Review of the EU Best Practice assessment process and portal

Specific Contract No SC 2020 71 01 in the context of the Single Framework Contract Chafea/2018/Health/03

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Executive summary

Background

This study reviews the best practice process, including the best practice portal[1], as central tools for the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) and its successor, the Commission Expert Group on Public Health (PHEG), which was established in December 2022.[2] The best practice assessment is used to identify practices received via the best practice portal, which have added value for policymaking and improving public health. The report describes a review of the best practice assessment process with the purpose to identify areas for improvement, with particular focus on the following lines of action:

1. How to make the assessment process simpler, both by (a) shortening the run-through time of the assessment process as the timeline from submission of best practices to their selection for implementation can be relatively long, and by (b) streamlining and reducing the number of evaluation criteria?
2. How to introduce a procedure to identify 'promising practices' using less stringent assessment criteria than those used for best practices, this to allow Member States to be better informed about potential best practices, including in quickly emerging and high priority areas?
3. How to strengthen the portal's role as central repository and expanding the collaboration with national level initiatives and portals, this to enhance the rapid identification of practices with highest potential?

To conduct this review and address the above actions, data was gathered from desk research, key informant interviews and through different workshops with the SGPP and other experts (i.e. JRC staff members, evaluators and national portal coordinators).

Results

As a starting point, the review provides an overview of the process, which currently takes approximately nine months and includes a number of steps: (1) Priority setting by Member States, (2) Launching of call and submission, (3) Assessment/evaluation, (4) Presentation at a marketplace, (5) Ranking and selection for implementation and transfer, and (6) Implementation and transfer to other Member States. The review provides recommendations for optimising the different steps in the process, as described below:

Shortening the process – key informants agreed that the process could be shortened. Among other proposals, increasing the numbers of dissemination channels when calls are published can make it possible to keep calls open for two months instead of three months. In addition, the submission process could be optimised by developing a more user-friendly submission questionnaire and expanding ways to support practice owners during the

[1] https://webgate.ec.europa.eu/dyna/bp-portal/

[2] https://health.ec.europa.eu/latest-updates/commission-expert-group-public-health-2022-12-08_en

submission process. The process can further be shortened by reducing the number of criteria. It is proposed to use a revised set of 30 criteria instead of the original 47 criteria.

Introducing a procedure for promising practices – Key informants support the introduction of a procedure for identifying 'promising' practices in addition to 'best' practices.[3] To allow for this, a few changes to the current process are proposed. First of all, when the European Commission and Member States agree on topics and calls, a decision is to be made whether the calls should also allow for promising practices next to best practices, for example when a specific call is expected to yield very few best practices because it refers to an emerging crisis situation like the COVID-19 pandemic. Secondly, the submitter's guide and submission form need to explain the differences between both types of practices. The main distinction is that a best practice has previously been evaluated, while a promising practice has not been evaluated yet. This distinction will determine how practice owners will submit their practice and how it will be evaluated. Thirdly, for promising practices, a revised set of less stringent criteria is proposed.

Optimising the portal – The use of the portal can be improved by adding contact details of best practice owners and promoting the portal more broadly. User-friendliness can be improved by adding more features and visuals, making it easier to navigate the content. It is recommended to build-in regular clean-up moments to keep the portal up to date. It is also recommended to learn from other best practice portals and replicate improvements such as using an attractive landing page and adding links to external sources of information.

Strengthening collaboration with national best practice portals – It was noted that collaboration and information sharing with national best practice portals could be strengthened. To do so, it was proposed to set up a Community of Practice to more easily share experiences. A stronger collaboration between the national portals and the European Commission portal will also make it easier to identify best *and* promising practices.

Conclusion

This review has provided tangible recommendations on how to improve the best practice assessment process and portal, making the process more streamlined and allowing for a more diverse range of practices to be accepted. A number of recommendations have been implemented during the execution of this study. In particular, the proposed revision of best practice criteria with the introduction of promising practice criteria were approved in a meeting of the SGPP in October 2022[4], while the best practice portal allows for the submission of both types of practices as of 2023. Once future calls for practices will be launched, it will be valuable to evaluate the use of the revised criteria in everyday practice and to monitor the use of the portal and its potential areas for improvement on a regular basis, potentially with the involvement of lead experts via a Community of Practice.

[3] The following two definitions were defined for the two types of practices:

- A **best practice** is a relevant policy or intervention implemented in a real-life setting which has been favourably assessed in terms of adequacy (ethics and evidence) and equity as well as effectiveness and efficiency related to process and outcomes. Other criteria are important for a successful transferability of the practice such as a clear definition of the context, sustainability, intersectorality and participation of stakeholders.
- A **promising practice** is an intervention or policy measure which has already been implemented in a real-life setting, and which may serve as inspiration for others, but which has not yet been implemented on a large scale and/or has not yet been fully evaluated.

[4] https://health.ec.europa.eu/events/steering-group-health-promotion-disease-prevention-and-management-non-communicable-diseases-2022-10-05_en

1. Introduction

Non-communicable diseases (NCDs) pose a heavy burden on the health of European citizens. Across EU Member States, different initiatives are taken to prevent or reduce the burden of NCDs. Some of these initiatives can be identified as best practices (i.e. public health measures that produce desirable outcomes in improving health in real-life settings and which can be adopted elsewhere[5]). To facilitate the identification, exchange and implementation of best practices among EU Member States, the European Commission has set up a best practice process and portal[6] (referred to as 'the portal' in this report).

To determine whether a practice can be considered a best practice, each practice submitted via the portal is thoroughly assessed by a set of criteria which were developed and adopted by the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) in 2017. These were revised in 2020 to also apply to practices regarding infectious disease prevention and control.[1] The assessment process has so far been coordinated by the Joint Research Centre, with the evaluation of practices being done in collaboration with external experts. Once selected, best practices were presented to EU Member States at marketplace events. Recent events were in Ispra, Italy (2018 and 2019), Brussels, Belgium (2019), and online (2021 and 2022).

To support the transfer of best practices under the EU4Health programme, DG SANTE proposes to review the assessment process for a number of reasons. Firstly, although the assessment process has proven to be robust and comprehensive, it is quite lengthy: the timeline from the launch of calls for practices to their selection for implementation takes around nine months. There may thus be room for streamlining and efficiency gains. Secondly, the assessment process is applicable to practices that are already implemented and evaluated. While this sets a high-quality standard, it also implies that promising practices that are less mature are not selected for validation. It should thus be considered whether practices that are being submitted are always the most relevant to share, or if other potentially more innovative and effective practices, which have not yet been implemented on a large scale and/or have not yet been fully evaluated, are left unidentified.

