervention model	Development and implementation of an early intervention home visitation model. A model for early intervention through home visitation was developed, along with a training programme for nurses and midwives to provide early intervention services at home for women from pregnancy through the first two years after childbirth.	Three nurses and midwives receiving training and delivering the intervention	

In Poland, no specific group interview was organised, but the evaluators received a report from a group interview with beneficiaries of the projects selected in an open call as part of an evaluation conducted by the Programme Operator of the Polish Health programme. This data was used to further deepen the understanding of the direct impact of the Grants and triangulate evidence to develop answers to relevant evaluation questions.

2.5. Identification of success stories

As part of the study, the evaluators identified a selection of projects for "success stories" to illustrate examples of activities funded by the Grants across the five study themes: cancer, mental health, health inequalities and inequities in relation to healthcare, women's health (including maternal health) and prevention and actions to enable healthy life choices. Projects were mainly referred to the evaluators by stakeholders consulted, and the merits for their inclusion corroborated through assessment of project results on GrACE. In assessing their inclusion, the evaluators adopted a flexible approach, as not all criteria were applicable for all projects to be considered successful. At the same time, the stories are presented as examples of successful implementation across all five themes covered by the evaluation, to showcase the breath of interventions financed through EEA and Norway Grants. This does not mean that other projects were not equally or more successful than the stories selected. The criteria used for the inclusion of projects were as follows:

- **Impact**: there is evidence of measurable impact of the project on certain health area, sector, health indicators, etc.
- **Sustainability**: there is evidence that the project outcomes will be maintained or scaled up after funding ends, including plans for continued support or integration into local health systems.
- Transferability/ replicability: the project has the potential to be replicated in other Beneficiary States.
- **Bilateral cooperation**: there is evidence of effective donor project partner involvement and/or transfer of good practices between the Donor and the Beneficiary State.
- Innovation: The project features an innovative design and offers novel solutions, approaches, or measures.

2.6. Limitations of the evaluation

Several key challenges and considerations need to be considered when reviewing the report.

Stakeholders' engagement

Stakeholders' engagement is crucial for all programme evaluations. In this study, stakeholders' engagement was very high at national and programme level, and the evaluators managed to conduct all planned interviews with NFPs, POs, FOs, and DPPs. However, this was more challenging at project level. This engagement, which was at satisfactory but lower level, was to be expected, in particular for

projects that had ended over twelve months before. During project visits, the evaluators managed to conduct 16 out of 17 planned interviews with PPs and five out of eight planned interviews with Dpps. The response rates to the survey were also at satisfactory level: 39% for PPs and 30% for Dpps. The evaluators observe that the GRACE system does not always contain the most relevant or up to date contact details of Grants' beneficiaries or even POs (for instance, it tends to include a generic email of an institution rather than specific project coordinator), which hinders reaching out to them with interview requests or survey invites.

Sampling limitations

The sampling of projects for site visits presented certain limitations. The list of priority projects, identified by the FMO, had a significantly different structure compared to the complete list of projects. Priority projects tended to be larger and predefined, whereas all projects are generally smaller and selected through calls. Small projects account for about a third of all projects, but the evaluators were able to include only one such project in the sample of projects to visit. Projects selected through calls represent nine out of ten of all projects, while the majority of priority projects were predefined projects. Although the focus on priority projects reflects their significance for the Beneficiary States and the FMO, the results of the evaluation may be slightly biased towards feedback provided by PPs of larger, predefined projects. Therefore, feedback from POs of other programmes (not directly related to health) and FOs of the Active Citizens Fund were also included in the evidence. The survey conducted in this study was also directed at all projects, not just priority ones.

Group interviews

Organisation of group interviews presented significant challenges. While group discussions can generally provide valuable insights, they are often difficult to organise within limited timeframes, as was the case in this evaluation. The group interviews aimed to gather end beneficiaries of projects. However, for some large high-level predefined projects, without clearly identified target audience, it was difficult to identify a relevant representative group for these interviews. In other projects, participant engagement and limited timeframe for organisation of these interviews were crucial issues. In cases where group interviews proved impractical, we adapted our approach by incorporating additional interviews or collecting other additional data to ensure robust evidence and triangulation of data.

Influence of beneficiary perspectives on evaluation findings

This evaluation relied heavily on feedback primarily gathered from beneficiaries of the Grants and other stakeholders directly involved in the projects. While their insights are invaluable, they may also introduce bias into the findings. Beneficiaries are likely to have a personal stake in portraying their projects positively, which can lead to overly optimistic assessments of outcomes and impacts. This self-selection bias is a common concern in evaluations of grant schemes, as stakeholders may unconsciously emphasise successes while downplaying challenges or shortcomings. This limitation is particularly significant in the absence of neutral third-party observations, which restricts the evaluation's ability to triangulate findings and objectively assess the true effectiveness of the grants. To mitigate this bias, the evaluation included feedback from NFPs, DPPs, and Dpps, who can be considered "neutral observers" to some extent. Additionally, anonymity of interviews and surveys was ensured to encourage honest opinions. The data was also reviewed with this limitation in mind to provide a more balanced interpretation of the findings.

Identification of success stories

Related to the above, the suggestions for the most successful projects ("success stories") came directly from stakeholders of the Grants. It is necessary to acknowledge that their selection may be subject to bias as well. Project Promoters may tend to view their own projects as more successful than they were, and they may lack a comparative perspective. The evaluators therefore relied to a larger extent on the perspectives of higher-level stakeholders, such as NFPs, POs and FOs. However, they may also not have a comprehensive overview of each project and may also have their own "favourite" projects. For instance, they might favour predefined projects over those selected through calls for proposals.

Furthermore, comparing projects implemented through different modalities, of varying sizes (ranging from \in 5,000 to over \in 11 million), and across different programmes and Beneficiary States is challenging. Nonetheless, the evaluators developed unified selection criteria (see section 2.5) that were applied to all projects, which facilitated this process.

3. Findings

3.1. Coherence

3.1.1. EQ1. How, and to what extent, have the programmes and projects filled in a niche compared to large EU funding in the health sector? (PA06, PA10, PA15)

Key findings

The EEA and Norway Grants have addressed important gaps in the health sector left by large-scale EU funding, particularly by targeting marginalised populations, piloting innovative health solutions, and fostering bilateral cooperation to enhance local health capabilities. These Grants have supported projects in areas such as telemedicine, assistive technologies, community-based healthcare, and palliative care—sectors often underserved by larger EU health programmes. By focusing on flexible, localised interventions, the Grants have played a key role in improving healthcare access for vulnerable groups and facilitating scalable health innovations through national and EU funding.

The EU health funding landscape

The **EU Health Programme** serves as the European Commission's main funding instrument for health across the EU Member States and associated non-EU countries, among them, Norway, and Iceland¹⁷. During the EEA and Norway Grants' 2014-2021 funding period, the **Third Health Programme (3HP)** was implemented, with a budget of €449.4 million. Its objectives included reducing health inequalities, supporting innovation, and improving the sustainability of health systems. In the latest years of the Grants' implementation, the **EU4Health Programme** (2021-2027) was adopted. Its significantly larger budget of €4.4 billion (reduced from the initial €5.3 billion following the revision of the 2021-2027 Multiannual Financial Framework (MFF)), reflected the EU's response to the COVID-19 pandemic. The programme focuses on health crisis preparedness, disease prevention, access to affordable medicines, and fostering resilient health systems. The programme also supports the EU's broader health priorities, including cancer prevention, digital health innovation, and the European Health Union.





Under the Health Programme, EU actions are funded through a series of financial instruments, the most relevant for the present evaluation being:

• **Project grants:** Used to fund a collaborative effort between different organisations in various EU Member States, which join forces to perform various tasks on a common set of objectives for a defined period. Typically, these are implemented by research institutes, academic organisations, and public bodies.

¹⁷ Please see: <u>https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union_en</u>

Joints Actions (JA): Collaborative projects involving several EU and associated countries with the objective to address key EU health policy priorities, for example, by sharing, testing, and refining successful tools, methods, and approaches. These direct grants under the EU4Health and Third health programmes are implemented by a consortium of national public health authorities nominated by EU countries.

Additional EU instruments of relevance to health were adopted in the period studied, including:

- Horizon 2020¹⁸ and Horizon Europe¹⁹: Supported health-related research, including cancer research, personalised medicine, and neurodegenerative diseases, to enhance public health and resilience.
- Digital Europe Programme²⁰: Aimed at bolstering Europe's digital capabilities across various sectors. In the realm of healthcare, the programme focuses on developing digital health infrastructure (e.g., establishing and upgrading digital health systems) and enhancing digital skills (e.g., equipping healthcare professionals with advanced digital competencies). The programme plays a pivotal role in the development of the European Health Data Space (EHDS) by promoting data interoperability and ensuring data security. EU Member States aiming to enhance their EHDS capabilities can access funding through several the Digital Europe Programme.
- Recovery and Resilience Facility²¹: The RRF is the central component of EU's plan NextGenerationEU. It provides €723.8 billion in loans and grants to support reforms and investments by Member States, aiming to mitigate the economic and social impact of the COVID-19 pandemic and make European economies more sustainable, resilient, and better prepared for the green and digital transitions. Health resilience is among the six pillars of the RRF. Measures supporting this pillar in the 22 adopted plans amount to expenditure totalling €78 billion, focusing on strengthening healthcare and reforming public administration.
- European Structural Funds: from 2014 to 2020, more than €9 billion of the European Regional Development Fund (ERDF) and the European Social Fund (ESF) were allocated for health-related investments in EU Member States, including health infrastructure, ICT solutions and e-health, active and healthy ageing, and access to services, including healthcare.²² Investments in health continue through ERDF (social inclusion and equal access to healthcare) and ESF+ (person-centred care, including healthcare; effectiveness and resilience of healthcare systems and long-term-care services) in the current MFF.

Comparison and synergies between the EEA and Norway Grants and EU health funding

While both the EEA and Norway Grants and EU health programmes share overarching goals—reducing health inequalities and improving health systems-their scope, target populations, and delivery mechanisms differ. Key distinctions include:

- Scale and scope: EU health funding operates on a much larger scale, while the EEA and Norway Grants support more targeted, small-scale interventions.
- Geographical focus: EU funding covers all Member States, whereas the EEA and Norway Grants target less prosperous countries in Central and Southern Europe and the Baltics.
- Intervention type: EU health programmes typically fund national-level initiatives, cross-border health threats, large-scale health system improvements, and facilitates knowledge-sharing among EU Member States. The EEA and Norway Grants focus on localised interventions, addressing gaps in healthcare access, infrastructure, and service delivery, particularly for disadvantaged communities (e.g., Roma health, mental health services, women's health).

¹⁸ Horizon2020, available at: <u>https://research-and-innovation.ec.europa.eu/funding/funding-opportunities/funding-programmes-and-open-</u> alls/horizon-2020_en

calls/horizon-2020_en ¹⁹ Horizon Europe, available at: https://research-and-innovation.ec.europa.eu/funding/funding-opportunities/funding-programmes-and-opencalls/horizon-europe, etailose an <u>integrational calls/horizon-europe</u> ²⁰ Digital Europe Programme, available at: <u>https://hadea.ec.europa.eu/programmes/digital-europe-programme/about_en</u> ²¹ European Commission Recovery and Resilience Facility (RRF), available at: <u>https://commission.europa.eu/business-economy-euro/economic-</u>

recovery/recovery-and-resilience-facility_en 22 European Structural and Investment Funds (ESIF), available at:

• Flexibility and innovation: EU funds are often bound by strict regulations and bureaucratic processes, while the EEA and Norway Grants provide a more flexible framework, allowing for pilot initiatives and experimental healthcare models that can later be scaled up.

The EEA and Norway Grants Public Health Programme Area is expected to change significantly in the 2021-2028 financial mechanisms, reflecting shifting health priorities, emerging challenges, and alignment with broader EU health policies, particularly the EU4Health (2021-2027).²³

Public Health programme 2021-2028 and EU4Health

The EEA and Norway Grants for Public Health Programme Area 2021-2028 and EU4Health share several key priorities. One of the most significant is health security and pandemic preparedness. Both funding mechanisms recognise the importance of building resilient health systems that can respond effectively to health crises. A shared commitment to mental health is another key feature of both programmes. While mental health was historically overlooked in public health funding, both EU4Health and the EEA and Norway Grants now prioritise mental well-being. Another critical area of alignment is the fight against antimicrobial resistance (AMR). The Disaster Prevention and Preparedness Programme Area is also relevant for health preparedness in a broader context.

Despite these areas of commonality, there are notable gaps between the two programmes. Women's health, including through promoting universal access to sexual and reproductive healthcare services, and responses to domestic and gender-based violence, is an area where the EEA and Norway Grants plan to take a targeted approach, while it is not explicitly emphasised under the EU4Health programme. Another key distinction is the approach to patient involvement and healthcare accessibility. The EEA and Norway Grants prioritise patient empowerment. EU4Health, on the other hand, invests more heavily in systemic health reforms, focusing on strengthening healthcare infrastructure, digital transformation, and financial mechanisms to improve access to care. While both approaches aim to improve health outcomes, the EEA and Norway Grants' model is more bottom-up, whereas EU4Health follows a more centralised, system-wide approach, focusing on cross-border aspects to health.

It is important to note that going forward at a policy level, in the European Commission's 2024-2029 term, health policy responsibilities are distributed among two commissioners:

- The Commissioner for Health and Animal Welfare is tasked with building the European Health Union, focusing on preventive health measures, and continuing efforts to combat diseases such as cancer.
- The Commissioner for Preparedness, Crisis Management, and Equality oversees the development and implementation of strategies to enhance the EU's readiness for health emergencies. Her portfolio encompasses promoting equality and inclusion, upholding minority rights, and addressing sexual and reproductive health issues. Additionally, she is responsible for fostering a culture of preparedness, developing an EU Preparedness Union Strategy, and supporting medical countermeasures against public health threats.

In addition, the Commissioner for Social Rights and Skills, Quality Jobs and Preparedness is responsible for better support for the mental health of young people, leading the work on the firstever EU Anti-Poverty Strategy (which will cover aspects related to health), and addressing long-term care workforce challenges, and all other aspects of the European Pillar of Social Rights, which include healthcare and gender equality.

Coherence across EEA/Norway and EU funds

Interviews and survey results indicate that the EEA and Norway Grants filled a niche that large-scale EU funding did (and does) not cover. Some Programme and Fund Operators confirmed that the Grants addressed gaps in national and EU funding. Project Promoters also seem to agree with the assertion that projects funded by the Grants filled in a niche compared to large EU funding in the health sector. Survey results highlight that 66% of respondents considered it unlikely they would have secured EU funding for their projects, with 40% considering it rather unlikely and 26% very unlikely. Similarly, 56% of respondents found it unlikely they could obtain funding from other sources.

²³ See Blue Book 2021-2028, available from: <u>https://eeagrants.org/sites/default/files/resources/250313_BlueBook.pdf</u>

Figure 3. If your project had not been funded by the EEA and Norway Grants, how likely is it that you would have been able to secure funding for your project from the EU funding programmes? (n=110)



Source: PP survey

Across interviewees from all programme areas, there was widespread agreement that the Grants did not aim to compete with EU funding but rather complement it. This was particularly evident in their ability to support small-scale projects or projects led by NGOs, civil society organisations, and patient advocacy groups. The Grants were often used to fund community-driven health interventions, and capacity-building efforts. By financing initiatives that focus on disadvantaged communities and the social aspects of healthcare, the Grants helped address unmet health needs and strengthen advocacy efforts.

The Grants also often funded pilot initiatives. Unlike EU funds, which are typically allocated to large, long-term, and cross-border projects, the Grants allowed for more experimental, higher-risk approaches. This is particularly valuable in the health sector, where testing new methods and evaluating their effectiveness is often necessary before securing larger funding for scaling them up.

In terms of complementarity between the Grants and EU funds, interviewees provided numerous examples where projects initially funded by the Grants later secured EU funding for scaling-up, one of them being cancer screening services in Romania (RO-HEALTH-0002), later funded with EU structural funds.

Coherence and effective synergies between the funds largely depended on the coordination efforts by Beneficiary States. This coordination ranged from more structured, centralised models to more informal, ad-hoc approaches, depending on institutional and administrative capacity. In some countries, such as Bulgaria, the NFP is embedded within a central governmental body—such as the administration of the Council of Ministers—which oversees and coordinates all international funding. Similarly, Greece integrates its NFP within the ministry that also manages European funding, ensuring direct alignment between EEA and Norway Grants and EU resources. In these cases, the NFP played a crucial role in complementarity and preventing duplication across funding mechanisms.

Some countries adopted a more strategic, yet slightly less centralised, coordination model. For example, in Romania, coordination mechanisms were established at the national level to align funding from EEA and Norway Grants, the EU, and other donors such as WHO, the Global Fund, and USAID, particularly in tackling tuberculosis. However, frequent changes in government leadership and institutional instability sometimes undermined efforts in Romania.

Other Beneficiary States relied on a combination of structured planning and more flexible, contextspecific approaches. Some national authorities conducted detailed gap analyses, facilitating better programme design and funding alignment. However, in cases where this analysis was less thorough, coordination efforts were more fragmented.

At a more informal level, some countries managed coordination through inter-agency communication and adaptive mechanisms rather than rigid structures. For instance, Cyprus follows a cross-sectoral coordination approach, ensuring that different funding streams—EEA and Norway Grants, EU funds, and national resources—complement each other. This approach allows for synergies, such as financing infrastructure with one fund while covering operational costs with another.

While the findings seem to suggest that Beneficiary States are efficient at managing the complementarity of the different funding streams, improved coordination mechanisms could enhance these synergies. Also fostering a more structured collaboration between the Grants and EU bodies could maximise alignment, complementarity, and possibly, sustainability. Another more informal but potential avenue for improving coordination could be through **Joint Actions** involving Norway and Iceland, which already participate in EU health programmes. The National Directorate of Health, DPP under the health programmes 2014-2021, leads or participates in EU Joint Actions. In this role, the

entity could function as a liaison with the national competent authorities of Beneficiary States they are partnering with to identify possible areas of investment for the EEA and Norway Grants.

Box 1: Example of a Norwegian-led Joint Action

The Joint Action Prevent Non-Communicable Diseases (JA PreventNCD)²⁴ is a comprehensive initiative aimed at reducing the burden of cancer and other non-communicable diseases (NCDs) across Europe. Launched on January 1, 2024, and running through December 31, 2027, the project brings together over 100 partners from 25 countries, including EU Member States, Norway, Iceland, and Ukraine. It is among the largest EU Joint Actions in terms of budget. With a total budget of €95,523,720, it surpasses many other Joint Actions funded under the EU4Health Programme. The European Union contributes €76,409,620, covering 80% of the overall budget.

The JA coordination is led by the Norwegian Directorate of Health (HDIR), with the Norwegian Institute of Public Health (NIPH) as co-lead. These organisations are responsible for overseeing the project's implementation and ensuring alignment with its objectives. The Icelandic Directorate of Health (DOHI) is also a partner in the project, with several organisations from both Donor States included as affiliated entities. Most Beneficiary States also participate in the JA: Bulgaria, Croatia, Czechia, Estonia, Greece, Lithuania, Poland, Portugal, Romania, and Slovenia. These countries collaborate within the framework of JA PreventNCD to implement strategies and policies aimed at mitigating the impact of NCDs, thereby enhancing public health outcomes across the region.

Engagement with Norwegian entities for the identification of synergies in Beneficiary States could enhance complementarity between EU funding and EEA and Norway Grants.

The EEA and Norway Grants have successfully carved out a valuable niche in the health sector by focusing on targeted interventions, fostering innovation, and complementing EU health funding. Their flexibility, responsiveness, and emphasis on underserved populations set them apart from larger EU programmes, ensuring that critical gaps in healthcare access and service delivery are addressed. Future efforts should focus on enhancing synergies with EU funding to sustain and scale successful initiatives.

3.2. Effectiveness

3.2.1. EQ2. Programme level results: To what extent have the health and local development programmes achieved their planned outputs and outcomes in health, taking into account special concerns? (PA06, PA10)

Key findings

The EEA and Norway Grants have played a significant role in strengthening public health systems across Beneficiary States, particularly in countries with persistent health inequalities and underdeveloped health infrastructure. The health-focused interventions under PA06 (European Public Health Challenges) and PA10 (Local Development and Poverty Reduction) have supported a range of initiatives, including preventative health programmes, digital health solutions, and targeted services for vulnerable populations. However, while many programmes have achieved their intended outcomes, others faced significant challenges in meeting their defined outcomes, including administrative inefficiencies, and external pressures such as the COVID-19 pandemic.

PA06: European Public Health Challenges

The **European Public Health Challenges Programmes** (PA06) were implemented in four Beneficiary States, i.e., Czechia, Lithuania, Poland, and Romania. The most significant programme in terms of funding was the Romanian programme (RO-HEALTH) with an allocation of almost \in 45 million. The three following programmes were of similar sizes and were allocated \in 16.7 million in Czechia (CZ-HEALTH), \in 17.9 million in Lithuania (LT-HEALTH) and another \in 17.9 million in Poland (PL-HEALTH). The Norwegian Directorate of Health (HDIR) was the Donor Programme Partner of all four programmes.

²⁴ More information available at: <u>https://preventncd.eu/</u>

The **CZ-HEALTH Programme** was implemented with the objective of reducing health inequalities and improving access to healthcare in the Czechia. The programme was administered by the Ministry of Finance as the Programme Operator.

The **LT-HEALTH Programme** was implemented to improve prevention measures and reduce health inequalities in Lithuania. The programme was administered by the Central Project Management Agency (CPMA), with the Ministries of Health and Social Security and Labour of Lithuania as Programme Partners.

The **PL-HEALTH Programme** was designed to reduce social inequalities in health and improve healthcare access in Poland. Administered by the Ministry of Health as the Programme Operator, the programme addressed systemic healthcare challenges, with a particular focus on telemedicine, preventative health for children and youth, and community-based mental health support.

The **RO-HEALTH Programme** aimed to improve disease prevention and reduce health inequalities in Romania. Administered by the Ministry of Health of Romania, the programme was structured around two main intervention areas: improving disease prevention policies and services and enhancing healthcare access for vulnerable groups.

Programmes differed significantly in terms of their achievements.

Based on the Final Programme Reports submitted by Programme Operators in April 2025, and not yet verified by the FMO at the time of writing this report. The **Lithuanian** programme incurred the highest share of eligible funding (99.59%), followed by the **Czech** (95.62%) and the **Romanian** (84.42%) programmes. The level of costs incurred was lower in the **Polish** programme, with 78.50% of eligible funding incurred. **Lithuania** and **Czechia** also stand out in terms of the number of projects funded and calls organised. In the **Lithuanian** programme, 69 projects were funded, including 64 projects selected in ten calls for projects (five projects were predefined). In the **Czech** programme, 42 projects were funded, including 39 selected in five calls (three were predefined). In these two programmes, most of the funding, more than 70%, was used for projects selected in calls, whereas less than one third of the funding was used for predefined projects. In **Poland** and **Romania**, the approach was the opposite and predefined projects consumed most of the funding, i.e., 63% in **Poland** and 74% in **Romania**. In **Poland** one call was launched and it funded 10 projects. Moreover, the Programme had two separate predefined projects). In **Romania**, two calls were cancelled with two remaining calls resulting in 20 projects (seven projects were predefined). The detailed figures are presented in the Table below.

	CZ-HEALTH	LT-HEALTH	PL-HEALTH	RO-HEALTH	
Initial EEA/NO Grant allocation	€ 14,000,000	€ 15,000,000	€ 20,000,000	€ 41,000,000	
Final programme Grant with national co- financing	€ 16,782,353 € 17,307,861.		€ 17,986,078.82	€ 44,861,764.71	
Final incurred amount including national co- financing	€ 16,046,581	€ 17,237,640.58	€ 14,119,948.11	€ 37,871,386.49	
Final incurred rate ²⁵	95.62%	99.59%	78.50%	84.42%	
No of calls	5	10	1	2	
No of projects contracted	42	69	12	27	
No of predefined projects	3	5	2	7	
No of projects from calls	39	64	10	20	

Table 9. Key figures on the achievements of the health programmes in Czechia, Lithuania, Poland, and Romania

²⁵ Based on the final programme grant amount and final incurred amount, including co-financing.

	CZ-HEALTH	LT-HEALTH	PL-HEALTH	RO-HEALTH
Value of predefined projects (€)	4.5m	4.3m	8.7m	32.5m
	(29%)	(26%)	(63%)	(73.5%)
Value of projects from calls (€)	11m	12m	5m	11.7m
	(71%)	(74%)	(37%)	(26.5%)

Source: GRACE platform and Final Programme Reports FM14-21 (This data is based on the Final Programme Reports submitted by Programme Operators as of 30 April 2025. At the time of writing this report, the Final Programme Reports have not yet been verified by the FMO.)

The analysis of performance indicators confirms the good performance of the **Czech**, **Polish** and the **Lithuanian** programmes and the slightly weaker performance of the **Romanian** programme. Overall, the results of the **Czech** programme achieved or exceeded 33 out of 35 indicators (94% of indicators), the **Polish** 22 out of 25 (88%), and the **Lithuanian** 26 out of 30 indicators (87% of indicators). The final results of the **Romanian** programme cannot be verified at the time of writing this report, as the Programme Operator has not provided the achievement values of the indicators in the results framework submitted in the Final Programme Report. That said, based on the 2023 Annual Programme Report, it appears that 29 out of 43 indicators for which a value had been reported have met or exceeded their target value (67.44%).

In **Lithuania**, the Health Programme was considered the most successful of all the programmes implemented in the country. Generally, the projects were fully completed, achieved their intended results, and were finished on time. They also produced some savings, which did not diminish the outcomes. One factor behind this success was linked to the fact that many projects built on previously funded initiatives, which made it possible to scale up activities and strengthen their long-term impact. Some projects were also pilots for new services, and if successful, were later adopted at the national level. Successful projects were both predefined and non-predefined. Predefined projects had some administrative advantages, but NGO-led projects were effective because they had closer ties to target groups. Public sector entities, such as hospitals, also effectively managed large-scale systemic initiatives. The projects were not much affected by external challenges, such as COVID-19 pandemic, as they were mostly "soft", rather than infrastructural projects. Lithuania's mental health initiatives have shown concrete results, such as a reduction in suicide rates, which, while not solely attributable to the EEA and Norway Grants, indicates a positive contribution.

In **Czechia**, the intended results are similarly believed to have been achieved or even overachieved, particularly in the area of mental health. This is believed to be particularly important due to increased demand resulting from the COVID-19 pandemic. Mental health-related prevention programmes in schools were also assessed as highly effective, exceeding initial targets. Advisory services for psychiatric patients filled critical gaps left by a shortage of psychiatric care providers. The factors contributing to successes were mainly: high relevance of funded topics (e.g., mental health, psychiatric reform), strong institutional capacity of hospitals and universities managing large-scale projects and pilot initiatives that influenced national policies and funding priorities. The Czech psychiatric care reforms have led to a shift from large, closed institutions to modernised, community-based care with a focus on holistic treatment (cognitive therapy, physical activity, nutrition).

In both Lithuania and Czechia, strong bilateral cooperation with Donor States at programme level was highlighted by interviewees as a key factor contributing to the overall success of the programmes. These partnerships enabled effective use the DPPs' expertise and fostered continuity across funding periods. Bilateral cooperation at the Programme level is further discussed in Section 3.4. Another important programme-level success factor was the strategic alignment and integration of the programmes into national policy frameworks or action plans. According to several interviewees, this alignment enhanced sustainability and increased the likelihood of continued support through state or EU funding mechanisms.

In **Poland**, the results were somewhat mixed. The Programme included two predefined projects implemented with Norwegian partners. The first aimed to develop seven telemedicine models by Polish and Norwegian experts in cardiology, geriatrics, psychiatry, obstetrics, diabetology, palliative care, chronic diseases. Ten projects were then selected through an open call to pilot the models with healthcare facilities and carry out preventive, promotional, health awareness-raising activities. The second predefined project focused on increasing awareness of the importance of healthy lifestyles changing habits, and supporting children and youth with mental health problems

The predefined project on healthy lifestyle of children and youth is generally considered a success. For instance, the 89,922, children were covered by educational activities which is 360% of the target value.²⁶ The telemedicine component of the Programme, on the other hand, experienced significant difficulties due to COVID-19 pandemic (cancellation of face-to-face meetings and study visits) and delays in concluding project contracts due to the multitude of partners involved and therefore insufficient timeframes. A lack of interest from external contractors resulted in the abandoning of one of the planned models (for palliative care) but a report was done instead. As highlighted by the final evaluation of the Programme, "none of the surveyed beneficiaries indicated an answer that they had not encountered any difficulties within the project". According to the evaluators, a common denominator of these difficulties was too short time of project implementation.²⁷ Nonetheless, despite significant difficulties, the telemedicine component of the Programme managed to develop six out of seven models and three (cardiology, obstetrics, and psychiatry) were submitted for cost assessment to be available as a medical service. The number of beneficiaries for whom telemedicine services were provided or improved amounted to 12,803 people, which was 64% of the target value for this indicator.²⁸

In **Romania**, the programme was believed to be successful with projects achieving their results, as evidenced by ongoing monitoring. Despite problems at programme level (management issues at the Programme Operator level, including staffing shortages and insufficient visibility and commitment within the Ministry of Health), a key contributing factor to successful implementation were well-structured predefined projects and the high level of commitment and competence of Project Promoters and their teams to use available funding effectively. Some calls had high application rates but limited funding. The impact of COVID-19 was again mentioned as the main challenge, which delayed some projects.

