

Guide for submitting Best and Promising Practices to the Public Health Best Practice Portal

March 2023

Contact: sante-health-best-practices@ec.europa.eu

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1. Background

This guide was designed to help best practice owners submit their practices for consideration on the European Commission's best practice Portal. The Portal was set up as part of the European Commission's approach to prevent and manage non-communicable diseases by allowing the identification and dissemination of best practices to help Member States implement national actions to improve the health of EU citizens. Promotion coordination between the EU Member States in terms of sharing and implementing best practices is one of the main tools of the so-called Expert Group on Public Health.¹ The Expert Group was established in December 2022, replacing the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) which had initiated the Best Practice Portal with the objective of contributing to reaching the WHO global voluntary targets on non-communicable diseases² and relevant Sustainable Development Goals^{3, 4}

Fostering the exchange of best practices can be traced back to EU Treaty Article 168 on public health.⁵ Such actions achieve European added value as EU citizens benefit from state-of-the-art practices assessed with rigorous criteria (see also a dedicated article on the process and criteria for best practice assessment). The recent EU4Health Programme⁶ also identifies strengthening the exchange of best practices to address cross-border threats to health as a priority. In addition, much work has already been done by international and national organisations to collect and select such practices⁷.

The Portal is always open to submit practices in all areas related to public health policies, including non-communicable disease as well as communicable diseases such as HIV/AIDS, tuberculosis and hepatitis, vaccination and antimicrobial resistance. Submissions can also include practices which replace previous interventions already present on the portal, e.g. in light of modifications of existing practices and/or new evidence regarding their efficiency or transferability.

DG SANTE may also open temporary calls on specific health topics. These will be announced on the Portal, the Health Policy Platform, the website of the European Health and Digital Executive Agency (HaDEA) and through other communication means.

Definition of best and promising 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 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*

¹ https://health.ec.europa.eu/latest-updates/commission-expert-group-public-health-2022-12-08_en

² <http://www.who.int/nmh/ncd-tools/definition-targets/e>

³ <https://sustainabledevelopment.un.org/sdg3>

⁴ 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 at: <https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-022-00892-5>

⁵ <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>

⁶ https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2021.107.01.0001.01.ENG

⁷ See for example: 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>

criteria are important for a successful transferability of the practice such as a clear definition of the context, sustainability, intersectorality and participation of stakeholders”.

Next to the collection of best practices, the Portal is also open for the submission of ‘promising practices’. These are innovative but not yet fully matured practices, for example in quickly emerging and high priority areas. For promising practices a (partly) different set of assessment criteria is used, especially based on the distinction that a best practice has previously been evaluated, while a promising practice has not been evaluated yet (see chapter 2).

The following working definition of "promising practice" is used: *“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.”*

Practices selected as "best" or as “promising” will be published on the Portal. They may also be presented to Member States via the Expert Group on Public Health⁸ with the view of wider up-take, transfer and scaling-up.

⁸ https://health.ec.europa.eu/system/files/2022-12/c_2022_8816_en.pdf

2. Evaluation

To determine whether a practice can be considered a best or promising practice, each practice submitted via the Portal is thoroughly assessed by a set of criteria developed and adopted by the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP). The original criteria were formulated in 2017⁹, revised in 2020¹⁰ and, more recently, further refined and re-approved in October 2022¹¹.

These criteria are divided in 3 sub-sets which are the same for best and promising practices:

The Exclusion criteria assess the following aspects:

- **Relevance**
- **Practice 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**
- **Intersectoral collaboration**
- **Participation**

⁹ https://ec.europa.eu/health/non_communicable_diseases/events/ev_20170317_en

¹⁰ Stepien et al. Archives of Public Health (2022) 80:131 <https://doi.org/10.1186/s13690-022-00892-5>

¹¹ https://health.ec.europa.eu/events/steering-group-health-promotion-disease-prevention-and-management-non-communicable-diseases-2022-10-05_en

The specific criteria may differ for best and promising practices i.e. the criterium may not apply to a promising practice or the criterium has been modified (in this case it is marked in italic). Below is a detailed description of the main criteria and all sub-criteria for both types of practices.

