



# **Monitoring the activities of the EU Platform on Diet, Physical Activity and Health**

Annual Report 2015

Written by ICF Consulting Services Ltd  
May 2015



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European Commission

# **Monitoring the EU Platform on Diet, Physical Activity and Health**

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Directorate-General for Health and Food Safety  
European Platform for Action on Diet, Physical Activity and Health

May, 2015

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## Executive summary

The EU Platform for Action on Diet, Physical Activity and Health was launched in March 2005, bringing together the key European-level organisations working in the field of nutrition and physical activity. Each year a report is produced describing the activities undertaken by Platform members - through ongoing commitments and structured meetings - serving as a basis for improving the direction and outcomes of the Platform. This report summarises the activities of the Platform in 2014, provides an overview and analysis of individual commitment monitoring reports submitted in 2014 and puts forward conclusions and recommendations for the next annual reporting year.

All **116 submitted monitoring reports were analysed** using a qualitative assessment, drawn heavily upon definitions provided in the Platform's Monitoring Framework. Analysis was conducted on:

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

Within the monitoring reports, the degree of detail varied significantly. This variation was between commitment owners and within various sections of the monitoring reports. During this analysis process, a number of commitments were highlighted as good practice examples in monitoring and reporting and have been included in this report as case studies (one per activity type). Such examples will be further discussed in 2015 and used as possible guidance for commitment reporting.

The commitments **focus on six activity areas**:

- Education, including lifestyle modification (33 commitments/28%);
- Advocacy and information exchange (26 commitments/22%);
- Composition of foods (reformulation), availability of healthy food options, portion sizes (18 commitments/16%);
- Consumer information, including labelling (14 commitments/12%);
- Marketing and advertising (13 commitments/11%); and
- Physical activity promotion (12 commitments/10%).

### *1. Design and intent of the action*

Overall, 50 commitments (43%) made an explicit link to the **Platform aims and/or related EU-level policy goals** and a further 66 commitments (57%) made an implicit link to show relevance to the Platform. The **target audience for commitments** included the general public (41 commitments/35%); children and young people (26 commitments/22%); health professionals (17 commitments/15%); policy makers (12 commitments), employees (seven commitments), industry (six commitments), educators (three commitments), special groups (two commitments) and parents (two commitments). In terms of **geographical coverage**, over half of the commitments covered more than 20 countries (60 commitments/52%). A further 4% of commitments covered 16-20 countries; 6% covered 11-15 countries; 6% covered 6-10 countries, 8% covered 2-5 countries and 24% covered 1 country.

During the analysis the **design and intent of the commitments** was explored. Fifteen commitments (13%) had fully SMART objectives and 42 commitments (36%) had mostly SMART objectives. More than half of the commitments had partially SMART (43 commitments/ 37%) or not SMART objectives (16 commitments/14%). In cases where commitments were deemed as not having SMART objectives, the stated objectives were typically not sufficiently described and/or objectives were not measurable nor time bound. Lack of information and lack of identifying a target audience also frequently made it impossible to determine whether the objectives were attainable or realistic.

In relation to **reducing health inequalities**, an area previously unexplored in commitment analysis, 14 commitments (12%) explicitly set out to do so. Commitments that tackled health inequalities mentioned poverty as part of the rationale for intervention and referred to specific vulnerable groups, for example people with specific disabilities, certain ethnic minorities, the young, immigrants, women, older people and hospitalised patients.

Commitments were also analysed for the first time to see the extent to which they had used **evidence in their design**. It was found that evidence of need (reference was made to reports or studies that document the need for action) and/or likely effectiveness (reference to studies that indicate the action is likely to be efficient) was found in 66% of commitment monitoring reports. A further 20 commitments (17%) committed to generate evidence for future studies or actions.

## *2. Implementation and results of the action*

In 2014, around half of the commitments (63 commitments/54%) had fully **implemented the actions** planned in the annual objectives for 2014. 21 commitments (18%) had mostly implemented the actions, while 20 commitments (17%) were only partially implemented. Twelve commitments (11%) did not provide sufficient monitoring details to be able to infer how much the planned actions had taken place.

**Inputs** were explored as part of the analysis and included both human resources and other related costs. Overall, 56 commitments did not provide information on the costs of inputs, 30 reported less than EUR 100,000, 21 commitments provided figures between EUR 100,000 and one million EUR and eight provided more than one million EUR. In total, the 60 commitments that provided cost information spent EUR 44,268,500. In relation to other inputs, out of the 116 commitments 59 provided information on number of hours worked: 10 commitments attributed less than 100 hours, 41 commitments documented between 100 and 10,000 hours, whilst the remaining 8 commitments recorded more than 10,000 hours.

The quality of reporting on **outputs and outcomes** was mixed. The analysis found that 55 commitments had appropriate reporting for outputs, and 42 commitments had good reporting for outcomes. Overall, 55 provided minimal details on outputs, while 40 commitments gave minimal detail on impacts. Six reports did not provide any information on outputs and 24 did not give any information on outcomes (six stated it was too early to assess outcomes). The study team also found that 17 commitments did not make a clear distinction between outputs and outcomes.

**Dissemination of information** resulting from the commitments was discussed in 48 monitoring reports and included press releases, social media announcements, new letters, meetings, reports and information published on websites.

Furthermore, it was assessed that 16% of the commitments were "**additional**". This includes actions that would not have taken place if the Platform was not running, or they were of a higher quality as a result of the platform. Eight commitments (12%) were seen as having taken place at a greater scale or sooner as a result of the Platform.

Furthermore, 35% of reports demonstrated the **EU-added value** (although a significant number did not highlight the added value or provide sufficient information to determine the added EU-added value).

## *3. Overall assessment and recommendations*

As a final analysis, an **overall assessment** was made. Twenty reports were considered to be highly satisfactory; in these cases, the objectives were fully SMART, the reports had provided detail on the relevance to the Platform, used evidence in their design and had provided detailed information on inputs, outputs and outcomes. 65 reports were satisfactory and 31 commitments were assessed as non-satisfactory.



In these cases, the information provided varied in quality and detail, and/or was missing.

2014 has seen the continuation of Platform Plenary meetings organised per activity area, encompassing presentations linked to related policy developments, ongoing and completed commitments and other external initiatives. It also saw the update of the Monitoring Guidance Document by the **Working Group on Monitoring and Reporting**, setting the scene for improvement in monitoring of commitments and the creation of an **Advisory Group on Monitoring and Reporting of New Commitments**. In terms of membership, 2014 saw no additional members joining, keeping membership of the Platform at 33.

In conclusion, the 2014 Annual Monitoring Report found that the **Platform and its members have continued to meet the objectives defined in the Platform Charter**. This was achieved through providing a forum for exchange, continuous monitoring and development of commitments in the six activity areas and in some cases producing - or committing to produce - evidence through actions. Furthermore, and in relation to the evolution of qualitative assessment among commitments reported in 2014 in comparison with the previous year; whilst in 2013 41 commitments were considered unsatisfactory (33% of the total number of monitored commitments; 124), this reporting year, the number was 31 (27% of the total number of commitments; 116). Therefore, this year's assessment was in line with the results from last year's monitoring, bearing in mind that this reporting cycle aimed to analyse a number of different criteria in relation to the quality of commitments.

On the basis of these results, concrete recommendations for each area of analysis and activity have been made in order to further improve the Platform and its commitments. These are summarised below:

- Attention to detail needs to be ensured when reporting on commitments, especially in relation to target audience, geographical coverage and activity area;
- In relation to the design and intent of commitments, Platform members should revisit the Monitoring Framework and discuss collectively specific areas where reporting was of lower quality, in particular on defining fully SMART objectives;
- Using evidence in the design of commitments and the explicit link to reducing health inequalities are new areas of analysis and should be further discussed in view of increasing quality and outcomes of Platform commitments;
- Providing correct and detailed information on inputs and outputs should be undertaken by all commitment owners and re-introducing annual objectives in these sections in the reports can help improve reporting on implementation and results;
- Regarding impacts and outcomes, an evaluation component could be included at the design phase of the commitment, comprising also the measurement of impact indicators;
- In general, discussions around the definition and scope of inputs, outputs and outcomes can increase significantly the quality of reporting by commitment owners and can be held during the activities of the Platform in 2015 and underpinned by good practice examples;
- 'Additionality' and 'EU-added value' should be explicitly reported on as part of monitoring, in order to strengthen the link and potential impact of the Platform and its commitments; and

- The Monitoring Framework should be re-visited regularly and good practice examples discussed during Platform meetings in order to strengthen reporting in the area of implementation and results.

In relation to further improving the Platform meetings, a number of recommendations have been developed and summarised below:

- The structure of Platform meetings need to be re-visited in order to enable more discussion, information exchange and especially follow-up action between Platform members and in particular enabling possible joint commitments and stronger synergies between existing commitments to be developed;
- As demonstrated with the work done on the Action Plan on Childhood Obesity in 2014, closer collaboration on specific policy initiatives between the High Level Group and the Platform can work and should be further encouraged in 2015;
- In relation to the Working Group on Monitoring and Reporting, actions should focus on improving reporting quality through adhering to the Monitoring Framework, and work in the newly created Advisory Group on Monitoring and Reporting of New Commitments should be developed.

## **Foreword from the Chair**

This 2014 monitoring report of the EU Platform for Action on Diet, Physical Activity and Health is published on the year that marks its 10th anniversary. It is therefore a good moment to send a warm thank you to all members for the work done over the past decade in the field of public health.

To date you have implemented more than 300 commitments in areas spanning from food reformulation and physical activity to marketing and advertising, information and education. Specific actions have included lowering the content of fat, sugar and salt in foods, promoting regular physical activity, exchanging good practices on how to address overweight and obesity, encouraging the consumption of fruit and vegetables, improving product labelling for consumers, and changing the way food is advertised to children.

At the same time, we are too aware that obesity levels in Europe have not decreased.

We all recognise that the fault lies not with a single culprit. That is the reason why the Commission has been long defending a holistic, health in all policies approach to the problem, as enshrined in the Strategy for Europe on Nutrition, Overweight and Obesity related Health Issues, and in the Action Plan on Childhood Obesity.

Having said this, it is equally important to add that the fact that no single actor holds the full responsibility does not exclude anyone from participating in the joint effort. If the food industry can claim to be the first employer in Europe, if the health ministries can account for a large part of tax-funded public budgets, if researchers access millions in grants, or if NGOs have far reach and lobby capabilities, then they can all contribute in proportion of their resources and capacities. The same naturally goes for the responsibilities of the Commission and other public powers, within their remits.

In this context, the importance of achieving –properly defined and monitored– results cannot be overstated. The Platform is a locus for voluntary action of willing members. The very fact that it is based on freedom and choice should be one more reason for goals to be attained. In addition, the Commission is chairing and supporting the group and its monitoring, and such an investment should neither be taken for granted nor misused to validate token projects that bring little real change to the core businesses. We have to make sure that this never happens, and agree to bringing more EU value and scale.

More ambitious commitments are expected, namely in marketing and food reformulation, as these are assuredly areas where the Platform can make a substantial difference and establish itself as an working alternative to other interventions.

I invite you all to take a close look at the report and see where you can make further improvements in your current and future commitments. Better design, improved implementation and better reporting will significantly enhance the impact and credibility of our work. More active cooperation between the members of the Platform may also contribute to increase efficiency, reach and impact.

Let me assure that I, my colleagues and the monitoring team share your enthusiasm with the Platform and wish to support it as a collaborative, constructive, innovative and effective tool for the benefit of nutrition and physical activity in Europe.

**John F. Ryan**

Acting Director, Public Health

Chair of the EU Platform for Action on Diet, Physical Activity and Health

## **Definition of key terms**

<b>Key terms</b>	
Commitment	The EU Platform on Diet, Physical Activity and Health relies on the development of voluntary actions that aim to address the increase in obesity in Europe. These voluntary actions are called commitments. In order to become / remain a member, it is required to have at least one active commitment.
Platform member	Organisations operating at the EU level that have undertaken a commitment and have agreed to monitor and evaluate its performance in a transparent, participative and accountable way become Platform members.
Commitment holder / Commitment owner	The commitment holder is the organisation that is responsible for the implementation of the commitment. It can either be a Platform member or a member of one on the Platform members (some of the Platform members are umbrella organisations encompassing several individual organisations).
Monitoring report	Each year, members complete a monitoring report for each commitment submitted. The report contains the following information: general information, brief summary, objectives, description, relevance, annual objectives, input indicators, output indicators and impact indicators.
Research team	The consultancy team at ICF International was contracted by DG Health and Food Safety to provide independent analysis of the activities of the Platform and to monitor its actions. The work of the team includes the production of the Annual Report, attending Platform meetings and the provision of feedback to members on the quality of their monitoring reports.

## Acronyms and abbreviations

Acronym/Abbreviation	
ACT	Association of Commercial Television
AREFHL	Fruit Vegetable and Horticultural European Regions
BEUC	The European Consumer Organisation
CESS	Confédération Européenne Sport et Santé/ European Confederation Sport and Health
COFACE	Family Associations / Confédération des organisations familiales de la Communauté européenne
COPA-COGECA	Agricultural Organizations and Cooperatives
CPME	Standing Committee of European Doctors
EACA	European Association of Communications Agencies
EASO	European Association for the Study of Obesity
ECF	European Cyclists' Federation
ECL	Association of European Cancer Leagues
EFAD	European Federation of the Associations of Dietitians
EHN	European Heart Network
EMRA	European Modern Restaurant Association
ENGSO	European Non-Governmental Sports Organisation
EPHA	European Public Health Alliance
ER-WCPT	European Region of the World Confederation for Physical Therapy
ESPGHAN	European Society of Paediatric Gastroenterology, Hepatology and Nutrition
EUFIC	European Food Information Council
EuropeActive	(formerly EHFA - European Health and Fitness Association)
EuroCommerce	Association for retail, wholesale and international trade interests
Euro Coop	European Community of Consumer Cooperatives
EuroHealthNet	European Network of Health Promotion Agencies
EUROPREV	European Network for prevention and Health Promotion in general practice/family medicine
ESA	European Snacks Association
EVA	European Vending Association
FoodServiceEurope	(formerly: FERCO - European Federation of Contract Catering Organisations)
FoodDrinkEurope	(formerly: CIAA - Confederation of the Food and Drink Industries of the EU)
Freshfel Europe	Forum for the European fresh fruits and vegetables chain
IBFAN	International Baby Food Action Network

IDF Europe	The International Diabetes Federation – European Region
ISCA	International Sport and Culture Association
WFA	World Federation of Advertisers
WOF	World Obesity Federation (formerly: IOTF)

## **1 Introduction and outline of report**

The EU Platform for Action on Diet, Physical Activity and Health (hereafter referred to as the Platform) was launched in March 2005, bringing together the key European-level organisations working in the field of nutrition and physical activity.

As outlined in the 2007 White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity related Health Issues, the EU is using a range of instruments to address the growing problem of overweight and obesity, including legislation as well as other “softer” approaches that are effective and proportionate. The Platform is one such approach. It relies on dialogue, debate and the development of voluntary actions (commitments) by its members about how to address the increase in obesity in Europe.

The aim of the Platform is to contain or reverse the trend of rising obesity. Its specific objectives are:

1. Provide a common forum for exchange among stakeholders;
2. Generate specific actions in key areas; and,
3. Produce evidence and know-how through monitoring.

Against this backdrop, Platform members develop and implement commitments which describe the action they plan to take in order to contribute to address this problem. They also agree to monitor their performance and implementation on the basis of an agreed Monitoring Framework<sup>1</sup> and a Working Paper<sup>2</sup> entitled “Monitoring Platform Members’ commitments”. This monitoring is updated annually by the members and is recorded in the Platform database<sup>3</sup>, where all completed and ongoing commitments can be found.

In order to strengthen the commitments, action taken and foster exchange of good practice, DG Health and Food Safety organises four annual plenary meetings of the Platform and ad-hoc Working Groups on specific issues seen as important. All of this contributes to the Platform’s annual activities and achievements, and is the subject of annual reporting. The main objective of such reporting is to provide a concise overview of how the Platform, and the commitments, are evolving and contributing to reducing overweight and obesity in Europe. These are also occasions for the Commission and Platform members to reflect upon the achievements and discuss further ways of collaboration and development.

This chapter sets the scene for the 2015 Annual Report, outlining the purpose and structure of this report, as well as providing information on the reporting process and analysis of the commitments.

### **1.1 Purpose of the report**

The purpose of this report is threefold:

- To present and summarise the activities of the Platform in 2014;
- To provide an overview and analysis of individual Platform commitment monitoring reports submitted in 2014;
- To provide recommendations and conclusions for the next annual reporting year.

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<sup>1</sup> [http://ec.europa.eu/health/archive/ph\\_determinants/life\\_style/nutrition/Platform/docs/eu\\_Platform\\_mon-framework\\_en.pdf](http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/Platform/docs/eu_Platform_mon-framework_en.pdf)

<sup>2</sup> [http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/ev20110215\\_monitoring\\_commitments.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/ev20110215_monitoring_commitments.pdf)

<sup>3</sup> [http://ec.europa.eu/health/nutrition\\_physical\\_activity/Platform/Platform\\_db\\_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/Platform/Platform_db_en.htm)

Throughout, the report highlights and provides insight into how the Platform is attaining its goal of reducing obesity within the EU. The report does not address the Public Health impact of those commitments.

## **1.2 Structure of the report**

This Annual Report is divided into four main sections, each addressing the main purpose of the report, and providing analysis of the activities in 2014.

Chapter 2 provides a concise summary of the main activities of the Platform in 2014. It documents the overall policy direction throughout the year, and the main discussions held during the four annual plenary meetings and two Working Group sessions. Finally, this chapter describes Platform membership and any changes during the year.

Chapter 3 provides analysis of all 116 monitored commitments, including a general overview of main activity, target audience and coverage; along with analysis on the design and intent of actions, and insight on their implementation and results. In addition to this, an overall assessment on reporting is provided in the concluding section of this chapter.

Chapter 4 is based on the evidence presented in preceding chapter and in the Annexes. It provides conclusions and recommendations on a number of aspects related to Platform commitments, activities and future direction which can help guide the European Commission and the Platform members.

Four Annexes support the main body of the report and include further analysis and breakdown of commitments:

- Annex 1 builds on the overall analysis of commitments, and provides further insight into the commitments and their reports broken down into the six activity types as agreed by the Platform members in 2011:
  - Marketing and advertising;
  - Composition of foods (reformulation), availability of healthy food options, portion sizes;
  - Consumer information, including labelling;
  - Education, including lifestyle modification;
  - Physical activity promotion; and
  - Advocacy and information exchange.
- In addition, this annex also explores possible synergies that could be taken by the Platform members within each activity area;
- Finally, this annex also presents one commitment case study per field of activity demonstrating good practice in monitoring and reporting; these case studies have the objective of providing inspiration for future commitments.
- Annex 2 provides a breakdown of commitments per activity status: new, on-going and completed in 2014;
- Annex 3 provides a breakdown of commitments per activity area for reference;
- Annex 4 (currently provided in a separate word document) provides summaries of each of the 116 monitored commitments.

## **1.3 The reporting process**

As described in previous Annual Reports, and in the founding documents of the Platform, members complete on an annual basis a monitoring report for each commitment submitted. The objective of these reports is to document progress and provide insight into the developments of their commitment.



The monitoring report, a standard document updated yearly, includes the following information to be provided by the commitment owner:

Table 1. Monitoring reports

Section	Content
General information	Commitment number and title Activity type Target audience Contact Country coverage
Brief summary	A short description of the commitment
Objectives	The overall objectives of the commitment
Description	A descriptive outline of the commitment
Relevance	A summary of how the commitment is relevant to the stated objectives of the Platform
Annual objectives	The annual objectives for the year (2014) of the commitment
Input indicators	A description of the input used for implementation of the commitment
Output indicators	A description of what was produced as a result of the commitment
Impact indicators	A description of the impact of the commitment

Every year there is a set timeline for submissions, running between the period of 1 December and 31 January. Once the commitment monitoring reports have been submitted, they are reviewed by DG Health and Food Safety to address any uncertainties or inconsistencies. The finalised monitoring reports are then published in the Platform database, and sent for external review and analysis. The method of this analysis is detailed in section 1.4 below.

## 1.4 Analysis of commitments

For the purposes of reporting and providing feedback to Platform members, all 116 monitoring reports were analysed by ICF using a qualitative assessment on the basis of information provided in them. The assessment in all areas drew heavily upon the definitions provided in the Platform's Monitoring Framework<sup>4</sup>.

An analysis of the following commitments has not been included as no monitoring report was provided by the commitment holder:

- G-REGS: Instant access to international marketing rules (action 1502)
- Heart Walks (action 569)
- Club 4-10 (action 1110)
- Organisation of a Breakfast Week - European Parliament, Brussels (action 778)

<sup>4</sup> The Monitoring Framework of the Platform is accessible here:  
[http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/eu\\_Platform\\_mon-framework\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/eu_Platform_mon-framework_en.pdf)

- Educazione alimentare / Food education (action 1316)

It is important to note from the outset that the degree of detail within monitoring reports varied significantly. This variation was between commitment owners and within the various sections of the monitoring report. Upon receipt of these monitoring reports, the research team created a template for the analysis.

The analysis was conducted on:

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

Within these three areas, the assessment analysed:

Firstly, the analysis of the **design and intent** of action, focused on:

- The extent to which annual objectives were SMART:
  - Specific – clear about what, where, why and when the situation will be changed;
  - Measurable – able to quantify or qualify the achievements, changes or benefits;
  - Achievable – able to attain the objectives (knowing the resources and capacities at the disposal of those concerned);
  - Realistic – able to obtain the level of change reflected in the objective; and
  - Time-bound - stating the time period in which in which the objectives will be accomplished;
  - In order to analyse the objectives from this viewpoint, the commitments were judged as 'fully', 'mostly', 'partially' and 'not at all' SMART;
- The extent to which objectives are relevant to the stated priorities of the Platform, based on explicit statement in the report of relevance to the priorities of the Platform and/or wider EU policy goals;
- Whether the commitments explicitly address health inequalities and/or target lower socio-economic groups. (This follows discussions during the Platform in 2014 and recommendations in the previous Annual Report 2014);
- The use of evidence in the design of the commitment, looking at whether there is reference to evidence of need or likely effectiveness or if the commitment aims to generate evidence.

Secondly, attention was then focused on **implementation and results**. The following aspects were analysed:

- The level of implementation of the actions, i.e. to what extent were planned actions implemented: 'fully', 'mostly', 'partially', 'not at all' or whether no information was provided;
- The quality of indicators covering:
  - Inputs, which "measure the resources allocated to each action/activity depending of the objective of the commitment (funding, allocated resources, training, etc.) used for each activity"<sup>5</sup>. Besides looking at the quality of the reporting, a calculation of the financial and human resources used per activity type is provided where available. Again, this is a result of

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<sup>5</sup> EU Platform on diet, Physical Activity and Health: Monitoring Framework. Available at: [http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/eu\\_platform\\_mon-framework\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/eu_platform_mon-framework_en.pdf) (p.6)

- discussions in the previous Annual Report 2014 and subsequent Working Group meetings;
- Outputs, which “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 (schools visited, audience targeted, sports organised, etc.)”<sup>6</sup>;
  - Outcomes and impacts, which “measure the quality and the quantity of the results achieved through the actions in the commitment”<sup>7</sup>. Reporting on these indicators is not compulsory for Platform Members.
- To what extent the results were disseminated and what the main means of dissemination were;
  - The extent to which the commitments seem to have been additional. Here, 'additionality' is taken to mean that the action would not otherwise have taken place / took place at a greater scale / sooner / was of a higher quality as a result of the Platform;
  - The extent to which the commitments highlight the EU added value of the Platform and if so, how (e.g. the promotion of the commitment results would not be as successful if the Platform did not facilitate dissemination of good practice); and
  - Whether the report suggested follow-on actions for the organisations involved and/or others.

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

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

During the analysis process, a number of commitments were highlighted as cases for good practice in monitoring and reporting, to be further discussed in 2015, and used as possible “guidance” for other members during their monitoring and reporting processes. For the purposes of this report, six case studies (one per activity type) of good practice in monitoring and reporting have been included in the analysis of each activity area (Annex 1).

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<sup>6</sup> EU Platform on diet, Physical Activity and Health: Monitoring Framework. Available at: [http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/eu\\_platform\\_mon-framework\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/eu_platform_mon-framework_en.pdf) (p.6)

<sup>7</sup> EU Platform on diet, Physical Activity and Health: Monitoring Framework. Available at: [http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/eu\\_mon-framework\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/eu_mon-framework_en.pdf) (p.7)

## **2 Activities of the Platform in 2014**

This chapter provides an overview of the Platform activities in 2014. It summarises the main policy direction and highlights discussions and reflections during the four annual Platform plenary meetings (including the Joint Meeting with the High Level Group on Nutrition and Physical Activity<sup>8</sup>) and two Working Group meetings on monitoring and reporting.

Finally, an update on membership of the Platform is given. Detailed minutes and reports of all meetings can be accessed via the Platform homepage<sup>9</sup>; they contain more detailed summaries of all discussions held.

### **2.1 Policy direction**

The overarching policy direction for the Platform activities is set by the 2007 Strategy on Nutrition, Overweight and Obesity-related Health Issues<sup>10</sup>.

Throughout 2014, the Platform has continued to focus on actions and policy developments related to the six activity areas of:

- Marketing and advertising,
- Composition of foods (reformulation), availability of healthy food options, portion sizes
- Consumer information, including labelling,
- Education, including lifestyle modification,
- Physical activity promotion; and
- Advocacy and information exchange.

An integral part of these discussions were anchored around EU policy documents developed over the year 2014, described below. This has provided a policy framework for the Platform, its members and commitments implemented thus far.

In addition to the Platform meetings, the annual Joint Meeting between the Platform and the High Level Group on Nutrition and Physical activity was held on 10 June 2014<sup>11</sup>. This was dedicated to discussions on the Action Plan on Childhood Obesity and on Public Private Partnership initiatives. A keynote speech by Commissioner Tonio Borg<sup>12</sup> reaffirmed the importance of partnership working to achieve healthy diets and adequate physical activity; and in particular noted the opportunity for more relevant and targeted action in 2014 given various policy processes. To this end, the Commissioner called for better action on the determinants of chronic diseases and for all stakeholders to be more active.

#### **2.1.1 Council Recommendation on promoting Health-Enhancing Physical Activity across sectors**

On 25 November 2013, the Council adopted a recommendation<sup>13</sup> on promoting Health-Enhancing Physical Activity. This aimed to develop a cross-sectoral policy approach for physical activity involving a variety of policy areas including education, environment, health, sport and transport. This recommendation set out a monitoring framework which can be used by all Member States, and includes a minimal set of reporting requirements on general aspects of HEPA promotion.

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<sup>8</sup> [http://ec.europa.eu/health/nutrition\\_physical\\_activity/high\\_level\\_group/index\\_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/high_level_group/index_en.htm)

<sup>9</sup> [http://ec.europa.eu/health/nutrition\\_physical\\_activity/events/index\\_en.htm#anchor1\\_more](http://ec.europa.eu/health/nutrition_physical_activity/events/index_en.htm#anchor1_more)

<sup>10</sup> [http://ec.europa.eu/health/ph\\_determinants/life\\_style/nutrition/documents/nutrition\\_wp\\_en.pdf](http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/nutrition_wp_en.pdf)

<sup>11</sup> [http://ec.europa.eu/health/nutrition\\_physical\\_activity/events/ev\\_20140610joint\\_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/events/ev_20140610joint_en.htm)

<sup>12</sup> European Commissioner for Health and Consumers until November 2014

<sup>13</sup> Council Recommendation on promoting Health-Enhancing Physical Activity across sectors (15575/13)  
[http://ec.europa.eu/sport/library/documents/hepa\\_en.pdf](http://ec.europa.eu/sport/library/documents/hepa_en.pdf)

For the Platform this recommendation is a useful basis for developing further commitments on physical activity that support, among others, the implementation of this Council Recommendation. It is in line with the EU Strategy on Nutrition, Overweight and Obesity-related Health Issues.

To this end, a discussion was held during the Platform meeting on 26<sup>th</sup> November 2013, where the European Commission called for members to take this area into consideration in future commitments.

### **2.1.2 Action Plan on Childhood Obesity**

The Action Plan on Childhood Obesity<sup>14</sup>, an initiative from the High Level Group on Nutrition and Physical Activity, sets out voluntary actions by main stakeholders to halt the rise in childhood obesity by 2020. It was adopted by the High Level Group on 24 February 2014 and became a main focus of Platform discussions and activities in 2014.

In particular, the Platform members were consulted on actions to help achieve the operational objectives of the Action Plan in the eight identified areas. Members were called upon to reflect upon possible commitments to create synergies with the Action Plan objectives. For the 2015 annual reporting cycle, synergies will be sought between the actions arising from this Action Plan, and commitments developed in this area.

### **2.1.3 Council Conclusions on Nutrition and Physical Activity**

The achievements and relevance of both the Platform and High Level Group were recognised in the Council Conclusions on Nutrition and Physical Activity, adopted on 20 June 2014<sup>15</sup>. Although the Council Conclusions are primarily aimed at Member State driven action, the role of other relevant stakeholders was highlighted as important when developing partnership actions in this field. The Platform was highlighted as an example, especially in what relates to the action (and potential action) on food reformulation (reducing trans fatty acids, saturated fat, added sugar and salt), as well as on adaptation of portion sizes to dietary requirements.

## **2.2 Platform meetings**

In relation to Platform meetings, analysis of documentation and attendance at the first meeting of 2015 suggests a series of ways in which the Platform may have an increased impact. This is summarised in Table 2, which shows the mechanisms by which the Platform might affect change, the desired outcomes resulting and the assumptions necessary for these results to be achieved.

Four plenary meetings and one Joint Meeting with the High Level Group were held, illustrated in Table 3 below and further described in this sub-section. Each of the Platform meetings focused on a specific activity area, and included presentations on commitments and related initiatives in those areas. The main objective of all the meetings was to inform participants and exchange information of ongoing EU and national initiatives and to provide updates of ongoing Platform commitments.

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<sup>14</sup> Action Plan on Childhood Obesity:

[http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/childhoodobesity\\_actionplan\\_2014\\_2020\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/childhoodobesity_actionplan_2014_2020_en.pdf)

<sup>15</sup> Council Conclusions on Nutrition and Physical Activity: <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014XG0708%2801%29&rid=14>

Table 2. Increasing the impact of the Platform

Mechanism	Desired Outcome(s)	Assumptions/ Mediating Factors
<i>Direct action</i> – Platform members make commitments to make a difference	Improvements in health Improvements in nutrition (namely reductions in levels of obesity) and physical activity; Reductions in health-related inequality; Better evidence on what works.	Action is effective; Action is additional / attributable to the Platform; Evidence is produced, robust and useable.
<i>Developing evidence</i> – Platform members become involved in researching and/or testing practical ways of implementing ideas, regulation	Better evidence on what action needs to be taken; Better implementation of regulation.	Platform members can come together on identified issues and develop joint commitments; Evidence is produced, robust and useable.
<i>Information exchange</i> – Platform members have better access to evidence and information, which can lead to improve their actions	Increases in knowledge; Changes and improvements in action.	Knowledge provided is relevant, robust and actionable.
<i>Networking</i> – Platform members take action jointly and/or create synergies between commitments	Development of joint commitments; Synergies between commitments; Altered (more / more effective) actions.	Various types of organisations meet and find shared areas for action; (Joint) Commitments can be taken and followed up.
<i>Accountability</i> – Platform members are accountable for the implementation of commitments; in addition, members representing civil society perform a 'watchdog' function	Commitments are implemented (to a higher quality/fully); Results of the commitments are more known; Actions are (more) aligned with the Platform and EU policy objectives.	Information provided is accurate / appropriate / available; Information is used to promote the action; Commitment owners place importance on reputational effects.
<i>Taking positions and framing debates</i> – the Platform develops positions on relevant EU	The Platform is increasingly consulted and taken into account of in developing EU	The Platform is capable of taking a position;

policy initiatives, with the meeting agenda well aligned and structured to allow debate	policy; Relevant EU policy is more effective as a result; The agenda reflects live and interactive debates.	EU policy makers increasingly value the position of the Platform; Members see an increasing opportunity to debate issues important in this field.
<i>Active participation</i> – Platform members (and external stakeholders) recognise the added-value of the Platform	Increased engagement of existing members; Growing membership of the Platform; Effective and interactive debates.	The Platform is seen as increasingly effective and influential; The Platform is a useful source of information for members and external stakeholders.

Table 3. Platform meetings in 2014

Meeting type and date	Main theme	Additional presentations	Commitments presented
Plenary meeting 6 <sup>th</sup> February 2014	Education, including lifestyle modification	<ul style="list-style-type: none"> <li>Update of the Action Plan on Childhood Obesity;</li> <li>FP7 project example 'iFamily';</li> <li>Pilot project on fruit and vegetable consumption in Romania, Bulgaria and Slovakia;</li> <li>Project 'the menu factory'- French National Institute for Prevention and Health Education.</li> </ul>	<ul style="list-style-type: none"> <li>Summary of commitments;</li> <li>EPHE - EPODE for the Promotion of Health Equity;</li> <li>Improving medical and health professional skills to counteract obesity (WOF; the former IASO)</li> <li>The Nestlé Healthy Kids Programme and implementation in Spain</li> <li>Education activities by the EASO.</li> </ul>
Plenary meeting 10 <sup>th</sup> June 2014	Advocacy and information exchange	<ul style="list-style-type: none"> <li>Annual Monitoring Report 2014;</li> <li>Report on cardio-vascular disease and dietary fatty acids; University of Oslo.</li> </ul>	<ul style="list-style-type: none"> <li>Summary of commitments;</li> <li>EPHA's commitments towards nutrition and equity-sensitive EU policies;</li> <li>Freshfel Europe's commitment on the challenge of promoting fresh fruit and vegetables.</li> </ul>
Joint Meeting of the High Level Group and the Platform 10 <sup>th</sup> June 2014	Action Plan on Childhood Obesity	<ul style="list-style-type: none"> <li>Reporting of the actions of the EU Platform</li> <li>Presentation of Public Private Partnership initiatives</li> </ul>	N/A



Plenary meeting 25 <sup>th</sup> September 2014	Composition of foods (reformulation), availability of healthy food options, portion sizes	<ul style="list-style-type: none"> <li>• Annual Monitoring Report 2014;</li> <li>• Policy overview by DG SANTE on reformulation;</li> <li>• Study on food tax and consequences for reformulation, by DG GROW;</li> <li>• FP7 project TeRiFiQ;</li> <li>• Health Programme project HEPCOM - Learning Platform for preventing childhood obesity;</li> <li>• Nike: supporting more physical activity;</li> <li>• Pilot project on promoting healthy diets.</li> </ul>	<ul style="list-style-type: none"> <li>• Summary of commitments;</li> <li>• Update on food reformulation and portion size activities by Unilever, the European Snacks and Nestlé;</li> <li>• ESPGHAN update on commitments.</li> </ul>
Plenary meeting 24 <sup>th</sup> November 2014	Marketing and advertising	<ul style="list-style-type: none"> <li>• Update on Working Group;</li> <li>• Policy discussion on marketing and advertising;</li> <li>• Update on WHO Nutrient Profile Model;</li> <li>• Marketing to children and HFFS food, European Consumer's Organisation.</li> </ul>	<ul style="list-style-type: none"> <li>• Summary of commitments;</li> <li>• Update by WFA on the EU Pledge and Media Smart;</li> <li>• Evidence gaps for policy makers, WOF.</li> <li>• Results of MOVE Week 2014</li> </ul>

### **2.2.1 6 February 2014: Education, including lifestyle modification**

This meeting saw an update on the draft High Level Group Action Plan on Childhood obesity and on the Platform commitments in the field of education, including lifestyle modification.

Following on from discussions on the draft Action Plan, IBF International Consulting (the previous Platform monitoring contractor) provided a summary of active commitments in the field of education. Presentations of the related projects and initiatives were then given, followed by presentations concerning active commitments in this field.

In conclusion to this meeting, the European Commission highlighted that the open discussion and the additional contributions from the Platform members to the draft Action Plan on Childhood Obesity were much welcomed and could be considered incorporated into the Action Plan. Finally, members were invited to increase the number of commitments for 2014 with a focus on actions to support the draft Action Plan and targeting low socio-economic groups (especially children).

