EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management
Health programme and chronic diseases

CRITERIA TO SELECT BEST PRACTICES IN HEALTH PROMOTION AND DISEASE PREVENTION AND MANAGEMENT IN EUROPE

- *Updated version -*

Background

An important part of the European Commission's approach to preventing and managing non-communicable diseases is to identify and transfer best practices. This approach will support Member States in reaching the WHO/UN targets on non-communicable diseases[1]. Particularly, in the areas of EU policy priorities, as they can study these best practices and consider testing and implementing them in their own countries. This is especially important for smaller countries, for which some do not have the capacity to go through lengthy "trial and error" phases. The European Commission is already successfully sharing best practices in migrant health and in the area of environmental protection.

Much work has also been done by international and national organizations when it comes to collecting and selecting "best" practices[2-3]. As a European example, the Spanish government has defined a full validation strategy including criteria to evaluate best practices[4]. Further work has also been carried out by actions co-funded under the Health Programme [5] and the European Innovation Partnership on Active and Healthy Ageing[6], as well as by research projects[7], which have identified best/good/promising/innovative practices on different health topics using varying methodologies and criteria. In some cases, weighing is applied to the criteria.

The exchange of best practices is identified as one criterion on how actions can achieve EU added value[8]. The 3rd Health Programme's [9] first objective is to *"identify, disseminate and promote the uptake of evidence-based and good practices for cost-effective health promotion and disease prevention measures by addressing in particular the key lifestyle related risk factors with a focus on the Union added value in order to promote health, prevent diseases, and foster supportive environments for healthy lifestyles."* The corresponding indicator to this objective is *"the increase in the number of Member States involved in health promotion and disease prevention, using evidence-based and good*

[1] DG SANTE has opted to support Member States in reaching the globally defined WHO/UN noncommunicable disease targets refraining from developing different ones for EU Member States.
[2] See, for example the work of WHO/AFRO on a guide for Documenting and Sharing "Best Practices" Health Programmes. http://afrolib.afro.who.int/documents/2009/en/GuideBestPractice.pdf or from CDC Atlanta: Best Practices for Comprehensive Tobacco Control Programs-2007 (http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm)
[3] Eileen Ng and Pierpaolo de Colombani. Framework for Selecting Best Practices in Public Health: A Systematic Literature. J Public Health Res. 2015 Nov 17; 4(3): 577
[4] Procedure to collect best practices in the national health system in Spain (https://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/BBPP.htm)
[5] Namely the CHORDIS Joint Action (https://drive.google.com/file/d/0B8Xu4R_n0-nzT3R4RVRDSnZ1UGc/view?pref=2&pli=1) the JAMPA Joint Action (http://www.janpa.eu/work/wp6.asp), EU compass on Mental Health (http://ec.europa.eu/health/mental_health/eu_compass/index_en.htm) and RARHA Joint Action (http://www.rarha.eu/Resources/Deliverables/Lists/Work%20Package%206/Attachments/10/RARHA_Toolkit_W P6.pdf)
[6] https://ec.europa.eu/eip/ageing/repository_en
[7] http://www.rarebestpractices.eu/
[8] https://ec.europa.eu/chafea/health/programme/documents/factsheets-hp-av_en.pdf
[9] http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32014R0282&from=EN

practices through measures and actions taken at the appropriate level in Member States." Actions co-funded under this objective will therefore focus on best (good) practices. This is why it is important to be able to identify which practices are "good" or even "best" when it comes to effective health promotion and diseases prevention measures as well as other care options.

The Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) agreed to the below criteria for the selection of best practices in April 2017. The Joint Research Centre used these criteria to evaluate practices submitted to the Best Practice Portal (after open calls for best practices) in September 2018 and March 2019. In June 2019, the SGPP agreed to select best practices on how EU Member States could incite parents to vaccinate their children in general and to receive the second dose of the measles vaccine in particular. In light of this agreement, DG SANTE submitted the criteria to a group of experts for revision. Representatives from the national and regional levels of immunisation programmes, public health institutes, WHO, ECDC, JRC and DG SANTE participated in the revision. This document presents the updated version of the criteria.

