



Monitoring the European Alcohol and Health Forum

Annual Report 2014



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EXECUTIVE SUMMARY

The European Alcohol and Health Forum

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

DG HEALTH AND FOOD SAFETY oversees and organizes the activities of the Forum in a transparent way, informs the participants of the on-going work that could have an impact on alcohol-related harm, including relevant activities within the EU institutions and bodies described in the Annex I of the Charter.

EAHF Membership update

The Forum presently encompasses members with a variety of backgrounds. These include companies and associations in the fields of the sale and production of alcoholic beverages, media and advertising; NGOs aiming to minimise alcohol-related harm; research organisations, and other professional bodies. Although membership numbers saw a gradual increase over the years starting in 2007 (53), 2014 saw a small decrease in EAHF membership (from 70 in 2013 to 66 in 2014) which could be related to the financial burdens of low-resource organizations with respect to their commitments.

The overall composition of the Forum members has remained fairly constant despite some fluctuations over the years. In the present time, although NGOs and health professionals are still well represented in the Forum, a decrease from 2013 to 2014 can be noted (from 25 to 22). The largest share of Forum members falls under production and sales organisations, and their membership increased from 27 to 29. In terms of geographical coverage, almost all member organisations are based in the EU15; only two are based in the EU12 (in Estonia and Slovenia). Only one member organisation is based in Southern Europe (Italy).

EAHF commitments update

Members formally engage in contributing to reduce alcohol-related harm by means of one or several initiatives, which are referred to as ‘commitments’. These commitments relate to the seven priority areas identified in the Charter of the EAHF.

The number of active commitments has remained fairly stable over time until 2012, a trend which denotes a constant motivation by Forum members to implement new commitments. However, a major drop was noticeable between 2013 and 2014, with only 76 and 52 active commitments registered. These figures could be explained by the fact that a high number of commitments ended in 2012 together with the end of the EU Alcohol Strategy. Some members may not have tabled any commitment in 2013 because they were waiting for the launch of the Action Plan on Youth Drinking and on Heavy Episodic Drinking (Binge Drinking) to have some guidance on new priority targets.

On the other hand, however, many new commitments are the continuation of previous ones. This could be positively interpreted as willingness by some members to pursue long term activities. This trend could facilitate the assessment of the commitments’ effectiveness in a longer term perspective. More than half of the 285 commitments submitted up to July 2014 (62%) came from production and

sales organisations, among which 87 came from producers of alcoholic beverages and 12 from retailers. The second most represented sector at 22% is NGOs and health organisations.

Commitments' actions have not been equally distributed, with a concentration of actions on some topics. The priority areas that received higher attention are: 'cooperation on commercial communication and sales'; 'information and education programmes on the effect of harmful drinking' and 'information and education programmes on responsible patterns of consumption'. The priority area that has received the lowest number of commitments is 'Develop a strategy aimed at curbing under-age drinking'. This is due to the fact that under-age drinking is also directly addressed under the action area 'Enforce age limits for selling and serving of alcoholic beverages'.

In general, the production and sales organizations and the advertising, marketing, media sponsorship organizations' commitments regarding responsible business practices include activities such as self-regulation of commercial communication (marketing), training of staff and encouragement of ID-checking (sales). The commitments of non-industry organizations address controls on the enforcement of legal age limits and alcohol policy laws, monitoring of the alcohol industry's advertisements, provision of information on alcohol marketing regulation and the impacts of marketing and minimum pricing. Action dedicated to education and awareness-raising has also been a leading area for member commitments. Among these activities, several alcohol producers have made voluntary commitments to provide information on the risks of alcohol on packaging labels; NGOs and health professional organisations implemented activities essentially aimed at raising awareness and increasing knowledge on alcohol related harm.

The 2014 monitoring exercise

Forum member's commitments are subject to a monitoring process as established in Annex II of the Charter ("monitoring commitment"). Self-monitoring takes place on an annual basis. Members use a standard template that has been developed by DG HEALTH AND FOOD SAFETY in cooperation with Forum members (see Annex I to this report). An external evaluation of the monitoring reports is also carried out annually, to ensure independent quality assessment, based on criteria of objectivity and comparability.

This year 58 monitoring reports were submitted by 33 Forum Members; 78 reports should have been received from 50 members. Since 2009, the number of monitoring reports submitted has decreased from 91 in 2009 to 88 in 2010, 66 in 2011 and 53 in 2012. It then started growing again marginally up to 58 in 2013, the same number as for the 2014 exercise.

While this gradual decline over the years is explained by the overall decrease in the number of active commitments, it is also noted that many members that owned an active commitment in 2014 failed to report. No report was indeed submitted for 5 new commitments that started between November 2012 and January 2014; for 13 continued commitments for which a monitoring report was assessed in 2013; and for 2 commitments for which a final report was expected to be submitted already last year. This confirmed the trend observed in 2013, when members failed to report on 29 commitments, although to a lesser extent.

Results of the quality assessment of commitment monitoring reports

Past assessment exercises have shown that Forum members on average have slightly improved their monitoring information over time. However, results vary considerably from section to section of the monitoring report. The evaluated sections include implementation of the commitment, objectives, relevance to the aims of the EAHF, input indicators, output indicators, outcomes, evaluation and dissemination, and recommendations update, if applicable. The maximum score is five for each section.

This year's evaluation results show a steady performance in the quality of information provided by the Forum members. Only few members of the Forum have succeeded in providing very clear and useful information with regard to their actions to reduce alcohol-related harm.

Overall, many of the challenges referred to in the previous Monitoring Progress Reports still remain. These include: a lack of sufficient information in some sections, especially information on quantitative data (e.g. in the approximation of the financial resources used as inputs and quantitative outcome and impact indicators) and the timescale of implementation; a confused distinction between outputs and outcomes (or impacts); and unclear linkages between the different aspects of the commitment (objectives, inputs, outputs and outcomes). Only few members demonstrably took into serious account the recommendations issued in previous assessments to address the main shortcomings in the quality of reporting. The following areas for improvement have been identified:

Outcomes and Impacts: The number of monitoring reports that provide little or no information regarding the commitment's outcome and impact remains significant. Although the provision of this information is beyond the Forum's minimum monitoring requirements (as laid down in the Charter of the Forum), it is critical for appropriately understanding the effectiveness of commitments. When the information was provided, sufficient quantitative data were often lacking.

- **Linkages:** There was still a significant proportion of monitoring reports, where a description was lacking as to how the objectives, outputs and outcomes of a commitment link together. In fact, it was observed that while a number of reports scored high in sections on objectives and outputs, lower scores were registered for the outcomes and impacts section. Such inconsistency would be avoided if linkages were clearly identified already at the planning stage of the commitment rather than at the monitoring and evaluation phase.
- **Mandatory sections:** Some reports were silent on mandatory sections such as outcomes and input indicators and evaluation and dissemination (mandatory for final reports).
- **Wrong sections:** In a high number of reports, information was presented under the incorrect report section.
- **Quantitative data:** A good number of reports were still missing complete information regarding the quantitative data, especially in sections on inputs, outputs and outcomes indicators. In this regard, commitment holders should at least try to provide the approximate estimation of the quantitative data required for the reporting exercise.
- **Multi-part commitments:** Gaps were found in the presentation of the implementation steps that relate to different parts of the commitment. For example, certain subtasks or time periods were not covered in some reports; or whereas some components of the commitment were described very well, others were overlooked.

Recommendations to improve the overall functioning and governance of the EAHF

On the basis of the critical analysis presented above on the evolution of the Forum and its monitoring framework, the report also puts forward a set of recommendations and actions to be taken in order to improve the overall functioning of the Forum and the commitments' monitoring framework.

The first set of recommendations refers to potential solutions to tackle the decline in Forum members' levels of engagement, e.g. increase the frequency and extend the geographical coverage of the commitments, promote the involvement of new members, and the creation of joint commitments and partnerships as well as identify specific target groups.

Another set of recommendations mainly focuses on improving the monitoring and evaluation

framework. This aims to address the challenges identified by the quality assessment and could be achieved by implementing a series of changes to the ‘Action Plan Submission Form’ and the ‘Monitoring Report Form’ (so as to streamline the approach while improving effectiveness).

Finally, a number of recommendations are proposed with regard to the structure of the plenary meetings, the role of the ad-hoc working group on governance and monitoring, and ways to enhance to coordination between members and the Commission.

Proposal for a User Guide on Monitoring and Evaluating Commitment

Finally, a ‘*Proposal for a User Guide on Monitoring and Evaluating Commitment*’ was also developed as part of this Annual Report. It provides the members with detailed instructions on how to monitor and evaluate Forum commitments, ensuring greater consistency which in turn should lead to higher quality reports.

The User Guide provides information on the methodology that Forum members should use in the process of planning, monitoring and evaluating commitments, in particular with reference to the application of an *intervention logic*. It consists of a systematic and visual way of presenting the key steps required in order to turn a set of resources or inputs into activities designed to lead to a specific set of changes or outcomes.

Members are encouraged to define the monitoring and evaluation details already at the planning phase of the commitment, to ensure that they are implemented in an effective manner. The clearer the monitoring and evaluation details are defined in the Action Plan - including potential indicators to be used to measure the progress of the commitment - the easier it will be to carry out the monitoring and evaluation at a later stage. Members are also requested to submit the monitoring report in time and a new calendar for the monitoring activity is further proposed.

The User Guide then outlines concrete examples of the different types of information required under the eight sections of the *monitoring report form* which members have to submit by filling the section *Details on the monitoring report* in the online Database. The examples concern the four most common types of activities undertaken within the commitments:

- Media and outreach
- Training/Education
- Responsible marketing/responsible consumer information
- Promoting/Enforcing compliance.

In addition, some examples of good practices collected from completed or ongoing commitments (for which monitoring reports have been assessed by the external evaluators) are also presented. For each example, an explanation is given as to why the external evaluators considered the report of good quality.

DEFINITIONS OF KEY TERMS

| | |
|--|---|
| Forum member | Forum members are umbrella organisations operating at the European level that have agreed to monitor and evaluate the performance of their commitments in a transparent, participative and accountable way, as set out in the Forum's Charter ¹ . Organizations operating at national or sub-national level, or individual companies, can also be members of the Forum, if they are willing to engage in concrete and verifiable commitments under the Forum process and if their European-level umbrella organisation or federation is a member of the Forum. |
| Commitment | To become a member of the European Alcohol and Health Forum, an organisation must undertake a 'commitment'. These commitments are promises to take action to achieve a particular goal that advances the Forum's aims. Each member presents them in the form of 'action plans'. |
| Commitment owner | The commitment owner for a given commitment can either be the same as the Forum member for that commitment or a different organisation. As all member organisations of the Forum are umbrella organisations operating at the European level, they each encompass many member organisations in a given sector. A Forum member may submit commitments that encompass all of their members, or one or more of their individual members may submit their own commitment under their umbrella organisation's membership of the Forum. In the latter cases, the Forum member for a commitment would be the umbrella organisation and the commitment holder would be the one or more of its members submitting the commitment. |
| Priority areas | Priority areas are different areas relevant to reducing alcohol-related harm as identified in the Forum Charter and under which Forum members or commitment holders step up action as a base for their commitment. |
| Monitoring report / commitment form | In order to monitor the progress of their commitments, each year Forum members/commitment holders are requested to submit a monitoring report for each commitment they make. These monitoring reports are organised into sections that enable Forum members to state the 'objectives' of their commitment, 'relevance' to one or more aims of the Forum, 'inputs', 'outputs', and 'outcomes', the evaluation method used as well as the dissemination channels of the commitment. |
| Active commitment | The term 'active commitment' refers to those commitments which are ongoing at the time of the reporting deadline of the respective year (July 2014). |
| Completed commitments | Completed commitments are the ones that came to an end before July 2014. For these commitments a final monitoring report should be submitted. |
| Continued commitments | Continued commitments are the on-going ones from previous year/s. For these commitments an intermediate monitoring report should be submitted. |
| New commitment | In general new commitments are all those that started after January 2014. For the purposes of the quality assessment, new commitments are all those that started between November 2012 and January 2014 and that were not subject to the quality assessment in 2013. |

¹ The EAHF Charter is available online:
http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/Alcohol_charter2007.pdf

1. INTRODUCTION AND BACKGROUND

1.1 THE EUROPEAN ALCOHOL AND HEALTH FORUM

The European Alcohol and Health Forum (EAHF or Forum hereinafter) was established in June 2007 following the adoption by the European Commission of an EU Strategy to support Member States in reducing alcohol-related harm². As defined in the Charter establishing the European Alcohol and Health Forum, the Forum is a “platform for all interested stakeholders at EU level that pledge to step up action relevant to reducing alcohol-related harm”³. The Forum is an innovative policy tool that endeavours to involve relevant actors in a multi-stakeholder dialogue and to generate momentum by encouraging all participants to take action on tackling alcohol-related harm according to their own capacity and focus. DG HEALTH AND FOOD SAFETY⁴ oversees and organizes the activities of the Forum in a transparent way, informs the participants of the on-going work that could have an impact on alcohol-related harm, including relevant activities within the EU institutions and bodies described in the Annex I of the Charter⁵.

Currently, the Forum has 66 members⁶, with a variety of backgrounds. These include companies and associations in the field of the sale and production of alcoholic beverages, media and advertising; NGOs aiming at minimise alcohol-related harm; research organisations, and other professional bodies. Forum members, which join on a voluntary basis, include umbrella organisations at EU level, national and sub-national organisations as well as individual companies.

The Forum operates transparently, requiring all members to formally engage to help reduce alcohol-related harm by means of one or several initiatives, which are referred to as ‘commitments’. The transparency principle is applied to all Forum members, and the “name and praise” approach seeks to achieve collective positive action and commitment without legally binding enforcement. These commitments relate to the seven priority areas for action identified in the Charter of the EAHF:

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

Members are requested to provide detailed information on their commitments in the form of an action plan. These action plans indicate measurable objectives, who the owners of the commitments are, how proposed action would contribute to reducing alcohol related harm (relevance), the resources allocated to each commitment, a timetable for the implementation, and the evaluation approach, including outcome and impact indicators.

² EU strategy to support Member States in reducing alcohol related harm, available at: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/alcohol_com_625_en.pdf

³ Charter establishing the European Alcohol and Health Forum- Section 2: A Forum for Action, available at : http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/Alcohol_charter2007.pdf

⁴ As of 1 January 2015 DG HEALTH AND CONSUMERS (SANCO) changed into DG HEALTH AND FOOD SAFETY (DG SANTE).

⁵ Charter Establishing the European Alcohol and Health Forum, p.7

⁶ As of 6 November 2014. At the November plenary session of 2013, four members have taken the decision to leave the Forum, and three new members have applied to become members. At the November plenary session of 2014, two new members joined the Forum.

Forum member's commitments are subject to a monitoring process as established in Annex II of the Charter ("monitoring commitment")⁷ that needs to be consistent to ensure transparency and trustworthiness within as well as beyond the context of the Forum. The Forum's Charter stresses the key role of monitoring members' commitments and deems it essential that "there is sufficient outside involvement in reviewing progress and outcomes to create trust in the process"⁸. Forum members are expected to monitor their individual commitments' performance in a "transparent, participative and accountable way"⁹. The monitoring mechanism also serves to develop and share good practice; as well as to enable timely adaptation of on-going initiatives in the face of unexpected challenges or constraints. As part of this process, all members submit, via a database, a yearly monitoring report(s) on the progress of their commitment(s) to DG HEALTH AND FOOD SAFETY, whose role is to oversee and ensure transparency of the monitoring process.

Self-monitoring takes place on an annual basis. Members use a standard template that has been developed by DG HEALTH AND FOOD SAFETY in cooperation with Forum members (see Annex I to this report). An external evaluation of the monitoring reports is also carried out annually, to ensure independent quality assessment, based on criteria of objectivity and comparability.

The activities of the Forum were evaluated in 2013 in the context of the evaluation of the "EU Alcohol Strategy"¹⁰. The evaluation confirmed the relevance of the EAHF for sharing good practices in the field of alcohol policy and to discuss methods to reduce alcohol-related harm in Europe. While the Strategy is still a valid framework for action, the Committee on National Alcohol Policy and Action (CNAPA) was working, with the support of the Commission, on an Action Plan (AP) for 2014-2016¹¹, focusing on youth and binge drinking¹². Although it will not replace the existing activities implemented under the Strategy, members of the EAHF are encouraged to support the Action Plan with commitments in line with its priorities.

The Action Plan on Youth Drinking and on Heavy Episodic Drinking (Binge Drinking) was a response to the need to continue focusing more on these two topics in the present time. The Action Plan was endorsed by CNAPA in September 2014 and will last until December 2016. It will complement existing activities implemented under the umbrella of the Strategy and contribute to the comprehensiveness of the implementation of the EU alcohol policy. The Forum has also been invited to comment and suggest actions to the Action Plan that the Forum stakeholders can commit to. The main objectives of the Action Plan are to address alcohol related harm among the youth, and on binge drinking, and thus to support achieving the goal of the Strategy to reduce alcohol related harm. The Action Plan focuses on six specific areas aimed at mobilising further concrete actions in the framework of the EU Strategy, in order to address the most acute challenges and to support the main goal of the Strategy.

1.2 THE PURPOSE AND THE STRUCTURE OF THIS REPORT

Since its inception in 2007 the Forum has produced a series of reports regarding the commitments of its members. The first evaluation of the monitoring reports' quality covered all reports submitted by Forum members as of March 2009; this was also the first year that the Forum members submitted

⁷ Charter Establishing the European Alcohol and Health Forum, p.8

⁸ Charter establishing the European Alcohol and Health Forum, p.3.

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

¹⁰ "Assessment of the added value of the EU strategy to support Member States in reducing alcohol-related harm", available at: http://ec.europa.eu/health/alcohol/docs/report_assessment_eu_alcohol_strategy_2012_en.pdf

¹¹ Action Plan on Youth Drinking and on Heavy Episodic Drinking (Binge Drinking), 2014-2016, available at http://ec.europa.eu/health/alcohol/docs/2014_2016_actionplan_youthdrinking_en.pdf

¹² Committee on National Alcohol Policy and Action (CNAPA), [Flash report on the Plenary meeting of October 2013](#)

monitoring reports on their commitments. Since then the idea of annual reporting on the implementation of commitments has taken root¹³.

The Alcohol Strategy evaluation carried out in 2012 suggested that the EAHF has succeeded in mobilising a broad range of stakeholders and engaging in cooperation between them. However, it also noted that the aims of the strategy had not yet been fully reached and that alcohol-related harm remains a concern in all Member States. The Summary Report 2013¹⁴, which analysed the evolution of the membership status and the commitments since 2009, highlighted a substantial decrease in the number of active commitments in 2013. Moreover, in 2013 a study on “Assessment of Evaluation Approaches within the EAHF” was also carried out. It provided an overview of good evaluation practices developed by Forum members. Based on the examination of the outcome and impact indicators use in the activities carried out in the context of the Forum, the report put forward suggestions to refine the commitment database relating to outcomes and impacts and evaluation, as well as some general recommendations to be taken into account as part of the commitment monitoring process. In its final conclusions, the report considered the necessity to explore effective ways for providing guidance and raising standards for reporting and evaluation of Forum member’s initiative. Against this background, DG HEALTH AND FOOD SAFETY is now exploring ways to enhance effectiveness of actions and implementation structures.

In addition to assessing the quality of the commitments monitoring reports submitted in 2014, the purpose of this report is also to provide the Commission with the necessary knowledge about the evolution of the membership and commitments of the EAHF up to 2014. The report identifies the main weaknesses of the functioning and the monitoring framework of the Forum. It provides critical analysis as a basis to propose a reform process of the governance of the Forum and revamp member’s level of commitment. Finally the report proposes a set of recommendations and actions to be taken in order to improve the functioning of the Forum overall and the commitments evaluation framework. These recommendations¹⁵, together with the *‘Proposal for a User Guide on Monitoring and Evaluating Commitment’*¹⁶ which was also developed as part of this Annual Report, provides Forum members with clearer guidelines for the future and in turn improve the quality of monitoring reports.

To underline the abovementioned changes, compared to the previous annual Monitoring Progress Reports, the 2014 report’s title is ‘Annual Report 2014’. In this current interim version, it is divided into 5 chapters.

After Chapter 1, which gives a short introduction to the European Alcohol and Health Forum and the purposes and the structure of the present report, Chapter 2 provides a brief overview of the membership and commitments of the Forum between 2009 and 2014, taking into account the number of new members who joined throughout the years, the type of sector as well as the level of activity in which they are active. In addition, this chapter summarises the evolution of commitments since 2009 according to the following criteria:

- Origin of commitment
- Geographical coverage of the commitments
- Commitments by sectors of activity of Forum members
- Priority areas targeted
- Distribution of commitments by level of activity of the organization.

¹³ More information regarding the Forum, including all the previous reports, is available on the Directorate General Health and Consumers’ section of the European Commission website:

http://ec.europa.eu/health/alcohol/policy/index_en.htm

¹⁴ Summary report, 2013, available at: http://ec.europa.eu/health/alcohol/docs/eahf_commitments_2013_en.pdf

¹⁵ Chapter 4 of this report

¹⁶ Chapter 5 of this report

Chapter 3 presents an overview of the 2014 monitoring reports. It briefly discusses the distribution of monitoring reports by priority area, and the relationships between the various member categories and the priority areas set out in the Forum Charter to which their commitments relate. It also focuses on the distribution of monitoring reports between intermediate and final status, and on the status of commitments (i.e. whether the commitment is still active or not). In the second part it focuses on the results of the quality assessment of the 2014 monitoring reports. This part also contains examples of ‘good practices’ for each individual section assessed within the monitoring report and explains why the particular report was scored high.

Chapter 4 provides recommendations regarding the commitments’ submission and reporting forms as well as the role of the Forum, its functions and governance process. These recommendations aim at addressing the gaps identified by the analysis of the EAHF membership and commitments evolution and the assessment of the quality of the 2014 monitoring reports, thus enabling a smoother, more consistent and ultimately effective functioning of the Forum and its activities.

Finally, Chapter 5 contains a ‘*Proposal for a User Guide on Monitoring and Evaluating Commitments*’, a tool conceived to guide the members when planning and carrying out the monitoring and evaluation of their commitments in the context of the specific process established by the Forum Charter. It provides an explanation and description on what needs to be filled in for each section of the Monitoring Report Form. It also includes practical examples for each section to provide better explanation into the members’ obligations for the monitoring.

2. OVERVIEW OF EAHF MEMBERSHIP AND COMMITMENTS (2009-2014)

2.1 EAHF MEMBERSHIP UPDATE

The European Alcohol and Health Forum currently has 66 members. This represents a decrease compared to last year when the Forum counted 70 members. Ten members left the Forum between 2013 and 2014, while six new members joined in 2013-2014¹⁷. Originally, the forum was established with 50 founding members. A list of new members and members that left the Forum up to 2014 is shown in tables 1 and 2 below. The full list of members is available in Annex II to this report.

Table 1 Overview of new members between 2009-2014

| Member | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|--|------|------|------|------|------|------|
| Alcohol Health Network (AHN) | | | | | | ✓* |
| Association of European Professional Football Leagues (EPFL) | ✓ | | | | | |
| Associazione Italiana Imprese Intrattenimento da Ballo e di Spettacolo (SILB-FIPE) | | | | | | ✓* |
| Carlsberg Group | | | | | | ✓** |
| European Association for the Study of the Liver (EASL) | ✓ | | | | | |
| European Federation of Pharmaceutical Industry EFPIA | | | | ✓ | | |
| European Liver Patients Association (ELPA) | | | | | | ✓** |
| European Medical Students' Association (EMSA) | | | | ✓ | | |
| European Travel Retail Council (ETRC) | | | ✓ | | | |
| German Football League (DFL) | ✓ | | | | | |
| HORECA Vlaanderen (under the umbrella of HOTREC) | | | | ✓ | | |
| International Federation of Medical Students Associations (IMFSA) | | | ✓ | | | |
| NO EXCUSE SLOVENIA | | | | | | ✓* |
| Scottish Health Action on Alcohol Problems SHAAP (under the umbrella of Eurocare) | | | | ✓ | | |
| Union des Métiers et des Industries de L'hôtellerie (UMIH) | | | | | | ✓* |
| United European Gastroenterology Federation (UEGF) | | | ✓ | | | |

*Joined in April 2014

**Joined in November 2014

Table 2 Overview of the Members who joined and subsequently left the forum between 2009 and 2013

| Member | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|------|------|------|------|------|
| Active – sobriety, friendship and peace | | ✓ | | | ✓ |
| European Youth Forum* | | | | | ✓ |

¹⁷ As of 6 November 2014. At the November plenary session of 2013, four members have taken the decision to leave the Forum. Two new members then joined the Forum at the plenary session of April 2014 and other two joined at the November plenary session of 2014. With regard to the members who left, the [Summary Report](#) of the Forum's plenary meeting from November 2013 announced that four members had left in 2013; however, it is silent on the remaining six leaving members.

| | | | | | |
|--|---|---|--|--|---|
| The Swedish Youth Temperance Association (UNF) | | ✓ | | | ✓ |
| European Confederation of youth clubs | ✓ | ✓ | | | |
| IOGT-NT0* | | | | | ✓ |
| National Youth Council of Ireland* | | | | | ✓ |

* Members who joined prior to 2009

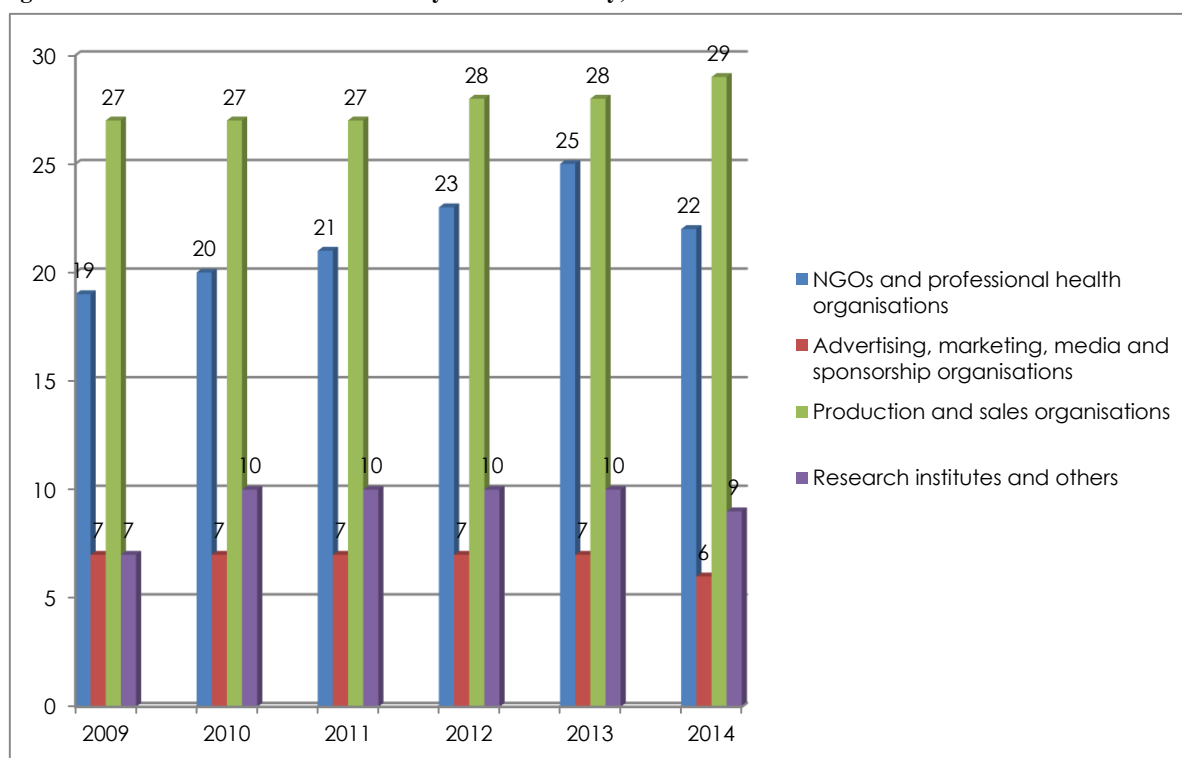
ReLeaf Europe, British Retail Consortium, Royal Ahold, European Federation of Magazine Publishers (FAEP), European Trade Union Confederation (ETUC) and European Federation of National Organisations working with the Homeless (FEANTSA) are still in the database, but were not included in the list of members compiled after the plenary meeting of April 2014¹⁸. It is not clear if they have left the Forum without notification in the plenary meetings.

2.1.1 EAHF membership by sector of activity

This section provides a short overview of the Forum's membership including total number of members and their respective sectors of activity. The following four categories are considered:

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

Figure 1 Breakdown of Forum members by sector of activity, 2009-2014*



* The chart reflects the situation up to November 2014.

It is clear that, although NGOs and health professionals are still well represented in the Forum, a decrease from 2013 to 2014 can be noted (from 25 to 22). The largest share of Forum members falls

¹⁸ Forum Members: updated list of members as of 11 April 2014 available at: http://ec.europa.eu/health/alcohol/docs/forum_members_en.pdf

under production and sales organisations, and their membership increased from 27 to 29. . The presence of the other two categories (research institutes and other organisations; and advertising, marketing, media and sponsorship organisations) is comparatively smaller (respectively 9 and 6 members falling from 10 and 7 in the previous years).

2.1.2 EAHF membership by geographical coverage

This section provides a short overview of the Forum's membership according to their respective geographical coverage.

In terms of the geographic scope, three categories of Forum members have been defined:

- Europe-wide members, including umbrella organisations operating at the European level
- International members include umbrella organisations working at the international level
- National members include companies as well as organisations working at the national or sub-national level.

Almost all member organisations are based in the EU15¹⁹; only two are based in the EU12 (in Estonia and Slovenia). Organisations based in the UK are particularly well represented, with ten members. Only one member organisation is based in Southern Europe (Italy)²⁰.

Critical analysis on membership:

The total number of members has increased from 53 in 2007 to 70 in 2013, with total membership up by about 30% since the Forum's creation. Membership however decreased to 66 between 2013 and April 2014¹. One of the possible explanations of a rapid decrease of members between 2013 and 2014 is the financial burden of low-resource organizations with respect to their commitments as stated in the Plenary Meetings' Flash report from April 2014²¹.

The overall composition of the Forum members has remained fairly constant despite some fluctuations over the years. Production and sales organisations along with NGOs and health professionals are the two largest membership categories.

Roughly half of the members are organisations operating at EU level. These include EU umbrella organisations for the beer, wine and spirits industries and for public health. National-level members include national associations and individual companies. Only one member, from Estonia, is based in the EU12, though the European umbrella organisations include EU12 entities among their own members. Organisations based in the UK are well represented with 10 members. Only one member organisation is based in Southern Europe (Italy).

2.2 EAHF COMMITMENTS UPDATE

2.2.1 Origin of the commitments

This section provides an overview of the total number of commitments submitted between 2007 and 2014. The table below presents the number of commitments that have been introduced each year since the 2009 Summary report.

As of July 2014²², 62 of the 64 members of the Forum had registered at least one owned or co-owned commitment in the database (285 commitments in total). The two members who did not register any

¹⁹ The 15 Member States are: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, and the United Kingdom.

²⁰ For a detailed breakdown of forum members by their level of activity and geographical coverage please see Annex II.

²¹ European Alcohol and Health Forum 14th plenary meeting, Brussels, 9 April 2014, Summary Report, available at: http://ec.europa.eu/health/alcohol/docs/ev_20140409_sum_en.pdf

²² July 2014 is the baseline time used to prepare the charts and tables to show evolution of commitments since 2009.

commitment were the new joiners; Alcohol Health Network and NO EXCUSE Slovenia.

Table 3: Number of new commitments compared to number of active commitments and completed commitments

| Number of commitments | 2009* | 2010 | 2011 | 2012 | 2013 | 2014** |
|-----------------------|-------|------|------|------|------|--------|
| Completed | 44 | 51 | 30 | 34 | 33 | 27 |
| Active | 105 | 103 | 105 | 100 | 76 | 52 |
| - Of which new | 19 | 42 | 35 | 44 | 15 | 18 |

*Since April 2009

** Until July 2014

As can be seen, the number of active commitments has gradually decreased over the years. The number of new commitments rose sharply in 2010 and, to a lesser extent, in 2012, but decreased significantly in 2013 and 2014. 233 out of the 285 commitments had already been completed and 52 were still ongoing. Most of the members implemented a limited number of commitments; half of the members had only one or two commitments and 35% had 3 to 5 commitments. Only a few members had more: some had ten (1 umbrella organisation and 3 individual companies²³) while two had even more than twenty (Brewers of Europe and its subsidiary organisation, SABMiller, have submitted more than twenty, respectively 50 and 27)²⁴.

Critical analysis on origin of the commitments:

The number of active commitments has remained fairly stable over time until 2012, which denotes a constant motivation of Forum members in the implementation of new commitments. However, a major drop is noticeable so far in 2013 and 2014, with only 76 and 52 active commitments registered. These figures could be explained by the fact that a high number of commitments ended in 2012 together with the end of the EU Alcohol Strategy. Some members may not have tabled any commitment in 2013 because they were waiting for the launch of the Action Plan on Youth Drinking and on Heavy Episodic Drinking (Binge Drinking) to have some guidance on new priority targets.