### **2.2.2 10 June 2014 (morning): Advocacy and information exchange**

The draft Annual Report 2014 was the main focus of this half-day plenary meeting. The report showed that the number of active commitments remained stable; there was a call to increase commitments both in general and related to physical activity and vulnerable groups. It was also noted that more commitments were involving more than one Platform member, something that should be further developed.

The other focus of the meeting was on commitments in the field of advocacy and information exchange. IBF International Consulting gave an overview of these 52 commitments, of which 24 were active and 28 were completed.

The conclusions of the Chair were linked to addressing the main issues presented in the draft Annual Report 2014; they reiterated the need to look into more commitments addressing vulnerable groups.

### **2.2.3 10 June 2014 (afternoon): Joint Meeting of the Platform and the High Level Group**

The main focus of the meeting was on the Action Plan on Childhood Obesity. The importance of the Action Plan was highlighted, as well as the importance of following through its implementation and monitoring. Commissioner Borg also emphasised the need of more action from all stakeholders on the determinants of chronic diseases.

The second main focus of this Joint meeting was the presentation of Public Private Partnership initiatives. Furthermore, an update on the Platform commitments was provided by the European Commission.

In conclusion to this meeting, the Chair mentioned that the members of the High Level Group and the Platform would be informed and would take part in monitoring the Action Plan. Finally, the Chair stressed that the experiences of public private partnerships presented in the meeting showed that cooperation between public and private actors is possible and can contribute to achieve successful results.

### **2.2.4 25 September 2014: Composition of foods (reformulation), availability of healthy food options, portion sizes**

This meeting looked at the updated draft Annual Report 2014, in particular addressing the comments from Platform members. After a discussion the report was officially adopted.

A summary presentation was then given by IBF International Consulting on the state of play of commitments in the field of food reformulation, followed by a number of presentations on specific commitments by Platform members.

The main focus of the Chair's conclusions related to the advantage expressed by members of improving the communication of the Platform's activities and positive developments.

#### **2.2.5 24 November 2014: Marketing and advertising**

Discussions held during the Working Group were one focus for this Platform meeting. An update was given on the ongoing work of this group, and a call for volunteers from the Platform to take part in the Working Group.

A policy discussion was held on marketing and advertising, with a number of updates of EU developments and research presented in order to stimulate discussion. This was followed by a presentation by IBF International Consulting on active commitments in this field, and a series of presentations by commitment owners on the progress and outcomes of their action.

As a concluding statement, the Chair highlighted that the Platform agreed to continue the activities of the Working Group, confirming that there will be a more active participation from individual members. A number of themes were raised as needing more discussion, notably the protection of the school environment, the role of social media and the large market share of products that target children.

### **2.3 Working Group meetings**

Aside from the Platform plenary meetings, two meetings of the Working Group on Monitoring and Reporting sessions were organised with the aim to improve the monitoring, evaluation and reporting mechanisms of the Platform. Discussions also covered possible support to Platform Members in their annual monitoring and reporting. In 2014, the two meetings were held on 24 September and 24 October.

The following members were part of the Working Group:

- Agricultural Organizations and Cooperatives (COPA-COGECA);
- European Association for the Study of Obesity (EASO);
- European Federation of the Associations of Dietitians (EFAD);
- Association for retail, wholesale and international trade interests (EuroCommerce);
- European Network of Health Promotion Agencies (EuroHealthNet);
- European Public Health Alliance (EPHA);
- European Food Information Council (EUFIC);
- FoodDrinkEurope;
- International Baby Food Action Network (IBFAN).

The two main outputs were produced by the Working Group, and then formally agreed at the Platform Plenary Meeting on 19<sup>th</sup> February 2015:

- An update to the Monitoring Guidance document; and,
- A proposal to pilot an Advisory Group on the Monitoring and Reporting of New Commitments.

The main aim of the Monitoring Guidance document is to support the Platform members in developing higher quality and more relevant commitments, especially in what relates to their monitoring. The Guidance Document gives context to the

monitoring process and provides a step-by-step guide, including examples and explanations of how to effectively report monitoring information.

The proposal to create an Advisory Group detailed the rationale, structure and operating practice this group would take in order to provide advice and guidance to members submitting new commitments. This step is seen by the European Commission and the Platform members as important in the work to increase the quality and relevance of the monitoring of the commitments. This suggestion would be further addressed throughout 2015 by the Working Group under the guidance of the European Commission, and reported on in the next cycle.

## **2.4 Membership update**

There are currently 33 Platform members, with no additional organisations joining in 2014. For purposes of this report and any subsequent reporting, it is important to document that two Platform members changed their names during 2014:

- From European Health and Fitness Association (EHFA) to 'EuropeActive'
- From the International Association for the Study of Obesity (IASO) to 'World Obesity Federation (WOF)'.

A full list of Platform members is available on the home page of the Platform:

[http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/140728\\_platform\\_members.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/140728_platform_members.pdf)

### 3 Analysis of commitments in 2014

This chapter provides a general overview of the Platform commitments reported on in 2014. It begins with a breakdown of commitments per activity type, target audience and geographical coverage; it then presents information on the design and intent of actions, before analysing their implementation and results.

The final part of this chapter details an overall assessment of all 116 monitored commitments and, on the basis of these results, conclusions and recommendations have been made in chapter 4, to help guide the Platform and its members in 2015 and onwards. The analysis draws exclusively upon monitoring reports provided by members.

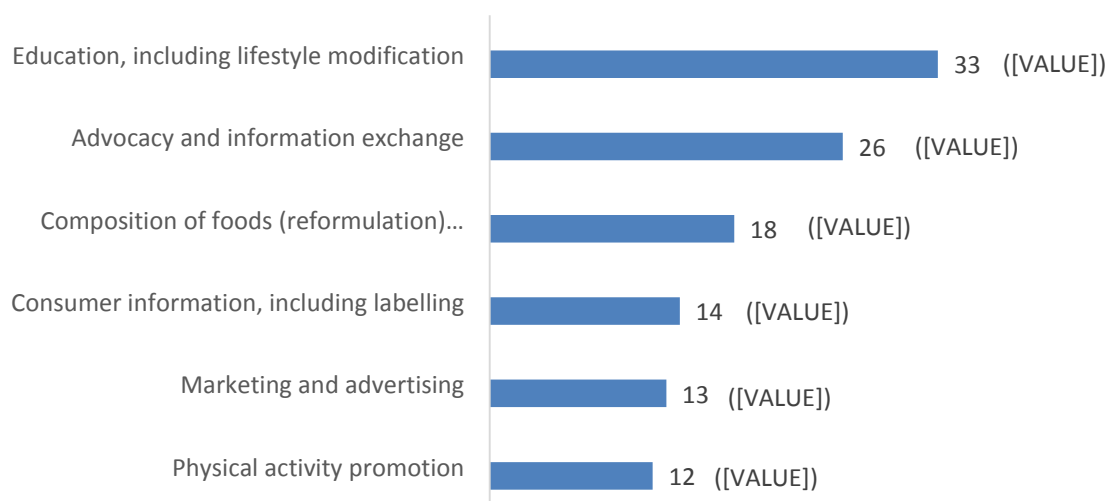
#### 3.1 General overview of commitments

This sub-section presents the general background to all 116 monitored commitments. The purpose is to show the coverage and breakdown of these commitments, what activities they covered, which countries were involved and what target audience was reached.

##### 3.1.1 Activities

As with previous years, there are six agreed activity areas within which commitments can be developed. Figure 1 presents the number of commitments per activity type.

Figure 1. Overview of Platform commitments by activity type (2014)



Source: Platform monitoring reports 2014, N=116

The figure shows that 28% of commitments (33 commitments) were in the field of 'Education, including lifestyle modification'. As an example, the "Healthy Lifestyle Campaign 'Happy Body'" (commitment 1069) submitted by FEVIA (FoodDrinkEurope) focussed on changing the lifestyle of the whole population through coordinating and sharing information on practices that reduce overweight and obesity. This commitment intended to offer a forum for all concerned organisations (e.g. public authorities, medical and prevention sectors, schools and socio-cultural organisations) active in the field of health promotion and healthy lifestyles. It also aimed to provide information about healthy lifestyles to all layers of the population to create a socio-economic

context that promotes balanced dietary habits and physical activity (with a website, a media campaign, promoting events).

Twenty-two per cent of commitments (26 commitments) were in the field of 'Advocacy and information exchange'. These commitments included actions such as commitment 1613 implemented by ACT, "Commercial TV channels best practices in promoting physical activity via programming and beyond". This commitment showcased best practices of commercial broadcasters' contribution to promoting physical activity via programming and other multiple activities within their Corporate Social Responsibility programmes. The market study included other successful TV formats that encourage viewers to adopt healthy lifestyles. Furthermore, it set out to include this information in a brochure, video or online and organise a seminar where the best practices could be presented and further discussed (note: there was no information provided in the 2014 monitoring report to illustrate the results of these dissemination objectives).

Sixteen per cent of commitments (18 commitments) pertained to 'Composition of foods (reformulation), availability of healthy food options, portion sizes'. For example, commitment 583 submitted by UNESDA (FoodDrinkEurope) entitled "Products, Choice & Portion Size" concerned expanding product and package offer in the marketplace to offer consumers opportunities to reduce calorie intake. This commitment aimed at increasing the number of new beverages with low- or no- calorie content and light versions of existing soft drinks, where technologically possible, safe and acceptable to consumers; as well as increasing the choice and availability of individual packaging sizes and pursue, where appropriate, downsizing to help reduce over-consumption.

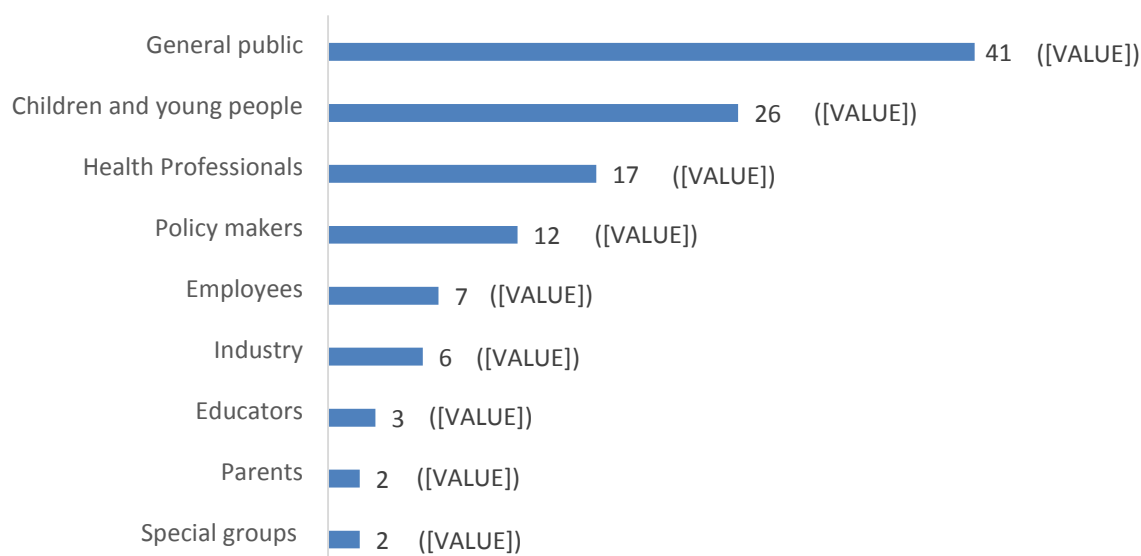
The fields of "Consumer information, including labelling", "Marketing and advertising" and "Physical activity promotion" respectively represented 12%, 11% and 10% of commitments (or 14, 13 and 12 commitments).

Annex 1 provides a detailed overview of commitments per activity type, with the intention of highlighting the quality of outcomes in each area, allowing for conclusions and recommendations to be made in the concluding section 4.

### **3.1.2 Target audience**

Figure 2 provides a breakdown of the stated target audience of the 2014 commitments.

Figure 2. Overview of Platform commitments by target audience (2014)



Source: Platform monitoring reports 2014, N=116

Out of the 116 commitments, 41 commitments (35%) targeted the general public. For example, commitment 1061 implemented by EUFIC and entitled "Using EUFIC communication vehicles to promote physical activity" was designed to raise awareness of and encourage physical activity to help European citizens understand how small incremental changes can contribute to leading healthier lifestyles; maximising outreach by targeting the general public.

Twenty six commitments (22%) targeted children and young people. As an example, commitment 427 implemented by Ferrero Group (WFA) and entitled "Media Literacy & Responsible Advertising to Children" is described as a media literacy programme targeted children under 12 at school to promote their understanding of advertising.

Seventeen commitments (15%) targeted health professionals. For example, commitment 1518, implemented by the Danish Agriculture & Food Council and entitled "Forum for health professionals including dieticians", is a website to communicate up-to-date knowledge on foodstuffs, diet and nutrition to health professionals and dieticians, both in the private and the public sectors.

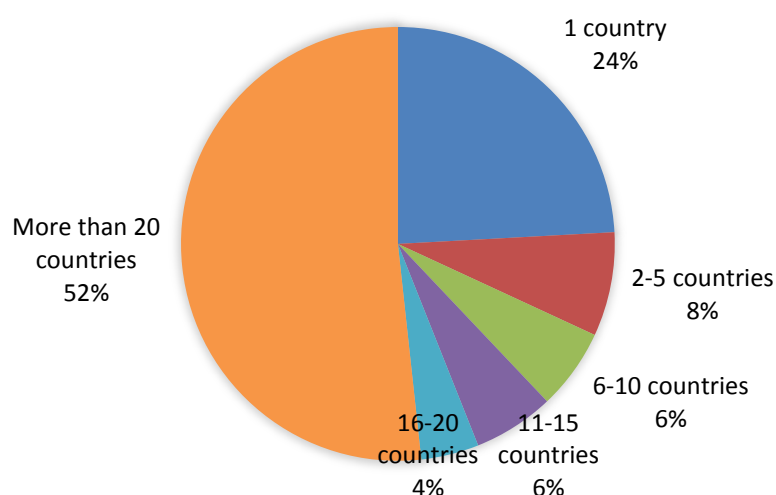
Two commitments, both implemented by ISCA, declared that their main target audience were 'special groups'. Commitment 1606, the "Now We Move Activation", targeted hard-to-reach, physically inactive populations. Commitment 1303, entitled "MOVE - European physical activity promotion Forum" focused on potentially disadvantaged groups such as youth, ethnic minorities, immigrants, women/girls and seniors in socio-economically disadvantaged area, demonstrating an inclusion of addressing the social target in its commitment.

Other target audiences included: policy makers (12 commitments), employees (seven commitments), industry (six commitments), educators (three commitments) and parents (two commitments).

### 3.1.3 Geographical coverage

Analysis also documented the geographical coverage of all monitored commitments; for purposes of this Annual Report, classifications were made in order to illustrate the results. Figure 3 presents the number of countries participating in commitments.

Figure 3. Overview of Platform commitments by number of participating countries (2014)



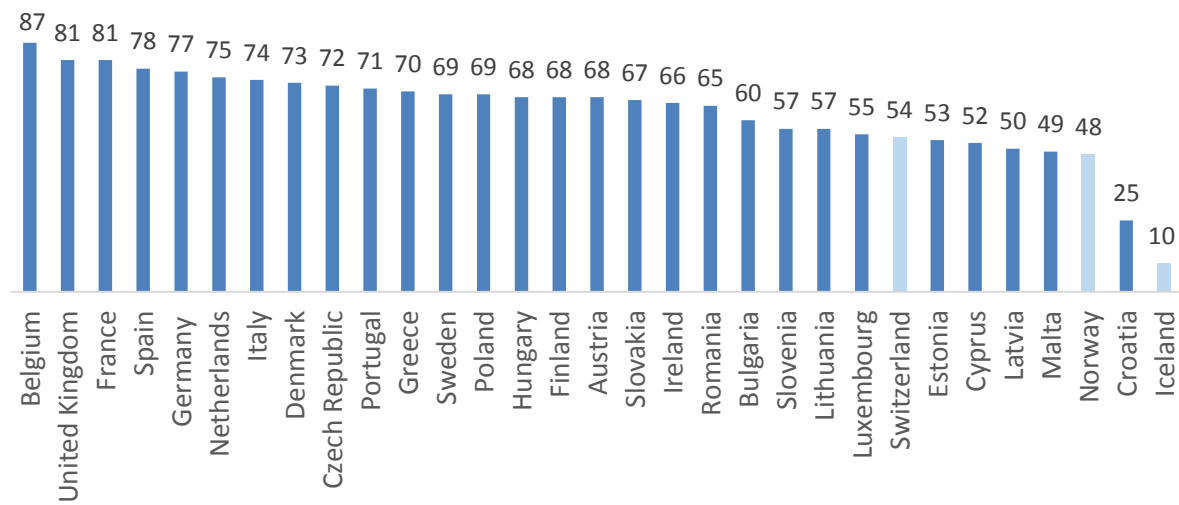
Source: Platform monitoring reports 2014, N=116

A majority of commitments (60 commitments or 52%) covered more than 20 countries. Twenty-eight commitments (24%) had one country participating. Belgium and Denmark (eight commitments each), Germany and Spain (three commitments each), France and Poland (two commitments each), and Switzerland and the United Kingdom (one commitment each) were targets of such actions. Some of these commitments were specific to the country they were organised in. For example, commitment 1012, "Bielice Run" - Young Europeans Run", by Mars (FoodDrinkEurope) was specific to Poland, as the Bielice Run is the biggest sport event dedicated for children in Poland. Some of these commitments were implemented in one country only because the Member organising the project was based in this country (e.g. commitments by FEVIA were organised in Belgium and commitments by COPA-COGECA were implemented in Denmark). Other commitments were not specific to the countries they were developed in. For instance, commitment 449, named "Wellness for me" and implemented in Switzerland by Nestlé (FoodDrinkEurope), was an in-house workplace wellness programme for employees at Nestlé's Vevey Headquarters that focussed on nutrition, physical activity and healthy lifestyles. This program was not specific to Switzerland, and Nestlé could have developed the same program in other countries.

Figure 4 below shows the number of commitments by participating countries, ranked from highest number to lowest number of commitments. Eighty-seven commitments took place in Belgium, 81 commitments in France and the United Kingdom. In addition, three non-EU countries (Switzerland, Norway and Iceland) participated in 54, 48 and 10 commitments respectively.



Figure 4. Number of commitments by participating countries (2014)



Source: Platform monitoring reports 2014, N=116

## 3.2 Design and intent of commitments

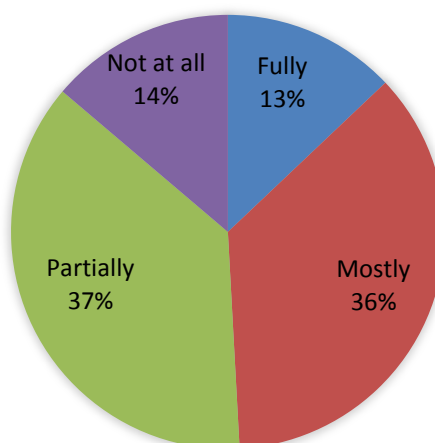
This sub-section provides insight on the design of the commitments and on the intent of their action. To provide analysis on this, the analysis looked at commitments on the basis of:

- How “SMART” the stated objectives were;
- Their relevance in relation to the aims of the Platform and related EU policy goals;
- Whether health inequalities was taken into consideration; and
- To what extent (if at all) evidence was used in the design. This section also provides in Table 4 a recap of “SMART” objectives in order to help understand the nature of analysis of the commitments.

### 3.2.1 SMART objectives

Thirteen per cent of commitments (15 commitments) had fully SMART objectives and 36% (42 commitments) had mostly SMART objectives. More than half of the commitments had partially SMART objectives or not SMART objectives (respectively 37% and 14%, or 43 and 16 commitments). This information is summarised in Figure 5.

Figure 5. Extent to which objectives are SMART (2014)



Source: Platform monitoring reports 2014, N=116

An example of a fully SMART objective is that of commitment 834 “Product reformulation and innovations” by Unilever (FoodDrinkEurope). In the context of the Unilever Sustainable Living Plan, the company aimed to set targets for and monitor the improvement of their food portfolio. This commitment’s objectives were SMART, e.g. “by end 2017, 90% of all soft vegetable oil spreads will contain no more than 33% saturated fat and at least 67% unsaturated fats”.

Table 4. Defining SMART objectives

Defining SMART objectives
<p>- Specific: Objectives are clear on the change desired: '<i>Clear about what, where, why and when the situation will be changed</i>'. They provide information on what the commitment wants to achieve and why, as well as on where and when it wants to implement and execute the action.</p> <p>- Measurable: Objectives are specified in such a way that it is possible to quantify or qualify the achievements and benefits, as well as the extent to which changes have occurred in practice.</p> <p>- Attainable and achievable. It is possible to achieve desired changes given knowledge of the resources and capacities available or committed. The objectives are do-able knowing the attitudes, abilities, skills and financial capacity of all those concerned.</p> <p>- Realistic. It is possible to obtain the level of change reflected in the objectives and the effectiveness of the action is plausible.</p> <p>- Time bound. The objectives state the time period in which the desired change will be accomplished. The objectives provide a specific description of the time path of all activities of the actions.</p>

Source: Monitoring Framework- EU Platform on Diet, Physical Activity and Health

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

Proposed discussion/action: clarity and improvement on objective setting should be further discussed during Platform activities in 2015 and beyond. The Monitoring Framework, which provides guidance on how to monitor the commitments, could be revisited and during meetings, discussions on how to formulate SMART objectives should be held, for instance, in the form of small group discussions and peer-review of new commitments, as well as asking commitment holders that did not set SMART objectives to revise those.

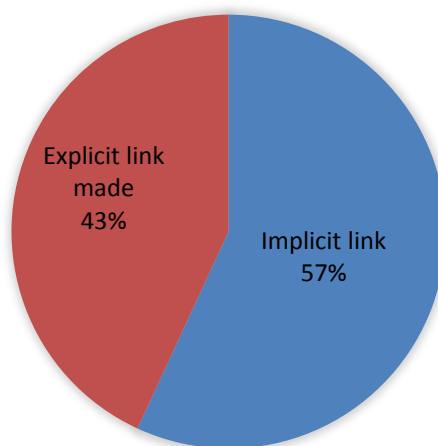
### 3.2.2 Relevance of commitments

Forty-three per cent (50 commitments) made an explicit link to the Platform aims and/or related EU-level related policy goals. For example, in its report for commitment 1068, entitled "Policy and programme coherence in infant and young child feeding in the EU", IBFAN states that "by protecting and supporting optimal nutrition of infants and young children, the IBFAN Commitment is clearly relevant to the general aim of the Platform...[further explains why".

Fifty-seven per cent of reports (66 reports) made an implicit link to show relevance to the Platform. For instance, action 1613 "Commercial TV channels best practices in promoting physical activity via programming and beyond" by ACT provided an example of an implicit link. This commitment aims to "showcase best practices of commercial broadcasters' contribution to promoting physical activity". Even if the

Platform was not explicitly mentioned, the action meets the aims of the Platform by promoting physical activity and aiming to contribute to healthier lifestyles.

Figure 6. Relevance of commitments (2014)



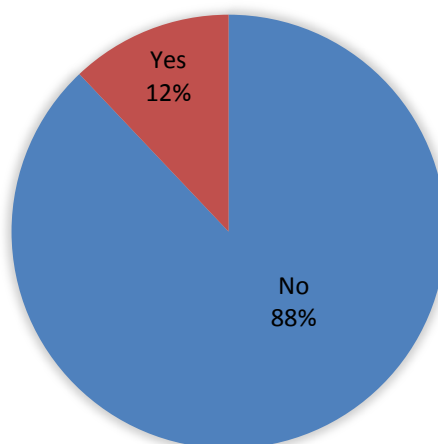
Source: Platform monitoring reports 2014, N=116

Proposed discussion/action: although all the 2014 monitoring reports included an explicit or implicit link to the Platform objectives; in future monitoring exercises, commitment holders should try to be as detailed and explicit as possible in relation to how the commitment aims to fulfil the direct aims and objectives of the Platform, and the wider EU-policy goals in the field of nutrition and physical activity.

### 3.2.3 Actions to reduce health inequalities

One of the Platform's priorities is to have the commitments contribute to health-relevant-objectives without increasing/while reducing health inequalities; this has been further elaborated during the Platform meeting throughout 2014, and outlined in the 2014 Annual Report recommendations. As shown in Figure 7 below, out of the 116 commitment monitoring reports, 102 (88%) did not mention to set out to address this issue in its objectives, whilst 14 commitments (12%) set out to tackle health inequalities or focused on lower socioeconomic groups. This is an improvement from 2013, where no commitments were found explicitly addressing this matter.

Figure 7. Share of commitments setting out to reduce health inequalities (2014)



Source: Platform monitoring reports 2014, N=116

Out of the 14 commitments that did set out to reduce health inequalities, 13 mentioned poverty as part of their rationale for intervention and gave examples of specific vulnerable groups (e.g. people with specific disabilities, certain ethnic minorities, the young, immigrants, women, older people and hospitalised patients). One commitment specifically mentioned health inequality in low-educated groups. Blédina (FoodDrinkEurope), in its commitment 1417 entitled “Malin program, to improve dietary habits of vulnerable infants” aimed to promote healthy habits in infants aged 0 to 3 from French low-income families and reported it adapted its training program to the specificities of the (often poorly educated) target population.

Proposed discussion/action: tackling health inequalities was highlighted as one of the areas for action by Commissioner for Health and Food Safety Andriukaitis at the Joint Meeting of the Platform and the High Level Group (18 February 2015). Therefore, despite improvement from previous years, commitments should increasingly focus on reducing health inequalities and focusing on lower socioeconomic groups. Commitment owners who explicitly set objectives to reduce health inequalities could lead discussions and share good practice in the plenary meetings and the Working Group on monitoring and reporting.

### 3.2.4 Use of evidence in the design

Reports were analysed to observe the use of evidence in the design of the commitment. Here the test was whether there is reference to evidence of need and/or likely effectiveness or if the commitment aims to generate evidence to fill gaps in knowledge. This is shown in Table 5 below.

Table 5. Using Evidence in the design of Commitments

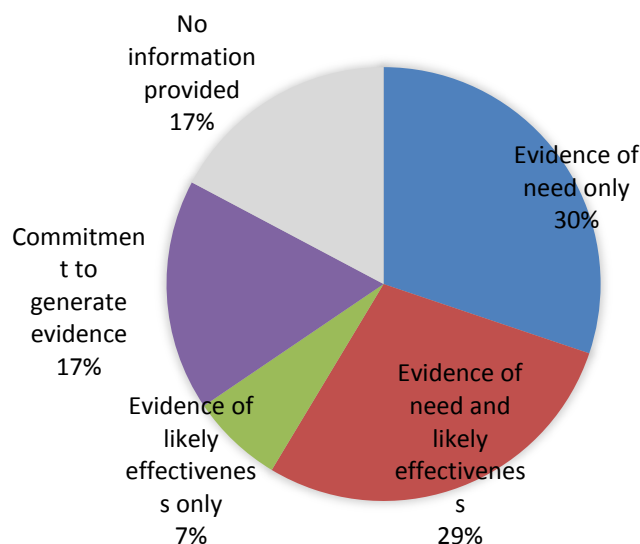
**Using evidence in the design of commitments:**

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

- **Evidence of need:** The report refers to facts or studies that outline the need for action.
- **Evidence of likely effectiveness:** The report refers to studies that show that the action is likely to be efficient. The report can also refer to past similar actions that were successful and efficient.
- **Commitment to generate evidence:** When the action of a commitment is innovative, the report cannot give evidence of likely effectiveness. However, it can commit to generate evidence for future studies or actions, by finding interesting results or developing successful programmes or best practices that can be used or reproduced later on.

Figure 8 shows that there was reference to evidence of need and/or likely effectiveness in 66% of reports. This reference ranged from a simple statement on the need to tackle the problem of overweight and obesity (as in commitment 427 implemented by Ferrero group, member of FoodDrinkEurope, "Media literacy & Responsible Advertising to children") to commitments where reference was made to recent studies in the area of obesity (as in commitment 1416 implemented by Nutricia, (FoodDrinkEurope) and entitled "Healthy Start", that mentioned specific local research).

Figure 8. Share of commitments using evidence in the design (2014)



Source: Platform monitoring reports 2014, N=116

Commitment 1208, submitted by Danone (FoodDrinkEurope) and entitled "Eat Like a Champ", is an example of a report where evidence of both need and likely effectiveness was given. This commitment is an education programme to help make healthy eating exciting, and inspire children to adopt the healthy choices of champions they admire. The need for action was justified using evidence. Notably, the report stated that research showed the majority of children did not reflect their knowledge of a balanced and healthy diet in the way they ate. Encouraging and promoting behavioural change and closing the gap between knowledge and action was therefore

seen as key to addressing the obesity epidemic and poor nutrition issues. The report also gave evidence of likely effectiveness, quoting the results of an SFT research carried out in 2012<sup>16</sup>, which concluded that the “Eat Like a Champ” programme improved children’s eating behaviours and choices, both in the short-term and in the medium-term.

17% of reports (20 commitments) committed to generating evidence. For example, commitment 1403 implemented by WOF and completed in 2014 entitled “ToyBox”, aimed at producing a multi-disciplinary analysis to identify the key behaviours related to obesity in early childhood and conducting new behavioural research to explain young children’s diet and levels of physical activity. The 2014 monitoring report stated the programme would be useful for future work in this area as peer-reviewed papers were seen as ‘a critical basis for policy-makers seeking evidence for selecting strategies to tackle the obesity crisis’<sup>17</sup>.

Finally, on the basis of monitoring reports received, 17% of commitments did not use evidence in their design.

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

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

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<sup>16</sup> Children’s Food Trust. 2012. Eat Like A Champ (ELAC): evaluation of a school-based healthy eating intervention

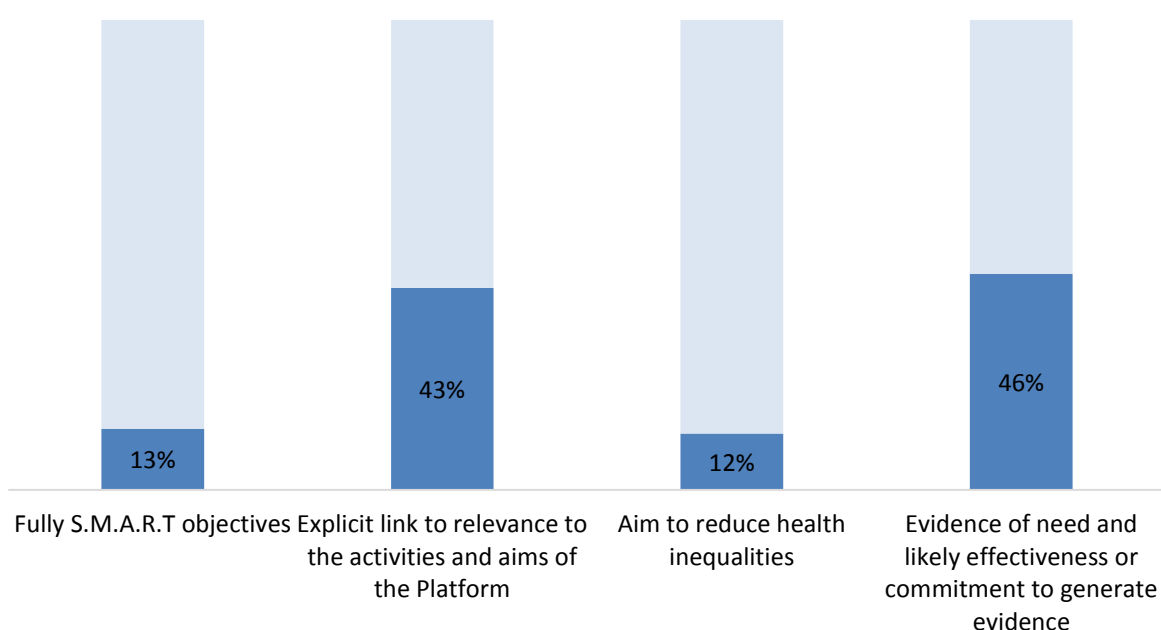
<sup>17</sup> Commitment 1403: “ToyBox”; WOF

### 3.2.5 Summary of sub-section

Figure 9 below illustrates a summary of the findings described above. It shows that:

- Only 13% of the total commitments (14 commitments) are *fully* SMART;
- 43% per cent of monitoring reports (50 commitments) explain the relevance of the activities of their commitment, by giving an explicit link to the Platform's aims and priorities;
- 12% of commitments (14 commitments) explicitly stated to set out to reduce health inequalities, one of the Platform's horizontal priorities.
- 46% of the reports (53 commitments) provide either a commitment to generate evidence or evidence for both need and likely effectiveness of their commitment.

Figure 9. Summary of findings on design and intent of actions (2014)



Source: Platform monitoring reports 2014, N=116



### 3.3 Implementation and results

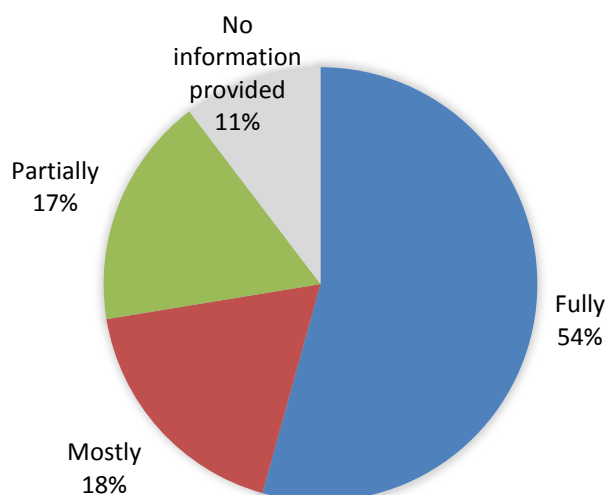
This sub-section provides insight on the implementation and results of the actions. The analysis looked at:

- How fully implemented the actions were;
- How detailed the reporting of inputs, outputs and outcomes was;
- To what extent actions were additional; and
- To what extent the reports highlighted the EU-added value of the actions.

#### 3.3.1 Implementing the actions

Figure 10 presents the level of implementation of planned actions for 2014. Around half of commitments (63 commitments) fully implemented the actions planned in the annual objectives for 2014. 21 commitments stated that the actions for 2014 were mostly implemented. For 20 commitments, the actions were only partially implemented. 12 commitments did not provide the necessary information to infer the extent to which planned actions were implemented.

Figure 10. Extent to which planned actions were implemented (2014)



Source: Platform monitoring reports 2014, N=116

Proposed discussion/action: In order to measure the implementation of the planned actions, it would be necessary to set up SMART objectives as a basis for measuring implementation and results of the action, as well as then provide information in the different sections related to input, output and outcome indicators on the extent to which actions were completed.

#### 3.3.2 Main inputs reported (human and financial)

Out of the 116 commitments, 56 did not provide information on the costs of the inputs. Thirty commitments reported less than EUR 100,000 in 2014, 21 commitments provided between 100,000 and EUR 1,000,000, and 8 provided more than one million EURO (this breakdown does not include one project that finished in February 2014 and spent EUR 49,000 in two months). These 60 commitments together spent a total value of just under **EUR 44,268,500** (this figure includes both human resources and other related costs).

On the basis of this information, and in order to arrive at a figure which could represent the main inputs (human and financial) of all 116 commitments, a calculation was made on the assumption that the commitments where data was provided are representative of the actions within the Platform as a whole. It is important to note the calculation is based on estimates and incomplete information. Nevertheless, given the proportion of information available (60/116 actions), the original figure (44,268,500 EUR) was doubled and rounded up, giving the main inputs reported a total amount of 90,000,000 EUR.

Seven monitoring reports break down the total costs between human resources and other related costs.

In order to know the number of hours spent for the action, calculations were made based on the assumption that a full time employee could work 8 hours per day/ 40 hours per week/48 weeks a year (1,920 hours per year).

Out of the 116 commitments, 57 did not provide information on the number of hours worked. Of the remaining 59 commitments that provided information concerning the number of hours dedicated to the commitments,

- 10 commitments used less than 100 hours;
- 18 commitments between 100 and 500 hours;
- 8 commitments attributed between 500 and 1,000;
- 15 commitments reported between 1,000 and 10,000 hours; and
- 8 recorded more than 10,000 hours spent on the commitment actions.

