



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

Annual Report 2016

Written by ICF Consulting Services Ltd
May 2016



EUROPEAN COMMISSION

Directorate-General for Health and Food Safety

Directorate C — Public Health

Unit C4 — Health Determinants and inequality

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European Commission

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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. It is a forum for the food industry, public health NGOs, consumer organisations and health professionals willing to halt the worrying rise in overweight and obesity in Europe, and supporting the EU Member States in reaching their policy objectives.

Each year a monitoring report is produced describing and assessing the activities undertaken by Platform members - through ongoing commitments and structured meetings - serving as a basis for improving the direction and impact of the Platform. This report summarises the activities of the Platform in 2015, provides an overview and analysis of individual commitment monitoring reports and puts forward conclusions and recommendations.

Out of 116 ongoing commitments, **109 submitted monitoring reports. These reports were analysed** using a qualitative assessment, drawn heavily upon definitions provided in the Platform's Monitoring Framework. Analysis was conducted on:

- The design and intent of the action;
- The implementation and results of the action; and
- An overall assessment of the report and recommendations for improvement next year.

This year analysis also looked at commitments' links with the nine global WHO targets for Non-Communicable Diseases (NCDs)¹ and explored their deeper relevance to Platform objectives, as well as the potential transferability of commitments to other settings.

Analysis found that within the monitoring reports, the degree of detail varied significantly. Variation was found between both different reports and between different sections within individual reports. During the analysis process, a number of commitments were highlighted as good practice examples in monitoring and reporting; a selection of these have been included in this report as case studies (one per activity area). Such examples will be further discussed in 2016 and used as possible guidance for future commitment reporting.

General overview of commitments

The active commitments focus on six activity areas:

- Advocacy and information exchange (21 commitments);
- Composition of foods (reformulation), availability of healthy food options, portion sizes (18 commitments);
- Consumer information, including labelling (12 commitments);
- Education, including lifestyle modification (33 commitments);
- Marketing and advertising (14 commitments); and
- Physical activity promotion (11 commitments).

The priority areas for the Platform are 'Composition of foods (reformulation)', 'Marketing and advertising' and 'Physical activity promotion'. In 2015 there were six new commitments in these three areas (three, one and two in each respectively), out of a total of 43 active commitments in these three areas. This is compared to three new commitments in these areas in 2014 (one, zero and two respectively), out of a total of 42 active commitments, showing a slight increase in new commitments being submitted in these priority areas.

¹ <http://www.who.int/nmh/ncd-tools/definition-targets/en/>

Concerning the geographical coverage, a majority of commitments implemented in 2015 (61 commitments or 56%) covered more than 20 countries; this is a little more than in 2014 (60 commitments or 52%). Only 19 commitments covered all EU-28 countries, although this is an improvement on 2014 (when only 12 did). Most commitments cover Belgium (82)² and the United Kingdom (80); Croatia was the EU-28 country covered by the smallest number of commitments (only 33). As with commitments implemented in 2014, the general public was the most frequently targeted audience, followed by children and adolescents and health professionals. Out of the 109 commitments, 39 commitments (36%) targeted the general public. 29 targeted children and adolescents and 19 targeted health professionals. The remaining 24 covered a mixture of policy makers, employees, industry, educators, parents, and special groups.

Children and young people (as reinforced by the Action Plan on Childhood Obesity) as well as people with a low socioeconomic status are the main priority target groups for the Platform. The number of commitments targeting children and adolescents increased between 2014 and 2015, rising from 16 to 19. The number aiming to reduce health inequalities went down from 14 to 13, although as a proportion of all commitments this remained unchanged (12% in both years).

Design and intent of the actions

Only 13% of commitments had fully S.M.A.R.T.³ objectives (the same percentage as in 2014), and 49% had mostly S.M.A.R.T. objectives (more than in 2014, when 36% did). As with the previous year, in 2015 there were disparities between activity areas; only 5% of commitments in 'Advocacy and information exchange' had fully S.M.A.R.T. objectives, compared to 33% in 'Consumer information, including labelling'.

36% of commitment reports from 2015 made an explicit link to the Platform's aims, and 60% made an implicit link. In 2014, the clarity of links made between commitments and the Platform was better: then, 43% of reports made an explicit link. Six commitments did not have an apparent link to Platform activities (as opposed to zero in 2014). These were, for instance, commitments by multinational companies that perhaps reflected more corporate social responsibility (CSR) actions than specifically Platform-related commitments.