2.1 Exclusion criteria

<u>Relevance</u>	
This criterion refers to the political/strategic context of the practice or intervention, which needs to be clearly explained and considered.	
<u>Best practice</u>	<u>Promising practice</u>
<ul style="list-style-type: none"> ✓ 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. 	<ul style="list-style-type: none"> ✓ 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.
<u>Practice characteristics</u>	
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.	
<u>Best practice</u>	<u>Promising practice</u>
<ul style="list-style-type: none"> ✓ The choice of the target population is clearly described (scope, inclusion and exclusion group, underlying risk factors, etc.). 	<ul style="list-style-type: none"> ✓ The choice of the target population is clearly described (scope, inclusion and exclusion group, underlying risk factors, etc.).
<ul style="list-style-type: none"> ✓ Objectives are defined in a SMART¹² manner and indicators to measure the planned objectives are clearly described (process, output and outcome/impact indicators). 	<ul style="list-style-type: none"> ✓ Objectives are defined in a SMART manner and indicators to measure the planned objectives are clearly described (process, output and outcome/impact indicators).
<ul style="list-style-type: none"> ✓ The contribution of the target population, carers, health professionals and/or other stakeholders as applicable was appropriately planned, supported and resourced. 	<ul style="list-style-type: none"> ✓ The contribution of the target population, carers, health professionals and/or other stakeholders as applicable was appropriately planned, supported and resourced.
<ul style="list-style-type: none"> ✓ The practice includes an adequate estimation of the human resources, 	<ul style="list-style-type: none"> ✓ The practice includes an adequate estimation of the human resources,

¹² 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?)

material and budget requirements in clear relation with committed tasks.	material and budget requirements in clear relation with committed tasks.
<u>Best practice</u>	<u>Promising practice</u>
✓ An evaluation plan was designed including elements of effectiveness and/or efficiency and equity.	✓ <i>The practice presents ideas on how it can be evaluated in the future.</i>
✓ 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.	✓ 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.
<u>Evidence- and theory-based</u>	
This criterion assesses whether evidence (including from grey literature or anecdotal evidence) was used, analysed and disseminated in a conscious, explicit and thoughtful manner.	
<u>Best practice</u>	<u>Promising practice</u>
✓ 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.	✓ 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.
<u>Ethical aspects</u>	
This criterion assesses whether the practice is respectful of ethical values and guarantee the safeguarding of dignity.	
<u>Best practice</u>	<u>Promising practice</u>
✓ The expected benefits are superseding the potential harms, including animal welfare.	✓ The expected benefits are superseding the potential harms, including animal welfare.
✓ Individuals' rights (for example, data protection) have been protected according to national and European legislation.	✓ Individuals' rights (for example, data protection) have been protected according to national and European legislation.
✓ 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	✓ 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).	Justice (benefits and risks should be fairly distributed).
<u>Best practice</u>	<u>Promising practice</u>
✓ 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.	✓ 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.

2.2 Core criteria

<u>Effectiveness¹³ and efficiency¹⁴</u>	
This criterion defines the degree to which the practice 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.	
<u>Best practice</u>	<u>Promising practice</u>
✓ The practice has been evaluated with a sufficient level of independency ¹⁵ 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).	✓ <i>Not applicable</i>
✓ 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.	✓ 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.
✓ The evaluation demonstrates that the practice was implemented	✓ <i>Not applicable</i>

¹³ 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>)

¹⁴ 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>)

¹⁵ Independency implies that those who have conducted the evaluation are not directly involved in the implementation and/or financing of the practice.

proportionally ¹⁶ to the target groups' needs.	
<u>Best practice</u>	<u>Promising practice*</u>
✓ The evaluation(s) demonstrate(s) improvements in comparison to the starting point (e.g. the baseline) concerning, e.g. process and outcomes.	✓ <i>Not applicable</i>
✓ 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).	✓ <i>The practice provides a short description of the costs and benefits.</i>
✓ Possible unexpected/unintended negative effects have been identified and addressed.	✓ Possible unexpected/unintended negative effects have been identified and addressed.
<u>Equity</u>	
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) ¹⁷.	
<u>Best practice</u>	<u>Promising practice</u>
✓ 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.).	✓ 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.).
✓ Elements are included to promote empowerment of the target population (e.g. strengthen their health literacy, ensuring the right skills, knowledge and behaviour).	✓ Elements are included to promote empowerment of the target population (e.g. strengthen their health literacy, ensuring the right skills, knowledge and behaviour).

¹⁶ 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.

¹⁷ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0152>

2.3 Qualifier criteria

<u>Transferability</u>	
<p>This criterion considers the extent to which 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 ¹⁸.</p>	
<u>Best practice</u>	<u>Promising practice</u>
<ul style="list-style-type: none"> ✓ 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. 	<ul style="list-style-type: none"> ✓ 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.
<ul style="list-style-type: none"> ✓ 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. 	<ul style="list-style-type: none"> ✓ 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.
<ul style="list-style-type: none"> ✓ 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. 	<ul style="list-style-type: none"> ✓ 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.
<ul style="list-style-type: none"> ✓ A communication strategy and a plan to disseminate the results have been developed and implemented in an effective¹⁹ way. 	<ul style="list-style-type: none"> ✓ <i>Not applicable</i>
<ul style="list-style-type: none"> ✓ 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. 	<ul style="list-style-type: none"> ✓ <i>The practice presents ideas on how it can be transferred to another setting in the future.</i>

¹⁸ http://ec.europa.eu/chafea/documents/health/hp-factsheets/added-value/factsheets-hp-av_en.pdf

¹⁹ 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.