However, these figures are likely to be incomplete, as reports sometimes give information on hours spent for only some of the staff identified.

Eleven commitments reported using volunteers to help with their projects. The rest of commitments (91%) did not provide information on this issue.

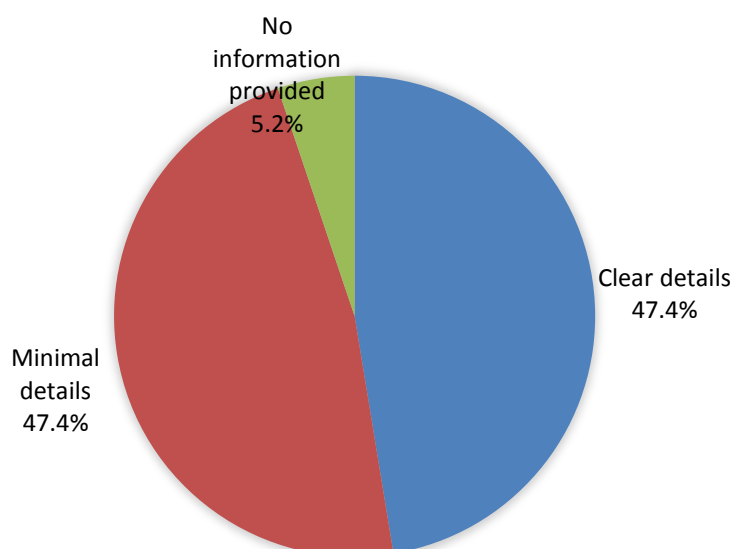
An example of a report with good level of reporting for inputs is that of commitment 1420, implemented by Danone Research, entitled "Dietary habits and nutrient intakes in infants and toddlers" and which aimed at better understanding the dietary habits and nutrient imbalances of young children. The report breaks down the inputs by 9 activities, and provides detailed information for each concerning the budget and the number of hours spent in FTE.

**Proposed discussion/action:** The section on inputs should break down the total costs between human resources and other related costs. Regarding human resources, it would be important to include the number of hours, number of full time and part time employees, as well as the number of volunteers (and if not used, stating so). Furthermore, in relation to financial resources, besides providing overall costs, it would be advisable to provide a breakdown of costs per activity, in order to improve the transparency of the commitments. Additionally, inputs must be given on the commitment-related costs rather than overall costs related to larger-scale activities (of which the commitment plays a part in). Therefore, discussions on improving the reporting of inputs should take place.

### **3.3.3 Outputs**

Figure 11 shows the share of reports that provided clear details concerning outputs of the actions. Fifty-five commitments had appropriate reporting; the same number provided minimal details. Six reports did not provide any information on outputs.

Figure 11. Quality of reporting of outputs (2014)



Source: Platform monitoring reports 2014, N=116

An example of a commitment with good reporting of outputs is commitment 268, implemented by FEVIA (FoodDrinkEurope) and entitled "NUBEL" (Nutrition BELgium). This commitment aimed at providing updated, standardised, nutritional data concerning the composition of food products on the Belgian market to different groups of users, such as consumers, schools, health professionals or industry. It is easy to understand from the report what has been achieved: outputs are broken down by the three main objectives. Quantitative data are provided: for instance, the report says exactly how many food products are detailed in the updated database or how many copies of the database were sold to whom. In general, there was a good level of reporting, although the level of details varied considerably between commitments (as also identified in the Special Report 2006-2012)<sup>18</sup>. Moreover, a general lack of explicit detail about the number of outputs for each annual objective was found, which makes difficult to provide an assessment on the implementation of the actions in view of the original objectives. In some cases, information related to previous years and not the monitoring year and in those cases when the commitment took place in various Member States, information was in some cases provided only for some of them.

Proposed discussion/action: in order to detail the number of outputs in relation to the original objectives, a suggestion would be to re-introduce the objectives in the output section of the reports, and indicating under each objective the related outputs. This would help improve overall monitoring in this area and support commitment owners in improving the implementation of commitments. Moreover, outputs should report on all activities in all countries of the commitment and information should be related to the monitoring year and not previous years.

<sup>18</sup> [http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/eu\\_platform\\_special\\_report\\_2006\\_2012\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/eu_platform_special_report_2006_2012_en.pdf)

### **3.3.4 Outcomes**

Out of the 116 commitments, 17 did not make a clear distinction between outputs and outcomes. Forty-two commitments (36%) had a good reporting of outcomes. 40 reports gave minimal details on impacts. The rest of the reports did not give information on the outcomes (6 out of them explained that it was too early for them to assess the effect of their action).

An example of a commitment with good reporting for outcomes is commitment 583, implemented by UNESDA (FoodDrinkEurope) and entitled "Products, Choice and Portion Size". The two main goals were to increase the number of new beverages with low or no calorie content and to increase the choice and availability of packaging sizes. The report clearly explains how the commitment achieved these goals- including the outcome of the action- and gives the findings of an independent monitoring report to support this with quantitative data.

Proposed discussion/action: Most of the reports indicated that the actions were monitored and/or evaluated. However, few reports included information related to external evaluations of their actions. Further discussion on this topic could be useful.

Examples of third party evaluations were those undertaken by Accenture and the European Advertising Standards Alliance (EASA) for WFA (actions 427 'Media literacy & Responsible Advertising to children' and 1075 'The EU Pledge - Changing Food Advertising to Children') and for FoodDrinkEurope (action 1515 'ESA' and action 1018 'Mars Marketing Commitments').

PricewaterhouseCoopers (PwC) also undertook evaluations, for instance, of actions 581 'Advertising and Commercial Communications including school vending' by UNESDA (FoodDrinkEurope) and 834 'Product reformulation and innovations' by UNILEVER (FoodDrinkEurope).

Another example would be the external evaluation undertaken by the research institute futureorg.de for the commitment CleverNaschen (action 1009) by Mars (FoodDrinkEurope).

Although self-monitoring and self-evaluations are fundamental, the importance of independent third parties should be discussed in the context of the Platform, highlighting its advantages (e.g.: absence of conflict of interest, professional methodologies) and drawbacks (e.g.: cost, difficulties re for NGOs to access).

At the moment, reports do not include a specific section related to evaluation. Nevertheless, it is recommended to include a section where members would explain whether an evaluation of the action was undertaken and if so, if this was external or internal. They should also include the methods used in the evaluation and its conclusions.

As a recommendation for members, the evaluation component should be envisaged at the design phase when setting the objectives and indicators (including also outcome indicators), as this would facilitate the monitoring/evaluation and it would enable to identify outcomes/impact of the actions.

These topics are part of the discussion agenda of the Working Group on Monitoring and Reporting.

### 3.3.5 Dissemination

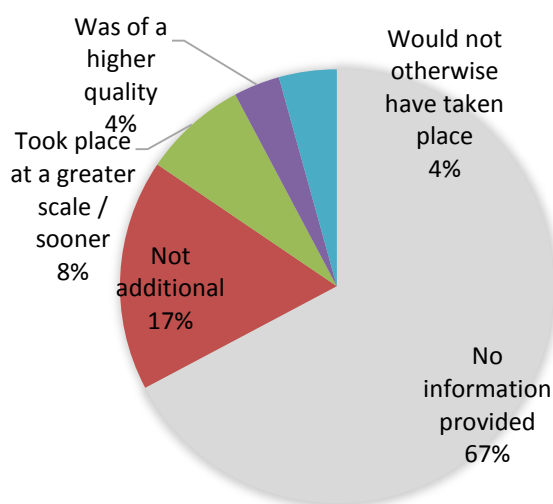
Out of the 116 commitments, 48 disseminated or aimed at disseminating the results of their actions. Results were disseminated through websites, press releases, social media announcements, newsletters, meetings or reports.

### 3.3.6 Additionality

As shown in Figure 12, 16% of the commitments were assessed as having “additional” actions. Indeed, it appears that some commitments would not have taken place if not for the Platform (4% of all commitments), or were of a higher quality thanks to the Platform (4% again). Also, 12% of all commitments (8 commitments) were deemed to have taken place at a greater scale or sooner as a result of the Platform. This was the case for commitment 1001, implemented by Ferrero Group (FoodDrinkEurope) and entitled “EPODE (Ensemble Prévenons l’Obésité Des Enfants)” (in English: “Together, let’s prevent child obesity”). The report explicitly mentioned that the Platform provided opportunities for partnership, such that EPODE, a project initially launched in France at a local level, became an international network. The model was later implemented in other countries besides France (notably Belgium, the Netherlands and Spain).

On the other hand, 17% of the commitments were deemed not to be additional actions. A majority of the reports (78 commitments or 67%) did not provide sufficient information to determine whether the action of the commitments was additional or not.

Figure 12. Extent to which the action was additional (2014)



Source: Platform monitoring reports 2014, N=116

It is also important to note that some of these commitments referred to Corporate Social Responsibility actions. For instance, some targeted directly at employees. The nature of these commitments suggests however that these actions are likely to have occurred anyway. For example, commitment 449, implemented by Nestlé (FoodDrinkEurope) and entitled “Wellness for me”, focuses on nutrition, physical activity and healthy lifestyles for Nestlé employees at Vevey Headquarters.

Proposed discussion/action: the additionality of commitments was a newly explored area in the analysis of the monitoring reports. Given the scarce information found in the monitoring reports, no information on this aspect was found and therefore, it is in most cases difficult to assess whether the actions would had taken place had the

commitment not been submitted under the remit of the Platform. A suggestion would be to include additionality as part of monitoring.

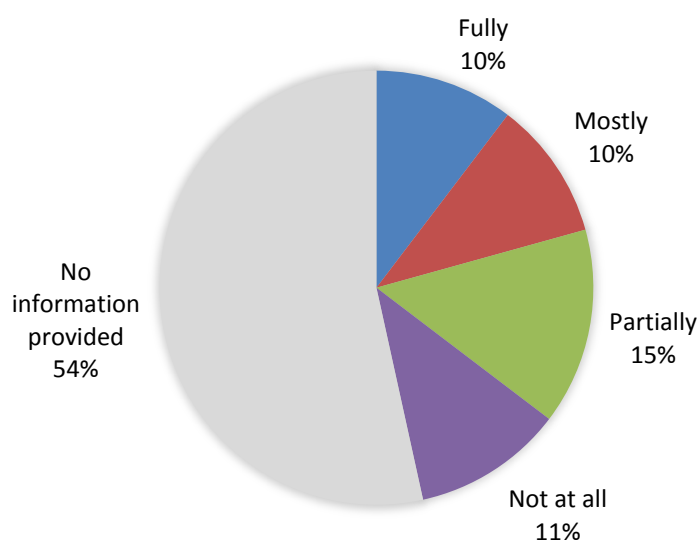
### 3.3.7 EU-added value

As a final part of the assessment, the analysis, on the basis of information provided in the monitoring reports examined the extent to which the commitments highlighted the EU added value of the Platform and if so, how. For instance, indicating that the promotion of the commitment results would not be as successful if the Platform did not facilitate dissemination of good practice or that the action involved several partners from the Platform who otherwise would not be involved.

The Evaluation of the implementation of the Strategy for Europe on Nutrition, Overweight and Obesity related health issues<sup>19</sup> had already highlighted that in several cases, the Platform inspired or stimulated actions. For instance, by “helping umbrella organisations to convey the importance of addressing certain issues to their member organisations and by providing a podium to showcase and enhance the visibility of certain actions. The latter was especially relevant to EU funded (research) projects”.

Figure 13 below presents the extent to which commitments highlighted the EU-added value of the Platform.

Figure 13. Extent to which the commitment highlighted the EU-added value of the Platform (2014)



Source: Platform monitoring reports 2014, N=116

The analysis shows that 35% of reports (41 commitments) demonstrated the EU-added value (10% fully, 10% mostly and 15% partially). On the other hand, a majority of the reports did not highlight the EU-value of the Platform at all (13 commitments or 11%) or did not provide sufficient information to determine the EU-added value of the Platform (62 commitments or 54%).

<sup>19</sup> Public Health Evaluation and Impact Assessment Consortium (2013) *Evaluation of the implementation of the Strategy for Europe on Nutrition, Overweight and Obesity related health issues FINAL REPORT*. Available at: [http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/pheiac\\_nutrition\\_strategy\\_evaluation\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/pheiac_nutrition_strategy_evaluation_en.pdf) (p.65)

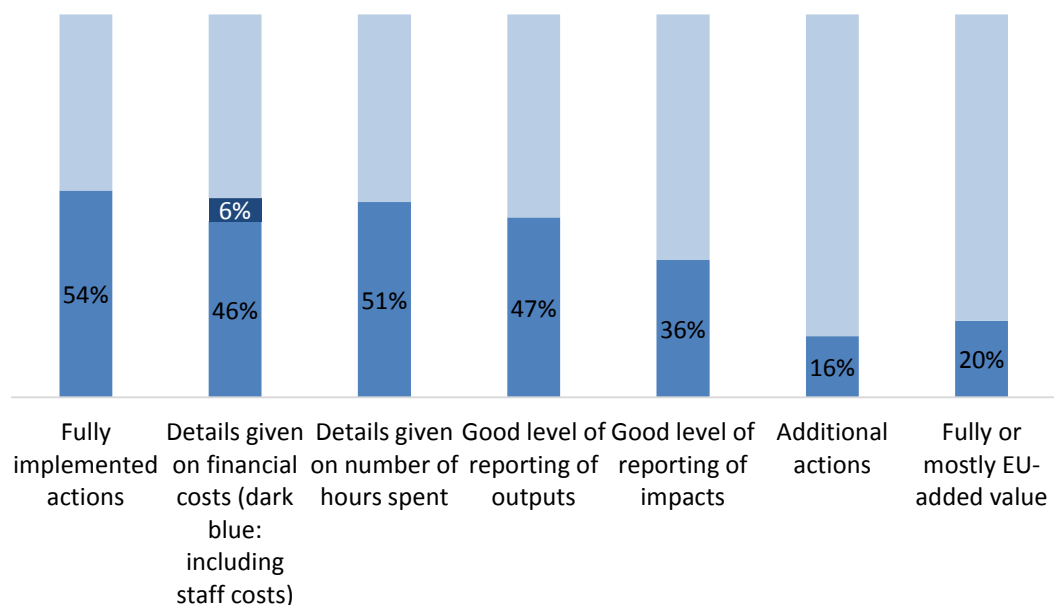
Proposed discussion/action: the extent to which the commitment highlighted the EU-added value of the Platform had not been previously explored and commitment holders were not asked to report on this aspect. Therefore, information on this point is scarce. The inclusion of the EU-added value as part of monitoring would be positive in emphasising the EU-added value of the Platform and its activities.

### 3.3.8 Summary of findings on implementation and results

Figure 14 provides a summary of the findings described in this section, with the following headline results:

- 54% of commitments (62 commitments) fully implemented their planned actions;
- 52% of reports (60 commitments) gave details of financial costs (and 6% of commitments gave indication on staff costs);
- 51% of reports (59 commitments) gave details on the number of hours spent on activities linked to the Platform;
- 47% of commitments (55 commitments) had a good level of reporting of outputs;
- 36% of commitments (42 commitments) had a good level of reporting of impacts;
- 16% of commitments (18 commitments) had additional actions;
- 20% of commitments (24 commitments) fully or mostly highlighted EU-added value of their actions.

Figure 14. Summary of findings on implementation and results (2014)



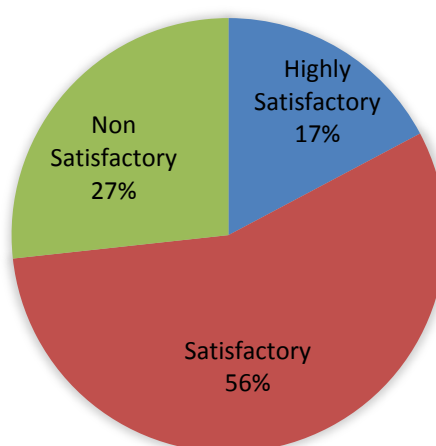
Source: Platform monitoring reports 2014, N=116

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

Figure 15 below summarises the overall quality of the commitments' reporting, based on the amount of details concerning design, intent and implementation and results.

Considering the analysis provided on the information summarised above, 20 reports are of highly satisfactory quality. 65 commitments are of satisfactory quality, whilst 31 commitments were assessed overall as non-satisfactory.

*Figure 15. Assessment of the quality of the reports (2014)*



*Source: Platform monitoring reports 2014, N=116*

Highly satisfactory commitments had SMART objectives. These commitments also provided details on their relevance to the Platform and used evidence in their design. Detailed information on inputs, outputs and outcomes was included in the monitoring reports. In relation to commitments assessed as "satisfactory" the design and intent of action was clear, with reference to implementation and results; however improvements were identified. Reports that did not rank as "highly satisfactory" did not have SMART objectives (i.e. not specific enough and not measurable) and did not provide enough details on implementation and results. Conclusions and recommendations on improving the quality of commitments are detailed below in section 4.

Overall and as already indicated in the Special report 2006-2012<sup>20</sup>, there were important differences on the quality of reporting among commitments; being some very comprehensive, whilst others included scarce information or this was not accurately presented. Therefore, greater efforts should be done to improve the different sections of the monitoring reports, especially trying to set up SMART objectives and provide complete and accurate information when reporting on input, output and outcome indicators.

<sup>20</sup> [http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/eu\\_platform\\_special\\_report\\_2006\\_2012\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/eu_platform_special_report_2006_2012_en.pdf)



## **4 Conclusions and recommendations**

The Platform is one of the main European forums where discussions and debate occur on the topic of nutrition, physical activity and healthy lifestyles. Members of the Platform propose and carry out commitments which aim to reduce overweight and obesity; these have been analysed in the preceding chapters of this report.

On the basis of the findings, the Platform and its members have met the objectives as set out in the Platform Charter - in particular through providing such a forum for exchange, generating commitments in the six activity areas and in some cases producing - or committing to produce - evidence through actions. Nevertheless and as explained in section 4.1 below, the Platform could usefully revisit and confirm the relevance and priority of each of the six activity areas, especially after the Joint Meeting of the Platform and the High Level Group that took place on 18 February 2015, where the importance of stakeholders in the areas of physical activity, food reformulation and advertising to children were highlighted by the Commissioner. There would also be the opportunity to adopt health inequalities as a cross-cutting topic.

In relation to the evolution of qualitative assessment among commitments reported in 2014 in comparison with the previous year; whilst in 2013 41 commitments were considered unsatisfactory (33% of the total number of monitored commitments-124), this year, the number was 31 (27% of the total number of commitments-116). Therefore, this year's assessment was in line with the results from last year's monitoring. Nevertheless, it is important to note that this year's reporting cycle has aimed to analyse a number of different criteria in relation to the quality of commitments.

In 2014, the focus was on the following four criteria: Relevance of the commitment; specificity and coherence of objectives; appropriateness of input and output indicators and prerequisites for measuring outcome indicators.

This year (2015), as previously explained, the attention concentrated on:

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

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

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

- 4.1 provides conclusions and recommendations in relation to the **quality of commitments** - to improve the monitoring and reporting of commitments and

in turn increase their relevance to the EU policy objectives in this area. This sub-section is broken down into points made:

- On design and intent; and
- On implementation and results.
- 4.2 provides conclusions and recommendations in relation to the **Platform activities**; in particular in relation to the Platform meetings and overall policy direction. This sub-section is broken down as follows:
  - *Platform Plenary meetings*;
  - *Working Group on Monitoring and Reporting*;
  - *Synergies, joint commitments and future membership*.

## 4.1 Improving the quality of commitments

### 4.1.1 General overview

The commitments offer good coverage across the six key activity areas. The main **activity areas** where Platform commitments took place were in the field of 'education, including lifestyle modification' with 33 commitments and 'advocacy and information exchange' with 26 commitments. This corresponds to the same trend outlined in the 2014 Annual Report where both activity areas yielded the most commitments. Commitments in other activity areas, although lower in number, have been fairly consistent in proportion over the last year.

In relation to **target audience**, analysis shows that 41 out of 116 commitments aimed to target the general public. In addition, analysis highlighted that in a number of cases, the general public was selected as the main target audience, even where commitments objectives set out to reach specific groups (for example children). Whilst this is a useful starting point, having such a broad target audience is likely to limit impact on awareness raising, dissemination and ultimately behaviour. As with previous years, a number of target groups appear to be insufficiently addressed within the existing commitments; e.g. fewer than 10 commitments target the following groups: employees, industry, educators, parents and special groups.

The **geographical coverage** shows a good spread of commitments at European level; this supports the main objective of the Platform as being a forum for exchange and development of actions to reduce overweight and obesity across Europe. Emphasis should also be placed on the number of commitments at national level with 28 commitments covering individual countries, indicating varying degrees of the Platform's impact across different Member States.

On the basis of the monitoring reports and analysis provided, a number of **recommendations** are put forward:

- In future activities, the Platform should reflect and validate the importance and present relevance of the activity areas. It should also take into stronger account the remaining four activity areas, in particular reflecting about commitments it can take to increase action in these areas. Following the speech by Commissioner for Health and Food Safety Andriukaitis at the Joint Meeting of the Platform and the High Level Group (18 February 2015), stakeholders should reinforce action especially in the areas of physical activity, food reformulation and advertising to children;
- Defining the target audience at the planning stage of commitments is crucial: The broader the target audience, the harder it is to measure impact. Moreover, a broadly targeted action has a lower scope for impact (a priori). In order to maximise the impact of the Platform, target audiences for commitments should

be made as specific as possible. Following the discussions and policy directions within the High Level group, Platform commitments should strive to address health inequalities and, at the very least, must not lead to an increase in health inequalities;

- In addition, emphasis needs to be placed on the core business and on target groups identified in this 2015 report as under-represented in terms of the number of commitments targeting each group. The issue of targeting relates closely to that of addressing health inequality, which is discussed below; and,
- Geographical coverage of commitments is well spread across the 28 EU Member States (and beyond); the Platform can discuss barriers and limitations in countries where the number of commitments is lower (for example, Croatia, Iceland). The Platform may also wish to consider whether it is appropriate to admit actions covering just one country.

#### 4.1.2 Design and intent

In relation to **setting objectives** for commitments, the large majority of commitments had set either partially or mostly SMART objectives, clarity and improvement on objective setting should be further reflected upon during Platform activities in 2015 and beyond.

**The relevance of commitments**, assessed on implicit or explicit statement in the report of relevance to the priorities of the Platform and/or wider EU policy goals was very strong, as well as in the previous Annual Report<sup>21</sup>; with all 116 actions analysed as having an explicit or implicit link. Work could be done in future monitoring exercises by commitment owners to be as detailed as possible in relation to how the commitment aims to fulfil the direct aims and objectives of the Platform, and the wider EU-policy goals in the field of nutrition and physical activity.

The Platform and previous evaluations<sup>22</sup> have identified **health inequalities** as an issue in need of further consideration. Analysis in this report confirmed this. 14 commitments explicitly set out to reduce health inequalities; although this still constitutes a smaller proportion of the overall commitments for 2014, this is a significant improvement to the 2013 monitoring exercise, where no commitments were found explicitly addressing this issue.

Using **evidence in the design** of commitments was an area previously unexplored in monitoring reports; and the main aim in this annual reporting cycle was to observe the use of evidence in the design of commitments. Including such references in commitments provides a solid base for understanding the relevance and potential impact of the action and can further cement the importance and added value of Platform activities.

Regarding the **evaluation of the commitments**, although there is no specific section in the monitoring reports devoted to this aspect, evaluation should be envisaged at the design phase when stating the objectives and indicators. Furthermore, although internal monitoring and evaluation should be undertaken; external evaluations (undertaken by independent experts) should be considered as an option as well, as this would increase transparency and the reliability of the actions.

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<sup>21</sup> [http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/eu\\_platform\\_2014frep\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/eu_platform_2014frep_en.pdf)

<sup>22</sup> Public Health Evaluation and Impact Assessment Consortium (2013) *Evaluation of the implementation of the Strategy for Europe on Nutrition, Overweight and Obesity related health issues FINAL REPORT*. Available at: [http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/pheiac\\_nutrition\\_strategy\\_evaluation\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/pheiac_nutrition_strategy_evaluation_en.pdf)

The internal and external evaluations of the commitments would add value and facilitate the independent monitoring undertaken by the external contractor, which is responsible for carrying out an independent analysis of the monitoring reports and provide the Platform and its members with recommendations for future action. Having an additional source of evidence – or, at least, an additional sense of the veracity of the information provided in monitoring reports – would greatly aid the task of the external contractor.

### **Recommendations**

On the basis of analysis provided, of the following recommendations are made:

- In relation to setting SMART objectives, Platform members should revisit the Monitoring Framework and discuss collectively how to design objectives which can be specific, measurable, attainable, realistic and time-bound. This can take the form of interactive group discussions and peer-review of newly submitted commitments. An open discussion could be tabled on whether to ask non-complying commitments to revisit their objectives definition;
- There should be more focus on addressing health inequalities. Platform members should discuss this in the context of upcoming meetings. The Working Group on Monitoring and Reporting should also focus on this. Commitment owners who explicitly set objectives to reduce health inequalities could lead such discussions and share good practice;
- The European Commission, with support from the research team could animate a roundtable discussion on using evidence in the design of commitments. To this end, Platform members who provided evidence in monitoring reports can present their commitments and discuss how evidence was used in their design (also in the context of the Working Group); and
- Related to this, members are reminded that the 2012-2013 external evaluation<sup>23</sup> of the Strategy on Nutrition, Overweight, and Obesity-related Health Issues, underlined that the Platform should generate better evidence of the efficacy and impact of its commitments, to maintain momentum and keep members engaged.

#### **4.1.3 Implementation and results**

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

In relation to **implementation of the actions**, the analysis in this report illustrates that over half of commitments fully implemented their actions; the remainder were mostly or partly implemented. It goes beyond the remit of this report to assess the reasoning behind this, however given the number of commitments that did not provide necessary information in the monitoring reports, conclusions here relate to setting up of achievable objectives, putting in place the necessary means to measure implementation and finally providing information on the extent to which actions were completed. This benefits not only the commitment owner, but can also improve analysis of monitoring commitments.

Commitment monitoring reports included elements on **main inputs**. But there were significant gaps in this information, making it difficult to aggregate inputs related to commitments. Inputs should include information both on financial and human

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<sup>23</sup> [http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/pheiac\\_nutrition\\_strategy\\_evaluation\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/pheiac_nutrition_strategy_evaluation_en.pdf)

resources (being specific about the number of hours, number of full time and part time employees and number of volunteers). Furthermore, inputs must be provided on the commitment-related costs rather than overall costs related to larger-scale activities (of which the commitment plays a part in). This shows that there is a lack of understanding and reporting in this area which can undermine the success of a commitment. Confidentiality and commercially sensitive data may have to be taken into consideration when providing certain inputs but discussions on improving this element of reporting are important nevertheless.

Regarding **outputs**, there was overall good reporting, with a varied level of detail included per stated objective, included in the 110 commitments that provided information. This makes thorough analysis challenging and there was often a lack of explicit detail about the number of outputs for each annual objective. Furthermore, information should be related to the monitoring year and not previous years and outputs should report on all activities in all countries of the commitment; adding clarity to the output and overall implementation of the commitment.

With regards to **outcomes and impacts**, 82 commitments provided details in the monitoring reports. It must be highlighted that providing indicators in these areas goes above the minimum agreed requirements to monitor a commitment<sup>24</sup>; therefore this is a very positive development in the monitoring and reporting of commitments. Outcomes and impacts will vary by commitment, but might for example include: increased knowledge and awareness, change in behaviour towards a healthier lifestyle and reduction in incidence of cardiovascular disease due to a healthier diet and more physical activity. Again, methods for measurement will vary, but might include using questionnaires before and after the action focusing on behaviour changes, analysing compliance level with new rules or looking at the trends in sales of products. It is not always possible to evaluate impacts, especially if actions are spread over a large area, or when resources are insufficient to perform an evaluation. To improve the level of detail and clarity in reporting, Platform members could benefit from an exchange of ideas and examples on the basis of the existing Monitoring Framework. An issue related to monitoring outcomes and impacts is the dissemination of commitment results and activities. Using various means of dissemination increases the visibility of commitments, which can in turn help improve the overall communication and visibility of the Platform. Finally, the additionality of actions (included as a new assessment this year) was not always apparent; this is important in considering the value of the Platform.

### **Recommendations:**

- Commitment owners should review their annual objectives in view of assessing whether they are achievable, and measurable in relation to member's means. This will allow for a higher rate of successful implementation of actions and in turn add to the impact of the Platform activities;
- Re-introducing the objectives in the output section of monitoring reports, and providing under each of them the outputs related would help improve overall monitoring in this area and support commitment owners in improving the implementation of commitments;
- Regarding impacts and outcomes, an evaluation component could be included at the design phase, comprising also the measurement of impact indicators

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<sup>24</sup> EU Platform on diet, Physical Activity and Health: Monitoring Framework:  
[http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/eu\\_platform\\_mon-framework\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/eu_platform_mon-framework_en.pdf)  
(page 7)

(e.g. compliance rate, increase sales figures of products high in salt, sugar and fat or decreased sales figures of such products);

- Overall, discussions around the definition and scope of inputs, outputs and outcomes can increase significantly the quality of reporting by commitment owners. This should be guided by the European Commission and the research team during Platform meetings and Working Groups, with good practice examples from existing commitments being presented;
- Additionality should be reported on as part of monitoring. The research team can offer further guidance as to how this could be done while minimising burden on respondents; and
- The Monitoring Framework should be re-visited regularly and good practice examples discussed during Platform meetings in order to strengthen reporting in the area of implementation and results.

## 4.2 The Platform and its activities

Conclusions and recommendations are detailed here in relation to the **Platform activities**; in particular in relation to the Platform meetings and future direction in terms of synergies, joint commitments and future membership. The basis of this stems from the 2014 meeting conclusions and minutes, as well as the research team's involvement in the first meetings of 2015. This sub-section is broken down as follows:

- *Platform Plenary meetings*;
- *Working Group on Monitoring and Reporting*;
- *Synergies, joint commitments and future membership*.

### 4.2.1 Platform Plenary meetings

2014 has seen the continuation of meetings organised per activity area, encompassing presentations linked to related policy developments, ongoing and completed commitments and other external initiatives. This thematic approach works well as it provides an opportunity for Platform members to exchange information and learn from each other, in particular through presentations on commitments. The Platform is a strong forum for interactive discussions between various stakeholders and must encourage debate. Discussions on related EU-policy developments is an integral part of this, as it further cements the importance of the Platform with regards to contributions to European policy implementation. However, the evaluation of the implementation of the Strategy for Europe on Nutrition, Overweight and Obesity related health issues<sup>25</sup> highlighted that some members indicated that many discussions were still formulaic and static in nature.

Therefore, given the high number of presentations and information items during meetings, **reflection on the structure and format of future meetings** needs to be held; in view of attaining more action oriented results and interactive discussions between members. Having such an opportunity also allows for an exchange between members on synergies between actions and possible joint commitments in the future.

In relation to further improving the Platform meetings, a number of recommendations have been developed:

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<sup>25</sup> Public Health Evaluation and Impact Assessment Consortium (2013) *Evaluation of the implementation of the Strategy for Europe on Nutrition, Overweight and Obesity related health issues FINAL REPORT*. Available at: [http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/pheiac\\_nutrition\\_strategy\\_evaluation\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/pheiac_nutrition_strategy_evaluation_en.pdf)



- Consideration needs to be given on how best to structure the Platform meetings to enable discussion, information exchange and especially follow-up action between Platform members;
- In order to have an interactive debate among Platform members, presentations must be time-limited and focus on the messages to be put forward in the debate. In addition, a light format of accompanying presentation slides must contain the aims, key messages and expected outcomes of the discussion (what would the presenter like / expect to result?);
- As demonstrated with the work done on the Action Plan on Childhood Obesity in 2014, closer collaboration on specific policy initiatives between the High Level Group and the Platform can work. Fostering a continued dialogue and exchange between these two groups can improve the overall guidance, functioning and impact of the Platform and its commitments. Emphasis therefore needs to continue on creating synergies between commitments such EU policy initiatives.
- The value of joint commitments to increase the impact of the Platform had already been highlighted in the special report 2006-2012<sup>26</sup>. A structure of Platform meetings which enable discussion and networking among members may increase the possibility of increasing the number of joint commitments.

#### **4.2.2 Working Group on Monitoring and Reporting**

The Working Group must **take forward the conclusions of previous Annual Reports**, in particular in relation to the monitoring reports produced by members; with an end goal of helping develop relevant and achievable commitments. A good starting point will be the results and recommendations stemming from this Annual Report, and conclusions from the Meetings held in 2014.

2014 saw the update of the **Monitoring Guidance Document** by this Working Group, setting the scene for improvement in monitoring of commitments. It will be crucial for this Working Group to monitor the uptake of this updated guidance, and where relevant offer support in using it.

A positive development with regards to monitoring and improving of commitments is the setting up of an **Advisory Group on the Monitoring and Reporting of New Commitments**; this should help with the overall quality of commitments, having a spill over effect on future reporting of success and implementation.

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

- The Monitoring Framework is still valid, and now that the updated guidance has been adopted by the Plenary, this needs to be taken up in new reporting cycles. The Working Group must support this process, and when possible Members of the Platform with well-designed commitments can provide guidance and exchange of knowledge;
- The newly set-up Advisory Group will need to start its work in 2015; this can help improve the design and monitoring of new commitments. Where possible, knowledge and improvements should be transferred to reporting of all commitments.

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<sup>26</sup> [http://ec.europa.eu/health/nutrition\\_physical\\_activity/docs/eu\\_platform\\_special\\_report\\_2006\\_2012\\_en.pdf](http://ec.europa.eu/health/nutrition_physical_activity/docs/eu_platform_special_report_2006_2012_en.pdf)

#### **4.2.3 Synergies, joint commitments and future membership**

During the analysis of monitoring reports, initial observations were made on possible synergies between commitments on the basis of themes and objectives of monitored actions within each activity area; these have been discussed in Annex 2. An important overall recommendation in terms of **exploring and eventually taking up synergies between commitments** relates to the facilitation of communication and discussion between various commitment holders; this could be done through break-out sessions during Platform meetings related to the appropriate activity area.

In addition, preliminary observations were also highlighted where possible joint action could take place in relation to individual commitments. This information is included in the individual feedback forms which will be discussed with each Commitment owner and the European Commission, as at this stage there was not sufficient data or knowledge available to make general recommendations on specific joint commitments in this report. Moreover, attendance at the first meeting of 2015 suggests that joint action is also an area of some debate. An overall recommendation would therefore be to dedicate time during the Platform meetings on a **brainstorming exercise between members on topics which could be taken up in future joint commitments**, as they are the sole decision makers in relation to the uptake of joint action (bearing in mind that such commitments would always remain voluntary). The research team will support the European Commission and Platform members on this throughout 2015 and 2016.

As a final remark, the analysis of monitoring reports has shown that commitments cover a wide range of themes and stakeholders (directly and in-directly). Consideration should be given to **raising the awareness of the Platform and its activities** to other EU policy level discussions in the field of the wider determinants of health. On the basis of information provided in the monitoring forms, a number of preliminary recommendations can be discussed with the Members and European Commission:

- Promotion of the Platform activities in relation to external stakeholders could be elaborated. In particular (but not limited) to: Universities, Research Institutes, Trade Unions, civil society, catering companies and international experts;
- In relation to thematic areas, a number of policy areas were highlighted to be explored by the Platform in future activities, namely: health and well-being in the workplace, alcohol related policies, mental health, social care, agriculture and food safety.





## **Annexes to Annual Report 2015**

- Annex 1: Analysis of commitments 2014 per activity area;
- Annex 2: Breakdown of commitments 2014 per status;
- Annex 3: Breakdown of commitments per activity area; and
- Annex 4: Summary of commitments (in separate document).

## **Annex 1: Analysis of Platform commitments 2014 by activity type**

This section provides a description of the Platform commitments by activity type:

1. Marketing and advertising;
2. Composition of foods (reformulation), availability of healthy food options, portion sizes;
3. Consumer information, including labelling;
4. Education, including lifestyle modification;
5. Physical activity promotion; and
6. Advocacy and information exchange.

