Report

From the technical meeting on developing the evaluation culture and the methodology for the end-term evaluation of the Portuguese National Health Plan 2020

held on 14 and 15 December 2017, Lisbon, Portugal

26 February 2018

This report serves to inform on the meeting discussions and conclusions in developing the evaluation culture and the methodology for the end-term evaluation of the Portuguese National Health Plan 2020 (PNS 2020). The meeting was technically supported by the WHO Regional Office for Europe to Portugal (BCA 2016-2017).

Contents

1. Introduction

Portugal has endorsed its National Health Plan (PNS) 2012-2016 in 2012 and in 2015 has extended its duration until 2020, scoping the commitments to Health 2020 at national and local levels. Portuguese national authorities planned for end-term evaluation of the PNS 2020 in their strategic and operational documents, to ensure meeting of the PNS objectives, goals and targets.

WHO, Regional Office for Europe has supported policy development in Portugal in the last decade and especially the PNS 2020 as an implementing tool of the WHO European policy framework for health and well-being Health 2020. Following this line of cooperation for policy development, the Ministry of Health of Portugal requested technical support from the WHO Europe for developing a methodology of the PNS 2020 end-term evaluation as part of the signed Biennial Collaborative Agreement 2016-2017.

The policy evaluation planning phase was initiated in July 2017 at a technical level to discuss evaluation structures, questions, criteria and methodological approach, as a prerequisite for further developing the work plan and terms of reference of the PNS 2020 end-term evaluation. Based on the conclusions of the meeting of WHO National Health Policies' Program and the Portuguese National Health Institute (INSA) held in July 2017, INSA started several activities, and especially: (1) mapping of implementation evidence for PNS 2020, based on a methodology developed with technical support of WHO that included PNS 2020, Health 2020, NCD-GMF and SDG targets and indicators, (2) conceptualizing the governance structure and different scenarios for the end-term evaluation of PNS 2020, and (3) preparing high-level technical dialogue to bring together national institutions mandated with specific aspects for health policy development, implementation, monitoring, and evaluation at different levels, as well as expert community.

High-level technical dialogue was held on 14 and 15 December 2017. It widened the scope of discussions beyond the end-term evaluation of the PNS 2020 towards developing a culture for policy evaluation in the country, using the PNS 2020 evaluation for a more focused approach and discussions. This report presents a condensed overview of the rich and open meeting discussions, conclusions, and recommendations to serve further developing of the policy evaluation culture and the PNS 2020 end-term evaluation.

1.1. WHO support to policy development and evaluation in Portugal

WHO Europe has a history of technical support to policy development and evaluation in Portugal in the last decades. It carried out an evaluation of the National Health Plan of Portugal (2004–2010) in the framework of its Biennial Collaborative Agreement (2008–2009) with the MoH of Portugal. The objectives of the evaluation were to assess the design, implementation, and achievements of the PNS and to provide policy recommendations that would support the efforts of the Portuguese Government in strengthening country's health system. The findings of this evaluation were based on: a statistical analysis of monitoring indicators and related targets attached to the PNS; a review of national studies undertaken in relation to the PNS; a functional review of the Portuguese health system; interviews with over 100 health system policy makers and stakeholders at national, regional and local levels; two roundtable discussions with policy makers and health system experts; and a review of scientific literature. The establishment of a structure, like the Office of the High

Box 1. Country Health Profile on the State of Health in the EU - Portugal, in 2017

Less than half of Portuguese people report that they enjoy good health. However, life expectancy at birth has increased by over four years since 2000 and is higher than the EU average. Mortality rates for the most common causes of death (cardiovascular diseases and certain cancers) have been decreasing, but some unfavorable trends have emerged, such as the increase in number of deaths caused by diabetes.

Smoking and binge drinking rates are far below the EU averages, but rising rates of obesity and physical inactivity represent one of the main challenges for population health. Efforts to address these risk factors include a new programme for physical activity to promote healthy behaviors and tackle sedentary lifestyles.

The National Health Service covers the entire population for everything except for dental care, but there are inequities in the access to health care services due to geographical disparities. Out-of-pocket spending comprises 28% of total health care spending, although a range of exemptions is in place to protect vulnerable groups. Co-payment values are typically small, except co-insurance levels for pharmaceuticals, and recent measures have reduced them and extended exemptions.

Several attempts to improve the integration of primary care have taken place over the last 10 years. However, there is a shortage of general practitioners (GPs) – a situation that is likely to worsen in the future, as current GPs start to retire. Motivating and retaining the health workforce, particularly nurses, is a major challenge. The economic crisis had a major impact in Portugal, which resulted in the implementation of several policies to rationalize health sector costs, as part of its agreed Economic Adjustment Programme from 2011 to 2014. Measures in the health sector included a reduction in health workers' salaries, cuts to public pharmaceutical expenditure and a price review of private providers. Medical practices were also targeted with the introduction of clinical guidelines.

While measures were initially successful in reducing costs and increasing efficiency, several challenges remain, including the implementation of effective measures to ensure financial sustainability, while improving underserved fields such as dental care, mental health and palliative care. Recent efforts have targeted changes to provider payment mechanisms, the development of Health Technology Assessment and defining a national list of pharmaceutical products and prescription guidelines. New measures also have been implemented to enhance transparency and to focus on public participation and patient empowerment through the establishment of a new NHS Portal, which contains detailed information about the functioning of NHS facilities, and the activation of the National Health Council, to ensure NHS users' participation in the policy-making process.

Source: OECD/European Observatory on Health Systems and Policies (2017), Portugal: Country Health Profile 2017, State of Health in the EU, OECD Publishing, Paris/European Observatory

Commissioner, to coordinate the development, implementation, monitoring, and evaluation of the PNS has been a critical milestone.

WHO Europe provided comments on the PNS 2012–2016, in April 2014; policy dialogue then took place in Lisbon on 9 May 2014 where the PNS was reviewed in the light of the WHO comments. Following the policy dialogue, the WHO commentary was updated to reflect the outcomes of the dialogue, including revised or new issues for discussion and served as a basis for discussion at the Portuguese National Health Forum held on 27 June 2014. In addition to the WHO commentary, a mid-term evaluation report "Interim report on the National Health Plan: revision and extension to 2020 (The NHP-Revision)" was developed to inform the June Forum. It represented the most recent data available for each of the 2012-2016 indicators for national, regional and local levels, as well as the assessment of potential achievement of targets identified in the PNS by 2016, potential deviations and proposed new targets. It also provided an equity perspective through comparisons of relative achievement of the targets and differences between regions.

The technical meeting held in December 2017 presents part of the technical support to evaluation of the PNS 2020 in view of the Health 2020 and 2030 Agenda.

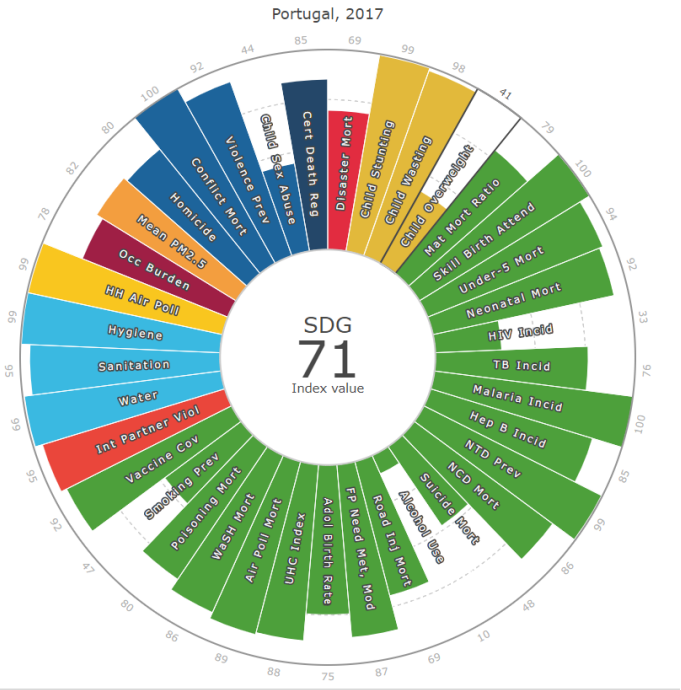
1.2. Context and achievements

Country Health Profile on the State of Health in the EU- Portugal in 2017[1] summarizes the achievements and challenges in health and health system in Portugal (Box 1).

Overviews of the performance of Portugal's status regarding health-related SDG indicators and the Health 2020 indicators show an informative picture of the overall health situation and forecast related to achieving the SDGs:

1) Concerning the 33 health-related SDG indicators, an overall index value of 71 is achieved. In the figure 1 below, the relative length of each arm of the sunburst, represents the index value of each indicator, with a scale from 0 (worst performance) to 100 (best performance).

Figure 1. Health-related SDGs – situation for Portugal in 2017

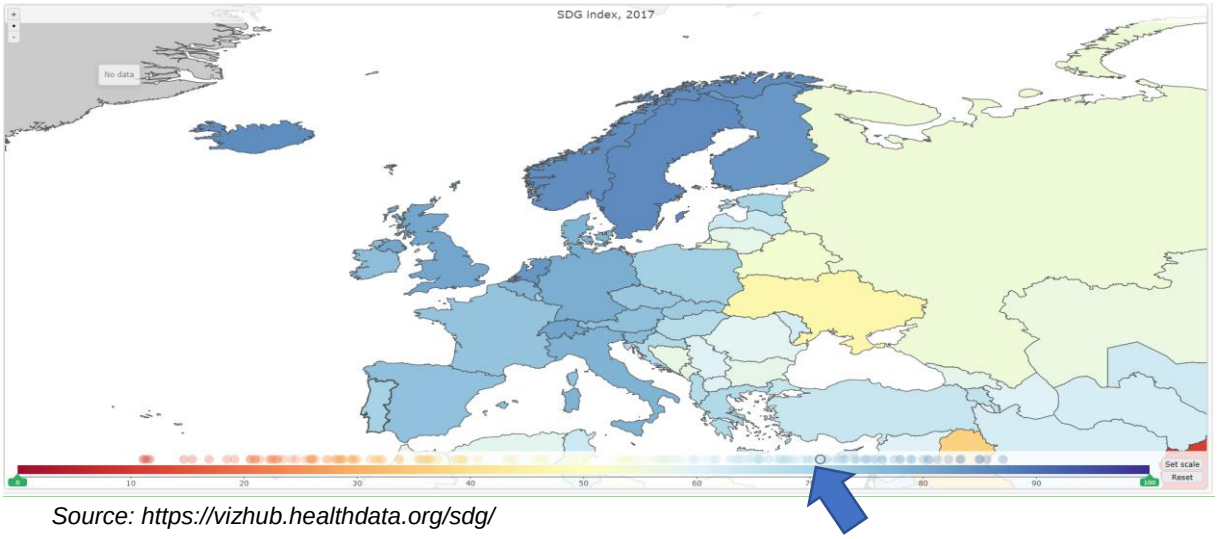


Source: https://vizhub.healthdata.org/sdg/

Points of attention identified on the basis of figure 1 are: HIV Incidence, child obesity, use of alcohol, smoking prevalence and child sexual abuse.