In sum, factors contributing to the successful implementation of the programmes in Czechia and Lithuania, were:

- Active engagement with DPPs and close cooperation with their institutions.
- A targeted and well-structured programme design, especially when building on initiatives from multiple funding periods, which enhances long-term impact.
- Integration of programmes into national action plans or policy frameworks. Strong commitment from national ministries and efficient management by Programme and Fund Operators and Programme Partners ensuring smooth implementation.

Factors mentioned as hindering success across the four countries included:

- Limited institutional commitment at the state level, compounded by frequent changes in ministerial leadership and staff.
- Challenges to sustainability when national authorities fail to secure continued funding beyond the grant period. Bureaucratic inefficiencies that delay project implementation, with varying levels of effectiveness among Programme and Fund Operators in managing these obstacles.

PA10: Local Development and Poverty Reduction

The Local Development and Poverty Reduction Programmes (PA10) aimed to enhance social and economic cohesion by addressing structural inequalities at the local level. While primarily focused on strengthening local governance, social inclusion, and poverty reduction, the programmes also aimed at improving access to essential health services for disadvantaged communities, particularly Roma communities. The programmes also funded other initiatives beyond provision of essential services such as a Recovery Centre for Children with Oncoheamathological Diseases (Bulgaria, BG-LOCALDEV-0003), the creation of a centre for the detection and diagnosis of neurodevelopmental disorders (NDD) for children and adolescents (Cyprus, CY-LOCALDEV-0012), or the development of sensory integration therapy services (SIT) for children with disabilities (Malta, MT-LOCALDEV-0001).

In Estonia, the programme had a very strong health focus, with over one-third of its funding allocated to Outcome 3: *Improved prevention and reduced inequalities in health*. The programme supported both pre-defined and call-based projects addressing key public health priorities such as physical activity among schoolchildren, public health capacity in local governments, early intervention for families, and mental health services for chronically ill patients. The flagship *Schools in Motion* project (EE-

²⁶ Ministry of Health, Ocena realizacji celów i efektów Programu "Zdrowie" [Assessment of the implementation of the objectives and effects of the "Health Programme], Final report, prepared by EU-CONSULT, p. 6.

²⁷ Ibid. ²⁸ Ibid.

LOCALDEV-0005 on increasing physical activity in schools) stood out for its scale and impact, engaging over 200 secondary schools (around 50% of all schools in Estonia). It played a central role in catalysing a nationwide network of physically active schools, later recognised with a European award, and sustained through national funding. These interventions targeted children, families, and vulnerable groups, piloting innovative, locally driven service models aligned with national health objectives and showing early signs of sustainability.

The Local Development programmes relevant for this evaluation were implemented in six Beneficiary States: Bulgaria (with 13 health-related projects), Cyprus (three projects), Estonia (six projects), Malta (one project), Romania (34 projects), and Slovakia (three projects).

Among those Beneficiary States, three had specific "Outcomes" in their Local development programmes related to health, which made it easier to track their achievement. This included Cyprus (Outcome 2: Improved access to health care), Estonia (Outcome 3: Improved quality of integrated services and public health interventions at local level) and Malta (Outcome 1: Improved access to and quality of health services in Malta). Among those, the funding was the highest in Estonia (\in 4.4 million). The size of health-related outcomes of these programmes in Cyprus and Malta were similar and amounted to \in 2.1 million and \in 2.4 million respectively. Malta stands out as a country with the highest rate of eligible funding incurred (98%), compared with 83% in both Cyprus and Estonia. The detailed figures are presented in the Table below. Data on the final incurred amount and final incurred data is based on the Final Programme Reports submitted by Programme Operators in April 2025, and not yet verified by the FMO at the time of writing this report.

	BG- LOCALDEV	CY- LOCALDEV	EE- LOCALDEV	MT- LOCALDEV	RO- LOCALDEV	SK- LOCALDEV
Health-specific outcome of the programme	No specific part	Outcome 2: Improved access to health care	Outcome 3: Improved quality of integrated services and public health interventions at local level	Outcome 1: Improved access to and quality of health services in Malta (EEA Grants)	No specific part	No specific part
Eligible expenditure per area (€) including co- financing		2,125,000	4,428,010 ³⁰	2,407,059		
Final incurred amount including co- financing		1,757,970.01	4,050,552.21	2,369,205.75		
Final incurred rate ³¹		83%	91%	98%		

Table 10. Key figures on health-related elements of the Local development programmes per Beneficiary State²⁹

Source: GrACE and Final Programme Reports FM14-21 (data obtained in March and updated in May 2025)

Bulgarian, Romanian, and Slovak local development programmes did not clearly distinguish the health-related element.

In Bulgaria, Malta and Romania, health-related projects consumed more than a third of total programme funding. In Bulgaria, 13 projects were in total granted 14.6m EUR, which is 35% of the Local development programme. In Romania, 34 health-related projects were granted 34.7m EUR, consuming 38% out of the total grant allocation. In Malta, 1 project amounted to 34% of the programme value.

²⁹ This data is based on the Final Programme Reports submitted by Programme Operators as of 30 April 2025. At the time of writing this report, the Final Programme Reports have not yet been verified by the FMO.

³⁰ In Estonia, this was separated for 2,298,031 EUR from the EEA Grants and 2,129,979 EUR from the Norway Grants.

³¹ Based on final eligible expenditure per area (€) and final incurred amount including co-financing (Final Programme Reports, GrACE, May 2025).
These rates were lower in case of the other Beneficiary States: Estonia (21%), Cyprus (14%) and Slovakia (5%). The Table below presents these figures in detail.

Due to the differing levels of funding allocated to health-related initiatives, the overall impact of the Local development programmes in the area of health varies significantly from one country to another.

	BG- LOCALDEV	CY- LOCALDEV	EE- LOCALDEV	MT- LOCALDEV	RO- LOCALDEV	SK- LOCALDEV
Total value of Local development programme (€)	41,764,706	8,804,706	21,685,069	7,040,000	91,941,176	16,247,059
No. of selected health-related projects (as per FMO list) ³²	13	3	6 (5 within Outcome 3)	1	34	3
Total value of EEA/NO grants for selected health-related projects (€), excluding co- financing (as per FMO list) ³³	14,624,931	1,275,000	4,720,642	2,407,059	34,698,734	831,375
Share of health-related grants in total programme value	35%	14%	21%	34%	38%	5%

Table 11. Key figures on shares of health-related projects within Local development programmes

Sources: List of health-related projects provided by the FMO (Annex VII). The total value of local development programmes comes from GrACE (May 2025).

For the Local Development and Poverty Reduction Programmes PA10 it is more difficult to establish what worked well at programme level to achieve the outputs and outcomes in health, as health was not the only focus of the programmes. Most discussions and feedback provided centred around specific projects and the factors that contributed (or not) to their success. Nevertheless, from stakeholder interviews it did emerge that the Grants had a measurable impact on healthcare accessibility, particularly for Roma communities and residents of rural and disadvantaged areas. Results also prove that the model for funding health-related projects through other than health specific programmes can be effective. In fact, some respondents considered this approach even more effective, as it allows for synergies across different sectors to be explored. Factors contributing to successful implementation included capacity and engagement of the Project Promoter, planning aligned with state long-term strategies, efficiency and capacity of the Programme Operator and good cooperation among partners and with local stakeholders.

Other findings confirmed those mentioned above for the Health Programmes. Across all programmes, external challenges, in particular the COVID-19 pandemic, caused delays in project launches, training activities and meetings. Many institutions also struggled with procurement processes, impacting the timely delivery of interventions. The Russian aggression against the Ukraine, coupled with rising inflation introduced additional challenges to programme implementation. There development shifted the focus of some public institutions and increased costs, undermining the feasibility of originally planned budgets. One key issue highlighted by several stakeholders, was the timeline of the Grants. They indicated that the programming period—including the negotiations, review, and approval of programmes—is often lengthy, leaving a limited timeframe for the actual implementation of projects.

³² See Annex VII of this report.

³³ See Annex VII of this report.

3.2.2. EQ3. Project level results: Which, and what types of, projects have best contributed to the health programme area's objective? Why? (PA06, PA10, PA15)

Key findings

The evaluation did not confirm that specific types of projects contributed to the health programme area's objectives more than others. Instead, the strength of the EEA and Norway Grants lies in their flexibility and diversity, funding both large, predefined projects implemented as part of state strategies, as well as small specific projects, implemented, for instance, by NGOs. Nonetheless, there are factors contributing to the effectiveness of projects. Pilot projects that are closely aligned with national strategies and designed for sustainability beyond the grant period tend to achieve the greatest success. Other success factors include capacity and engagement of the Project Promoter, support provided by the Programme Operator or Fund Operator and Programme Partners, and good cooperation with partners.

Perspectives at project level

This evaluation gathered feedback on project achievements directly from grant beneficiaries, i.e., Project Promoters. It is important to note that this self-assessment reflects the views of those implementing the projects and may therefore be overly optimistic. As such, it may be subject to bias and should be interpreted with caution. Nevertheless, it offers valuable insights for comparing different types of projects—the main objective of this EQ.

As shown in the chart below, according to the online survey, most of PPs reported that their projects fully achieved the planned results (67%), with another 28% indicating that the objectives were met to a large extent. Only 3% reported that the outcomes were only partially achieved.





Source: PP survey

Disaggregation of the results per different types of projects did not confirm that one modality was more successful than another. As per the Table below, PPs of predefined projects tended to consider that their projects achieved planned results "fully" slightly more often than projects selected in calls (by 9 percentage points, pp), who slightly more often selected "to a large extent" option (5 pp). However, the differences were not significant, and the sample of predefined projects was very small. It is also natural that projects selected in calls may be "riskier" than large ministerial projects, implemented as part of state policy.

Table 12. Achievement of planned results per project modality

Implementation Modality	Fully	To a large extent	Partially
Call	66% (67)	30% (31)	3% (3)
Pre-defined project	75% (9)	25% (3)	0% (0)

Source: PP survey

The question about project achievements was also cross checked with project grant sizes. The results are presented in the Table below. The results suggest that small projects³⁴ reported "fully" achieving their planned results slightly more often than medium projects (6 pp difference) and large projects (9 pp

³⁴ Small/medium/large categories were assigned to projects based on grant values. Each category covered similar number of projects (38 or 29). Small projects covered 39 projects with maximum grant value of 200 000 euro. Medium projects covered 38 projects with grant values between 205 929 and 765 140 euro. Large projects covered 38 projects with minimum grant value of 786 634 euro.

difference). However, it was also only the small projects reporting achieving planned results "partially". Due to the small sample, these findings should not be overestimated.

	Table 13.	Achievement of	of planned	results	per	project	size
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Project Size Category	Fully	To a large extent	Partially	
Small	72% (28)	21% (8)	8% (3)	
Medium	66% (25)	32% (12)	0% (0)	
Large	63% (24)	37% (14)	0% (0)	

Source: PP survey

Among the Beneficiary States with the highest number of respondents in the sample (Czechia, 22, Lithuania, 14, Poland, 14 and Romania, 35), respondents from Czechia and Romania were slightly more positive about the results of their projects, compared with those from Lithuania and Poland, as presented in the table below. For other Beneficiary States, the values were too low to be included in the analysis.

Table 14. Achievement of planned results per selected respondents' countries

Beneficiary State	Fully	To a large extent	Partially
Czechia	87% (20)	9% (2)	0% (0)
Lithuania	57% (8)	43% (6)	0% (0)
Poland	44% (7)	50% (8)	6% (1)
Romania	68% (26)	26% (10)	5% (2)

Source: PP survey

Respondents who indicated that their projects did not achieve their results "fully" were asked about the reasons. 32% of PPs responded that their projects were delayed, 22% that the number of participants or beneficiaries was lower than expected and 14% that not all activities were implemented.

Figure 5. Why did you not achieve planned results to a larger extent? (n=49)



Source: PP survey

These respondents were further asked on an open question why their projects did not achieve planned results to a larger extent. The most frequent reasons were the following:

- Administrative and bureaucratic challenges, such as complex procurement processes, excessive reporting requirements and demanding evaluation processes,
- Financial and cash flow issues,
- Implementation delays related to COVID-19 disruptions or late approvals,
- Budget constraints related to inflexible funding rules.

Perspectives at programme level

The feedback gathered from stakeholder interviews lacks the detail needed to assess the success of specific project types or to pinpoint which features most effectively supported the objectives of the health programme area. There is considerable variation across countries and programme areas in terms of what worked well and what had the greatest impact in determining the success of projects.

Some interviews suggested that the type of beneficiary can be considered a success factor, but their feedback on which types are more efficient, was mixed. In one Beneficiary States, stakeholders explained that one particular project was mainly successful because of an effective partner (who was an NGO), rather than the Project Promoter (a ministry). Civil society can have closer ties with target groups. Other types of beneficiaries, such as universities, hospitals and municipalities also effectively implemented projects in several cases. Project size is not a decisive success factor either—larger projects were both successful and unsuccessful.

Predefined projects can be more successful as they allow for better strategic alignment, but smaller, well-defined projects are easier to implement and more targeted. Some of the POs suggested that what works best are large, predefined projects, implemented by ministries, because they can really "make a difference". Ministries can implement large projects and make sure they reflect national health strategies and ensure their continuation. It is particularly important that the relevant ministries (such as Ministries of Health) be involved as a Programme Operator or as a Programme Partner to ensure continuity and support the integration of piloted services. In other Beneficiary States, the feedback was the opposite, that ministries are often less effective in projects due to bureaucratic inefficiencies. As mentioned in Section 3.2.1, some interviewees, thought projects tended to be more successful when programmes were integrated into national action plans or policy frameworks, with a clear view of potential continuation with state or EU funding if successful.

Strong partnerships with Dpps can be highly valuable, especially when the partner's expertise closely aligns with the project's objectives.

Finally, Fund Operators of the Active Citizens Fund (ACF) highlighted that it is not always the capacity of PPs that should be considered when selecting projects for funding. According to them, small inexperienced NGOs clearly need more support compared to experienced organisations, but they can also implement interesting and innovative initiatives. They consider it a unique strength of the EEA and Norway Grants that they provide funding for these types of projects, also contributing to the development of civil society in the Beneficiary States. For civil society projects, the following factors were mentioned as contributing to effective programme and project implementation:

- Engagement of PPs, but also support from Fund Operators, required in particular for smaller inexperienced organisations. Capacity-building in programmes was also mentioned as valuable for organisations.
- Collaboration with state authorities. Although ACF is implemented outside the national Grants scheme, the interviews suggested that some level of cooperation and supportive environment is necessary and helpful, though such collaboration does not always materialize.
- Cooperation with Dpps (but also partners from other countries) can be valuable, providing knowledge sharing and good practice examples, but it can also be challenging when there are significant differences between PPs and Dpps in terms of management style, communication, and environment.

3.2.3. EQ4. What are the key outputs of the health-related projects falling under the Research and Innovation Programme Areas with respect to the identified themes? (PA01, PA02)

Key findings

The EEA and Norway Grants have played an important role in advancing health-related research and innovation across Beneficiary States through Programme Areas PA01and PA02, which focus on innovation and research respectively. These efforts have strengthened medical research capabilities, fostered international collaboration, and facilitated the development of innovative healthcare solutions across all the identified themes of this evaluation. In **Estonia**, ten health-related innovation projects under PA01 were identified for this evaluation, originally combining an investment of almost €4 million. However, two projects³⁵ were terminated. Seven health-related projects under the Innovation programme in **Slovakia** (of which five were included in the study sample) originally received funds amounting to almost €5.7 million (with one project of €140,000 in the sample being terminated).³⁶ In the Slovakian programme, a welfare technology component was implemented for the first time. It covered innovative areas such as telemedicine, biotechnologies, robotics, and smart technologies for people with disabilities or chronic illnesses.

Health-related research projects in **Romania** received almost €14 million under the Grants. Twelve health related projects were funded under RO-RESEARCH focusing on developing patient-centred strategies to fight cancer; translational medicine in regenerative medicine, neurodegenerative and rare diseases; improving public health by implementing evidence-based preventive strategies; Roma inclusion and empowerment; technologies and applications of Big Data and/or Internet of things (IoT) for public administration, including in health, and biotechnology for health, medicine and related industries. In **Poland**, health related projects under applied (six projects) and basic research (one project), received funding amounting to almost €9 million. Three health related research projects in **Czechia** received over €4 million. Finally, in **Latvia** (two projects) and **Lithuania** (one project) under PA02 received €2 million and €1 million respectively. In Latvia, projects were connected to their smart specialisation strategy, which includes health, biotechnology, and medicine among its priorities.

Examples of project outputs can be found across all identified themes, with the full list of projects and their outputs is provided in **Annex VI**. In terms of **health inequalities**, projects focused on improving healthcare access, supporting vulnerable groups, and enhancing digital health solutions. Examples of relevant projects and their main outputs include:

- Transplant Immunology Decision Support System Trimmus (CZ-RESEARCH-0005): A Czech team developed a software system to automate organ and stem cell transplantation processes, reducing human error and improving compatibility assessments. The software is expected to improve the efficiency and accuracy of transplantation processes, benefiting both medical professionals and patients.
- 3D Hospital Wayfinder and Management System (EE-INNOVATION-0073): A team in Estonia implemented a hospital navigation system in two public hospitals, enhancing accessibility and facility management. The system was further enhanced under the project Hospital Wayfinder 2.0 (EE-INNOVATION-0099). Under this grant, the team integrated augmented reality and AI-based route guidance to improve hospital navigation for patients with disabilities and language barriers. At project end, the solution was being piloted in Estonian hospitals.
- Decision-making Support Tool for Reducing Health Risks in Roma Communities (RO-RESEARCH-0023): A Romanian team developed a monitoring tool for food and water safety in rural Roma communities, leading to policy recommendations for improved public health interventions.

Other projects in this category focused on reducing stigma, increasing healthcare access, and supporting vulnerable populations. Examples include:

- Social Inclusion of LGBT People Through Public Health Interventions (RO-RESEARCH-0019): A team in Romania developed educational interventions to reduce prejudice and improve mental health support for LGBT communities. The project benefited lawmakers, educators, and LGBTIQ+ individuals by promoting inclusive policy recommendations. The interventions reduced prejudice among 175 teachers and improved mental health outcomes for LGBT participants through a freely available online intervention. Its resources continue to support wider audiences beyond the initial implementation.
- A Multidimensional Approach to Social Exclusion in Later Life (RO-RESEARCH-0016): Another team in Romania investigated social exclusion among elderly populations, particularly Roma and older women. The project advanced understanding of social exclusion in later life by developing new conceptual frameworks, identifying life-course drivers, and linking exclusion to health outcomes. It generated actionable policy recommendations, fostered collaboration between researchers and stakeholders, and strengthened research capacity in Romania.

³⁵ EE-INNOVATION-0072 (€ 392,000) and EE-INNOVATION-0075 (€ 202,455)

³⁶ SK-INNOVATION-0004

• ELDIS-SOCIO: Digitalisation for Elderly and Persons with Disabilities (SK-INNOVATION-0036): In Slovakia, a team developed a series of online games and applications for cognitive and movement-based therapy, promoting social inclusion and rehabilitation.

In the area of **cancer** research and treatment, investments by the EEA and Norway Grants supported innovative cancer diagnostics, targeted therapies, and personalised medicine approaches. Examples include:

- Efficient Low-energy Electron Cancer Therapy with Terbium-161 (CZ-RESEARCH-0025): Scientists in Czechia developed a new type of cancer treatment using a substance called Terbium-161. This substance releases energy that can precisely target cancer cells while causing less damage to healthy tissue. The goal is to make cancer treatments more effective while reducing side effects. This could be especially useful for treating tumours deep inside the body or smaller clusters of cancer cells that are hard to reach with surgery. The project has generated new knowledge and tools for the development of radiopharmaceuticals and has strengthened the research and development capabilities of both Czechia and Norway in the field of nuclear medicine.
- **Polygenic Risk Score Guided Breast Cancer Precision Prevention (EE-INNOVATION-0074)**: A team in Estonia created AnteBC, a genetic risk test that helps identify women who are more likely to develop breast cancer based on their DNA. This test helps doctors personalise screening recommendations, so women at higher risk can be monitored more closely. The test has been clinically tested. The project has already resulted in a service-ready solution, with future collaboration planned—including a national-level pilot with the Norwegian Cancer Registry. The consortium is also continuing its partnership with the BRIGHT consortium³⁷ to expand precision cancer prevention efforts across several European countries.
- Inhibition of AHR Signalling in Pancreatic Cancer (LT-RESEARCH-0002): Lithuanian researchers discovered a new approach to treating pancreatic cancer by studying how cancer cells block the immune system. They identified a key molecular pathway (AHR signalling) that helps tumours evade immune attack. By blocking this pathway, they hope to make existing cancer immunotherapies more effective—particularly treatments using PD-1/PD-L1 inhibitors, which help the body's immune system recognize and destroy cancer cells. This could lead to better survival rates for patients with pancreatic cancer.
- Restoring Sensitivity to HER2-Targeted Therapies Using Nanomedicine (RO-RESEARCH-0037): A Romanian research team developed a new way to deliver cancer drugs more effectively for patients with HER2-positive breast cancer (a more aggressive form of breast cancer). They created miniature, pH-sensitive particles (micelles) that release medication only when they reach the tumour, improving efficacy of the drug. These micelles are coated with trastuzumab (a widely used breast cancer drug), making the treatment more effective even for patients who had stopped responding to previous therapies.

In the area of **prevention**, health-related projects funded under PA01 and PA02 advanced early diagnostics, digital health solutions, and innovative treatment strategies. For example:

- AutoMVA: Automated Biomarker Data Analysis (EE-INNOVATION-0069): A team in Estonia optimised a biomarker analysis platform, improving antibody profiling for disease diagnostics, including type 2 diabetes and Sjögren's syndrome, an autoimmune disease that affects moisture-producing glands. The project contributed to technology that enables to decode the immune system to develop life-saving medical diagnostics. Furthermore, next steps involve advancing the development of the diabetes diagnostic test and expanding the technology to other disease areas.
- Integrated Model for Personalized Diabetic Retinopathy Screening (LV-RESEARCH-0012): People with diabetes are at risk of diabetic retinopathy, an eye disease that can lead to blindness. Latvian researchers created an AI-powered screening system that helps detect early signs of the disease by analysing eye scans. The system improves early detection and optimises screening intervals, potentially reducing healthcare expenditure associated with manual screening processes.
- Supportive Therapy for Diabetes (RO-RESEARCH-0021): A Romanian team studied how insulinproducing cells (β-cells) react to stress in diabetes. They developed special mouse models to test how these cells work and what makes them fail. This research could help develop new treatments to protect these cells, potentially leading to better therapies for diabetes.

³⁷ https://brightscreening.eu/

 Cloud-based Solution for Clinical Decision-Making in Atherosclerosis (RO-RESEARCH-0033): Romanian researchers developed an AI-powered system that helps doctors assess cardiovascular disease more accurately. This system analyses heart scans leading to a lesionspecific risk stratification model, improving accuracy in cardiovascular disease diagnostics. The project contributed to the integration of advanced diagnostic tools into routine clinical practice, benefiting healthcare providers and patients by improving the accuracy and efficiency of coronary lesion assessments.

Under the **mental health** theme, one project was identified: **Next-Generation Drug Targets for Schizophrenia (RO-RESEARCH-0034)**. Under this project, a team of researchers in Romania identified new genetic and molecular targets for schizophrenia treatment, contributing to the development of novel therapeutic approaches.

Similarly, one project developed in Estonia, **Advanced Non-Invasive Prenatal Testing (NIPTIFY+)** (EE-INNOVATION-0071), can be categorised as falling under the women's health theme. The research team created a new software tool called BinDel to improve non-invasive prenatal testing (NIPT)—a test that checks a baby's DNA using a simple blood sample from the mother. This software helps doctors detect tiny missing pieces of DNA (microdeletions) in the baby's genetic code, which can cause certain genetic disorders. It also helps assess the mother's health risks during pregnancy, such as gestational diabetes.

In summary, across the PA01 and PA02 programmes, investments in health research and innovation have led to **new drug development** (Alzheimer's treatments, pancreatic cancer inhibitors, and targeted therapies for leukaemia and lymphoma), **enhanced precision medicine** (genetic risk assessments for cancer, personalized diabetic retinopathy screening, and HER2-positive breast cancer treatment improvements), and **advancements in digital health** (Al-driven diagnostics, telemedicine platforms, and health monitoring applications). They also brought **improvements in prevention, public health interventions and social inclusion initiatives**, from biomarker-based disease diagnostics to tailored services and solutions for vulnerable groups.

Interviewees were highly positive on the results of the PA01 and PA02 projects. In Lithuania, interviewees noted that all projects met or exceeded their objectives and provided specific examples to illustrate this. For instance, while the target for joint publications was 75, a total of 106 were achieved, with 73 already published. Similarly, the target for follow-up funding applications was 18, but 19 applications were submitted, mostly to the Horizon Europe programme. In terms of researcher support, the target for patents was 62, yet 181 researchers were involved. However, not all targets were met: the original target for patents was 10, but only 2 were registered, which was deemed an unrealistic expectation by interviewees. In Latvia, interviewees likewise reported that both projects achieved their goals, with one of them exceeding its targets by preparing more joint project proposals than originally planned.

It is important to note that while these measures of success were highlighted by interviewees, largely based on their alignment with the programme's core objectives, they do not provide insight into the projects' health-related results. These are presented separately in Annex VI. Furthermore, as outlined in Section 3.2.4, target setting in this context poses challenges. In several cases, target values may have been underestimated or conservatively set by Programme/Fund Operators. This should be considered when interpreting achievement levels, as it may give an inflated impression of performance relative to expectations.

Among stakeholders there was agreement that one of the key success factors of these projects was the bilateral cooperation. They noted that Dpps were essential for the co-delivery of projects. Having a Dpp improved research quality, infrastructure sharing, and knowledge exchange. Norwegian partners added significant value to the projects by bringing expertise, otherwise unavailable (for example, in artificial intelligence). It was noted too that some projects continued joint applications with Donor partners and a leading Norwegian research organisation signed a Memorandum of Future Cooperation with their partners in the Beneficiary State. While, where they were established, partnerships were seen as highly positive, stakeholders noted certain reluctancy from Norwegian companies to engage with partners in Beneficiary States as they are less familiar with them and their markets.

Strong project teams and good management, including close cooperation between project administrators and teams, and high engagement from researchers were also mentioned as success factors. The competitive selection process (in some cases reaching 80 applications for twelve or nine grants), indicated the high quality of the funded projects.

Other positive elements mentioned were the confidence that some of the developed solutions can be transferred to other countries facing similar health challenges. For example, it was pointed out that the development of smart furniture prototypes and game applications for health monitoring developed in Slovakia could serve as innovative models for other countries.

On the challenges faced, bureaucratic complexities and public procurement issues were mentioned by all interviewees. Projects also faced challenges due to COVID-19, particularly in recruiting patient groups, and some suffered initial delays. Nevertheless, all difficulties were generally overcome. Another problem that was noted by some stakeholders is the significant gap between programme periods, which disrupts continuity and sustainability. It was suggested that starting new calls soon after the previous programme ends would maintain momentum and retain institutional knowledge. Another suggestion made was that calls for funding should allow more time for implementation rather than lengthy negotiations.

3.2.4. EQ5. How could the Grants better measure the health-related results? (PA06, PA10)

Key findings

Stakeholders' feedback on the current results framework, particularly the Core Indicators, was limited and somewhat mixed, providing only a partial view on how measurement of health-related results could be improved. The framework was generally not seen as overly burdensome. The lack of health-specific core indicators, difficulties experienced by interviewees in distinguishing core and custom or bespoke indicators set up across programmes and countries, and limited availability of data all contributed to challenges in assessing results. Target-setting tended toward caution: many targets were set low, leading to frequent over-achievement that questioned target ambition rather than actual achievements. Data gaps, baselines of zero, and inconsistent application of indicator methodologies, particularly in how programme-specific indicators were defined, targets set, and data reported, further hampered comparability over time and true outcome measurement. Nonetheless, the framework was never used as a standalone tool to measure health-related outcomes. Narrative reports and GrACE's qualitative entries partly offset quantitative shortcomings. The newly introduced 2021–2028 results-based management approach (including on core indicators) promises greater relevance, provided POs/FOs receive clear guidance and commit to more ambitious, uniformly applied targets.

To answer this EQ, the study collected stakeholders' feedback on the current results framework³⁸, in particular the "Core indicators"³⁹. The feedback was somewhat mixed, and it did not provide clear view on how the measurement of the health-related results could be enhanced.

