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JA PreventNCD

Work Package 3

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JA PreventNCD

Cancer and other Non-Communicable Diseases
Prevention – Action on Health Determinants



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Executive Summary

This interim evaluation report for the Joint Action Prevent Cancer and Non-Communicable Diseases (JA PreventNCD), involving more than 100 institutions across 25 countries, reviews progress to date, highlights what is working well, and identifies areas for improvement. The first evaluation activity by Work Package 3 (WP3) assessed, from the perspective of task and subtask leads, the effectiveness of international collaboration and which factors shape high-quality outputs.

Most activities are progressing on track, though time constraints remain a challenge.

The first round of process monitoring showed that 91% of tasks in WP1–4 and 76% of subtasks in WP5–10 are progressing without critical delays (Section 3). Around one-third of subtasks experienced deviations, mainly due to administrative or resource challenges, which were resolved by adjusting timelines. While these adaptations helped maintain momentum, the findings highlight the importance of anticipating time pressures earlier and reducing reliance on shifting deadlines.

Project leads report that collaboration is generally effective, but attention is needed to strengthen coordination and collaborative culture.

The results of the survey on international collaboration confirmed that international collaboration is functioning well overall and contributes to higher-quality outputs (Section 4). Trust and open communication, in particular, were seen as influencing factors. However, results also showed that in larger, multi-country teams, coordination processes and role clarity need improvement. Project leads suggested that collaboration would benefit from a stronger commitment and more opportunities for informal exchange.

Knowledge translation is advancing, but teams need more support to ensure outputs are accessible and usable.

Many project teams highlighted challenges in synthesising complex information into formats that are clear, relevant, and actionable for their intended audiences. As JA PreventNCD is an action-oriented initiative aiming to influence practice and policy, the ability to produce user-friendly knowledge translation resources is critical. Stronger collaboration with WP2 communication experts, end-user consultation, and tailored training could help ensure outputs meet the needs of policymakers, practitioners, and communities.

Evaluation activities completed so far provide a strong foundation for the next phase.

The results to date provide the basis for the next evaluation activities, such as peer and quality assessments of developed resources. The report also provides an update on the external evaluation of WP1–4 and approach for the upcoming implementation case studies (Section 5 and 6, respectively). Together, the full set of evaluation activities will allow us to determine whether JA PreventNCD is on track to achieve its intended outcomes and its potential to contribute to long-term impact on reducing NCDs and social inequalities in health. Evaluation findings provide actionable insights for Member States, policy leads, and local implementers across Europe.

Five actionable recommendations provide guidance for strengthening delivery in JA PreventNCD.

The report sets out five recommendations: (1) manage time constraints proactively to avoid delays; (2) strengthen capacity in knowledge translation by engaging end-users, providing training, and working closely with WP2; (3) foster a stronger collaborative culture through team-building and informal knowledge exchange; (4) enhance coordination in large, multi-country projects with check-ins to clarify roles, improve distribution of tasks, and regularly monitor progress; and (5) support individual evaluation efforts by encouraging WPs to use the Evaluation Resource Repository and seek guidance from WP3, ensuring that internal evaluations contribute to the final assessment.

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List of Abbreviations

Abbreviation	Definition
EU	European Union
GA	Grant Agreement
HaDEA	European Health and Digital Executive Agency
JA	Joint Action
KT	Knowledge Translation
M&E	Monitoring & Evaluation
M16	Month 16 (Reporting to HaDEA)
MS	Member State
NCD	Non-Communicable Disease
PM	Person Months
RKI	Robert Koch Institute
WP	Work Package

1. Introduction

1.1. Project summary

Cancer and other non-communicable diseases (NCDs) make up more than two thirds of the burden of disease in Europe. At the population level, substantial variations exist according to socio-economic status, geographical area, age, disability, gender, and ethnic groups. Much of this disease burden is preventable. The aim of the JA PreventNCD is to support strategies and policies designed to reduce the burden of cancer and NCDs, and their common risk factors at both individual and population levels. Specific objectives are:

- improve joint capacities of Member States (MS) to plan and implement prevention policies and activities at national, regional, and local levels.
- improve the monitoring system for cancer and NCDs and their common risk factors.
- contribute to reduced social inequalities in cancer and NCDs.
- engage with key actors in the field of cancer and NCD prevention, including decision makers, civil society organizations, professionals, the general population, and patient groups to facilitate cooperation and joint efforts.

The JA PreventNCD represents an ambitious effort to provide strategic guidance and consolidated efforts to the field of prevention. Key outputs include an EU Consortium on NCD Prevention, high-level annual events, and intervention tools and policy recommendations that will contribute to reduce cancer and NCD burden and inequality across Europe.

1.2. Evaluation objectives

This is the first interim evaluation report prepared by Work Package 3 (WP3) for the JA PreventNCD project. The evaluation assesses how well the JA PreventNCD is being implemented and whether its goals are being met (listed in Section 1.1). It will evaluate the project outputs and their contribution to improved outcomes at both the European Union (EU) and MS levels (1).

The evaluation will provide essential insights for adapting and scaling up NCD prevention initiatives across diverse contexts, helping decision makers in designing and implementing future public health initiatives.

The specific objectives of the evaluation include to:

- track progress against project milestones,
- assess how well prevention activities and policies are put into action,
- analyze improvements in the knowledge base for cancer and NCD prevention,
- evaluate the quality and usefulness of knowledge translation materials,
- review the effectiveness of pilot projects and their value as models for wider adoption,
- explore examples of positive change at EU and MS levels (2).

An overview of the evaluation is provided in Section 2. Full details of the methodology are available in the evaluation plan and concept paper (1,2).

1.3. Structure of this report

This interim evaluation report is structured as follows:

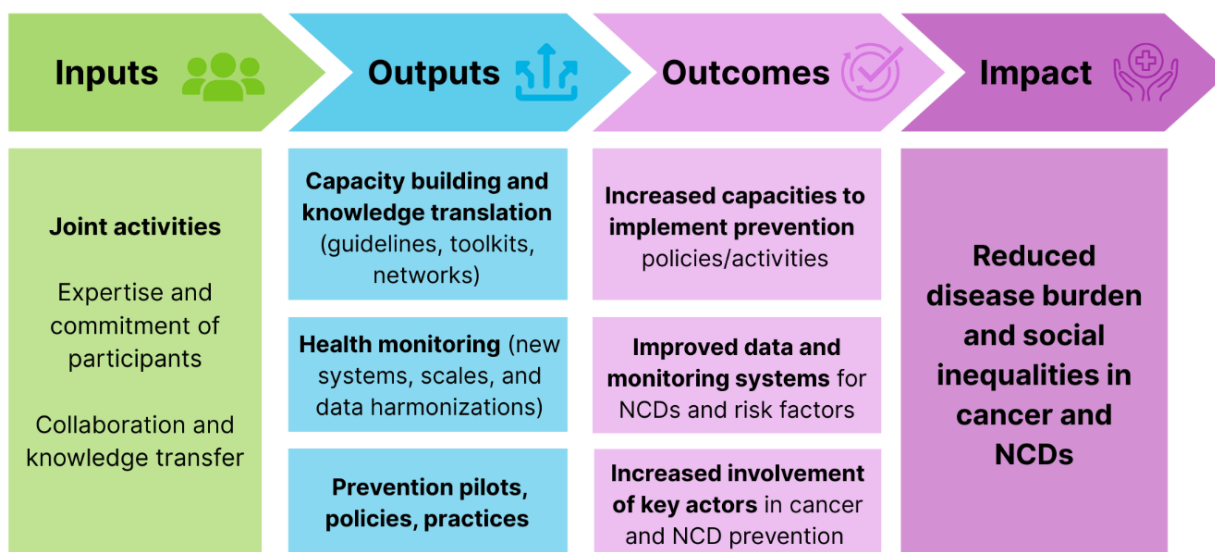
- **Evaluation Overview (Section 2):** Overview of evaluation activities to date and upcoming work.
- **Process Evaluation (Section 3):** Findings from process evaluation, including progress monitoring by WP1.
- **Survey on International Collaboration (Section 4):** Results from the first evaluation activity surveying task and subtask leads on international collaboration and knowledge translation.
- **External Evaluation (Section 5):** Update on the status of contracting an external evaluator for the evaluation of WP1–4.
- **Implementation Case Studies (Section 6):** Description of the approach and rationale for conducting implementation case studies.

2. Evaluation Overview

The evaluation plan for JA PreventNCD is designed to assess project outputs and their contribution to both the immediate outcomes of the JA and broader impacts at EU and MS levels. The evaluation activities are guided by a logic model developed by WP3 (Figure 1), which is a simplified version of the overarching JA PreventNCD logic model presented in Klepp et al. (2025) (3). This adapted logic model enables a more targeted assessment of each component, focusing on implementation quality and the capacity to strengthen prevention practices.

WP3 conducts a structured evaluation of project inputs, such as joint activities, and outputs to determine their contribution to achieving outcomes and lasting impacts. Planned outputs across WPs can be grouped into three clusters: capacity building, health monitoring, and prevention practices. Outcomes include increased capacity to implement prevention measures, improved data and monitoring systems, and greater involvement of key actors. Long-term impacts of JA PreventNCD include sustainable societal and policy achievements, such as reducing NCD prevalence and social inequalities in health.

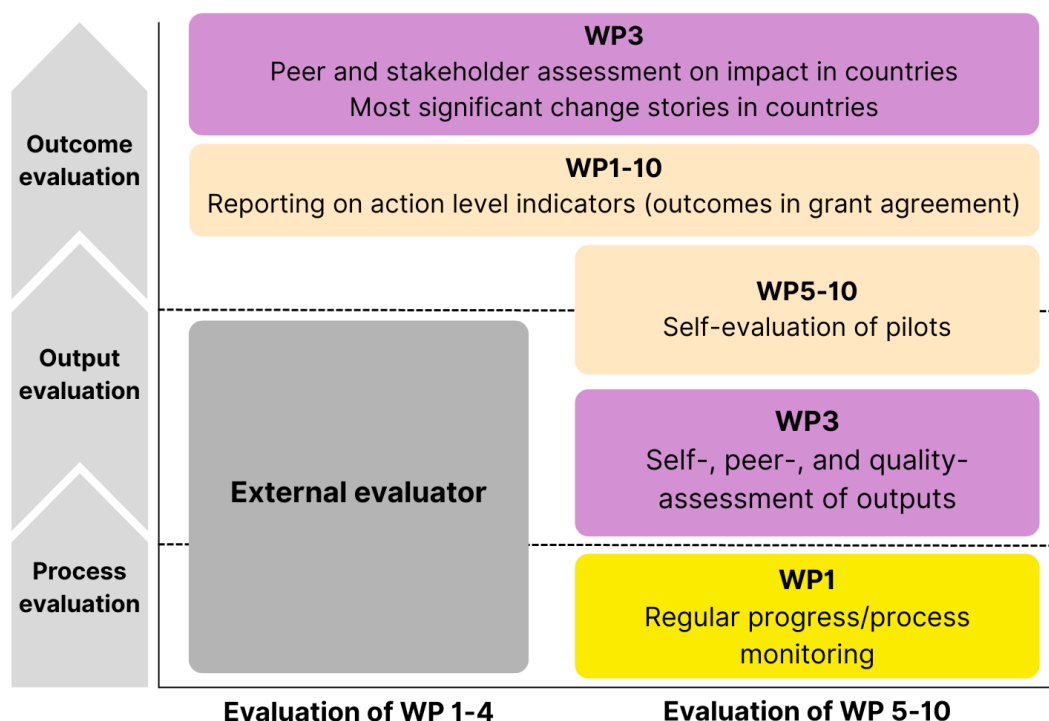
Figure 1: Logic model of JA PreventNCD developed by WP3.