These criteria shall be aligned with the relevant Sustainable Development Goals as well as other internationally agreed health-related targets, which the Member States have committed to reach.

Objective

The overall goal is to provide Member States with **a resource centre** which, as well as providing other information, will pool together a wealth of **best practices** in the fields of health promotion and chronic disease prevention and management. The best practices to be selected may serve for a group of similar Member States or for all of them. To achieve this, the first objective is to establish a **definition of best practice (to distinguish from "innovative" practice, for example)**. Secondly, **to define quality criteria** that categorize the various practices. Thirdly, **a methodology to evaluate practices** collected against those quality criteria will be developed (not developed in detail in this document).

Methodology

DG SANTE has reviewed existing guides, manuals and other documents concerning evaluation criteria for best practices. Based on this review, a definition of "best practice" is proposed below, as well as criteria. These criteria draw on WHO's best practice criteria, those from the Joint Action on Chronic Diseases and Healthy Ageing and the work by the Spanish Ministry of Health as well as a systematic literature review. Each criterion needs to be further broken down and operationalized, which has been done below presenting the sub-criteria for each criterion. Indeed, depending on the public health issue

and types of interventions, the framework of criteria is fine-tuned to emphasize specific criteria[10]. For instance, when applying the framework to health systems, equity and sustainability of the health financing mechanisms may be given greater weight due to their importance[11] .

An expert meeting was organized bringing together all those experts who have worked on best practice collection and selection in the area of health promotion and chronic disease prevention and management, mainly through EU co-funded actions in order to agree on a set of criteria to select best practices[12] . The draft criteria were presented to Member State/EEA countries representatives for comments at the first meeting of the Steering Group on Promotion and Prevention on 30 Nov 2016 in Brussels. Following a consultation round, the Steering Group on Promotion and Prevention agreed the criteria on March 2017. The Joint Research Centre used these criteria to evaluate practices submitted to the Best Practice Portal (after open calls for best practices) in September 2018 and March2019.

These criteria can then be used in any future action co-funded under the 3rd Health Programme to select best practices on health promotion and chronic diseases prevention and management. Such actions would be free to decide whether these criteria are a guidance for best practice selection or if they would further adapt and develop e.g. into a specific evaluation matrix, depending on the topic of the action. DG SANTE is developing an evaluation methodology and refine below criteria concerning possible weighing, scoring, thresholds etc. as to provide a full method for criteria application. The proposed criteria would be periodically updated to reflect new developments[13].

Definition of best practices

The following working definition of "best practice" for the purpose of this exercise is proposed:

> A BEST PRACTICE is a relevant policy or intervention implemented in a real life setting and which has been favourable 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.

[10] Bollars C, Kok H, Van den Broucke S, Mölleman G. European quality instrument for health promotion. European project getting evidence into practice. 2005. Available from: https://ec.europa.eu/health/ph_projects/2003/action1/docs/2003_1_15_a10_en.pdf

[11] World Health Organization. World Health Report 2000. How well do health systems perform? 2000. Available from: https://www.who.int/whr/2000/en/whr00_en.pdf?ua=1

12 The meeting took place on 7/8 Nov 2016 in Luxemburg.

13 Øyen E. A methodological approach to best practices. Øyen E, Cimadamore A, editors. eds. Best practices in poverty reduction: an analytical framework. London: Zed Books; 2002. pp 1-28.

Set of criteria to select best practices

In order to select "best" practices the criteria need to be assessed. For this assessment, the criteria have been grouped into exclusion, core and qualifier criteria.

Criteria to assess the adequacy will be considered as **Exclusion criteria**, i.e. if they are not fulfilled other criteria will not be checked. The **Core criteria** will entail the assessment of the effectiveness and efficiency of the practice as well as how the practice has addressed equity issues. Both criteria will consider whether the intervention was successful; and, finally the **Qualifier criteria** will be used to assess whether the practice contains elements that are relevant for its transfer to other settings.