In the 2014–2021 funding period, the EEA and Norway Grants employed a set of approximately 30 Core indicators to facilitate the aggregation of results (outputs and outcomes) across various projects and programme areas, in an attempt to enhance the communication of overall achievements to donors and the public. These core indicators were designed to complement custom indicators developed by POs and FOs, aiding them in monitoring programme progress and tracking accomplishments.

In answering the evaluation question, it is worth noting firstly that the Core Indicators did not include any that were directly related to health. As a result, they offered only limited insight into health-related outcomes. While they captured relevant information, they did not reflect the most critical aspects of health-related results, which were meant to be captured through custom indicators. Several stakeholders consulted in the interviews indicated they were not familiar enough with the Core Indicators to comment, as they were not directly responsible for the monitoring of the programmes. Interview responses also revealed that several interviewees were unsure which indicators were Core Indicators, and which were programme specific. This led to some confusion about whether their comments referred to the Core Indicators or to custom indicators.

In general, stakeholders did not complain about the results framework as burdensome or unnecessary. But complexity in the reporting of some indicators was noted among stakeholders, even if they considered that most of them were well-designed. In this sense, they explained that indicators such as "share of trained professionals" were difficult to calculate, and absolute numbers would be preferable. They also expressed that Roma inclusion indicators were challenging

³⁸ See: <u>https://eeagrants.org/sites/default/files/resources/Results%20Guideline%20revised%20March%202021_0.pdf</u>

³⁹See: https://eeagrants.org/sites/default/files/resources/Core Indicators Guidance FM14-21_November 2022.pdf

due to self-identification issues and privacy concerns in health data. One interviewee suggested that it would be helpful to reduce the number of required data disaggregation (e.g., gender, ethnicity, age).

Some interviewees highlighted issues with the current approach to measuring results, but suggestions for improvement were generally limited and vague. Interviewees themselves highlighted that it is difficult to design a measurement framework that is simultaneously flexible, not too burdensome, and meaningful.

Another concern raised was the lack of long-term tracking mechanisms, again suggesting that many interviewees were not fully familiar with the results framework. According to their views, many projects successfully met their short-term objectives, but there was little follow-up to determine whether these interventions remained effective beyond the funding period. This suggests that some stakeholders may have misunderstood the purpose of the results framework and Core indicators, expecting them to measure long-term impact, when in fact their intended role is to capture the most important output- and outcome-level results within the project and programme timeframe. Stakeholders also noted that the framework is built primarily on quantitative indicators, which limits the ability to document qualitative aspects as part of the programme monitoring. However, it should be acknowledged that the framework did include certain qualitative dimensions through quantitative formulations, such as scales, ratings and "share of" indicators. It is also important to recognise that other monitoring and evaluation tools, such as narrative reports and programme evaluations, were intended to assess the achievement of broader output and outcome statements and to document qualitative changes. In addition, project-level qualitative data on GrACE is a rich and detailed source of information and was extensively used in the responses to EQ4 and the success stories presented in **Section 3.5**.

From the limited feedback and study team experiences with results framework, the following conclusions were drawn:

- The results framework did not appear to be used as a fully-fledged measurement tool of healthrelated programmes and projects' results, and it did not fully capture their real achievements. For instance, the national evaluation of the Polish Health programme, found that it had achieved "almost all its indicators"⁴⁰, yet it faced considerable challenges and ended the funding period with 21.50% of eligible costs not incurred. However, these issues were not reflected in the reported results.
- Some reported values appeared unrealistic in terms of overachievement. For example, one project reported exceeding its indicator target by 10 792% in terms of the number of entities engaged. While such figures could reflect substantial success, the frequency of extreme overachievement cases raises questions about the validity of target setting (specifically whether targets were set at an appropriately ambitious level to begin with) rather than about the reliability or accuracy of the reported results. Another example are core indicators such as the "Level of trust between cooperating entities in Beneficiary States and Donor States" and "Level of satisfaction with the partnership" that were set at 4.5 on a 1–7 scale, only marginally above the midpoint, even though baseline values in Lithuania and Czechia already exceeded 6. These examples illustrate how some target values failed to provide a meaningful basis for assessing achievement.
- The above examples illustrate what seems a broader concern across the funding period 2014–2021: the tendency of certain POs and FOs to set low and unambitious target values during the design of the results frameworks. This may have been driven by a perceived or real pressure to systematically meet all targets, and by fears of potential penalties, including financial ones. As a result, target-setting frequently prioritised caution over ambition. Another reason why targets have been set at a low level is that they were decided at programme design before the projects were selected. Recognising this challenge, the FMO issued guidance to clarify its 'best effort' and non-punitive approach to target achievement, explicitly stating that under-achievement in some areas is not only acceptable but expected, and that exceeding all targets may in fact suggest insufficient ambition.
- The indicators differ significantly between the Beneficiary State and programmes (except the Core indicators, but as mentioned, these did not include any indicator specific to health). This makes comparison of results across countries or programmes impossible.
- In many cases, output level indicators were set up with baseline values set at zero. While this is appropriate for cumulative indicators, such as the number of patients reached or services delivered,

⁴⁰ See: Assessment of the implementation of the objectives and effects of the "Health" Programme co-financed by the Norwegian Financial Mechanism for 2014-2021 and the State Budget and the Bilateral Cooperation Fund co-financed by the Financial Mechanism of the European Economic Area for 2014-2021 and the Norwegian Financial Mechanism for 2014-2021. Summary of final report

where activities begin at project start, it can be misleading for indicators intended to measure annual or incremental change. In the latter case, a baseline that reflects the actual pre-project situation would allow for a clearer assessment of progress attributable to the intervention, rather than simply counting total service volumes.

In sum, while the results framework developed for the 2014–2021 funding period provided a structured approach for aggregating outputs and outcomes across programmes and countries, it was not consistently used as a fully-fledged measurement tool for health-related results. The absence of health-specific Core indicators, combined with the variation in custom or programme-specific indicators and how they were applied in practice, constrained the framework's ability to capture the full scope of achievements in this area.

Despite these limitations, it is important to acknowledge that the results framework was never intended to operate in isolation. It complemented other tools such as narrative reports, evaluations, and risk assessments, which together contributed to a more complete understanding of programme performance, including qualitative changes and longer-term effects. Additionally, project-level data available in GrACE provided rich qualitative insights that supported the analysis of specific results and success stories.

It is also worth noticing that, recognising the limitations of the 2014–2021 approach, the FMO has revised its methodology for the 2021–2028 funding period. The updated strategy introduces a 'core indicators library' comprising approximately 200 indicators, intended as a flexible 'menu' without a mandated minimum number for use. This library encompasses widely applicable indicators across multiple programme areas, as well as programme area-specific indicators tailored to fields such as health. Under this revised approach, Programme Operators and Fund Operators are expected to have greater flexibility to customise indicators to their programme contexts, while still enabling aggregation at a higher level. Whether this revised framework will lead to more meaningful measurement of health-related results remains to be seen. However, it represents a more adaptable and potentially more effective foundation for results-based monitoring in the current funding period. Clear communication on the framework and its intended application will be essential to avoid some of the challenges identified in this evaluation.

3.3. Sustainability

3.3.1. EQ6. How to build on the most significant results and upscale/sustain these in the upcoming Financial Mechanisms 2021-2028? (PA06, PA10, PA15)

Key findings

While not all projects supported under the assessed funding period managed to secure long-term financing, the findings of the evaluation suggest that many have achieved a degree of sustainability or show potential for continuation and replication. A notable proportion of Project Promoters reported follow-up funding or ongoing partnerships, and several initiatives appear to have been integrated into national health strategies or received further support from national or EU sources. At the same time, sustainability remains uneven and appears to depend on factors such as early alignment with national priorities, strong institutional support, and effective coordination. Looking ahead, incorporating sustainability considerations more systematically into programme design, strengthening links to national strategies, and supporting coordination and capacity-building efforts may help enhance the long-term impact of the EEA and Norway Grants in the health sector.

In answering this EQ, this study looked first at how sustainable the projects implemented under the current funding period are, according to the beneficiaries.

In the survey responses, about one out of three PPs (34%) reported that they had fully secured funding to continue their activities beyond the EEA and Norway Grants and one out of three (32%) reported securing it partially. 21% reported still exploring options. Meanwhile, only 11% did not manage to secure further funding at all (Figure 6). While sustainability did not seem possible to secure by all PPs, 77% felt that their projects had the potential to be scaled up or replicated in other settings (Figure 7).



Figure 6. Did you manage to secure funding to continue the activities of your project beyond the funding from the EEA and Norway Grants? (n=110)

Figure 7. Does your project have the potential to be scaled up or replicated in other settings (e.g., geographic, institutional, sectoral)? (n=110)



Source: PP survey

While these results are encouraging, they should be interpreted with caution, as they are based solely on self-reported information from beneficiaries. It seems somewhat unlikely that more than two out of three Project Promoters secured follow-up funding, even partially, as claimed. This result would benefit from further verification. Nonetheless, in terms of the sustainability of the Grants, the findings do indicate that some projects are expected to continue in one form or another, supported by alternative funding sources. Even if the actual share is somewhat lower than shown in the chart, this still represents a positive outcome—particularly as it was partially confirmed during the interviews.

Interviewees provided examples of initiatives that continued with EU or national funding. Findings from interviews highlight several key factors that contributed to the sustainability of health interventions when it was possible to secure further financing. One approach that seemed to contribute to longer-term impact was early alignment with national health strategies. In some Beneficiary States, predefined projects were designed in direct collaboration with national health authorities and other relevant entities, ensuring that interventions were embedded within broader health system reforms. This was particularly evident in Czechia and Lithuania. At the same time, one of the most frequently cited challenge was the lack of long-term financial commitments from national governments. Respondents noted that without structured governmental funding mechanisms, some of the gains achieved through the Grants could be difficult to sustain.

Strong institutional and stakeholder buy-in also played a role in determining whether projects continued beyond donor support. In several countries, securing commitment from ministries, regional health agencies, and local authorities ensured the sustainability of key health initiatives. Some Programme and Fund Operators noted that in cases where projects were designed with clear institutional roles, they were more likely to be incorporated into national health strategies or attract further funding. Conversely, projects that lacked strong institutional backing or had unclear governance structures faced difficulties in maintaining long-term operations. Indeed, some POs highlighted gaps in coordination between national and local authorities as a barrier to scaling up successful interventions. In some cases, health initiatives that had strong support at the municipal level struggled to gain recognition at the national level, limiting their ability to scale up. Respondents suggested that stronger coordination mechanisms between ministries, regional governments, and local health authorities could help ensure that effective models are replicated beyond their initial project settings.

Beyond funding, capacity building and knowledge transfer emerged as another important factor influencing sustainability. Health interventions that included training programmes for healthcare professionals and public health officials seem to have created a more lasting impact by ensuring that

Source: PP survey

expertise developed during the funding period remained within national health systems. In most countries⁴¹, bilateral cooperation enabled ongoing exchange of knowledge and best practices between donor and beneficiary institutions, reinforcing institutional learning beyond the scope of individual projects. According to the survey results, 80% of PPs believed that the partnerships established during the project would continue after the project ended.





Source: PP survey

Stakeholders' feedback provided the following considerations on how to build on the most significant results and upscale and sustain these in the future.

• Increased focus on sustainability in the programme design

Programmes have higher chances of being sustainable when continuity measures are embedded into programme design, for instance, when pilot projects have secured funding to continue if they prove to be successful. This reduces reliance on temporary grant funding without clear national mechanisms for continuation. The identification of long-term financing options should therefore be an integral part of both project and programme design.

The very nature of the EEA and Norway Grants poses a challenge to sustainability, as there is always a funding gap between programming periods. Some interviewees noted that successful projects often require a degree of continuity between funding cycles. As such, this gap should be considered during project planning to avoid disruption in implementation and impact.

Nevertheless, the objective of ensuring sustainability should not come at the expense of flexibility, one of the key strengths of the Grants. Their design allows for the funding of innovative, and at times riskier, pilot projects that may not yield sustainable results if they do not succeed.

• Strengthen integration with national strategies and long-term funding pathways

As already mentioned in this report, project which are anchored in national health policies from the start tend to produce valuable results, but also be more sustainable, as they have higher chances of receiving state funding after the grant ends. Encouraging the Beneficiary States to commit to long-term funding can reduce dependency on external grants. However, this approach should be applied cautiously to avoid stifling innovation. It would also be helpful to verify whether coordination mechanisms are in place within the relevant national authorities in Beneficiary States to identify complementarities and synergies between the EEA and Norway Grants and other available funding sources, such as EU Structural Funds, the Recovery and Resilience Facility, Horizon Europe, and others.

Improved coordination

Some interviewees suggested that, in certain cases, mechanisms may be needed to strengthen cooperation between ministries and local authorities, in order to support the scaling up of successful projects across different regions within the same Beneficiary State. Others highlighted the importance of reinforcing long-term capacity building and knowledge transfer through bilateral collaboration, ideally across as many projects as possible, to facilitate ongoing exchange between Donor and Beneficiary States, even after individual projects have formally ended.

⁴¹ Such as Bulgaria, Cyprus, Czechia, Estonia, Greece, Latvia, Lithuania, Poland, Romania, Slovakia, and Slovenia.

3.4. Bilateral cooperation

Key findings

Initially considered as part of the effectiveness assessment, bilateral cooperation under the EEA and Norway Grants deserves a deeper analysis in the evaluation of health-related programmes and projects. It has been a widely valued element of project implementation, with most Project Promoters and donor project partners reporting high satisfaction and positive outcomes such as knowledge sharing and capacity building. Many partnerships appear likely to continue beyond the grant period, especially those built on prior collaboration and structured engagement. However, some challenges remain, particularly around communication, cultural differences, and the lack of mechanisms to sustain cooperation in the long term. Strengthening support for partnership development and post-grant collaboration could help maximise the long-term benefits of these bilateral relationships.

At programme level, bilateral cooperation was strongest in countries with clear strategic focus, stable institutional leadership, and proactive engagement with Donor Programme Partners. In Czechia and Lithuania, sustained collaboration with the DPP contributed to systemic reforms in mental health care. In contrast, limited engagement from national authorities in Poland and Romania constrained the potential for structured cooperation and long-term impact.

Outside PA06, programme-level bilateral cooperation on health-related topics was more limited, as these programmes did not have a primary health focus. Donor involvement tended to occur at project level, with cooperation depending on individual partnerships rather than structured programme-level strategies.

Bilateral cooperation at project level

Bilateral cooperation at **project level** is a fundamental component of the EEA and Norway Grants, fostering knowledge exchange, capacity building, and collaboration between Donor and Beneficiary States. Across programme areas, this cooperation has contributed to implementing programmes and projects. However, the depth and impact of these partnerships have varied significantly, with some achieving strong institutional integration while others faced challenges in sustainability and long-term engagement.

In the sample of health-related projects covered by this evaluation, 40% were implemented in cooperation with a Dpp (111 out of 280 projects). In the survey responses, however, most PPs (53%) reported implementing their project in collaboration with a Dpp, which was particularly the case for large projects (76% of the top third of projects in terms of size of the grant, compared with 42% for other projects).





Partnerships were rated as positive by the majority of respondents: 51% of respondents described the Dpp's role as significant, 39% as moderate and only 10% as minor. But, more significantly, the overall satisfaction with the bilateral partnerships was very high, with a combined 97% of respondents

Source: PP survey



reporting that they were satisfied (64% very satisfied and 33% satisfied) and only 3% remaining neutral. Also noteworthy, no respondent indicated dissatisfaction with the partnerships.

Source: PP survey

In most cases, PPs found their partners independently. The most common method of finding a Dpp, according to the PPs' responses, was through previous cooperation (44%) and independent searches (31%). These were followed by participation in bilateral activities (16%). Only 13% indicated founding a partner with assistance, either direct assistance (11%) or at matchmaking events (2%).





Source: PP survey

Regarding the outcomes of these partnerships, most of the respondents considered that they achieved knowledge sharing and capacity building and, at a much lesser extent, other elements such as networking, personal recommendations, and cooperation from participation in international conferences or membership in international organisations.





Source: PP survey

Similar to the results of the survey in terms of sustainability, when asked to look into the future, the vast majority of PPs (85%) anticipated that the collaboration would continue beyond the grant period (53% considered it very likely and 32% likely). Only 13% considered it unlikely.

Figure 13. How likely is it that the collaboration will continue in the future beyond implementation of the grant? (*n*=63)



Source: PP survey

Findings from the interviews indicate that the most successful partnerships were those that had a clear purpose, and structured collaboration. In contrast, some partnerships remained formal rather than substantive, with limited practical cooperation beyond initial project implementation.

Bilateral cooperation also contributed to improving project design and execution, ensuring better alignment with international best practices and technical expertise. Also, several Project Promoters reported that collaborating with donor institutions helped refine project objectives and implementation strategies.

From the donor partners' side, bilateral cooperation and partnerships were also valued. When assessing their roles in the partnerships, 44% of Dpps described their role as significant, 37% as moderate and 19% as minor (Figure 14). In addition, as per Figure 15, 79% of respondents indicated that it was likely or very likely that the collaboration with PPs will continue in the future beyond implementation of the grant.



Figure 14. How would you describe your role in the project? (n=32)

Source: Dpp survey



Figure 15. How likely is it that the collaboration will continue in the future beyond implementation of the grant? (n=32)

Source: Dpp survey

Similar to when assessing project outcomes, most of the respondents indicated that their projects achieved knowledge and capacity building, as well as networking and collaboration among

organisations within the health sector, building alliances and strengthening cooperation, and knowledge development, particularly in areas such as software development and strategic thinking.



Figure 16. To what extent were the following expected outcomes (e.g., capacity building, knowledge sharing) achieved through your involvement? (n=82)

Source: Dpp survey

While bilateral cooperation has delivered notable benefits, interview findings highlight challenges in sustaining and deepening these partnerships. Some projects indicated that they lacked mechanisms to maintain cooperation beyond the grant period, resulting in missed opportunities for desired continued collaboration. In some cases, cooperation relied heavily on the commitment of individuals, with the success of partnerships shaped by personal relationships and informal networks rather than formal structures. In addition, political instability and administrative burdens in some Beneficiary States have also limited the long-term effectiveness of bilateral initiatives. Other reported challenges affected in particular projects selected through open calls, where the absence of early donor involvement at programme level made it harder to establish meaningful partnerships at project level.

Clearer role definitions and accountability mechanisms could further support sustained collaboration at project level. This would allow Project Promoters to make the most of their joint activities such as study visits and professional exchanges, which played a key role in influencing project outcomes and encouraging innovation, with both donor and beneficiary institutions reporting mutual learning benefits. Additionally, encouraging more institutional partnerships, such as joint research and long-term project development, would help ensure that bilateral cooperation delivers ongoing benefits well beyond the lifetime of individual projects.

Bilateral cooperation at programme level

At the programme level **(PA06)**, the Norwegian Directorate of Health served as the main DPP in the health sector. Previously, responsibilities were shared with the Norwegian Institute of Public Health, but these were consolidated under the Directorate. At the outset of the funding period, both DPPs established the EEA and Norway Grants Network for children and adolescent health, to bring together Donor experts, Programme Operators, Project Promoters, EuroHealthNet, researchers, and public health practitioners to exchange experiences, challenges and lessons learnt, and to build capacity, facilitate and strengthen new cross-country partnerships. The Network met five times, providing a valuable forum for exchanges of experiences and expertise and on lessons learnt from implementation.

The evaluation found that bilateral cooperation at programme level was particularly effective. According to interviewees, DPPs played a strategic role in:

- Contributing to programme design and strategic alignment.
- Facilitating bilateral partnerships at project level and knowledge exchange.
- Supporting implementation and providing technical advice.

• Encouraging integration of projects into national policy frameworks.

All four PA06 Beneficiary States were able to leverage their partnerships with the DPP to some extent, drawing on Norwegian expertise in designing and implementing their programmes. However, the depth and structure of collaboration varied considerably across countries, depending on institutional capacity, stakeholder engagement, and political context.

In Czechia and Lithuania, Programme Operators and Programme Partners (such as the Ministry of Health) were proactive in conducting their own gap analyses and aligning the programme with national strategies. This enabled early and sustained collaboration with the DPP.

In Czechia, the health programme maintained a high level of strategic alignment, particularly around the modernisation of psychiatric care. With strong Ministry of Health ownership and DPP support, bilateral cooperation reinforced the transition from institutionalised to community-based, multidisciplinary care models. These efforts were supported across two funding periods and are considered a success story of sustained, systemic change facilitated through strategic donor cooperation.

In Lithuania, the programme's narrow focus on children and family mental health allowed for deep, sustained bilateral engagement. Donor partnerships were seen as instrumental in translating national priorities into operational programmes. Over two consecutive programme periods, this work contributed to a measurable decline in suicide rates and supported efforts to address high levels of alcohol use, bullying, and violence.

In Poland, bilateral cooperation was actively supported by the Programme Operator through regular cooperation committee meetings and ongoing dialogue with the Norwegian partner and the FMO. However, external and structural factors-such as staff turnover and changes in ministerial leadership—created challenges for maintaining strategic, programme-level cooperation over time. While bilateral engagement was present from the outset, the programme's broad thematic coverage and evolving national circumstances made it more difficult to achieve the same level of structured coordination seen in more narrowly focused programmes. Although telemedicine served as a common implementation modality, the Polish health programme encompassed a wide range of clinical and public health areas-including cardiology, psychiatry, geriatrics, maternal health, and children's wellbeing. This thematic breadth, while innovative, may have added complexity to coordination and limited the potential for a unified strategic focus. In Romania, the situation was more challenging. While projectlevel commitment was strong, cooperation with national authorities at programme level was more limited. Commendably, the programme built on several bilateral predefined projects and cooperation established in the previous period, but the programme's broad and diverse focus-including rural primary care, tuberculosis, and cancer diagnostics-made it more difficult to sustain strategic collaboration. Nonetheless, bilateral input was very valuable during programme design and implementation, especially in the design of the predefined projects and calls. Support from the FMO to coordinate with other international actors, such as the WHO country office, the Global Fund, and USAID, especially in the area of multidrug-resistant tuberculosis was also important. These early efforts helped to avoid duplication and ensure alignment with existing priorities. However, limited political continuity and weaker engagement from the Ministry of Health hindered the sustainability and systemic impact of the programme.

The DPPs played also a key role in targeted matchmaking of potential project promoters and Donor partners and supported the development of bilateral projects as well as the organisation of strategic study visits and knowledge experience activities in Norway.

Looking forward, there is a strong case for strengthening bilateral cooperation at programme level by ensuring even earlier and more structured engagement between DPPs and Programme Operators in programme development and implementation.

3.5. Success stories

The fourteen success stories presented in this section serve to showcase the tangible results achieved through EEA and Norway Grants funding across a range of public health priorities. While not representative of all funded projects, these selected examples illustrate how targeted investments, often supported by bilateral partnerships, have led to meaningful progress in areas such as cancer care, mental health services, maternal health, and disease prevention. They highlight innovative approaches, scalable models, and practical solutions that have improved

access, quality, and equity in healthcare. At the same time, they reveal common challenges related to sustainability and integration into national systems.

This section presents fourteen successful projects identified through the evaluation, including one bilateral initiative. The projects are accompanied by a brief overview of the types of initiatives funded in key areas such as cancer, mental health, health inequalities and inequities in healthcare, women's health, and prevention. While efforts were made to include examples from across all themes, programmes, and Beneficiary States, the selection is not fully balanced, as it is guided by the criteria outlined in Section 2.5. Evaluators acknowledge that the selection is skewed towards large, often predefined, projects. However, this aligns with the findings presented in EQ3.

Another caveat relates to how projects were categorised thematically. Classification was based on project level information available in GrACE.⁴² While efforts were made to identify a primary thematic focus, **many projects addressed multiple overlapping themes**. For instance, projects tackling health inequalities frequently also targeted non-communicable disease prevention and improved access to maternal and child health services. Similarly, several initiatives focused on prevention were closely intertwined with efforts to improve mental health or support marginalised groups. Projects under the cancer theme frequently intersected with women's health, particularly in the context of breast and cervical cancer screening, HPV vaccination, and post-treatment psychosocial support. Several interventions targeting women's health also contributed to prevention outcomes, particularly through maternal health support, early childhood interventions, and digital solutions promoting early detection and risk reduction.

Therefore, while the narrative overview is presented under thematic headings, the evaluators recommend interpreting these investments holistically. The selected projects highlight the Grants' capacity to support integrated, multi-dimensional interventions addressing the wider determinants of health, and their impact cannot be fully understood in isolation.

3.5.1. Cancer

The EEA and Norway Grants have invested ca. €21 million in cancer related projects across all the Programme Areas covered by this evaluation. These projects span prevention, treatment, psychosocial support, technological innovation, and advanced research. While some projects focus exclusively on cancer, others link it with broader themes such as women's health, health inequalities, and prevention. The projects can be grouped into the following thematic areas:

Paediatric oncology and access to treatment: in Romania and Bulgaria, projects focused on improving diagnosis and treatment for childhood cancers. Investments covered infrastructure upgrades, new equipment, medical guidelines, and specialist training. In Bulgaria, a specialised centre was established to provide rehabilitation, therapy, and reintegration support for child cancer patients and their families.

Story 1: Supporting children and families affected by cancer in Bulgaria

The predefined project **Recovery Centre for Children with Onco-haematologic Diseases** was developed to address the needs of children affected by cancer. At the time the predefined project was set up, in June 2020, about 200 children aged between 0 and 18 in Bulgaria were affected by cancer. Every child undergoing cancer treatment is considered a child at risk. Prolonged treatment, hair loss, frequent changes in appearance, and limited social contacts often lead to psychological difficulties not only for the child but also for the family.

Context and challenges

The project addressed key issues faced by children recovering from cancer by introducing services at the Centre for Children with Oncohematologic Diseases that were innovative for Bulgaria. The project target groups included children and young people undergoing or recovering from cancer treatment, their parents, siblings, and families who had lost a child to cancer. The centre provided a new form of support through real-time monitoring and structured social re-adaptation, helping beneficiaries overcome the psychological late effects of treatment.

⁴² The GRants Administration and Collaboration Environment (GrACE) is the closed system used for the management of the EEA and Norwegian Financial Mechanisms 2014-2021. Accessible from: <u>https://GrACE.eeagrants.org/</u> (login required).

Objectives

The aim of the project was to help children with onco-haematological diseases and their families overcome the stress of long-term treatment and to support their successful social reintegration. This included:

- Studying good practices from similar centres in donor and EU countries.
- Developing a methodology for the provision of services at the centre.
- Creating new psychological and social rehabilitation programmes for children, siblings, and parents.
- Supporting emotional recovery, reducing parental overprotection after treatment, and offering counselling to bereaved families.
- Training qualified and motivated professionals to deliver the services.

Achievements

The project drew on successful rehabilitation models from Norway and Italy, adapting these approaches to the local context. As part of its implementation, the team developed tailored methodologies and programmes, and trained personnel to deliver a comprehensive range of services at the centre. Activities offered included:

- 1) Physical recovery and rehabilitation,
- 2) Psychological support through group and individual therapy,
- 3) Educational and recreational activities such as outdoor walks, bike rides, and swimming,
- 4) Art workshops and culinary sessions,
- 5) Family consultations and therapeutic support for bereaved parents.

As a result of these efforts, the centre provided services to 102 families of children who had undergone cancer treatment. The reported achievements include:

- 100% satisfaction rate among service users, with families indicating they would return to the centre if needed.
- Participation of 15 teenagers and 21 siblings in dedicated activities.
- Positive feedback on the centre's comprehensive, family-focused care and the strong relationships developed with staff.

Additionally, the centre received a visit from representatives of the donor states, during which the project team—who work directly with children and families—presented the programme and its activities.

Sustainability and replicability

The centre, opened in 2020, counts with a newly built complex, which includes a modern administrative building, seven family-type houses, a dining area, a heated indoor pool, sports grounds, gardens, and a place for spiritual reflection. It is fully operational and has trained staff delivering evidence-based, family-focused rehabilitation. The results suggest that the methodology developed for this project is replicable and could be applied in other regions of Bulgaria, or other countries. Positive feedback from families confirms the value of the services. According to the Programme Operator, the project may pave the way for a state-delegated social service, securing its long-term sustainability within the national system.

External sources and additional information

- Association "Children with Oncohematologic Diseases": <u>www.decaohz.org</u>
- EEA Grants Bulgaria Project opening and press releases: <u>https://www.eeagrants.bg/en/programs/local-development/news/</u>

Project code: BG-LOCALDEV-0003 | Grant value: €1,316,649 | Project promoter: Kostinbrod Municipality | Donor project partner: N/A | Predefined project

Cancer prevention and screening: In Romania, cancer prevention received considerable attention through large-scale screening, HPV vaccination, outreach campaigns, and the deployment of mobile units to reach rural areas. These initiatives sought to address Romania's disproportionately high rates of cervical cancer, particularly among marginalised women. Other projects have focused on implementation of personalised screening tests to improve early detection and reduce mortality rates.