11% of commitments implemented in 2015 made an explicit link to wider EU policy priorities, and 81% made an implicit link. The remaining 8% had no apparent link to the EU priorities. Relevance of commitments implemented in 2014 to wider EU policy goals was not assessed separately for 2014 reports, so no comparison can be made between the two years.

In general, links between commitments and WHO targets were implicit rather than explicit. The targets which commitments were most commonly linked to were target 3 ('A 10% relative reduction in prevalence of insufficient physical activity') and target 7 ('Halt the rise in diabetes and obesity'). Links with WHO targets were not assessed for commitments implemented in 2014 and so a comparison between the two years is not possible.

There was reference to evidence of need and/or likely effectiveness in 52% of commitment monitoring reports. This is a smaller proportion than in reports submitted in 2014, when 66% of commitments gave this evidence. In 2015, evidence was not used in the same way across different activity areas. 26% of commitments in 'Education, including lifestyle modification' reported on both need and likely effectiveness, compared to none in 'Marketing and advertising' or 'Physical activity promotion'.

² Likely a reflection of the fact that many commitment owners are headquartered in Belgium.

³ Specific, Measurable, Achievable, Realistic, Time-bound.

1.1 Implementation and results

Concerning the level of implementation, a little over half of commitments (51%) fully implemented the actions planned in their annual objectives for 2015. This proportion is similar to that of 2014, when 54% of commitments were fully implemented. A further 34 commitments mostly implemented their actions for 2015. For 13 commitments, the actions were only partially implemented. Only six of the 109 commitments did not provide the necessary information to infer the extent to which planned actions were implemented.

61% of commitments provided information on the costs of the inputs. This is an improvement compared to reporting on 2014, when 51% of commitments provided this information. 58% of commitments provided information on the number of hours worked. This is also an improvement compared to 2014, when 51% did.

31 commitments reported less than EUR 100,000 of expenditure in 2015, 24 commitments provided between 100,000 and EUR 1,000,000, and 11 provided more than EUR 1 million. These 66 commitments together spent a total value of **EUR 98,649,865** (this figure includes both human resources and other related costs).

Across the 63 commitments which provided information on staff input, **627,601 hours (308 FTE)** were spent implementing commitments in 2015. However, these figures are likely to be incomplete, as reports sometimes give information on hours spent for only some of the staff identified.

70% of commitments reported on outputs in clear detail, while 26% provided minimal details. Only four reports did not provide any information on outputs. This is a significant improvement compared reports from 2014, when only 47% of commitments provided clear details. In two activity areas, all commitments provided clear details on outputs. These areas were 'Marketing and advertising' and 'Physical activity promotion'.

26% of commitments reported clearly on outcomes, and 44% provided minimal details on impacts. There was a decrease in the quality of reporting compared to reports from 2014, 36% of which provided clear details and 34% provided minimal details. The rest of the reports did not give information on outcomes. The quality of reporting varied across activity areas. While only five per cent of commitments in 'Advocacy and information exchange' gave clear details on outcomes, 64% in 'Physical activity promotion' did.

Concerning dissemination, almost half of the commitments (48%) disseminated the results of their actions. This is more than in 2014 (41%). As with other aspects of reporting, there were disparities between activity areas in reporting on outcomes. Only 29% of commitments in 'Marketing and advertising' undertook dissemination activities, as opposed to 71% in 'Advocacy and information exchange'.

39% of commitments were assessed as being 'additional' actions, while 55% were not. Only seven commitments did not provide information in relation to additionality. This was a significant improvement in quality of reporting compared to 2014, when the majority (67%) did not provide information at all, and only 16% demonstrated 'additionality'.

60% of reports did not demonstrate the EU-added value of their action, while 34% did. Only six per cent of commitments did not provide sufficient details for an assessment to be made. This is a significant improvement in reporting of information in comparison to 2014, where more than half of the commitments (53%) did not provide sufficient details to inform this assessment.

1.2 Overall assessment of the quality of the reporting

Based upon a full analysis of the information presented in each commitment monitoring report, 24% of reports were assessed to be of 'highly satisfactory' quality.

52% were judged to be of 'satisfactory' quality, and 24% were assessed overall as 'non-satisfactory'. This is an improvement compared to 2014, when only 17% of reports were highly satisfactory, 56% were satisfactory and 27% were non-satisfactory.