The **Exclusion** criteria will assess the following aspects:

- **Relevance**
- **Intervention characteristics**
- **Evidence and theory based**
- **Ethical aspects**

The **Core** criteria will assess the following aspects:

- **Effectiveness and efficiency of the intervention**
- **Equity**

The **Qualifier** criteria of the practice will assess the quality of the intervention in terms of its implementation and transferability. These qualifiers will assess the following aspects:

- **Transferability**
- **Sustainability**
- **Participation**
- **Intersectoral collaboration.**

Exclusion Criteria

RELEVANCE

This criterion refers to the political/strategic context of the practice or intervention, which needs to be clearly explained and considered.

The description of the practice should include information whether it is:

- ✓ 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
- ✓ put in place to support the implementation of legislation.

INTERVENTION CHARACTERISTICS

This criterion assesses the existence of a situation analysis (e.g. problem analysis, needs assessment – before the practice has been started) of the target population, established objectives; a consistent methodology is well documented, etc. A thorough description of the practice would include that:

- ✓ 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[14] 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,

[14] SMART: Specific, Measurable, Assignable, Realistic, Time-related.

- ✓ 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

Scientific excellence or other evidence (including from grey literature, situation analyses or anecdotal evidence) was used, analysed and disseminated in a conscious, explicit and thoughtful manner. The assessment of this should check if:

- ✓ 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

To be respectful with ethic values and guarantees the safeguarding of dignity, a practice should accomplish all the following (other aspects may be added, if needed):

- ✓ 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).

Core Criteria

EFFECTIVENESS AND EFFICIENCY

This criterion defines the degree to which the intervention was successful in producing a desired result in an optimal way. It measures the extent to which the objectives of quantity, quality and time have been met under real conditions at the lowest possible cost. Any tools used in the practice such as Information and Communications Technology (ICT) tools (including website or platforms) should be presented in order to be included in the assessment.

Two approaches are process and outcome evaluation.

For process evaluation, the sub-criteria that could be considered when assessing how effectively and efficiently a practice has been implemented are:

- ✓ 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.

For outcome evaluation, the sub-criteria that could be considered when assessing how effective and efficient the practice has been, are:

- ✓ 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

This criterion considers that the practice should take into account the needs of the population when allocating the resources and identify and reduce health inequalities.

As the reduction of inequities is a major issue in Europe, a practice that includes elements that promote equity, should be ranked higher (for example, if considering a gender perspective)[15]. Sub-criteria that could be eventually used to assess 'equity' are:

[15] http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52010DC0491&from=EN

- ✓ 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.

Qualifier Criteria

TRANSFERABILITY

This criterion measures to which extent the implementation results are systematized and documented, making it possible to transfer it to other contexts/settings/countries or to scale it up to a broader target population/geographic context. It would be a plus if transfer of the practice would address **EU added value elements**[16]**.**

Sub-criteria that could be considered to assess this criterion are:

- ✓ 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,
- ✓ The practice shows adaptability to different contexts and to challenges encountered during its implementation.

[16] https://ec.europa.eu/chafea/health/programme/documents/factsheets-hp-av_en.pdf

SUSTAINABILITY

This criterion assesses the practice's ability to be maintained in the long-term with the available resources, adapting to social, economic and environmental requirements of the context in which it is developed. Sub-criteria that could be considered to assess this criterion are:

- ✓ 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

This criterion assesses the ability of the practice to foster collaboration among the different sectors (e.g. health, social, education) involved in the domain of interest (e.g., health promotion, disease prevention and management, etc.). Sub-criteria that could be considered to assess this criterion are:

- ✓ 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).

PARTICIPATION

This criterion assesses the inclusion of stakeholders throughout the whole life cycle of the process and the ability of the practice to foster collaboration among the different sectors involved. Sub-criteria that could be considered to assess this criterion are:

- ✓ 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 behaviour).