[1] OECD/European Observatory on Health Systems and Policies (2017), Portugal: Country Health Profile 2017, State of Health in the EU, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels

Figure 2. Mapping of health-related SDG index across European countries 2017

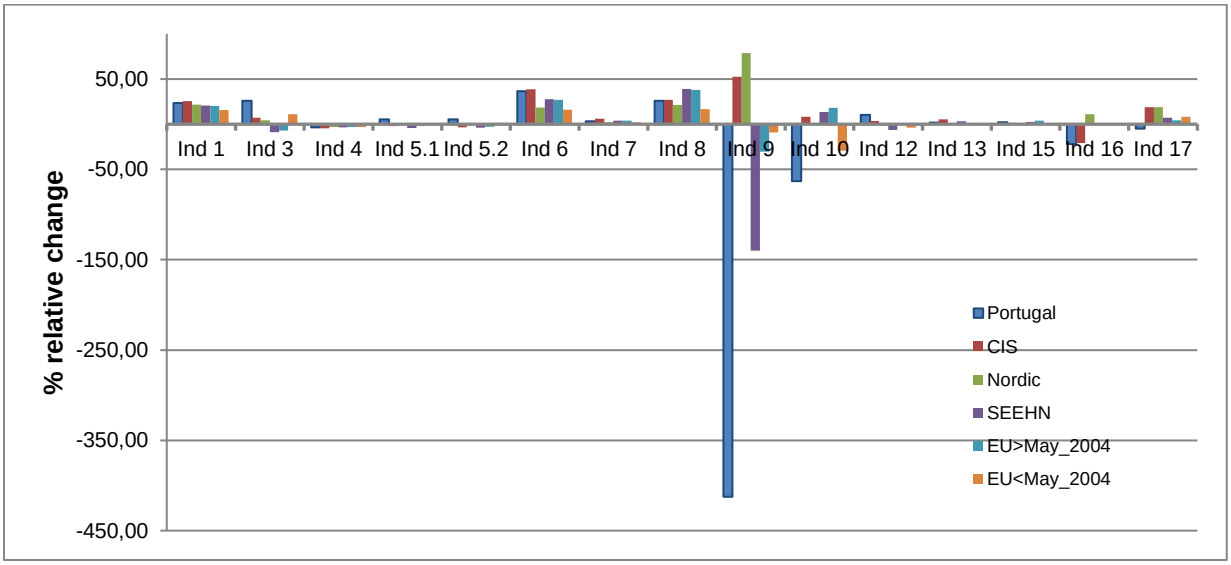


Source: https://vizhub.healthdata.org/sdg/

Based on figure 2, Portugal is situated amongst the countries with the lower scores (health-related SDGs index) in Western Europe.

Concerning the Health 2020 indicators, as shown in figure 3 below, Portugal is performing similar to EU countries in many of the indicators, however it is noteworthy that within the health sector further attention is needed to out-of-pocket expenditures, whereas in other sectors influencing health and well-being the biggest gap could be identified in school enrolment and unemployment.

Figure 3. Health 2020 indicators: Portugal - relative change per indicator between 2005-2015



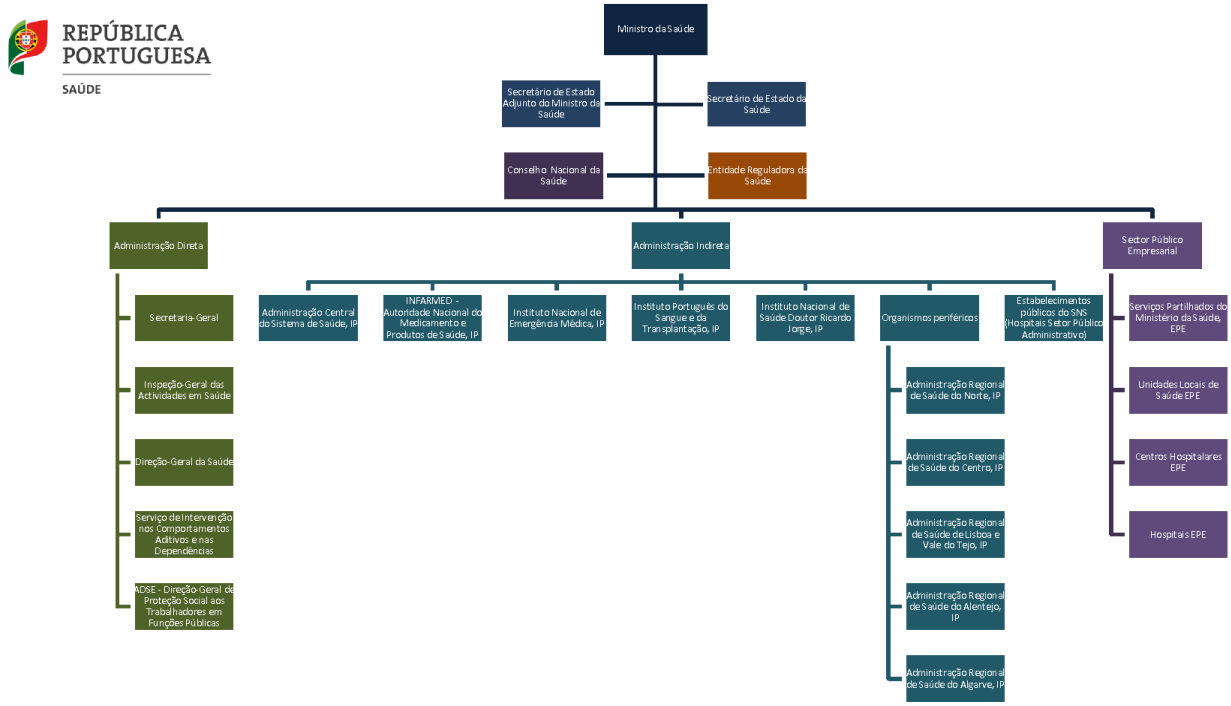
Legend: ind = indicator; Ind1. Premature mortality; Ind3. Alcohol; Ind4. Obesity/overweight; Ind5.1. Measles; Ind5.2. Polio; Ind6. Mortality ext. causes; Ind7. Life expectancy; Ind8. Infant mortality; Ind9. School enrolment; Ind10. Unemployment; Ind12. GINI; Ind13. Life satisfaction; Ind15. Sanitation; Ind16. Out of pocket payments; Ind17. Health expenditure
(Source: WHO Health Data Gateway, 2017)

1.3. Legal Framework for evaluation in Portugal

The monitoring and evaluation structure of the PNS 2020 of Portugal is regulated broadly by the Statutes of the MoH, the DGS, and the INSA.

Within the legal framework for policy evaluation in Portugal, several institutions are tasked to perform activities in the area (Figure 4). The MoH is responsible for formulating, promoting, implementing, monitoring and evaluating the national health policy through the mission, attributions, and competencies of different services and organizations, including the DGS and the INSA (Figure 4)[2]. Regarding PNS evaluation, DGS mission is "planning and programming the national policy for quality in the health system, as well as ensuring the elaboration and implementation of the PNS PT."[3]

Figure 4. Portuguese health system organogram



(*Source: MoH*)

In 2014 the Order nº. 728/2014,[4] attributed to the DGS the elaboration and execution of the PNS PT. This order formalizes the structures to support the coordination of PNS 2012-2016 within DGS. The order also establishes that the Executive Director of the PNS is responsible, among other, for evaluating the impact of policies and measures under the PNS, as well as ensuring and collaborating in the final evaluation of the implementation of the PNS 2020 by an external entity.

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2 Portugal, Ministry of Health (2011) Decreto-Lei n.º 124/2011 – Ministério da Saúde – Aprova a Lei Orgânica do Ministério da Saúde Last viewed 29 June 2017. Available at: http://direitodamedicina.sanchoeassociados.com/arquivo/decreto-lei-n-1242011-ministerio-da-saude-%E2%80%93-a-lei-organica-do-ministerio-da-saude/

3 Portugal, Ministry of Health (2011)Decreto regulamentar nº 14/2012, de 26 de janeiro - Aprova a nova Lei Orgânica da Direção -Geral da Saúde.)

4 Portugal, Ministry of Health (2014) Order nº.728/2014, 16 de janeiro Last viewed 29 June 2017. Available at: http://1nj5ms2lli5hdggbe3mm7ms5.wpengine.netdna-cdn.com/files/2014/12/2014_2_Avaliacao.pdf

Under the Organic Law of MoH,[5] it is incumbent upon the INSA "to evaluate the implementation and results of policies, PNS PT and the [Ministry's] health programs". The same is stated in its internal regulation.[6]

At regional/local level, the Regional Health Administration (ARS-Administração Regional de Saúde) is the entity responsible to "collaborate in the preparation of the PNS and monitor its implementation at regional level".[7]

Table 1 provides the overview of main competencies for policy evaluation in Portugal.

Table 1. Main competencies for policy evaluation in Portugal

Ministry of Health (MoH)	Formulating, promoting, implementing, monitoring and evaluating the national health policy. Legal document: Decreto-Lei n.º 124/2011, de 29 de dezembro
Directorate-General of Health (DGS)	Planning and programming the national policy for quality in the health system, as well as ensuring the elaboration and implementation of the NHP. Legal documents: Decreto Regulamentar n.º 14/2012 + nº.728/2014, 16 de janeiro
National Institute of Health (INSA)	Evaluate the implementation and results of policies, NHP and the MoH programs. Legal documents: Decreto-Lei n.º 124/2011, de 29 de dezembro + Regulamento n.º 329/2013, 29 de Agosto
Regional Health Administration (ARS)	Responsible to collaborate in the preparation of the NHP and monitor its implementation at regional level. Legal document: Decreto-Lei n.º 22/2012 de 30 de janeiro

(Source: INSA)

2. High level kick-off technical meeting for policy evaluation

A high-level technical dialogue was held on 14-15 December 2017 as a kick-off meeting for the preparatory (planning) phase of the PNS 2020 end-term evaluation. The overall aim of the technical meeting was to present an overview of the situation and discuss among other things the following issues related to planning policy evaluation: evidence for PNS 2020 implementation, policy evaluation process, governance structures for policy evaluation in the country, terms of reference and evaluation work plan of PNS evaluation.

