



Monitoring the activities of the European Alcohol and Health Forum

Annual Report 2015

Written by ICF Consulting Services Ltd
November 2015



EUROPEAN COMMISSION

Directorate-General for DG Health and Food Safety

Directorate C- Public Health

Unit C4 — Health Determinants

Contact: Attila Balogh

E-mail: Attila.BALOGH@ec.europa.eu

European Commission

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Executive summary

The EU Alcohol and Health Forum (EAHF) was launched in June 2007, bringing together organisations who want to take actions that aim to tackle alcohol related harm in Europe. Each year a report (Annual Report) is produced, providing an assessment of the commitment monitoring reports, summarising the activities of the previous year and recommendations and conclusions for the next reporting year.

The general objective of this Annual Report 2015 is to take stock of the activities of the Forum in 2014, analyse the commitments based on the submitted monitoring reports (between 30th November 2014- 31st January 2015) and provide guidance and recommendations to continuously improve the quality of and reporting on the commitments.

As of 18th May 2015, there were 330 commitments in the Forum database and 66 members participating in the Forum¹. 43 monitoring reports were submitted or updated by 20 members (76 reports should have been submitted by 49 members). In the previous reporting year, there was a larger number of reports submitted: 58 monitoring reports submitted by 33 Forum members (78 reports should have been received from 50 members).

The monitoring reports were analysed using a qualitative assessment and on the basis of information provided by Forum members in their reports. The analysis was conducted on three elements:

1. The design and intent of the action;
2. The implementation and results of the action;
3. An overall assessment of the report and recommendations for improvement.

Within the monitoring reports, the degree of detail varied significantly – this variation was between commitment owners and within various sections of the monitoring reports. During this analysis process, a number of commitments were highlighted as good practice examples in monitoring and reporting and have been included in this report as case studies (one per priority area) in Annex 2.

The commitments focus on **seven priority areas** of the founding **Charter of the Forum** and were broken down for this monitoring period as follows:

1. Developing information and education programmes on the effect of harmful drinking (31 commitments / 72%);
2. Developing information and education programmes on responsible patterns of alcohol consumption (16 / 37%);
3. Better cooperation/ actions on responsible commercial communication and sales (six / 14%);
4. Developing a strategy aimed at curbing under-age drinking (four / 9%);
5. Developing efficient common approaches to provide adequate consumer information (three / 7%);
6. Enforcing age limits for selling and serving of alcoholic beverages (three / 7%); and
7. Promoting effective behavioural change among children and adolescents (three / 7%).

Overall, 35 commitments (81%) made an **explicit link to the activities and aims of the Forum**. The **target audience** for commitments included: the general public (17

¹ European Commission. May 2015. Status report on Forum commitments and monitoring reports.
http://ec.europa.eu/health/alcohol/docs/ev_20150518_co02_en.pdf

commitments/40%), policy makers (14 commitments/33%) young people (12 commitments/28%) and health professionals (12 commitments/28%). In terms of **geographical coverage**, almost half of the commitments covered one country (21 commitments /49%); six of them (14%) covered two to five countries and seven commitments (16%) covered more than 20 countries.

During the analysis the design and intent of the commitments was evaluated. Four commitments (9%) had fully **SMART objectives**; 13 (30%) had mostly SMART objectives. Almost half (20 commitments / 47%) had partially SMART objectives and six commitments (14%) did not have SMART objectives. In the case where commitments were deemed as not having SMART objectives, the stated objectives were not sufficiently described, nor measurable, and/or not time bound. In relation to **reducing health inequalities**, a newly introduced criterion, a large majority of the commitments (41) did not set out to reduce health inequalities, or target in particular lower socio-economic groups. Concerning the **use of evidence in the design of the commitments**, three types of use were analysed: the evidence of need for action, the evidence of likely effectiveness and whether the commitment aimed to generate data/information. 26 commitments (60%) made a reference to the need of action and/or likely effectiveness; five commitments (28%) committed to generating data/information and 12 commitments (2%) did not use evidence in the design.

With regards to the **level of implementation**, the majority of commitments (31, or 71%) were fully implemented, 6 commitments (14%) were mostly implemented and the remaining six did not provide the necessary information to infer the extent to which the actions were implemented. The **analysis of inputs** (human and other related costs) showed that, out of the 43 monitored commitments, 13 (30%) did not provide information on costs of the inputs; 16 reported less than 100,000 EUR; 11 commitments provided between 100,000 and EUR 1,000,000, and three provided more than one million EURO. The total amount spent reported to approximately **11.5 million Euros**. In relation to the number of hours, 24 commitments (56%) did not provide information on the time spent on the action. The remaining 19 commitments reported between 51 and 5,760 hours. The total number of hours amounted to more than **26,030 hours**. In relation to the **outputs**, the majority of commitments (30, or 70%) was appropriate; nine (21%) provided minimal details and four commitments (9%) did not provide information on outputs. The **outcomes** were divided into three different categories, short, medium and long term outcomes. 31 commitments (72%) provided information on short term outcomes; 25 commitments (58%) provided information on medium term outcomes; 21 commitments (49%) provided information on long term outcomes.

All commitments provided information on the **dissemination of the results**. Different means were used for this purpose (presentations at conferences, reports, articles, brochures, e-newsletters, websites, social media, visits to health professionals, etc.). Some commitment holders provided information only on the type of dissemination used, while others provided detailed information on the type and means of dissemination.

'**Additionality**', a newly introduced assessment criterion in the analysis of the monitoring reports, yielded scarce information and therefore in most cases it was difficult to assess whether the actions would have taken place had the commitment not been submitted within the Forum. In relation to **EU-added value**, eight commitments (19%) demonstrated partially EU-added value. On the contrary the majority of them (24, or 56%) did not highlight the EU-added value of the Forum at all or did not provide sufficient information to determine this added value.

As a final analysis, an **overall assessment** was made. Reporting shows that five reports (12%) are of highly satisfactory quality. They had fully or mostly SMART objectives, provide details on their relevance to the Forum and used evidence in their design. 23 commitments (53%) were deemed of satisfactory quality and 15 commitments (35%) were assessed as non-satisfactory. In these cases the completeness of the monitoring reports and quality of information provided varied.

The monitoring results show a **steady performance in terms of quality of information provided within the monitoring reports**. However, only five reports were considered as highly satisfactory. Greater efforts should be made to improve the different sections of the monitoring reports, in particular trying to set SMART objectives and providing complete and accurate information on inputs, outputs and outcomes. This shows that the Forum and the European Commission must continue to work together in order to improve the quality of the commitments and therefore increase their impact.

In conclusion the report found that the **Forum continues to meet its objectives as set out in the Charter**, in particular through the commitments submitted by its members and through the plenary and working group meetings held last year. A number of improvements would however be needed for the Forum to develop further and increase its impact on reducing alcohol related harm in Europe. In order to further improve this work, some concrete recommendations have been made and are summarised below:

- Overall, attention to correct reporting and detail should be taken up for the next reporting period- in particular reporting on the target audience and geographical coverage. This Annual Report and the monitoring exercise has highlighted inconsistencies in numerous reporting sections, which limits the potential higher quality of commitments and as a second step limits the potential impact of the Forum. The Working Group on Governance and Commitments of the Forum together with the European Commission must address this horizontal issue and work towards better reporting by all members;
- Discussions within the Forum should take place on the priority areas currently under-represented; in particular actions to protect children/young people and to prevent irresponsible commercial alcohol communication: two of the focus areas of the Forum Charter;
- In relation to the design and intent of the commitments, this Annual Report highlights the greater need to work on achieving fully SMART objectives which are broken down by year and can subsequently be better evaluated. In addition using evidence in the design or output of a commitment should be discussed;
- Providing information on inputs, outputs and outcomes will significantly improve the quality of reporting by Forum members. Commitment owners should review their objectives in light of achieving short, medium and long term outcomes. Newly introduced aspects of evaluation, notably, the extent to which commitments address health inequalities, additionality and EU-added value should be discussed in the Working Group, and further developed over 2015-2016.

A number of recommendations to improve the functioning and outcomes of Forum meetings have been put forward in this report and can be summarised as follows:

- The reflections presented in 2014 - in relation to the duration and structure of the Forum meetings - should be revised; discussions should be made more interactive and outcome oriented;
- Further synergies should be sought and used with the work of other relevant European Institutions, the OECD, the WHO, etc. This would promote the achievements of Forum members and improve the quality of Forum discussions;
- The Working Group, with its renewed mandate, must collectively work to improve the understanding of appropriate commitment reporting and promote stronger and new commitments. In addition, new areas of analysis for the commitment monitoring reports should be discussed and where appropriate defined by the Working Group.

Table 1 below summarises the main findings of this report and provides an indication of priority areas for improvements.

Table 1. Headline Findings

| The Forum has made some progress in specific areas of commitment monitoring and development... | ... however work remains to be done in improving the quality and relevance of commitments |
|---|--|
| <p>Overall assessment of quality: Twenty-eight reports (65%) were of satisfactory or highly satisfactory quality.</p> | <p>Objectives: Twenty-six reports (39%) had only partially SMART or not SMART objectives.</p> |
| <p>Relevance of commitments: A large majority of reports (35/ 81%) made an explicit link to the Forum's aims and/or the Action Plan on Youth Drinking and on Heavy Episodic Drinking and/or other relevant policy goals.</p> | <p>Use of evidence in the design: Only 17 commitments (40%) used evidence of both need and likely effectiveness or committed to generate data. Twelve reports (28%) did not provide any details on evidence.</p> |
| <p>Implementation of actions: Planned actions were implemented for almost three quarters of commitments (31/ 72%).</p> | <p>Health inequalities: Only two commitments (5%) explicitly stated to set out to reduce health inequalities</p> |
| <p>Inputs: The majority of the commitments (30/ 70%) provided information on the financial costs.</p> | <p>Inputs: Less than half of the commitments (19/ 44%) gave information on the number of hours spent on activities linked to the Forum.</p> |
| <p>Outputs: The majority of the commitments (30/ 70%) provided clear details regarding outputs.</p> | <p>Evaluation: 17 commitments (42%) used an internal evaluation. One commitment (2%) did not provide any information on evaluation. Around 40% of commitments (10) that reported using an independent evaluator did not precise who this was. Around 40% of commitments (17) did not indicate the methodology of evaluation used. Only one report gave details on the result of the evaluation.</p> |
| <p>Outcomes: There was an overall good reporting on outcomes. 72% of commitments (31 commitments) completed the section on short term impacts, 58% (25 commitments) on medium term outcomes and 49% (21 commitments) on long term outcomes</p> | <p>'Additional' actions: Only three commitments (7%) had additional actions.</p> |
| <p>Dissemination: Results of all commitments were disseminated.</p> | <p>EU-added value: More than half of commitments (24/ 56%) did not highlight at all the EU-added and another 11 commitments (25%) did not provide any information.</p> |

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Definition of key terms

Table 2. Definition of key terms

| Key terms | |
|--------------------------------------|---|
| Commitment | - The EU Alcohol and Health Forum relies on the development of voluntary actions that aim to reduce alcohol related harm in Europe. These voluntary actions are called commitments. In order to become / remain a member, it is required to have at least one active commitment. |
| Forum member | - Organisations that have undertaken a commitment and have agreed to monitor and evaluate its performance in a transparent, participative and accountable way can become Forum members. |
| Commitment holder / Commitment owner | - The commitment holder is the organisation that is responsible for the implementation of the commitment. It can either be a Forum member or a member of one of the Forum members (some of the members are European umbrella organisations encompassing several individual organisations). |
| Monitoring report | - Each year, members complete a monitoring report for each commitment submitted. The report contains the following information: background information concerning the commitment, brief summary, objectives, relevance, information on monitoring, input & output indicators, outcome and impact (short, medium, long term) indicators, evaluation details, dissemination information and references for further information. |
| Study team | - The consultancy team at ICF International was contracted by DG Health and Food Safety to provide independent analysis of the activities of the Forum and to monitor its actions. The work of the team includes the production of the Annual Report, attending Forum meetings and the provision of feedback to members on the quality of their monitoring reports. |

1 Introduction and outline of report

The EU Alcohol and Health Forum (hereafter referred to as the Forum or EAHF) was launched in June 2007 through a Charter signed by 40 founding members. The Forum is open to all actors who want to take actions that aim to tackle alcohol related harm in Europe, with the membership of the Forum evolving over its lifetime from 40 founding

members to its current 66 members. The Forum relies on the dialogue and voluntary commitments of these actors. As of May 2015, there were 330 commitments.

Based on facts and data about harmful and hazardous alcohol consumption, the Forum Charter recalled the need for action. In this context, the founding Charter of the Forum aims at developing a common platform at EU level where:

- Plans for voluntary actions and concrete actions to reduce alcohol related harm can be explained, discussed and further developed and;
- Outcomes and experience from actors' performance can be reported and reviewed, so that over time better evidence is assembled of what works, and best practice is more clearly defined².

The seven priority areas for action identified in the Charter for the Forum are:

- 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.

As a result of discussions related to the 2014 annual monitoring report and its recommendations, the Working Group on Governance and Commitments of the Forum was created in order to improve the planning and implementation of commitments, and their monitoring and reporting; guaranteeing accountability and increasing efficiency, reach and impact of the commitments, as well as making them credible. The activities of this Group in 2014 are further detailed in Section 2.

Since 2009, yearly evaluations of the monitoring reports' quality have been carried out. This introductory section sets the scene for the 2015 Annual Report, presenting the purpose and structure of this report, as well as providing information on the reporting process and analysis of commitment monitoring reports submitted by Forum members annually.

1.1 Purpose of the report

The overarching objective of this 2015 Annual Report is to take stock of the activities of the Forum in 2014, analyse the commitments based on the submitted monitoring reports and provide guidance and recommendations to continuously improve the quality of and the reporting on the commitments within the Forum.

The purpose of this report is therefore threefold:

- To present and summarise the activities of the Forum in 2014;
- To provide an overview and analysis of the 43 Forum commitment reports that were submitted and/or updated in 2014-2015 (covering in some cases multiple years); and

² European Commission (2007) Charter establishing the European Alcohol and Health Forum: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/Alcohol_charter2007.pdf

- To provide recommendations and conclusions for the next annual reporting year.

Throughout, the report highlights and provides insight into how the Forum is attaining its goal of containing and/or helping reduce alcohol related harm. It draws exclusively upon evidence submitted in the monitoring reports and meeting summaries.

1.2 Structure of the report

This Annual Report is divided into four main sections, this section (1) provides an introduction to the report, and each of the subsequent sections address the main purpose of the report and provide analysis of the activities in 2014:

Section 2 provides a concise summary of the main activities of the Forum in 2014. It documents the overall policy direction throughout the year, and the main discussions held during the two annual plenary meetings and two Working Group meetings on Governance and Commitments. Finally, this section describes Forum membership and any changes during the year 2014.

Section 3 provides analysis of all 43 monitored commitments, including a general overview of the seven priority areas, target audience, commitment activities and their geographical coverage; along with analysis on the design and intent of actions, and insight on their implementation and results. In addition to this, an overall assessment on reporting is provided in the concluding section of this section.

Section 4 is based on the findings presented in preceding sections and provides conclusions and recommendations on a number of aspects related to Forum commitments, activities and future direction which can help guide the European Commission and the Forum members.

Three Annexes support the main body of the report:

- Annex 1 provides a breakdown of commitments per activity status: new, on-going and completed in 2014;
- Annex 2 provides seven case studies highlighting examples of good monitoring practice- broken down by priority area; and
- Annex 3 lists the main bibliographic and information sources used for this report.

1.3 The reporting process

The Forum Members fill in an electronic submission for each new commitment, where they provide general information of the action and the expected monitoring and evaluation details. This form was slightly changed in February 2014, but the reports submitted before then kept the previous report structure. The following table shows the different sections, including the small changes (in priority areas and activity types) from the previous and the new form:³

Table 3. Summary of Commitment Monitoring Form

| Section | Information required |
|-------------------------|----------------------|
| Submission number | |
| Submission date | |
| Owner of the commitment | |

³ Database of the European Alcohol and Health Forum (<https://webgate.ec.europa.eu/sanco/heidi/eahf/>) and Guidance document to the electronic form for submitting commitments by members of the European Alcohol and Health Forum: (http://ec.europa.eu/health/alcohol/docs/eahf_submission_guide_en.pdf)

| | |
|--|---|
| Title of the commitment | |
| Commitment summary | Brief description of the commitment (maximum of 250 words) |
| Link to further information relating to the commitment | |
| Forum members, associated with the commitment | |
| Information about Forum members co-owning the commitment | |
| Contact Point | <ul style="list-style-type: none"> • Contact name • Organisation • Title/Position • Address • Email • If the commitment is implemented in more than one Member State indicate for each country the name of the national contact point |
| Information about the commitment | |
| Background to the commitment (if any) | Information considered relevant in order to a better understanding of your commitment and the rationale behind it. |
| Priority area (s) | <ul style="list-style-type: none"> • 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. <p><i>Since February 2014, no more than two priority areas can be added</i></p> |
| Start date | When the implementation process of the commitment is starting |
| End date | Estimated end date of the commitment (it cannot be changed after the submission) |
| Member states | Countries where activities are being implemented |
| Type of commitment activities (principal) | <ul style="list-style-type: none"> • <i>Before February 2014, a list of activity areas was provided</i> |

| | |
|---|---|
| Type of commitment activities (secondary) | <ul style="list-style-type: none"> • <i>Commercial communication</i> • <i>Consumer information</i> • <i>Counselling</i> • <i>Education</i> • <i>Media Activities</i> • <i>Youth Involvement</i> • <i>Research</i> • <i>Treatment</i> • <i>Members could complete the following information under each of them:</i> <ul style="list-style-type: none"> • <i>Target</i> • <i>Tool</i> • <i>Description</i> |
| • Information on monitoring | |
| Objectives | Objectives should be S.M.A.R.T.: Specific, Measurable, Achievable, Realistic and Time bound. |
| Relevance | Description of how the commitment will contribute to achieving the aim of the Forum. |
| Input indicators | <ul style="list-style-type: none"> • Number of people involved • Time spent (Man/hours) • Cost (please indicate in €) • Other |
| Information on monitoring | <ul style="list-style-type: none"> • Number of people reached • Number of people in the target group reached • Number of participants in different activities • Web site visitors • Number of products • Number of pamphlets/adverts • Established number of contacts • Other |
| Outcome and impact | <ul style="list-style-type: none"> • Short term • Medium term • Long term |
| Evaluation details | <ul style="list-style-type: none"> • Tools used (internal and/or external evaluators) • Type of methodology (interviews, questionnaires, etc.) |

Once the implementation of the commitment starts, members annually submit, via an online form, a monitoring report for each commitment submitted. The objective of these reports is to document progress and provide insight into the developments of their commitment.

By belonging to the Forum, members agree to 'monitor their own performance in a transparent, participative and accountable way, so that there is a degree of multi-stakeholder involvement in reviewing progress and outcomes that creates trust in the data. There is also a commitment by participants to develop not only participative self-

monitoring, but also some more ambitious good practice on monitoring, including aspects such as evaluation⁴.