Story 2: Expanding access to cervical cancer screening in Romania

The predefined project Strengthening at National Level the Capacity of the Romanian Health Sector to Implement Organised Screening for Cancers Amenable to Cost-Effective Early Detection Interventions (CEDICROM 2) was launched to address an important gap in relation to access to cervical cancer screening and treatment in Romania. At the time the project was set up, cancer was the second leading cause of death, with cervical cancer ranking among the highest in the European Union. With an incidence of 13.1 cases per 100,000 women, nearly four times the EU average, the disease was considered a major public health issue. The lack of systematic screening and early detection contributed to late diagnoses and high mortality, particularly among women in remote and underserved areas.

Context and challenges

Cervical cancer was the second most common cancer in Romanian women aged 15 to 44, and one of the most preventable with early intervention. Romania's National Health Strategy 2014–2020 recognised the country's limited prevention capacity, particularly among rural and marginalised populations. Human papillomavirus (HPV) strains 16 and 18, which accounted for 70% of cases, are preventable through vaccination and screening, but uptake has historically been low. The project, implemented by the Oncology Institute "Prof. Dr. Ion Chiricuta" in Cluj-Napoca in partnership with the Norwegian Cancer Registry, aimed to fill this gap by improving access to HPV vaccination, cervical screening, and follow-up treatment.

Objectives

The project aimed to improve the quality of integrated preventive and curative medical services related to cervical cancer among the disadvantaged population at risk living in communities from remote areas by:

- Delivering screening, diagnosis, vaccination, and follow-up treatment in underserved areas.
- Developing public health policy recommendations and methodologies.
- Informing and engaging communities through local mediators and awareness campaigns.
- Integrating mobile medical services to reach geographically isolated populations.

Achievements

Building on the foundations of the earlier CEDICROM 1 project, which may have helped the achievement of tangible results, this initiative implemented a comprehensive approach to cervical cancer prevention, awareness, and treatment, with full implementation achieved by September 2022. The main activities conducted as part of this project comprised:

- 1) Prevention, awareness, and screening:
 - A door-to-door awareness campaign in 100 communities, particularly disadvantaged groups (Roma and other ethnic groups) in isolated rural areas across seven counties (Arad, Constanța, Dolj, Gorj, Timiş, Tulcea, Hunedoara).
 - Administration of HPV tests and HPV vaccinations.
 - Referrals for women to receive follow-up treatment or monitoring for positive results.
 - 20 trained community experts (medical assistants and mediators) were the key community points for information on cancer prevention (following the European Code Against Cancer),

mobilisation for screening testing, smear collection in mobile units and in family doctors' offices and HPV self-collection.

- 2) Follow-up services:
 - Mobile infrastructure supported the follow-up and treatment of cervical lesions targeting positive results from both the predecessor CEDICROM 1 and CEDICROM 2 projects.
 - The follow-up activities covered the uninsured women to be treated in both CEDICROM projects.
- 3) Communication and visibility:
 - A dedicated website and Facebook page were maintained throughout implementation.
 - Radio announcements, press articles, and a final dissemination conference ensured outreach.
 - The project's activities and findings were presented to stakeholders including representatives of the Ministry of Health, National Public Health Institute, regional health authorities, and general practitioners.

Through these activities, the project achieved **the following results**:

- 7,041 HPV tests and 1,245 HPV vaccinations were administered.
- Achieving a 100% follow-up rate for women screened and found positive during both project phases: 200 cases from CEDICROM 1 and 500 from CEDICROM 2 were treated; 1,500 women in total were consulted in outpatient clinics.
- 30,000 women were informed about cervical cancer prevention.
- A qualitative research study was published in the *British Medical Journal*
- A public policy document on cervical cancer screening and quality assurance was developed, based on data collected through interviews and stakeholder engagement.
- Strengthening the delivery of community-based primary care and prevention services aligned with European best practices.

Bilateral cooperation

The Norwegian partner, the Cancer Registry of Norway, contributed to the development of research methodology and guidelines, including proposals for public policy in the field of cervical cancer screening. In addition, the partner conducted a participatory action research (PAR) study to generate insights into how the Romanian health care system can develop robust solutions that support women's participation and ensure appropriate follow-up and treatment when needed.

The bilateral partnership contributed to shared results by facilitating the exchange of experience, knowledge, and practical approaches. It strengthened mutual understanding between the Romanian and Norwegian organisations and generated broader interest in the project among stakeholders. The donor partner attended project events and provided presentations and input. While there are no concrete plans for continued cooperation, contact may continue informally beyond the project period.

Sustainability and replicability

The CEDICROM 2 project demonstrated the feasibility of reaching vulnerable populations with integrated, community-based screening and vaccination services. The infrastructure, tools, and methodologies developed — along with the strengthened bilateral cooperation with Norway — provide a strong foundation for institutionalising cervical cancer screening across Romania. With trained personnel in place, clear protocols developed, and interest from national stakeholders, the model is well-positioned for scale-up, subject to continued funding, which appears secured, and political commitment.

External sources and additional information

Project information: https://eeagrants.org/archive/2014-2021/projects/RO-HEALTH-0002

- Ministry of Health portal CEDICROM 2: http://www.rosanatate.ms.ro/index.php/ro/proiect-nr-2-screening-cancer
- EU Country Cancer Profile: Romania 202343
- EU Country Cancer Profile: Romania 202544

Project code: RO-HEALTH-0002 | Grant value: €1,999,889 | Project promoter: The Oncology Institute "Prof. Dr. Ion Chiricuta", Cluj-Napoca | Donor project partner: University Hospital Oslo (NO) | Predefined project

Advanced cancer therapies and research: several projects explored novel treatment pathways through cutting-edge cancer research, with a particular focus on immunotherapy, personalised medicine, and resistance to existing therapies. For example, projects in Poland explored new CAR-T cell constructs, while Lithuania advanced research into immune signalling pathways for pancreatic cancer.

Story 3: Advancing Research on Pancreatic Cancer in Lithuania

Pancreatic cancer remains one of the most aggressive and difficult-to-treat cancers, with limited effective therapies available. Under PA02, the project Inhibition of AHR Signalling in Pancreatic Cancer to Increase Susceptibility to Pd-1/Pd-L1 Inhibitors and Chemotherapy via ELAVL1 **Pathway**" sought to improve treatment options through cutting-edge research on tumour growth mechanisms and immune system interactions.

Context and challenges

Pancreatic cancer (PC), which accounts for 95% of all pancreatic malignancies, is a devastating disease with a five-year survival rate of just 4-5%, a figure that has remained unchanged for the past 50 years. Against this backdrop, researchers from the Lithuanian University of Health Sciences, in collaboration with the University of Oslo, the Latvian Institute of Organic Synthesis, and the University of Tartu in Estonia, recognised the importance of further analysing the pathogenesis of PC and developing novel treatment strategies.

The foundation of the research lay in a new generation of drugs targeting immune checkpoint proteins (PD-1/PD-L1), which have shown success in treating various types of cancer. While response rates vary and side effects can occur, these therapies offer new potential for treating PC in selected patients.

Objectives

The project explored the roles of two key molecules-aryl hydrocarbon receptor (AHR) and ELAVL1—in the progression of pancreatic cancer and its resistance to treatment. AHR is a receptor that becomes active when it binds to certain molecules. Once activated, it can drive cancer cell growth, suppress the immune response, and increase the production of PD-1/PD-L1 proteins, which help tumours evade immune detection. AHR also influences ELAVL1, an RNA-binding protein that helps cancer cells survive by protecting them from cell death and making them more resistant to chemotherapy. Elevated levels of ELAVL1 are also associated with reduced immune cell activity and altered function of monocytes, further weakening the body's ability to fight the tumour.

The research team aimed to identify and develop new low-molecular-weight compounds that could block AHR activity. They hypothesised that inhibiting AHR-on its own or alongside PD-1/PD-L1 immunotherapy—could enhance the immune system's ability to target the cancer and improve how cancer cells respond to chemotherapy.

Achievements

Using patient samples and laboratory models, researchers explored whether blocking these molecules could slow tumour growth, enhance the immune response, and improve chemotherapy effectiveness.

The interdisciplinary team, including molecular biologists, chemists, biochemists, biotechnicians, and physicians, used advanced gene-editing tools to create cancer cells with specific genes switched off.

⁴³ See: https://www.oecd.org/content/dam/oecd/en/publications/reports/2023/02/eu-country-cancer-profile-romania-2023 b7601b86/267467c6-

en.pdf ⁴⁴ See: https://www.oecd.org/en/publications/eu-country-cancer-profile-romania-2025_8474a271-en.html

This allowed them to study how the cancer behaves and to test new drug prototypes. The project successfully developed new small-molecule drug candidates that target AHR and ELAVL1. Results showed that influencing this molecular pathway can reduce tumour growth and enhance the effects of chemotherapy in experimental settings.

Bilateral cooperation

Collaboration among researchers from Norway, Lithuania, and Estonia, along with valuable input from Latvian scientists, especially in identifying potential new drug compounds for AHR and another molecule, PARP7, played a key role in the project's success. These efforts supported and expanded the research, helping the project to adjust and move forward as new insights emerged. Each partner contributed their own expertise, and joint problem-solving led to shared achievements.

According to stakeholders interviewed for this evaluation, the strong cooperation is expected to continue, with new studies and funding applications already in planning.

Sustainability and replicability

The project's findings offer a scientific foundation for more personalised pancreatic cancer treatments, with potential clinical applications in precision medicine. The promising results indicate that the project's positive impact is likely to extend beyond the funding period.

External sources and additional information

- Project information: <u>https://lsmu.lt/en/research-and-innovations/projects/inhibition-of-ahr-signaling-in-pancreatic-cancer/</u>
- EEA AND Norway Grants media library

Project code: LT-RESEARCH-0002 | Grant value: €1,000,000| Project Promoter: Lithuanian University of Health Sciences | Donor project partner: University of Oslo (NO) | Call

Technological innovations in cancer diagnosis and treatment: projects under this sub-theme addressed the use of AI, robotics, and digital technologies in cancer diagnosis and surgical procedures. However, at the time of this evaluation, limited evidence was available on implementation results or long-term sustainability. Further follow-up and documentation are needed to assess their effectiveness.

3.5.2. Mental health

Mental health emerged as a significant investment priority, with approximately €25.5 million allocated across multiple programmes and countries. The Grants funded a diverse portfolio of projects, from community-based services and digital tools to advocacy campaigns and research into treatment models. Projects were implemented across nearly all Beneficiary States, but mental health was a core focus in Lithuania, Czechia, and Romania.

Strengthening child and adolescent mental health services: projects in Romania, Czechia, and Lithuania aimed to improve early detection, diagnosis, and intervention for children and young people at risk of mental disorders through community-based mental health services. Several projects focused on early intervention and prevention programmes, such as Incredible Years (Lithuania, LT-HEALTH-0001, presented in more detail below), which strengthened positive parenting as a preventive measure, alongside Multidimensional Family Therapy (Lithuania, LT-HEALTH-0005) and Triple P (Czechia, CZ-HEALTH-0001), which addressed behavioural challenges among children and adolescents. Additionally, multiple projects focused on school-based mental health support, providing mental health literacy, screening, and psychosocial support in educational settings.

Story 4: Strengthening Parenting Skills in Lithuania through the Incredible Years Programme⁴⁵

The project *Adaption and Implementation of the Incredible Years Programme* was launched to promote evidence-based, cost-effective parenting interventions aimed at strengthening positive parent-child relationships and improving children's social, emotional, and academic development.

Context and challenges

⁴⁵ Project subject to a site visit

In Lithuania, families with children experiencing behavioural challenges often face limited access to early intervention services. The existing child psychiatry system has relied heavily on hospitalisation and medication, with the number of children hospitalised for mental disorders increasing by over 25% in a single year (2016–2017). The project was launched to address this gap.

Objectives

The project introduced and implemented the Incredible Years Programme, an internationally recognised parenting model developed in the USA. It focused on two modules:

- Preschool Basic Parent Programme (3–6 years)
- School Age Basic Parent Programme (6–12 years)

The focus was on strengthening early intervention services by training facilitators and offering consistent, high-quality support to parents, caregivers, and guardians across Lithuania.

Achievements

The project exceeded expectations in several key areas. It trained 102 group leaders to deliver highquality parenting support and provided structured training to 1,216 parents. These efforts helped parents develop practical skills for managing behavioural challenges, fostering a supportive and nurturing family environment.

The project was implemented in eighteen municipalities, ensuring outreach across both large cities and smaller communities. It also secured strong institutional backing from the Ministry of Health, the Institute of Hygiene (Higienos institutas), and municipal public health offices, reinforcing its sustainability. Two municipalities have already continued funding the programme independently to ensure continuity and expansion.

Despite challenges such as procurement difficulties and the need for remote adaptation due to COVID-19, the project successfully implemented and expanded the Incredible Years Programme in Lithuania, demonstrating that internationally proven models can be effectively adapted to local needs.

Importantly, the Lithuanian team demonstrated exceptional capacity and commitment, which led to increased trust from the programme developers and permission to expand implementation. Many participating parents have since become ambassadors for the programme, sharing their experiences at events and in the media.

Bilateral cooperation

Collaboration with the Regional Centre for Child and Youth Mental Health and Child Welfare (RKBU) in Norway was essential to the programme's success. RKBU, which has extensive experience in implementing Incredible Years in Norway, provided expert consultations, material adaptations, and capacity-building support. This cooperation enabled the smooth transfer of best practices, contributing to the programme's long-term impact.

Sustainability and replicability

The Incredible Years Programme has contributed to strengthening positive parenting and early intervention in Lithuania, offering an alternative to the over-reliance on hospitalisation and medication for managing children's behavioural challenges. By spring 2024, the programme was available in 18 municipalities across the country, as listed by the Institute of Hygiene. Sixteen funded through EU funding and two municipalities have independently continued funding the programme, demonstrating its sustainability and the successful adaptation of internationally proven models to local needs. The programme was integrated into national-level interventions, ensuring continued support for families and professionals working with children. The implementation and funding are regulated by an order of the Minister of Health.

External sources and additional information

- Project information: <u>https://www.hi.lt/programos-neitiketini-metai-pritaikymas-ir-</u> igyvendinimas-lietuvoje/
- Ministry of Health news: <u>https://sam.lrv.lt/lt/veiklos-sritys/programos-ir-projektai/2014-2021-</u> <u>m-eee-parama/programos-aktualijos/</u>

- EEA and Norway Grants in Lithuania: <u>https://www.eeagrants.lt/programos/projektai/program/1/id/33/programos_neitiketini_metai</u> _pritaikymas_ir_igyvendinimas_lietuvoje_
- Project website, Higienos institutas: <u>https://neitiketini-metai.lt/</u>

Project code: LT-HEALTH-0001 | Grant value: €1,741,744 | Project Promoter: Institute of Hygiene | Donor project partner: Norwegian Regional Centre for Child and Youth Mental Health and Child Welfare (RKBU NO) | Predefined project

Story 5 Transforming Mental Health Support for Children and Adolescents in Czechia

The project *Child and Adolescent Mental Health Team in Kutná Hora* was launched to improve access to early, structured mental health support for children and adolescents, especially within school settings, by establishing a multidisciplinary team model aligned with Czechia's psychiatric care reform.

Context and challenges

In Czechia, mental health issues among children and adolescents often go undetected or untreated, leading to long-term impacts on their well-being, academic performance, and social integration. These challenges have been intensified by the COVID-19 pandemic and, more recently, the psychological impact of the war in Ukraine.

Traditionally, the child psychiatry system has relied heavily on hospitalisation and medication, with limited availability of preventive services or early intervention. This project aimed to change that by piloting a more holistic and community-based support model.

Objectives

The project established and operated a Mental Health Team (MHT) in Kutná Hora for two years, with a strong focus on prevention, early intervention, education, and destigmatisation of mental illness. Key objectives included:

- Launching and equipping two multidisciplinary teams.
- Introducing the Neurosequential Model of Therapeutics (NMT) to inform therapeutic practice.
- Providing training for educators and other professionals in contact with children.
- Raising public awareness through outreach and educational events.
- Creating a collaborative network of local actors in child and adolescent mental health.

Achievements

The project began with team formation and facility setup, laying the groundwork for high-impact, community-based interventions. Two expert teams provided direct services, including targeted therapies and support for at-risk children and families. Key results included:

- 595 children and adolescents supported through over 5,400 interventions.
- 710 professionals and influencers trained, including teachers, social workers, and healthcare providers.
- Implementation and adaptation of the Neurosequential Model, through both client work and expert training.
- Development of a methodological and educational resource for continued professional use.
- Broad public engagement via events and outreach to reduce stigma around mental health.

The project also built a strong local support network and showcased effective practices to a broader audience, improving the sustainability and replicability of the model.

Bilateral cooperation

A vital element of the project was its partnership with Østbytunet – Center for Treatment and Professional Development in Child Psychiatry (Oslo, Norway), which provided extensive experience in child mental health care models.

Key cooperative actions included:

- Training Czech experts in the Neurosequential Model through consultations and seminars.
- A study visit by 17 Czech professionals to the Norwegian facility for first-hand experience and knowledge exchange.
- Norwegian partners participating in two professional symposia in Czechia, presenting insights and promoting dialogue.

This exchange significantly strengthened the Czech team's expertise and supported the smooth adaptation of international best practices to local condition.

Sustainability and replicability

Positive effects of the project are likely to continue beyond the funding period. The project's importance lies in piloting a mental health support model based on multidisciplinarity and the Neurosequential Model. It offers an effective approach to prevent mental disorders in children, aligning with the health programme's goals. Beyond positively impacting the region's target groups, it provides inspiration and methodology for other areas. Pilot results have sparked interest and discussions among key political entities, such as the Ministry of Education, Youth, and Sports.

External sources and additional information

- Project website: <u>https://www.dusevnizdraviprodeti.cz/</u>
- Project information <u>https://www.eeagrants.cz/en/programmes/health/approved-projects/child-and-adolescent-mental-health-team-3792</u>
- #Ourstories Campaign:
 - <u>https://www.eeagrants.cz/en/examples-of-good-practice/2023/ourstories-mental-health-teams-4269</u>
 - o https://www.youtube.com/watch?v=5Le1p6GYRfQ
- Other media presence:
 - o https://www.facebook.com/groups/368621174846156
 - o https://www.instagram.com/dusevnizdraviprodeti/

Project code: CZ-HEALTH-0011 | Grant value: €582,367 | Project Promoter: Elementary School Zruč nad Sázavou| Donor project partner: Ostbytunet – Center for treatment and Professional Development in Child Psychiatry (NO) | Call

Youth-friendly mental health initiatives: in Lithuania, Czechia, and Romania, multiple projects established youth mental health centres, trained health professionals and supported young people in adopting healthy behaviours. Other projects integrated sports-based therapy and social integration models to help at-risk youth develop coping mechanisms and life skills.

Trauma and crisis response services: projects in Estonia, Czechia, and Lithuania focused on trauma counselling, domestic violence prevention, and crisis intervention, particularly for children exposed to violence or experiencing social exclusion. Additionally, the establishment of One-Stop Centres in Lithuania was funded through the Grants, providing multidisciplinary psychosocial support, including psychiatry, therapy, and legal aid, for children and families in crisis.

Mental health research and innovation: next-generation schizophrenia treatments were researched in Romania, digital solutions, including Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) and mobile mental health applications in Lithuania and Czechia with the aim to improve accessibility to support services. New models in Lithuania, Estonia, and Poland aimed to offer low-intensity mental health support to individuals with mild depression and anxiety.

Stigma reduction and mental health advocacy: several projects in Greece, Slovenia, Slovakia, Poland, including led by supported CSOs under the Active Citizens Fund, aimed to destigmatise mental illness, improve media representation, and advocate for policy changes in mental health care and suicide prevention. Other initiatives in Czechia, Croatia, Slovakia focused on strengthening self-help groups and empowering individuals with lived experiences of mental illness through peer-support networks. Health inequalities and inequities in relation to healthcare

3.5.3. Health inequalities

Health inequalities were a transversal focus, with over €89 million invested in projects aimed at reducing access gaps for marginalised and underserved communities. These interventions addressed access gaps in health services, particularly among Roma communities, persons with disabilities, rural populations, the elderly, children, and other vulnerable groups. The support focused on removing barriers to healthcare through integrated services, community-based care, digital health solutions, and strengthening public health infrastructure. Projects can be grouped into the following key areas:

Integrated community-based health and social services: Several projects supported multifunctional community centres providing medical, social, educational, and housing services in marginalised or rural areas. These centres played a key role in improving service coordination and access to care for populations facing systemic barriers. In Romania and Bulgaria, projects strengthened primary healthcare services for disadvantaged communities, combining medical and social support in one-stop community hubs. A project in Bulgaria improved access to healthcare for Roma and other vulnerable groups through health mediation and telemedicine, ensuring better coordination between national and local authorities. In Estonia, the Local Development programme supported a series of integrated community-based projects targeting key public health challenges, particularly in rural and underserved areas. These included strengthening the public health capacity of local governments, piloting home visits by midwives to support at-risk families, and introducing mobile mental health teams and forensic psychiatric evaluation models. A trauma-informed counselling initiative further expanded access to crisis response services in schools. Together, these projects illustrate how a cross-sectoral approach within a local development framework can effectively address health inequalities and improve access

Digital and telemedicine solutions for underserved areas: Many projects leveraged telemedicine and digital health to improve access to specialist care in remote areas, particularly for chronic diseases, mental health needs, and maternal health. These initiatives helped reduce waiting times, ease financial barriers, and increase the availability of healthcare services. In Poland, a national project (PL-HEALTH-0001) developed telemedicine models in six areas: cardiology, geriatrics, obstetrics, psychiatry, diabetology, and chronic diseases, with the three first evaluated for potential public funding. In Bulgaria, a project (BG-LOCALDEV-0002) introduced teleassistance services for elderly individuals and those with chronic conditions in rural areas.

Health access for Roma and marginalised groups: Numerous projects focused on improving healthcare access for Roma communities, migrants, and other socially excluded groups, addressing barriers to basic healthcare, maternal and child health, vaccination, and health mediation. Many initiatives also integrated social services, education, and housing support to tackle the broader social determinants of health. In Romania, projects combined healthcare and legal assistance to help Roma families secure medical coverage and register with general practitioners. In Bulgaria, a national programme trained and deployed health mediators to improve healthcare access in Roma communities (BG-LOCALDEV-0004).

Story 6: Addressing Marginalisation through Inclusive Housing in the Cluj Metropolitan Area

The project **Replicable Integrated Interventions for Inclusive Housing and Combating Marginalisation in the Cluj Metropolitan Area** aimed to reduce residential, social, and economic disparities experienced by marginalised communities, in particular the residents of Pata Rât, a highly disadvantaged area on the outskirts of Cluj-Napoca. The initiative targeted over 1,600 beneficiaries, including families at risk of poverty and social exclusion, many of whom are of Roma ethnicity.

Context and challenges

Social housing in Cluj-Napoca is inaccessible to the most disadvantaged people due to restrictive eligibility criteria. As a result, many families who could not afford to secure a decent home from their own income moved to Pata Rât, an informal urban settlement near Cluj-Napoca's waste dump, which

is home for approximately 1,200 people living in severe social and economic deprivation. The community's marginalization traces back to the 1960 and culminated in 2010 with the relocation of 350 people to the landfill area, resulting in collective trauma. Among the numerous challenges faced by residents of Pata Rât was poor access to social and medical services: 38% of adults lacked medical insurance, and 31% were not registered with a family doctor; chronic illness and disability rates were significantly higher than in the general Cluj population; only 11.7% of eligible families received child support, despite high poverty rates.

Objectives

Implemented by the Intercommunity Development Association of the Cluj Metropolitan Area and supported by the Municipality of Bergen, Norway, the project combined access to decent housing with the provision of integrated services in the areas of healthcare, education, employment, and legal support. A total of 63 social housing units were secured for families relocated from Pata Rât, and a replicable methodology for housing resettlement and post-relocation support was developed. The project aimed to continue the process of desegregation of the marginalised urban area of Pata Rât by providing decent social housing, maintaining desegregated housing, and increasing the quality of life for the people relocated within the previous Pata 1 project and increasing institutional capacity to adequately respond to the needs of marginalised groups, including in the field of social housing.

Achievements

The intervention provided medical assistance, health education, and facilitated enrolment with general practitioners for individuals previously excluded from the health system. Dedicated support groups were organised for women, young mothers, and teenage girls, addressing pre- and post-natal care, and promoting child health and well-being. The educational component included mentoring, tutoring, and teacher training to reduce the risk of school dropout among children and adolescents from the target communities.

Through the intervention, 75 apartments were purchased, and 342 people have moved into these apartments. Regarding the health-related aspects of this project, medical tests and consultations were provided for 414 people, and 82 children were registered with the family doctor. In addition, material support was provided in the form of 70 "baby boxes" (kits for taking care of the newborns), shoes and clothing for almost 100 students, firewood, food, and hygiene products for 350 families. Moreover, 1,726 children and young people at risk of school dropout or out of school benefited from support services (counselling, mentoring, guidance, and tutoring) and non-formal education activities, 873 pupils and 63 teachers from ten schools benefited from socio-emotional development sessions (combating bullying, social cohesion and combating discrimination), and 91 parents benefited from the parents' school activity. Overall, 2,798 people (of which 2,177 were Roma, hence more than 77.8% of the beneficiaries) received personalised social services.

An important outcome of the project is that the municipality and local political actors are now more conscious of the necessity of continuing the Pata Rât community's desegregation process. Thus, the local council allocated funds to further support the initiatives started within the project and supports the activities.

Bilateral cooperation

A key feature of the project was its strong focus on bilateral cooperation. The Municipality of Bergen contributed by sharing Norwegian experience and expertise in inclusive housing and social service delivery. Throughout the project, Romanian and Norwegian professionals engaged in joint training sessions, workshops, and study visits, exchanging ideas and approaches on crisis intervention, social housing models. The partnership with Bergen supported the development of policy recommendations in the area of social housing, informed by both local realities and international experience. The collaboration was characterised by mutual learning, with both sides acknowledging the value of each other's perspectives and practices. The project concluded with a closing conference in Bergen that included expert-led workshops and open discussions with practitioners, reinforcing the practical and policy relevance of the initiative.

Sustainability and replicability

By combining infrastructure with services and bilateral learning, the project offers a replicable model for other urban areas facing similar challenges in addressing marginalisation, segregation, and inadequate housing. The replicable intervention methodology for the relocation and inclusion of lowincome families created within the project was presented as an example of good practice at the World Family Summit 2022, held in Geneva. Through the participation of the local council, the project also contributed to improving local policy interventions, expanding institutional capacity, and fostering a more inclusive and coordinated response to urban poverty and social exclusion.

It is important to note that this project follows a previous one (Pata 1), funded by Norwegian Grants 2014–2017 and implemented by the same PP. That project successfully relocated 35 families (143 individuals) from Pata to social housing, providing, at the same time, psycho-social assistance to support long-term integration. Thus, the success of this second project was built on the strong foundation of its predecessor.

External sources and additional information

- Project website: <u>https://desegregare.ro/</u>
- Project newsletter: <u>https://desegregare.substack.com/p/pata-20-newsletter-</u> <u>7?utm_source=substack&utm_medium=web&utm_content=embedded-</u> <u>post&triedRedirect=true</u>

Project code: RO-LOCALDEV-0006 | Grant value: €8,764,885 | Project Promoter: Intercommunity Development Association Cluj Metropolitan Area | Donor project partner: City of Bergen (NO) | Call

Story 7: Bringing Community Health Services to Marginalised Roma Families in Ion Corvin, Romania

The project *Community Health Services for the Roma Community in Ion Corvin* was launched to improve access to basic healthcare and community support for vulnerable residents, particularly the Roma population, in Ion Corvin commune, Constanța county. It addressed longstanding inequalities in access to preventive and curative care in a rural area with significant health system gaps.

Context and challenges

Residents of Ion Corvin faced major barriers to accessing healthcare. These included a lack of health insurance, absence of local medical infrastructure, discriminatory treatment, and the inability of local authorities to manage community health effectively. For the Roma population in particular, exclusion from preventive services and lack of trust in the health system increased their vulnerability. Prior to the project, families had to travel long distances—often without transport—to reach medical services, while preventive screenings and patient education were virtually unavailable.

The project was implemented in a context of limited local capacity. The village doctor was based in Constanta and present only two days a week, making regular care difficult. Local hospitals were also distant, especially for families with young children. The project team selected Ion Corvin after conducting field research, identifying high levels of unmet need and vulnerability. Although initial community engagement was challenging—due to scepticism, electoral sensitivities, and unfamiliarity with external actors—local events and the involvement of trusted local leaders helped build relationships and gain trust.

Objectives

The project aimed to:

- Purchase and equip a modular structure to establish a medico-social assistance centre to serve the local population.
- Provide basic medical services, social mediation, and health education to vulnerable residents.
- Support Roma families in accessing public services, obtaining documents, and enrolling children in school.
- Promote preventive health behaviours through awareness campaigns and community outreach.