This Technical Report presents an outcome paper from the meeting produced to serve Portuguese authorities in further all-inclusive policy dialogue for the PNS 2020 end-term evaluation and further development of the culture for policy evaluation in the country. It presents a summary of discussions and conclusions related but not limited to: achievements and challenges of the PNS implementation; scope and approaches of PNS 2020 end-term

5 Portugal, Ministry of Health (2011) Decreto-Lei n.º 124/2011 – Ministério da Saúde – Aprova a Lei Orgânica do Ministério da Saúde Last viewed 29 June 2017. Available at: http://direitodamedicina.sanchoeassociados.com/arquivo/decreto-lei-n-1242011-ministerio-da-saude-%E2%80%93-a-lei-organica-do-ministerio-da-saude/

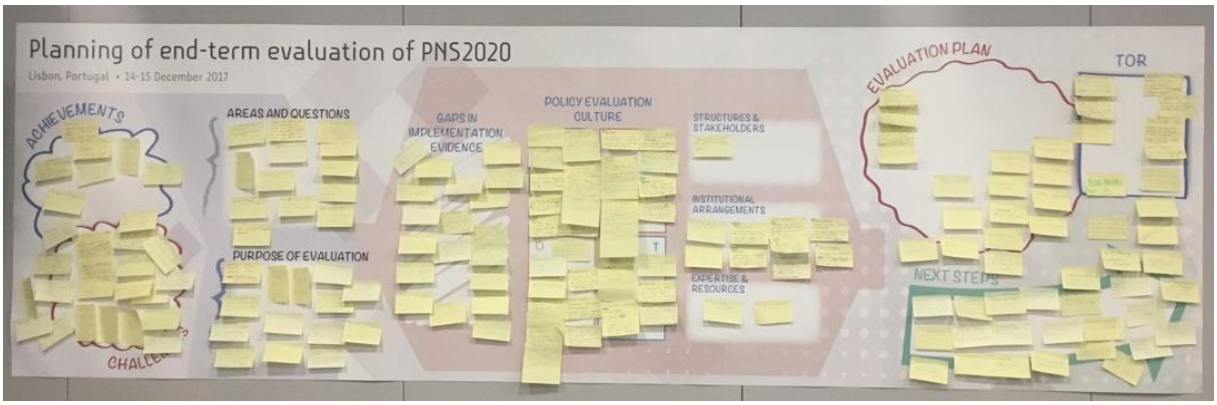
6 Portugal, Ministério da Saúde - Instituto Nacional de Saúde Doutor Ricardo Jorge. (2013) Regulamento 329/2013, de 28 de Agosto Last viewed 29 June 2017. Available at: https://dre.tretas.org/dre/1111701/regulamento-329-2013-de-28-de-agosto

7 Portugal, Ministério da Saúde (2012) Decreto-Lei n.º 22/2012 de 30 de janeiro Last viewed 29 June 2017. Available at: http://www.sg.min-saude.pt/NR/rdonlyres/065B7F96-F9E1-4E18-AD3C-9E9425DF78FC/28500/0051300516.pdf

evaluation; methodology for mapping evidence and implementation gaps; governance structures for policy evaluation; developing an evaluation culture and policy; broad overview of elements of Terms of Reference (ToR) and Evaluation Work Plan of the PNS 2020 end-term evaluation, and future steps in planning the PNS 2020 end-term evaluation process.

The working methodology for the meeting consisted of an interactive build-up process, in which all participants were given the opportunity to jointly discuss, in plenaries and focus groups, all elements of the evaluation process in a step-wise manner. The group work discussions, as well as personal reflections and thoughts, were gathered on a poster, depicting the entirety of the process (Figure 5). The work was based on generous technical information provided by WHO Regional office for Europe and annexed to this report.

Figure 5. Summary of discussions from group work and personal reflections of participants on the Planning of end-term evaluation of PNS 2020



3. Summary of the discussions

3.1. Scope of and approach to the PNS 2020 end-term evaluation

The end term evaluation of the PNS 2020 requires decisions from the mandated national institutions related to its main principles, features and approaches. As presented at the meeting, evaluating the impact of the policy may be performed by measuring changes in short-term, intermediate and long-term outcomes. Among other, it is important to determine whether changes in outcomes can be attributed to the specific policy, to compare relative impacts of the policy different components and to identify the relative cost-benefit or cost-effectiveness of the policy (WHO background paper: Policy evaluation: main principles, features and approaches).[8]

As presented and discussed at the meeting, evaluation of the PNS 2020 takes place in an ever changing context and if performed as appropriate, is expected to guide and accelerate health developments also beyond 2020. In addition to the national targets and indicators, Health 2020 goals and indicators, the Global Framework for Monitoring of the NCDs (NCD-GMF) indicators, and 2030 Agenda and Sustainable Development Goals add a set of goals and indicators that are crucial to guide policy development and implementation until 2030.

[8] This background paper was developed as part of the technical assistance package for PNS 2020 end-term-evaluation and was provided to Portugal before the high-level technical dialogue.

PNS 2020 that is focused on achieving national set of targets and indicators and Health 2020 targets and indicators, already contributes by large to attainment of the SDGs targets and indicators. The PNS 2012-2020 intervention logic (Annex 5.1.) is framed by the four strategic axes of (1) Citizenship in Health, (2) Equity and Access to Healthcare, (3) Quality in Health and (4) Healthy Policies, necessary to reach 'more value in health' (Figure 6).

Figure 6. Strategic axes of the PNS

However, certain adjustments would be necessary to better focus actions towards reaching unmet Health 2020 goals and further attainment of the 2030 Agenda goals.

Major policy frameworks considered in discussing health policy evaluation in Portugal are the following (Figure 6):

- Health 2020 and its values, approaches and monitoring and evaluation frameworks,
- The Minsk declaration[9]: with the emphasis on the life-*cycle approach*, as well as the *setting* of the implementation. The life-cycle approach facilitates an understanding of the health problems that should be prioritized for different age groups in different social roles that citizens take throughout their life in different settings. The setting approach inter-relates to the life-cycle analysis, as it allows identifying appropriate interventions for each setting at each stage of the life-cycle and includes, family, educational settings, workplace, leisure venues, units of care and nursing homes,[10]
- WHO Noncommunicable diseases Global Monitoring Framework (NCD-GMF),[11]aimed at enabling global tracking of progress in preventing and controlling major noncommunicable diseases - cardiovascular disease, cancer, chronic lung diseases and diabetes - and their key risk factors; and the Global Action Plan for the prevention and control of noncommunicable diseases 2013-2020,[12] with the emphasis on actions to prevent and control noncommunicable diseases that are major contributors to global and national burden of diseases, and

9 WHO, (2017), *The Minsk Declaration.* The Life-course Approach in the Context of Health 2020, WHO Regional Office for Europe, Copenhagen

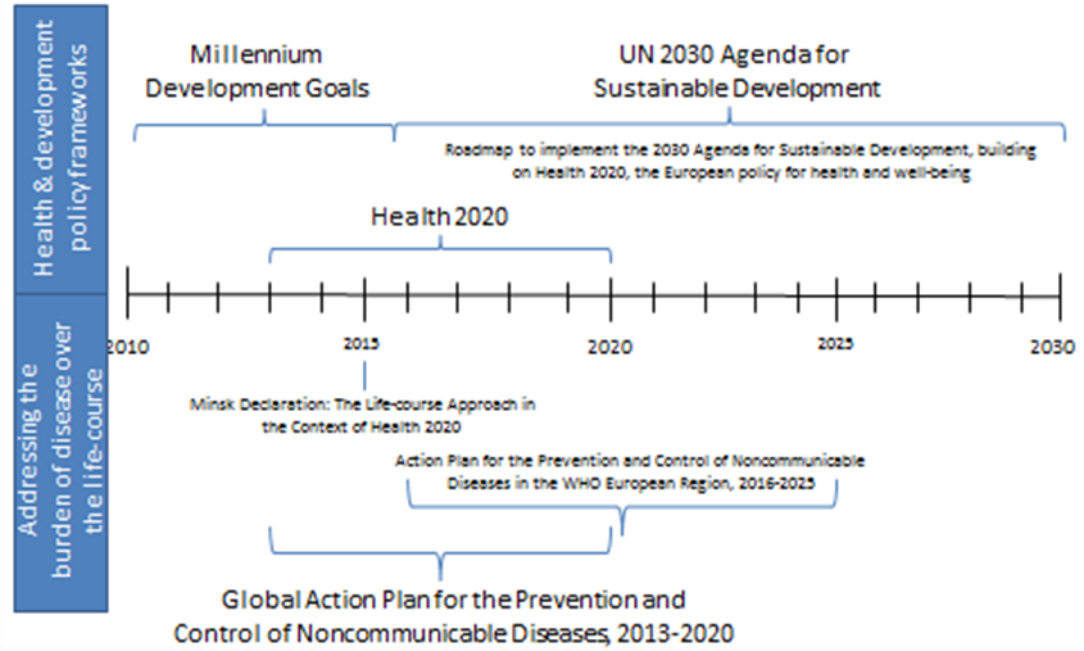
10 DGS, (2015), *National Health Plan. Revision and extension to 2020*, Governo de Portugal, Ministério Da Saúde

11 WHO (2011). NCD Global Monitoring Framework, http://www.who.int/nmh/global_monitoring_framework/en/

12 WHO (2013). Global Action Plan for the prevention and control of noncommunicable diseases 2013-2020, http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1&ua=1

- 2030 Agenda for Sustainable Development and its 17 SDGs, 169 targets and 232 indicators.

Figure 6. Major policy frameworks considered in health policy evaluation in Portugal



(Source: WHO Europe)

3.2 Highlights of the national experts' discussion on the achievements and challenges of the PNS implementation and policy evaluation

The achievements and challenges of the PNS 2020 implementation were discussed in the framework of the national context, but also against European and global health frameworks, as presented above, i.e. Health2020, the WHO Noncommunicable Disease Global Monitoring Framework as well as the 2030 Agenda for Sustainable Development, with its Sustainable Development Goals (in particular those related to health).

Results achieved have been presented by the MoH/DGS, many of which are well documented at national level in, amongst others, two documents:

- DGS–SNS (2016), *A Saúde dos Portugueses,* República Portuguesa, Serviço Nacional de Saúde, Direção-Geral Da Saúde. This publication describes the health status of citizens based on available statistics and from the perspective of the PNS 2020.
- DGS–SNS (2017), *Modelo de Governação a 2020,* República Portuguesa, Serviço Nacional de Saúde, Direção-Geral Da Saúde. In this report, the Health Priority Programmes are described and their results presented. These Priority Programmes are developed within the scope of the PNS 2020.

The meeting emphasized the progress made[13] in the following areas: life expectancy has increased by over 4 years since 2000, and is higher than the EU average; the infant mortality

[13] Based on: Presentations during the Technical Meeting of Rui Portugal (DGS – SNS) and Snezhana Chichevalieva (WHO). Further references: https://gateway.euro.who.int/en/indicators/h2020_20-infant-

rate in Portugal is amongst the lowest in Europe; vaccination levels are high, and smoking and binge drinking rates are far below the EU average.

Experts identified challenges especially in the following areas:

Health status: Cardiovascular diseases and cancer are the largest contributors to mortality. There are substantial gender differences in amenable mortality. Thus, there is a room to improve preventable mortality. Chronic conditions are among the leading determinants of poor health. Rising rates of obesity and physical inactivity present a growing challenge. Portugal is among the top-five of 27 European countries in terms of child obesity, with similar trend to other EU countries.

Health system: Spending in health has declined in response to the economic crisis. Despite universal coverage, there are geographical gaps in provision of services hindering access. Out-of-pocket payments play a greater role in Portugal than in many other EU countries.

Health inequalities: Significant health inequalities persist. This is confirmed by recent studies.[14] Health inequalities should be further analysed by geography (people from different regions have less/more difficulties in accessing health care services), by health literacy (access to online information is unequal among the population) and, clearly also by income (citizens with a lower income face greater challenges in paying out-of-pocket health services and products). Social determinants of health should be looked into.

PNS 2020 implementation: This was marked as an issue of crucial importance and a specific challenge in its own right. Considerations were shared related to the implementation, most of them very relevant to the policy evaluation, and some of which might present a specific objective of policy evaluation. The PNS 2020 should be considered as a strategic framework, rather than an operational plan. There is growing evidence for improving health in Portugal; however, the causal relationship with the PNS 2020 remains a matter for discussion and further evaluation.