The monitoring report, a standard document updated yearly, includes information to be provided by the commitment owner. It is important to note that the change in the reporting form in February 2014 introduced compulsory outcome and impact indicators (which were included earlier as optional):⁵

| Section | Content |
|---|--|
| Title of the commitment | |
| Name of the Forum member organisation owning the commitment | |
| Is this a report for an ongoing commitment or a final report? | Intermediate report or Final report |
| Time period covered by this report | In the case of a final report, the reporting period is the life span of the commitment |
| Point of contact for the commitment | The person authorised by the organisation owning the commitment who can be contacted for information about the commitment |
| Commitment summary | Brief description of the commitment (maximum of 250 words) based on summary given in original commitment form |
| Web site/s relating to the commitment | |
| Description of the implementation of the commitment | |
| Objectives | To which extent have the objectives set out in the original commitment form been achieved in the reporting period? |
| Relevance (i.e. how) | To what extent did the commitment during the reporting period contribute to achieving the overall aims of the Forum |
| Input indicators | Indication of the resources allocated to the commitment |
| Output indicators | The quantifiable products/results of the activities: goods and services produced |
| Outcome and Impact indicators | <ul style="list-style-type: none"> • How successful has the commitment been during the reporting period in relation to the original objectives • Short term (e.g. improved knowledge), • Medium term (e.g. behaviour change towards a reduction of alcohol consumption) |

⁴ European Commission (2007) Charter establishing the European Alcohol and Health Forum-Annex 2 Monitoring Commitment:

http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/Alcohol_charter2007.pdf (p.8)

⁵ Database of the European Alcohol and Health Forum: <https://webgate.ec.europa.eu/sanco/heid/eahf/#>

| | |
|--|---|
| | <ul style="list-style-type: none"> • Long term (e.g. reduction of alcohol related harm) |
| Evaluation details | <ul style="list-style-type: none"> • Tools and methods used: online or face to face questionnaires, interviews, focus groups, on-site observation • Type of evaluation: internal/external evaluation (s) |
| Other comments related to monitoring the commitment | <p>Issues relating to the monitoring of the commitment, such as any major obstacles that have been encountered, sources of data used, etc.</p> <p>If details of the commitment have been changed, this field is to be used to explain why and how they were changed</p> |
| Dissemination of the results | <ul style="list-style-type: none"> • Events (conferences, seminars) • Campaigns • Policy briefs • Press conferences • Published materials (newsletters, brochures) • Other (e.g. books, videos, films, promotional materials) |
| References to further information relating to the monitoring of the commitment | |
| Attachments | |

The monitoring reports are entered by the owners of the commitments in the Forum database, and sent by the Commission for external review and analysis.

Before moving into explaining the analysis of commitments and the methodology it is important to note that these monitoring reports can cover multiple years, although they are updated annually. For instance, an action that started in 2008 and is still ongoing should have been reported on an annual basis. If not, this, as will be discussed later on, can be problematic if the inputs/outputs/outcomes are not presented per year since it is then not possible to see the evolution of the action for the current monitoring year 2014.

1.4 Analysis of commitments

As of May 2015, there were 330 commitments and 66 members participating in the Forum. In 2014, 43 monitoring reports were submitted and/or updated by 20 Forum members. Reports covered the period 2007-2014. Note that 76 reports should have been received from 49 members for this period.

For the purposes of reporting and providing feedback to Forum members, all 43 monitoring reports (out of the 330 commitments available in the commitments' database)⁶ were analysed by the study team using a qualitative assessment on the basis

⁶ Database of the European Alcohol and Health Forum: <https://webgate.ec.europa.eu/sanco/heidi/eahf/>

of information provided in them. The assessment in all areas drew heavily upon the definitions provided in the Forum's Monitoring Commitment⁷.

The analysis was conducted on the following three elements:

1. The design and intent of the action;
2. The implementation and results of the action; and
3. An overall assessment of the report and recommendations for improvement.

The analysis is based exclusively upon the information provided in the monitoring reports by the Forum members. Within these three areas, the assessment analysed:

Firstly, the analysis of the **design and intent** of action focused on the following points.

- The extent to which objectives were SMART⁸:
 - Specific – 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 those concerned);
 - Realistic – able to obtain the level of change reflected in the objective; and
 - Time-bound - stating the time period in which in which the objectives will be accomplished;
 - In order to analyse the objectives from this viewpoint, the commitments were judged as 'fully', 'mostly', 'partially' and 'not at all' SMART;
- The extent to which objectives were relevant to general aims of the Forum and its stated priorities, based on explicit and/or implicit statement in the report of relevance to the priorities of the Forum and/or wider EU policy goals;
- Whether the commitments explicitly addressed health inequalities and/or targeted lower socio-economic groups;
- The use of evidence in the design of the commitment, looking at whether there was reference to evidence of need or likely effectiveness or if the commitment aimed to generate data or information on the thematic area.

Secondly, analysis covered **implementation and results**. The following aspects were analysed:

- The level of implementation of the actions, i.e. to what extent were planned actions implemented: 'fully', 'mostly', 'partially', 'not at all' or whether no information was provided;
- The quality of indicators covering:
 - Inputs, which "measure the resources allocated to each action/activity depending of the objective of the commitment (funding, allocated resources,

⁷ European Commission (2007) Charter establishing the European Alcohol and Health Forum-Annex 2 Monitoring Commitment:

http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/Alcohol_charter2007.pdf

⁸ European Commission (2007) Charter establishing the European Alcohol and Health Forum-Annex 2 Monitoring Commitment:

http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/Alcohol_charter2007.pdf (p.9-10)

training etc.) used for each activity"⁹. Besides looking at the quality of the reporting, a calculation of the financial and human resources used per activity type is provided where available;

- Outputs, which is "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.)"¹⁰;
- Outcomes and impacts, which "measure the quality and the quantity of the results achieved through the actions in the commitment"¹¹. Outcome monitoring is divided into short, medium and long term outcomes in the new reporting template. It is important to note that prior to 2014, reporting on the outcome and impact indicators was not compulsory for Forum Members.
- Whether the monitoring reports indicated any form of evaluation (self/external) and what methods were used;
- To what extent the results were disseminated and what the main means of dissemination were (e.g. events, policy briefs, press conferences, published materials- newsletters, brochures; videos, films, etc.)
- The extent to which the commitments seem to have been 'additional'. Here, 'additionality' is taken to mean that the action would not otherwise have taken place / took place at a greater scale / sooner / was of a higher quality as a result of the Forum;
- The extent to which the commitments highlight the EU added value of the Forum and if so, how (e.g. the promotion of the commitment results would not be as successful if the Forum did not facilitate dissemination of good practice); and
- Whether the report suggested follow-up actions for the organisations involved and/or others.

Thirdly, an **overall assessment** of the reports was provided, based on how far each report provided an appropriate account of the action(s) undertaken in above mentioned areas. This qualitative assessment provided each commitment with an overall ranking of:

- 'Highly Satisfactory': The design and intent of action is explicitly clear and the implementation and results are detailed in a correct way;
- 'Satisfactory': The design and intent of action is clear, the implementation and results were included in the overall report, however needed improvements were identified; or
- 'Non-Satisfactory': The design and intent of action was not explicitly clear, and the implementation and results were not included and/or did not report on the commitment objective for 2014.

⁹ European Commission (2007) Charter establishing the European Alcohol and Health Forum-Annex 2 Monitoring Commitment:
http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/Alcohol_charter2007.pdf (p.10)

¹⁰ European Commission (2007) Charter establishing the European Alcohol and Health Forum-Annex 2 Monitoring Commitment:
http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/Alcohol_charter2007.pdf (p.10)

¹¹ European Commission (2007) Charter establishing the European Alcohol and Health Forum-Annex 2 Monitoring Commitment:
http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/Alcohol_charter2007.pdf (p.11)

In order to demonstrate the application of such criteria, the study team selected a number of commitments which submitted a monitoring report and performed well in a certain part of the analysis. These examples have been included where applicable for each area of the analysis.

During the analysis process, a number of commitments were further highlighted as cases for good practice in specific areas of monitoring and reporting, to be used as possible "guidance" for other members during their monitoring and reporting processes. These were shortlisted by the study team and selected in collaboration with DG Health and Food Safety. For the purposes of this report, seven such case studies of good practice in monitoring and reporting have been included in the Annex 2 of this report.

2 Activities of the Forum in 2014

This section provides an overview of the Forum activities in 2014. The Forum is action oriented and therefore makes continuous efforts to increase the quality and improve the outcomes of its actions. This section also summarises the main directions of the discussions and reflections during the two annual Forum plenary meetings and two Working Group meetings on governance and commitments.

Finally, an update on membership of the Forum is given. Detailed minutes and reports of all meetings can be accessed via the Forum homepage¹²; they contain more detailed summaries of all discussions held.

2.1 Overall direction for action

Throughout 2014, the Forum has continued to focus on actions and policy developments related to the five priority themes of the EU 2006 strategy:

- Protect young people, children and the unborn child;
- Reduce injuries and death from alcohol-related road accidents;
- Prevent alcohol related harm among adults and reduce the negative impact on the workplace;
- Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns;
- Develop and maintain a common evidence base at EU level.

Besides, the work in the Forum was mainly related to the Action Plan on Youth Drinking and on Heavy Episodic Drinking and the Joint Action on Reducing Alcohol Related Harm.

2.1.1 The EU Strategy to support Member States in reducing alcohol related harm

The Strategy launched in 2006 was developed to support Member States in taking action to reduce alcohol related harm. The strategy focused on five priority areas as mentioned above.

Implementation of the strategy was assessed in 2009, with a further exploration of the added-value of the Strategy undertaken in 2012. As part of the assessment of EU added value, it was found that the Forum was effective in a number of ways, mainly through;

- Mobilising actors from a variety of stakeholders at both a national and local level;
- Stimulating an increase in actions in the area of alcohol related harm;
- Addressing priority themes of the EU Alcohol Strategy through commitments and actions (mainly in the area of information and education);
- The provision of a deeper understanding of the issues in relation to alcohol related harm among production and sales organisations; and
- Increased co-operation between Forum members¹³.

2.1.2 The Action Plan on Youth Drinking and on Heavy Episodic Drinking (Binge Drinking) 2014-2016

The Committee on National Alcohol Policy and Action (CNAPA) was established under the Strategy to support and coordinate Member States' action. In 2014, the Committee endorsed an Action Plan on Youth Drinking and on Heavy Episodic Drinking (Binge Drinking) 2014-2016.

¹² http://ec.europa.eu/health/alcohol/forum/index_en.htm

¹³ COWI Consortium (2012) Assessment of the added value of the EU strategy to support Member States in reducing alcohol-related harm FINAL REPORT. Available at: http://ec.europa.eu/health/alcohol/docs/report_assessment_eu_alcohol_strategy_2012_en.pdf

During the development of the Action Plan, members of the Forum were invited to comment and suggest actions for the document.

The Action Plan was developed to “complement existing activities implemented under the umbrella of the EU strategy to support Member States in reducing alcohol related harm and contribute to the comprehensiveness of the implementation of the EU alcohol policy”¹⁴. The action plan includes a list of voluntary actions and focuses on six action areas:

- Reduce heavy episodic drinking (binge drinking);
- Reduce accessibility and availability of alcoholic beverages for youth;
- Reduce exposure of youth to alcohol marketing and advertising;
- Reduce harm from alcohol during pregnancy;
- Ensure a healthy and safe environment for youth; and
- Support monitoring and increase research.

Forum members were invited to establish **clear links between the Action Plan and their commitments within the Forum**.

2.1.3 The Joint Action on Reducing Alcohol Related Harm (JA RARHA)

The Joint Action is a three year action (2014-2016) co-funded by the EU Health Programme and the EU Member States which aims to support EU Member states to address and reduce alcohol related harm as well as working on common priorities in line with the Strategy. Throughout the Forum plenary meetings a progress report on the action has been a regular agenda point.

2.2 Forum meetings

Two plenary meetings were held in 2014, illustrated in Table 4 below and further described in this sub-section. The main objective of all the meetings was to inform members of ongoing EU, national and local commitments and other related initiatives and to provide a Forum for exchange of information and good practice.

Table 4. Forum Meetings in 2014

| Meeting date | Presentations | Commitments Presented |
|----------------------------|--|---|
| 9 th April 2014 | <ul style="list-style-type: none"> • The role of the hospitality sector and nightclubs in fighting against alcohol related harm • Tackling Drink Driving | <ul style="list-style-type: none"> • Summary of commitments by consultants • Union des Metiers et des Industries de L’Hotellerie • SILB-FIPE |

¹⁴ CNAPA Action Plan on Youth Drinking and on Heavy Episodic Drinking (Binge Drinking) 2014-2016, page 6: http://ec.europa.eu/health/alcohol/docs/2014_2016_actionplan_youthdrinking_en.pdf

| | | |
|-------------------------------|---|---|
| | | <ul style="list-style-type: none"> • European Transport Safety Council (EC, 2014d) |
| 6 th November 2014 | <ul style="list-style-type: none"> • Raising awareness on the risks of drinking alcohol during pregnancy • Responsible Marketing Pact • Digital Guiding Principles and the Global Commitments • Final results of the project European Workplace and Alcohol (EWA) | <ul style="list-style-type: none"> • Summary of commitments by consultants • Eurocare • World Federation of Advertisers (WFA) • International Centre for Alcohol Policies (EC, 2014e) |

2.2.1 Forum plenary meeting of 9th April 2014

This meeting included an update on the work towards an Action Plan on Youth Drinking and on Heavy Episodic Drinking. **Forum members were invited** to provide suggestions **for potential actions which would meet the key areas of the Action Plan** preliminarily agreed by the CNAPA.

The results of the 2014 assessment of monitoring and evaluation approaches of the Forum commitments were presented and as a result the European Commission suggested the creation of a working group to discuss governance of the Forum as well as reporting commitments by members. Members were invited to volunteer for the working group which would report at the next meeting.

As a follow-up to the previous meeting, two presentations were given on research and funding. This included a presentation on behalf of DG SANTE on funding opportunities for activities under the Health Programme 2014-2020 as well as a presentation on the work between DG SANTE and DG Research and how the public health research priorities are set.

The conclusions made by the European Commission included that the JA RARHA is a useful instrument for Member States to develop approaches that are in line with the EU Alcohol Strategy. In relation to Forum activities, it was highlighted that there were 29 organisations in the Forum that do not have active commitments i.e. they were not meeting the requirements for membership.

2.2.2 Forum plenary meeting of 6th November 2014

The 15th Plenary Meeting included an update of developments in the CNAPA which included finalisation in December of a scoping paper to inform the European Commission of CNAPA members' willingness to contribute to EU alcohol policy in the future, and the work starting on a two year work plan for the Committee.

The two year Action Plan on Youth Drinking and on Heavy Episodic Drinking (binge drinking) endorsed by the CNAPA was presented to the Forum.

The Governance Working Group of the Forum which consists of 15 members presented conclusions from their meetings (see below), which were supported by Forum members in the meeting and were invited to be commented on.

The European Commission concluded that **the new Action Plan** on Youth Drinking and on Heavy Episodic Drinking would provide a **key reference for actions** targeting 'youth drinking' and/or 'heavy episodic drinking'. The chair confirmed the deadlines of new commitments and monitoring reports and that 30 members did not have active commitments.

2.3 Working Group meetings

2.3.1 The Working Group on Governance and Commitments

As a result of discussions held in the plenary meeting on 9th April 2013 in relation to the final results of the 2013 assessment of monitoring and evaluation approaches of the Forum commitments, a Working Group of Forum members was established to improve the monitoring of commitments with the aim of increasing accountability, efficiency, reach, impact and credibility of the commitments. The Working Group was established to explore:

- Appropriate input/output indicators (for example financial and human resources of commitments);
- How governance of the Forum in relation to the obligation that each member should have at least one active commitment could be improved;
- How specific needs of commitments of low resource organisations could be met; and
- How expired commitments can be resubmitted or continuous commitments can be repeated in the database.

Two Working Group meetings took place on the **10th July** 2014 and **6th October** 2014 and members agreed they would consider how to encourage joint commitments and encourage exchanges between Forum members. The Working Group also explored how members can constructively 'scrutinise' commitments based on the Charter's principles and as a result the Working Group produced a framework which focused on ensuring that commitments met the aims and objectives of the Charter.

2.3.2 Main conclusions from the work of the Governance Working Group

As a result of the meetings, a number of conclusions were made in relation to the Forum commitments and Forum plenary meetings. These were approved by Forum members via written procedure on 23 December 2014, and will form the basis for discussions and action in 2015.

In relation to Forum commitments, the following conclusions were made:

- Forum members are to submit a new commitment within four months after expiry of the (last) active commitment. To assist this, the Commission will send reminders to commitment owners before it expires;
- Monitoring reports need to be submitted every year for all commitments that are active. From 2016 the deadline for monitoring reports will be 31 January;
- Forum members will be suspended if they fail to submit a new commitment, or fail to submit a monitoring report on time. Once the required documentation is submitted, membership of the suspended member will be restored;

- The Commission “should investigate how to take account of the efforts of those organisations involved in commitments without owning one”¹⁵;
- Commitments should be developed, and kept in line with priorities of the Strategy and Charter, as well as seeking to address underage and binge drinking (using the CNAPA action plan for ‘inspiration’);
- The Commission will technically validate commitments before making them publicly available on the database;
- Forum members can comment and scrutinise other members’ commitments in a constructive manner based on the Charter’s principles. The Working Group will also provide a role, as well as preparing recommendations to the Forum Plenary for joint commitments between public health authorities, economic operators and NGOs;
- If any issues with commitments arise, the Commission should be notified and members of the Forum and commitment owners can also be notified;
- The use of a ‘chat box’ in the commitment database will be considered by the Forum to help improve the quality of the commitments;
- Forum members should consider joint commitments between Member State authorities, NGOs and economic operators including the possibility of unbranded commitments in partnership with economic operators, enforcement authorities, Member State authorities etc.;
- The Commission will provide guidance and capacity building for planning, evaluating, monitoring and reporting on commitments to take into account conclusions of the external evaluation report in relation to improving outcome and impact indicators.

The second part of this document outlined conclusions in relation to Forum Plenary Meetings, and are summarised below:

- The work plan for the Forum and content summaries for meetings will disseminated. The work plan will be built using the 2006 Alcohol Strategy, the Forum Charter and the CNAPA action plan;
- In order to effectively share practice, thematic discussion sessions on commitments should take place during Forum sessions. Invitations for participation to other DGs involved in the policy area should be considered;
- New commitments should be presented in Forum meetings;
- Specific rules in relation to presentations and communication of new commitments was suggested to include; presentations on commitments should be sent to the commission two weeks before the meeting date and Forum members should not issue press releases or other PR activities on commitment documentation that has been shared in advance of an upcoming meeting;

¹⁵ European Commission (2014a) *Conclusions of the work of the Governance Working Group of the European Alcohol and Health Forum*: http://ec.europa.eu/health/alcohol/docs/2015_governance_wg_conclusions_en.pdf

- Forum members should explore linkages between their work and the work of public health authorities as well as using the Alcohol Strategy and the CNAPA action plan as a starting point for establishing commitments. It was also suggested that back-to-back Forum and CNAPA meetings took place to consider joint actions;
- The involvement of the Joint Research Centre (JRC) should be considered, as an independent and funded source of experts for scientific questions raised by the EAHF. Furthermore, DG SANTE should approach the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) to clarify whether assistance can be provided to EAHF to improve work in relation to surveys and data collection.

