

**European Alcohol and Health Forum (EAHF)**

**Fourth Monitoring Progress Report**

October 2012



**COWI**

This Report has been prepared by the COWI Consortium (Milieu Ltd.) for DG SANCO of the European Commission under Study Contract No. SANCO/2008/01/055 Lot 1. It is authored by: Guillermo Hernández, Tony Zamparutti, Liva Stokenberga and Paola Banfi.

The views expressed herein are those of the consultants alone and do not necessarily represent the official views of the European Commission.

Milieu Ltd. (Belgium), rue Blanche 15, B-1050 Brussels, tel.: +32 2 506 1000; fax: +32 2 514 3603; [guillermo.hernandez@milieu.be](mailto:guillermo.hernandez@milieu.be); [www.milieu.be](http://www.milieu.be)

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## Introduction

This report presents the results of the 2012 quality assessment of the monitoring activities undertaken by members of the European Alcohol and Health Forum (EAHF). For the third consecutive year, Milieu Ltd., as part of the COWI consortium, has been entrusted with this task by DG SANCO.

The EAHF was established in June 2007 following the adoption by the European Commission of the EU's strategy to reduce alcohol-related harm (October 2006). As defined in its Charter, the EAHF is a "platform for all interested stakeholders at EU level that pledge to step up actions relevant to reducing alcohol-related harm".<sup>1</sup> The Forum currently<sup>2</sup> consists of 68 members with a variety of backgrounds including companies and associations in the fields of sales and production of alcoholic beverages, media and advertising; NGOs; research organisations, and other professional bodies. Membership in the Forum is voluntary.

The Forum is an innovative policy tool that endeavors to involve relevant actors in a multi-stakeholder dialogue on a voluntary basis. It encourages participants to take action toward the reduction of alcohol-related harm according to their own capacity and focus. Members do so by means of one or several initiatives, which are referred to as commitments. These commitments relate to the seven priority areas identified in the Forum's Charter, which are discussed in greater detail in the following section.

Part of the agreement amongst the Forum members is that all members produce monitoring report(s) regarding the progress of their commitment(s). These reports are submitted to DG SANCO in a standardised form (see annex II). The quality assessment of the monitoring reports that is presented here focuses solely on the information provided in the monitoring exercise as such, including a description of the commitment's objectives, allocated resources, generated outputs and outcomes, and dissemination and evaluation thereof. It does not concern substantive aspects of Members' commitments such as their formulation, effectiveness, and potential contribution to reaching the goals of the EU Alcohol Strategy.

Section one of this report briefly describes the policy context of the EAHF. Section two provides an overview of the 2012 assessment exercise. Section three discusses the methodology that was used to assess the monitoring reports. Section four presents the results and main findings of the present assessment. It includes an overview of the main improvements and shortcomings as well as a discussion of specific issues pertaining to the different report sections. Section five concludes and puts forward a number of ideas for further action.

The results of this assessment may be of interest to officials in the EU institutions who deal with alcohol and health policy; to Forum members; and to a wider audience of policy-makers and researchers.

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<sup>1</sup> Charter establishing the European Alcohol and Health Forum, p. 2.

<sup>2</sup> As of 26 April 2012.



## Executive summary

### The European Alcohol and Health Forum

The European Alcohol and Health Forum (EAHF) was established in June 2007 following the adoption by the European Commission of an EU strategy to support Member States in reducing alcohol-related harm (October 2006). As defined in the *Charter establishing the European Alcohol and Health Forum*, the Forum is a “platform for all interested stakeholders at EU level that pledge to step up actions relevant to reducing alcohol-related harm”. The Forum is an innovative policy tool seeking to involve as many relevant actors as possible in a multi-stakeholder dialogue on a voluntary basis. It encourages participants, according to their own capacity and focus, to take action toward the reduction of alcohol-related harm.

The Forum presently encompasses 68 members with a variety of backgrounds. These include companies and associations in the fields of sales and production of alcoholic beverages, media and advertising; NGOs aiming to minimise alcohol-related harm; research organisations, and other professional bodies. Members formally engage in contributing to reduce alcohol-related harm by means of one or several initiatives (action plans), which are referred to as ‘commitments’. These commitments relate to the seven priority areas identified in the Charter of the EAHF.

### The Importance of Monitoring the Forum's initiatives

The EAHF Charter requires that Forum members monitor the implementation and performance of their commitments “in a transparent, participative and accountable way”. Details on the monitoring requirements are specified in annex number two (“Monitoring Commitment”) of the Charter of the Forum. As part of this process, all members submit yearly monitoring reports to DG SANCO on the progress of their commitment(s), the overall purpose being to enhance trustworthiness and transparency as well as to develop good practice on monitoring. In this context, systematic monitoring is crucial to ensure that Forum members are able to assess the progress of ongoing initiatives and adapt them in a timely manner in the face of unforeseen challenges or constraints.

The main goal of this quality assessment of the monitoring is to ensure that the commitments, as presented in the monitoring reports, are clearly written and thus understandable to the general public. Overall, the general reader should get a clear understanding of what the commitment is about and what the respective Forum member has done in the reported period to implement the commitment, and with what result.

### The Quality Assessment Process

This report presents the results of the fourth annual quality assessment of the EAHF monitoring reports by an external contractor. As in previous years, this assessment focuses solely on the information provided in the monitoring reports as such, including a description of the commitment’s objectives, allocated resources, generated outputs and outcomes, and dissemination and evaluation thereof. It does not concern substantive aspects of Forum members’ commitments such as their formulation, effectiveness, and potential contribution to reaching the goals of the EU Alcohol Strategy.

Members submit their monitoring reports in a standardised format comprising 12 sections that relate to the main requirements stated in annex two (“Monitoring Commitment”) of the Forum’s Charter. Where the implementation of a commitment has been completed, the annual report is also a final report: in this case, Forum members are in addition requested to present information regarding their evaluation and dissemination activities (sections that are not mandatory for intermediate monitoring reports).

Information provided in each section of the reports<sup>3</sup> is assessed on the basis of criteria on specificity, clarity, focus and measurement. Details of the assessment are further explained in the methodology section of this report.

Prior to the assessment of all commitment monitoring reports, the Milieu Ltd. team carried out a pilot assessment including monitoring reports submitted in 2011 and 2012. This pilot assessment sought to ensure a shared and unambiguous approach. Upon completion of the pilot assessment phase, the team moved on to assess the remaining reports. Quality assurance of the scoring process was conducted independently by a separate team member. As part of quality assurance, the assessment forms were reviewed with a specific focus on both quality and consistency across reports. In general, it considered consistency in the application of the assessment criteria; consistency in language and terminology; and quality of the monitoring.

## Novelties in the Fourth Monitoring Progress Report

Although quality assessment is subject to constant discussion and improvement, consistency is the cornerstone of the process. The methodology adopted in the Fourth Monitoring Progress Report uses the three previous editions as building blocks, and ensures consistency by maintaining the same structure and rationale as the second and third monitoring progress reports. It notably maintains the ‘recommendation uptake’ field, which aims at providing additional feedback and guidance for commitment holders to improve their monitoring activities. The assessment of the ‘recommendation uptake’ is conducted for each main section in the individual feedback forms. This year, it was possible for 23 out of the 44 monitoring reports assessed this year (compared to 34 reports in 2011)<sup>4</sup>.

## Overview and Main Findings of the 2012 Assessment

This year 63 reports were expected from 50 Forum members. Instead, 53 monitoring reports from 37 Forum members were submitted. The number of monitoring reports received and assessed in the 2009-2012 period is summarised in Table 1 below.

**Table 1: Overview of submitted and reviewed reports 2009-2012**

Year	Reports submitted	Reports assessed*	Intermediate (assessed)	Final (assessed)	No. of Forum members submitting reports
2012	53	44**	34	10	37
2011	66	65	39	26	44
2010	88	81	41	40	47
2009	91	91	59	32	43

\*The number of reports assessed can be lower than the number of reports submitted because reports that are identical (or nearly identical) to reports submitted for the previous period(s) are not assessed.

\*\*This year, nine of the submitted reports were not assessed because 7 were identical to the corresponding reports submitted in 2011, and 2 were identical to the 2010 reports.

Of the 44 reports that were assessed in the course of the 2012 monitoring exercise, 34 have an intermediate status and 10 have a final status. The total number of reports and the number of final reports have both fallen

<sup>3</sup> Section 10, “other comments” is not assessed. The rationale for this exception is provided in the methodological section of this report.

<sup>4</sup> As a novelty to the 2012 assessment process, for three reports the recommendation uptake score was based on the recommendations given for final reports submitted for the 2011 monitoring exercise, as the new commitment was essentially an extension of the commitment concluded in 2011. In 2011 (when the ‘recommendation uptake’ scoring was introduced) the recommendation score was only based on recommendations given for the intermediate report of the same commitment in the 2010 reporting period. The novelty was introduced with the overall objective of giving additional guidance to improve the commitment holder’s monitoring efforts.



in 2012 compared to the previous period. In 2011 the number of both final and intermediate reports was also lower than in 2010.

Of the 53 reports submitted in 2012, 9 were not assessed because they were identical to the corresponding reports submitted in either 2011 (7 cases) or 2010 (2 cases). This represents a reversal to the improvement of the 2011 exercise, where only one of the submitted reports was not assessed for this reason, while seven other reports provided only a limited, albeit valuable amount of new information compared to 2010 and were therefore assessed. In 2010 seven reports were not scored because they were identical to the report submitted for the previous reporting period.

The outcome of this year's evaluation exercise shows that the quality of the information provided in those monitoring reports that have been assessed has increased. The overall median score in 2012 was 4.5, compared to 4 in 2011, 3.5 in 2010, and 3.0 in 2009. Compared to 2011, in 2012 median scores increased for all but one section, and decreased for none of them. Particularly marked improvements have occurred in the provision of information relating to the commitments' relevance as well as to the dissemination of the commitments. Members have likewise continued to improve their monitoring reports by providing clear information on the involvement of different stakeholders and partner organisations and their contribution to the commitment.

In 2012, the section on input indicators (including man-hours and man-days for specific periods and financial resources) continued to prove challenging for many Forum members: the median score did not change for this section. Similarly, although overall the scores improved for the section on outcome and impact indicators, there is still room for improvement in this area. For ongoing commitments in particular, few members anticipate the outcomes and impacts of their commitment.

Examination of the 24 reports for which recommendation uptake comparisons could be established in 2012 suggests a moderate uptake level, as Forum members scored, on average, 45.7% of the total possible points in this area compared to 51% in 2011. It should be pointed out that the absence of an improvement in the average score of recommendation uptake overall reflects the rigour and level of detail of the recommendations rather than the absence of the improvement in reporting; the scores of the recommendation uptake should therefore be understood as relative rather than absolute. For example, if for a particular section a recommendation has been made to include additional quantitative data and the commitment holder has not followed the recommendation then the 'recommendation uptake' score for the section is 0; whereas the overall score for the section can be as high as 4.5 out of 5. If no recommendations have been taken into account, the overall scores can be expected to be at the level of the previous reporting period. If any of the recommendations are considered, the overall scores can be expected to increase.

It should however be noted that there seems to be a correlation between 'recommendation uptake' scores and the scores of the individual sections. For example in the 'relevance' section, overall scores have improved from 2 in 2009 to the maximum possible score of 5 in 2012 (it was 3.5 in 2010 and 4.5 in 2011); the overall 'recommendation uptake score' for this section was 70.8%. Other high scores for 'recommendation uptake' were achieved in the sections 'implementation' (54.2%) and 'output indicators' (62.5%). Both of these sections have also scored, on average, 0.5 points higher than in 2011.

The overall positive results in terms of higher scores should be considered, however, along with statistical caveats. Firstly, there has been a considerable decrease in the total number of reports submitted as well as in the number of final reports. Secondly, a relatively large proportion of the reports submitted have not been assessed as they are identical to reports submitted for previous reporting periods. These factors may have introduced a selection bias by leaving lower-quality reports out of the assessment.

There has been a relative increase in the share of high-scoring reports. At the same time, there has been a relative decrease in reports receiving middle-ranking scores – and it is possible that this latter trend has been exacerbated by the reduction in the number of reports. Moreover, improvements in median scores have left rather polarised results in some categories, with a small number of reports having obtained very low scores.

Notwithstanding the overall progress observed, some of the shortcomings identified in the 2011 quality evaluation have persisted in 2012. After a closer scrutiny of the 2012 monitoring reports, new areas for improvement have likewise been identified. The most prominent among these aspects are outlined below:

- Reporting period: There are still some reports where the time period covered is not clearly stated, which may indicate an overlap between reporting periods of the 2011 and 2012 reports. Furthermore, in some of the monitoring reports the information does not match the time period. Some reports provide details about a period that is not within the reporting period. There are three reports that do not specify the time period of the commitment at all.
- Mandatory sections: A number of reports did not complete all mandatory sections for the intermediate and final reports. Where mandatory sections were not filled in, they were scored based on the information found in all other sections of the report.
- Incorrect sections: In a number of reports, information was presented under the incorrect report section. Although the evaluation team did not lower scores in these cases, it is noted that this inaccuracy may prove misleading for the reader.
- Linkages: There was a significant proportion of monitoring reports where a description was lacking as to how the objectives, inputs, outputs and outcomes of a commitment link to each other.
- Outcomes and Impacts: The number of monitoring reports that provide little or no information regarding the commitment's outcome and impact remains relatively high. Although this information is beyond the Forum's minimum monitoring requirements (as laid down in the Charter of the Forum), it is critical for the effectiveness of commitments to be appropriately understood.
- Quantitative data: Many reports did not provide sufficient quantitative detail. Scores were generally lower in the measurement criterion than in the other three scoring criteria (specificity, clarity, and focus).
- Sufficient information: Some members continue to have difficulties to find a middle ground between providing excessively detailed (and sometimes superfluous information) on the one hand, and lacking sufficient relevant information on the other hand. In these cases, there is an overall tendency to provide excessive details in the section for implementation; and there is lack of sufficient detail in the sections for input, output and outcome indicators.

# 1 Policy Context of the European Alcohol and Health Forum

## 1.1 The European Alcohol and Health Forum

The European Alcohol and Health Forum (EAHF) is one of the structures for supporting the implementation of the European strategy to reduce alcohol-related harm. The overall objective of the strategy is to reduce the social and economic damage caused by alcohol consumption. In doing so, it targets the harmful and hazardous effects of alcohol consumption rather than the product itself.<sup>5</sup>

The EAHF is a “platform for all interested stakeholders at EU level that pledge to step up actions relevant to reducing alcohol-related harm”. The Forum is an innovative policy tool that endeavours to involve relevant actors in a multi-stakeholder dialogue and to generate momentum by encouraging all participants to take action on tackling alcohol-related harm according to their own capacity and focus. The Forum membership is voluntary, and it operates in complete transparency, requiring all members to publicly commit to taking actions, to describe their activities and monitor and report on what they have done to implement their commitments. The transparency principle is applied to all Forum members, and the “name and praise” approach seeks to achieve collective positive action and commitment without legally binding enforcement.

In the Forum members can share their experience and accomplishments with potential partners and beneficiaries. The Forum's membership is made up of different types of organisations that work in various alcohol-related fields and various levels of alcohol action and policy. They join their efforts to minimise the harm caused by alcohol consumption. Forum members include umbrella organisations at EU level, national and sub-national organisations and individual companies. As a condition for their participation, members each take actions to address at least one of the seven priority areas identified in the Charter establishing the European Alcohol and Health Forum.<sup>6</sup> These priority areas are the following<sup>7</sup>:

- Better cooperation/ actions on responsible commercial communication and sales,
- Develop efficient common approaches to provide adequate consumer information,
- Develop information and education programmes on the effect of harmful drinking,
- Develop information and education programmes on responsible patterns of alcohol consumption,
- Enforce age limits for selling and serving of alcoholic beverages,
- Develop a strategy aimed at curbing under-age drinking,
- Promote effective behavioural change among children and adolescents.

Forum members submit commitments with a view to reducing alcohol-related harm. EAHF's commitments, which are based on the overall aims of the Forum, are subject to a monitoring process. Monitoring reports are a crucial component of the Forum, as they communicate to the general public the members' efforts to reduce alcohol-related harm. The monitoring process needs to be consistent to ensure transparency and trustworthiness within as well as beyond the context of the Forum

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<sup>5</sup> See [http://europa.eu/legislation\\_summaries/public\\_health/health\\_determinants\\_lifestyle/c11564b\\_en.htm](http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11564b_en.htm).