Achievements

The project created a tangible shift in access to healthcare and support services for vulnerable Roma families in Ion Corvin. A modular assistance centre was established and equipped, offering community-based medical and social services.

- Health information campaigns reached 304 Roma residents, 92 individuals received direct medical services, and 85 accessed integrated support such as referrals, documentation help, and counselling.
- 10 professionals and volunteers were trained in working with Roma communities.

The centre's team conducted home visits and organised three major health campaigns focused on maternal and child health, non-communicable diseases such as cardiovascular conditions and cancer, and COVID-19 vaccination and awareness. Health reports were completed for all participants, and transport was arranged for cervical screenings, typically in groups of 20. The centre also helped secure medical equipment and support for children with complex health needs, including one case involving a specialised wheelchair.

The services were well received by the community, with many participants experiencing access to preventive healthcare for the first time:

"Through this project, I discovered I have cervical cancer. I had never been checked or even knew about this disease. They helped me get treatment—and even arranged transport to the hospital."

"My sister and I were able to get screened, and it was easy thanks to the assistance provided."

"Before the centre, the only way to see a doctor was to travel—if you had a car. If not, there were no options."

Participants highlighted the approachability and commitment of the centre's staff:

"[They] assisted me in getting my mother to a doctor in Constanța. I'm very grateful. We never considered check-ups before, but now I make sure my family follows up on their health."

"Many people here lacked basic medical knowledge. The team explained everything in person. Some were sceptical at first, but over time, they began to trust the process."

"People here are not used to asking for help. But seeing others benefit gave me confidence."

Despite some delays in reaching full indicator targets, due to medical staff shortages and limited local capacity, the project successfully demonstrated the value of community-based care in improving health equity and trust in public services.

Sustainability and replicability

The model piloted in Ion Corvin has strong potential for replication. Focus group participants underscored the importance of maintaining the service:

"Everyone here knows about the centre now. I recommend it to everybody. It is essential for our village."

"There are many communities like ours, with people who struggle to access medical care. More centres like this would help so many."

Suggestions to support long-term sustainability included funding for permanent staff, a small pharmacy, and better transport for patients. While the centre is due to be relocated to another

underserved area, extending its benefits to new communities, the project demonstrates how even a modest investment can significantly improve health access in areas where services are scarce or absent.

Project code: RO-LOCALDEV-0113 | Grant value: € 49,909.00 | Project Promoter: Center for Social Inclusion in S-E Region Association | Donor project partner: N/A | Call

Story 8: Strengthening Health Access for Ukrainian Refugees and Roma Communities in the Czechia⁴⁶

The *Improving Access to Primary Healthcare Services for the Most Marginalized Communities* bilateral initiative was launched as an effort to reduce health inequalities by supporting two vulnerable populations in the Czechia: Ukrainian refugees and socially excluded Roma communities.

Context and challenges

Since the full-scale invasion of Ukraine by Russia in February 2022, Czechia has become both a destination and transit country for a significant influx of Ukrainian refugees. To date, Czechia has granted temporary protection to 615,000 refugees—three-quarters of whom are women and children. This has placed considerable pressure on the national healthcare system, necessitating an immediate, coordinated response.

The initiative built upon earlier projects, "Health Promotion Mediator for Ukraine" and "Health Promotion Mediator for Roma," funded by UNICEF and implemented between February 2023 and January 2024. When the opportunity arose to extend these programmes through the EEA and Norway Grants, it was promptly seized, despite the project's limited duration (February-July 2024).

Objectives

Implemented by the National Institute of Public Health (SZÚ), the initiative aimed to improve the health status of its target population, this is, Ukrainian refugees (children and adults) and Roma families in order to reduce health inequalities. It focused on delivering culturally adapted, interactive intervention programmes addressing key lifestyle risk factors, including physical activity, nutrition, infectious disease prevention, mental and reproductive health, and assistance in registering with healthcare providers. In addition to improving health outcomes, the initiative aimed to enhance economic stability—and consequently mental well-being—through the training and employment of health mediators.

Achievements

Building on the previous UNICEF-supported projects, the initiative continued to deliver **communitybased health mediation** through trained mediators who served as liaisons between vulnerable communities and healthcare providers. Activities were implemented across thirteen regions for Ukrainian refugees and in 35 locations for Roma communities, with tailored health promotion and disease prevention efforts. Key activities and results included:

Ukrainian refugee segment:

- 1) Mediator recruitment and training:
 - Strong interest in mediator roles was observed among Ukrainian refugees, many of whom were healthcare professionals seeking to familiarize themselves with the Czech healthcare system as part of their credential recognition process.
 - 123 Ukrainian healthcare professionals received training in health mediation. Additionally, 40 mediators from the previous project participated, with experienced mediators contributing to peer training.
 - Training was delivered in several stages: online introductory sessions, followed by self-study, online Q&A sessions, and in-person workshops held in Prague.

2) Programme implementation:

⁴⁶ Bilateral initiative subject to a site visit. The bilateral initiative was not part of the original list of 280 health-related projects and was added to it in the course of the study.

- Training and programme implementation were conducted concurrently. Some mediators worked in the field while others were still completing their training.
- Bespoke training programmes and detailed manuals were developed and translated into Ukrainian. These were culturally adapted and customized for different age groups, including children in schools and kindergartens.
- Mediators conducted group sessions averaging 37 participants. Although an estimated 13,000 individuals were expected to participate, final figures were not confirmed.
- Topics were based on community requests, with manuals covering various health themes.
- 3) Outreach and media engagement:
 - Activities spanned eight regions, reaching a total of 32,837 individuals through group events, coordinated primarily via NGOs, schools, and kindergartens.
 - Media campaigns targeted the Ukrainian minority through social media platforms (Facebook, Instagram, Telegram) and print media.
- 4) Support and supervision:
 - Online supervision sessions were offered to all mediators, providing a platform for sharing challenges and emotional support. Key discussion points included the frustration of unrecognized qualifications and the emotional burden of having family in Ukraine. These sessions led to the formation of informal support groups.

Roma community segment:

- 1) Approach:
 - The focus was on socially excluded Roma individuals.
 - In contrast to the group-oriented Ukrainian component, mediators worked directly with individual families, tailoring content to their specific needs.
- 2) Mediator team:
 - The field team comprised 18 mediators and one coordinator.
 - Content was adapted to be engaging and understandable, considering the unique characteristics of the target group.

An estimated 7,000 people were expected to be reached through the Roma component, though this figure was also unconfirmed.

Despite the initiative's overall success, several challenges emerged—primarily within the Ukrainian component. High turnover among mediators was a recurring issue, driven by unstable housing situations, returns to Ukraine, and relocations within the EU. Additional administrative challenges included misunderstandings of Czech labour regulations, hesitancy around signing employment contracts, and concerns about sharing personal information. Many refugees were more familiar with agency-based employment, making direct contracts a novel experience.

To address this, SZÚ organized educational sessions on labour law and employment rights. Out of 132 trained mediators, 101 were offered work contracts, of which 74 were signed. Reasons for not signing included return to Ukraine, internal migration, visa complications, and language barriers.

In contrast, the Roma component reported no significant challenges. The team was composed of reliable members previously vetted through earlier projects.

Sustainability and replicability

Following project closure, Ukrainian mediators transitioned to a new initiative, "Health Promotion in Families", funded by the EU and coordinated by the Ministry of Labour and Social Affairs. This project is scheduled to run until December 2025. No dedicated follow-up programme was created for Roma mediators; however, some secured employment with NGOs working in related fields.

At the national level, SZÚ advocated for long-term systemic support for health mediators, but encountered financial barriers. Attempts to institutionalise the role through Czechia's Association of Regions were unsuccessful. Nonetheless, the Ministry of Labour and Social Affairs (MPSV) proposed

the inclusion of the mediator role in the national job catalogue, enabling retraining via Employment Offices, a process underway since 2018. MPSV is also exploring additional funding sources to support this initiative.

The mediator role exists at the intersection of healthcare and social work, requiring inter-ministerial coordination, a persistent challenge. While discussions about incorporating this role into the state budget have continued for several years, no concrete measures have been adopted to date.

External sources and additional information

Project information: https://szu.gov.cz/projekty/primary-healthcare-services/

Bilateral Initiative: CZ-BI155 | Grant awarded from Bilateral Fund: € 494,186.00 | Promoter: National Institute of Public Health (NIPH CZ)

Support for people with disabilities and chronic illnesses: Several projects aimed to improve healthcare access for individuals with disabilities, focusing on home care services, digital health tools, patient advocacy, and specialised therapy centres. In Romania, a project developed sheltered housing and day care services for adults with disabilities, offering rehabilitation and occupational therapy (RO-LOCALDEV-0050). In Slovakia, assistive technologies were introduced to support independent living for persons with disabilities (SK-INNOVATION-0009). In Malta, a flagship project expanded access to sensory integration therapies for children with disabilities (MT-LOCALDEV-0001).

Story 9: Sensory Integration Therapy in Malta

The **Sensory Integration Therapy Centre (SITC) Project**, formally titled **Reduction in Social Inequalities in Health and the Burden of Disease**, was implemented to improve access to specialised therapy services for children with developmental, sensory, and feeding difficulties in Malta. The project focused on children with sensory processing, developmental, and feeding challenges, addressing long-standing gaps in public healthcare by introducing structured, evidencebased therapy programmes and training for healthcare professionals.

Context and challenges

Before the SITC project, children in Malta faced major barriers in accessing sensory integration (SI) therapy. No SI services were available through the public healthcare system, forcing families to rely on costly private or foreign providers, often unaffordable, particularly for those from lower-income backgrounds. A lack of locally certified Occupational Therapists trained in Ayres Sensory Integration (ASI) hindered the establishment of standardised services, while public health infrastructure lacked the necessary therapy spaces and equipment. With rising rates of autism and sensory processing disorders, the demand for early, accessible interventions became urgent. Additionally, schools were often ill-equipped for assessing children with autism spectrum disorder (ASD) and Social, Emotional, and Behavioural Difficulties (SEBD). The SIT Centre was designed to address these systemic deficiencies.

Objectives

To bridge these service gaps, the project renovated a former primary school in Marsa, transforming it into the SITC—a specialised, purpose-built facility offering structured SI and feeding therapy programmes tailored to children's individual needs. The project also supported wider public health goals by contributing to the implementation of early screening for phenylketonuria (PKU) in newborns and introducing Nucleic Acid Amplification Testing (NAT) for blood products.

Achievements

By November 2024, the SITC had delivered evidence-based therapy to 923 children. Programmes in Ayres Sensory Integration (ASI) and Sequential Oral Sensory (SOS) feeding therapy were structured into 10-, 20-, or 30-session formats, tailored to each child. Evaluations using Goal Attainment Scaling (GAS) demonstrated statistically significant improvements in daily living, play, and self-regulation skills.

The project funded the refurbishment and equipping of the clinic to meet international standards, including the installation of suspended therapy systems, tactile kits, swings, and feeding therapy tools. It also supported the certification of 20 Maltese and 2 Norwegian therapists in ASI and SOS approaches, with ongoing mentoring provided to maintain high clinical standards.

In addition to therapy services, the project significantly enhanced diagnostic capabilities. Over 100 practitioners were trained in the use of the ADOS-2 tool for autism diagnosis and the interpretation of children's drawings for understanding social, emotional, and behavioural presentations. Psychometric tests were procured to support comprehensive developmental assessments.

A national screening framework for autism was also initiated, and a networking conference strengthened collaboration between health and education services. These efforts reduced the need for families to seek care abroad and established a sustainable, high-quality public therapy service.

Sustainability and replicability

The project has had a lasting impact, addressing systemic service gaps through infrastructure development, workforce training, and enhanced screening pathways. The SIT Centre is now a recognised national resource, improving early access to therapy and significantly reducing reliance on private services. Its model offers strong potential for replication in similar healthcare contexts.

External sources and additional information

- Project information:
 - <u>https://www.facebook.com/MAOT1985/posts/pfbid0xsWmULHFSharDKRj7QBXo3</u> <u>LECsUGKnchzeYSzN2fXvnMUkBdmKv6gYaCLSBaGYGpl</u>
 - o <u>https://eeagrants.org/archive/2014-2021/projects/MT-LOCALDEV-0001</u>
- News: <u>https://timesofmalta.com/article/new-centre-offers-specialised-services-for-children-with-sensory.956068</u>

Project code: MT-LOCALDEV-0001 | Grant value: €2,407,059 | Project Promoter: Ministry of Health | Donor project partner N/A | Predefined project

Empowerment, patient advocacy and anti-discrimination: Several projects focused on strengthening patient organisations, increasing public awareness, and improving inclusive healthcare policies. These initiatives supported patient-led advocacy, anti-discrimination training, and participatory governance in healthcare systems.

In Czechia, several projects supported patient advocacy and capacity building of patients' organisations, ensuring that patients have a structured and influential voice in healthcare decision-making. In Greece, initiatives strengthened civil society networks, improving patient representation in healthcare policymaking.

Story 10: Establishing a National Voice for Patients – The NAPO Project in the Czechia⁴⁷

The project **Establishment and Development of the National Association of Patient Organizations (NAPO)** created a national umbrella organisation to unify patient voices and strengthen their role in health system decision-making.

Context and challenges

Prior to the project, patient organisations in Czechia operated largely in isolation, with no structured way to coordinate advocacy or share expertise across diagnostic groups. Patient organisations were mostly diagnosis-specific and had limited influence individually. National strategy documents such as *Health 2030* and *State Policy towards NGOs*, noted the need for such an organisation.

NAPO was conceived to mediate structured patient participation, including "user testing" and public oversight of health policy measures. A preparatory committee of 11 patient organisations formed in late 2020 to lay the groundwork for NAPO's establishment. By the time of implementation, 69 POs had expressed their support or interest in joining.

Objectives

⁴⁷ Project subject to site visits and focus group discussion

The project aimed to establish a sustainable and representative umbrella organisation of patient organisations in Czechia, capable of:

- Facilitating structured dialogue between patients and decision-makers.
- Supporting systemic advocacy across therapeutic areas.
- Enabling participation in policy development and evaluation.
- Providing capacity building and knowledge sharing among member organisations.
- Strengthening the legitimacy, transparency, and accountability of patient advocacy.

Achievements

The project was structured around three main pillars:

- 1. **Establishment of NAPO:** NAPO was officially registered, staffed, and provided with office space and operational support. Initial members included 11 patient organisations.
- 2. **Development and membership expansion:** Through outreach and strategic planning, membership grew to 47 organisations (currently 51), many of which are themselves umbrella bodies. By the project's end, NAPO represented over 130 patient organisations across more than 35 therapeutic areas, almost 12 times the original membership. NAPO launched a website (<u>www.silapacientu.cz</u>), established social media profiles (X, Facebook), and sends a monthly newsletter to members.
- 3. Advocacy and policy engagement: NAPO launched working groups (Medicines, Quality and Availability of Healthcare; Prevention and Health Literacy; Capacity Building; Health Policies and Patients Participation in Decision-making; Digital Health), a legislative monitoring system, published position papers, and engaged in numerous policy consultations with ministries and national agencies. It also organised national conferences, roundtables, and published materials on issues such as vaccination and patient rights. The Association has become a member of the European Patients' Forum (EPF), a network of European patient organisations, and is actively involved in the work of EPF working groups.

The project fulfilled its main objective of establishing a legitimate, independent, and representative umbrella organisation for patient organisations in Czechia. NAPO's establishment has led to tangible outcomes in policy engagement and representation. Member organisations are now:

- Involved in working groups convened by the Ministry of Health and the Office of the Government of the Czechia, making sure the voice of patients is brought to the attention of public authorities.
- Provided with access to legislative monitoring and up-to-date international policy information, including resources from the EPF and the European Medicines Agency (EMA), in support of their national advocacy.
- Connected to international patient networks, for example through participation in crossborder initiatives on patient involvement in clinical trials.

NAPO has also become a recognised first point of reference for national authorities such as the Ministry of Health, the State Office for Drug Control, the State Institute of Health, and other institutions working on health promotion and patient rights.

These findings are corroborated by insights from the participants in group discussions organised as part of this evaluation, who shared how NAPO changed the advocacy landscape and empowered smaller organisations:

- "Gatherings [between patient organisations] were not well-organised, there was no structured approach to identifying and solving common issues; it was more about sharing experiences than coordinated advocacy."
- "NAPO gives us a broader perspective we realise that the issues are similar across many patient organisations and often face the same challenges."

- "Before NAPO was founded, organisations felt they had little influence over decision-making. Now, they feel they can influence many more issues."

These perspectives highlight the added value of the project.

Bilateral cooperation

The involvement of the Norwegian partner, Funksjonshemmedes Fellesorganisasjon (FFO), played an important role in the project. FFO contributed to the transfer of know-how and good practice in three key areas: the establishment and organisational development of NAPO; advocacy and patient involvement in healthcare decision-making; and the development of services for member organisations.

While some aspects, such as financing models, were not directly transferable due to contextual differences, the overall exchange of experience was highly valued. The cooperation helped strengthen mutual understanding and contributed to shared results. FFO participated in project events and provided expert input. Although no continuation of the partnership is currently planned, the collaboration added significant value to the project's design and implementation.

Sustainability and replicability

NAPO has continued its operations beyond the end of the project. While the lack of a dedicated national funding stream remains a challenge, the organisation is actively pursuing alternative support through foundations, private sponsors, and partnerships with insurers and pharmaceutical companies. Its legitimacy as a grassroot organisation, governance structure, and broad membership base offer a strong foundation for sustainability. The model is replicable in other countries facing similar gaps in structured patient representation.

External sources and additional information

NAPO website: <u>www.silapacientu.cz</u>

Project code: CZ-HEALTH-0029 | Grant value: €157,772 | Project Promoter: Czech AIDS Help Association | Donor project partner: Funksjonshemmedes Fellesorganisasjon (FFO) (NO) | Call

Research on health inequalities and public health risks: some projects contributed to the evidence base on health inequities, supporting evidence-based policymaking. These included: a study in Romania on water and food safety risks in Roma communities (RO-RESEARCH-0023), and a study on the social exclusion of older adults and its impact on health outcomes (RO-RESEARCH-0016).

3.5.4. Women's health

Women's health was another important area of investment (ca. €2.5 million), with projects focused on maternal and infant health, improving access to healthcare for pregnant women, early childhood intervention, and gender-specific health advocacy. Initiatives targeted rural and underserved women, young mothers, and those facing barriers to quality care. Projects can be grouped into the following key areas:

Expanding access to maternal health services: many projects introduced telemedicine and digital health solutions to improve maternal healthcare access, especially in rural areas and regions with a shortage of obstetric care. In Poland and Estonia, telemedicine models for pregnancy monitoring were developed to support women in remote locations. For example, Poland's 'HELLO MUM!' project (PL-HEALTH-0010) piloted a telemedicine platform to improve perinatal care in underserved areas, while Estonia developed the VIMAC virtual maternity clinic to address maternal mortality through improved remote consultations (EE-INNOVATION-0075).

Home visiting models and early intervention: several projects introduced home visiting services to support expectant mothers, newborns, and young children, particularly those in vulnerable situations. These models aimed to reduce maternal health risks, improve parenting skills, and promote early childhood well-being. Projects in Croatia, Lithuania and Estonia implemented family attendance and home visiting programmes, where trained specialists provided guidance on infant care, breastfeeding, and maternal mental health.
Story 11: Expanding Family Home Visiting and Early Intervention Services in Lithuania⁴⁸

The project *Family Home Visiting Early Intervention Services Model*, implemented in Lithuania, introduced a structured, evidence-based approach to support first-time parents and vulnerable families during the critical early years of a child's life. It addressed longstanding gaps in maternal health services, particularly among women facing socio-economic challenges, limited health literacy, or low access to routine healthcare.

Prior to this initiative, there was no standardised home visiting model within Lithuania's public system. Pregnant women from at risk groups often had little contact with healthcare providers and faced challenges such as inadequate nutrition, mental health concerns, substance use, and unstable living conditions. The project sought to fill this gap by offering consistent support throughout pregnancy and the first two years of a child's life.

Context and challenges

The initiative was Lithuania's first national effort to deliver structured, family-centred support services through a home visiting model. Before its launch, families from vulnerable backgrounds had limited access to practical, sustained guidance on maternal and child health, caregiving, or social support systems. Health professionals also lacked the tools and training to provide home-based interventions, and there were concerns about role overlap with other social service providers.

In response to these challenges, the project introduced a scalable model for early intervention based on the internationally recognised Nurse-Family Partnership programme, the national system, experiences from Norway's Well-Family programme, as well as experiences and evidence from programmes implemented in other countries.

Objectives

The project aimed to:

- Develop and implement a national home visiting model for early intervention.
- Train a network of nurses and midwives to provide structured, high-quality family support.
- Improve maternal and child health outcomes among vulnerable families.
- Build cross-sector collaboration between healthcare and social service professionals.
- Lay the foundation for a nationally funded, preventive, family-centred service.

The project was expected to improve, in the short-term, the following indicators: more breastfed newborns and higher infant vaccination rates (under 6 months); fewer pregnant women who smoke or have high blood pressure; fewer second pregnancies before the first child turns two; reduced emergency visits for accidents, choking, or poisoning in children under two; better physical development in young children (up to age two); improved parenting skills and safer home environments; and stronger emotional bonds between parents and children. In the long-term, the project sought to achieve fewer families at social risk due to poor parenting skills; reduced hospitalizations from injuries in children under two; higher workforce participation among women; and less criminal behaviours among mothers.

Achievements

The project's main activities consisted of:

- A specialised postgraduate training programme titled *Family Home Visiting Early Intervention Services* was developed and delivered.
- 22 nurses and midwives were trained and deployed across 11 municipalities, including both major cities (Vilnius, Kaunas, Klaipėda) and rural districts (e.g., Pakruojis, Rokiškis).

⁴⁸ Project subject to a site visit and group discussions

- Home visits were conducted 14 times during pregnancy, 28 times in the first year of the child's life, and 22 times during the second year.
- Each visit focused on assessing family behaviour and the home environment, with particular attention to the most vulnerable areas. Specialists evaluated three key aspects:
 - Care and health: assessing the well-being of both mother and child.
 - Decision-making and support: guiding parents in caring for their child.
 - **Social and community resources:** evaluating the family's support network, home environment and access to assistance.

Through these activities, a total of 325 families received home visits from pregnancy through to the child's second birthday. The programme helped families create a safer, healthier, and more supportive environment for their children. It also improved engagement with antenatal care and supported the early detection of risks such as postnatal depression, malnutrition, and developmental delay.

The programme introduced standardised documentation, monitoring tools, and professional supervision mechanisms. The project also helped formalise early intervention as a public service in Lithuania. By 2024, the Ministry of Health began funding the model through the Compulsory Health Insurance Fund in pilot municipalities. National expansion is expected by late 2025.

The evaluation of the project showed that:

- The proportion of infants breastfed up to 6 months was 4.8% higher in the project group compared to the national average in Lithuania in 2022.
- When comparing vaccination rates, the project group had higher coverage across all vaccine categories than the overall Lithuanian average.
- Participation in the home visitation programme had a significant and positive impact on several outcomes, including the decision to vaccinate, the prevention of accidents requiring medical attention, child health and well-being, the emotional bond with the child, the ability to provide a safe environment, and the child's physical development.

The project's achievements were confirmed by nurses and midwives who provided their insights as part of this evaluation. They described significant changes in their professional roles, the relationships with families and situations in which their involvement made a significant difference:

- "Before this project, I did not visit families. Women and families at risk receive many social services and are visited by social workers, although the services that these families or individuals receive are non-medical. Many of the women rarely see doctors, even when they are pregnant."
- "Most of the challenges relate to the fact that many professionals visit families at risk, and they are tired of being seen by three professionals in addition to me. The good thing is that I only visit twice a month, while some professionals come several times a week. The women I visit complain not only about how often they are visited, but also about the lack of respect shown to them by other professionals. I try to make friends with them."
- "There have been cases where a woman with five or six children didn't know how to prepare food for her baby. I taught her how to cook porridge. I have also helped some families pay more attention to their children, their childcare, and how they care for them."
- "We were taught how to recognise depression, but we weren't told what to do next, how to help. We lacked a lot of psychological preparation. At the end of the project, I not only learnt more, but I started to look for more information, to learn more [by] myself."
- "All of us who attended the training and have been involved in this project, have become friends. We have formed a group, are in regular contact, and give each other advice."

These insights highlight the project's success in building trust, addressing isolation, and creating a collaborative network of trained professionals committed to early intervention.

Sustainability and replicability

The model has been adopted into Lithuania's publicly funded health system, starting with the pilot municipalities, but several challenges remain. These include limited public awareness of the new service (especially among at risk families), shortage of trained professionals in some municipalities, insufficient funding for training, and the lack of structured guidance on how to address depression when diagnosed. Nevertheless, the Lithuanian model demonstrates how early intervention and cross-sectoral support can be scaled nationally. By embedding the service in the public health system, Lithuania has laid the foundation for a preventive, family-centred model that supports women's health, vulnerable parents and promotes healthy child development from the very beginning of life.

External sources and additional information

 Guidelines for the Applicants of the open call "Implementation of the Model for Home Visits and Provision of Early Intervention Services" - Annex 1: Description of the model for home visits and provision of early intervention services: https://www.eeagrants.lt/var/files/Annex%201_description%20of%20the%20model.docx

Project code: LT-HEALTH-0004 | Grant value: €219,530 | Project Promoter: Lithuanian University of Health Sciences | Donor project partner: N/A | Predefined projects

Advocating for women's rights in maternity care: some projects addressed gender-based discrimination and advocacy in maternal health, promoting women's rights in childbirth and postnatal care. In Slovenia, an initiative focused on raising awareness about women's rights in maternity care and empowering women to make informed decisions about their childbirth experiences (SI-ACTIVECITIZENS-0009).

Specialised support for women with rare diseases: Women with rare diseases often face barriers in accessing gender-sensitive healthcare and support networks. A project in Croatia (HR-ACTIVECITIZENS-0117) introduced a comprehensive case management model, providing legal, psychological, and medical support for women with complex health conditions.

3.5.5. Prevention and actions to enable healthy life choices

Under the theme **prevention and actions to enable healthy life choices**, projects supported by the EEA and Norway Grants focused on reducing the burden of communicable and non-communicable diseases, strengthening primary healthcare services, promoting health literacy, and addressing lifestyle risk factors. The supported interventions, which received funding amounting to approximately \in 46 million, included large-scale vaccination, tuberculosis control, telemedicine solutions for chronic diseases, cancer prevention, and digital tools for disease monitoring and early intervention. Projects can be grouped into the following key areas:

Strengthening primary healthcare and disease prevention: projects focused on expanding access to primary healthcare and preventive services. This included community-based health centres, mobile medical caravans, and improved diagnostics for underserved populations. Several initiatives in Romania, Estonia, and Poland aimed to bring healthcare closer to vulnerable communities, particularly in rural and marginalised areas.

Story 12: Supporting healthy lifestyle for children and young People in Poland

The Ministry of Health implemented the pre-defined project 'Healthy Lifestyle for Children and Young People' to promote a healthy lifestyle among the youngest and to raise public awareness about the impact of various factors on the health of children and young people. The project was conducted in collaboration with two Norwegian partners: the Norwegian Cancer Centre (module no. 2 of the project) and the Health Care Centre in Verdal Municipality, Trøndelag Region (for modules 1 and 3).

Context and challenges

The project was developed in response to the growing concerns surrounding the health and wellbeing of children and adolescents in Poland. With rising rates of lifestyle-related diseases, mental health issues and substance abuse among young people, there was a need for comprehensive educational initiatives that promote healthy living and preventive measures. This project aligns with national health priorities and aims to address these challenges by fostering a culture of health awareness and proactive lifestyle choices among the youth.

Objectives

The main objective of the project was to raise awareness among children and young people about the importance of taking care of their own health and the benefits of leading a healthy lifestyle. The project aimed to demonstrate that improving lifestyle can bring many positive changes, such as increased energy, enhanced concentration, improved well-being, and a reduced risk of illness. Through collaboration with parents, teachers and specialists from various fields, the project aimed to achieve a long-lasting change in the lifestyles of young people.

The project was implemented in three modules:

- "Nutrition and sport" focused on diet and physical activity.
- "Use of Nicotine substances" focused on educating about the harmful effects of using tobacco products by young people.
- "Mental Health" focused on the prevention of mental diseases by increasing access to psychological support for children and raising public awareness about the importance of mental health.

Achievements

The "Healthy Lifestyle for Children and Youth" project successfully implemented a range of initiatives aimed at promoting health and well-being among young people in Poland. By collaborating with Norwegian partners and leveraging best practices, the project adapted its methodologies to effectively address local health challenges. The key activities undertaken included:

- A training programme was prepared on choosing healthy options in kindergartens and nurseries.
- Educational workshops, including culinary workshops for children and their families, promoting healthy eating habits, and sport activities for children in kindergartens.
- A nationwide anti-tobacco campaign on combating tobacco by young people.
- A training for school staff, parents, and carers on how to spot maladjustment and early signs of mental disorders.
- Workshops with psychologists for parents and teachers.
- An internet portal dedicated to the mental health of young people.

