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Strategy 2021–2025:

learning through growth, disruption, and renewal

An organisational learning review

Introduction

Between 2021 and 2025, EPHA underwent a period of bold transformation, hard-earned progress, and critical stress-testing. The 2021-25 Strategy marked a shift away from siloed campaigning towards a more agile, cluster-based approach, underpinned by meaningful partnerships, a deeper commitment to evidence, active membership engagement, and a restructured internal organisation. These changes delivered measurable results: the budget more than doubled, funding diversified, project delivery expanded, and EPHA's visibility and recognition and collaboration with European and global institutions reached unprecedented levels.

This progress was shaped by three defining disruptions. First, the COVID-19 pandemic in 2020. In 2021, EPHA seized the moment to upgrade its digital infrastructure and reconfigure its communications and advocacy for a post-pandemic reality (including a future potential pandemic). Second, the war in Ukraine, which ushered in a new and unforeseen geopolitical landscape, shifting attention towards military priorities and emergency responses, and further exacerbating the sustainability challenge. EPHA responded by an agile repositioning of its fundraising model. Third, and most consequentially, 2024 brought an acute governance and reputational challenge triggered by anonymous allegations. A thorough independent external investigation found no evidence of wrongdoing. However, internal antagonisms caused the organisation serious internal fractures, public scrutiny, and a loss of narrative control. Trust was strained at all levels - among staff, within the Board, and across the membership - revealing systemic vulnerabilities in crisis management, governance practice, and

operational capacity. In response, the new EPHA Board and Secretariat launched a coordinated recovery effort aimed not only at restoring stability, but at laying the groundwork for long-term renewal.

EPHA has emerged from this period with key learning. Strategic innovation introduced in 2021 is essential and must be backed by systems that are resilient, not reliant on individuals, or the network of "friends and favours" that so many NGOs rely upon to remain operational. Transparency, clear governance structures and defined roles and responsibilities are not optional - they are the bedrock of organisational credibility. Member engagement must be inclusive, flexible, and co-owned. And the values that EPHA advocates for externally - humanity, equity, participation, solidarity, respect - must be consistently lived internally, at all levels of its ecosystem.

As EPHA looks to its 2026-2030 strategy, the task is not only to scale its impact, but to fortify its foundations. The coming period offers an opportunity to deepen accountability, strengthen internal culture, widen influence through partnerships, and build a funding and operational model fit for the volatility of the NGO and public health landscapes. EPHA has proved it can transform. The next challenge is to ensure that this transformation is sustainable, shared, and fit for future.

Strategy 2021–2025: built for complexity and change

The development of EPHA's 2021–2025 Strategy began in mid-2019 with a foresight exercise involving members and staff. It was refined through policy coordination meetings and Board deliberations, and further shaped in response to emerging EU and WHO priorities. The resulting framework reflected both continuity-building on EPHA's campaigning expertise, and innovation, most notably the transition to thematic clusters. This moved EPHA from a campaign-based model to one based on flexible policy clusters, enabling greater responsiveness to a changing political landscape. It also placed increased emphasis on partnerships, not only as a means to influence, but as a principle in itself, enabling civil society, institutions, and organisations to evolve the existing narrative and co-create public health solutions. Equally importantly, it brought a whole new emphasis on evidence-based approach to public health. This led to EPHA restructuring staff roles around clusters, aligning activities with member priorities, and adopting a more agile approach to advocacy and communications, building the foundations for delivering more timely, cross-cutting, and member-driven policy work.

However, whilst the strategic design proved progressive, it also revealed some important gaps when tested in practice. The absence of SMART objectives and clearly defined success indicators made it more difficult to track progress or steer implementation with confidence. Cluster goals remained broad and lacked sequencing or prioritisation, and the strategy did not include a Theory of Change, or a logic model to clearly link activities to outcomes and impact. Monitoring and

evaluation were referenced, but without a defined framework, real-time adjustments depended largely on individual judgement. Member engagement, although broadened in scope, lacked the flexibility and tailoring needed to reflect the diversity of capacity across the membership. Governance around policy prioritisation remained informal, and communications were not fully embedded from the outset. Finally, the lack of a structured risk assessment or mitigation planning left the strategy exposed to disruption. The need to strengthen internal capacity to deliver on strategy's ambition received limited attention.

Despite its promise, the strategy encountered early challenges, particularly the volatility of the external policy environment, caused by COVID-19 and followed by EU geopolitical uncertainty. Furthermore, the push for flexibility risked dispersing focus and overextending limited resources, the strategy's financial viability depended heavily on continued access to EU Operating Grants, which became uncertain; national-level reach remained patchy, and members' capacity constraints persisted.

