Submitter's guide

Best Practice Portal

Contents

Dear practice owner,

Would you like to see your practice/experience/initiative/guidelines published and promoted on the European Commission's Best Practice Portal? We designed this guide to help you to submit your practices for consideration.

All submitted practices will be evaluated and those assessed as "best" will be widely disseminated to serve as a model that could be transferred and implemented in other settings. It will help health authorities to improve the quality of life for citizens and to make health services more efficient.

You, as best practice owner will have an important role. If your practice is selected as a top-ranked best practice, you will be invited to participate in meetings (a 'marketplace' event), where you will present and discuss your practice with EU national experts. Moreover, if your practice is selected for transfer among EU Member States, the Commission and the European Health and Digital Executive Agency (HaDEA) will ask your specific involvement in the setting up of the action. The action will receive funding under the EU4Health Programme. The nature of your activities[1] in the action would be agreed with the Commission and those partners participating in the action.

1. Background

An important part of the European Commission's approach to preventing and managing non-communicable diseases is to identify and disseminate best practices with the aim of helping Member States to implement actions to improve the health of EU citizens.

Implementing what has worked well elsewhere can be especially important for smaller countries that may not have the capacity to go through lengthy "trial and error" phases. Overall, this work should support Member States in their effort to reach the WHO global voluntary targets on non-communicable diseases[1] and Sustainable Development Goal 3.4.[2]

The exchange of best practices is included in the EU Treaty in Article 168[3], which refers to public health. Pan-EU actions can also enhance their EU-added value[4] through best practice exchange. The 3rd Health Programme's[5] 1st objective also clearly refers to "good practices", as follows:

"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

[1] Examples of activities you would be involved in: support EU Member States or other involved parties implementing your practice in their countries; participate in meetings and workshops to support involved parties on how to better transfer your practice into their countries' context; assist in the adaptation of your materials to be used in other EU countries.

order to promote health, prevent diseases, and foster supportive environments for healthy lifestyles."

[1] http://www.who.int/nmh/ncd-tools/definition-targets/en/

[2] https://sustainabledevelopment.un.org/sdg3

[3] http://www.lisbon-treaty.org/wcm/the-lisbon-treaty/treaty-on-the-functioning-of-the-european-union-and-comments/part-3-union-policies-and-internal-actions/title-xiv-public-health/456-article-168.html

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

[5] http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32014R0282&from=EN

Much work has been done by international and national organisations to collect and select "best" practices[6] [7]. As a European example, the Spanish government has defined a full evaluation strategy including criteria[8] at national level. Actions co-funded under the Health Programmes[9] and the European Innovation Partnership on Active and Healthy Ageing[10], as well as research projects[11] have identified best/good/promising/innovative practices on different health topics using varying methodologies and criteria.

DG SANTE, following the Spanish experience on best practice, has reviewed existing guides, manuals and other documents concerning the evaluation of best practices. Based on this review, the term "best practice" has been defined as:

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.

In addition, criteria used to assess practices and select the "best" have been developed, in collaboration with experts from those European projects that collected good/best practices in the fields of health promotion and prevention and the management of non-communicable diseases. Member State/EEA countries in the Steering Group on Health

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[6] 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

[7] 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

[8] Procedure to collect best practices in the national health system in Spain, https://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/BBPP.htm

[9] Namely the CHRODIS joint action e.g. on diabetes: http://chrodis.eu/our-work/07-type-2-diabetes/wp07-activities/national-plans/ or the JANPA joint action: http://www.janpa.eu/work/wp6.asp, the EU Compass on Mental Health http://ec.europa.eu/health/mental_health/eu_compass/index_en.htm and the Joint Action RARHA: http://www.rarha.eu/Resources/Deliverables/Lists/Work%20Package%206/Attachments/10/RARHA_Toolkit_WP6.pdf ; http://rarha-good-practice.eu/

[10] https://ec.europa.eu/eip/ageing/repository_en

[11] http://www.rarebestpractices.eu/

Promotion, Disease Prevention and the Management of Non-Communicable Diseases in spring 2017[12] approved these criteria (see section 4). The criteria were subsequently updated to be more inclusive in 2020.