Overall, it was felt that the Working Group should continue its work given the conclusions made in particular in relation to issues raised on the quality and content of commitments and the related monitoring reports.

2.4 Membership Update

In 2015, there were 66 Forum members¹⁶; this is the same number as in 2014, but represents a decrease compared to 2013 when the Forum counted 70 members¹⁷.

In 2014 a total of six new members joined the Forum.

Four members were accepted during the plenary meeting held on the 9th April 2014¹⁸:

- Alcohol Health Network;
- Associazione Italiana Imprese Intrattenimento da Ballo e di Spettacolo;
- Union des Métiers et des Industries de L'Hôtellerie; and
- No Excuse.

A further two members were accepted in the plenary meeting held on the 6th November 2014:

- European Liver Patients Association;
- Carlsberg Group.

Table 5 below provides a list of the 66 Forum members as of April 2015.

Table 5. Overview of Forum members as of April 2015

| Forum Member |
|--|
| Advertising Information Group (AIG) |
| Alcohol Beverage Federation of Ireland (ABFI) |
| Alcohol Health Network (AHN) |
| Alcohol Policy Youth Network (APYN) |
| Association of European Cancer Leagues (ECL) |
| Association of European Professional Football Leagues (EPFL) |

¹⁶ The following four members left the Forum in 2013: Active – Sobriety, Friendship and Peace; IOGT-NTO (Swedish temperance movement); European Youth Forum; The Swedish Youth Temperance Association (UNF).

¹⁷ EC. March 2015. Monitoring the European Alcohol and Health Forum – Annual Report 2014. http://ec.europa.eu/health/alcohol/docs/monitoring_progress6_en.pdf

¹⁸ http://ec.europa.eu/health/alcohol/docs/forum_members_en.pdf

| |
|--|
| Association of European Professional Football Leagues (EPFL)-German Football League (DFL) |
| Association of small and independent breweries in Europe (SIB) |
| Association of Television and Radio Sales Houses (Egta) |
| Associazione Italiana Imprese Intrattenimento da Ballo e di Spettacolo (SILB-FIPE) |
| Brewers of Europe |
| Brewers of Europe (Anheuser Busch InBev (ABI)) |
| Brewers of Europe -Carlsberg Group |
| Brewers of Europe-Heineken International |
| Brewers of Europe-SABMiller |
| Comité Européen des Entreprises Vin (CEEV) |
| Committee of Professional Agricultural Organisations in the EU - General Confederation of Agricultural Cooperation in the EU (COPA-COGECA) |
| EUROCARE |
| EUROCARE- Association Nationale de Prévention en Alcoologie et Addictologie (ANPAA) |
| EUROCARE- German Centre for Addiction Issues (DHS) |
| EUROCARE- Institute of Alcohol Studies (IAS) |
| EUROCARE- Nordic Alcohol and Drug Policy Policy Network (NordAN) |
| EUROCARE-Alcohol Action Ireland |
| EUROCARE-Estonian Temperance Union |
| EUROCARE-EUROCARE Italia |
| EUROCARE-STAP-Dutch Institute for Alcohol Policy |
| EUROCARE -Scottish Health Action on Alcohol Problems (SHAAP) |
| EUROCOMMERCE |
| EUROCOMMERCE-Delhaize Group |
| European Association for the Study of the Liver (EASL) |
| European Association of Communication Agencies (EACA) |
| European Cider and Fruit Wine Associations (AICV) |
| European Federation of Associations of Beer and Beverages Wholesalers (CEGROBB) |
| European Liver Patients Association (ELPA) |
| European Federation of Pharmaceutical Industries and Associations (EFPIA) |
| European Medical Students' Association |
| European Midwives Association (EMA) |
| European Mutual Help Network for Individuals and Families with Alcohol-Related Problems (EMNA) |
| European Public Health Alliance (EPHA) |
| European Public Health Alliance, (EPHA) - Royal College of Physicians, London (RCP) |

European Publishers Council (EPC)

European Social Insurance Platform (ESIP)

European Sponsorship Association (ESA)

European Transport Safety Council (ETSC)

European Travel Retail Council (ETRC)

HOTREC

HOTREC - Horeca Vlaanderen

HOTREC - British Beer and Pub Association

HOTREC - Finish Hospitality Organisation (MaRa)

HOTREC - Visita - Swedish Hospitality Industry (former Swedish Hotel & Restaurant Association, SHR)

Institut de Recherches Scientifiques sur les boissons alcoolisées (IREB)

International Centre for Alcohol Policies (ICAP)

International Federation of Medical Students Associations

NO EXCUSE SLOVENIA

spiritsEUROPE

spiritsEUROPE -Bacardi-Martini

spiritsEUROPE Brown-Forman - The Absolut Company

spiritsEUROPE Brown-Forman (represented by the consultancy Freshfields Bruckhaus Deringer)

spiritsEUROPE -Diageo

spiritsEUROPE -Moët Hennessy

spiritsEUROPE -Pernod-Ricard S.A.

spiritsEUROPE -The Scotch Whisky Association

Standing Committee of European Doctors (CPME)

Union des Métiers et des Industries de L'Hôtellerie (UMIH)

United European Gastroenterology (UEG)

World Federation of Advertisers (WFA)

Out of the 66 Forum members, as of May 2015, 49 had an active commitment. The remaining 17 members did not have an active commitment at that time (one of those commitments expired in 2015, two of them in 2014, whilst the rest expired prior to 2014).

3 Analysis of commitments in 2014

This section provides a general overview of the Forum commitments reported on in 2014. It begins with a breakdown of commitments per priority area, target audience, commitment activities and geographical coverage; it then presents information on the design and intent of actions, before analysing their implementation and results.

The final part of this section details an overall assessment of all 43 monitored commitments and, on the basis of these results, conclusions and recommendations have been made in Section 4, to help guide the Forum and its members in 2015 and onwards.

The analysis draws exclusively upon monitoring reports provided by Forum members via the Forum online database between 30th November 2014 and 31st January 2015 and made available to the study team by the European Commission and through information available in the Forum online database.

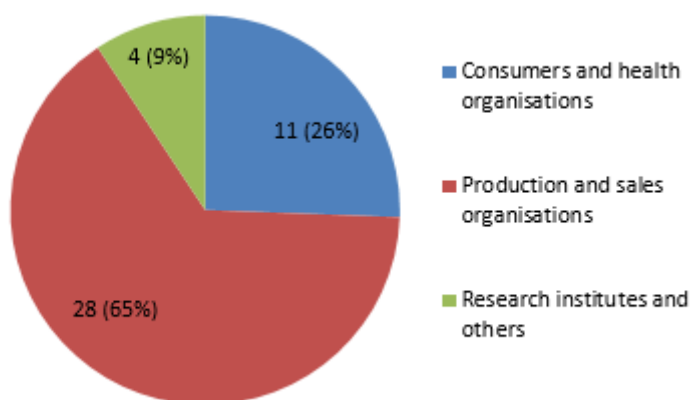
3.1 General overview of commitments

This sub-section presents the general background to all 43 monitored commitments. The purpose is to show the coverage and breakdown of these commitments, what activities they covered, which countries were involved and what target audience was reached.

3.1.1 Type of organisation submitting reports

Out of the 20 Forum members that submitted reports in 2014, nine of them (45%) were consumers and health organisations and eight (40%) were production and sales organisations. Only three (15%) were research institutes. Figure 1 below breaks reports by type of members. Note that 76 reports should have been submitted by 49 members.

Figure 1. Overview of Members submitting reports in 2014

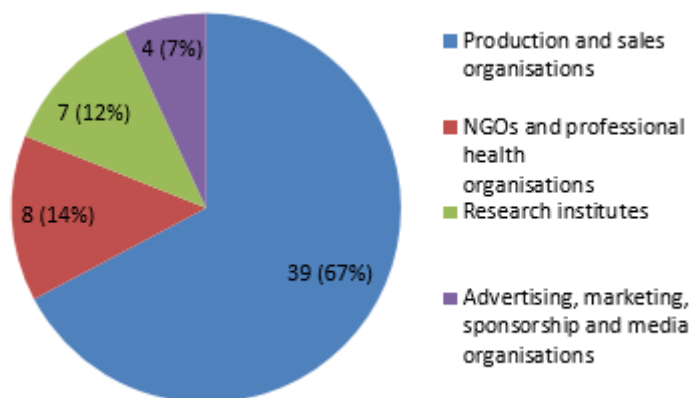


Source: Forum monitoring reports, 2014 N=43

In 2013, 58 monitoring reports were submitted by 33 Forum Members as depicted in

Figure 2. The proportion of production and sales organisations was larger (67%).

Figure 2. Overview of Members submitting reports in 2013

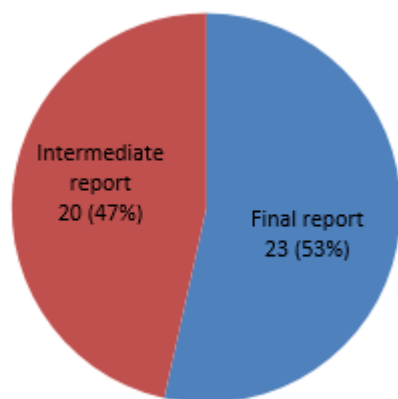


Source: Forum monitoring reports, 2013 N=58

3.1.2 Type of reports

More than half of the reports analysed in this report were final reports (23 / 53%). The rest consisted of intermediate reports (20 / 47%). This is to be compared with figures from the 2014 Annual report, where only one third of reports (33%) were final reports and the rest (67%) had an intermediate status.

Figure 3. Overview of type of reports in 2014

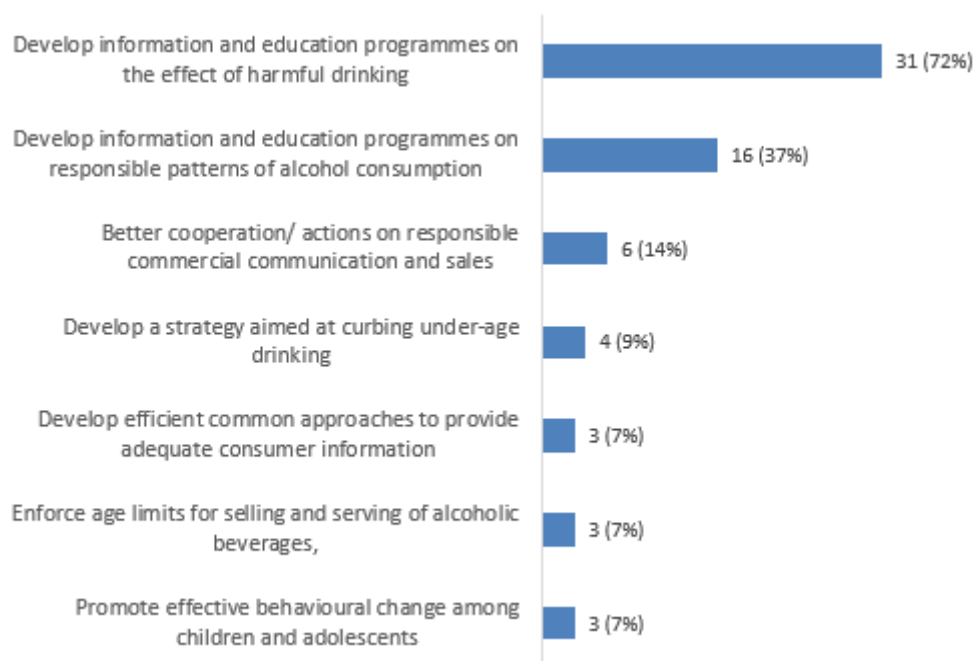


Source: Forum monitoring reports, 2014 N=43

3.1.3 Priority Areas

As mentioned previously, the Charter of the Forum identifies seven priority areas for action. More than half (27 commitments / 63%) were designed to meet only one priority area, whereas the remaining 16 commitments (37%) were designed to address multiple priority areas. Figure 4 presents the number of commitments broken down per priority area.

Figure 4. Overview of Forum commitments by priority area of the Forum Charter



Source: Forum monitoring reports, 2014 N=43

The figure shows that the priority **“Develop information and education programmes on the effect of harmful drinking”** was quoted by 31 commitments (72% of all commitments). As an example, with the commitment “Drink-less.com, a website to help increase awareness and treatment of excessive alcohol consumption” (submission number: 1396621840426-1639), Lundbeck (as part of EFPIA) put in place a website which provided evidence-based information on the effects of harmful consumption, and encouraged citizens to assess their drinking levels and to engage with healthcare professionals on their alcohol consumption.

Sixteen commitments (37% of all commitments) aimed to **“Develop information and education programmes on responsible patterns of alcohol consumption”**. These commitments included actions such as “Promoting Pacing’ to challenge harmful drinking patterns and styles” (submission number: 1396867260479-1643) by the ABFI. The goal of this commitment was to challenge the style of drinking of men of Irish origin (who drink more and at a faster rate on an occasion of drinking than their European counterparts), by motivating and empowering consumers to drink less on an occasion and to drink at a slower pace.

The priority area **“Better cooperation/ actions on responsible commercial communication and sales”** was quoted by six commitments (14% of all commitments). As an example, the commitment “Road Map 2015” (submission number 1300719006243-1402) by SpiritsEUROPE aimed to deliver an annual report tracking SpiritsEUROPE’s role in promoting responsible commercial communication, and in developing and supporting multiple targeted interventions at national level and actions aiming at reducing alcohol related harm in the EU. This commitment was articulated around three pillars, including “enhancing responsible commercial communication”.

The priority area **“Develop a strategy aimed at curbing under-age drinking”** was quoted by four commitments (9% of all commitments). For example, the commitment

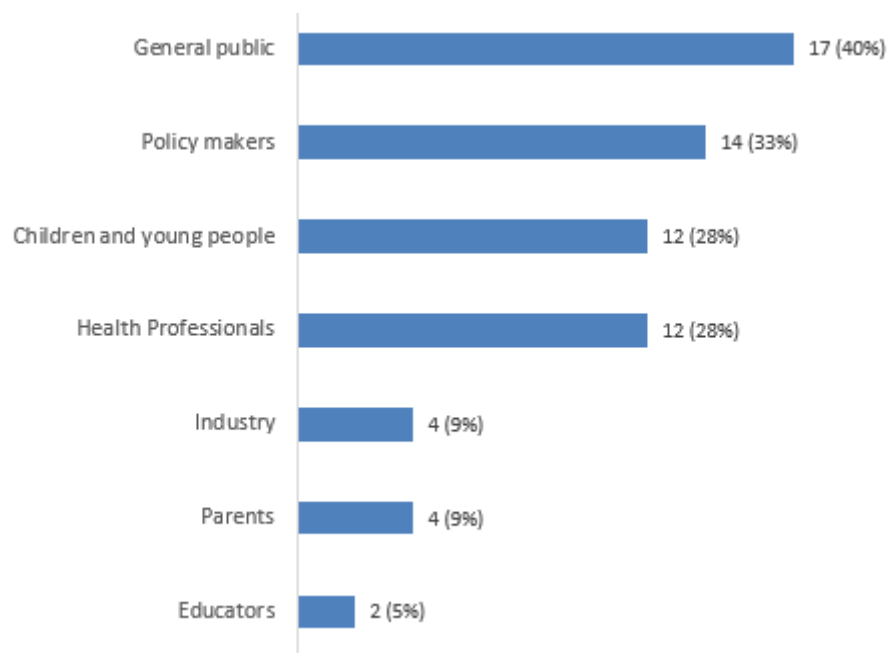
“Smashed Education Programme” (submission number: 1317733122546-1442) by Diageo was a theatre based education programme for high school pupils aged 12-14. The objective was to enable young people to understand the facts, causes, and consequences surrounding alcohol misuse. The programme focused on workshops and drama activities with the pupils, to raise their awareness of the dangers of alcohol misuse and to help them make informed decisions about alcohol consumption in the future.

The priorities “**Develop efficient common approaches to provide adequate consumer information**”, “**Enforce age limits for selling and serving of alcoholic beverages**” and “**Promote effective behavioural change among children and adolescents**” were less frequently quoted by commitments (each by three commitments /7% of all commitments).

3.1.4 Target audience

Twenty reports (47%) gave explicit information on target audiences, and 22 (51%) gave an implicit indication. In one report, “Partnerships to encourage responsible consumption and address alcohol related harm” (submission number: 1316775164563-1434) submitted by Heineken (International) no target audience was identified. This commitment aimed at helping Heineken operating companies to work effectively in partnership with third parties to address alcohol related harm. However, the report did not precise who these third parties were. Figure 5 below provides a breakdown of the stated target audience of the 2014 commitments.

Figure 5. Overview of Forum commitments by target audience



Source: Forum monitoring reports, 2014 N=43

Out of the 43 commitments, 17 commitments (40%) targeted the **general public**. For example, as part of its commitment “Exhibition: ‘This bewitching poison’” (submission number: 1384866013379-1616), the RCP developed an historical exhibition, opened to everyone, that sought to increase understanding of alcohol and health policy issues among the general public.

A third of commitments (14 commitments /33%) targeted **policy makers**. As an example, the commitment “Awareness raising of Foetal Alcohol Spectrum Disorders (FASD)” (submission number: 1228145491123-826) by Eurocare aimed to raise the awareness of dangers related to drinking alcohol during pregnancy among European policy makers. To achieve its goal, Eurocare organised several events between 2008

and 2010 in the European Parliament with MEPs (e.g. conferences, workshops or meetings).

Twelve commitments (28%) targeted **young people**. For example, the APYN organised the following commitment: "Regional Alcohol Policy Youth Conference" (submission number: 1364979555704-1610). This conference was a training course, aimed at young people (18-25) from Eastern European and Caucasian countries who wanted to improve their knowledge and build capacity to become advocates of a more comprehensive alcohol policy in Europe.

Another 12 commitments (28%) targeted **health professionals**. As an example, the commitment "Fight against alcohol-related harm: the role of social insurers; an example: prevention regarding consumption of alcohol by pregnant women" (submission number: 1267541762655-1054) taken up by the Caisse Nationale Assurance Maladie Travailleurs Salariés (CNAMTS) on behalf of ESIP, aimed to prevent alcohol-related damage for pregnant women by giving comprehensive information based on the recommendations of the National Upper Health Authority to health professionals (physicians, gynaecologists, midwives) and to pregnant women.