<sup>6</sup>RAND divided the six priority areas as laid down in the Charter establishing the European Alcohol and Health Forum (p.2) into seven priority areas, see: RAND, First Monitoring Progress Report, Chapter 2, p. 9.

<sup>7</sup> Charter establishing the European Alcohol and Health Forum- Section 2: A Forum for Action [http://ec.europa.eu/health/ph\\_determinants/life\\_style/alcohol/documents/Alcohol\\_charter2007.pdf](http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/Alcohol_charter2007.pdf)

## 1.2 The Monitoring Mechanism within EAHF

The Forum's Charter acknowledges the key role of monitoring members' commitments and considers it essential that "there is sufficient outside involvement in reviewing progress and outcomes to create trust in the process".<sup>8</sup> Forum members are expected to monitor their individual commitments' performance in a "transparent, participative and accountable way"<sup>9</sup>, and to "report on the inputs, outputs and outcomes of the commitments" by presenting them on a website<sup>10</sup>. Transparency is a way of building trust between Forum members and ensuring the credibility of the mechanism vis-à-vis external audiences including the European Parliament and the media. The monitoring mechanism also serves to develop and share good practice; as well as to enable timely adaptation of ongoing initiatives in the face of unexpected challenges or constraints.

Self-monitoring takes place on an annual basis. Members use a standard template for their monitoring reports. This template was developed by the Commission in cooperation with Forum members (see annex II to this report). The external evaluation of the Forum members' monitoring reports represents an instrument for independent quality assessment, based on the criteria of objectivity and comparability. This instrument has thereby the capability to strengthen the trust-building process and to promote the objectives of the Forum.

The first evaluation of the monitoring reports' quality covered all reports submitted by Forum members as of March 2009; this was also the first year that the Forum members submitted monitoring reports on their commitments. This first evaluation was carried out by RAND Europe. Its results were summarised in the First Monitoring Progress Report and presented at the plenary meeting of the EAHF in November 2009. In addition, Forum members received individual feedback. The methodological approach, standards and lessons learned from this first round of external quality assessment (2009) were subsequently taken on board by Milieu Ltd. for the 2010 quality assessment exercise. A number of changes were introduced, however, to increase transparency with regard to the criteria used in the evaluation. These changes were suggested by the Commission in cooperation with Milieu Ltd.

This incremental process has been continued by Milieu Ltd. in 2011 and 2012 for the third and fourth quality assessment cycle of EAHF monitoring activities. Through this iterative process, the monitoring mechanism has been further strengthened, with an overarching principle that although quality assessment is dynamic and subject to constant discussion and improvement, consistency is the process' cornerstone. Overall, particular attention has been paid to ease dynamic assessment of the monitoring reports' quality, to enable meaningful comparisons, to provide thorough recommendations for improvement, and to keep high levels of transparency.

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<sup>8</sup> Charter establishing the European Alcohol and Health Forum, p.3.

<sup>9</sup> Ibid, website address: <http://ec.europa.eu/eahf/>

<sup>10</sup> Ibid.

## 2 Overview of the 2012 monitoring process

This section briefly presents the main features of the Forum's membership regarding the number of Forum members and a classification of Forum members by activity. It also contains information regarding the monitoring reports submitted for the 2012 evaluation exercise and briefly examines changes from previous editions.

### 2.1 The Forum Members

This section provides a short overview of the Forum's membership including total number of members and their respective sectors of activity. A full list of the Forum members that submitted a monitoring report in 2012 can be found in annex I to this report.

The European Alcohol and Health Forum encompassed 68 members as of 26 April 2012, three more than when the 2011 evaluation was carried out. A classification of Forum members was originally prepared by DG SANCO in a 2009 report on Forum commitments.<sup>11</sup> The following categories were identified:

- Alcohol-related NGOs
- Broader NGOs
- Health professionals
- Producers of alcoholic beverages
- Advertising, marketing and sponsorship
- Media
- Retailers, wholesalers and caterers
- Research institutes
- Others

Following consultations with DG SANCO, the First Monitoring Progress Report used a different classification with four categories on the basis of the nature of members' activities. To ensure comparability, Milieu Ltd. decided to keep this system in subsequent evaluations. The four categories are listed below:

- Non-governmental organisations and professional health organisations
- Advertising, marketing, media and sponsorship organisations
- Production and sales organisations
- Research institutes and others

The following table shows the total number of Forum members per category.

**Table 2: Breakdown of Forum members by type, 2009-2012**

Type of Forum member	No. of Forum members (2009)	No. of Forum members (2010)	No. of Forum members (2011)	No. of Forum members (2012)
NGOs and professional health organisations	23	24	24	26
Advertising, marketing, media and sponsorship organisations	7	7	7	7
Production and sales organisations	28	26	27	28
Research institutes and others	6	7	7	7
<b>Total</b>	<b>64</b>	<b>64</b>	<b>65</b>	<b>68</b>

<sup>11</sup> Summary Report: [http://ec.europa.eu/health/ph\\_determinants/life\\_style/alcohol/Forum/docs/report\\_commitments\\_en.pdf](http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/report_commitments_en.pdf), p.7-8.

The table shows that, although NGOs and health professionals are well represented in the Forum (26 members), the largest share of Forum members falls under the category of production and sales organisations (28 members). The presence of the other two categories (research institutes and other organisations; and advertising, marketing, media and sponsorship organisations) is comparatively smaller (7 members each).

In 2012, 37 Forum members submitted monitoring reports (an additional four Forum members were co-owners of a commitment) compared to 44 in 2011 and 47 in 2010. A breakdown of Forum member having submitted monitoring reports for the period 2009-2012 is presented in table 3 below.

**Table 3: Breakdown of Forum member categories having submitted monitoring reports by type 2009-2012**

Type of Forum member	2009		2010		2011		2012	
	No. of Forum members that submitted a report(s)	Share of total	No. of Forum members that submitted a report(s)	Share of total	No. of Forum members that submitted a report(s)	Share of total	No. of Forum members that submitted a report(s)	Share of total
NGOs and professional health organisations	13	30%	16	34%	16	36%	11	30%
Advertising, marketing, media and sponsorship organisations	4	9%	5	11%	4	9%	2	5%
Production and sales organisations	22	51%	22	47%	19	43%	19	51%
Research institutes and others	4	9%	4	9%	5	11%	5	14%
<b>Total</b>	<b>43</b>	<b>100%</b>	<b>47</b>	<b>100%</b>	<b>44</b>	<b>100%</b>	<b>37</b>	<b>100%</b>

## 2.2 The 2012 Monitoring Reports

This section briefly discusses the distribution of monitoring reports by priority area, as well as the relationships between the various member categories and the priority areas set out in the Forum Charter to which their commitments relate. It also focuses on the distribution of monitoring reports between intermediate and final status, and on the status of commitments (i.e. whether the commitment is still active or not).

This year 53 monitoring reports were submitted by 37 Forum Members; 63 reports should have been received from 50 members. The number of monitoring reports received in 2009, 2010 and 2011 were respectively 91, 88 and 66. It is worth noting that of the 53 reports submitted in 2012, 9 were not assessed because they were identical to reports submitted in either 2011 (7 cases) or 2010 (2 cases). This presents a reversal to the improvement of the 2011 exercise, where only one of the submitted reports was not assessed for this reason, while seven other reports provided only a limited, albeit valuable amount of new information compared to 2010 and were therefore assessed. In 2010 seven reports were not scored because they were identical to the previous monitoring report.

Some other reports provided only a limited amount of new information compared to what was reported in 2011. These reports have however been evaluated (consistent to the approach in the previous progress monitoring reports), as that information was considered relevant and worth assessing.

Of the 44 reports of the 2012 exercise, 34 have intermediate status<sup>12</sup> and 10 have final status, compared to 27 final reports in 2011, 41 in 2010 and 32 in 2009. Thus, the total number of reports and the number of final reports have both fallen in 2012. This was also the case in 2011 when the number of both final and intermediate reports was lower than in 2010.

According to the information provided on DG SANCO's dedicated website, 55 commitments from 32 Forum members are still active at the time of writing<sup>13</sup>. In 2011, 33 commitments from 27 members were still active at the time of the assessment.

In the 2012 exercise, four reports were submitted as intermediate reports, although the commitment had come to an end and the monitoring reports should have had a final status. This was indicated with a comment in the individual feedback forms, but did not affect the scores of the monitoring reports.

A breakdown of the monitoring reports submitted by type of Forum member for 2009-2012 is presented in table 4 below.

**Table 4: Total number of monitoring reports submitted, by type of Forum member, 2009-2012**

Type of Forum member	2009		2010		2011		2012	
	No. of reports	Share of total	No. of reports	Share of total	No. of reports	Share of total	No. of reports	Share of total
NGOs and professional health organisations	17	19%	16	18%	18	27%	14	26%
Advertising, marketing, sponsorship and media organisations	4	4%	5	6%	4	6%	2	4%
Production and sales organisations	63	69%	58	66%	39	59%	30	57%
Research institutes and others	7	8%	9	10%	5	8%	7	13%
<b>Total</b>	<b>91</b>	<b>100%</b>	<b>88</b>	<b>100%</b>	<b>66</b>	<b>100%</b>	<b>53</b>	<b>100%</b>

Of the nine monitoring reports that are identical to those from either 2011 or 2010, three are from research institutes and others; one from the advertising, marketing, media and sponsorship organisations; two from production and sales organisations; and three from NGOs and professional health organisations.

Production and sales organisations remain the member category with the largest amount of monitoring reports submitted with 57% of the total. Non-governmental organisations and professional health organisations, and advertising, marketing, media and sponsorship organisations submitted fewer reports than in 2011 and represented a share of 26% and 4% of the total respectively, a slight drop compared to 2011. The share of reports submitted by research institutes and others rose to 13% from 8% in 2011.

There has been a continuous decline in the total number of reports submitted in the period 2010-2012. There are several factors contributing to this trend. For example, the production and sales organisations have submitted 30 reports compared to 58 in 2010 and 63 in 2009, which amounts to a 50% decrease in three years. Similarly, the number of reports submitted by the other types of Forum members have also decreased compared to 2011, with the exception of the 'Research institutes and others' category, where the count of reports submitted rose by 2 in 2012 compared to 2011 (but was still below the level of 2010),

Forum members' commitments relate to at least one of the Forum's seven priority areas. To ensure consistency with the 2009, 2010 and 2011 assessments, data presented in this report solely consider the first (or main) priority area listed in the European Alcohol and Health Forum's database.<sup>14</sup> Table 5 below shows

<sup>12</sup> One of the main differences between the intermediate and final reports is that in contrast to intermediate reports, for the final reports, filling out the sections on evaluation and dissemination activities are mandatory.

<sup>13</sup> The term 'active commitment' refers to those commitments which are ongoing at the time of the reporting deadline of the respective year.

<sup>14</sup> European Health and Alcohol Forum database: <http://ec.europa.eu/eahf>.

the relationship between the commitments presented in members' monitoring reports and the Forum's priority areas for the period 2009-2012.

**Table 5: Breakdown of monitoring reports by priority areas, 2009-2012**

Priority areas		2009		2010		2011		2012	
		No. of reports	Share of total	No. of reports	Share of total	No. of reports	Share of total	No. of reports	Share of total
1.	Better cooperation/ actions on responsible commercial communication and sales	25	27%	24	27%	10	15 %	9	17%
2.	Develop efficient common approaches to provide adequate consumer information	8	9%	8	9%	4	6%	8	15%
3.	Develop information and education programmes on the effect of harmful drinking	20	22%	23	26%	27	41%	16	30%
4.	Develop information and education programmes on responsible patterns of alcohol consumption	20	22%	16	18%	10	15%	11	21%
5.	Enforce age limits for selling and serving of alcoholic beverages	7	8%	9	10%	6	9%	4	8%
6.	Develop a strategy aimed at curbing under-age drinking	8	9%	5	6%	5	8%	3	6%
7.	Promote effective behavioural change among children and adolescents	3	3%	3	3%	4	6%	2	4%
<b>Total</b>		<b>91</b>	<b>100%</b>	<b>88</b>	<b>100%</b>	<b>66</b>	<b>100%</b>	<b>53</b>	<b>100%</b>

Compared to 2011, there is a stark decrease in the number of monitoring reports relating to priority area number three, 'develop information and education programmes on the effect of harmful drinking' – from 27 in 2011 to 16 this year (or a decrease from 41% to 30% of the total). This appears to be linked to the parallel decrease in the number of monitoring reports submitted in 2012 by member categories 'Non-governmental organisations and professional health organisations' and 'production and sales organisations', as these members are typically more active within that priority area.

The number of reports relating to priority area number two, 'develop efficient common approaches to provide adequate consumer information', has increased from 4 to 8, and its share of the total has more than doubled, from 6% to 15%, as a result.

The number of reports assigned to each of the remaining priorities has remained relatively stable, but their relative shares in the total number of submitted reports have changed due to statistical effects. For areas 5-7, the decrease in the number of reports appears large in relative terms (33% in 2012 compared to 50% in 2011), but this effect should not be over-emphasised given the low numbers of reports in these priority areas overall (combined share of only 14% of the total).

Considering the whole reporting period of 2009-2012 it should be noted that any identification and description of trends has to be considered with caution given the decrease in the number of submitted reports over time. Overall, it can be observed that there has been a continuous decrease in the number of commitments submitted in priority area one 'better cooperation/actions on responsible commercial communication and sales', with signs of stabilization in 2011 and 2012. The share and number of commitments in area two 'develop efficient common approaches to provide adequate consumer information' has been relatively stable over time (considering statistical effects), with a dip in 2011. For priority area three, it is difficult to discern a clear trend, as the number and share of commitments has increased in the period 2009-2011, and then decreased from 2011 to 2012. For area number four, there has been a slight



decrease in reports over time, with the exception of 2011-2012 when the number and share of reports increased slightly. For the priority areas five, six and seven, there has been some fluctuation in the reports submitted (and in the respective shares) over time; these three areas have consistently received fewer commitments than the other areas. The three areas with the most commitments have been areas number one, three and four, with area one decreasing in share in 2011 and 2012.

Tables 6a – 6d below show the breakdown of monitoring reports by type of Forum member and by primary priority area for the 2009-2012 period.

The largest share of commitments developed by member category ‘NGOs and professional health organisations’ relates to priority area number three ‘develop information and education programmes on the effect of harmful drinking’, which signals a continuation of the trend dating back to 2009.

For ‘advertising, marketing, media and sponsorship organisations’ commitments have concentrated in priority area one ‘better cooperation/ actions on responsible commercial communication and sales’ for the reporting periods 2012 and 2011; it has shifted away from priority area four ‘develop information and education programmes on responsible patterns of alcohol consumption’, prominent in 2010, and seven ‘promote effective behavioural change among children and adolescents’, prominent in 2009.

The members of category ‘production and sales organisations’ have largely shifted from priority area number three in 2011 to priority area number four in 2012. For the first two years of the reporting period, the commitments of this member category were concentrated in priority area one, partly explaining the decrease of the number of commitments in that area in the 2009-2012 period.

The commitments of ‘research institutes and others’ have focused on priority area number three throughout 2010-2012, and also on priority area four in 2009 and 2010.