The portal is always open to submit practices in all areas related to public health. These can also include practices which replace previous interventions, e.g. in the light of new developments or discontinuation of a practice.

DG SANTE may open temporary calls on specific health topics. These will be announced on the portal, the Health Policy Platform, the web-site of the Consumer, Health, Food and Agriculture Executive Agency (Chafea) and through other communication means.

All practices selected as "best" will be published on the best practice portal. They may also be presented to Member States via the Steering Group on Health Promotion, Disease Prevention and Management of Non- Communicable Diseases[13] with the view of wider up-take, transfer and scaling-up.

2. Submission of practices for evaluation

Submitting a practice is only possible **online** via the best practice portal using the questionnaire available at the portal.

2.1 Access to the best practice portal

First: Create a user account– your EU Login Account

> In order to use the Best Practice Portal for practice submission, you need to have a user account, the so-called "EU Login" account. If you do not yet have one, please create it by visiting:
>
> https://webgate.ec.europa.eu/cas/help.html

Second: Click on the "Submission" button that will prompt you to the " Submit a practice for evaluation" main page. When selecting the "Questionnaire" button you will be requested to enter your EU login name and password that allow you to proceed further.

[12] https://ec.europa.eu/health/non_communicable_diseases/events/ev_20170317_en

[13] https://ec.europa.eu/health/non_communicable_diseases/steeringgroup_promotionprevention_en

2.2 The questionnaire

Please note: You will be asked about the efficiency and effectiveness of your practice. If you have not evaluated your practice because it is too early to do so, you will not be able to complete the questionnaire.
Please consider resubmitting your practice once it has been evaluated.

The structured questionnaire ensures a comprehensive description of any practice submitted covering all elements needed for its subsequent assessment according to the criteria laid down in section 4. Thus, all fields are mandatory. It is also mandatory to upload a detailed document describing the practices as well as an evaluation report (or similar document describing an evaluation).
Each question describes the elements you need to provide. You can find a more detailed explanation by placing the cursor on this icon:

Before starting the actual questionnaire, you need to choose the thematic priority. The general priority of "public health" is always open for submission ('Open call'). Other priorities may be added for temporary calls.

You must also **confirm** that you certify, understand and agree that the information provided is correct and may be published on this portal and that you declare that the practice described below is not (financially) supported by (an) economic operator(s) with a (potential) conflict of interest.

In principle, practices may be submitted in any official language of the European Union. However, in order to facilitate the evaluation process, an English translation of the practice should be provided. Attached documents in languages other than English, needed for the practice assessment, should be made available in a machine-readable format to facilitate translations.

You may then begin to complete **questions 1 - 16**:

Question 1
Please indicate the **title of the practice** (in original language and English translation, if the original language is not English). Please do not use acronyms.

Question 2
Please provide your **personal details**, such as your:

- first name, surname, position, email address, institution, country, telephone, website and other (optional) contact details.

Question 3

Please indicate if you are the **responsible person** of this initiative. You can answer with

- **Yes**,
- **No** (then specify who owns the intellectual property rights and explain why you are posting the practice / if you have the consent of the owner to enter the practice) or
- **Not applicable** (please explain why)

When answering **No or Not applicable**, you must provide further explanations, in the empty text box:

When answering **No or Not applicable**, please axplain:

Question 4

Please identify up to 10 **key words** (according to the MeSH Terms) that describe your practice and that will be used for the "search" function of this resource centre.

MeSH Terms: *Medical Subject Headings is the NLM (U.S. National Library of Medicine) controlled vocabulary thesaurus used for indexing articles for PubMed.*
For more information, please see: https://meshb.nlm.nih.gov/search

Question 5

Please indicate the **geographical scope** of your initiative. (You have only one choice)

You can choose between:

- **International level**, you must then specify and select minimum two countries with 1 EU-EFTA (European Free Trade Association) and 1 non EU-EFTA.
- **European level**, you must then select minimum two countries. You have the option here to select among a Regional - Nuts1 or/and a Local - Nuts2.
- **National or Regional** (Nuts1) or Local (Nuts2) from within the EU 27

NUTS classification: (Nomenclature of territorial units for statistics) is a hierarchical system for dividing up the economic territory of the EU for the purpose of socio-economic analysis of the regions.
→NUTS 1: major socio-economic regions
→NUTS 2: basic regions for the application of regional policies
For more information about "NUTS", please visit: http://ec.europa.eu/eurostat/web/nuts/background

Question 6

Please indicate **when your practice started and when it ended**, by clearly indicating the starting month and year and concluding month and year. If your practice is still ongoing, you must indicate this in a separate box.