Industries and **parents** were targeted by four commitments each. Only two commitments targeted **educators**.

Other target audiences identified included: pregnant women, drivers, underage drinkers, alcohol sales people, football fans and ex-offenders with identified alcohol misuse issues.

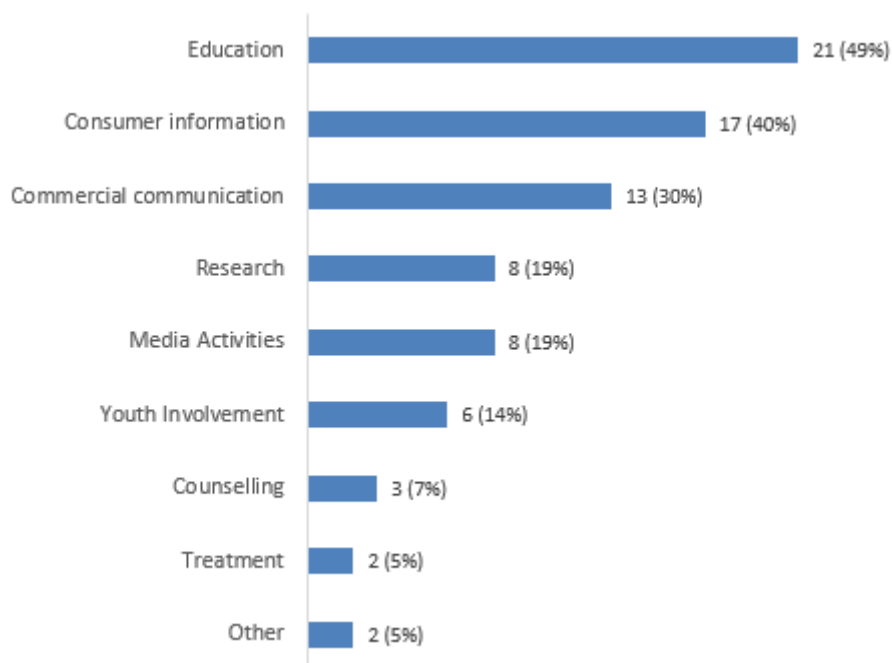
Employees and special groups were not quoted as target audiences.

3.1.5 Commitment activities

Figure 6 provides a breakdown of the commitments by activity type. The Forum monitoring reports identify nine types of activities which are to be selected by the Forum members when submitting commitments:

- Commercial communication;
- Consumer information;
- Counselling;
- Education;
- Media activities;
- Research;
- Treatment;
- Youth involvement; and
- Other.

Figure 6. Overview of Forum commitments by activity type



Source: Forum monitoring reports, 2014 N=43

Almost half of the commitments (21 commitments /49%) reported **“Education”** as one of their activities. For instance, the commitment “Training responsible ‘Perfect Servers’” (submission number: 1323905170937-1478) by ABI aimed to integrate a responsible serving module into the ‘Perfect Server’ bar staff training schemes, with the objective of training 10,000 bar and waiting staff across Europe, and additionally providing an online version through ABI’s B2B (Business to Business) websites.

Another frequent activity type was **“Consumer Information”** (17 commitments /40%). As an example, Diageo implemented the action “Conoscere L’alcol 2014” (submission number: 1399887311431-1652), which was designed to help consumers and shoppers make well-informed choices when purchasing and consuming alcoholic beverages. The campaign used information displayed in leaflets placed near alcohol products in Auchan/SMA stores to communicate its key message.

Thirteen commitments (30%) reported **“Commercial communication”** as an activity type. For example, the commitment “Promoting choice for consumers” (submission number: 1323904646479-1472) by ABI aimed to increase the choice and consumption of low/no alcohol beer. ABI committed to a 5% annual growth in non-alcohol beers and zero-alcohol beverages by encouraging the availability of a non-alcohol option in all sales channels alongside branded alcohol options and to positively position non-alcoholic beers through marketing campaigns.

“Research” and **“Media Activities”** were identified activity types for eight commitments (19%) each. Concerning “Research”, one of the monitoring reports (“Publication and dissemination of findings on alcohol dependence” - submission number: 1349282033535-1558 by EFPIA) did not explicitly give the activity type, however the information contained in the monitoring report gave an implicit link to this activity area.

Activities such as **“Youth involvement”**, **“Counselling”** and **“Treatment”** were less often quoted in the reports (respectively six/14%, three/ 7% and two/5% commitments).

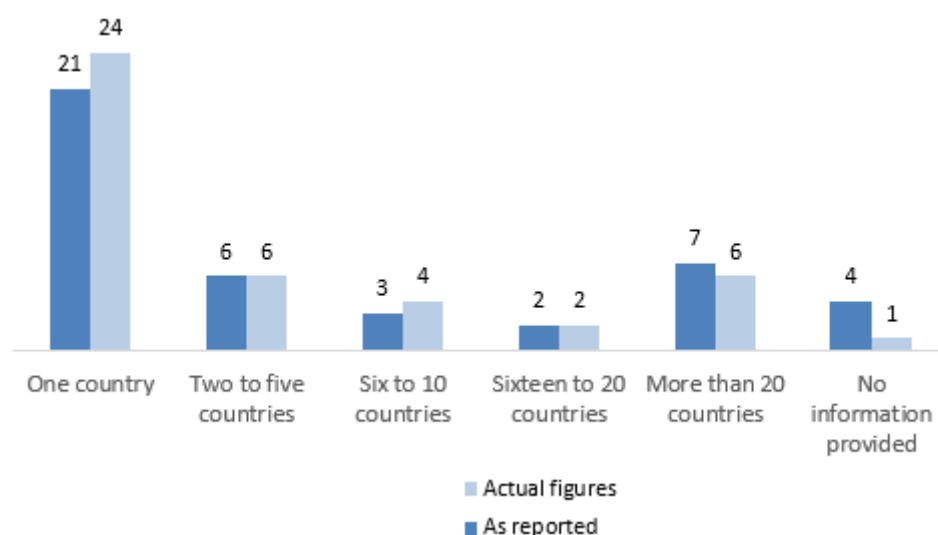
Other activity types included **“Advocacy and policy activities”** and **“Awareness raising and advocacy”**.

3.1.6 Geographical coverage

The Analysis also documented the geographical coverage of all monitored commitments; for purposes of this Annual Report, classifications were made in order to illustrate the results. Figure 7 presents the number of countries participating in commitments.

The geographical coverage of the commitments are shown by the number of countries participating in commitments as reported in the monitoring reports and as re-estimated due to some inconsistencies found in the different sections of the monitoring report. For example, one report in one section mentioned that all EU countries participated in a commitment, when other parts of the report stated that only two Member States did, accompanied by six non-EU countries. Four commitments did not specify the Member States participating, but for three of them, it was possible to determine how many participants there were from the description of activities.

Figure 7. Overview of Forum commitments by number of participating countries



Source: Forum monitoring reports, 2014 N=43

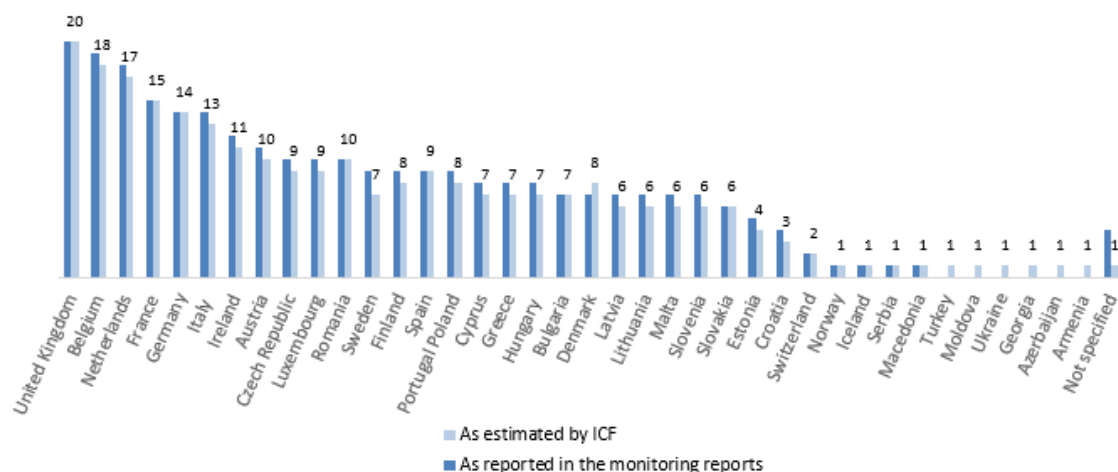
All EU Member States were covered by the commitments but not in equal proportions. Almost **half of the commitments (21 commitments/49%) reported covering only one country**. Five of these commitments took place in Poland and four in the United Kingdom. Other countries for which commitments covered only one Member State were Belgium, France, Italy and Romania (two commitments each) and Cyprus, the Czech Republic and Ireland (one each). Most of these commitments were implemented in one country because the Member organising the project was based in this country. For example, the commitment “Maintaining a public health approach in EU action on marketing, labelling and packaging of alcohol” (submission number: 1395132594268-1634) was an EU-wide project, but in the monitoring report, EPHA identified Belgium as the geographical coverage of this commitment.

Most of the commitments taking place in one Member State only were not specific to the countries they were developed in. For instance, with the commitment “European Night without Accident” (submission number: 1381824476282-1614), the CBA participated in the EU-wide European Night Without Accident initiative. In some Cyprus nightclubs on October 19th 2013, volunteers encouraged groups to choose a “designated driver”, someone who committed to staying sober and being responsible for driving home safely the other friends in their group. When the

“designated drivers” left the nightclub, the volunteers gave them the opportunity to undergo a breath test to confirm they had honoured their commitment.

Figure 8 below shows the number of commitments by participating countries, ranked from highest to lowest number of commitments. The study team spotted some inconsistencies in the reporting, where a number of countries were not included in the monitoring report although they were seen to be part of the commitment (or were included although they did not participate to the commitment). **The countries with the most commitments were the United Kingdom (20 commitments/47%), Belgium (19/44%) and the Netherlands (18/42%).**

Figure 8. Number of commitments by participating countries



Source: Forum monitoring reports, 2014 N=43

3.2 Design and intent of commitments

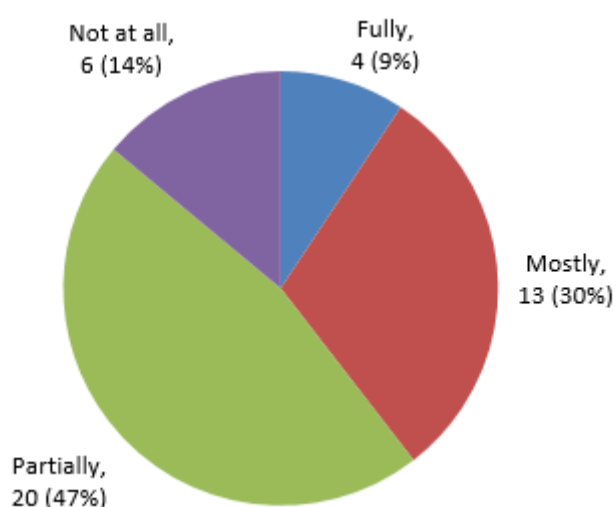
This sub-section provides insight on the design of the commitments and on the intent of their action. To provide analysis on this, the analysis looked at the submitted monitoring reports on the basis of:

- How “SMART” the stated objectives were;
- Their relevance in relation to the aims of the Forum and related EU policy goals;
- Whether health inequalities was taken into consideration and reported on; and
- To what extent (if at all) evidence was used in the design.

3.2.1 SMART objectives

Nine per cent of commitments (four commitments) had fully SMART objectives and 30% (13 commitments) had mostly SMART objectives. Almost half of the commitments had partially SMART objectives (20 commitments or 47%). Six commitments (14%) did not have SMART objectives. This information is summarised in Figure 9.

Figure 9. Extent to which objectives are SMART



Source: Forum monitoring reports, 2014 N=43

An example of a fully SMART objective is that of the commitment “Polish Brewers - “I don't drink during pregnancy” education activities” (submission number: 1398335763463-1648) by BoE. Their objectives were clear about what was to be achieved, where, why and when (e.g. “Place “I don't drink during pregnancy” label on 1/3 beer packaging units of brands produced in Poland by our member companies”). The goals also quantified the targets to be achieved (e.g. “at least 5,000 gynaecologists and midwives nationwide”) and stated the time period in which they were to be accomplished (e.g. “by November 2014 we plan to: (...)”). Objectives were also attainable and realistic.

Table 6. Defining SMART objectives

Defining SMART objectives

- **Specific:** Objectives are clear on the change desired. They provide information on what the commitment wants to achieve and why, as well as on where and when it wants to implement and execute the action.
- **Measurable:** Objectives are specified in such a way that it is possible to quantify or qualify the achievements and benefits, as well as the extent to which changes have occurred in practice.
- **Attainable and achievable:** It is possible to achieve desired changes given knowledge of the resources and capacities available or committed. The objectives are

do-able knowing the attitudes, abilities, skills and financial capacity of all those concerned.

- **Realistic:** It is possible to obtain the level of change reflected in the objectives and the effectiveness of the action is plausible.

- **Time bound:** The objectives state the time period in which the desired change will be accomplished. The objectives provide a specific description of the time path of all activities of the actions.

Source: Annex 2 of the Charter establishing the European Alcohol and Health Forum

In the cases where commitments were deemed as not having SMART objectives, the stated objectives were typically not sufficiently described (in some cases only a vague sentence described the annual objectives); and/or objectives were not measurable nor time bound: quantifiable targets as well as a timescale should have been set. Lack of information and lack of identifying a target audience also frequently made it impossible to determine whether the objectives were attainable or realistic.

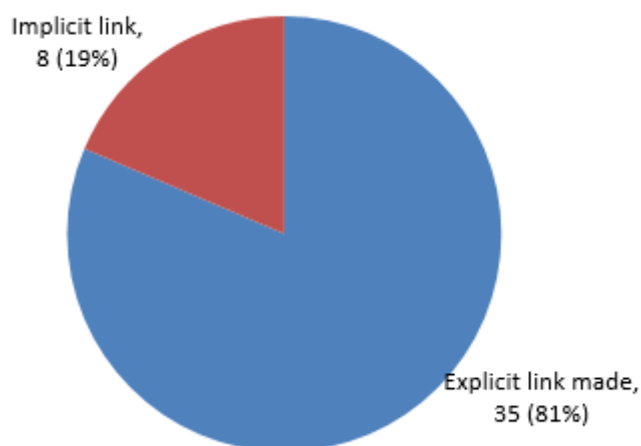
Proposed discussion/action: clarity and improvement on objective setting should be further discussed during Forum activities in 2015 and beyond. Annex 2 of the Forum Charter, which provides guidance on how to monitor the commitments, could be revisited through the finalisation of the user guide proposal. Discussions on how to formulate SMART objectives should be held, for instance, in the form of small group discussions and peer-review of newly submitted commitments, as well as asking commitment holders that did not set SMART objectives to revise those for the next reporting cycle.

3.2.2 Relevance of commitments

Eighty-one per cent of commitments (35) made an **explicit link to the Forum's aims** and/or related EU-level related policy goals. For example, in its report for commitment "Online Clearinghouse on Information between Alcohol and Cancer" (submission number: 1412255107117-1672), the ECL stated that "this commitment align[ed] with priority areas of the EU Alcohol Strategy, namely- Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns...[further explained why]".

Nineteen per cent of commitments (eight) made an **implicit link to show relevance to the Forum**. For instance, the commitment "Alcohol Knowledge Centre" (submission number: 1398762677489-1651) by IAS provided an example of an implicit link. This commitment aimed to maintain an online resource for researchers, policymakers and the public to access the latest information on alcohol, its impact on society and the evidence to support policies that reduce harm. Even if the Forum was not explicitly mentioned, the action met the aims of the Forum by developing information and education programmes on the effect of harmful drinking.

Figure 10. Relevance of commitments



Source: Forum monitoring reports, 2014 N=43

Proposed discussion/action: although all the monitoring reports included an explicit or implicit link to the Forum objectives, in future monitoring exercises, commitment holders should try to be as detailed and explicit as possible in relation to how the commitment aims to fulfil the direct aims and objectives of the Forum, and the wider EU-policy goals in the field of alcohol.

3.2.3 Actions to reduce health inequalities

A large **majority of commitments (41 commitments /95%) did not set out to reduce health inequalities.** It is, however, important to note, that this analysis criterion has not previously been used. The aim for this reporting cycle was to explore to what extent health inequalities are being explicitly taken into consideration by Forum commitments; discussions in 2015 and beyond should include a point on this.

One commitment, "Fight against alcohol-related harm: the role of social insurers; an example: prevention regarding consumption of alcohol by pregnant women" (submission number: 1267541762655-1054) by ESIP, **focused on pregnant women coming from disadvantaged populations**, defining an insured-centred approach for the reduction of inequalities. The commitment "Manchester Resettlement Project" (submission number: 1284022808352-1096) by Heineken (International) did not explicitly state that it tackled health inequalities. However, it focused on ex-offenders, who constitute a vulnerable group. The action consisted in establishing a specialist alcohol service for ex-offenders attending Addaction's Manchester Resettlement Service, which supports men and women with drink and drug problems who are returning to the City of Manchester after release from prison.

Proposed discussion/action: although tackling health inequalities was not highlighted as a priority in the Charter establishing the Forum, the Charter does mention the fact that harmful effects of alcohol tend to be greater in less advantaged social groups, and therefore contribute to inequalities in health. Therefore, commitments could increasingly focus on reducing health inequalities and focusing on lower socioeconomic groups if the EAHF members and the European Commission wish to move into this direction. Commitment owners who explicitly set objectives to reduce health inequalities could lead discussions and share good practice in the plenary meetings.

3.2.4 Use of evidence in the design

Reports were analysed to observe the use of evidence in the design of the commitment. Here the test was whether there is reference to evidence of need and/or likely effectiveness or if the commitment aims to generate data or information in order to fill gaps in knowledge. Definitions of analysis is presented in Table 7 below.

Table 7. Using Evidence in the design of Commitments

Using evidence in the design of commitments:

There are four types of use of evidence in designing commitments.

- **Evidence of need:** The report refers to facts or studies that outline the need for action.

- **Evidence of likely effectiveness:** The report refers to studies that show that the action is likely to be effective. The report can also refer to past similar actions that were successful and efficient.