Using data gathered from desk research, key informant interviews and workshops with the SGPP working group and experts, this study provides an overview of the best practice process and the portal, and proposes suggestions and recommendations on how to optimise the best practice process and the portal so that EU Member States can be better informed about best practices, and make more effective use of them, also in quickly emerging and high priority areas. For this purpose, the study also introduces a procedure to identify 'promising practices' using less stringent assessment criteria than those used for best practices. This is intended to support the activities by the Commission Expert Group on Public Health, which was established in December 2022 to replace the previously existing Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP).[7]

[2] Stepien, M., Keller, I., Takki, M. et al. European public health best practice portal - process and criteria for best practice assessment. Arch Public Health 80, 131 (2022). https://doi.org/10.1186/s13690-022-00892-5
[6] https://webgate.ec.europa.eu/dyna/bp-portal/
[7] https://health.ec.europa.eu/latest-updates/commission-expert-group-public-health-2022-12-08_en

2. Methodology

2.1. Desk research

A desk review was conducted of relevant documentation identified by the research team. This included:

- The EU best practice portal, including supporting documents:
  - "Submitter's Guide best practice portal"[8]
  - "Criteria to select Best practices in Health Promotion and Disease Prevention and Management in Europe"[9]
  - Article "European Public Health Best practice Portal - process and criteria for best practice assessment"[10]
- Reports of other organisations, including the OECD Guidebook on Best practices in Public Health[11] and the EurohealthNet article "Good Practice Portals: mapping and evaluating interventions for health promotion, disease prevention and equity across Europe"[12].

2.2. Key informant interviews

Interviews were conducted with different stakeholders to gather opinions on how the process of the EU best practice process and portal could be improved, with specific topics for each respondent group (see table 1 and Annex 1). Key informants were selected purposively. As part of the interviews, the stakeholders were also asked to submit a form in which the following questions were asked for each assessment criterion (see Annex 3 for the form):

1. How important do you believe this criterion is to assess best practices: you can choose between the following 3 categories (or leave blank if unknown/no opinion):
   a. The criterion is considered not important ('1') to assess best practices and can be excluded
   b. The criterion can be kept, but is not crucial ('2') to assess best practices
   c. The criterion is considered crucial ('3') to assess best practices

8 https://webgate.ec.europa.eu/dyna/bp-portal/SubmittersGuide.pdf
9 https://health.ec.europa.eu/system/files/2021-01/sgpp_bestpracticescriteria_en_0.pdf
10 Stepien M, I Keller, M Takki, S Caldeira (2022) European public health best practice portal - process and criteria for best practice assessment, Archives of Public Health volume 80: 131. Available online at: https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-022-00892-5
11 OECD, 2021, Guidebook on best practices in public health. Available online at: https://www.oecd.org/publications/guidebook-on-best-practices-in-public-health-4f4913dd-en.htm
12 Maassen A. & Gilardi. L. 2020. Good Practice Portals: mapping and evaluating interventions for health promotion, disease prevention and equity across Europe. EuroHealthNet Magazine, Edition 16.

2. Do you believe the criterion should also be included when assessing promising practices?

The form was used to identify how the assessment criteria could be condensed and/or revised and how applicable the criteria were for the assessment of promising practices.

Table 1. Overview of respondents and topics

Respondent group	Nr of inter-views	Nr of forms submitted	Countries represented	Topics addressed
National policymakers	3	n.a.*	Romania, Slovenia, Spain	• Learn from their experience taking part in the best practice review process and making use of the best practice portal
National best practice portal coordinators	7	7	Germany, Slovenia Finland, Poland, Portugal Italy, Netherlands	• Learn from their experience coordinating a national best practice review process • Discuss the opportunities of adding promising practices • Reflect on the assessment criteria for best and potentially promising practices
Evaluators of best practices [1]	4	5	N/A	• Learn from their experience to review best practices • Discuss the opportunities of adding promising practices and of modifying the assessment criteria to review best and promising practices • Reflect on the assessment criteria for best and potentially promising practices • Learn from their experience using the EU best practice portal • Evaluate the organisation of the review process
Best practice owners **	2	1	Croatia, Finland, Spain	• Learn from their experience having gone through the application process and use of the best practice portal • Evaluate the marketplace • Reflect on the assessment criteria for best and potentially promising practices

* MS delegates were interviewed in an earlier phase of the study during which the form was not yet presented .

** One respondent was not available for an interview but still filled in the form.

2.3. Workshops and pilot-test for revising existing criteria

In May 2022, a workshop was organised to discuss proposed revisions of the evaluation criteria which were compiled with information provided by the key informant interviews and the submitted forms. Attendees were members of the SGPP and members of the subgroup on the NCD Initiative, three national best practice portal coordinators from Finland, the Netherlands and Slovenia and an expert from the JRC. During the workshop, the revised criteria were presented to the attendees, allowing them to comment on the criteria for best and promising practices. Useful information was retrieved which supported additional revisions of the criteria. After the workshop, the minutes and revised criteria were shared with the attendees which allowed for further feedback and comments to be shared. One member (Poland) provided additional feedback in writing.

In addition, one expert workshop and a pilot-test was organised for a further revision of the criteria. The expert workshop was conducted in July 2022 with an evaluator, a JRC staff member and a portal coordinator. During this expert workshop, experts provided their views on the revised criteria for best and promising practices. Following this workshop, some final revisions took place and a pilot test was conducted in September 2022. For this pilot-test three evaluators who had assessed best practices in previous years were invited to review 3 previously submitted practices, making use of the revised criteria, including the possibility to review practices as 'promising' rather than as 'best practices' (see Annex 2). Since the practices were already evaluated in previous rounds, this allowed the evaluators to assess if an evaluation using the new criteria would yield similar results. Of the 3 practices presented, one had previously been evaluated as best practice, one was clearly rejected and one was rejected, but was considered very close to a best practice. After each of the reviewers evaluated the 3 practices individually, a consensus and feedback workshop took place to reflect on the pilot-test and further refine the criteria. Following the final revision on the criteria on the basis of this pilot-test, the revised criteria were presented to and approved by the SGPP in October 2022.

3. Overview of the current best practice evaluation process

3.1. Main routes to collect best practices

Two main routes are available to allow for submissions of best practices. One is via open calls which allow stakeholders to submit a best practice to the portal at any time. This route is relatively uncommon and in the period 2019-2022 in total 22 practices have been submitted via this channel, thus on average less than 10 practices per year. Far more common is the pathway that practices are submitted after DG SANTE has opened temporary calls on specific health topics. In the past years the following numbers of practices have been submitted:

- A Public Health call, which ran between May 2018 and February 2019 during which time 53 practices were submitted;
- A call on Healthy and Sustainable Food Systems, which ran between July and September 2018 during which time 34 practices were submitted;
- A non-communicable diseases call, which ran between January and March 2021 during which time 32 practices were submitted;
- A call of best practices for the EU NCD Initiative, which ran between March and May 2022 during which time 55 practices were submitted.

In this second route, topics are chosen by the SGPP according to their countries' priorities in the field of health promotion, disease prevention and the management of non-communicable diseases. Most commonly, this priority setting process takes place during a regular SGPP meeting, but in principle it is also possible to select a topic via a written procedure, which in that case would take approximately one month.

Based on that second route, the current best practice evaluation process consists indicatively of six sequential steps. Added up, the full process from priority setting to selection for implementation and transfer takes approximately nine months (see flowchart below).