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 ²⁰.	
<u>Best practice</u>	<u>Promising practice</u>
✓ The practice presents a justifying economic report, which also discloses the sources of funding and their contribution to financial sustainability.	✓ <i>The practice provides a short description of the sources of funding.</i>
✓ 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.	✓ <i>The practice presents ideas on sustainability.</i>
✓ 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 cross-border movement).	✓ <i>Not applicable</i>
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.).	
<u>Best practice</u>	<u>Promising practice</u>
✓ 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).	✓ 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).

²⁰ 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 policy context.

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.	
<u>Best practice</u>	<u>Promising practice</u>
<ul style="list-style-type: none"> ✓ 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 society. 	<ul style="list-style-type: none"> ✓ 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 society.

3. Submission of practices for evaluation

Submitting a practice is only possible online via the [Best practice Portal](#) using the questionnaire available at the Portal.

3.1 Access to the 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.

3.2 The questionnaire

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 2. Thus, all fields are mandatory. It is also mandatory to upload a detailed document describing the practices. For best practices an evaluation report (or similar document describing an evaluation) is mandatory.

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. You must also confirm that the practice does not rely on a specific product, device, application or method, which will imply a cost to the implementation of the practice. 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.

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 explain:

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 28

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.

If you choose Yes, to indicate that your practice has been evaluated, this means that you are submitting your practice as a best practice and that the practice will be evaluated as such.

If you choose No to indicate that your practice has not been evaluated yet, this means that you are submitting your practice as a promising practice and that the practice will be evaluated as such.

Question 8a

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

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)

Question 8b

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.

Question 8c

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.

Question 8d

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.

Question 8e

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.

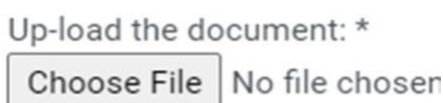
Question 8f

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 provide an answer to the evaluation criteria (see section 2). The documentation checklist can be filled in so that evaluators can quickly localise the correct information in the documentation that you have shared.

The following two sub-questions only apply to best practices.

Question 9a

Description of the evaluation and outcomes (200 words)

Please describe the evaluation (both process and outcome), including a description of the institution that undertook the evaluation and their level of independence, how it was carried out and the results of the evaluation. The results should explain/describe whether the evaluation demonstrated an improvement in comparison to the starting point (e.g. baseline) concerning the process and outcomes. In addition, you must describe whether, basing on this evaluation, the practice was implemented in an effective and cost-efficient way.

Question 9b Description of unexpected/unintended/negative effects (100 words)

Please describe whether the evaluation revealed any possible unexpected/unintended negative effects. Please also reflect on how you have addressed these effects.

To support the descriptions above you must up-load a full evaluation report or a similar document describing in details the evaluation you have carried out (e.g. evaluation report including economic aspects). Please provide tables and figures, if possible. 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. It is **mandatory** that you upload this document!

This following question only applies to promising practices.

Question 9

Please describe how you *plan* to evaluate your practice in the future by giving a description of the objectives and outcomes that you would like to address. Please also provide a brief

overview of the main benefits of your practice so far (e.g. based on anecdotal evidence/observations) and how that relates to the costs of implementing your practices. Any possible unexpected/unintended or negative effects that you may have observed should also be briefly described.

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 regarding 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 up-load 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 15a

Please indicate the most important funding source for the practice and how this funding source was acquired. For this question, several sources of funding can be selected and 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)

Question 15b

Please use the space below to discuss the ability of your practice to be sustained in the long-term with the available resources (i.e. a sustainability strategy).

For promising practices, this can be a brief description, presenting some ideas on sustainability. For best practices, the sustainability strategy needs to describe how the practice has been adapted to the economic requirements of the practice's context. For best practices 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 note: it is **NOT mandatory** to upload a document!

Question 16a

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 at 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.

The following question only applies to practices that are ready for transfer or that have already been transferred.

Question 16b

Please use the space below to describe 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.

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!

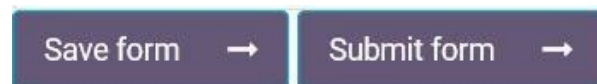
Question 17

Please use the 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.

At the end of the questionnaire, before submitting the submission form, you are asked to give your 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 basis 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:



4. Scoring of the criteria

Usually, every practice will be assessed by three expert evaluators, 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). It is thus important to fill in the evidence checklist so that evaluators can easily locate the right evidence. 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.