The section provides a description of the number of actions in each activity type, the geographical coverage and target audience. Furthermore, an analysis is given on each of the following areas:

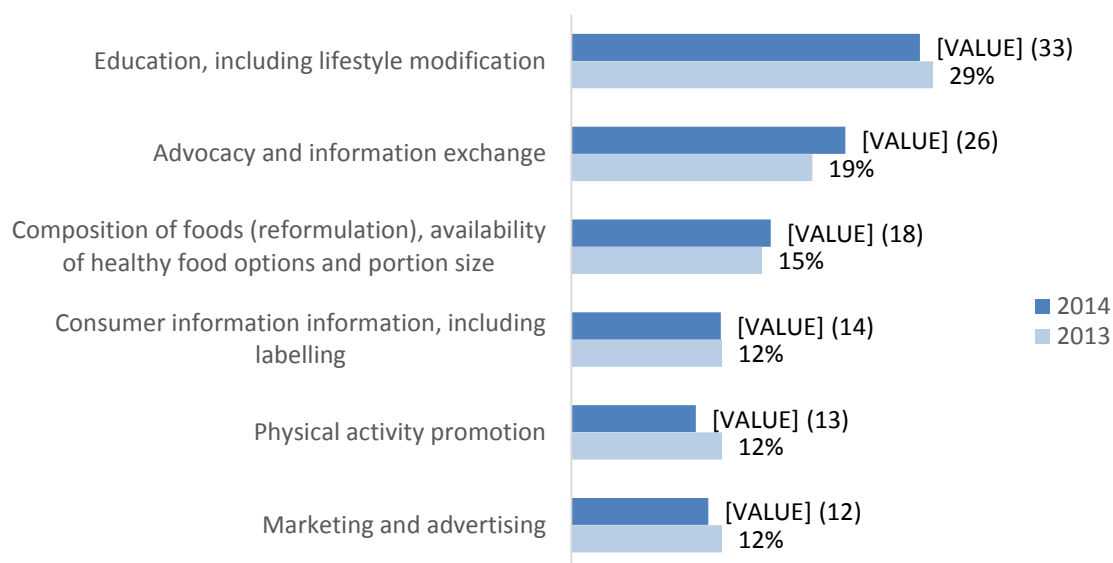
- Design and intention;
- Implementation and results;
- Dissemination;
- Additionality;
- EU-added value; and
- Overall assessment.

## 1 Overview

Figure 16 below shows that out of the 116 commitments, there were 13 commitments in the area of marketing and advertising; 18 in the area of composition of foods (reformulation), availability of healthy food options and portion sizes; 14 in the area of consumer information, including labelling; 33 in the area of education, including lifestyle modification; 12 in the area of physical activity promotion, and 26 in the area of advocacy and information exchange.

The Figure also shows that in comparison with last year, there was almost the same breakdown of commitments by activity type.

Figure 16. Overview of Platform commitments per activity type (2014)



Source: Platform monitoring reports 2014, N=116. Platform monitoring reports 2013, N=124

## 2 Marketing and advertising

The area of marketing and advertising includes those actions on adverts, sponsoring and pricing.

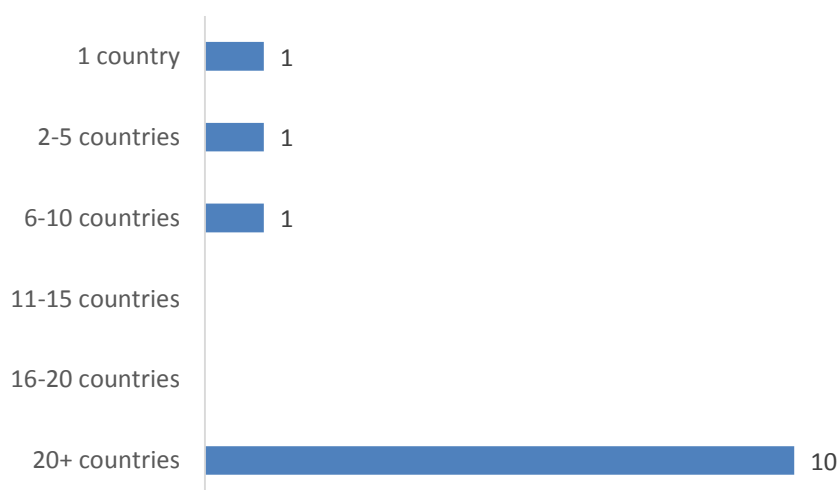
As can be observed in the table below, most of the commitments (11) are being implemented by industry representations (FoodDrinkEurope and WFA), and 2 by non-for profit organisations (COFACE and WOF).

Table 6. Number of commitments per Platform member

Platform member	Number of commitments
FoodDrinkEurope	8
World Federation of Advertisers (WFA)	3
Confederation of Family Associations (COFACE)	1
World Obesity Federation (WOF)	1
<b>Total</b>	<b>13</b>

Figure 17 shows that the vast majority of commitments (10 out of 13) cover more than 20 European countries; two cover between 2 and 10 countries; the remaining one is nationally based.

Figure 17. Geographical coverage of Platform commitments in the area of marketing and advertising



Source: Platform monitoring reports - Marketing and advertising 2014, N=13

Most of the commitments covering more than 20 countries include 27 EU Member States (2 of them also include Croatia<sup>27</sup>); most also cover Switzerland and Norway. An example of a commitment that covers all 28 Member States, Switzerland and Norway

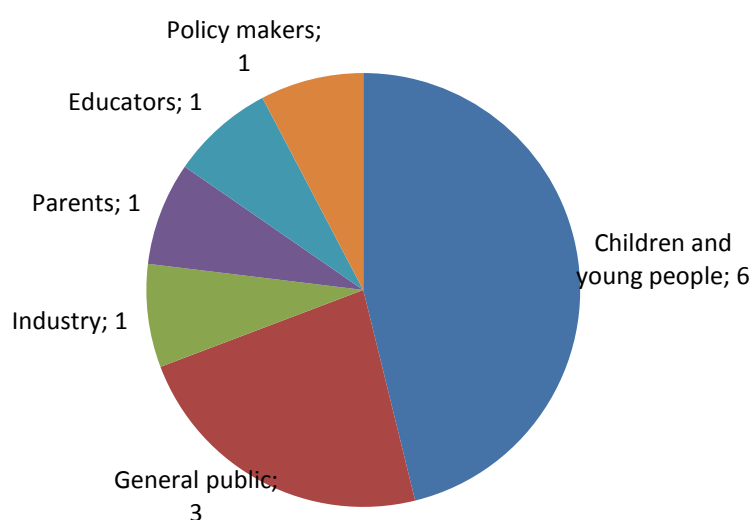
<sup>27</sup> Croatia became the 28<sup>th</sup> EU member state on 1<sup>st</sup> July 2013.

is action 833: “Responsible marketing and advertising”, undertaken by Unilever (FoodDrinkEurope), which aims to restrict advertising to children.

Of the two commitments covering between two and 10 countries, one is the commitment “Media, advertising and nutrition: media literacy educational package” (action 1106), undertaken by COFACE, which consists of a media literacy tool for education professionals regarding advertising techniques. Finally, the nationally based commitment: “The self-regulatory code for advertising” (action 265) is undertaken by FEVIA (FoodDrinkEurope) and it takes place in Belgium. The FEVIA self-regulatory code for advertising targets the industry it applies to all advertisings for food and drink in Belgium.

Figure 18 below shows the target audience of commitments on marketing and advertising. It shows that almost half of the commitments “Children and young people” (6 out of the 13 commitments); followed by the general public (3 out of 13).

*Figure 18. Target audience of Platform commitments in the area of Marketing and advertising*



*Source: Platform monitoring reports - Marketing and advertising 2014, N=13*

An example of a commitment targeting children is “Media Smart – teaching children to be media-literate” by WFA (action 545), which develops and provides, free of charge, educational materials to primary schools that teach children to think critically about advertising in the context of their daily lives. It uses real examples of advertising, deconstructed and analysed in interactive lessons and includes advertising aimed at children for food and drink products.

One of the commitments targeting the general public is entitled “Product development, consumer information, marketing/advertising and the promotion of healthy lifestyles” (action 619), submitted by PepsiCo (FoodDrinkEurope), which aims to build on and strengthen their existing responsible advertising commitment.

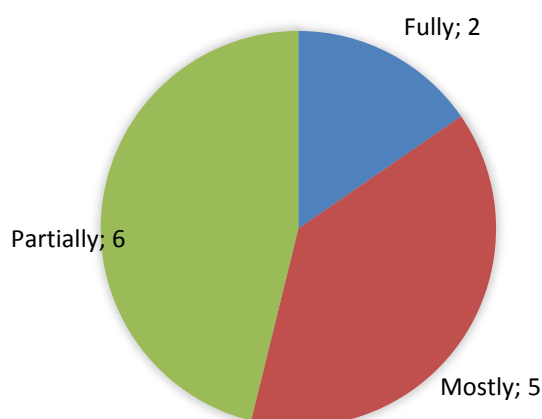
The remaining four commitments target, respectively policy makers, educators, parents and the industry. None of the commitments target (health) professionals, educators and/or special groups.

## 2.1 Design and intent of action

### SMART Objectives

Figure 19 shows that two commitments had set 'fully' SMART objectives; five were 'mostly' SMART; and six were 'partially' SMART. None of the commitments scored as not having set SMART objectives at all.

Figure 19. Extent to which objectives are SMART



Source: Platform monitoring reports - Marketing and advertising 2014, N=13

Analysis of the monitoring reports showed that objectives were in many cases broad and they should be more specific in order to then being able to monitor them. At the same time, there was an overall lack of measurable objectives, due to an absence of quantitative targets. In some cases, when the commitment was cross border and objectives were stated per country, differences could be observed between them.

### Relevance of commitments

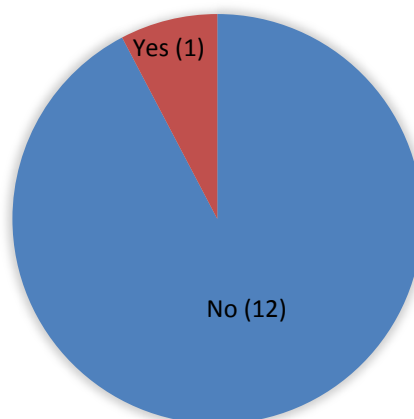
In order to establish whether the design of the action met the main aims of the Platform, the analysis explored if the designed commitments explicitly or implicitly stated in the report the relevance of the action to the priorities of the Platform. In the case of marketing and advertising, all the commitments' objectives were deemed as relevant to the stated priorities of the Platform.

In five commitments this link was explicit. For instance, in the report of action 427: "Media literacy & Responsible Advertising to children" by WFA, it was explicitly stated that "the Media Smart Programme contributes to achieving the objectives set by the EU Platform in the fields of marketing and advertising". In the remaining eight commitments the link was implicit focusing on priority areas for the Platform (in this case marketing and advertising), but without explicitly mentioning the Platform itself. For instance, in the report of the commitment "Mars Marketing Commitments (MMC)" (action 1018), it is mentioned that food-related public health concerns like obesity are multi-faceted and therefore, one of their aims is to maintain a leadership position on responsible marketing, not advertising to children under 12 years of age at all. Although the Platform is not explicitly mentioned, the commitment meets the aims of the Platform by committing to undertake responsible marketing and advertising in order to prevent unhealthy lifestyles.

### **Actions to reduce health inequalities**

Figure 20 below, shows that in the field of marketing and advertising, one out of 13 commitments stated to set out to reduce health inequalities in its objectives.

*Figure 20. Do the commitments set out to reduce health inequalities?*



*Source: Platform monitoring reports - Marketing and advertising 2014, N=13*

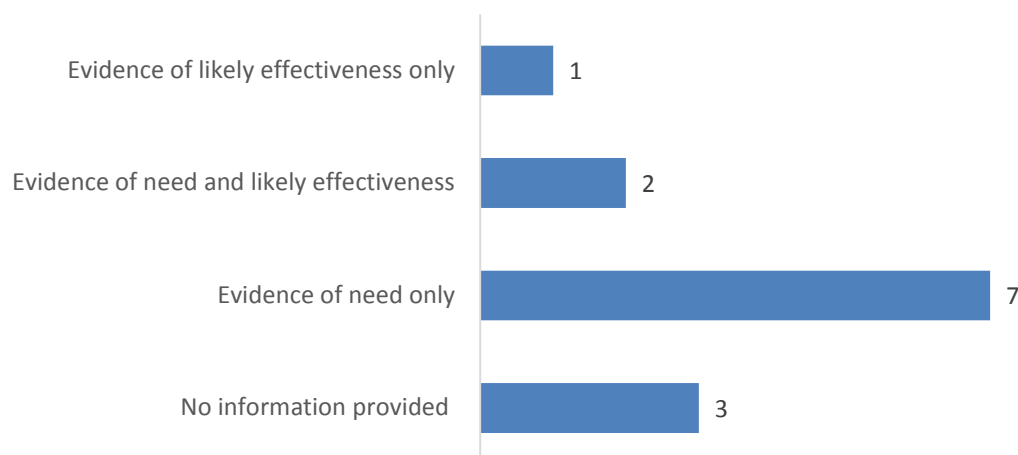
The commitment that focused on health inequalities was action 1118 “International standards for marketing food to children” (implemented by WOF), which aimed to promote understanding and learning among policy-makers and researchers working in policies to tackle obesity and related ill-health. The commitment explicitly focused on policies targeting children in minority ethnic groups, children in lower-income and lower-educated families.

### **Using evidence in the design**

Figure 21 below shows that the majority of the commitments (seven out of 13) showed evidence of need. In general, it was noted that the role of marketing and advertising is key to prevent and fight against obesity, as well as to improve citizens’ health, especially children. A number of commitments mentioned that the need of working in the area of marketing and advertising had been highlighted by the EU Platform, but also by many Member States and the World Health Organisation (WHO).



Figure 21. Use of evidence in the design of the commitments



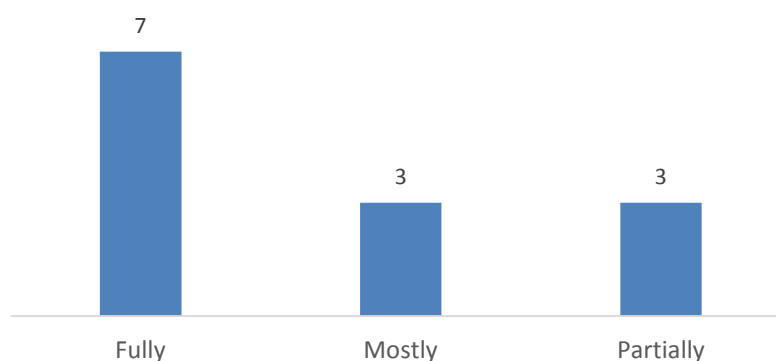
Source: Platform monitoring reports - Marketing and advertising 2014, N=13

On the basis of the analysis, very few commitments included information related to research supporting the evidence or likely effectiveness of their actions. One example that did, at least partially, is action 1106 by COFACE, which indicated that the European Commission encourages co- and self- regulatory regimes at national level that meet stakeholders' acceptance; and that the EU Pledge aims to address the "balance" of food and beverage advertising to children in order to support parental efforts to promote healthier snacking choices and balanced lifestyles among children.

## 2.2 Implementation and results

Figure 22 below indicates the level of implementation of the actions in the field of marketing and advertising. The majority of the commitments (seven out of 13) were fully implemented, whilst three were mostly implemented and three were partially implemented.

Figure 22. Level of implementation of the actions



Source: Platform monitoring reports - Marketing and advertising 2014, N=13

An example of a commitment that fully implemented the actions as stated in the annual objectives is action 1118 "International standards for marketing food to children" by WOF. The objectives were met and even exceeded.

Those commitments that were rated as 'mostly' or 'partially' implementing the actions, did not include all the information needed to consider that all the objectives had been fully achieved/the action had been implemented.

### **Main inputs reported (human and financial)**

In the area of marketing and advertising, there was a big difference between commitments in relation to the detail and the quality of information provided (including both human and financial resources).

In around half of the reports (7 out of 13), no financial information was provided. In the remaining half, financial inputs ranged from EUR 1,150 to EUR 1,000,000; bringing the total sum of around EUR 1,322,300. However, whilst in some cases it was difficult to understand if all the costs had been included, in others it seemed that the quantity provided covered more costs than those specifically related to the commitment. Furthermore, sometimes a budget range was provided (e.g. between 1 million and 2.5 million), which does not provide sufficiently detailed information to perform further calculations. Furthermore, whilst in some cases there was a breakdown of costs per activity implemented, in others an overall budget for the commitment was provided as a whole.

Regarding human resources, the analysis looked into the number of full / part time employees working on the action as well as whether some volunteer time was used. In 6 out of the 13 commitments, no information was provided in relation to the number of employees working on the actions. For the commitments that provided information, the number of full time employees ranged from 1 to 116 employees, comprising a total of 147.5 full time employees and 20 part time employees (ranging from 2 to 15). No information was provided on whether some of the work was carried out by volunteers.

Furthermore, the number of hours spent on implementing the commitment was quantified when there was information that enabled to perform calculations (e.g. 7 full time people or 1.2 FTE/year). Calculations were made based on the assumption that a full time employee could work 8 hours per day/40 hours per week/48 weeks a year (1,920 hours). There was no information regarding the time spent in the actions in 4 of the reports. For the remaining ones, the annual number of hours ranged from 30 to 9,405. In total, the approximate number of hours spent was of 10,900. Information on the human resources related costs was only provided for one of the commitments, where it was mentioned that there was "between 1 million and 2.5 million cost of 28 executives that manage digital projects and one of their core business is to comply with the UNESDA commitments" (action 1203 by UNESDA, member of FoodDrinkEurope) entitled "Not to market to children under 12 years in the Digisphere").

### **Outputs**

In the area of marketing and advertising, a variety of outputs were produced. These included: printed resources, school materials, workshops, registrations to a programme, new member companies signing a commitment, newsletters produced, online users and downloads from a website.

In relation to the quality of the reports, there was in some cases a lack of quantitative outputs. In the case of a cross border commitments, information on outputs was provided for some countries, but not for others. In addition, whilst undertaking the analysis, it was clear that in some cases, information related to outputs was included in other sections. Finally, although there was overall good reporting of outputs, in some cases there was information missing with regards to some of the objectives.

### Outcomes and dissemination

Most of the outcomes and impacts in the area of marketing and advertising related to compliance rates with the commitments by members of the organisation submitting the commitment and its members.

One of the limitations in the reporting provided is that, even when outcome data are provided, it can still be difficult to make a judgement on successes. This is because, when objectives are not SMART, it is difficult to measure success relative to expected performance. For instance, in one of the commitments, a compliance rate was provided, but as no quantitative objective had been stated (e.g. level of compliance of 80%).

Some of the commitments in this area did report correctly on impacts. For example, action 1203 ("Not to market to children under 12 years in the Digisphere" by UNESDA, member of FoodDrinkEurope) achieved its annual objectives; which were the following levels of compliance: 100% for the Digisphere commitment and 95% for the commitment to not appeal to children on company. In the impacts indicator section it was indicated that they achieved those levels of compliance.

Furthermore, the analysis observed to what extent the results were disseminated and what the main means of dissemination were, as well as if there was any evidence of wider impact resulting from the action. In the area of marketing and advertising, there was no information indicating dissemination of results in any of the commitments.

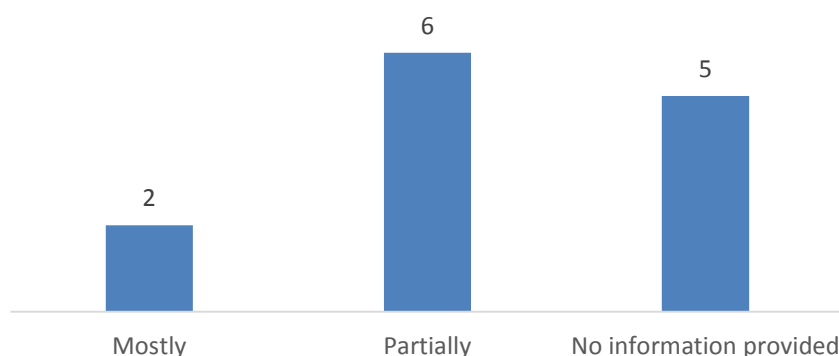
### Additionality

On the basis of the monitoring reports, the analysis looked at the extent to which the commitments seemed to have been additional. No information on this area was provided and therefore it was not possible to assess whether the actions would had taken place had the commitment not been submitted under the remit of the Platform.

### EU-added value

Figure 23 below shows that whilst 8 commitments demonstrated EU added value (2 mostly and 6 partially), 5 did not provide information in this area. Those that demonstrated EU added value (mostly or partially) explicitly mentioned the EU Platform and its aims to promote healthy diets, regular physical activity and the fight against obesity, whilst providing a forum for the exchange of best practice amongst Platform participants. In some cases, even if the Platform was not directly mentioned, it was stated that the commitment covers all EU Member States and targets the specific action areas mentioned in the Platform objectives, which demonstrates the EU-added value.

Figure 23. Extent to which the commitments demonstrate EU-added value



Source: Platform monitoring reports - Marketing and advertising 2014, N=13

### Recommendations for additional actions

The analysis examined whether the reports suggested follow-up actions. Two out of thirteen commitments recommended additional actions in this activity area. One of them, "Media Smart – teaching children to be media-literate" (action number 545) by WFA, detailed that given the success of the action in one of the countries, it would be further replicated in other City Councils. In the case of action 1018, "Mars Marketing Commitments (MMC)" by Mars (FoodDrinkEurope), it was indicated that The Mars Marketing Commitment was reviewed and updated every three years, to ensure that it was aligned with developments in the external environment and that their code remained a 'living document'.

### 2.3 Overall assessment of the quality of reporting

As a final step, the research team analysed each report in this activity area overall observing to which extent the report provided an appropriate account of the action(s) undertaken. Figure 24 below indicates the assessment for the commitments within the area of marketing and advertising. Out of the thirteen commitments, one was highly satisfactory, whilst seven were satisfactory and five non-satisfactory.

Figure 24. Assessment of the reports in the area of marketing and advertising



Source: Platform monitoring reports - Marketing and advertising 2014, N=13

The report rated as highly satisfactory had mostly SMART objectives; the reporting of inputs and outputs was detailed, although there would still be some aspects for improvement, such as setting up measurable objectives, breaking down the financial costs per activities, as well as making sure that all the objectives have related outputs. Those reports that were non-satisfactory did not demonstrate SMART objectives and lacked information in relation to all or some of the indicators (inputs, outputs and outcomes).

### 2.4 Synergies between commitments

The analysis explored whether synergies existed between different commitments in the area of marketing and advertising. There were synergies with other commitments established in this area. For instance, some commitments had synergies with the EU Pledge and the international code proposed in 2005 by FoodDrinkEurope and ICC (the International Chamber of Commerce). The ESA also had several commitments in different activity types (marketing and advertising, consumer information and food reformulation). Synergies were found between all these commitments, with promising potential, mainly relating to combining product development and choice, commercial communication and sharing best practices amongst the members of the organisation. There were also synergies with advertising-related commitments to children (e.g.

action 1203 “Not to market to children under 12 years in the Digisphere” with action 581 “Advertising and Commercial Communications, including school vending”; both commitments of UNESDA (FoodDrinkEurope).

## **Case Study: International standards for marketing food to children – World Obesity Forum**

### **Commitment 1118**

#### **Overview**

With this commitment, the World Obesity Federation (WOF) plans to monitor standards for marketing food and beverages to children with the aim to promote understanding and learning among policy-makers and researchers concerned with policies to tackle obesity and related ill-health. The commitment began in 2010 and is expected to end in 2016. It covers all EU Member States (except Croatia), Norway and Switzerland.

#### **Design and intent**

The relevance to the Platform’s activities is implicit by focusing on the relationship between promotional marketing and diet.

The commitment explicitly aims to tackle health inequalities: the report clearly says the commitment focused on vulnerable targets, such as children in minority ethnic groups, children in lower-income and lower-educated families.

The report gives evidence of the need for action by underlining the impact of promotional activities on children’s diets, obesity and related ill health. The report also mentions that policy-makers, researchers, civil society participants and commercial operators gathered to agree on the need for market standards to be consistent with the protection of child health.

The objectives are specific, attainable and realistic. However, they could contain more information on how goals are to be achieved. Some measurable targets would also be useful: for instance, by indicating how WOF will disseminate civil society concerns and how many events/meetings will organise/attend to do so.

#### **Implementation and results**

The reports states that all the objectives were met and exceeded.

The description of inputs gives the most important information: total financial costs, number of staff (adding that they are part-time and that one of them is an intern), additional experts, and number of hours spent working. In terms of improvement, costs could be broken down per activity implemented in order to increase transparency.

The description of outputs, together with the impact section, provides useful information, mainly quantitative details about how the objectives were attained (e.g. six WHO regional and HQ meetings and five consultation responses). The report also gives details of actions, which shows how the goals were met, e.g. WOF assisted the Norway-led WHO European Network on reducing marketing pressure on children.

The impact section contains information that belongs to the outputs section. However, it is useful that the report also provides a quick summary of the overall outcomes of the commitment: the dissemination and support for policy-makers has continued and the collaborative work with other civil society groups has expanded.

### 3 Composition of foods (reformulation), availability of healthy food options and portion sizes

This area includes actions on food reformulation, including the composition of foods, availability of healthy food options and portion sizes.

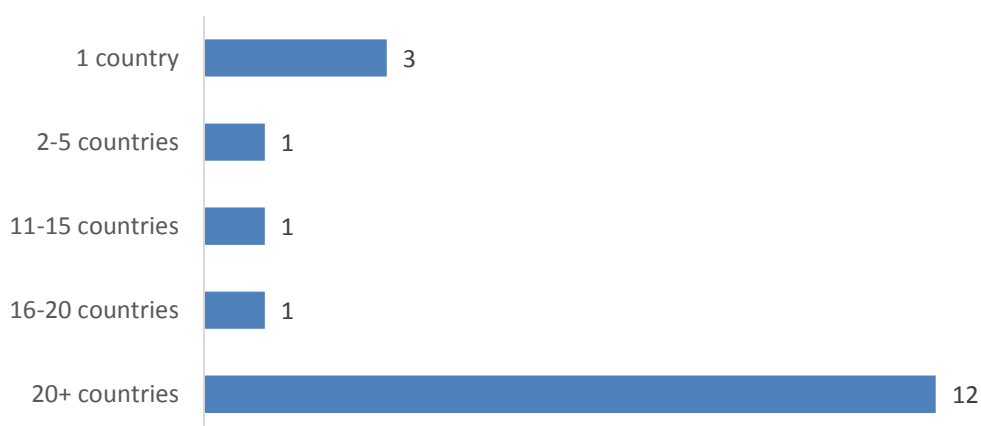
Of the 18 commitments in this area, two were completed in 2014 (commitments 505 "FERCO General Nutrition Recommendations" and 1218 "NutriProgress"). As can be observed in the table below, most of the commitments (17) are being implemented by industry representations (COPA-COGECA, EuroCommerce, EMRA, EVA, FoodDrinkEurope and FoodServiceEurope) and one by a professional association (CPME).

Table 7. Number of commitments per Platform member

Platform member	Number of commitments
FoodDrinkEurope	11
European Modern Restaurants Association (EMRA)	2
Agricultural organizations and cooperatives (COPA-COGECA)	1
EuroCommerce	1
European Vending Association (EVA)	1
FoodServiceEurope	1
Standing Committee of European Doctors (CPME)	1
<b>Total</b>	<b>18</b>

Figure 25 shows that the majority of commitments (12 out of 18; representing 67%) cover more than 20 European countries; whilst three are nationally based (two in Denmark and one in Belgium), and the remaining three cover between 2 and 20 countries.

*Figure 25. Geographical coverage of Platform commitments in the area of food reformulation*



*Source: Platform monitoring reports - Food reformulation 2014, N=18*

Most of the commitments covering more than 20 countries include 27 EU Member States (five of the 12 also include Croatia<sup>28</sup>); most also cover Switzerland and Norway; two also cover Iceland. An example of a commitment that covers all the 28 Member States, and also Switzerland and Norway, is action 537 "Choice", undertaken by EMRA, which aims to continuously make options available for those seeking balanced diets and ensure that these options are properly highlighted in their restaurants.

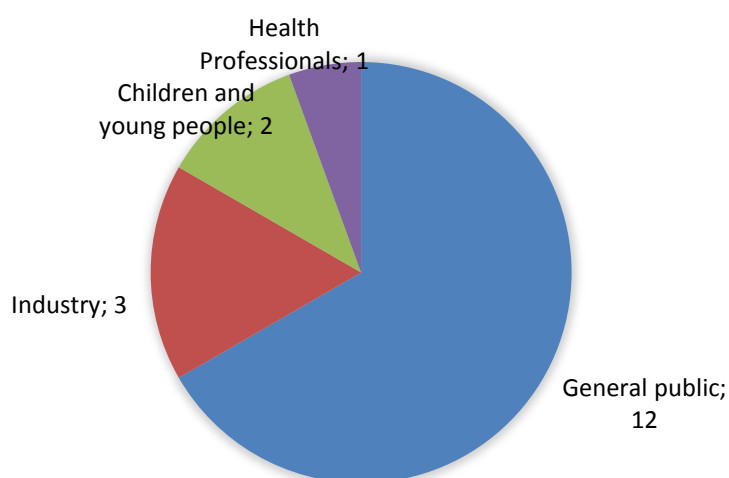
Out of the three nationally based commitments, one takes place in Belgium and two in Denmark. An example is the initiative undertaken by COPA-COGECA, action 1317 "Partnership on the reduction of salt content in food", which sets specific reduction targets for e.g. meat and dairy products and provides best practices to be used in the food industry.

Figure 26 below shows the target audience of Platform commitments in the area of composition of foods. The majority of commitments target the general public (12 out of the 18 commitments, representing 67%), followed by the industry (three of the commitments), children and young people (two) and health professionals. None of the commitments target educators, employees, parents, policy makers or special groups.

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<sup>28</sup> Croatia became the 28<sup>th</sup> EU member state on 1<sup>st</sup> July 2013.

Figure 26. Target audience of Platform commitments in the area of Food reformulation



Source: Platform monitoring reports - Food reformulation 2014, N=18

An example of a commitment targeting the general public is the “Product Reformulations & Portion Size Reductions” (action 1004) by Mars (FoodDrinkEurope), which aims, under the Mars Health and Nutrition Strategy, to improve the nutritional balance of its products and reduce the average caloric intake per portion.

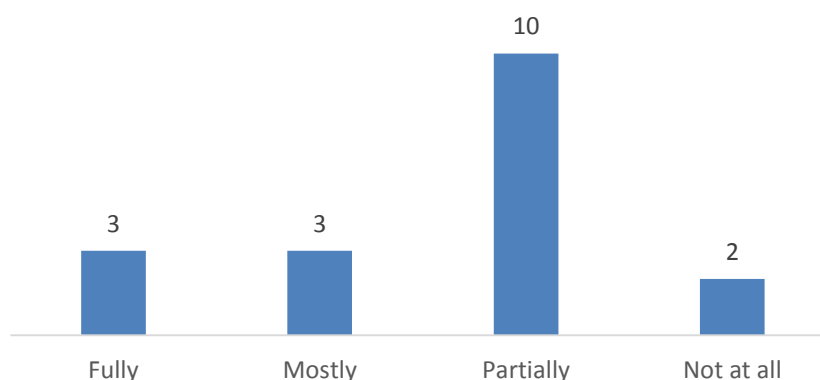
Another example of a commitment targeting the industry is the “FERCO General Nutrition Recommendations” (Action 263), carried out by FoodServiceEurope, which consists of general nutrition recommendations specifically designed for the food service sector. FoodServiceEurope encourages its members and contract catering companies to implement those recommendations.

### 3.1 Design/intent of action

#### SMART Objectives

Figure 27 shows that three commitments had set fully SMART objectives, whilst three included mostly SMART objectives, ten partially SMART objectives and two had not set SMART objectives at all.

Figure 27. Extent to which objectives are SMART



Source: Platform monitoring reports - Food reformulation 2014, N=18



The majority of the 2014 reported annual objectives were achievable and realistic, as well as time bound (being annual objectives, the time target is clear: year 2014). Analysis of the monitoring reports showed that objectives were, as in the other activity areas, in many cases broad and they should be more specific in order to then be able to monitor them. At the same time, there was an overall lack of measurable objectives, due to an absence of quantitative targets. In one case, objectives were written in past tense. As good practice example, action 834 entitled "Product reformulation and innovations" submitted by Unilever (FoodDrinkEurope) included measurable targets, for instance, that "By 2014 100per cent of our children's ice cream will contain 110 kilocalories or fewer per portion".

### **Relevance of commitments**

Figure 28 shows that in half of the commitments (9 out of 18) there was an explicit link to the aims of the Platform. For instance, in the report of action 1218 "Nutritional Improvement Programme (NutriProgress)" by Danone (FoodDrinkEurope), it was explicitly stated that "This commitment is relevant to the general aim of the Platform to promote healthy diet by improving the nutritional quality of products".

*Figure 28. Relevance of the action to the priorities of the Platform*



*Source: Platform monitoring reports - Food reformulation 2014, N=18*

In the other half (9 commitments), the link was implicit, thus focusing on priority areas for the Platform (in this case composition of foods), but without explicitly mentioning the Platform itself. For instance, in the report of the commitment "Product composition" (action 535) by EMRA, it is mentioned that "EMRA members have been looking at achieving feasible reductions of salt, sugar or fat to further improve nutritional profiles of dishes and products". This commitment is relevant to the general aim of the Platform to reformulate composition of foods to make them healthier.

### **Actions to reduce health inequalities**

In the area of food composition, none of the commitments stated to set out to reduce health inequalities in their objectives.

### **Using evidence in the design**

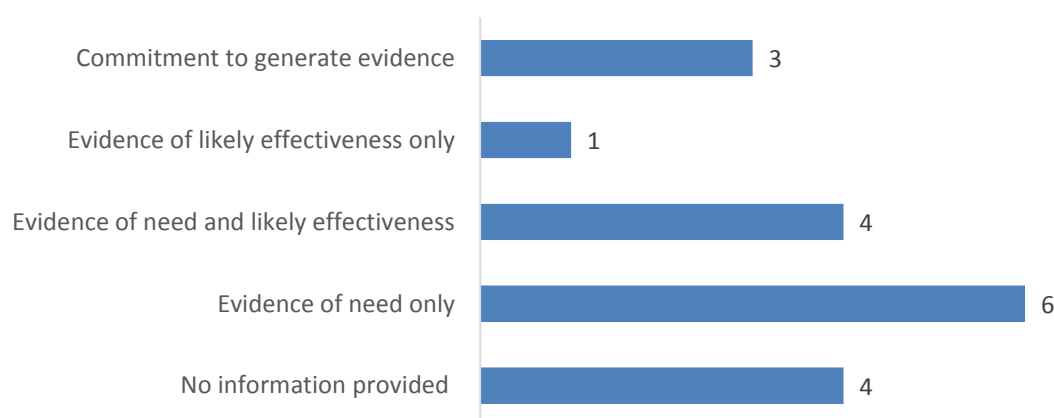
Figure 29 below shows that three of the eighteen commitments aimed to generate evidence. One example is the "Nutritional Improvement Programme (NutriProgress)" (action 1218) submitted by Danone (FoodDrinkEurope), which indicates that the analysis of the level of compliance of the products, "creates evidence to enable local subsidiaries to contribute actively to a better diet and thus better health for its consumers and by ensuring that products sold by the company are appropriate vs. the public health issues in the country in question". Another example is action 1420 "Dietary habits and nutrient intakes in infants and toddlers" also by Danone Research (FoodDrinkEurope) (noted in the previous sub-section).

Six of the commitments showed evidence of need, so the importance of working in the area of food reformulation to improve diets or tackle overweight and obesity is mentioned. However, in these cases, scarce information was provided on the effectiveness/evidence of the actions. Four of the commitments indicated both need and likely effectiveness of the actions. For instance, the commitment "Reduction of salt levels in rice and sauce products" by Mars (FoodDrinkEurope) (action 1016), mentioned research results to indicate the importance of working on this area and the effectiveness of reducing salt in foods.

One of the commitments showed evidence of likely effectiveness: "Healthy Choices at Work", action 1305 by CPME. It explicitly mentions that its actions will have a beneficial effect: "The commitment ... actively encourages awareness for and up-take of healthy food choices at the workplace. This behavioural change can in turn have beneficial spill-over effects on other food choices for all those introduced to the concept, thus promoting a healthier lifestyle. CPME can act as a role model in this context".