It must be noted that many commitments, with the majority from production and sales organisations, are the continuation of previous ones. This could be positively interpreted as a willingness of some members to pursue long term activities. This trend could facilitate the assessment of the commitments' effectiveness in a longer term perspective.

2.2.2 Commitments by sectors and levels of activity of Forum members

This section provides an overview of commitments according to the sector of activity of Forum members.

Figure 2 Distribution of commitments by sector of activity



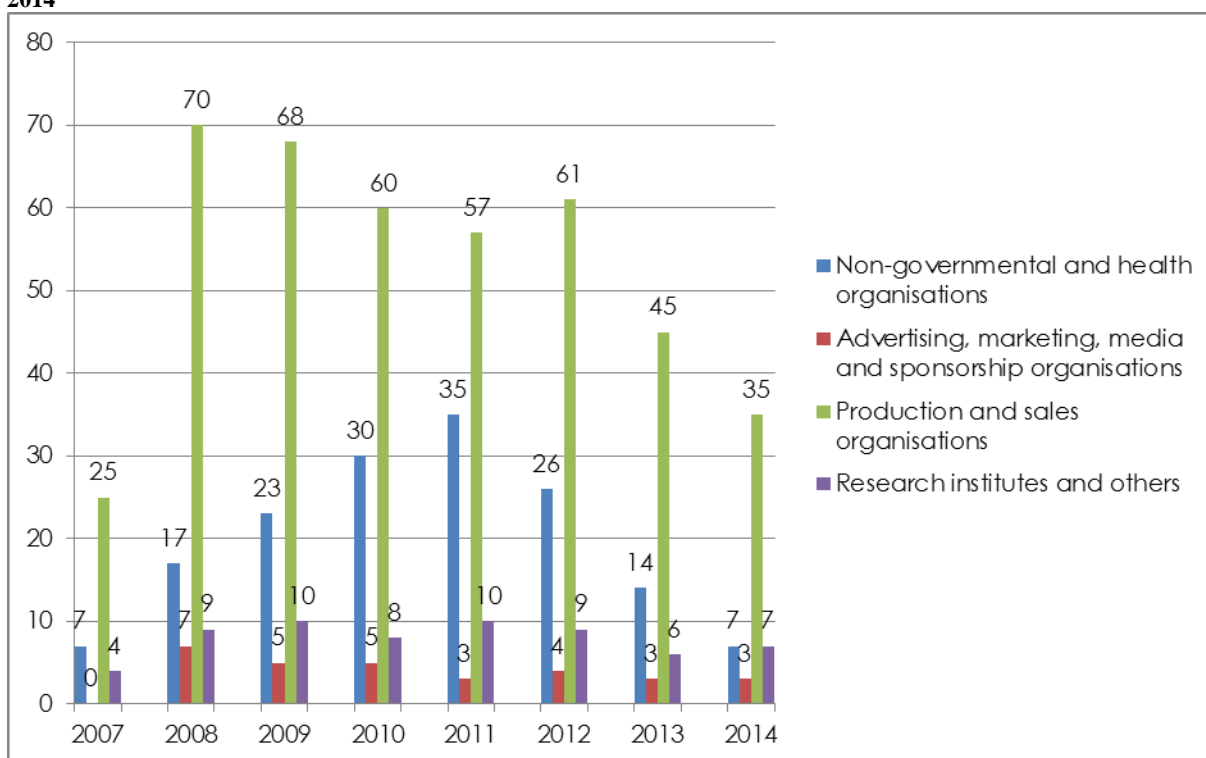
²³ Brewers of Europe (umbrella), Anheuser-Busch InBev, Diageo, and Heineken.

²⁴ On average, each Forum member has submitted 4.45 commitments

More than half of the 285 commitments submitted up to July 2014 (62%) came from production and sales organisations, among which 87 came from producers of alcoholic beverages and 12 from retailers. Among the production and sales organisations, The Brewers of Europe stands out as an outlier as this organisation alone owned more than one-fourth of the commitments.

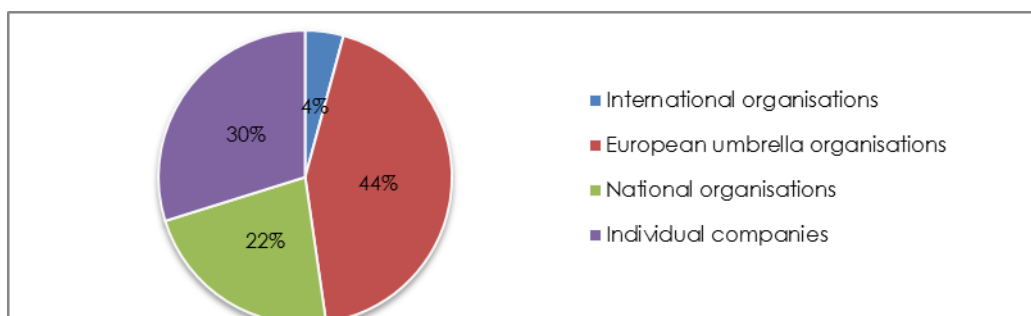
Overall, as shown in Figure 3 below, the proportion of commitments owned by the different categories of Forum members remained relatively stable, and in line to overall membership distribution. After a peak in 2010/2011, the share of commitments coming from NGOs and health organisations had significantly decreased. This share reached 2008/2009 levels in 2013, and even lower figures in 2014. The share of commitments from production and sales organisations had been decreasing steadily from 2008, and although it had risen slightly in 2012, it decreased again quite substantially in 2013-2014. It is to be noted that the 2014 figures are based on the number of commitments submitted until July.

Figure 3 Number of active commitments by category of Forum members and year, from 2007 to 2014



The following chart shows the distribution of commitments by level of activity of the organisation including umbrella organisations (both European and international), national organisations and individual companies, regardless of their sector of activity.

Figure 4 Distribution of commitments by level of activity of the organisation



Critical analysis on origin of the commitments

If we look at the distribution of commitments across the different sectors of activity, production and sales organisation at 62% are dominant across the 285 commitments. The second most represented sector at 22% is NGOs and health organisations.

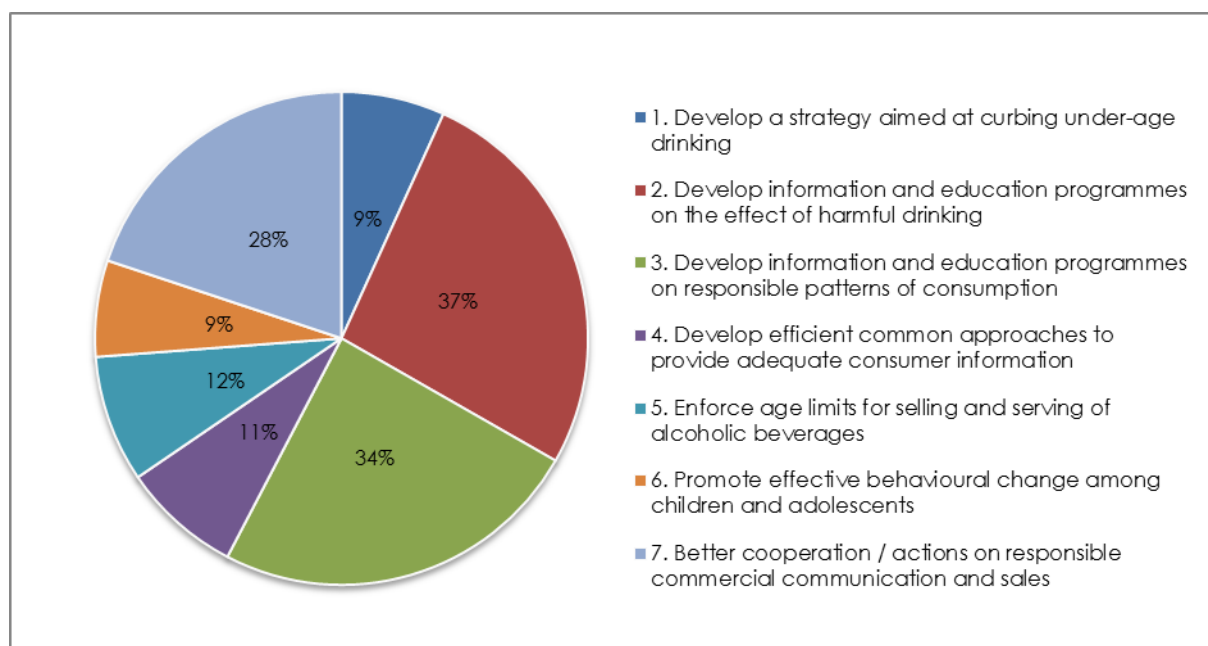
Although umbrella organisations are the type of organisations that has collectively produced the largest number of commitments (124), it should be noted that the 11 private companies participating in the Forum account for 30% of the commitments (85 commitments), which is very high compared to their share in the membership.

2.2.3 Priority areas targeted and types of activities within the commitments

This section presents the distribution of commitments across the priority areas identified in the Forum Charter. It provides an overview of commitments by priority area, including a breakdown by member category. Examples of commitments submitted by Forum member under a specific priority area are also provided to illustrate the scope and diversity of the commitments.

The chart below shows the distribution of the 285 commitments by priority area. It is noted that one commitment can refer to several priority areas.

Figure 5: Overall distribution of commitments by priority area



Overall, the distribution of commitments by priority areas has remained fairly stable over time. The most general priority areas (priority areas 2 and 3), which do not focus on a specific target group, have been selected in half of the commitments. The high proportion of commitments dealing with commercial communication and sales can be explained by the high number of production and sales organisations members and the high numbers of commitments submitted by this member category.

As tackling alcohol problems of the underage population is the Commission's priority, the Action Plan for 2014-2016 focuses on youth drinking and on binge drinking and complements the EU Strategy on alcohol-related harm. Since 2014, the Forum members have been encouraged to submit commitments in line with the Action Plan. Although the three priorities tackling underage drinking (priority areas 1, 5 and 6) each have a relatively low number of commitments, collectively alcohol and youth is an issue

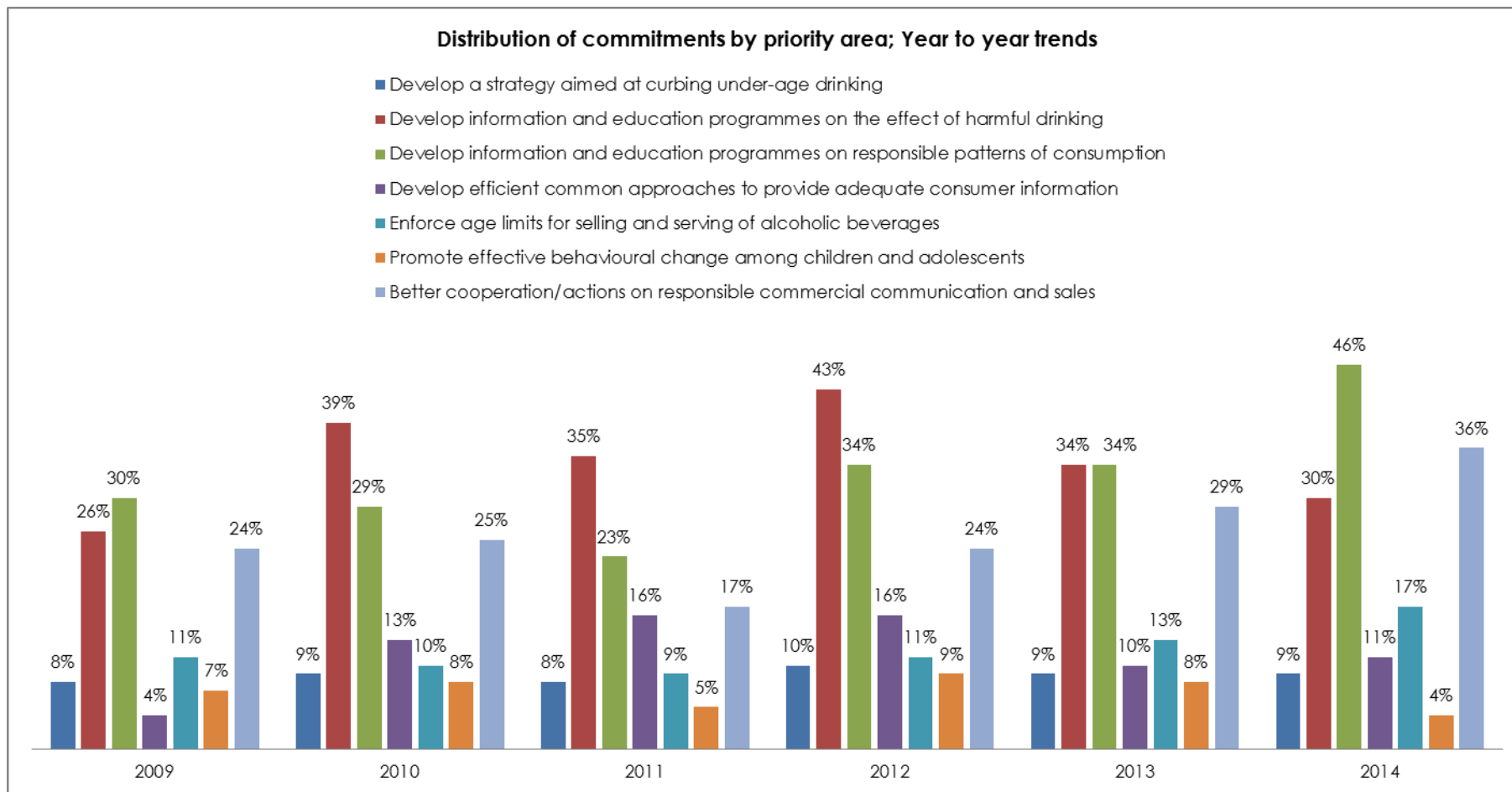
dealt with in 30% of the commitments. In 2014, 23 % of new commitments referred to priority area 1 (total of 3 commitments) and 6 % referred to priority area 5 (1 commitment in total). These four commitments, however, did not specifically refer to the Action Plan itself but rather to the original objective of the Forum established in the Charter.

Among the commitments submitted prior to 2014, the commitment number 1358 “Alcohol marketing codes - a guide for agencies” prepared by “European Association of Communication Agencies” specifically refers to the Action Plan. The project directly relates to “Action 3: Limit exposure of youth to Alcohol marketing and advertising” of the Action Plan by helping to “ensure that all marketing and advertising is in compliance with the Audio-visual Media Services Directive and with national regulations and voluntary codes”²⁵.

The following figure shows the distribution of the priority areas targeted by commitments year by year (2009-2014). This distribution, which has remained stable over time, confirms the results observed in the previous chart. The priority areas that have been targeted most often throughout the years (i.e. priority 2, priority 3 and priority 7) are those which are more general in nature and can be interpreted more flexibly by members. For these three priority areas, for example, the commitment owners are free to select a wide range of target groups, while the other priority areas are more restrictive in these terms and require the commitment to be addressed specifically to e.g. children, adolescent and under-age, parents and educators (priorities 1 and 6) or e.g. consumers, bar tenders and sellers (priorities 4 and 5).

²⁵ The information is available in the commitment monitoring report submitted by EACA for the 2014 assessment exercise.

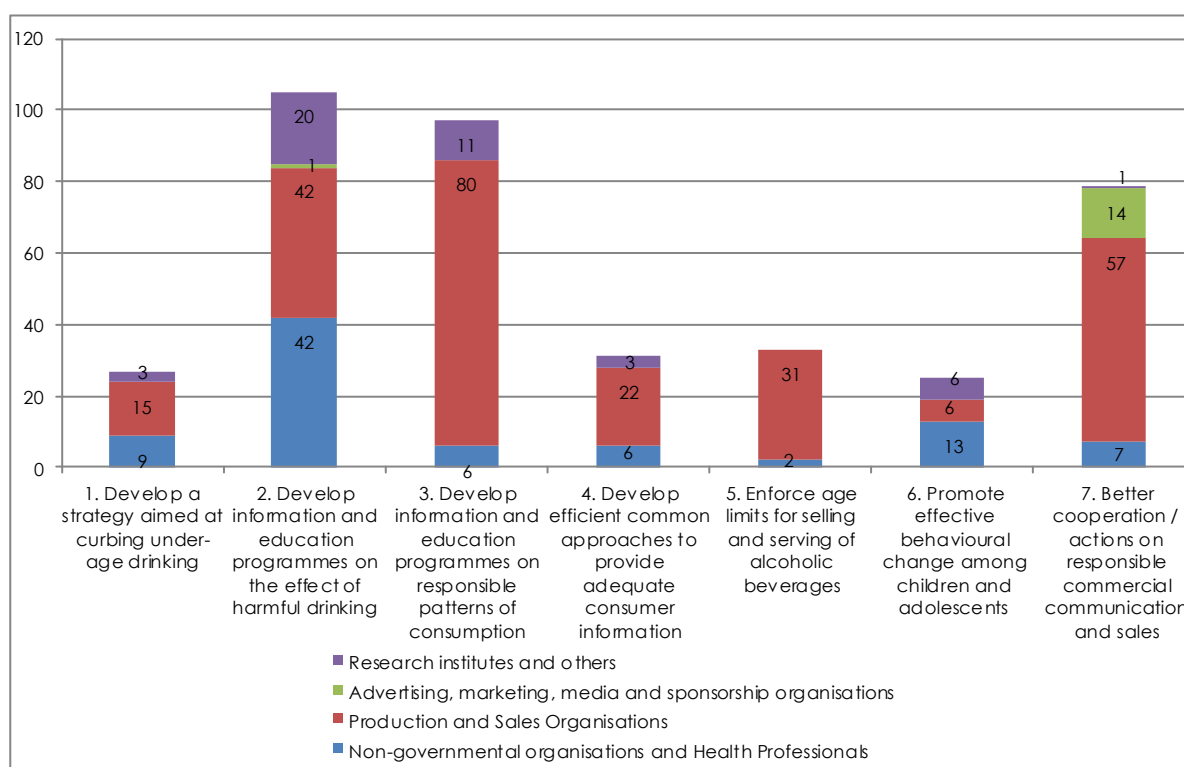
Figure 6 Distribution of commitments by priority area, by year (2009-2014)



In addition, the priorities with a more general nature might cover activities promoted by other priority areas. For example, the activities promoted under priority areas 4 and 5, which are selected by commitment owners less frequently, could also be linked to the more general priority 7; the same goes for the activities promoted under priority 6, which is being targeted ever less frequently. These can be covered by priority 3. This probably explains why priority 7 and priority 3 observed a noticeable increase in 2014 in terms of the share of commitments targeting them. The decline of priority 2, on the contrary, is probably explained by the lower number of NGOs that tabled new commitments in 2013 and 2014 compared to previous years.

The following chart shows how many commitments have been submitted under each priority area by the different categories of members.

Figure 7: Priorities per category of members (number of commitments submitted by each category of members)



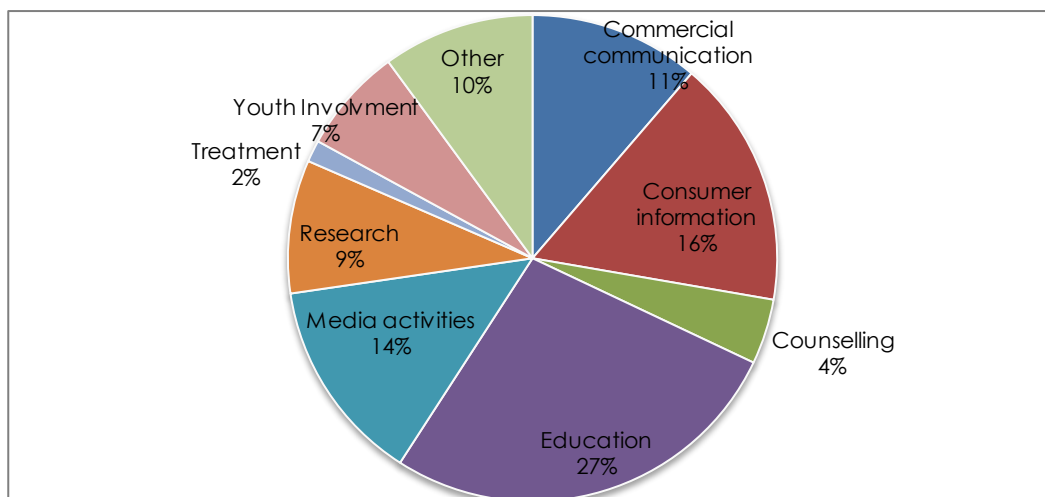
Based on the information above, the following aspects are worth highlighting:

- **Priority area 1 - Develop a strategy aimed at curbing under-age drinking:** Only 27 commitments refer to this area. More than half of these commitments are from production and sales organisations, mainly from producers of alcoholic beverages. Among the few commitments coming from NGOs, the majority are from alcohol related NGOs and the rest from youth organisations. It must be noted that for one-third of the commitments this priority area is found in combination with priority area 2.
- **Priority area 2 - Develop information and education programmes on the effect of harmful drinking:** This is the priority area chosen the most often by Forum members (105 commitments – 37% of the total). Commitments are almost equally coming from NGOs (42 commitments) and production and sales organisations (42 commitments); 20 commitments are from research institutes and other organisations, 1 from a media organization. Forum members tend to select priority 2 only in their commitment, or priority 2 in combination with priority 3: ‘Develop information and education programmes on responsible patterns of alcohol consumption’.

- **Priority area 3 - Develop information and education programmes on responsible patterns of consumption:** This is the second most chosen priority (97 commitments – 34% of the total). The majority of these commitments (80) come from production and sales organisations; the remaining commitments are from research institutes (11) and NGOs (6). Forum members tend to select only priority 3 in their commitments, or priority 2 in combination with priority 3. This combination, also observed above, as well as the similarity of the activities implemented, show that members tend to use these two priorities for the same purpose.
- **Priority area 4 - Develop efficient common approaches to provide adequate consumer information:** 31 commitments (only 11% of the total) refer to this area. The majority of these commitments (22) come from production and sales organisations, 6 are from NGOs and 3 from research institutes. In most of these commitments, only priority 4 is mentioned, or mentioned in combination with priority 7: ‘Better cooperation/actions on responsible commercial communication and sales’.
- **Priority area 5 - Enforce age limits for selling and serving of alcoholic beverages:** 33 commitments (12 % of the total) refer to this priority area, almost exclusively coming from production and sales organisations. Only 2 commitments are from NGOs. It is often associated (more than half of the times) with priority 7 ‘Better cooperation/actions on responsible commercial communication and sales’, as both refer to the enforcement of legislation on alcohol sales.
- **Priority area 6 - Promote effective behavioural change among children and adolescents:** 25 commitments (9% of the total) cover this priority area. Half of them are submitted by NGOs and health organisations. Others are coming equally from research institutes and other organisations and production and sales organisations. This priority area does not feature prominently in the ones preferred by industry members. However, in general only a few commitments refer to this priority area. It can be found mostly in combination with the priorities 2 and 3.
- **Priority area 7 - Better cooperation / actions on responsible commercial communication and sales:** 79 commitments (28% of the total) refer to this priority area. Of these, the vast majority is from production and sales organisations. In addition, this is the priority where advertising organisations are more active. The majority of these commitments refers to this priority area only, while if combined it is often with priority area with priority 3 and 5.

The following section provides an overview of the nine different planned activities within the commitment. Activities are distributed as follows over the 285 commitments:

Figure 8 Breakdown of commitments by activity



Over the years, the distribution of the commitments across the nine types of activity has not changed significantly; education and consumer information are always the most favoured activities, followed by commercial communication. The smallest number of commitments is covered by the areas on Treatment and Counselling.

Table 4 below shows examples of a variety of different typical activities which are generally undertaken under various priority areas. As can be seen, some more general activities such as “education programmes” or “conferences and seminars” are used in several priority areas, whereas more targeted actions such as “Shops and bars/pubs testing” or “Implementation of common marketing standards” are undertaken within specific priority areas.

Table 4 Typical activities undertaken under the seven priority areas

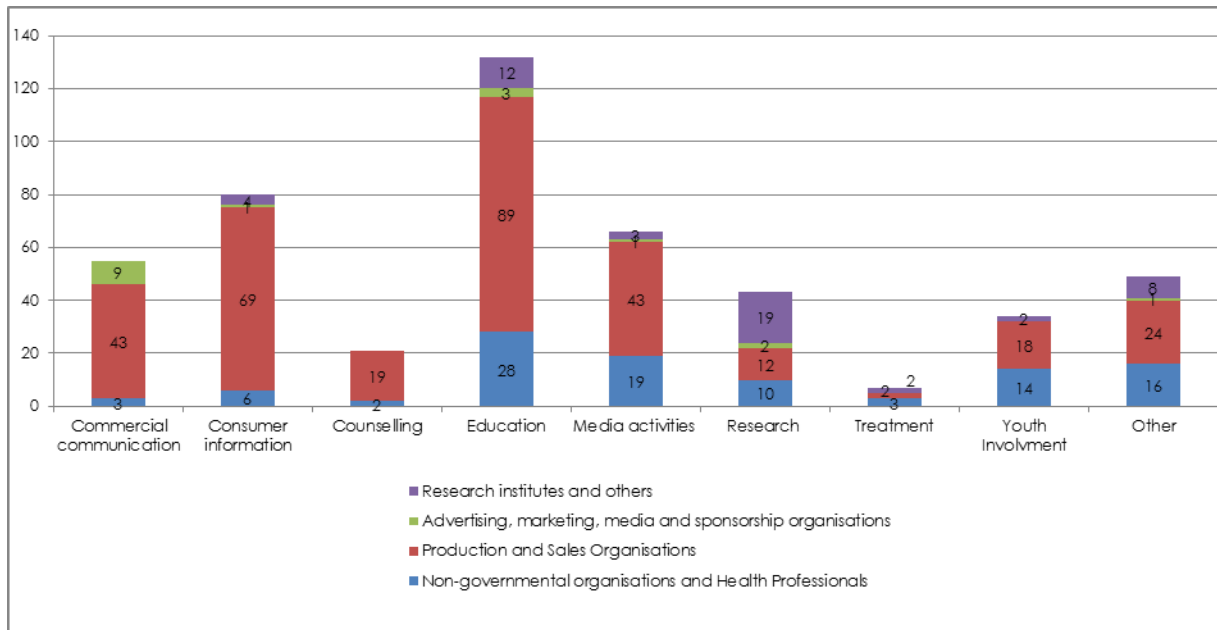
| Priority areas/Typical activities | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| School programmes | ✓ | | | | | | |
| Education programmes | ✓ | ✓ | ✓ | | ✓ | | |
| Conferences and seminars | ✓ | ✓ | ✓ | ✓ | | ✓ | |
| Research on alcohol regulations | ✓ | | | | | | |
| Awareness raising campaigns | ✓ | | | | | ✓ | |
| Consumer information campaigns: dissemination of responsible drinking messages and best practices | | ✓ | ✓ | ✓ | ✓ | | |
| Communication and advertising campaigns | | ✓ | ✓ | | | | |
| Creation of web platforms | | ✓ | ✓ | ✓ | | | |
| Information and guidelines targeting health professionals | | ✓ | ✓ | | | | |
| Research and dissemination of data on alcohol consumption | | ✓ | ✓ | | | | |
| Treatment services | | ✓ | ✓ | | | | |
| Improvement of labelling, especially towards pregnant women | | | | ✓ | | | |
| Bartenders / cashiers training schemes on responsible service | | | | | ✓ | | |
| Guidelines from retailers' umbrella organisations to member companies | | | | | ✓ | | |
| Shops and bars/ pubs testing | | | | | ✓ | | |
| Self-regulatory code of conduct for the sale of alcohol products | | | | | ✓ | | |
| Production of reports, expert guidance and tools on alcohol and young people | | | | | | ✓ | |
| Research on attitudes and behaviour towards alcohol / surveys | | | | | | ✓ | |
| Self-regulation on commercial communication, including advertising and social media | | | | | | | ✓ |
| Implementation of common marketing standards | | | | | | | ✓ |
| Placement of Responsible Drinking Messages / age verification procedure in social media | | | | | | | ✓ |

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---|
| Trainings on responsible marketing / recommendations to rights holders on their relations with alcohol sponsors | | | | | | | | | | ✓ |
| Internal trainings on corporate code of practice | | | | | | | | | | ✓ |

Source: Own compilation from 'Assessment of evaluation approaches within the EAHF Recommendations for improving the commitments evaluation framework', October 2013, Overview of activities under priority areas, p. 24-30.

The chart below shows how many members in each category have selected the nine activities in their commitments. Commercial communication, consumer information and counselling are almost exclusively undertaken by industry members, while NGOs are more active on youth involvement, education, or media activities, which is in line with their core activities.

Figure 9 Activities by type of members (number of members from each category)



Critical analysis on priority areas and types of activities

Commitments' actions have not been equally distributed, with a concentration of actions on some topics and scant attention to others. The priority areas that received higher attention are: 'cooperation on commercial communication and sales'; 'information and education programmes on the effect of harmful drinking' and 'information and education programmes on responsible patterns of consumption'. The action area that has received the lowest number of commitments is 'Develop a strategy aimed at curbing under-age drinking'. This is due to the fact that under-age drinking is also directly addressed under the action area 'Enforce age limits for selling and serving of alcoholic beverages'.

In general, the production and sales organisations and the advertising, marketing, media sponsorship organisations' commitments regarding responsible business practices include activities such as self-regulation of commercial communication (marketing), training of staff and encouragement of ID-checking (sales). The commitments of non-industry organisations address controls on the enforcement of legal age limits and alcohol policy laws, monitoring of the alcohol industry's advertisements, provision of information on alcohol marketing regulation and the impacts of marketing and minimum pricing.

Action dedicated to education and awareness-raising has also been a leading area for member commitments. Among these activities, several alcohol producers have made voluntary commitments to provide information on the risks of alcohol on packaging labels; NGOs and health professional organizations implemented activities essentially aimed at raising awareness and increasing knowledge on alcohol related harm.

2.2.4 Member State coverage

This section provides an overview of the geographical distribution of action of the commitments in order to understand where the commitments are being implemented (national, EU15, EU-wide). The activities of the Forum cover all Member States, except Croatia, which joined the EU in July 2013²⁶. Although the Forum members are mostly from the Northern EU-15 (only one member is from Southern Europe (Italy) and one member from EU12 (Estonia), the distribution of commitments is more evenly spread over the EU28 thanks to the activities implemented by umbrella organisations.

Detailed information on commitment's implementation in the individual Member States and on the distribution of commitments by number of Member States covered can be found in Annex III.

Critical analysis on geographical coverage:

The figures are less homogeneous than in 2009. There is a large difference between 'bigger' and 'smaller' Member States, with most of the bigger countries being covered by more commitments than the smaller ones. The United Kingdom still has the highest number of commitments, followed by Germany, Italy, Poland, Belgium, France, and Czech Republic. The number of commitments in each Member State has generally decreased over time.

In terms of the geographical distribution of commitments, the information provided in the Forum database indicates the EU15 as a locus of implementation about twice as often as the EU12. The amount of commitments implemented in one single country accounts for over half of the commitment (54%). This is due to the fact that such commitments come from national organisations and research institutes but also, in a large proportion from Member state based alcohol producers. Only 20% of the total number of commitment is implemented EU-wide.

²⁶ One commitment covers Croatia as 'Other concerned countries'.

3. QUALITY ASSESSMENT OF THE 2014 MONITORING REPORTS

This chapter presents an overview of the 2014 monitoring reports. It starts with a description of the methodology used for the quality assessment. It then briefly discusses the distribution of monitoring reports by priority area, and the relationships between the various member categories and the priority areas set out in the Forum Charter to which their commitments relate. It also focuses on the distribution of monitoring reports between intermediate and final status, and on the status of commitments (i.e. whether the commitment is still active or not). In the second part it focuses on the results of the quality assessment of the 2014 monitoring reports. This part also contains examples of ‘good practices’ for each individual section assessed within the monitoring report and explains why the particular report was scored high.

3.1 QUALITY ASSESSMENT METHODOLOGY

This section summarises the methodology used in the quality assessment of the monitoring reports submitted by EAHF members²⁷. It is important to stress that, as in the previous years, the assessment of the monitoring reports is focused solely on the information provided by the EAHF members and it is not designed to assess the overall success level of the commitment’s implementation in practice nor how they attain the EAHF goals of reducing alcohol-related harm. The quality assessment of monitoring reports aims to verify that the commitments, as presented in the monitoring reports, are clearly written and thus understandable to the general public. By giving concise, precise and clear information, the reports should provide the general reader a clear understanding of what the commitment is about and what the respective Forum member has done in the reported period to implement the commitment and with what result.

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

In line with the Forum’s Charter²⁸, the overall framework for evaluating the quality of members’ monitoring reports is based on the use of specific assessment criteria as shown in the table 5 below.

Table 5 Assessment rationale for criteria of specificity, clarity, focus and measurement

| Assessment Criteria ²⁹ | Assessment rationale |
|-----------------------------------|--|
| Specific | The evaluation will focus on whether the report provides all the relevant information (how/who) per report field. The scoring will only assess whether the relevant information is included (the manner in which it is described and the level of detail are scored by the other criteria). |
| Clarity | The evaluation will focus on whether the report provides, where relevant, links (between objectives, input, output, etc.) to ensure a better overall understanding. It will also assess whether the information is provided in a clear and understandable manner, and provides a good overview for the reader. |
| Focus | The evaluation will focus on whether the report includes sufficient (but not superfluous) detail and, where necessary, provides contextual information. |
| Measurement | The evaluation will assess whether the report provides sufficient quantitative data |

²⁷ For more detailed information about the methodological approach, please refer to Annex IV.