3.2. Submission of practices

After the priority setting has taken place, a call for submissions will be opened by DG SANTE. Such calls are commonly announced on the portal, the Health Policy Platform, and through other communication means by the European Commission (newsletters, e-news, Twitter plus the DG SANTE website and those of other European Commission services). Additional channels are also used, in particular communications via the membership list of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP), or as of 2023 via its successor, the Public Health Expert Group (PHEG). In line with that latter communication channel, the two best practice owners that were interviewed for this study, both indicated that they were informed about the call for submissions through their Ministries of Health, either directly or indirectly through an existing NCD network, led by their Ministry.

Once calls have been launched, practice owners have approximately three months to submit their practice. Submitting a practice is only possible via an online questionnaire available on the portal. The structured questionnaire ensures that any practice submitted is described comprehensively, covering all elements needed for its assessment according to the criteria laid down by the SGPP. All fields are mandatory, and it is also mandatory to upload a detailed document describing the practice as well as an evaluation report (or similar document describing an evaluation).

Best practice owners indicate that their main reason for submitting a practice was to get international recognition for their practice and to have it evaluated. Based on the two interviews held with applicants, the opinions about the time investment for submitting a best practice are mixed. While one applicant indicated that the form was easy to fill in, especially because they had all the requested information, the other applicant indicated that it was a cumbersome process which “took a lot of time”. The main issue was that questions appeared one by one and submitters could not prepare easily for the next questions. In addition, the respondent felt that there were too many questions to fill in and that more guidance could be provided.

3.3. Assessment/evaluation

Once the call has been closed, evaluators have approximately two months to assess the submitted practices. The aim is that every practice is assessed by three evaluators. This trio includes one internal evaluator from the JRC and two external evaluators. All evaluators are asked to assess each submission using a set of defined exclusion, core and qualifier criteria. In short, the three groups of criteria contain the following main domains:

1. Exclusion criteria: a) Relevance, b) Intervention characteristics, c) Evidence and theory based, and d) Ethical aspects
2. Core criteria: a) Effectiveness and Efficiency of the intervention, and b) Equity.
3. Qualifier criteria: a) Transferability, b) Sustainability, c) Intersectoral collaboration and d) Participation.

Evaluators can give between 0 to 10 points for each sub-criterion (from 'Very Poor' to 'Excellent'). At the end of each domain, evaluators are able to provide some comments to back-up their scores. The evaluation is sequential, starting with the exclusion criteria, and only practices that pass a threshold are evaluated against the next set of criteria. In total, a practice can reach a maximum of 480 points. All practices that receive at least 328 points (i.e. 68 %) will be considered as "best". All assessed practices are discussed among the evaluators before a final decision is made.

The interviews with evaluators revealed that the process as described on paper is also that followed by evaluators in practice. Evaluators do flag a few challenges around the criteria and the assessment process, indicating that there is some repetition across criteria (e.g. criteria on transferability and intervention characteristics) and that some criteria are too vague (e.g. a lack of definition of successfully transferred) which can lead to a more subjective assessment.

Evaluators also flagged that it is not always easy for them to link the uploaded documentation to the assessment criteria. Evaluators refer to reports of sometimes up to 200 pages which they need to go through in order to score criteria. The translation of the documentation is sometimes found to be poor (potentially due to automatic translation being used) requiring them to read through documentation multiple times, but also searching for additional information on the Internet themselves.

Lastly, evaluators indicate that the scoring system of 0 to 10 points does not work well for all criteria. For some criteria a dichotomising (yes/no) may be preferred. In addition, it is unclear how to score criteria when there is a lack of evidence/documentation to assess it. Currently, evaluators apply heterogeneous approaches when facing such situations (e.g. either scoring it a 1 or 5). Evaluators indicate that more guidance is needed so that a more standardised approach to scoring can be applied.

3.4. Presentation at a Marketplace

The European Commission organises marketplace events during which best practice owners can present their best practice in parallel sessions to interested country representatives. The main invitees of the marketplace are based at national Ministries of Health, sometimes complemented by additional experts from another authority or public

health body. Generally, marketplaces are held as small-scale events, with approximately 5-15 participants per session. This to allow for sufficient interaction as the main purpose is to allow Member States' delegates to ask questions in order to obtain a good understanding of a practice and its potential transferability to their own countries. For this reason, practice owners are asked to cover a number of aspects in their presentation:

- how the best practice was designed, implemented and monitored
- how the obstacles or difficulties related to the implementation were addressed
- which concrete results and impact were achieved and how these were measured/evaluated
- the cost-effectiveness of the practice

Interviews with Member States' delegates showed that they often find it important to learn whether a practice was cost-effective and which costs Member States should be aware of when implementing the practice in their own countries. Another key element was which elements/factors contributed to its success and which of these are especially important for the transferability and sustainability in other countries. A last aspect highlighted in one of the interviews is the maturity of the intervention, as international level interventions and interventions that have already been in place a number of years are generally considered to be more relevant. It would be helpful if interventions have some form of quality stamp stating that they are recognised by credible organisations (e.g. a national authority, or an international organisation such as WHO) as good interventions.

The best practice owners who were interviewed were very positive about the marketplace event that they participated in, indicating that the meetings were well-organised and allowed for valuable discussions. One best practice owner, however, indicated that the groups may have been too small and that she would have liked to listen to other presentations, which wasn't possible as sessions are only intended for Member States' delegates. A lesson based on the marketplace was therefore that there is an appetite from best practice owners to also meet other best practices owners, allowing them to expand their networks and learn from each other, especially in case of other best practices addressing a similar health challenge and/or intervention.

3.5. Ranking and selection of practices

After presentations at the marketplace events, EU Member States that participated in the event provide a score to each best practice. Commonly, Member States are asked to provide a ranking of the top 3 or top 5 practices that they would be interested in implementing into their national settings. Next, the final scores are presented to the SGPP, which then agrees on a final selection of best practices that can be transferred to other EU Member States. During the study, no specific comments were made by interviewees about this step in the process. To facilitate this voting process, it is worth noting that a number of innovations were introduced in the organisation of marketplaces. In particular, best practice owners have been encouraged to record their presentations, which were then made available to Member States' delegates afterwards. This allowed delegates to obtain a better overview of the various practices, including those that they had not attended in person during the marketplace. In addition, it is worth noting that the ranking and selection of best

practices was mostly conducted from the viewpoint of deciding which highest ranking practices may be considered to be supported in their wider implementation with the use of EC co-funding. In that case, it can also be considered to facilitate the (bilateral) information exchange between Member States and best practice owners for practices that were ranked lower, given that Member States may also decide to implement best practices, only using national funding.

3.6. Transfer to other countries

The European Commission supports the transfer of best practices to other Member States through financing mechanisms made available via the EU4Health programme, and prior to this the Third Health Programme, e.g. joint actions with EU countries and projects via call for proposals.

In interviews with best practice owners, it became apparent that the implementation and transfer process was not always clear and that communication about this process could be improved. An interviewed best practice owner for instance indicates that it was only during the marketplace that she realised that some best practices would be selected for a joint action. Overall, interviewees noted that there was a lack of information which led to some concerns about the role of the best practice owners and the required resources.

4. Recommendations on how to optimise the best practice review process

4.1. Priority setting by the European Commission and Member States

The European Commission could make the process more inclusive by also accepting other practices that do not fulfil all criteria, e.g practices that could be described as “promising”, which have not yet been implemented on a large scale and/or have not yet been fully evaluated. This may be particularly relevant in crisis situations when there are insufficient best practices at hand that are tailored to the situation.