As a result of these efforts, the project achieved its targets, including:

- 89,922 children took part in training on improving healthy lifestyle habits (nutrition, physical activity), and 7,871 teachers and 25,403 parents received training in healthy diet and physical activity.
- 3,085 of young people have declared limiting tobacco smoking.
- 15 primary and secondary schools located in Podlaskie Voivodeship participated in mental health module trainings. More than 100 teachers received training in early signs of mental disorders and guidance on how to deal with suspected mental disorders.

The project experienced positive outcomes, with increasing interest from institutions (schools) to adopt its activities, consistent positive feedback from parents and kindergarten staff, and greater-than-expected support provided to children, parents, and caregivers, all contributing to enthusiastic participation in the organised activities.

Bilateral cooperation

The Norwegian partners supported the project by providing expertise and best practices across the three modules. In the first module, they prepared a comprehensive report on improving nutrition and physical activity among preschool children, which included insights into Norwegian preschool diets, physical activity levels, and strategies to overcome barriers to effective implementation. For the second module, the Norwegian Cancer Society developed a report on tools to reduce tobacco use

among youth. In the third module, they contributed a detailed report on mental health, outlining the Norwegian healthcare and educational systems, screening tools for mental well-being and preventive measures to promote mental health among children and adolescents.

Sustainability and replicability

The project has laid a strong foundation for long-term sustainability by significantly enhancing the health awareness and lifestyle habits, while also training thousands of parents and educators, which will continue to influence future generations. However, the project was a one-off initiative, without specific follow-up activities or continued funding.

External sources and additional information

- Ministry of Health, "Healthy Lifestyles" predefined project: <u>https://zdrowie.gov.pl/fn/strona-992-projekt_predefiniowany_styl_zycia.html</u>
- Ministry of Health, education materials developed in the project: https://zdrowie.gov.pl/fn/aktualnosc-3982-nowe opracowania i materialy edukacyjne.html
- Ministry of Health, Assessment of the implementation of the objectives and effects of the "Health" Programme co-financed by the Norwegian Financial Mechanism for 2014-2021 and the State Budget and the Bilateral Cooperation Fund co-financed by the Financial Mechanism of the European Economic Area for 2014-2021 and the Norwegian Financial Mechanism for 2014-2021. Final report, Gdańsk 2024.

Project code: PL-HEALTH-0002 | Grant value: € 4,250,000 | Project Promoter: Ministry of Health | Donor project partners: Trøndelag Region (NO), Norwegian Cancer Society (NO)| Predefined project

Story 13: Creating Physically Active School Environments in Estonia through the Schools in Motion Programme

The project *Increasing Physical Activity of Schoolchildren* was launched to promote movementfriendly school environments by embedding physical activity into the everyday culture of Estonian schools. Developed and led by the University of Tartu, the initiative built on strong national and academic momentum to create a sustainable and scalable model for improving children's physical wellbeing.

Context and challenges

In Estonia, as in many other countries, children and young people do not move enough. Less than half of Estonian children meet daily physical activity recommendations, and sedentary time increases significantly during the school years, especially from grades 4–6. Insufficient physical activity is linked to poorer health, reduced learning outcomes, and lower enjoyment of school. To address this, the University of Tartu's Movement Lab launched the School That Invites to Move programme, aiming to make movement a natural, integrated part of the school day and to support schools in creating an active learning environment for all students.

Objectives

The project aimed to:

- Develop, pilot, and validate the Schools in Motion (SiM) model.
- Scale up the implementation of SiM in schools across Estonia.
- Establish a sustainable support system for schools, including training, counselling, and resources.
- Promote awareness and dissemination of best practices in active school environments.

Achievements

The project exceeded expectations in terms of reach, sustainability, and national impact. It established a nationwide network of *Schools in Motion*, engaging 212 schools—nearly 50% of all schools in Estonia—and reaching around 90,000 pupils.

Key achievements included:

- Delivery of 394 training sessions and seminars for educators, school staff, and stakeholders.
- Development of 15 practical tools and methods to increase physical activity throughout the school day.
- Training of student "play leaders" to promote active play during recess.
- Collaboration with architects to adapt school spaces for movement.
- Publication of 16 scientific articles and development of monitoring and evaluation tools.

The programme received international recognition, winning the *Health-Promoting Schools Award* at the MOVE Congress organised by the International Sport and Culture Association (ISCA). National sustainability was ensured through continued funding by the Ministry of Education and Research, and expansion to upper-secondary schools is currently underway.

Bilateral cooperation

The project benefited from strong bilateral cooperation with the University of South-Eastern Norway. Academic exchange and joint research resulted in two co-authored publications, mutual study visits, and knowledge sharing at annual SiM seminars. Norwegian experience in adapting movement for winter conditions informed local practices, and a Norwegian doctoral student completed a research placement at the University of Tartu. The partnership contributed to lasting institutional links and will continue beyond the project period.

Sustainability and replicability

The Schools in Motion model is now integrated into Estonia's national education and health strategies, with continued funding from the Ministry of Education and Research. Its expansion to upper-secondary education and the mobilisation of regional health promoters suggests strong potential for replication in other contexts. The programme has created a science-based, nationally supported framework for embedding physical activity into everyday school life.

External sources and additional information

- Project website: <u>www.liikumakutsuvkool.ee</u>
- #OurStories video: <u>https://www.youtube.com/watch?v=COq6Y0nqZyA</u>
- MOVE Congress award: <u>https://www.educationestonia.org/school-in-motion-award/</u>
- Bilateral research article 1: <u>"Pupils' experiences of affordances in school-based physical activity"</u>
- Bilateral research article 2: "School Children's Physical Activity and Preferred Activities during Outdoor Recess"

Project code: EE-LOCALDEV-0005 | Grant value: €2,297,470.04 | Project Promoter: University of Tartu | Donor project partner: University of South-Eastern Norway | Predefined project

Tackling communicable diseases and public health risks: a major focus was on reducing the burden of communicable diseases such as tuberculosis, hepatitis, and antimicrobial resistance (AMR). Several projects aimed at improving early detection, vaccination coverage, and awareness-raising campaigns.

Story 14: Reducing Antibiotic Misuse through Public Education and Prescribing Guidelines in Czechia⁴⁹

Antimicrobial resistance poses a growing threat to public health in Europe and globally, driven in part by inappropriate prescription and patient demand of antibiotics. In response, the project "AMR Prevention" was launched in Czechia to raise public awareness and promote more responsible antibiotic use among healthcare providers.

Context and challenges

Increased consumption and misuse of antibiotics in both human and veterinary medicine is leading to an increase in antibacterial resistance. To maintain the effectiveness of antibiotics, they should only be used in justified cases. Therefore, it is necessary for prescribers to have up-to-date treatment recommendations available for accurate orientation in indications.

At the same time, improving public awareness and understanding of the consequences of inappropriate antibiotic use can help promote good prescribing practices and infection prevention.

Objectives

The aim of the project was to improve antibiotic prescribing and use practices in order to halt the rising trend of antibiotic consumption. The following project outputs were designed to support this goal:

- Development and dissemination of recommendations on the proper use of antibiotics,
- Organising seminars for prescribing physicians,
- Development of an intervention model and implementation of a prescription audit among general practitioners,
- Implementation of an information campaign to raise awareness about the use of antibiotics and the consequences of improper use of antibiotics.

Achievements

Led by the National Institute of Public Health, the four-year initiative combined a wide-reaching public campaign with targeted professional education. An animated social media campaign reached over 2.8 million people on Facebook and more than 2.4 million YouTube views, raising public understanding of antimicrobial resistance, and encouraging behavioural change. A public survey conducted in 2022 indicated a 19% increase in awareness of the term "antibiotic resistance" compared to the previous year.

In parallel, the project team developed 12 clinical guidelines for rational antibiotic prescription, tailored for general practitioners and paediatricians. These were disseminated through printed materials, a dedicated website, and four professional seminars. Prescription data from participating physicians were audited before and after the intervention. Though only a small subset of doctors engaged (approx. 80 out of 6,000), participants reported the audits to be valuable, and a slight overall reduction in national antibiotic consumption (0.59%) was recorded—contrary to the projected rise.

Despite the project's success, several challenges emerged. Gaining consensus for the prescribing guidelines proved difficult, particularly among conservative professional circles. Key medical associations declined to endorse the guidelines, which were ultimately published under the Subcommittee for Antibiotic Policy. Efforts to engage general practitioners were hindered by entrenched prescribing habits, and while prescription audits received positive feedback, participation was limited to a small group of doctors. COVID-19 further strained already overstretched healthcare providers, limiting the reach of some activities. The small project team was consistently overstretched, with limited staffing and low financial compensation. Administrative complexity also proved an important barrier, ultimately discouraged pursuit of a follow-up project.

Despite these constraints, stakeholders viewed the project as meaningful, with outcomes such as improved public awareness likely to have a lasting impact. The project achieved notable recognition, winning both the IMC Czech Award and Effie Award in 2022 for its campaign. The publicly accessible website, <u>www.antibiotickarezistence.cz</u>, continues to serve as a resource for both the public and healthcare professionals.

⁴⁹ Project subject to a site visit

Bilateral cooperation

Bilateral cooperation with the Norwegian Institute of Public Health added value through expertise sharing, particularly in developing clinical guidelines and exchanging best practices to address antimicrobial resistance. Although face-to-face exchanges were limited due to the COVID-19 pandemic, the collaboration contributed to key achievements, including co-designing the Antibiotic Prescription Recommendations to maximise their impact. Participation in joint conferences facilitated mutual learning, providing Czech stakeholders with insights into managing antimicrobial resistance, hospital infections, and ensuring stable antibiotic supply chains.

Sustainability and replicability

While no follow-up project is currently planned, the project's outputs—such as prescribing guidelines and the campaign website—remain publicly available and may continue to inform practice. The project's design aligned with national policies and contributed valuable resources, including a wellreceived awareness campaign and professional education initiatives.

However, concerns remain regarding the long-term sustainability and replicability of the initiative. Continuation of the work would require greater institutional support, dedicated long-term funding, and simplified administrative processes to fully realise its potential and expand its reach.

External sources and additional information

- Project website: <u>https://www.antibiotickarezistence.cz/</u> (English version: <u>https://www.antibiotickarezistence.cz/en/</u>).
- Social media:
 - o Facebook: https://www.facebook.com/antibiotikaztracejisilu
 - YouTube: <u>https://www.youtube.com/@antibiotickarezistence4132</u>
 - o Instagram: https://www.instagram.com/antibiotika_ztraceji_silu/

Project code: CZ-HEALTH-0002 | Grant value: €2,656,360 | Project Promoter: National Institute of Public Health (SZÚ) | Donor project partner: Norwegian Institute of Public Health | Predefined project

Chronic disease prevention and early intervention: Several projects addressed the growing burden of chronic diseases such as cardiovascular diseases, diabetes, cancer, and neurological conditions. Interventions included screening programmes, patient registries, and digital health innovations for remote monitoring. In Romania, a national registry on heart failure was developed, while in Poland, telemonitoring solutions were piloted for patients with heart failure and chronic obstructive pulmonary disorder (COPD).

Health promotion and digital health solutions: With the increasing role of digital health and artificial intelligence (AI) in prevention, several projects focused on e-health solutions, telemedicine, and digital monitoring tools. Projects in Slovakia and Romania developed AI-enabled platforms for early detection of cardiovascular risks and to support decision-making in primary care.

4. Conclusions

This section presents the main conclusions of the evaluation across the three core evaluation criteria: coherence, effectiveness, and sustainability, along with a dedicated section on bilateral cooperation, which is a distinctive feature of the EEA and Norway Grants. These conclusions are grounded in the evidence gathered through document review, stakeholder interviews, surveys, and project visits.

4.1. Coherence

The EEA and Norway Grants have filled a distinct niche in the European health funding landscape. Their flexibility, responsiveness, and emphasis on underserved populations have allowed them to address health challenges and access gaps that are less well covered by larger EU instruments.

Projects funded through the Grants often targeted marginalised communities, mental health, primary care, and civil society-led initiatives—areas typically underserved by national and EU-level funding.

This role has been particularly important in countries where civil society organisations work on politically sensitive health-related issues, such as LGBTIQ+ rights or Roma inclusion. In these contexts, the Grants contributed beyond the public health domain.

The programmes also proved valuable in piloting innovative or higher-risk interventions, especially in prevention, telemedicine, and community-based health solutions. These pilots frequently served as models for national or EU-funded scale-up, reinforcing the complementary role of the Grants. Their bottom-up, problem-driven design contrasts with the more centralised and systemic focus of many EU health initiatives.

Nevertheless, complementarity with national or EU funding frameworks was uneven. While some Beneficiary States employed structured mechanisms to align the Grants with broader health investment planning, others relied on more informal or ad hoc approaches. More systematic coordination, particularly during programme planning, could improve complementarity and reduce fragmentation.

4.2. Effectiveness

Programme-level results were broadly achieved, although the degree of success varied across Beneficiary States. PA06 programmes in Lithuania and Czechia performed particularly well in terms of project delivery and outcome achievement, while Poland and Romania faced more implementation challenges, including procurement delays, and limited calls for projects. Implementation was affected by significant external challenges, including the COVID-19 pandemic, Russia's aggression against Ukraine, and inflation, all of which disrupted timelines and hindered target group engagement. Internal challenges, such as administrative burdens stemming from multi-level reporting requirements, human resource limitations, and difficulties in engaging communities, also influenced programme outcomes.

The capacity of Programme and Fund Operators proved to be a key factor in programme success. Whether health was delivered through a stand-alone programme or as part of a broader thematic area mattered less than the strength and experience of the POs and FOs in managing implementation effectively.

Project-level achievements were generally positive, with many projects meeting or exceeding their intended targets. The evaluation confirmed that both small NGO-led initiatives and large predefined projects contributed to outcomes in meaningful ways. While no single modality or type of promoter was systematically more effective, projects that aligned closely with national strategies and demonstrated institutional commitment tended to have greater impact and higher likelihood of continuation. A significant success factor was the continuation or scaling up of initiatives that had been previously funded, which allowed for the consolidation of earlier results and greater long-term impact.

Project implementation was not without challenges. External disruptions (again, most notably, the COVID-19 pandemic) delayed project launches, reduced outreach, and hindered collaboration. Project Promoters often found public procurement and reporting requirements time-consuming and complex, especially for smaller entities.

The results framework, particularly the use of Core Indicators, was not considered burdensome and did not hinder implementation. However, the lack of health-specific Core Indicators, combined with inconsistent approaches to selecting, defining, and applying custom or programme-specific indicators, reduced its effectiveness in measuring health-related achievements. Some confusion also existed among stakeholders over the distinction between Core and programme-specific (or custom) indicators, making the assessment of the results framework challenging for the evaluators. The evaluation also found that targets values for certain indicators were set too low to meaningfully assess results.

4.3. Sustainability

Sustainability of results was mixed and remains an area for improvement. While approximately twothirds of Project Promoters reported securing follow-up funding or partial continuation, this information is self-reported and has not been independently verified. **Projects with strong institutional support** or alignment with national strategies were more likely to continue beyond the funding period.

Sustainability was also supported by capacity-building components and knowledge transfer, particularly through bilateral cooperation.

The Grants' strength lies in their ability to support innovation and piloting. However, when these pilots are successful, pathways for scale-up and institutionalisation are not always in place. The lack of structured transition funding between cycles, as well as the gap between funding periods, presents a barrier to sustainability.

A broader understanding of sustainability is needed in future funding cycles. Sustainability planning should be embedded into programme and project design from the outset.

4.4. Bilateral Cooperation

Bilateral cooperation at project level remains one of the most distinctive and appreciated aspects of the EEA and Norway Grants. Survey results and interviews confirm that most partnerships were seen as valuable, particularly where Donor project partners were actively involved in project codesign, delivery, and capacity building.

Projects with meaningful bilateral engagement benefitted from access to specialised expertise, exposure to international best practices, and ongoing professional exchange. In several cases, Donor project partners continued to collaborate with Project Promoters after the formal end of the project.

However, not all partnerships were equally effective. Some remained formal or symbolic, with limited day-to-day collaboration or added value. Others faced difficulties due to differences in expectations, institutional cultures, or practical constraints. Mechanisms to maintain cooperation beyond the project lifecycle were generally lacking.

Bilateral cooperation **at programme** level was most effective where programmes were well-focused, institutionally anchored, and engaged early with Donor Programme Partners. In countries such as Czechia and Lithuania, this enabled long-term collaboration that supported meaningful reforms, particularly in mental health services. In Poland and Romania, bilateral cooperation—also established in previous financial mechanisms— was maintained throughout the programme period, including regular coordination with the Donor programme partners and Cooperation Committee meetings. However, factors such as administrative instability and the broad thematic scope of the programmes posed challenges to achieving the same level of strategic coordination observed in countries with more focused programme structures.

Bilateral cooperation at both project and programme level clearly adds strategic and practical value to the Grants and should be further developed and incentivised in future programming.

5. Recommendations

Criteria	Recommendation	Addressee
Coherence	 Strengthen mechanisms for coordination and complementarity between the EEA and Norway Grants and EU health funding at national level, including through joint gap analyses or structured coordination bodies. 	NFPs to lead, FMO to support with monitoring progress (e.g., in programme report reviews)
	 Introduce options for collaboration and consultation about funding priorities with EU- funded Joint Actions, such as those under EU4Health, to maximise synergy and reduce fragmentation. 	FMO to lead; Donors and DPPs to support (where relevant)

Criteria	Recommendation	Addressee		
Effectiveness	3. Balance large, strategic "predefined" projects with smaller, community-driven initiatives in each programme, and choose project modality (predefined vs. call-based) and Promoter type (e.g., ministry, NGO, research institute) according to the scale, complexity, and delivery capacity required to achieve the intended results.	POs to lead, NFPs to monitor		
	4. In rolling out the new results-based management approach, provide Programme/Fund Operators and Project Promoters with clear guidance and training on the purpose, selection, and application of both Core and programme-specific indicators for effective performance tracking. This should include support in consistently applying the methodology for measuring Core indicators, as well as in setting meaningful and appropriately ambitious targets. While targets may need to reflect national context and programme specificities, the methodology for setting these targets and their ambition level should not vary arbitrarily across programmes based on perceived ease of achievement.	FMO to provide training to NFPs/POs/FOs POs/FOs to provide training to PPs		
Sustainability	 Require sustainability planning as part of project design — including realistic replication/scale up strategies, links to national policies, and identification of potential follow-up funding. 	POs to lead, FMO to support by including such requirement in the calls template and with monitoring (e.g., in programme report reviews)		
	 Explore options to reduce the time gaps between funding periods (reducing the time spent for programming) and provide transitional support or "bridge funding" for highly successful projects by the Beneficiary States). 	Donors and NFPs		
	7. Systematically track sustainability outcomes post-project (e.g., integration into national policy, continuation of services, continued bilateral cooperation and knowledge transfer) through light-touch follow-up 1–2 years after closure. This could be achieved by adding another brief survey to the "Bilateral survey", already disseminated to Project Promoters (and Dpps) at the beginning of their project and at their closure and therefore using an already existing mechanism to avoid creating additional burden. A sample of projects could also be reviewed in an additional sustainability-focused ex-post evaluation.	FMO		
Bilateral cooperation	 Introduce mechanisms in the Beneficiary States to support continued collaboration post-project, such as dedicated follow-up initiatives, e.g., alumni networks. 	NFPs		

Criteria	Recommendation	Addressee
	 Systematically document and disseminate the added value of bilateral cooperation through, e.g., case studies, Donor State-led webinars. 	FMO to lead with support from Donors & DPPs

6. Annexes

6.1. Annex I. Evaluation questions matrix

Issues to consider	Judgement criteria	Indicators	Methods & sources
Coherence			
1. How and to what extent,	have the programmes and projects filled	in a niche compared to large EU funding in the health see	ctor? (PA06, PA10, PA15)
Consider underfunded fields/areas/sectors in health and how the Grants contributed to addressing these funding gaps (e.g., capacity building, support for civil society, and riskier pilot projects that could be scaled up) and give recommendations for the upcoming Financial Mechanisms.	 The programmes have been designed, and the projects have been selected, to occupy a unique role or fill in gaps, compared to large EU funding in the health sector (e.g., in terms of capacity building, support for civil society, and/or riskier pilot projects that could be scaled up). The programmes and projects have been distinct or complementary to large EU funding in the health sector in several ways. There are lessons learned from the current programmes and projects that can inform the design of the upcoming Financial Mechanisms. 	 NFPs explain the rationale behind the scope and objectives of the programmes and projects <i>vis-à-vis</i> large EU funding in the health sector, confirming the unique role of the Grants. NFPs/POs/FOs confirm whether and how EU funding mechanisms were considered when designing the programmes and selecting projects, and any measures taken during implementation to avoid duplication. Representatives of relevant EU bodies highlight synergies and/or duplication and/or gaps that the Grants address. PPs highlight synergies, duplications, and/or areas where the Grants address gaps in the current funding landscape in their Beneficiary State. Desk research confirms the unique role of the Grants in addressing funding gaps and/or highlights areas of duplication. 	 Desk research on EU and the Grants funding Interviews with FMO programme team/NFPs/POs/FOs. Interviews with representatives of EU bodies Survey of PPs Project site visits (incl. interviews w/ PPs/Dpps and focus groups with project target groups)
Effectiveness			

2. Programme level results: To what extent have the health and local development programmes achieved their planned outputs and outcomes in health, taking into account special concerns? (PA06, PA10)

Issues to consider	Judgement criteria	Indicators	Methods & sources
Consider results in relation to grant size and complexity, implementation modality (call vs. pre- defined project), type of Project Promoter (public entity, NGO, private entity), bilateral cooperation (involvement and value added of DPP and Dpp or not) or soft and hard measures. Consider the factors that have influenced the (non-) achievement of results. Consider both positive and negative results and intended and unintended results.	 The programmes have (or will) achieve their planned outputs and outcomes, meaning that: projects funded have been (or will be) completed in due time; projects funded have (or will) achieve the planned outputs and outcomes; funds available for calls have been utilised. Various variables of the programmes' design have influenced the achievement of results, including: grant size and complexity (e.g., if/how the amount of funding (small vs. large grants) and the complexity of the projects (simple vs. multi-faceted) implementation modality (e.g., where projects were selected through calls or where specific projects were pre-defined, whether and how this has affected the achievement of results); type of Project Promoter (e.g., whether the type of organisation leading the project has led to different outcomes and why/how); bilateral cooperation (e.g., whether the 	 Desk research confirms the programmes and projects' design, stage of implementation, outputs, and outcomes. NFPs/POs/FOs confirm: completion of the programmes in due time; achievement of the programmes' planned outputs and outcomes. utilisation of all funds available. NFPs/DPPs/POs/FOs/PPs confirm the extent to which various variables of the programmes/projects' design have influenced the achievement of results and explain ways in which this has happened. NFPs/DPPs/POs/FOs confirm there are different factors influencing programmes' success or failure, intended or unintended results. NFPs/DPPs/POs/FOs identify both positive and negative results of programmes, including unintended (positive or negative) results. 	 Desk research (programme and project-level documentation and monitoring data) Interviews NFPs/POs/FOs. Survey of PPs/Dpps Project site visits (incl. interviews w/ PPs/Dpps and focus groups with project target groups)

Issues to consider	Judgement criteria	Indicators	Methods & sources
	programmes/projects included collaboration with DPPs/Dpps and if/how this added value to the programmes/projects such as through knowledge exchange or increased resources);		
	 soft and hard measures (e.g., whether soft measures (such as capacity building, training, awareness-raising, etc.) and hard measures (such as infrastructure, equipment, etc.) have required different types of resources and led to different results). 		
	• Various factors influencing success or failure, intended or unintended results can be identified (i.e., specific elements contributing to programmes reaching their goals or falling short (e.g., funding levels, administrative challenges, partnerships, political context, or external circumstances).		
	• Positive and negative results can be identified (i.e., successful outcomes and shortcomings or failures), including unintended positive or negative results.		
3. Project level results: Wh	ich, and what types of, projects have bes	t contributed to the health programme area's objective?	Vhy? (PA06, PA10, PA15)
Consider results primarily in relation to the identified themes (cancer, mental	• The most successful projects funded under the identified themes can be identified, and there are reasons that	 Desk research confirms projects' relevance, effectiveness, and sustainability. 	Desk research (programme and project-level

Issues to consider	Judgement criteria	Indicators	Methods & sources
 health, health inequalities and inequities in access to healthcare, women's health, as well as prevention and healthy life choices). Identify the most successful projects and compile a brief story/case study under each of the identified themes (one per theme, i.e., five stories in total). Considerations for the identification of most successful projects and stories also include: Type of Project Promoter (public entity, NGO, private entity); Geographical setting (urban vs. rural areas); Implementation modality (call vs. pre-defined project); Bilateral cooperation (involvement and added value of a Donor Programme Partner/donor project partner or not). Consider recommendations on how to replicate these in the upcoming Financial Mechanisms. 	 explain why they succeeded. The criteria to identify the most successful projects might include: relevance to the health programme area's objective (i.e., extent to which projects align with the objective); effectiveness (i.e., degree to which projects have achieved their planned outputs and outcomes, and if there is evidence of tangible, positive impact on the target population); innovation and sustainability (i.e., extent to which projects have introduced new/innovative solutions/approaches and whether their impact is likely to endure beyond the funding period or can be scaled up); efficiency and use of resources (i.e., extent to which they have demonstrated good value for money); bilateral cooperation (i.e., extent of involvement and added value of a DPP or Dpp); other: quality/extent of engagement with key stakeholders; scalability and transferability; unintended results (positive or negative). 	 NFPs/DPPs/POs/FOs confirm the most successful projects under the identified themes, and according to the relevant criteria, and explain why they are the most successful ones. NFPs/DPPs/POs/FOs/PPs confirm and explain factors influencing success. There are lessons learned from the success stories that should inform the design of the upcoming Financial Mechanisms. 	 documentation and monitoring data) Interviews with NFPs/POs/FOs/ Survey of PPs and Dpps Project site visits (incl. interviews w/ PPs/Dpps and focus groups with project target groups) Follow-up interviews w/ PPs of most successful projects

Issues to consider	Judgement criteria	Indicators	Methods & sources	
 What are the key output (PA01, PA02) 	 Five success stories (one per identified theme) can be identified, which include projects implemented by different types of PPs (public entity, NGO, private entity); in different geographical settings (urban vs. rural areas); with different implementation modalities (call vs. pre-defined project); and involving or not bilateral cooperation. There are lessons to learn from the success stories that should inform the design of the upcoming Financial Mechanisms. 	der the Research and Innovation Programme Areas with re	espect to the identified themes?	
Compile a thematic analysis of outputs as per the relevant five themes (cancer, mental health, health inequalities and inequities in access to healthcare, women's health, as well as prevention and healthy life choices).	• Health-related projects falling under PA01 and PA02 have delivered key outputs in the areas of cancer, mental health, health inequalities and inequities in access to healthcare, women's health, prevention, and healthy life choices.	 Desk research confirms outputs in the five thematic areas from health-related projects falling under PA01 and PA02. Outputs can include e.g., research publications, technologies/tools/prototypes, guidelines, etc. NFPs/DPPs/POs/FOs/PPs/Dpps confirm the key outputs of health-related projects with respect to the identified themes. 	 Desk research (project-level documentation and monitoring data) Interviews with NFPs/POs/FOs Survey of PPs and Dpps 	
5. How could the Grants better measure the health-related results? (PA06, PA10)				
Consider whether existing core/common indicators capture health-related results and suggest new potential core indicators or other means to help better	 Existing core/common indicators are working satisfactorily (or not) as a means of capturing health-related results. There are other potential core indicators, sources or data collection 	 Desk research confirms alignment between existing core/common indicators and the identified health-related results of the Grants. Desk research/expert assessment reveals gaps in the system of core/common indicators. 	 Desk research (programme and project-level documentation and monitoring data) Evidence from EQ2, EQ3 	

Issues to consider	Judgement criteria	Indicators	Methods & sources
measure health-related results. Sustainability	activities which could help to better measure health-related results.	 NFPs/DPPs/POs/FOs confirm: the relevance and completeness of the existing core/common indicators potential improvements to indicators, sources, or data collection activities. 	 Interviews with NFPs/POs/FOs Expert assessment
Consider various elements of sustainability including financial sustainability/funding diversification (beyond the EEA & Norway Grants), partnerships, and networking.	 The programmes/ projects have secured or can secure ongoing or new sources of funding from diverse streams beyond EEA & Norway Grants. The programmes/ projects have the potential to scale up or replicate their results in other contexts (geographic, institutional, or sectoral) (e.g., if the resources, capacity, and infrastructure are available to scale-up or replicate results). The programme/ projects' existing partnerships and collaborations can be sustained or expand to support the upscaling or replication of results. The programmes/ projects have developed networks/platforms for knowledge exchange and cooperation and these networks/platforms have the potential to support upscaling or replication of results. 	 Desk research confirms: funding sources secured beyond EEA & Norway Grants; amounts of co-funding attracted to sustain or upscale the programmes/ projects; replication/ expansion of programme/ projects' results (to other locations/populations/sectors/etc.); specific initiatives or plans to scaleup/replicate the programmes/projects; number of partnerships that continue post-project or have been expanded to include new stakeholders; membership in relevant networks and level of involvement in knowledge-sharing activities; etc. NFPs, DPPs, POs/FOs, PPs confirm the extent to and ways in which results can be upscaled/ sustained in the upcoming Financial Mechanisms 2021-2028. 	 Desk research (programme and project-level documentation and monitoring data) Interviews with NFPs/POs/FOs Evidence from other EQs Survey of PPs and Dpps Project site visits (incl. interviews w/ PPs/Dpps and focus groups with project target groups)

6.2. Annex II. Survey report

Introduction

This report presents findings from an online survey which was addressed to Project Promoters (PPs) in the fourteen Beneficiary States (Bulgaria, Croatia, Cyprus, Czechia, Estonia, Greece, Latvia, Lithuania, Malta, Poland, Portugal, Romania, Slovakia, and Slovenia) which implemented health-related projects and respective Donor project partners (Dpps) from two of the three Donor States (Norway and Iceland)⁵⁰. Respondents were asked to share their views on the implementation of their projects, assess the bilateral cooperation, sustainability of the results and suggest changes in the Grants for the future.