Question 7

Please indicate if the practice has been **evaluated** or assessed. You can answer this question with **Yes or No**.

However, if you choose **No** to indicate that your practice has not been evaluated yet, **you will not be able to complete** the up-loading of your practice.

You may submit your practice in full, once the required evaluation has been completed.

Question 8

Please provide a short (written) **summary description** of your practice that will be used for publication in the event that your practice is selected as "best".

*Please note for this question: You cannot simply provide links to web-based documents where the practice is described but **write or copy/paste text**. Evaluators will only consider information written in the questionnaire and attached documents (if requested).*

There are 6 subheadings or sub-questions to better structure your summary description. For each subheading, you can write or paste your text in a separate box (with word count). The question is structured in the following subheadings:

Background, context (200 words)

Overall goal and specific objectives (100 words)

The overall goal is the general indication of the practice's contribution to society in terms of its longer-term benefits. The general objective has to correlate with the different specific objectives. These are concrete statements describing what the practice was trying to achieve in order to reach the overall goal.

Indicators (100 words)

Indicators are variables measuring the performance of an action and the level to which the set objectives are reached. Process, output and outcome/impact should be reported.

Target population (100 words)

The target population are persons or entities who were positively affected by the action. A proper target group specification provides a clear definition including information about the demographic characteristics, the needs and social norms with regard to the health problem(s) of interest, the size (i.e., the numbers that will be reached by the action), and the method to reach these people were reached.

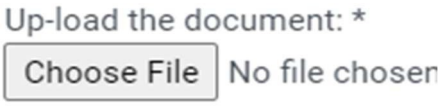
Method (200 words)

Methods should be explicitly linked to the objectives. They should describe how the (specific) objectives were reached, what were the essential tasks performed, e.g. intervention protocol, survey methods, panel of experts, training development, etc.

Main outcomes (200 words)

The outcomes are the changes that have occurred because of the practice i.e. when the specific objectives / overall goal are reached.

In addition, in order to facilitate the evaluation, you are required to **upload a document (in PDF format**) that describes the practice in more details. **It is mandatory to upload this document!**
Please do so using this tool →



The document should explain why this practice is relevant to address the health topic specified above and how it builds on the underlying evidence You should also describe:
• If the practice is a priority public health area or (a part of) strategy and if it was put in place to support implementation of a legislation
• how your practice was influenced by existing scientific evidence, conceptual frameworks, and/or approaches as well as why this approach was the most useful for your practice. Your description can include an analysis of the health problem and its impact on quality of life and on society, an analysis of the factors underlying the problem and an analysis or overview of the effectiveness of the scientific evidence, conceptual framework, and/or approach, or the applicability in the proposed context. Please be detailed and explicit in your description and include pertinent references.
• the main objective and the specific (SMART) objectives and
• the indicators used to measure the outcomes and the process as well as the method to measure them,
• the methodology (including the activities carried out, facilitating factors and barriers (if any)),
• the target population (including how its needs were addressed and how it contributed to the practice),
• how the target population was empowered,
• if the practice was adapted due to different/changing needs encountered during the implementation),
• stakeholder involvement and
• an estimation of the human resources (key staff, collaborators), material and budget requirements (including information on how resources were optimized),
• the results of the practice and
• how you communicate about the practice (if a communication strategy was defined please summarize it) and disseminate information about it (e.g. at the start, possibilities to participate, the results).

Question 9

Please **describe the evaluation (both process and outcome)**, including who undertook it (e.g. internal or external partner, which type of institution), how it was carried out and the results of the evaluation.
You are also asked to discuss whether or not the desired outputs and outcomes of the practice changed during the implementation of the practice.