In the remaining four commitments no information was found related to the use of evidence/generation of evidence/likely effectiveness.

*Figure 29. Use of evidence in the design of the commitments*

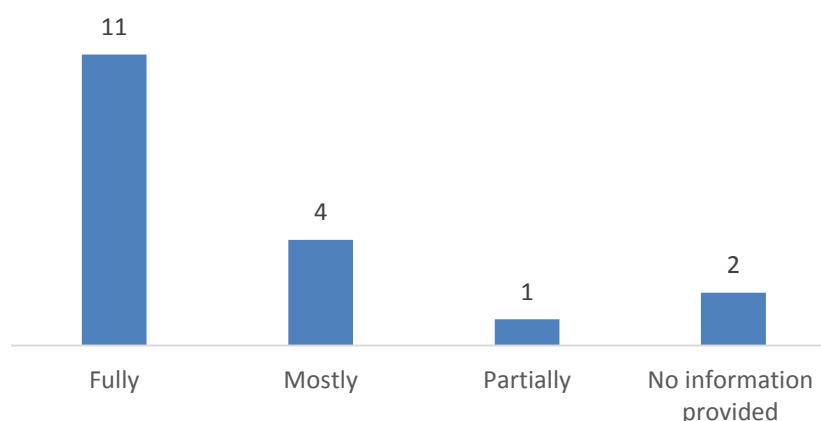


*Source: Platform monitoring reports - Food reformulation 2014, N=18*

### 3.2 Implementation and results

Figure 30 indicates the level of implementation of the actions. The majority of the commitments (11 out of 18; representing 61%) were fully implemented, whilst four were mostly implemented, one was partially implemented and there were two for which information was not provided or the information provided was not sufficient to provide an assessment regarding the level of implementation.

Figure 30. Level of implementation of the actions



Source: Platform monitoring reports - Food reformulation 2014, N=18

An example of a commitment that fully implemented the actions as stated in the annual objectives was action 583 “Products, Choice & Portion Size” by UNESDA (FoodDrinkEurope). The action seems to have been fully implemented. There was good reporting of indicators, which also fitted into the objectives.

Those commitments that were rated as mostly or partially implementing the actions, did not include all the information need in the outputs/outcomes/other comments to consider that all the objectives had been fully achieved/the action had been implemented.

### **Main inputs reported (human and financial)**

In the majority of the reports (11 out of 18; representing 61%), no financial information on the actions was provided. In the remaining ones, financial costs ranged from EUR 980 to EUR 2,250,000, bringing the reported total sum up of the actions to around EUR 3,506,700 in this activity area.

Whilst in some cases there was a breakdown of costs per activity implemented, in others an overall budget was provided as a whole. For instance, in one case, the budget for consumer research was stated, but it not clear whether all that cost supports the action or if it is broader.

Regarding human resources, in 8 out of the 18 commitments (44%), no information was provided in relation to the number of employees working on the actions. For the commitments that provided information, the number of full time employees per commitment ranged from 1 to 6,175<sup>29</sup> employees, comprising a total of 6247.4 full time employees and three part time employees (each involved in a different commitment). In addition, one commitment indicated that some of the work was carried out by volunteers.

In addition, the number of hours spent on implementing the commitment was quantified when there was information that enabled to perform calculations (e.g. 7 full time people or 1.2 FTE/year). As previously explained, calculations were made based

<sup>29</sup> It is difficult to estimate if all these employees are really working on this action, but the numbers provided in the report were as such included in the calculation. It is stated in the report (action 834: ‘Product reformulation and innovations’ by Unilever, member of FoodDrinkEurope) that the “Execution of the better products pillar is largely done within Unilever’s R&D organization, which employs more than 6000 scientists. Within R&D, about 175 nutrition professionals are involved in each step of the innovation process - from idea to product launch - and have global reach”.

on the assumption that a full time employee could work 8 hours per day/40 hours per week/48 weeks a year (1,920 hours). There was no information regarding the time spent in the actions in 8 of the reports. For the remaining 9 commitments where information was provided, the annual number of hours ranged from 2<sup>30</sup> to 96,998. In total, the approximate number of hours spent was of 158,800.

Information on the human resources related costs was provided for one of the commitments, where it was indicated that "the manpower investment included a full time equivalent of a UNESDA employee for 6 weeks at a cost of some EUR 15,000" (action 583 "Products, Choice & Portion Size" by UNESDA, member of FoodDrinkEurope).

### **Outputs**

In the area of food reformulation, a diversity of outputs were produced, including new member companies signing a commitment, reformulation of existing products (reduction of salt/sugar/calories/fat) and introduction of new products which are healthier, newsletters, websites and/or production of reports.

In the case of a cross border commitments, besides the outputs not being detailed enough, information was provided for some countries, but not for others. Therefore, insufficient data was provided to determine whether the annual objectives were achieved or not and to assess to what extent the action was implemented in all countries. In another case, the reports included the same outputs as in the previous monitoring year (2013), not providing specific information for 2014.

### **Outcomes and dissemination**

Most outcomes in the area of food reformulation related to the reduction of salt/sugar/calories/fat from products, indicating the sales increase of healthier products. However, in some cases no information was provided or the information included was not related to impact indicators, but to output indicators (e.g. the number of products that were reformulated). Another issue, as already mentioned in the previous section related to marketing and advertising is that, when objectives are not SMART, especially when not including measurable targets, it is very difficult to measure the impact/success of the actions if no information is provided. Furthermore, some reports included general statements about the likely effectiveness of their actions on food reformulation but without providing quantitative data.

An example of a commitment that did report impact indicators was action 535, "Product composition" by EMRA. For instance, it indicated that "Pans and Company reduced by 16% level of sugar of one option of beverage in children's menu (51.312 children's menu sold). Pans and Company sold 8 tonnes of yogurt, which has a 42% less fat and 17% less sugar than ice cream".

Regarding dissemination in this area, there was information in 4 of the commitments. Dissemination ranged from distributing copies of a report produced in the context of the commitment among stakeholders, including ministries, production of academic journals, manuscripts, newsletters, blog articles and social media/website posts, as well as presenting results in meetings and conferences.

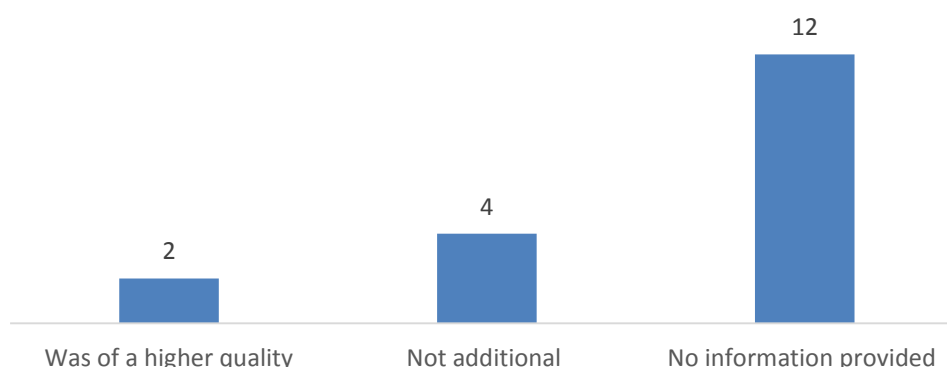
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<sup>30</sup> In this case, the number of hours (2) is the minimum provided but it should be a bit higher, although it is difficult to calculate with the information provided: "Order for basket of fresh fruit, delivered every 2 weeks. Staff time invested: approx. hours (CPME Office Manager, administration relating to order) and Provision of fresh fruit at the CPME Board meetings on 05/04/2014 and 15/11/2014. Staff time: approx. 2 hours (CPME Office, administration relating to order)." (Action 1305-Healthy Choices at Work, by CPME)

### Additionality

Figure 31 shows that 12 out of the 18 commitments (67%) of the area of food reformulation no information was found on whether the actions would have taken place had the commitment not been submitted under the remit of the Platform. In 4 it seems that the action would have taken place anyway (the action was not found to be additional), whilst in 2 it seems that the action was of higher quality as a result of belonging to the Platform.

Figure 31. To what extent does the action seem to have been additional?

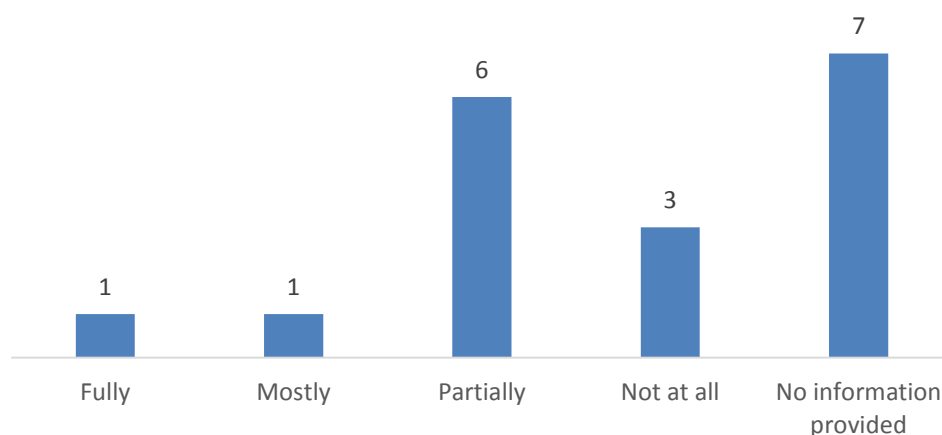


Source: Platform monitoring reports - Food reformulation 2014, N=18

### EU-added value

Figure 32 shows that whilst 8 commitments demonstrated EU added value (one fully, one mostly and 6 partially), 3 did not demonstrate EU added value (e.g. were nationally based and did not mention the EU/possibility of sharing good practices at EU level) and 7 did not provide information. Those that demonstrated EU added value (fully, mostly or partially) explicitly mentioned the EU Platform/EU policies, collaborated with other EU projects or presented the results to other Platform members.

Figure 32. Extent to which the commitments demonstrate EU-added value



Source: Platform monitoring reports - Food reformulation 2014, N=18

An example of a commitment that demonstrates EU added value is “Participation in NU-AGE project<sup>31</sup>” (action 1318) by FoodDrinkEurope. Different Platform members participate in the project, such as FoodDrinkEurope and EUFIC. Furthermore, the Platform is explicitly mentioned when stating the relevance of the action.

### **Recommendations for additional actions**

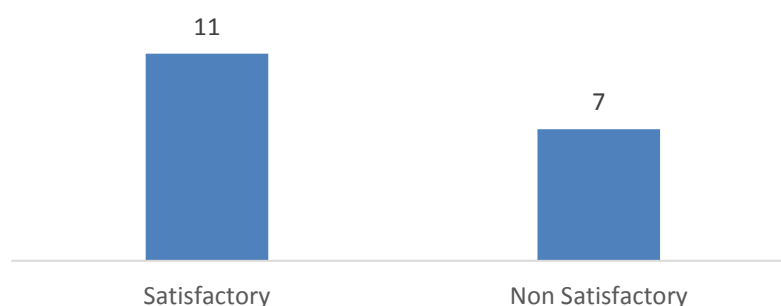
In the area of food reformulation, 4 out of the 18 commitments recommended or noted additional actions. For instance, one reported that activities would be ongoing in specific countries, another one expressed a specific target for 2020 (action 834, “Product reformulation and innovations” by Unilever, member of FoodDrinkEurope) indicating that they will double the proportion of their portfolio that meets the highest nutritional standards, based on globally recognised dietary guidelines.

In the case of one of the completed commitments (“Nutritional Improvement Programme (NutriProgress), action 1218 by Danone, member of FoodDrinkEurope), it was stated that although the commitment is now completed, “the nutritional improvement programme will continue, being now managed and animated by the Divisions and not anymore at central level”.

### **3.3 Overall assessment of the quality of reporting**

Figure 33 below indicates the assessment for the commitments within the area of composition of foods. Out of the 18 commitments, the majority (11-61%) were satisfactory and 7 (39%) non-satisfactory.

*Figure 33. Assessment of the reports in the area of marketing and advertising*



*Source: Platform monitoring reports - Food reformulation 2014, N=18*

Those reports that were non-satisfactory did not demonstrate SMART objectives and lacked information in relation to all or some of the indicators (inputs, outputs and impacts).

### **3.4 Synergies and joint commitments**

The analysis explored whether synergies existed between different commitments, and in the area of food reformulation, synergies have been found between the different companies that undertake food reformulation.

In one case, ESA had several commitments in different activity types (marketing and advertising, consumer information and food reformulation). Synergies were found between all these commitments, mainly related to combining product development

<sup>31</sup> It is a 5-year project funded by the European Commission under the 7th Framework Programme for Research and Technological Development. It started in 2011 and aims to contribute to new dietary strategies addressing the specific needs of the elderly population for healthy ageing in Europe

and choice, commercial communication and sharing best practices amongst the members of the organisation.

There were also synergies between nationally focused commitments. For instance, commitment 727 "Facilitate the promotion of healthy diets and lifestyles in various areas", submitted by EuroCommerce, has synergies with commitment 1317 "Partnership on the reduction of salt content in food" undertaken by COPA-COGECA. Both take place in Denmark and commitment holders of action 727 also participate in action 1317 by attending meetings of the partnership, which is coordinated by the Danish government.

### **Case Study: Provide nutritionally sound products for all consumers including children – Nestlé (FoodDrinkEurope)**

#### **Commitment 1607**

##### **Overview**

Nestlé is reformulating its products in terms of salt, sugar and saturated fats to meet the Nestlé Nutritional Foundation criteria. These criteria are based on nutrition science and public health dietary recommendations, such as those of the World Health Organisation and other global or local authorities. Products are evaluated using the Nestlé Nutritional Profiling System, which determines their nutritional value and whether they achieve the criteria. With this commitment, Nestlé aims to enhance the quality of life of all its consumers.

The commitment began in 2014 and will be completed in 2016. The commitment is EU-wide (except Croatia) and extends to three non-EU countries; it targets children and young people.

Nestlé aims to ensure that:

- a) by the end of 2014 all their children's products in Europe will meet all Nestlé Nutritional Foundation criteria for children.
- b) by the end of 2015 in any serving of children's or teenagers' breakfast cereal brands they will reduce the sugar content to 9g or less.
- c) by the end of 2015 Nestlé will have more whole grain than any other ingredient in any serving of children's or teenagers' breakfast cereals.
- d) by the end of 2016 Nestlé will further reduce sugar, salt and saturated fat content by 10% in products that do not meet the Nestlé Nutritional Foundation criteria and they will remove trans fats originating from partially hydrogenated oils.

##### **Design and intent**

The relevance to the Platform's activities is implicit. By reformulating the composition of its products to make them healthier, Nestlé's commitment meets the objectives of the Platform. The action does not aim to tackle health inequalities (although it can be argued that reformulation across the entire product line is likely to benefit lower socio-economic groups).

Objectives are SMART. For example, the objective "By the end of 2015 in any serving of children's or teenagers' breakfast cereal brands we will reduce the sugar content to 9g or less" can be measured because it provides a quantitative target and a specific timeline to achieve it.

##### **Implementation and results**

The action for 2014 was mostly implemented. The last objective is on-going, but the

report states that the reformulation work is ongoing to reach (or exceed) the 10% commitment by the end of 2016.

Overall, the implementation and results were well reported on. Nevertheless, regarding inputs, one element for improvement and transparency would be the inclusion of human and financial resources for all the objectives.

The outputs description was clearly presented, with bullet points corresponding to the four objectives. The amount of information is sufficient to understand whether or not the goals were achieved. For instance, the last objective was "By the end of 2016 to remove trans fats originating from partially hydrogenated oils". The report explains that 96% of oils were already compliant by end 2014, and that tracking and an action plan was put in place for the remaining 4%.

The impact section of the report stated that the first objective, "By the end of 2014 all our children's products in Europe will meet all Nestlé Nutritional Foundation criteria for children" was not achieved. However, there was an explanation of why the objective had not been achieved. Moreover, Nestlé gave some insight of future actions: continue the reformulation work and discontinue products that do not meet criteria by 2016.



#### 4 Consumer information, including labelling

This area includes actions on consumer information and labelling (pack nutritional information and claims).

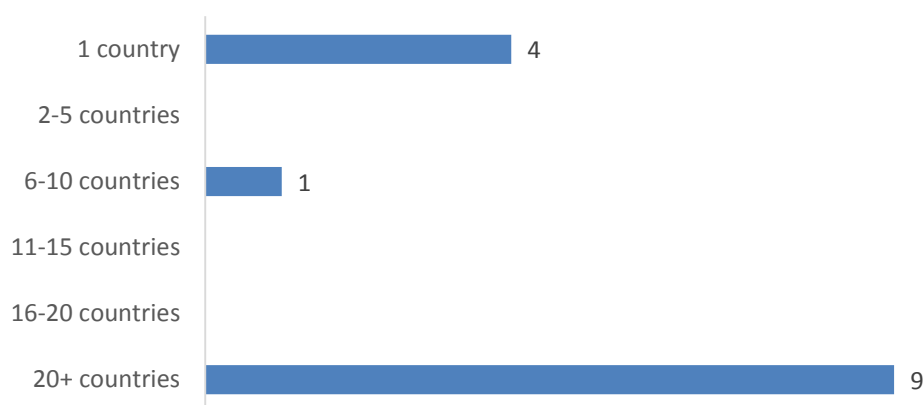
Out of the 14 commitments in this area, 1 was completed in 2014 (action 504- "Provision of nutritional information to the end consumers" by FoodServiceEurope). As shown in Table 8 below, most of the commitments (13) were being implemented by industry representations (EuroCommerce, EMRA, FoodDrinkEurope and FoodServiceEurope); and 1 by EUFIC.

Table 8. Number of commitments per Platform member

Platform member	Number of commitments
FoodDrinkEurope	9
EuroCommerce	2
European Food Information Council (EUFIC)	1
European Modern Restaurants Association (EMRA)	1
FoodServiceEurope	1
<b>Total</b>	<b>14</b>

Looking at the geographical coverage of the commitments, Figure 34 below shows that the majority of commitments (9 out of 14) covered more than 20 European countries; 4 were nationally based (2 taking place in Belgium, 1 in Germany and 1 in Greece), and the remaining 1 covered between 6 and 10 countries.

Figure 34. Geographical coverage of Platform commitments in the area of consumer information, including labelling



Source: Platform monitoring reports - Consumer information, including labelling 2014, N=14

Most of the commitments covering more than 20 countries included 27 EU Member States (2 of them also included Croatia) and all but one also covered Switzerland and/or Norway. An example of a commitment that covered all the 28 Member States, and also Switzerland and Norway is action 536 "Consumer information", undertaken by EMRA, which aims to inform their customers about how product options and

product composition compare to Guideline Daily Amounts, or other nutrition driven references, through the use of communications and consumer information materials.

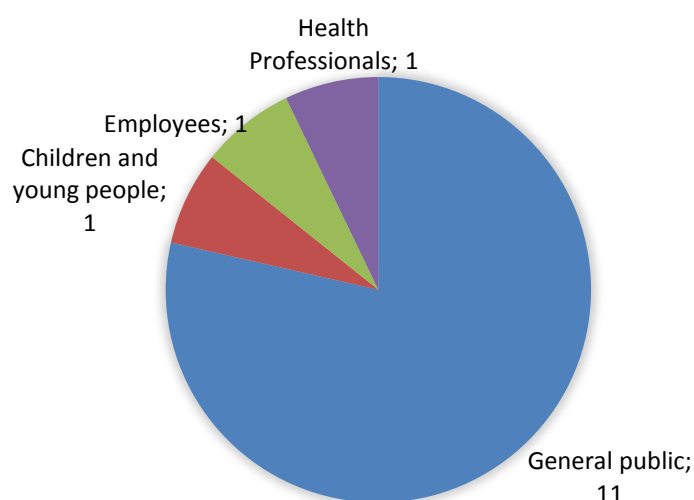
Out of the 4 nationally based commitments, 2 took place in Belgium, 1 in Germany and 1 in Greece. One example is action 266, undertaken by FEVIA (FoodDrinkEurope) ("website alimentationinfo.org / voedingsinfo.org"), which was launched in 2001 by FEVIA and it provides information on food safety and the relation between food and health for the consumer without containing positions of the food industry on the presented topics.

The commitment that covered between 6 and 10 countries is "Promotion of a balanced nutrition programme for restaurants and employees" (action 1028) by EuroCommerce, aiming to positively influence both the food offers of restaurants (outside the working place) and the lifestyles and habits of European consumers, using meal vouchers.

Figure 35 below shows that the vast majority of commitments in this area target the general public (11 out of the 14 commitments). The remaining 3 commitments target children and young people, employees and health professionals respectively. None of the commitments target industry, parents, educators, policy makers or special groups.

An example of a commitment targeting the general public is "Consumer research on nutrition information and labelling" (action 521) by EUFIC, which aims to expand its research programme on nutrition information and labelling, building a knowledge base on the basis of an assessment of the gaps in existing research.

Figure 35. Target audience of Platform commitments in the area of Consumer information, including labelling



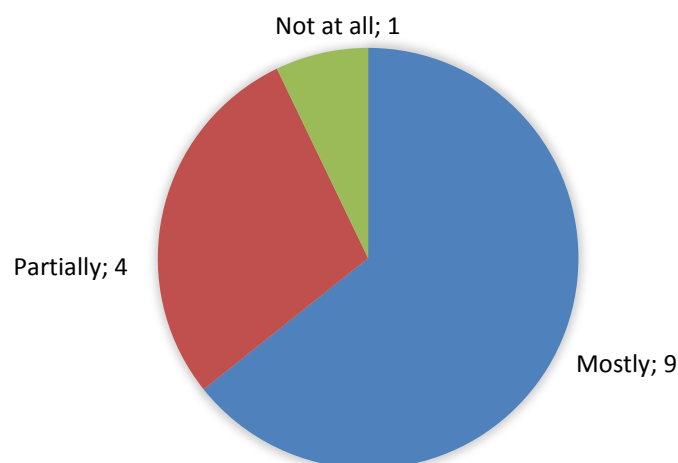
Source: Platform monitoring reports - Consumer information, including labelling 2014, N=14

## 4.1 Design/intent of action

### SMART Objectives

Figure 36 shows that 9 of the commitments included 'mostly' SMART objectives and 4 'partially'. One was scored as not having set SMART objectives at all and none of the commitments were scored as having 'fully' set SMART objectives.

Figure 36. Extent to which objectives are SMART



Source: Platform monitoring reports - Consumer information, including labelling 2014, N=14

The majority of the 2014 reported annual objectives were achievable, realistic and time-bound. Measurement was therefore the main area of weakness, and there was a general lack of quantitative targets.

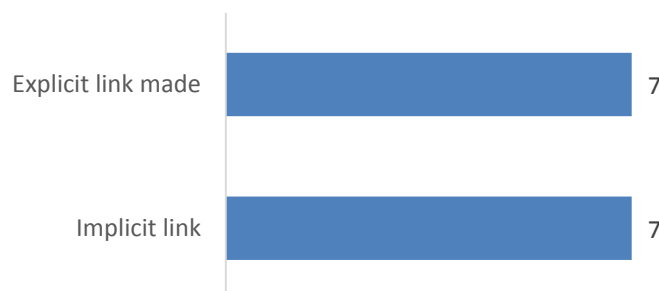
### Relevance of commitments

All the commitments' objectives were deemed relevant to the stated priorities of the Platform. As shown in Figure 37 below, in half of the commitments (7) this link was explicit (mentioning the Platform/EU policy goals) and in the other half (7) the link was implicit.

An example of an explicit link would be FoodDrinkEurope's commitment entitled "Recommendation for the continued use of Guideline Daily Amounts (GDAs)" (action 1414). In the monitoring report, several mentions to the Platform and EU regulations were made, it was also stated that "The renewed commitment fits into one of the overall objectives/action areas of the EU Platform, i.e. on consumer information, including labelling".

Action 1028 "Promotion of a balanced nutrition programme for restaurants and employees" by EuroCommerce provided an example of an implicit link. This aims to "enable citizens to improve their nutrition, by acting on supply and demand at the same time, so as to improve the nutritional quality of the offer in restaurants and facilitate the choice of informed consumers". Even if the Platform was not explicitly mentioned, the action meets the aims of the Platform by informing consumers and improving nutritional quality in restaurants.

Figure 37. Relevance of the action to the priorities of the Platform



Source: Platform monitoring reports - Consumer information, including labelling 2014, N=14

### **Actions to reduce health inequalities**

In the area of consumer information, including labelling, none of the commitments explicitly addressed health inequalities and/or targeted lower socio-economic groups.

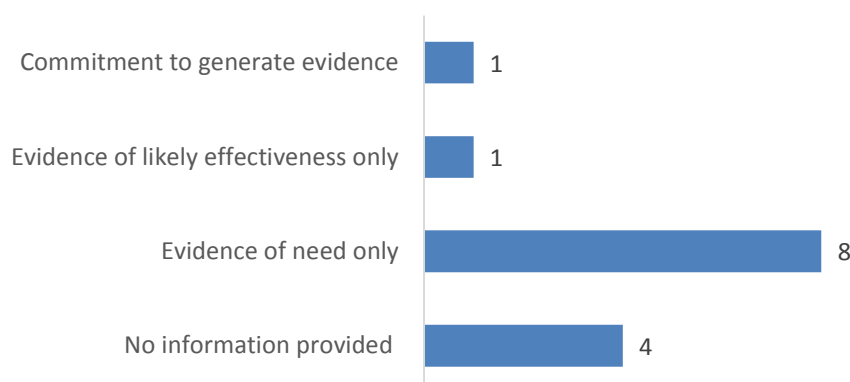
### **Using evidence in the design**

Figure 38 below shows that the majority of the commitments (8 out of 14) showed evidence of need. It was reported that improving consumer information is key to keep citizens informed, help them to make healthier choices and therefore, to improve their diet and lifestyles.

For instance, in the report of the commitment 1015 "Nutrition Labelling Initiative: Indication of Guideline Daily Amounts (GDAs)" by Mars (FoodDrinkEurope) it was indicated that they aim to ensure a responsible consumption, which implies that "the consumer must be able to have an easy access to information on the nutritional content of our products. We are therefore committed to providing clear information regarding our products' nutritional values and ingredients".

Findings showed that one of the commitments in the area of consumer information aimed to generate evidence by undertaking research and producing new scientific publications (action 521 "Consumer research on nutrition information and labelling" by EUFIC).

Figure 38. Use of evidence in the design of the commitments

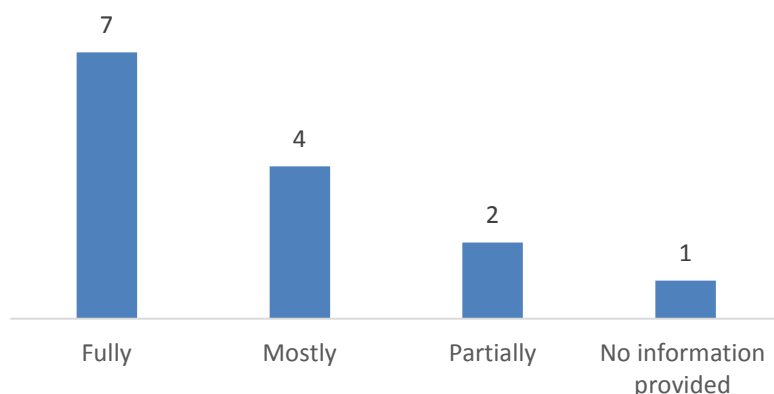


Source: Platform monitoring reports - Consumer information, including labelling 2014, N=14

## **4.2 Implementation and results**

Figure 39 below shows the level of implementation of the actions. Half of the commitments (7 of 14) were fully implemented, whilst 4 were considered to be mostly implemented, 2 partially implemented and for the remaining one not enough information was provided to make an assessment.

Figure 39. Level of implementation of the actions



Source: Platform monitoring reports - Consumer information, including labelling 2014, N=14

### **Main inputs reported (human and financial)**

There were significant differences between commitments regarding the detail and the quality of information provided (both in relation to human and financial resources).

In the majority of the reports (6 out of 14), no financial information of the actions was provided. In the remaining ones, financial costs ranged from EUR 500 to EUR 6,400,000, bringing the total reported sum of around EUR 16,611,400 in this activity area.

Regarding human resources, the analysis looked into the number of full time and part time employees working on the action, as well as whether some volunteer time was used and if the monetary value spent on human resources was provided. In the majority of the commitments (10 out of 14), no information was provided in relation to the number of employees working on the actions. For the commitments that provided information, the number of full time employees ranged from 1 to 3 employees, comprising a total of 9 full time employees; there was 1 part time employee. No information was provided on whether some of the work was carried out by volunteers.

Furthermore, the number of hours spent on implementing the commitment was quantified when there was information that enabled these calculations (e.g. 7 full time people or 1.2 FTE/year). As previously explained, calculations were made based on the assumption that a full time employee could work 8 hours per day/40 hours per week/48 weeks a year (1,920 hours). The majority of the commitments in this area (11 out of 14) did not provide information. For the remaining three, the annual number of hours ranged from 520 to 2,960; totalling around 4,100 hours.

Information on the human resources related costs was not provided in any of the monitoring reports.

### **Outputs**

In the area of consumer information, including labelling, a diversity of outputs was produced. This included a website and number of visitors, update of a database, signatures of a pledge, product analysis, production of reports/research publications, pieces of artwork produced to use in packs, newsletters, etc.

In relation to the quality of the reports, some information was provided in all the monitoring reports. However, in some cases, outputs were provided as a whole and it was not clear which were the outputs related to each annual objective.

Furthermore, in some cases, even if information was provided, this was not specific (e.g. quantitative information was missing for some of the objectives).

### **Outcomes and dissemination**

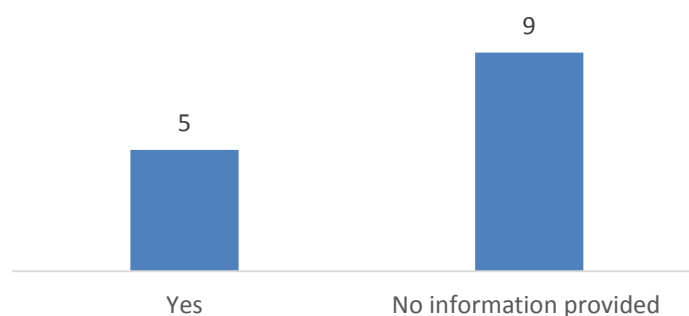
Most of the outcomes/impacts in this area related to compliance rates with the commitments by members of the organisation submitting the commitment.

Impacts refer to how successful the commitments were in relation to the original objectives. One challenge here is that it is difficult to measure the impact/success of the actions without fully SMART objectives.

Several of the commitments in this area did report well on impacts. For instance, action 582 "Consumer information" by UNESDA (FoodDrinkEurope) achieved its annual objectives. In the impacts indicator section it was reported that monitoring has revealed perfect levels of compliance across the companies which are signatory to the commitment.

Additionally, analysis of commitments observed to what extent the results were disseminated. In the area of consumer information, including labelling, there was information indicating dissemination of results in 5 of the commitments (see Figure 40). Dissemination was carried out through websites, publications and presentations at meetings, copies of databases, monthly magazines, newsletters and/or videos. Evidence of wider impact of the dissemination was not found in the reports (e.g. changes in policy due to a report or increased awareness of stakeholders).

Figure 40. Were results disseminated?



Source: Platform monitoring reports - Consumer information, including labelling 2014, N=14

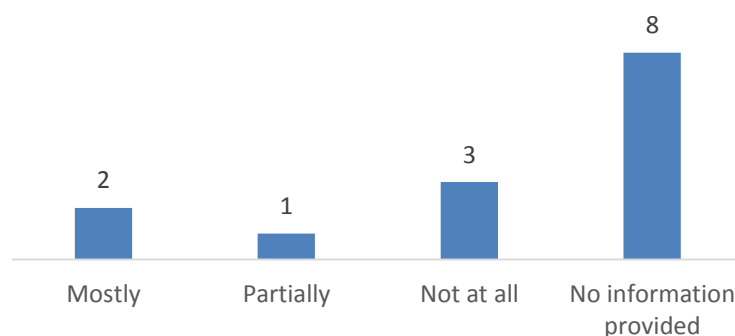
### **Additionality**

None of the commitments in the area of consumer information/labelling provided information on the extent to which the commitments seemed to have been additional with regards to the Platform. Therefore it was not possible to assess whether the actions would have taken place had the commitment not been submitted under the remit of the Platform.

### **EU-added value**

Figure 41 below shows that three commitments demonstrated EU added value (two mostly and one partially); three did not and eight did not provide information. Those that demonstrated EU added value (mostly or partially) explicitly mentioned the EU Platform and its role in providing a forum for the exchange of best practice amongst Platform participants. In some cases, even if the Platform was not directly mentioned, it was stated that the commitment covers all EU Member States and targets the specific action areas mentioned in the Platform objectives, which demonstrates the EU-added value.

Figure 41. Extent to which the commitments demonstrate EU-added value



Source: Platform monitoring reports - Consumer information, including labelling 2014, N=14

### Recommendations for additional actions

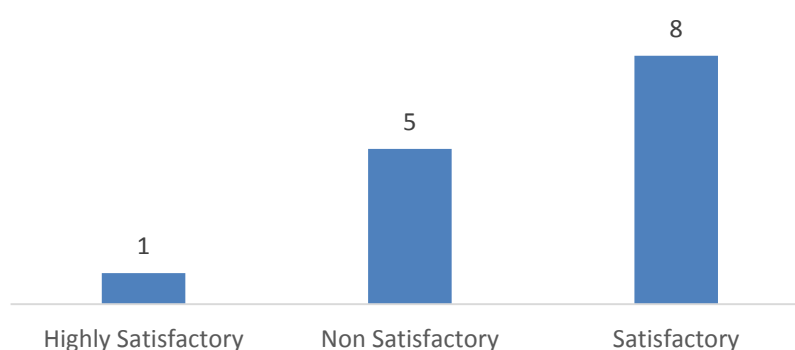
Three out of the 14 commitments indicated additional actions. An example is the "Website alimentationinfo.org / voedingsinfo.org" (action number 266) by FEVIA (FoodDrinkEurope), where it was mentioned that during 2015 the website of FEVIA will be updated and a feedback tool for users of the website will be created.

Another example is action 504 "Provision of nutritional information to the end consumers" by FoodServiceEurope, which was completed. In this context, an ongoing commitment at national level is the participation of contract catering operators members of the British Hospitality Association in the "Out of Home Calorie Labelling" pledge under the UK Responsibility Deal.

### 4.3 Overall assessment of the quality of reporting

Figure 42 below indicates the assessment for the commitments within the area of consumer information. Out of the 14 commitments, one was highly satisfactory, whilst 8 were satisfactory and 5 non-satisfactory.

Figure 42. Assessment of the reports in the area of consumer information, including labelling



Source: Platform monitoring reports - Consumer information, including labelling 2014, N=14

The report rated as highly satisfactory had mostly SMART objectives: very good reporting of inputs and good reporting of outputs. Those reports that were non-satisfactory did not demonstrate SMART objectives and lacked information in relation to all or some of the indicators (inputs, outputs and outcomes).

#### 4.4 Synergies between commitments

The analysis explored whether synergies existed or could exist between different commitments.

In the area of consumer information, there were some synergies with other commitments established in this area that implement similar actions (e.g. commitments creating websites with nutritional information).

Furthermore, there is one example of a synergy with an EU project. The commitment "Consumer information" (action 582) by UNESDA (FoodDrinkEurope), mentions the EU project 'FLABEL', where the commitment holder cooperates with EUFIC in order to learn more about what consumers want from labelling and how they use them.

ESA (FoodDrinkEurope) had several commitments in different activity types (marketing and advertising, consumer information and food reformulation). Synergies were found between all these commitments, mainly related to combining product development and choice, commercial communication and sharing best practices amongst the members of the organisation.

#### **Case Study: NUBEL (NUtrition BELgium) – FEVIA (FoodDrinkEurope) Commitment 268**

##### **Overview**

NUBEL (NUtrition BELgium) was created in 1990 and is a cooperation of the Belgian federal government, the Belgian Federation of Food Industry FEVIA and the Belgian Federation of Distribution FEDIS. NUBEL is a private-public non-profit initiative that gathers and manages data on the national nutritional composition of products. NUBEL uses the NUBEL Information Management System (NIMS) to centralise and manage all nutrition composition data in Belgium. It then makes the database accessible to the public, in order to help achieve a balanced diet and a healthy lifestyle.

