RIVER-EU Reflections

Transferability and Adaptation: How Public Health Interventions Travel Across Contexts

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Educational Handout

Reading time: ca. 15 mins

About this Resource

This SEKI educational handout was developed as part of the RIVER-EU project (EU Horizon 2020, 2021–2026). It is intended for junior-to-mid-level healthcare professionals — including doctors, nurses, immunisation program officials, and public health workers — and is available on the SEKI.eu learning platform.

The insights presented here are drawn directly from field experience and research conducted by the RIVER-EU team at Maastricht University and are designed to remain relevant well beyond the project's lifetim

Contents

1. Introduction: Why Transferability Matters
2. Meet the Expert
   Tamara Schloemer, MSc Public Health: European Master of Public Health; MSc Governance and Leadership in European Public Health, Maastricht University, The Netherlands
3. What is Transferability?
   3.1 Why does transferability matter?
   3.2 Transferability is Not Copying
4. Why Good Interventions Sometimes Fail
   4.1 Interventions that worked elsewhere but failed after transfer
   4.2 Different Populations
   4.3 Different Systems
   -> Practice Insight - Participatory Transferability Analysis
5. Understanding Context
   5.1 Who is the target population?
   5.2 What are their needs?
   5.3 What barriers exist?
   5.4 What resources are available?
   5.5 Which cultural factors matter?
6. Adaptation versus Fidelity
   6.1 What should stay the same?
   6.2 What can change?
   6.3 How do we identify core elements?
   6.4 Key Insight
7. Transferability Lessons from RIVER-EU
   7.1 Ukrainian War Refugees in Poland
   7.2 Roma Communities in Slovakia
8. Practical Tips for Healthcare Professionals
9. Reflection Questions
   9.1 For Individual Reflection
   9.2 For Group Discussion
Acknowledgements and Disclaimers

1. Introduction: Why Transferability Matters

The RIVER-EU project (Raising Immunisation rates for Vulnerable and Exempted populations in the EU) was a five-year initiative funded under the EU Horizon 2020 programme, running from 2021 to 2026.

Transferability is one of the central concepts underpinning the RIVER-EU project. While many public health initiatives focus on identifying interventions that work, RIVER-EU asked a different question: how can successful interventions be adapted to work in other communities, health systems, and cultural settings?

This question is increasingly important in a connected Europe. Communities may face similar health challenges, yet differ significantly in their histories, social structures, healthcare systems, cultural norms, and levels of trust in institutions. An approach that succeeds in one setting cannot automatically be expected to achieve the same results elsewhere.

The transferability work within RIVER-EU was led by Tamara Schloemer and colleagues at Maastricht University. Their work explored how evidence-based interventions can be adapted responsibly and effectively across different contexts while maintaining their core purpose. Rather than focusing only on whether an intervention works, transferability asks why it works, for whom it works, and under what conditions success can be achieved.

This perspective shaped many aspects of the RIVER-EU project. Across all participating countries, researchers and practitioners worked closely with communities to understand local realities before proposing solutions. The result was not a single intervention model, but a way of thinking about implementation that places context, participation, and learning at its centre.

Learning Objectives

By the end of this handout, the reader will be able to:

- Explain what transferability means in the context of public health interventions.
- Distinguish between replicating an intervention and adapting it to a new context.
- Identify key factors that influence whether an intervention is likely to succeed in a different setting.
- Describe the role of participation, trust, and co-creation in developing sustainable health solutions.
- Apply transferability thinking to your own work with communities, patients, and health programmes.

2. Meet the Expert

The transferability component of RIVER-EU helped researchers, healthcare professionals, and communities understand how successful interventions can be adapted across different settings while remaining responsive to local needs.

Tamara Schloemer, MSc Public Health: European Master of Public Health; MSc Governance and Leadership in European Public Health, Maastricht University, The Netherlands

Role: Public Health and Implementation Researcher

Tamara Schloemer led the transferability work within the RIVER-EU project. Her research focuses on how evidence-based health interventions can be adapted and applied across different settings while remaining effective and responsive to local needs.