Highly satisfactory commitments, with one exception, had mostly or fully S.M.A.R.T. objectives. They 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 commitments assessed as satisfactory, the design and intent of action was clear, with reference to implementation and results; however, possibilities for improvements were identified, in particular clearer reporting on inputs and outputs and greater demonstration of relevance. Reports that ranked as non-satisfactory did not have S.M.A.R.T. objectives (most commonly falling short by being neither specific nor measurable) and did not provide enough details on implementation and results.

Overall, there were significant differences in the quality of reporting among commitments. Some were very comprehensive, and gave clearly structured details on their design and actions undertaken, whilst others included scarce information or information which was not clearly presented. This varied across thematic areas. Half of the commitments in 'Composition of foods (reformulation)' were deemed non-satisfactory, compared to zero in 'Marketing and advertising'. Another striking difference is that only five per cent of commitments in 'Advocacy and information exchange' were judged highly satisfactory, in comparison to 58% of commitments in 'Consumer information, including labelling'.

Synergies, joint commitments and transferability

During the analysis of monitoring reports, initial observations were made of possible synergies between commitments on the basis of the themes and objectives of monitored actions within each activity area. These are discussed in detail in Annex 1, as the recommendations made are specific to each activity area. An important overall recommendation in terms of potential synergies between commitments relates to the potential for facilitation of communication and discussion between various commitments holders. This could be done through break-out sessions during Platform meetings related to the appropriate activity area.

In addition, there are also instances where possible joint commitments could cover two or more individual commitments. This information is also included in Annex 1 as joint commitments can be done within each activity area. An overall recommendation for joint commitments is to dedicate time during Platform meetings for brainstorming exercises between members on topics which could be taken up in future joint commitments.

This year's assessment of commitments explored possible transferability of commitment aims and actions. In this context, transferability means that the design and intent of an action could be replicated in another geographic, thematic and/or organisational setting. 68 commitments were assessed as being potentially transferable, 22 commitments seen as non-transferable, and 19 commitment monitoring reports not providing enough information (either in the design or implementation of the commitments) to make such an assessment. In Annex 1, transferability of actions is explored in more depth for each activity area.

Conclusions and recommendations

On the basis of the findings outlined above, 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. Emphasis during the 2016 monitoring process has been on assessing the relevance of commitments to the Platform through links with EU policy goals, but also through ensuring the EU-added value of the Platform and the additionality of commitments is evident in the reporting of commitment actions.

In comparison with last year's monitoring results, an improvement in the level of detail of reporting can be seen, both by the number of highly satisfactory commitments and also by the reduced number of non-satisfactory ones. Particularly significant improvements were seen in reporting on commitment inputs and outputs, and provision of information which demonstrated additionality and EU-added value.

On the basis of the monitoring reports and analysis provided, the following recommendations are put forward:

- **Defining the target audience at the planning stage** of commitments is crucial, as is ensuring the target audience can be reached through the main objectives of the commitment. The broader the target audience, the harder it is to measure positive outcomes and change, or to maximise the commitment's impact. Focus should be on addressing children and young people, and people with low socioeconomic status; and
- Geographical coverage of commitments continues to be well spread across EU-27 Member States (and beyond). **Commitments addressing all 28 EU Member States are clearly preferred** over actions that address only one or a couple of countries, as this would show ambition, provide full EU coverage and substantially enhance the potential health impact of the Platform. The Platform should discuss barriers and limitations in countries where the number of commitments is lower (in particular Croatia).

In relation to design and intent:

- It is vital that all commitments produce **objectives which are fully S.M.A.R.T.** This facilitates the monitoring and reporting process for the commitment holder, increasing accuracy as well as helping to plan the necessary inputs and outputs required.
- When commitments are formulated, they should make **explicit links to the Platform and EU policy goals.** Furthermore, commitment owners should explore links with the relevant WHO targets. This will ensure relevance and potential impact of actions is clearly evidenced in reports, highlight the added value of the Platform and its outcomes and reinforcing its role in supporting Member States in reaching their policy objectives.
- It is important to develop actions related to tackling **health inequalities** and ensure that actions do not contribute to widening the current health gap between and inside Member States. This is an area of continuing importance and priority for the Platform.
- Commitments would benefit from making **greater use of evidence** in their design and subsequent reporting, in particular in terms of **evidencing the need for action or the likely effectiveness of a commitment.** This will ensure clarity on the usefulness of each commitment. Platform members could explore possibilities of developing commitments aiming to generate information and data.
- As with last year, the **evaluation of the commitments** should continue to be envisaged at the design phase when stating the objectives and indicators. Although internal monitoring and evaluation is already encouraged, external

evaluations (undertaken by independent experts) could be considered as this would increase transparency and the reliability of the actions.