Evaluation activities are divided between internal and external processes and responsibilities (Figure 2). Internal evaluation efforts are led by WP1 (process monitoring) and WP3 (evaluation of outputs, outcomes, and impacts), while individual pilot projects will conduct their own evaluations. An external evaluator is responsible for a process and output evaluation of WP1–4 (see Section 5). WP3 data collection follows a mixed-methods approach, combining surveys, interviews, deliverable analysis, and implementation case studies. Findings are shared throughout the JA funding period via interim and final reports, scientific publications, and presentations. More information on the evaluation approach is available in WP3’s evaluation plan and concept paper (1,2).

Beyond strengthening NCD prevention capacity, WP3’s evaluation aims to generate actionable knowledge, identify strengths and weaknesses in implementation, and provide guidance to improve future Joint Actions.

Figure 2: JA PreventNCD evaluation types and responsibilities.



Source: Adapted from Loss et al. (2024; 2025).

2.1. Status of the evaluation

Since the launch of JA PreventNCD, the WP3 evaluation team has advanced several planned tasks and activities outlined in the evaluation plan:

What we have achieved so far

- **Evaluation plan (3.1) and Concept Paper:** The evaluation plan (M3.1) was developed in collaboration with all WP leads, and finalised and submitted in June 2024. The plan details all evaluation components and methods (2). In addition, WP3 published a peer-reviewed scientific paper outlining the JA evaluation framework and approaches in a special issue of the *Scandinavian Journal of Public Health* (1).
- **Study protocol, ethics and data protection (3.2.1, 3.2.3):** To meet varying data protection and ethics requirements, separate study protocols will be prepared for each evaluation activity. The self-assessment protocol was completed in May 2025. Ethics review from the Berlin Medical Association confirmed that no formal approval was required. The peer assessment study protocol is planned for Q1 2026.
- **Self-assessment (3.3.3):** Conducted April–June 2025, assessing international collaboration and early experiences in knowledge translation (see Section 4). Preliminary results were presented at the JA PreventNCD Annual Meeting in Katowice (June 2025) and the DGSMP Conference in Berlin (September 2025).

- **Bilateral meetings (3.2.2):** Began in February 2025 with WP5–10 leads to discuss planned evaluation activities and gather suggestions for implementation case studies. Follow-up meetings occurred between August–October 2025 with project leads of potential case studies. WP3 and WP4 also hold regular meetings to align overlapping work and support project sustainability.
- **Setting up the external evaluation (3.3.1):** WP3 prepared and launched the call for tenders for the external evaluation of WP1–4. The tender was open in August 2025, with bids evaluated in September 2025. See Section 5 for more information.
- **Capacity building (3.3.2):** One planned workshop was converted into an Evaluation Resource Repository, providing practical guidance and resources. It was announced in September 2025 via the internal JA newsletter and shared with WP leads. It will be uploaded to the JA website once technical website capabilities allow. A second workshop is planned for the second half of the JA.

Looking ahead

WP3 will continue advancing key evaluation activities over the coming months, including finalising the contract with the external evaluator and holding a kick-off meeting (see Section 5) and commencing data collection for the implementation case studies (see Section 256).

As outlined in Table 1, the next evaluation methods will focus on the peer assessment and quality assessment of developed resources, with the peer assessment scheduled for Q1 2026.

Table 1: Status and description of WP3 evaluation activities.

Status	Evaluation method	Description	Example evaluation questions/focus
Completed	Self-assessment	Survey of task and subtask leads on collaboration and experiences with delivering outputs.	• Effectiveness/challenges of international collaboration. • Experiences/barriers in developing KT resources.
Upcoming	Peer-assessment	Consultation with task and sub-task participants on developed resources and materials.	• Adequacy and relevance of KT resources. • Usefulness of resources in practice.
	Quality assessment	Review and appraisal of developed resources against quality criteria (e.g. guidelines, toolboxes).	• Usability and relevance of developed resources. • Rigour of development process.
	Self-assessment of implementation and impact	Surveys/interviews with JA participants; assessment of country-level implementation processes.	• Were countries able to plan and implement NCD prevention policies and activities at different levels?

	Stakeholder assessment of implementation and impact	Surveys/interviews with key stakeholders in selected countries.	• Were national data and monitoring systems improved? • Did countries regularly engage with and support key actors?
	Change assessment	Interviews with country representatives based on the MSC technique.	• What was the most significant national change resulting from the JA?

Source: Adapted from Loss et al. (2024; 2025).

3. Process Evaluation

This section provides a summary of the process evaluation activities and main findings from the first round of monitoring.

Process evaluation examines how a program is implemented and delivered, focusing on the inputs, activities and outputs of the program. It assesses whether activities are delivered as planned, identifies adjustments or improvements needed, evaluates the appropriateness and efficiency of delivery, and helps pinpoint ways to make things work better.

As outlined in Figure 2, the project coordination team (WP1) leads this work, including monitoring progress, tracking milestones and deliverables, and documenting any challenges encountered (1).

Key questions addressed by the process evaluation include:

- Is each activity being implemented as planned? Were any changes needed, and why?
- Is each activity using its time and resources as expected? If not, how is it being addressed?
- What main challenges or barriers have occurred, and how are they managed?

3.1. Progress reporting

At the start of JA PreventNCD, WP1 asked every WP to prepare a detailed protocol describing the scope of work, milestones, deliverables, and timelines. These protocols serve as the reference point for tracking progress and timelines of official milestones and deliverables. WP1 coordinates formal reporting to the European Health and Digital Executive Agency (HaDEA), which forms part of the formal monitoring. To date, WP1 has coordinated one formal round of reporting to HaDEA (Month 1–16).

In parallel, WP1 undertakes ongoing informal monitoring to support smooth implementation and timely problem-solving. This includes informal reporting on Person Months (PMs) (i.e. the unit of time/financial resources allocated across the JA) and action-level indicators every 8 months, regular check-ins with WP leads, identification of challenges during ExCo meetings, and continuous tracking of deliverables and milestones. Together with formal reporting, these practices allow WP1 to monitor progress comprehensively, detect issues early, and support corrective actions where needed.

The Month 16 (M16) reporting served as the first round of progress monitoring and provided the basis for WP1 to generate initial process evaluation findings. For the M16 report, all WPs documented the status of their activities, any delays or deviations from original plans, the impacts

of these changes, and how they were addressed. WP1 reviewed and summarised this information and worked with WP3 to synthesise findings for this interim report. Reasons for deviations and strategies to address them were grouped into categories, defined in Appendix 319.1.

In this context, a ‘delay’ means a task or subtask is behind schedule the outlined in the Grant Agreement or WP detailed protocol. For example, an extended ethics approval process leading to a delay in submission of a deliverable. A ‘deviation’ refers to changes from the original plan that did not necessarily cause delays, such as changes to methods, personnel, or outputs based on stakeholder input. Splitting these indicators allows us to capture challenges that affect delivery, even if they do not impact overall timelines.

Official milestones and deliverables

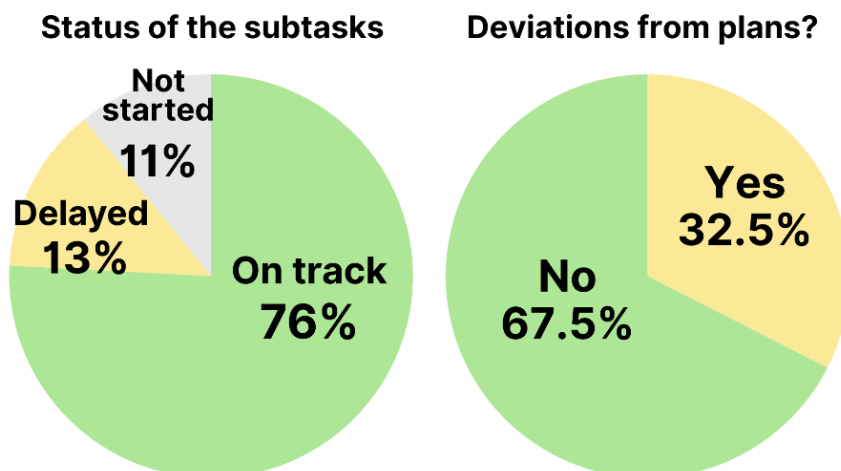
Between M1 and M16, there were 14 official milestones and deliverables due (nine milestones and five deliverables). Only one milestone was delayed, and only by one month. The delay was due to making “quality-driven adjustments” so that more stakeholders could be involved. The delay did not affect other activities in the WP.

Progress of subtasks in WP5-10

Progress of subtasks in WP5–10 was coded as: on track; delayed; or not started. Any delay was recorded along with the main reason and solution.

Figure 3 shows the overall status of subtasks in WP5–10. The majority (76%) are on track, with 13% experiencing delays, and 32.5% reporting deviations from original plans.

Figure 3: Status of subtasks in WP5-10 and whether deviations occurred (n=120).



The main reasons for deviations were due to administrative, resource, or outside dependency issues (Figure 4). Deviations were primarily managed by extending timelines (Figure 5).

Figure 4: Reasons for deviations from plans indicated by subtasks¹ (n=39).