Throughout RIVER-EU, she helped develop approaches for understanding how communities, health systems, and social environments influence implementation. Rather than asking whether a successful intervention can simply be copied elsewhere, her work explored how interventions can be adapted to new contexts while preserving their essential purpose.

A recurring theme throughout her work is that communities should not be viewed as passive recipients of health interventions. Instead, they should be recognised as active partners whose experiences, priorities, and expertise are essential for developing sustainable solutions.

Key Insight: Effective interventions are not replicated. They are adapted while preserving their essential purpose.

> *Transferability asks whether the outcomes of a successful intervention can be achieved in a different setting.* — ***Tamara Schloemer***

3. What is Transferability?

3.1 Why does transferability matter?

Public health professionals are constantly searching for interventions that work. When a programme achieves positive results in one community, it is tempting to assume that the same approach can simply be repeated elsewhere. In practice, however, health interventions rarely operate in identical circumstances.

Communities differ in their histories, cultures, healthcare systems, social structures, resources, and levels of trust in institutions. Even communities that appear similar on the surface may respond very differently to the same intervention. An approach that succeeds in one country, region, or population may require significant adaptation before it can succeed somewhere else.

Transferability helps us move beyond the question of "Does it work?" and instead ask a more useful question: "Under what conditions could it work here?" This shift in thinking allows healthcare professionals and decision-makers to learn from successful interventions while avoiding the risks of copying solutions without considering local realities.

In RIVER-EU, transferability became a guiding principle for understanding how evidence-based interventions could be adapted across different countries and communities while remaining responsive to local needs.

3.2 Transferability is Not Copying

One of the most important lessons from RIVER-EU is that successful interventions should not be viewed as fixed products that can simply be transferred from one setting to another.

Rather than asking how to replicate an intervention exactly, transferability encourages us to identify which elements are essential and which elements can be adapted. The goal is not to reproduce the original intervention in every detail, but to achieve positive outcomes in a new context.

This requires careful attention to the people involved, the healthcare environment, available resources, cultural expectations, and the barriers communities face in their daily lives. It also requires humility: solutions that appear obvious from a research or policy perspective may not be the solutions that communities themselves consider most relevant.

The RIVER-EU approach therefore emphasised listening before acting, understanding context before implementation, and working with communities

rather than imposing solutions upon them. Transferability is ultimately about adaptation, learning, and partnership.

4. Why Good Interventions Sometimes Fail

4.1 Interventions that worked elsewhere but failed after transfer

One of the most common mistakes in public health is assuming that success in one setting guarantees success in another. Decision-makers are often under pressure to act quickly and may be tempted to adopt interventions that have already produced positive results elsewhere.

However, interventions do not operate in a vacuum. They interact with local cultures, healthcare systems, social norms, and community experiences. An intervention that performs well in one environment may produce very different results when introduced into another.

For example, two communities may share a language, religion, or geographical region yet respond very differently to the same intervention. Assumptions based on superficial similarities can lead to ineffective programmes, wasted resources, and a loss of trust among the communities they are intended to support.

> *Not everything works everywhere.* — *Tamara Schloemer*

4.2 Different Populations

Communities are often more diverse than they initially appear. Factors such as age, education, migration history, previous experiences with healthcare, socioeconomic status, and local leadership structures can all influence how people respond to an intervention.

During RIVER-EU, researchers repeatedly found that assumptions made by experts did not always match the realities experienced by community members. Concerns identified in the scientific literature sometimes differed from the issues communities themselves considered most important.

This is why transferability begins with listening. Before adapting an intervention, healthcare professionals must understand who the target population is, what matters to them, and which barriers they experience in their daily lives. Without this understanding, even well-designed interventions may fail to achieve their intended outcomes.

4.3 Different Systems

Successful interventions are also shaped by the systems in which they operate. Healthcare structures, legislation, funding mechanisms, available resources, workforce capacity, and political priorities can differ substantially between countries, regions, and organisations.

An intervention that relies on strong primary care networks, specialised staff, or extensive digital infrastructure may be difficult to implement in a setting where these resources are unavailable. Similarly, legal requirements or organisational cultures may influence how interventions are delivered and received.