**Tables 6a to 6d: Breakdown of monitoring reports by Forum member category, sorted by priority area, in 2009-2012 (the highest values for each category are shaded)**

6a: Type of Forum member	Priority areas (2012)						
	1	2	3	4	5	6	7
Non-governmental organisations and professional health organisations	2	2	7	-	-	3	2
Advertising, marketing, media and sponsorship organisations	2	-	-	-	-	-	-
Production and sales organisations	5	5	4	10	4	-	-
Research institutes and others	-	1	5	1	-	-	-
<b>Total per priority area</b>	<b>9</b>	<b>8</b>	<b>16</b>	<b>11</b>	<b>4</b>	<b>3</b>	<b>2</b>

6b: Type of Forum member	Priority areas (2011)						
	1	2	3	4	5	6	7
Non-governmental organisations and professional health organisations	2	2	8	1	1	1	3
Advertising, marketing, media and sponsorship organisations	3	-	1	-	-	-	-
Production and sales organisations	5	2	14	9	5	3	1
Research institutes and others	-	-	4	-	-	1	-
<b>Total per priority area</b>	<b>10</b>	<b>4</b>	<b>27</b>	<b>10</b>	<b>6</b>	<b>5</b>	<b>4</b>

6c: Type of Forum member	Priority areas (2010)						
	1	2	3	4	5	6	7
Non-governmental organisations and professional health organisations	2	1	10	-	-	2	1
Advertising, marketing, media and sponsorship organisations	-	-	1	4	-	-	-
Production and sales organisations	18	5	7	15	9	3	1
Research institutes and others	-	2	3	3	-	-	-
<b>Total per priority area</b>	<b>20</b>	<b>8</b>	<b>21</b>	<b>22</b>	<b>9</b>	<b>5</b>	<b>3</b>

6d: Type of Forum member	Priority areas (2009)						
	1	2	3	4	5	6	7
Non-governmental organisations and professional health organisations	1	1	10	-	1	3	1
Advertising, marketing, media and sponsorship organisations	3	-	1	-	-	-	4
Production and sales organisations	21	6	7	17	6	5	1
Research institutes and others	-	1	2	3	-	-	1
<b>Total per priority area</b>	<b>25</b>	<b>8</b>	<b>20</b>	<b>20</b>	<b>7</b>	<b>8</b>	<b>3</b>

### 3 Methodology

This section describes the methodology used in the quality assessment of the monitoring reports submitted by EAHF members. The methodology adopted in this Fourth Monitoring Progress Report builds upon the three previous editions, and respects the consistency imperative. The fourth monitoring report builds on all previous assessment exercises, and has the same structure as the 2010 and 2011 reports. It notably maintains the ‘recommendation uptake’ field introduced in 2011, which aims at providing additional feedback and guidance for commitment holders to improve their monitoring activities.

The quality evaluation process is conceived dynamically and updated with each consecutive evaluation exercise, yet it must ensure comparability over time. The methodological approach adopted here seeks, therefore, to provide an objective and clear insight into the quality of Forum members’ monitoring activities, both individually and at an aggregate level.

It must be borne in mind that, like in previous years, this assessment does not concern substantive issues of the commitments. It focuses solely on the information provided in the monitoring reports, including a description of the commitment’s objectives, allocated resources, generated outputs and outcomes, and dissemination and evaluation thereof.

#### 3.1 "SMART" Assessment

In line with the Forum’s Charter<sup>15</sup>, the overall framework for evaluating the quality of members’ monitoring reports is based on the use of “SMART” procedure (see box below).

SMART procedure (Forum Charter)

- **Specific** (connected to the action(s)) – clear about what, where, why and when the situation will be changed;
- **Measurable** – able to quantify or qualify the achievements, changes or benefits;
- **Attainable/achievable** – able to attain the objectives (knowing the resources and capacities at the disposal of all those concerned);
- **Realistic** – able to obtain the level of change reflected in the objective;
- **Time bound** – stating the time period in which the objectives will be accomplished.

The SMART procedure was initially adapted by RAND in the 2009 assessment to accommodate the needs of quality assessment and particularly the fact that the assessment focuses on monitoring activities rather than the actual impacts of the commitments.<sup>16</sup> In the 2010 evaluation, the COWI/Milieu consortium sought to further refine and clarify the assessment criteria by introducing more specific definitions. This refined version of the SMART procedure has been the basis for the 2011 and 2012 quality evaluation exercises. To ensure the continuous improvement and coherence in assessment across reports, the evaluation team conducts the assessment according to internally agreed ‘internal assessment guidelines’. The rationale underpinning the progressive adaptation of this procedure is summarised in table 7 below.

<sup>15</sup> Forum Charter, p. 9-10.

<sup>16</sup> RAND, First Monitoring Progress Report, Chapter 3, p. 27.

**Table 7: Assessment rationale for criteria of specificity, clarity, focus and measurement**

Assessment criteria	Interpretation 2009	Clarification 2010 (likewise applied in 2011 and 2012)
<b>Specificity</b>	Does the report state clearly what the commitment aims to do, for whom, how it will be done and by means of which actions it will be accomplished?	The evaluation will focus on whether the report provides all the relevant information (how/who) per report field. The scoring will only assess whether the relevant information is included (the manner in which it is described and the level of detail are scored by the other criteria).
<b>Clarity</b>	Does the report allow the reader to understand the commitment fully? Does the report offer clear links between objectives, inputs, outputs and outcomes (if present)?	The evaluation will focus on whether the report provides, where relevant, links (between objectives, input, output, etc.) to ensure a better overall understanding. It will also assess whether the information is provided in a clear and understandable manner, and provides a good overview for the reader.
<b>Focus</b>	Does the report include only relevant information and provide necessary contextual information for the reader to be able to judge the scale of commitment's impacts?	The evaluation will focus on whether the report includes sufficient (but not superfluous) detail and, where necessary, provides contextual information.
<b>Measurement</b>	Does the report include quantitative data that have been measured accurately and at appropriate intervals, and that are framed in an understandable manner?	The evaluation will assess whether the report provides sufficient quantitative data wherever relevant.

### 3.2 The Individual Feedback Forms

As stated in the introduction, all members that have submitted monitoring reports receive individual feedback forms. These forms are divided into sections corresponding to those in their monitoring reports.<sup>17</sup> Each section is made up of report fields that refer to the SMART assessment criteria discussed above. It must be noted that not all criteria are applicable in all sections (e.g. not all sections require quantitative data).

Each section receives a maximum score of five if all applicable criteria are fulfilled. The feedback forms used in the Second, Third and Fourth Monitoring Progress Reports differ from those used in the First Monitoring Progress Report in that they provide scores per report field instead of only overall scores per section. The template used for individual feedback forms can be found in annex III to this report. Possible scores are presented in table 8 below, along with their respective meaning.

**Table 8: Meaning of scores awarded**

Score	Meaning
5	Excellent
4	Good
3	Adequate
2	Poor
1	Very poor
0	No (sufficient) response
N/A	Not applicable

As in 2010 and 2011, individual feedback forms begin with a general introduction that informs the commitment holder of the individual score of the commitment (expressed in points and in percentage of total), and the overall median scores of all commitments submitted for the respective period. The scores are broken down by sections that are scored<sup>18</sup> and by criteria<sup>19</sup>. This introduction also contains the main

<sup>17</sup> Please refer to annex two for more details on the monitoring reports' standardised template.

<sup>18</sup> Sections: implementation; objectives; relevance; input indicators; output indicators; outcome and impact details; evaluation details; dissemination (the latter two are not mandatory for intermediate reports);

conclusions of the quality evaluation and information on the assessment process. For further details, please see annex III: ‘Individual feedback form matrix’.

Similarly as in 2011, the section on ‘additional information’ was removed from the individual feedback forms. This section was already discounted in the 2010 evaluation process because few Forum members filled in the section. In cases where additional information was provided it was difficult to score on the basis of the defined criteria.

### 3.3 Recommendation Uptake

One of the main innovations built into the 2011 assessment process consisted of accounting for the extent to which recommendations issued to Forum members in the previous assessment exercise were integrated into the new monitoring reports. For each section of the individual feedback forms that members filled out, a “recommendation uptake” score is provided, with a maximum score of 2 points for each session filled out. Table 9 lists the possible scores and their meaning for this criterion.

**Table 9: Meaning of scores awarded for ‘recommendation uptake’**

Score	Meaning
2	Recommendation fully taken into account
1	Recommendation partly taken into account
0	Recommendation not taken into account
N/A	Not applicable

In line with the Third Monitoring Progress Report, the individual feedback form also includes the field ‘recommendation uptake’ (please see annex III for details) aimed at assessing the extent to which Forum members have taken into account 2011 recommendations to improve the quality of the monitoring reports. This assessment, which is conducted for each main section in the individual feedback forms, was possible for 24 out of the 44 monitoring reports assessed this year (as compared to 34 reports last year) as almost half of them were new commitments.

For three reports the recommendation uptake score was based on the recommendations given for final reports submitted for the 2011 monitoring exercise, as the new commitment was essentially an extension of the commitment concluded in 2011. In 2011 the recommendation score was only based on recommendations given for the intermediate report of the same commitment in the 2010 reporting period. This small change seeks to provide additional guidance to improve monitoring activities.

In section 4.3 of this report, which discusses the findings on recommendation uptake, scores are presented as share of the maximum possible score for each commitment. This seeks to ease comparisons across members, given the fact that scoring ceilings vary depending on the report status (intermediate or final) as well as on whether non-mandatory fields in intermediate reports had been completed in 2011<sup>20</sup>.

### 3.4 Methodological Approach

The overall objective of the monitoring mechanism as envisioned in the Charter of the Forum is that the commitments, as presented in the monitoring reports, are clearly understandable for the general public. The commitments reflect the different objectives of the Charter and the monitoring reports are one of the main tools to communicate these to the public. It is crucial that the reader understands the scope of the commitment, the commitment-related activities, and their relevance to the aims of the Forum. The purpose is for the reader to obtain *sufficient* information.

<sup>19</sup> Criteria: Specificity; clarity; focus; measurement.

<sup>20</sup> The possible maximum values of the ‘recommendation uptake’ sections were 12, 14 and 16.

The team conducting this evaluation of the monitoring reports has given particular attention to continuous improvement and development of the assessment protocol (also referred to as ‘internal assessment guidelines’). The aim of this effort has been to ensure that potentially problematic or borderline cases are dealt with in a consistent manner, and that all monitoring reports are assessed fairly. A simplified version of this protocol, which for consistency purposes is based upon the guidelines of 2010 and 2011, is presented below.

- The overall purpose is trustworthiness and transparency in providing (monitoring) information
- Whenever information is provided that is not mandatory (sections ‘evaluation details’ and ‘dissemination’ for intermediate reports), it shall be assessed
- Whenever information is not specified in a particular section but can be found elsewhere in the report, the report as a whole shall be taken into consideration (points should be awarded if the information is found anywhere in the report)
- Scores are given whenever relevant information is provided. If some irrelevant information is also provided, points are not subtracted. The focus should thus be on “sufficient” relevant information
- The information subject to scoring is the information that is included in the monitoring report. Any additional information (such as references to websites, annexes etc.) will not be taken into account in the assessment process

In addition, guidance for the evaluation process was agreed for specific criteria, report sections and definitions. Some examples of this guidance are listed in table 10 below.

**Table 10: Assessment Guidance**

<b>Topic</b>	<b>Guidelines</b>
<b>Contextual information</b>	Reference should be made to information (society/ statistics etc.) that provide additional insight to understanding the commitment.
<b>Quantitative data</b>	Measurable and verifiable data; data should provide actual information rather than to provide numbers without a meaning.
<b>Objectives (Clarity)</b>	The objectives should be fully understandable to the reader. This means that there should not be any contradictory or unambiguous information or any gaps.
<b>Relevance (Specificity)</b>	The report should describe how the commitment is relevant - by reference to evidence that provides a link between the aims of the Forum and the commitment-related actions.
<b>Clear link</b>	The link needs to be established between the objective and output/outcome (for example: training leads to increased awareness).
<b>Relevance (Forum aims)</b>	In evaluating whether the commitment is linked to the aims of the Forum the terminology of the aims should be compared with the terminology used in the Charter. If similar wording is used, an implicit link could be established.
<b>Output indicators</b>	Indicators that measure output of commitment (such as 200 training sessions per year; 1500 posters distributed during project period etc.). A critical view is important: the indicators should be measurable and unambiguous. Moreover, the information included under the heading ‘output indicators’ should provide insight to the reader to whether the stakeholder has done what they said that they were going to do.
<b>Output versus outcome (impact)</b>	Whereas output refers to indicators that measure output of commitment (quantitative) the outcome is linked to its objective to evaluate what has been achieved (quantitative and qualitative). The information included under the heading ‘outcome’ should provide insight to whether the commitment is achieved and how successful it has been. This also requires a link to the original objectives.
<b>Dissemination</b>	How and where have the outputs of the commitment been made publicly available, and what has been the scale of the dissemination activities.

### **3.4.1 Stage 1: Pilot Assessment**

Prior to the assessment of all commitment monitoring reports, the Milieu Ltd. team carried out a pilot assessment. This process was conducted by a core team of Milieu’s researchers with the review of an

additional team member with relevant experience. The pilot assessment was based on the methodology developed in the first three Monitoring Progress Reports.

The pilot phase consisted of the scoring of nine monitoring reports, which were simultaneously carried out by two researchers. The pilot batch included reports from both 2011 (i.e. covered in the Third Monitoring Progress Report) and 2012 to ensure full consistency between the different Monitoring Progress Reports and across individual feedback forms for 2012. In addition, the pilot batch included monitoring reports prepared by members from all four Forum membership categories discussed earlier in this report; intermediate and final reports; as well as reports where 'recommendation uptake' was assessed.

As in 2010 and 2011, once the two researchers had assessed all nine reports from the pilot batch, a discussion meeting was arranged with a senior expert. This enabled the evaluation team to assess and overcome differences in scoring approaches and determine whether the methodological approach required further harmonisation, particularly with regard to the following components:

- Assessment criteria
- Identification of gaps
- Level of detail in the comments
- Overall interpretation and judgement
- Recommendations
- Language/register

### **3.4.2 Stage 2: Assessment of Reports**

Upon satisfactory completion of the pilot assessment phase, the team moved on to assess the remaining reports. Despite significant harmonisation work carried out during the pilot phase, the researchers in charge of the evaluation interacted regularly to further discuss and clarify outstanding issues concerning the assessment process. Reports where assessors were in doubt of any of the scores were cross-checked by a team member and subsequently discussed. Informal meetings were arranged to cross-check each other's assessment of the different reports.

### **3.4.3 Stage 3: Quality Assurance**

After the assessment process was completed, quality assurance of the scoring process was conducted independently by a separate team member with prior experience in the assessment. As part of the quality assurance, the evaluation forms were reviewed with a specific focus on both quality and consistency across reports, making sure that random checks were performed for monitoring reports submitted by all four types of Forum members. The quality assurance expert also reviewed statistical outliers. In general, the quality assurance process considered consistency in the overall assessment approach; consistency in language; and quality of the evaluation.





## 4 Results of the Quality Assessment of the 2012 Monitoring Reports

This section reviews how Forum members reported on the monitoring of their commitments. The overall results are presented in section 4.1. Section 4.2 discusses scores<sup>21</sup> by report section.

Forum members have provided better monitoring information than in previous years. However, data produced in the course of the 2012 evaluation should be considered along with statistical caveats. As previously discussed, the total number of assessed reports has decreased this year by approximately one-third compared to 2011 (and by almost half compared to 2010), which means that the overall results of the evaluation are not fully comparable. It must also be noted that the share of final reports in the total number of submitted reports has been lower in 2012 (22.7%) than in 2011 (40.91%) and 2010 (48.86%). Since sections nine ('evaluation details') and ten ('dissemination') are only mandatory in final reports, the evaluation results for these two sections should be considered with caution.

### 4.1 Main Findings

This year's assessment exercise shows that the overall quality of the information provided in those monitoring reports that have been assessed has increased. The overall median score in 2012 was 4.5, compared to 4 in 2011, 3.5 in 2010, and 3 in 2009. Compared to 2011, in 2012 median scores increased for all but one section, and decreased for none of them. Particularly marked improvements have occurred in the provision of information relating to the commitments' relevance and regarding the dissemination of the commitments. Members have likewise continued to improve their monitoring reports by providing clear information on the involvement of different stakeholders and partner organisations and their contribution to the commitment.

The overall positive results should be considered, however, in light of the decrease of the total number of reports and the number of final reports. There has been a clear relative increase in the number of high scoring reports. At the same time, there has been a relative decrease in reports receiving middle-ranking scores – and it is possible that this latter trend has been exacerbated by the reduction in the number of reports. At the same time, improvements in median scores have left rather polarised results in some categories. In addition, a small number of reports have very low results as compared to the median scores of the sample and the best performers.

In 2012, the section on input indicators (including man-hours and man-days for specific periods and financial resources) continued to prove challenging for many Forum members: the median score did not change for this section. Similarly, although overall the scores improved for the section on outcome and impact indicators, there is still room for improvement in this area. For ongoing commitments in particular, few members anticipate the outcomes and impacts of their commitment. Although overall scores improved in the section of 'evaluation details', this section had the lowest median score.