In relation to implementation and results:

- Several reports confused inputs, outputs and outcomes. **Additional guidance for commitment report authors** that would help them distinguish between these three indicators would be beneficial. This should be provided by the European Commission, the JRC and external contractor; and tested at a Working Group meeting. This could then be shared at a Platform meeting, with good practice examples from existing commitments presented;
- The quality of **reporting on indicators**, especially for inputs and outcomes, must also improve. For inputs this would make it possible to better estimate the total amount of resources committed to the Platform's commitments. For outcomes this would ensure that the effects achieved by commitments (e.g. modification of behaviour, change in health level) would be evidenced more clearly;
- Commitments should include evidence that demonstrates how the activities they are undertaking are **additional**. Commitments should also demonstrate the **EU-added value** of their actions. Fulfilment of both these assessment criteria helps commitments to demonstrate the importance of Platform's activities and the contribution it can make to improving public health within the EU;
- The **Monitoring Framework** could be re-visited to ensure it captures all areas of the commitment reporting assessment. Platform members should use this framework and commit to improve standards in their reporting. Furthermore, good practice examples could be discussed during Platform meetings in order to strengthen reporting in the area of implementation and results;
- Commitment owners could strive to evidence how the activities they are implementing can be **transferred and appropriated** by fellow Platform members. This would expand the scope and outreach of Platform actions and allow for enhanced exchanges within the Platform; and
- Those commitment owners with scope to improve the **design** and/or **implementation** aspects of their reporting are called upon to improve their commitments in 2016, if needed, in close cooperation and support with ICF.

Recommendations are also made in relation to activities of the Platform, including its plenary meetings and Working Group on Monitoring and Reporting:

- The format of **plenary meetings should maximise discussions between different stakeholders**. In order to do this, presentations must 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 with previous years, the value of **joint commitments** to increase the impact of the Platform had already been highlighted in the Special Report 2006-2014. A structure of Platform meetings which enables discussion and

⁴ http://ec.europa.eu/health/nutrition_physical_activity/docs/eu_platform_special_report_2006_2012_en.pdf

networking among members may help increase the number of joint commitments;

- Fostering **discussions and collaboration** amongst Platform members **outside of plenary meetings** could be increased, in view of ensuring continuity and increasing impacts. The newly created online Health Policy Forum could act as a tool to foster such actions;
- As demonstrated by the joint work on the EU Framework for National Initiative on Selected Nutrients, **closer collaboration between the High Level Group and the Platform** can produce concrete results. It will be important to use this exercise as a way to highlight Platform added-value and outcomes, as well as fostering synergies between the High Level Group and the Platform;
- The Working Group should **refine the 'EU-added value' criterion** introduced in last year's commitment monitoring exercise and, in collaboration with the European Commission and external contractor, improve the visibility of new evaluation criteria in the commitment monitoring report forms;
- A series of sessions should be organised during the 2016-2017 Platform Plenary meetings on the **newly defined evaluation areas**. These could be animated by the Working Group, the external contractor and commitment owners;
- Given the results of the 2014 and 2015 monitoring exercises and following a discussion by the members of the Working Group, a short session on **developing fully S.M.A.R.T. objectives** should be held in view of improving commitment design and implementation;
- Where possible in the longer term, improve the **design of the monitoring submission forms** in order to allow members to include relevant information for evaluation.

Foreword from the Chair

I am pleased to present you the 2016 Annual Monitoring Report.

It is reassuring that between 2015 and 2016 the number of monitoring reports considered as 'highly satisfactory' by the contractor increased and the number of those assessed as 'non satisfactory' went down.

An important milestone in 2015 was that we have deepened and acted upon the discussion on improving the functioning of the EU Platform. I am particularly happy that there is wide agreement on how to proceed in the near future.