The survey was launched on Snap Survey on 3 February 2025. Respondents were recruited via targeted e-mails based on a list of projects provided by the FMO, which included:

- 280 Project Promoters
- 108 Donor Project Partners

The survey was initially open until 21 February 2025. The deadline was extended by a week until 28 February to allow additional time to respond. The questionnaire was available in English. This report presents the survey results by respondent type (PPs and Dpps).

Respondents' profile

Overall, 142 respondents contributed to the survey, which included:

- 110 Project Promoters (response rate of 39%)
- 32 Donor Project Partners (response rate of 30%)

While the figure below reflects the share of responses from PPs per country, the following table presents further details of the PPs responses and response rates per Beneficiary State. The most frequently represented categories of respondents were PPs from Romania and Czechia, together representing over half of the responses (32% and 20%, respectively).

⁵⁰ In the sample of health-related projects covered by the evaluation, the Dpps came from Noray and Iceland only. No Dpp from Liechtenstein was included.





Table 15: Disaggregation of the number of responses and response rates for PPs and Dpps per country

	Country	Number of responses	Number of organisations contacted	Response rate
Project Promoters	Romania	35	73	48%
(110 responses)	Czechia	22	40	55%
	Lithuania	14	71	20%
	Poland	14	28	50%
	Bulgaria	6	14	43%
	Croatia	4	5	80%
	Slovakia	4	12	33%
	Cyprus	3	4	75%
	Estonia	3	17	18%
	Slovenia	2	4	50%
	Portugal	1	1	100%
	Greece	1	6	17%
	Latvia	1	2	50%
Donor Project Partners	Norway	29	99	29%
(32 responses)	Iceland	3	9	33%
	Liechtenstein	0	0	0%

For PPs, the most frequently represented Programme Area was European Public Health Challenges (PA06) (represented by 45% of PPs) and Local Development and Poverty Reduction (PA10) (28%), followed by Active Citizens' Fund (PA15), Research (PA02) and Business Development, Innovation and SMEs (PA01) (3%).





A majority of PPs (64%) have received a grant under the programme for the first time, while 32% indicated they have received it more than once.

Figure 19. How many times has your organisation received a grant under the programme? (n=110)



Concerning projects implemented under PA06 and PA10, the most frequently covered health themes were the reduction of social inequalities in health and the burden of diseases (60%), followed by universal access to health care (33%) and mental health (29%). The detailed list are themes is provided in the chart below.

Figure 20. Which of the following health themes is relevant for your project? [PA06, PA10] (n=78)



Concerning projects implemented under PA15, PA02 and PA01, the most frequently covered themes were health inequalities in access to care (43%), and mental health (39%).

Figure 21. Which of the following health themes is relevant for your project? [PA01, PA02, PA15] (n= 29, multiple-choice question)



Project Promoters survey

Project outcomes

The first section of the survey to PPs explored to what extent the projects achieved their results. A majority of respondents reported that their projects fully achieved the planned results (67%), with another 28% indicating that the objectives were met to a large extent. Only 3% reported that the outcomes were only partially achieved.





As presented in the table below, PPs of predefined projects tended to consider that their projects achieved planned results "fully" slightly more often than projects selected in calls (by 9 percentage points, pp), who slightly more often selected "to a large extent" option (5 pp) but the differences were not significant.

Table 16. Achievement of planned results per project modality

Implementation Modality	Fully	To a large extent	Partially
Call	66% (67)	30% (31)	3% (3)
Pre-defined project	75% (9)	25% (3)	0% (0)

The question was also cross checked with project values and the results are presented in the table below. The results suggest that small projects⁵¹ reported "fully" achieving their planned results slightly more often than medium projects (6 pp difference) and large projects (9 pp difference). However, it was only the small projects reporting achieving planned results "partially."

⁵¹ Small/medium/large categories were assigned to projects based on grant values. Each category covered similar number of projects (38 or 29). Small projects covered 39 projects with maximum grant value of 200 000 euro. Medium projects covered 38 projects with grant values between 205 929 and 765 140 euro. Large projects covered 38 projects with minimum grant value of 786 634 euro.

Table 17. Achievement of planned results per project size

Project Size Category	Fully	To a large extent	Partially
Small	72% (28)	21% (8)	8% (3)
Medium	66% (25)	32% (12)	0% (0)
Large	63% (24)	37% (14)	0% (0)

Among the Beneficiary States with the highest number of respondents in the sample (Czechia, 22, Lithuania, 14, Poland, 14 and Romania, 35), respondents from Czechia and Romania were slightly more positive about the results of their projects, compared with those from Lithuania and Poland, as presented in the table below. For other Beneficiary States, the values were too low to be included in the analysis.

Table 18. Achievement of planned results per selected respondents' countries

Beneficiary State	Fully	To a large extent	Partially
Czechia	87% (20)	9% (2)	0% (0)
Lithuania	57% (8)	43% (6)	0% (0)
Poland	44% (7)	50% (8)	6% (1)
Romania	68% (26)	26% (10)	5% (2)

Respondents who indicated that their projects did not achieve their results "fully", were asked about the reasons. 32% of PPs responded that their projects were delayed, 22% that the number of participants or beneficiaries was lower than expected and 14% that not all activities were implemented.





These respondents were further asked on an open question why their projects did not achieve planned results to a larger extent. The most frequent reasons were the following:

- Administrative and bureaucratic challenges, such as complex procurement processes, excessive reporting requirements and demanding evaluation processes,
- Financial and cash flow issues,
- Implementation delays related to COVID-19 disruptions or late approvals,
- Budget constraints related to inflexible funding rules.

Project Promoters were further asked about the level of funding used. Most of them (57%) confirmed that all or almost all allocated funding was utilised (more than 95%), while 28% have used between 85% and 95% of their original budgets. A further 11% reported using between 65% to 85% of the funding

budgeted, while only 4% of PPs have used less than 65% of the allocated funding. On average, PPs used 92% of their budgets with a median value of 98%.

Figure 24. Please indicate what percentage of the funding budgeted for the project you have used (n=108)



Although most of the projects, according to the respondents, achieved their results at least to a large extent, most of the PPs (55%) reported that they experienced challenges that hindered the achievements of their project, while 45% reported not experiencing challenges.

Figure 25. Did you experience any challenges, which hindered the achievements of your project? (n=110)



PPs were further asked to explain what kind of challenges they experienced. 62 PPs provided their comments, and the challenges mentioned can be generally categorised into four main groups, i.e.:

- external disruptions,
- administrative burdens,
- human resource constraints,
- community engagement issues.

The COVID-19 pandemic alone was the most often mentioned issue, which significantly disrupted project timelines and stakeholder engagement, leading to delays, modifications (e.g., remote instead of face-to-face meetings) and difficulties in recruitment and retention of professionals. Additionally, bureaucratic, and administrative burdens, including public procurement complexities, approval delays and regulatory constraints, slowed down project implementation. Furthermore, human resource challenges were mentioned in relation to the lack of specialised professionals, high staff turnover and difficulties in engaging local healthcare workers. Some projects also struggled with low participation and resistance from target communities, particularly among vulnerable populations such as the Roma, who were hesitant to self-identify.

Innovation

The survey also explored the extent to which the projects introduced innovative solutions and approaches. Most of PPs (71%) reported that their projects introduced innovative solutions and approaches, and 15% reported they did not.



Figure 26. Did your project introduce innovative solutions and approaches? (n=110)

PPs were asked to provide examples of how their project has introduced innovative solutions and approaches. Among them, 72 PPs have provided specific examples of a diverse range of innovations. Many initiatives focused on improving healthcare accessibility through digital tools, mobile services, and community-based approaches, particularly for vulnerable populations. Other examples of innovations included innovative diagnostic and treatment methods, such as AI-driven algorithms, nanoparticle therapies and transgenic research models.

Bilateral cooperation

The survey also assessed the bilateral relation between PPs and Dpps, ranging from collaboration to the role played by the Dpp.

Most PPs (53%) reported implementing their project in collaboration with a Dpp, which was particularly the case for large projects (76% of the top third of projects in terms of size of the grant, compared with 42% for other projects).





In these partnerships, 51% of respondents described the Dpp's role as significant, 39% as moderate and 10% as minor.





As presented in the table below, beneficiaries of large projects tended to describe the role of Dpps as significant more frequently, than those of medium and small projects.

Table 19. The role of Dpp cross-checked per project size

Project size category	A significant role	A moderate role	A minor role
Small	35% (6)	41% (7)	24% (4)
Medium	31% (5)	63% (10)	6% (1)

	Large	68% (19)	29% (8)	4% (1)
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In most cases, PPs found their partners independently. The most common method of finding a Dpp, according to the PPs' responses, was through previous cooperation (44%) and independent searches (31%). These were followed by participation in bilateral activities (16%). Only 13% indicated founding a partner with assistance, either direct assistance (11%) or at matchmaking events (2%).

Figure 29. How did you find the donor project partner for your project? (n=62)



Regarding the outcomes achieved thanks to these partnerships, most of the respondents considered that they achieved knowledge sharing (74% to a great extent and 16% to some extent) and capacity building (50% to a great extent and 29% to some extent). Additionally, one out of four respondents (40%, including 31% to a great extent and 9% to some extent) reported achieving other outcomes. Other means (10%) included elements such as networking, personal recommendations, and cooperation emerged from participation in international conferences or membership in international organisations.





Respondents who selected the option "Other" (n=8), in an open-comment box mentioned achieving the following outcomes:

- Advocacy and visibility,
- Effective planning and dissemination,
- Long-term cooperation and networking,
- Publicity and support.

Overall satisfaction with the bilateral partnerships was very high, with a combined 97% of respondents reporting that they were satisfied (64% very satisfied and 33% satisfied) and only 3% remaining neutral.



Figure 31. To what extent are you satisfied with the bilateral partnership(s)? (n=62)

As mentioned above, beneficiaries of large projects tended to describe Dpps roles as more significant than those of other projects. As presented in the table below, they also tended to be more satisfied with that cooperation. Those indicating being very satisfied were more frequent for large projects, compared with medium projects (35 pp difference) and small projects (20 pp).

Table 20. Satisfaction with Dpp's role per project size

Project size category	Very satisfied	Satisfied	Neutral
Small	59% (10)	35% (6)	6% (1)
Medium	44% (7)	50% (8)	6% (1)
Large	79% (22)	21% (6)	0% (0)

Looking to the future, the vast majority of PPs (85%) anticipated that the collaboration would continue beyond the grant period (53% considered it very likely and 32% likely). Only 13% considered it unlikely.





Beneficiaries of large projects, who – as mentioned – tended to describe the role of Dpp as more significant and tended to be slightly more satisfied with cooperation, also tended to consider its continuation more likely. Beneficiaries of large projects considered it "very likely" more often than beneficiaries of medium projects (45 pp difference) and small projects (41 pp), as presented in the table below.

Table 21. Likelihood of continuation of cooperation per project size

Project size category	Very likely	Likely	Unlikely
Small	35% (6)	41% (7)	12% (2)

Medium	31% (5)	50% (8)	19% (3)
Large	76% (22)	17% (5)	0% (0)

Sustainability of project outcomes

In terms of sustainability of project outcomes, about one out of three PPs (34%) reported that they had fully secured funding to continue their activities beyond the EEA and Norway Grants and one out of three (32%) reported securing it partially. 21% reported still exploring options. Meanwhile, 11% had not managed to secure further funding at all.

Figure 33. Did you manage to secure funding to continue the activities of your project beyond the funding from the EEA and Norway Grants? (n=110)



Among the Beneficiary States with the highest number of respondents in the sample, those from Lithuania tended to report that they secured full funding more often than those from Czechia, Poland, or Romania, as presented in the table below. Other factors, such as project modality or size, did not correlate with the answers to this question.

Table 22. Secured funding cross-checked selected respondents' countries

Country	Fully secured	Partially secured	Currently exploring	No
Czechia	30% (7)	48% (11)	9% (2)	13% (3)
Lithuania	64% (9)	21% (3)	0% (0)	14% (2)
Poland	19% (3)	19% (3)	38% (6)	13% (2)
Romania	37% (14)	26% (10)	26% (10)	8% (3)

80% of PPs believed that the partnerships established during the project would continue after the project ended, and 77% felt that their projects had the potential to be scaled up or replicated in other settings.

Figure 34. Do partnerships or collaborations created within the project continue or will they continue after the project end? (n=110)



Figure 35. Does your project have the potential to be scaled up or replicated in other settings (e.g., geographic, institutional, sectoral)? (n=110)



PPs were asked to indicate how the potential for scaling up or replicating projects in other settings could be achieved. Most of the replies were very project-specific, but several respondents mentioned that their projects could be replicated by being implemented in other countries or regions, or by different organisations. Some also mentioned scaling them up by providing additional funding.

Added value of the Grants

The survey also seeks to establish the added value of the EEA and Norway Grants, asking how likely it was that PPs would have been able to secure funding for their projects from the other programmes, should the funding by the EEA and Norway Grants not been provided. Most respondents considered it unlikely.

Securing EU funding for their projects was considered unlikely by 66% of respondents, including 40% considering it rather unlikely and 26% very unlikely. Only 24% considered it likely. As regards funding other than the Grants and the EU funding, 56% of respondents considered it unlikely that they would secure it, including 24% considering it rather unlikely and 32% very unlikely. 30% considered it likely.

Figure 36. If your project had not been funded by the EEA and Norway Grants, how likely is it that you would have been able to secure funding for your project from the EU funding programmes? (n=110)



Figure 37. If your project had not been funded by the EEA and Norway Grants or the EU funds, how likely is it that you would have been able to secure funding for your project from other sources? (n=110)



As presented in the table below, the likelihood of securing other funding did not vary significantly depending on project modality, but PPs whose projects were selected in calls tended to consider securing funding from the EU likely slightly more often than those of predefined projects.

Table 23. Likelihood of securing funding, cross-checked with project modality

Implementation Modality	Likely	Unlikely
EU funding		
Call	26%	63%
Pre-defined project	17%	75%
Other funding		
Call	29%	55%
Pre-defined project	33%	58%

Suggestions for the future

PPs were asked to give suggestions regarding areas for improvement in the Grants' scheme in the future. Most of them (n=74) provided a wide range of ideas, with a consistent emphasis on simplifying processes and enhancing flexibility.

A large majority of PPs highlighted the need to reduce bureaucracy, streamline reporting procedures and provide more flexible budget reallocation mechanisms to address evolving project needs. Additionally, some PPs requested longer project durations, the need for clearer guidelines, more userfriendly application forms and a simplified administrative framework. However, many of these suggestions are likely to be related to the national context, rather than the desire of the Grants, such as issues with procurement.

Some respondents also advocated for the introduction of follow-up funding or supplementary grants to support successful projects beyond their initial implementation phase, ensuring the sustainability of outcomes.

Finally, there were calls for more personalised support from Programme Operators and Fund Operators, including site visits and more proactive engagement to better understand the context and needs of individual projects.

Donor project partners survey

This section presents the results of the survey of Donor project partners.

The survey seeks to establish the most frequent measure used to initiate cooperation between Dpps and PPs from beneficiary countries. Most Dpps (66%) reported that they were directly approached by a PP (however, this may also include situations when a certain Dpp was identified and proposed by a DPP), while 28% had previously cooperated with the partner. Other methods included participation in bilateral cooperation activities (19%), matchmaking events (9%), direct assistance from the Programme Operator (PO) or Donor Programme Partner (DPP) (9%), and independent searches (6%).

Figure 38. How did you find the Project Promoter/s you cooperated/are cooperating with? (n=32)



When assessing project outcomes, most of the respondents indicated that their projects achieved knowledge sharing (63% considered it was achieved to a great extent, and 28% to some extent) and capacity building (50% to a great extent, 34% to some extent).





As regards "Other" outcomes, Dpps mentioned elements, such as networking and collaboration among organisations within the health sector, building alliances and strengthening cooperation, and knowledge development, particularly in areas such as software development and strategic thinking.

Regarding bilateral partnerships, the role of Dpps in projects was described by 44% of them as significant, 37% as moderate and 19% as minor.

Figure 40. How would you describe your role in the project? (n=32)



Figure 41. How likely is it that the collaboration will continue in the future beyond implementation of the grant? (n=32)



Suggestions for the future

In open comments, Dpps were asked about ideas for improving collaboration between PPs and Dpps in future health-related projects.

The only clear suggestion made related to a need to provide funding for project follow-up, after the funding from the Grants ends, to ensure the continuation of outcomes. Several Dpps also mentioned certain issues related to bilateral cooperation, such as:

- unclarity of projects' budgets and insufficient budgets for Dpps' activities,
- burdensome or unclear reporting requirements of PPs which makes reporting challenging (which is even more challenging for Dpps involved in several projects with multiple PPs),
- significant differences between the Beneficiary and the Donor States' medical systems hindering effective knowledge share.

6.3. Annex III. List of interviews

National Focal Points (9)

Beneficiary State	National Focal Points (9)
Bulgaria	Central Coordination Unit Directorate, administrative unit within the Council of Ministers (NFP BG)
Czechia	International Relations Department, Ministry of Finance of Czechia
Estonia	Estonian State Shared Service Center
Latvia	Ministry of Finance
Lithuania	Investment Department, Ministry of Finance
Malta	Ministry for the Economy, European Funds and Lands
Poland	Department of Assistance Programmes, Ministry of Development Funds and Regional Policy
Romania	General Directorate for European Non-reimbursable Financial Mechanisms and Instruments (GDENFMI RO), Ministry of European Funds
Slovakia	Ministry of Investments, Regional Development and Informatization of the Slovak Republic

Programme Operators (13)

Beneficiary State	Programme	ΡΟ
Bulgaria	Local Development	Ministry of Education and Science
Cyprus	Local Development	Directorate General Growth, Ministry of Finance
Czechia	Health	Ministry of Finance of Czechia
Estonia	Local Development	Ministry of Social Affairs - Estonia
Latvia	Research	Ministry of Education and Science of the Republic of Latvia
Lithuania	Health	Central Project Management Agency
	Research	Research Council of Lithuania
Malta	Local Development	Ministry for the Economy, European Funds and Lands
Poland	Health	Ministry of Health - Poland
Romania	Health	Ministry of Health - Romania
	Local Development	Romanian Social Development Fund
Slovakia	Local Development	Ministry of Investments, Regional Development and Informatization of the Slovak Republic
	Innovation	Research Agency

Fund Operators (4)

Beneficiary State	Programme	FOs
Croatia	Active Citizens Fund	Community Foundation Slagalica
Greece	Active Citizens Fund	Bodossaki Foundation
Poland	Active Citizens Fund - Regional	Foundation in Support for Local Democracy
Slovakia	Active Citizens Fund	Ekopolis Foundation

Donor Programme Partners (4)

DPP	Beneficiary State	Programme
Norwegian Association of Local and Regional Authorities	Bulgaria	Local Development
Norwegian Directorate of Health/ Norwegian Institute of Public Health	Czechia	Health
	Estonia	Local Development
	Lithuania	Health
	Poland	Health
	Romania	Health
Research Council of Norway	Latvia	Research
(with Directorate for Higher Education and Skills (HK-DIR NO) and National Agency for International Education Affairs (AIBA LI)	Lithuania	Research
Innovation Norway	Slovakia	Innovation
(with Directorate for Higher Education and Skills (HK-DIR NO) and National Agency for International Education Affairs (AIBA LI)		

EU bodies representatives (1)

Institution	Interviewee
DG SANTE	Third Health Programme and EU4Health managers

Publication	Source or Document Name	
Year		
Concept notes		
2017	Active Citizens Fund – Bulgaria	
2017	Local Development, Poverty Reduction and Enhanced Inclusion of Vulnerable Groups –	
	Bulgaria	
2020	Active Citizens Fund – Cyprus	
2019	Local Development, Poverty Reduction and Enhanced Inclusion of Vulnerable Groups - Cyprus	
2019	Active Citizens Fund – Croatia	
2018	European Public Health Challenges – Czechia	
2018	Active Citizens Fund – Czechia	
2018	Research and Education Programme – Czechia	
2018	Business Development, Innovation and SMEs – Estonia	
2018	Active Citizens Fund – Estonia	
2018	Local Development and Poverty Reduction – Estonia	
2018	Active Citizens Fund - Greece	
2019	Research and Education Programme – Latvia	
2019	Research and Education Programme – Lithuania	
2019	European Public Health Challenges – Lithuania	
2018	Local Development and Poverty Reduction – Malta	
2019	European Public Health Challenges – Poland	
2018	Active Citizens Fund – Portugal	
2020	Active Citizens Fund Regional – Poland	
2018	Research and Education Programme – Poland	
2017	Local Development, Poverty Reduction, Enhanced Roma Inclusion – Romania	
2017	European Public Health Challenges – Romania	
2018	Business Development, Innovation and SMEs – Slovakia	
2017	Local Development and Poverty Reduction – Slovakia	
2018	Active Citizens Fund – Slovakia	
2019	Active Citizens Fund – Slovenia	
Documents from GrACE		
Various	Memorandums of Understanding (MoUs)	
	Programme agreements and any relevant modifications	
	Annual programme reports and periodic financial reports for all the programmes	
	Project-level information	
	FMO risk assessment for each programme	
Evaluation and	monitoring reports	
2025	Final Programme Reports FM14-21, PA06	
2025	Final Programme Reports FM14-21, PA10	
2024	Evaluation of the Active Citizens Fund programme - Slovakia	
2024	Assessment of the implementation of the objectives and effects of the "Health Programme - Poland ⁵²	

6.4. Annex IV. References/list of documents

 $^{^{\}rm 52}$ Report available in Polish with an English summary

2023	Evaluation of Competitiveness in Business Innovation programmes	
2023	Evaluation of the Health programme – Czechia ⁵³	
2023	Evaluation of Applied Research programme - Poland	
2022	Midterm evaluation of Local Development programmes (2014-2021)	
2022	External monitoring of the Competitiveness programme - Slovakia	
2022	External monitoring of Competitiveness programme - Estonia	
2022	Interim evaluation of the Health programme - Lithuania	
2022	Evaluation of the Research programme - Romania	
2022	External Monitoring of Roma inclusion in the EEA and Norway Grants' programmes -	
	Czechia	
2021	External monitoring of the Local development programme - Bulgaria	
2020	External monitoring of the Local development programme - Romania	
2020	External monitoring of the Health programme - Romania	
Results-based management guidelines		
2022	Core indicators 2014-2021 – Guidance document for programmes financed under the	
	EEA and Norway Grant 2014-2021	
2021	Civil Society Results Manual - Rules and Guidance on How to Design, Monitor and	
	Evaluate, Manage Risks, and Report on Results for the Active Citizens Fund	
2021	2014-2021: Results guideline: Rules and Guidance on how to design, monitor and	
	evaluate programmes, manage risks, and report on results	

 $^{^{\}rm 53}$ As of 19.12.2024, this report is only available in Czech.
6.5. Annex V. Data collection tools: discussion guides and survey questionnaire

6.5.1. Discussion guide for interviews with NFPs/POs /FOs

Introduction

- Interviewer's role and information about the purpose of the study. Explain the scope of the case study (depending on the Beneficiary State) and highlight that it is not only an evaluation of the health programmes (PA06), but also health-related projects under other programmes (PA10 and PA15).
- 2. Ask the interviewee about their role in the implementation of the programmes (PA06 but also PA10 and PA15) and their experience being a PO/FO.

Coherence (EQ1)

- 3. The EEA/Norway Grants provide significant support, but it is obviously lower than the EU funding, also in the area of health. Therefore, it is essential for this evaluation to assess to what extent the EEA/Norway Grants health programme and projects filled in a niche compared to large EU funding. In your view, does this niche exist and what is it? Are there any areas, sectors or fields that remain underfunded?
- 4. Are there any mechanisms at the national/local level in place to coordinate funding in the area of health from the EEA/Norway Grants and the EU? Can you describe these mechanisms?
- 5. To what extent did these mechanisms allow avoiding overlaps or duplication in funding? Or do these overlaps and duplications still exist? Any synergies created?

Effectiveness

- 6. Overall, to what extent did the health-related programmes (depending on BS: PA06, PA10 and PA15) achieve their intended results? Why yes, why not? (EQ2)
- 7. Can you describe the main outputs delivered by health-related projects under your programme in each of the following: (EQ4)
 - thematic areas: cancer, mental health, health inequalities, women's health, prevention, and healthy life choices? (PA01, PA02, PA15)
 - areas of support: prevention of non-communicable diseases, prevention and control of communicable diseases in accordance with the international health regulations, including tuberculosis and HIV/AIDS, health systems development, including information and surveillance systems, universal access to health care, reduction of social inequalities in health and the burden of diseases, mental health, including mental disorders associated with alcohol and drug abuse, strengthening systems for primary health care services, healthy and active ageing. (PA06, PA10)
- 8. At programme level, what factors influenced the level of achievements? Were they mainly internal (size, involvement of DPP or not, etc) or external? Before the implementation of the programme did you foresee any particular risks did they materialise of not? (EQ2)
- 9. Now, let's discuss specific projects. Looking at the types of projects implemented (considering their size and complexity, implementation modality (call vs. pre-defined projects), type of Project Promoter (public entity, NGO, private entity), involvement of Dpp or not; or soft and hard measures which types of projects do you think were the most successful and why? Could you provide specific examples of how these factors have impacted the outcomes? (EQ2)
- 10. Which projects do you consider the most successful and why? Please provide specific examples. [Note for interviewer: identification of the specific project examples is important to develop success stories] (EQ3)
- 11. On contrary, which types of projects were the most challenging ones and why? (EQ2)
- 12. Where there any unintended results, whether positive or negative, achieved? Could you provide some examples? (EQ2)
- 13. In your opinion, have the programme's activities reached the intended target groups effectively? Why yes, why not? (EQ3)
- 14. To measure the performance, the EEA/Norway Grants uses the core indicators (https://eeagrants.org/sites/default/files/resources/Core%20Indicators%20Guidance%20FM14-

<u>21 November%202022.pdf</u>). Do you consider these indicators adequate to measure the performance of the Grants in the area of Health? (EQ5)

15. What potential improvements can be made to measurement of the achievements of the Grants in the new funding period (please consider: adding new indicators, refining existing ones, new sources of data, new data collection activities)? (EQ5)

Sustainability (EQ6)

Now, we would like to talk about sustainability of the programmes and projects, understood here as an ability to maintain its outcomes, benefits, and results over time, beyond the initial funding period.

- 16. Have the projects implemented within your programme secured funding from other sources than EEA and Norway Grants to continue after the funding from the Grants ends?
- 17. What actions have been taken to scale up or replicate successful projects in other contexts, such as leveraging sustainable partnerships, expanding collaborations, and utilising networks or platforms developed for knowledge exchange and cooperation?
- 18. Are there other examples of sustainability of the programmes or measures to ensure sustainability? (Sustainability as defined above)

Bilateral cooperation (EQ2&3)

- 19. How do you assess the bilateral element of the Grants? How much value does the cooperation with entities from the Donor States bring to the programmes and projects?
- 20. Can you share examples of how knowledge exchange or collaboration has positively influenced programme outcomes? Are there specific areas where donor involvement could be enhanced? How could it be enhanced?

Final remarks

- 21. What should be done to make the health-related programmes and projects in the new funding period more effective and sustainable? What changes in the design of programme or other specific aspects of project implementation would you recommend?
- 22. Have you observed any specific activities, project designs, any specific measures, which you consider best practices, which could be promoted and replicated in other programmes or other Beneficiary States (any success stories you would consider worth sharing)?
- 23. Any other comments?

Thank you!

6.5.2. Discussion guide for interviews with Donor Programme Partners

Introduction

- 1. Interviewer's role and information about the purpose of the study.
- 2. Ask interviewee about their role, organisation, and experience of being a DPP.
- 3. Ask interviewee about state of implementation of the health-related programme and projects in the Beneficiary State and reasons for any potential delays.