Some Forum members have also followed the recommendations issued in the individual feedback forms. Examination of the 23 reports for which comparisons could be established in 2012 suggests a moderate uptake level, as Forum members scored, on average, 47% of the total possible points in this area. Details on the 'recommendation uptake' scores can be found in the next section.

Notwithstanding the overall progress observed, some of the shortcomings identified in the 2011 and 2010 assessments have persisted in 2012. New areas for improvement have likewise been identified in 2012. These aspects are outlined below:

- **Reporting period:** There are still some reports where the time period covered is not clearly stated, which may indicate an overlap between reporting periods of the 2011 and 2012 reports. Furthermore, in some of the monitoring reports the information does not match the time period. Some reports

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<sup>21</sup> Median values are preferred to mean values here in that they minimise the statistically distorting effects caused by outliers.

provide details about a period that is not within the reporting period. There are three reports that do not specify the time period of the commitment at all.

- **Mandatory sections:** A number of reports did not complete all mandatory sections for the intermediate and final reports. Where mandatory sections were not filled in, they were scored based on the information found in all other sections of the report.
- **Incorrect sections:** In a number of reports, information was presented under the incorrect report section. Although the evaluation team did not lower scores in these cases, it is noted that this inaccuracy may prove misleading for the reader.
- **Linkages:** There was a significant proportion of monitoring reports where a description was lacking as to how the objectives, inputs, outputs and outcomes of a commitment link to each other.
- **Outcomes and Impacts:** The number of monitoring reports that provide little or no information regarding the commitment's outcome and impact remains relatively high. Although this information is beyond the Forum's minimum monitoring requirements (as laid down in the Charter of the Forum), it is critical for the effectiveness of commitments to be appropriately understood.
- **Quantitative data:** Many reports did not provide sufficient quantitative detail. Scores were generally lower in the measurement criterion than in the other three scoring criteria (specificity, clarity, and focus).
- **Sufficient information:** Some members continue to have difficulties to find a middle ground between providing excessively detailed (and sometimes superfluous information) on the one hand, and lacking sufficient relevant information on the other hand. In these cases, there is an overall tendency to provide excessive details in the section for implementation; and there is lack of sufficient detail in the sections for input, output and outcome indicators.

## 4.2 Results by Section

This section summarises the results of the 2012 quality evaluation of EAHF members' monitoring reports disaggregated by report sections. To the extent possible, comparisons are established with the three previous evaluations of 2009-2011. Table 12 below presents an overview of the median scores for each report section as structured in the assessment matrix discussed earlier in this report. The median is the value separating the higher half of scores from the lower half. For even numbers of scores, it is calculated as the mean of the two middle values. Median values are consistently used to reference scores throughout this report because they are less sensitive to statistical outliers (extreme values) and hence more robust. For indicative purposes, mean (or average) values, are also presented. A quick cross-comparison of these two central tendency measures will show that they differ substantially in some cases due to a high polarisation of results.

**Table 11: Median scores per section, 2009-2012**

Report Section		Median scores			
		2009	2010	2011	2012
1.	Commitment summary	not scored	not scored	not scored	not scored
2.	Link to the websites relating to the commitment	not scored	not scored	not scored	not scored
3.	Description of the implementation of the commitment	3	3.5	4	4.5
4.	Objective of the commitment	3	3	3.5	4
5.	Relevance to the aims of the Forum	2	3.5	4.5	5
6.	Input indicators	3	3.5	4.5	4.5
7.	Output indicators	3	3.5	4	4.5
8.	Outcome and impact indicators	3	2.5	3	3.5
9.	Evaluation details	3	2.5	2.5	3
10.	Other comments related to monitoring the	4	not scored	removed	removed

	commitments				
11.	Dissemination of commitment results <sup>22</sup>	3	3	3.5*	4
12.	References to further information relating to the monitoring of the commitment.	not scored	not scored	not scored	not scored

\*The score refers to the median score for final reports, where this section is mandatory. For all reports the median score was 3.0.

As shown above, there has been an overall improvement in the quality of monitoring reports compared to 2011. Median scores have increased for seven of the eight sections of the report that have been scored. In the case of section five, which deals with the commitments' relevance to the aims of the Forum, this improvement is of particular significance as it continues a strong increase seen from 2009 to 2011, and has in 2012 achieved the maximum score of 5.<sup>23</sup>

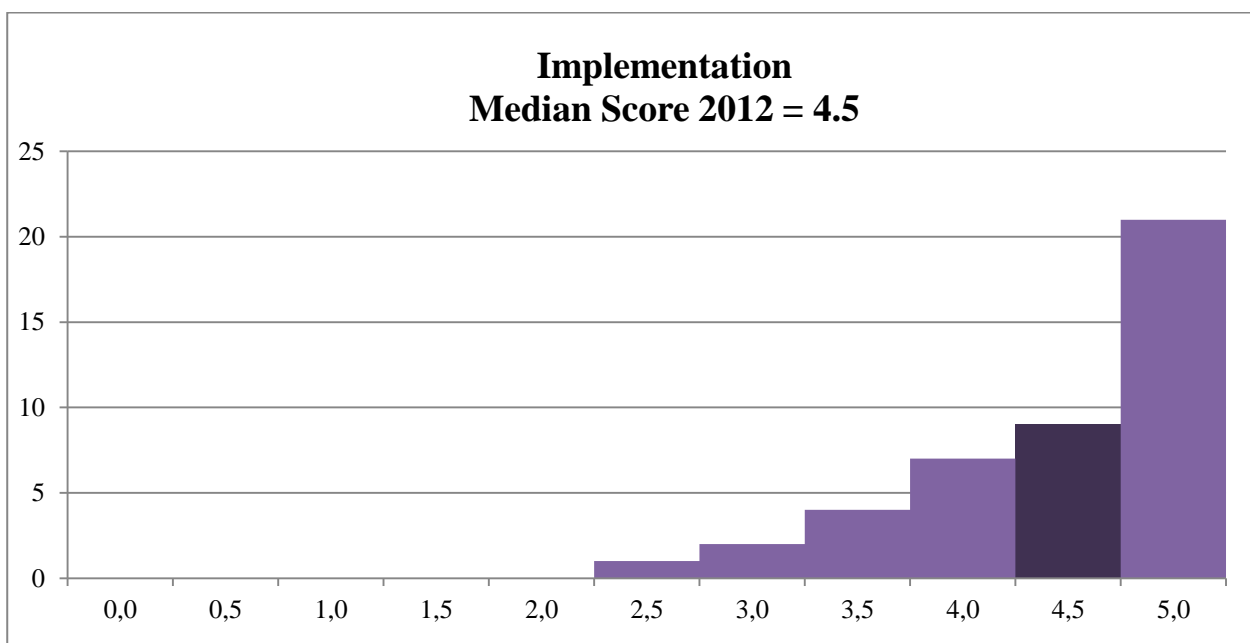
The following subsections review median scores by report section in greater detail. Each section compares scores in 2012 with those in 2011, consistent with the approach in the 2010 and 2011 exercise, and offers some insight into the evolution of scores for the 2009-2012 period. It should be noted, as previously stated, that the total number of reports assessed has been continuously declining since 2009.

#### 4.2.1 Implementation

When describing the implementation of their commitment(s), Forum members are requested to provide information including key dates of activities undertaken, details on these activities and the persons involved in their implementation. The information provided should be sufficiently clear and easily understandable for the reader.

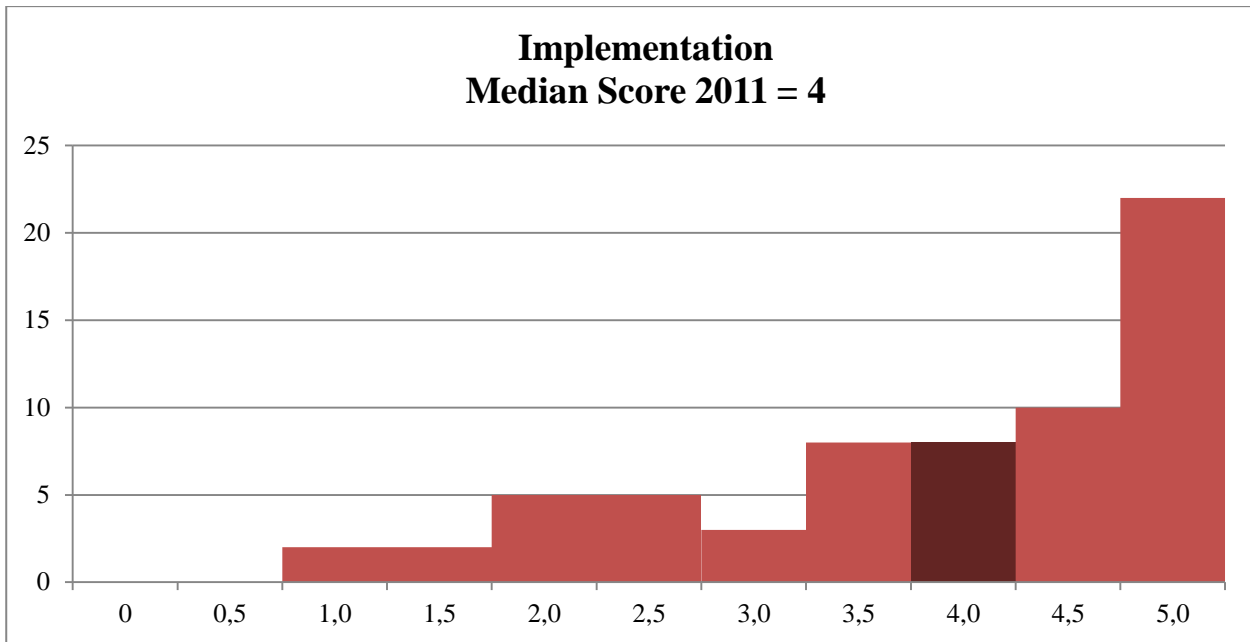
Figures 1a and 1b below show the distribution of scores for the report's section on implementation for, respectively, 2012 and 2011. In this and the following figures, the median score has been highlighted.

**Figures 1a and 1b: Score distribution for section 3, "description of implementation", in 2012 and 2011**



<sup>22</sup> Following the removal of former section ten from the 2011 and 2012 feedback forms, sections 11 and 12 become, respectively, sections 10 and 11.

<sup>23</sup> 'Monitoring reports consistently failed to describe and rationalize the link between the commitments and the Forum priority areas', First Monitoring Progress Report, p. 57.



The overall quality provided in this section of the members' 2012 monitoring reports increased compared to last year. The median score was up from 4 to 4.5, whereas the average score attained was 4.5 compared to 3.9 in 2011. Moreover, it is notable in this section that a high amount of reports have obtained the maximum possible score, and there are fewer reports with low scores as compared to 2011. This indicates that many members have addressed the shortcomings identified in the Third Monitoring Progress Report (some of which remain in 2012) such as an insufficient level of description related to the different steps and components of implementation (key dates and/or milestones).

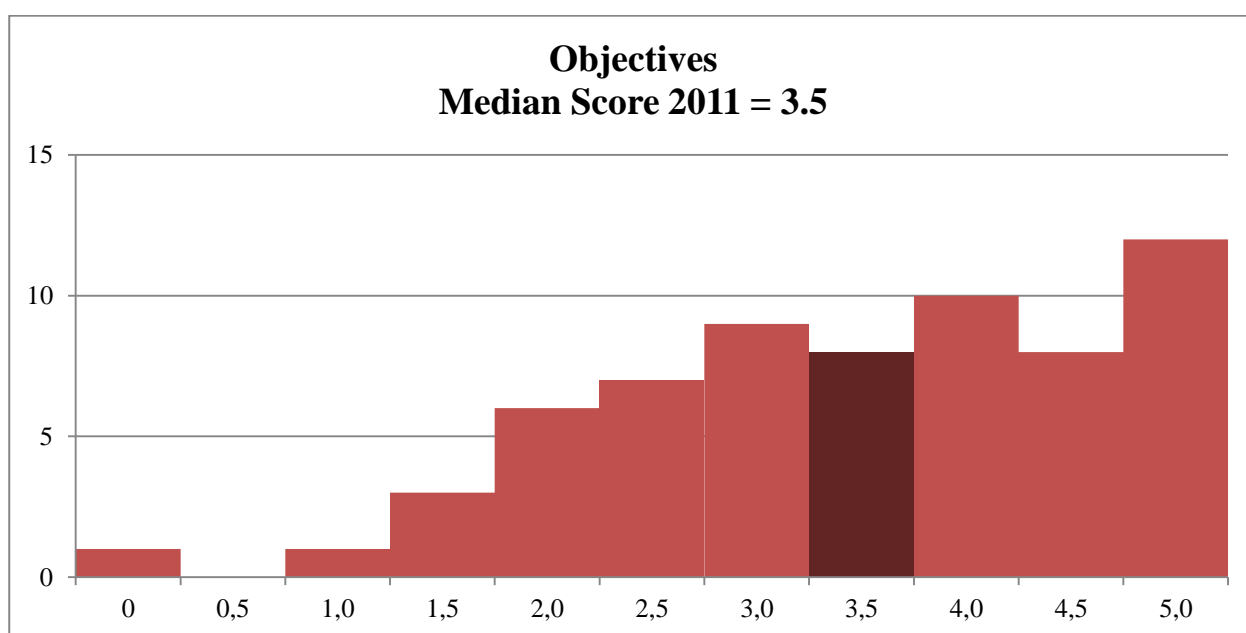
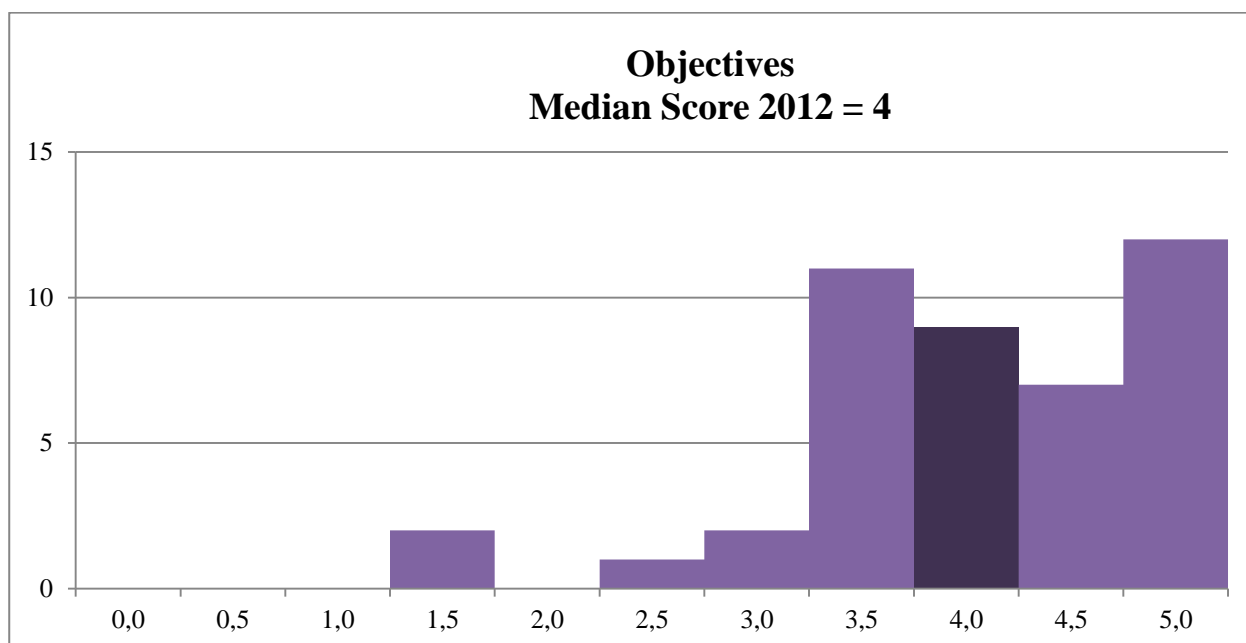
For the 2009-2012 period, median scores for the implementation section have continuously increased with year-to-year improvements of 0.5 points from 3 in 2009 to 4.5 in 2012. Over the period, there has been a decrease in the number of low-scoring reports coupled with an increase in the number reports that have received the maximum possible score (5).

#### 4.2.2 Objectives

For this section Forum members are expected to provide details on what they aim to achieve through their commitments while relating these objectives to the commitment-related activities. They are requested to present data on the extent to which these objectives are achieved in the reporting period.