In interviews, a majority of the key informants **support the idea of adding promising practices to the portal** mentioning, for instance, that “they are of great value and we should not close the door to innovation”. They see it as a “tiered” process whereby organisations work on improving their practices so that they can eventually become a best practice. Some key informants have concerns and indicate that assessing promising practices will also lead to more work and that you may end up having too many practices. Some of the national portal coordinators have had this experience and thus advise against including promising practices.

If the newly-established Public Health Expert Group decides to also accept promising practices, then this would also require some consideration about **which calls to open up for best *and* promising practices**. A general guidance could be to only open up calls to best *and* promising practices when the health topic is expected to yield very few best

practices (e.g. because it is underfunded or is underresearched). That way the process remains manageable.

4.2. Launching of calls

Currently, calls for best practices are announced on the portal, the Health Policy Platform, and through other communication means. There is an **opportunity to increase the number of dissemination channels** through which the calls are published so that a broader and more diverse range of best practices are submitted. Specific channels that can be targeted include:

- National BP Platform Coordinators so that they can share calls with national best practice owners
- Stakeholder Networks, including newsletters, tweets and member announcements by among others:
    - EuroHealthNet
    - EPHA
    - WHO/Euro
    - EUPHA, including sections on Chronic Diseases, Public Health Policy and Practice, Health Promotion, Health Services Research, other dedicated topics, depending on the call topics (e.g. Mental Health)

When more communication channels are used, this is expected to have a positive effect on the quantity and the quality of submitted practices. With an increase in the number of submissions, calls can be kept open for a shorter period of time; e.g. a maximum of **two months** instead of three months.

4.3. Optimising the submission process

The submission process has been described as complicated, and this mostly relates to the online questionnaire which was found to be not very user-friendly. To improve the submission process for best practice owners, the following is proposed:

1. Making use of a **more user-friendly submission form** which can be saved as a draft and can be scrolled through.
2. Expanding ways to support practice owners when submitting their submission form beyond the availability of a contact mail address in case there are questions. It is proposed to organise an **online FAQ session** approximately three weeks before the submission deadline.
3. Ensuring that it is clear to submitters what needs to be uploaded and described for evaluators to be able to review their practice. A **checklist** that aligns required information (e.g. description of intervention) with what has been uploaded by best practice owners will help both the submitters and evaluators.
4. Clarifying the **distinction between best and promising practices** for best practice owners in the submitter's guide and enabling them to submit their practice as either 'best' or 'promising' (when applicable). In the submission form, submitters can be asked to indicate if their practice has been evaluated (yes/no). If the practice has not been

evaluated (yet), the practice can be submitted and evaluated as a promising practice rather than as a best practice. Skip logics can be used in the form to direct submitters to the right sections.

4.4. Revising the current criteria

Although the current criteria[13] are described as comprehensive, interviews with evaluators revealed that the **current criteria could be further revised** to be **more fit for purpose** and provide **less room for subjectivity**. In addition, the **number of criteria could be reduced** so that the assessment process becomes more efficient.

Based on interviews, forms and discussions with SGPP working group members and experts, the following main changes were made to the criteria:

- Condensing the number of criteria from **47 to 30** by removing **17 criteria** which were perceived as redundant.
- Reformulating **criteria** to include clearer definitions and simplifications.

These new criteria were tested by three evaluators and resulted in a similar scoring of practices as compared to the previous criteria (i.e. the same practices were identified as best or rejected). In addition, the evaluators indicated that the revised criteria list had "a better flow and clearer structure" "less overlapping criteria" and was overall "easier to go through and seemed more accurate".

4.4.1 Evaluation of conflicts of interest of best practice owners

An important component of the evaluation is whether best practice owners have any commercial interests in case their practice would be transferred to other countries. While the original criteria did contain a criterion on conflicts of interest, it is proposed to expand this dimension of the assessment process, while also separating it from the content-related assessment. The main reason for this is that evaluators are not legal experts and as such are not well placed to conduct a legal assessment. Instead, the following sequential process is proposed:

1. Best practice owners declare any conflicts of interest in their submission form.
2. Evaluators assess conflicts of interest as declared by owners and flag any issues.
3. EC legal advisors screen all practices that will be presented at the marketplace.

In the submission form, the best practice owners are asked to fill in a self-declaration that the following aspects apply to their practice:

1. The practice does not rely on a specific product, device, application or method, which will imply a cost to the implementation of the practice.

[13] The current criteria were developed by the SGPP in 2017, revised in 2020 and include a total of 47 criteria which have been categorised into the following domains: Relevance, intervention characteristics, evidence- and theory-based, ethical aspects, effectiveness and efficiency of the implementation, effectiveness and efficiency of the practice, equity, transferability, sustainability, inter-sectoral collaboration and participation.

2. The transfer or implementation of the practice at regional, national or EU level will happen free of cost or fees to be paid to the owner of the practice, including any fees for intellectual property, patents or licenses.

Potentially, all practices which responded yes to one or both elements of the self-declaration may either be excluded from the submission process, or else, may still be considered, but then to be investigated by relevant legal officers, either before their acceptance as best practice, or only in the stage when allocation of co-funding is decided on. It is also important to note that some interviewed experts indicated that commercial interests do not need to be a hampering factor per se, as long as officers or other interested parties in the recipient countries are aware of this and are thus able to make an informed decision.

4.3.2 Revising criteria for promising practices

In terms of how the criteria could be formulated for promising practices, there are two ways of approaching it:

1. Revising the existing criteria by making them less strict.
2. Using the same criteria but applying a lower threshold/pass rate for promising practice criteria.

Both approaches have advantages and disadvantages. The first approach entails that two sets of criteria need to be used. This approach allows for a more rigorous assessment as criteria are more specific and tailored but it may also make the process more cumbersome. The second approach entails that criteria need to be formulated more generally so that they apply to both types of practices. Using the same criteria makes the process more efficient but may jeopardise the objectivity of the assessment, as criteria will lose some of their specificity, which in turn introduces more subjectivity.

Given that a majority of the key informants supported the first approach, best practice criteria were thus partly revised with support from experts; some criteria were made more lenient, while some criteria were deemed not applicable for promising practices. Overall, exclusion criteria remain largely the same, but a few core and qualifier criteria were revised. **Annex 3** provides an overview of promising practices criteria that can be used.

4.3.3 Proposed assessment process for promising practices

During the two expert workshops, it was discussed how best to integrate promising practices into the current assessment process. Evaluators indicated that the most plausible would be for best practice owners to decide whether their practice is assessed as a best or promising practice (also see 4.3 Optimising the submission process). **Separate forms** can then be used by evaluators to assess the practice with the best or promising practice criteria.

Evaluators indicate that in some exceptional cases a best practice could still be considered a promising practice (e.g. when it is close to meeting the threshold for core and qualifier criteria *and* the practice adds something new to the knowledge base). Exceptional cases can be discussed in a **consensus meeting**.

