



HEALTH 4 EU kids

Your Kids' Health, Our Priority

MODULE 1

Session 1.3: The perspectives of stakeholders and experts on transferability, sustainability and scalability of Joint Actions and best practices

1.3.2 Discussion on transferability, scalability and sustainability from the 17th European Public Health Association (EUPHA) pre-conference session

Introduction

This report summarizes the main points of the discussion held during the pre-conference session on November 12, 2024, in Lisbon, during the 17th Conference of the European Public Health Association (EUPHA). The meeting involved experts from various sectors, including public health, social and human sciences. The goal was to analyse and synthesize the results of previous Joint Actions and European initiatives, highlighting knowledge, tools, and recommendations for promoting child and adolescents health and responsive parenting, with particular attention to the transferability, sustainability, and scalability of best practices. The current state of policies in EU member states was also examined, assessing how national actions can support the effective and lasting implementation of successful practices. The interventions offered reflections on the effective adoption of best practices in different national contexts, as well as on the challenges related to collaboration among European, national, and local institutions.

The concepts of Transferability, Sustainability, and Scalability of best practices

In the context of health and social policies, the ability to disseminate and maintain best practices over time is essential to ensure a positive and lasting impact on public health. Transferability, scalability, and sustainability are key concepts to consider in the design and implementation of best practices.

Transferability^{1,2} assesses the degree of systematization and documentation of implementation results, determining whether the practice can be transferred to other contexts, environments, or countries, and whether it can be extended to a broader target population or geographic area.

The main sub-criteria considered include:

- The use of specific tools (e.g., detailed manuals) that facilitate the replication and transfer of the practice.
- A comprehensive description that includes organizational aspects, limitations, and the measures taken to overcome legal, managerial, financial, sociocultural, or skills-related barriers.
- The inclusion of contextual information about the beneficiaries (e.g., patients, subpopulations, the general population) and the actions taken to overcome personal and environmental barriers.
- The development and implementation of a communication strategy and a dissemination plan for the results.
- Evidence of the transfer or replication of the practice.
- Demonstration of adaptability to different contexts and to challenges encountered during implementation.

Sustainability² evaluates the ability of the practice to be maintained in the long term with the available resources, adapting to the social, economic, and environmental requirements of the context in which it was developed.

The main sub-criteria considered include:

- Institutional support, an adequate organizational and technological structure, and stable human resources.
- A description of the economic aspects, including sources of funding.
- Documentation of continuity of practice through institutional anchoring and/or the active involvement of stakeholders or communities over the medium to long term.
- Staff training on the knowledge, techniques, and approaches needed to ensure the sustainability of the practice.

Scalability¹ (upscaling) is the process of expanding the impact of a practice, not only by reaching a larger number of beneficiaries, but also by promoting lasting changes in behaviors and beliefs, ensuring the persistence of the intervention's effects over time (sustainability), and fostering a strong sense of ownership and commitment to change.

The main sub-criteria considered include:

- The ability of the practice to be extended to a larger number of beneficiaries or applied in different contexts.
- The impact of the practice on behaviors, beliefs, and existing contexts, ensuring significant and lasting changes.
- The ability to maintain the intervention's effects over time, even after the initial support ends.
- The degree of involvement and empowerment of key stakeholders—such as institutions, communities, and beneficiaries—in the management and dissemination of the practice.
- The ease with which the practice can be adapted and replicated in different contexts while maintaining its effectiveness.
- The availability of resources, skills, and infrastructure necessary to implement the practice on a larger scale.
- The ability to secure adequate and long-term funding to support the expansion of the practice.
- The coherence of the practice with regulatory frameworks, public policies, and the specific needs of the communities in which it is implemented.

Adaptation to the reference context: experiences from other projects

The **Icehearts Europe**³ project represents a concrete example of how a Finnish model can be adapted to different national contexts, highlighting the need to customize key aspects such as the program duration and the methods of interaction with children. In pilot projects implemented in various countries, the original Icehearts concept has been reinterpreted to respond to local specificities. For example, in Finland, the model involves accompanying children throughout the first 12 years of their lives—a commitment that is difficult to replicate elsewhere, especially in short-term programs. Additionally, the way of interacting with young children varies depending on the country. In Finland, interaction goes beyond verbal communication and includes physical contact, the sharing of daily moments, and active involvement with the family. In some cases, the Finnish model even takes on a substitute support role for socially disadvantaged children. However, this approach is not always applicable in other contexts, where cultural and social dynamics differ. For this reason, the real value of Icehearts Europe lies in its ability to reinvent itself, adapt, and grasp the essence of the model, transforming it into an effective response to the specific needs of each setting—meeting the challenge of reshaping methods to maximize impact in different local realities. Even if a single project does not always survive in its original form, many of its practices are often absorbed into new initiatives and influence future policies. An example of this is the **JACARDI**⁴ project, which is based on the experiences of other Joint Actions, such as **Best-ReMaP**⁵, creating synergies to maximize results.

This shows that the real challenge is not only to launch new projects, but to build on existing ones, fostering continuity that turns innovation into a lasting and shared process.

Another aspect that emerged during the discussion concerns the cultural differences in community participation. In Nordic countries, such as Finland and Germany, active community involvement is a common practice, whereas in many Mediterranean countries, like Italy and Spain, it is not viewed as a widespread habit, but rather as an element that can vary significantly from one context to another. The European Union encourages us to understand why certain behaviours are the norm in some countries but not in others. Without a widespread participatory culture, there is a risk that we will fail to grasp and correctly interpret the language of those involved in processes of social change. In fact, we often talk about the need to adopt transdisciplinary and interdisciplinary approaches, but this is only possible if we learn to genuinely listen and understand the perspectives of others. If we allow all activities related to health and health promotion to be managed solely by the health sector and health professionals, the system risks losing its balance. Only through a participatory process can we foster a genuine sense of belonging and ensure that projects do not remain isolated initiatives, but are instead integrated into the social and institutional fabric of the community. This requires a shift in perspective: it is not about imposing top-down, predefined solutions, but about co-construct interventions based on people's real needs, listening to their experiences, and adapting operational strategies accordingly. Community involvement is not an accessory element, but an essential component in building an inclusive and sustainable well-being model.