Major achievements

The period between 2021 and 2023 marked a time of profound transformation and growth for EPHA. Against a backdrop of global uncertainty and funding volatility, the organisation not only stabilised, it advanced. The implementation of the new strategy catalysed a series of structural and operational improvements that significantly enhanced EPHA's capacity, efficiency, transparency and credibility (covered in more depth in EPHA's Accountability Report 2021-2023).

One of the most visible outcomes was EPHA's organisational expansion and funding diversification. Between 2020 and 2023, the annual budget more than doubled. The number of active projects reached a record high, with 18 concurrent initiatives in 2023 as a direct result of strategic fundraising and operational streamlining. The team also grew significantly in size and diversity, with a stronger gender balance and representation across geographies. These shifts were not cosmetic. They enabled the Secretariat to deliver more, faster, and across a wider thematic and geographic scope.

Internally, EPHA undertook a major governance modernisation process. Its statutes and internal rules were revised to meet contemporary legal and ethical standards, while new protocols were introduced for appraisals, salary benchmarking, and team performance. These changes were backed by a new human resources approach - one that prioritised structure, development, and staff retention.

Strategically, the transition to a cluster-based advocacy model began to pay off. Each of the seven policy clusters received its own advocacy strategy by 2023, co-developed with members and aligned with overarching organisational objectives. This approach enabled greater flexibility and cross-cutting coherence, while allowing for differentiated engagement. The 2024 workplan, which for the first time merged policy and organisational goals, received a near-perfect evaluation score from the European Commission - a clear testament to EPHA's operational maturity.

Member engagement also gained new traction. Over the course of three years, EPHA convened more than 50 cluster meetings, 47 workshops, and a new series of Politics and Advocacy Meetings (PAMs). These spaces not only strengthened coordination, but also reinforced a shared sense of mission. In parallel, a refreshed, value-based membership model was rolled out, strengthening clarity on mutual expectations and shared priorities.

Externally, EPHA's credibility and profile rose sharply. The organisation signed a Memorandum of Understanding with WHO Europe, joined the Steering Committee of WHO Civil Society Commission, and successfully advocated for the reinstatement of Operating Grants. Senior-level access - including meetings with the European Health Commissioner and Vice-President of the Commission and contributions to the World Health Assembly and the UN General Assembly - signalled that EPHA's messages were not only heard, but increasingly influential.

Key learning

While the progress between 2021 and 2023 was significant, it also exposed key lessons that must inform the path ahead:

The dual nature of the cluster model: its flexibility allowed EPHA to engage with a broader range of issues and stakeholders, but without clear limits or exit strategies, it risked creating fragmentation and overstretch. The ability to scale up was not always matched by the ability to say no, or to disengage when strategic relevance declined.

Awareness of trade-offs. While responsiveness to external developments is critical, the growing volume of reactive work sometimes risked diluting strategic coherence. EPHA's need for a formal mechanism to prioritise across demands, and to ensure a balance between seizing opportunities and staying focused on long-term goals was addressed by introducing an agile project management system.

Internal transformation - in governance, HR, communications, and funding - was not an optional side project. It was a fundamental enabler of impact. The gains EPHA made in external recognition were underpinned by a more professional, structured internal backbone.

Strategies need monitoring and evaluation. EPHA's Strategy 2021-2025 lacked a robust M&E framework that could track outcomes across clusters and initiatives. Efforts were made to introduce them along the way, however the challenge of systematically evaluating the strategy's success and impact remains unresolved.

Limits of the member engagement model: while some members thrived in the new cluster setup and contributed actively to advocacy and coordination, others remained disengaged - often due to lack of capacity, clarity, or resourcing.

Funding diversification changes an organisation: from operational priorities to relationships with partners and donors, every such a shift requires not only team adaptation, but also an evolution in leadership and how the organisation is steered.

2024: A challenge that tested our core

The intensity of 2024 provided a unique, if painful, learning opportunity. While earlier years shaped EPHA's growth, this year tested its foundations. An anonymous email alleging serious HR misconduct triggered an independent external investigation, which found no evidence of wrongdoing on any of the points identified as important by the Board in place, and confirmed by the later elected new Board. Yet the real crisis unfolded in public: gossips, media leaks, resignations, and reputational fallout that pushed EPHA into survival mode.