In addition, you **must add a document** describing the evaluation in more details (e.g. evaluation report including economic aspects). Please provide tables and figures, if possible. **It is mandatory that you upload this document!**

Please up-load a full evaluation report or a similar document describing in details the evaluation you have carried out. Simple graphics showing results without explanations are difficult to interpret for the evaluators. Evaluators will not search online or elsewhere for more information. They will solely rely on the information submitted.

Question 10

Please indicate which **broad health area** your practice addresses. You can choose from 5 different given answers and tick up to 2 appropriate answers: (For *Other, please specify*, you may add a short written text)

- ☐ Health Promotion or Primary Prevention
- ☐ Integration of treatment management and care
- ☐ Rehabilitation and reintegration to social and work life
- ☐ End of life and palliative care
- ☐ Screening and early detection
- ☐ Other, please specify

There is another box for *Additional Information*, where you may provide further detail the area addressed (if required).

Question 11

Please indicate what **kind of practice** is being implemented (more than one answer is possible).

Please select, from the following, all **work areas** that apply to your practice:

> *Action Programme, Information/Awareness Raising Campaign, E- health including mHealth, Health in All Policies, Policy, Research project, Service delivery approach/method, Tool/Instrument/Guideline, Training, Intervention, Screening or Other, please specify.*
> (For *Other, please specify*, you can add a short-written text)

You may use the *Additional Information* option to further specify or explain your practice.

Question 12

Please indicate the **type of stakeholders** concerned with your practice (more than one answer is possible).

Please select all the stakeholders related to your practice from those listed below:

International/European public health authorities, National public health authorities, Regional public health authorities, Local public health authorities, International/European public authorities, National public authorities, Regional public authorities, Local public authorities, Hospital staff, Primary care centre staff, Specialized physicians, please indicate which: (You may write a short text)

General practitioners, Pharmacists, Nurses, Other health care professionals, please indicate which: (You may write a short text)

Informal caregivers, Researchers /academics, Schools/Kindergarten –teachers, Employers/employees, Civil society organisations, please specify: (You may write a short text)

Stakeholders from other than the health sector, please specify: (You may write a short text)

Other, please specify (You can write a short text)

Question 13

Please **describe the involvement of the stakeholders** (including target population) in each part of the practice, from the design to the implementation (including the creation of ownership), evaluation, continuity/sustainability and (if applicable) transfer. There is an empty box provided to write or paste your text. The description may have a **maximum of 500 words**.

Question 14

Please explain (in a written text) how **equity and bioethical principles** have been respected throughout the practice, including during the design and development phase of the practice, practice implementation, evaluation, documentation, and dissemination.

Bioethical principles include but are not limited to: 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).

In your description, you should include any information about ethical review and oversight, ethical training for staff and stakeholders the strategy for managing adverse events and the absence of conflict of interest of the authors. Please also indicate if individual's rights have been protected (according to national and European legislation). You should also describe how absence of conflicts of interest is taken into account regarding the activities.

If an **absence of conflict of interest declaration** was used, you should attach it and upload the document in the questionnaire (e.g. a non-conflict of interest declaration, a paper detailing how equity was assured or any recommendation or guidelines the practice may have developed regarding equity). Please note: **it is NOT mandatory to upload a document!**

Question 15

Please indicate the **most important funding source** for the practice and how this funding source was acquired and used. For this question, several answers are possible.

You may choose from the following options:

- *European funding, please specify the funding programme* (text box available to write your answer)
- *National funding*
- *Regional funding*
- *Local funding*
- *Private funding*
- *Crowd funding or other, please specify* (text box available)

There is an **extra space** (text box) provided to discuss the ability of your practice to be maintained in the long-term with the available resources, as well as how the practice has been adapted to the economic requirements of the practice's context. You are also asked to include detailed information about the funding (public, private), including the duration of the funding, in-kind funding and donations. If possible present a justifying economic report.

Please indicate if:

- The practice has institutional support and stable human resources
- The practice provides training of staff in order to sustain it
- A sustainability strategy has been developed

Question 16

Please indicate the **level of transferability and/or scalability** of your practice? (Only one answer is possible)

You may choose from the following given options:

- Transferability has not been considered. The practice has been implemented on local/regional/national level and transferability has not been considered in a systematic way
- Ready for transfer, but the practice has not been transferred yet. - The practice has been developed on local/regional/national level and transferability has been considered and structural, political and systematic recommendations have been presented. However, the practice has not been transferred yet.
- The practice has been transferred (i.e. scaled-up) within the same country/region. The practice has been scaled-up to other locations or regions or at national scale in the same country.