Transferability therefore requires more than understanding people and communities. It also requires understanding the environment in which an intervention will be implemented. Effective adaptation takes both human and system factors into account, recognising that success depends on the interaction between the two.

-> Practice Insight - Participatory Transferability Analysis

Rather than assessing transferability from a desk or through literature reviews alone, the RIVER-EU team developed a participatory approach that brought together researchers, stakeholders, and community representatives throughout the process. Workshops, interviews, and focus groups were used to identify barriers, discuss local realities, and determine which adaptations would be needed before implementation.

This approach recognised that communities are experts in their own lived experiences. Transferability therefore became a process of co-creating knowledge rather than simply applying external evidence to a new setting. Decisions about adaptation were informed not only by research evidence, but also by the perspectives of those who would ultimately be affected by the intervention.

-> Key Insight: Successful transferability depends as much on listening and collaboration as it does on scientific evidence.

5. Understanding Context

The following questions can help guide transferability analysis before adapting a successful approach to a new setting:

- Who is the target population?
- What are their needs?
- What barriers exist?
- What resources are available?
- Which cultural factors matter?

> *Assuming that past success will automatically transfer is a common mistake.* — ***Tamara Schloemer***

5.1 Who is the target population?

One of the first lessons from RIVER-EU was that population labels can be misleading. Groups that appear similar from a distance often contain significant diversity in terms of experiences, needs, beliefs, and access to healthcare.

Factors such as age, education, migration history, language, socioeconomic status, and previous experiences with health services can all influence how people respond to an intervention. Even within a single community, different subgroups may face very different barriers and require different forms of support.

Before transferring an intervention, it is therefore essential to understand who the intended beneficiaries are and how they describe their own realities. Assumptions based on demographic categories alone rarely provide a sufficient basis for implementation decisions.

5.2 What are their needs?

Health professionals and researchers often begin with a solution they believe will be beneficial. Communities, however, may have different priorities.

One of the recurring themes in RIVER-EU was the importance of understanding what people themselves considered important before proposing interventions. In some cases, immediate concerns such as mental health, access to services, transportation, employment, or childcare needed to be addressed before preventive health measures could gain attention or acceptance.

Understanding needs requires dialogue rather than assumption. Communities are more likely to engage with interventions when they see that their concerns have been heard and taken seriously. Listening to perceived needs is not a distraction from implementation; it is often a prerequisite for success.

5.3 What barriers exist?

Barriers are rarely limited to a lack of information. While knowledge gaps may play a role, many obstacles are practical, social, cultural, or structural.

Examples may include language barriers, limited transportation, inflexible clinic hours, lack of trust in institutions, previous negative experiences with healthcare, financial constraints, or concerns about privacy and discrimination.

Identifying barriers requires looking beyond the intervention itself and examining the broader environment in which people live. The same intervention may encounter very different challenges in different settings, which is why barrier assessment is a critical part of transferability analysis.

5.4 What resources are available?

Successful implementation depends not only on identifying problems but also on recognising existing strengths. Communities often possess valuable resources that may be overlooked by external experts, including trusted local leaders, community organisations, informal support networks, healthcare professionals, and existing communication channels.

Transferability analysis therefore considers both challenges and assets. Understanding what resources are already available can help implementation teams build on existing strengths rather than creating entirely new structures. This often increases efficiency, sustainability, and local ownership of the intervention.

5.5 Which cultural factors matter?

Culture influences how people understand health, risk, trust, authority, and decision-making. These influences may be shaped by family traditions, religious beliefs, migration experiences, community norms, historical events, or interactions with institutions.

Importantly, cultural factors should not be reduced to stereotypes or assumptions. Two communities with similar backgrounds may respond very differently to the same intervention. The goal is not to categorise people, but to understand the values, experiences, and expectations that shape their perspectives.

By exploring cultural factors early, healthcare professionals can adapt communication strategies, implementation approaches, and engagement activities in ways that are respectful, relevant, and more likely to achieve meaningful impact.