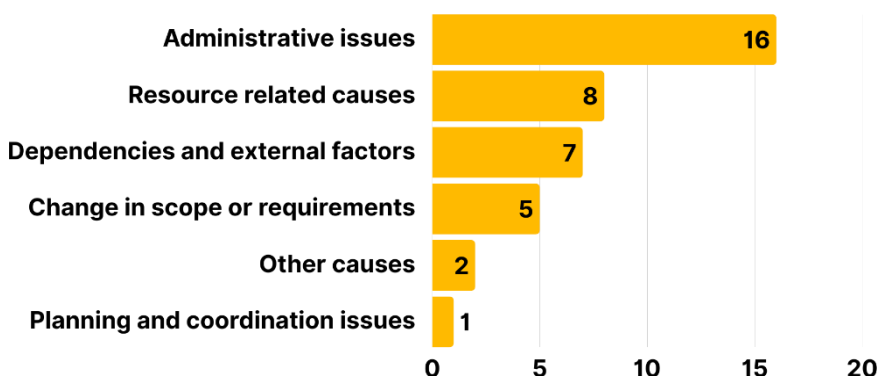
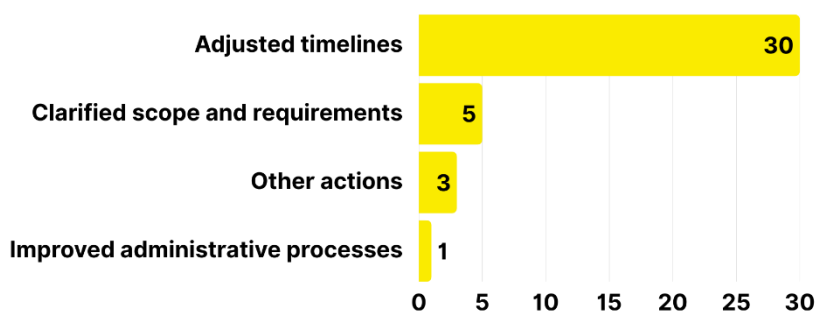


Figure 5: How deviations from plans were addressed indicated by subtasks (n=39).



Progress of tasks in WP1–4

As outlined in Section 2, an external evaluator will assess WP1–4. However, these WPs also report progress to WP1 as part of the process evaluation.

Of 45 reported tasks and subtasks in WP1–4, 91% were on track. Four activities recorded deviations (two due to resource-related causes, and one due to planning and coordination issues, and one due to dependencies and external factors). These were resolved by adjusting timelines or reallocating existing resources.

3.2. Next steps in process evaluation

Overall, the first round of process monitoring shows activities are largely progressing as planned. Only one official milestone was slightly delayed, with no critical impacts reported. Around one-third of subtasks experienced deviations, mainly due to administrative or resource issues, but these were managed by adjusting timelines.

Based on all reports, no WP stated that any deviation had a critical impact on their work.

Looking ahead, WP1 is introducing a progress tracker to routinely monitor internal milestones and deliverables, complementing the reports to HaDEA and providing more consistent and deeper insights into project delivery and challenges.

¹ See Appendix 9.1 for definitions of each category.

WP1 will use the findings from process monitoring to further improve the identification and management of potential delays, ensuring that any issues are addressed proactively and that corrective actions can be implemented as needed by adapting processes or resources.

While this interim report summarizes progress of subtasks in WP5–10, future reports will cover progress of pilots, complemented by insights from implementation case studies on selected pilots (see Section 6 for more on this approach).

4. Survey on International Collaboration

This section presents findings from WP3's first evaluation activity: a survey assessing international collaboration and the development of knowledge translation (KT) resources within JA PreventNCD.

The survey targeted task and subtask leads in WP 5–10 who are directly involved in coordinating project activities and outputs. Their perspectives provide insight into how well international cooperation is working, and which factors support or hinder effective collaboration.

International collaboration is widely recognised as essential for NCD prevention in Europe. Health challenges span borders, and joint action enables countries to share strategies, pool resources, and exchange best practices (4–6). Evaluating how these collaborative efforts work in practice is central to understanding the added value of the JA, including whether collaboration improves outputs and supports public health goals.

4.1. Literature review

Collaboration is defined as a process where actors interact through formal and informal negotiation, establish shared rules and structures, and engage in mutually beneficial interactions (7).

The value of collaboration in health and research is well documented: it can accelerate progress, reduce duplication, and improve the transfer of knowledge into practice. It can also build capacity across regions, produce higher-quality outputs, and help address diverse population needs (8–13). Moreover, social capital – particularly social interaction characterized by trust, respect, friendship and bonding – further strengthens the quality of knowledge creation (14).

Despite these benefits, international collaboration is complex. It must overcome collective action problems, reconcile differences in accountability standards, and manage additional financial and administrative demands (7,15).

Over the past two decades, several empirical frameworks have been developed to assess collaboration effectiveness (7,12,16,17). For example, Thomson et al. (2007) developed one of the first validated multidimensional models of collaboration, focusing on governance, trust and mutuality (7). Marek et al. (2015) expanded this to seven-factors, including context, membership, leadership, communication, resources, shared goals, and adaptable structures (16). Salignac et al. (2019) applied Complex Adaptive Systems theory to capture the dynamic nature of collaboration (12). Conceptual frameworks like the Collaboration Assessment Tool (CAT) and the Consolidated Framework for Collaboration Research (CFCR), distill these models into common factors for collaboration success (16,18).

In summary, the literature agrees that successful collaboration depends on a strong collaborative culture (trust, mutual respect), shared goals, clear communication, and robust structures. Marek et al. (2015) described these factors as “interlocking gears” that move the wheel of collaboration: if

one gear fails, collaboration slows or stalls (16). When these factors are satisfied, we believe that collaboration will lead to higher quality and more useful outputs, and that the diversity among partners will contribute to innovation in the outputs being developed within projects.

Knowledge translation (KT) is another focus of the survey. KT refers to activities and resources that make research findings and effective practices accessible and useful for audiences such as policymakers, practitioners, and the public. KT resources include policy briefs, reports, training and tools that facilitate the transfer of evidence into action (19–21). In many subtasks, the production of KT resources is planned as one of the first steps within the project proceedings.

Important factors for developing effective KT resources include: involving relevant stakeholders in development; ensuring accessibility, particularly through plain language; addressing cultural and contextual diversity; and continuous evaluation of resource effectiveness (19,22,23). If these factors are overlooked, KT resources risk being underutilized in practice and may fail to make policy and decision-making.

4.2. Method and sample

The study examined whether international collaboration within the JA functions effectively and improves the quality of outputs. It also assessed how contextual factors, such as the number of country partners involved in tasks and subtasks, influence collaboration outcomes. A further focus was the development of KT resources, including barriers and enabling factors.

Survey design and participants

A targeted survey was developed for task and subtask leads in WP5–10. These leadership roles were chosen because they are directly engaged with project activities and outputs and have operational oversight. WP leads were not included in this round, as their role is more strategic and does not usually involve the same level of oversight of individual tasks and subtasks. WP leads will, however, be involved in upcoming evaluation activities.

The survey was designed and administered online using Voxco, the RKI's survey platform. Data collection ran from April to June 2025, following confirmation from the Berlin Medical Association that no ethics approval was required.

Personalized invitations with survey links were emailed to task and subtask leads. Some leads are responsible for multiple tasks or subtasks, and were asked to answer separately for each task or subtask that they led. They were also given the option to delegate completion to a team member with sufficient knowledge of the respective team, in order to reduce the time and administrative burden of completing the survey multiple times. See Appendix 9.3 for a full printout of the survey.

Key evaluation questions and measurement

The survey addressed six central questions:

- Is collaboration functioning effectively within project teams?
- Is the collaboration improving the quality of project outputs?
- What helps or hinders the international collaboration?
- What is needed to improve collaboration?
- What types of KT resources are being developed?
- What barriers or enablers are impacting the development of KT resources?

To measure collaboration, we drew on several validated empirical frameworks, as described in Section 4.1 (7,12,16,17). The most relevant collaboration factors were selected and adapted to the structure and diversity of JA PreventNCD and to the responsibilities of task and subtask leads. This process produced a set of 16 items, grouped into four domains of collaboration effectiveness (four items per domain):

- 1. Collaboration Culture:** trust, shared values, and a positive working environment that foster cohesion and problem-solving (7,16,17).
- 2. Structure and Coordination:** clarity of roles, planning, decision-making, and conflict resolution processes (7,12,16).
- 3. Knowledge Exchange:** openness, frequency, and quality of communication, including the sharing of information and insights across partners (12,16,17).
- 4. Shared Goals:** clarity and alignment of individual and group objectives (12,16).

Refer to Appendix 319.2 to see how specific factors from the literature were selected and ordered into the four collaboration domains. Respondents rated these items on a five-point Likert scale, from (1) *strongly disagree* to (5) *strongly agree*. Additional closed and open-ended questions were included to capture further insights on collaboration and KT resource development.

For the second thematic focus, respondents were asked what types of KT resources they are developing, and what factors enable or hinder their development. This provided an overview of resources in progress and helped respondents link their answers to specific outputs.

Response rate and sample

As shown in Figure 6, we achieved a total response rate of 89% of all tasks and subtasks in WP5–10 (29/35 tasks and 102/112 subtasks). 18 subtasks indicated their work has not yet started, reducing the final subtask sample to 84.

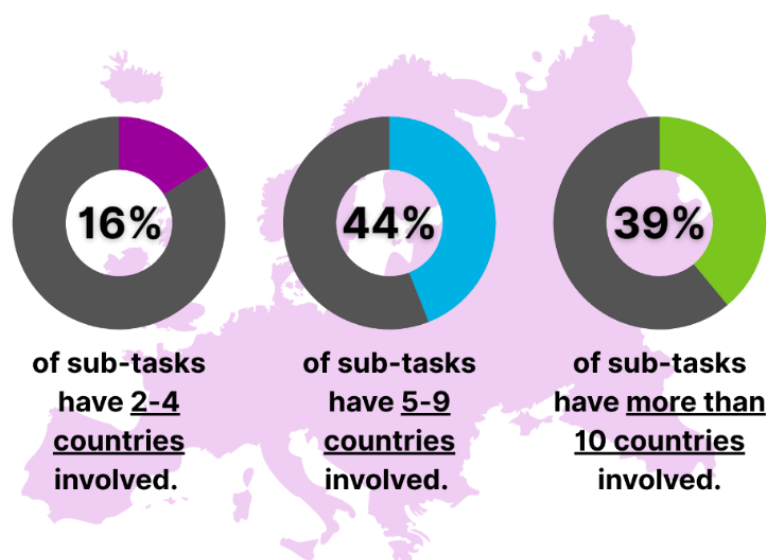
Figure 6. Response rate of Self-Assessment Questionnaire.



To explore whether responses varied by project scale, subtasks were grouped according to the number of participating countries²: 2–4 countries; 5–9 countries; and 10 or more countries. This categorisation balanced group sizes for reliable analysis while serving as a practical proxy for project size. The distribution of subtasks across these groups is shown in Figure 7.

² Participating country information was gathered only on the subtask level, as task level would simply be an aggregate of all countries involved in the respective subtasks.

Figure 7. Number of participating countries involved in sub-tasks (n=82)³.



4.3. Results

Is collaboration functioning effectively within project teams?

Overall, collaboration was rated very positively by task and subtask leads. Figure 8 presents the ratings for each of the 16 collaboration items (overall and by number of participating countries), with full item labels listed in Table 2.