Once the promising practices criteria are effectively integrated into the existing assessment process, it is advised to conduct **an evaluation of the revised assessment process** to understand in particular if and how promising and best practices differ from one another and

to what extent the introduction of adjusted criteria for promising practices indeed leads to a more diverse range of practices.

4.5. Optimising dissemination and implementation

The interviewed best practice owners were very **satisfied overall with the marketplace event**. The main recommendation is to allow more room for the audience to listen to more presentations by **organising a longer event** (e.g. two days). One best practice owner stressed that although the online event was well organised, **a physical event** would allow for more **collaborations to occur** as there would also be more room for informal meetings. Currently, the marketplace is the only dedicated event in which best practices can be presented to other countries, so best practice owners propose to **organise more events** (beyond the joint actions) so that exposure and knowledge about the best practices can increase. This could potentially also include **bilateral/small scale events** to allow for a transfer of practices in which only a few Member States are interested, and which may thus not be considered for EU co-funding but which may still be of value to some countries. In addition to participating in more events, extra recognition such as a **certificate** could also support best practice owners with transferring their practices to other settings.

In terms of funding, best practice owners would benefit from **more clarity about what a selection by the Member States entails** and what a joint action trajectory would look like for the organisations in terms of **time and resource investments**. With the introduction of the FAQ document in the portal, this has partly been covered. However, we do advise to draw attention to this again, both prior to and during the marketplace, so that it is clear to everyone what can and cannot be expected. To that end, it would help if the marketplace invitation could **include such information as an annex**.

Once promising practices are also accepted, it is important to reflect on the role of promising practices in dissemination and implementation.

4.6. Improving the EU best practice portal on public health

During the key informant interviews, some suggestions for improving the portal arose. One recommendation is about **defining the purpose and users of the portal more clearly.** A starting point for improving the use of the portal is to **ask for feedback from users** on what they use the portal for.

The following suggestions were made:

1. **Improving the use of the portal**
    - Adding contact details of best practice owners. A consent form could be signed at the end of the submission process.
    - Adding relevant links to practices, national portals, etc.
2. **Improving user-friendliness**
    - Adding visuals (e.g. a map with filters)
    - Adding short – two sentence – summaries of each best practice

- Adding more search filter options and at least: target population, setting, age category; where possible condense the categories under Area/Topic of interest (the list is currently long and overwhelming).
- Including a feedback form that pops up on the landing page which users can fill in voluntarily to collect information on reasons for the visit to the website.

3. **Regular updating**

- Building-in regular update/clean-up periods so that information can be updated.
- Informing practice owners about the duration of the validity of their practices.

5 National best practice portals

Across the EU a number of national level best practice portals are in place or under development, with the purpose to provide decision-makers with easy access to (evidence-based) practices (see Annex 4 for an overview of 7 national portals, often available in national languages). During a larger group meeting and bilateral interviews with 3 of the national best practice portal coordinators a number of ideas arose about how different portals can work together more effectively so that lessons learnt can be exchanged more easily. It was mentioned that a **Community of Practice** could be set up, including representatives from all the national portals as well as the EU portal. Such a Community of Practice could be seen as a network for sharing experiences with setting up and running best practice portals. This could be used for identifying national practices that can be submitted to the EU portal. Other suggestions related to **adding links to national portals** in the EU portal so that users can look for additional information in national portals. To reach as many users as possible, the portal will **need to be promoted more**, including at different events.

National portals can also be considered when reviewing potential improvements for the EU portal. In particular, the following applications can also be considered when updating the EU portal:

- Including an attractive landing page with an overview of projects presented as a map (similar to Pro.Sa, Italy).
- Adding a dedicated section with information on the implementation of best practices (similar to Pro.Sa, Italy) as well as manuals that are relevant for implementation (similar to Praxisdatenbank Gesundheitliche Chancengleichheit, Germany).
- Professionalising the website by including more thorough descriptions of the best practices (similar to Pro.Sa, Italy, loketgezondleven.nl, Netherlands) and adding assessment reports (similar to loketgezondleven.nl, Netherlands).
- Organising dedicated workshops around specific calls and actively promoting the integration of quality criteria into existing interventions (similar to Praxisdatenbank Gesundheitliche Chancengleichheit, Germany).

6 Key suggestions

This study has provided an overview of the current best practice process and, using the insights gathered during a desk review, interviews and workshops, suggestions are provided on how to streamline and optimise the process, as well as to improve the portal. An overview of the suggestions is provided in the section below, some of which have already been implemented during the follow-up actions after the review was conducted.

Launching of calls

There is an opportunity to increase the number of dissemination channels through which the calls are published, allowing for a broader and more diverse range of best practices to be submitted and being able to keep the calls open for a shorter period of time. Specific channels that can be targeted include:

- National best practice platform coordinators in order to share calls with national best practice owners.
- Stakeholder networks, including newsletters, social media and NGOs and associations.

Improving the submission process

- Regularly monitor the user-friendliness of the revised submission form. Increasing support to practice owners during the submission process, for example by means of a Q&A session prior to the submission deadline.
- Ensure that it is clear to submitters what needs to be uploaded and described for evaluators to be able to review their practice.
- Clarifying the distinction between best and promising practices for best practice owners and enable them to choose one of the two (when applicable).
- Providing information to best practice owners what a selection by the Member States entails and what a Joint Action trajectory would look like for the organisations in terms of time and resource investments.

Improving the assessment process

- Integrate the shortened and revised set of criteria for best and promising practices into the best practice assessment process. *Note. This modification was implemented during the execution of this study.*
- Conduct an evaluation of the assessment process once promising practices are introduced, this to assess if the submission process is sufficiently clear and leads to the collection of innovative practices in priority policy areas.
- Providing a certificate to best practices in case their practice has been evaluated positively.

Improving the EU Best Practice Portal

- Add short summaries of best practices plus assess possibilities of adding contact details of best practices owners for additional questions on their practice.

- Promote the portal more frequently and at different events.
- Add more filter options as well as visuals such as a map with filters to identify relevant best practices from different EU Member States.
- Build-in regular update/clean-up periods to update information and weblinks, plus invite owners of best and promising practices to re-submit their practice after five years or else delete projects after that period to keep the portal up-to-date.

Alignment with national portals

- Introduce a number of the innovations, taken from other national level best practice portals (e.g. adding information or manuals on implementation of best practices or actively promoting the integration of criteria into existing interventions).
- Introduce a separate section on the EU best practice portal with an overview of best practices available at national portals, making use of machine translations, this to facilitate knowledge sharing between countries.
- Establish a Community of Practice, including representatives from national portals, to be used as a network for sharing experiences in setting up and running best practice portals.

Annex 1 Interview questions

Interview guide for evaluators

1. **Is it possible to streamline the BP Review process by making the process shorter, lighter and more inclusive (also including promising practices, raising the quality of submissions)?**
   Probe for:
   a. How do you feel about introducing 'promising practices' using less stringent assessment criteria?
   b. What are your ideas on shortening the process?
   c. How can we expand collaboration with other **(national)** portals of best practices? E.g., automatically translation of best practices, common criteria?

2. **What is the scope of the practices that you reviewed?**
   Probe for:
   a. Only within your own expertise or all?
   b. What is your opinion on this?