The role of Institutions and local organizations in the transferability, sustainability, and scalability of best practices

One of the main challenges that has emerged is the difficulty in transforming practices promoted in European projects into structural and lasting changes. This issue not only affects the success of individual projects, but also impacts the future integration of European countries in the field of health and social policies. At the heart of this challenge is the lack of continuous and operational dialogue between researchers, policymakers, and citizens. While research produces essential data and knowledge to guide political decisions, this information does not always translate into concrete measures, due to the difficulty of transforming scientific evidence into sustainable strategies that can be applied quickly in everyday life. Moreover, prevention and health promotion are often reduced to simple messages directed at individuals, such as "don't smoke" or "don't drink alcohol," without considering the context of belonging, as well as the social, cultural, and economic factors that influence personal choices. Therefore, it is of fundamental importance to adopt a multi-level approach that is able to adapt to existing differences, even within the same country. Some administrative levels may be more receptive and open to change, while others may encounter resistance or difficulties in implementing the proposed measures. To ensure the success of a project, clear and accessible communication with all stakeholders involved is crucial, promoting collaboration among different institutional levels. For example, while some initiatives may be effectively implemented at the regional level, they could be neglected or not fully understood at the local level. Overcoming these discrepancies is essential for transforming best practices into concrete and lasting results. Furthermore, the need for an "intermediate link" to facilitate the transfer and implementation of these initiatives at the local level has been highlighted. Territorial organizations or third-sector entities, due to their direct connection with the community, can play a crucial role in this process by acting as a bridge between national and international Institutions and local administrations. Specifically, involving specialized associative networks could facilitate the integration of European policies at the municipal level, overcoming bureaucratic obstacles and ensuring greater effectiveness in adopting practices. In this sense, strengthening collaborations between European institutions, local authorities,

and grassroots organizations represents a key strategy for making innovations more accessible and sustainable.

The role of the European Commission in strengthening cooperation between governments and local organizations

The role of the European Commission in coordinating between national governments and regional administrations is crucial to ensure effective communication on the objectives of European projects, so that joint initiatives are not perceived as individual commitments, but as comprehensive global strategies. Currently, many national health administrations tend to view Joint Actions as isolated projects, without recognizing their strategic dimension and potential systemic impact. In several countries, dialogue between national ministries and the European Commission is active, but regional/sub-national authorities are often not systematically involved. This creates a disconnection that hinders the dissemination and implementation of practices developed at the European level. To overcome this barrier, the proactive role of the European Commission in communicating its priorities not only to central governments but also to regional and local administrative levels is essential. Only through greater involvement of territorial institutions will it be possible to ensure that projects are seen as shared initiatives rather than top-down impositions. Furthermore, structural support from the European Union to Member States is crucial, in line with the "*Health in all Policies*" approach, which promotes the integration of health policies into all government sectors. There are already successful examples in this regard, particularly among youth associations, which are adopting innovative strategies to improve communication and the impact of European policies on the ground. These examples represent an opportunity to build a more inclusive and effective governance model.

Measuring the impact of best practices

One of the most debated topics during the discussion was the need to develop more detailed and quantitative evaluation tools to measure the effectiveness of adopted policies. Often, analyses are based on qualitative criteria that, while important, do not always provide concrete and easily interpretable data for policymakers and communities. The creation of simple, standardized tools and the quantification of the impact of practices can improve the understanding of phenomena, make risk communication more effective, and facilitate the adoption of targeted promotion and prevention interventions. A concrete example of this approach is the establishment of numerical criteria to measure an "obesogenic environment." WHO EUROPE⁶ has identified key determinants to quantify an obesogenic environment, with a particular focus on children and vulnerable populations, and new regulatory proposals are being defined to limit digital marketing targeted at children. The ultimate goal is to make these tools a reference for public policies, enabling the measurement, monitoring, and more precise intervention on environments and health inequalities.

Conclusions and next steps

In conclusion, to ensure the transferability, sustainability and scalability of European projects, it is essential to actively involve local communities from the early stages of project design. Only through the direct participation of beneficiaries can a sense of ownership be created and ensure that the solutions adopted truly meet the needs of the territory. At the same time, it is essential to develop clear and standardizable evaluation tools that allow for concrete measurement of interventions and, consequently, the impact of the implemented policies. The definition of measurable indicators not only facilitates the monitoring of progress but also improves communication with policymakers, making the translation of scientific knowledge into concrete actions more effective. The role of intermediary organizations, such as associative networks and local entities, proves to be of great

importance. These can serve as a bridge between European projects and local administrations, facilitating the adoption of best practices and ensuring that strategies defined at the institutional level are effectively implemented on the ground.

¹SPRING PROJECT -, Horizon 2020. *How can Good Practices be Transferred/Upscaled? Trends and Key Features of Transferability.* <https://integrationpractices.eu/wp-content/uploads/2022/11/How-can-Good-Practices-be-Transferred-Upscaled-Trends-and-Key-Features-of-Transferability.-FINAL.pdf>

² EUROPEAN COMMISSION DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY. Criteria to select best practices in health promotion and disease prevention and management in Europe.

³ <https://www.icehearts.eu/>

⁴ <https://jacardi.eu/>

⁵ <https://bestremap.eu/>

⁶ WHO European Regional Obesity Report 2022. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NC-SA 3.0 IGO.