Figures 2a and 2b on the next page show the distribution of scores for the report's section on objectives for, respectively, 2012 and 2011.

**Figures 2a and 2b: Score distribution for section 4, “objectives”, in 2012 and 2011**



The median score for this section increased from 3.5 in 2011 to 4 in 2012. The average score also increased, from 3.5 to 4. The share of reports obtaining relatively higher scores (3.5 or more) rose significantly compared to 2011 as can be seen in the figures above. This indicates that fewer reports contained the shortcomings identified last year such as lack of information as to when and how the objectives would be achieved.

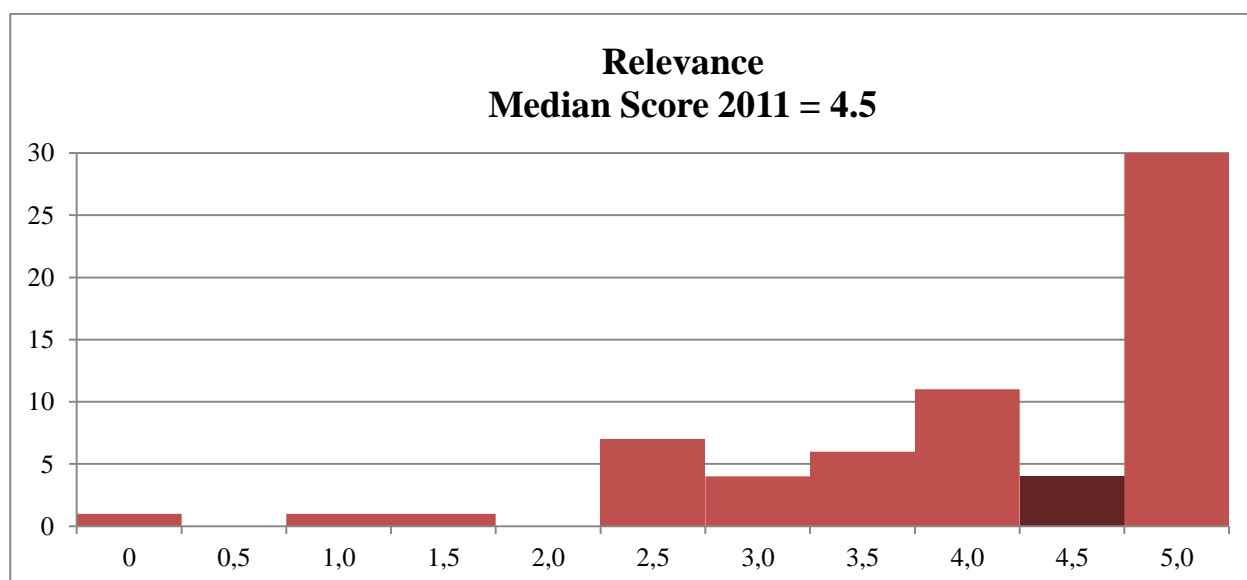
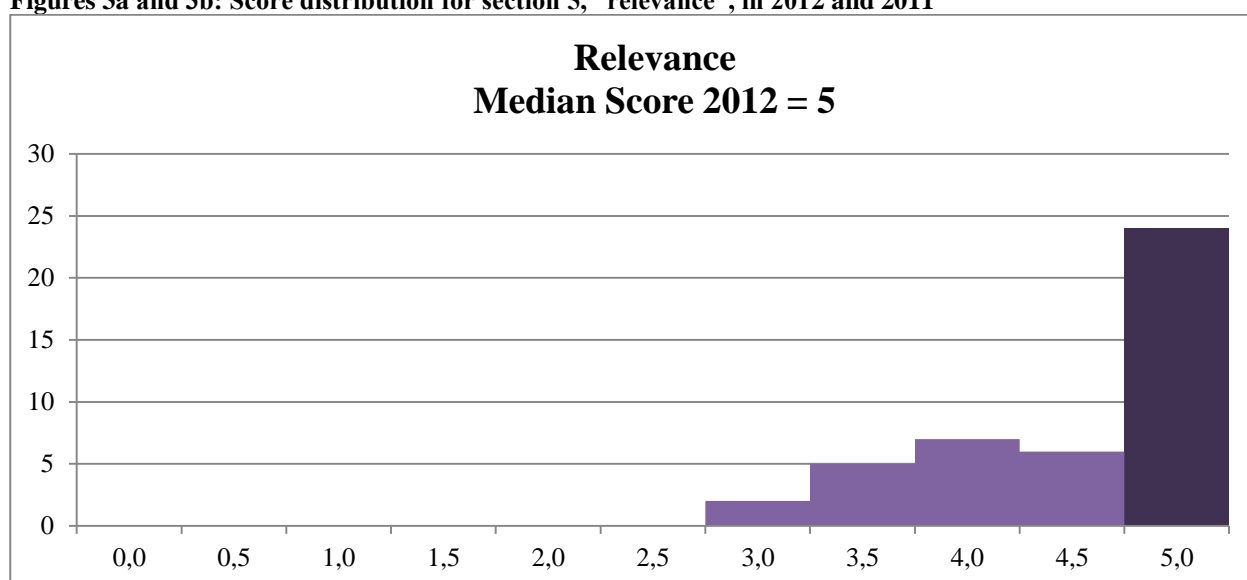
Over the 2009-2012 period, the median score for this section has increased from 3 in 2009 and 2010, to 3.5 in 2011, then to 4 in 2012. There is a small number of low-scoring reports in this section; there is a large amount of both good reports (scores of 3.5 and 4) and very good reports (4.5 and 5). There are also fewer statistical outliers compared to other sections.

### 4.2.3 Relevance

For this section, commitment holders are requested to describe, in a clear and concise way, how the commitment is relevant to at least one of the Forum's general aims. Overall, the reports that explicitly referred to a specific aim of the Forum were awarded higher scores.

Figures 3a and 3b show the distribution of scores for the report's section on relevance for, respectively, 2012 and 2011.

Figures 3a and 3b: Score distribution for section 5, "relevance", in 2012 and 2011



This is one of the sections where improvements have been strongest. The median score has increased by 0.5 to the maximum possible score of 5. The average score also increased, from 4.1 to 4.5. This is of particular significance as it shows a continuous improvement from 2010 when the results were relatively low in this section (with a median score of 2 in 2009). It is worth noting that in 2012 there were no low-scoring reports, with scores of 2.5 or lower. A confusion remains in some cases, however, between the seven general aims of the Forum, and the five priority areas of the *EU strategy to support Member States in reducing alcohol related harm*.

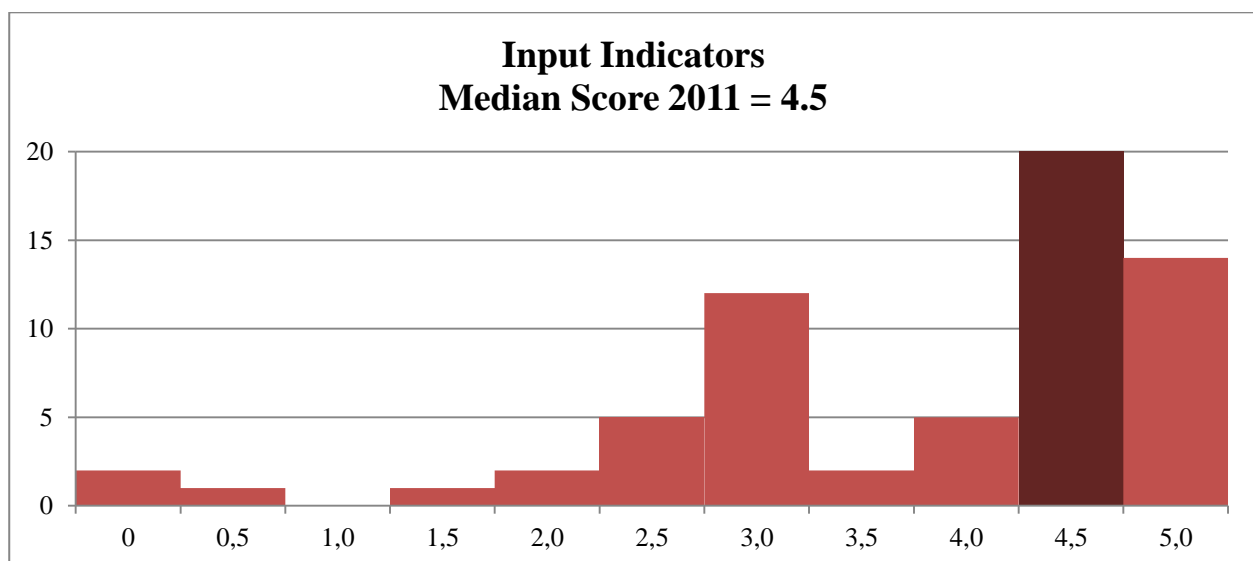
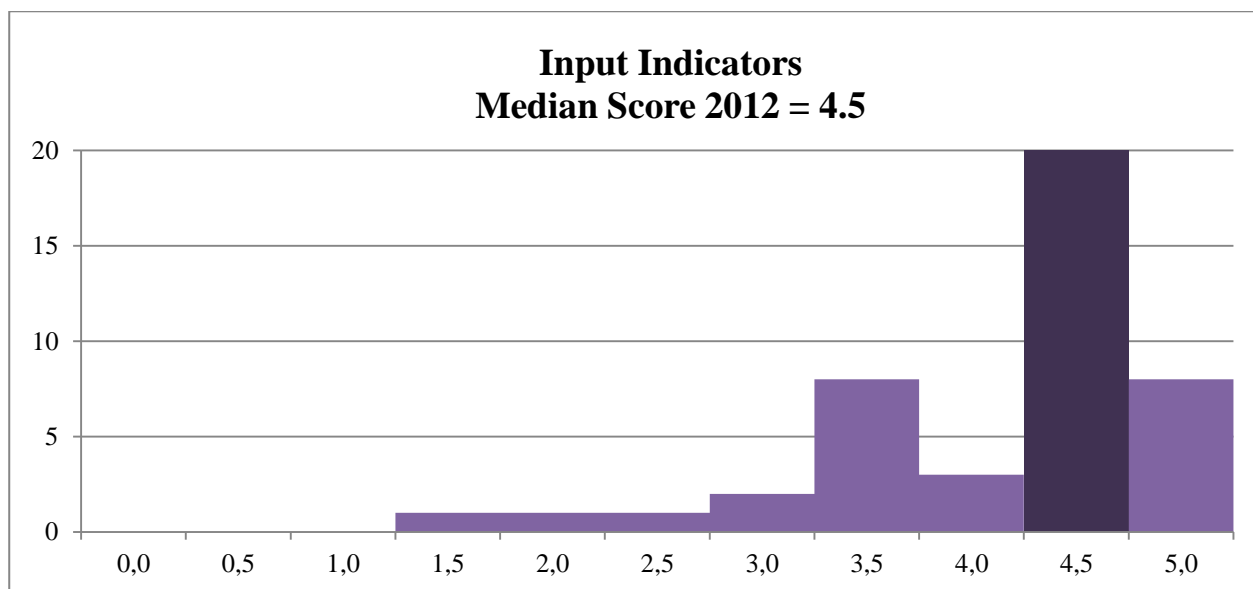
In comparison to other sections, the ‘relevance’ section has seen the steepest improvement over time; from 2 in 2009, 3.5 in 2010<sup>24</sup> and 4.5 in 2011 to the maximum possible score of 5 in 2012. The scores in this section in the 2009-2011 period have been strongly polarised.

#### 4.2.4 Input Indicators

Under the section on input indicators, Forum members are expected to include details related to the resources allocated for each of their activities, including the financial and human resources allocated to the various steps and components of the commitment.

Figures 4a and 4b show the distribution of scores for the report’s section on input indicators for, respectively, 2012 and 2011.

**Figures 4a and 4b: Score distribution for section 6, “input indicators”, in 2012 and 2011**



<sup>24</sup> The Second Monitoring Progress report ascribed this improvement in the overall median score to clear recommendations included in the First Monitoring Report.

Second Monitoring Progress Report, p. 28

The section on input indicators is the only section where the median score has remained unchanged compared to 2011, at 4.5 points. At the same time, however, there are some improvements from 2011: there are no reports that have very low scores in the range of 0-1; and the average score has increased from 3.8 to 4.1.

Some of the challenges remaining in 2012 for this section included the need for a clear reference period; and further breakdown of the resources allocated per commitment-related activity (e.g. man-hours, labour fees, and facility and material costs).

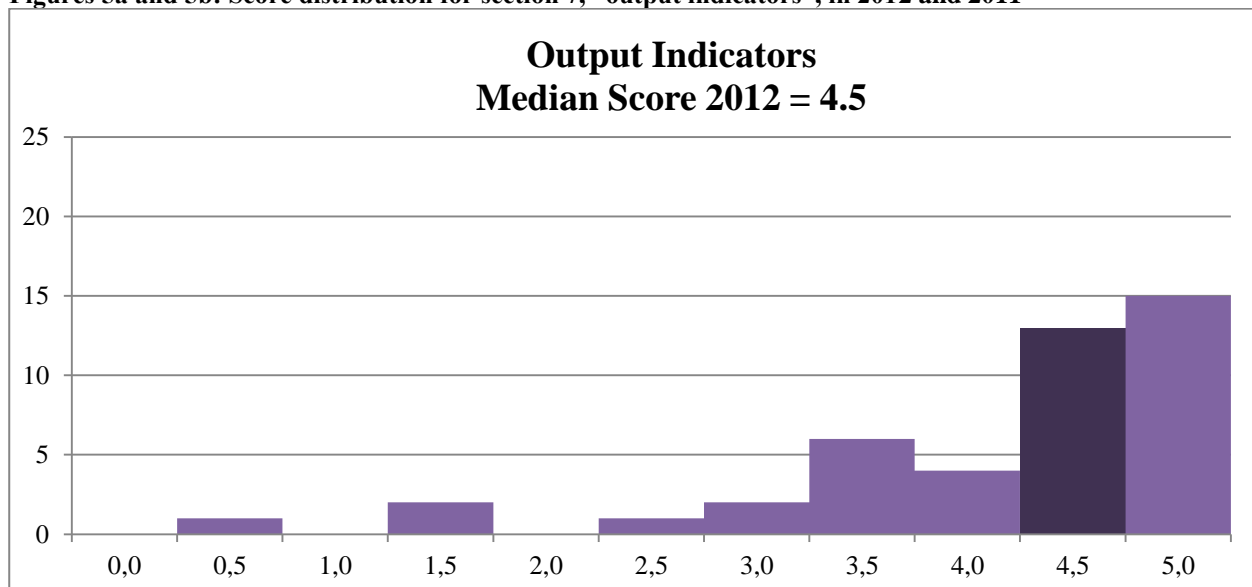
For the whole 2009-2012 period, median scores in this section have improved from 3 in 2009, to 3.5 in 2010, and to 4.5 in 2011 and 2012. The full point increase from 3.5 in 2010 to 4.5 in 2011 has been attributed to improvements in providing quantitative data in this section<sup>25</sup>.

#### 4.2.5 Output Indicators

In the report section on output indicators, Forum members are expected to quantify the products (such as number of customers reached, sellers trained, events organised, and leaflets distributed) of the actions carried out in the context of the commitment. These should be presented in a way that makes clear the link with the original objectives of the commitment, the input indicators (resources used for achieving the objectives), and the outcome indicators.