In terms of the four collaboration domains, *Collaboration Culture* and *Knowledge Exchange* stand out in particular. Around 90% of respondents agreed with the statements: “Members follow through on commitments and support one another to meet collective goals” (CULTURE1); “The collaboration fosters mutual respect, trust, shared ownership, and a positive working environment” (CULTURE2); and “Communication is open, clear and promotes transfer of information” (KNOWLEDGE4).

One item within *Knowledge Exchange*, however, received a noticeably lower rating, with only 76% of respondents agreeing that “Information and research findings are shared both within and across tasks/sub-tasks” (KNOWLEDGE2).

Among the four domains, *Structure and Coordination* received the lowest ratings overall, with 72% agreeing with “Roles and responsibilities are clearly defined and matched to members’ skills and expertise” (STRUCTURE1), and 74% agreeing with “We have systems in place to resolve challenges, coordinate effectively, and adapt to change when needed” (STRUCTURE4).

When examining results by number of participating countries, it becomes clear that subtasks with more than 10 countries tended to rate collaboration less positively, particularly for *Structure and Coordination* items. Larger groups did, however, rate selected *Knowledge Exchange* items more favourably than other groups, such as the sharing and use of knowledge and experience (KNOWLEDGE1).

³ Information on participating countries was not available for three subtasks, so the total sample size for analysis broken down by countries is 82 subtasks.

Figure 8. International Collaboration: Collaboration factor items distribution, by number of participating countries. See Table 2 for item labels.

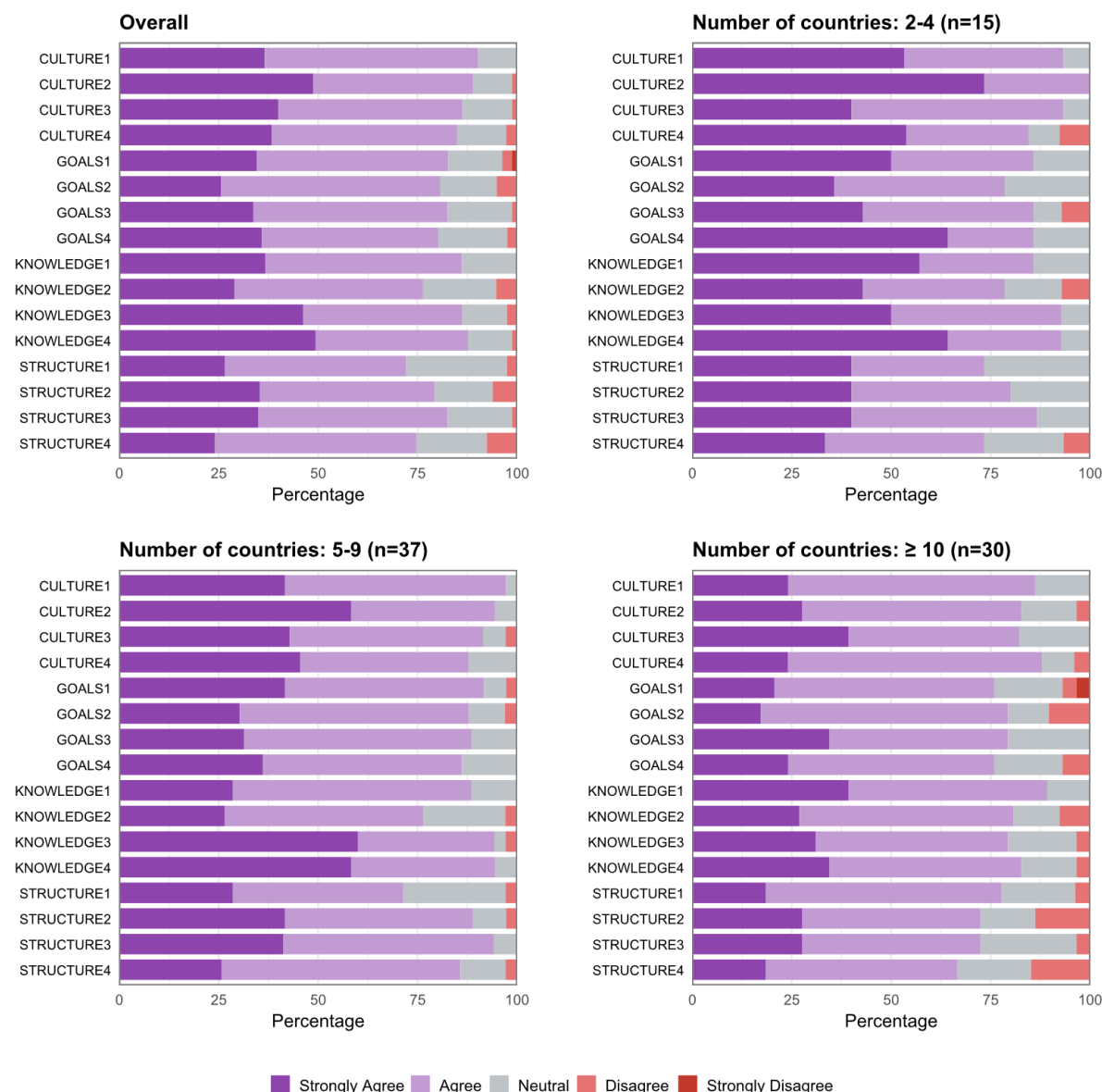


Table 2: Item labels for collaboration items reported in Figure 8.

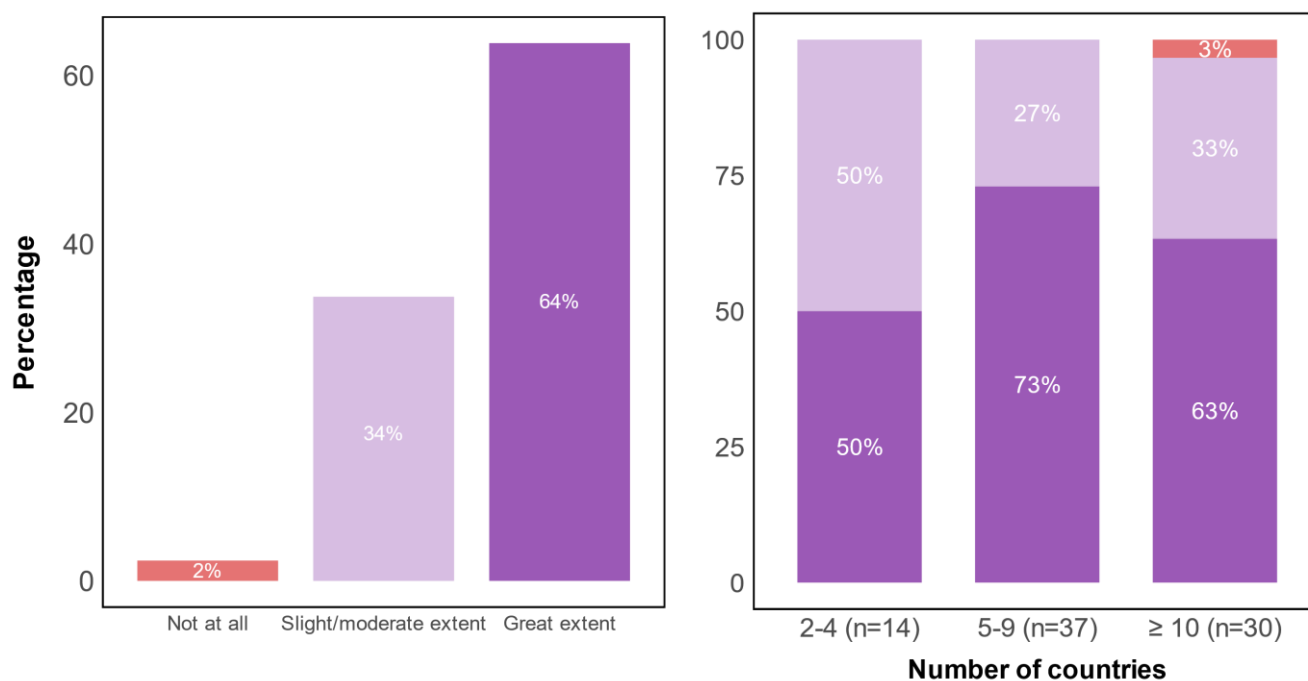
Item Code	Item Label
CULTURE1	<i>Members follow through on commitments and support one another to meet collective goals.</i>
CULTURE2	<i>The collaboration fosters mutual respect, trust, shared ownership and a positive working environment.</i>
CULTURE3	<i>Members openly share resources and expertise to strengthen collective efforts.</i>
CULTURE4	<i>Members constructively navigate differences and show a willingness to compromise when needed.</i>
GOALS1	<i>There is a shared understanding of our task/sub-task goals and how they align with the broader work package.</i>
GOALS2	<i>Members understand how our task/sub- task contributes to the broader goals of the work package.</i>

GOALS3	<i>We actively integrate both our task/sub- task goals and the work package goals into our planning and decisions.</i>
GOALS4	<i>The goals and purpose of our collaboration are clearly defined and based on jointly identified needs.</i>
KNOWLEDGE1	<i>Members actively share and use each other's knowledge and experiences.</i>
KNOWLEDGE2	<i>Information and research findings are shared both within and across tasks/sub- tasks.</i>
KNOWLEDGE3	<i>Group communications and meetings occur regularly and are productive in supporting the group's goals.</i>
KNOWLEDGE4	<i>Communication is open, clear and promotes transfer of information.</i>
STRUCTURE1	<i>Roles and responsibilities are clearly defined and matched to members' skills and expertise.</i>
STRUCTURE2	<i>We have clear plans and systems to guide our work and measure progress.</i>
STRUCTURE3	<i>Members are empowered to contribute, with joint decision-making that supports inclusive participation.</i>
STRUCTURE4	<i>We have systems in place to resolve challenges, coordinate effectively and adapt to change when needed.</i>

Does the international collaboration improve the quality of outputs?

Most respondents (64%) felt that collaboration greatly enhances the quality of their outputs, while only 2% saw no benefit (Figure 9). When looking at responses by number of participating countries, quality gains were highest for subtasks involving 5-9 countries. Only a very small percentage (3%) of respondents from subtasks with 10 or more countries indicated that the collaboration did not enhance output quality.

Figure 9: Perceived influence of international collaboration on output quality.



What helps or hinders the international collaboration?

Where leads responded that collaboration positively influenced output quality, they were asked to describe what specific factors contributed to its success. Open-ended responses were coded into key terms and visualised in a word cloud (Figure 10). The relative size of each key term corresponds to the frequency of responses, but frequency should not be interpreted as a measure of importance – only as an indication of recurring themes across tasks and subtasks. Open communication, experience sharing, and regular meetings were most frequently cited as contributors to effective collaboration.

Figure 10: Wordcloud from responses to “What factors contributed to the success of international collaboration?”.