Policy coherence: The alignment between the PNS 2020, the Regional Health Plans and the Local Health Plans remains an important challenge. The Regional Health Plans and Local Health Plans are inspired and influenced by the PNS, but they often follow their own logic, with dedicated indicators. Coherence between the national and regional plans and their monitoring, evaluation and reporting frameworks at different levels should be further discussed and efforts employed for this coherence to be obtained. The need for coherence was stressed in relation to: a) vertical programmes, b) different sectors and c) different governance levels (breaking silos). This might present an objective for evaluation.

Data and information: Portugal has an extensive information infrastructure related to heath, which plays a central role in monitoring the health system performance, however: (1) not all data sources are effectively connected and the legal basis for connecting patient data is being disputed (see also recent report on Health Systems in Transition). Moreover, (2) there are multiple information systems, not necessarily connected to each other.

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mortality/visualizations/#id=17091; https://vizhub.healthdata.org/sdg/; European Observatory on Health Systems and Policies, (2017), *State of the Health in the EU. Portugal Country Health Profile 2017*, European Commission, OECD;

[14] See e.g. Simões J, Augusto GF, Fronteira I, Hernández-Quevedo C. Portugal: Health system review. *Health Systems in Transition*, 2017; 19(2):1–184,

A lot of data is available, particularly for international benchmarking and between regions, but not in all areas. DGS publishes annually the “Saúde dos Portugueses” and the reports from the Priority Programmes (from DGS) that provide figures. However, regarding access to data and use of data the following challenges have been identified:

- Some data are gathered for a specific purpose and difficult to use for other purposes.
- Access to data is sometimes limited due to arguments of protection of personal data.
- Data are sometimes gathered in different (not always compatible) ways for the same indicators.
- The quality control on data collection from different levels is disputable.
- Most of the information is coming from the analysis of quantitative data; very few qualitative data are available.
- There is an issue of timeliness of data and information produced to feed the decision-making.
- The further use of IT is necessary to connect data from different levels.
- While there might be a wealth of data, in many areas information is missing, i.e. for data to become information, data needs to be put into context (e.g. number of users of a specific health service does not say a lot if trends are not analysed).
- The necessary attention needs to be paid to the quality of data and the quality of indicators in order to be clear about what is measured. The indicators are not always adequate for the goals that they are supposed to ‘measure’.
- The baseline data does not always exist. It should be agreed upon: this baseline is necessary in order to establish a point of reference to identify (and analyse) trends. For this baseline, good quality indicators are necessary.

Further investments are necessary in information and communication about the PNS in order for professionals to know how they contribute to the implementation of the PNS and how to design their work to fit the PNS as a strategic framework.

Mapping evidence for the PNS implementation: Despite the growing evidence for health development, it is not always and specifically related to neither the PNS nor other policy frameworks. Thus, it has been concluded that mapping evidence for PNS implementation and identifying evidence gaps, should be performed, also widening the scope beyond the PNS 2020 framework and based on methodology developed with the WHO support. Evidence should clearly demonstrate what the health improvements are linked with: PNS or other polices implemented at the same time (policy diffusion).

So far, no consistent analysis has been made of the relation between health care interventions and improvements in the health status of Portuguese population. Identifying evidence on this causal relationship remains a challenge. Outcome measurement is considered a gap.

Cost-effectiveness evaluation of the PNS 2020 is currently not performed.

There is a lack of information about the links between the PNS, Regional Health Plans and Local Health Plans in terms of implementation results. Arguments were given to study the implementation of PNS through implementation (evidence) at all levels (national, regional, local). At the same time, it is difficult to make comparisons at regional and local levels as the settings are different.

Further analysis is needed on coherence between interventions implemented through the PNS 2020 and interventions influencing health, but planned and implemented through other policy domains (education, social policy, environment, etc.).

The importance of technical networks: Gathering of technical professionals is important for identifying and analysing evidence, as well as for evaluation purposes. It is strongly urged to keep continuity of such exchanges and discussions and to create a national health network. WHO will support Portugal to join Evidence for Health Network of the WHO http://www.who.int/evidence/en/.

Responsibilities and capacities for policy evaluation: From the legal point of view, the responsibilities in the evaluation are well-defined with clear institutional mandates (see paragraph 1.3)

Evaluation capacity exists to a certain extent. However, further efforts need to be invested through dedication of human and financial resources, including building professional evaluators.

Structures for policy evaluation: Within preparatory activities, INSA has developed a concept paper for end-term PNS 2020 evaluation, reflecting on current mandates and capacities of institutions for evaluation, as structures to be involved in the evaluation process.[15] The concept note proposed four possible scenarios for conducting the evaluation. Discussions in the technical meeting yielded conclusions that structures and scenarios for evaluation largely depend on the evaluation questions and criteria, and that this aspect of the evaluation should be further discussed among national health authorities and stakeholders, in open consultative process, and taking into consideration WHO guidance (WHO Background paper: Policy evaluation: main principles, features and approaches).

3.3 Developing an evaluation culture and policy

Year 2015 was declared by the UN as the International Year of Evaluation, to advocate and promote evaluation and evidence-based policy making at international, regional, national and local levels. The 2030 Agenda puts follow-up and review processes at the heart of global and national efforts to achieve the SDGs.

The MoH, INSA and DGS are committed to develop a health policy evaluation culture in Portugal.

As presented, a**n evaluation culture** refers to a mind-set that values the role of evaluation, that advocates for the integration of evaluation in all levels and components of a policy and that considers evaluation to be an ongoing process that is part and parcel of 'doing a good job'.[16] WHO considers that an evaluation culture is an environment characterised by:[17]

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15 The concept note was developed and presented by INSA at the high-level technical dialogue

16 See e.g. Trochim, W.M.K., (1992), *Developing an evaluation culture for International Agricultural Research*, in: Lee, D.R., et al, (1992), *Assessing the impact of international agricultural research for sustainable development*, Proceedings from a Symposium at Cornell University, Ithaca, NY, 16-19 June 1991, p46

17 WHO, (2013), *WHO Evaluation Practice Handbook*, p4, World Health Organisation, Geneva. The WHO's evaluation policy is based on the UNEG definition of evaluation: UNEG, (2012), *Norms for evaluation in the*

- Organisational commitment expressed through institutionalisation of the evaluation function in terms of a structure and a process.
- Widespread support for evaluation which is exhibited through the willingness of decision-makers/managers to make use of evaluation findings and recommendations. *"Research seeks to prove, evaluation seeks to improve".*
- Strong demand for evaluation generated, specified and articulated by various stakeholders.
- Appreciation of innovation and recognition for the need to continuously learn from feedback. Often evaluation is considered as an administrative burden or an unaffordable luxury, but when it is designed with learning in mind, it is designed as part of the policy, providing unique opportunities to learn throughout the process of the policy.
- Continuous development of evaluation competencies.
- Readiness to learn from real situations, sharing information not only about success, but also about weaknesses and mistakes.
- Focus on the relation between inputs and outputs, but also on outcomes and impact.

Building up evaluation capacity is necessary in order to avoid scattered evaluation efforts linked to individual programmes and projects. It is necessary to strengthen the understanding of how evaluation can best inform implementation and decision-making. Evaluation is of high priority when results are difficult to identify and when knowledge is lacking about how to best achieve results and how to improve results (e.g. improve service delivery, impact on behavioral change, catalyze changes in systems, policies or institutions).[18] The evaluation process itself should be considered as a capacity building trajectory.

A commitment to policy evaluation requires a political support and trust in evidence based policy-making. This is best reflected in the development of **an evaluation policy** that provides the impetus and a framework to allocate resources and to promote and advance the necessary cooperation amongst stakeholders.

Different instruments exist that can be used to make a **self-assessment** of the own evaluation culture, like the part of the Joint Assessment Tool of the Joint Assessment of National Health Strategies and Plans (JANS)[19] related to evaluation of the national health strategy/plan or the nine indicators to assess the maturity of an evaluation, as presented in the Technical Meeting (based on Furubo, et al (2002)):[20]

- The extent to which evaluation takes place in many policy domains.
- The supply of evaluators specialising in different disciplines, who master different evaluation methods.

UN system, United Nations Evaluation Group, New York. See also presentation of S. Chichevalieva and D. Danau during the Technical Meeting.

18 See also: https://www.gatesfoundation.org/How-We-Work/General-Information/Evaluation-Policy

19 WHO, (2015), *Joint Assessment of National Health Strategies and Plans (JANS). Joint Assessment Tool, Frequently Asked Questions, Quality Assurance Checklist 2014*, WHO, Geneva. The International Health Partnership (originally IHP+ now transformed into UHC2030), of which WHO is one of the development partners, has designed this joint assessment tool and its guidelines. The tool has been used for the assessment of programme strategies and reviews of national plans (see https://www.internationalhealthpartnership.net/en/ and https://www.uhc2030.org/). .

20 Furubo, J.E., Rist, R.C., and R., Sandahl (eds), (2002), *International Atlas of Evaluation*, New Jersey: Transaction Publishers. See also De Peuter, B., (2008), *Towards a mature evaluation culture in Belgium and Flanders"*, Paper for the symposium 'Policy and programme evaluation in Europe: cultures and prospects'. Strasbourg, July 3&4, 2008, Public Management Institute, University of Leuven

- The existence of a national discourse concerning evaluation in which more general discussions are adjusted to the specific national environment (this is in contrast to evaluation using only 'imported' evaluation good).
- The existence of a profession with its own community (like e.g. a professional association).
- The existence of institutional arrangements in the Government for conducting evaluations and disseminating their results to decision makers.
- The presence of institutional arrangements in Parliament for conducting evaluations and disseminating them to decision makers.
- The existence of pluralism, i.e. the existence within each policy domain of different people or agencies commissioning and performing evaluations.
- The presence of evaluation activities within the Supreme Audit Institution.
- The focus of evaluations, i.e. not only focusing on the relation between inputs and outputs, but also on outcomes and impact.

The participants of the Technical Meeting were invited to reflect on some of these components and to assess these in terms of strengths, weaknesses, opportunities and threats during working sessions (see table 2).