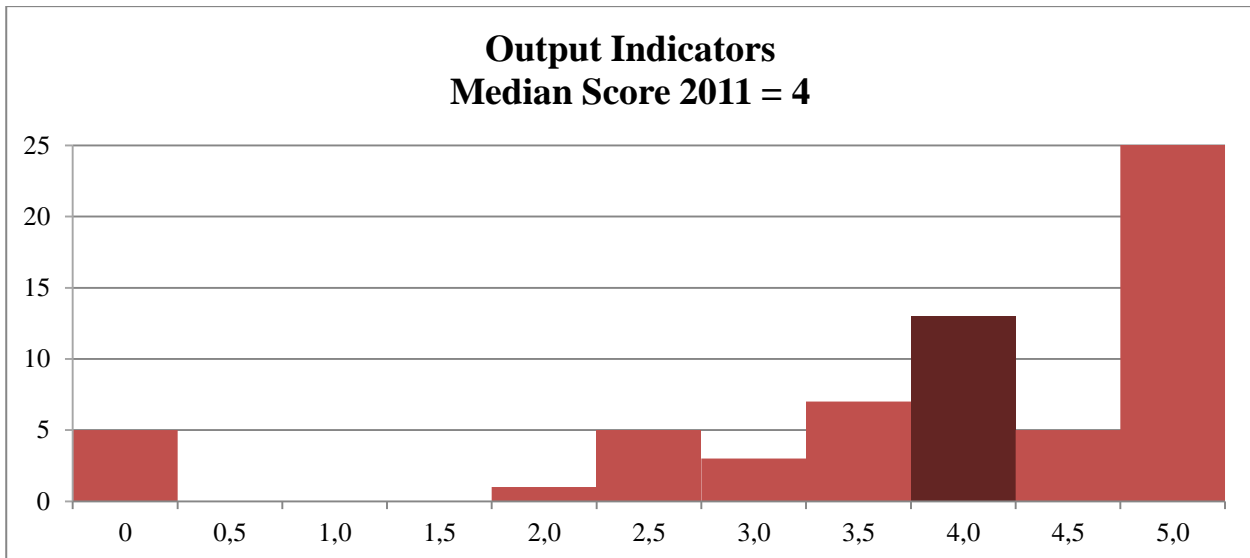
Figures 5a and 5b below show the distribution of scores for the report’s section on output indicators for, respectively, 2012 and 2011.

**Figures 5a and 5b: Score distribution for section 7, “output indicators”, in 2012 and 2011**



<sup>25</sup> Third Progress Monitoring Report, p. 29





The quality of information provided in the report section on output indicators increased in 2012. The median score increased from 4 in 2011 to 4.5 in 2012. The average score also increased slightly, from 3.9 to 4.1. A few reports continued, however, to provide insufficient information in this section and thus obtained low scores. The reasons for these low scores continue to be as in previous years:

- The description of outputs lacks significant details and/or context;
- Irrelevant information is included;
- Failure to link output indicators with the previously described activities and inputs;
- Some confusion or misunderstanding as to what should be counted as an output of the commitment.

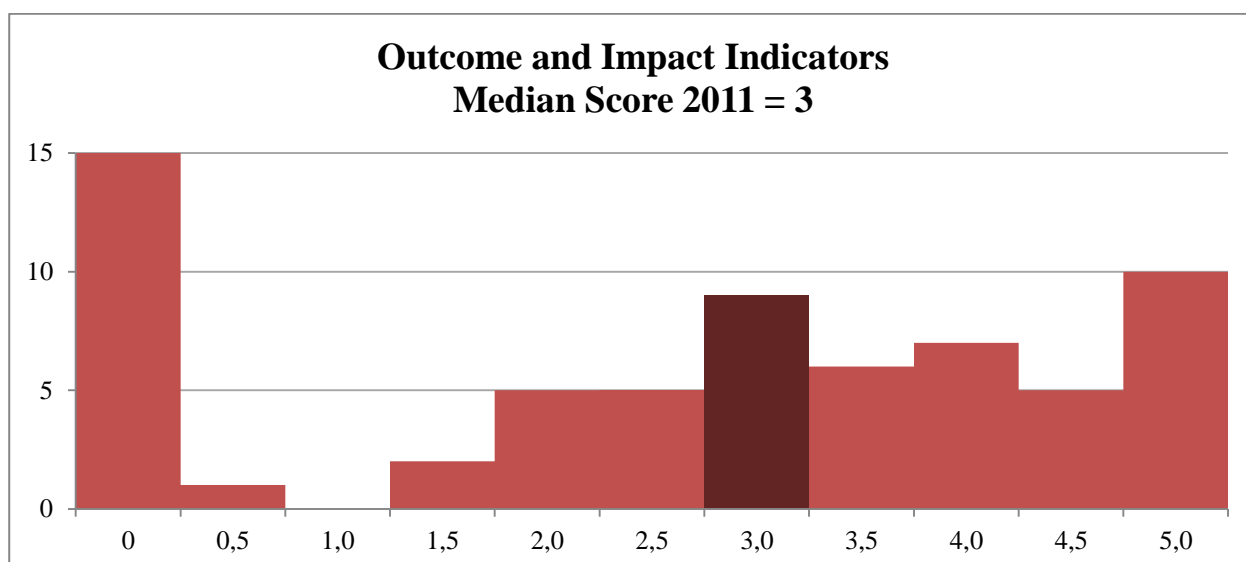
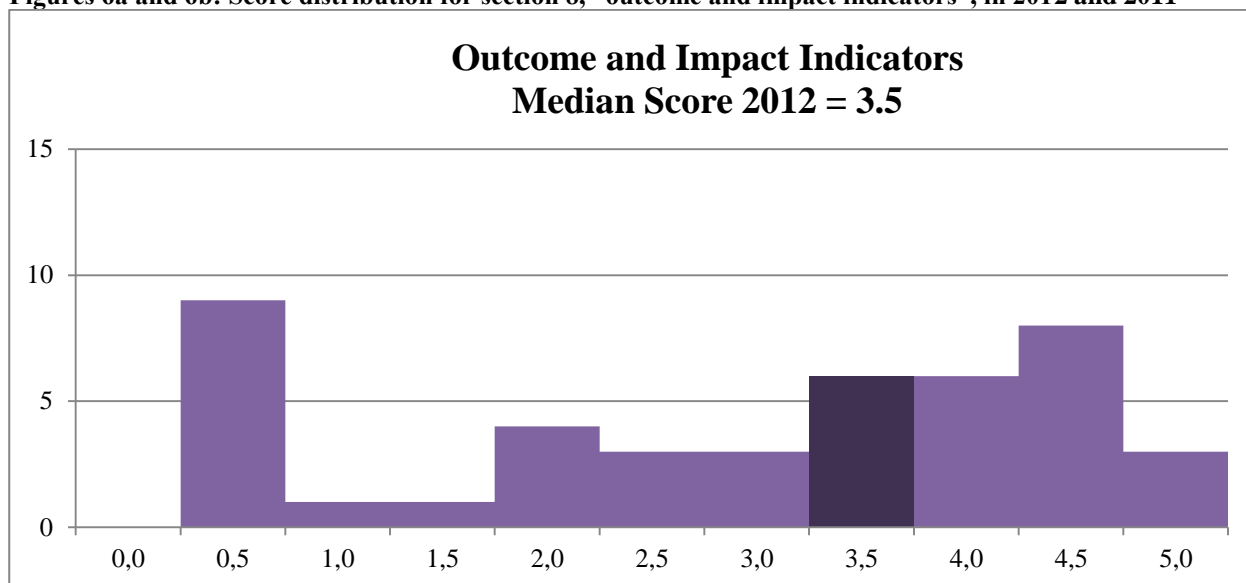
For the outputs section, median scores have improved continuously in annual increments of 0.5 from 3 in 2009 to 4.5 in 2012. Scores for this section were highly polarized in 2009 and 2010. More recently, there have been fewer low-scoring reports, and there has been a tendency for scores to concentrate in the range of very high scores (4.5 and 5), as can be observed in the above figures.

#### **4.2.6 Outcome and impact indicators**

Outcome and impact indicators are meant to indicate how successful a commitment has been in relation to the original objectives, in both qualitative and quantitative terms.

Figures 6a and 6b on the next page show the distribution of scores for the report's section on outcome and impact indicators for, respectively, 2012 and 2011.

**Figures 6a and 6b: Score distribution for section 8, “outcome and impact indicators”, in 2012 and 2011**



The quality of information provided in the report section on output indicators increased in 2012. The median score increased from 3 to 3.5, and the average score increased slightly, from 2.7 and 2.9. From the difference between the mean and median scores, and from the Figures 6a and b, it can be seen that the scores in this section are polarised, albeit to a lesser extent than in 2011.

According to Annex two to the Forum Charter (Monitoring Commitment), "indicators related to outcome are not part of the minimum requirements and may be provided by those who are in a position to do so." It stresses, however, that this information is crucial to build up confidence and shed light upon the commitment's effectiveness. This is why, regardless of the status of the monitoring report, Forum members are encouraged to fill in this section, despite the fact that the section is not considered as mandatory according to the Charter of the Forum.<sup>26</sup>

Some reports still obtained low or very low scores for this section. This suggests that many Forum members still have an insufficient level of understanding of their commitments' impact or levels of success. Likewise, there is confusion regarding differences between outputs and outcomes. Polarisation in scores for this section

<sup>26</sup> In case a commitment is at an early stage of implementation, Forum members should at least identify and indicate the expected outcome(s).

has persisted throughout the 2009-2012 period. There has been a slight increase in the median scores for this section from 3 in 2009 to 3.5 in 2012 (with a dip of 2.5 in 2010 and 3 again in 2011).

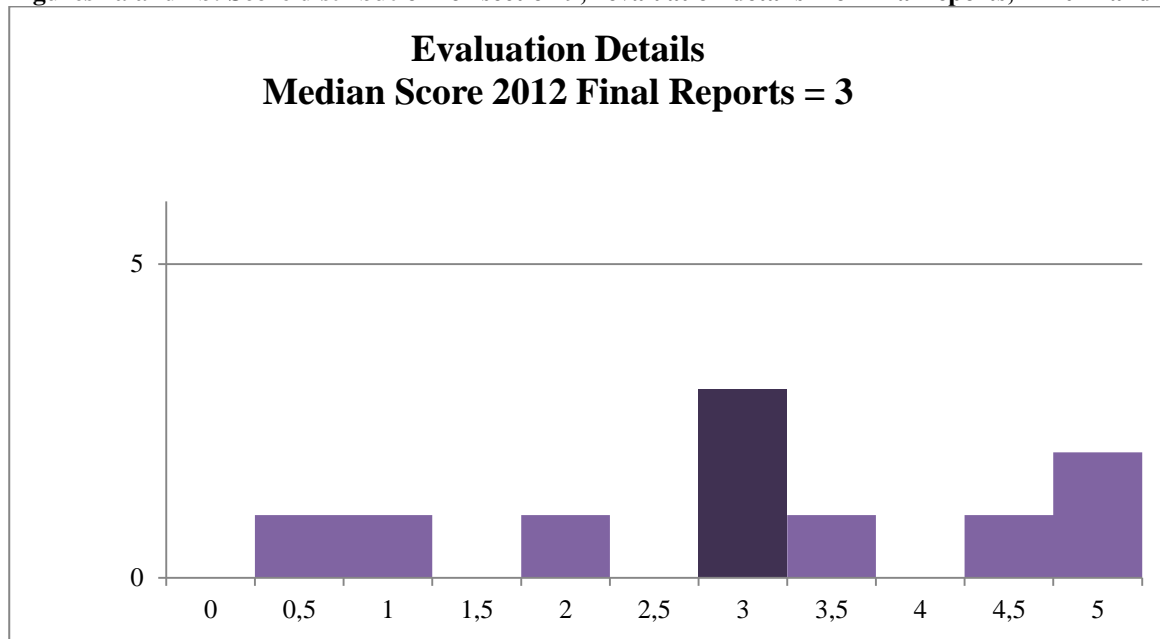
#### 4.2.7 Evaluation Details

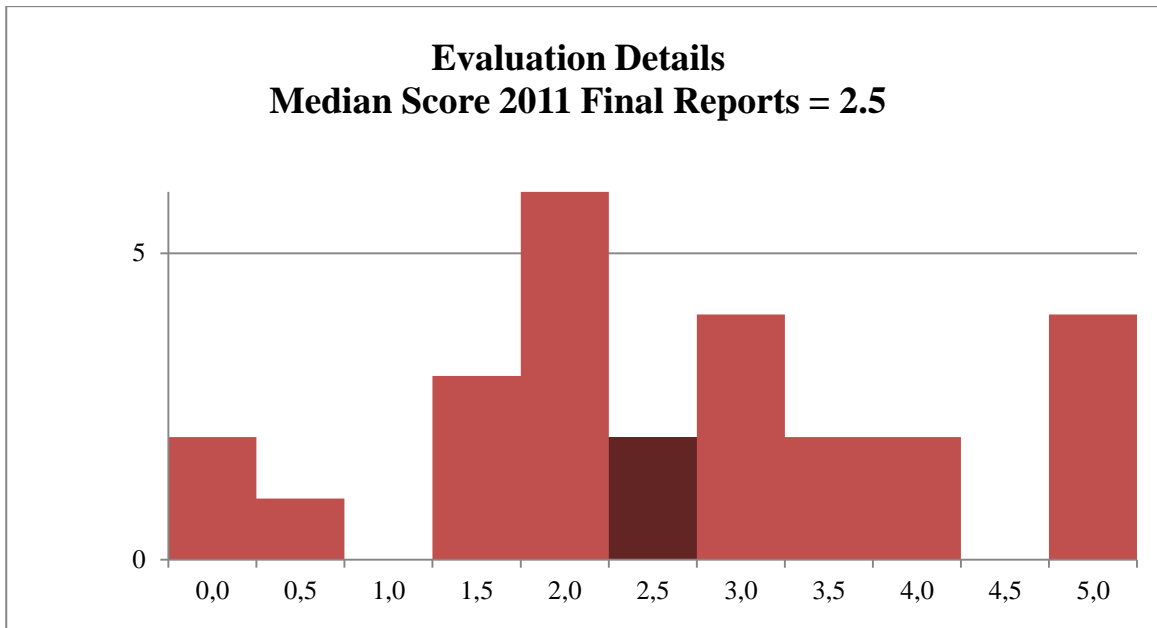
The section on ‘evaluation details’ requires that the commitment holder describes the tools and methods used in the evaluation of their commitment, including references to both internal and external evaluators.

The Second and Third Monitoring Progress reports did not examine in detail the statistical results pertaining to the sections on ‘evaluation details’ and ‘dissemination’. In particular, these sections were not scored in 2010 for intermediate reports. This was done because, while some of the intermediate monitoring reports did present information on evaluation and/or dissemination, the lack of information in others might cause misunderstanding in a scoring system. This decision was maintained in the Third Monitoring Progress Report. The Fourth Monitoring Report builds on this logic, while still attempting to present the statistical data relevant to this section.

Comparisons between 2011 and 2012 for the sections for ‘evaluation details’ and ‘dissemination’ have to be considered with caution as the number of final reports has decreased significantly from 26 in 2011 to only 10 in 2012. Figures 7a and 7b below present the distribution of scores in the section for final reports in 2012 and 2011 respectively.

**Figures 7a and 7b: Score distribution for section 9, “evaluation details” for final reports, in 2012 and 2011**





For 2012, the median score in the ‘evaluation details’ section for final reports was 3, as compared to 2.5 in 2011. The average score was 3 in 2012 compared to 2.7 in 2011. The figures for 2012 and 2011 show that the scores remain polarised and that there are still numerous reports that perform poorly in this section.

A recurrent problem continues to be that some monitoring reports provide very limited information in distinguishing between internal and external evaluation. Information is also scarce for evaluation details pertaining to different activities in cases where commitments entail multiple components.