Where leads responded that collaboration was not improving output quality, they were asked to describe what challenges they faced. Although only a few respondents saw collaboration as unhelpful, common challenges included unclear responsibilities, duplication of work, and lack of clarity about task goals. Excerpts from the open-ended responses include:

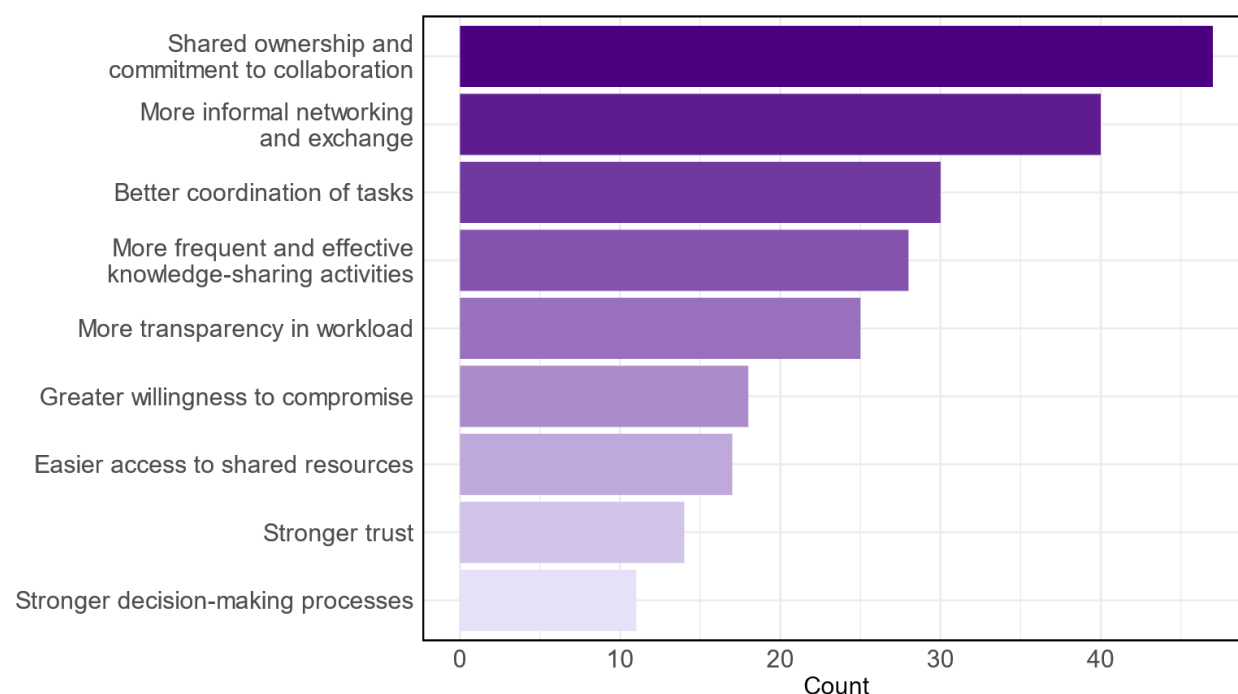
- „[...] **unclear responsibility** which, in some cases, caused double work“
- „a **lack of clarity** regarding the exact tasks and goals of the task“
 “from time to time, there is a tendency to **focus very much on one’s own activities** and goals.“

What could improve the effectiveness of international collaboration?

Since a key objective of the evaluation is to provide actionable feedback for improvement, we included an additional question asking leads what factors could enhance collaboration. Respondents could select up to three factors from a predefined list of items that align with the four collaboration domains.

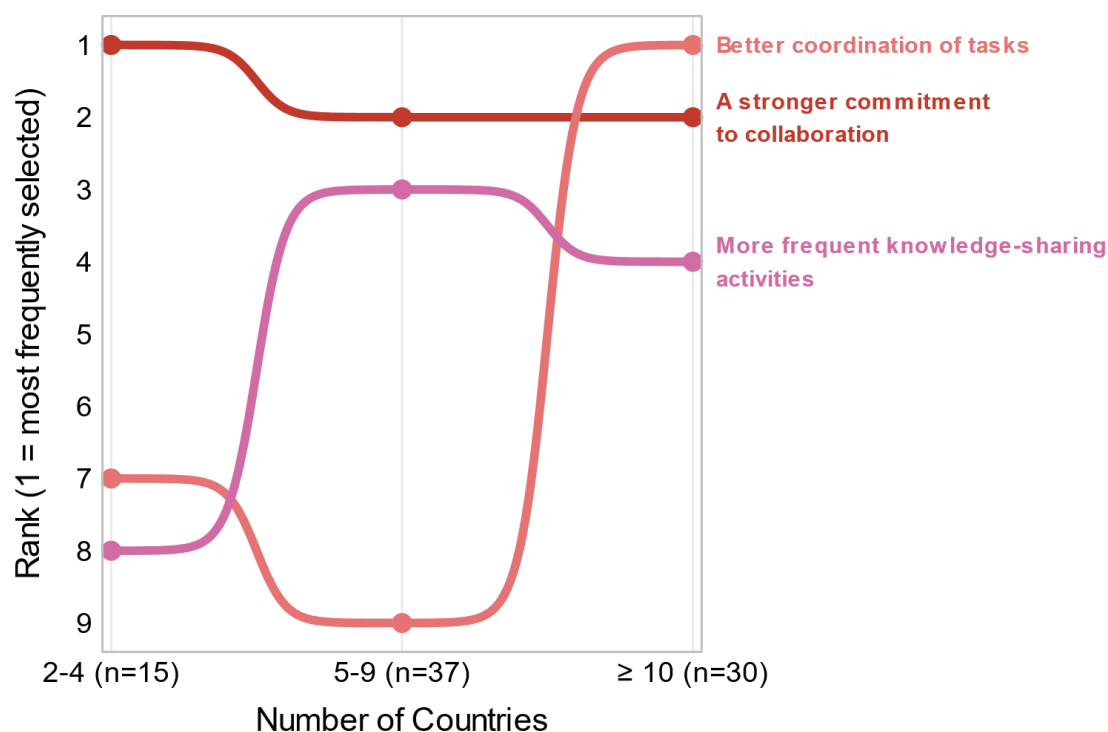
The most frequently suggested improvements were stronger commitment to collaboration and more informal networking (Figure 11).

Figure 11: Factors that could help improve collaboration effectiveness in task/subtasks (n=113, multiple answers possible).



A bump chart was created to illustrate how the relative importance of these factors varies by the number of participating countries (Figure 12). Consistent with the results shown in Figure 11, a “*stronger commitment to collaboration*” consistently ranks among the top two factors for all groups. We see the largest relative change across groups for “*better coordination of tasks*” – which is among the three *least* important factors for subtasks involving 2–4 and 5–9 countries, but *most* important for subtasks with more than 10 countries. The factor “*more frequent knowledge-sharing activities*” also increases in importance with the number of countries involved.

Figure 12: Main factors that could improve collaboration effectiveness in subtasks, by number of countries involved.



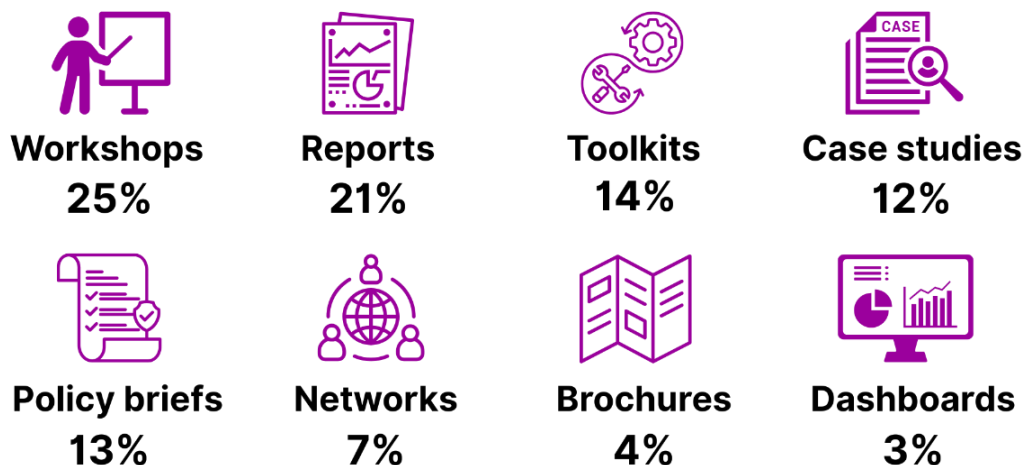
What knowledge resources are being developed?

The survey was also used to gain a first picture of the type of KT resources being developed, as the focus of upcoming evaluation methods will be on the quality and usefulness of KT resources developed across JA PreventNCD (see Table 1 in Section 2.1).

As pictured in Figure 13, the most common resources planned are workshops or training sessions (25%) and reports (21%).

Figure 13: Type of knowledge translation resources being developed (n=113, multiple answers possible).

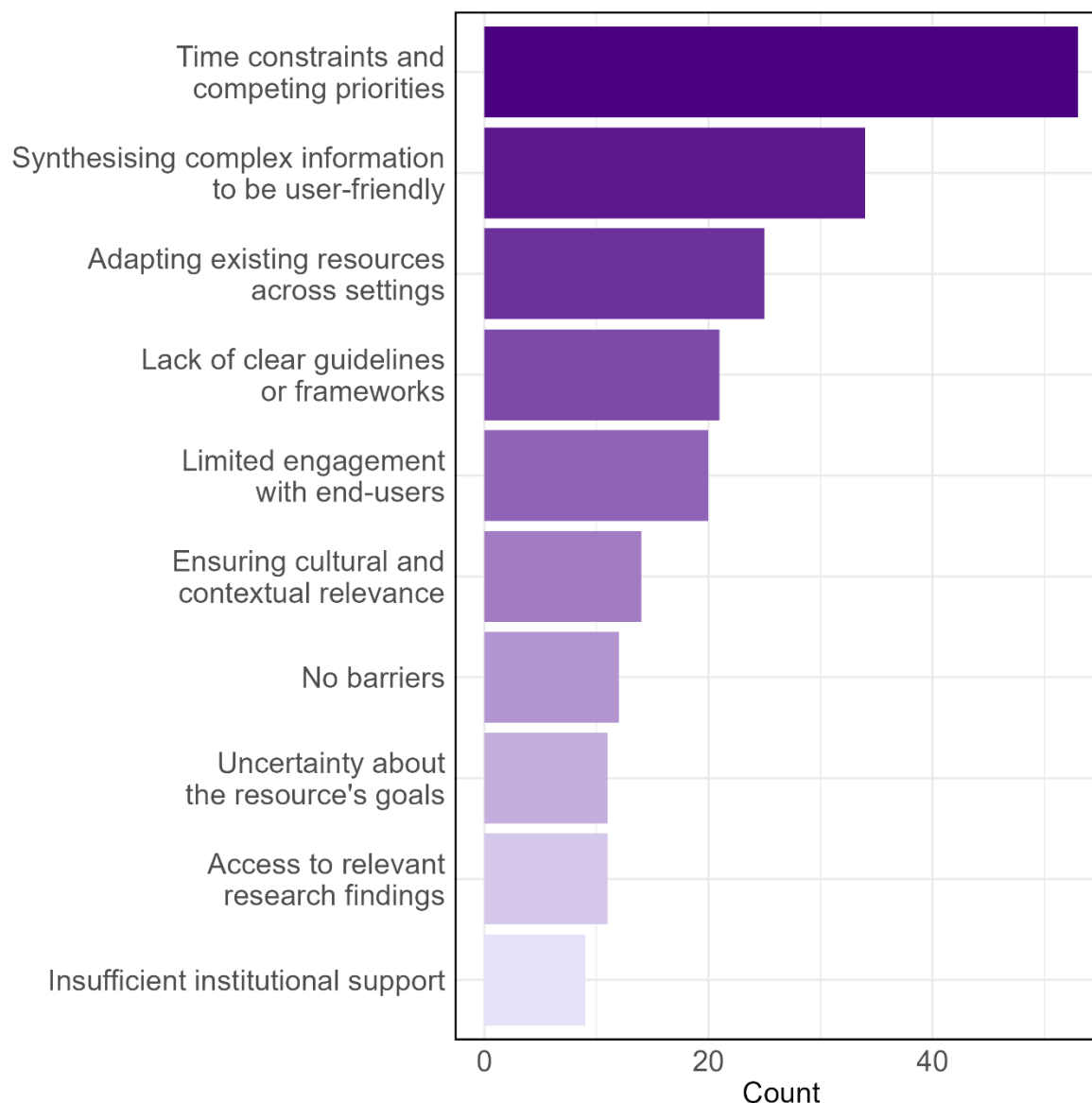
Type of outputs being developed:



What factors made developing knowledge translation resources challenging?

Respondents were asked to choose up to three challenges they have been experiencing in developing the respective KT resources. Time constraints and competing priorities is the most common challenge, followed by difficulty simplifying complex information and designing resources for diverse contexts (Figure 14).

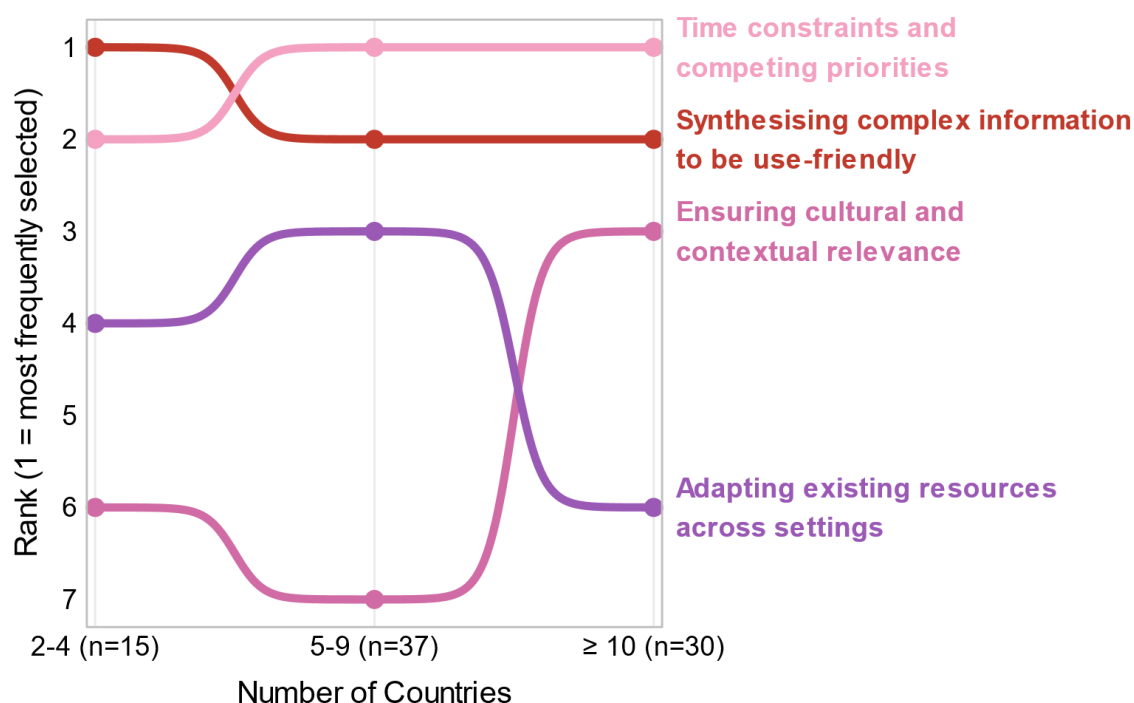
Figure 14: Barriers in developing knowledge translation resources (n= 113, multiple answers possible).



A bump chart is used once again to show differences in barriers depending on the number of participating countries (Figure 15). Time constraints and difficulty synthesizing complex information into user-friendly formats consistently emerge as frequent barriers across all groups.

Interestingly, larger collaborations (more than 10 countries) reported greater challenges in ensuring the cultural and contextual relevance of resources.

Figure 15: Barriers for developing KT resources by number of countries involved in subtask.



Lastly, we asked respondents to tell us about specific challenges in their own words. Figure 16 summarises these responses into a wordcloud. The size of each term corresponds to the frequency of responses, and results should only be interpreted as common themes across tasks and subtasks, rather than a measure of importance. These responses confirm time pressure as a major barrier. Other notable obstacles include difficulties in reaching consensus within the group and the challenge of balancing diverse cultural and contextual perspectives.

Figure 16: Wordcloud from responses to “Please describe a specific challenge [...] you have experienced while developing knowledge translation resources with your group?”.



4.4. Discussion

The survey results indicate that, from the perspective of task and subtask leads, collaboration within JA PreventNCD is generally effective and positively influences the quality of outputs. However, larger and more diverse collaborations (i.e. subtasks with more than 10 countries) appear to require stronger coordination and knowledge sharing to sustain momentum and ensure success.

While the number of countries does not perfectly capture the ‘size’ of a subtask, it serves as a useful proxy for the diversity of perspectives and national contexts involved. While the results suggested that larger tasks, in particular, require improved coordination, this should not be interpreted solely as a drawback; rather, it indicates that extra effort might be required to realise the potential benefits of collaboration. The key challenge is ensuring that this effort translates into tangible added value.

Because KT resources are a key output of the JA, this stage of the evaluation focused on identifying challenges and barriers to their development. The aim was to provide timely feedback that can be incorporated into tasks and subtasks, helping to strengthen practices and support the production of high-quality, useful resources.

Preliminary findings suggest that either the time allocated for resource development was insufficient, or that time had to be redirected to other activities. However, these results should be interpreted with caution, as they do not take into account the allocation of financial resources (PMs)

and their effect on activities. Future evaluation activities could explore the influence of PM allocation at the task, subtask and pilot level, reported in aggregate form, for example.

Further, it appears that guidelines or advice on how scientific information can be effectively translated into user-friendly formats for diverse audiences are required. It will be important for project leads to review and address these issues to ensure that resources are both timely and of high quality.

With regard to limitations of the self-assessment approach, surveying project leads provides valuable insights from individuals with a comprehensive overview of their tasks and subtasks. At the same time, it introduces the risk of “social desirability bias” – the tendency of participants to give answers that are in accordance with social norms or perceived expectations rather than genuinely representative of their views. As a result, leads may underreport problems or overstate benefits due to their responsibility for outcomes. To mitigate this and achieve a more balanced perspective, the survey findings will be complemented with additional evaluation methods, including focus groups with project participants and quality assessments of outputs. These approaches will help capture a broader range of perspectives and experiences within the JA, providing a more complete and nuanced understanding of progress and challenges.

Findings from this self-assessment exercise are translated into recommendations in Section 7.

5. External Evaluation

As the evaluation of JA PreventNCD also includes assessing the contribution and added value of the WP1–4 – in fostering collaboration and providing the structures and processes that underpin all other WPs and help ensure that the Joint Action achieves its intended outcomes – this task will be outsourced to an independent external agency (as described in Section 2, Figure 2). Outsourcing ensures objectivity and prevents conflicts of interest, given that WP3 is closely connected to WPs 1, 2, and 4 and is itself subject to this part of the evaluation.

The scope of the external evaluation, including proposed indicators to be evaluated, was developed through a World Café session with representatives of all WPs (primarily WP leads) during an ExCo meeting in Budapest in March 2025. Table 3 presents the results of the World Café session, summarizing potential indicators for each WP that were considered useful by participants.

Table 3: Suggested indicators for external evaluation (from World Café discussions with ExCo Members in March 2025).

Areas of focus	Proposed indicators
Governance, Coordination and Management	• Efficiency and effectiveness of governance structures (e.g. reporting system). • Transparency of resource allocation mechanisms. • Provision of user-friendly templates and guidelines by the coordination structure. • Responsiveness to internal challenges and incorporation of evaluation feedback
Communication	• Reach of WPs among their target groups, including political decision-makers • Provision of high-quality and useful templates for various communication methods.

	• Appropriateness of communication formats and materials for different target groups. • Frequency and quality of contacts with political decision-makers.
Internal evaluation processes	• Impact of internal evaluation materials on independent M&E activities within WPs and pilot projects • Capacity for evaluation findings and recommendations to respond to internal challenges and processes • Quality and relevance of instruments used in evaluation surveys • Consideration of diversity and equity aspects in evaluation design and implementation
Sustainability	• Use of existing knowledge from past NCD prevention initiatives to avoid redundancies and maximize synergies • Involvement of political decision-makers and stakeholders to integrate their needs into interventions and recommendations • Measures to ensure sustainability and preservation of results beyond the JA's duration

These indicators were shared in advance with WP1 and subsequently included in the call for tenders for the external evaluation. The list, however, remains preliminary and serves only as guidance for applicants. A more detailed set of indicators and methods will be defined later in close collaboration with the selected external evaluator and the supporting WPs.

In preparing the tender, WP3 focused on assessing applicants' methodological and content expertise, rather than defining the evaluation content in detail, in order to preserve the independence of the external evaluation. It is nevertheless anticipated that data collection methods will include structured interviews and/or standardized surveys with WP leads, members of established boards (e.g. Publication Boards, Policy Decision Makers Forums, Data Management Board etc.), and relevant stakeholders and decision-makers, as well as a review of internal deliverables.

The tender was open from 1–25 August 2025, with the evaluation of bids completed on 17 September 2025. The contract is expected to be finalized by early October, followed by the formal announcement of the selected contractor. A kick-off meeting with the evaluator and the supporting WPs is scheduled for October. This meeting will serve to exchange initial input and present a detailed evaluation timeline. Regular joint meetings and progress updates are also planned throughout the process. The external evaluator will be required to submit an interim report by Q1 2026 and a final report by Q4 2027.