The 2024 challenge exposed fundamental weaknesses in EPHA's governance architecture. At its core were tensions between, on the one hand, long-established modes of governance based loosely on a 'friends and favours' approach, and, on the other, the professionalisation introduced by the new leadership that focused on culture change, operational system improvements, and governance transformation.

The public health NGO community in Brussels is relatively small and operates as a resource-constrained subset of the broader 'Brussels bubble'. In this context, organisations have often relied on long-standing relationships and informal networks to address pressing needs efficiently. Succession planning is not always formalised, and when most senior staff move on, the urgency to fill critical roles can lead to preference for trusted contacts over lengthy recruitment procedures. EPHA, too, has drawn on this informal ecosystem in earlier decades, both when appointing most senior staff and when recruiting Board members.

The new leadership established in 2021 appreciated quickly that this way of resolving issues created vulnerabilities. As efforts were made to rebalance influence, clarify roles, and challenge legacy practices, some of the long-standing actors among the Board and advisory structures perceived this as a threat to their traditional ownership or standing within the organisation. The result was internal resistance that gradually surfaced as resentment, undermining cohesion.

Compounding this were the gaps in internal policy and structure. EPHA lacked formal policies and processes for long-term governance management. Where policies did exist, implementation and oversight were weak, protocols or disciplinary measures were lacking, as were the key skills in the Secretariat to implement them. (A dedicated HR function would have covered this significant gap.) These shortcomings created ambiguity in roles and blurred the lines between governance, management, and operations especially during moments of stress.

When the anonymous allegations emerged, a deeper gap became clear: despite major HR crises having taken place in the past, EPHA had no crisis protocols in place. There were no predefined procedures for managing internal allegations, ensuring procedural fairness, or external communication in a way that protected the organisation's integrity. The result was a reliance on expensive external expert support, leading to an inconsistent response that weakened both transparency and cohesion.

As the situation escalated, competing interests, cultural differences, and a lack of trust became increasingly apparent. The episode revealed the vulnerabilities of informal governance practices and blurred accountability lines, where longstanding personal networks and the so-called “friends and favours” dynamic contributed to hesitation and inconsistent governance responses. Some individuals within the Board and advisory structures, despite prior awareness of the upcoming allegations, did not take steps to de-escalate or protect the organisation, which ultimately intensified the impact. The wave of resignations that followed signalled deep fractures in EPHA’s governance fabric.

Meanwhile, a communication freeze, recommended by the external agency and approved by the Board, meant that staff and leadership were unable to respond to public speculation or to reassure members and funders. This vacuum of communication allowed misinformation to flourish. Staff felt scapegoated, members felt excluded from a process that affected the entire organisation, and those Board members trying to resolve the situation felt simultaneously overwhelmed and undermined.

Managing the damage

The reputational fallout from the 2024 challenge extended far beyond EPHA’s internal walls. Though the independent external investigation found no evidence of wrongdoing, the public narrative was already in motion, driven by anonymous leaks, selective framing in media coverage, and negative commentary from influential voices across the Brussels health policy landscape, speaking without knowledge of the situation.

EPHA’s credibility as a neutral and constructive convener was rapidly undermined. What had taken years to build - a reputation for trustworthiness, professionalism, and strategic insight - began to erode. The organisation’s ability to act was strongly affected, often directly influenced by the departed EPHA actors: meetings were cancelled, publications were delayed or withdrawn, and speaking invitations rescinded. Externally, funders expressed growing unease, even if they did not publicly withdraw their support.

Internally, EPHA’s leadership remained committed to transparency and due process. However, the lack of a coordinated external communication strategy - especially under the constraints imposed during the investigation - meant that the organisation lost control of its own story. While acting with integrity, EPHA was perceived as absent from the debate surrounding its future. This loss of narrative control was among the most damaging aspects of the episode, as trust - once compromised - became extremely difficult to recover.

The challenge placed EPHA's internal systems under sustained and unprecedented pressure, revealing an underlying structural fragility. Over the previous three years, EPHA had successfully built a tightly integrated operational model, enabling more output with fewer resources. But when key individuals were lost or forced to withdraw, the system's lack of built-in operational headroom became starkly evident. The remaining staff, pushed beyond capacity, made an extraordinary effort to deliver complex programmes with diminished support - and succeeded.

The impact on the team's wellbeing and morale was considerable. Months of uncertainty, reputational pressure, and public scrutiny took a psychological toll. The organisation entered what was effectively a prolonged period of crisis mode, relying heavily on the resilience and loyalty of staff to hold the centre. In such extraordinary circumstances, the structures and measures previously put in place to support team's cohesion and wellbeing were paying back, but an external expert support had to be recruited in addition.