Please use the **extra space** (text box) provided to explain the transferability/scalability, facilitators and barriers (i.e. legal, managerial, financial or skill-related) that you have identified and how you have overcome them. Describe how did the practice show adaptability to different needs encountered during its implementation.

Please also use the second space below to provide details about any synergies, compatibilities or any conflicts between the practice you are submitting and any other similar practice implemented in other countries.

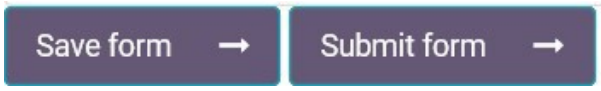
In addition, please up-load a document describing the potential for transfer or scaling-up or any available manuals that allow for repetition/transfer.

It is NOT mandatory to upload a document!

At the end of the questionnaire, before **submitting the submission form**, you are asked to give you consent to the processing of your personal data, by accepting the following statement:

"*By ticking this box, I consent to the processing (collection and further processing, including publishing) of my personal data (name, surname, job position, e-mail address, institution, country, telephone number, website of the project/practice) for the purposes of managing the submission and subsequent evaluation of my submitted best practice (s). If the data were collected from a third person, I state that I received unambiguous consent from the data subject on using it for these purposes. Submission of the data is made on a voluntary basics and consent can be withdrawn at any time, without any consequences. Data are collected according to the Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000. Further information about the processing of my personal data, including the exercise of my rights, my right of recourse to the European Data Protection Supervisor, the recipients of my personal data, the applicable retention periods, and the publication purposes can be found in the related specific privacy statement."*

Then, please **save the form or submit the form** by clicking on one of these 2 buttons at the end of the page:



In principle, practices may be submitted in any official language of the European Union. However, in order to facilitate the evaluation process, an English translation of the practice should be provided.

2.3 Practice submission checklist for best practice evaluation

Please note: the practice will be evaluated by a group of experts against adopted criteria and solely based on the material submitted in the portal (including additional attachments), and NOT any other source mentioned in the submission (e.g. websites).
Please keep in mind that only by checking most or all of the boxes below – i.e. by providing the evidence needed in the submission for the evaluation of your practice – can your practice be evaluated (either positively or negatively). In the absence of evidence to support the submission, the experts will not have the necessary data to evaluate the practice and it is therefore very unlikely that it will succeed. Only those submissions that are evaluated as "Best Practices" will be publicly displayed on the Best Practice portal and may be presented at specific marketplace workshops with Member States representatives interestedin implementing them in their countries.

- ☐ **Is the relevance of the practice to the political/strategic public health context demonstrated?** *This can be done by citing local/regional/national/European level legislation or action plans or other authoritative documents.*
- ☐ **Is the context (existing evidence and theory) and justification (need or problem) for this practice thoroughly described?** *Is the problem/need that the practice addresses clearly stated? Is the target group clearly identified? Are the practice SMART objectives (specific, measurable, attainable, realistic and time-bound) defined?*
- ☐ **Are the main activities carried-out well described?** *For example, where and when they were carried-out, who were the stakeholders, what was the contribution of the stakeholders and the community to the activities? Is the feasibility of the practice demonstrated (including human resources, budget requirements, infra-structure)?*
- ☐ **Are both process and outcome evaluations described in detail?** *As regards process evaluation, does the submission explain how the practice succeeded in producing desired results in an optimal way and benefited the population? Are relevant indicators presented demonstrating to what extent the specific objectives (efficiency) and the expected impact (effectiveness) was achieved? Are all potential negative outcomes taken into account when assessing effectiveness listed?*
- ☐ **Does the submission detail potential barriers (***e.g. legal, managerial, financial, personal or environmental)* **and facilitators for the transfer or scaling–up of the practice?** *Does it include sufficient documentation that would allow for repetition or transfer to other contexts/settings/countries or to scale it up to a broader target population/geographic context?*
- ☐ **Is there a clear description of how the practice fostered intersectoral, multidisciplinary collaboration?** *Are the means it used to empower the community detailed? It could be for example capacity building or strengthening health literacy of the target population through mentoring or training.*
- ☐ **Is the ethical soundness of the practice addressed in the submission?** *Does it explain how equity, protection of individual rights and respect of autonomy were ensured?*
- ☐ **Does the submission present sustainability strategy ensuring that it can be maintained in the long term?** Stable financial and institutional/human resources, as well as socioeconomic trends should be considered?
- ☐ **Are all potential conflict of interests stated?** *Considering that the practice should avert advertisement of a specific product or device and should not be related to any commercial activity?*
- ☐ **Is the submission well referenced?**