6. Implementation Case Studies

JA PreventNCD encompasses nearly 100 pilot projects implemented across diverse contexts, each aiming to achieve varied outcomes. Evaluating every intervention in depth is not feasible; instead, WP3 focuses on a series of implementation case studies selected for their potential to showcase best practices, innovative approaches, or achievements within the project timeframe (1,2).

Complex social, economic, and institutional factors influence whether prevention policies are successfully adopted and sustained (24). By concentrating on a smaller, carefully chosen set of

case studies, we can capture contextual factors, implementation processes, and real-world outcomes across varied settings. In the final evaluation stage, findings from all available pilot evaluations will also be aggregated to construct a broader overview of the outcomes achieved in pilots across the JA.

Objectives of the case studies

The implementation case studies aim to:

- Showcase successful local and national pilot models and their impact.
- Generate practical lessons to support replication, scale-up, and sustainability across Europe.
- Explain how and why implementation succeeds in diverse contexts.
- Produce in-depth, context-rich examples to foster scientific collaboration and future research.

Selection of case studies

Case study identification began in early 2025 through bilateral discussions between WP3 and technical WP leads (WP5–10). WP leads proposed potential candidates for case studies, which were then shortlisted based on diversity, relevance, and feasibility. Specific criteria included:

- Inclusion of a diverse range of interventions at individual and population levels.
- Coverage of key NCD risk factors (smoking, alcohol, diet and physical activity).
- Addressing structural and/or behavioural health determinants.
- Alignment with best practice frameworks and current priorities.
- Likely progress within the funding period.
- Availability of existing data and willingness of project teams to participate.

Applying these criteria ensures a mix of interventions, target groups, risk factors, and implementation contexts, reflecting the complexity and reach of JA PreventNCD. While the selection of case studies is still being finalised, we anticipate including interventions in smoking cessation, health promotion in children, public food procurement, wellbeing economy initiatives, and community health implementation.

Theoretical frameworks and evaluation focus

The case studies will explore implementation processes and contextual factors influencing outcomes (24), drawing on two established frameworks from implementation science:

1. **Consolidated Framework for Implementation Research (CFIR)**, which identifies key contextual factors (e.g. intervention characteristics, inner and outer setting, staff engagement, and processes) that influence implementation success (25,26).
2. **Implementation Outcomes Framework**, which assesses important process-related outcomes like acceptability, appropriateness, feasibility, fidelity, adoption, cost, reach, and sustainability (27).

Based on the above frameworks, example evaluation questions could include:

- What factors impact delivery of the intervention? (feasibility)?
- Is the intervention being implemented as planned (fidelity)?

- How well does the program fit the health needs of the target population (appropriateness)?
- Which policies, partners, or settings are influencing the approach (outer setting)?
- What resources or supports were necessary, and how were challenges addressed?

Data collection and outputs

To capture rich, context-specific insights without overburdening project teams, WP3 adopts a light-touch and flexible data collection approach. Methods include:

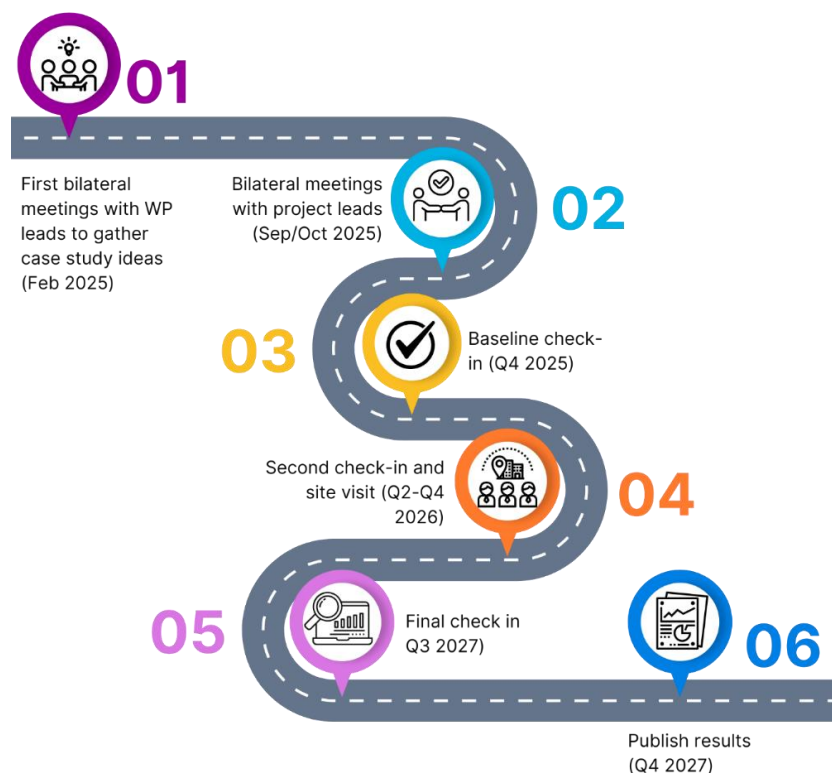
- Six monthly check-ins with project leads or teams via video call interview, and site visits when feasible.
- Review of existing or available documents and data, avoiding new reporting requirements.

This approach balances the need for robust, actionable insights with respect for the workload of pilot teams, ensuring the evaluation is practical, feasible, and informative.

WP3 will publish first insights from selected case studies, including initial check-ins and early results on implementation outcomes, in the second interim evaluation report (September 2026). Full case descriptions with findings on implementation outcomes, lessons learned, and recommendations for practice will be published in the final evaluation report (Q4 2027). Supplementary materials such as brochures or technical annexes may also be produced, tailored for practitioners and policymakers.

Figure 17 provides a roadmap for data collection and outputs of the implementation case studies.

Figure 17: Timeline of data collection for implementation case studies.



7. Conclusion and Recommendations

Reviewing the findings of this interim report enables project leads and participants in JA PreventNCD to reflect on progress, identify challenges, and implement solutions before later project phases. Based on the evaluation activities so far, the following actionable recommendations can help strengthen collaboration, ensure timely and high-quality outputs, and support progress toward the goals of JA PreventNCD:

- 1. Manage time constraints proactively:** Time constraints were frequently reported as a barrier, with around one-third of subtasks reporting deviations. While many were managed by adjusting timelines, continuously shifting deadlines is not sustainable, as delays can affect interconnected deliverables and final project outcomes. Project leads are encouraged to check in early with their teams ahead of deadlines, review timelines, confirm readiness and reallocate time or effort where needed. Exploring underlying causes of time pressures (e.g. unforeseen tasks or underestimated workloads) can also help prevent recurring issues.
- 2. Strengthen capability in knowledge translation:** Survey findings highlighted difficulties in translating complex information into accessible, user-friendly formats. Because JA PreventNCD aims to influence practice and policy, outputs must be tailored to the needs of end users such as policymakers, practitioners, and the public. Consulting end users directly on preferred formats and level of detail is essential. To support this, training, templates, or expert-led workshops could help teams strengthen knowledge translation. Stronger collaboration with WP2 communication experts would further enable participants to overcome challenges and receive targeted guidance.
- 3. Foster a strong collaborative culture:** Project leads identified stronger commitment to collaboration as the top need for improvement. In-person meetings should not only advance technical work but also dedicate time to informal exchange, networking, and team-building, which survey responses showed are key to successful collaboration. Practices such as open discussion, sharing experiences, and building mutual understanding help build trust, improve communication, and strengthen shared ownership, directly enhancing the quality of outputs.
- 4. Enhance coordination in large projects:** As evidenced in the survey results, teams spanning many countries face additional coordination challenges. Project leads are encouraged to regularly assess whether roles and responsibilities are clear, task distribution is effective, and progress tracking practices are fit for purpose. A simple “health check” with team members can identify gaps early and ensure that the benefits of cross-country collaboration outweigh its added complexity.
- 5. Support individual evaluation efforts:** Evaluation within pilots and project teams will be essential for understanding outcomes and impact of JA PreventNCD. While bilateral discussions between WP3 and project leads indicated it was too early for some teams to focus on evaluation, WP3 has developed an evaluation resource repository to support these efforts. Teams are encouraged to make use of these resources and seek WP3 guidance as needed, as internal evaluations will play a pivotal role in the final evaluation.

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9. Appendix

9.1. Process evaluation definitions

Table 4: Definitions and examples for categories of 'reasons for delay' in process monitoring (WP1)

Reasons for delay by category	Definition/examples
Resource-related causes	Lack of personnel, sick leave or absences, skills gap, team overload
Planning and coordination issues	Wrong time estimates, difficulties with coordination between partners, changes in priorities
Dependencies and external factors	Delays from external partners or suppliers, dependency on other delayed milestones, waiting for approvals or decisions, technical and system-related issues, IT or system failures, tools or platforms unavailable
Change in scope or requirements	New requirements or changes in deliverables, changes in regulations or framework, reprioritization.
Administrative issues	Missing documentation or procedures, lengthy internal approval processes, unclear roles and responsibilities, internal communication issues
Quality-driven adjustments	Extended time spent to improve quality, additional iterations to achieve better results, refinement of deliverables beyond initial scope
Other causes	If the reason doesn't fit any of the above categories.

9.2. Adapted factors of collaboration for survey

Table 5: Factors of effective collaboration / social capital in research teams

Framework	Thomson et al. (2007)	Marek et al. (2015)	Salignac et al. (2019)	Martin Alcazar et al. (2019)
Factors	Governance	Function	Shared goal	Relational Social Capital
	Administration	Process	Shared resources	Cognitive Social Capital
	Mutuality	Membership	Shared authority	Structural Social Capital
	Norms	Communication	Shared accountability	
	Autonomy	Leadership	Whole-system engagement	
		Context	Communication flows	
		Resources	Adaptive capacity	
			Holding/authorising environment	

Table 6: New factor groupings for self-assessment questionnaire

Collaboration Culture	Structure and Coordination	Knowledge Exchange	Shared Goals
Mutuality, Norms (Thomson et al. 2007) Membership (Marek et al. 2015) Relational Social Capital (Martin Alcazar et al. 2019)	Governance, Administration (Thomson et al. 2007) Process (Marek et al. 2015) Shared authority (Salignac et al. 2019)	Communication (Marek et al. 2015) Communication flows (Salignac et al. 2019) Cognitive Social Capital (Martin Alcazar et al. 2019)	Function (Marek et al. 2015) Shared goal (Salignac et al. 2019)

9.3. Self-assessment questionnaire print out

Introduction

Welcome to the **Self-Assessment Questionnaire**, developed by the WP3 Evaluation team at the Robert Koch Institute, Germany.

Thank you for participating in this survey for **task and sub-task leaders**. Your insights will help evaluate international collaboration and knowledge translation within the Joint Action.