Table 2. SWOT analysis of the evaluation culture in Portugal, based on working groups with the participants of the Technical Meeting

Issue discussed	Strengths	Weaknesses	Opportunities	Threats
The role/place of evaluation in various policy domains.	• The existence of institutionalized instruments. • The existence of formal management documents and elaborated plans and reports. • The existence of the PNS itself – PNS as an engine for health policies. • The existence of examples of evaluation performed in primary health care. • The example of the environmental experience (Environmental Impact Assessment – EIA). • The existence of a strong culture / historical heritage in planning and evaluation	• Little instrumental utility of evaluation. • Poor dissemination of evaluation results so far. • Heterogeneity in the use of evaluation mechanisms. • Skills and weaknesses in evaluation practices.	• Learning from other sectors (e.g. educational sector and environmental sector). • Room for progression. • Demand for accountability. • Certifications + accreditations. • Financial resources available. • Internal and interministerial discussions have an impact on political agendas (agenda-setting).	• Resistance. • Contentment with the basics. • Program / project verticality (existing silo's). • Lack of stakeholder involvement and commitment. • Invasion of management models in health planning and evaluation. • Social, economic and political context.
The supply of evaluators[21]	• There is capacity: there are professionals with evaluative training. • Qualified professionals are available. • The existence of evaluators for accreditation. • The existence of evaluators in quality processes. • Network of local and regional public health services with health planning and evaluation functions. • Specific competencies of public health physicians.	• Regional and local asymmetries (in terms of health planning and evaluation). • Absence of networking. • Lack of continuing training, especially by public health professionals. • Contractual model not aligned with health planning model and evaluation. • Minor availability.	• Strengthening networking: stakeholder participation (and WHO) as an intersectoral network. • Allocate more professionals and resources. • National and international recognition. • Application of external policies with impact on services (e.g. public-private partnerships, health tourism)	• Financial resources. • Conflicting interests. • Absence of inter-sectorality. • Only external evaluations do not contribute to the internal development of competencies under evaluation. • That evaluation would be rather a punitive than constructive process.
General discussions	• The existence of monitoring	• Need for reinforcement /	• Improvement of	• Difficult balance between

[2]Specialising in different disciplines, who master different evaluation methods.

Issue discussed	Strengths	Weaknesses	Opportunities	Threats
are adjusted to the national context (e.g. WHO Health 2020)[22]	and evaluation plans. • Sensitivity to health policies. • PNS is the driving force. • Existence of some moments like those of the meeting that we attend here: technical meetings, workshops: Stop, think to act. • Alignment of PNS with international frameworks, like Health2020 and SDGs.	alignment at regional and local level (they are implicit but need to be more explicit) • Need to adjust. • Insufficient alignment of priorities between PNS and operational plans at regional and local level.	communication strategy with the media (media literacy and health literacy). • Information systems and other instruments can improve the evaluation. • Knowledge gains. • Integration into international frameworks.	ensuring autonomy and not taking local specificities into account. • Agenda of the averages. • Losing opportunity to grow and develop.
The existence of a profession on its own[23]	• There are professionals with the necessary skills. • There is an installed capacity: public health physicians (INSA, DGS, Regions and ACES-USP)»	• Increased investment is needed in continuing training for different professionals. • Lack of training offer. • Lack of specialization culture	• Promote the specialization of evaluators. • Transparency, accountability and opportunities for training.	• Monopoly market control. • Loss of independence (no guarantee of independence). • Short political cycles. • When the evaluation is considered as a theoretical exercise. • Lack of financial resources, due to the financial crisis. • Greater reliance on external structures.
	• There are instruments and commitment and / or parliamentary committees. • SICAD has good practice in this area. • Segregation / separation of functions (DGS / INSA).	• Evaluation is located outside the planning process (in particular the PNS). • Partial, only theoretical expertise is available.	• Involve other perspectives / visions of the different stakeholders in the evaluation • Put the evaluation on the political agenda (Simplex). • Opportunity for agenda setting (national and local). • Increase international positioning and participation. • Increase national participation and work in multidisciplinary teams from the public and private sectors.	
Institutional arrangements in the government[24]	• Arrangements and instruments are available. • Existence of the Parliamentary Health Commission.	• Parliamentary health committee too political (political imbalance / social value of health needs). • Institutional arrangements exist only on paper (theoretical).	• The opportunity of involving various stakeholders. • Training of politicians (increase health literacy. • Follow-up by the Parliamentary	• Short political cycles. • Partisanship. • Politicization of priorities. • Low health literacy of politicians.

[3]The existence of a national discourse concerning evaluation in which more general discussions are adjusted to the specific national environment (this is contrast to 'imported' evaluation good).
[4]With its own professional association
[5]For conducting evaluations and disseminating their results to decision makers

Issue discussed	Strengths	Weaknesses	Opportunities	Threats
		• Asymmetry in application and difficulty in assuming performance incentives.	Health Commission.	
Institutional arrangements in Parliament [25]	• Living in a pluralistic society. • Focus/convergence. • Existence of different inputs to the evaluation process by different professionals, disciplines and sectors.	• Consensus around the same model of health evaluation. • Need for common vocabulary. • Less transparency.	• Implementation and communication of PNS and PLS – commitment. • Promote cohesion.	• Conflicts. • Disagreements.
The existence of pluralism[26]	• There is evaluation system / benchmark capability. • Rigorous system in place	• Limited scope of pluralism present. • Risks in internally managing the process.	• Development a broader scope. • Possibility of external and independent evaluation.	• Lack adaptability. • Endogamy: risk of self-evaluation?
The presence of evaluation activities within the Supreme Audit Institution.				
How to Improve? **General observations**	• Creating of an evaluation culture based on evidence and transparency. • Organise evaluation training. • Identification of benchmarks that have proven good results. • Adoption of best practices (SICAD and Diabetes programme). • Formation of evaluation team: internal and external actors. • Progressively introduce evaluation practices with positive results. • Improve access to information and improve communication channels. • Promotion of citizenship in health.			

6 For conducting evaluations and disseminating their results to decision makers

7 I.e. the existence within each policy domain of different people or agencies commissioning and performing evaluations.

3.4 ToR and PNS Evaluation Work Plan

Both ToR and PNS evaluation work plan were perceived as essential to performing good quality evaluation. Participants in the technical meeting have discussed the generic drafts developed based on the WHO Guidance (Annex 5.2.1. and Annex 5.2.2.)[27] and agreed upon their comprehensiveness, concluding that a preceding process to defining details of the ToR and evaluation work plan is identification and agreement upon evaluation scope, purpose, questions and criteria.

4. Summary of conclusions and next steps

1. The meeting has brought together the participants at the same page of understanding of the policy evaluation process and content, and has eased further steps towards end-term evaluation of the PNS 2020. However, PNS 2020 end-term evaluation requires consensus related to its concrete features and especially the scope and purpose of the evaluation, the evaluation structures, and terms of reference and action plan. Furthering the technical discussions and policy dialogue remains to be an important prerequisite for enabling PNS 2020 evaluation.
2. In response to the knowledge gap among all the stakeholders and experts of the existing (reach) evidence for health development (not necessary related to the PNS 2020) comprehensive mapping of evidence would be an important exercise to inform planning of PNS 2020 end-term evaluation. INSA will proceed with this exercise, using the e-tool developed with WHO technical support and establish, maintain and constantly update the evidence base to serve decision making and further research. This exercise will support decision making related to policy evaluation and present possible implementation gaps in terms of the PNS 2020, Health 2020, NCD-GMF and SDGs.
3. Establishing and maintaining a technical network for evidence scoping experts at all levels and technical areas (including other sectors) might present a valuable tool of timely exchange and discussions of generating and use of data and information in order to provide a sound technical advice on further improving of the coherent health information system.
4. While certain policy evaluation capacity exists at technical level, further efforts need to be invested to improve it through dedication of human and financial resources, including training professional evaluators. Building of the evaluation competence is necessary regardless of whether the policy evaluation would be performed by national or international experts (institutions and/or individuals). It is however, important to consider, where appropriate, to build on the existing structures with legal mandates and capacities to foster the process and save resources. Support for increasing technical capacity of INSA for evaluation should include dedicated resources (human and financial).
5. Portuguese authorities and experts support further developing of the evaluation culture. Developing a policy for evaluation might be beneficial to this end.

[27] WHO Background papers on ToR and Evaluation Work Plan were developed as part of the technical assistance package for PNS 2020 end-term evaluation, and delivered to Portugal before the technical dialogue meeting

5. Annexes

5.1. Intervention logic of PNS

The PNS2012-2016 and its revision and extension (version of May 2015) are used to unravel of the intervention logic of the PNS.

A. The mission of the PNS (why a PNS)

- To state the values and principles that support the identity of the Health System and strengthen the coherence of the system around those.
- To clarify and consolidate common understandings that facilitate the integration of efforts and valorization of stakeholders in achieving gains and value in health.
- Frame and articulate the different levels of strategic and operational decision-making around the Health System goals.
- To create and sustain an expectation of development of the Health System, through guidelines and action proposals.
- To be a reference and enable the monitoring and evaluation of the adequacy, performance and development of the Health System.

B. The vision of the PNS (where do we want to go)

Maximize health gains through the alignment around common goals, the integration of sustained efforts of all sectors of society, and the use of strategies based on citizenship, equity and access, quality and healthy policies.

C. Values and principles of the PNS

The PNS takes on the fundamental values of the European Health Systems (EU Council, 2006).

Of the principles of the PNS, the following stand out:

- Transparency and accountability
- Involvement and participation of all stakeholders in the health creation processes
- The reduction of health inequities as a basis for the promotion of equity and social justice
- The integration and continuity of care
- Sustainability, in order to preserve these values for the future

To fulfill its mission and vision, the PNS takes on:

- Strategic alignment: seeks to ensure that stakeholders follow common directions for achieving goals with greater health value.
- Strategic integration: seeks to ensure the best performance and adequacy of care which maximize the use or resources, quality, equity and access.

D. Four Strategic Goals

D.1. Strategic Goal 1: Obtaining Health Gains

Underlying logic: improving the level of health of all citizens is one of the main objectives of the Health System. For 2020, 4 health targets are defined in the revised PNS:

- Reduce premature mortality (below 70 years) to below 20%.
- Increase healthy life expectancy at 65 years of age by 30%.
- Reduce the prevalence in the population aged 15 years and older and eliminate exposure to environmental tobacco smoke.
- Control the incidence and prevalence of overweight and obesity in children and schoolchildren, limiting growth by 2020.

In the PNS:

Indicators in revised PNS	PNS	
	Areas of potential health gains are identified: national priority areas (where Portugal has a wider difference compared with other countries with better levels); regional and local priority areas have to be identified as well.	Obtaining Health Gains
	National recommendations are available defining cost-effective strategies for the areas identified as having potential gains.	
	Regions (and local levels) develop specific strategies in the areas identified as having potential regional gains and define their impact, interventions and necessary resources, monitoring and assessment.	
	Involved institutions articulate efforts, monitor interventions and assess the impact of their activities.	
	Integrated information systems enable planning, decision-making and monitoring of the Health System Performance.	

Logic: in order to obtain health gains, we need to identify areas of potential health gains at national, regional and local level; we need to define cost-effective strategies for these areas of health gains, we need to define the impact of these strategies, as well as interventions, necessary resources, monitoring and assessment, etc…..

D.2. Strategic Goal 2: Promoting supporting environments for health over the life cycle

Underlying logic: health results from a history of health **promotion** and **prevention** of disease and its complications, from the adoption of healthy behaviors and life in healthy environments. The individual health journey is not constant but has specific needs and critical periods which directly influence (positively or negatively) the next stages of life. Intervention in these moments (windows of opportunity) promotes and protects health. In this goal, the perspective of the life-cycle approach is integrated:

- Highlights the opportunity of early intervention on risk factors.

- Returns gains in health and sustainability by strengthening a chain of maximization of positive effects on mitigation of negative effects of risk factors and determinants.

Indicators in revised PNS	PNS	
	Opportunites for health promotion and prevention of diseases are clearly identified (specific institutions and those opportunities at intersectoral level)	Promoting supportive environments for health over the life cycle
	Institutions collaborate and develop interventions, signaling and articulation networks, with their own monitoring and […] (p68 – summarised version PNS)	
	Health institutions and professionals are pro-active in engaging professionals and institutions outside the sphere of health in the interventions. They respond to needs of collaboration outside the sphere of health.	
	Local health strategies are developed as a means to articulate responses from several institutions and sectors regarding specific situations, as to obtain health gains.	