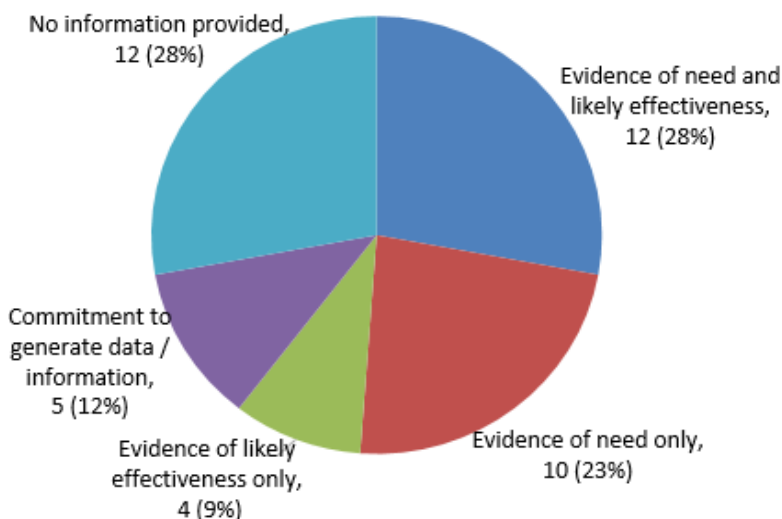
- **Commitment to generate data/information:** When the action of a commitment is innovative, the report cannot give evidence of likely effectiveness. However, it can commit to generate data/information for future studies or actions, by producing interesting results or best practices that can be used or reproduced later on; in view of increasing the impact of the commitment on healthy diets and physical activity.

Non-applicable: The commitment does not refer to any reports/studies and does not aim to generate data/information.

Figure 11 shows that there was reference to **evidence of need and/or likely effectiveness** in 60% of reports (26 commitments).

The reference to need for action ranged from a simple statement on the need to tackle the problem of alcohol to commitments where reference was made to recent studies or to commitments providing detailed statistics related to alcohol issues. The reference to the likely effectiveness of the action ranged from a simple statement on the potential success of the action to commitments providing details on previous similar actions that were effective.

Figure 11. Share of commitments using evidence in the design



Source: Forum monitoring reports, 2014 N=43

The commitment "Promoting Pacing' to challenge harmful drinking patterns and styles" (submission number: 1396867260479-1643) by the ABFI is an example of a report where evidence of both need and likely effectiveness was given. The need for action

was justified by the background box included in the monitoring report, highlighting that Ireland has an issue with alcohol consumption, as people drink too much and too fast. Concerning likely effectiveness, the report mentioned an independent research stating that most of respondents said the programme was effective.

Twelve per cent of commitments (five) committed to **generating data or information**. For example, with its commitment "Parenting styles and influence to prevent alcohol misuse" (submission number: 1397480353403-1647), SABMiller supported research into the impact of alcohol abuse on families and the role that different parenting styles have on excessive drinking behaviour in 18 to 25 year olds in Romania. One of the goals of this commitment was to "develop evidence-based policy recommendations for the Romanian Government, charities and the alcohol industry to tackle alcohol harms".

Finally, on the basis of monitoring reports received, **28% of commitments (12) did not use evidence** in their design.

Proposed discussion/action: the use of evidence in the design of commitments was a newly explored area in the analysis of the monitoring reports. Including references to the use of evidence in the design of commitments enables to observe the relevance and likely impact of the actions, adding value to the Forum and its activities.

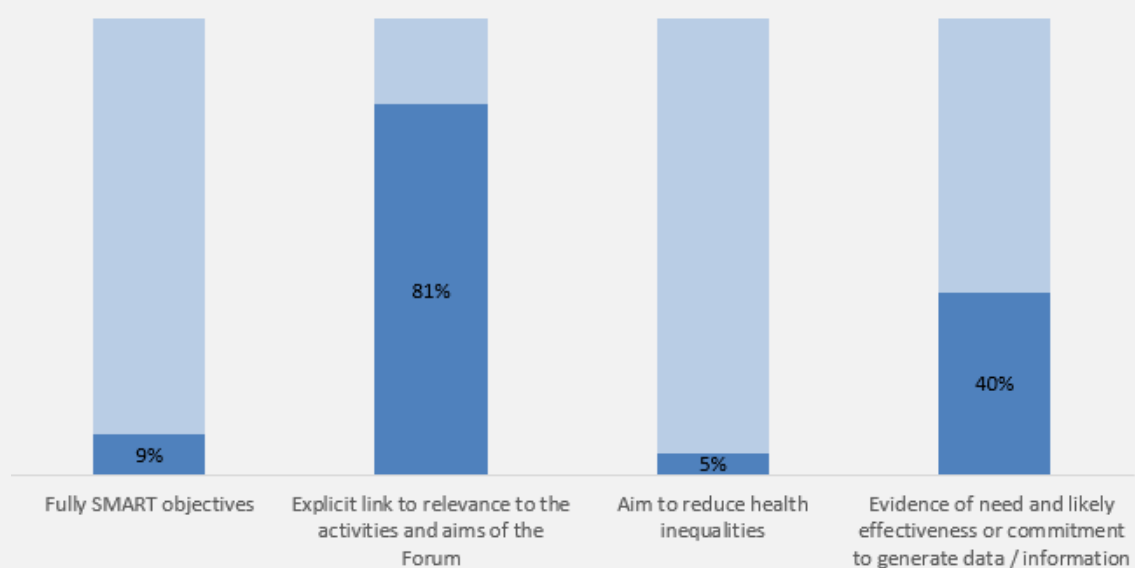
In order to discuss the use of evidence in the planning phase of the commitments, a roundtable discussion could be held in Forum meetings. Forum members that indicated evidence in their monitoring reports could explain the use of evidence in the design of their commitments.

Summary of design and intent of commitments

Error! Reference source not found. below illustrates a summary of the findings described above. It shows that:

- Nine per cent of the total commitments (four commitments) were fully SMART;
- 81% of monitoring reports (35 commitments) explained the relevance of the activities of their commitment, by giving an explicit link to the Forum's aims and priorities;
- Five per cent of commitments (two commitments) explicitly stated to set out to reduce health inequalities;
- 40% of the reports (17 commitments) provided either a commitment to generate evidence or evidence for both need and likely effectiveness of their commitment.

Figure 12. Summary of findings on design and intent of actions



Source: Forum monitoring reports, 2014 N=43

3.3 Implementation and results

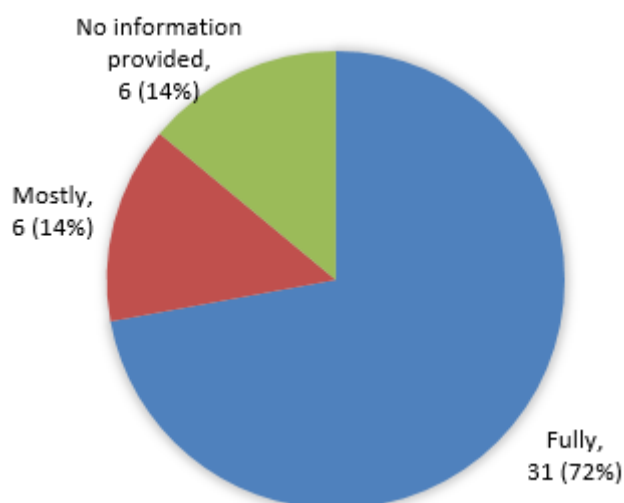
This sub-section provides insight on the implementation and results of the actions. The analysis looked at:

- How fully implemented the actions were;
- How detailed the reporting of inputs, outputs and outcomes was;
- Whether an evaluation of the commitment took place (self/external) and how;
- To what extent actions were additional; and
- To what extent the reports highlighted the EU-added value of the actions.

3.3.1 Implementing the actions

Figure 13 presents the level of implementation of planned actions for 2014. The majority of the commitments (31 commitments or 72%) were fully implemented or were well on track to implement the planned actions. Given the information provided in the reports, six commitments (14%) seemed to have been mostly implemented and the remaining six (14%) did not provide the necessary information to infer the extent to which planned actions were implemented.

Figure 13. Extent to which planned actions were implemented



Source: Forum monitoring reports, 2014 N=43

Proposed discussion/action: In order to measure the implementation of the planned actions, independently of whether the report is intermediate or final, setting up SMART objectives is a requisite for measuring implementation and results of the action. Furthermore, the monitoring report provides with two sections where an in depth description of the actions should be provided and could be improved in some cases:

- 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?
- Description of the implementation.

3.3.2 Main inputs reported (human and other related costs)

Out of the 43 monitored commitments, **13 (or 30%) did not provide information on the costs** of the inputs. Sixteen commitments (37%) reported less than EUR 100,000, 11 commitments (26%) provided between 100,000 and EUR 1,000,000, and three (7%) provided more than one million EURO. These 30 commitments that provided financial information together spent a total value of **EUR 8,056,778** (this figure includes both human resources-when provided and other related costs).

On the basis of this information, and in order to arrive at a figure which could represent the main inputs (human resources and other related costs) of all 43 commitments, a calculation was made on the assumption that the commitments where data was provided were representative of the actions within the Forum as a whole. It is important to note the calculation was based on estimates and incomplete information. Given the proportion of information available (30/43 actions -70%), the remaining 30% was calculated from the original figure (EUR 8,056,778), giving the main inputs reported **an estimated total amount of 11,509,682 EUR**.

Regarding the number of hours, out of the 43 commitments, 24 (or 56%) did not provide information on the number of hours worked/time spent in the action. The reporting of hours/time spent of the remaining 19 commitments varied.

In order to know the number of hours spent for the actions, calculations were made based on the period covered by the report (8 months, 1 year, 3 years, etc.) and the assumption that a full time employee could work 8 hours per day/40 hours per week/48 weeks a year (1,920 hours per year). In those cases where the type of employee (part time or full time) was not stated, for calculation purposes, it was assumed that the employee worked full time.

Ten of the commitments (23%) provided a specific number of hours that ranged from 51 to 5,760 hours, and eight commitments (19%) gave indications on the average number of hours spent by person per month. The **total** number of hours reported in all commitments combined amounted to more than **26,030 man hours**.

Three commitments (7%) reported **using volunteers** to help with their projects. The rest of commitments (93%) did not provide information on this issue.

An example of a report with good level of reporting for inputs was a commitment implemented by SABMiller, entitled "Create Chill-Out Zone at Summer Festivals to Prevent Irresponsible Alcohol Consumption" (submission number 1342700267342-1538) and which aimed to encourage people to carefully consider their alcohol consumption during the summer festivals, and to underline to each consumer his/her personal responsibility with regard to alcohol consumption, with a special focus on drinking and driving and underage drinking. The report provided an explanation of the resources originally envisaged and their final allocation, included information both on human resources and time spent, as well as on financial costs:

- Number of people and time spent
 - Committed: 10 working hours monthly;
 - Realized: 2366 working hours of SANANIM NGO staff in total, which is 394 working hours per month, 66 working hours per person, per month;
 - In addition 1 Plzensky Prazdroj employee was directly involved in the project coordination and cooperation with SANANIM NGO, spending 100 hours on the project; other employees from PPAS spent a total of 70 hours on the project.
- Costs
 - Committed: 60 000 EUR
 - Spent: 66 760 EUR (coordination, expandable supplies, transport, charges, communication, staff 52 000 EUR, Chill-out zone equipment 14 760 EUR).

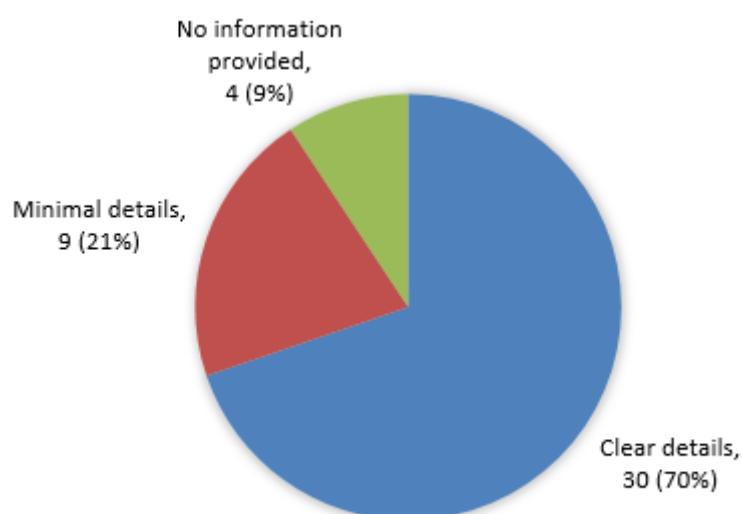
Proposed discussion/action: This section should contain information both on financial and human resources. Regarding financial resources, besides giving overall costs, a breakdown of costs per activity should be provided. Moreover, information on costs should be provided on the commitment-related costs rather than overall costs related to broader activities (of which the commitment plays a part in). In relation to human resources, it would be advisable to include the **number of hours, number of full time and part time employees**, as well as the **number of volunteers** (and if not used, indicating so). Additionally, given the nature of the reports (intermediate and final), it would be important to **specify the inputs per year**, in the case of those commitments taking place for more than one year. Discussions on improving the reporting of inputs could take place in the context of plenary and Working Group meetings.

3.3.3 Outputs

A variety of outputs were produced by the commitments. These included: printed resources, surveys, studies, journals, workshops, toolkits, people reached by a campaign, newsletters produced and distributed, trainings, education programmes, online users, downloads from and/or hits of a website.

Figure 14 shows the share of reports that provided clear details concerning outputs of the actions. The majority of the commitments (30, or 70%) had appropriate reporting; whilst nine (21%) provided minimal details and the remaining four (9%) did not provide information on outputs.

Figure 14. Quality of reporting of outputs



Source: Forum monitoring reports, 2014 N=43

In general, there was a good quality of report of outputs. However, even in cases where clear details were given, some additional information could be provided and/or quantitative information. For instance, instead of saying "more than 1 million people reached", it would be more accurate to **specify the exact number** of copies. Or when indicating that there was information distributed to stakeholders, it would be necessary to **indicate the number of stakeholders** reached. In addition, in some cases, information related to outputs was included in other sections (inputs/outcomes). Finally, in some cases, there was information missing with regards to some of the initial objectives.

An example of a commitment with detailed reporting of outputs is commitment "Maintaining a public health approach in EU action on marketing, labelling and packaging of alcohol" implemented by EPHA (submission number 1395132594268-1634). This commitment aimed at ensuring the exchange of information in different ways, such as providing its members with an update on alcohol policy, organising alcohol working groups linked to the main alcohol-related developments and hosting two special interest groups meetings on health determinants per year. In the monitoring report of this commitment, detailed quantitative data were provided. For instance, the report stated **how many people were reached, how many newsletters were sent, how many visitors there were and how many articles were published in their website.**

Another example was the commitment "Publication and dissemination of findings on alcohol dependence" by EFPIA (submission number: 1349282033535-1558), which commissioned a scientific study compiling for the first time comparable evidence on alcohol consumption and alcohol dependence across the EU 27, Switzerland, Iceland and Norway as well as exploring the potential of interventions aimed at managing this brain disorder. Outputs of **the action were well reported, giving quantitative information on the number of copies distributed in conferences and online platforms.** Nevertheless, in terms of further improvement, information on the number of downloads/online visitors could have been provided.

Proposed discussion/action: As already mentioned in the inputs section, given the lack of annual reports, it would be important to **specify the outputs per year.** This would provide an overview of the evolution of the actions, especially in those cases of actions that have been running for several years. A lack of measurable objectives makes also difficult to analyse the products and results of the action.

3.3.4 Outcomes

Outcomes (also known as impacts) measure the quality and quantity of the results attained through the actions in the commitment. Within the monitoring report and as a result of previous Annual Report recommendations, outcomes are divided into short, medium and long term outcomes. Although it may be challenging to report in the medium and long term outcomes, as these usually relate to a behavioural change (medium term) or a reduction of illness/deaths related to alcohol related harm (long term outcomes); **short term outcomes can usually be measured through the use of different methods such as questionnaires before and after the action focusing on behaviour changes, analysing compliance level with new rules or looking at the trends in sales of alcoholic beverages.**

Short term outcomes

Out of the 43 commitments, 12 (28%) did not provide information on this section. The remaining ones completed the section, although in many cases **the information did not relate to outcomes** (e.g. indicating that a specific activity was expected for x month or that data analysis was ongoing). In other cases the **information was insufficient or not supported with quantitative evidence.** For instance, some reports indicated that the action had raised awareness, but without providing quantitative data. An example of a short term outcome related to awareness raising would be one that indicates, for instance, that a percentage of stakeholders interviewed at x events stated that they had now more knowledge about the topic they were informed about.

Additionally, some commitment holders included short term outcomes in the outputs section. For instance, one of the reports indicated awareness raising by showing the results of a post-conference survey where respondents indicated new actions/plans as a result of attending that conference. This information should have been reported under short term outcomes.

An example of a commitment with good reporting for short term outcomes was commitment "Conoscere L'alcol 2012" implemented by Diageo (submission number: 1351260983390-1562). It indicated the percentage of interviewed people having declared that they were more informed: "After being sensitized, 94% of the interviewed declared to be 'much more informed' or 'more informed' about alcohol and its effects". In this way, the report clearly explained how the commitment achieved its result in the short term.

Medium term outcomes

Out of the 43 commitments, **18 (42%) did not provide information in this section** and out of the ones that provided information, as also observed in the short term outcomes; few provided information related to midterm outcomes. The commitment "Promoting Pacing' to challenge harmful drinking patterns and styles" by ABFI (submission number: 1396867260479-1643) was an example of good reporting of mid-term indicators. This commitment aimed to provide information and education on the effect of harmful drinking and on responsible patterns of consumption through delivery of an integrated communications plan which challenges consumers to rethink their drinking' behaviours. The commitment holder reported a behavioural change in relation to pacing of drinking by showing the following evidence obtained from a survey:

- "7 in 10 think about the pace of their drinking more often now
- 6 in 10 said they now think about how much they drink.
- 9 in 10 said they drank the same or less in 2013 versus 2012
- Overall alcohol consumption reduced by 26% since 2001 and by 20% since 2006. The drinkaware.ie initiative was established in 2006".

Long term outcomes

Over half of the commitments (**22, or 51%) did not provide information in this section**. As previously mentioned, and raised by Forum members, it may be difficult to report on long term outcomes, as it is challenging to attribute the results of one action to, for instance, a reduction of alcohol-related car accidents, or a reduction of alcohol related sickness.