The NUBEL commitment to the EU Platform began in 2004 and is ongoing until 2020. The Platform member reporting for this commitment is FEVIA (as member of FoodDrinkEurope). The commitment covers only one country (Belgium) and targets the general public. The objectives of this commitment for 2014 were to update and extend the database, and to make NUBEL more widely known.

##### **Design and intent**

The relevance to the Platform's activities is implicit. Even if the Platform is not explicitly mentioned, the action meets the aims of the Platform by informing the public about the nutritional composition of products.

The report gives evidence of the need for action: it explains why it is important to provide information to consumers, health professionals and dieticians, authorities and schools. However, there is no reference to evidence suggesting that creating this website will be effective in people having healthier diets.

The objectives are attainable and realistic, however they lack specificity (for example a time-frame) and information on how they will be measured. To be fully smart, the objectives should give clear targets to achieve in a certain amount of time (e.g. "Contact x number of companies to increase the number of products in the database in order to improve its representativeness by MM/YYYY" or "The website will reach x number of unique visitors by MM/YYYY").

##### **Implementation and results**

The implementation and results were found highly satisfactory.



The action was fully implemented and the level of reporting for inputs is of very good quality. The report breaks down the details of the inputs for three different activities (update database and contact with all relevant stakeholders, product analysis program, and dissemination of the NUBEL products). Each time, the report provides information on financial costs, number of full- and part-time employees and time spent on the project. The report also explains how FEVIA contributes to the commitment.

The description of outputs is also well-detailed, and breaks down outputs by the same three activities. However, more information could be provided. For instance, there is no information on the number of visitors to the website and their profile, or on the number of companies contacted to increase the number of products in the database.

The reporting for impacts is well detailed, and breaks down outcomes in two sections to clearly show how the extent to which the two annual objectives were attained.

However, the reporting could be improved insofar as some of the information provided in the impact indicators section belongs to outputs. Although it is mentioned that companies use the NUBEL database for the calculation of the nutritional composition of their products, there are no quantitative data demonstrating this. There is also no information on the use of NUBEL by health professionals, consumers and authorities, or on the impact in the habits and lifestyle of citizens. Such impact indicators could be obtained, for instance, by implementing online questionnaires to be completed by visitors of the website.

## 5 Education, including lifestyle modification

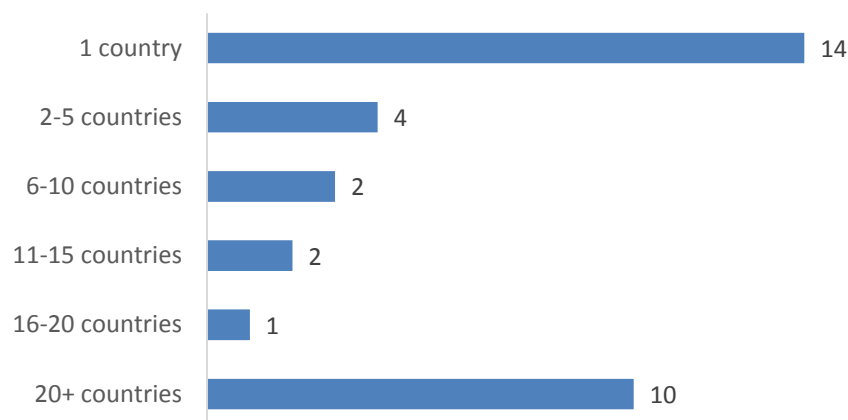
Out of the 33 commitments in this area, two of them were completed in 2014 (commitment 1403 "ToyBox" by WOF and commitment 1416 "Healthy start" by Nutricia, FoodDrinkEurope). As can be observed in the Table below, commitments are being implemented both by industry representations (such as COPA-COGECA, EVA or FoodDrinkEurope) and by non for profit associations (such as IDF Europe and WOF).

Table 9. Number of commitments per Platform member

Platform member	Number of commitments
FoodDrinkEurope	17
Agricultural organizations and cooperatives (COPA-COGECA)	4
European Federation of the Associations of Dietitians (EFAD)  European Food Information Council (EUFIC)	2
European Food Information Council (EUFIC)	2
World Obesity Federation (WOF)	2
European Association for the Study of Obesity (EASO)	1
European Cyclists Federation (ECF)	1
European Society of Paediatric Gastroenterology Hepatology and Nutrition (ESPGHAN)	1
European Vending Association (EVA)	1
Freshfel	1
International Diabetes Federation European Region (IDF Europe)	1
<b>Total</b>	<b>33</b>

Figure 43 illustrates the geographical coverage of commitments in this area. 14 of the commitments (42%) are nationally based, 10 (30%) cover more than 20 countries and the remaining 9 commitments (27 per cent) cover between 2 and 20 countries.

*Figure 43. Geographical coverage of Platform commitments in the area of Education, including lifestyle modification*



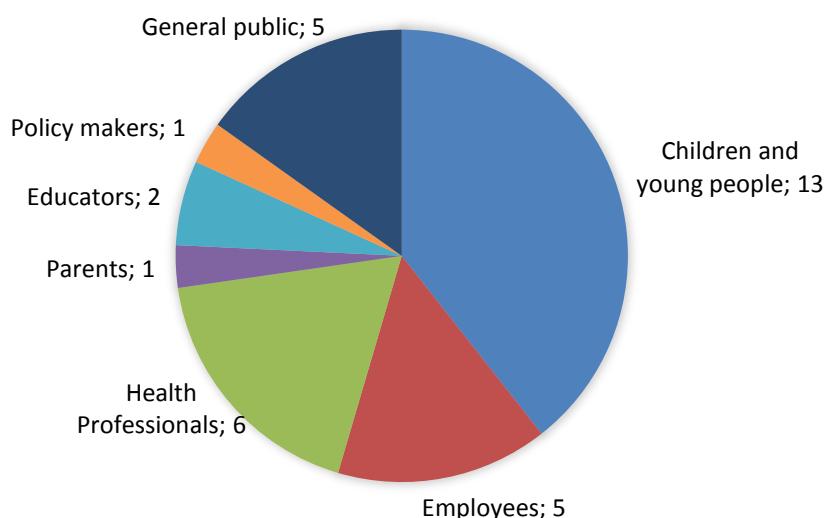
*Source: Platform monitoring reports - Education, including lifestyle modification 2014, N=33*

The nationally based commitments take place in Belgium and Denmark (4 commitments each), France (2 commitments) and Germany, Poland, the UK and Switzerland (one commitment each). An example of a nationally based commitment is action 1113 "Keep fit", submitted by the Polish Federation of Food Industry Union of Employers (FoodDrinkEurope), which is an educational programme taking place in Poland that aims to educate teenagers in schools to get them into permanent pro-health habits by promoting an active lifestyle and balanced diet based on making informed choices.

Most of the commitments covering more than 20 countries include 27 EU Member States (3 out of 10 also include Croatia) and the majority (7 out of 10, or 70%) also cover Switzerland and Norway and 1 also Iceland. An example of a commitment that covers all the 28 Member States, and also Switzerland and Norway is action 1060 "ESPGHAN contribution to obesity prevention", undertaken by ESPGHAN. This commitment aims to contribute to obesity prevention in children/adolescents via professional educational activities, scientific position papers, and promoting and disseminating research.

Figure 44 below shows the target audience of Platform commitments in the area of education, including lifestyle modifications. 13 out of the 33 commitments (39 per cent) target children and young people; six (18 per cent) target health professionals, five (15 per cent) target the general public and employees respectively, two commitments target educators, and the remaining two target parents and policy makers respectively. None of the commitments target special groups.

Figure 44. Target audience of Platform commitments in the area of Education, including lifestyle modification



Source: Platform monitoring reports - Education, including lifestyle modification 2014, N=33

An example of a commitment targeting children and young people is the “Nestlé Healthy Kids Global Programme” (action 1406) submitted by Nestlé (FoodDrinkEurope), which aims to raise nutrition, health and wellness awareness of school aged children in partnership with governments and civil society in all countries where Nestlé has direct operations. To achieve this aim, local programmes are rolled out, based on an understanding of the target population's nutritional and physical activity status, its needs and the existing resources available in each community.

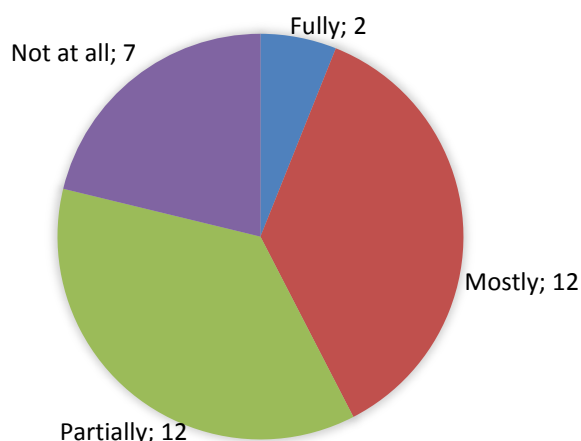
Another example of a commitment, in this case targeting employees, is “Bike2Work - The smart choice for commuters & employers” (Action 1612), carried out by ECF, which aims to make the modal shift from motorised modes to cycling by introducing behaviour change programs to employers that sustainably change the behaviour of commuters.

## 5.1 Design/intent of action

### 5.1.1 SMART Objectives

Figure 45 shows that two commitments (6%) had set fully SMART objectives, whilst 12 (36%) included mostly SMART objectives, 12 (36%) partially and seven (21%) were scored as not having set SMART objectives at all.

Figure 45. Extent to which objectives are SMART



Source: Platform monitoring reports - Education, including lifestyle modification 2014, N=33

As well as for the other activity areas, the majority of the 2014 reported annual objectives appear achievable and realistic. Being annual objectives, the time target was per definition clear and therefore objectives were time bound. However, objectives were in many cases broad. Furthermore, there was an overall lack of measurable objectives, due to an absence of quantitative targets.

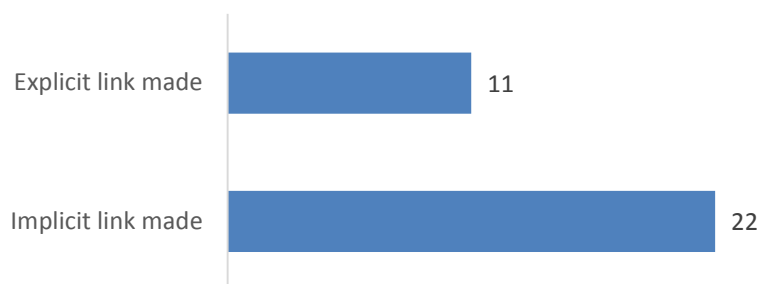
### **Relevance of commitments**

In order to establish whether the design of the action met the main aims of the Platform, analysis looked at whether the designed commitments explicitly or implicitly stated in the report the relevance of the action to the priorities of the Platform. In the case of education, including lifestyle modification, all the commitments' objectives were considered as relevant to the stated priorities of the Platform.

As shown in Figure 46 below, in 11 commitments (33%) this link was explicit (mentioning the aims of the Platform). For instance, in the report of action 1065 "Holiday Food and Nutrition Camps (Madskolers)" by COPA-COGECA, it was explicitly stated that "The Holiday Food and Nutrition Camps are relevant for the realisation of the overall aim of the Platform as the camps are pursuing healthy nutrition and physical activities among children in an entertaining, educational and inspiring way".

In the remaining 22 commitments (67%) the link was implicit, focusing on priority areas for the Platform (in this case education, including lifestyle modification), but without explicitly mentioning the Platform itself. For instance, in the report of the commitment "Healthy start" (action 1416) by Nutricia (FoodDrinkEurope), it was indicated that "The project helps prevent growing children obesity in the Czech Republic and Slovakia in cooperation with paediatric nurses who have big influence on parents' awareness and hence can change eating habits of children up to 3 years". Therefore, it is relevant to the stated priorities of the Platform, which aim to prevent and tackle childhood obesity.

Figure 46. Relevance of the action to the priorities of the Platform

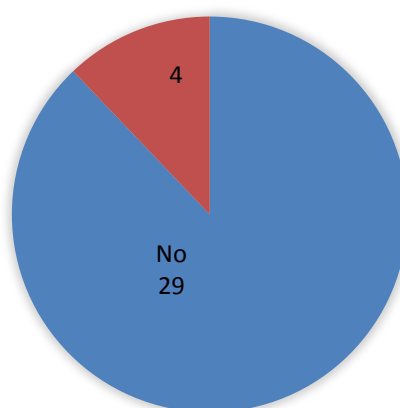


Source: Platform monitoring reports - Education, including lifestyle modification 2014, N=33

### **Actions to reduce health inequalities**

Figure 47 below shows that in the field of education, including lifestyle modification, 4 (or 12%) out of 33 commitments reported setting out to reduce health inequalities in their objectives and 29 (or 88%) did not mention to set out to address this issue in its objectives.

Figure 47. Do the commitments set out to reduce health inequalities?



Source: Platform monitoring reports - Education, including lifestyle modification 2014, N=33

All the commitments that focused on health inequalities were undertaken by FoodDrinkEurope. In Table 10 below, a description of those commitments can be observed:

*Table 10. Commitments focusing targeting lower socio-economic groups/addressing health inequalities*

Action Number	Title	Focus on health inequalities
1001	EPODE (Ensemble Prévenons l'Obésité des Enfants) / EEN (European Epode Network)	The project aims to improve of the energy balance-related behaviours and their determinants in the most deprived families across Europe. It designs and implements community-based interventions in selected communities targeting the whole community and focusing on the most deprived families.
1013	Supporting the Epode European Network	The project designs and implements community-based interventions in selected communities targeting the whole community and focusing on the most deprived families.
1115	Kellogg's Breakfast clubs	Kellogg's Breakfast clubs works with charities, and all their programmes are based on need and in socio-economic disadvantaged locations, for example in the UK to qualify for support schools should have +40per cent of children receiving free school meals. In Sweden, they are working with the Swedish Red Cross.
1417	Malin program, to improve dietary habits of vulnerable infants	Malin program is focused on the improvement of dietary habits in infants aged 0 to 3 living in low-income families.

### **Using evidence in the design**

Figure 48 shows that the majority of the commitments showed evidence of need (9 actions, representing 27%) or evidence of need and likely effectiveness (12 actions or 36%). Furthermore, 4 commitments generated evidence, four showed evidence of likely effectiveness (without mentioning the need for it) and in 4 of the reports there was no information that enabled to make a judgement regarding evidence.

Figure 48. Use of evidence in the design of the commitments



Source: Platform monitoring reports - Education, including lifestyle modification 2014, N=33

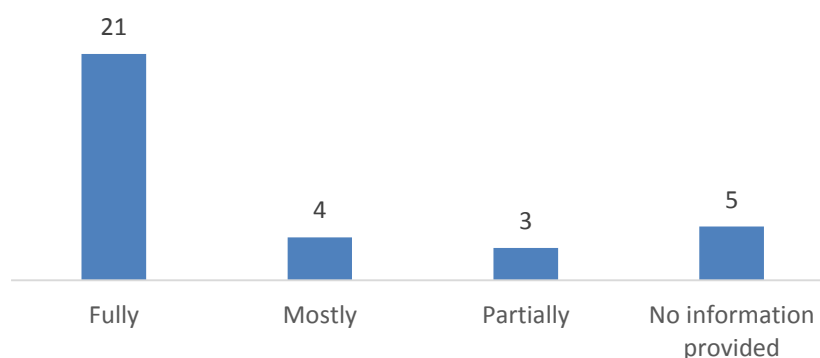
In the commitments, the importance of educating people to pursue healthy nutrition, prevent and fight obesity, as well as to promote physical activity was mentioned. Some of the commitments reported that they were working on partnership following the call from the Platform on the necessity of working in a multi-partnership approach involving multiple representatives of society, both from the public and private spheres.

One of the commitments that included information related to research supporting the evidence or likely effectiveness of their actions was "Kids Enjoy Fresh" (action 1409), submitted by Freshfel, which is an online platform addressing the needs of parents and teachers in getting children in touch with fresh fruit and vegetables. The programme included a statement that indicated its likely effectiveness: "Medical research shows that there is a sound statistical correlation between increased consumption of fruit and vegetables and reduced obesity and incidence of related illness".

## 5.2 Implementation and results

**Error! Reference source not found.** Figure 49 below shows the level of implementation of the actions. The majority of the commitments (21 out of 33, or 64%) were fully implemented, whilst four (12%) were mostly implemented and three (9%) were partially implemented. For the remaining five (15%) there was not enough information to make an assessment.

Figure 49. Level of implementation of the actions



Source: Platform monitoring reports - Education, including lifestyle modification 2014, N=33



### **Main inputs reported (human and financial)**

In the area of education, including lifestyle modification, the majority of the reports (24, or 73%) included financial information of the actions. Financial costs ranged from EUR 3,500 to EUR 1,338,860, bringing the total reported sum up of the actions to approximately EUR 6,095,700 in this activity area. However, the quality of reporting differed among commitments. Whilst in some cases the budget was broken down per activity, in others only the overall cost was provided.

Regarding the human resources devoted to the action (number of employees and time spent), the analysis looked into the number of full / part time employees working on the action, as well as whether some volunteer time was used and if the monetary value spent on human resources was provided. In 13 out of the 33 commitments (36%), no information was provided in relation to the number of employees working on the actions. For the commitments that provided some information, the number of full time employees ranged from one (spending 0.2% of the working time in the action) to 23 employees, comprising a total of 118 full time employees. There were 20 part time employees (ranging from one to nine).

In four commitments, work was reported as being carried out by volunteers. For instance, the commitment entitled "Holiday Food and Nutrition Camps (Madskoler)" (action 1065) by COPA-COGECA indicated that about 500 voluntary instructors were involved in the camps.

Moreover, the number of hours spent on implementing the commitment was quantified by the analysis when there was information that enabled to perform calculations (e.g. 7 full time people or 1.2 FTE/year). As previously explained, calculations were made based on the assumption that a full time employee could work eight hours per day/40 hours per week/48 weeks a year (1,920 hours). On this basis, 51% of the reports provided information regarding the time spent in the actions. The annual number of hours ranged from 60 to 12,480. In total, the approximate number of hours spent was of 53,644.

Information on the human resources related costs was only provided by two of the commitments. The first one is "Improving medical and health professional skills to counteract obesity" (action 810) by WOF, which mentioned in the report that the approximate cost of one full-time education officer, one quarter-time events manager, general admin support and overheads was EUR 80,000. The second commitment is joint commitment 1504 "Integrating behaviour change techniques and digital technology for dietitian support" by EFAD and EUFIC, which indicated in the monitoring report as having human resource costs of EUR 111,000.

### **Outputs**

In the area of education, including lifestyle modification, a variety of outputs were produced, e.g. education programmes, number of unique visitors and downloads from a website, newsletters, production and distribution of posters and leaflets, workshops, training activities and research publications.

### **Outcomes and dissemination**

Most of the outcomes in the area of education, including lifestyle modification, related to feedback from attendants of a course or from visitors to a website, or findings of evaluation of the action (e.g. reduction of the obesity rates of students that participated in a programme that aimed to prevent childhood obesity and at promoting healthy lifestyles).

In some cases, information provided in this section related to outputs (e.g. number of people subscribed to the gym classes/events). Impacts are also related to SMART

objectives. When these do not include quantitative targets, it is difficult to measure the impact/success of the actions. Some of the commitments in this area included an evaluation component, which helps to then provide information on outcomes (even if short term).

Based on the information provided within this part of the monitoring report, some of the commitments in this area did report correctly on outcomes. For example, action 1208 ("Eat Like A Champ" submitted by Danone, member of FoodDrinkEurope) indicated the results of research carried out in 2012, that showed that "the Eat Like a Champ programme improves children's eating behaviours and choices, both in the short-term and in the medium-term" and provided data on behavioural change at 6 and 12 weeks of children participating in the programme.

Regarding dissemination, there was information for 12 of the commitments. Dissemination was carried out in a variety of ways, among others, through a website and weekly emailing, by giving presentations at a variety of events (e.g. conferences) and by distributing leaflets.

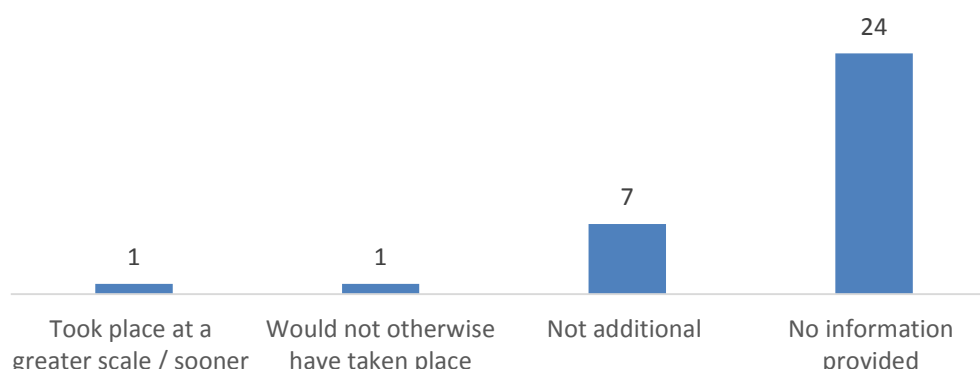
### **Additionality**

Figure 50 below shows that out of the 33 commitments in this area, in one commitment ("EPODE", action 1001 by Ferrero Group, member of FoodDrinkEurope) the action seems to have taken place at a greater scale/sooner, as the commitment holder explicitly mentioned in the report that "The European Platform on Diet, Physical activity and Health has provided opportunities for partnership, such as Epode, a long term project initially launched in France at local level in some selected villages" and that as a result, it has become an international network with the support of DG SANTE and the model has been implemented in other countries besides France (Belgium, the Netherlands and Spain)".

Furthermore, without the existence of the Platform, the commitment "Using EUFIC communication vehicles to raise awareness of the EU Platform" (action 526) would not have taken place, because the commitment, aims to raise awareness of and spread information about the work of the Platform.

The remaining 31 commitments were not considered to be additional or no information was found on whether the actions would had taken place had the commitment not been submitted under the remit of the Platform.

*Figure 50. To what extent does the action seem to have been additional?*

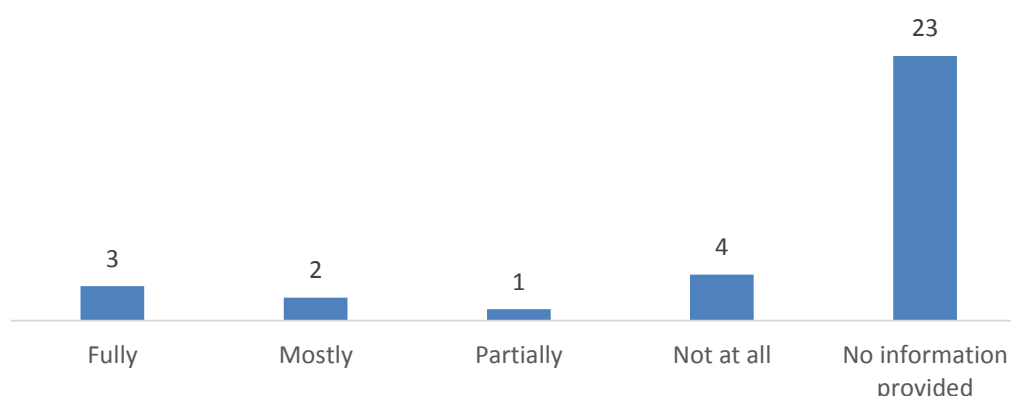


*Source: Platform monitoring reports - Education, including lifestyle modification 2014, N=33*

### EU-added value

Figure 51 below shows that whilst six commitments demonstrated EU added value (three fully, two mostly and one partially), in the remaining 27 reports information was not found or the commitments did not demonstrate EU added value. Those that demonstrated EU added value (fully, mostly or partially) explicitly mentioned the EU Platform and its aims to promote healthy diets, physical activity and the fight against obesity, whilst providing a forum for the exchange amongst Platform participants. In some cases, even if the Platform was not directly mentioned, it was stated that the commitment covers all EU Member States and targets the specific action areas mentioned in the Platform objectives, which demonstrates the EU-added value.

Figure 51. Extent to which the commitments demonstrate EU-added value



Source: Platform monitoring reports - Education, including lifestyle modification 2014, N=33

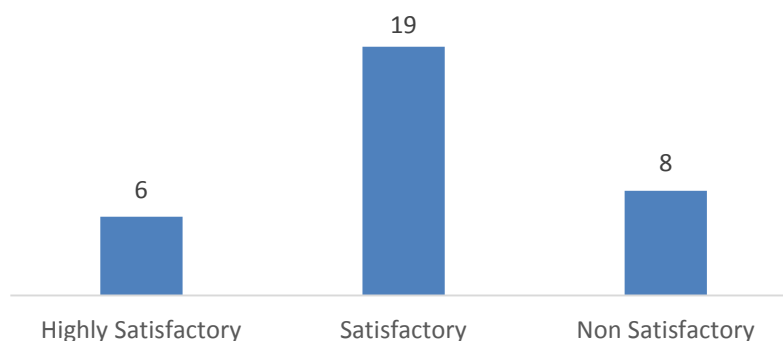
### Recommendations for additional actions

The analysis examined whether the reports suggested follow-up actions for the organisations involved or/and others within the commitment. Eleven (or 33%) of the 33 commitments indicated additional actions. Examples of additional actions included, for instance, an expansion of a programme to other countries ("Healthy Choice the Easy Choice", action 837 by Unilever, FoodDrinkEurope). Another report included the statement that the project is expected to continue after 2018 (the completion year) and that an "evaluation study will allow for proper fine tuning and roll out of the programme in the coming years" ("Malin program, to improve dietary habits of vulnerable infants", action 1417 by Blédina, member of FoodDrinkEurope).

### 5.3 Overall assessment of the quality of reporting

Figure 52 below indicates the assessment of the quality of reports for the commitments within the area of education, including lifestyle modification. Out of the 33 commitments, 6 (18%) were highly satisfactory, whilst 19 (58%) were satisfactory and 8 non-satisfactory (24%).

Figure 52. Assessment of the reports in the area of Education, including lifestyle modification



Source: Platform monitoring reports - Education, including lifestyle modification 2014, N=33

The reports rated as highly satisfactory had mostly SMART objectives; the quality of reporting of inputs and outputs was mostly good and exhaustive, even if some aspects were missing (e.g. indicating the number of full/part time employees, the time spent in the action and all the outputs per objective).

Those reports that were non-satisfactory did not demonstrate SMART objectives and lacked information in relation to all or some of the indicators (inputs, outputs and outcomes).

#### 5.4 Synergies between commitments

The analysis found that there were synergies between different commitments in the area, e.g. between two commitments carried out by COPA-COGECA, as both produced websites with ideas and recipes for children and young people: commitment 1517 "Forum for home economics teachers in primary and lower secondary schools" and commitment 1065 "Holiday Food and Nutrition Camps".

Similarly, there were synergies between two commitments undertaken by Danone (FoodDrinkEurope): 'Bon appétit, Bouge ta santé/Spring in het rond, eet gezond' (action 1207 in activity area: Education, including lifestyle modification) and "Danone Nations Cup" (action 462 in activity area: Physical activity promotion). It was indicated in the report that "The pedagogic days of the Belgian Danone Nations Cup (DNC), a project for children which consists in 12 animations workshop animated by School Sport Federations was redesigned, based on the existing Bon Appétit Bouge Ta Santé (BABTS) game and the pedagogic days have been renamed *Bouge ta santé avec la Danone Nations Cup* to connect more both Corporate Social Responsibility projects in Belgium: DNC & BABTS".

## **Case Study: Arla Fonden Food Camps – Arla Fonden (COPA-COGECA)**

### **Commitment 1614**

#### **Overview**

Arla Fonden is committed to organise Food Camps in Denmark that use a practical learning approach combined with comprehensive education material, to foster a sense of responsibility, awareness, and joy concerning food produce, wellbeing, and preparation among teenagers. Each Camp runs for 5 days, for a class of about 24 children, aged 12 to 14 years. The specific activities performed at the Camp include cooking, tasting activities, sessions on how to activate the five senses, nature guidance, farm visits and, classes on how to prepare and use fresh produce.

The commitment began in 2014 and will be completed in 2020. Its overall objective is to bring about a positive change in the lifestyles of Danish children and adolescents, encouraging them to cook, and be more familiar with food, nature and local produce. In the process of doing so, the project also aims at sensitising adolescents on issues such as food nutrition and food wastage.

#### **Design and intent**

The relevance to the Platform's activities is implicit. By fostering awareness of healthy food among youngsters, Arla Fonden's commitment meets the objectives of the Platform.

The need for action is based on evidence: "one of the biggest lifestyle challenges identified among children and adolescents in Denmark is their minimal participation in the kitchen. (...) Only 4% of children and adolescents in Denmark are known to participate in the kitchen (Coop 2012)". Arla Fonden also seems confident that the action will be effective, as it considers that "one of the key steps towards securing better family and community level health in the long term is to make knowledge concerning food easily accessible and understandable".

Most objectives are SMART, and the report provides some measurable targets, such as the number of classes and students to be covered in 2014. However, some objectives such as "Students will feel more positive and confident about their knowledge of food, and their ability to make simple dishes in the kitchen" are less measurable by their very nature.

#### **Implementation and results**

There is very good reporting of indicators.

Inputs are clearly split out by material, financial and human resources, providing details on the number of FTE/PTE staff and the financial costs of the project. Nevertheless, it would have been useful to add the number of working hours spent on this commitment.

Outputs give information on how the objectives were met: number of students, classes, and teachers. In addition, the report provides details on the number of leaflets, brochures and meetings that contributed to disseminate the action's objectives and results.

The impact section concludes that the Food Camps are successful in Arla Fonden's objectives of making students more aware about food. It is too early to measure the impact of the initiative, considering that the action started in 2014. However, Arla Fonden is keen to develop research based techniques of measuring the long term behavioural impact. As a first step, it has already collected feedback about the complete Camp experience with the teachers, parents and participating students.

## 6 Physical activity promotion

This area of activity includes commitments in the following fields:

- Provision of physical activity activities;
- Organising one-off events or tournaments to promote physical activity;
- Collating and disseminating good practice activities; and
- The design of an ICT Platform which provides data on activity levels;

Out of the twelve commitments reported on in this area, one was completed in 2014: Action 1303 "MOVE - European physical activity promotion forum", from ISCA, aimed to identify and promote best practice HEPA initiatives and implemented pilot actions.

As can be seen in Table 11, the actions are being undertaken by a variety of organisations. This includes seven from non-governmental representations and five from FoodDrinkEurope.

Table 11. Number of physical activity promotion activities per Platform member

Platform Member	Number of commitments
FoodDrinkEurope	5
European Non-Governmental Sports Organisation (ENGSO)	2
Confédération Européenne Sport et Santé (CESS)	1
European Food Information Council (EUFIC)	1
European Region of the World Confederation for Physical Therapy (ER-WCPT)	1
International Sport and Culture Association (ISCA)	1
World Obesity Federation (WOF)	1
<b>Total</b>	<b>12</b>

Source: Platform monitoring reports 2014

Figure 53 shows the geographical coverage of commitments in this area. Nearly half of the commitments (5 out of 12) cover more than 20 European countries (including EU Member States, Switzerland, Norway and Iceland). An example of a project which covers all EU Member States is action 1606 "Now We Move Activation" delivered by ISCA / Coca-Cola Europe (FoodDrinkEurope). The two central elements of this commitment are to develop and deliver a European quality mark for physical activity initiatives for hard-to-reach populations, and a 'transfer and scale-up process' of adapted existing physical activity promotion initiatives.

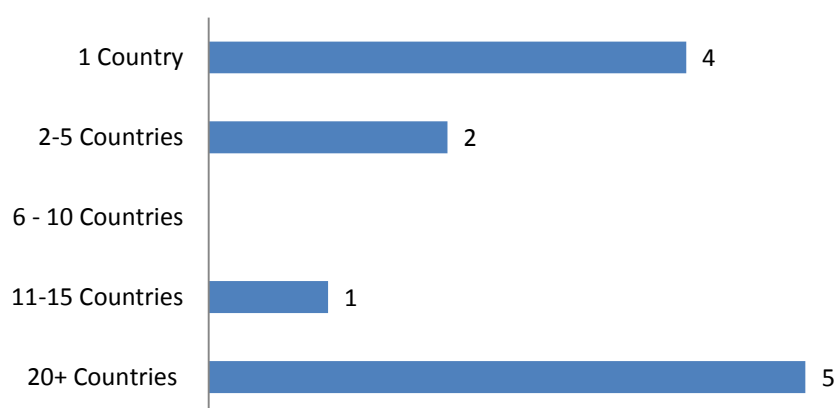
One project that covers between 11-15 European Countries (14 EU Member States and Switzerland) is action 462 "Danone Nations Cup" undertaken by Danone (FoodDrinkEurope). The action is a football world cup for children aged 10-12 and also includes Switzerland. Two commitments in this field cover between 2 and 5 countries

notably action 1405 “The role of health in grassroots sport (Health4Sport)” implemented by ENGSO and action 1615 “DAPHNE - Data-as-a-Service Platform for Healthy Lifestyle support”, implemented by WOF.

Four projects are based nationally, and cover Germany, Spain, Finland and Poland. These actions include individual sports based initiatives and covers action numbers:

- Action 1604 “Ready Steady Go” (CESS);
- Action 638 “Sport Pro Gesundheit, a quality seal for programs which promote health enhancing physical activity” (ENGSO);
- Action 1012 “Bielice Run - Young Europeans Run”, Mars (FoodDrinkEurope); and
- Action 1418 “Danone Sport Schools”, Danone Spain (FoodDrinkEurope).

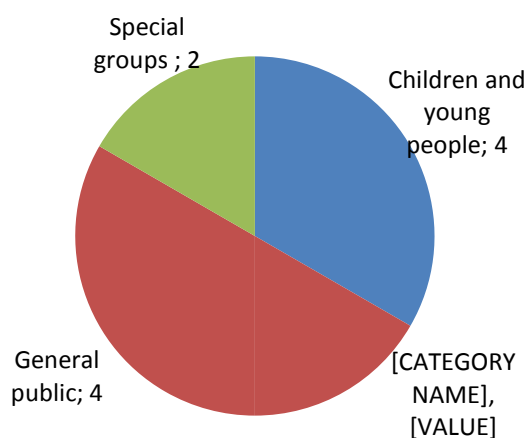
Figure 53. Geographical coverage of Platform commitments in the area of Physical activity promotion



Source: Platform monitoring reports 2014 – Physical activity promotion, N=12

Figure 54 below illustrates the target audience of Platform commitments in the area of Physical activity promotion. One third (4 out of 12) of the commitments were aimed at children and young people, with another third aimed at the general public. Two projects were aimed at special groups and two were aimed at health professionals. None of the commitments reported on targeted employees, industry, parents, educators or policymakers.

Figure 54. Target audience of Platform commitments in the area of Physical activity promotion



Source: Platform monitoring reports 2014 – Physical activity promotion, N=12

The commitments aimed at children and young people were generally delivered in one country: action 1604 "Ready Steady Go", by CESS, 1012 "Bielice Run - Young Europeans Run" by Mars (FoodDrinkEurope) and 1418 "Danone Sport Schools" by Danone Spain (FoodDrinkEurope). The exception is "Danone Nations Cup" (Action 462), by Danone (FoodDrinkEurope) which was being delivered across numerous (11-15) countries.

Commitments aimed at the general public were more geographically spread and included commitment 1061 "Using EUFIC communication vehicles to promote physical activity" which was being delivered in over 20 countries. This commitment aimed to provide information to the general public on how to make small changes to contribute to a healthier lifestyle through a website.

The commitments aimed at special groups included hard-to-reach physically inactive populations and potentially disadvantaged groups such as youth, ethnic minorities, immigrants, women/girls and seniors in socio-economically disadvantaged areas (action 1606 "Now We Move Activation" by Coca-Cola Europe (FoodDrinkEurope)/ISCA and action 1303 "Move – European physical activity forum" by ISCA).

The two commitments aimed at health professionals differed in their aims, one with the aim to design an ICT platform which would generate data for health professionals and research more widely (action 1615 "DAPHNE - Data-as-a-service platform for healthy lifestyle support" by WOF) and one specifically aimed at physiotherapists resulting in an output in the form of a document which will outline how physiotherapists are best placed to prescribe physical activity programmes (action 1609 "Promoting physical activity in children, the role of Physiotherapists" by ER-WCPT).