3. **What is your opinion on the information that was delivered by those who submitted their practice?**
   Probe for:
   a. Was it complete?
   b. Did you feel the need to contact practices for more information?
   c. What would help you in easier/better assessment of the practices?

4. **Do you have reflections on the process as a whole, in terms of organization and planning of the work?**
   Probe for:
   a. Do you have any suggestions on how to smoothen or shorten the process?

Interview guide for best practice owners

1. **How did you experience the application process?**
   Probe for:
   - How clear was what was expected from you to submit your practice? E.g. what information to deliver and how to apply for the assessment?
   - How manageable was the timeline?
   - Are there other reflections on the application process?

2. **What do you think of the assessment criteria that was used?**
   Probe for:
   - Which criteria were most important in your experience to present your best practice? (please fill in the list of criteria attached)
   - Were there any criteria that you considered to be unnecessary (e.g. duplication of information delivery)? (please fill in the list of criteria attached)
   - Were there elements that were required but which were very hard to deliver? (please fill in the list of criteria attached)

- And were there elements that were very easy to deliver? (please fill in the list of criteria attached)
- How was the workload for you to deliver everything that was needed?

3. What did you think of the market place event?

Probe for:

- How clear were the expectations from you when the best practice had to be presented in a marketplace?

4. What are your experiences with use of the portal? What improvements would you suggest?

5. Do you have any additional suggestions/lessons learned for us?

Interview guide for national portal coordinators

6. Could you tell us something about your portal and how it works? (or is planning to work)?

Probe for:

a. Do you assess practices?
b. Do you have criteria to assess practices?
c. How does the submission process work?
d. How long does the overall process from submission to inclusion into the portal work?
e. Do you have system to support practices in the submission process?
f. Do you make a difference between promising practices (that do not yet meet all criteria) and best practices?
g. Do you organize any specific events with the best practice owners? If so, what kind of events?
h. How do practitioners, policymakers, make use of your portal?

7. Are you familiar with the EU BP portal? If so, what do you think of it?

Probe for:

5. Are there any recommendations that you could make with regards to improving the submission process? I.e. making it shorter, lighter and more inclusive (also including promising practices, raising the quality of submissions)?
6. Reflecting on you own portal, what information do you think should be included in information provided to the EU portal so that best practices can be assessed?

8. Would you be open for collaboration with the EU portal for best practices?

Probe for:

a. What suggestions do you have for such a collaboration?
b. How can we expand collaboration with other **(national!)** portals of best practices? E.g., automatically translation of best practices, common criteria?

9. How do you feel about introducing 'promising practices' using less stringent assessment criteria?

Probe for:

a. What in your opinion should be the difference between promising and best practices?
b. Different criteria?
c. Less criteria for promising practices?
d. Less stringent criteria for promising practices?

10. Do you have any additional suggestions/lessons learned for us?

Annex 2 Criteria feedback form

Best practice Criteria

The EU Public Health Best practice Portal makes use of a set of criteria against which submitted practices in the area of health promotion, disease prevention, and the management of non-communicable diseases are evaluated. These criteria have been adopted by the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP), and described in detail here.

The aim of this form is to have your valuable opinion about the criteria currently used to determine whether the best practice evaluation process could be shortened and simplified. E.g., do you believe there are criteria which could potentially be left out or which are key to keep?

We would also appreciate your opinion concerning the evaluation of **promising practices** (see Box 1 for working definitions).

The tables on the next pages display the current best practice criteria, which are divided in three groups: exclusion, core and qualifier criteria. We would like to ask if you could answer the following questions for each of the criteria used:

1. How important do you believe this criterion is to assess **best practices**: you can choose between the following 3 categories (or leave blank if unknown/no opinion):
    - The criterion is considered not important ('1') to assess **best practices** and can be excluded
    - The criterion can be kept, but is not crucial ('2') to assess **best practices**
    - The criterion is considered crucial ('3') to assess **best practices**
2. Do you believe the criterion should also be included when assessing **promising practices**

Many thanks for your valuable input!

Box 1 Working definition of best practices and promising practices:

***Best practice**: "a relevant policy or intervention implemented in a real life setting which has been favourably assessed in terms of adequacy (ethics and evidence) and equity as well as effectiveness and efficiency related to process and outcomes. Other criteria are important for a successful transferability of the practice such as a clear definition of the context, sustainability, intersectorality and participation of stakeholders"*

***Promising practice**: "an intervention or policy measure which has already been implemented in a real life setting, and which may serve as inspiration for others, but which has not yet been implemented on a large scale and/or has not yet been fully evaluated"*

1. Exclusion criteria (if they are not fulfilled other criteria will not be checked)

Criteria **Scale 1-3:** 1= Not important and can be excluded 2= Not crucial but can be kept 3= Crucial	**Importance to assess <u>best</u> practices** ***(scale 1-3)***	**Should be included to assess <u>promising</u> practices** ***(X if yes)***	**Comments**
Relevance			
The practice addresses a priority public health area, a strategy or a response to an identified problem at Local/Regional level, National level or European level and/or The practice is put in place to support the implementation of legislation			
Intervention characteristics			
The choice of the target population is clearly described (scope, inclusion and exclusion group, underlying risk factors, etc.)			
A detailed description of the methodology used is provided			
SMART objectives are defined and actions to take to reach them are clearly specified and easily measurable			
The indicators to measure the planned objectives are clearly described (process, output and outcome/impact indicators)			
The contribution of the target population, carers, health professionals and/or other stakeholders as applicable was appropriately planned, supported and resourced			
The practice includes an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks			
Information on the optimization of resources for achieving the objectives			
An evaluation process was designed and developed including elements of effectiveness and/or efficiency and/or equity including information affecting the different stakeholders involved			
The documentation (guidelines, protocols, etc.) supporting the practice is presented properly, referenced throughout the text and easily available for relevant stakeholders (e.g. health professionals) and the target population			
Evidence and theory based			

Criteria **Scale 1-3:** 1= Not important and can be excluded 2= Not crucial but can be kept 3= Crucial	**Importance to assess <u>best practices</u>** ***(scale 1-3)***	**Should be included to assess <u>promising</u> practices** ***(X if yes)***	**Comments**
The intervention is built on a well-founded theory, is well-documented and is evidence-based			
The effective elements (or techniques or principles) in the approach are stated and/or justified			
Ethical aspects			
The expected benefits are superseding the potential harms, including animal welfare			
The intervention was implemented proportionally to target group needs			
Individuals' rights (for example, data protection) have been protected according to national and European legislation			
Conflicts of interest (including potential ones) are clearly stated, including measures taken			
The practice should not advertise a specific product, device or relate to any commercial initiative			
The practice is respectful with the basic bioethical principles of *Autonomy* (should respect the right of individuals to make their own, informed decisions, based on adequate, timely information); *Nonmaleficence* (should not cause harm)/*Beneficence* (should take positive steps to help others) and *Justice* (benefits and risks should be fairly distributed)			