²⁸ Forum Charter, p. 9-10.

²⁹ The assessment criteria have been adapted from those adopted in the Charter: Specific, Measurable, Attainable/achievable/ Realistic, Time bound.

| Assessment Criteria ²⁹ | Assessment rationale |
|-----------------------------------|----------------------|
| | wherever relevant. |

As stated in the introduction, all members that have submitted monitoring reports receive individual feedback forms³⁰. These forms are divided into sections corresponding to those in their monitoring reports, namely: implementation; objectives; relevance; input indicators; output indicators; outcome and impact details; evaluation details; dissemination (the latter two are not mandatory for intermediate reports). Each section is made up of report fields that refer to the assessment criteria discussed above³¹ and receives scores in a range between 0 (minimum score) and 5 (maximum score), with half points also applicable. All possible scores are presented in table 8 below, along with their respective meaning. The template used for individual feedback forms can be found in Annex V to this report.

Table 6 Meaning of scores awarded

| Score | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 | 0.5 | 0 | N/A |
|---------|-------------------|-----|--------------|-----|---|------------------|---|-----|---|-----|---|----------------|
| Meaning | Very satisfactory | | Satisfactory | | | Not satisfactory | | | | | | Not applicable |

In the individual feedback forms, scores are presented in both absolute value and as share of the maximum possible score for each monitoring. This seeks to provide a clearer picture of actual performance and to ease comparisons across members, given the fact that scoring ceilings vary depending on the reports status (intermediate or final) as well whether non-mandatory fields in intermediate reports have been completed.

The overall results are presented in the following section. While, for the sake of comparability, the methodology for the assessment remained the same as in previous years, the assessment results are presented in a more user-friendly way as an instrument to better engage with the Forum members and the wider public.

To enable comparisons with previous years, each section's median scores³² are analysed. This allows the identification of areas that remain problematic and areas where significant improvements have been achieved. In addition to the median scores for each monitoring report field and as a novelty for the Annual Report 2014, the number of reports attaining a very satisfactory, /satisfactory or not satisfactory performance is presented

To help commitments' owners in their monitoring efforts, tailored comments are provided for each field of the individual feedback forms³³. During the assessment, the extent to which

³⁰ For further details, please see annex V: 'Individual feedback form matrix'.

³¹ It must be noted that not all criteria are applicable in all sections (e.g. not all sections require quantitative data).

³² In statistics, the median is the numerical value separating the higher half of a population from the lower half. The median of a finite list of numbers can be found by arranging all the observations from lowest value to highest value and picking the middle one (e.g., the median of {3, 3, 5, 9, 11} is 5). The median is of central importance in robust statistics, as it is the most resistant statistic, having a breakdown point of 50% and does not give an arbitrarily large result. Median values are therefore preferred to mean values here in that they minimise the statistically distorting effects caused by outliers.

³³ These comments offer concrete examples of how each section could be improved for future assessment (e.g. indicating what missing information could be added, if the information provided in a specific section would be better suited elsewhere and why and suggestions on the structure of the report itself).

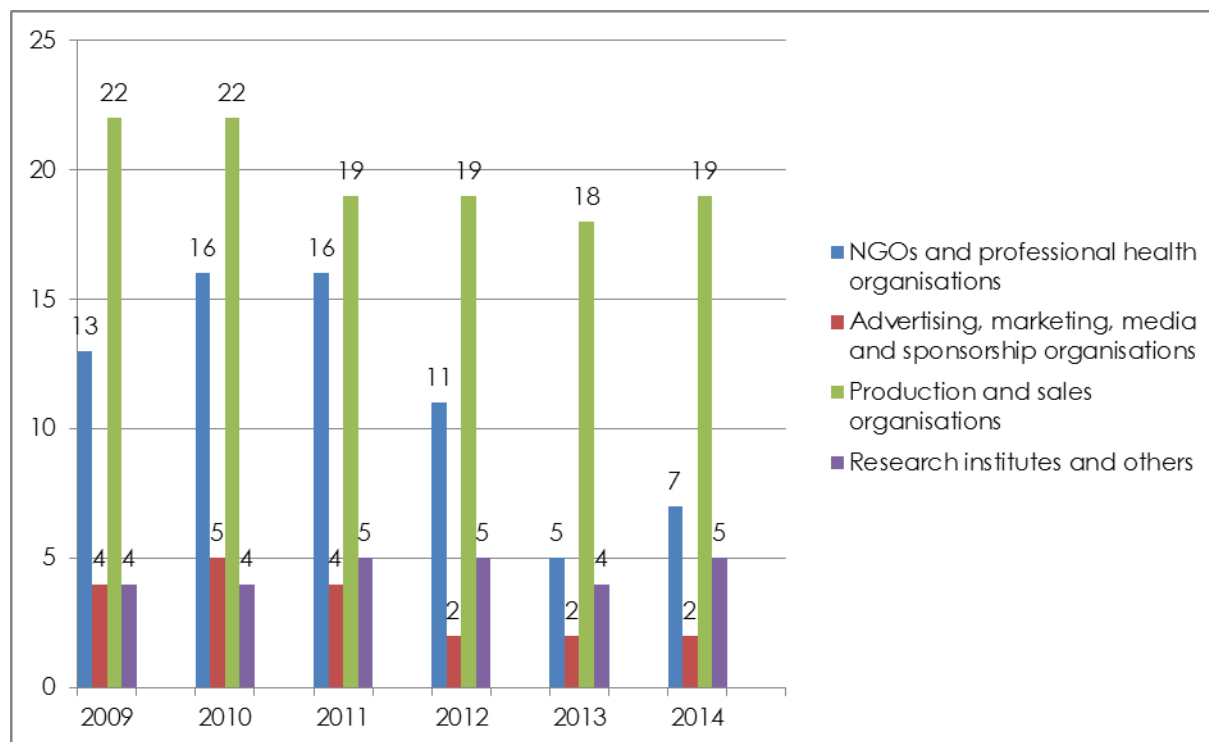
recommendations issued to Forum members in the previous assessment exercise have been integrated into each section of the new monitoring reports is also scored³⁴ and results presented.

3.2 OVERVIEW OF THE 2014 MONITORING REPORTS

This section contains information regarding the monitoring reports submitted for the 2014 evaluation and briefly examines changes from previous editions. It starts with an overview of the number of Forum members that have submitted at least one monitoring report in 2014, including a breakdown by member category. The analysis then focuses on the distribution of monitoring reports between intermediate and final status, and on the status of commitments (i.e. whether the commitment is still active or not); and on the distribution of monitoring reports by priority area, as well as the relationships between the various member categories and the priority areas set out in the Forum Charter to which their commitments relate.

Since 2011, the number of Forum members that submitted commitment monitoring reports has declined from 44 in 2011, to 37 in 2012, then to 29 in 2013. In 2014, however, that number increased again to 33. A breakdown for the period 2009-2014 is presented in Figure 9 below.

Figure 10 Breakdown of Forum member categories having submitted monitoring reports by type 2009-2014



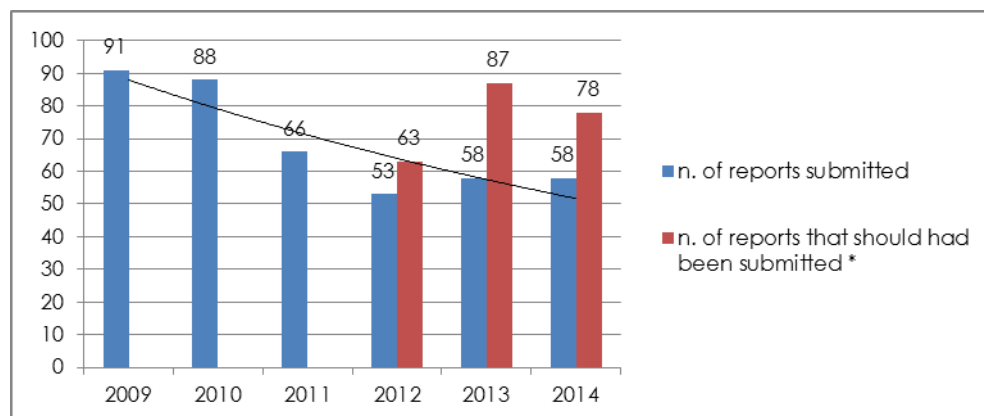
It is noted that the number from the NGOs and professional health organisations that submitted at least one commitment monitoring report has slightly increased from last year, although it remains low compared to 2010 and 2011 values. The number of industry members who submitted monitoring report remained stable, although it must be noted that the majority of members that failed to report for the 2014 exercise are from production and sales organisations and research institutes.

All new commitments that started between November 2012 and January 2014 were part of the assessment together with all continued commitments, both active and completed.

³⁴ The maximum score of 2 points indicates that recommendation(s) were fully taken into account; 1 indicates that recommendation(s) were partly taken into account, 0 indicates that recommendation(s) not taken into account. N/A is added if the assessment of recommendation update was not applicable for the monitoring report.

This year 58 monitoring reports were submitted by 33 Forum Members; 78 reports should have been received from 50 members. As shown in Figure 11 below, since 2009, the number of monitoring reports submitted has decreased from 91 in 2009 to 88 in 2010, 66 in 2011 and 53 in 2012. It then started growing again marginally up to 58 in 2013, the same number as for the 2014 exercise.

Figure 11 Number of commitment monitoring reports submitted over the years compared to those that should have been submitted



*the number of reports that should have been submitted in 2011, 2010 and 2009 is not available.

While this gradual decline over the years is explained by the overall decrease in the number of active commitments as showed in chapter 2, it must be noted that many members that owned an active commitment in 2014, failed to report. No report was indeed submitted for 5 new commitments that started between November 2012 and January 2014; for 13 continued commitments for which a monitoring report was assessed in 2013; and for 2 commitments for which a final report was expected to be submitted already last year. This confirmed the trend observed in 2013, when members failed to report on 29 commitments, although to a lesser extent.

3.2.1 Overview of commitments monitoring reports by commitment status

Of the 58 reports of the 2014 exercise, 39 have intermediate status and 19 have final status. According to the information provided on DG HEALTH AND FOOD SAFETY's dedicated commitment database, however, only 21 commitments from 13 Forum members were still active at the time of the reporting deadline (July 2014) - and should have therefore submitted intermediate report. This means that for 12 completed commitments the owners have submitted an intermediate report although the commitment had come to an end and the monitoring reports should have had a final status. For one completed commitment, the owner submitted the final report only after the deadline. One of the main differences between the intermediate and final reports is that, unlike intermediate reports completing the sections on evaluation and dissemination activities is mandatory for final reports. Although it has been observed over the years that some commitment holders provide the information under these two sections also in the intermediate report on a voluntary basis, the fact that for so many commitments the final report was not submitted affects the overall quality of monitoring. Moreover, the final reports usually provide broader information on the outcomes and impact indicators to measure the effectiveness of the commitment.

The table below summarises the state of play for 2014.

Table 7 Status of commitment monitoring reports 2013-2014

| Status of commitments | Number |
|--|-----------|
| Total commitments eligible for reporting | 78 |
| Monitoring forms received, of which: | 58 |
| New commitments | 15 |
| Continued commitments pre-2014* | 50 |
| Active commitments** | 21 |
| Completed commitments*** | 19 |
| Commitments for which members failed to report, of which: | 20 |
| New commitments ³⁵ | 5 |
| Continued commitments ³⁶ | 15 |

* excludes new commitments but includes completed commitments

**includes both continued and new commitments

***includes new commitments that ended already

Given that for 7 commitments some members have submitted a monitoring report already last year although they were exempted of this obligation because e.g. the commitments started only in January 2013, the actual number of the new commitments subject to the 2014 assessment was 8.

3.2.2 Overview of commitments monitoring reports by type of Forum member

A breakdown of the monitoring reports submitted by type of Forum member for the 2009-2013 period is presented in Figure 10 below.

With 67% of the total, production and sales organisations remain the member category with the largest amount of monitoring reports submitted. Non-governmental organisations and professional health organisations, submitted just one report more than in 2013 and represented a share of only 14% of the total, a substantial drop compared to 26% of 2012. The share of reports submitted by research institutes and others increased from 9% in 2013 to 12%. The number of reports from advertising, marketing, sponsorship and media organisation remained stable around 4 over time.

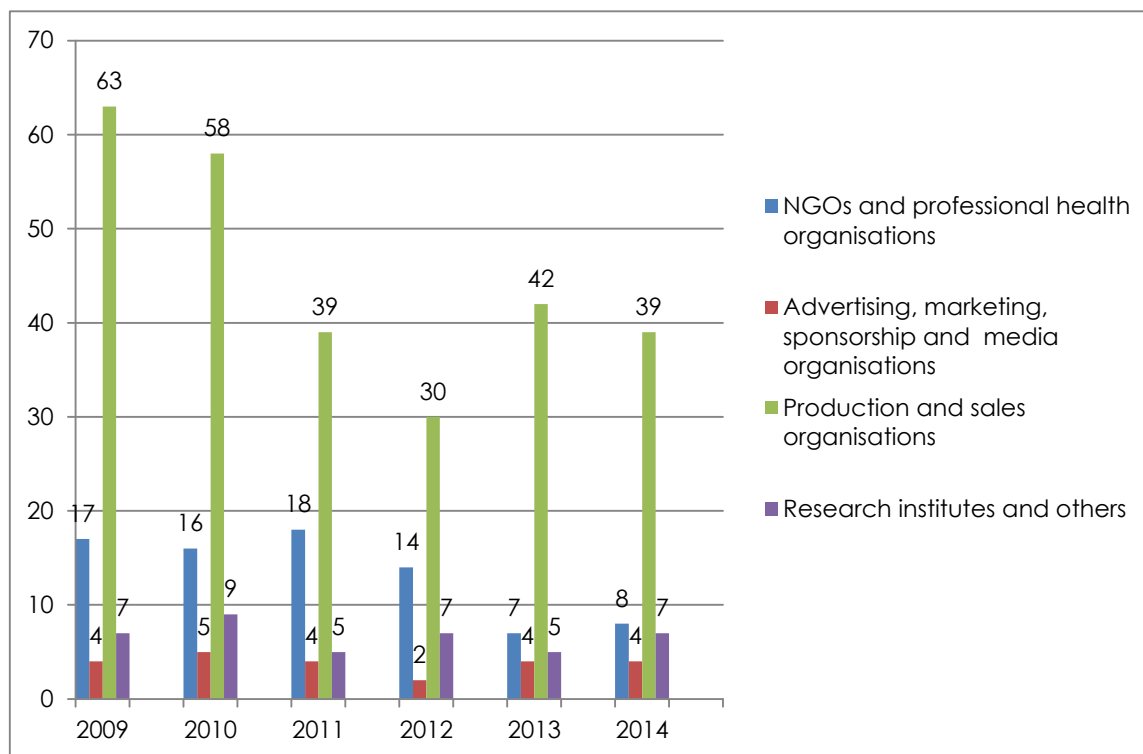
As we can see from the trend line and as previously observed, after a continuous decline in the total number of reports submitted in the period 2010-2012, the number of reports submitted has slightly increased in 2013, to equal the 2011 figures. There are several factors contributing to this trend. For example, the production and sales organisations, which have been identified as the more active member category, have submitted 39 reports compared to 30 in 2012. Similarly, the number of reports submitted by advertising, marketing, sponsorship and media organisations has slightly risen compared to 2012. On the other hand, the number of reports submitted by NGOs and professional health organisations has substantially decreased in 2013. The predominance of reports submitted by the industry sector, which is normally the category of member more active, is due to a large extent to the decrease in the number of members in this category that submitted new commitments in the last two years. This high number can be explained by the fact that industry members always have more than one active commitment per year, often of short duration, and often based in different single

³⁵ These include the following commitments: Active-1612; IREB-1606; APYN-1610; RCP-1616; IREB-1586.

³⁶ These include the following commitments: commitments for which members reported in 2013 but not in 2014: EMA-1518; ABFI-1643; ABI-1474; Bacardi-Martini-1510; Diageo-1498; Diageo-1564; Heineken- 1096; Heineken-1434; SABMiller- 1506; ETSC-1633; IAS-1651; STAP-1664; STAP-1645. Commitments for which members failed to report already before 2014: Diageo-1442; Diageo-1566.

Member States, while other members tend to implement multi-annual commitments covering a wider geographical area.

Figure 12 Total number of monitoring reports submitted, by type of Forum member, 2009-2014



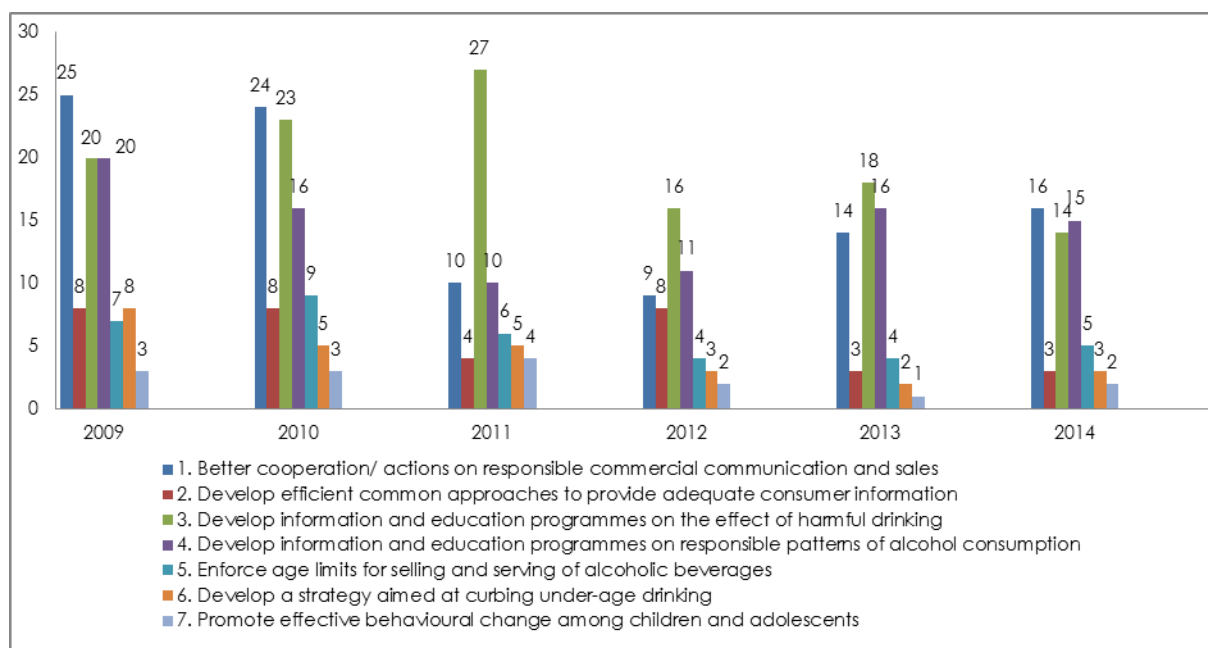
3.2.3 Overview of commitment monitoring reports by priority area

Forum members' commitments relate to at least one of the Forum's seven priority areas. Figure 11 below shows the relationship between the commitments presented in members' monitoring reports and the Forum's priority areas for the period 2009-2014. To ensure consistency with the previous rounds of quality assessment, data presented in this report solely consider the first (or main) priority area listed in the European Alcohol and Health Forum's database³⁷. This means that the commitments addressing more than one priority area are considered only once.

The situation is very similar to 2013, with the majority of the commitments focusing on priority area 3 'Develop information and education programmes on the effect of harmful drinking', priority area 4 'Develop information and education programmes on responsible patterns of alcohol consumption' and priority area 1 'Better cooperation/actions on responsible commercial communication and sales'. The main changes compared to 2012 and before appear to be driven by the increase in the number of reports submitted in 2013 by member categories 'production and sales organisations' and 'advertising, marketing, sponsorship and media organisations'³⁸. An increase is visible in the number of reports relating to priority area number 1, in which these types of members are typically more active. The number of reports here increased from 9 to 16 over the past two years. Conversely, it seems that these types of members have shifted from priority area 2 'Develop efficient common approaches to provide adequate consumer information' to priority area 1. Compared to 2012, there has been a stark decrease in the number of reports relating to priority area 2, from 8 in 2012 to only 3 in 2013 and 2014. The number of reports assigned to each of the remaining three priorities has remained relatively stable, with a combined share of only 17% of the total.

³⁷ European Health and Alcohol Forum database: <http://ec.europa.eu/eahf>.

³⁸ See chapter 2, Breakdown of priorities per category of members (figure 6).

Figure 13 Breakdown of monitoring reports received by priority areas, 2009-2014

Considering the whole reporting period of 2009-2014 it should be noted that any identification and description of trends has to be considered with caution given the decrease in the number of submitted reports over time. Overall, it can be observed that after a continuous decrease in the number of commitments submitted in priority area 1, the number of reports in this priority area has increased significantly in 2013 and even more in 2014, although not at the level of 2009-2010.

The share and number of commitments in priority area 2 has been relatively stable over time (considering statistical effects), with a dip in 2011 and 2013, and still in 2014. For priority area 3, it is difficult to identify a clear trend, as the number and share of commitments increased significantly in the period 2009-2011, and then decreased between 2011 and 2014. For priority area 4, there has been a slight decrease in reports in the period 2009-2011, followed by a constant increase in 2011-2014. For the priority areas 5, 6 and 7, there has been some fluctuation in the reports submitted (and in the respective shares) over time; these three areas have consistently received fewer commitments than the other areas. The three priority areas with the most commitments have been areas 1, 3 and 4.

The largest share of commitments developed by member category ‘NGOs and professional health organisations’ relates to priority area 3, which signals a continuation of the trend initiated in 2009. The members of category ‘production and sales organisations’ have shifted from priority area 3 in 2011 to priority area 4, thus confirming the trend observed already in 2012 and 2013. Contrary to last year, however, the second priority selected by production and sales organisations has shifted from priority area 3 to priority area 1. For ‘advertising, marketing, media and sponsorship organisations’ commitments have concentrated on priority area 1 for the last four reporting periods (2011-2014); it has shifted away from priority area 4, prominent in 2010, and seven ‘promote effective behavioural change among children and adolescents’, prominent in 2009. The commitments of ‘research institutes and others’ have focused on priority area 3 throughout 2010-2014, and also on priority area 4 in 2009 and 2010.

A detailed breakdown of monitoring reports by type of Forum member and by primary priority area for the 2009-2014 period is available in Annex VI.

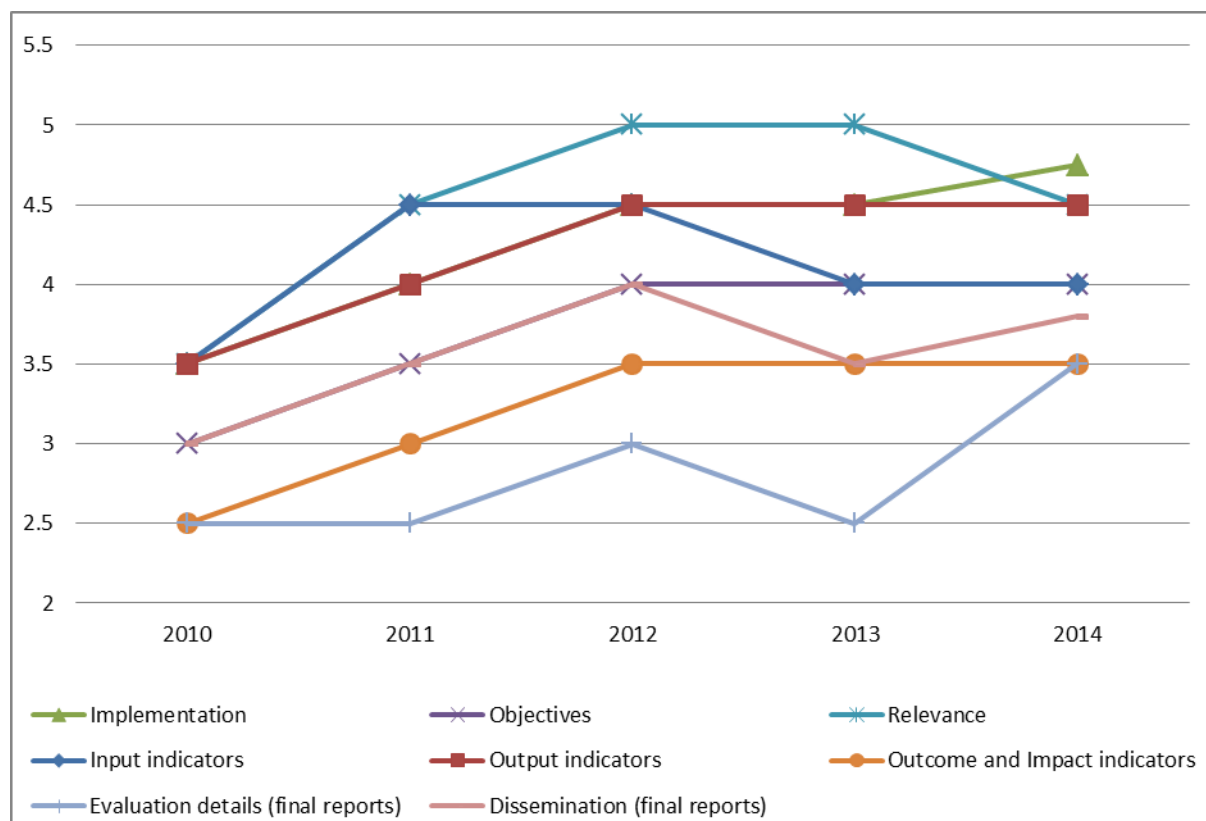
3.3 RESULTS OF THE QUALITY ASSESSMENT BY REPORT SECTION

This section summarises the results of the 2014 quality evaluation of EAHF members' monitoring reports disaggregated by report sections. To the extent possible, comparisons are established with the four previous evaluations of 2009-2013.

Past assessment exercises have shown that Forum members on average have slightly improved their monitoring information over time. However, results vary considerably from section to section. Moreover, data produced in the course of the 2014 evaluation should be considered with caution along with important statistical caveats. As previously discussed, although the total number of assessed reports increased in 2013 and 2014 compared to 2012, it remains lower than the number assessed in 2011 and 2010. This means that the overall results of the evaluation are not fully comparable. Also, the share between intermediate and final reports should be taken into account, where intermediate reports still account for the majority. Since sections nine ('evaluation details') and ten ('dissemination') are only mandatory in the final reports, the evaluation results for these two sections should be considered with due caution.

Figure 14 below presents an overview of the median scores for each report section. The median is the value separating the higher half of scores from the lower half. For even numbers of scores, it is calculated as the mean of the two middle values.

Figure 14 Median scores per section, 2009-2014³⁹



As shown above, there have been some changes in the quality of monitoring reports compared to 2013. Median scores remained unchanged for three of the eight sections of the reports that have been

³⁹ For the evaluation details and dissemination sections, the score refers to the median score for final reports, where this section is mandatory.

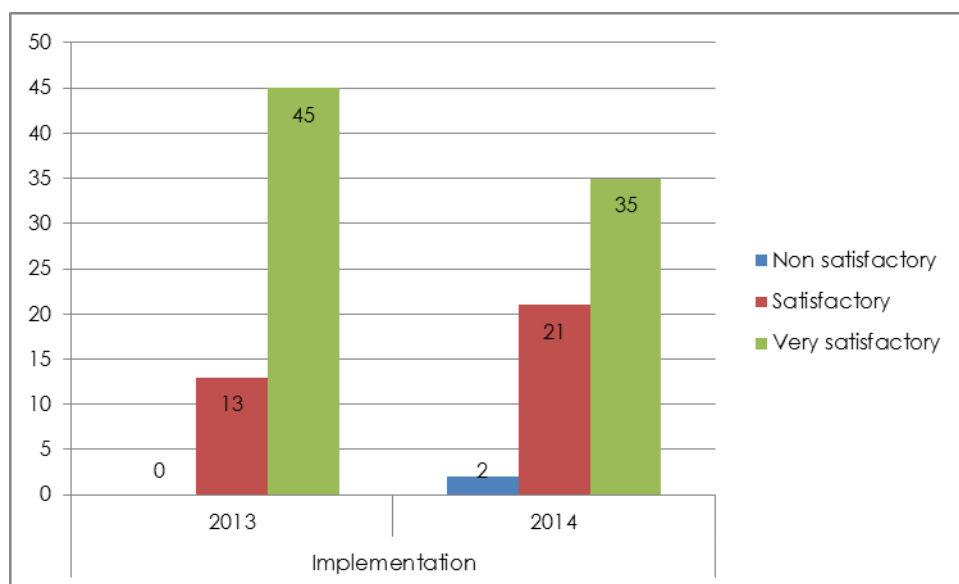
scored and improved for three sections. Only in one section (dissemination), the median score decreased by half a point.

The following subsections review the quality performance by report section in greater detail. Each section compares scores in 2014 with those in 2013 and offers some insight into the evolution of scores for the 2009-2014 period. This part also contains the information on ‘good practice’ for each individual section assessed within the monitoring report and explains why the particular report was scored high. By doing so, Forum members have an opportunity to learn from each other on how to report and what to include in each section from practical point of view.

3.3.1 Implementation

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

Figure 15 Score distribution for section 3, “description of implementation”, in 2014 and 2013



The overall quality provided in this section of the members’ 2014 monitoring reports increased compared to last year. However, it is notable that a lower number of reports have obtained the maximum possible score compared to 2013; and two the reports were considered as non-satisfactory in this section. This indicates that some members have addressed the shortcomings identified in the Fifth Monitoring Progress Report.

Recommendations for improvement and example of good practice in the implementation section

This section would be further strengthened if a better description was provided related to the different steps and components of implementation (key dates and/or milestones). In addition, information was often put in the implementation section which would be more relevant in other section, such as ‘outputs’ (description of the activities implemented and products) or ‘objectives.’

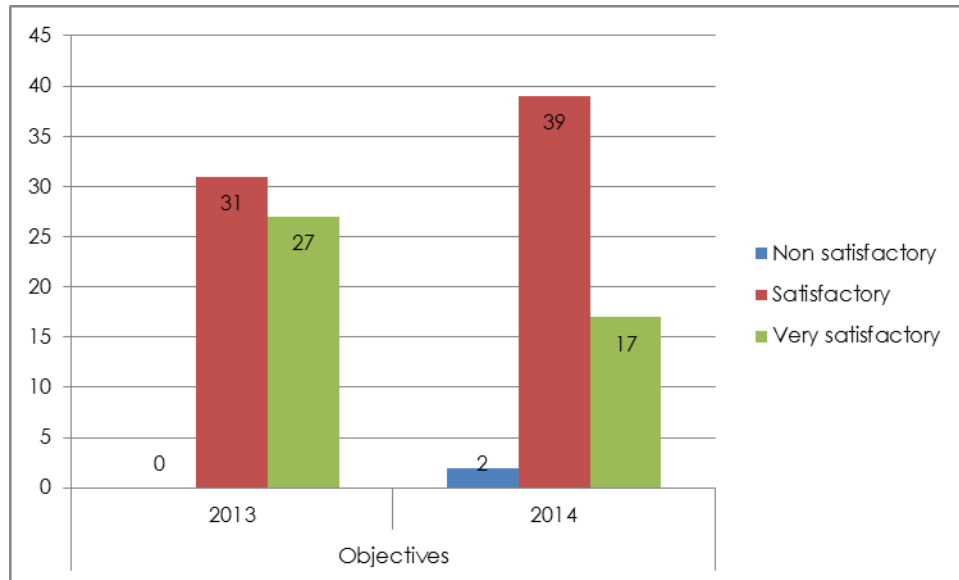
ABFI – 1354: Being drinkaware.ie - further promotion of positive drinking behaviours

- Description of the campaign launch
- Dates
- Website
- Highlights the dangers of morning after drinking
- Detailed description of the campaign implementation

3.3.2 Objectives

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

Figure 16 Score distribution for section 4, “objectives”, in 2014 and 2013



As can be seen in the figure above, although the number of reports obtaining relatively positive scores (satisfactory, 3-4 scores) increased compared to 2013, the number of reports which received a very positive score (very satisfactory, 4.5-5 scores) decreased. In addition, two reports were scored negatively (unsatisfactory, less than 3) as opposed to none last year. The main shortcomings that remain are related to the lack of information as to when and how the objectives would be achieved.

Recommendations for improvement and example of good practice in the objectives section

This section would be improved if more information was provided on how and when the objective is considered to be achieved, which is often lacking in the reports. The inclusion of a timescale would also be useful and would provide a reader with better insight into the commitment's objective.