3. Evaluation

As explained in section 1, the Member States' Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases has adoptedcriteria against which all submitted practices will be scored.

These criteria are divided in 3 sub-sets:

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

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

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

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

The **Qualifier criteria** assess the following aspects:

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

Set out below a detailed description of the main criteria and all sub-criteria:

3.1 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 or a strategy at Local/Regional level or National level or the European level, 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:

- ✓ 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[15] 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 and health professionals (and 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 optimisation 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 including the bibliography 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 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 programme theory and is evidence-based,
- ✓ The effective elements (or techniques or principles) in the approach are stated and/or justified.

[15] SMART: Specific, Measurable, Achievable, Realistic and Time-bound.

Ethical aspects

To be respectful of ethic values and guarantee 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).

3.2 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 suitable: process and outcome evaluation.

For process evaluation, the sub-criteria that could be considered when assessing how effectively and efficiently a practice have 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 ifthe

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)[16]. Sub-criteria that could be eventually used to assess 'equity' are:

- ✓ The relevant dimensions of equity are adequately and actively considered throughout the process of implementing the practice (e.g. age, gender, socioeconomic status, rural-urban area, vulnerable groups),
- ✓ The practice makes recommendations or guidelines to reduce identified health inequality.

3.3 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 ofthe practice would address **EU added value elements[17].**

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

[17] http://ec.europa.eu/chafea/documents/health/hp-factsheets/added-value/factsheets-hp-av_en.pdf

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.

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[18]. 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).

[18] The practice should demonstrate its compatibility with the culture, knowledge, views, customs and roles of the target group, and with the local policy context in which it will be implemented. This compatibility should take account of the information deriving from the context analysis identifying the trends, opportunities and threats in the broader social and policycontext.

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).