Logic: in order to achieve supportive environments for health over the life cycle, we need to identify opportunities for health promotion and prevention of diseases, institutions need to collaborate and need to develop interventions, etc. …

D.3. Strategic Goal 3: Strengthening economic and social support in health and disease

Underlying logic: the Health System is not only concerned with improving the health status of individuals and populations, but also with **protecting individuals and families from the social and financial burden of health and disease**. For this purpose, the Health System has the responsibility to (1) generate and manage resources capable of providing economic and social protection for citizens, families and informal caregivers and (2) develop its services and interventions based on cost-benefit and sustainable criteria.

Indicators in revised PNS	PNS	
	Society is well informed about the capacity and committemtn of the Health System in terms of response and ability to provide social and economic support, and how these are associated to the economic capacity of the country.	Strengthening economic and social support in health and disease
	There is a good understanding of the social and economic barriers, monitoring of inequalities in health, impact assessment and sharing best practices, so the economic and social health gains resulting from the reduction of inequities are well understood.	
	Health professionals consider the socio-economic conditions in the evaluation and decision and are informed stakeholders, promoters of the empowerment of citizens and their families in these areas, within their scope of competence.	

Logic: if we want to achieve a strengthened economic and social support in health and disease, we need to make sure that society is well informed,…..

D.4. Strategic Goal 4: Strengthening Portugal's participation in Global Health

Underlying logic: international policies and events have an impact on national policies, which in turn have an influence on Global Health (health status, health determinants and health interventions on world population). Health Systems are permeable to foreign threats and to socio-demographic and economic characteristics.

Indicators in revised PNS	PNS	
	Portugal has a solid perspective of participation in Global Health, supported by a multi-sectoral dynamic and engagement of the Health System.	Strengthening Portugal's participation in Global Health
	The best political practices from institutions and professions are systematically identified and valued in […] (PNS summarized version p77)	
	The institutions and associations base their mandate and activities on international excellence standards, ensuring comparability, incorporating and disseminating their practices, innovation and […] (PNS summarized version p77)	
	Diplomacy skills are reinforced and understood as an essential process for the development of institutions and professionals, as well as for international participation.	

Logic: if we want to achieve a strengthened participation of Portugal in Global Health, we need to ensure that Portugal has a solid perspective of participation, etc……

Related to the socio-demographic and economic context, specific indicators are identified:

- Resident population by sex and age
- Birth rate
- Total fertility rate
- Population below poverty line
- Inequities in income levels
- Unemployment rate by age and sex
- GINI coefficient (income distribution)

E. Four axes:

E.1. Strategic Axis 1: Citizenship in Health

Underlying logic: **Citizenship in Health**: is about responsibility of citizens for their own health and of the society they are part of, having the obligation to defend and promote it. To make this happen, investments are necessary to strengthen the power of citizens to contribute to the improvement of individual and collective health through:

- Health literacy (sharing of information and knowledge, production of information and knowledge), e.g. having support to find good health info.
- Capacity building.
- Empowerment.
  e.g. having access to health records, increasing provision of personalized care, etc.

Indicators in revised PNS	Revised PNS	PNS	
• Premature mortality rate for all external causes, by sex (see also axe 4) • Immunization coverage in children (see also axe 3) • Immunization coverage against influenza virus (> = 65 years) (see also axe 1) • Self-perception of health status • Body Mass Index (BMI) – overweight/ Obesity	• Promoting a culture of citizenship aimed at promoting literacy and empowering citizens so that they become more autonomous and responsible in relation to their health and the health of those who depend on them. • Performing literacy promotion activities that focus on health promotion and disease prevention measures, particularly in the areas of immunization, screening, use of services and risk factors. • Promoting the active participation of organizations representing the interests of citizens. • The development of skills among health professionals in order to develop health citizenship actions. • Developing education programs for health and self-management of the disease. • The development of a rational and appropriate use of health services programs. • The promotion of voluntary activities in health.	Communication strategies assessed for achieving social agreements on priorities and expectations. Access to the electronic health record. Monitoring, assessment and enhancement of the promotion of citizenship at local and institutional level. Online health information and support to the health system. Development of the local health systems through networks and partnerships. Competent professionals in communication, relationship and education.	Citizenship in Health

Logic: if we want to achieve that citizens take up their responsibility for their own health and that of society they are part of, we need to develop and implement communication strategies that are positively assessed for achieving social agreements on priorities and expectations, we need to foresee in monitoring assessment and enhancement of the promotion of ….. etc.

E.2. Strategic Axis 2: Equity and access to healthcare

Underlying logic: equity in health is the absence of avoidable and unfair differences, likely to change the health status of population groups from different social geographical or demographic contexts. Access to healthcare is an equity dimension; it is the capacity to obtain necessary and convenient quality care at the proper place and time (financial access = affordable care; available personnel and timely access (no waiting lists).

Indicators in revised PNS	Revised PNS	PNS	
• Number of physicians • Number of doctors of MGF • Number of nurses • Number of nurses in PHC • Number of hospital beds (not included long-term care) • Number of beds in long-term care • Medical equipment: MRI Scan/CT • Health expenditure as a GDP percentage • Expendure of families in health in relation to the total health expenditure	• The integration of different sectors regarding measures that promote the reduction of inequality and improving people's condition in general address the social determinants. • Strengthening governance of Primary Health Care (PHC), hospital and long-term care, so that decision making is adequate, effective and monitored and that citizens access more quickly to the care they need. • The enhancing development and implementation, in appropriate situations, of the integrated care processes for more frequent disease and health problems and with greater potential for gain, so that the citizens receive timely and appropriate care, regardless of the care network where you are. • The development of referral networks of care not only of territory, but also technical skills hierarchy. • The promotion of coordination between national and local planning in different areas of social action, either through legislative and regulatory strategies, such as SIADAP and contractualization, as by persuasion strategies and influence, for example in supporting the development of local health plans. • Strengthening of financing strategies that promote equity in the realization of the health potential. • The development of intersectoral actions to strengthen the participation of all sectors	The institutions undertake public commitments of providing access conditions which are adequate to the needs. Citizens trust the support of the case and risk manager and actively participate in the adequate use of health services. The organisations inform and influence citizens and institutions providing care in order to promote adequate access. Citizens have confidence in the response of the Health System. The access to health services is socially understood as a determinant factor for obtaining additional health gains.	Equity and access to healthcare

Logic: if we want to achieve equity and access to healthcare (equal opportunities for all citizens in achieving their health potential, including having the capacity to obtain necessary and convenient quality care at the proper place and time), we need that institutions undertake public commitments of providing access conditions which are adequate to needs, ….. etc.

E.3. Strategic Axis 3: Quality in health

Underlying logic: this is about the provision of affordable and equitable healthcare, taking into account available resources and with and excellent professional level. This implies the adequacy of healthcare to the needs and expectations of the citizens. This depends on interventions in healthcare structures, processes arising therefrom (e.g. HR planning, culture of quality assessment of series, participation of patients – see also citizenship) and interventions in outcomes.

Indicators in revised PNS	Revised PNS	PNS	
• Patients (users) coming out (some diagnostics) • Day cases (DC) (some diagnostics) • Average length (DM) in the hospital (some diagnostics) • Immunisation coverage in children (see also axe 1) • Immunisation coverage against influenza virus (> = 65 years) (see also axe 1)	• Strengthening the implementation of the National Quality Strategy, through concerted and complementary actions at central, regional and local. • Monitoring and publishing the results of health care and the respective relationship with the volume of care. • Strengthening the quality impact on the evaluation of the professional and institutional performance and funding of institutions providing care. • The implementation of the National Plan for Patient Safety 2015-2020, through transversal actions to improve the safety culture in an integrated manner at all levels of care. • The implementation and dissemination of quality of health care certification, in order to increase public confidence in the health system. • The increase in the provision of health care networks, the role of the quality and safety commissions. • The strengthening of measures for the rational use of medicines, supported the NOC (clinical guidelines), which in turn are based on cost-effectiveness analyzes. • Quality assurance in conducting population-based screenings, ensuring equity and access to quality prevention strategies.	Institutions can take on continuous quality improvement in their culture. The development plans of the institutions/services are articulated and contracted. The Health Data Platform promotes quality and continuity of care. The training and assessment of professionals focus on continuous quality improvement. There are national references on quality standards of care, supporting clinical decision, integration and coordination of care and interdisciplinary work. Promoting an assessment culture at all levels.	Quality in care

Logic: if we want to achieve affordable and equitable healthcare (quality in healthcare), we need institutions to take on continuous quality improvement as part of their culture, etc….

E.4. Strategic Axis 4: Healthy policies

Underlying logic: these are policies established by government and other actors defining parameters and priorities for action (in response to health needs, in distribution of health resources, in optimizing positive health impact and in response to other political priorities). It is meant to be a comprehensive concept, which holds not only the health sector accountable, but all others, including the private and third sector. It encompasses a dual perspective of public health policies and health in all policies. Public Health Policies are primarily organized and aimed at benefitting the health status of a population, emphasizing the protection and promotion of health and the prevention of diseases and provision of healthcare. The Health in All Policies is an explicit strategy of an intersectoral approach, based on the evidence that actions and policies taken under the initiative of sectors outside the health sector have impacts (positive or negative) on health and equity. It aims at achieving gains in health and quality of life through interventions, targeting social determinants of health.

Indicators in revised PNS	Revised PNS	PNS	
• Infant mortality rate • Perinatal mortality rate • Life expectancy at birth by sex • Life expectancy at age 65, by sex • Healthy life expectancy at birth • Incidence of HIV/AIDS • Incidence of cancer • Premature mortality rate for all external cause, by sex (see also axe 1) • Premature mortality rate (for four causes: diabetes, cancer, cardiovascular disease and respiratory disease) • High blood pressure (arterial hypertension) • Tobacco	• Promoting intersectoral approach and Health in All Policies at different levels of expertise. • Strengthening of intersectoral strategies that promote health by minimizing risk factors (smoking, obesity, lack of physical activity, alcohol). • The strategies implementation strengthening and tools within health policies based on identifying health priorities with periodic review and update. • The use of impact assessment methodology as an element to previously consider when developing and implementing policies. • The strengthening of epidemiological surveillance systems in relation to health determinants and risk factors with the greatest impact on health gains with equity. • Strengthening of public health warnings monitoring systems, promoting early detection and coordination of response to such emergencies. • The strengthening of communication strategies and social marketing to promote the choice of implementing healthy policies. • The review of financing strategies in order to enhance	The culture of health is a high valued social capital. Health in All policies is a pillar of central and local governance that systematically seeks opportunities for creating and making the most of Healthy Policies with the involvement of several actors. Institutions, local authorities, groups of primary care centres and local health strategies, with innovative and specific responses, articulated between themselves and the national level. A medium to long-term vision of health gains allows the development of Healthy Policies, institutions and professionals. Healthy Policies are strengthened by scientific evidence and by the evaluation of cost-effectiveness and impact.	Healthy policies

Indicators in revised PNS	Revised PNS	PNS	
consumption • Alcohol consumption (liters per capita)	projects and intersectoral framework of actions.	Health is a fundamental value for social fulfillment, identity and development.	