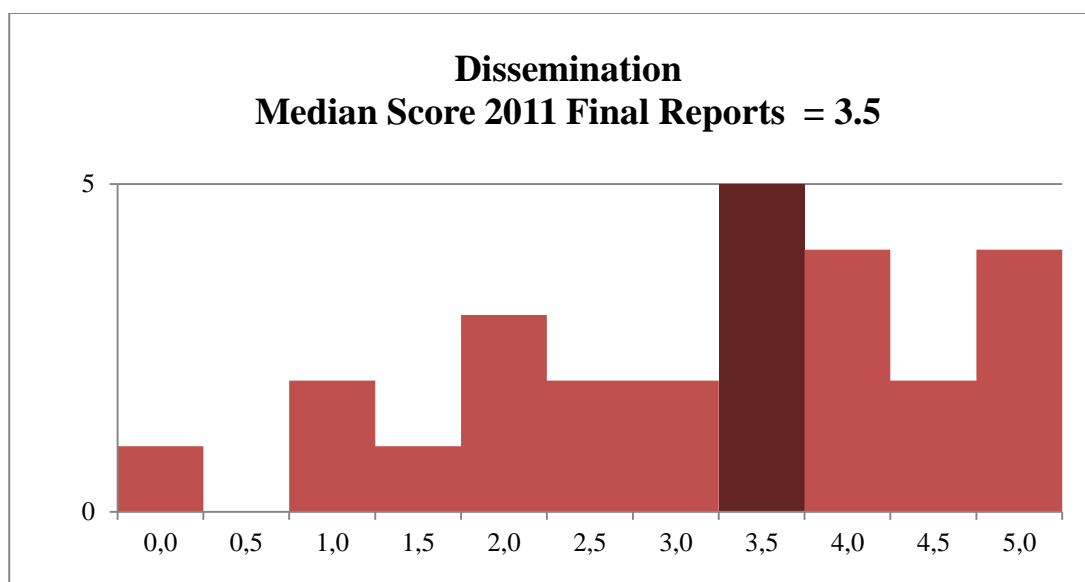
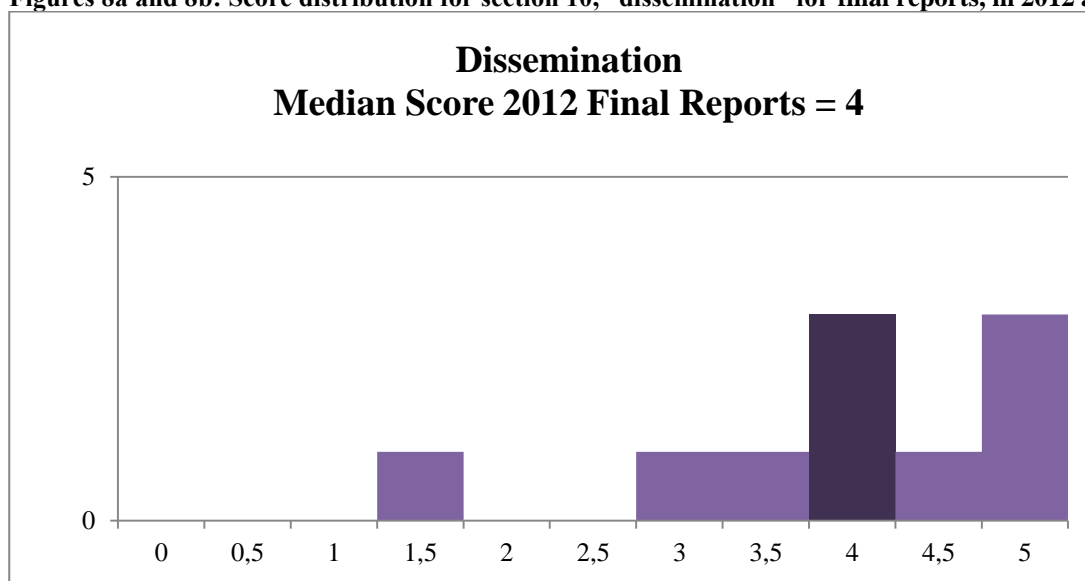
#### **4.2.8 Dissemination**

For the section of dissemination, Forum members are requested to indicate details on how the results of the commitment were disseminated, including quantitative estimates to enable the reader to gauge the scale of the dissemination. As for the ‘Evaluation details’ section, only final monitoring reports have to provide information on dissemination activities.

As discussed in the section above, the previous monitoring reports did not present the data regarding this section. This was done because the section is mandatory only for the final reports, while intermediate reports that have made the attempt to include information in this section are held to the same standard as final reports in the scoring process. Building upon this logic, in the Fourth Monitoring Progress report, Figures 8a and 8b present the data for final reports in 2012 and 2011 respectively. It has to be stressed again, however, that any comparisons between the 2011 and 2012 data are difficult. They have to be viewed with caution, and are included here for illustrative purposes.

Figures 8a and 8b on the next page present the distribution of scores for the dissemination section for the final reports in 2012 and 2011 respectively.

Figures 8a and 8b: Score distribution for section 10, “dissemination” for final reports, in 2012 and 2011



The median score for ‘dissemination’ for final reports increased from 3.5 in 2011 to 4 in 2012. The average score likewise increased from 3.2 to 4. The graphs indicate that there is a decrease of reports with very low and low scores (keeping in mind the small sample size for the final reports in 2012).

Some shortcomings remain in the ‘dissemination’ section; these relate to insufficient information regarding the scale and scope of the dissemination strategy for a given commitment.

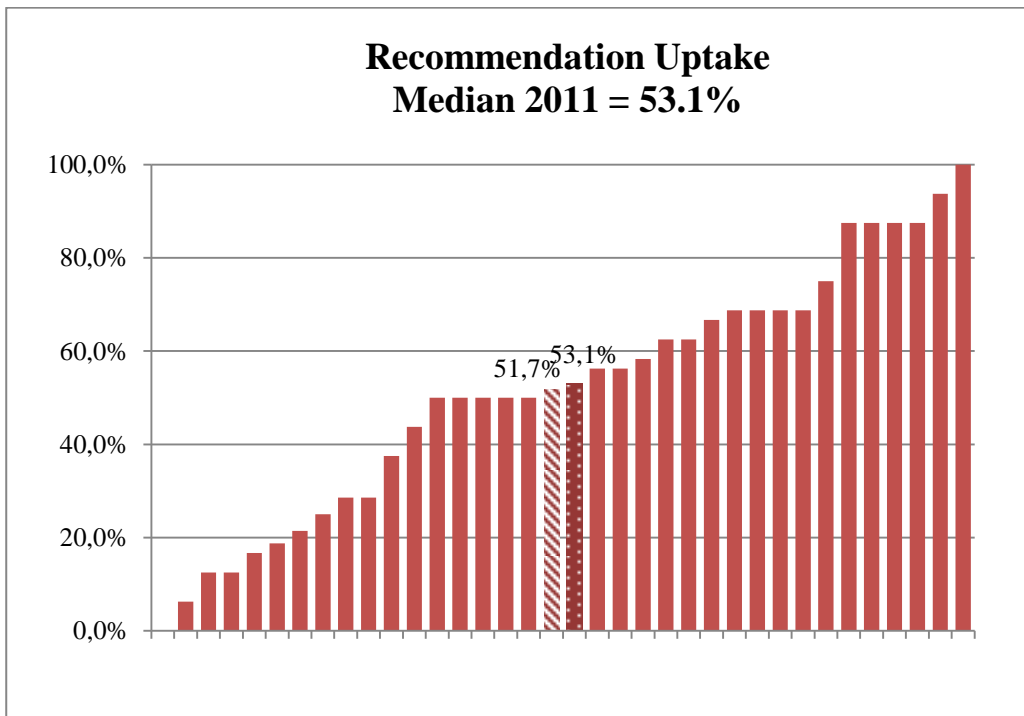
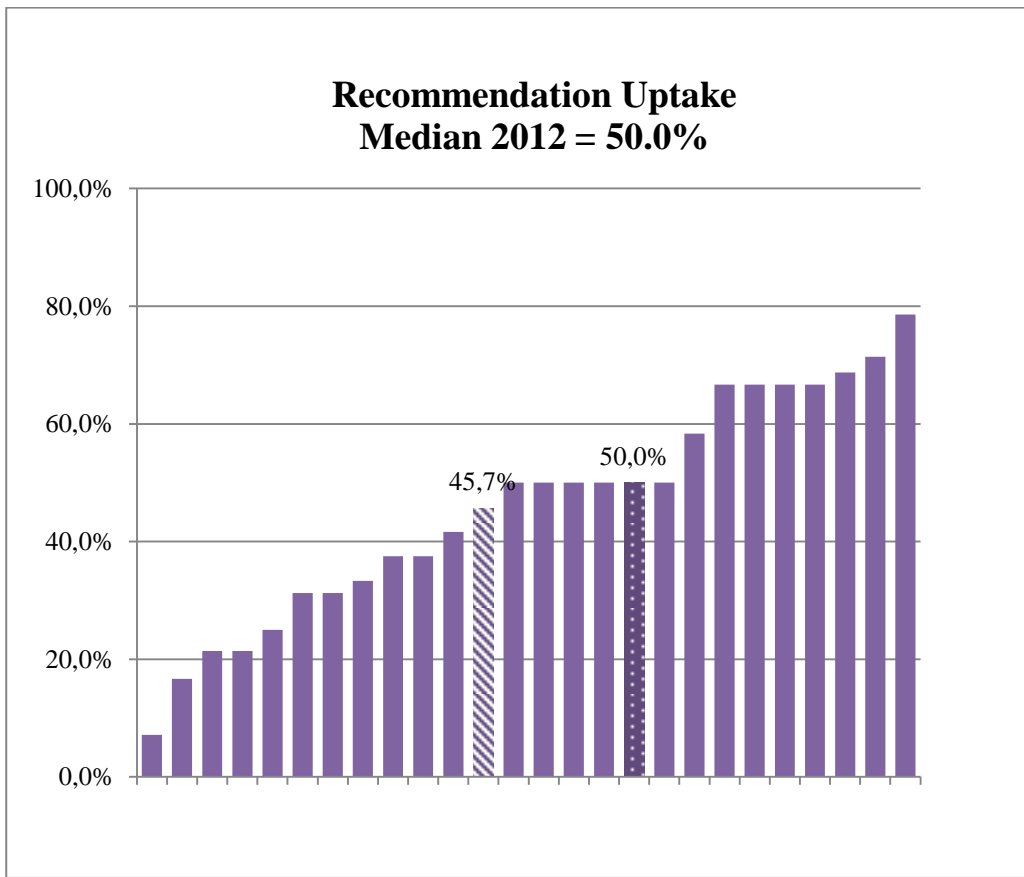
### 4.3 Uptake of recommendations

As discussed in the methodological section of this report, one of the main innovations built into the 2011 assessment process, and continued in the 2012 assessment, is to examine to what extent recommendations to Forum members in the previous assessment exercise (in the individual feedback forms) have been taken into account in this year’s monitoring reports. For each main section of the feedback forms that members receive, a “recommendation uptake” score is provided. The score per section ranges between zero and two, and the maximum possible overall score varies between 12 and 16, depending on whether the non-mandatory sections in intermediate reports have been completed. For example, if a recommendation was given for the

first eight sections (mandatory for the intermediate and final report) then the maximum recommendation uptake score for the next period is 12; 14 if one of the additional sections was scored in the previous period; and 16 if all 10 sections were scored. In the three cases where the recommendation uptake was scored for reports that were final last year and intermediate this year, the maximum recommendation uptake score depended on how many sections were filled out in this year's report (with a minimum score of 12).

Figures 9a and 9b on the next page show the distribution of the relative scores for the "recommendation uptake" field. The recommendation uptake scores are expressed in a percentage form to mitigate the reporting challenges due to differences in the maximum possible uptake scores between the different reports.

Figures 9a and 9b: Relative score distribution for scored for “recommendation uptake” in 2012 and 2011\*



\*The colored bars denote the average (stripe pattern) and median (dot pattern) scores.

Some Forum members have followed last year's recommendations. In 2011, examination of the 34 for which comparisons between 2010 and 2011 could be established suggests a moderate uptake level. The average score for the relative recommendation uptake was 51.7%, and the median score was 53.1%. In 2012, the 'recommendation uptake' was assessed for 24 reports. Overall, there was a slight decrease in the recommendation uptake. The average score was 45.7%, and the median score was 50.0%. The slight decline in the recommendation uptake score does not contradict the better performance indicators overall. In many cases the recommendations given in the 2011 assessment are quite detailed, in the spirit of promoting and encouraging continuous progress in the reporting; and the failure, in some cases, to consider all of them in the 2012 reports, does not necessarily mean that the reports as such will not be of good quality<sup>27</sup>. The overall scores of the scored sections have to be viewed separately from the scores for recommendation uptake.

It should however be noted that there seems to be a correlation between 'recommendation uptake' scores and the scores of the individual sections. For example in the 'relevance' section, overall scores have improved from 2 in 2009 to the maximum possible score of 5 in 2012 (it was 3.5 in 2010 and 4.5 in 2011); the overall 'recommendation uptake score' for this section was 70.8%. Other high scores for 'recommendation uptake' were achieved in the sections 'implementation' (54.2%) and 'output indicators' (62.5%). Median scores for these sections were 0.5 points higher than in 2011.

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<sup>27</sup> For example, in one of the reports, the recommendation given in a certain section asked for additional quantitative data that would support the evidence. The commitment holder did not provide additional quantitative data and therefore received a 0 mark in the 'recommendation uptake' section. At the same time, however, the commitment holder still received a very high score of 4.5 in the section overall, because the more detailed quantitative data was the only criteria not fulfilled to the highest extent.



## 5 Conclusions

The Fourth Monitoring Progress Report shows continued improvement in the quality of information provided in the Forum members' annual monitoring reports. As stated in the Second Monitoring Progress Report, the benefits of this improvement are twofold. Firstly, the transparency and accountability of the performance of the members increases, which contributes to building trust amongst Forum members. Secondly, improvement of the monitoring reports, especially their clarity, is very valuable in communicating to the general public, and in showcasing how the Forum is contributing to the general aim of reducing alcohol-related harm.

This year's evaluation results signal that many members of the Forum have succeeded in providing clear and useful information with regard to their actions to reduce alcohol-related harm. They also suggest that the recommendations issued in previous editions of this report have been taken into account, although the uptake levels have slightly decreased compared to 2011, and vary across Forum commitment holders.

There are, however, statistical caveats to be considered: the one-third drop in the total number of assessed reports as compared to 2011 (a one-half drop compared to 2010) is the most prominent amongst them. The lower share of final reports in the total number of submitted reports in 2012 (22.7%) compared to 2011 (40.91%) should also be taken into account, since sections nine ('evaluation details') and ten ('dissemination') are only mandatory in final reports and the evaluation results for these two sections may appear artificially high due to statistical effects.

Notwithstanding the overall improvement observed in the 2012 evaluation, some of the challenges referred to in previous Monitoring Progress Reports still remain. These relate to lack of understandable or sufficient information in some sections, deficient distinction between outputs and outcomes (or impacts), and difficulties to find a middle ground between providing excessively detailed (and sometimes superfluous) information on the one hand, and sufficiently relevant information (particularly with regard to the commitment's timeline) on the other hand. Furthermore, there is room for improvement in terms of relevant quantitative data and linkages between the different aspects of the commitment (objectives, inputs, outputs and outcomes).

Particularly noteworthy is the fact that the number of monitoring reports that provide little or no information concerning the commitment's outcome and impact remains significantly high. Although the provision of this information is beyond the Forum's minimum monitoring requirements, it is critical for the effectiveness of commitments to be appropriately understood by both fellow Forum members and the general public. Further reporting efforts are therefore required in this area.