## 6.1 Design/intent of action

### SMART Objectives

Figure 55 indicates that two commitments had set fully SMART objectives. A further nine commitments were either mostly or partially SMART. Only one action did not have objectives which could be considered to be SMART. All of the objectives reported in 2014 were realistic and achievable. Due to the objectives being listed as annual

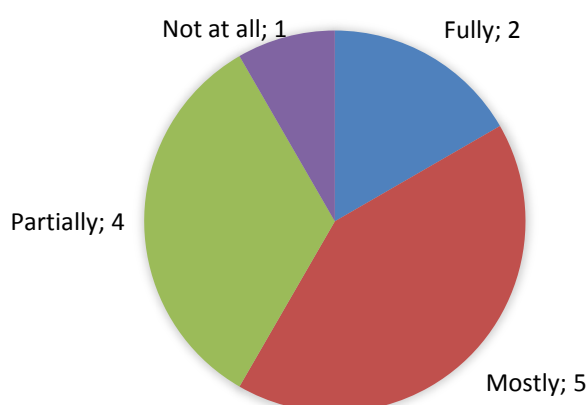


objectives, the time bound elements were clear (by definition under annual objectives).

In the vast majority of cases, the analysis found that the objectives were achievable, realistic and time bound. An example of such an objective in this activity area can be seen in this objective taken from commitment number 1012 "'Bielice Run' - Young Europeans Run" implemented by Mars (FoodDrinkEurope) which aimed at:

- Maintaining the existent number of participants at the Olympic Youth Run 2014, i.e. to 2,400 children and teenagers; and
- Organising 10 physical activities for the children waiting for their scheduled run.

Figure 55. Extent to which objectives are SMART



Source: Platform monitoring reports 2014 – Physical activity promotion, N= 12

The most common issue identified with mostly or partially SMART objectives was a lack of measurable information.

### **Relevance of commitments**

In five of the monitoring reports, it was mentioned explicitly how the commitment relates to the core aims of the Platform. For example, in commitment number 1061 "Using EUFIC communication vehicles to promote physical activity", the report stated: "In order to contribute to the Platform's goal of tackling the growing problem of overweight and obesity-related health problems in Europe, EUFIC has made commitments that are appropriate and proportionate to its mission, which is to enhance the public's understanding of credible, science-based information on the nutritional quality and safety of foods and to raise consumers' awareness of the active role they play in safe food handling and choosing a well-balanced and healthy diet".

In a further seven monitoring reports the analysis found an implicit link to the aims of the commitment and the aims of the Platform. In these cases, the monitoring reports the actions focused on the priority areas of the Platform, but did not explicitly mention the Platform itself, for example, action 1418 "Danone Sport Schools" states that the main objective of the Danone Sport Schools "is to change behaviours and instil values among children aged from 6 to 12 years, their families and their communities, in order to become healthier and more physically active people, more performing students and more responsible citizens". Although the Platform is not explicitly mentioned, the commitment aims to meet the aims of the Platform by committing to include priority areas and target groups including children and adolescents from low socio-economic

groups; reaching out to schools with the aim of increasing physical activity and making the healthy option available<sup>32</sup>.

Figure 56. Relevance to stated priorities

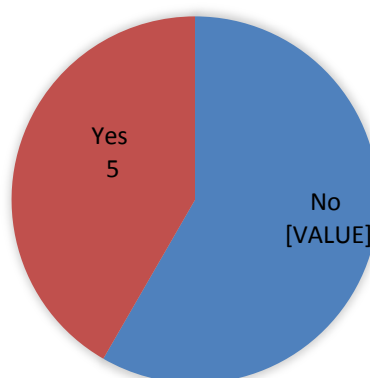


Source: Platform monitoring reports 2014 – Physical activity promotion, N= 12

### Actions to reduce health inequalities

Within the commitments with the core aim of physical activity promotion, 5 out of 12 set out to reduce health inequalities, whilst 7 did not mention to set out to address this issue in its objectives. This can be seen in Figure 57 below.

Figure 57. Do the commitments set out to reduce health inequalities?



Source: Platform monitoring reports 2014 – Physical activity promotion, N=12

The main ways in which the commitments aimed to reduce health inequalities was through specific promotion of physical activity to and including of vulnerable groups such as disabled people, young people, ethnic minority groups, immigrants, older people and 'people with poor health prospects' in activity, targeting areas of social disadvantage, either through community avenues or schools.

### Using evidence in design

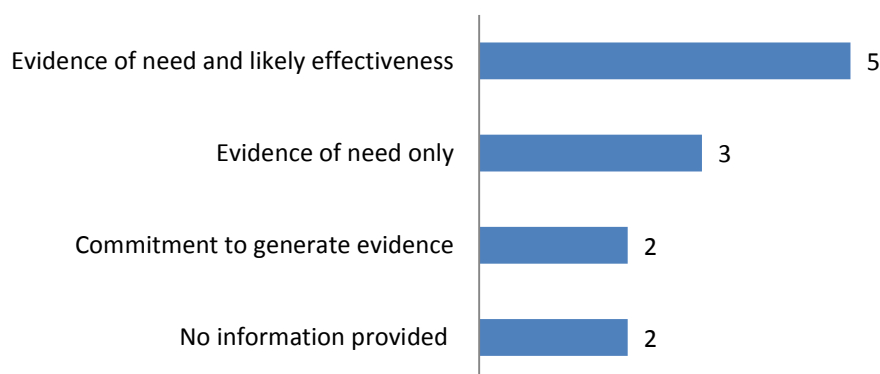
Figure 58 below shows that in five out of the twelve commitments in this activity area there was evidence of both need and likely effectiveness. For example, action 1609 "Promoting physical activity in children, the role of Physiotherapists", implemented by ER-WCPT, provides the evidence of need in the following statement: "The World Health Organization recommends 60 minutes of moderate to vigorous intensity physical activity every day for children aged 5-18". The monitoring report justifies that

<sup>32</sup> DG SANCO, Renewed Objectives Working Paper: The EU Platform for Diet, Physical Activity and Health 2010-2013 – The Suggested Way Forward, February 2011, page 3.

the programme is likely to be effective because "Physiotherapists are qualified to impact on this growing global epidemic disease related to lifestyles."

A further three of the commitments provided evidence of need in their monitoring reports. A commitment to generate evidence was mentioned in two of the monitoring reports undertaken by WOF (1615) and ISCA (1303). Finally, two of the monitoring reports did not provide any information in their monitoring reports.

*Figure 58. Use of evidence in the design of the commitments*

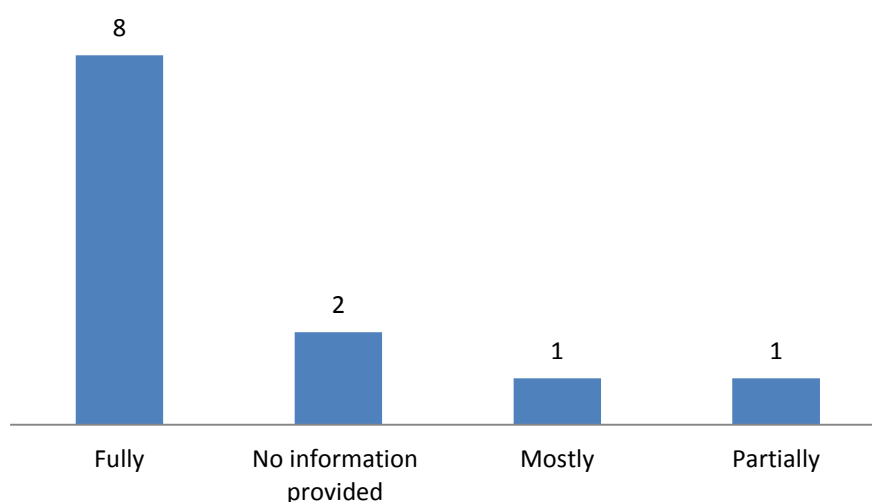


*Source: Platform monitoring reports 2014 – Physical activity promotion, N=12*

## 6.2 Implementation and results

Figure 59 below indicates the level of implementation of the actions reported on. Eight of the twelve monitoring reports indicated that the commitments had been fully implemented in relation to their stated objectives. A further two actions had been implemented mostly or partially.

*Figure 59. Level of implementation of the actions*



*Source: Platform monitoring reports 2014: Physical activity promotion, N=12*

Commitments which were rated as 'mostly' or 'partially' implementing the actions did not include all of the information needed in the outputs/outcomes/other comments to consider that all the objectives had been fully achieved or that the action had been implemented.

### **Main inputs reported (human and financial)**

Reporting on main inputs in this area varied widely. In four out of twelve monitoring reports, no financial information was provided; in other monitoring reports the type of costs covered and the currency that they were reported in varied. The costs reported on varied from EUR 8 million a year to EUR 2,000 (not including staff costs) between commitments in this activity area. The total reported sum was under EUR 16 million. Furthermore, in some monitoring reports, the inputs were broken down in relation to the type of activities undertaken, whereas other monitoring reports included a breakdown of costs for the whole action.

The quality of reporting in relation to human resource inputs also varied considerably. Analysis included looking into the number of full time employees and part time employees working on the action, whether volunteer time was used and if there was a monetary value provided for the human resource inputs. Six monitoring reports provided no information or information that was unclear.

The number of hours spent on implementing the commitment was quantified when there was information that enabled to perform calculations (e.g. 7 full time people or 1.2 FTE/year). As previously explained, calculations were made based on the assumption that a full time employee could work 8 hours per day/40 hours per week/48 weeks a year (1,920 hours). There was no information regarding the time spent in the actions in five of the reports. For the remaining ones, the annual number of hours ranged from 41 to 97,920. In total, the number of hours spent was around 144,900.

### **Outputs**

The quality of reporting, and the outputs of the projects varied considerably. In the area of physical activity promotion, the outputs varied on the type of work which the action was focusing on. In many of the actions, partnerships between organisations, or further membership of organisations had increased. Some outputs also included good practice documents such as in action 431 entitled "Promotion of physical activity", submitted by Ferrero Group (FoodDrinkEurope), where a "Brand Book" to support countries to manage strategies, visual codes and guidelines was produced.

Furthermore, two actions had developed social media content with tips and hints to get people engaged in physical activity and numerous monitoring reports cited the setup of events, engagement and participation as activity output.

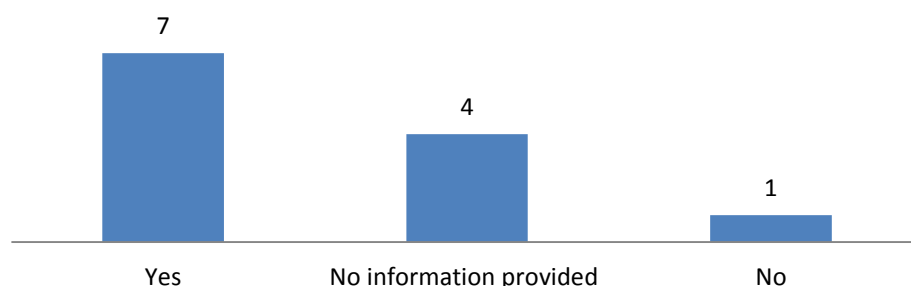
### **Outcomes and dissemination**

The outcomes reported on in the commitments in this area varied greatly for example from partnership creation, to positive changes in dietary habits in young people. For example action 1418 entitled "Danone Sports Schools" submitted by Danone Spain (FoodDrinkEurope) reported increased consumption of fruit and vegetables/dairy products and a reduction in pastry consumption among young people.

The length of time the action has been established was reported on as having an effect on the likely outcomes and impacts of the action, for example, one report stated "This is the first year of the project and no impact is expected apart from dissemination activities" (Action 1615, "DAPHNE - Data-as-a-Service Platform for Healthy Lifestyle support" submitted by WOF). Analysis was also undertaken to see to what extent the results were disseminated and what the main means of dissemination

were as well as wider impacts resulting from the action. Figure 60 below shows that over half of the actions have disseminated the results of their commitments.

Figure 60. Were results disseminated?



Source: Platform monitoring reports 2014: Physical activity promotion, N=12

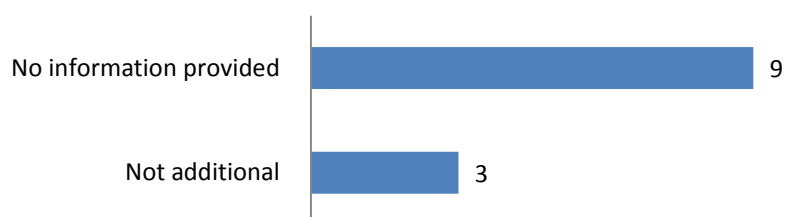
Seven actions have disseminated information regarding the work which has been completed as a result of the action. Dissemination was undertaken through a variety of modes, namely:

- Handbooks and good practice documents produced;
- Continuously updating websites and online presence;
- Presentations at national meetings, meetings of professional groups and European level events;
- Media coverage, including radio pieces; and,
- Internal communication such as notice boards/intranet.

### Additionality

Given the structure of the reports in this area, in most cases, no information on this area was provided and therefore it was difficult to assess whether the actions would had taken place had the commitment not been submitted under the remit of the Platform. Figure 61 indicates in three cases, the action was not deemed to have been additional.

Figure 61. To what extent does the action seem to have been additional?

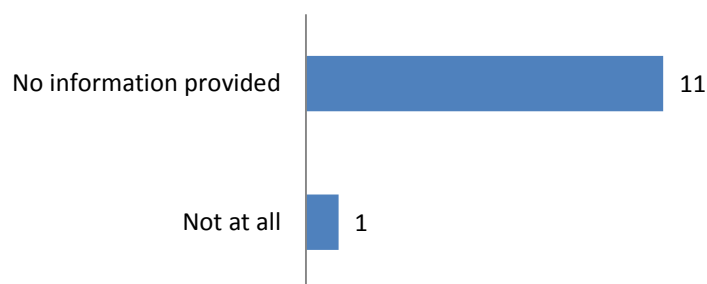


Source: Platform monitoring reports 2014: Physical activity promotion, N=12

### EU-added value

On the basis of information from the monitoring reports submitted in this activity area, it was not possible to extrapolate whether EU added value could be demonstrated in 11 actions because no information was provided in the monitoring reports. One action was found to not demonstrate EU added value.

Figure 62. Extent to which actions demonstrate EU added value



Source: Platform monitoring reports 2014: Physical activity promotion, N=12

### Recommendations for additional actions

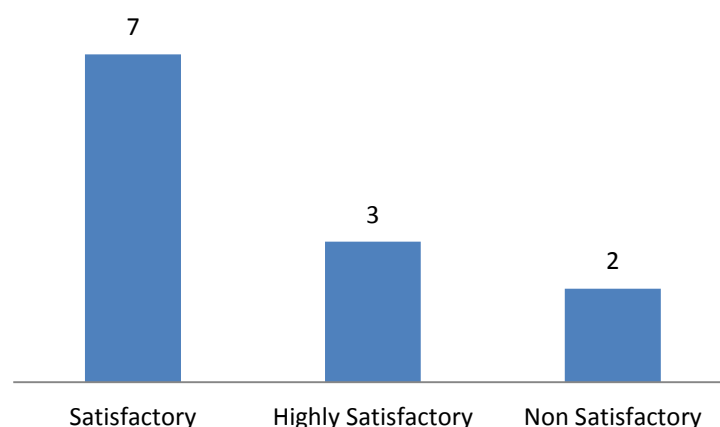
Three of the 12 monitoring reports suggested additional actions. One of the actions (1303) entitled "MOVE - European physical activity promotion Forum" submitted by ISCA referred to the need for the knowledge and experience gained to be transferred into a new follow-up commitment with a focus on socially disadvantaged groups and hard to reach groups.

A further two commitments wanted to extend the coverage of the actions. In the case of Action 431 "Promotion of physical activity", submitted by Ferrero Group (FoodDrinkEurope), the action reported that it will be extended to reach 30 countries with the aim to activate at least one partnership programme in each of those countries. The second commitment, action 638 "Sport Pro Gesundheit, a quality seal for programs which promote health enhancing physical activity", submitted by ENGSO, reported on the wish to incorporate medical staff to provide direct access to specific target groups as a follow up.

### 6.3 Overall assessment of the quality of reporting

As a final step, each report was assessed overall observing to what extent the report provided an appropriate account of the action undertaken. Figure 63 below indicates the overall assessment for the commitments within the area of physical activity promotion. Out of the twelve commitments in this area, three were highly satisfactory, whilst seven were satisfactory and two non-satisfactory.

Figure 63. Assessment of the reports in the area of Physical activity promotion



Source: Platform monitoring reports 2014 - Physical activity promotion, N= 12

The vast majority (10) of monitoring reports in 2014 were either highly satisfactory or satisfactory. In these cases the reports provided objectives which were deemed to be SMART, and provided clear information on inputs and outputs. On the other hand, two commitments provided monitoring reports which were deemed to be non-satisfactory. In both cases, the objectives were not fully smart and the implementation and results reporting was not clear.

#### **6.4 Synergies between commitments**

The analysis explored whether synergies existed or could exist between different commitments, based on evidence from previous questions related to the design and implementation of the actions.

Within the area of physical activity promotion there were some synergies with other commitments established in the area. For example, there were synergies between all four of the commitments which were aimed at children and young people through the development of sport programmes and competitions (commitments 1604, 12012, 1418 and 462). Furthermore, in the monitoring report for action 1418 ("Danone Sport Schools") it was found that 72 children had also participated in the action 462 ("Danone Nations World Cup").

#### **Case Study: MOVE - European physical activity promotion Forum – ISCA Commitment 1303**

##### **Overview**

MOVE was a venture by the International Sport and Culture Association (ISCA), eight Associate Partners and more than 15 Collaborating Partners spanning across Europe (except Croatia) and two non-EU countries. The partners were united in MOVE to identify, implement and promote good practices in cross-cutting community initiatives to promote health-enhancing physical activity in socio-economically disadvantaged areas, such as young people, ethnic minorities, immigrants, women/girls and older people in socio-economically disadvantaged areas. Actions of the project included publishing a best practice handbook and guidelines, creating a WeMove web platform, and organising pilot projects as well as congresses. The commitment began in 2011 and was completed in 2014.

##### **Design and intent**

The relevance to the Platform's activities was implicit. By encouraging health-enhancing physical activity, the commitment met the objectives of the Platform.

The action aimed to generate evidence. Indeed, one of the objectives of the programme was to disseminate results and identify, qualify and implement best practices to promote physical activity.

Objectives were SMART. However, the objectives missed some measurable targets. For example, when setting out dissemination goals, the report should state how knowledge and methodologies would be disseminated and how many people they would like to reach (e.g. "disseminate and transfer knowledge by publishing x number of journal articles and distributing x number of final reports to x stakeholders).

##### **Implementation and results**

The action was fully implemented and there is overall good reporting of indicators.

In relation to inputs, there was information given on the financial costs. Nevertheless,

more details on the human resources used (FTE or PTE, paid staff or volunteers) and the number of hours worked would be useful.

As mentioned by ISCA, the annual monitoring report referred only to a two month period where the focus was on concluding the initiatives and transfer the knowledge and experience into a new commitment. The description of outputs explained in a clear way how the annual objectives were attained and how the actions were concluded: it explained the contents of the three main published documents.

The report gave some indication about outcomes, but focused only on cross-cutting partnerships. It would have been useful to include some information about the health outcomes. For instance, observing if disadvantaged groups did more sports as a result of the project.



## 7 Advocacy and information exchange

This activity area is the Platform's primary knowledge management and dissemination tool, aiming to reach stakeholders concerned with healthy diets and regular physical activity.

Out of the 26 commitments in this area, four were completed in 2014. As Table 12 below shows, commitments are being implemented by industry representations (such as COPA-COGECA, FoodDrinkEurope or FoodServiceEurope) and by NGOs (such as WOF or EuroHealthNet).

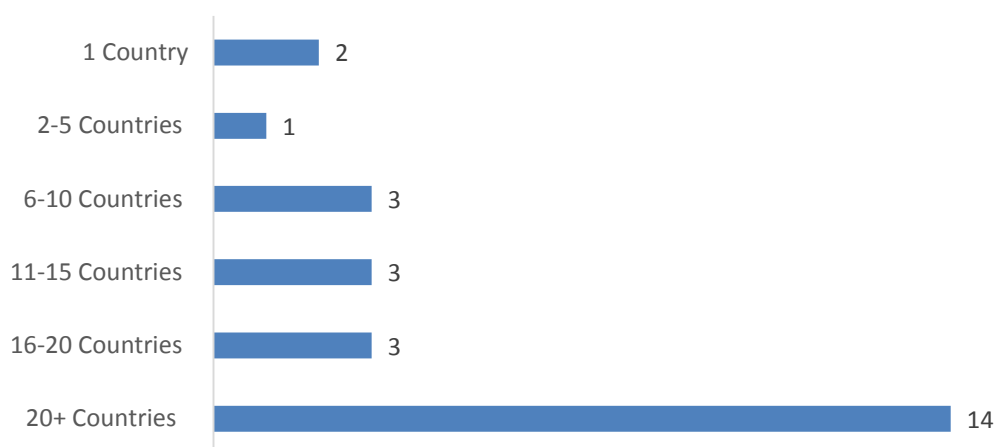
Table 12. Number of commitments per Platform member

Platform member	Number of commitments
European Public Health Alliance (EPHA)	4
Agricultural organizations and cooperatives (COPA-COGECA)	2
European Association for the Study of Obesity (EASO)	2
Freshfel	2
Standing Committee of European Doctors (CPME)	2
A.R.E.F.L.H (Fruit Vegetable and Horticultural European Regions Assembly)	1
Association of Commercial Television (ACT)	1
Association of European Cancer Leagues (ECL)	1
European Consumers' Organisation (BEUC)	1
EuroCoop	1
EuroHealthNet	1
European Association for the Study of Obesity (EASO), European Food Information Council (EUFIC)	1
European Heart Network (EHN)	1
European Public Health Alliance (EPHA), Freshfel	1
FoodDrinkEurope	1
FoodServiceEurope	1
International Baby Food Action Network (IBFAN)	1
International Diabetes Federation European Region (IDF Europe)	1
World Obesity Federation (WOF)	1
<b>Total</b>	<b>26</b>

Source: Platform monitoring reports 2014 - Advocacy and information exchange, N= 26

Figure 64 shows that the majority of commitments (14 out of 26) cover more than 20 European countries; 10 cover between two and 20 countries; the remaining two are nationally based. Eight of the commitments covering more than 20 countries include 27 EU Member States (six of them also include Croatia) and nine of them also cover Switzerland and Norway.

Figure 64. Geographical coverage of Platform commitments in the area of Advocacy and information exchange



Source: Platform monitoring reports 2014 - Advocacy and information exchange, N= 26

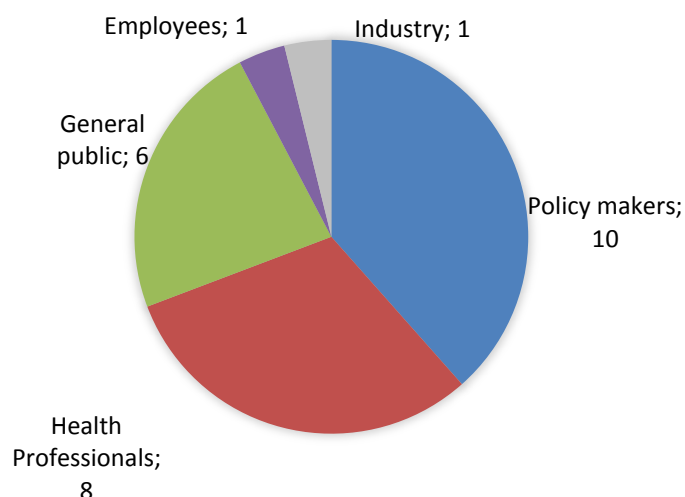
An example of a commitment that covers all the EU-28 Member States, Switzerland and Norway is action 529 "Fresh Fruit and Vegetables Consumption Monitor", undertaken by Freshfel, which aims to publish a report with information on annual fruit and vegetable consumption across Europe, with a dedicated section for each country.

The two nationally based commitments take place in Denmark and are implemented by COPA-COGECA entitled "Forum for health professionals including dietitians" (action 1518) and "Forum on Malnutrition" (action 1616).

Figure 65 below shows the target audience of commitments in this area. It shows that 38% of the commitments in this area target policy makers (10 commitments); followed by health professionals (8 commitments), and the general public (6 commitments).

The remaining two commitments target employees and industries. None of the commitments target children and young people, educators, parents or special groups.

Figure 65. Target audience of Platform commitments in the area of Advocacy and information exchange



Source: Platform monitoring reports 2014 - Advocacy and information exchange, N= 26

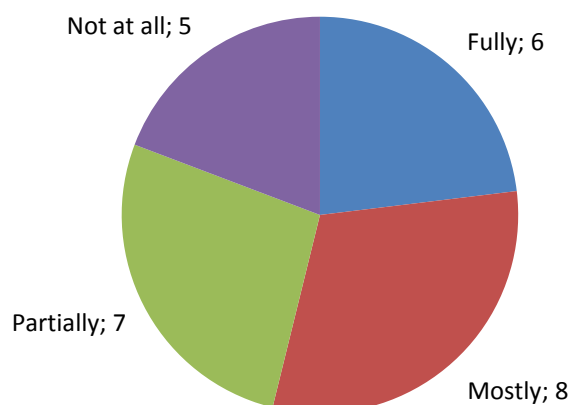
An example of a commitment targeting children is "World Diabetes Day" by IDF Europe (action 1419), which organises a week long campaign of advocacy and awareness-raising entitled "Eat Right, Move More" around World Diabetes Day in the three sites of the European Parliament (Brussels, Luxembourg and Strasbourg).

## 7.1 Design/intent of action

### SMART Objectives

Figure 66 shows that six commitments had set fully SMART objectives, whilst eight included mostly SMART objectives and seven partially SMART objectives. Five commitments were assessed as not having set SMART objectives.

Figure 66. Extent to which objectives are SMART



Source: Platform monitoring reports 2014 - Advocacy and information exchange, N= 26

Analysis of the monitoring reports showed that objectives were in many cases too broad to enable monitoring. At the same time, there was an overall lack of measurable objectives, due to an absence of quantitative targets.

### **Relevance of commitments**

In order to establish whether the design of the action met the main aims of the Platform, the analysis explored if the designed commitments explicitly or implicitly stated in the report the relevance of the action to the priorities of the Platform. In the case of advocacy and information exchange, all the commitments' objectives were deemed as relevant to the stated priorities of the Platform.

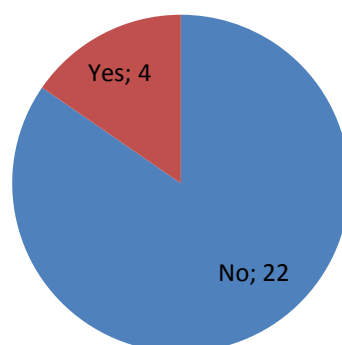
In 14 commitments this link was explicit (mentioning the aims of the Platform). For instance, in the report of action 1068 "Policy and programme coherence in infant and young child feeding in the EU" by IBFAN, it was explicitly stated that "by protecting and supporting optimal nutrition of infants and young children, the IBFAN Commitment is clearly relevant to the general aim of the Platform".

In the remaining 12 commitments the link was implicit, thus focusing on priority areas for the Platform (in this case Advocacy and information exchange), but without explicitly mentioning the Platform itself. For instance, in the report of the commitment "Development of the EASO European Obesity Patient Council" (action 1503) submitted by EASO, it is mentioned that their aim is to develop a European Obesity Patient Council, with representatives from the patient and scientific communities, to facilitate better collaboration and to promote the needs of overweight and obese patients. Although the Platform is not explicitly mentioned, the commitment meets the priorities of the Platform by committing to tackle the obesity issue.

### **Actions to reduce health inequalities**

Figure 67 below shows that 4 out of 26 commitments set out to reduce health inequalities in their objectives.

*Figure 67. Do the commitments set out to reduce health inequalities?*



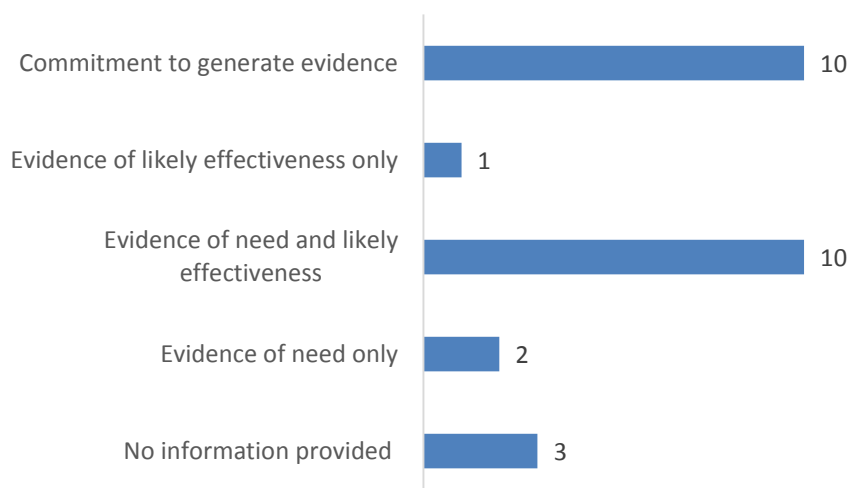
*Source: Platform monitoring reports 2014 - Advocacy and information exchange, N= 26*

The four commitments that focused on health inequalities focused on low-income families and the most deprived groups (actions 630, 1603, 1608), as well as hospitalised patients and elderly people (action 1616, "Forum on Malnutrition", initiated by the Danish Agriculture and Food Council (DAFC), as an effort to fight malnutrition in Denmark amongst hospitalised patients and the elderly).

### Using evidence in the design

Figure 68 below shows that the majority of the commitments showed evidence of need and likely effectiveness (10 actions) or committed to generate evidence (10 actions).

Figure 68. Use of evidence in the design of the commitments



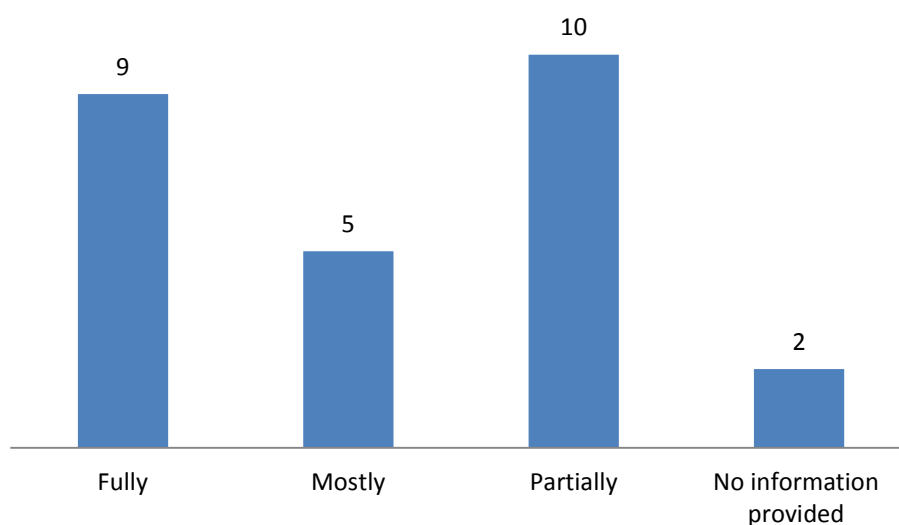
Source: Platform monitoring reports 2014 - Advocacy and information exchange, N= 26

Examples of commitments that aim to generate evidence include action 1312, entitled "Increase outreach of new knowledge in obesity research", and for which EASO and EUFIC agreed to commit jointly to produce multimedia content to increase outreach about new knowledge in obesity research, via their main platforms; and action 1402, "SPOTLIGHT - Sustainable prevention of obesity through integrated strategies", implemented by WOF and which aims to provide an evidence-based model for effective multi-level intervention approaches in health promotion practice applicable across European regions.

## 7.2 Implementation and results

Figure 69 below indicates the level of implementation of the actions. 9 out of 26 actions were fully implemented, whilst 5 were mostly implemented and 10 were partially implemented. Two reports did not give enough information to determine whether the action was fully implemented or not.

Figure 69. Level of implementation of the actions



Source: Platform monitoring reports 2014 - Advocacy and information exchange, N= 26

An example of a commitment that fully implemented actions as stated in the annual objectives is action 1419 "World Diabetes Day" submitted by IDF Europe. All annual objectives were attained and the report describes in detail how.

Those commitments that were rated as 'mostly' or 'partially' implementing the actions did not include all the information need in the outputs/outcomes/other comments to consider that all the objectives had been fully achieved/the action had been implemented.

### **Main inputs reported (human and financial)**

In the area of advocacy and information exchange, there was a wide difference between commitments in relation to the detail and the quality of information provided (including both human and financial resources).

In the majority of the reports (19 out of 26), no financial information was provided. In the remaining seven commitments, financial inputs ranged from EUR 6,066 to EUR 456,000; bringing the total reported sum of around EUR 655,100. However, in some cases it was difficult to understand if all the costs had been included. In some other reports, it was explicitly said that the figures given were approximate. Furthermore, whilst in some cases there was a breakdown of costs per activity implemented, in others an overall budget for the commitment was provided as a whole.

Regarding human resources, the analysis looked into the number of full / part time employees working on the action as well as whether some volunteer time was used. In 17 out of the 26 commitments, no information was provided in relation to the number of employees working on the actions. For the commitments that provided information, the number of full time employees ranged from one to 11. Four out of the 26 reports mentioned that some of the work was carried out by volunteers.

The number of hours spent on implementing the commitment was quantified when there was information that enabled to perform calculations (e.g. seven full time people or 1.2 FTE/year). Calculations were made based on the assumption that a full time employee could work eight hours per day/40 hours per week/48 weeks a year (1,920 hours). There was no information regarding the time spent in the actions in 11 of the reports. For the remaining ones, the annual number of hours ranged from 16 to 9,336.

In total, the approximate number of hours spent was of 10,700. However, some of the reports did not provide the number of hours worked for all of their staff.

Information on the human resources related costs was only provided for one of the commitments, which made a breakdown of costs between personnel and travel, other costs and overheads.

### **Outputs**

In this area a variety of outputs were produced. These included training sessions, reports, press releases, meetings and conferences, websites and newsletters.

The quality of reporting on outputs was good for 16 commitments out of 26. However, two reports did not give any detail on outputs and eight reports had gaps in output information. For example, one of the commitments had objectives for 14 countries, but gave indication on outputs only for one.

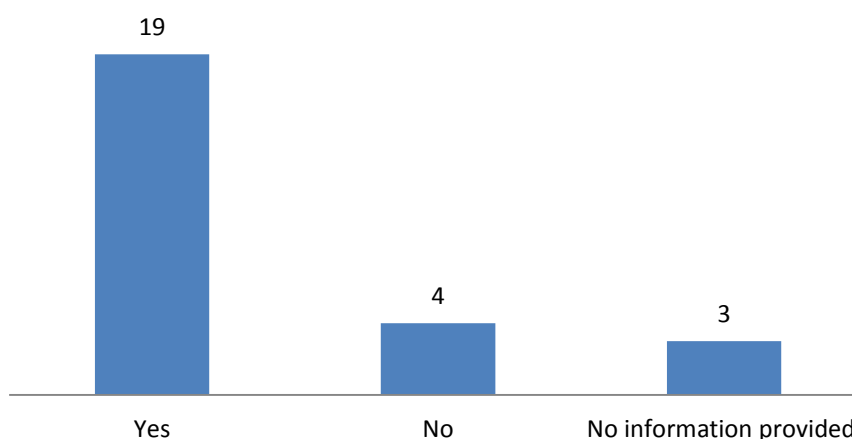
### **Outcomes and dissemination**

Ten of the commitments in the area of advocacy and information exchange reported the outcomes of their actions in a satisfactory manner.

Five reports did not provide information on outcomes (including two because it appeared to be too early to comment on impacts) and 11 should be improved by giving more details on how the actions enabled the exchange of information and how it affected health, physical activity and obesity in the target groups.

A majority of commitments disseminated their results (19 out of 26). This is due to the nature of the actions themselves, advocacy and information exchange as one of the aims of these actions is to disseminate their results. Results were disseminated through meetings, written updates, presentations, website, newsletters, forums etc.