In fact, it is important that the EU Platform reinforces its support to the Member States efforts in reducing the avoidable health and economic burden of unhealthy lifestyle and related chronic diseases. To this end, the High Level Group on Nutrition and Physical Activity will continue providing important political guidance to the EU Platform. Ensuring a clear link between the commitments and the targets agreed to in the WHO context (and contributing to the Action Plan on Childhood Obesity or to the EU Framework for National Initiatives on Selected Nutrients) is equally crucial and this year's Annual Monitoring Report already includes an assessment of how actions link to WHO targets on non-communicable diseases.

I welcome the strong and broad agreement to invite the WHO, the Joint Research Centre and DG SANTE to transparently provide their assessment on whether commitments are sufficiently relevant to the WHO objectives and targets. While keeping true to the voluntary nature of the EU Platform, this clear guidance will decisively contribute to reinforce the usefulness and effectiveness of the EU Platform.

All stakeholders have an important role to play to effectively address the challenges related to unhealthy diets and physical inactivity, and the EU Platform has been demonstrating its capacity to add value to European, national and local action in its field. To ensure that this remains so, we all need to continuously strive and raise the level of ambition.

I look forward to continuing to working together.

John F. Ryan

Director, Public Health Directorate Health and Food Safety

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

Definition of key terms

Key terms	
Commitment	The EU Platform for Action 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	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

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

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
ESPREVMED	European Society for Preventive Medicine
EUFIC	European Food Information Council
EuropeActive	European health and fitness sector
EuroCommerce	Association for retail and wholesale companies
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
EVA	European Vending Association
FoodServiceEurope	European Contract Catering Sector
FoodDrinkEurope	European Food and Drink Industry
Freshfel Europe	Forum for the European fresh fruits and vegetables chain
IBFAN	International Baby Food Action Network
IDF Europe	International Diabetes Federation – European Region
ISCA	International Sport and Culture Association
WFA	World Federation of Advertisers
WOF	World Obesity Federation

2 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 Issues⁵, 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:

- Provide a common forum for exchange among stakeholders;
- Generate specific actions in key areas; and,
- 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 addressing obesity, thereby supporting the 28 EU Member States in the reaching of their policy goals. They also agree to monitor their performance and implementation on the basis of an agreed Monitoring Framework⁶ and a Working Paper⁷ entitled “Monitoring Platform Members’ commitments”. This monitoring is updated annually by the members and is recorded in the Platform database⁸, where all completed and ongoing commitments can be found.

In order to strengthen the commitments, action taken and to foster exchange of good practice, DG Health and Food Safety organised in 2015 four annual plenary meetings of the Platform and ad-hoc Working Group and Advisory Group meetings, on specific issues seen as important. 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 2016 Annual Report, outlining the purpose and structure of this report, as well as providing information on the reporting process and analysis of the commitments.

2.1 Purpose of the report

The purpose of this report is threefold:

- To present and summarise the activities of the Platform in 2015;
- To provide an overview and comparative analysis of individual Platform commitment monitoring reports submitted in 2015; and
- To provide conclusions and recommendations for the next annual reporting year.

⁵ http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/nutrition_wp_en.pdf

⁶ http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/Platform/docs/eu_Platform_mon-framework_en.pdf

⁷ http://ec.europa.eu/health/nutrition_physical_activity/docs/ev20110215_monitoring_commitments.pdf

⁸ 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 and links to EU policy objectives in the area of nutrition and physical activity. The report assesses the quality of reporting for all commitments implemented by Platform members in 2015, however it does not assess the public health impact of such actions.

In this annual report, a comparative element has been included to monitor the progress of commitment actions since the 2014 monitoring cycle. The aim of this element is to explore the extent to which commitment owners have improved on the quality of reporting, and to highlight further areas of improvement. Furthermore, in line with supporting the European Commission's objective of improving the relevance and added-value of commitments submitted under the Platform, this year's monitoring exercise mapped explicit and implicit links to specific policy initiatives:

- The nine targets set in the WHO "Global monitoring framework on Non Communicable Diseases";
- The Action Plan on Childhood Obesity; and
- Other relevant EU policy initiatives in the field of nutrition and physical activity.

Further explanation and definitions of analysis undertaken for this Annual Report are provided in 2.4 below.

2.2 Structure of the report

This Annual Report is divided into four main sections, each addressing a key objective, and providing analysis of the activities in 2015.