Coherence (EQ1)

- 4. In your view, how effectively do the programmes/projects complement existing EU funding in the health sector?
- 5. Are there overlapping objectives with other national or EU-funded health programmes and how are these synergies being managed?

Effectiveness

6. What do you consider as the main contribution of the health-related programmes and projects in the Beneficiary State? (EQ2)

- 7. Can you describe the main outputs delivered by health-related projects under your programme in each of the following thematic areas: cancer, mental health, health inequalities, women's health, prevention, and healthy life choices? Are there any outputs that you think stand out as particularly innovative or impactful within these themes? [only for PA01 and PA02] (EQ4)
- 8. What factors do you believe have contributed to the success of the programme and what challenges have hindered its progress? How were these challenges addressed or mitigated? (EQ2)
- 9. Where there any unintended results achieved? Could you provide some examples? (EQ2)
- 10. In your opinion, have the programme's activities reached the intended target groups effectively? Why yes, why not? (EQ2)
- 11. What potential improvements can be made to measurement of the achievements of the Grants in the new funding period (please consider: adding new indicators, refining existing ones, new sources of data, new data collection activities)? (EQ5)

Sustainability (EQ6)

- 12. Do you see potential for scaling up or replicating the results of this programme in other geographic or sectoral contexts?
- 13. What measures could enhance the sustainability and upscaling of the programme (e.g., leveraging sustainable partnerships, expanding collaborations, and utilising networks or platforms developed for knowledge exchange and cooperation)?

Bilateral cooperation

- 14. How have bilateral cooperation and knowledge exchange contributed to the programmes' effectiveness? (EQ2&3)
- 15. What challenges or opportunities have arisen from collaboration with the Beneficiary State?

Final remarks

- 16. Do you have any suggestions for improvements on health programmes and projects?
- 17. Any other comments?

Thank you!

6.5.3. Survey questionnaire for Project Promoters

The **Financial Mechanism Office** (FMO) commissioned the independent contractor Tetra Tech International Development to **conduct an evaluation of health-related programmes and projects funded under** the **2014-2021 Financial Mechanisms**.

The objectives of this evaluation are to assess the effectiveness, impact, and sustainability of the programmes, and provide recommendations for improving the design and implementation of future initiatives.

The survey is divided into five sections:

- Introduction
- Results
- Bilateral cooperation
- Sustainability
- Final remarks

Your input is invaluable! By sharing your insights and experiences, you will contribute directly to this evaluation and help ensure the continued improvement of these projects and programmes.

The survey closes on 21st February 2025.

The survey is <u>anonymous</u>. Individual responses will not be shared with the Financial Mechanism Office or other entities beyond the study team.

If you have any questions, please contact Mariana Dates at Tetra Tech (Mariana.Dates@tetratech.com).

Introduction

- 1. In which Beneficiary State is your project implemented?
 - a) Bulgaria
 - b) Croatia
 - c) Cyprus
 - d) Czechia
 - e) Estonia
 - f) Greece
 - g) Latvia
 - h) Lithuania
 - i) Malta
 - j) Poland
 - k) Romania
 - l) Slovakia
 - m) Slovenia
- 2. Please select the primary programme area of your project: [one option possible]
 - a) Business Development, Innovation and SMEs (PA01)
 - b) Research (PA02)
 - c) European Public Health Challenges (PA06)
 - d) Local Development and Poverty Reduction (PA10)
 - e) Civil Society (PA15)
- 3. How many times has your organisation received a grant under the programme?
 - a) Once
 - b) More than once
 - c) Don't know/not applicable

4. Which of the following health themes is relevant for your project? [Select all that apply]: [PA01, PA02, PA15]

- a) Cancer: research and innovation, prevention, screening, early diagnosis, monitoring, treatment, and care, as well as improving the quality of life of patients and survivors.
- b) Mental health, with a focus on the wellbeing of children and youth, especially those at risk.
- c) Health inequalities and inequities in relation to healthcare: improved access to healthcare for people in vulnerable situations, including Roma and people living in remote areas, including through mobile clinics and e-health services.
- d) Women's health, including maternal health (e.g., home visitation services) and sexual and reproductive health.
- e) Prevention and actions to enable healthy life choices, to promote healthy diets and regular physical activity with the aim of promoting life-long health, especially of children and youth.

[PA06, PA10]

- a) Prevention of non-communicable diseases
- b) Prevention and control of communicable diseases in accordance with the international health

regulations, including Tuberculosis and HIV/AIDS

- c) Health systems development, including information and surveillance systems
- d) Universal access to health care
- e) Reduction of social inequalities in health and the burden of diseases
- f) Mental health, including mental disorders associated with alcohol and drug abuse
- g) Strengthening systems for primary health care services
- h) Healthy and active ageing
- 5. If your project had not been funded by the EEA and Norway Grants, how likely is it that you would have been able to secure funding for your project from the EU funding programmes?
 - a) Very likely
 - b) Somewhat likely
 - c) Rather unlikely
 - d) Very unlikely
 - e) Don't know
- 6. If your project had not been funded by the EEA and Norway Grants or the EU funds, how likely is it that you would have been able to secure funding for your project from other sources?
 - a) Very likely
 - b) Somewhat likely
 - c) Rather unlikely
 - d) Very unlikely
 - e) Don't know

Results

- 7. To what extent did your project/s achieve their planned results?
 - a) Fully
 - b) To a large extent
 - c) Partially
 - d) Not at all
 - e) Don't know / not applicable

Please elaborate on your answer, particularly highlighting any positive or negative aspects of the grant's management, structure, or procedures that influenced your project's results [open comment]

- 8. [Respondents selecting c or d in Q6] Why did you not achieve planned results to a larger extent?
 - a) Not all activities were implemented
 - b) The number of participants/beneficiaries was lower than planned
 - c) The project was delayed
 - d) Other (please specify)
- Please indicate what percentage of the funding budgeted for the project you have used: Slider question – range 0% - 100%
- 10. Did your project introduce innovative solutions and approaches?a) Yes

b) No

c) Don't know/not applicable

(If yes) Please provide specific examples.

- 11. Did you experience any challenges, which hindered the achievements of your project? If yes, please describe these challenges. [open comment]
- 12. Did your project trigger any negative unexpected (unplanned and unforeseen) outcomes? [open comment]
- 13. Did your project achieve any positive unexpected (unplanned and unforeseen) outcomes? [open comment]
- 14. How could the monitoring and evaluation of the Grants change to better measure the results of projects like yours? [open question]

Bilateral cooperation

- 15. Was your project implemented in collaboration with a donor project partner?
 - a) Yes
 - b) No
 - c) Not applicable
- 16. [Respondents who selected yes in Q14] How did you find the donor project partner for your project?

[Tick all that apply.]

- a) Participation in bilateral cooperation activities
- b) Matchmaking event
- c) I knew the partner from previous cooperation
- d) Through direct assistance/advice from the Programme Operator
- e) Through independent search
- f) Other (please specify)
- 17. How would you describe the role of the donor project partner in your project?
 - a) A significant role
 - b) A moderate role
 - c) A minor role
- 18. To what extent were the following expected outcomes (e.g., capacity building, knowledge sharing) achieved through the involvement of a donor project partner?

То а	To some extent	То а	Not at	Don't
great		limited	all	know/not
extent		extent		applicable

Capacity			
building			
Knowledge			
sharing			
-			
Other			
(please			
specify)			
. ,,			

- 19. Overall, to what extent are you satisfied with the bilateral partnership(s)?
 - a) Very satisfied
 - b) Satisfied
 - c) Neutral
 - d) Not satisfied at all
 - e) Don't know
- 20. How likely is it that the collaboration will continue in the future beyond implementation of the grant?
 - a) Very likely
 - b) Likely
 - c) Unlikely
 - d) Very unlikely
 - e) Don't know/not applicable

Sustainability

- 21. Did you manage to secure funding to continue the activities from your project beyond the funding EEA and Norway Grants?
 - a) Fully secured
 - b) Partially secured
 - c) Currently exploring
 - d) No
 - e) Don't know
- 22. Do partnerships or collaborations created within the project continue or will they continue after the project end?
 - a) Yes
 - b) No
 - c) Don't know/not applicable
- 23. Does your project have the potential to be scaled up or replicated in other settings (e.g., geographic, institutional, sectoral)?
 - a) Yes
 - b) No
 - c) Don't know/not applicable

Please elaborate how the project could be scaled up or replicated. [open comment]

Final remarks

24. Can you suggest any areas for improvement for the grant system overall? [open comment]

Draft survey questionnaire for Donor Project Partners

[The Financial Mechanism Office (FMO) commissioned the independent contractor Tetra Tech International Development to conduct an evaluation of health-related programmes and projects funded under the 2014-2021 Financial Mechanisms.

The objectives of this evaluation are to assess the effectiveness, impact, and sustainability of the programmes, and provide recommendations for improving the design and implementation of future initiatives.

Your input is invaluable! By sharing your insights and experiences, you will contribute directly to this evaluation and help ensure the continued improvement of these projects and programmes.

The survey closes on 21st February 2025.

The survey is <u>anonymous</u>. Individual responses will not be shared with the Financial Mechanism Office or other entities beyond the study team.

If you have any questions, please contact Mariana Dates at Tetra Tech (<u>Mariana.Dates@tetratech.com</u>).

Introduction

- 1. In which Donor State is your organisation located?
 - a) Norway
 - b) Iceland
 - c) Liechtenstein
- 2. How did you find the Project Promoter/s you cooperated / are cooperating with? [Tick all that apply.]
 - a) Participation in bilateral cooperation activities.
 - b) Matchmaking event
 - c) I knew the partner from previous cooperation.
 - d) Through direct assistance/advice from the Programme Operator or Donor Programme Partner.
 - e) Through independent search.
 - f) Other [please specify]
- 3. To what extent were the following expected outcomes (e.g., capacity building, knowledge sharing) achieved through your involvement?

	То а	To some extent	Тоа	Not at	Don't
	great		limited	all	know/not
	extent		extent		applicable
Capacity					
building					
Knowledge					
sharing					
Other					
(please					
specify)					

- 4. How would you describe your role in the project?
 - a) A significant role
 - b) A moderate role
 - c) A minor role
- 5. How likely is it that the collaboration will continue in the future beyond implementation of the grant?
 - a) Very likely
 - b) Likely
 - c) Unlikely
 - d) Very unlikely
 - e) Don't know/not applicable
- 6. Are there any recommendations you would make to improve the collaboration between Project Promoters and Donor Project Partners in similar health-related projects? [open comment]

Annex VI. Health-related research and innovation projects 6.6.

Project code	Project Name and short Description	Health Theme	Key Outputs/ Results
CZ-RESEARCH			
CZ- RESEARCH- 0005	TransplantImmunologyDecisionSupportSystem-Trimmus54Development of a decision- support system to improve matching for organ and stem cell transplants, reducing human errors and improving compatibility assessments.	Health inequalities	Developed a software system to automate routine transplantation activities, reducing human error. Integrated with other medical systems, creating a complex immunology decision-support system that streamlines data transfer and compatibility assessments.
CZ- RESEARCH- 0023	TargetedandImprovedAlzheimer'sDiseaseDrugDevelopmentDevelopmentDevelopment of new drugcompoundsfortreatingAlzheimer's disease(AD), usingpersonalizedmedicineapproachestoimproveeffectiveness.	Health inequalities	Developed and characterised new Alzheimer's drug compounds, identified genetic risk factors, and patented promising candidates for further private-sector development. Created a "disease-in-a-dish" model from patient-derived cells and generated insights into familial Alzheimer's disease.
CZ- RESEARCH- 0025	Efficient Low-energy Electron Cancer Therapy with Terbium- 161 ⁵⁵ Research and development of novel radiopharmaceuticals based on terbium-161 for more precise and efficient cancer therapy.	Cancer	Successfully produced Terbium- 161 in quantities exceeding the target, developed multiple radiopharmaceutical compounds, and demonstrated therapeutic potential for various cancer types. Generated knowledge and tools for radiopharmaceutical research, strengthening nuclear medicine capabilities.
EE-INNOVATIO	N		
EE- INNOVATION- 0069	AutoMVA: Automated Biomarker Data Analysis Development of an automated platform for biomarker identification, reducing the time needed for disease risk diagnostics.	Prevention	Developed, optimised, and tested a protocol for antibody profile analysis, improving quality control and efficiency. Validated biomarkers for type 2 diabetes and Sjögren's syndrome, contributing to advanced immune system diagnostics.
EE- INNOVATION- 0070	MyHealthStudyforPersonalisedHealthDataCollectionDesign of a secure mobile appforpersonalisedhealthmonitoring, enabling individualstotrack theirhealthdataandreceive insights.	Prevention	Developed a mobile health monitoring app. Scaled up the Quretec questionnaire platform, supporting health surveys with over 70,000 respondents and enabling simultaneous access for thousands of biobank participants.
EE- INNOVATION- 0071	AdvancedNon-InvasivePrenatal Testing (NIPTIFY+)Creationofanon-invasiveprenataltest(NIPTIFY+)that	Inequalities, Women's Health	Developed and validated BinDel software for assessing the risk of clinically significant microdeletions in the foetus from NIPT data.

⁵⁴ <u>https://www.steiner.cz/en/trimmus/</u>
⁵⁵ <u>https://electtra.cz/about/</u>

Project code	Project Name and short Description	Health Theme	Key Outputs/ Results
	also detects maternal health risks, improving equity in prenatal care.		Integrated into clinical workflows, enabling prenatal genetic risk assessments and maternal health risk calculations using polygenic risk scores.
EE- INNOVATION- 0072	Microbiome-Based Nutrition Counselling Services Creation of a digital nutrition counselling service for personalised dietary recommendations to prevent chronic diseases.	Prevention	Project terminated
EE- INNOVATION- 0073	3D Hospital Wayfinder and Management System ⁵⁶ Creation of a web-based 3D navigation tool for hospitals to improve facility management and patient experience.	Health inequalities	Developed a hospital navigation and management system, including interactive maps, device tracking, and task management. Deployed in two public hospitals in Estonia.
EE- INNOVATION- 0074	Polygenic Risk Score Guided Breast Cancer Precision Prevention Development of AnteBC, a CE- certified polygenic breast cancer risk test for personalised breast cancer screening and early detection.	Cancer	Developed and clinically validated AnteBC. Conducted clinical trials, completed regulatory documentation, and trained healthcare professionals for implementation. Available as a commercial service.
EE- INNOVATION- 0075	VIMAC: A Virtual Maternity Clinic Development of telemedicine platform for pregnant women, improving access to maternal healthcare and reducing pregnancy risks.	Women's Health	Project terminated
EE- INNOVATION- 0076	MigreventionDigitalHeadache ClinicEstablishmentofdigitalheadacheclinic,integratingspecialistsinto a virtual platformforevidence-basedmigrainetreatment.	Prevention	Developed a diagnostic algorithm, patient education materials, and clinician tools. Integrated functionalities for therapy content, consultations, and healthcare system compatibility. The headache diary has approximately 7,000 users, with 14 users accessing nurse counselling services.
EE- INNOVATION- 0099	Hospital Wayfinder 2.0 Development of an Al-driven hospital navigation system to improve accessibility for patients with disabilities or language barriers.	Health inequalities	Leveraged previous project results to implement reverse positioning, enabling location tracking via Bluetooth without requiring a dedicated app. Tested special wristbands for patient positioning. Integrated augmented reality features and tested AI for location matching and external route guidance.

⁵⁶ https://3dwayfinder.com/

Project code	Project Name and short	Health	Key Outputs/ Results
	Description	Theme	
EE- INNOVATION- 0103	MigreventionDigitalHeadache Clinic – AdditionalActivitiesEnhancement of data security,regulatorycompliance,andmarketexpansionfortheMigrevention platform.	Prevention	Improved authentication and identification methods for specialists and patients, enabling secure logins via ID card, Mobile ID, or Smart ID. Enhanced the preventive medication logging system and diagnostic algorithm, introducing a pre-visit questionnaire compatible with an MDR class I device. Developed an MO algorithm to prevent medication abuse and improved both the back-end and front-end of the specialist's desktop and mobile application
LV-RESEARCH		ſ	
LV- RESEARCH- 0006	Exploring the Molecular Mechanisms Behind the Effects of Physical Exercise on Breast Cancer Prevention (CancerBeat) Investigation on how exercise- induced extracellular vesicles (EVs) influence tumour microenvironment and breast cancer progression.	Cancer	Demonstrated that high-intensity interval training (HIIT) improves response to chemotherapy and quality of life in breast cancer patients. Supported the inclusion of physical activity in treatment plans and initiated a clinical trial investigating HIIT and exercise- induced EVs on immunotherapy efficacy. Findings disseminated in nine scientific publications and presented at 12 international conferences. Served as a basis for two EU and two national grant applications.
LV- RESEARCH- 0012	Integrated Model for Personalized Diabetic Retinopathy Screening (PerDiRe) Development of an AI-based screening model for diabetic retinopathy, integrating risk- stratification algorithms to optimize screening intervals.	Prevention	Developed an AI-based fundus image analysis method for monitoring diabetic retinopathy. Created an automated approach for early diagnosis using image segmentation techniques. Findings indicate screening should not be limited to ophthalmologist examinations. Results disseminated in three scientific publications and contributed to three joint grant applications.
LT-RESEARCH			
RESEARCH- 0002	Inhibition of AHR Signaling in Pancreatic Cancer to Increase Susceptibility to PD-1/PD-L1 Inhibitors and Chemotherapy via ELAVL1 Pathway Investigation on how inhibiting AHR activity can enhance anti- tumour immune response and improve the efficacy of PD-1/PD- L1 inhibitors in pancreatic cancer treatment.	Cancer	Developed new low-molecular- weight drug candidates. Demonstrated that targeted modulation of the Kyn-AHR- ELAVL1 signalling pathway slows tumour growth, restores immune cell function, and increases cancer cell susceptibility to chemotherapy. Findings could contribute to more personalised precision medicine applications for pancreatic cancer patients.

Project code	Project Name and short	Health	Key Outputs/ Results
	Description	Theme	
PL-RESEARCH	(basic and applied)		
PL-Applied Research- 0013	Novel targeted therapy based on dual warhead conjugates against FGFR-dependent cancers Development of fibroblast growth factor 2 (FGF2) conjugates for targeted cancer therapy. Innovative approach using antibody-drug conjugates for more effective treatment. OneHealth approach to	Cancer	Established and optimised methods for obtaining double-warhead conjugates of recombinant FGF2 with two cytotoxic drugs of independent mechanisms of action. Findings support potential targeted treatments for cancers with high FGFR1 expression.
Research- 0020	sustainable prevention and treatment of infectious diseases Focus on antimicrobial resistance (AMR) using non- antibiotic bacteriocins and enzymes. First trials in mastitis treatment, with potential for human application.		bacteriocins and bacteriolytic enzymes targeting the most common mastitis-causing bacteria, contributing to alternative approaches for antimicrobial resistance management.
PL-Applied Research- 0021	Development of alternative CAR constructs targeted against refractory B-cell malignancies Creation of new chimeric antigen receptor (CAR) T cell therapies targeting leukaemia and lymphoma patients who do not respond to standard treatments.	Cancer	Identified two new targets for CAR- T therapy and developed prototype CAR constructs. One target showed antitumor activity in vitro and in vivo, but additional research is needed to address safety concerns due to protein presence on normal monocytes.
PL-Applied Research- 0032	TheranosticExosomesinPersonalizedCancerNanomedicineDevelopmentofnanotechnology-basedapproachesforlungcancertreatmentandearlydiagnosis,usingexosomes.	Cancer	Designed and developed "smart" biological nanocarriers derived from lung cancer cells for personalized therapy. Demonstrated ability to load, transport, and release therapeutic cargos while avoiding immune responses and toxicity.
PL-Applied Research- 0042	The POLish NORwegian research collaboration to increase quality of health care and improve health outcomes of children and adult patients with RHEUMAtological diseases – the POLNOR RHEUMA project Design, delivery, and implementation of a structured patient medical record system for both daily clinical care and for collecting national, high-quality registry data in one workflow, with the purpose to improve (1) patient care, (2) health outcomes, and (3) rheumatology research in Poland.	Prevention	Established a comprehensive patient database and biobank with over 1,200 patients and 10,000+ serum samples. Implemented GoTreatIT (GTI) software across multiple rheumatology centres. Developed a Patient Reported Outcome Measures (PROMs) system and national rheumatology registry infrastructure.

Project code	Project Name and short	Health	Key Outputs/ Results
	Description	Theme	
PL-Applied Research- 0079	Single-stranded DNA aptamer targeting PD-L1 for cancer diagnosis Development of a molecular probe for early cancer detection by targeting PD-L1 protein, which helps cancer cells evade immune detection.	Cancer	Developed a single-stranded aptamer-based molecular probe recognizing human PD-L1. Demonstrated specificity in vitro using multiple cancer cell lines and validated imaging potential in vivo with murine tumour models. Findings suggest potential for universal imaging of PD-L1- positive tumours.
PL-Basic Research- 0029	Molecular profiles of malignant colorectal polyps (EPoS IV) Identification of biomarkers for early colorectal cancer detection and recurrence prediction.	Cancer	Evaluated histopathological and immunohistochemical profiles of malignant colorectal polyps removed during colonoscopy. Investigated novel biomarkers for recurrence prediction and optimized standardized histopathological assessment. Developed an IT-based tool for histopathologist training. Three out of four project objectives successfully achieved.
RO-RESEARCH	Improving quality of life for	Dravantian	Demonstrated the value of gametic
RO- RESEARCH- 0010	Improving quality of life for Autism Spectrum Disorder patients Establishment of a national autism registry and improving early diagnosis strategies to enhance long-term patient outcomes	Prevention	Demonstrated the role of genetic studies in identifying ASD aetiology and optimizing diagnostic protocols. Established a registry for ASD patients to support future epidemiological, clinical, and genetic studies. Developed personalized management plans, improving clinical decision-making and specialist knowledge in ASD care.
RO- RESEARCH- 0015	Treatment of inner ear diseases using polymeric and magnetic-based vesicles Development nanoparticle- based drug delivery systems for more effective inner ear treatments.	Prevention	Developed peptide-functionalized magnetic nanocarriers for targeted drug delivery in sensorineural hearing loss. Synthesized and tested oligochitosan-based nanocapsules and coated liposomes, demonstrating high drug release efficiency (up to 99.8%) and minimal toxicity. Findings support further in vivo testing and potential industrial applications.
RO- RESEARCH- 0016	A multidimensional approach to social exclusion in later life Investigation on social exclusion and its impact on health in elderly populations, with a focus on Roma and older women.	Health Inequalities	Developed a social exclusion framework, generated policy recommendations, and conducted early implementation trials. Contributed to understanding the drivers of social exclusion and its health associations, addressing gaps in previous research.

Project code	Project Name and short	Health	Key Outputs/ Results
·	Description	Theme	
RO- RESEARCH- 0017	Treating Alzheimer's disease using GENUS therapy Evaluation of gamma stimulation therapy as a treatment for cognitive impairment in Alzheimer's disease.	Prevention	Developed GAMMAHEAL, an adaptive brain stimulation system using light and sound pulses to enhance cognitive function. The research provided insights into memory, planning, and cerebral blood flow regulation, supporting potential clinical applications.
RO- RESEARCH- 0018	Improving Cancer Diagnostics in Flexible Endoscopy using Al and Robotics Development of Al-powered navigation system for minimally invasive cancer diagnostics.	Cancer	Developed an advanced electromagnetic and optical guidance software for real-time flexible endoscopy. Created a smart robotic system (ENDORO) for catheter navigation. Implemented AI-driven tumour detection and organ segmentation tools, improving the accuracy of pancreatic and liver mass detection.
RO- RESEARCH- 0019	Social inclusion of LGBT people through public health interventions Focus on mental health support, stigma reduction, and workplace discrimination interventions for LGBT communities.	Health Inequalities	Developed a White Paper based on a cross-cultural survey to inform policy measures for LGBT inclusion. Implemented educational interventions reducing prejudice among 175 teachers. Designed an online intervention improving mental health outcomes for LGBT individuals, with resources made available for continued therapeutic use.
RO- RESEARCH- 0021	Supportive diabetestherapy for diabetesInvestigation on cellular stress mechanisms in diabetes to enhance insulin production and β-cell protection.	Prevention	Characterized β -cell stress responses, identifying molecular factors influencing β -cell adaptation and regeneration. Developed transgenic mouse models to study β -cell resilience. Findings contribute to potential therapeutic strategies for enhancing β -cell mass and function in diabetes management.
RO- RESEARCH- 0023	Decision-making support tool for reducing health risks in Roma communities Development of software for monitoring water and food safety risks in rural Roma communities.	Health Inequalities	Conducted a study on water and food safety in 25 rural Roma communities, generating a database for local authorities. Developed a methodology for customized public health interventions to mitigate health risks. Provided recommendations for improving water and food safety policies.
RO- RESEARCH- 0033	Cloud-based solution for clinical decision-making in atherosclerosis Development of an Al-driven cloud platform to assess	Prevention	Developed an AI-based lesion- specific risk stratification model integrating computer vision and machine learning. Contributed to the incorporation of advanced

Project code	Project Name and short Description	Health Theme	Key Outputs/ Results
	cardiovascular risk and optimize patient monitoring.		diagnostic tools in clinical practice, improving accuracy in coronary lesion assessment and treatment planning.
RO- RESEARCH- 0034	Next-generation drug targets for schizophrenia Investigation on a novel genetic and molecular target for more effective schizophrenia treatments.	Mental Health	Developed and optimized new cellular and murine genetic models for schizophrenia research. Created a functional screening platform for testing drug effects on novel receptor targets. Findings contribute to drug development for schizophrenia and related neurological disorders.
RO- RESEARCH- 0037	Restoring sensitivity to HER2- targeted therapies using nanomedicine Development of pH-sensitive nanoparticles to improve HER2- positive breast cancer treatment.	Cancer	Identified and optimised pH- sensitive micelles for drug delivery. Functionalized micelles with trastuzumab, improving therapeutic effects and reducing metastasis in HER2-positive and selected HER2- negative cancer cells. Investigated resistance mechanisms and potential applications for trastuzumab-resistant cases.
RO- RESEARCH- 0041	Novel approaches for treating glioblastoma Investigates DNA repair inhibitors to enhance radiotherapy in glioblastoma treatment.	Cancer	Identified DNA repair inhibitors that enhance tumour radiosensitivity. Conducted transcriptomic, metabolomic, and proteomic analyses to uncover predictive biomarkers for radiosensitivity. Findings contribute to personalized treatment strategies for glioblastoma.
SK-INNOVATIO	N	Г Г	
SK- INNOVATION- 0004	PredictivetelemedicineplatformforseniorpopulationsDevelopment of a predictivetelemedicine platform to monitorand collect health data fromseniors who do not regularlyvisit a doctor. The systemintegrates multiple diagnostictools into a portable device forremote predictive diagnostics.	Health inequalities	Project terminated
SK- INNOVATION- 0009	Development of Smart Furniture with Artificial Intelligence and Medical Devices Development of intelligent furniture with integrated robotic mechanisms and AI to support independent living for older adults and disabled persons.	Health inequalities	Developed and tested smart assistive devices for seniors and the immobile. Secured a production contract with a Taiwanese company. Achieved all project milestones by April 2024, benefiting seniors, immobile individuals, and stakeholders in the assistive technology sector.

Project code	Project Name and short Description	Health Theme	Key Outputs/ Results
SK- INNOVATION- 0020	Integrated system of active preventive home care for the elderly and chronically ill Development of a personalized health and social service platform for seniors with at-risk conditions such as elevated blood pressure, prediabetes, and mental health concerns.	Prevention	Created and tested multiple service versions, including a health coach role to enhance user engagement. Demonstrated positive health outcomes and strong potential for future scalability in both commercial and social health settings. Conducted comprehensive verification of the service's behavioural aspects and adaptation for various target groups.
SK- INNOVATION- 0021	Bridging the gap for people with food restrictions - Safe Food Development of a technology- driven solution for individuals with food allergies and intolerances, including an allergen-free food delivery system supported by an electronic app for ordering and dietary supervision.	Health inequalities	Launched the Safe Food app and allergen-free food delivery service, improving nutrition accessibility and reducing social isolation for individuals with dietary restrictions.
SK- INNOVATION- 0036	ELDIS-SOCIO (Digitalisation for ELderly and persons with DISabilities in SOCIal services) Development of 50 online applications for cognitive and movement-based therapy, targeting mental functions such as memory, attention, and speech.	Health inequalities	Created a series of cognitive and movement-based games, replacing five planned games with instructional videos based on market research insights. Overcame initial development setbacks by engaging expert virtual reality specialists. The final product supports users with cognitive, visual, and hearing impairments and is scalable for broader applications. Fostered interdisciplinary collaboration across psychology, education, therapy, and game development fields.

6.7. Annex VII. List of health projects

The list of health projects is provided separately in an Excel file.