In parallel, institutional memory was disrupted and project continuity was jeopardised. Even the systems that had driven EPHA's recent success - funding pipelines, advocacy clusters, internal workflows - began to show signs of fatigue.

Charting a new course

In the aftermath of the crisis, EPHA did not only seek to contain the damage - it began actively laying the groundwork for renewal. Under the leadership of a newly elected Board and the Director General, a comprehensive Action Plan 2024-25 was developed to guide both immediate recovery and long-term transformation. This included measures to rebuild internal trust and cohesion, such as structured team support and retention strategies, governance and policy reviews, and a renewed emphasis on member engagement through direct consultations and revitalised participatory processes. Financial sustainability was also addressed head-on through a short-term fundraising strategy and the exploration of new funding sources, while the strategic relaunch of key partnerships - including with WHO Europe, EU institutions, and civil society allies - helped reposition EPHA as a credible and constructive actor. The reintroduction of an Expert Advisory Committee and the development of a new model for NGO collaboration further signalled EPHA's intent not just to survive the crisis, but to emerge stronger, more connected, and future-focused. These actions, taken in 2024 and early 2025, form the cornerstone of EPHA's renaissance.

Strategic recommendations for 2026–2030

The next EPHA strategy must build on the achievements of recent years while addressing the structural vulnerabilities and trust deficits that emerged in times of stress. The following strategic directions are proposed to guide the development of a resilient, agile, and values-driven EPHA for 2026–2030.

1. **Anchor strategy in clear outcomes and accountability:** The new strategy should move beyond thematic ambition and articulate measurable, mission-driven outcomes from the outset. For each priority area, EPHA should define the impact it seeks to generate, how progress will be tracked, and when issues should be paused or exited. This includes developing a fit-for-purpose monitoring and evaluation framework with shared ownership across the Secretariat, Board, and members.
2. **Design for resilience, not just efficiency:** Efficiency brought significant gains, but also created fragility. The next strategy must ensure EPHA's internal systems can absorb stress based on clear "Risks and Contingencies" planning: designing in redundancy, protecting institutional knowledge, and ensuring that no single person or team is indispensable to delivery.
3. **Embed a stronger governance culture:** To prevent future crises, EPHA must embed clear, transparent, and anticipatory governance practices that reinforce trust. This includes clearly defined roles for the Board, management, staff, members and advisors; updated policies and transparent processes, with the previous "friends and favours" culture designed out of the system. Innovative ways of governance should be explored and considered (including paid Board, expert Board sourced outside of membership, etc.), key HR skills should be ensured (even if outsourced), and succession planning for key roles (senior staff and Board) put in place.
4. **Reimagine member engagement and leadership:** Members are EPHA's backbone - not stakeholders, but co-owners of the mission. The new strategy should deepen and diversify member engagement by opening space for multiple modes of contribution, visibility, and leadership. Engagement should be based on mutual value and tailored to members' size, expertise, and capacity. EPHA's shift towards a differentiated participation model - based on levels of interest, ability, and strategic fit - will ensure that all members are recognised for their value, while enabling more coherent and impactful collective work.

5. Centre people and culture: EPHA's mission is human-centred, and so must be its internal culture. The strategy must continue building a workplace grounded in care, inclusion, and growth. This means resourcing wellbeing, protecting team cohesion, and ensuring that shared values are embedded in how the organisation functions day to day.
6. Broaden influence through meaningful partnerships: EPHA's impact increasingly depends on working across boundaries - thematic, institutional, and geographic. The next strategy should expand EPHA's reach through mission-aligned partnerships with national public health actors, international institutions, and other NGOs. These partnerships must be structured around shared influence, not symbolic association.
7. Future-proof funding: Sustainable impact requires sustainable funding. EPHA's new strategy must continue diversifying its income base, aligning resources with its values and long-term priorities. The financial model must allow for both core stability and agile investment in new opportunities.
8. Embrace digital transformation as a cross-cutting enabler: The future of advocacy, convening, and mobilisation will be digital by default. EPHA must integrate digital tools and data strategies across its operations, to improve reach, and increase inclusivity, transparency, and adaptability.

These recommendations are not isolated proposals, they form a coherent direction grounded in what the last four years have taught EPHA: that success is not only about strategy, but about the systems, values, and people that carry it. The Strategy 2026–2030 must be built to lead in uncertain times, stay rooted in trust, and deliver lasting public health impact.

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