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. Only practices that pass this threshold will be evaluated against the core criteria. Practices that pass the core criteria will be evaluated against the qualifier criteria. In total, a best practice can reach a maximum of 300 points, a promising practices can reach a maximum of 240 points. All practices that receive at least 206 points will be considered as "best". Practices that receive at least 164 points will be considered as "promising".

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.

Only those submissions that pass the evaluation thresholds for best and promising practices will be publicly displayed on the Portal and may be presented at specific marketplace workshops with Member States representatives interested in implementing them in their countries.

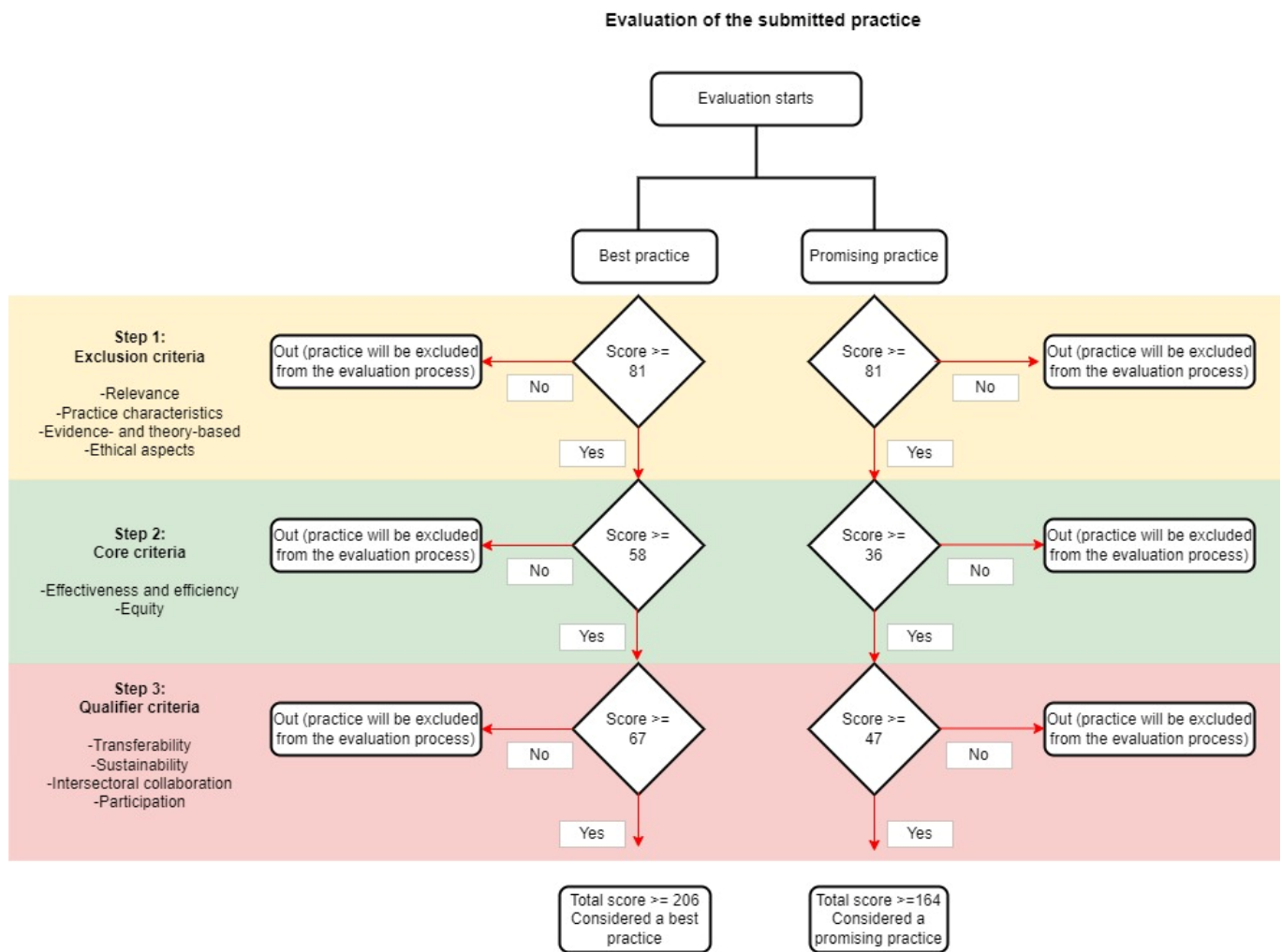


Figure 1. Overview of the evaluation process

5. 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" or "promising" practice. In principle, practices will be kept up to 5 years on the Portal. After this five year period, practice owners can re-submit their practice under a new call. In addition, 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.

6. Contact

We hope we have clarified the type of content that 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.