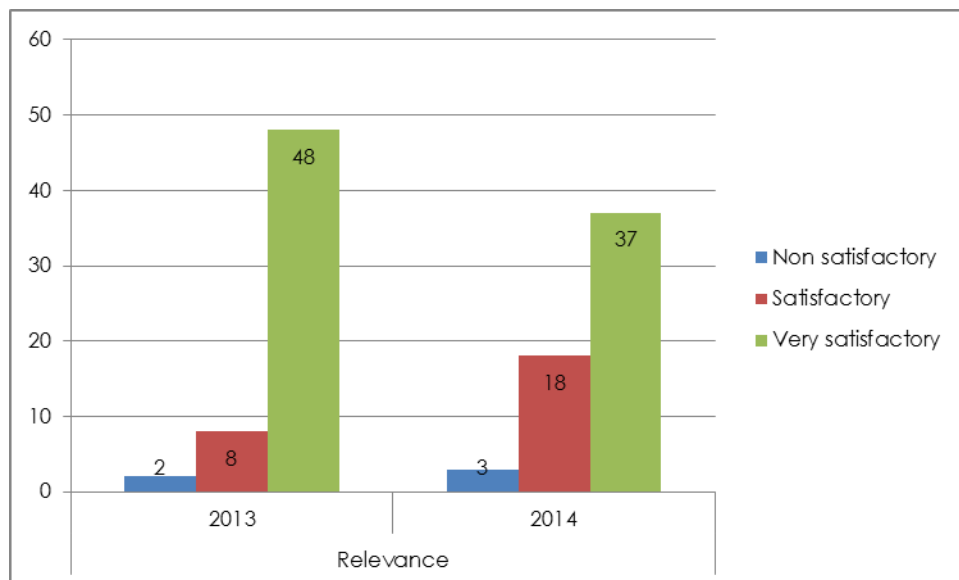
CEEV – 1448: "Wine in Moderation - Art de Vivre" Program

- Objectives divided into several categories
- Information on how the undertaken actions helped to achieve the set objectives
- Names of campaigns and additional practical information (numbers, dates)
- Detailed description of activities undertaken under various objectives

3.3.3 Relevance

For this section, commitment holders are requested to describe, in a clear and concise way, how the commitment is relevant to at least one of the Forum’s general aims.

Figure 17 Score distribution for section 5, “relevance”, in 2014 and 2013



Overall, the reports that explicitly referred to a specific aim of the Forum are considered very satisfactory. The quality assessment for this section proves that the vast majority of the monitoring reports are of high quality, validating the trend of a steady improvement since 2010. It is worth noting, however, that the number of these reports decreased from 48 to 37 and there are still three monitoring reports for which the description of relevance to the aims of the Forum was not specific or clear enough.

Recommendations for improvement and example of good practice in the relevance section

This section could be improved if the member clearly referred to one or more of the seven general aims of the Forum, rather than the more general five priority areas of the EU Alcohol Strategy. More supporting evidence should also be provided to make the reader understand how the commitment owner believes its commitment would contribute to the different priority areas.

SpiritsEUROPE - 1388: Market Responsibly: Training Road Shows across Europe

Detailed description of two objectives

Outcomes of the raising awareness sessions with dates, percentages of people reached

Differences in participating countries outlined

STAP -1172: Alcohol Marketing in Health Perspective

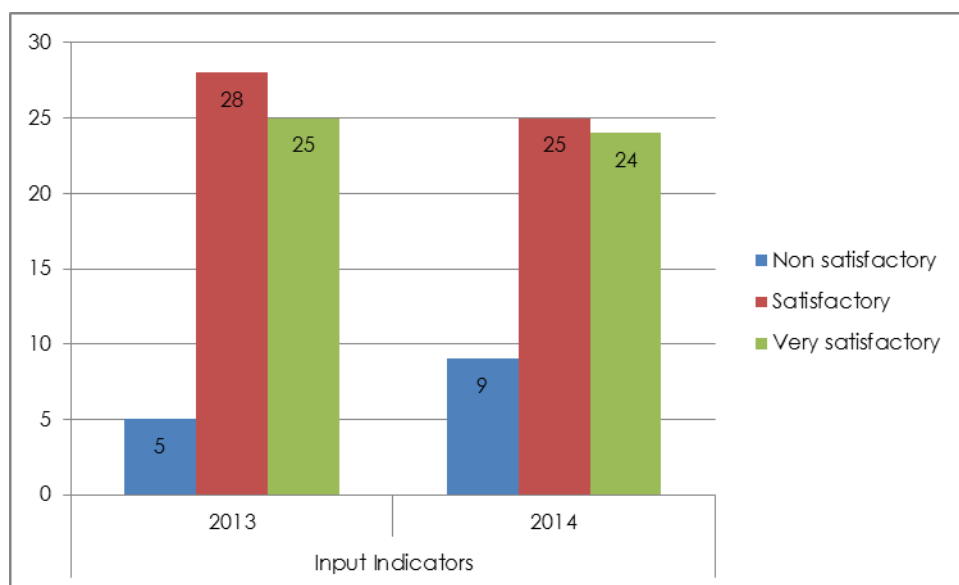
Link to the aim of the Forum stated

Variety of actions examples provided to support the relevance of the commitment

3.3.4 Input Indicators

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

Figure 18 Score distribution for section 6, “input indicators”, in 2014 and 2013



A major drop in the quality of reporting under this section is demonstrated by the fact that the number of satisfactory and highly satisfactory reports has dropped while the number of non-satisfactory reports has increased. This is also confirmed by the fact that commitment owners did not follow recommendations provided in past assessment exercises and still struggle to provide precise and transparent quantitative data on the resources used to implement the commitment.

Recommendations for improvement and example of good practice in the input indicators section

The overall quality of this section would improve if all members indicated a further breakdown of the financial resources allocated per commitment-related activity (e.g. man-hours, labour fees, facilities and material costs). This will allow the reader understand the scale of the commitment.

The Absolute Company -1594: Promotion of alcohol abstinence among underage youth

- Financial resources by the company
- Staff contribution over the years
- Number of working hours
- Volunteers involved
- Brief description of the activities of participating staff

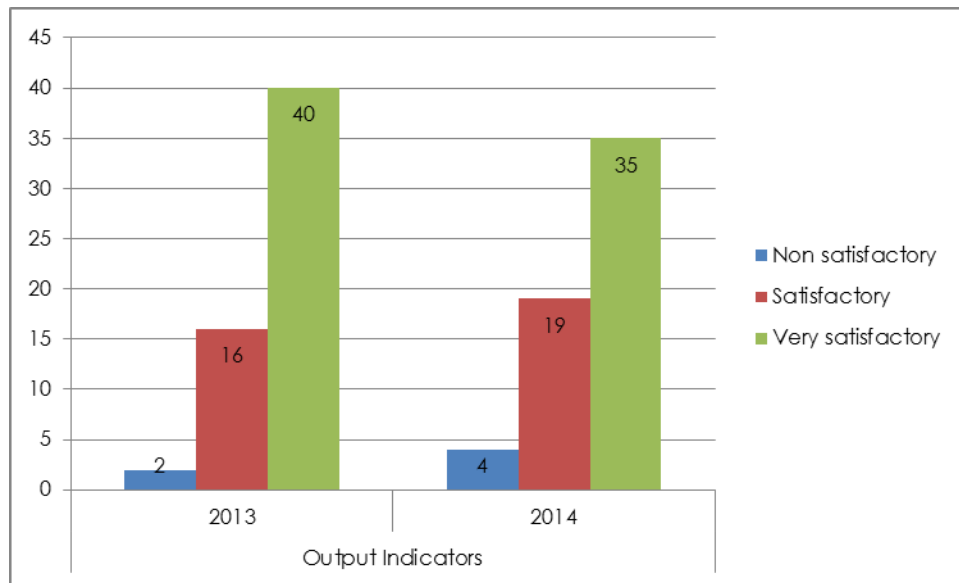
EPHA -1404: Dissemination of information on European alcohol policy developments

- Financial resources described in detail
- Staff contribution over the years
- Number of working hours
- Brief description of the activities of participating staff

3.3.5 Output Indicators

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

Figure 19 Score distribution for section 7, “output indicators”, in 2014 and 2013



The quality of information provided in the report section on output indicators slightly decreased in 2014. This can be demonstrated by the twofold trend that the number of reports providing non satisfactory information augmented, and the number of reports receiving high scoring dropped considerably, as the figure shows. It is noted that information on the outputs is often presented under other sections, especially implementation and outcome and impact indicators section, where commitment holders often confuse the short term outcomes with the outputs. Such inaccuracy contributes to diminish the overall quality of reporting.

Recommendations for improvement and example of good practice in the output indicators section

The overall quality of this section would improve if all members did not limit to describe the outputs in a simple list of products and/or services, but rather described the output details broadly (e.g. content of a publication or structure of an organised workshop).

Pernod-Ricard S.A. - 1600: "Responsible Party", implementation in Europe, 2nd Edition

- Numbers of parties successfully organized
- Numbers of students reached
- List of countries participating
- Website information
- Specific information on the selected countries with examples of activities undertaken.

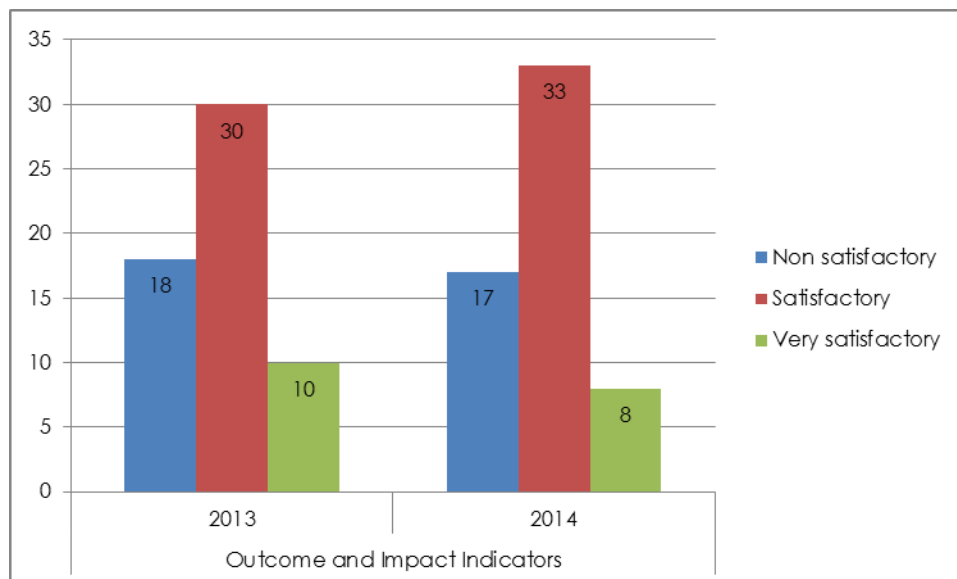
ICAP - 1024: ICAP Blue Book: Practical Guides for Alcohol Policy and Targeted Interventions

- Website details in different languages provided
- Numbers of website viewers stated with time period also given
- Details on what parts were mostly viewed by the on-line audience

3.3.6 Outcome and impact indicators

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

Figure 20 Score distribution for section 8, “outcome and impact indicators”, in 2014 and 2013



The quality of information provided in the report section on output indicators remained stable in 2014 on average. This is the section where the greater number of reports of non-satisfactory quality was observed, including several reports that obtained the minimum scoring because information was completely omitted. This suggests that many Forum members did not follow the recommendations from last year assessment and still have an insufficient level of understanding of their commitments' impact or levels of success. Likewise, some commitments fail to distinguish between the outputs and outcomes of their commitments.

Recommendations for improvement and example of good practice in the outcomes and impact indicators section

Annex two to the Forum Charter (Monitoring Commitment) stresses that this information is crucial to build up confidence and shed light upon the commitment's effectiveness. This is why, regardless of the status of the monitoring report, Forum members are encouraged to fill in this section. In case a commitment is at an early stage of implementation, Forum members should at least identify and indicate the expected outcome(s).

HOTREC – 1584: Raising awareness of National Associations / Call for actions

- Information for all short, medium and long term outcomes
- Practical examples for illustration
- Dates
- Best practice amongst members included
- Link to objectives

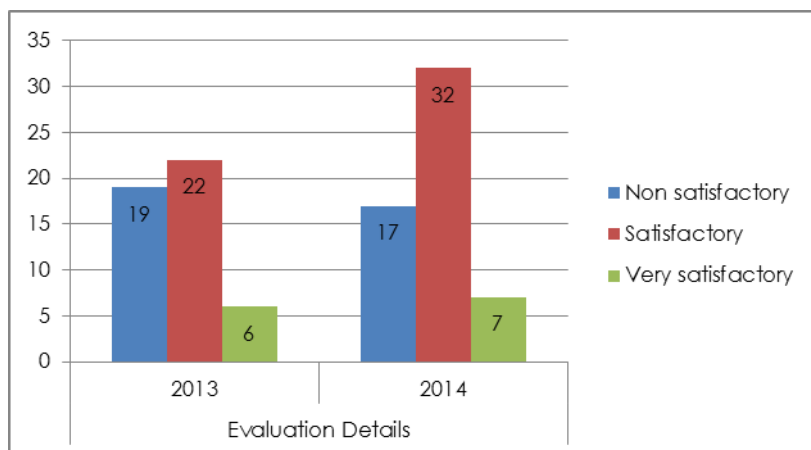
EACA -1358: Alcohol marketing codes - a guide for agencies

- Information on all short, medium and long term outcomes
- Useful dates and numbers stated in each section
- Success indicators in each sections given

3.3.7 Evaluation details

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

Figure 21 Score distribution for section 9, “evaluation details”, in 2014 and 2013



The figure shows that for 2014 the scores remain polarised for this section and that there are still numerous reports that perform poorly in this section and only few performing very well. Contrary to last year, almost all reports, including intermediate reports⁴⁰, provided information under this section and therefore, any particular difference in performance was noted between the final and the intermediate reports. A recurrent problem continues to be that some monitoring reports provide very limited information in terms of distinguishing between internal and external evaluation. Information is also scarce for evaluation details pertaining to different activities in cases where commitments entail multiple components.

Recommendations for improvement and example of good practice in the evaluation details section

This section could be improved by stating more than mere evaluation method. It would be useful to give details on those methods, external/internal evaluation indication as well. Some reports lack the information on evaluation in the previous period which makes it difficult to establish a baseline for comparison.

CEEV – 1448: "Wine in Moderation - Art de Vivre" Program

- Detailed description of the evaluation methods
- Information on external evaluators
- Description on indicators
- Research objectives description
- Dates

ESIP -1054: Fight against alcohol-related harm: the role of social insurers. An example : prevention regarding consumption of alcohol by pregnant women

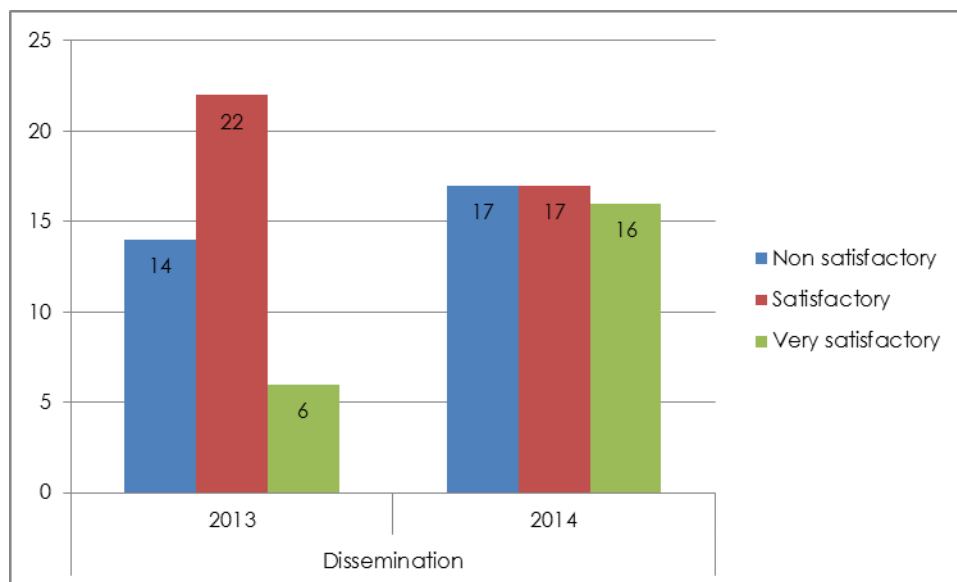
- Detailed description of the evaluation methods
- Information on internal evaluators
- Description on indicators
- Sources on where more information is obtainable also given

⁴⁰ In 2014 56 out of the monitoring 58 reports received, while in 2013, only 47 out of 58.

3.3.8 Dissemination

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

Figure 22 Score distribution for section 10, “dissemination”, in 2014 and 2013



Compared to the 2013 figures, a major change is observed for the dissemination section: the scores for 2014 are in fact less polarised than in previous years. However, while the number of reports that were considered very satisfactory in their quality has significantly augmented, there are still numerous reports that perform poorly. Some commitment holders also confuse the information to be provided on the dissemination of the results of the commitment with the activities of the commitment themselves, when they refer to awareness raising and media activities.

Recommendations for improvement and example of good practice in the dissemination section

This section would improve if members provided more information on the scale and scope of the dissemination strategy for a given commitment.

The Brewers of Europe (The Danish Brewers' Association) – 1084: Do you see the problem?"

- Dissemination of best practice examples
- Information on media dissemination
- Dissemination through football match
- Use of famous sport people as ambassadors
- Description on the use of traditional campaign material

3.3.9 Uptake of recommendations

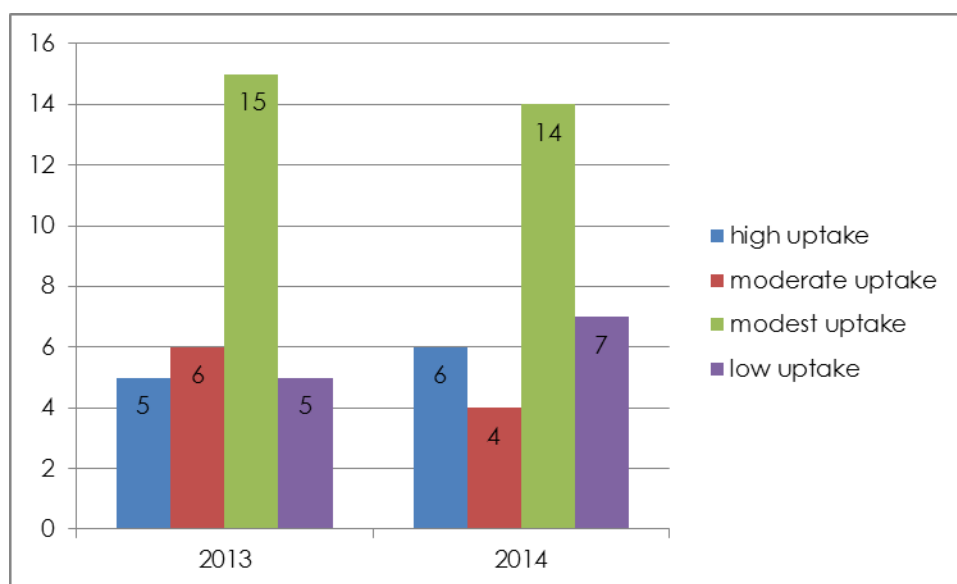
This section discusses the findings on recommendation uptake. The score per section ranges between zero and two, and the maximum possible overall score varies between 12 and 16, depending on whether the non-mandatory sections in intermediate reports have been completed. For example, if a recommendation was given for the first eight sections (mandatory for the intermediate and final report) then the maximum recommendation uptake score for the next period is 12; 14 if one of the additional sections was scored in the previous period; and 16 if all 10 sections were scored.

For the 2014 exercise, the assessment of the recommendation uptake was possible for 31 out of the 58 monitoring reports assessed. Figure 13 below shows the distribution of the relative scores for the “recommendation uptake” field in 2014 compared to 2013. Scores are presented as a share of the maximum possible score for each commitment. This seeks to ease comparisons across members, given the fact that scoring ceilings vary depending on the report status (intermediate or final). Percentage scores were ranked as follows:

Table 8 Meaning of recommendation uptake scores

| Percentage score | 100%-75% | 75-50% | 50-25% | 25-0% |
|--------------------------------|-------------|-----------------|---------------|------------|
| Level of recommendation uptake | High uptake | Moderate uptake | Modest uptake | Low uptake |

Figure 23 Relative score distribution for scored for “recommendation uptake” in 2014 and 2013



Similarly to 2013, most of the commitment owners followed the recommendations only to a modest extent. Only few Forum members have certainly followed last year’s recommendations. Such results are in contrast to the trend observed in 2012, when a moderate uptake level was recorded. They could be explained by the fact that members received the 2013 individual feedback forms only in April, and did not have enough time to integrate the recommendations into the 2014 monitoring exercise. The ‘recommendation uptake’ modest scores for 2013 and 2014 seem to reflect members’ difficulties in following the recommendations that suggested providing more quantitative data. This is especially true for the input sections, as well as the outcome and impact indicators, the evaluation, and the dissemination sections.

It must be noted, however, that the overall scores of the ten sections have to be viewed separately from the scores for recommendation uptake: the failure to consider all of them in the 2013 reports, however, does not necessarily mean that the reports as such will not be of good quality⁴¹.

⁴¹ For example, in one of the reports, the recommendation given in a certain section asked for additional quantitative data that would support the evidence. The commitment holder did not provide additional quantitative data and therefore received a 0 mark in the ‘recommendation uptake’ section. At the same time, however, the commitment holder still received a very high score of 4.5 in the section overall, because the more detailed quantitative data was the only criteria not fulfilled to the highest extent.

Critical analysis on quality assessment by report sections:

Notwithstanding the steady results observed, many of the shortcomings identified in the previous quality assessments have persisted in 2014. New areas for improvement have likewise been identified in 2014. Both aspects are outlined below:

- **Outcomes and Impacts:** The number of monitoring reports that provide little or no information regarding the commitment's outcome and impact remains relatively frequent. Although the provision of this information is beyond the Forum's minimum monitoring requirements (as laid down in the Charter of the Forum), it is critical for the effectiveness of commitments to be appropriately understood. It was also noted that a number of Forum members included the valuable information on outcomes in different sections, most frequently the one on objectives and relevance. When the information was provided, sufficient quantitative data were often lacking.
- **Linkages:** There was still a significant proportion of monitoring reports, where a description was lacking as to how the objectives, outputs and outcomes of a commitment link together. It was in fact observed that while a number of reports scored high in sections on objectives and outputs, lower scores were registered for outcomes and impacts section. Such inconsistency would be avoided if linkages were clearly identified already at the planning stage of the commitment rather than at the monitoring and evaluation phase.
- **Mandatory sections:** Some reports, both intermediate and final, were silent on mandatory sections such as outcomes and input indicators (mandatory for both) and evaluation and dissemination (mandatory for final reports). Some reports that reached a satisfactory or highly satisfactory quality level in several sections had their overall score lowered due to missing data from outcomes and impacts sections, while some other satisfactory or highly satisfactory quality level final reports had their overall scores decreased due to limited data in evaluation and/or dissemination sections.
- **Wrong sections:** In a high number of reports, information was presented under the incorrect report section. In addition, there is still an overall tendency to provide excessive details in the section for implementation, while a lack of sufficient detail is observed in the sections for input, output and outcome indicators. Although the score was not lowered in such cases, it must be noted that this inaccuracy may prove misleading for the reader.
- **Quantitative data:** Number of reports was still missing complete information regarding the quantitative data, especially in sections on inputs, outputs and outcomes indicators. In this regards, commitment holders should at least try to provide the approximate estimation of the quantitative data required for the reporting exercise. Moreover, it was observed that there was often a confusion regarding the inclusion of e.g. a number of stakeholders reached in input section rather than specifying number of dedicated staff, financial resources etc. The information on a number of stakeholders, participants etc is to be included in output indicators section.
- **Multi-part commitments:** Gaps were found in the presentation of the implementation steps that relate to different parts of the commitment. For example, certain subtasks or time periods were not covered in some reports; or whereas some components of the commitment were described very well, others were overlooked.
- **External sources:** The trend to include links to external sources in order to navigate a reader to the relevant information still persisted in 2014 reports in all sections. These commitment holders were reminded that the Forum members' monitoring efforts are assessed solely on the basis of the contents of the monitoring reports (although references and details on outside sources are also welcome).

3.3.10 Conclusions

As highlighted already in previous Progress Reports, the benefits of an improved performance in members' monitoring practices are twofold. First, the transparency and accountability of members' performance increase, which contributes to building trust amongst Forum members. Secondly, improvement of the monitoring reports, especially their clarity, is very valuable in communicating to the general public and in showcasing how the Forum is contributing to the general aim of reducing alcohol-related harm.

This year's evaluation results show a steady performance in the quality of information provided by the Forum members in their annual monitoring reports. Only few members of the Forum have succeeded in providing very clear and useful information with regard to their actions to reduce alcohol-related harm.

In general, there has been a clear increase in the number of reports of a satisfactory level of quality in all sections, except in the input indicators and dissemination sections, where members often struggle to provide adequate quantitative information on the resources used (including man-hours and man-days for specific periods and financial resources), a clear timescale for the dissemination activities and an indication of the target audience. Such increase has been however counterbalanced by a significant decrease of the number of reports receiving very high scores. This is probably due to the fact that members did not follow the specific recommendations issued the year before that would make the quality of the report very satisfactory. The number of reports of poor quality also augmented substantially, except for the outcome and impact section and the evaluations section, where reports have generally always been of a poorer quality. Such negative performance could be explained by that fact that many of the reports that obtained a very low score were submitted by a member that has often failed to report in the past and therefore did not have the opportunity to be guided by recommendations and learn from practice as other members did.

Only few members demonstrated to have seriously taken into account the recommendations issued in previous assessments to address the main shortcomings in the quality of reporting. The uptake levels have in fact considerably decreased as compared to 2013, and vary across Forum commitment holders. Given that the recommendation uptake has also slightly decreased in the 2012, it is clear that additional ways to encourage members improving their monitoring exercises should be investigated.

New areas for improvement have been identified especially with reference to the dissemination and evaluation sections. Despite members having shown improved efforts in completing these sections (for almost all intermediate reports these two sections were filled in: 56 for evaluation details and 50 for disseminations on a total of 58 assessment monitoring reports), some misunderstanding could be perceived in the interpretation of the information to be provided. Some members tended to repeat the information already submitted under other sections. This could be understandable for the evaluation section as no guidance is provided in Annex two of the Forum Charter. Evaluation details are in fact open to a double interpretation, with the possibility to refer to both the evaluation of the effectiveness of the commitments and/or the activities implemented themselves. While for the dissemination section no guidance is provided in Annex two of the Forum Charter, the commitment monitoring form clearly required that the information provided answer the question "How were the results of the commitment disseminated?" For some reports, information on awareness raising and media activities was often repeated in the dissemination section without making reference to dissemination of results.

Overall, many of the challenges referred to in the previous Monitoring Progress Reports still remain. These include: a lack of sufficient information in some sections, especially information on quantitative data (e.g. in the approximation of the financial resources used as inputs and quantitative outcome and impact indicators) and the timescale of implementation; a confused distinction between outputs and outcomes (or impacts); and unclear linkages between the different aspects of the commitment (objectives, inputs, outputs and outcomes).

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

Other areas for improvement include providing more targeted information for each section without repetition – it was observed in a number of reports that the information was stated in the implementation and then repeated in other sections of the reports (e.g. outputs, outcomes). A number of members still seem to lack knowledge on what is relevant for which section – outputs- what has been achieved with the allocated resources were sometimes included in the input section, in the objectives section the overall objective was identified although without specifying how and when it is envisaged to be achieved.

4. RECOMMENDATIONS TO IMPROVE THE OVERALL FUNCTIONING AND GOVERNANCE OF THE EAHF

This chapter provides recommendations regarding the commitments' submission and reporting forms as well as the role of the Forum, its functions and governance process. These recommendations aim at enabling a smoother, more consistent and ultimately effective functioning of the Forum and its activities.

4.1 THE COMMITMENTS

Chapter 2 showed that the number of active commitments has decreased over time. In the same vein, the number of members who have left the Forum in the past two years is larger than the number of new members. These trends can be interpreted in terms of a decline in Forum member's level of engagement. To help change this situation, several options could be considered:

- **Frequency of the commitments:** The EAHF Charter establishes that Forum members should have an active commitment. To make sure this is the case, a deadline of, for example, 4 months to submit a new commitment after the expiry of the old one could be set up. In addition, the Commission could send a reminder to commitment owners 2 months prior to the expiry date. Every new commitment should include a schedule for the submission of the intermediate and final reports. If the member does not have an active commitment or does not submit a monitoring report, its membership may be suspended until the renewal of the commitment and its presentation at the plenary meeting.
- In addition, it can be claimed that, to substitute commitments that end, and to maintain the liveliness of the Forum, several new commitments would need to be submitted in any given year. This challenge suggests it is important to involve new stakeholders in the development of new commitments (see next point as well).
- **Involving new members:** There is great benefit to be derived by the Forum in the recruitment of new Forum members and the development of new commitments, particularly in terms of sustainability. Existing Forum members should be 'supporters' of the Forum and should try to involve other stakeholders in the development of (joint) commitments (see next point as well). It would likewise be beneficial to have the Commission communicate further on the importance of being a Forum member i.e. of playing a role in the reduction of alcohol-related harm in Europe.
- **Joint commitments and partnerships:** As stated in the EAHF database, two types of partnerships can be formed: a) either two or more members co-own a commitment b) a non-member organisation is associated to a Forum member in the context of one commitment. It is understood that co-owning a commitment entails more responsibilities than being associated to the implementation of a commitment. The Summary Report 2013⁴² highlighted that, over the years, there have been no partnerships between Forum members representing economic operators and those representing NGOs. Most partnerships are between members belonging to the same category of stakeholders, with only few exceptions of partnerships between producers of alcoholic beverages and business associations of advertisers. However, for those commitments that address the same priority areas and relate to similar activities (in particular for education programmes and awareness raising campaigns) or have the same geographical coverage, potential scope exists to develop joint actions which could benefit from a synergistic effect and result in new joint commitments. The same may apply to national / regional commitments having commonalities with commitments in other regions or countries – in this context, a relationship in which information and knowledge is exchanged could be developed.

⁴² http://ec.europa.eu/health/alcohol/docs/eahf_commitments_2013_en.pdf, p. 22

Joint commitments have significant potential to help reduce alcohol-related harm. Better assessing the impact of joint commitments should therefore be a priority. Current joint commitments could provide a valuable input into this discussion and could thus be considered in the agenda of the next plenary meeting.

- **Geographical coverage of the commitments:** only 20% of the total number of commitments is implemented EU-wide. Twice as many commitments cover EU15 countries compared to EU12. Although the benefit of national and regional commitments, which may have more direct impact on communities and target groups on the ground, should not be disregarded, in terms of potential reach and inclusion, more EU-wide commitments and more commitment covering EU12 countries should be promoted in order to amplify the potential outreach and thus contribute more effectively to the overall aims of the Forum.
- **Target groups:** the identification of specific target groups is extremely important to ensure the activities of the Forum are effectively implemented. The inclusion of a specific field on ‘target groups’ in the Action Plan Submission Form and a drop-down menu on the database is therefore proposed. More information on this proposal can be found in sub-section 4.2.1 below. Future commitments must be designed having in mind a precise target group. Wherever possible, the size of the target groups should be estimated. In this way it would be easier to devise the outcome and impact indicators and report on the effectiveness of the commitment. In particular, vulnerable groups, e.g. underage and young people, should be the priority in line with the Action Plan on Youth Drinking and on Heavy Episodic Drinking.

4.2 THE MONITORING AND EVALUATION FRAMEWORK

Chapter 3 of this report highlighted that, notwithstanding the overall improvement in the quality of information provided in the Forum members’ annual monitoring reports, some of the shortcomings identified since the 2009 quality evaluation still persist. Areas for improvement have been identified, especially with regard to the fields: ‘outcome and impact indicators’ and ‘evaluation’.

Most of the shortcomings and challenges identified at the end of Chapter 3 could be addressed through a more systematic reference to the commitment’s *intervention logic*. The use of this tool is particularly useful in those instances where assessment is not straightforward (e.g. as a result of time lags between implementation and effects). This tends to be the case of EAHF commitments. The use of an intervention logic should help commitment holders/evaluators to understand how progress has been made along an anticipated path towards the final impacts.

Ways in which an intervention logic can be instrumental in the process of planning, monitoring and evaluating commitments are discussed in the *Proposal for a ‘User Guide on Monitoring and Evaluating Commitments’*, in Chapter 5.

In addition to the Proposal for a User Guide, some modifications to the ‘Action Plan Submission Form’ and the commitment ‘Monitoring Report Form’ are recommended in the following sections to ensure the intervention logic process is clear and well reflected already at an early stage in a consistent manner across all commitments.

4.2.1 The Action Plan Submission Form

In accordance with the Forum Charter, members are required to submit an Action Plan. Here a member clearly maps out the main steps and requirements associated with the implementation, monitoring and evaluation of his commitment. According to the Forum Charter⁴³, The Action Plan ‘*indicates measurable objectives, who the owners of the commitments are, how the proposed action*

⁴³ Forum Charter, p. 3

would contribute to reducing alcohol-related harm (relevance), the resources allocated to each commitment, a timetable for the implementation, and the dissemination approach’.