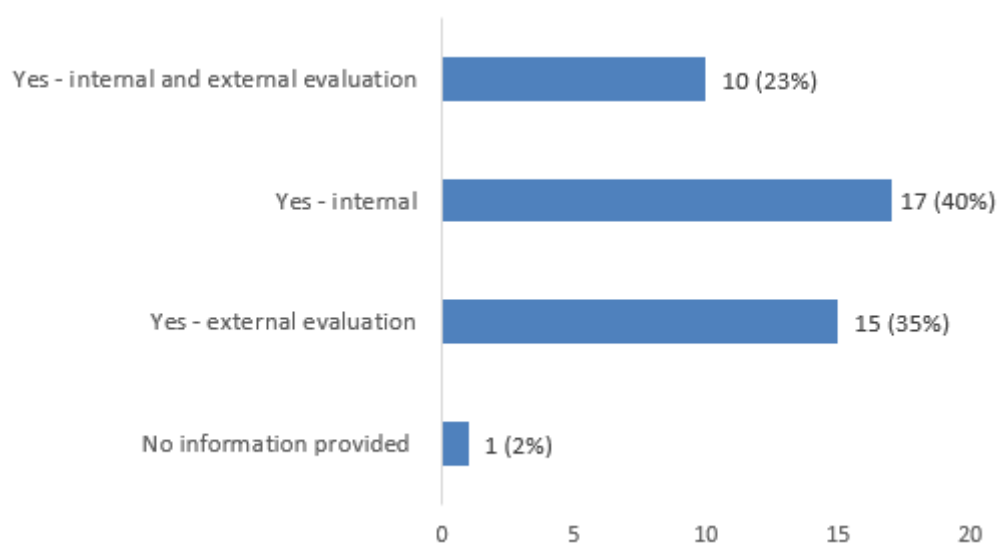
In fact, **none of the commitments that provided information in this section reported on long term outcomes**. Some provided general statements without producing evidence (e.g. raised awareness) or included information that does not relate to the section (e.g. stating that a final report will be produced in x month/year). However, it is positive that a number of Forum members indicated goals they would like to reach with the action in the long term (e.g. aimed for fewer women that drink alcohol whilst pregnant, fewer people that drive under the effects of alcohol or aimed for the recommendations of a study to be embraced by stakeholders).

Proposed discussion/action: indicators to measure outcomes should be included at the design phase of the action. This would facilitate the monitoring/evaluation and it would enable to report on the outcomes of the actions. Furthermore, discussions on improving the reporting of inputs could take place in the context of plenary and Working Group meetings.

3.3.5 Evaluation

Members are required to indicate the tools and methods used in the evaluation of their commitment as well as whether those evaluations are internal and/or external. As can be observed in Figure 15 below, with the exception of one report that did not provide information, the remaining 42 commitments reported having undertaken both internal and external evaluations (10, or 23%), only internal (17, or 40%) or only external evaluations (15, or 35%).

Figure 15. Type of evaluation carried out



Source: Forum monitoring reports, 2014 N=43

Examples of external evaluations were those undertaken by PricewaterhouseCoopers (PwC) for the different commitments undertaken by ABI. Other examples include:

- The evaluation carried out by GfK Eurisko for the commitment "Conoscere L'alcol 2014" implemented by Diageo (submission number: 1399887311431-1652);
- The evaluation undertaken by the external agency 'Kantar' on the media coverage of the responsible drinking campaign (commitment BBBien undertaken by Diageo - submission number: 1329332339073-1500); and
- The evaluation carried out by the consulting firm 'Channel Research' of the commitment "'Responsible Party', implementation in Europe, 2nd Edition" by Pernod-Ricard S.A (submission number: 1360674129913-1600), which was based, as indicated in the report, on a mixed method approach in order to triangulate the analysis and findings.

Nevertheless, around 40% of the commitments (10) that undertook external evaluations did not indicate details of the actors carrying out the evaluations.

Self-evaluations were reported as being undertaken by the majority of the commitment holders (27, or 63%). The most common elements of self-evaluation reported by Forum members were those related to the follow up of events/activities: participation rate, press and media coverage, as well as satisfaction surveys/interviews carried out after each event.

The following methods were used in both internal and external evaluations:

- Media-monitoring tools (media coverage/media surveys);
- Questionnaires (qualitative and quantitative);
- Structured interviews;
- Online/Social media measures: number of unique users, number of users engaged, number of fans, number of visitors to a website, Interactivity Index and Relative Interactivity Index.

Seventeen reports (40%) did not provide information on the methodology used to evaluate the results of the action. Only one out of the 43 commitments (2%) indicated the results of the evaluation in the "Evaluation" box of the monitoring report.

Proposed discussion/action: In general, there is a lack of information in relation to the results of the evaluations. Besides indicating the tools and the type of evaluations carried out, **it would be important to give details on who undertook the evaluation, the methodology and the results/recommendations provided by the evaluators.** This information should be provided for transparency reasons.

3.3.6 Dissemination

Members are required to indicate how the results were disseminated. All of the monitored reports completed this section. The following were the main means of dissemination indicated by the Forum members in their reports:

- Presentations at conferences, seminars, symposia and meetings (including plenary meetings of the Forum);
- Reports/Articles;
- Brochures/Leaflets;
- E-Newsletters;
- Websites;
- Social media (Facebook, Twitter);
- Dissemination via e-mail;
- Visits to health professionals to raise awareness on risk factors;
- Promotion of the service with local organisations and government;
- Interaction with partners and other stakeholders;
- Mass media;
- Magazines;
- Press releases.

Reporting of dissemination varied among members. Whilst some only indicated the type of dissemination (e.g. presented results in conferences), others provided detailed information (e.g. presented results in x number of conferences attend by x number of people).

An example of good reporting is that of commitment "Parenting styles and influence to prevent alcohol misuse" (submission number: 1397480353403-1647) by SABMiller. With this action, SABMiller supported research into the impact of alcohol abuse on families and the role that different parenting styles have on excessive drinking behaviour in 18 to 25 year olds in Romania. The report provided precise details on the way the action was disseminated. For example, it gave the date of the launch event and list of all the stakeholders present (e.g. national authorities, NGOs and associations). The report also gave measurable information on the type of media present and coverage (such as the name of TV stations or number of journalists and bloggers). In addition, the report explained how many media sources disseminated the findings of the research (television news, online articles, blog posts and websites). Finally, information was also available in the report concerning online communication through social media channels such as Facebook, LinkedIn and Twitter (number of users, number of clicks etc.).

Proposed discussion/action: One area for improvement would be to increase the details provided in this section. For instance, when indicating the number of reports disseminated, it would be appropriate to include the number of copies disseminated and the target audiences (e.g. x number of reports were sent to x number of policy makers, health professionals, etc.).

3.3.7 Additionality

Additionality is a **newly explored area** in the analysis of the monitoring reports. The aim of this analysis was to observe if the actions would not otherwise have taken place / took place at a greater scale / sooner / were of a higher quality as a result of the Forum. In this reporting cycle, **scarce information** was found in the monitoring reports, and therefore, it was in most cases difficult to assess whether the actions would had taken place had the commitment not been submitted under the remit of the Forum.

Nevertheless, **some reports suggested that the actions may have been of higher quality because of the Forum.** For instance, the commitment "Awareness raising of Foetal Alcohol Spectrum Disorders (FASD)" by EuroCare (Submission number: 1228145491123-826) used the Forum as a point of dissemination, discussion and promotion of the action's objectives and results. Similarly, the commitment "Mobilising the Medical Profession" by CPME (submission number: 1317218555452-1436), by indicating in the monitoring report that they undertook "concrete and verifiable actions in these fields, to assess these actions and to report to the Forum" suggested that more attention in the lobbying was paid to the objectives of the Forum; and linking them to the Forum.

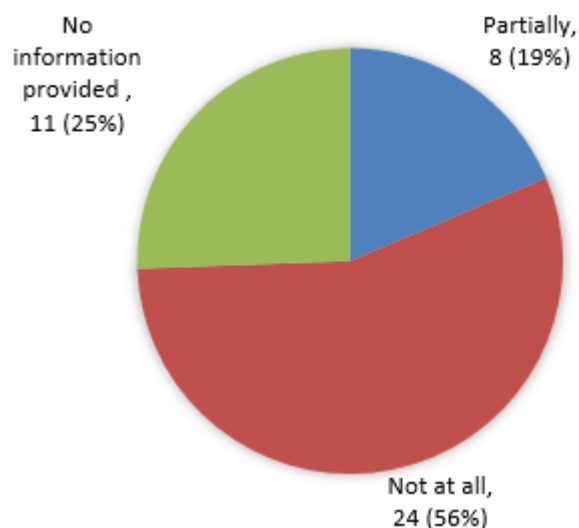
It is also important to note that **many of the Forum commitments referred to Corporate Social Responsibility (CSR) actions**, which suggests that these actions were likely to have occurred anyway. For example, the commitment "Create Chill-Out Zone at Summer Festivals to Prevent Irresponsible Alcohol Consumption" by SABMiller (submission number: 1342700267342-1538) applied for a CSR award and was prized as one of three best national CSR projects, where a panel of independent experts assessed projects' contribution to the community and the degree of cooperation between Plzensky Prazdroj and SANANIM NGO.

Proposed discussion/action: A suggestion would be to have a discussion within the Working Group on the definition and possible added-value of including "additionality" as part of the monitoring exercise; followed by a debate at a plenary meeting.

3.3.8 EU-added value

Figure 16 below presents the extent to which commitments highlighted the EU-added value of the Forum.

Figure 16. Extent to which the commitment highlighted the EU-added value of the Forum



Source: Forum monitoring reports, 2014 N=43

The analysis shows that **only 19% of reports (eight commitments) demonstrated partially the EU-added value**. On the other hand, a majority of the reports did not highlight the EU-value of the Forum at all (24 commitments or 56%) or did not provide sufficient information to determine the EU-added value of the Forum (11 commitments or 25%).

An example of a commitment that highlighted partial EU-added value of the Forum is that of "spiritsEUROPE Roadmap 2015" (submission number: 1300719006243-1402). With this commitment, spiritsEUROPE planned to provide a common platform for all interested stakeholders at EU level that pledged to step up actions relevant to reducing alcohol-related harm. It aimed to do so by delivering an annual report on the targeted interventions and actions undertaken in partnership with others to the Alcohol and Forum members and relevant stakeholders.

Most of the commitments that did not demonstrate any EU-added value were nationally-focused. For instance, the commitment "Attitudes and behaviour of young people towards alcohol" (submission number: 1262267555700-996) by IREB consisted in the implementation of a survey looking at the prevalence of alcohol consumption by gender and age, and highlighting the association between alcohol consumption and socio-demographic, academic, behavioural, relationship and psychological factors. This survey focused only on the French population.

Proposed discussion/action: given that Forum members are not requested to report on this aspect in the monitoring reports, information on this point is scarce. A suggestion would be to include a discussion on "EU-added Value" and Forum actions undertaken by its members; with a view of including information on this in future monitoring reports.

Summary of findings on implementation and results

Figure 17 provides a summary of the findings described in this section, with the following headline results:

72% of commitments (31 commitments) fully implemented their planned actions;

Inputs: 70% of reports (30 commitments) gave details of financial costs and 44% of reports (19 commitments) gave details on the number of hours spent on activities linked to the Forum;

Outputs: 70% of commitments (30 commitments) provided clear details when reporting outputs;

Outcomes: 72% of commitments (31 commitments) completed the section on short term impacts, 58% (25 commitments) on medium term outcomes and 49% (21 commitments) on long term outcomes;

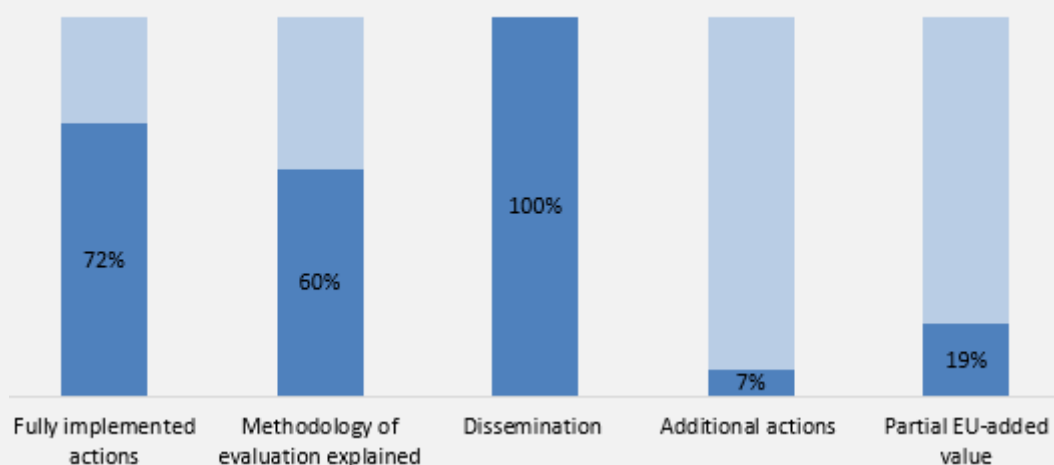
40% of commitments did not detail the methodology used for the evaluation of results; only one out of 43 commitments gave information on the results of the evaluation undertaken;

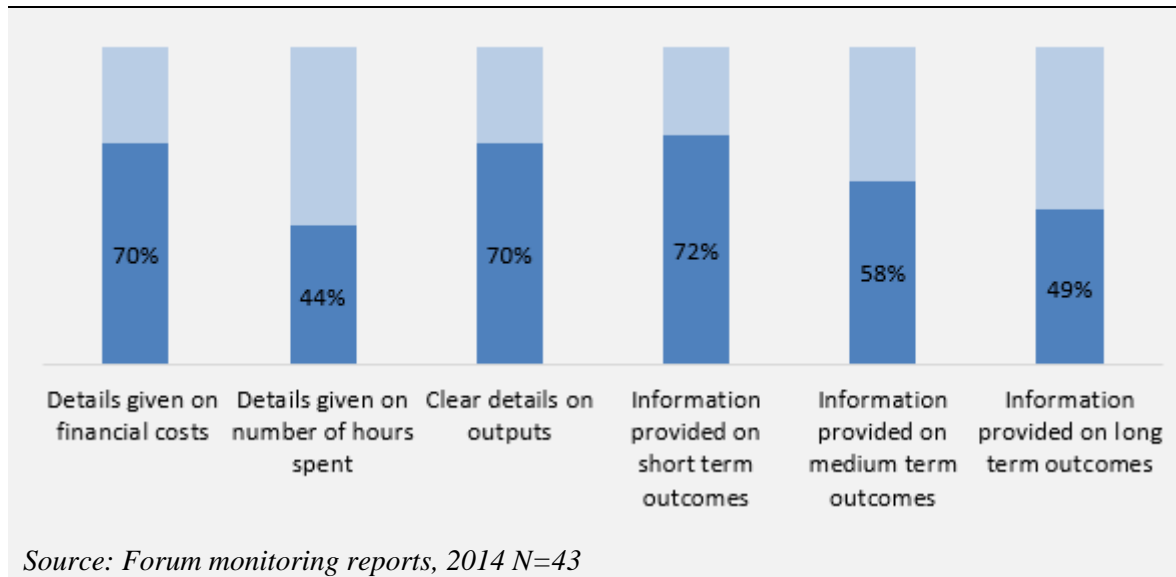
All 43 commitments completed the section on dissemination;

7% of commitments (three commitments) had additional actions;

19% of commitments (eight commitments) partially highlighted the EU-added value of their actions.

Figure 17. Summary of findings on implementation and results



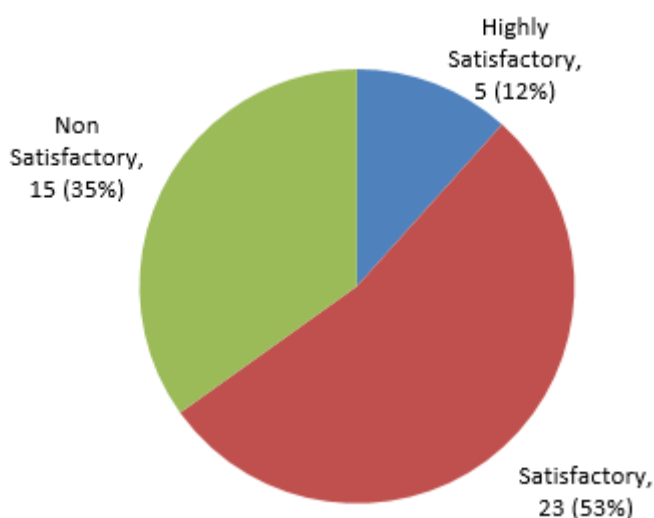


3.4 Overall assessment of the quality of the reporting of the commitments

Figure 18 below summarises the overall quality of the commitments' reporting, based on the amount of details concerning design, intent, implementation and results.

Considering the analysis provided on the information summarised above, five commitments (12%) are of highly satisfactory quality. Twenty-three commitments (53%) are of satisfactory quality, whilst 15 commitments (35%) were assessed overall as non-satisfactory.

Figure 18. Assessment of the quality of the reports



Source: Forum monitoring reports, 2014 N=43

Highly satisfactory commitments had SMART objectives. These commitments also provided details on their relevance to the Forum and used evidence in their design. Detailed information on inputs, outputs and outcomes was included in the monitoring reports, and in addition evidence concerning evaluation was provided.

For commitments assessed as satisfactory, the design and intent of action was clear, with reference to implementation and results. However improvements were identified: for example, explaining in more detail the relevance to the Forum or using more rigorous evidence, providing more specific goals and more measurable targets, filling missing information on indicators.

Reports that did not rank as highly satisfactory did not have SMART objectives (i.e. not specific enough, not measurable, achievable, realistic or time-bound) and did not provide enough details on implementation and results. Conclusions and recommendations on improving the quality of commitments are detailed below in section 4.

Overall, there were important differences on the quality of reporting among commitments; some were very comprehensive, whilst others included scarce information or did not present it accurately. Therefore, greater efforts should be taken to improve the different sections of the monitoring reports, especially trying to set up SMART objectives and provide complete and accurate information for the monitoring year when reporting on input, output and outcome indicators.

4 Conclusions and recommendations

The Forum is an action oriented arena with exchanges between all the stakeholders involved. Since its creation in 2007, it has been steadily increasing in size. The principle objective of the Forum is to support the implementation of the 2006 EU strategy. In this context, Forum members participate in meetings by proposing and discussing their voluntary commitments aiming to tackle alcohol-related harm. Commitments for which monitoring reports have been submitted between 30th November 2014 and 31st January 2015 were analysed in the preceding sections.

From the analysis provided in this report, the Forum continues to meet its founding objectives - in particular through the ongoing commitments submitted by members. Yet, there are a number of improvements needed in order for the Forum to further develop and provide support to EU policies in the field of alcohol and health. The number of members has remained steady over the last reporting year, although the number of members with active commitments has decreased.

The current 2015 monitoring results show a steady performance in terms of quality of information provided within the monitoring reports. However, only five reports were deemed as "highly satisfactory" which provided very clear and relevant information with regards to their commitments. This concludes that overall Forum members and the European Commission must continue to work together in improving the quality of commitments to increase the impact on reducing alcohol-related harm, and increase the contribution of the Forum to the achievement of the relevant objectives of the related EU policies.

In 2014, the focus of analysis (for the reporting year 2013) was on the following four criteria and was subsequently given an appropriate scoring:

- **Specificity:** Whether the report provided all the relevant information per report field;
- **Clarity:** whether the report provides, where relevant, links (between objectives, input, output, etc.) to ensure a better overall understanding;
- **Focus:** Whether the report included sufficient detail and where necessary provided contextual information;
- **Measurement:** Whether the report provided sufficient quantitative data wherever relevant.