Logic: If we want to achieve healthy policies (policies defining parameters and priorities for action in response to health needs, in the distribution of health resources and in optimising positive health impacts and mitigating negative impacts as well as in response to other political priorities), we need to achieve that a culture of health is a high values social capital, that Health in All policies….. etc.

For developing the intervention logic, the approach of **backwards mapping** is used: Start with the outcome that you want to achieve to define what is necessary to get there (= the pathway). For the backwards mapping, outcomes are identified that should be brought about to achieve the final goals. For the implementation mapping (and for monitoring progress), the 'outcomes' in the first columns of each of the tables need to be translated into (1) activities/interventions (what do these outcomes mean) and into (2) indicators. Probably some of suitable indicators are in the NHP checklist already.

5.2. Instruments and guidelines delivered

5.2.1. Guidelines for the Evaluation Work Plan

The Evaluation Work Plan

An evaluation plan describes the different components or building blocks of the evaluation. This includes indicators, who is responsible for collecting them, what forms and tools will be used, how the data will be gathered and analysed and what will be done with the evaluation results. The earlier in the policy process (or programme or project for that matter) the evaluation plan is developed, the more use can be made out of it and the greater the results will be at the end.

The next pages present a structure of an Evaluation Plan.

1. Introduction

1.1. Purpose of the evaluation plan

In this section the overall purpose of the evaluation plan is presented, e.g. *to establish a M&E system to guide the monitoring of the PNS 2020 and to evaluate its results (outputs, outcomes and impact). Part of this system are the necessary institutional arrangements and capacity building of actors involved in the implementation of this this evaluation plan.*

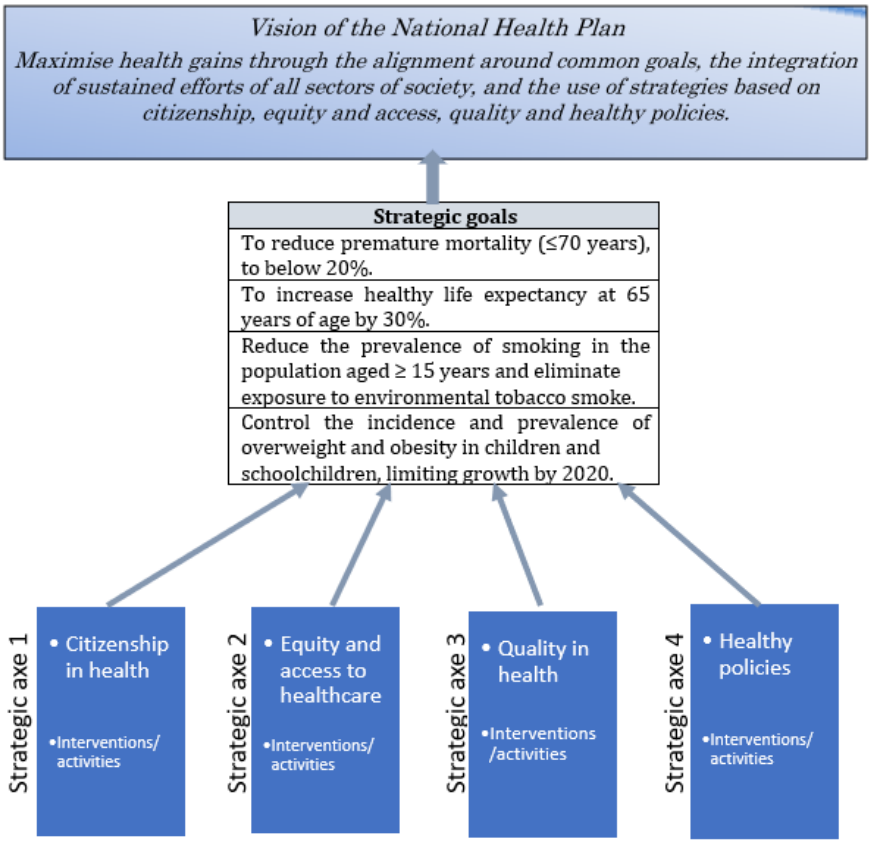
1.2. Process of development of the evaluation plan

In this paragraph the process is described of the evaluation plan development: actors involved, time frame and approach (e.g. through focus groups, working sessions).

1.3. Summary of the policy to be evaluated and intervention logic

In this paragraph the policy to be evaluated is described and the intervention logic is explained. For the PNS 2020 it is about a short description of the overall goals for 2020, the four strategic axes and the proposed interventions. Often this is presented as a conceptual framework or a visualisation of the intervention logic.

Figure 8. Example of conceptual framework of PNS 2020



The PNS is implemented through programmes, projects, activities and actions operationalised by various actors and addressing specific needs or themes. These programmes, projects and activities should be addressed in the Strategic Axes, according to an intersectoral approach involved the various ministries, scientific societies, patient organisations and other governmental and non-governmental organisations and citizens themselves.

For the implementation of the PNS, strategic and specific guidelines are presented in the extension of the PNS.

2. Purpose, objectives and scope of evaluation

This is the place to explain what you want to know about the policy, what will be evaluated and how the evaluation relates to the policy cycle:

- Do you want to know something how inputs are used (efficiency)? About the quality of the outputs (services and products produced by implementing the PNS)? About the use of the outputs (= outcomes, e.g. the effects of the use of services on health status or the effects of prevention campaigns on health determinants)? About the access of health services? Etc.

- What you want to know and what is feasible, depends also on the location in the policy cycle. Since it is an end-term evaluation, focus might be on outcomes and potential impact, but also on coherence, relevance, access, equity, patient-centeredness, efficiency, safety.

In this paragraph, also the **evaluation questions** will be presented as well as the linked **criteria**, e.g.:

- *Relevance: Did the PNS address priority problems faced by the target areas and communities?*
- *Coherence: Was the PNS consistent with other interventions in the health domain? With interventions in domains having an impact on health?*
- *Efficiency: Were inputs (staff, time, money, equipment) used in the best possible way to optimise the results of PNS implementation?*
- *Effectiveness: Have planned outputs and outcomes been achieved?*
- *Impact: What has been the contribution of the PNS to health gains in Portuguese society?*

3. Structures and stakeholders involved and decision-making related to evaluation

This section explains the institutional framework and arrangements necessary to implement the evaluation plan:

- The identification of actors and stakeholders at various levels (national and sub-national) and their roles and responsibilities.
- The decision-making processes: who will take what kind of decisions.

4. Ethical issues and integration of cross-cutting strategies

In this paragraph, guiding values and principles for the evaluation will be presented. See e.g. for this: WHO, (2013), *WHO Evaluation Practice Handbook*, p.6-7, World Health Organisation, Geneva. The WHO's evaluation policy is based on the UNEG definition of evaluation: UNEG, (2012), *Norms for evaluation in the UN system.*[28]

5. Indicators

The list of indicators used for monitoring purposes will be presented here. Data gathered based on these indicators will be used as one of the sources of information into the end-term evaluation. These indicators are presented in the PNS and can be complemented by indicators used in (priority) programmes and projects. The current indicators in the PNS (revised version) are linked to international frameworks like Health2020, SDGs and NCD indicators.

[28] UNEG, (2012), Norms for evaluation in the UN system, United Nations Evaluation Group, New York: http://apps.who.int/iris/bitstream/10665/96311/1/9789241548687_eng.pdf

6. Data management

The following issues need to be documented:

- Sources of data to feed indicators and evaluation questions, e.g.:
    - Data generated by health care facilities.
    - Administrative data (e.g. on financial flows and budgets).
    - Health surveys.
    - Statistical data/civil registration.
    - Census data.
- Data gaps (e.g. flaws in reporting from sub-national levels) and how data gaps are dealt with.
- Data collection tools and method, e.g.:
    - Health management information systems
    - Surveys
    - Case-studies
    - Field visits.
- Data-analysis and synthesis: most probably data analysis and synthesis will be done at various levels (national and sub-national). The results (information) will need to be summarized into an assessment of the health situation and trends based on the indicators and evaluation questions.
- Data management: will take place at various levels, whereby the responsibilities of each of the levels need to be detailed (documenting data and information flows).

7. Monitoring and evaluation matrix

The monitoring and evaluation matrix, brings together all tools, resourcing and processes (like planning) related to monitoring and evaluation.

	Indicators (A)	Information needs (B)	Frequency (C)	Means of verification (D)	Responsible for data gathering (E)	Data storage (F)	Responsible for data analysis & sense making (G)	Responsible for reporting (H)	Baseline (info on the indicator at point T_0)	Target of (2018)	Results of (2018)	Narrative
	Description of the indicator	*What will be the use of it the information?*	*How frequently is information needed on this indicator?*	*Where to get the data? Through which means will the data be retrieved? In what way?*	*Who gathers the data?*	*Where to store the data to be used for reporting?*	*Who analyses and interprets the data and how?*	*Who does the reporting?*				*Explanation of difference between targets and results*
1												
2												

The information resulting from this matrix is to be used as one input into the evaluation, together with e.g. additional surveys, case-studies, etc. to answer the evaluation questions.

8. Evaluation resources

In this paragraph, a description is given of the necessary evaluation resources. Details are needed on:

- Human resources: expertise and capacity needed to carry out the evaluation. Decisions are needed on whether or not to invite external evaluators (see WHO Technical paper: Policy evaluation: main principles, features and approaches).
- Financial resources needed, whereby you may think of data gathering, data quality assurance, surveys to be conducted, the evaluation itself, but also dissemination of results, and capacity building for M&E.
- Technical resources: e.g. IT systems needed to collect data.
- Organisational resources: include the structure of the organisation, the coordination and management processes, the organisational culture. Organisational resources will be necessary to support and secure evaluation.

9. Calendar

For the end-term evaluation a calendar needs to be developed with the milestones in the process, related to each step/building block.
Since the ultimate aim is not to go for a one-off evaluation, but to install an evaluation policy, a calendar is needed for the different milestones related the implementation of that policy. In the table below an example is provided how such a calendar could look like[29].

M&E milestone	Frequency	Output	Focus	Actors involved
Performance assessment	Quarterly	Progress reports that are transmitted to next higher level of management.	A review of the progress against targets and planned activities.	Central Performance Evaluation Team and planning unit.
Technical review meeting.	Within one month after the Joint Review Meeting.	List with actions to be taken as follow-up of Joint Review Meeting.	Action plans as follow-up.	Central Performance Evaluation Team and planning unit.
Joint Review Meeting	Annually After 2 years After 4,5 years After mid-term evaluation After end-term	Annual progress report. Plan for mid-term evaluation. Plan for follow-up of recommendations.	On basis of technical reports of various levels/units discuss progress against targets/outcomes.	Central Performance Evaluation Team with key stakeholders from various levels and planning unit.

[29] Example based on: Government of Uganda, Ministry of Health: Monitoring & Evaluation Plan for the Health Sector Strategic and Investment Plan, 2010/11 – 2014/15.