The Action Plan Submission Form, which corresponds to the section *Information about the commitment* in the database⁴⁴, has been subject to modifications over time, with the last change implemented in 2013. Three sections of the submission form have in fact been adapted to provide guidance to Forum members on the type of information required in each section: input indicators, output indicators and evaluation details. These sections now contain specific fields to be filled in:

- **Input indicators:** number of staff, time spent and overall costs;
- **Output indicators:** number of people reached, number of people in the target group reached, number of participants in different activities, website visitors, number of products, number of pamphlet/adverts, established number of contacts;
- **Evaluation details:** the type of evaluation tool used is requested. Several examples are provided (questionnaire, randomised studies, structured interviews, media surveys, control groups). Whether an internal or external evaluation has been conducted also needs to be specified.

These changes cover some of the information gaps that have been identified during the assessment of the quality of monitoring reports. They should help the members to better understand what is expected from them in this regard. It is noted, however, that the new structure of the database may affect the quality of the information provided. For these three sections, ‘information needs to be provided for at least one field’. Such modification could be counterproductive in the sense that, instead of acting as guidance in helping members to improve the quality of their monitoring report, it may rather incentivise them to provide less information than in previous monitoring exercises. To avoid this, further improvements to the Action Plan Submission Form are therefore proposed here. This is done in particular to ensure an ‘evaluation approach’ is followed already from the outset, when planning the commitment: the clearer and detailed the Action Plan is, the easier it will be to monitor and evaluate the commitment.

The submission form is currently divided in 8 sections as shown below.

Figure 24 The eight sections of the commitment Action Plan Submission Form

| |
|----------------------------------|
| DOCUMENT INDEX |
| Commitment details |
| Contact Point |
| Information about the commitment |
| Information on monitoring |
| Input indicators |
| Information on monitoring |
| Outcome and impact |
| Evaluation details |

To make the planning process easier, it is proposed that some of the sub-headings of the Submission Form are rationalised and re-organised, e.g. some moved, some deleted, some changed in their scope, to form instead only five main sections: 1) Commitment details; 2) Contact Point; 3) Action Plan; 4) Information on monitoring; 5) Information evaluation.

⁴⁴ <https://webgate.ec.europa.eu/sanco/heidi/eahf/>

Commitment details

It is proposed to gather under this section all fields for which pre-determined information is required. This includes both the single entry fields such as: *Submission number*, *Submission date*, *Owner of the commitment* etc., and the field for which a drop-down menu is available for a specific category and a selection of one or more options are available, such as: *Member states*; *Type of commitment activities*; *Priority areas* etc. This is suggested for two main reasons. First of all, it would give a clear visual overview of the type of commitment at a glance; secondly it would also facilitate the reporting efforts of the external consultants when gathering data concerning the evolution of the membership and commitments.

The following table presents the list of sub-headings that are proposed in the section ‘Commitment Details’ of the Action Plan Submission Form. It indicates if a section is deleted or moved and describes the changes proposed and the rationale behind it.

Table 9 Proposed changes to the section on ‘Commitment Details’

| Current version | Proposed change | Clarification/Explanation |
|-------------------------|--|--|
| Submission number | No change | |
| Submission date | No change | It indicates when the Action Plan is submitted. |
| Owner of the commitment | No change | |
| | <p>Add new section: ‘Type of member category’ in the form of drop down menu:</p> <ul style="list-style-type: none"> ■ NGOs and professional health organizations ■ Production and Sales Organizations ■ Advertising, marketing, media and sponsorship organizations ■ Research institutes and others | <p>A classification of Forum members was originally prepared by DG HEALTH AND FOOD SAFETY in a 2009 report on Forum commitments.⁴⁵ The following categories were identified:</p> <ul style="list-style-type: none"> ■ Alcohol-related NGOs ■ Broader NGOs ■ Health professionals ■ Producers of alcoholic beverages ■ Advertising, marketing and sponsorship ■ Media ■ Retailers, wholesalers and caterers ■ Research institutes ■ Others. <p>Following consultations with DG HEALTH AND FOOD SAFETY, it was decided that the classification be simplified for the purposes of reporting. The First Monitoring Progress Report⁴⁶ used a different classification with the four categories on the basis of the nature of members’ activities proposed as drop down menu.</p> <p>To ensure consistency, we suggest that members state themselves their category when they submit the Action Plan.</p> |
| Title of the commitment | No change | |
| | <p>Add new section on ‘Commitment status’ in the form of drop down menu:</p> <ul style="list-style-type: none"> ■ Active ■ Non active (completed) | <p>The categorisation would facilitate the reporting exercise (Annual Reports and Summary Reports). For the same purposes, it is also suggested to add this field in the Search Criteria function of the database.</p> |

⁴⁵ Summary Report: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/docs/report_commitments_en.pdf, p.7-8.

⁴⁶ EAHF First Monitoring Progress report, 2009: http://ec.europa.eu/health/alcohol/docs/monitoring_progress_en.pdf

| | ■ Non Active (discontinued) | |
|--|--|--|
| Link to further information relating to the commitment | No change | |
| Forum members, associated with the commitment | Change into 'Associated partners'. The following information should be requested: <ul style="list-style-type: none"> ■ Category of organization in the form of a drop down menu: <ul style="list-style-type: none"> ○ Public ○ Private ○ NGO ○ Other organization ■ Name of the organisation | There seem to be a mistake in the formulation on the database, as this field should be reserved for the organizations that have a role in the implementation of the commitment but are not member of the forum, opposed to those member 'co-owing' the commitment (below). 'Associated partners' are organizations which are not Forum members, but are cooperating with the owner of the commitment in the implementation of the commitment. |
| Information about Forum members co-owning the commitment | No change | |
| Start date | This sub-section is moved from the section 'Information about the commitment' to the section 'Commitment details'. | It indicates when the implementation process of the commitment is starting; this date cannot be changed after the submission. |
| End date | This sub-section is moved from the section 'Information about the commitment' to the section 'Commitment details'. | It indicates the estimated end date of your commitment; this date cannot be changed after the submission. |
| Member states | This sub-section is moved from the section 'Information about the commitment' to the section 'Commitment details'. Format: drop-down menu with the 28 EU Member States, plus 'others'. | It indicates the countries where activities are being implemented; at least one of the boxes must be checked. |
| Priority areas | This sub-section is moved from the section 'Information about the commitment' to the section 'Commitment details'. Format: drop-down menu with the 7 priority areas. No more than two priority areas can be added. | It indicates the commitment relevance to one or more priority areas. |
| Type of commitment activities (principal) | This sub-section is moved from the section 'Information about the commitment' to the section 'Commitment details'. Format: drop-down menu with the 9 types of activity. They should not exceed more than two activities. If none of the options are applicable, "Other" can be chosen and a brief explanation should be added. | It indicates the types of activities that are implemented with the commitment. |
| Type of commitment activities (secondary) | This sub-section is moved from the section 'Information about the commitment' to the section 'Commitment details'. | |

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| | Format: drop-down menu with the 9 types of activity | |
| | <p>New section on 'Target Groups' in the format of a drop-down menu:</p> <ul style="list-style-type: none"> ■ People with special needs: pregnant women, children, older people, people with physical or mental diseases etc. ■ Employees / Company staff (both sales and advertising) ■ Bartenders/cashiers ■ Students/adolescents ■ Educators ■ Parents ■ Health professionals ■ Local community ■ Policy makers ■ Wide audience / General public ■ Others | A precise definition of the target groups for a commitment already at the planning phase is an essential prerequisite for successfully reaching the group and ultimately reaching the objective of the commitment and measuring its outcomes and impacts. When the activity is evaluated, the extent to which the target group has been reached is an important indicator of the effectiveness. |

Contact points

No changes are proposed under this section.

Action Plan

This section includes the first steps necessary to draw up the intervention logic for the commitment. Contrary to the first section on 'Commitment details', where punctual information is provided, here the intent is to provide more descriptive information.

Table 10 Proposed changes to the section on the 'Action Plan'

| Current version | Proposed change | Clarification/Explanation |
|---|---|--|
| Background to the commitment (if any) | Delete this section and merge it with the section 'Overall objectives' (see below). | See below in 'Objectives'. |
| Commitment summary | Delete this section. | In the past assessments of the quality of the monitoring reports it was observed that this section tends to be a repetition of the information provided in the 'implementation' and 'objective' sections, with no much added value. |
| Priority areas | This sub-section is moved in the 'Commitment details' | See above |
| Start date | This sub-section is moved in the 'Commitment details' | See above |
| End date | This sub-section is moved in the 'Commitment details' | See above |
| Member states | This sub-section is moved in the 'Commitment details' | See above |
| Type of commitment activities (principal) | This sub-section is moved in the 'Commitment details' | See above |
| Type of commitment activities (secondary) | This sub-section is moved in the 'Commitment details' | See above |
| Objectives | Change into: 'Overall objectives' | <p>It describes what the strategic (overall) objectives of the commitments are providing a basis for assessing the activities in relation to medium-, long-term and more diffuse effects.</p> <p><i>Strategic objectives</i> (that should be established when planning the commitment) should be</p> |

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| | | <p>differentiated from <i>Specific and Operational objectives</i>, which provides a basis for assessing the activities in relation to its short-term effects and its outputs (that should be established on an annual basis).</p> <p>This section is really important to set the logic framework of the commitment and to have a better understanding of the commitment and the rationale behind it.</p> <p>This step involves describing the problem that the intervention attempts to solve or the issues that it seeks to address. This step should help to articulate the rationale for the commitment and identify the outcomes and impacts.</p> <p>Useful questions to ask to identify the context and issues: What are the stated objectives of this intervention/activity? What is the particular problem that has been identified – who has identified this, and why at this particular point of time? What is the evidence indicating that this is a problem? It should contain information about the problem identified and that the commitment action wants to tackle, the baseline information about the situation with reference to the problem identified. Such information should be provided with reference to the Member State(s) in which the commitment will be implemented and to the target groups the commitment wants to address.</p> |
| Relevance | <i>No change</i> | It explains how the commitment will contribute to achieving the aim/s of the Forum and how the proposed action would contribute to reducing alcohol-related harm. |
| Implementation | <i>New section</i> | It consists of a brief summary of the commitment, including the key milestones of the commitment, the timescales of the implementation (even if indicative), the actors involved, the partners, and the people responsible for the implementation. More information on the target group should be provided in this section. |

Information on monitoring

This section sets out the information with regard to the steps necessary to monitor the commitment, i.e. to provide regular feedback during the course of an activity's implementation on those factors that are under the control of the commitment holder: inputs and outputs.

Table 11 Proposed changes to the section on 'Information on monitoring'

| Current version | Proposed change | Clarification/Explanation |
|------------------|---|---|
| Input indicators | Drop down menu: <ul style="list-style-type: none"> ■ Number of people involved ■ Time spent (Man/hours) ■ Cost (please indicate in €) ■ Other | At the time of planning the commitment, the owner of the commitment should already know what the resources available for the implementation are. These include: 1) the number of people from the organisations that will be responsible for the implementation of the |

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| | | <p>commitment; 2) the proportion of working time that these people will dedicate to the implementation of the commitment; and 3) the budget available for the implementation.</p> <p>Such information may change during the implementation of the commitment. Any change should be reported during the annual monitoring exercise See paragraph 4.2.2).</p> <p>Examples of indicators to measure inputs are presented in the 'Proposal for a User guide'.</p> |
| Output indicators | <p>Change name into 'Expected outcome indicators'.</p> <p>Drop down menu:</p> <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 | <p>It has been observed that the section on providing monitoring details about outcome indicators is left blank very often as members don't have sufficient information at the time of preparation of the Action Plan. However, it is recommended to emphasize the importance of this section as a guidance tool to facilitate the annual monitoring exercise.</p> <p>Members should be there encouraged to check the box of the type of output indicators the commitment owner is planning to use during the monitoring.</p> <p>Examples of indicators to measure outputs are presented in the 'Proposal for a User guide'.</p> |

Information on evaluation

This section provides information with regard to the steps necessary to evaluate the commitment, i.e. to assess the effects occurring as a consequence of the activity and to understand whether the activity does or does not attain its objectives.

Table 12 Proposed changes to the section on 'Information on evaluation'

| Current version | Proposed change | Clarification/Explanation |
|--------------------|---|---|
| Type of evaluation | <p>Drop down menu:</p> <ul style="list-style-type: none"> ■ Internal ■ External ■ Both | <p>To ensure a systematic approach to assessing the outcomes and the impact of commitments, evaluation details need to be considered from the very outset of the commitment's conception and planning.</p> |
| Evaluation method | <p>Drop down menu:</p> <ul style="list-style-type: none"> ■ Survey (online, in written form, by phone) ■ Focus group / external feedback ■ Interview ■ Website statistics ■ Media monitoring ■ Desk research ■ Peer review / internal feedback ■ Compliance check | <p>Here it is suggested to check the box of the type of evaluation and the evaluation method the commitment owner is planning to use.</p> <p>The options offered by the drop down menu function as guidance to facilitate the annual monitoring exercise and could be subject to changes in the course of implementation of the commitment, provided justification is described in the monitoring report.</p> <p>Depending on the type of activities carried out, some evaluation methods tend to be more suitable than others. For example, website statistics and media monitoring are instrumental in evaluating consumer information and media activities. Focus group/external feedback is an appropriate method to evaluate any education</p> |

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| | | and youth involvement activity, while peer review/internal feedback and compliance check seem to be fit for the evaluation of activities that regard the enforcement of marketing or sales regulation, such as commercial communication activities. On the contrary, the use of surveys and interviews can be used for most activities. |
| Outcome and impact indicators | <p>Change into 'Expected outcome and impact indicators'.</p> <p>It is suggested that only short-term and medium-term outcomes are compulsory for both intermediate and final reports. Long-term impacts can be assessed on a voluntary basis.</p> | <p>The effects on the reduction of alcohol-related harm – as the ultimate objective of all commitments – could be evaluated in the long term. Nevertheless, measuring such impacts may prove challenging⁴⁷. For instance, given the current nature of the Forum process and the short duration of the commitments (i.e. from 3 months up to 3-5 years duration), it is unlikely that Forum members are able to monitor the long term impacts such as changes in biological parameters and decreased incidence of disease/accidence/violence.</p> <p>Moreover, international systematic reviews and meta-analyses of activities to reduce the harm caused by alcohol⁴⁸ (relayed by the World Health Organisation and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)) have been conducted in the areas of education and information, community action, driving while under the influence of alcohol (drink-driving) and marketing. The reviews show that school based education programmes, designated driver programmes, warning labels on alcohol and marketing practices self-regulation are not very effective in reducing alcohol harm. They seem to have a stronger performance in terms of providing information and raising awareness in public debates and political agendas. While this is not insignificant it does not necessarily have a direct effect on reducing alcohol harm.</p> |
| Short term | <p>Add a drop down menu:</p> <ul style="list-style-type: none"> ■ Enforced rules on sales ■ Enforced rules on age limits ■ Enforced rules on advertising ■ Enforced rules on drink driving ■ Enhanced compliance with self-regulation on alcohol on sales ■ Enhanced compliance with self-regulation on alcohol on advertising ■ Changes in awareness on responsible patterns of consumption | <p>The options offered by the drop down menu function as guidance to facilitate the annual monitoring exercise and could be subject to changes in the course of implementation of the commitment, provided justification is described in the monitoring report. Here it is suggested to check the box of the type of outcome and impact indicators the commitment owner is planning to use during the monitoring.</p> <p>Examples of indicators to measure outcomes and impacts are presented in the 'Proposal for</p> |

⁴⁷ See the report 'Assessment of evaluation approaches within the EAHF. Recommendations for improving the commitments evaluation framework', October 2013, p. 39

⁴⁸ Anderson et al. (2009) 'Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol', Lancet 373: 2234-46. http://www.who.int/choice/publications/p_2009_CE_Alcohol_Lancet.pdf
 Also Herring et al. (2010) 'Alcohol harm reduction in Europe' in Harm reduction: Evidence, impact and challenges. Published by EMCDDA

| | | |
|-------------|--|----------------|
| | <ul style="list-style-type: none"> ■ Changes in awareness on effects of harmful drinking ■ Improved knowledge base patterns of alcohol consumption ■ Improved knowledge base on effects of harmful drinking | a User guide'. |
| Medium Term | <p>Add a drop down menu:</p> <ul style="list-style-type: none"> ■ Established good practice/common standards ■ Changes in behaviour and in attitude ■ Established partnership for future action | |
| Long Term | <p>To be assessed on a voluntary basis.</p> <p>Add a drop down menu:</p> <ul style="list-style-type: none"> ■ Changes in behaviour and attitude last over time ■ Changes in biological parameters ■ Decreased incidence of disease/accidence/violence ■ Increased low risk consumption/decreased high risk consumption | |

4.2.2 The Monitoring Report Form

In line with the changes proposed to the Action Plan Submission Form, we also propose to simplify the structure of the Monitoring Report Form. This is done in particular to avoid repetitions over the reporting year and thus reduce the reporting efforts for Forum members. It would also be useful to have a greater standardisation of the monitoring data and information, and therefore simplify the quality assessment exercise for the external consultants.

First of all, it was observed in the past that some sections of the monitoring reports were very often identical to reports submitted the previous years. This was particularly true for the sections on implementation, objectives and relevance, but happened quite often in sections on input indicators and output indicators as well. To mitigate the risk that members submit identical information for different reporting exercises, we propose to reduce the number of sections in the Monitoring Report Form and ask the commitment owners to report information with specific reference to the monitoring year that is covered. For example, if comprehensive information on relevance of the commitment is already provided in the Action Plan Submission Form, as suggested in the previous paragraph, it is probably not necessary to repeat it during the monitoring phase. The same applies to the section on objectives and implementation details: general information already provided in the Action Plan Submission Form may not need to be repeated in the monitoring report form - it is recommended that the yearly monitoring report focus on *annual* objectives and *annual* details of implementation instead.

Secondly, during the monitoring process large volumes of data and information are presented, processed and analysed. It would therefore be advisable that the structure of the Monitoring Report Form be further refined and simplified. These would lead to a greater standardisation in terms of data collection, particularly concerning inputs, outputs, outcomes and impacts. For example, inputs should be reported in terms of money, personnel, material to be distributed, travels etc. and a drop down menu showing all the relevant information should be completed, similarly to what it's done at the moment of the submission of the Action Plan. This would be of great help in terms of data processing, and would better facilitate year on year analysis.

Proposed changes to the structure of the Monitoring Report Form are proposed in the table below. A

detailed description of each section is available in the Proposal for a User Guide and is therefore not repeated in this section⁴⁹.

Table 13 Proposed modifications to the Annual Monitoring Report Form

| Current version | Proposed change | Clarification/Explanation |
|--|--|---|
| Title of the commitment | <i>No change</i> | |
| Name of the Forum member organisation owning the commitment | <i>No change</i> | |
| Is this a report for an ongoing commitment or a final report? | Change into: 'Report status' ■ Intermediate ■ Final | |
| What is the time period covered by this report (in the case of a final report, the reporting period is the life span of the commitment)? | Change into: 'Monitoring year' For all commitments the monitoring year would be: 2015, 2016, 2017 etc. | For the sake of clarity it is suggested that all commitment owners submit the monitoring report by a pre-determined date and that the time period covered by the report is the same for all commitments. This suggestion is linked to the proposal to agree upon a calendar once a year to ensure that all commitments owners respect the deadlines (see recommendation in section 4.3.4). In the case of a final report, the reporting period is the life span of the commitment. |
| Point of contact for the commitment | <i>No change</i> | The person authorised by the organisation owning the commitment who can be contacted for information about the commitment |
| Commitment summary | Delete this section | In the past assessments of the quality of the monitoring reports it was observed that this section tends to be a repetition of the information provided in the 'implementation' and 'objective' sections, with no much added value. |
| Web site/s relating to the commitment | <i>No change</i> | |
| Description of the implementation of the commitment | Change into: 'Implementation' The information provided in this section should refer specifically to the activities implemented during the reporting year. | It consists of a brief summary of the activities implemented in the reporting year, including the key milestones of the commitment, the timescales of the implementation (even if indicative), the actors involved, the partners, and the people responsible for the implementation. Information on how the target groups were reached out should be provided in this section. |

⁴⁹ The Proposal for a User Guide should be conceived as a working document that could be subject to future modifications if and when some of the recommendations put forward here will be implemented.

| Current version | Proposed change | Clarification/Explanation |
|-------------------|--|---|
| Objectives | Change into 'Annual objectives' | The information provided in this section should outline the <i>annual objectives</i> of the commitment. It means that, when a commitment has duration of more than one year, this section should explain what the specific focus of the activities was during the reporting year. It should also describe how these will contribute to the overall objectives set out in the Action Plan Submission Form. |
| Relevance | Delete this section | It is suggested to delete this section because it would be a repetition of what already presented in the Action Plan. |
| Input indicators | <p>It is compulsory to provide information in relation to:</p> <ul style="list-style-type: none"> ■ Number of people involved ■ Time spent (Man/hours) ■ Cost (please indicate in €) ■ Other. <p>Input indicators should specifically refer to the year covered by the monitoring report.</p> | This section should provide details on the number of staff – voluntary, paid, or other involved in the commitment's implementation; the indicative time spent on the implementation; and the indicative cost of the implementation (What was done to put the objectives into practice?). |
| Output indicators | <p>It is compulsory to provide information in relation to at least two of the following indicators:</p> <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 <p>Output indicators should specifically refer to the year covered by the monitoring report.</p> | It describes the details on what was achieved with the input resources. The options of the drop-down menu are offered as examples and members are encouraged to use also other indicators by checking the box 'Others', provided brief explained is included. |

| Current version | Proposed change | Clarification/Explanation |
|--------------------------------------|---|---|
| <p>Evaluation details</p> | <p>It is compulsory for both intermediate and final reports to provide information in relation to:</p> <p>Type of evaluation, by indicating if it was:</p> <ul style="list-style-type: none"> ■ Internal ■ External ■ Both <p>And</p> <p>Evaluation method, by indicating which method was used:</p> <p>Survey (online, in written form, by phone)</p> <ul style="list-style-type: none"> ■ Focus group / external feedback ■ Interview ■ Website statistics ■ Media monitoring ■ Desk research ■ Peer review / internal feedback ■ Compliance check. <p>Evaluation details should specifically refer to the year covered by the monitoring report.</p> | <p>It describes the type of evaluation and the evaluation methods the commitment owner used to measure how the objectives of the commitment are being achieved.</p> <p>A description of how the target groups were involved during the evaluation is essential here.</p> |
| <p>Outcome and impact indicators</p> | <p>It is compulsory for both intermediate and final reports to provide information in relation to:</p> <p>Short-term outcomes, for example:</p> <ul style="list-style-type: none"> ■ Enforced rules on sales ■ Enforced rules on age limits ■ Enforced rules on advertising ■ Enforced rules on drink driving ■ Enhanced compliance with self-regulation on alcohol on sales ■ Enhanced compliance with self-regulation on alcohol on advertising ■ Changes in awareness on responsible patterns of consumption ■ Changes in awareness on effects of harmful drinking ■ Improved knowledge base patterns of alcohol consumption ■ Improved knowledge base on effects of harmful drinking <p>Medium-term outcomes, for example:</p> <ul style="list-style-type: none"> ■ Established good practice/common standards ■ Changes in behaviour and in attitude ■ Established partnership for future action. | <p>For intermediate reports: It describes the details on how successful the commitment has been during the reporting period.</p> <p>For Final reports: It describes the details on how successful the commitment has been in relation to the overall objectives.</p> <p>The options of the drop-down menu are offered as examples and members are encouraged to use also other indicators by checking the box 'Others', provided brief explained is included.</p> |

| | | |
|--|---|---|
| | Outcome and Impact indicators should specifically refer to the year covered by the monitoring report. | |
| Other comments related to monitoring the commitment | No change | |
| Dissemination | No change | Describe the dissemination used or to be used once the commitment is implemented and finalized. |
| References to further information relating to the monitoring of the commitment | Delete this section. | Commitment owners already had the opportunity to refer to further information in the section 'Other comments related to monitoring the commitment'. |
| Attachments | No change | |

4.3 THE PROCESS AND GOVERNANCE OF THE FORUM

To ensure an adequate level of engagement from the Forum members and to ensure the Forum activities are effective and sustainable over time, some improvements are needed to its governance mechanisms. Some recommendations are proposed in this section with regard to the structure of the plenary meetings, the role of the ad-hoc working group on governance and monitoring, and ways to enhance to coordination between members and the Commission.

4.3.1 The plenary meetings

The established system for sharing information between Forum members and the Commission are the Forum plenary meetings. According to the Forum Charter, these should take place twice a year. The structure of the Forum meetings is relatively fixed with 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.

The question of whether Forum meetings adequately enable the optimal provision and dissemination of information and facilitate the exchange of good practices between Forum members and the Commission and some expedients to make the communication effective could be considered in the future.

Some possible improvements to the plenary meeting structures are:

- **Frequency of the meetings:** it is advised to consider either additional meetings during the year (e.g. increase from twice a year to four times a year), or extend the plenary meetings to 2 days. This would give an opportunity to discuss the themes in more detail and more chance for all members to exchange views and experiences.
- **Structure of the meetings:** it is important to prepare a well-designated structure and working plan of the meetings.

Plenary meetings should be focused on a different theme each session (e.g. organised according to the types of activity or by priority areas). This would give the opportunity to examine in depth the results triggered by different types of activity under different priority areas. Possibly, the sequence of themes would have been already captured in the agreed EAHF calendar (see recommendation below).

Also, linked to the point above, for each specific theme, different commitments should be

presented. In particular, completed commitments provide an opportunity to share experience gained with other members implementing the same type of activity. Sharing information on the challenges faced during the delivery of a commitment and how these were overcome as well as reflecting on the outcomes and aggregated results achieved is useful and valuable information to the Forum members. Presentations should focus on lessons learned and experiences gained from completed commitments each year, so that a knowledge reservoir can be created over time.

Finally, it could also be suggested that a short presentation of all new commitments is given by the Commission services at the plenary meetings, so that all members are up to date on the development of the activities and possible partnerships could be considered.

- **Delivery of the presentations:** The display of several slides (often more than 20) during an abstract fifteen minutes presentation puts stress on the speaker, especially if he is speaking in his non-native language, and might mean that key learning points for the other Forum members are lost. In order to make the plenary meeting as efficient and useful as possible, guidelines should be given to members as to the structure and time-limit for the presentations and to the messages to be conveyed.
- **The role of observers to the Forum:** representatives of public institutions at global, European and national level committed to supporting the work of the Forum and actively participating in its meetings take part in the work of the Forum as observers. Observers of the Forum are:
 - The European Parliament
 - EU Member States
 - The Economic and Social Committee
 - The Committee of the Regions
 - The World Health Organization, represented by Headquarters and the Regional Office for Europe, contributes to the Forum in relevant technical areas.

Inviting observers as well as other EU Commission DGs representatives (e.g. JRC) at each plenary meeting depending on the theme selected would enhance public visibility of the Forum. At the same time inviting these representatives to give their contribution to the plenary discussion would broaden the knowledge of members within the selected policy theme and make plenary session more interesting.

4.3.2 The role of the ad hoc working group

A good step forward for the improvement of the Forum functioning has been the creation of the ad-hoc Working Group on governance and monitoring – WG (9 April 2014). The WG has so far met twice (10 July and 6 October 2014) and proposed various changes/improvements related to both the general improvements of the Forum's governance and the quality and submission criteria of the commitment monitoring report.

With its meetings organised more than twice a year and gathering members on a voluntary basis, the WG is the ideal place to follow up on the recommendations put forward in this report and to set out a clear strategic direction for the Forum. Possible topics for the WG for 2015 include:

- Further refinement of the monitoring process: discussion over the Proposal for a User Guide on Monitoring and Evaluation Commitments and further work on quantifying input, output and outcomes/impacts data;
 - Geographical issues e.g. pan-European projects that operate within countries at a regional level – how can these commitments be better reported in the reporting process?
 - Structure of the Forum meetings: is the current structure enabling the optimal provision and dissemination of information?
-

- Joint commitments, how can different member categories collaborate?
- How commitment can be assessed against the overarching goals of the Forum? How can they be assessed in terms of the role they play in supporting EU policy?

In practical terms, all proposals discussed within the WG should be then presented and debated with the members at the plenary meetings. This type of structure would significantly speed up the decision-making process of the Forum, where sometimes it takes more than two plenary meetings to agree upon a specific arrangement, thus making the internal functioning of the Forum more effective and open to progress. This should give the opportunity to all members to express their opinion, being it at the WG meeting or at the plenary meeting.

4.3.3 An online tool to enhance coordination between the members and the Commission

To ensure transparency, it is recommended to design a new tool for members to communicate with and between each other and with the Commission. The use of a web platform or other similar online discussion tool where members could exchange ideas throughout the year on an ongoing basis and especially before and after the plenary meetings is proposed.

It is suggested to use CIRCABC (Communication and Information Resource Centre for Administrations, Businesses and Citizens), which has already proved to be a valuable instrument to enhance communication between the Commission services and other general interest groups⁵⁰. CIRCABC is an application used to create collaborative workspaces where communities of users can work together over the web and share information and resources. CIRCABC calls an Interest Group (IG) the private workspace designed for and shared by a community of users, meaning people working together on a specific topic. These groups provide a forum where the members can discuss a topic or the documents they are sharing⁵¹.

4.3.4 An EAHF calendar

It is recommended to create a specific calendar of Forum’s activities monitoring and make it public on the relevant DG HEALTH AND FOOD SAFETY website. By agreeing a set of deadlines, e.g. for the submission of the Action Plan, for the submission of the annual Monitoring Report well in advance for the year of activity, would help members to comply with the obligation to always have at least one active commitment as well as it would avoid the risk members fail to report on one or more commitments during the annual reporting exercise.

This calendar would include e.g. a deadline for commitments submission, the plenary and WG meetings dates, and any other useful dates for EAHF members. The calendar for the activities of the following year should be approved in advance at the November plenary meeting. An example of the calendar is presented below.

Table 14 Example of the Forum’s calendar for 2015-2016

| Deadline | Action | Comments/clarifications |
|-----------------------------|---|---|
| 1 April to 30 November 2015 | <ul style="list-style-type: none"> ■ New commitments can be submitted ■ Amendments to existing commitments can be made ■ Updating monitoring reports | New commitments and amendments can be done during this period |

⁵⁰ Milieu has had a positive experience with the use of the CIRCABC tool for the 'WFD RBMP assessment' interest group, managed by DG ENVIRONMENT.

⁵¹ <http://ec.europa.eu/idabc/servlets/Doc9b8c.pdf?id=30436>

| | | |
|---------------------------------------|--|--|
| November (day of the Plenary meeting) | <ul style="list-style-type: none"> ■ Plenary meeting ■ Final date to submit new commitments that: ■ are active in the current year ■ will have a monitoring report for submitted by deadline, as below ■ Members who fail to have an active commitment by this date will be suspended | The list of commitments active as of this date will form the basis of the Annual Report 2016. |
| 1 December to 31 January | Commitment owners to complete the Annual Monitoring Report for each commitment. | It is the responsibility of each commitment owner to ensure that the monitoring report for each commitment should be done by 31 January. |
| 31 st January 2016 | Submit Annual Monitoring Reports for 2015 <ul style="list-style-type: none"> ■ Final date to submit annual updates for monitoring activities | Use the proposed User Guide when filing in the relevant sections. Updates of monitoring activities submitted after this date cannot be included in the Annual report |
| 1 February to 31 March | <ul style="list-style-type: none"> ■ First draft of the Annual Report prepared. ■ No new commitments should be added or amendments made during this period | During this time the database will be available for viewing only, as the Annual report is being prepared. |
| April 2015 | Plenary meeting | Check the details on the website and prepare your presentation/points for discussion Present new commitment |
| April-May 2015 | Annual Report finalized and shared with the Members | Lessons learnt presented and recommendations put forward in the Annual Report should be taken into account when planning new commitments / monitoring and evaluating active/completed commitments. |

Source: Adapted by the authors from the EU Diet Platform – Monitoring Timeline, available on the Commission website at:

http://ec.europa.eu/health/nutrition_physical_activity/docs/euplatform_yearly_monitoring_timeline_en.pdf

4.3.5 A EAHF logo

Finally, in order to improve visibility of the Forum and enhance the sense of ownership among the members, it is also recommended to create a specific EAHF logo. There are several possible ways to realize the creation of an EAHF logo: it could fall within the remit of the ad-hoc working; it could be done by the Commission in consultation with the members or by directly involving those members that have a strong expertise and focus of activities on consumer information and marketing activities. Otherwise, an internal competition among members could also be organised in 2015, where members present their ideas on a voluntary basis and the preferred option is awarded during a plenary meeting. The logo could be created with a simple infographic web tool like Piktochart⁵².

⁵² <http://piktochart.com/>

5. PROPOSAL FOR A ‘USER GUIDE ON MONITORING AND EVALUATING COMMITMENTS’

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5.1 INTRODUCTION

The European Alcohol and Health Forum (EAHF or Forum) is one of the structures for supporting the implementation of the European strategy to reduce alcohol-related harm. The overall objective of the strategy is to reduce the social and economic damage caused by alcohol consumption. The Forum is an innovative policy tool that endeavours to involve on a voluntary basis as many relevant actors as possible in a multi-stakeholder dialogue. It aims to generate momentum by encouraging all participants to take action and share experience on tackling alcohol-related harm according to their own capacities and focus.