6. Adaptation versus Fidelity

The key questions that should be asked before transferring successful approach to a new setting are:

- What should stay the same?
- What can change?
- How do we identify core elements?

6.1 What should stay the same?

When adapting an intervention to a new setting, it is important to identify the elements that are essential to its success. These are often referred to as the intervention's core elements or core functions.

Core elements are the features that make an intervention effective in the first place. They reflect its underlying purpose and the mechanisms through which change is expected to occur. If these elements are removed or fundamentally altered, the intervention may no longer achieve its intended outcomes.

For example, an intervention designed to increase vaccine confidence may rely on trust-building, dialogue, and access to reliable information. These principles should remain unchanged, even if the way they are delivered differs between communities.

Transferability is therefore not about changing everything. It is about preserving what matters most while adapting other aspects to fit the local context.

6.2 What can change?

While core functions should be preserved, many aspects of an intervention can and often should be adapted. These may include communication methods, educational materials, delivery channels, implementation timelines, stakeholder involvement, or the settings in which activities take place.

For example, information sessions that are successful in one community may need to be delivered through schools, faith-based organisations, community centres, or healthcare facilities in another. Similarly, messages may need to be translated, culturally adapted, or communicated through trusted local intermediaries.

The goal is not to reproduce an intervention exactly as it was originally implemented. The goal is to create the conditions that allow the intervention to achieve similar outcomes within a different context.

Adaptation should be viewed as a strength rather than a weakness. Thoughtful adaptation increases relevance, acceptance, and sustainability.

6.3 How do we identify core elements?

Identifying core elements requires careful reflection on why an intervention was successful in the first place. Rather than focusing only on visible activities, transferability analysis encourages practitioners to examine the underlying mechanisms that contributed to success.

Useful questions include:

- What problem was the intervention designed to address?
- Which components were essential to achieving positive outcomes?
- What evidence supports these components?
- Which elements are context-specific and which are likely to be universally important?
- What adaptations can be made without undermining effectiveness?

In RIVER-EU, these questions were explored through dialogue with researchers, healthcare professionals, stakeholders, and community members. This collaborative approach helped identify which aspects of interventions should remain stable and which could be adapted to local circumstances.

> *Adapt the delivery, not the purpose.* — *Tamara Schloemer*

6.4 Key Insight

Successful transferability is not about copying activities. It is about preserving purpose while adapting delivery.

Reflection:

- Transferability analysis encourages continuous learning and adaptation. How does your organisation currently evaluate and refine programmes after implementation? Are there opportunities to make this process more participatory?

Adapt the Delivery, Not the Purpose

Preserve	Adapt
Purpose	Delivery
Core principles	Communication methods
Evidence base	Language
Desired outcomes	Local implementation
Trust-building	Stakeholder engagement

7. Transferability Lessons from RIVER-EU

To conclude these RIVER-EU Reflections on Transferability, lets briefly revisit the two previous case studies from Poland and Slovakia as examples for successful implementation and innovation within the RIVER-EU action framework.

7.1 Ukrainian War Refugees in Poland

The Polish RIVER-EU team worked with Ukrainian migrants and refugees, a population characterised by diverse backgrounds, migration experiences, and varying levels of trust in healthcare systems. Researchers quickly discovered that assumptions about a single "Ukrainian community" did not reflect the complexity they encountered in practice.

Through focus groups, community dialogue, language-concordant care, and trust-building activities, the team developed interventions that responded to the specific concerns and priorities of the communities they served. Particular attention was paid to addressing communication barriers, building trust in healthcare providers, and creating opportunities for meaningful discussion about vaccination.

Importantly, the intervention was not transferred from another country and implemented unchanged. Instead, the team adapted evidence-based approaches to fit the realities of displaced families living in Poland. The result was an intervention that reflected local needs while remaining grounded in established public health principles.

7.2 Roma Communities in Slovakia

In Slovakia, RIVER-EU focused on improving HPV vaccination uptake within marginalised Roma communities. While the overall objective was similar to that in Poland—increasing vaccine confidence and access—the context was entirely different.