2. Core criteria (assessment of effectiveness and efficiency and how a practice has addressed equity issues)

Criteria **Scale 1-3:** 1= Not important and can be excluded 2= Not crucial but can be kept 3= Crucial	**Importance to assess <u>best practices</u>** ***(scale 1-3)***	**Should be included to assess <u>promising</u> practices** ***(X if yes)***	**Comments**
Effectiveness and efficiency of the implementation			
The practice has been evaluated (internally or externally) taking into account social and economic aspects from both the target population and the perspectives of relevant other stakeholders concerned (e.g. formal or informal caregivers, health professionals, teachers, health authorities)			
The evaluation outcomes (e.g. clinical, health, economics) and objectives were linked to the stated goals			
A study has been performed (based on needs and challenges) between the initial and final situation. The purpose of this study would be to determine if the practice was implemented proportionally (i.e. proportional to the identified needs)			
The practice has been implemented in an effective and efficient way			
Effectiveness and efficiency of the practice			
The outcomes found are the most relevant given the objective, programme theory and the target group for the intervention			
All improvements in comparison to the starting point, for example the baseline concerning, e.g. structure, process and outcomes in different areas, are documented and presented			
The practice has been evaluated from an economic point of view			
The evaluation outcomes demonstrated beneficial impact			
Possible negative effects have been identified and stated			
Equity			

Criteria **Scale 1-3:** 1= Not important and can be excluded 2= Not crucial but can be kept 3= Crucial	**Importance to assess <u>best practices</u>** ***(scale 1-3)***	**Should be included to assess <u>promising</u> practices** ***(X if yes)***	**Comments**
The relevant dimensions of equity are adequately and actively considered throughout the process of implementing the practice (e.g. age, gender, socioeconomic status, rural and/or urban area, vulnerable groups)			
The practice makes recommendations or guidelines to reduce identified health inequality			

3. Qualifier criteria (assessment whether a practice contains elements relevant for its transfer to other settings)

Criteria **Scale 1-3:** 1= Not important and can be excluded 2= Not crucial but can be kept 3= Crucial	**Importance to assess <u>best practices</u>** ***(scale 1-3)***	**Should be included to assess <u>promising</u> practices** ***(X if yes)***	**Comments**
Transferability			
The practice uses instruments (e.g. a manual with a detailed activity description) that allow for repetition/transfer			
The description of the practice includes all organizational elements, identifies the limits and the necessary actions that were taken to overcome legal, managerial, financial, sociocultural or skill-related barriers			
The description includes all contextual elements of the beneficiaries (e.g. patients, subpopulation, general population) and the actions that were taken to overcome personal and environmental barriers			
A communication strategy and a plan to disseminate the results have been developed and implemented			
The practice has already been successfully transferred / repeated			

Criteria **Scale 1-3:** 1= Not important and can be excluded 2= Not crucial but can be kept 3= Crucial	**Importance to assess <u>best practices</u>** ***(scale 1-3)***	**Should be included to assess <u>promising</u> practices** ***(X if yes)***	**Comments**
The practice shows adaptability to different contexts and to challenges encountered during its implementation			
Sustainability			
The practice has institutional support, an organizational and technological structure and stable human resources			
The practice presents a justifying economic report, which also discloses the sources of financing			
The continuation of the practice has been ensured through institutional anchoring and/or ownership by the relevant stakeholders or communities in the medium and long term in the planning of the practice			
The practice provides training of staff in terms of knowledge, techniques and approaches in order to sustain it			
A sustainability strategy has been developed that considers a range of contextual factors (e.g. health and social policies, innovation, cultural trends and general economy, epidemiological trends, environmental impact, migration and cross-border movement)			
Intersectoral collaboration			
Several sectors collaborated to carry-out the practice			
A multidisciplinary approach is supported by the relevant stakeholders (e.g. health and social care professionals at all levels, civil society, public institutions from education, employment and digital services)			
It promotes the continuity of care through the coordination between social and health services (if applicable)			
The practice creates ownership among the target population and several stakeholders considering multidisciplinary, multi-/inter-sectoral, partnerships and alliances (if applicable)			

Criteria **Scale 1-3:** 1= Not important and can be excluded 2= Not crucial but can be kept 3= Crucial	**Importance to assess <u>best practices</u>** ***(scale 1-3)***	**Should be included to assess <u>promising</u> practices** ***(X if yes)***	**Comments**
Participation			
The structure, organization and content (also evaluation outcomes and monitoring) of the practice was defined and established together with one or more of the following: the target population and families or caregivers and more relevant stakeholders and civil society			
Mechanisms facilitating participation of several agents involved in different stages of the intervention as well as their specific role, have been established and well described			
Elements are included to promote empowerment of the target population (e.g. strengthen their health literacy, ensuring the right skills, knowledge and behavior)			

4. Additional comments and reflections

Thank you for your time in filling in this form!

Please send it to contact@euhealthsupport.eu

Annex 3 Revised criteria for best and promising practices

0. PRE-EVALUATION CRITERIA CONCERNING CONFLICTS OF INTERESTS OF BP OWNERS

Before submission, the best practice owner is asked to fill in a self-declaration that the following aspects apply to their practice:

0.1 The practice does not rely on a specific product, device, application or method, which will imply a cost to the implementation of the practice.

0.2 Transfer or implementation of the practice at regional, national or EU level will happen free of cost or fees to be paid to the owner of the practice, including any fees for intellectual property, patents or licenses.

1. EXCLUSION CRITERIA (IF THEY ARE NOT FULFILLED OTHER CRITERIA WILL NOT BE CHECKED AND THE PRACTICE WILL BE REJECTED)

Note. Exclusion criteria were also used in the existing set of best practice criteria, and these have been refined and condensed based on the feedback received. The same applies to the sets of core criteria and qualifier criteria.

Note. Most criteria are the same for best practices and promising practices, and 10 criteria are different for promising practices or can be left open as they do not yet apply to promising practices. These are displayed in blue in the tables below.

1.	**Relevance**
1.1	The practice addresses a priority public health area, a strategy or a response to an identified problem at local/regional level, national level or European level (which level should be indicated) and/or the practice is put in place to support the implementation of legislation.
2.	**Practice characteristics**
2.1	The target population is clearly described (scope, inclusion and exclusion group, socio-economic aspects, gender, age, etc.).
2.2	Objectives are defined in a SMART[14] manner and indicators to measure the planned objectives are clearly described (process, output and outcome/impact indicators).
2.3	The contribution of the target population, carers, health professionals and/or other stakeholders as applicable was appropriately planned, supported and resourced.
2.4	The practice includes an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks.
2.5	An evaluation plan was designed including elements of effectiveness and/or efficiency and equity.
2.5	For promising practices: The practice presents ideas on how it can be evaluated in the future.

[14] SMART is defined as Specific (e.g. what needs to be achieved?), Measurable (e.g. how much change do we want to see?), Achievable (e.g. can the objective be achieved?), Realistic (e.g. is the objective is realistically possible given the context?) and Timebound (i.e. by when does the objective need to be achieved?)