Forum members publicly commit themselves to implement one or several initiatives (referred to as *commitments*). They are required to describe these commitments in an Action Plan, to monitor what they have done to implement them and to evaluate results achieved.

→ What are the monitoring and evaluation requirements in place?

The *Charter establishing the European Alcohol and Health Forum* (the Forum's Charter) acknowledges the importance of monitoring and evaluating commitments. All members agree to monitor their commitments' performance in a "transparent, participative and accountable way", and to "report on the inputs, outputs and outcomes of the commitments"⁵³ following the guidance presented in the Annex II of the Forum's Charter.

The role of evaluation should be clearly defined and distinguished from the role of monitoring. In the context of the Forum, the monitoring of commitments plays a vital role in developing engagement, accountability and trust, and in mapping progress of the commitments undertaken. Monitoring is defined as a continuous and systematic process carried out during the duration of an activity, which generates quantitative and qualitative data on the implementation of the commitment. The monitoring system is designed to provide regular feedback on the implementation of activities.

The evaluation of commitments, on the other hand, is useful in order to understand to what extent the commitment has been carried out in an effective manner, and to what extent the objectives set at the start have been achieved as well as what lessons can be learned for developing new activities. In the short- and medium-term, it helps to demonstrate whether the outputs of the activities of the Forum have contributed to increased knowledge and understanding of the harm caused by alcohol consumption. In the long term, it can ultimately allow the European Commission to evaluate the extent to which commitments have brought about changes in behaviour and attitude towards high risk alcohol consumption and commercial practices across Europe. Furthermore, it is important for stakeholders to document and review the benefits that accrue from their actions and the resources that have led to their materialization, so that key learning points can be identified and incorporated into future actions.

→ Why is external assessment of Forum commitments and monitoring reports needed?

As established by the Forum's Charter, *annual external evaluation* of the commitments' monitoring reports is carried out by independent consultants in order to assess the quality of the implementation of the commitments on the basis of the criteria of objectivity and comparability. The results of the external evaluation are presented in an EAHF Annual Report (formerly the Monitoring Progress Report), which evidences success (or otherwise), learning points and good practices to be shared as well as barriers experienced and ways to overcome them. This instrument has thereby the capability to strengthen trust-building and to promote the objectives of the Forum.

⁵³ Charter establishing the European Alcohol and Health Forum, p.3, available at: http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/Alcohol_charter2007.pdf

5.2 SCOPE OF THE DOCUMENT

The proposed User Guide is complementary to the two already existing guiding documents: Annex II of the Forum's Charter, *Monitoring Commitment*, and the *Guidance document to the electronic form for submitting commitments*⁵⁴. It provides further details on how to monitor and evaluate Forum commitments, ensuring greater consistency which in turn should lead to higher quality reports.

Monitoring and evaluation are essential tools for understanding to what extent the Forum activities are effectively contributing to sharing good practices and reducing alcohol harm in Europe. Past external evaluations (the Monitoring Progress Reports 2009-2013⁵⁵ and the Annual Report 2014⁵⁶) have highlighted that members still struggle to deliver reporting information of sufficient quality. Within this context, the purpose of this User Guide is to provide the Forum members with practical instructions on how to take forward the monitoring and evaluation of their commitments in the context of the specific process established by the Forum Charter.

Following the introduction and this overview, section 3 of the User Guide provides information on the methodology that Forum members should use in the process of planning, monitoring and evaluating commitments, in particular with reference to the application of the *intervention logic*. Next, section 4 outlines concrete examples on the different types of information required under the eight different sections of the *monitoring report form* that the members have to submit by filling the section *Details on the monitoring report* of the online Database.

5.3 METHODOLOGY

When implementing commitments, members are requested to assess the progress of ongoing activities and identify constraints for early corrective action (monitoring function). For final reports (i.e. when the commitment is completed), and to the extent possible for intermediate reports (i.e. when the commitment is ongoing), members are also requested to measure the effectiveness of the commitments (evaluation function). Forum members that have the financial means may wish to use external evaluators as these can bring specific expertise which can help with the process. Alternatively, for those members who decide to carry out monitoring and evaluation of commitment internally, a step-by-step methodology to efficiently perform these two functions is presented here.

➔ Define monitoring and evaluation details already at the planning phase

To ensure that commitments are implemented in an effective manner, an 'evaluation approach' should be defined already at the planning phase. Before the start of the activity, commitment holders define an *Action Plan*, which corresponds to the section *Information about the commitment* in the Database. The Action Plan should clearly map out the main steps and requirements associated to the implementation, monitoring and evaluation of the commitment.

➔ Use the intervention logic to prepare a clear and practical Action Plan

The use of an *intervention logic* can facilitate the planning phase of the commitment and help enhance the focus and robustness of monitoring and evaluation activities. An intervention logic consists of a systematic and visual way of presenting the key steps required in order to turn a set of resources or inputs into activities that are designed to lead to a specific set of changes or outcomes. If well-defined before an activity is implemented, an intervention logic can facilitate planning and execution, as well as the identification of key questions about the activity and the data and information to be collected for

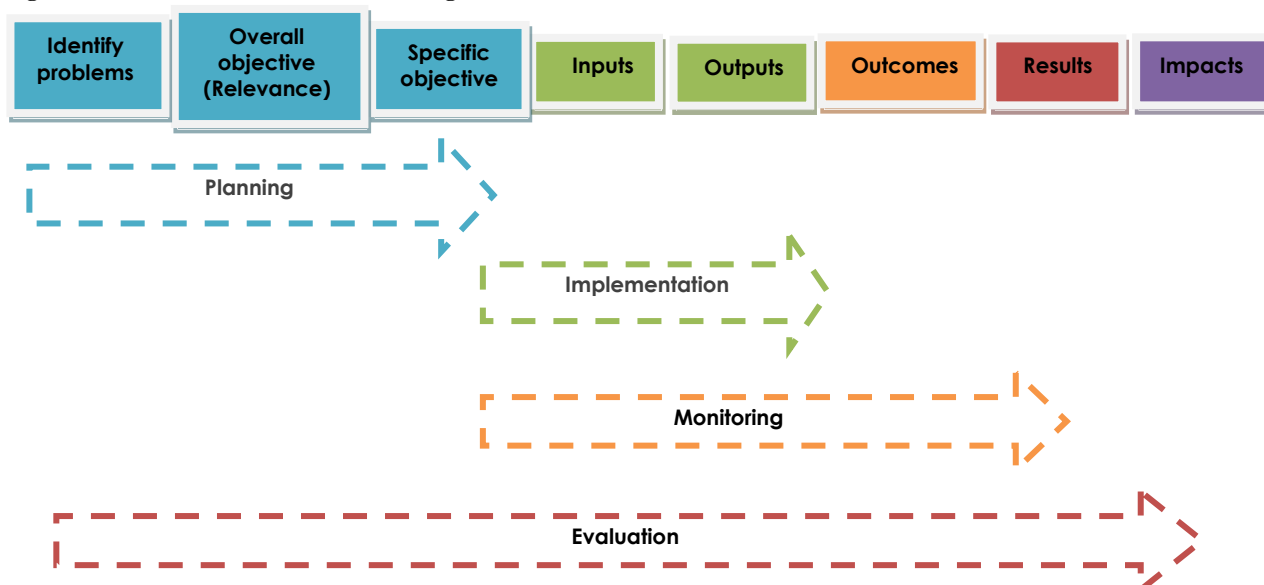
⁵⁴ http://ec.europa.eu/health/alcohol/docs/eahf_submission_guide_en.pdf

⁵⁵ The Monitoring Progress Reports are available of the EAHF website:
http://ec.europa.eu/health/alcohol/forum/forum_details/index_en.htm#fragment1

⁵⁶ To be published in February 2015.

the monitoring and the evaluation. A diagram of the intervention logic process is presented below.

Figure 25 Illustration of the intervention logic⁵⁷



The diagram reflects the structure of the monitoring report form and illustrates the differences between the planning, implementation, monitoring and evaluation phases.

It is important that the intervention logic informs the process of commitment inception and planning. When planning the commitment, its owners should start considering the issue they want to address by implementing the commitment and the impact or change it intends to achieve before working backwards through the steps required to achieve these objectives. When evaluating commitments, the intervention logic should be referred to in order to assess their effectiveness i.e. the extent to which objectives have been met. The clearer the monitoring and evaluation details are defined in the Action Plan - including potential indicators to be used to measure the progress of the commitment - the easier it will be to carry out the monitoring and evaluation at a later stage.

➔ Submit the monitoring report on time

Reporting takes place on an annual basis. Members use a standard template for their monitoring reports, the so-called *Monitoring Report Form* (see section 4)⁵⁸. According to the principles of the Forum's Charter, submission of monitoring reports, both intermediate and final, is a compulsory requirement for maintaining the Forum membership. Timely submission of reports is also necessary for adequate annual assessments of commitments and for the development of the Annual Report. This principle has been confirmed by the conclusions of the work of the *Governance Working Group (WG)*, which also reiterated that the monitoring reports needs to be submitted every year for all active commitments (including when multiannual).

As of 2016, the new deadline for submission of reports is the 31st of January. In this way the risk of members failing to report on one or more commitments, as has often been the case, will be suspended. To facilitate the follow-up of reports, the WG decided that, when submitting a new commitment, members should include a schedule for submission of the intermediate and final report(s), while respecting specific monitoring timetable as delineated in the example below:

⁵⁷ For a more detailed description on how the use of intervention logic could improve the monitoring of commitments, please see the report: 'Assessment of evaluation approaches within the EAHF Recommendations for improving the commitments evaluation framework', October 2013, available at: http://ec.europa.eu/health/alcohol/docs/eahf_assessment_evaluation_approaches_en.pdf.

⁵⁸ The Monitoring Report Form corresponds to the section 'Details on the monitoring report' of the database.

| Deadline | Action | Comment | Deadline |
|--|--|--|--|
| 1 st April to 30 th November | New commitments to be submitted Update monitoring reports – annual and/or final | Period for adding new commitments | 1 st April to 30 th November |
| 30th November | <u>Final date to submit new commitments</u> Members who fail to submit commitments by this date will be suspended | No new commitments to be submitted after this date in the same year | 30th November |
| 31 st January | Final date to submit monitoring reports | Updates of monitoring activities submitted after this date cannot be included in the Annual report and members will be considered to have failed reporting | 31 st January |
| 1 st February to 31 st March | The EAHF Annual Report assessment is in progress <u>No new Commitments should be added</u> Amendments cannot be made during this period | In this period the database is available only for viewing during this period as the Annual Report is being finalized. | 1 st February to 31 st March |
| April – May | Preliminary results of the EAHF Annual Report presented Start date for submission of new commitments for the actual year Annual Report finalized and shared with the Members | Final EAHF Annual Report is being finalized and for this reason the database will be available for viewing only. | April – May |

Source: Based on the EU Diet Platform procedure. The EU Diet Platform – Monitoring Timeline, available on the Commission website at:

http://ec.europa.eu/health/nutrition_physical_activity/docs/euplatform_yearly_monitoring_timeline_en.pdf

5.4 COMPLETING THE MONITORING REPORT FORM

This section of the User Guide provides concrete instructions on how to complete the monitoring report form – with practical examples for the different sections. For the eight sections of the monitoring report form, commitment owners should address the following questions:

| Section of the Monitoring Report Form | Questions the sections help to answer |
|---|---|
| 1. Implementation | What is the commitment about? |
| 2. Objectives | What do you want to achieve? |
| 3. Relevance | How does the commitment relate to the general aims of the Forum? |
| 4. Input Indicators | Which resources are available to put my objective into practice? |
| 5. Output Indicators | What are the products and services developed? |
| 6. Outcome and Impact Indicators | What are the (expected) results? To what extent are the original objectives achieved? |
| 7. Evaluation details* | What type of evaluation and what method is used to measure the outcomes/impacts? |
| 8. Dissemination* | How do you publicize the commitment's results? |

**compulsory only for final reports⁵⁹*

These questions are further explained below with a description of the information required in each of the eight sections as well as a summary of the main shortcomings identified in the past assessments of the reporting exercises. It then offers several tips to improve the reporting quality under each of the sections, accompanied by practical examples. The examples concern the four most common types of activities undertaken within the commitments:

- Media and outreach
- Training/Education
- Responsible marketing/responsible consumer information
- Promoting/Enforcing compliance.

The examples should be understood as indicative. They are by no means exhaustive in terms of the activities performed and the instruments used to implement and assess them. While they are based on evidence from commitments implemented in the context of the Forum, additional types of activities could also be envisioned.

In addition, the Annex VII of this report presents some examples of good practices collected from completed or ongoing commitments for which monitoring reports have been assessed by the external evaluators. For each good practice example, an explanation is given on why the external evaluators considered the report of good quality.

5.4.1 Implementation

When describing the implementation of their commitment(s), Forum members should describe the key milestones, include the timescales of the implementation (even if indicative) and provide some

⁵⁹ The Proposal for a User Guide is a working document that could be subject to future modifications if and when some of the recommendations put forward in the Annual Report 2014 will be implemented, i.e. some recommendations are made with regard to the modification of the 'Action Plan – Submission Form'. For example, it is suggested to make evaluation compulsory already at the planning phase of the commitment and for intermediate reports.

contextual background information, including details on these activities and the persons involved in their implementation. The target group⁶⁰ should also be identified in this section. Members should explain why a specific target group is chosen and provide (when possible) some evidence/data on the context.

The main shortcomings identified under this section by the external evaluations included an insufficient level of description related to the steps of implementation (key dates and/or milestones). Such shortcomings could be addressed by ensuring that all the elements listed below are described in a concise and easily understandable way.

- ➔ Provide the name, dates, actors, partners, timescale, key milestones of activities and target groups with a brief description.

Suggested target groups:

- People with special needs: pregnant women, children, older people, people with physical or mental diseases etc.
- Employees / Company staff (both sales and advertising)
- Bartenders/cashiers
- Students/adolescents
- Educators
- Parents
- Health professionals
- Local community
- Policy makers
- Wide audience / General public
- Others

5.4.2 Objectives

Forum members are expected to provide details on what they aim to achieve through their commitments while relating it to their activities.

The main shortcoming identified in the past is that objectives were formulated in a too general and confusing manner, making their evaluation difficult. Some practical tips to address this problem are presented here.

- ➔ Clearly setting the commitment's objectives helps focusing in more detail on what it seeks to achieve. Objectives should relate to specific actions and to a specific timeframe, and they need to be concrete and precise as this will make it easier to monitor/evaluate the commitments. In some situations it may be beneficial to divide the objectives into short, medium and long term objectives. Objectives should be 'S.M.A.R.T.'; i.e. Specific, Measurable, Achievable, Realistic, and Time-bound, as further described below.

S – Specific Objective

Specific (connected to the action(s)) – clear about what, where, why and when the situation will be changed.

Examples:

What do you want to achieve with this commitment (what are the objectives?) Where do you want to implement or execute the commitment?

- Which setting? Bars, schools, community, business?
- Which geographical coverage? A municipality, region, different member states?

⁶⁰ A specific field dedicated to identifying the target group may equally be added in the Action Plan.

- Which level? Local, national, European?

Why do you want to do this now (what is the underlying problem or the reason for the commitment)?

- Responsible marketing communication for alcohol beverages → aim: avoid exposure of minors to tempting offers.
- Lack of common approach among members of umbrella organization.
- Lack of knowledge on particular effects of excessive drinking.
- Awareness raising for 'designated driver' schemes benefits.
- Awareness raising for educators, bartenders etc.

When do you want to see the results of your commitment?

- Immediately after the launch of the action, after 3 months, one year, three years etc.

M – Measurable Objective

Measurable – able to provide an indication, in quantitative or qualitative terms, of commitment-related achievements, changes or benefits. It is recommended to choose objectives with measurable progress year after year, so you can see the change occur. How do you know you have accomplished your goals? Be as specific and quantitative as possible. It is important to consider the timeframe of the action.

Example:

Increase awareness amongst youth on responsible alcohol consumption and alcohol dangers: e.g. Measurable as it is possible to measure how many schools, teachers, pupils participated and how many changed attitudes (quantitative and qualitative).

A – Achievable Objective

Attainable/achievable – able to attain the objectives (knowing the resources and capacities at the disposal of all those concerned). Are the commitments “do-able”? Do you have the abilities, skills, human resources, and financial capacity to reach the goals?

Example:

For a campaign aiming at reducing excessive alcohol consumption: e.g. human resources, training for participants, capacity to evaluate the outcomes, promotion materials etc.

R – Realistic Objective

Realistic – able to obtain the level of change reflected in the objective. How realistic are your expectations? Have you done it before or is there a similar initiative or research base that makes its effectiveness plausible?

Example:

For education activities: e.g. How many other initiatives are there for consumer education? What is the added value of your commitment? Is your commitment realistic given your timescale?

T – Time Bound Objective

Time bound – stating the time period in which the objectives will be accomplished. Progress in fulfilling the commitment needs to be accompanied by specific indicators. What is the timeframe for the commitment? Specific descriptions of the time path of all activities of the actions should be provided.

Example:

All types of activities: When will the programme reach its conclusion? When will promotion material,

advertisements, websites etc. be ready? When will training take place? When will campaign start and end?

5.4.3 Relevance

Commitment holders are requested to describe, in a clear and concise way, how the commitment is relevant to the realisation of at least one of the Forum's general aims. This is an essential step in building trust in data and in supporting a transparent, participative and accountable process.

The main shortcoming identified in past reporting under this section includes the lack of a clear description and relevant compelling evidence. Some practical tips on how to provide such evidence for each of the four main types of activity are outlined in the box below.

➔ The response should show how the commitment is relevant (or pertinent, connected, or applicable) to the achievement of the general aim of the Platform, which is, 'to provide a common platform for all interested stakeholders at EU level that pledge to step up actions relevant to reducing alcohol-related harm', notably in the following seven priority areas:

1. strategies aimed at curbing under-age drinking;
2. information and education programmes on the effect of harmful drinking
3. information and education programmes on responsible patterns of consumption;
4. possible development of efficient common approaches throughout the Community to
5. provide adequate consumer information;
6. actions to better enforce age limits for selling and serving alcohol;
7. interventions promoting effective behavioural change among children and adolescents;
8. cooperation to promote responsibility in and prevent irresponsible commercial
9. communication and sales.

➔ Clear and specific evidence should be provided to substantiate the contribution that a commitment can make in one or more of these priority areas. Examples are provided in the following box.

Media and outreach

Examples

- **Consumer information campaigns; disseminate info on responsible consumption (leaflets, websites, social media, TV spots etc.):** e.g. Relevant because it helps raise general awareness about alcohol-related risks; promotes responsible attitudes with regard to minors and alcohol, etc.
- **Conferences, workshops targeting health professionals, services and sales professionals, teachers and trainers, marketing professionals, community workers etc.:** e.g. Relevant because it provides knowledge, training and guidelines on alcohol harm reduction to relevant stakeholders.
- **Publication of research on alcohol harm, effects of marketing strategies, compliance with laws on service and sales etc.:** e.g. Relevant because it raises profile of issues, provides knowledge, can lead to change in practices or legislation, etc.

Training/Education

Examples

- **Training of sales staff (bar tenders):** e.g. Relevant because it reduces risks of selling to minors.
- **Internal training on corporate code of practice/Training on responsible commercial communication and marketing:** e.g. Relevant because it improves marketing and sales practices.
- **School education programs:** e.g. Relevant because it introduces youth and minors to alcohol harm.
- **Information and guidelines targeting health professionals:** e.g. Relevant because it updates health professionals on alcohol harm issues, impacts, treatments etc.

Responsible marketing/responsible consumer information

Examples

- **Develop/strengthen responsible business practices (advertising, marketing etc.):** e.g. Relevant because it leads to greater impact in combating alcohol harm.
- **Labelling (e.g. for pregnant women, young people):** e.g. Relevant because it introduces target group to the

notion of alcohol risks.

Promoting/Enforcing compliance

Examples

- **Enforcing compliance with age limits (monitoring) and controls on enforcement of legal age limits:** e.g. Relevant because it makes underage drinking less likely.
- **Drink and drive activities:** e.g. Raises awareness and cultivates a change in behaviour.
- **Guidelines from retailer's umbrella organization to member companies:** e.g. Relevant because it promotes adoption of common approaches to tackle alcohol harm.

5.4.4 Input Indicators

In the section input indicators Forum members are expected to include details related to the resources (human and financial) allocated to each of their activities.

The main shortcoming associated with input indicators reporting relates to the fact that quantitative information is often not provided or is not complete. Some tips to address this challenge are suggested here.

➔ Good quantitative data is necessary to identify good practices. It is also an indication about what efforts are needed for further implementation of an action. Input indicators measure the resources allocated to each action/activity. Resources here mean:

- staff employed,
- time spent (man/hours) and
- financial resources (indicated in EUR).

Reply to the questions: How many people are working on the project? What training is needed to carry out the action? What are the total costs of the commitment? (if possible including a financial breakdown by activity/component etc).

➔ The staff employed should be reported in FTE (full time equivalent) or PT (part time staff). Do not include volunteers in staff time but mention them separately. The total number of volunteers, across all countries, who have participated in the commitment, is all that is required, even if they have only been involved for one hour in the year.

➔ Costs may be related to:

- Training
- Production of resources e.g. advertising/marketing/awareness raising
- Technical costs – website design etc.
- Evaluation/monitoring costs.

➔ Confidentiality, marketing competition and commercially sensitive data are issues that need to be taken into consideration when filling in this section. When input data is commercially sensitive Forum members should try to find alternative ways to define the input.

Media and outreach

Examples

- **Consumer information campaigns; disseminate info on responsible consumption (leaflets, websites, social media, TV spots etc.).**
Total financial resources used to implement the commitment, if possible including a financial breakdown by activity/component; number of employed staff and description of assigned tasks; number of working hours; volunteers involved; other costs etc.

- **Conferences, workshops targeting health professionals, services and sales professionals, teachers and trainers, marketing professionals, community workers etc.**
Total financial resources used to implement the commitment; number of staff; number of working hours; description of tasks; volunteers involved; other costs etc.
- **Publication of research on alcohol harm, effects of marketing strategies, compliance with laws on service and sales etc.**
Funding organization and budget; number of staff; number of working hours; other costs etc.

Training/Education

Examples

- **Training of sales staff (bar tenders).**
Total financial resources used to implement the commitment; number of staff; number of working hours; description of tasks; volunteers involved; other costs etc.
- **Internal training on corporate code of practice/Training on responsible commercial communication and marketing.**
Budget devoted by the company; number of staff; number of working hours; other costs etc.
- **School education programs.**
Total financial resources used to implement the commitment; number of staff; number of working hours; description of tasks; volunteers involved; other costs etc.
- **Information and guidelines targeting health professionals.**
Total financial resources of company; number of staff; number of working hours; description of tasks; volunteers involved; other costs etc.

Responsible marketing/responsible consumer information

Examples

- **Develop/strengthen responsible business practices (advertising, marketing etc.).**
Budget devoted by the company; number of staff; number of working hours; other costs etc.
- **Labelling (e.g. for pregnant women, young people).**
Budget devoted by the company; number of staff; number of working hours; other costs etc.

Promoting/Enforcing compliance

Examples

- **Enforcing compliance with age limits (monitoring) and controls on enforcement of legal age limits.**
Total financial resources used to implement the commitment; number of staff; number of working hours; description of tasks; volunteers involved; other costs etc.
- **Drink and drive activities.**
Total financial resources used to implement the commitment; number of staff; number of working hours; description of tasks; volunteers involved; other costs etc.
- **Guidelines from retailer's umbrella organization to member companies.**
Total Financial resources used to implement the commitment; number of staff; number of working hours; description of tasks; volunteers involved; other costs etc.

5.4.5 Output indicators

In the section on output indicators Forum members are expected to quantify the immediate results of the actions carried out in the context of their commitment.

The main shortcomings identified in past reporting exercises include: brevity in describing outputs, inclusion of irrelevant information, failure to link output indicators with the previously described activities and inputs and some confusion or misunderstanding as to what should be counted as an output. Some tips to address these challenges are provided in the following.

- ➔ Output indicators measure from a quantitative point of view the results reached through the use of inputs (e.g. sellers and servers trained, size of population targeted, number of events organised etc.). Output indicators can also be expressed in descriptive, qualitative terms (e.g. content of workshop/conference, content of education material, changes to code of practices etc.).
- ➔ Outputs should be presented in a way that makes clear the link with inputs (resources used for achieving the objectives) on the one hand, and outcome indicators on the other hand.

- ➔ It is also important to have a good insight into the process of implementing or executing the action in a clear timeframe. Therefore it is necessary to have output indicators available, which can be monitored throughout the action. To do so, it is essential to consider the timeframe and to define this in advance. Very often one objective can involve several output parameters.

Media and outreach

Examples

- **Consumer information campaigns; disseminate info on responsible consumption (leaflets, websites, social media, TV spots etc.).**
Number of leaflets/spots; number of hits in websites and social media pages; methods of distribution; geographical area covered.
- **Conferences, workshops targeting health professionals, services and sales professionals, teachers and trainers, marketing professionals, community workers etc.**
Content and structure of conferences and workshops; number of participants; main message; material used.
- **Publication of research on alcohol harm, effects of marketing strategies, compliance with laws on service and sales etc.**
Content of publication; data on contributors; number of copies; geographical reference area.

Training/Education

Examples

- **Training of sales staff (bar tenders).**
Number of professionals trained; dates of trainings; training methods and material used; area covered.
- **Internal training on corporate code of practice/Training on responsible commercial communication and marketing.**
Number of professionals trained; attendance rate; dates of trainings; training methods and material used.
- **School education programs.**
Attendance rate; number of children and teachers; dates of trainings; training methods and material used; main message.
- **Information and guidelines targeting health professionals.**
Attendance rate; number of professionals; dates of trainings; training methods and material used; main message.

Responsible marketing/responsible consumer information

Examples

- **Develop/strengthen responsible business practices (advertising, marketing etc.).**
Main improvements, changes to code of practice etc.
- **Labelling (e.g. for pregnant women, young people).**
Details of what changes were made to labels of products; number of products with changes; sales figures before and after the change.

Promoting/Enforcing compliance

Examples

- **Enforcing compliance with age limits (monitoring) and controls on enforcement of legal age limits.**
Organizations targeted; number of participants; dates; geographical area covered; legal status quo in member states.
- **Drink and drive activities.**
Number of participants; geographical area covered; dates; material used and strategies.
- **Guidelines from retailer's umbrella organization to member companies.**
Main message; materials used to develop guidelines; number of organizations covered; member states covered.

5.4.6 Outcome and Impact indicators

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

In the past reporting exercises this section was very often left blank. Members have difficulties in distinguishing between outputs and outcomes (or impacts) and very often the little information they have regarding outcomes is presented in the incorrect section (i.e. short-term outcomes are often presented as outputs). These challenges could be overcome by taking into account the following

suggestions.

- ➔ Outcomes and impacts are the product of what happens as a result of inputs and outputs. Impacts in the present context refer to more long-term societal effects. Overall, reporting on results should enable members to answer the question: *how successful has my commitment been in relation to my original objectives?*

The indicators to be used may include:

- Determinants of behaviour/Attitudinal change/Change in common practices
 - Changing behaviour itself as measured through consumption patterns, serving policy, consistency in conforming with responsibility guidelines (e.g. communication) etc.
 - Incidence of violence/accidents/deaths/disease.
- ➔ Depending on the scope of the commitment there may be short term outcomes (such as increased knowledge), mid-term outcomes (such as change in behaviour towards more responsible alcohol consumption) or long term impacts (such as reduction in road traffic accidents, or in the incidence of liver cirrhosis due to reduced alcohol consumption).

Media and outreach

Examples

- **Consumer information campaigns; disseminate info on responsible consumption (leaflets, websites, social media, TV spots etc.).**

Short-term outcomes can be measured by number of individual visits to websites, number of re-transmitting/sharing information online, number of "likes" in Facebook pages, geographical coverage of people informed.

Mid-term outcomes can measure the number of people that changed attitudes after the activity is implemented (surveys, questionnaires).

- **Conferences, workshops targeting health professionals, services and sales professionals, teachers and trainers, marketing professionals, community workers etc.**

Short-term outcomes can be measured by positive feedback from participants gathered through questionnaires.

Mid-term outcomes can refer to change of attitude and/or behaviour on the part of participants. This can be measured through targeted interviews before and after the event, and also surveys. For marketing professionals impacts can also refer to an increased efficiency in producing responsible communication material.

- **Publication of research on alcohol harm, effects of marketing strategies, compliance with laws on service and sales etc.**

Short term outcomes include the relaying and presentation (positive, neutral) of the research in the media, the number of downloads etc.

Mid-term outcomes refer to the success of the research in academic and policy communities (number of references made, source of reference etc.).

Long-term impacts can refer to changes made in business practices as an outcome of the research (spill-over effect), changes in laws.

Training/Education

Examples

- **Training of sales staff (bar tenders).**

Short-term outcomes refer to satisfaction levels of trainees. These can be assessed through questionnaires.

Mid-term outcomes refer to change in attitudes and behaviour. These can be established through surveys and targeted interviews (weeks or months after the training; expressed in percentage changes or qualitative via interviews).

Long-term impacts can refer to reduced percentages of underage drinking in targeted areas (quantitative).

- **Internal training on corporate code of practice/Training on responsible commercial communication and marketing.**

Short-term outcomes, greater awareness and knowledge of participants.

Mid-term outcomes, increased implementation of self-regulation codes. Number and character of changes made. Number of companies which adopted new practices.

Long-term decreased exposure of underage people to alcohol advertising (percentage changes).

- **School education programs.**
Short-term outcomes, greater awareness and knowledge of participants. Number of children receiving teaching/training.
Mid-term outcomes refer to changed attitudes and behaviour (surveys).
Long-term impacts refer to lower levels of underage drinking, binge drinking among youth in a certain area etc. (quantitative).
- **Information and guidelines targeting health professionals.**
Short-term outcomes, greater awareness and knowledge of participants.
Mid-term outcomes refer to change in attitudes and behaviour.

Responsible marketing/responsible consumer information

Examples

- **Develop/strengthen responsible business practices (advertising, marketing etc.).**
Mid-term outcomes refer to the effect of codes of conduct for commercial communications. Have marketing communications changed as a consequence of certain interventions? What is the average compliance level with the self-regulatory rules?
Long-term impacts can refer to effects on the target group (youth and minors) and measured quantitatively through the size of sales.
- **Labelling (e.g. for pregnant women, young people).**
Short term, number of people aware of such products.
Mid-term, increase in sales (quantitative).

Promoting/Enforcing compliance

Examples

- **Enforcing compliance with age limits (monitoring) and controls on enforcement of legal age limits.**
Short-term outcome, increased awareness by vendors.
Mid-term outcome change in behaviour (surveys, questionnaires).
Long-term impact, reduced selling to minors (quantitative) in a certain area.
- **Drink and drive activities.**
Short-term outcome, raised awareness.
Mid-term outcome, change in attitude and behaviour (increase in percentage of people who do not drive drunk after the intervention).
Long-term reduction in deaths from drunk driving in a certain area/region.
- **Guidelines from retailer's umbrella organization to member companies.**
Mid-term outcome, number of recommendations put into practice by member companies. Integration of guidelines in business practices.

→ NOTE: Ideally the effects on the reduction of alcohol-related harm could be evaluated on the longer term. Nonetheless, in many instances it is hard to attribute causality in light of the coincidence of a multiplicity of factors (socio-economic and policy related).

Moreover, in some cases it will not be possible for the Forum members to perform this type of effect evaluation because actions are spread over a large area or resources are insufficient to perform an effective evaluation in accordance with 'scientific gold standards' (which, for example, would require a control condition or a control region). However, such evaluations, where undertaken, would significantly increase the confidence and information on the effectiveness of commitments. In those cases where such large scale evaluations are not possible, it might be useful to make use of existing monitoring framework systems, preferably national ones.

→ European / national data sources (e.g. alcohol related deaths, number of alcohol induced traffic accidents, percentage of under-age drinking, size of population with alcohol use disorders, economic burden, family burden etc.) could be used to assess baseline data at the beginning of a commitment and then again at its conclusion to indicate, as a very broad measure, whether any changes in behaviour / health have taken place during the life of the commitment. It is not possible however to conclude that a cause and effect relationship has been in place i.e. that commitment 'x' has resulted in behaviour change 'y'.

5.4.7 Evaluation Details

The section on evaluation requires that the commitment holder describes the tools and methods used for the evaluation, including references to both internal and external evaluators.

A recurrent problem in past reporting exercises was that a significant number of monitoring reports provided very limited information on the distinction between internal and external evaluation and on the methods applied, time, target etc. (often just two or three bullet points without further elaboration). Where the commitment entails multiple activities, very often evaluation is only partially carried out on some elements/components and not others. These challenges could be overcome by taking into account the following suggestions.