The Slovak team worked closely with Roma Health Mediators and community representatives who were already trusted within the communities. Educational activities, outreach strategies, and communication approaches were shaped by local knowledge and relationships rather than imposed from outside.

This approach demonstrated that successful implementation depends on understanding existing community structures and building on local strengths. Rather than replicating interventions from elsewhere, the team adapted evidence-based principles to fit the cultural, social, and organisational realities of the communities involved.

> *The same principles worked, but implementation looked different in every country.* — ***Tamara Schloemer***

8. Practical Tips for Healthcare Professionals

The Poland and Slovakia experiences demonstrate that successful public health interventions do not need to look identical in order to achieve similar outcomes. Trust-building, participation, dialogue, and community engagement remained constant across both countries, while the specific activities and implementation strategies were adapted to local contexts. This balance between consistency and flexibility lies at the heart of transferability. These recommendations are designed for immediate application in clinical and public health settings where you may wish to transfer a successful approach from one setting to another:

1. Start by understanding the community, not the intervention.
   Before introducing a solution, invest time in learning about the people, needs, priorities, and realities of the community you hope to serve.
2. Listen before proposing solutions.
   Community members often understand barriers and opportunities that may not be visible to researchers, policymakers, or healthcare professionals. Meaningful dialogue should precede implementation.
3. Distinguish core principles from delivery methods.
   Preserve the essential purpose of an intervention while remaining flexible about how it is delivered in different settings.
4. Assess barriers beyond knowledge gaps.
   Practical, social, economic, and cultural barriers often have a greater influence on success than information alone.
5. Build on existing strengths and resources.
   Look for trusted community leaders, established organisations, and existing support structures that can strengthen implementation efforts.
6. Engage communities as partners.
   Participation should not be limited to consultation. Communities should be actively involved in shaping, adapting, and evaluating interventions.
7. Adapt communication to local realities.
   Language, literacy levels, cultural norms, and preferred communication channels all influence how messages are received and understood.
8. Expect adaptation and iteration.
   Successful implementation is rarely achieved on the first attempt. Be prepared to learn, adjust, and refine approaches as new insights emerge.
9. Protect trust throughout the process.
   Trust takes time to build and can be lost quickly. Transparency, respect, and consistency should guide all interactions.
10. Remember that evidence and context work together.
    Strong scientific evidence remains essential, but evidence alone does not guarantee success. Effective implementation requires understanding how evidence can be translated into a particular community and setting.

9. Reflection Questions

Use the following questions for individual self-directed learning or as prompts for group discussion with colleagues or during training sessions.

9.1 For Individual Reflection

Think about a health programme, intervention, or initiative that you have been involved with. Which elements do you believe were essential to its success? Which elements could have been adapted without affecting the outcome?

- Have you ever assumed that a successful approach from another setting would work equally well in your own organisation or community? Looking back, what contextual factors may have been overlooked?
- How well do you understand the communities you currently serve? What additional information would help you better understand their priorities, barriers, and lived experiences?
- When developing new initiatives, do you tend to begin with a proposed solution or with questions about the needs of the people involved? How might this influence the outcomes you achieve?
- What role does trust play in your own work? Are there opportunities to strengthen transparency, participation, or collaboration with the communities you serve?

9.2 For Group Discussion

Think about your organisation or team: Which elements do you believe are essential to its success? Which aspects could be adapted to a different context while still achieving the same goals?

- The RIVER-EU project emphasised participation and co-creation throughout the implementation process. How are community members currently involved in decision-making within your organisation or programme? What could be improved?
- Think about a successful intervention from another country or region that has attracted attention within your field. What questions would you ask before deciding whether it could be transferred to your own setting?
- Which barriers are most likely to affect implementation in your community: practical barriers, cultural barriers, organisational barriers, or trust-related barriers? How might these influence adaptation decisions?
- The Poland and Slovakia case studies achieved similar goals through different implementation approaches. What lessons does this offer for designing health interventions in diverse populations?
- How can healthcare professionals balance the need for evidence-based practice with the need to adapt interventions to local realities?

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