This year (2015), as previously highlighted in Section 1, the analysis has aimed to look into a number of different criteria in relation to the quality of commitments, and with fuller consideration of the added value of the Forum. It concentrated on:

- **The design and intent of the action:** extent to which annual objectives were SMART and relevant to the stated priorities of the Forum; whether the commitments explicitly address health inequalities, and the use of evidence in the design of the commitment;
- **The implementation and results of the action:** level of implementation of the actions; quality of indicators covering inputs, outputs and outcomes; extent to which the results were disseminated, whether the commitments seem to have been additional and if they highlight the EU added value of the Forum;
- **An overall assessment of the report and recommendations for improvement;** rating the report as highly satisfactory, satisfactory and non-satisfactory.

This inclusion of new elements in the analysis (such as evidence, focus on health inequalities, additionality or the EU added value) should help strengthen the overall objective of improving commitments and increasing the impact of the Forum.

This concluding section is based on the analysis in preceding sections and provides conclusions and recommendations on a number of aspects related to Forum activities, commitments and future direction of work. This can serve as a basis for discussion in 2015 and beyond, in order to improve the quality of reporting of commitments and the overall operation and outcomes of the Forum. The remainder of this section is therefore structured as follows:

- 4.1 provides conclusions and recommendations in relation to the **quality of commitments** - to improve the monitoring and reporting of commitments and in turn increase their relevance to the EU policy objectives in the field of alcohol-related harm. This sub-section is broken down into points made:
 - On the general overview of commitments;
 - On design and intent; and
 - On implementation and results.
- 4.2 provides conclusions and recommendations in relation to the **Forum activities**; in particular in relation to the Forum meetings and overall policy direction. This sub-section is broken down as follows:
 - *Forum plenary meetings*;
 - *Working Group on Governance and Commitments*;
 - *Future direction for action*.

4.1 Improving the quality of commitments

4.1.1 General overview

The commitments represent the main input of the Forum members and need to fulfil certain criteria and be of a certain quality. **Overall, too many commitment monitoring reports provide scarce information** which does not give a sufficient amount of detail to thoroughly assess the commitments and their impact on reducing alcohol-related harm in the EU.

In relation to **priority areas of the Charter**, analysis showed that 72% of submitted commitments (31) concentrated on one priority area – *Developing information and education programmes on the effect of harmful drinking*. Whilst this is an important area of work, Forum members need to look into striking a better balance among all seven priority areas.

The general public was the most targeted by Forum commitments - having such a broad **target audience** is likely to limit impact on awareness raising, dissemination and ultimately behaviour change. Having said that, 23 out of 43 reports (53%) do not give explicit information on the target audiences, meaning either reports gave implicit information or no information at all.

The **geographical coverage** reported on within the monitoring reports shows that almost half of the submitted commitments concentrated their action on one given country; the EU-level coordination of such actions must be brought to question, as the Forum should inspire and promote actions to reduce alcohol-related harm across the EU. Although the figures on geographical coverage are reported as described in the monitoring reports, it is important to note that **inconsistencies** within reports were found **in this area**; it is therefore imperative that in future reporting cycles, accurate information is provided in order to make a correct assessment. At the moment and as indicated in the guidance document to the electronic form for submitting commitments¹⁹, already submitted commitments cannot be updated. Therefore, one **suggestion** for next year and beyond would be **to allow members to make changes**

¹⁹ https://webgate.ec.europa.eu/sanco/heid/eahf/static/EAHF_submission_guide.pdf

to the original submission form that provides information about the commitment. That would allow members to revise any inconsistencies related to the geographical coverage and other areas.

On the basis of such conclusions and taking into consideration the analysis of reporting, a number of recommendations related to the general overview of commitments is made. Namely:

- Discussions within the Forum should ensue on the priority areas currently under-represented; for example actions to protect children/young people and to prevent irresponsible commercial alcohol communication;
- Explicitly stating the target audience for each commitment should be taken up by all in the next reporting cycle: For the Forum commitments to have a bigger impact, they need to be clear who they are targeting and be as specific as possible. The Forum Working Group could discuss introducing this as a mandatory field in the monitoring report;
- Correctly reporting on the geographical coverage of the commitment- in other words all the countries where activities are being implemented (and not the location of the commitment owner); and
- Ensuring the information submitted in annual monitoring reports is well thought out, accurate, reflective of the commitment activities and provided in the correct section of the monitoring report. This Annual Report has highlighted inconsistencies in numerous reporting sections, which limits the potential higher quality of commitments and as a second step limits the potential impact of the Forum. The Working Group together with the European Commission must address this horizontal issue and work towards better reporting by all members.

4.1.2 Design and intent

Effective design (and subsequent implementation and results) starts with having **SMART objectives** which provide a clear outline of the commitment and intended action. Of the submitted monitoring reports, only 9% of commitments (four commitments) were analysed as having fully SMART objectives. A high number of objectives, deemed as mostly/partially SMART were not specific enough, were not time-bound and/or missing measurable targets. Improvement on objective setting should be further reflected upon during Forum activities in 2015.

Reporting on **relevance** of the commitments was very strong, with 81% (35 commitments) of them making an explicit link to the Forum's aims and/or related EU-level policy goals. The remaining 19% made an implicit link-showing relevance to the Forum.

Setting out to **reduce health inequalities**, a new area of assessment introduced in this reporting cycle, was only reported in two (5%) of the 43 commitment reports. If seen by the Forum as a key priority, steady improvements should be made by all members to set out to reduce health inequalities through their commitments.

Using **evidence in the design** of commitments and/or generating data or information through commitments is also an area previously unexplored in previous assessments; and the main aim in this annual reporting cycle was to observe the use of evidence in the design of commitments. With this in mind, 32% (14) of commitments were seen to give evidence of need or likely effectiveness and 28% (12) provided evidence of need and likely effectiveness. Including such references, and in particular using evidence in the design of commitments provides a solid base for understanding the relevance and potential impact of the action and can further cement the added value of the Forum.

As a result, the following recommendations have been put forward for discussion in and consideration by the Forum:

- More work needs to be done in order to gain a better understanding of SMART objectives, and clearer reporting of such objectives within the Forum. Smaller roundtables could take place with commitments seen as having SMART objectives, playing the role of 'ambassadors' and presenting their stated objectives to the rest of the Forum. This could be done within each of the priority area in order to give a relevant context;
- In addition, objectives could be further broken down into "annual" objectives - this would be beneficial for the commitment owner and the wider Forum members as it would clearly show the evolution and implementation of the commitment action and facilitate reporting;
- With the analysis of commitments towards reducing health inequalities being introduced, deeper discussions should take place between members on better aligning commitment objectives and tackling health inequalities. This should be led, in the first instance, by the Working Group;
- The European Commission, with support from the study team could animate a roundtable during a plenary meeting on using evidence in the design of commitments. Forum members who provided evidence of need/likely effectiveness in monitoring reports can also present their commitments in this context. Additionally, external institutions (for example the JRC, the WHO etc.) should present relevant evidence in the field of alcohol-related harm in order to inspire renewed action in the Forum.

4.1.3 Implementation and results

This sub-section sets out conclusions and recommendations looking at the implementation and results of reported commitments.

In relation to **implementation of the actions**, the analysis in this report illustrates that over half of commitments (31, or 72%) fully implemented their actions; only six commitments (14%) did not provide the necessary information to infer the extent to which planned actions were implemented. It goes beyond the remit of this report to assess the reasoning behind this, however given the number of commitments that did not provide necessary information in the monitoring reports, conclusions here mainly relate to setting up of achievable objectives, putting in place the means to measure implementation and finally providing information in the following sections of the monitoring reports on the extent to which actions were completed: description of the implementation; objectives (extent to which the original objectives have been achieved); input, output and outcome indicators. This benefits not only the commitment owner, but can also improve analysis of monitoring commitments.

Providing information on inputs (human resources and other related costs) was overall well reported, with only 13 commitments (30%) not providing information. With this in mind, conclusions related to input indicators centre on the submission of well-broken down costs between human resources and other related costs. In other words, a breakdown of costs per activity and inputs per year (if a commitment is multi-annual) should be provided in order to help measure the impact and improve transparency. Moreover, in relation to human resources, it would be advisable to include the number of hours, number of full time and part time employees. In addition, given the nature of the reports (intermediate and final), it would be important to specify the inputs per year in the case of multiannual commitments. With regards to **outputs** of commitment actions, this report shows that the majority of commitments (30, or 70%) had appropriate reporting in this section - however 13 (30%) either provided minimal details

or no information. Given that outputs are central to the success of any commitment, improvements need to be made in reporting, in particular in linking them back to the original stated objectives; which in turn will provide clearer, and more accurate descriptions of commitment outputs.

The commitment monitoring reports provide the opportunity for Forum members to provide information related to the **short, medium and long term outcomes**. As with previous reporting years, information in these sections remained less detailed, or was missing, particularly in the medium and long term description of outcomes. To improve the level of detail and clarity in reporting, Forum members could benefit from an exchange of ideas on the basis of the Forum Charter which provides detailed information on the reporting of outcomes.

Reporting on **evaluation** (internal/external) was very strong in this reporting cycle, mainly due to the fact that this is a mandatory field in the monitoring report, although a general lack of information in relation to the results of the evaluations has been observed. The main conclusion is therefore to focus on providing valuable information on the methodology and results of evaluations. This will add to the quality of reporting and in turn increase measurable impact of Forum activities.

Another aspect linked to increasing impact of the Forum is **dissemination** of commitment results. Although the level of detail varied widely, all 43 monitoring reports provided information in this section. This is a very positive development in commitment reporting, and now steps need to be taken to ensure consistency in the level and detail of reporting in this section. This could have a significant impact on increasing the visibility and added-value of the Forum.

Given the fact that **additionality** is a newly explored area in the assessment of commitments, very little information was found and therefore it was difficult to observe to what extent commitment actions were additional to the owner's principle objectives/actions. Moving towards reporting on this issue could have a twofold benefit: On the one hand members would be in a better position to highlight their impact and results in the field of alcohol-related harm, and on the other hand, such reporting would further cement the Forum as a key platform for developing voluntary actions in the field of alcohol related harm.

Lastly, **EU-added value** of commitments was explored in this reporting cycle, and results showed that very few commitments could be said to demonstrate some form of EU-added value. More emphasis could therefore be placed on further exploring this area, bearing in mind that currently Forum members are not requested to report on this aspect.

Recommendations, aimed at improving reporting and quality of commitments in the above-described areas, are presented below:

- Commitment owners should review their objectives in view of assessing whether they are achievable and measurable in relation to the resources committed. This will allow for a higher rate of successful implementation of actions;
- Commitments with well reported input indicators should help facilitate working sessions during plenary meetings; inspiring and providing guidance to all Forum members. In case of specific challenges, the Working Group should take the lead in discussions on improving the reporting of inputs that could take place in the context of plenary and Working Group meetings;
- In the longer-term, Forum members could consider re-introducing the objectives in the output section of monitoring reports, and providing under each of them the outputs related to them. This would help improve the overall monitoring in this area and support commitment owners in improving the implementation of commitments;

- Proposing to include indicators to measure outcomes at the design phase of the action may help to stimulate better reporting of short, medium and long term outcomes, as well as stimulate monitoring and evaluation. This should be discussed ahead of the new reporting cycle and could be the subject of a “testing” phase with new commitments;
- For evaluation and dissemination reporting, Forum members perform strongly, and therefore discussions could be held on how to provide more detailed information in these sections; and
- Ahead of the next reporting cycle, the Working Group could discuss (and as a next step define) “additionality” and “EU-added value” of commitments in view of debating at plenary meetings and including this in future monitoring exercises.

4.2 The Forum and its activities

Conclusions and recommendations are detailed here in relation to the Forum activities - in particular looking at ways to improve the Forum plenary meetings, the direction and efficiency of the Working Group, and the overall future direction for action.

4.2.1 Forum plenary meetings

Throughout the course of 2014, the Forum continued to organise thematically-focused meetings. This means that discussions were held on specific issues that deemed relevant for the members, on the basis of the seven priority areas for the Forum Charter. As described in the Annual Report for 2013 activities, agenda points are '*relatively fixed for the first part of the meeting taken up with provision of updates from the Commission on Forum activities and strategic orientation (e.g. links with the CNAPA activities, results of the quality assessment of the monitoring reports), followed by presentations by new members (if any) and examples of commitments and other relevant programmes*'²⁰. This has also been the case for 2014, and therefore consideration needs to be given on whether this is the optimal structure to continue to develop the Forum.

Reflecting this, a number of recommendations have been developed:

- A series of reflections presented in the 2014 Annual Monitoring Report have been produced in relation to the duration and structure of the meetings. These should be re-visited, where possible discussions held and a decision made on making these Forum meetings more interactive and outcome oriented;
- Bearing in mind the increasing importance and relevance of EU policies aimed at alcohol-related harm, further synergies should be made with the work of other relevant European Institutions, the OECD, the WHO etc., and such organisations should present updates on related dossiers during the meetings. This would have a two-fold benefit. Namely developing the Forum as an instrumental arena for discussion and guidance, and secondly a good way to promote the achievements of the Forum and its members;
- In order to have such interactive discussions, presentations must be time-limited and focus on the messages intended to be put forward. In addition to a well-prepared presentation, a light format of slides must contain the aim, key

²⁰ Milieu: Monitoring the European Alcohol and Health Forum - Annual Report 2014. Page 61

messages and expected outcomes of the discussion (Is the presentation for information only? Is there action intended after the presentation? What would the presenter expect as a result?).

4.2.2 Working Group on Governance and Commitments

2014 saw the official creation of the Working Group, moving forward from ad-hoc guidance and activities into a permanent, forward looking structure. It is now imperative that this Working Group **follows up and monitors developments since the previous Annual Report**, and acts as a lead in discussing and taking up the recommendations presented in this Annual Report 2015. This continued work adds significant value to the Forum and helps improve the objectives and impacts of the commitments.

Main themes discussed by the group in 2014 included the encouragement of joint commitments and exchanges between different Forum members, as well as how to increase constructive 'scrutiny' of commitments on the basis of the Charter's principles. The results of this annual report, although promising, highlight that such discussions must continue and the Working Group must lead in this regard.

The previous Annual Report 2014 provided a draft 'User Guide on Monitoring and Evaluating Commitments'²¹. This year (2015) the guide is being updated in line with the results of this report. It will therefore be crucial for the Working Group to agree on the guide and **monitor its uptake**, and where relevant offer support in using it. Meetings in 2015-2016 should continue to focus on improving the document and the uptake of such improvements by members.

As a result, a number of recommendations have been developed:

- The Working Group should revisit the conclusions of its 2014 meetings (summarised in section 2.3.2 of this report) and ensure appropriate action is taken up;

The Monitoring Guide as drafted in the previous monitoring year will be updated by the study team and should be discussed and agreed by the Working Group in order to improve the quality of commitment monitoring reports. The Working Group must support this process and where possible, Forum members with well-designed commitments can provide guidance and exchange of knowledge;

- In general, the Working Group - with its accepted mandate (February 2015) must collectively work to improve the understanding of appropriate commitment reporting in the first instance, and, as a second step, promote joint work between different Forum members where possible.

4.2.3 Future direction for action

Overall, Forum members should work to increase the number of action-oriented commitments which address the core values and objectives of the Forum Charter. Furthermore, with the 2006 EU strategy expired in 2012, any new forward looking policy document will need to be discussed at the Forum and supported by new commitments. The Forum should be ready also in the future to provide input, examples of good practice and evidence, related to and based on their voluntary actions in the field of alcohol and health.

Members should **continue to work towards further synergies with the CNAPA Action Plan** and provide experiences and information where relevant. In addition to

²¹ Milieu: Monitoring the European Alcohol and Health Forum -Annual Report 2014. Page 66

this, the Forum could discuss **how to make the best use of relations and dialogue with its observers (as stated in the Forum Charter)** - these are key actors in EU-level action on alcohol related harm and present potentially strategic synergies.

2015 represents a good opportunity to further develop links with the CNAPA and Forum observers; mutual exchange of information during meetings should be increased and where possible presentations on common action areas made.

Annexes to Annual Report 2015

Annex 1: Breakdown of monitored commitments per status (Based on monitoring reports submitted between 30th November 2014 and 31st January 2015)

Annex 2: Case Studies: Good Practice on Monitoring of Commitments

Annex 3: References

**Annex 1: Breakdown of monitored commitments per status
(based on monitoring reports submitted between 30th November
2014 and 31st January 2015)**

- New commitments;
- Active commitments;
- Completed commitments.