- ➔ Evaluation parameters should already be established in the commitments' planning phase i.e. at the time of submission of the Action Plan and before the implementation of the commitments. The following steps should be undertaken:
 - Identify the purpose of evaluation.
 - Clearly define resources needed and resources available. This will determine whether evaluation will be conducted internally or by external experts, as well as its duration and follow-up.
 - Develop evaluation methodology by identifying:
 - Target group(s) for evaluation results
 - Parameters for data collection (e.g., sample size, timeline for data collection and follow-up)
 - Appropriate questions.
- ➔ Depending on the type of activities carried out, some evaluation methods tend to be more suitable than others. For example, website statistics and media monitoring are instrumental in evaluating consumer information and media activities. Focus group/external feedback is an appropriate method to evaluate any education and youth involvement activity, while peer review/internal feedback and compliance check seem to be fit for the evaluation of activities that regard the enforcement of marketing or sales regulation, such as commercial communication activities. On the contrary, the use of surveys and interviews can be used for most activities. The monitoring organization will have to select the kind of evaluation that fits the objectives of the commitment. In brief, evaluations can involve the following elements:

| Type of evaluation | Evaluation method ⁶¹ |
|--|--|
| <ul style="list-style-type: none"> ■ Internal ■ External ■ Both | <ul style="list-style-type: none"> ■ Survey (online, in written form, by phone) ■ Focus group / external feedback ■ Interview ■ Website statistics ■ Media monitoring ■ Desk research ■ Peer review / internal feedback ■ Compliance check |

- ➔ It is important to gather baseline data for future comparison (in outcomes- and impact-based evaluations). When possible use national or European monitoring frameworks (e.g. alcohol related deaths, number of alcohol induced traffic accidents, percentage of under-age drinking

⁶¹ To know more about the usefulness of the different evaluation methods, please see the report: 'Assessment of evaluation approaches within the EAHF Recommendations for improving the commitments evaluation framework', October 2013, p. 17-19, available at: http://ec.europa.eu/health/alcohol/docs/eahf_assessment_evaluation_approaches_en.pdf.

etc.).

Two examples are offered for illustration purposes. These should not be understood as constraining.

Examples of evaluations

Awareness campaign on the use of designated drivers:

Purpose of the evaluation

- Awareness of designated driver concept
- Use of designated drivers
- Incidence of alcohol-related traffic crashes
- Share the results with key external stakeholders

Measuring outcomes

- Were the materials read by their intended audience? Was there interest in them?
- Are target audience members aware of the campaign?
- Did the campaign change awareness about designated driver schemes among respondents?
- Were changes different among different groups of respondents?
- Would respondents be more/less likely to use a designated driver after the campaign?

Measuring impacts

- Did the campaign change awareness about designated driver schemes among respondents?
- Were changes different among different groups of respondents?
- Would respondents be more/less likely to use a designated driver after the campaign?
- Did the campaign result in a change of behaviour? Among whom?
- Did the campaign have an impact on road traffic incidents (crashes and fatalities)?

School based alcohol education program:

Purpose of the evaluation

- Knowledge and understanding of alcohol and its impact on the body
- Attitudes around drinking
- Drinking levels and patterns
- Age restrictions

Measuring outcomes

- Were the materials understood?
- Did students understand the topics covered?
- Measurable impact on awareness and/or behaviour? (surveys, interviews)

Measuring impact

- Measurable impact on awareness and/or behaviour? (surveys, interviews)

➔ If the evaluation details have been well-defined at the planning phase, applying them at a later stage will be less burdensome as it will require fewer resources.

➔ Evaluation should then be carried out during (intermediate report) and after (final report) the implementation of the commitment. The following steps should be undertaken:

- Apply the evaluation method to the selected target group
- Analyse data and (when possible) compare with baseline.
- Interpret evaluation findings.
- Identify implications of findings.

5.4.8 Dissemination

For the section on dissemination Forum members are requested to indicate details on how the results of the commitment were disseminated, including quantitative estimates to enable the reader to gauge the scale of the dissemination.

The main shortcoming identified in past reporting exercises relates to insufficient information regarding the scale and scope of the dissemination strategy. Such shortcomings could be addressed by ensuring that all the elements listed below are described in a concise and easily understandable way:

- Type of dissemination (leaflets, publication, TV/radio messages etc.)
 - Main message; including reference to lessons learned
 - Dates
 - Target audience
 - Numerical details (number of copies, spots, recipients etc.)
 - Partners and volunteers (e.g. civil society representatives, celebrities etc.)
- ➔ Commitment holders should not confuse the information provided here with the activities of the commitments themselves when they refer to awareness raising and media activities.

ANNEX I – MONITORING REPORT TEMPLATE

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

| | | | |
|--|--|--|--|
| Access code:* | | Description of the implementation of the commitment (max. 500 words):* | Medium term: |
| Commitment #: | | Objectives (cf. sections 4–5 of the Monitoring Commitment in Annex II of the Forum Charter): in which way and to which extent have the objectives set out in the original commitment form been achieved in the reporting period? (max. 500 words):* | Long term: |
| Title of the commitment:* | | | Other: |
| Name of the Forum member organisation owning the commitment:* | | Relevance (i.e. how did the commitment during the reporting period contribute to achieving the overall aims of the Forum – cf. section 3 of the Monitoring Commitment in Annex II of the Forum Charter) (max. 250 words):* | Evaluation details (tools and methods used, internal or external evaluators ...)(max. 250 words) (*mandatory for final report only):* |
| Is this a report for an ongoing commitment or a final report?:* | | | |
| What is the time period covered by this report (in the case of a final report, the reporting period is the life span of the commitment)?* | | Input indicators (resources allocated to the commitment ('What was done to put the objectives into practice?') – cf. section 5a of the Monitoring Commitment in Annex II of the Forum Charter) (max. 250 words):* | Other comments related to monitoring the commitment (This section is to be used to add any other information which can be useful in terms of understanding issues relating to the monitoring of your commitment, such as any major obstacles that have been encountered, sources of data used, etc. If the basic details of the commitment have been changed, this field is to be used to explain why and how they were changed.) (max. 300 words): |
| Point of contact for the commitment (the person authorised by the organisation owning the commitment who can be contacted for information about the commitment):* | | | |
| | | Output indicators (measure from a quantitative point of view the results created through the use of inputs ('What was achieved with the resources allocated to the commitment') – cf. section 5b of the Monitoring Commitment in Annex II of the Forum Charter) (max. 250 words):* | Dissemination (How were the results of the commitment disseminated?) (max. 250 words) (*mandatory for final report only):* |
| Commitment summary (based on summary given in original commitment form):* | | Outcome and impact indicators (How successful has the commitment been during the reporting period in relation to the original objectives – cf. section 6 of the Monitoring Commitment in Annex II of the Forum Charter. These indications go beyond the minimum agreed requirements to monitor a commitment, and it is expected that this type of evaluation will not be carried out for all commitments.) (max. 250 words)* : Short term: | |
| Link to websites relating to the commitment: | | | References to further information relating to the monitoring of the commitment: |

ANNEX II - EAHF MEMBERSHIP UPDATE

Table 15 Full list of Forum Members as of November 2014

| Non-governmental organizations and Health Professionals | Joined |
|---|-----------------|
| Alcohol Action Ireland | Founding Member |
| Alcohol Health network | April 2014 |
| Alcohol Policy Youth Network – APYN | April 2008 |
| Association Nationale de Prévention en Alcoologie et Addictologie (A.N.P.A.A) | Founding Member |
| Association of European Cancer Leagues (ECL) | Founding Member |
| European Mutual help Network for Alcohol related problems (E.M.N.A.) | Founding Member |
| EUROCARE | Founding Member |
| EUROCARE ITALIA | Founding Member |
| Estonian Temperance Union | Founding Member |
| European Association for the Study of the Liver (EASL) | November 2009 |
| European Federation of Pharmaceutical Industries and Associations (EFPIA) | November 2012 |
| European Liver Patients Association | November 2014 |
| European Medical Students' Association | April 2012 |
| European Midwives Association | Founding Member |
| European Public Health Alliance | Founding Member |
| German Centre for Addiction Issues (DHS) | Founding Member |
| International Federation of Medical Students' Associations (IFMSA) | April 2011 |
| NordAN - the Nordic Alcohol and Drug Policy Network | Founding Member |
| NO EXCUSE SLOVENIA | April 2014 |
| Scottish Health Action on Alcohol Problems (SHAAP) | November 2012 |
| Standing Committee of European Doctors (CPME) | Founding Member |
| United European Gastroenterology (UEG) | October 2011 |
| Production and Sales Organisations | Joined |
| Anheuser-Busch InBev (ABI) | October 2007 |
| European Cider and Fruit Wine Association (AICV) | November 2008 |
| Association of small and independent breweries in Europe (SIB) | Founding Member |
| Associazione Italiana Imprese Intrattenimento da Ballo e di Spettacolo | April 2014 |
| Bacardi Martini | Founding Member |
| British Beer and Pub Association | Founding Member |
| Brown-Forman | Founding Member |
| Carlsberg Group | November 2014 |
| European Federation of Associations of Beer and Beverages Wholesalers (CEGROBB) | Founding Member |
| Comité Européen des Entreprises Vins (CEEV) | Founding Member |
| Confederation of European Farmers and European Agri-Cooperatives COPA- | Founding Member |

| | |
|---|-----------------|
| COGECA | |
| Delhaize Group | Founding Member |
| Diageo | Founding Member |
| Eurocommerce | Founding Member |
| European Travel Retail Confederation (ETRC) | October 2011 |
| Finnish Hospitality Association (MaRa) | April 2008 |
| Heineken (International) | Founding Member |
| Horeca Vlaanderen | November 2012 |
| HOTREC | October 2007 |
| Moët Hennessy | Founding Member |
| Pernod Ricard S.A. | Founding Member |
| SABMiller | Founding Member |
| SpiritsEUROPE | Founding Member |
| The Absolut Company | Founding Member |
| The Alcohol Beverage Federation of Ireland (ABFI) | April 2008 |
| The Brewers of Europe | Founding Member |
| The Scotch Whisky Association | Founding Member |
| Union des Métiers et des Industries de L'hôtellerie (UMIH) | April 2014 |
| Visita - Swedish Hospitality Industry | April 2008 |
| Anheuser-Busch InBev (ABI) | October 2007 |
| European Cider and Fruit Wine Association (AICV) | November 2008 |

| Advertising, marketing, media and sponsorship organisations | Joined |
|---|-----------------|
| Advertising Information Group AIG (representing ZAW and WKÖ) | Founding Member |
| Association of television and radio sales houses (EGTA) | Founding Member |
| European Association of Communication Agencies | Founding Member |
| European Publishers Council (EPC) | Founding Member |
| The European Sponsorship Association (ESA) | Founding Member |
| World Federation of Advertisers (WFA) | Founding Member |

| Research institutes and others | Joined |
|---|-----------------|
| European Transport Safety Council (ETSC) | Founding Member |
| Royal College of Physicians (RCP London) | Founding Member |
| Institut de Recherches Scientifiques sur les boissons alcoolisées (IREB) | Founding Member |
| Institute of Alcohol Studies (IAS) | Founding Member |
| International Center for Alcohol Policies (ICAP) | Founding Member |
| STAP - Dutch Institute for Alcohol Policy | Founding Member |
| Association of European Professional Football Leagues (EPFL) | November 2009 |
| German Football League (DFL) | Founding Member |
| European Platform of Social Institutions (ESIP) | November 2009 |

Table 16 Forum members by level of commitment activity in their respective countries

| Breakdown by geographic area | No |
|--|-----------|
| Europe-wide | 27 |
| International ⁶² | 4 |
| Member State level, including economic operators | 33 |
| Total | 64 |

Table 17 Breakdown of Forum members by Member States

| Breakdown by Member State | No | Member |
|--------------------------------------|----|---|
| Austria | 1 | Advertising Information Group AIG |
| Belgium | 3 | Anheuser-Busch InBev, Delhaize, Horeca Vlaanderen |
| Estonia | 1 | Estonian Temperance Union |
| Finland | 1 | Finnish Hospitality Association |
| France | 5 | A.N.P.A.A, UMIH, IREB, Moët Hennessy, Pernod Ricard |
| Germany | 2 | German Centre for Addiction Issues; German Football League |
| Ireland | 2 | Alcohol Beverage Federation of Ireland; Alcohol Action Ireland |
| Italy | 2 | EUROCARE ITALIA, Associazione Italiana Imprese Intrattenimento da Ballo e di Spettacolo |
| The Netherlands | 2 | Heineken, STAP |
| Slovenia | 1 | NO EXCUSE |
| Sweden | 2 | Visita, Absolut Company |
| UK | 10 | Sab Miller, Alcohol Health Network, Institute of Alcohol Studies, Royal College of Physicians, British Beer and Pub Association, Scottish Health Action on Alcohol Problems, Diageo, Scotch Whisky Association, Bacardi Martini, Brown-Forman |
| Nordic Countries⁶³ | 1 | Nordic Alcohol and Drug Policy Network |

⁶² Alcohol Policy Youth Network (APYN), International Centre for Alcohol Policies (ICAP, based in the USA), International Federation of Medical Students Associations, World Federation of Advertisers (WFA).

⁶³ Nordic Alcohol and Drug Policy Network, which is also a member of EUROCARE.

ANNEX III – EAHF COMMITMENTS UPDATE

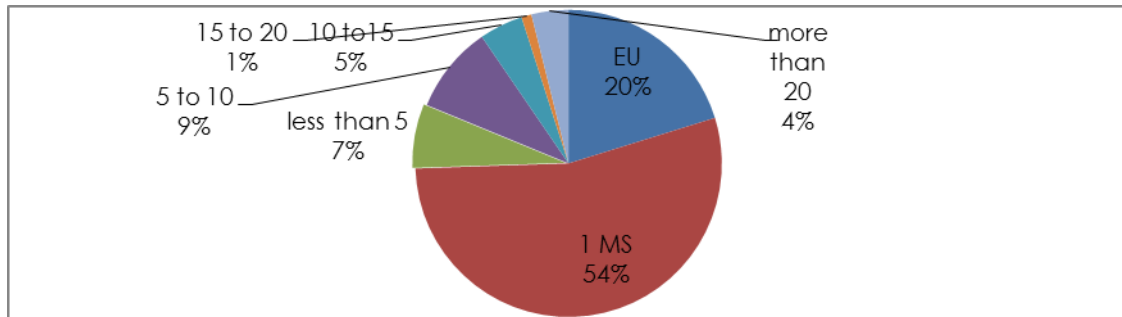
Table 18 Number of commitments implemented in EU Member States

| Member State | No. of commitments implemented in this MS* | No. of commitments implemented in only one MS |
|----------------|--|---|
| Austria | 33 | 2 |
| Belgium | 54 | 11 |
| Bulgaria | 30 | 2 |
| Croatia | 0 | 0 |
| Cyprus | 15 | 2 |
| Czech Republic | 45 | 7 |
| Denmark | 38 | 7 |
| Estonia | 26 | 3 |
| Finland | 36 | 4 |
| France | 54 | 15 |
| Germany | 59 | 7 |
| Greece | 26 | 0 |
| Hungary | 35 | 6 |
| Ireland | 41 | 10 |
| Italy | 55 | 9 |
| Latvia | 26 | 0 |
| Lithuania | 23 | 0 |
| Luxembourg | 23 | 0 |
| Malta | 13 | 0 |
| Netherlands | 53 | 5 |
| Poland | 54 | 16 |
| Portugal | 29 | 1 |
| Romania | 44 | 8 |
| Slovakia | 26 | 2 |
| Slovenia | 22 | 0 |
| Spain | 44 | 8 |
| Sweden | 45 | 5 |
| United Kingdom | 74 | 22 |

*Commitments can be implemented in several countries.

** This category does not exist anymore in the database. Commitments referring only to EU level (commitments indicating MS and EU level have not been counted

Figure 26 Commitments by number of Member States covered



ANNEX IV - METHODOLOGICAL APPROACH OF THE QUALITY ASSESSMENT

This section sets forth the methodology used in the quality assessment of the monitoring reports submitted by EAHF members. The methodology adopted in this 2014 Annual Report builds upon the four previous editions, and respects the consistency imperative. The quality evaluation process is conceived dynamically and updated with each consecutive evaluation exercise, yet it must ensure comparability over time. The methodological approach adopted here seeks, therefore, to provide an objective and clear insight into the quality of Forum members' monitoring activities, both individually and at an aggregate level.

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

"SMART" Assessment

In line with the Forum's Charter⁶⁴, the overall framework for evaluating the quality of members' monitoring reports is based on the use of "SMART" procedure (see box below).

| SMART procedure (Forum Charter) |
|--|
| <ul style="list-style-type: none">• Specific (connected to the action(s)) – clear about what, where, why and when the situation will be changed;• Measurable – able to quantify or qualify the achievements, changes or benefits;• Attainable/achievable – able to attain the objectives (knowing the resources and capacities at the disposal of all those concerned);• Realistic – able to obtain the level of change reflected in the objective;• Time bound – stating the time period in which the objectives will be accomplished. |

The SMART procedure was initially adapted by RAND in the 2009 assessment to better suit the needs of quality assessment and particularly the fact that the assessment focuses on monitoring activities rather than the actual impacts of the commitments.⁶⁵ In the 2010 evaluation, the COWI/Milieu consortium sought to further refine and clarify the assessment criteria by introducing more specific definitions. This refined version of the SMART procedure has been established as the basis for the assessment and was applied in 2011, 2012, 2013 as well as 2014 quality evaluation exercises.

The rationale underpinning the progressive adaptation of this procedure is summarised in table 7 below.

⁶⁴ Forum Charter, p. 9-10.

⁶⁵ RAND, First Monitoring Progress Report, Chapter 3, p. 27.

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

| Assessment criteria | Interpretation 2009 | Clarification 2010 (likewise applied in 2011, 2012, 2013 and 2014) |
|---------------------|--|--|
| Specificity | Does the report state clearly what the commitment aims to do, for whom, how it will be done and by means of which actions it will be accomplished? | The evaluation will focus on whether the report provides all the relevant information (how/who) per report field. The scoring will only assess whether the relevant information is included (the manner in which it is described and the level of detail are scored by the other criteria). |
| Clarity | Does the report allow the reader to understand the commitment fully? Does the report offer clear links between objectives, inputs, outputs and outcomes (if present)? | The evaluation will focus on whether the report provides, where relevant, links (between objectives, input, output, etc.) to ensure a better overall understanding. It will also assess whether the information is provided in a clear and understandable manner, and provides a good overview for the reader. |
| Focus | Does the report include only relevant information and provide necessary contextual information for the reader to be able to judge the scale of commitment's impacts? | The evaluation will focus on whether the report includes sufficient (but not superfluous) detail and, where necessary, provides contextual information. |
| Measurement | Does the report include quantitative data that have been measured accurately and at appropriate intervals, and that are framed in an understandable manner? | The evaluation will assess whether the report provides sufficient quantitative data wherever relevant. |

To ensure the continuous improvement and coherence in assessment across reports and across years, the evaluation team conducts the assessment according to internally agreed 'internal assessment guidelines'.

The Individual Feedback Forms

As stated in the introduction, all members that have submitted monitoring reports receive individual feedback forms. These forms are divided into sections corresponding to those in their monitoring reports⁶⁶. Each section is made up of report fields that refer to the SMART assessment criteria discussed above. It must be noted that not all criteria are applicable in all sections (e.g. not all sections require quantitative data).

Each section receives a maximum score of five if all applicable criteria are fulfilled. The template used for individual feedback forms can be found in annex V to this report. Possible scores are presented in the table below, along with their respective meaning.

Table: Meaning of scores awarded

| Score | 5 | 4.5 | 4 | 3.5 | 3 | 2.5 | 2 | 1.5 | 1 | 0.5 | 0 | N/A |
|---------|-------------------|-----|--------------|-----|---|------------------|---|-----|---|-----|---|----------------|
| Meaning | Very satisfactory | | Satisfactory | | | Not satisfactory | | | | | | Not applicable |

As in the last four years assessments, individual feedback forms begin with a general introduction that informs the commitment holder of the individual score of the commitment (expressed in points and in

⁶⁶ Please refer to Annex I for more details on the monitoring reports' standardised template.

percentage of total), and the overall median scores of all commitments submitted for the respective period. The scores are broken down by sections that are scored⁶⁷ and by criteria⁶⁸. This introduction also contains the main conclusions of the quality evaluation and information on the assessment process.

Scores are presented in both absolute value and as share of the maximum possible score for each commitment. This seeks to provide a clearer picture of actual performance and ease comparisons across members, given the fact that scoring ceilings vary depending on the reports status (intermediate or final) as well whether non-mandatory fields in intermediate reports have been completed.

A sample section of a feedback form template is presented in the table below. For further details, please see annex V: ‘Individual feedback form matrix’.

Table: Example of a section of the assessment matrix (report section 4 on objectives); maximum possible scores are indicated.

| 4. Objectives: The objectives help to focus in more detail on what the commitment is aiming to achieve and connect to specific actions and to a specific timeframe and are concrete and precise. In some situations it may be beneficial to divide the objectives into short, medium or long term objectives. In other words, in what way and to which extent have the objectives set out in the original commitment form been achieved in the reporting period (max. 500 words)? | | | | | | |
|---|--|-----|--|--|----------|-----------------------------|
| Specificity | Does the report describe how and when the objectives have been or will be achieved? | 1 | | | Comments | |
| Clarity | Does the report offer clear links between objectives, inputs, outputs and outcomes? | 1 | | | | |
| | Are the objectives set out in a manner that the reader can fully understand the commitment? | 1 | | | | |
| Focus | Is only relevant information included in the description of objectives? | 0,5 | | | | |
| | Is sufficient contextual information provided to make the objectives of the commitment understandable? | 0,5 | | | | |
| Measurement | Are relevant quantitative data included on the implementation of the commitment? | 1 | | | | |
| Total score: | | 5 | | | | Recommendation uptake score |

Recommendation Uptake

⁶⁷ Sections: implementation; objectives; relevance; input indicators; output indicators; outcome and impact details; evaluation details; dissemination (the latter two are not mandatory for intermediate reports);

⁶⁸ Criteria: Specificity; clarity; focus; measurement.

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

Table: Meaning of scores awarded for ‘recommendation uptake’

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

The individual feedback form also includes the field ‘recommendation uptake’ aimed at assessing the extent to which Forum members have taken into account 2013 recommendations to improve the quality of the monitoring reports. The new ‘recommendation uptake’ was introduced to strengthen guidance in monitoring commitment holder’s efforts. To bolster this approach, tailored comments are provided for each section of the individual feedback forms; and they offer concrete examples of how each section could be improved for future assessment (e.g. indicating what missing information could be added, if the information provided in a specific section would be better suited elsewhere and why and suggestions on the structure of the report itself).

Methodological Approach

The methodological approach revolves around the notion of clarity. The overall objective of the monitoring mechanism as envisioned in the Charter of the Forum is that the commitments, as presented in the monitoring reports, are clearly understandable for the general public. The commitments reflect the different objectives of the Charter for which the monitoring reports are one of the main tools to communicate these to the public. It is crucial that the reader, when reading the reports, understands what the scope of the commitment is, what the commitment-related activities are, why the commitment is relevant and relates to the aims of the Forum, etc. It needs to be kept in mind that the purpose is that reader obtains sufficient information from the monitoring report.

To combine clarity with transparency and consistency, the team in charge of conducting the evaluation of the monitoring reports has developed and constantly improved the assessment protocol (also referred to as ‘internal assessment guidelines’). The aim of this effort has been to ensure that potentially problematic or borderline cases are dealt with in a consistent manner, and that all monitoring reports are assessed fairly and impartially. A simplified version of this protocol, which for consistency purposes is based upon previous year’s, is presented below.

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

in the assessment process.

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

Table: Assessment Guidance

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

Stage 1: Pilot Assessment

Prior to the assessment of all commitment monitoring reports, the Milieu Ltd. team carried out a pilot assessment of a number of monitoring reports submitted for this and last year's assessment. This exercise was undertaken with the aim of ensuring a consistent and unambiguous approach.

This process was conducted by a core team of Milieu’s researchers with the review of a team member with extensive prior experience in evaluation and alcohol policy. The pilot assessment was based on the methodology developed in the first four Monitoring Progress Reports.

The pilot phase consisted of the scoring of eight monitoring reports, which were simultaneously carried out by two researchers. The pilot batch included reports from both 2013 (i.e. covered in the Fifth Monitoring Progress Report) and 2014 to ensure full consistency between the different years and across individual feedback forms for 2014. In addition, the reports assessed in the pilot exercise have been selected with a view to maintaining a balance between monitoring reports prepared by members from all four Forum membership categories discussed earlier in this report and intermediate and final reports. Reports where ‘recommendation uptake’ was assessed were also selected.

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

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

Stage 2: Assessment of Reports

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

Stage 3: Quality Assurance

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

The following, more specific, items were also taken into account in the quality assurance phase:

- Consistency in assessing similar commitments
- Consistency in assessing of similar types of Forum members or same Forum member
- Consistency in assessing intermediate and final reports.

ANNEX V - INDIVIDUAL FEEDBACK FORM MATRIX

INDIVIDUAL FEEDBACK FORM

Owner of report:

Title:

Status of report:

Monitoring report number:

Time period covered by report:

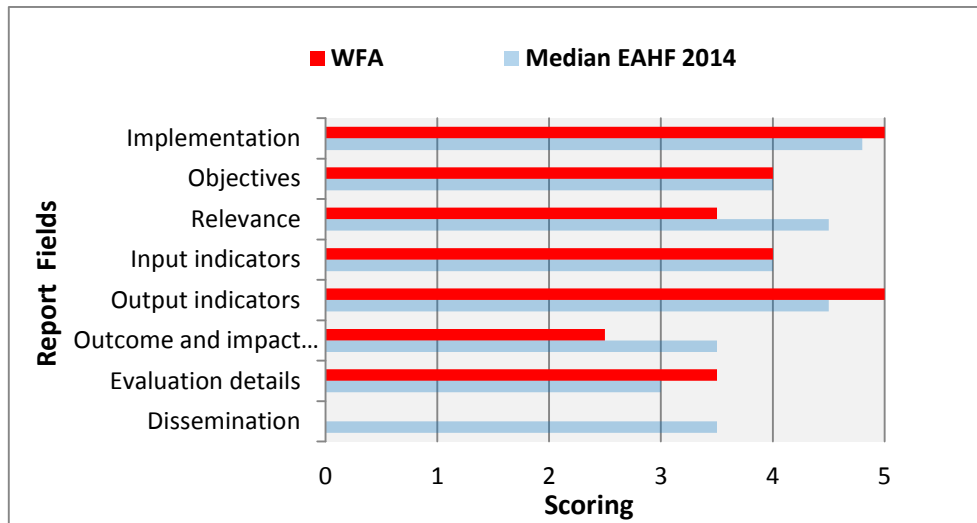
This document provides feedback on your 2014 monitoring report for the abovementioned commitment in the framework of the European Alcohol and Health Forum.

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

The chart and the table below present the scores awarded for the various sections (report fields) of the monitoring report template that you completed (in red). Immediately below (in blue) the median score of all the 2013 monitoring reports is presented. This enables you to see how your individual scores fit in the overall picture.

| Section | Member | Median EAHF 2014 |
|-------------------|--------|------------------|
| Implementation | | |
| Objectives | | |
| Relevance | | |
| Input indicators | | |
| Output indicators | | |

| | | |
|-------------------------------|--|--|
| Outcome and impact indicators | | |
| Evaluation details | | |
| Dissemination | | |



Total score of the 2013 monitoring report

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

| Total per scoring | Maximum | Achieved | Score |
|-------------------|---------|----------|-------|
|-------------------|---------|----------|-------|

| criteria | score | score | as % of max. |
|--------------|-----------|-------|--------------|
| Specificity | 10,5 | | |
| Clarity | 14 | | |
| Focus | 9,5 | | |
| Measurement | 6 | | |
| Total | 40 | | |

Main Conclusions

Overall, this report provides a clear understanding of the commitment. The addition of more contextual information especially for sections on relevance and outcomes would benefit the report.

Information on the scoring process

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

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

One of the innovations built into the 2011 assessment process consisted of accounting for the extent to which recommendations issued to Forum members in the previous assessment exercise had been integrated into the new monitoring reports. This is also done in the 2013 assessment. For each main section of the reports, a “recommendation uptake” score is provided. This will be either 0 (recommendations have been poorly taken into account, if at all), 1 (progress has been made in taking recommendations on board), or 2 (most recommendations have been successfully implemented). The “recommendation uptake” field is marked “N/A” in those reports for which no comparison can be established. The maximum score (2) is awarded in those sections for which no recommendations for improvement were deemed necessary in the previous assessment exercise.

| Report field | Criteria | Question | Max. score (max 5) | Score awarded | Total score | Comments | Recommendation uptake |
|---|----------|----------|--------------------|---------------|-------------|----------|-----------------------|
| 1.Commitment summary (based on summary given in original commitment form) | | | | | | comments | |

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

| | | | | | | |
|--|--------------------|---|-----|--|--|----------|
| | | have been or will be achieved? | | | | |
| Clarity | | Does the report offer clear links between objectives, inputs, outputs and outcomes? | 1 | | | |
| | | Are the objectives set out in a manner that the reader can fully understand the commitment? | 1 | | | |
| Focus | | Is only relevant information included in the description of objectives? | 0,5 | | | |
| | | Is sufficient contextual information provided to make the objectives of the commitment understandable? | 0,5 | | | |
| Measurement | | Are relevant quantitative data included on the implementation of the commitment? | 1 | | | |
| Total score: | | | 5 | | | N/A |
| 5. Relevance: The report should describe, in a relatively simple way, how the commitment is relevant (or pertinent, connected, or applicable) to the realisation of the general aim of the Forum. In other words, how did the commitment during the reporting period contribute to achieving the overall aims of the Forum (max 250 words)? | | | | | | |
| | Specificity | Does the report describe how the commitment is relevant (by reference to evidence that supports relevance)? | 1 | | | Comments |
| | Clarity | Does this section specify which aim(s) of the Forum the commitment relate to? | 1 | | | |

| | | | | | | | |
|--|--------------------|---|-----|--|--|----------|-----|
| | | Is it clear how commitment holders believe that their commitment is linked to the aims of the Forum? | 1 | | | | |
| | Focus | Is only relevant information included in the description? | 1 | | | | |
| | | Is sufficient contextual information included to make to explain how/why the commitment is relevant? | 1 | | | | |
| | Measurement | N/A | | | | | |
| Total score: | | | 5 | | | | N/A |
| 6. Input indicators: They measure the resources allocated to each action/activity depending on the objective of the commitment (funding, allocated resources, training etc) used for each activity. Input indicators measure the resources allocated to each action/activity, essentially what did the Forum member do to put the objective into practice? The monitoring report should provide insight in the resources allocated to the commitment (What was done to put the objectives into practice) (Max 250 words). | | | | | | | |
| | Specificity | Does the report describe the input indicators that have been used? | 1 | | | Comments | |
| | Clarity | Does the report offer clear links between objectives, inputs and outputs? | 1 | | | | |
| | | Are resources allocated to the commitment set out in an understandable manner for a reader? | 1 | | | | |
| | Focus | Is only relevant information included in describing the resources? | 0,5 | | | | |
| | | Is sufficient contextual information included to explain which resources are used for the commitment? | 0,5 | | | | |
| | Measurement | Are relevant quantitative | 1 | | | | |

| | | | | | | |
|---|--------------------|--|-----|--|--|----------|
| | | data provided for the input indicators? | | | | |
| Total score: | | | 5 | | | N/A |
| 7. Output indicators: They are used to measure the outputs or products that come about as a result or a product of the process. It measures from a quantitative point of view the results created through the use of inputs (sellers & servers trained, audience targeted, events organised etc). Output indicators measure the products or the achievements of the commitment through the use of inputs or, in other words (‘What was achieved with the resources allocated to the commitment’) (max. 250 words)? | | | | | | |
| | Specificity | Does the report describe what the output indicators are? | 1 | | | Comments |
| | Clarity | Does the report clearly link the output indicators to original objectives and resources that were put in the commitment? | 1 | | | |
| | | Are the output indicators set out in an understandable manner for a reader? | 1 | | | |
| | Focus | Is only relevant information included? | 0,5 | | | |
| | | Is sufficient contextual information included to make understandable what the results of this commitment are? | 0,5 | | | |
| | Measurement | Are relevant quantitative data provided for the indicators? | 1 | | | |
| Total score: | | | 5 | | | N/A |
| 8. Outcome and impact indicators: They go above the minimum agreed requirements to monitor a commitment. They measure the quality and the quantity of the results achieved through the actions in the commitment how successful was the commitment in relation to the original objectives? (max. 250 words) | | | | | | |
| | Specificity | Does the report describe the outcomes? | 0,5 | | | Comments |
| | Clarity | Does the report link the | 2 | | | |

| | | | | | | |
|--|--------------------|--|-----|--|--|----------|
| | | outcomes to original objectives? | | | | |
| | | Are the outcome and impact indicators set out in an understandable manner for a reader? | 1 | | | |
| | Focus | Is sufficient contextual information provided to understand the outcomes of the commitments? | 0,5 | | | |
| | Measurement | Are relevant quantitative data provided for the indicators? | 1 | | | |
| Total score: | | | 5 | | | N/A |
| 9. Evaluation details – tools and methods used, internal or external evaluators ... (max. 250 words; mandatory for final report only) | | | | | | |
| | Specificity | Are the evaluation details provided specifically linked to the commitment / different parts of the commitment? | 2 | | | Comments |
| | Clarity | Are the evaluation details set out in an understandable manner for a reader? | 1 | | | |
| | Focus | Is only relevant information included? | 0,5 | | | |
| | | Is sufficient contextual information provided to understandable the method of evaluation? | 0,5 | | | |
| | Measurement | Are relevant quantitative data provided? | 1 | | | |
| Total score: | | | 5 | | | N/A |
| 10. Dissemination ('How were the results of the commitment disseminated?') (max. 250 words; mandatory only for final report): | | | | | | |

| | | | | | | |
|---|--------------------|--|---|--|----------|------------|
| | Specificity | Is it specified in the form to whom dissemination is aimed at? | 1 | | Comments | |
| | | How and/or when has/will dissemination of the results occur? | 1 | | | |
| | Clarity | Is enough contextual information included to enable the reader of the commitment to judge/gauge the scale of dissemination? | 1 | | | |
| | Focus | Is it clear by the form whether dissemination is appropriate for the type of commitment according to the objectives laid down in the commitment? | 1 | | | |
| | Measurement | Are relevant quantitative data provided (e.g. resources used, how many people/organisations it is expected to reach/has it reached, etc)? | 1 | | | |
| Total score | | | 5 | | | N/A |
| GRAND TOTAL | | | | | | N/A |
| 11. References to further information relating to the monitoring of the commitment: | | | | | | |

ANNEX VI - BREAKDOWN OF MONITORING REPORTS BY FORUM MEMBER CATEGORY

Table 19 Breakdown of monitoring reports by Forum member category, sorted by priority area, in 2009-2014

| Type of Forum member | Priority areas (2014) | | | | | | |
|--|-----------------------|---|----|----|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Non-governmental organisations and professional health organisations | 1 | - | 6 | 1 | - | - | - |
| Advertising, marketing, media and sponsorship organisations | 4 | - | - | - | - | - | - |
| Production and sales organisations | 11 | 2 | 5 | 13 | 5 | 2 | 1 |
| Research institutes and others | - | 1 | 3 | 1 | - | 1 | 1 |
| Total per priority area | 16 | 3 | 14 | 15 | 5 | 3 | 2 |

| Type of Forum member | Priority areas (2013) | | | | | | |
|--|-----------------------|---|----|----|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Non-governmental organisations and professional health organisations | 1 | - | 5 | - | - | - | 1 |
| Advertising, marketing, media and sponsorship organisations | 4 | - | - | - | - | - | - |
| Production and sales organisations | 9 | 2 | 11 | 15 | 4 | 1 | - |
| Research institutes and others | - | 1 | 2 | 1 | - | 1 | - |
| Total per priority area | 14 | 3 | 18 | 16 | 4 | 2 | 1 |

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

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

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

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

ANNEX VII – EXAMPLES OF GOOD MONITORING PRACTICES

These examples of good practices are collected from completed or ongoing commitments for which monitoring reports have been assessed by the external evaluators. For each good practice example, an explanation is given on why the external evaluators considered the report of good quality. Members are encouraged to download and read the selected reports from the database to learn from their examples.