If you hold multiple roles (e.g., leading both a task and sub-task, or multiple sub-tasks), please submit a separate survey for each role. If completing multiple surveys is too time-consuming, you may delegate completion of the questionnaire to a team member with oversight of the task/sub-task.

We will collect task/sub-task numbers to group responses by different themes, but we will not report any responses using task/sub-task numbers. This information will also help to link responses with existing surveys in the Joint Action, such as the metadata overview survey.

The survey takes 15 minutes to complete. Please complete the survey by Friday, 16 May 2025.

Please note: **The survey will automatically time out after 30 minutes of inactivity, and responses will not be saved.** If this happens, you may restart the survey.

A description of how your data is handled when using this survey system can be found at this link: [Privacy Policy](#)

Survey results will contribute to the interim and final evaluation reports by WP3.

We appreciate your time and valuable input!

If you have questions, please contact us at preventncd@rki.de

Kind regards,
Meg, Simon and the WP3 Evaluation team.

Section 1: Task and Sub-task Information

To ensure we obtain insights from all relevant groups within Joint Action PreventNCD, we ask for your work package, task and sub-task number (if applicable). Please note, no personal contact information is collected.

Please select the appropriate options from the drop-down lists below.

1. Please select your work package number from the list below.

Select an answer... ▼

2. Please select the task number you are involved in.

For example, for Task 5.1.4, please select the number 1.

Select an answer... ▼

3. Are you completing the questionnaire as a task lead or sub-task lead?

If you are not a task or sub-task lead and have been asked to complete this questionnaire on behalf of a lead, please select whether you are responding from the perspective of a task or sub-task lead.

For example, if you are responding on behalf of a sub-task lead, select "sub-task lead."

- ☐ Task lead
- ☐ Sub-task lead

4. Please select the sub-task number you are involved in.

For example, for Task 5.1.4, please select the number 4.

Note: as mentioned in the introduction, please complete a separate questionnaire for each sub-task you are leading.

Select an answer... ▼

5. You indicated that your task/sub-task number is: [TASKNUMBER]. Is this correct?

Select 'Yes' if this number is correct. Select 'No' to re-enter the task/sub-task number.

Please note: If you are a task lead, a '0' has been automatically added as the third digit in place of sub-task number. For example, the number of task lead 5.1. is displayed as 5.1.0.

- ☐ Yes
- ☐ No

[If No] You have indicated that the number you entered is not correct.

Click **"Next"** to re-enter the correct task/sub-task number.

6. Please indicate the status of the task/sub-task [TASKNUMBER].

This question helps us understand the current status of all tasks and sub-tasks in the Joint Action. We are only collecting responses from those whose work has already started or been completed.

If task/sub-task [TASKNUMBER] has not yet started, please select 'Not yet started'.

- ☐ Not yet started
- ☐ Started (In Progress)
- ☐ Finished

Section 2: International Collaboration

One of the overarching goals of the Joint Action PreventNCD is to **strengthen joint capacities** by fostering effective international collaboration.

Cross-country collaboration is essential for leveraging diverse expertise, resources and perspectives to achieve the objectives of the work package. Effective collaboration means that knowledge is exchanged efficiently, responsibilities are clearly defined, and all members are working together toward common goals.

The following questions aim to understand your experience with cross-country collaboration within your task or sub-task.

Please reflect on the task/sub-task [TASKNUMBER] when answering these questions.

7. Please indicate your level of agreement with the following statements regarding cross-country collaboration in task/sub-task [TASKNUMBER].

Use a scale from 1 to 5, where 1 means "strongly disagree" and 5 means "strongly agree."

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	I cannot make an informed decision.
[CULTURE1] Members follow through on commitments and support one another to meet collective goals.	☐	☐	☐	☐	☐	☐
[CULTURE2] The collaboration fosters mutual respect, trust, shared ownership and a positive working environment.	☐	☐	☐	☐	☐	☐
[CULTURE3] Members openly share resources and expertise to strengthen collective efforts.	☐	☐	☐	☐	☐	☐
[CULTURE4] Members constructively navigate differences and show a willingness to compromise when needed.	☐	☐	☐	☐	☐	☐
[STRUCTURE1] Roles and responsibilities are clearly defined and matched to members' skills and expertise.	☐	☐	☐	☐	☐	☐
[STRUCTURE2] We have clear plans and systems to guide our work and measure progress.	☐	☐	☐	☐	☐	☐
[STRUCTURE3] Members are empowered to contribute, with joint decision-making that supports inclusive participation.	☐	☐	☐	☐	☐	☐
[STRUCTURE4] We have systems in place to resolve challenges, coordinate effectively and adapt to change when needed.	☐	☐	☐	☐	☐	☐

8. Following on from Question 6, please indicate your level of agreement with the following statements regarding cross-country collaboration in task/subtask [TASKNUMBER].

Use a scale from 1 to 5, where 1 means "strongly disagree" and 5 means "strongly agree."

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	I cannot make an informed decision.
[KNOWLEDGE1] Members actively share and use each other's knowledge and experiences.	☐	☐	☐	☐	☐	☐
[KNOWLEDGE2] Information and research findings are shared both within and across tasks/sub- tasks.	☐	☐	☐	☐	☐	☐
[KNOWLEDGE3] Group communications and meetings occur regularly and are productive in supporting the group's goals.	☐	☐	☐	☐	☐	☐
[KNOWLEDGE4] Communication is open, clear and promotes transfer of information.	☐	☐	☐	☐	☐	☐
[GOALS1] There is a shared understanding of our task/sub-task goals and how they align with the broader work package.	☐	☐	☐	☐	☐	☐
[GOALS2] Members understand how our task/sub- task contributes to the	☐	☐	☐	☐	☐	☐

broader goals of the work package.						
[GOALS3] We actively integrate both our task/sub- task goals and the work package goals into our planning and decisions.	☐	☐	☐	☐	☐	☐
[GOALS4] The goals and purpose of our collaboration are clearly defined and based on jointly identified needs.	☐	☐	☐	☐	☐	☐

9. What are the main factors that could help improve the effectiveness of collaboration in task/sub-task [TASKNUMBER].

Select up to three (3) options.

- ☐ A stronger sense of shared ownership and commitment to collaboration
- ☐ Stronger trust and relationship-building
- ☐ Greater willingness to compromise and align on shared goals
- ☐ Stronger decision-making processes
- ☐ More transparency in workload distribution and expectations
- ☐ Better coordination of tasks across partner organisations
- ☐ Easier access to shared resources, data and research tools to help our work
- ☐ More frequent and effective knowledge-sharing activities
- ☐ Greater opportunities for informal networking and exchange
- ☐ Other (please specify)

10. In general, to what extent does the cross-country collaboration enhance the quality of your outputs in task/sub-task [TASKNUMBER]?

- ☐ **Diminishes quality** – Cross-country collaboration negatively impacts the quality of our outputs.
- ☐ **Not at all** – Cross-country collaboration has no noticeable impact on the quality of our outputs.
- ☐ **To a slight extent** – Cross-country collaboration has a very minor positive impact on the quality of our outputs.
- ☐ **To a moderate extent** – Cross-country collaboration has a moderate positive impact on the quality of our outputs.
- ☐ **To a great extent** – Cross-country collaboration significantly enhances the quality of our outputs.

11. Can you share an example where cross-country collaboration actually made it more difficult to achieve high-quality outputs? What specific factors contributed to this challenge?

12. Can you provide an example where cross-country collaboration did not significantly enhance the quality of your outputs? What challenges or limitations contributed to this?

13. Can you describe a specific instance where cross-country collaboration was particularly effective? What factors contributed to its success?

Section 3: Knowledge Translation

The next section of the questionnaire focuses on the development of **knowledge translation (KT) resources** within your task/sub-task [TASKNUMBER].

Knowledge translation refers to activities and resources that help communicate research findings, effective practices and lessons learned in a way that makes them accessible and useful to the desired audience, such as policymakers, health practitioners, and the general public. These resources facilitate the transfer of research into practice, policy and decision-making.

Examples of knowledge translation resources include (but are not limited to):

Policy briefs – Summaries of key evidence and recommendations for decision-makers.

Guidelines or toolkits – Practical resources such as checklists, methods, or frameworks to help implement best practices.

Reports and summaries – Synthesized research findings translated into actionable insights.

Infographics, videos or brochures – Engaging visual content that communicates key findings.

Workshops and training materials – Sessions, manuals, or online courses to build capacity and support implementation.

Dashboards and data visualisations – Interactive tools that present key statistics and trends in an accessible format.

Formal or informal knowledge-sharing networks – Communities of practice, working groups, or forums for ongoing collaboration.

Case studies and real-world examples – Documentation of successful interventions or lessons learned.

14. What knowledge translation resources are being developed (or planned to be developed) in [TASKNUMBER]?

Please select all that apply.

- ☐ Toolkits or guidelines (e.g., a guide, checklist, method, or survey to support or evaluate a specific health strategy)
- ☐ Evidence summaries or reports (e.g., concise overviews of research findings, statistical evidence)
- ☐ Policy briefs/recommendations (e.g., targeted policy briefings for policymakers)
- ☐ Workshops (e.g., planning sessions, knowledge exchange meetings, research presentations)
- ☐ Training materials or courses (e.g., in-person or online training, instructional materials, capacity-building resources)
- ☐ Dashboards and data visualisation tools (e.g., interactive displays of key statistics, progress tracking tools)
- ☐ Case studies and best practice examples (e.g., real-world examples of successful interventions)
- ☐ Formal or informal knowledge-sharing networks (e.g., communities of practice, collaboration platforms, working groups)
- ☐ Videos, brochures, leaflets or infographics (e.g., visual and digestible content for the general public)
- ☐ Other (please specify)

15. Consider the knowledge translation resources you are involved in developing. What are the most significant barriers you have encountered in developing these resources?

Select up to three (3) options.

- ☐ Lack of access to relevant research findings
- ☐ Difficulty synthesising complex information into user-friendly formats
- ☐ Lack of clear guidelines or frameworks for producing knowledge translation
- ☐ Limited engagement with end-users, policymakers or stakeholders
- ☐ Difficulty ensuring cultural and contextual relevance of the resource
- ☐ Uncertainty on what specific needs the resource will address
- ☐ Time constraints and competing priorities
- ☐ Insufficient institutional support for knowledge
- ☐ Challenges adapting or scaling existing resources across different settings
- ☐ There have been no barriers at all.

☐ Other (please specify)

16. Please describe a specific challenge or enabler you have experienced while developing knowledge translation resources with your group. How did this impact the development of the resource(s), and what steps (if any) were taken to address it?

Thank you! You have completed the self-assessment questionnaire.

We appreciate your participation and valuable insights.

For any questions, please contact us at

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Kind regards,

Meg, Simon and the Work Package 3 Team

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