4. Scoring of the criteria

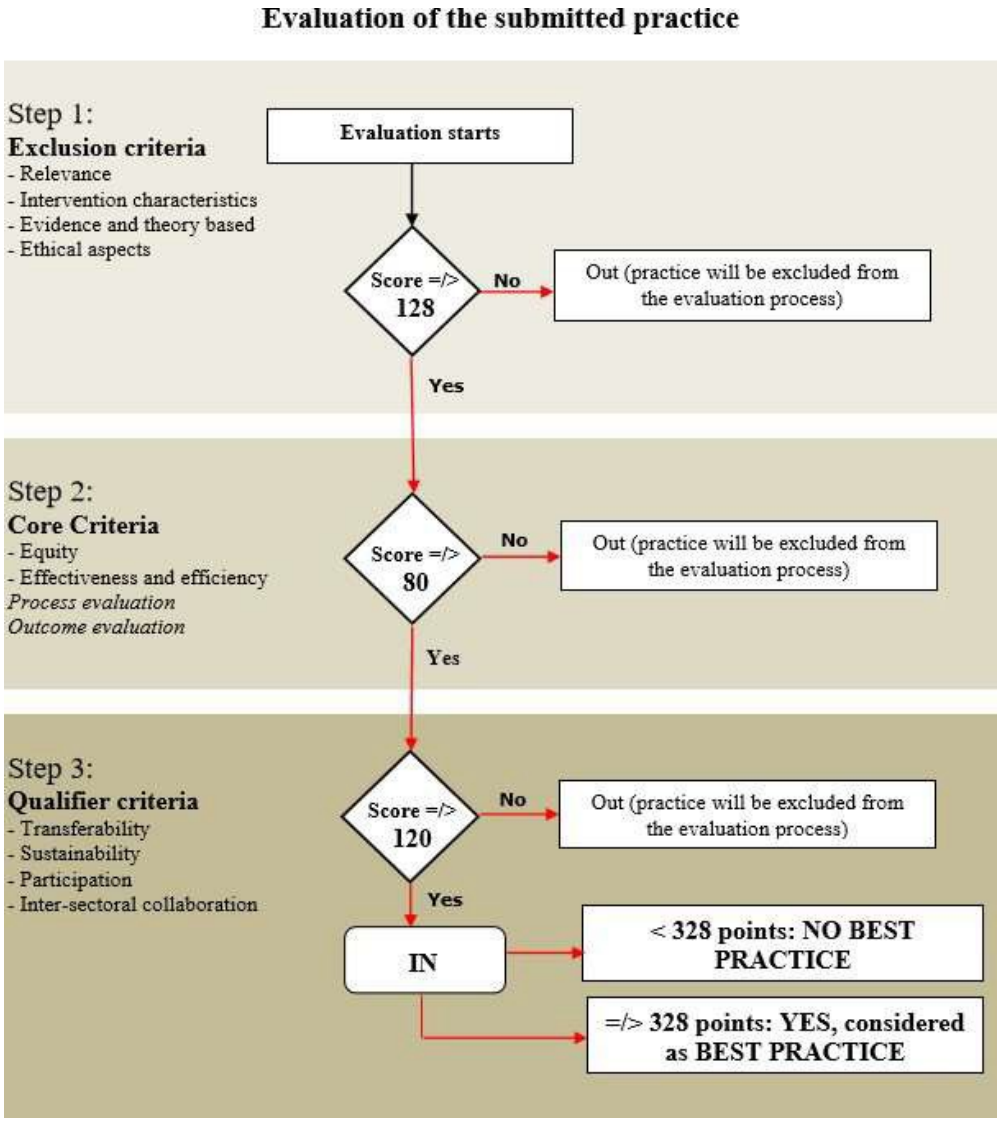
Evaluators can give between 0 to 10 points for each sub-criterion, being guided by the following scale:

Points	Rating	Description
0-1	Very poor	The practice fails to address the criterion or cannot be judged due to missing or incomplete information
2-3	Poor	The criterion is inadequately addressed, or there are serious inherent weaknesses.
4-5	Fair	The practice broadly addresses the criterion, but there are significant weaknesses.
6-7	good	The practice addresses the criterion well, but has a few shortcomings
8-9	very good	The practice addresses the criterion very well, but has a few shortcomings
10	Excellent	The practice successfully addresses all relevant aspects of the criterion. Any shortcomings are minor.

The evaluation is sequential, starting with the exclusion criteria. Altogether, the exclusion criteria need to receive at least 128/190 points. Only practices that pass this threshold will be evaluated against the core criteria. The threshold for all core criteria is 80/110 points. If it is reached in the assessment, the practice will be evaluated against the qualifier criteria. There is a threshold of 120/180 points for all qualifier criteria together. 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".

5. The Evaluation process and beyond

Usually, every practice will be assessed by three expert evaluators, who have a relevant track record in the field of the best practice. The flowchart below shows the evaluation steps from criterion to criterion:



The resulting final assessment report will be transmitted to the submitter, even if the practices is not scored as "best". The report will come via e-mail.

All practices that qualified as "best" will be published on the best practice portal and transmitted to the Steering Group on Health Promotion, Disease Prevention and the Management of Non-Communicable Diseases.

6. Publication on the best practice portal

By submitting a practice for evaluation, you accept that it will be published with your personal contact details on the best practice portal in the case that it is assessed as a "best" practice. In principle, practices will be kept up to 10 years on the portal. However, a practice may be removed earlier from the best practice portal if it is no longer considered as an example to be shared, e.g. because:

- the experience has been implemented in all countries,
- new European health policies have changed the situation,
- a new approach or practice seem to be improvements on a current best practice.

7. Contact

We hope we have clarified the type of content to you need to provide in the questionnaire, the criteria that will be used for the evaluation and how they are applied, as well as the procedures.

If this guide did not answer your question or you would like to provide feedback, please write to us: sante-health-best-practices@ec.europa.eu.