Implementation section

| 1. Example of good practice and recommendations for improvement | |
|---|--|
| Owner of the commitment | ABFI – The Alcohol Beverage Federation of Ireland (ABFI) |
| Title of the commitment | 1354: Being drinkaware.ie - further promotion of positive drinking behaviours |
| Priority area | Develop information and education programmes on responsible patterns of consumption |
| Type of activity | Education |
| Description of the implementation of the commitment: | <p>drinkaware.ie's overarching cultural change campaign aims to promote responsibility when drinking and challenge anti-social behaviour following drinking. drinkaware.ie's key target audience is 18-24 year olds.</p> <p>In April 2012 the second major phase of drinkaware.ie's "Rethinking Our Drinking" initiative was launched, the 'Pacing' campaign. Previous drinkaware.ie campaigns sought to confront society generally, and young people in particular, with the consequences of excessive drinking in public, especially for the sober innocent third party, this campaign focuses on how we drink in Ireland. While Irish people drink relatively infrequently compared to our European counterparts, we drink a relatively large amount on an occasion of drinking, and we drink at a faster pace.</p> <p>Through the use of TV, video on demand, cinema and radio advertising, along with extensive outdoor advertising and innovative use of social media, it communicates why, how, and that we can adopt a better pace of drinking in Ireland.</p> <p>Several digital touch points support the drinkaware.ie initiative including; the drinkaware.ie website, Facebook page and the Reclaim Your Weekend (RYW) website.</p> <p>The RYW website (delivered in partnership with Microsoft Networks), launched in July 2012, highlights the benefits of pacing. The site contains pacing advice plus details of free/low-priced activities encouraging people to drink moderately so as to make the most of the following day.</p> <p>Throughout the reporting period drinkaware.ie continued to reinforce practical messages at key connection points through tactical initiatives. The 'Morning After' campaign, run in partnership with the Road Safety Authority is one such tactical initiative. This campaign highlights the dangers of driving the morning after a night's socialising with alcohol; it communicates two key pieces of information (1) the definition of a standard drink (2) the length of time it takes the body to eliminate alcohol. The messages are communicated in a TV advertisement and are incorporated into a wallet-sized card which is distributed through local police, retail outlets, petrol stations and other outlets</p> <p>Outdoor media, posters displayed in licensed premises and radio ads (broadcast in the evening and morning) explain how traditional "stomach liners" or "cures" don't speed up the process by which alcohol is eliminated from the body.</p> <p>Other initiatives rolled out during the reporting period include:</p> <ul style="list-style-type: none"> ■ Euro Survival Guide launched with the Department of Foreign Affairs ■ Water Safety campaign developed with Irish Water Safety to raise awareness of the |

| | |
|--|--|
| | <p>dangers of mixing alcohol with water sports</p> <ul style="list-style-type: none"> ■ Partnership with Hailo Taxi App (Christmas 2012 and St. Patrick's Festival 2013) ■ Joint campaign with Insomnia Coffee Shops encouraging people to pace their drinking by starting their night out with a coffee and food. ■ -Alcohol Awareness Toolkit launched in collaboration with the Union of Students in Ireland (USI) ■ The 2011/12 DARE2BDRINKAWARE.ie film and multimedia competition concluded and the 2012/13 Competition launched ■ Responsible drinking hints & tips communicated through print, broadcast and digital media around key public holidays ■ Festivals campaign (with multiple partners), Christmas Survival Guide and Holiday Survival Guide launched ■ Continued distribution of drinkaware.ie materials |
|--|--|

Good practice:

This section was scored high because a comprehensive description related to the different steps and components of implementation (key dates and/or milestones) was provided, namely:

- Description of the campaign launch
- Clear dates
- Website details
- Highlights the dangers of morning after drinking (baseline)
- Detailed description of the campaign implementation

2. Example of good practice and recommendations for improvement

| | |
|---|--|
| Owner of the commitment | Brewers of Europe |
| Title of the commitment | 1084: "Do you see the problem?" |
| Priority area | Develop information and education programmes on the feect of harmful drinking |
| Type of activity | Commercial communication; Consumer information; Education; Media |
| Description of the implementation of the commitment: | <p>We raise awareness about the campaign and inform the target group through FC Midtjylland. On their big screen at the football stadium a campaign movie will be shown of football players unable to play with the goggles on - hence you are unable to drive when having too much to drink. The launch day will be the 16th of May at a football match between FC Midtjylland and Silkeborg. Further activities at the launch day will include posters, flyers at point of sale and a 'mini football arena' where guests can try the 'alco goggles'.</p> <p>In week 48, 2010 were launched the campaign at FC Midtjyllands homepage; www.fcm.dk.</p> <p>Through this campaign we wish to raise awareness on drinking and driving. We aim at youths above 18 years and provide them with information on drink and drive.</p> <p>Through flyers and the campaign website www.kanduseproblemet.dk we inform and educate the target group about drink and drive.</p> <p>We provide driving schools with alco goggles they can involve in the education. Through them the students can feel how their balance and orientation skills decrease just as balance and orientation decrease if one has been drinking too much alcohol.</p> <p>Our media strategy is aimed at the local and national medias through press releases via the FC Midtjylland. We use the football player and front figure as a spokesman for the campaign.</p> <p>We have developed a 'press kit' with information on the campaign, a Q&A, and a press release</p> <p>Furthermore we have hired a photographer and FC Midtjylland will produce a movie about the campaign.</p> <p>The full monitoring report is downloadable at the following link: https://webgate.ec.europa.eu/sanco/heidi/eahf/commitment/view/1084</p> |

Good practice:

This section was scored high because a comprehensive description related to the different steps and components of implementation (key dates and/or milestones) was provided, namely:

- Dates and activities provided
- Target group included
- Details on the campaign
- Overall description of the issue included with the proposed actions of the commitment.

Objectives section
1. Example of good practice and recommendations for improvement

| | |
|---|---|
| Owner of the commitment | ESIP |
| Title of the commitment | 1054: Fight against alcohol-related harm: the role of social insurers. An example : prevention regarding consumption of alcohol by pregnant women |
| Priority area | Develop information and education programmes on the effect of harmful drinking |
| Type of activity | Commercial communication; Consumer information; Education |
| Description of the objectives of the commitment: | <p>The CNAMTS campaign is ongoing and currently in its health professional and patient-focused stage. We can say that the objective of raising awareness about the risks of alcohol during pregnancy among pregnant women is currently being achieved. Indeed, since 2009, the number of women having participated in the workshops organised by the health insurance local funds have been rising. Moreover, the health insurance websites on this topic have been developed and an effort has been made to tailor them to the targeted audience. Finally, these measures have been presented in two Health committee meetings of the ESIP to exchange practices, which is one of the objectives of the commitment.</p> <p><i>The full monitoring report is downloadable at the following link:</i> https://webgate.ec.europa.eu/sanco/heidi/eahf/commitment/view/1054</p> |

Good practice:

This section was scored high because the objectives were very specific and comprehensive information was provided on how and when the objective is considered to be achieved:

- Specific objective clearly stated
- Information on how the undertaken actions helped to achieve the set objective (women participants rise)
- Additional practical information included (numbers, dates, information on meetings to exchange good practice)

2. Example of good practice and recommendations for improvement

| | |
|---|---|
| Owner of the commitment | SABMiller |
| Title of the commitment | 1538: Create Chill-Out Zone at Summer Festivals to Prevent Irresponsible Alcohol Consumption |
| Priority area | Develop information and education programmes on responsible patterns of consumption |
| Type of activity | Consumer information; Education; Media; Research |
| Description of the objectives of the commitment: | <p>The objective of this commitment is to provide alternative space without alcohol, ensure effective prevention through consultancy and education of irresponsible drinking at summer music festivals, especially drinking and driving and underage drinking. The K-LEE-DECK zone was tested in 3 festival in 2012 with 60 000 visitors in total and used effectively in 19 festivals with over 200 000 visitors in total in the summer of 2013</p> <p><i>The full monitoring report is downloadable at the following link:</i> https://webgate.ec.europa.eu/sanco/heidi/eahf/commitment/view/1538</p> |

Good practice:

This section was scored high because the objective is very specific and comprehensive information was provided on how and when the objective is considered to be achieved:

- Clear description of the commitment's objective

- The issue needed to tackle clearly described
- Dates and numbers of visitors provided to illustrate the commitment in practice

Relevance section

1. Example of good practice and recommendations for improvement

| | |
|---|---|
| Owner of the commitment | SpiritsEUROPE |
| Title of the commitment | 1388: Market Responsibly: Training Road Shows across Europe |
| Priority area | Better cooperation / actions on responsible commercial communication and sales |
| Type of activity | Commercial communication |
| Description of the implementation of the commitment: | <p>Regular training of marketers is one of the requirements helping create effective self-regulatory behaviour parameters for advertisers and marketers, and thus aligning advertising practice with social expectations for responsible advertising online, as well as offline. Building up on the feedback given last year, more emphasis was given to social media and a specific focus on advertising agency audiences.</p> <p>The relationship between advertisers and their agencies, and the understanding of both parties of the need for special attention when advertising spirits is key to ensure thorough understanding and enforcement of legal and self-regulatory requirements.</p> <p>All the above is therefore fully in line with the objective of the Forum: "cooperation to promote responsibility in and prevent irresponsible commercial communications".</p> <p><i>The full monitoring report is downloadable at the following link:</i> https://webgate.ec.europa.eu/sanco/heidi/eahf/commitment/view/1388</p> |

Good practice:

This section was scored high because the member clearly referred to one or more of the seven general aims of the Forum, rather than the more general five priority areas of the EU Alcohol Strategy and supporting evidence was provided to make the reader understand how the commitment owner believes its commitment would contribute to the different priority areas.

- Link to the aim of the Forum stated
- Outcomes of the raising awareness sessions with dates, percentages of people reached
- Differences in participating countries outlined

2. Example of good practice and recommendations for improvement

| | |
|---|---|
| Owner of the commitment | STAP |
| Title of the commitment | 1172: Alcohol Marketing in Health Perspective |
| Priority area | Develop a strategy aimed at curbing under-age drinking |
| Type of activity | Education; Research |
| Description of the implementation of the commitment: | <p>EUCAM supports a concrete and main goal of the FORUM: the reduction of alcohol related harm as a result of impactful alcohol marketing practices. Alcohol marketing practices are huge in number and many of these practices are attractive to young people in the sense that they stimulate drinking. The impact of alcohol marketing on the drinking behaviour of young people has been scientifically proven. To decrease this impact alcohol marketing has to be regulated effectively. EUCAM stimulates this process by the conduction of impact research, inventory of existing alcohol marketing regulations, evaluating existing regulations, promoting monitoring of alcohol marketing and extend the knowledge and capabilities of NGOs (information, fact sheets, training).</p> <p><i>The full monitoring report is downloadable at the following link:</i> https://webgate.ec.europa.eu/sanco/heidi/eahf/commitment/view/1172</p> |

Good practice:

This section was scored high because the member clearly referred to one or more of the seven general aims of the Forum, rather than the more general five priority areas of the EU Alcohol Strategy and supporting evidence was provided to make the reader understand how the commitment owner believes its commitment would contribute to the different priority areas.

- Link to the aim of the Forum clearly stated
- Variety of actions examples provided to support the relevance of the commitment

Input indicators section
1. Example of good practice and recommendations for improvement

| | |
|---|---|
| Owner of the commitment | The Absolute Company |
| Title of the commitment | 1594: Promotion of alcohol abstinence among underage youth |
| Priority area | Develop a strategy aimed at curbing under-age drinking |
| Type of activity | Education |
| Description of the input indicators of the commitment: | <p>The financial contribution from the commitment holder including local Pernod Ricard companies exceeds € 180,000 in 2012 and € 240,000 in 2013.</p> <p>Staff contributions over 2012 add 2013 can be estimated at the following: The Absolut Company Public Affairs and Communications functions: appr. 160 working days/year, Pernod Ricard Nordic including the respective countries appr. 85 working days/year. The work contribution includes planning and administration, organizing translations and new introductions, participation in launch events and similar, organizing evaluations and cross-fertilization activities, organizing additional financing, contacts with authorities, and helping in dissemination of information. Company staff is not involved in the day-to-day running of the school programmes.</p> <p>In addition to this, four staff members volunteered to help with the alcohol-free discos, and all staff in the region have been invited (in some cases compulsory) to attend presentations about the activities.</p> <p>It should be underlined that the above represents the contribution of the commitment holder and sister companies. The overall budgets of the school programmes in some of the countries include considerable contributions of industry associations.</p> <p>The full monitoring report is downloadable at the following link: https://webgate.ec.europa.eu/sanco/heidi/eahf/commitment/view/1594</p> |

Good practice:

The overall quality of this section is scored high because the member indicated a clear breakdown of the financial resources allocated per commitment-related activity (e.g. man-hours, labour fees, facilities and material costs). This will allowed the reader understand the scale of the commitment.

- Financial resources by the company
- Staff contribution over the years
- Number of working hours
- Volunteers involved
- Brief description of the activities of participating staff

2. Example of good practice and recommendations for improvement

| | |
|--------------------------------|--|
| Owner of the commitment | EPHA |
| Title of the commitment | 1404: Dissemination of information on European alcohol policy developments |
| Priority area | Develop information and education programmes on the effect of harmful drinking |
| Type of activity | Education |

| | |
|---|---|
| Description of the input indicators of the commitment: | <p>Secretary General: 96 hours, Policy officer 102 hours, intern: 183 hours.</p> <p>Time divided between internal meetings (10PCMs. Participants received policy updates on health determinants, which always include a section on alcohol policy. These updates include information on the latest European and national developments in the area. The Policy Coordinator (PC) prepared written updates (4 hours per month) and presented them orally (2:30). The collection of the necessary information, its analysis and other related actions took 5 additional hours), and 1 Working Group on alcohol policy and 1 on marketing that also discussed alcohol (2 hours each). The preparation of agendas and background documents took 6 hours (3hours x 2 meetings). These meetings are open to all EPHA members. EPHA Secretary General attended and coordinated the alcohol working group. She also gave strategic advice prior to the 2 meetings of the Alcohol and Health Forum, organisation and preparation of coordination meetings that took place in advance of each Alcohol Forum. She also spoke at a press conference on the Transatlantic Trade and Investment Partnership on 21 October and the impacts on alcohol.</p> <p>Relevant information, events, conferences and institutions' communications on alcohol and related issues are regularly communicated to EPHA members through exchange of emails and EPHA newsletter. This monitoring is an ongoing work that involves the policy and communication team of EPHA 4 persons.</p> <p>Cost: 1640.63 euros (14640.63 (3 persons' salarial costs) + 240 (Provision of food/drink for 10 PCMs+1SIG) +2000 for speakers for event</p> <p>The full monitoring report is downloadable at the following link: https://webgate.ec.europa.eu/sanco/heid/eahf/commitment/view/1404</p> |
|---|---|

Good practice:

The overall quality of this section is scored high because the member indicated a clear breakdown of the financial resources allocated per commitment-related activity (e.g. man-hours, labour fees, facilities and material costs). This will allowed the reader understand the scale of the commitment.

- Financial resources described in detail
- Staff contribution over the years
- Number of working hours
- Brief description of the activities of participating staff

Output indicators section

| 1. Example of good practice and recommendations for improvement | |
|---|---|
| Owner of the commitment | Pernod-Ricard S.A. |
| Title of the commitment | 1600: "Responsible Party", implementation in Europe, 2nd Edition |
| Priority area | <ul style="list-style-type: none"> ■ Develop information and education programmes on the feect of harmful drinking ■ Develop information and education programmes on responsible patterns of consumption |
| Type of activity | Commercial communication; Consumer information; Education; Youth involvment |
| Description of the output indicators of the commitment: | <p>Since the beginning of the commitment in September 2012, Pernod Ricard and ESN were able to organize 178 Responsible Parties, reaching more than 103 000 students in 30 countries (with 5 new countries): Switzerland, Belgium, Bulgaria, Malta, Slovakia, Czech Republic, Finland, United Kingdom, Bosnia, Croatia, Serbia, Macedonia, Germany, Greece, Italy, Latvia, Lithuania, Portugal, Spain, Sweden, Turkey, The Netherlands, Slovenia, France, Norway, Denmark, Ireland, Estonia, Romania, Hungary.</p> <p>At this stage, we have already reached our goal (60,000 students reached in 2 years) which is better than our expectations. Regarding the Facebook page, the global one, it is a like page and we got 1000 new likes in 6 months which is great given that it is a like page and we cannot target or invite students directly. We have currently 2036 likes.</p> <p>We have started to improve the digital media part of the program with ESN through the smartphone App.</p> <p>In some countries, such as Lithuania, our ESN counterpart is still extremely enthusiast and motivated about the program and is very active. For the second year now, we have implemented a partnership on a regular basis (2 parties per month) with ESN which has also</p> |

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| <p>appointed a Responsible Party coordinator. In Germany and in the Netherlands, they have launched a new concept, bottom up, which is a contest to motivate ESN Sections locally. Sections have to propose action-plans for parties based on responsible consumption of alcohol and the best of them will win a party completely paid and organized.</p> <p>The full monitoring report is downloadable at the following link: https://webgate.ec.europa.eu/sanco/heidi/eahf/commitment/view/1600</p> |
|--|

Good practice:

The overall quality of this section was scored high because the members did not limit to describe the outputs in a simple list of products and/or services, but rather described the output details broadly:

- Numbers of parties successfully organized
- Numbers of students reached
- List of countries participating
- Website information
- Specific information on the selected countries with examples of activities undertaken.

2. Example of good practice and recommendations for improvement

| | |
|--|--|
| Owner of the commitment | ICAP |
| Title of the commitment | 1024: ICAP Blue Book: Practical Guides for Alcohol Policy and Targeted Interventions |
| Priority area | Develop information and education programmes on responsible patterns of consumption |
| Type of activity | Commercial communication; Consumer information; Education; Research |
| Description of the output indicators of the commitment: | <p>A Quick Reference Guide to the ICAP Blue Book (which summarizes policy options on various topics covered in the ICAP Blue Book) is available online in Chinese, English, French, Portuguese, and Spanish, as well as printed and distributed to a range of stakeholders, upon request (http://www.icap.org/LinkClick.aspx?fileticket=COm6lgHSbq4%3d&tabid=81).</p> <p>Relevant website traffic is monitored. From February 2013 to February 2014, a total of 128,522 page views were recorded on the various pages of the Blue Book. The modules receiving the most page views during this period were Alcohol Dependence and Treatment (18,421 views), Drinking and Driving (12,227), and Life Skills (9,621). Many individual Blue Book modules were accessed directly from Google or other search engines rather than going through the main Blue Book page. Recently updated modules go up in popularity immediately after re-issuing following updates.</p> <p>The full monitoring report is downloadable at the following link: https://webgate.ec.europa.eu/sanco/heidi/eahf/commitment/view/1024</p> |

Good practice:

The overall quality of this section was scored high because the members did not limit to describe the outputs in a simple list of products and/or services, but rather described the output details:

- Website details in different languages provided
- Numbers of website viewers stated with time period also given
- Details on what parts were mostly viewed by the on-line audience

Outcome and impact indicators section

1. Example of good practice and recommendations for improvement

| | |
|--------------------------------|--|
| Owner of the commitment | HOTREC |
| Title of the commitment | 1584: Raising awareness of National Associations / Call for actions |
| Priority area | <ul style="list-style-type: none"> ■ Develop information and education programmes on responsible patterns of consumption ■ Enforce age limits for selling and serving of alcoholic beverages |

| | |
|--|---|
| Type of activity | Education, Media |
| Description of the outcome and impact indicators of the commitment: | <p>Short term</p> <p>On-going</p> <ul style="list-style-type: none"> ■ More HOTREC members to become Forum members. FIPE/Italy and UMIH/France already presented their official candidature to become Forum members. HOTREC has currently 4 members who are members of the Forum; After the 14th plenary meeting, HOTREC hopes to count with a total of 6 members who are also members of the Forum; ■ More HOTREC members to establish partnerships with WIM. For the moment APHORT/Portugal and FEHR/Spain are active members regarding the partnership with WIM. The French and Belgium members are also interested; ■ More HOTREC members to attend Open Forum (if organised); ■ Possible partnerships with other Forum stakeholders. <p>Medium term</p> <p>On-going</p> <ul style="list-style-type: none"> ■ To reduce under-aged selling; ■ To reduce alcohol-related harm with help of employees / entrepreneurs behaviour towards clients. <p>As an evidence base, it is known that entrepreneurs in the hospitality establishments develop specific guidelines for employees and certain codes of conduct where it is clearly stated that alcohol cannot be sold to minors. Moreover, employees are now more aware than years ago, that they should play a fundamental role in helping the client to drink in a responsible way (in the past, responsibility was given to consumers only).</p> <p>Long term</p> <p>In the long term HOTREC expects alcohol related-harm to curb, as a result of a cultural change in the behaviour of clients towards consumption and as a result of the responsible behaviour of the hospitality sector's establishments.</p> <p>Other</p> <p>Outcome and impact indicators</p> <p>As a result of HOTREC's commitment, the outcome indicators are:</p> <ul style="list-style-type: none"> ■ FIPE/Italy and UMIH/France presented their official requests to become Forum members (November 2013 and January 2014); HOTREC has now 6 members who are members of the Forum; ■ Partnership between HOTREC and WIM signed May 2012. HOTREC members with active partnerships with WIM members at national level: FEHR/Spain + APHORT/Portugal. APHORT/Portugal also became a formal member of the National Forum of Alcohol and Health Portugal; ■ Best practices shared among members, including voluntary measures developed at national level by HOTREC members; ■ Members alerted, especially during General Assemblies' and other meetings (100 people), to develop actions to enforce age limits and to develop activities on responsible drinking; ■ Information was published HOTREC's websites (reaching at least 555 people - extranet) and press releases were sent to all HOTREC's contacts (around 2600 contacts). <p>Overall, all the current and future outcomes go in line with the description of HOTREC's objectives (section 4).</p> <p>The full monitoring report is downloadable at the following link: https://webgate.ec.europa.eu/sanco/heidi/eahf/commitment/view/1584</p> |
| Good practice: | <p>This section was scored high because the member provided the following information:</p> <ul style="list-style-type: none"> ■ Information for all short, medium and long term outcomes ■ Practical examples for illustration ■ Best practice amongst members included ■ Link to objectives. |

2. Example of good practice and recommendations for improvement

| | |
|--|---|
| Owner of the commitment | EACA |
| Title of the commitment | 1358: Alcohol marketing codes - a guide for agencies |
| Priority area | Better cooperation / actions on responsible commercial communication and sales |
| Type of activity | Education; Commercial communication |
| Description of the outcome and impact indicators of the commitment: | <p>Short term</p> <p>Outcome indicators</p> <ul style="list-style-type: none"> - Response to sell-in activity - Licensees purchase multiple market service <p>Impact indicators</p> <ul style="list-style-type: none"> - Questionnaire in Jan - March 2015 to gauge satisfaction levels <p>Medium term</p> <p>Outcome indicators</p> <ul style="list-style-type: none"> - 60% of EACA International Agency members are licensees <p>Impact indicators</p> <ul style="list-style-type: none"> - Extension to clients & non EACA members <p>Long term</p> <p>Outcome indicators</p> <ul style="list-style-type: none"> - 90% of EACA International Agency members are licensees for European service <p>Impact indicators</p> <ul style="list-style-type: none"> - Reduction in non-compliant proposals for advertising & marketing campaigns <p>The full monitoring report is downloadable at the following link: https://webgate.ec.europa.eu/sanco/heid/eahf/commitment/view/1358</p> |

Good practice:

This section was scored high because the member provided the following information:

- Information on all short, medium and long term outcomes/impacts
- Useful dates and numbers stated
- Success indicators in each sections given.

Evaluation details section

1. Example of good practice and recommendations for improvement

| | |
|---|--|
| Owner of the commitment | CEEV |
| Title of the commitment | 1448: "Wine in Moderation - Art de Vivre" Program |
| Priority area | <ul style="list-style-type: none"> ■ Develop information and education programmes on the effect of harmful drinking ■ Develop information and education programmes on responsible patterns of consumption ■ Develop efficient common approaches to provide adequate consumer information ■ Better cooperation / actions on responsible commercial communication and sales |
| Type of activity | Commercial communication; Consumer information; Education; Media; Research |
| Description of the evaluation details of the commitment: | <p>At least 3 evaluation surveys:</p> <p>I.WIM Campaign(incl. Pilot Project WIM logo/web-address voluntary labelling)-3countries(Spain, Belgium, Sweden)</p> <p>An on-line survey was conducted by the 3rd Body Wine Intelligence (WI) using their VINITRAC omnibus survey platform in 3 out of the EU-27, where WIM Ambassadors companies products with the WIM logo/address can be found. 2 waves/country with</p> <p>~1000responses/country/wave.(@Spain->Oct2012(1060)-Oct2013(1012)@Belgium->March2013(1192)-March2014(1207)@Sweden->March2013(1003)-March2014(1046)).</p> |

Sampling controlled using a quota on gender/age/region of residence, reflecting the profile of the wine drinking in the given markets.

Research objectives:

1. Measure consumers drinking behaviour
2. Understand/compare the existing perceptions of moderate and excessive consumption
3. Measure awareness/effectiveness of WIM activities
4. Establish a baseline and initial tracking wave to see what, if any, change is occurring in any of these measures

The Traffic Sources of the WIM website (incl. labelling) was measured with an on-line poll in the website (Nov 2012-Dec 2013 13.621 responses). The on-line poll results and respective google analytics results were evaluated from Wine Intelligence.

WI Evaluation Article attached.

II. "Quien Sabe Beber, Sabe Vivir" General Public Information Campaign (Spain)

An evaluation survey is being conducted by the 3rd body Milward-Brown every year during the 3-years campaign period (2012-2015), measuring its impact (eye-tracking assessment & on-line interviews). The final results will be presented in 2015.

III. Professional Education

The evaluation of DWA's WIM Training offer in Germany was continued (2nd Phase 2012-2013). ~800 students 7 Professionals Schools participate annually, by answering the same questionnaire 3 times (a. before seminar b. just after seminar c. ~1 year later) to understand the knowledge gain and the education impact in time. The results are analysed by an external evaluator (Green Monday (GM))

GM evaluation results attached.

The full monitoring report is downloadable at the following link:
<https://webgate.ec.europa.eu/sanco/heid/eahf/commitment/view/1448>

Good practice:

This section was scored high because the member presented details on methods and type of evaluation carried out:

- Detailed description of the evaluation methods
- Information on external evaluators
- Description on indicators
- Description of evaluation objectives

2. Example of good practice and recommendations for improvement

| | |
|---|---|
| Owner of the commitment | ESIP |
| Title of the commitment | 1054: Fight against alcohol-related harm: the role of social insurers. An example : prevention regarding consumption of alcohol by pregnant women |
| Priority area | Develop information and education programmes on the effect of harmful drinking |
| Type of activity | Commercial communication; Consumer information; Education |
| Description of the evaluation details of the commitment: | <p>Questionnaires and structured interviews are carried out and internal evaluators have been called on.</p> <p>Insurance funds which implemented the program realized activity reports showing the actions they have carried on: targeting of the women to be invited, implementation of the workshops, qualifications of speakers, tailoring of the methods and supports to specific populations. CNAMTS activity report also gives information on the programme.</p> <p>Specific surveys focusing on the workshops are carried out. Satisfaction surveys are filled out after each workshop.</p> <p>The full monitoring report is downloadable at the following link: https://webgate.ec.europa.eu/sanco/heid/eahf/commitment/view/1054</p> |

Good practice:

This section was scored high because the member presented details on methods and type of evaluation carried out:

- Detailed description of the evaluation methods
- Information on internal evaluators
- Description on indicators
- Sources on where more information is obtainable also given

Dissemination section

| 1. Example of good practice and recommendations for improvement | |
|---|--|
| Owner of the commitment | The Brewers of Europe (The Danish Brewers' Association) |
| Title of the commitment | 1084: Do you see the problem? |
| Priority area | Develop information and education programmes on the effect of harmful drinking |
| Type of activity | Commercial communication; Consumer information; Education; Media |
| Description of the dissemination of the commitment: | <p>Best practice example</p> <p>The campaign was presentation as best practice example to inspire others in Europe at the conference PARTNERSHIPS AGAINST DRINK DRIVING IN EUROPE hosted by Belgian Road Safety Institute and The Brewers of Europe with the support of the Belgian Presidency and Belgian Ministry for Mobility and Transport</p> <p>Media dissemination</p> <p>Massive media publicity has spread the campaign message to a national audience. See Evaluation chapter for more details.</p> <p>Event at football match</p> <p>Event at football match brought attention to the campaign and the message regional and national through the media</p> <p>Sport heroes as ambassadors</p> <p>Using famous sports people as ambassadors was a move that gave the campaign further visibility and made the young people think and talk about drink and drive. For an example at the football clubs homepage "chat forum".</p> <p>Traditional campaign material</p> <p>Material such as handouts, posters, homepages, news magazines, folders, T-shirts has contributed to the dissemination.</p> <p><i>The full monitoring report is downloadable at the following link:</i> https://webgate.ec.europa.eu/sanco/heid/eahf/commitment/view/1084</p> |
| Good practice: | |
| This section was scored high because the member provided information on the scale and scope of the dissemination strategy for the commitment. | |
| <ul style="list-style-type: none"> ■ Dissemination of best practice examples ■ Information on media dissemination ■ Use of famous sport people as ambassadors ■ Description on the use of traditional campaign material | |
| 2. Example of good practice and recommendations for improvement | |
| Owner of the commitment | ICAP |
| Title of the | 1022: ICAP Periodic Review on Drinking and Culture |

| | |
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| commitment | |
| Priority area | Develop efficient common approaches to provide adequate consumer information |
| Type of activity | Research |
| Description of the dissemination of the commitment: | <p>Each new issue is distributed through tailored e-alerts, sent to over 1,600 individuals from the research and NGO communities, government, and industry. All issues of the Periodic Review are also published online, along with supporting materials (http://www.icap.org/Publications/ICAPPeriodicReview). The 30 editorial group members also forward the e-alert and all new issues to their colleagues, as they think appropriate.</p> <p>The full monitoring report is downloadable at the following link: https://webgate.ec.europa.eu/sanco/heid/eahf/commitment/view/1022</p> |
| Good practice: | <p>This section was scored high because the member provided information on the scale and scope of the dissemination strategy for the commitment.</p> <ul style="list-style-type: none"> ■ Distribution channels clearly described ■ Target audience provided ■ Useful numbers included ■ Website provided |