*Figure 70. Extent to which results were disseminated*

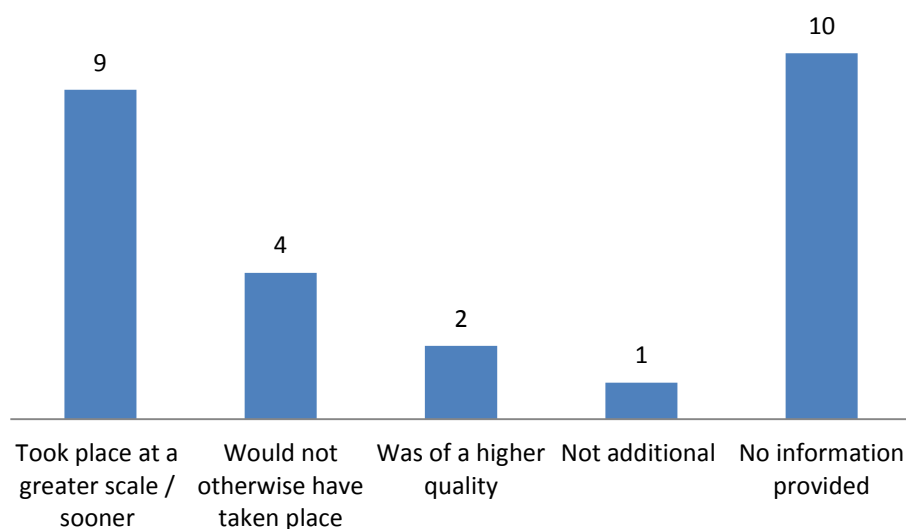


*Source: Platform monitoring reports 2014 - Advocacy and information exchange, N= 26*

### **Additionality**

In 38% of cases (10 out of 26), no information on this area was provided and therefore it was difficult to assess whether the actions would have taken place had the commitment not been submitted under the remit of the Platform. Fifteen commitments seemed additional: nine of them took place at a greater scale, four would not have taken place without the Platform and two were of a higher quality.

Figure 71. Additionality of the activities



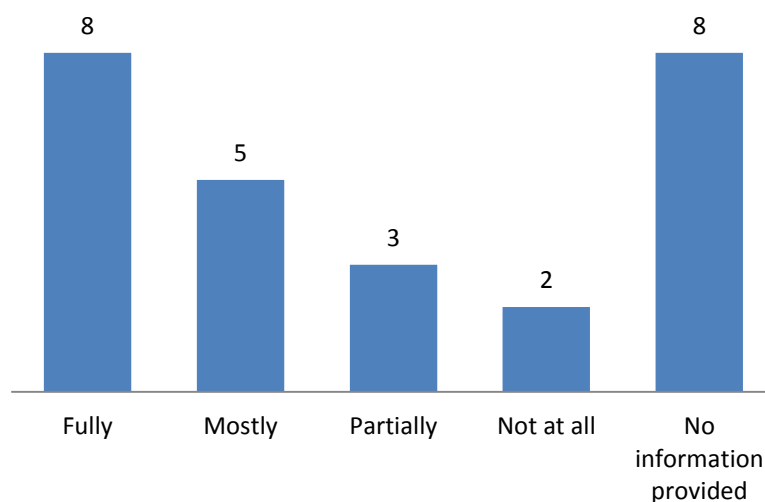
Source: Platform monitoring reports 2014 - Advocacy and information exchange, N= 26

### **EU-added value**

Figure 72 below shows that 16 commitments demonstrated EU added value (eight fully, five mostly and three partially), two did not and eight did not provide sufficient information to enable an assessment.

Those that demonstrated EU added value mentioned the EU Platform as a source of information to the members, which was later disseminated to the members. Some other commitments stated that the Platform helped disseminate good practice. Finally, action 530 "Fresh Times: Newsletter with Information on Fruit & Vegetables Promotion", implemented by Freshfel, made it clear that the Platform was useful in the sense that it made it possible to have a pan-European exchange of information on promotional campaigns among different actors.

Figure 72. Extent to which the commitments demonstrate EU-added value



Source: Platform monitoring reports 2014 - Advocacy and information exchange, N= 26



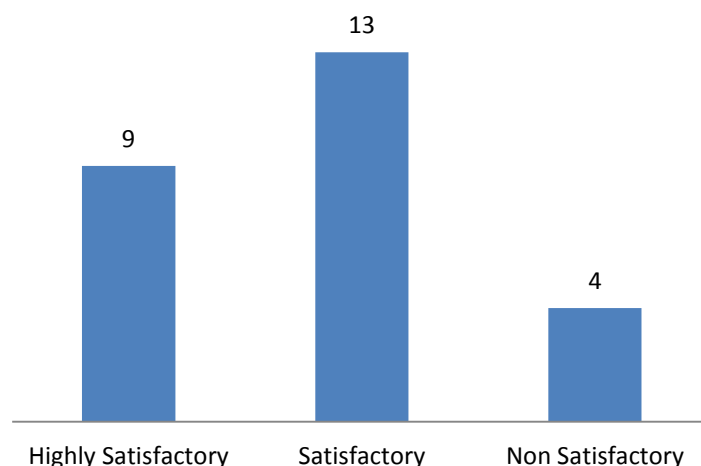
### Recommendations for additional actions

The analysis examined whether the reports suggested follow-up actions. Four out of 26 commitments recommended additional actions in this activity area. Of these four, one stated that an additional commitment followed; another commitment was extended for a further year; and the remaining two suggested that the commitment should be used by public authorities in the near future, or be developed to extend the scope of the commitment.

### 7.3 Overall assessment of the quality of commitments

The analysis assessed how far the reports provided an appropriate account of the action(s) undertaken. Figure 73 below indicates the assessment for the commitments within the area of advocacy and information exchange. Out of the 26 commitments, nine were highly satisfactory, 13 were satisfactory and four non-satisfactory.

Figure 73. Assessment of the reports in the area of Advocacy and Information Exchange



Source: Platform monitoring reports 2014 - Advocacy and information exchange, N= 26

The report rated as highly satisfactory had mostly SMART objectives and the reporting of inputs and outputs was detailed. Those reports that were non-satisfactory did not demonstrate SMART objectives (no or only vague description of goals) and lacked information in relation to all or some of the indicators (inputs, outputs and outcomes).

### 7.4 Synergies and joint commitments

The analysis found synergies between different commitments in the area of advocacy and information exchange. For example, synergies can be found between commitment 1516 "European Snacks Association commitment in the area of advocacy and information exchange" implemented by ESA (FoodDrinkEurope) that commits to enhance the exchange of best practice amongst its membership in savoury snack manufacturing, and other commitments carried out by ESA (combining product development and choice, commercial communication and sharing best practices amongst the members of ESA).

## **Case Study: Increase outreach of new knowledge in obesity research– Joint Commitment (EASO and EUFIC)**

### **Commitment 1312**

#### **Overview**

The commitment undertaken jointly by EASO and EUFIC aims to produce multimedia content of EASO's European Congress on Obesity to increase outreach to health and nutrition professionals about new knowledge in obesity research, via [www.eufic.org](http://www.eufic.org) and [www.easo.org](http://www.easo.org). Working together, EASO and EUFIC contribute concretely to the pursuit of healthy diets, physical activity and the fight against obesity.

The commitment began in 2011 and will be completed in 2015. The commitment is European-wide (covering the EU Member States, Norway and Switzerland) and targets health professionals. The objectives of this commitment for 2014 were to promote and measure take up of multimedia content produced by EUFIC, in the form of podcast interviews with experts on different aspects of obesity, who are speakers at major conferences organised by EASO.

#### **Design and intent**

The relevance to the Platform's activities is explicitly mentioned in the report, by highlighting that the joint collaboration between two Platform members increases impact and contributes to the Platform's goal of tackling the growing problem of overweight and obesity-related health problems in Europe. The action does not specifically seek to address health inequalities.

EUFIC's website attracts an average 600,000 visits per month and 40,000 subscribers, of which over 40% are health and nutrition professionals. Therefore, by sharing research evidence presented at EASO's Congresses with health professionals, the action aims to inform studies that will lead to efforts to help decrease obesity rates in Europe.

Objectives are partially SMART. Although they are attainable and realistic, they would benefit from including specific quantitative targets; for instance, an objective could be formulated as follows: "To produce a podcast of the European Congress on Obesity and obtain at least x number of downloads by the end of 2014".

#### **Implementation and results**

Overall, the implementation and results were well reported on.

Regarding inputs, there is detailed information related to human resources (number of employees and days/hours spent in each action), although it would be helpful to distinguish between full/part time employees. Information regarding the financial costs of the action was also included and broken down per activities.

The reporting of outputs is also accurate. There is data on dissemination of information (to 19,500 recipients) and the number of downloads of the pod cast (840-159 more than in the previous year), showing an increase from previous years. Nevertheless, it would be important to know the profile of those who download the podcasts, in order to see the extent to which the target audience (health professionals) is being reached.

In relation to outcomes, although there is no information on the actual impacts of the action, the commitment holders acknowledge that being small organisations, it is difficult for them to assess impacts in a comprehensive manner.

## Annex 2: Platform commitments 2014 by status

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

Table 13. New commitments

Platform member	Actor name	Action number	Action Title	From / To
EPHA / Freshfel [JOINT ACTION]	European Public Health Alliance / Freshfel	1601	Monitor, encourage and support the implementation of the EU SFS	2014 / 2014
EPHA	European Public Health Alliance	1602	EU Platform for Action on Diet, Physical Activity and Health - analysis of the industry's commitments against public health objectives	2014 / 2015
EPHA	European Public Health Alliance	1603	Monitor, encourage and support the implementation of the new Fund for European Aid to the Most Deprived	2014 / 2014
CESS	Confédération Européenne Sport et Santé	1604	Ready steady Go	2014 / 2018
BEUC	The European Consumer's Organisation	1605	Helping consumers to make healthier and more-informed food choices	2014 / 2016
ISCA / FoodDrinkEurope [JOINT ACTION]	ISCA / Coca-Cola Europe	1606	Now We Move Activation	2014 / 2016

FoodDrinkEurope	Nestlé	1607	Provide nutritionally sound products for all consumers including children	2014 / 2016
EuroHealthNet	EuroHealthNet	1608	Promote information exchange and innovation, including health and social equity	2014 / 2020
ER-WCPT	European Region of the World Confederation for Physical Therapy (ER-WCPT)	1609	Promoting physical activity in children, the role of Physiotherapists	2014 / 2016
EHN	European Heart Network	1610	Empower and inform families on diet and physical activity	2014 / 2016
FoodDrinkEurope	Nestlé	1611	Providing Portion Guidance(TM) on all Nestlé's children's and family products	2014 / 2015
ECF	European Cyclists' Federation	1612	Bike2Work - The smart choice for commuters & employers	2014 / 2017
ACT	Association of Commercial Television	1613	Commercial TV channels best practices in promoting physical activity via programming and beyond	2014 / 2016
COPA-COGECA	Arla Fonden	1614	Arla Fonden Food Camps	2014 / 2020

World Obesity Federation	World Obesity Federation	1615	DAPHNE - Data-as-a-Service platform for Healthy Lifestyle support	2013 / 2016
COPA-COGECA	Danish Agriculture and Food Council (DAFC)	1616	Forum on Malnutrition	2014 / 2018

Table 14. Active commitments

PLATFORM member	Actor	Action number	Action Title	Period covered
ACT	Association of Commercial Television	1613	Commercial TV channels best practices in promoting physical activity via programming and beyond	2014 / 2016
A.R.E.F.L.H.	Assemblée des Régions Européennes Fruitières, Légumières et Horticoles	724	Dissemination of regional education programmes	2007 / 2016
BEUC	European Consumers' Organisation	1605	Helping consumers to make healthier and more-informed food choices	2014 / 2016
CESS	Confédération Européenne Sport Santé (CESS)	1604	Ready steady Go	2014 / 2018
COFACE	Family Associations	1106	Media, advertising and nutrition: media literacy educational package	2009 / 2015
COPA-COGECA	Danish Agricultural & Food Council (DAFC)	1065	Holiday Food and Nutrition Camps (Madskoler)	2004 / 2020
COPA-COGECA	Danish Agricultural & Food Council (DAFC)	1209	6 a day	2008 / 2020
COPA-COGECA	Danish Agricultural & Food Council (DAFC)	1317	Partnership on the reduction of salt content in food	2011 / 2018
COPA-COGECA	Danish Agricultural & Food Council (DAFC)	1517	Forum for home economics teachers in primary and lower secondary schools	2005 / 2016

COPA-COGECA	Danish Agricultural & Food Council (DAFC)	1518	Forum for health professionals including dieticians	2004 / 2016
COPA-COGECA	Arla Fonden	1614	Arla Fonden Food Camps	2014 / 2020
COPA-COGECA	Danish Agriculture & Food Council (DAFC)	1616	Forum on Malnutrition	2014 / 2018
CPME	Standing Committee of European Doctors	1305	Healthy choices at work	2011 / 2015
CPME	Standing Committee of European Doctors	1307	Informing the medical profession	2011 / 2015
CPME	Standing Committee of European Doctors	1509	Mobilising the medical profession: the 'Health Village' Toolbox II	2013 / 2015
EACA	European Association of Communications Agencies	1502	G-REGS: Instant access to international marketing rules	2013 / 2014
EASO	European Association for the Study of Obesity	533	To Promote Obesity as a Health, Research and Societal Priority in Europe	2005 / 2020
EASO	European Association for the Study of Obesity	1310	Develop and maintain a network of 'EASO Collaborating Centres for Obesity Management'	2011 / 2016
EASO	European Association for the Study of Obesity	1503	Development of the EASO European Obesity Patient Council	2013 / 2016
EASO / EUFIC	European Association for the Study of Obesity / European Food Information Council	1312	Increase outreach of new knowledge in obesity research	2011 / 2015
ECF	European Cyclists' Federation	1612	Bike2Work - The smart choice for commuters & employers	2014 / 2017

ECL	Association of European Cancer Leagues	1501	Obesity and Cancer: promoting the evidence and recommendations	2013 / 2015
EFAD / EUFIC	European Federation of the Associations of Dietitians / European Food Information Council	1111	Collaborate to promote increased awareness and use of energy balance	2009 / 2015
EFAD / EUFIC	European Federation of the Associations of Dietitians / European Food Information Council	1504	Integrating behaviour change techniques and digital technology for dietitian support	2013 / 2015
EHN	European Heart Network	1610	Empower and inform families on diet and physical activity	2014 / 2015
EHN	Slovenian Heart Foundation	569	Heart Walks	2006 / 2020
EMRA	European Modern Restaurants Association	535	Product Composition	2006 / 2016
EMRA	European Modern Restaurants Association	536	Consumer Information	2006 / 2016
EMRA	European Modern Restaurants Association	537	Choice	2006 / 2016
ENGSO	ENGSO	638	SPORT PRO GESUNDHEIT, a Quality seal for programs which promote health enhancing physical activity	2004 / 2020
ENGSO	ENGSO	1405	The role of health in grassroots sport (Health4Sport)	2012 / 2015



EPHA	European Public Health Alliance	1043	Dissemination of information on European food, nutrition and physical activity policy developments with EPHA's member organisations	2008 / 2015
EPHA	European Public Health Alliance	630	The link between the Common Agricultural Policy and Diet	2008 / 2014
EPHA	European Public Health Alliance	1602	EU Platform for Action on Diet, Physical Activity and Health - analysis of the industry's commitments against public health objectives	2014 / 2015
EPHA	European Public Health Alliance	1603	Monitor, encourage and support the implementation of the new Fund for European Aid to the Most Deprived	2014 / 2014
EPHA / Freshfel	European Public Health Alliance / Freshfel	1601	Monitor, encourage and support the implementation of the EU SFS	2014 / 2014
ER-WCPT	European Region of the World Confederation for Physical Therapy	1609	Promoting physical activity in children, the role of Physiotherapists	2014 / 2016
ESPGHAN	European Society for Paediatric Gastroenterology Hepatology and Nutrition	1060	ESPGHAN contribution to obesity prevention	2011 / 2016
EUFIC	European Food Information Council	1061	Using EUFIC communication vehicles to promote physical activity	2008 / 2015
EUFIC	European Food Information Council	521	Consumer research on nutrition information and labelling	2006 / 2015
EUFIC	European Food Information Council	524	Increasing the outreach of EUFICs information on healthy lifestyles	2006 / 2015
EUFIC	European Food Information Council	526	Using EUFIC communication vehicles to raise awareness of the EU Platform	2006 / 2015

EuroCommerce	Edenred (ex Accor Services)	1028	Promotion of a balanced nutrition programme on the working place	2006 / 2020
EuroCommerce	HDE	738	German retailers initiatives in the field of nutrition and healthy lifestyles	2004 / 2015
EuroCommerce	Danish Chamber of Commerce	727	Facilitate the promotion of healthy diets and lifestyles in various areas	2005 / 2020
EuroCoop	EuroCoop	1412	Talking obesity: consumer co-operatives leading the way	2011 / 2015
EuroCoop	Coop Italia	1110	Club 4-10	2009 / 2015
EuroHealthNet	EuroHealthNet	1608	Promote information exchange and innovation, including health and social equity	2014 / 2020
EVA	MARS Inc	1036	Smart Choice Programme for Vending in Education	2007 / 2015
EVA	European Vending Association	1314	Increasing vending choice to promote healthy eating habits	2012 / 2015
FoodDrinkEurope	Blédina (Danone)	1417	Malin program, to improve dietary habits of vulnerable infants	2012 / 2018
FoodDrinkEurope	Danone	1114	Ma santé au quotidien	2009 / 2015
FoodDrinkEurope	Danone	1218	Nutritional improvement Programme (NutriProgress)	2010 / 2014
FoodDrinkEurope	Danone (Groupe)	462	DANONE Nations Cup	2004 / 2020
FoodDrinkEurope	Danone Belgium	1207	Bon appétit, Bouge ta santé / Spring in het rond, eet gezond	2010 / 2020

FoodDrinkEurope	Danone	1208	Eat like a Champ	2010 / 2017
FoodDrinkEurope	Nutricia, a.s., Czech Republic & Slovakia	1416	Healthy start	2011 / 2014
FoodDrinkEurope	Danone Spain	1418	Danone Sport Schools	2004 / 2020
FoodDrinkEurope	Danone Research	1420	Dietary habits and nutrient intakes in infants and toddlers	2010 / 2016
FoodDrinkEurope	European Snacks Association (ESA)	1513	European savoury snacks industry commitment in the area of consumer information	2006 / 2016
FoodDrinkEurope	European Snacks Association (ESA)	1514	European savoury snacks industry commitment in the area of product development and choice	2006 / 2016
FoodDrinkEurope	European Snacks Association (ESA)	1515	European savoury snacks industry commitment in the area of marketing and advertising	2010 / 2016
FoodDrinkEurope	European Snacks Association (ESA)	1516	European Snacks Association commitment in the area of advocacy and information exchange	2006 / 2016
FoodDrinkEurope	FERRERO Group	807	Product formulation and portion sizes	2004 / 2020
FoodDrinkEurope	FERRERO Group	1001	EPODE (Ensemble Prévenons l'Obésité des Enfants) / EEN (European Epoque Network))	2006 / 2020
FoodDrinkEurope	FERRERO Group	431	Promotion of physical activity	2004 / 2020
FoodDrinkEurope	FEVIA	263	Nutritional policy Charter	2005 / 2020
FoodDrinkEurope	FEVIA	265	The self-regulatory code for advertising	2005 / 2020

FoodDrinkEurope	FEVIA	266	website "alimentationinfo.org / voedingsinfo.org"	2005 / 2015
FoodDrinkEurope	FEVIA	268	NUBEL	2004 / 2020
FoodDrinkEurope	FEVIA	269	FEVIA Fund (partnership with the King Baudouin Foundation)	2005 / 2016
FoodDrinkEurope	FEVIA	1069	Healthy Lifestyle Campaign 'Happy Body'	2008 / 2015
FoodDrinkEurope	FoodDrinkEurope	1318	Participation in NU-AGE project	2011 / 2016
FoodDrinkEurope	FoodDrinkEurope	1414	FoodDrinkEurope Recommendation for the continued use of Guideline Daily Amounts (GDAs)	2012 / 2016
FoodDrinkEurope	Kellogg Company	1115	Kellogg's Breakfast clubs	2004 / 2014
FoodDrinkEurope	MARS	1004	Product Reformulations & Portion Size Reductions	2007 / 2015
FoodDrinkEurope	MARS	1009	CleverNaschen	2007 / 2015
FoodDrinkEurope	MARS	1012	Bielice Run' - Young Europeans Run	2007 / 2015
FoodDrinkEurope	MARS	1013	Supporting the Epode European Network	2007 / 2015
FoodDrinkEurope	MARS	1015	Nutrition Labelling Initiative: Indication of Guideline Daily Amounts (GDAs)	2007 / 2020
FoodDrinkEurope	MARS	1016	Reduction of salt levels in rice and sauce products	2007 / 2015

FoodDrinkEurope	MARS	1018	Mars Marketing Commitments (MMC)	2008 / 2020
FoodDrinkEurope	Mondelēz International (formerly Kraft Foods)	1211	Mondelēz International - Employee Wellbeing	2010 / 2015
FoodDrinkEurope	Nestlé	1406	Nestlé Healthy Kids Programme	2012 / 2015
FoodDrinkEurope	Nestlé (Spain)	1024	¡A comer bien! (To eat well)	2012 / 2015
FoodDrinkEurope	Nestlé (Suisse)	449	Wellness For Me	2004 / 2015
FoodDrinkEurope	Nestlé	1607	Provide nutritionally sound products for all consumers including children	2014 / 2016
FoodDrinkEurope	Nestlé	1611	Providing Portion Guidance(TM) on all Nestlé's children's and family products	2014 / 2015
FoodDrinkEurope	PepsiCo Europe & UK	619	Product development, consumer information, marketing/advertising and the promotion of healthy lifestyles	2011 / 2015
FoodDrinkEurope	Polish Federation of Food Industry Union of Employers	1113	"Keep fit" educational programme	2006 / 2015
FoodDrinkEurope	UNESDA	1064	No advertising in cinemas during films aimed at children under 12 years	2008 / 2020
FoodDrinkEurope	UNESDA	581	Advertising and Commercial Communications, including school vending	2006 / 2020
FoodDrinkEurope	UNESDA	582	Consumer information	2006 / 2020
FoodDrinkEurope	UNESDA	583	Products, Choice & Portion Size	2006 /

				2020
FoodDrinkEurope	UNESDA	1027	Guideline Daily Amount Labelling	2007 / 2020
FoodDrinkEurope	UNESDA	1203	Not to market to children under 12 years in the Digisphere	2010 / 2020
FoodDrinkEurope	UNILEVER	833	Responsible marketing and advertising	2006 / 2020
FoodDrinkEurope	UNILEVER	834	Product reformulation and innovations	2006 / 2015
FoodDrinkEurope	UNILEVER	837	Healthy Choice the Easy Choice	2006 / 2016
FoodDrinkEurope	UNILEVER	1413	Global Employee Health Programme - Lamplighter	2005 / 2020
FoodDrinkEurope	European Breakfast Cereal Association (CEEREAL)	778	Organisation of a Breakfast Week - European Parliament, Brussels	2005 / 2020
FoodDrinkEurope	Federalimentare	1316	Educazione alimentare / Food education	2011 / 2014
FoodServiceEurope	FoodServiceEurope	504	Provision of nutritional information to the end consumers	2006 / 2014
FoodServiceEurope	FoodServiceEurope	505	FERCO General Nutrition Recommendations	2006 / 2014
FoodServiceEurope	FoodServiceEurope	507	FERCO partnership with its European Social Partner, EFFAT	2006 / 2014
FRESHFEL	Freshfel Europe	529	Freshfel Europe "Fresh Fruit and Vegetables Consumption Monitor"	2006 / 2020

FRESHFEL	Freshfel Europe	530	"Fresh Times" Newsletter with Information on Fruit & Vegetables Promotion	2006 / 2018
FRESHFEL	Freshfel Europe	1409	Kids Enjoy Fresh	2012 / 2016
IBFAN	International Baby Food Action Network	1068	Policy and programme coherence in infant and young child feeding in the EU	2008 / 2016
IDF Europe	International Diabetes Federation European Region	1313	Diabetes Prevention Forum "MANAGE-CARE"	2011 / 2015
IDF Europe	International Diabetes Federation European Region	1419	World Diabetes Day	2012 / 2020
ISCA	International Sport and Culture Association	1303	Move - European Physical Activity Forum	2011 / 2014
ISCA /FoodDrinkEurope	International Sport and Culture Association / Coca-Cola	1606	Now We Move Activation	2014 / 2016
WFA	FERRERO	427	media literacy & responsible advertising to children	2005 / 2020
WFA	World Federation of Advertisers	545	Media Smart media literacy programme for primary school children	2006 / 2020
WFA	World Federation of Advertisers	1075	The EU Pledge - Changing Food Advertising to Children	2008 / 2020
WOF (ex-IOTF)	World Obesity Federation	1118	International standards for marketing food to children	2010 / 2016
WOF (ex-IOTF)	World Obesity Federation	810	Improving medical and health professional skills to counteract obesity	2007 / 2018

WOF (ex-IOTF)	World Obesity Federation	1402	SPOTLIGHT - Sustainable prevention of obesity through integrated strategies	2012 / 2016
WOF (ex-IOTF)	World Obesity Federation	1403	ToyBox	2010 / 2014
WOF (ex-IOTF)	World Obesity Federation	1615	DAPHNE - Data-as-a-Service platform for Healthy Lifestyle support	2013 / 2016



Table 15. Completed commitments

Platform member	Actor Name	Action number	Action Title
EACA	European Association of Communications Agencies	1502	G-REGS: Instant access to international marketing rules
EPHA	European Public Health Alliance	630	The link between the Common Agricultural Policy and Diet
EPHA / Freshfel	European Public Health Alliance /Freshfel	1601	Monitor, encourage and support the implementation of the EU SFS
EPHA	European Public Health Alliance	1603	Monitor, encourage and support the implementation of the new Fund for European Aid to the Most Deprived
FoodDrinkEurope	Danone	1218	Nutritional improvement Programme (NutriProgress)
FoodDrinkEurope	Nutricia, a.s., Czech Republic & Slovakia	1416	Healthy start
FoodServiceEurope	FoodServiceEurope	504	Provision of nutritional information to the end consumers
FoodServiceEurope	FoodServiceEurope	505	FERCO General Nutrition Recommendations
FoodServiceEurope	FoodServiceEurope	507	FERCO partnership with its European Social Partner, EFFAT
ISCA	International Sport and Culture Association	1303	Move - European Physical Activity Forum
WOF (ex- IASO/IOTF)	World Obesity Federation	1403	ToyBox

### Annex 3: Breakdown of commitments 2014 per activity type

The tables in this annex provide a breakdown of commitments per activity type and are in the following order:

- Marketing and advertising;
- Composition of foods (reformulation), availability of healthy food options, portion sizes;
- Consumer information, including labelling;
- Education, including lifestyle modification;
- Physical activity promotion; and
- Advocacy and information exchange.

Table 16. Marketing and advertising

Platform member	Action Number	Title
Confederation of Family Associations (COFACE)	1106	Media, advertising and nutrition: media literacy educational package
FoodDrinkEurope	265	The self-regulatory code for advertising
	581	Advertising and Commercial Communications, including school vending
	619	Product development, consumer information, marketing/advertising and the promotion of healthy lifestyles
	833	Responsible marketing and advertising
	1018	Mars Marketing Commitments (MMC)
	1064	No advertising in cinemas during films aimed at children under 12 years
	1203	Not to market to children under 12 years in the Digisphere
World Federation of Advertisers (WFA)	1515	European savoury snacks industry commitment in the area of marketing and advertising
	427	Media literacy & Responsible Advertising to children
	545	Media Smart – teaching children to be media-literate
	1075	The EU Pledge - Changing Food Advertising to Children
World Obesity Federation (WOF)	1118	International standards for marketing food to children

Table 17. Composition of foods (reformulation), availability of healthy food options, portion sizes

Platform member	Action Number	Title
COPA-COGECA	1317	Partnership on the reduction of salt content in food
EuroCommerce	727	Facilitate the promotion of healthy diets and lifestyles in various areas
European Modern Restaurants Association (EMRA)	535	Product composition
	537	Choice
European Vending Association (EVA)	1314	Increasing Vending choice to promote healthy eating habits
FoodDrinkEurope	263	Nutritional policy Charter
	583	Products, Choice & Portion Size
	807	Product formulation and portion sizes
	834	Product reformulation and innovations
	1004	Product Reformulations & Portion Size Reductions
	1016	Reduction of salt levels in rice and sauce products
	1218 <sup>33</sup>	Nutritional Improvement Programme (NutriProgress)
	1318	Participation in NU-AGE project
	1420	Dietary habits and nutrient intakes in infants and toddlers
	1514	European Snacks Association commitment in the area of product development and choice
	1607	Provide nutritionally sound products for all consumers including children
FoodServiceEurope	505 <sup>34</sup>	FERCO General Nutrition Recommendations
Standing Committee of European Doctors (CPME)	1305	Healthy Choices at Work

Table 18. Consumer information, including labelling

Platform member	Action Number	Title
EuroCommerce	738	German retailers' - initiatives in the field of nutrition and healthy lifestyles

<sup>33</sup> Completed<sup>34</sup> Completed

	1028	Promotion of a balanced nutrition programme on the working place
European Food Information Council (EUFIC)	521	Consumer research on nutrition information and labelling
European Modern Restaurants Association (EMRA)	536	Nutrition Labelling Initiative: Indication of Guideline Daily Amounts (GDAs)
FoodDrinkEurope	266	website "alimentationinfo.org / voedingsinfo.org"
	268	Consumer information
	582	A Comer Bien (To eat well)
	1015	Promotion of a balanced nutrition programme for restaurants and employees
	1024	FoodDrinkEurope Recommendation for the continued use of Guideline Daily Amounts (GDAs)
	1513	European Snacks Association commitment in the area of consumer information
	1414	Nutritional Improvement Programme (NutriProgress)
	1513	Participation in NU-AGE project
	1611	Dietary habits and nutrient intakes in infants and toddlers
FoodServiceEurope	504 <sup>35</sup>	Consumer information

Table 19. Education, including lifestyle modification

Platform member	Action Number	Title
COPA-COGECA	1065	Holiday Food and Nutrition Camps (Madskoler)
	1209	6 A Day
	1517	Forum for home economics teachers in primary and lower secondary schools
	1614	Arla Fonden Food Camps
European Association for the Study of Obesity (EASO)	1310	Develop and maintain a network of 'EASO Collaborating Centres for Obesity Management'.
European Cyclists Federation (ECF)	1612	Bike2Work - The smart choice for commuters & employers

<sup>35</sup> Completed

European Federation of the Associations of Dietitians (EFAD)  European Food Information Council (EUFIC)	1504	Integrating behaviour change techniques and digital technology for dietitian support
	1111	Collaborate to promote increased awareness and use of energy balance
European Food Information Council (EUFIC)	524	Increasing outreach of EUFIC's information on diet, physical activity and health
	526	Using EUFIC communication vehicles to raise awareness of the EU Platform
European Society of Paediatric Gastroenterology Hepatology and Nutrition (ESPGHAN)	1060	ESPGHAN contribution to obesity prevention
European Vending Association (EVA)	1036	Smart Choice Programme for Vending in Education
FoodDrinkEurope	269	FEVIA Fund (partnership with the King Baudouin Foundation)
	449	Wellness for Me
	837	Healthy Choice the Easy Choice
	1001	EPODE (Ensemble Prévenons l'Obésité des Enfants) / EEN (European Epode Network))
	1009	CleverNaschen
	1013	Supporting the Epode European Network
	1069	Healthy Lifestyle Campaign 'Happy Body'
	1113	"Keep fit" educational programme
	1114	Ma santé au quotidien / Health @ work
	1115	Kellogg's Breakfast clubs
	1207	Bon appétit, Bouge ta santé / Spring in het rond, eet gezond
	1208	Eat like a Champ
	1211	Mondelēz International - Employee Wellbeing
	1406	Nestlé Healthy Kids Global Programme
	1413	Global Employee Health Programme - Lamplighter
	1416 <sup>36</sup>	Healthy start
	1417	Malin program, to improve dietary habits of vulnerable infants
Freshfel	1409	Kids Enjoy Fresh

<sup>36</sup> Completed

International Diabetes Federation European Region (IDF Europe)	1313	Diabetes Prevention Forum "MANAGE-CARE"
World Obesity Federation (WOF)	810	Improving medical and health professional skills to counteract obesity
	1403 <sup>37</sup>	ToyBox

Table 20. Physical activity promotion

Platform Member	Action Number	Title
Confédération Européenne Sport Santé (CESS)	1604	Ready steady Go
European Food Information Council (EUFIC)	1061	Using EUFIC communication vehicles to promote physical activity
European Non-Governmental Sports Organisation (ENGSO)	638	SPORT PRO GESUNDHEIT, a Quality seal for programs which promote health enhancing physical activity
	1405	THE ROLE OF HEALTH IN GRASSROOTS SPORT (Health4Sport)
European Region of the World Confederation for Physical Therapy (ER-WCPT)	1609	Promoting physical activity in children, the role of Physiotherapists
FoodDrinkEurope	1012	Bielice Run' - Young Europeans Run
	1606	Now We Move Activation
	462	DANONE NATIONS CUP
	431	Promotion of physical activity
	1418	Danone Sports Schools
International Sport and Culture Association (ISCA)	1303 <sup>38</sup>	MOVE - European physical activity promotion Forum
World Obesity Federation (WOF)	1615	DAPHNE - Data-as-a-Service Platform for Healthy Lifestyle support

Table 21. Advocacy and information exchange

Platform member	Action Number	Title
COPA-COGECA	1518	Forum for health professionals including dieticians
	1616	Forum on Malnutrition

<sup>37</sup> Completed<sup>38</sup> Completed

A.R.E.F.L.H (Fruit Vegetable and Horticultural European Regions Assembly)	724	Dissemination of regional education programmes
Association of Commercial Television (ACT)	1613	Commercial TV channels best practices in promoting physical activity via programming and beyond
Association of European Cancer Leagues (ECL)	1501	Obesity and Cancer: promoting the evidence and recommendations
European Consumers' Organisation (BEUC)	1605	Helping consumers to make healthier and more-informed food choices
EuroCoop	1412	Talking obesity: consumer co-operatives leading the way
EuroHealthNet	1608	Promote information exchange and innovation, including health and social equity
European Association for the Study of Obesity (EASO)	533	To Promote Obesity as a Health, Research and Societal Priority in Europe
	1503	Development of the EASO European Obesity Patient Council
European Association for the Study of Obesity (EASO), European Food Information Council (EUFIC)	1312	Increase outreach of new knowledge in obesity research
European Heart Network (EHN)	1610	Empower and inform families on diet and physical activity
European Public Health Alliance (EPHA)	630 <sup>39</sup>	The link between the Common Agricultural Policy and Diet
	1043	Dissemination of information with EPHA's members organisations
	1602	EU Platform for Action on Diet, Physical Activity and Health - analysis of the industry's commitments against public health objectives
	1603 <sup>40</sup>	Monitor, encourage and support the implementation of the new Fund for European Aid to the Most Deprived
European Public Health Alliance (EPHA), Freshfel	1601 <sup>41</sup>	Monitor, encourage and support the implementation of the EU SFS
FoodDrinkEurope	1516	European Snacks Association commitment in the area of advocacy and information exchange

<sup>39</sup> Completed

<sup>40</sup> Completed

<sup>41</sup> Completed

FoodServiceEurope	507 <sup>42</sup>	FERCO partnership with its European Social Partner, EFFAT
Freshfel	529	Freshfel Europe "Fresh Fruit and Vegetables Consumption Monitor"
	530	Fresh Times Newsletter with Information on Fruit & Vegetables Promotion
International Baby Food Action Network (IBFAN)	1068	Policy and programme coherence in infant and young child feeding in the EU
International Diabetes Federation European Region (IDF Europe)	1419	World Diabetes Day
Standing Committee of European Doctors (CPME)	1307	Informing the Medical Profession
	1509	Mobilising the medical profession: the 'Health Village' Toolbox II
World Obesity Federation (WOF)	1402	SPOTLIGHT - Sustainable prevention of obesity through integrated strategies

<sup>42</sup> Completed