Table A 1. New commitments

| Forum member | Submission number | Action Title | Start date | Expected end date |
|---|--------------------|---|------------|-------------------|
| SABMiller | 1392021201706-1631 | Desprealcool.ro - Program on responsible alcohol consumption | 2014 | 2014 |
| European Public Health Alliance | 1395132594268-1634 | Maintaining a public health approach in EU action on marketing, labelling and packaging of alcohol | 2014 | 2015 |
| European Federation of Pharmaceutical Industries and Associations (EFPIA) | 1396621840426-1639 | Drink-less.com, a website to help increase awareness and treatment of excessive alcohol consumption | 2014 | 2014 |
| European Federation of Pharmaceutical Industries and Associations (EFPIA) | 1396627976305-1640 | Reduce-yourdrinking.co.uk, a website to help increase treatment of excessive alcohol consumption | 2014 | 2014 |
| SABMiller | 1397480353403-1647 | Parenting styles and influence to prevent alcohol misuse | 2014 | 2015 |
| The Brewers of Europe | 1398335763463-1648 | Polish Brewers - "I don't drink during pregnancy" education activities | 2014 | 2014 |
| The Brewers of Europe | 1398351652647-1649 | Polish Brewers: Beer Industry Program against drink driving in social media | 2014 | 2014 |
| The Brewers of Europe | 1398354237694-1650 | Polish Brewers - "Own-initiative compliance monitoring" - 7 Operational Standards | 2014 | 2014 |
| Diageo | 1399887311431-1652 | Conoscere L'alcol 2014 | 2014 | 2014 |
| Anheuser-Busch InBev (ABI) | 1400674039553-1657 | ID Checking | 2014 | 2015 |

| | | | | |
|--|--------------------|--|------|------|
| Association of European Cancer Leagues (ECL) | 1412255107117-1672 | Online Clearinghouse on Information between Alcohol and Cancer | 2015 | 2017 |
|--|--------------------|--|------|------|

Table A 2. Active commitments

| Forum member | Submission number | Action Title | Start date | Expected end date |
|---|--------------------|---|------------|-------------------|
| EuroCare | 1228145491123-826 | Awareness raising of Foetal Alcohol Spectrum Disorders (FASD) | 2008 | - |
| European Social Insurance Platform (ESIP) | 1267541762655-1054 | Fight against alcohol-related harm: the role of social insurers. An example : prevention regarding consumption of alcohol by pregnant women | 2010 | 2011 |
| Heineken (International) | 1316775164563-1434 | Partnerships to encourage responsible consumption and address alcohol related harm | 2011 | - |
| Standing Committee of European Doctors (CPME) | 1317218555452-1436 | Mobilising the Medical Profession | 2011 | 2013 |
| European Midwives Association | 1334850860383-1518 | Raising awareness of harmful alcohol consumption during pregnancy | 2012 | - |
| European Transport Safety Council (ETSC) | 1394792918434-1633 | SMART (Sober Mobility Across Road Transport) | 2013 | 2016 |
| SABMiller | 1397480353403-1647 | Parenting styles and influence to prevent alcohol misuse | 2014 | 2015 |
| Institute of Alcohol Studies (IAS) | 1398762677489-1651 | Alcohol Knowledge Centre | 2012 | 2020 |
| Association of European Cancer Leagues (ECL) | 1412255107117-1672 | Online Clearinghouse on Information between Alcohol and Cancer | 2015 | 2017 |
| spiritsEUROPE | 1300719006243-1402 | Road Map 2015 | 2011 | 2015 |

Table A 3. Completed commitments

| Forum member | Submission number | Action Title | Start date | Expected end date |
|--|--------------------|--|------------|-------------------|
| Institut de Recherches Scientifiques sur les boissons alcoolisées (IREB) | 1262189642914-994 | Call for tenders 2010 | 2010 | 2010 |
| Institut de Recherches Scientifiques sur les boissons alcoolisées (IREB) | 1262267555700-996 | Attitudes and behaviour of young people towards alcohol | 2007 | 2008 |
| Heineken (International) | 1284022808352-1096 | Manchester Resettlement Project | 2010 | 2013 |
| Diageo | 1317733122546-1442 | "Smashed" Education Programme | 2011 | 2012 |
| Heineken (International) | 1323783358399-1468 | Enjoy Heineken Responsibly 'Sunrise' Campaign | 2011 | 2012 |
| Anheuser-Busch InBev (ABI) | 1323904646479-1472 | Promoting choice for consumers | 2012 | 2014 |
| Anheuser-Busch InBev (ABI) | 1323905077354-1476 | Ensuring responsible marketing and sales | 2012 | 2014 |
| Anheuser-Busch InBev (ABI) | 1323905170937-1478 | Training responsible 'Perfect Servers' | 2012 | 2014 |
| Anheuser-Busch InBev (ABI) | 1323905590038-1480 | Increasing awareness: designated drivers | 2012 | 2014 |
| Anheuser-Busch InBev (ABI) | 1323905696264-1482 | Family Talk - helping the conversation | 2012 | 2014 |
| Anheuser-Busch InBev (ABI) | 1323905857765-1484 | Pictorial labelling commitment | 2012 | 2014 |
| Anheuser-Busch InBev (ABI) | 1323905960477-1486 | Pro-supporter: responsible fan behaviour | 2012 | 2014 |
| Diageo | 1329332339073-1500 | BBBien | 2011 | - |
| SABMiller | 1342700267342-1538 | Create Chill-Out Zone at Summer Festivals to Prevent Irresponsible Alcohol Consumption | 2012 | 2012 |

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| The Brewers of Europe | 1343656807258-1540 | Polish Brewers: Beer Industry Program against drink driving in social media | 2012 | 2012 |
| European Federation of Pharmaceutical Industries and Associations (EFPIA) | 1349282033535-1558 | Publication and dissemination of findings on alcohol dependence | 2012 | 2013 |
| Diageo | 1351260983390-1562 | Conoscere L'alcol 2012 | 2012 | 2012 |
| Diageo | 1351261329638-1564 | Makro Smart Serve | 2012 | 2012 |
| Diageo | 1351261419971-1566 | Alkohol to Odpowiedzialnosc Pij Rozwaznie-Poland | 2012 | 2012 |
| Alcohol Policy Youth Network - APYN | 1364979555704-1610 | Regional Alcohol Policy Youth Conference | 2013 | 2013 |
| The Brewers of Europe | 1381824476282-1614 | Cyprus Brewers Association - European Night Without Accident | 2013 | 2014 |
| Royal College of Physicians, London | 1384866013379-1616 | Exhibition: 'This bewitching poison': Alcohol and the Royal College of Physicians | 2013 | 2014 |
| SABMiller | 1392021201706-1631 | Desprealcool.ro - Program on responsible alcohol consumption | 2014 | 2014 |
| European Public Health Alliance | 1395132594268-1634 | Maintaining a public health approach in EU action on marketing, labelling and packaging of alcohol | 2014 | 2015 |
| European Federation of Pharmaceutical Industries and Associations (EFPIA) | 1396621840426-1639 | Drink-less.com, a website to help increase awareness and treatment of excessive alcohol consumption | 2014 | 2014 |
| European Federation of Pharmaceutical Industries and Associations (EFPIA) | 1396627976305-1640 | Reduce-yourdrinking.co.uk, a website to help increase treatment of excessive alcohol consumption | 2014 | 2014 |
| The Alcohol Beverage Federation of Ireland (ABFI) | 1396867260479-1643 | Promoting 'Pacing' to challenge harmful drinking patterns and styles | 2013 | 2014 |
| The Brewers of Europe | 1398335763463-1648 | Polish Brewers - "I don't drink during pregnancy" education activities | 2014 | 2014 |

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| The Brewers of Europe | 1398351652647-1649 | Polish Brewers: Beer Industry Program against drink driving in social media | 2014 | 2014 |
| The Brewers of Europe | 1398354237694-1650 | Polish Brewers - "Own-initiative compliance monitoring" - 7 Operational Standards | 2014 | 2014 |
| Diageo | 1399887311431-1652 | Conoscere L'alcol 2014 | 2014 | 2014 |
| Anheuser-Busch InBev (ABI) | 1400674039553-1657 | ID Checking | 2014 | 2015 |
| Pernod-Ricard S.A | 1360674129913-1600 | "Responsible Party", implementation in Europe, 2nd Edition | 2012 | 2014 |

Annex 2: Case Studies- Good Practice on Monitoring of Commitments

Here the study team presents seven good practice examples in specific areas of monitoring and reporting, to be used as possible “guidance” for other members during their monitoring and reporting processes.

Table A 4. Case Studies

| Priority Area | Commitment number | Organisation | Title | Overall Assessment |
|---|------------------------|-------------------------------------|--|---------------------|
| Develop efficient common approaches to provide adequate consumer information | 139513259 4268-1634 | European Public Health Alliance | Maintaining a public health approach in EU action on marketing, labelling and packaging of alcohol | Highly Satisfactory |
| Better cooperation/actions on responsible commercial communication and sales | 132390559 0038-1480 | Anheuser-Busch InBev (ABI) | Increasing awareness: designated drivers | Highly Satisfactory |
| Develop information and education programmes on the effect of harmful drinking | 139202120 1706-1631 | SABMiller | Desprealcool.ro - Program on responsible alcohol consumption | Highly Satisfactory |
| Develop information and education programmes on responsible patterns of alcohol consumption | 139202120 1706-1631 | SABMiller | Parenting styles and influence to prevent alcohol misuse | Satisfactory |
| Enforce age limits for selling and serving of alcoholic beverages | 132390517 0937-1478 | Anheuser-Busch InBev (ABI) | Training responsible 'Perfect Servers' | Satisfactory |
| Develop a strategy aimed at curbing under-age drinking | 131773312 2546-1442 | Diageo | "Smashed" Education Programme | Satisfactory |
| Promote effective behavioural change among children and adolescents | 136497955 5704-1610 | Alcohol Policy Youth Network - APYN | Regional Alcohol Policy Youth Conference | Satisfactory |

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Develop efficient common approaches to provide adequate consumer information

Case Study: Program on maintaining a public health approach in EU action on marketing, labelling and packaging of alcohol - European Public Health Alliance

Commitment 1395132594268-1634

Overview

The goal of this commitment was to ensure the exchange of information between EPHA members, through the organisation of working groups linked to the main alcohol-related developments, hosting health determinants special interest group meetings, but also providing members with updates on alcohol policy and publishing the relevant documents drafted by the secretariat.

Design and intent

The relevance of this commitment to the Forum's activities is explicitly mentioned in the monitoring report. They include: ensuring relevant information, events, conferences and institutions' communications on alcohol and regularly communicating relevant information to its members, and also raising awareness on trade impacts on alcohol policy and promoting the EU Action Plan on Alcohol Related Harm.

The stated objectives are partially S.M.A.R.T as they are well developed, achievable and realistic. In relation to improving the commitment, the objectives should aim to be more specific and measurable, for example 'To raise awareness on trade impacts on alcohol policy'). Providing relevant evidence of the need for action and its likely effectiveness would strengthen EPHA's commitment even further.

Implementation and results

The level of reporting for inputs and outputs is of very good quality, documenting resources provided and details on what was achieved.

The description of inputs is accurate: it states how many people worked on the project and gives a breakdown of the costs involved.

The description of the outputs is detailed and the outputs are measurable. The report states how many people were reached, how many newsletters were sent and how many visitors there were.

A self-evaluation of the commitment was carried out and the results were disseminated. The evaluation was carried out by asking regular feedback from EPHA members and implementing the suggestions for improvement received.

Better cooperation/ actions on responsible commercial communication and sales

Case Study: Increasing awareness: designated drivers – Anheuser-Busch InBev (ABI)

Commitment 1323905590038-1480

Overview

The goal of this commitment was to reach consumers to increase awareness of the importance of responsible consumption of alcohol in relation to traffic, through the involvement in different communication campaigns, in Germany, Belgium, the Netherlands and UK, but also directly at European level (through digital channels and advertising).

Design and intent

The relevance of this commitment to the Forum's activities is explicit. The objective of reaching legal-age consumers, to increase their awareness of the importance of responsible alcohol consumption in relation to traffic, is relevant to the Forum's priorities.

The objectives are mostly SMART; an indication of time and an impact measurement would increase their measurability. Evidence of the need for action is given in the monitoring report through reference to the growing interest on the drink driving issue from stakeholders, both in Europe and worldwide, and from European jurisdictions.

Implementation and results

The description of outputs provides useful information, mainly quantitative details about how the objectives were attained. The actions were fully implemented. Providing information on the short, medium and long term outcomes would allow a better assessment of the commitment.

An external evaluation of the action was undertaken and results were disseminated, through the ABI Global website.

The description of inputs could be improved in the monitoring report: more information on the value of the inputs, the staff used, etc. would benefit the quality of the reporting.

Develop information and education programmes on the effect of harmful drinking

Case Study: Desprealcool.ro - Program on responsible alcohol consumption – SABMiller

Commitment 1392021201706-1631

Overview

The goal of the commitment was to continue the consolidation of the existing programs developed on the website of Alcohol Responsibility Program, www.desprealcool.ro, by developing new content, messages, materials and activities. The action focused on addressing underage consumption, alcohol and pregnancy, as well as drunk driving. The commitment engaged with the community on the website and on SABMiller's social media accounts (main target of 18-35 years), with opinion formers, NGOs and media.

Design and intent

The relevance to the Forum's activities is implicit. By disseminating information through website, media channels and PR support on the effect of harmful drinking, SABMiller's commitment meets the objectives of the Forum. However, the report could provide evidence of the need for action and of the commitment's likely effectiveness.

The objectives are fully SMART. They clearly explain what should be done (e.g. they detail the three key topics of focus) and how it should be accomplished. They also say who should be involved (e.g. interested individuals, GOs and NGOs). In addition to being achievable and realistic, they are also time bound and measurable: detailed quantitative targets are given (e.g. "We plan to reach in 2014 (...) 2% of the urban legal drinking age population in Romania (approximately 120 000 people)").

Implementation and results

The level of reporting for indicators (input, outputs) is of very good quality.

The description of inputs gives important information: total financial costs, number of staff and number of hours spent working. The report also makes it clear that the data is available only for the reporting period. In terms of improvement, costs could be broken down per activity implemented in order to increase transparency.

The description of outputs provides useful information, mainly quantitative details about how the objectives were attained (e.g. number of people reached). The report makes it easy to understand the extent to which the action was implemented.

The impact section contains interesting information for short-, medium- and long-term outcomes. To improve, the report could have provided more insight on potential change in behaviour towards more responsible alcohol consumption, as well as concrete examples of better health as a result of the commitment.

An external evaluation of the action was undertaken and results were disseminated.

Develop information and education programmes on responsible patterns of alcohol consumption

Case Study: Parenting styles and influence to prevent alcohol misuse – SABMiller

Commitment 1396867260479-1647

Overview

In 2012 SABMiller supported research undertaken by Demos into the impact that alcohol abuse has on families and the role that different parenting styles have on excessive drinking behaviour in 18 to 25 year olds in the UK. SABMiller has committed to support a similar research done by Demos in Romania, with the involvement of local stakeholders. The aims of this research are:

Determine whether the link between parenting styles and children's drinking behaviour found in the UK exists in Romania;

Compare alcohol consumption and drinking behaviour in Romania to the UK and other European countries;

Raise awareness among key Romanian stakeholders of the evidence around parenting and children's likelihood of becoming hazardous drinkers;

Develop evidence-based policy recommendations for the Romanian Government, charities and the alcohol industry to tackle alcohol harms.

Design and intent

The relevance to the Forum's activities is explicit. The goal of the action is to provide a solid evidence base to support decisions about where to effectively intervene with programmes that can help parents. SABMiller commits to generate evidence that can be used by key stakeholders to tackle health issues related to alcohol (e.g. Romanian Government, charities and the alcohol industry to tackle alcohol harms as described in the aim iv) above).

The objectives are mostly SMART. The report clearly explains what should be done and goals seem realistic and attainable. The "objectives" box does not contain a timeframe nor measurable targets, but additional details are provided in the "Information on monitoring" box. For example, the report gives an idea of how many interviews should be conducted, of how many families should be contacted and of how many visitors the website should host.

Implementation and results

The level of reporting for indicators (inputs, outputs) is of good quality. The report gives useful information on inputs: total financial value, approximate number of people working on the project and average time spent by person. Some more detailed information could be helpful: i.e. an exact number of staff or the total final number of hours worked.

Although the report contains some interesting information on outputs, it could expand more on this section (e.g. number of journalists and stakeholders, number of website visitors and social media followers).

Impacts of the action are clearly detailed, and broken down by short, medium and long term. It is clear that the project has helped raise awareness of alcohol issues and that it hopes to change behaviours for more responsible use of alcohol.

An external evaluation of the action was undertaken and results were disseminated.

Enforce age limits for selling and serving of alcoholic beverages

Case Study: Training responsible 'Perfect Servers' – Anheuser-Busch InBev (ABI)

Commitment 1323905170937-1478

Overview

The goal of this commitment was to integrate a responsible serving module into the 'Perfect Server' bar staff training schemes, with the objective of training 10,000 bar and waiting staff across Europe. A second objective was also to provide an online version of the module through the B2B websites.

Design and intent

The relevance of this commitment to the Forum's activities is explicitly mentioned in the monitoring report. The objective of training 10,000 bar and waiting staff across Europe, on responsible serving is indeed relevant to the objectives of the Forum.

The objectives are mostly SMART and evidence is given for likely effectiveness. Providing information on the timing of the actions would be beneficial. Some activity to measure the impact in staff approaches to customers, as a result of the training, would also be positive.

Implementation and results

The output indicators of this commitment are listed in relation to its objectives. Their description provides useful information for assessing the implementation of the action, mainly quantitative details about how the objectives were attained. On this basis, the actions were mostly implemented.

An external evaluation of the action was undertaken and made public during the first half of 2015. The results were disseminated, through the ABI Global website.

More information on the inputs and the outcomes would be beneficial for the quality of the reporting. Providing information on the short, medium and long term outcomes would allow a better assessment of the commitment

Develop a strategy aimed at curbing under-age drinking

**Case Study: "Smashed" Education Programme – Diageo
Commitment 1317733122546-1442**

Overview

"Smashed" is a theatre based education programme for high school pupils aged 12-14. The goal of this commitment was to enable young people to understand the facts, causes, and consequences surrounding alcohol misuse. The programme focused on workshops and drama activities with pupils, to raise their awareness of the dangers of alcohol misuse and to help them make informed decisions about alcohol consumption in the future. The scheme has been developed in consultation with young people.

The programme was first piloted in Autumn 2009 and delivered between January 2010 and May 2010. Based on the good results, Diageo and Collingwood learning decided to launch a second iteration of the programme.

Design and intent

The relevance to the Forum's activities is explicit. By enabling young people to understand the facts, causes, and consequences surrounding alcohol misuse, Diageo's commitment meets the objectives of the Forum. The report also provides evidence of the need for action.

The objectives are partially SMART. A more specific and measurable objective would benefit the quality of reporting. Quantifiable targets are provided in the monitoring part of the report (number of teachers and students to be reached). Furthermore, the first results after piloting show that the action was effective (95% of the pupils enjoyed the programme with 73% saying that they would "avoid drinking too much in the future" and 100% of teachers said that they believed the performance was a valuable aid to their students learning").

Implementation and results

The action was fully implemented.

The description of inputs gives important information: total financial costs, number of staff and number of hours spent working. In terms of improvement, a more accurate description of financial resources would improve the quality of reporting (part time/full time staff, utilisation of staff per year, etc...).

The description of outputs provides useful information, mainly quantitative details about how the objectives were attained (e.g. number of people reached). More information could be provided on the number of performances and on printed/online materials.

The description of outcomes is very good: both short term and medium term outcomes are provided. Other tools could be used to evaluate the long term outcomes (e.g. a questionnaire for students to be answered later in time).

A self-evaluation of the action was undertaken and results were disseminated.

Promote effective behavioural change among children and adolescents

Case Study: Regional Alcohol Policy Youth Conference– Alcohol Policy Youth Network - APYN

Commitment 136497955704 - 1610

Overview

The Regional European Alcohol Policy Youth Conference (REAPYC) was a training course, aimed at young people from Eastern European and Caucasus countries who wanted to improve their knowledge and build capacity to become advocates of a more comprehensive alcohol policy in Europe. The programme focused on plenary presentations, workshops on the topics of youth research, project development on alcohol topic, and advocacy for alcohol policy, as well as developing an action plan to tackle the alcohol related problems in the region in line with European Alcohol Strategy.

Design and intent

The relevance to the Forum's activities is explicit. By improving young peoples' knowledge about alcohol policy in Europe, APYN's commitment meets the objectives of the Forum. The monitoring report also provides evidence of the need for action and of the commitment's likely effectiveness. The report explains the need for action by describing the bad impacts of alcohol on health (relying on WHO research) and giving figures for alcohol issues in Europe. The report also provides details on how the project was efficient in tackling alcohol problems.

The objectives could have been fully SMART; a clearer presentation of the objectives would improve the quality of reporting.

Implementation and results

The action was fully implemented.

The description of inputs is well-detailed and it gives important information: total financial costs, number of staff and what has been done to implement the action. In terms of improvement, a more accurate description of financial resources would improve the quality of reporting (hours worked, cost of staff per year, etc...).

The description of outputs is satisfactory, even if the information is provided in a different section of the monitoring report.

More information could be provided concerning medium or long term impacts, and clearer information on the countries involved would also benefit the quality of reporting.

An internal evaluation of the action was undertaken and results were disseminated.

Annex 3: References

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