# Annexes

## Annex I: List of 2012 monitoring reports

No.	Name of the organisation	Commitment
Non-governmental organisations and professional health professionals		
1340*	Active	ALL RIGHTS Campaign
1452	Alcohol Action Ireland	Publication on the case for minimum pricing and leaflet on alcohol and men
1414	Alcohol Action Ireland	Service finder and information leaflets
1018	Alcohol Policy Youth Network (APYN)	Alcohol and Young People
1444	EUROCARE (+ ECL)	Awareness raising of the link between drinking alcohol and risk of developing certain types of cancer
1446	EUROCARE	Raising awareness of drinking alcohol while pregnant
1380	German Centre for Addiction Issues (DHS)	Parents Pro-active!
728*	The Nordic Alcohol and Drug Policy Network (Nordan)	Building a network supporting evidence based alcohol policies in the Baltic states
1488	European Association for the Study of the Liver (EASL)	European Clinical Practice Guidelines (CPGs) for detection/treatment of alcoholic liver disease (ALD)
1048*	European Midwives Association (EMA)	To ascertain the education and practices of midwives in member states on reducing alcohol related harm preconception and during pregnancy
1042	European Mutual help Network for Alcohol related problems (E.M.N.A.)	Overiewing and promoting the research done by members to confirm the effectiveness of the mutual help groups throughout Europe
1438	Standing Committee of European Doctors (CPME)	Informing the Medical Profession
1436	Standing Committee of European Doctors (CPME)	Mobilising the Medical Profession
1172	Dutch Insitute for Alcohol Policy (STAP) (+ Eurocare Italia + IOGT-NTO)	Alcohol Marketing in Health Perspective
Advertising, marketing, media and sponsorship organisations		
1090*	Advertising Information Group (AIG-WKO)	Making the voluntary copy-advice service popular within the advertising industry
948	The European Sponsorship Association (ESA)	Advice and Recommendations to Rightsholders on their relationship with Alcohol Sponsors
Production and Sales Organisations		
1354	ABFI	Being drinkaware.ie - further promotion of positive drinking behaviours
1074*	SIB	Beer - Beverage of moderation
1416	Brewers of Europe	"The Union of Polish Brewing Industry Employers in Poland – Polish Brewers" - "Own-initiative

No.	Name of the organisation	Commitment
		compliance monitoring"
928	Brewers of Europe	Austrian Brewers Association - Trockenfahrer.at
1458	Brewers of Europe	Browary Polskie - Consumer Communication Seminar in Poland
1084	Brewers of Europe	The Danish Brewers' Association - "Do you see the problem?"
1082	Brewers of Europe	The Danish Brewers' Association - Er du klar? (Are you ready?)
1350	AB InBev (ABI)	Drink Drive Forum
1434	Heineken	Partnerships to encourage responsible consumption and address alcohol related harm
1096*	Heineken	Manchester Resettlement Project
1422	SABMiller	Bartenders Training on Responsible Consumption Program
1418	SABMiller	Communication platform about responsible alcohol consumption
1420	SABMiller	Program on responsible alcohol consumption
1496	SABMiller	Responsible message on consumer communication materials in SABMiller's European operations
1424	SABMiller	The Establishment of Cooperation between the Company, the Government and an NGO to Prevent Together Drinking and Driving
1366	SABMiller	Upgrade of responsible drinking web site napivosrozumem.cz
1166	SABMiller	Alcohol Responsibility Discussion Forum
1448	Comité Européen des Entreprises Vins (CEEV) (+ COPA-COGECA)	"Wine in Moderation - Art de Vivre" Program
1040	EuroCommerce	Raising retailers' awareness to carry out actions against abuse of alcohol
1388	European Forum for Responsible Drinking (EFRD) (+ CEPS + WFA + EACA)	Market Responsibly: Training Road Shows across Europe
1046	Finnish Hospitality Association (FHA)	Enforce age limits for serving and selling alcoholic beverages
1402	The European Spirits Organisation (CEPS)	CEPS Roadmap 2015
856	Bacardi-Martini B.V.	International Bartender Association Server Training
1456	Brown-Forman	Training in Responsible Use of Digital Marketing Communications
1442	Diageo	"Smashed" Education Programme
1494	Pernod-Ricard S.A.	"Responsible Student Parties" implementation in Europe - updated February 2012
950	The Scotch Whisky Association	To share key learning points from delivery of a social norms intervention in a community setting

No.	Name of the organisation	Commitment
1038	Hotels, Restaurants and Cafés in Europe (HOTREC)	Raising awareness of National Associations / Call for actions
1184	British Beer & Pub Association (BBPA)	Alcohol Units: Customer Awareness Campaign
1378	Swedish Hotel & Restaurant Association (SHR)	Actions for responsible service of alcohol - continuation
Research institutes and others		
1178	Royal College of Physicians (RCP London)	Report: "Alcohol & Sex: A Cocktail for Poor Health" (Provisional Title)
1054	European Social Insurance Platform (ESIP)	Fight against alcohol-related harm: the role of social insurers. An example : prevention regarding consumption of alcohol by pregnant women
1024*	International Center for Alcohol Policies (ICAP)	ICAP Blue Book: Practical Guides for Alcohol Policy and Targeted Interventions
1022*	International Center for Alcohol Policies (ICAP)	ICAP Periodic Review on Drinking and Culture
1026*	European Transport Safety Council (ETSC)	Safe and Sober and the Alcolock
1390	European Transport Safety Council (ETSC)	"The Drink Driving Policy Network" Programme
1404	European Public Health Alliance (EPHA)	Dissemination of information on European alcohol policy developments (continuous commitment)

\* Please note this commitment has not been subject to the quality assessment process because it was identical/ highly similar to the monitoring reports submitted in 2011 (or 2010).

## Annex II: Monitoring Report Template

**(fields marked with an asterisk (\*) are mandatory)**

<b>Access code:*</b>
----------------------

<b><u>Commitment #:</u></b>	
<b><u>Title of the commitment:*</u></b>	
<b><u>Name of the Forum member organisation owning the commitment:*</u></b>	
<b>Is this a report for an ongoing commitment or a final report?:*</b>	
<b>What is the time period covered by this report (in the case of a final report, the reporting period is the life span of the commitment)?*</b>	

<b><u>Point of contact for the commitment (the person authorised by the organisation owning the commitment who can be contacted for information about the commitment):*</u></b>
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<b><u>Commitment summary (based on summary given in original commitment form):*</u></b>
---

<b><u>Link to websites relating to the commitment:</u></b>
--

**Description of the implementation of the commitment (max. 500 words):\***

**Objectives (cf. sections 4–5 of the Monitoring Commitment in Annex II of the Forum Charter): in which way and to which extent have the objectives set out in the original commitment form been achieved in the reporting period? (max. 500 words):\***

**Relevance (i.e. how did the commitment during the reporting period contribute to achieving the overall aims of the Forum – cf. section 3 of the Monitoring Commitment in Annex II of the Forum Charter) (max. 250 words):\***

**Input indicators (resources allocated to the commitment ('What was done to put the objectives into practice?') – cf. section 5a of the Monitoring Commitment in Annex II of the Forum Charter) (max. 250 words):\***

**Output indicators (measure from a quantitative point of view the results created through the use of inputs ('What was achieved with the resources allocated to the commitment') – cf. section 5b of the Monitoring Commitment in Annex II of the Forum Charter) (max. 250 words):\***

**Outcome and impact indicators (How successful has the commitment been during the reporting period in relation to the original objectives – cf. section 6 of the Monitoring Commitment in Annex II of the Forum Charter. These indications go beyond the minimum agreed requirements to monitor a commitment, and it is expected that this type of evaluation will not be carried out for all commitments.) (max. 250 words)\* :**

Short term:

Medium term:

Long term:

Other:

**Evaluation details (tools and methods used, internal or external evaluators ...)(max. 250 words) (\*mandatory for final report only):\***

**Other comments related to monitoring the commitment (This section is to be used to add any other information which can be useful in terms of understanding issues relating to the monitoring of your commitment, such as any major obstacles that have been encountered, sources of data used, etc. If the basic details of the commitment have been changed, this field is to be used to explain why and how they were changed.) (max. 300 words):**

**Dissemination (How were the results of the commitment disseminated?) (max. 250 words) (\*mandatory for final report only):\***

**References to further information relating to the monitoring of the commitment:**



## Annex III: Individual Feedback Form Matrix

### INDIVIDUAL FEEDBACK FORM

Owner of  
report:  
Title:  
Status of  
report:  
Monitoring  
report  
number:  
Time period  
covered by  
report:

This document provides feedback on your 2012 monitoring report for the abovementioned commitment in the framework of the European Alcohol and Health Forum.

#### Individual and median scores for the various sections of the monitoring report template

The chart and the table below present the scores awarded for the various sections (report fields) of the monitoring report template that you completed (in red). Immediately below (in blue) the median score of all the 2011 monitoring reports is presented. This enables you to see how your individual scores fit in the overall picture.

Section	Member	Median EAHF 2012
Implementation	3	4,5
Objectives	3	4,0
Relevance	3	5,0
Input indicators	3	4,5
Output indicators	3	4,5
Outcome and impact indicators	3	3,5
Evaluation details	3	3,0
Dissemination	3	4,0

### Total score of the 2012 monitoring report

Below you find a table that presents the total score per criteria of your organisation for the 2012 monitoring report.

Total per scoring criteria	Maximum score	Achieved score	Score as % of max.
Specificity	10,5	0	0%
Clarity	14	0	0%
Focus	9,5	0	0%
Measurement	6	0	0%
<b>Total</b>	<b>40</b>	<b>0</b>	<b>0%</b>

### Main Conclusions

TBC

### Information on the scoring process

For intermediate reports, sections 9 (evaluation) and 10 (dissemination) are optional. If no information is provided in these sections, the maximum score for the monitoring report is 30. If information is provided in both sections, the maximum score is 40. If information is present in only one of the two sections, the maximum score is 35. In conclusion, the maximum score for an intermediate report is 30, 35 or 40, depending on the range of information provided.

For final reports the maximum score is 40 as replies to sections 9 and 10 are mandatory at the final stage of a commitment.

One of the innovations built into the 2011 assessment process consisted of accounting for the extent to which recommendations issued to Forum members in the previous assessment exercise had been integrated into the new monitoring reports. This is also done in the 2012 assessment. For each main section of the reports, a “recommendation uptake” score is provided. This will be either 0 (recommendations have been poorly taken into account, if at all), 1 (progress has been made in taking recommendations on board), or 2 (most recommendations have been successfully implemented). The “recommendation uptake” field is marked “N/A” in those reports for which no comparison can be established. The maximum score (2) is awarded in those sections for which no recommendations for improvement were deemed necessary in the previous assessment exercise.

Report field	Criteria	Question	Max. score (max 5)	Score awarded	Total score	Comments	Recommendation uptake
1.Commitment summary (based on summary given in original						comments	
<b>Not scored</b>							

commitment form)						
2. Link to website relating to the commitment	<b>Not scored</b>					
<b>3. Description of the implementation of the commitment</b> (max. 500 words)						
	<b>Specificity</b>	Are key dates and/or milestones in the implementation of the commitment set out clearly?	1		<b>0</b>	Comments
		Are details given on who is involved and/or responsible for the implementation of the commitment?	1			
	<b>Clarity</b>	Is the implementation of the commitment set out in a manner that the reader can fully understand the commitment?	1		<b>0</b>	
	<b>Focus</b>	Is the information included in the description relevant and to the point?	1			
		Is sufficient contextual information included to make the implementation of the commitment understandable?	1		<b>0</b>	
<b>Measurement</b>	N/A			<b>0</b>		
Total score:			5	<b>0</b>	<b>0</b>	Recommendation Uptake
<b>4. Objectives:</b> The objectives help to focus in more detail on what the commitment is aiming to achieve and connect to specific actions and to a specific timeframe and are concrete and precise. In some situations it may be beneficial to divide the objectives into short, medium or long term objectives. In other words, in what way and to which extent have the objectives set out in the original commitment form been achieved in the reporting period (max. 500 words)?						
	<b>Specificity</b>	Does the report describe how and when the objectives have been or will be achieved?	1		<b>0</b>	The five objectives of the commitment are clearly stated in this section. The information has been supported with contextual information. The addition of quantitative data, such as the number of people in each of the target
	<b>Clarity</b>	Does the report offer clear links between objectives,	1		<b>0</b>	

		inputs, outputs and outcomes?				groups, could improve this section.	
		Are the objectives set out in a manner that the reader can fully understand the commitment?	1				
<b>Focus</b>		Is only relevant information included in the description of objectives?	0,5		0		
		Is sufficient contextual information provided to make the objectives of the commitment understandable?	0,5				
<b>Measurement</b>		Are relevant quantitative data included on the implementation of the commitment?	1		0		
Total score:			5	0	0		N/A
<b>5. Relevance:</b> The report should describe, in a relatively simple way, how the commitment is relevant (or pertinent, connected, or applicable) to the realisation of the general aim of the Forum. In other words, how did the commitment during the reporting period contribute to achieving the overall aims of the Forum (max 250 words)?							
	<b>Specificity</b>	Does the report describe how the commitment is relevant (by reference to evidence that supports relevance)?	1		0	The relevancy of the commitment is described in an appropriate manner, explicitly addressing the relationship between the commitment and the aims of the Forum.	
<b>Clarity</b>		Does this section specify which aim(s) of the Forum the commitment relate to?	1		0		
		Is it clear how commitment holders believe that their commitment is linked to the aims of the Forum?	1				
<b>Focus</b>		Is only relevant information included in the description?	1		0		
		Is sufficient contextual information included to make to explain how/why the commitment is relevant?	1				

	<b>Measurement</b>	N/A					
Total score:			5	0	0		N/A
<b>6. Input indicators:</b> They measure the resources allocated to each action/activity depending on the objective of the commitment (funding, allocated resources, training etc) used for each activity. Input indicators measure the resources allocated to each action/activity, essentially what did the Forum member do to put the objective into practice? The monitoring report should provide insight in the resources allocated to the commitment (What was done to put the objectives into practice) (Max 250 words).							
	<b>Specificity</b>	Does the report describe the input indicators that have been used?	1		0	This section contains a detailed breakdown of the commitment-related expenditure. It would further strengthen this section if the number of hours spent were also specified.	
	<b>Clarity</b>	Does the report offer clear links between objectives, inputs and outputs?	1		0		
		Are resources allocated to the commitment set out in an understandable manner for a reader?	1				
	<b>Focus</b>	Is only relevant information included in describing the resources?	0,5		0		
		Is sufficient contextual information included to explain which resources are used for the commitment?	0,5				
	<b>Measurement</b>	Are relevant quantitative data provided for the input indicators?	1		0		
Total score:			5	0	0		N/A
<b>7. Output indicators:</b> They are used to measure the outputs or products that come about as a result or a product of the process. It measures from a quantitative point of view the results created through the use of inputs (sellers & servers trained, audience targeted, events organised etc). Output indicators measure the products or the achievements of the commitment through the use of inputs or, in other words ('What was achieved with the resources allocated to the commitment') (max. 250 words)?							
	<b>Specificity</b>	Does the report describe what the output indicators are?	1		0	The different activities are listed, and some dates are provided. This section could be improved if the activities in the 10 countries were identified, and if the number of people reached by the commitment activities were estimated.	
	<b>Clarity</b>	Does the report clearly link the output indicators to original objectives and resources that were put in the commitment?	1		0		
		Are the output indicators set	1				

		out in an understandable manner for a reader?				
<b>Focus</b>		Is only relevant information included?	0,5			
		Is sufficient contextual information included to make understandable what the results of this commitment are?	0,5			0
<b>Measurement</b>		Are relevant quantitative data provided for the indicators?	1			0
Total score:			5			0
<b>8. Outcome and impact indicators:</b> They go above the minimum agreed requirements to monitor a commitment. They measure the quality and the quantity of the results achieved through the actions in the commitment how successful was the commitment in relation to the original objectives? (max. 250 words)						
	<b>Specificity</b>	Does the report describe the outcomes?	0,5			0
	<b>Clarity</b>	Does the report link the outcomes to original objectives?	2			0
		Are the outcome and impact indicators set out in an understandable manner for a reader?	1			
	<b>Focus</b>	Is sufficient contextual information provided to understand the outcomes of the commitments?	0,5			0
<b>Measurement</b>	Are relevant quantitative data provided for the indicators?	1			0	
Total score:			5			0
<b>9. Evaluation details – tools and methods used, internal or external evaluators ... (max. 250 words; mandatory for final report only)</b>						
	<b>Specificity</b>	Are the evaluation details provided specifically linked to the commitment / different parts of the commitment?	2			0
	<b>Clarity</b>	Are the evaluation details set out in an understandable	1			0
						This section specifies outcomes for short-, medium- and long-term. The information included informs the reader about the effectiveness of the different activities used in the commitment in the short-term. However, an quantitative estimation of how alcohol harm was reduced could be beneficial.
						This section reports when the evaluation meeting will occur. Readability could be improved if more extensive information about the methods which will be used in this evaluation were included. It is noted that some of this information is found

		manner for a reader?				in section 10.	
<b>Focus</b>		Is only relevant information included?	0,5				
		Is sufficient contextual information provided to understandable the method of evaluation?	0,5			0	
<b>Measurement</b>		Are relevant quantitative data provided?	1			0	
Total score:			5	0	0		N/A
<b>10. Dissemination</b> ('How were the results of the commitment disseminated?') (max. 250 words; mandatory only for final report):							
<b>Specificity</b>		Is it specified in the form to whom dissemination is aimed at?	1			0	
		How and/or when has/will dissemination of the results occur?	1				
<b>Clarity</b>		Is enough contextual information included to enable the reader of the commitment to judge/gauge the scale of dissemination?	1			0	
<b>Focus</b>		Is it clear by the form whether dissemination is appropriate for the type of commitment according to the objectives laid down in the commitment?	1			0	
<b>Measurement</b>		Are relevant quantitative data provided (e.g. resources used, how many people/organisations it is expected to reach/has it reached, etc)?	1			0	
Total score			5	0	0		N/A
<b>GRAND TOTAL</b>					0	0	N/A
<b>11. References to further information relating to the monitoring of the commitment:</b>							