2.6	The methodology of the practice is documented properly, including references to guidelines, protocols, or a manual with a detailed activity description, and is easily available for relevant stakeholders (e.g. health professionals) and the target population.
3.0	**Evidence- and theory-based**
3.1	The practice is built on a well-founded theory and is evidence-based; effective elements (e.g. techniques, principles or mechanisms) in the practice approach are stated and/or justified.
4.0	**Ethical aspects**
4.1	The expected benefits are superseding the potential harms, including animal welfare.
4.2	Individuals' rights (for example, data protection) have been protected according to national and European legislation.
4.3	The practice is respectful with the basic bioethical principles of *Autonomy* (should respect the right of individuals to make their own, informed decisions, based on adequate, timely information); *Non-maleficence* (should not cause harm)/*Beneficence* (should take positive steps to help others) and *Justice* (benefits and risks should be fairly distributed).
4.4	Conflicts of interest of the BP owner and any affiliations (including potential ones) are stated, including the relevant information and evidence demonstrating the connection. Measures should be stated on how this will not impact the implementation of the BP.

2. CORE CRITERIA (ASSESSMENT OF EFFECTIVENESS AND EFFICIENCY AND HOW A PRACTICE HAS ADDRESSED EQUITY ISSUES)

5.0	**Effectiveness[15] and efficiency[16] of the practice and its implementation (process and outcome evaluation)**
5.1	The practice has been evaluated with a sufficient level of independency[17] and takes into account social and economic aspects from both the target population and the perspectives of relevant other stakeholders concerned (e.g. formal or informal caregivers, health professionals, teachers, health authorities).
5.1	For promising practices: Not yet required / can be left empty.
5.2	The evaluation objectives and outcomes (e.g. health) are the most relevant for/can be linked to the stated goals, programme theory and the target group of the practice.
5.3	The evaluation demonstrates that the practice was implemented proportionally [18] to the target groups' needs.

[15] Effectiveness is defined as the extent to which the objectives of the intervention were achieved (OECD, 2021; https://www.oecd.org/publications/guidebook-on-best-practices-in-public-health-4f4913dd-en.htm)

[16] Efficiency is defined as the extent to which inputs were used to achieve desired outcomes (OECD, 2021; ; https://www.oecd.org/publications/guidebook-on-best-practices-in-public-health-4f4913dd-en.htm)

[17] Independency implies that those who have conducted the evaluation are not directly involved in the implementation and/or financing of the practice.

[18] Proportional implies that the practice corresponds with the level of needs of the target group; it does not over- or under-respond to these needs.

5.3	For promising practices: Not yet required / can be left empty.
5.4	The evaluation(s) demonstrate(s) improvements in comparison to the starting point (e.g. the baseline) concerning, e.g. process and outcomes.
5.4	For promising practices: Not yet required / can be left empty.
5.5	The practice has been implemented in an effective and cost-efficient way and the practice has been evaluated from an economic point of view (cost-effectiveness should be stated)[19].
5.5	For promising practices: The practice provides a short description of the costs and benefits.
5.6	Possible unexpected/unintended negative effects have been identified and addressed.
6.0	**Equity**
6.1	The relevant dimensions of equity are adequately and actively considered throughout the process of implementing the practice (e.g. age, gender, socioeconomic status, rural and/or urban area, vulnerable groups including children, displaced people, refugees and migrants, people with disabilities, etc.).
6.2	Elements are included to promote empowerment of the target population (e.g. strengthen their health literacy, ensuring the right skills, knowledge and behaviour).

3. QUALIFIER CRITERIA (ASSESSMENT WHETHER A PRACTICE CONTAINS ELEMENTS RELEVANT FOR ITS TRANSFER TO OTHER SETTINGS)

7.0	**Transferability**
7.1	The documentation on the practice instruments as described under 2.6 (e.g. guidelines, protocols or a manual with a detailed activity description) allow for repetition/transfer to other settings.
7.2	The description of the practice includes the main organizational elements, identifies the limits and the necessary actions that were taken to overcome legal, managerial, financial, sociocultural or skill-related barriers.
7.3	The description includes the main contextual elements of the beneficiaries (e.g. patients, subpopulation, general population) and the actions that were taken to overcome personal and environmental barriers.
7.4	A communication strategy and a plan to disseminate the results have been developed and implemented in an effective[20] way.
7.4	For promising practices: Not yet required / can be left empty

[20] Effective implies using multiple communication and media strategies to ensure a broader reach; Use of research-based strategies and consideration of health literacy and cultural competency of target populations

7.5	The practice has already been transferred/repeated to another setting (local/national/regional), demonstrating that the practice shows adaptability to different contexts and to challenges encountered during its implementation.
7.5	For promising practices: The practice presents ideas on how it can be transferred to another setting in the future.
8.0	**Sustainability**
8.1	The practice presents a justifying economic report, which also discloses the sources of funding and their contribution to financial sustainability.
8.1	For promising practices: The practice provides a short description of the sources of funding.
8.2	The continuation of the practice has been ensured through institutional anchoring (e.g. training of staff) and/or ownership by the relevant stakeholders or communities (e.g. training of stakeholders) in the medium and long term in the planning of the practice.
8.2	For promising practices: Not yet required / can be left empty.
8.3	A sustainability strategy has been developed and it considers a range of contextual factors (e.g. health and social policies, innovation, cultural trends and general economy, epidemiological trends, environmental impact, migration and
8.3	For promising practices: The practice presents ideas on sustainability.
9.0	**Intersectoral collaboration**
9.1	A multidisciplinary and collaborative approach is supported by relevant stakeholders (e.g. health and social care professionals at all levels, civil society, public institutions from education, employment and digital services).
10.0	**Participation**
10.1	The structure, organization and content (also evaluation outcomes and monitoring) of the practice was defined and established together with one or more of the following: the target population and relevant stakeholders and civil

Annex 4 Overview of national level best practice portals

- Praxisdatenbank Gesundheitliche Chancengleichheit (database of health promotion projects in Germany) - in German, website https://www.gesundheitliche-chancengleichheit.de/praxisdatenbank/

- Leefstijlinterventies (Lifestyle interventions) the Netherlands - in Dutch, website https://www.loketgezondleven.nl/leefstijlinterventies

- PRO.SA Banca dati di progetti e interventi di prevenzione e promozione della Salute (Database of projects and interventions In health promotion and disease prevention of Italy - in Italian, website https://www.retepromozionesalute.it

- Portal for the exchange of examples of good practice in the field of public health of Slovenia – in Slovenian, website https://nijz.si/publikacije/merila-za-vrednotenje-intervencij-na-podrocju-javnega-zdravja-za-namen-prepoznavanja-in-izbire-dobrih-praks/

- Profibaza (Database of health interventions in Poland) - in Polish, website https://profibaza.pzh.gov.pl/

- Répertoire des interventions efficaces ou prometteuses en prévention et promotion de la santé (Directory of effective or promising interventions in prevention and health promotion in France) - in French, website https://www.santepubliquefrance.fr/a-propos/services/interventions-efficaces-ou-prometteuses-en-prevention-et-promotion-de-la-sante/repertoire-des-interventions-efficaces-ou-prometteuses-en-prevention-et-promotion-de-la-sante

- Buenas Prácticas (BBPP) en el Sistema Nacional de Salud (Collection of good practices in the National Health System in Spain)- in Spanish, website https://www.sanidad.gob.es/organizacion/sns/planCalidadSNS/BBPP.htm