M&E milestone	Frequency	Output	Focus	Actors involved
	evaluation			
Mid-term evaluation	After 2,5 years	Mid-term evaluation report.	Evaluation based on questions/criteria and progress against targets.	Central Performance Evaluation Team with external consultants.
End-term evaluation	After 5 years (at the end of the policy plan)	End-term evaluation report.	Evaluation based on questions/criteria and progress against targets.	Central Performance Evaluation Team with external consultants.

10. Reporting and knowledge management

For reporting, it is important to know the audience(s) of the evaluation. For example, regional health authorities are interested in results that relate to their level of service, while the Minister of Health might be more interested in knowing whether the policy and related programmes and projects were effectively implemented.

Knowledge management is about the use of the evaluation results. Learning from results will not happen automatically and therefore action plans for follow-up will need to be developed (internal follow-up of recommendations and external dissemination).

5.2.2. Guidelines for the ToR

The terms of reference (ToR) document defines the various aspects of the implementation of the evaluation. It defines the objectives and the scope of the evaluation, it outlines the responsibilities of the evaluation team, and provides a clear description of the resources available to conduct the evaluation. Developing an accurate and well specified ToR is a critical step in managing a high-quality evaluation. The various parts of the ToR (as explained in the WHO Technical paper: Terms of Reference)[30] are:

1. Context of the evaluation
2. Description of the assignment for the evaluation:
    a. Objective and scope of the evaluation
    b. Evaluation questions and criteria
    c. Guiding principles, ethical considerations and cross-cutting strategies
3. Evaluation team and required qualifications
4. Stakeholders and users of the evaluation
5. Methodology of data management (sources of data, what to do with data gaps, data collection, data-analysis and synthesis and data management.
6. Evaluation resources
7. Expected results, including deliverables

[30] This background paper was developed as part of the technical assistance package for PNS 2020 end-term-evaluation and was provided to Portugal before the high-level technical dialogue.

5.2.3. Methodology for mapping of PNS implementation evidence

1. Introduction

In the wider scope of policy evaluation, the entire process is driven by the evaluation questions and criteria, which need to be addressed, and for which data is gathered through different methodologies.[31] Primarily, the distinction is made based on whether the data is collected from secondary sources, for which most often desktop research is employed; or, primary data is collected, for which both quantitative (surveys, questionnaires, etc.) and qualitative (observations, interviews, focus groups, etc.) methods could be used. The choice of most appropriate method depends on the aim for which the evidence collection is performed.

For policy evaluation, as described in the WHO Technical paper: Policy evaluation: main principles, features and approaches, both primary (data from individuals and groups, and observation methods) and secondary data should be used.

This methodology describes the collection and analysis of secondary data pertaining to mapping evidence of policy implementation.

2. Aim of gathering evidence

Gathering evidence of implementation is not a simple task. It could be performed using a number of methodologies, with the main aims of:

- Informing the policy evaluation process, through providing evidence that would support addressing the evaluation questions and evaluation criteria;
- Understanding the scope of implementation of a particular policy, across its strategic objectives, and based on defined indicators to measure the results, pertaining to outcomes, outputs and impact of the policy;
- Identifying actions and measures and their supportive governance and management structures yielding successful practices or those that have not been as successful.

3. Evidence sources

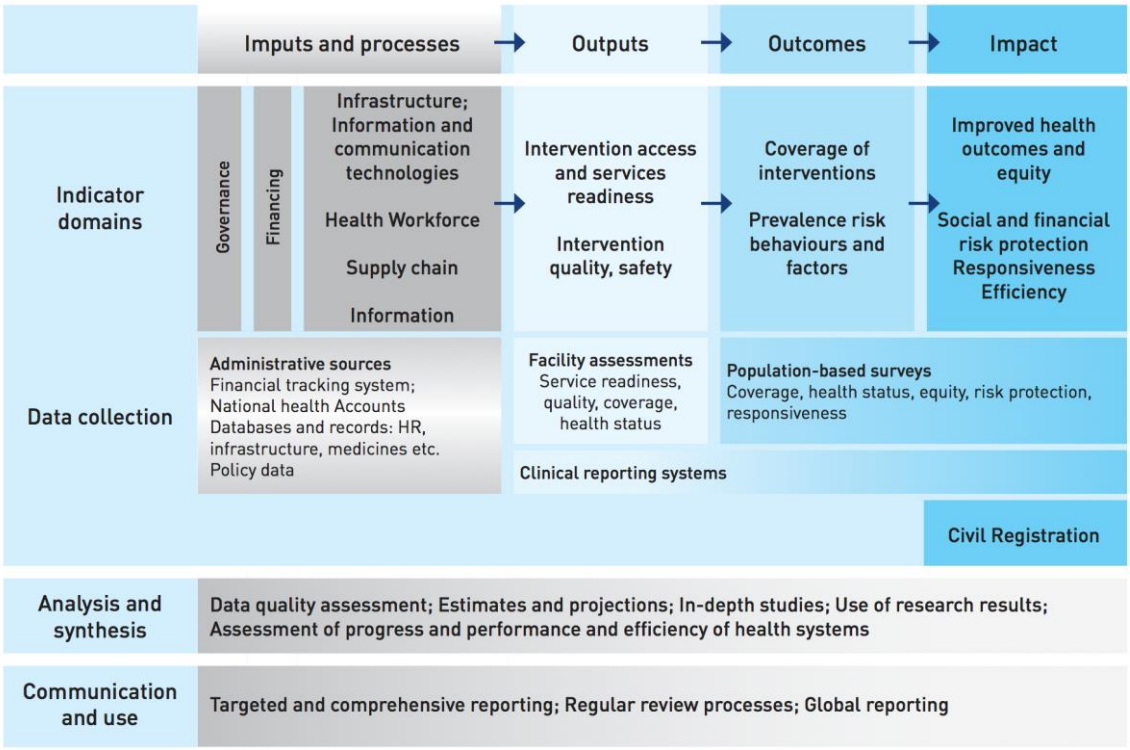
Besides the primary resources mentioned in the introduction, secondary data is a valuable source of information. Secondary data sources could be from scientific sources (journal articles, literature reviews, research datasets, etc.), statistical sources (national statistical databases, data from reporting to regional and international requirements, etc.) or from grey literature (project or programme descriptions, strategic plans, annual work plans, documents related to budgets, minutes of meetings, evaluation forms of activities, progress reports, etc.).

Regarding periodicity, secondary data could be distinguished into:

[31] WHO Technical paper: Policy evaluation: main principles, features and approaches

- Regularly collected data, such as national statistical databases, data gathered for regular monitoring purposes; data reported to regional and international databases, based on national reporting requirements;
- Periodically collected data, such as surveys,
- Data collected for specific survey, project or programme, technical reports, and so forth.
- Other sources of data, such as minutes of meetings, progress reports, evaluation reports, and so forth.

Figure 9. Data collection and sources within common Monitoring and Evaluation framework



(Source: WHO 2011[32]).

As described in Figure 9, types of sources in countries to gather data for monitoring and evaluation include: data generated by public and private health service providers (health facility data), administrative data (e.g. on expenditure in health, financial flows), surveys/population studies held, vital statistics (on deaths, births, etc.), data from census. Besides these (mainly quantitative) data, there are studies and other sources of information from which data can be pulled.

4. Variables for gathering evidence using scoping study method

[32] WHO (2011). Monitoring, evaluation and review of national health strategies: a country-led platform for information and accountability, http://www.who.int/healthinfo/country_monitoring_evaluation/1085_IER_131011_web.pdf

There are a number of possible frameworks for gathering evidence, among which are the systematic review and scoping study, both of which are aimed at identifying evidence from the literature to achieve in-depth and broad results. Rather than being guided by a highly focused research question that lends itself to searching for particular study designs (as might be the case in a systematic review), the scoping study method is guided by a requirement to identify all relevant literature regardless of study design.
In the scoping study design proposed by Arksey and O'Malley,[33] the evidence is gathered to inform particular question, selected and categorized based on the following variables:

- Author(s), year of publication, study location.
- Intervention type, and duration of the intervention.
- Study populations and geographical scope.
- Aims of the study.
- Outcome measures.
- Important results.

For the case of mapping evidence for implementation of PNS 2020, pertaining to the category of outcome measures and important results, additional variables for gathering evidence could be considered, pertaining to the PNS strategic goals and priority axes (Annex 5.1.).

5. Quality of data

The main purpose of ensuring data quality in evaluation is to present information that is credible. Research and evaluation studies follow research protocols, conducted in an ethical manner, and withstand the test of scrutiny by reviewers. Data quality is generally understood to be the degree to which data, including research processes such as data collection and source verification meet the needs of users.[34] Among the critical aspects to consider when assessing data for quality are relevance, validity, reliability, objectivity, integrity, completeness, generalizability, and utility (Figure 10), where are in detail elaborated in the comprehensive methodology document.

[33] Arksey H, O'Malley L. Scoping studies: towards a methodological framework. International Journal of Social Research Methodology 2005;8(1):19-32

[34] UNECE (2010). Statistical data quality in the UNECE, 2010 version. Statistical Division, United Nations. https://unstats.un.org/unsd/dnss/docs-nqaf/UNECE-Quality%20Improvement%20Programme%202010.pdf, accessed: 16 December 2017

Figure 10. Eight components of data quality

Ensuring these critical aspects of data quality in research and evaluation studies is of paramount importance if their products are intended to be of highest scientific quality and usability in policy making.[35]

5.2.4. E-tool for mapping of PNS 2020 implementation evidence

While there is vast amount of evidence available across the literature and from various sources, beyond identifying data sources based on the above variables, the next step is extracting the evidence for the intended purpose, which in this case is mapping of evidence of implementation of the PNS 2020. As PNS 2020 contains monitoring and evaluation framework, the exercise of extracting evidence should be based on the indicators chosen in the PNS 2020, some of which are linked to Health 2020, SDGs and NCDs-GMF (Tables 1, 2 and 3). The evidence for each of the target and monitoring indicators is extracted into an Excel workbook (M&E Framework(POR)21122017.xlsx), under specified sheets, specifically adding the data on:

- Title and link of source
- Type of evidence (regular data, survey, etc.)
- Baseline year data, total and disaggregated (or if not available, closest year for which data is available)
- Evaluation year data, total and disaggregated (or if not available, most recent year for which data is available).

In addition to the evidence linked to the PNS 2020 chosen indicators, evidence might be available for other indicators relevant to national commitments to Health 2020, 2030 Agenda/SDGs and Global Monitoring Framework for NCDs (GMF-NCDs). As next step, it is essential to extract evidence pertaining to Health 2020, SDG health-related targets and indicators (as proposed by the WHO) and GMF-NCDs, for which separate Excel sheets are provided. This would be adding value to the PNS 2020 implementation. Tables 1, 2 and 3

[35] Radhakrishna, R., Tobin, D., Brennan, M., & Thomson, J. (2012). Ensuring data quality in extension Research and evaluation studies. Journal of Extension, 50(3), n3. Available at: https://www.joe.org/joe/2012june/tt1.php, accessed 16 December 2017

provide the relation between PNS 2020 indicators and global and regional monitoring frameworks of Health 2020, SDGs and NCDs-GMF.

For the purpose, both offline database (in a form of Excel workbook) and online tool (http://healthpolicyexchange.online/mapping_database_por/) for data gathering were created (Figure 11).

Figure 11. Preview of the online evidence gathering tool (with e-repository function)