Section 2 provides a concise summary of the main activities of the Platform in 2015. It documents the overall policy direction taken over the year, and the main discussions held during the four annual plenary meetings, two working group sessions and two advisory group sessions. Finally, this chapter describes Platform membership and any subsequent changes.

Section 3 provides analysis of all 109 monitored commitments, including a general overview of main activities, target audience and coverage; along with analysis of the design and intent of actions, and insight on their implementation and results. In addition to this, an overall assessment of commitment reporting is provided in the concluding section of this chapter.

Section 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 the assessment of 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 areas of the Platform:

- 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.

This annex also provides conclusions, explores possible synergies, extent of transferability of actions and joint commitments which could be taken by the Platform

members within each activity area. In addition it 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 commitment reporting.

Annex 2 provides a breakdown of commitments per activity status: new, on-going and completed in 2015;

Annex 3 provides a breakdown of commitments per activity area for reference; and

Annex 4 (provided in an additional, separate document) provides summaries of each of the 109 monitored commitments.

2.3 The reporting process

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

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

Table 1. Monitoring reports for commitments

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
Annual objectives	The annual objectives for the year (2015) of the commitment
Relevance	A summary of how the commitment is relevant to <ul style="list-style-type: none"> - the stated objectives of the Platform - to EU objectives in the area of nutrition and physical activity - to WHO targets for NCDs
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
Other comments	Open text for additional information from commitment owner

2.4 Analysis of commitments

At the time of analysis, there were 115 active commitments in the Platform database⁹; however 109 were analysed for purposes of this report.

For the purposes of reporting and providing feedback to Platform members, all 109 monitoring reports were analysed by ICF using a qualitative assessment of the information provided in them. The assessment in all areas drew heavily upon the definitions provided in the Platform's Monitoring Framework¹⁰.

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

- Bike2Work - The smart choice for commuters & employers (action 1612) by the European Cyclist Federation;
- Obesity and Cancer: promoting the evidence and recommendations (action 1501) by Association of European Cancer Leagues;
- SPORT PRO GESUNDHEIT, a Quality seal for programs which promote health enhancing physical activity (action 638) by ENGSO;
- The role of health in grassroots sport - Health4Sport (action 1405) by ENGSO;
- Facilitate the promotion of healthy diets and lifestyles in various areas (action 727) by the Danish Chamber of Commerce (EuroCommerce); and
- Participation in NU-AGE project (action 1318) by FoodDrinkEurope.

The degree of detail within the monitoring reports varied significantly. This variation was both between commitment owners and within the various sections of the monitoring report.

Upon receipt of the monitoring reports, the research team created a template for analysis, described below:

It 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.

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

- The extent to which annual objectives were S.M.A.R.T.:
 - 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; and
 - In order to analyse the objectives from this viewpoint, the commitments were judged as 'fully', 'mostly', 'partially' and 'not at all' S.M.A.R.T.

⁹ Number of active commitments at the end of 2015;

¹⁰ The Monitoring Framework of the Platform is accessible here:

http://ec.europa.eu/health/nutrition_physical_activity/docs/eu_Platform_mon-framework_en.pdf

- 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;
- Whether the objectives are relevant to the EU wider priorities/goals in the area of nutrition and physical activity (this criteria was previously merged with the relevance to the objectives of the Platform; it is evaluated separately this year);
- Whether the objectives are relevant to the *WHO targets for non-communicable diseases for 2025*¹¹; This is a new area of evaluation and will contribute to mapping how individual Platform commitments can support Member States in reaching targets set by the WHO in the field of nutrition and physical activity;
- Whether the commitments explicitly address health inequalities;
- 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 data/information. The sub-definitions of this criterion were modified in 2015 by the Working Group¹² and agreed by the Platform members;

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"¹³. Besides looking at the quality of the reporting, a calculation of the financial and human resources reported per activity type is provided where available;
 - 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.)"¹⁴;
 - Outcomes and impacts, which "measure the quality and the quantity of the results achieved through the actions in the commitment"¹⁵. Reporting on these indicators is not compulsory for Platform members.
- The extent to which results were disseminated and what the main means of dissemination were;

¹¹ http://www.who.int/nmh/global_monitoring_framework/2013-11-06-who-dc-c268-whp-gap-ncds-techdoc-def3.pdf?ua=1

¹² See section 3.3 of this Report.

¹³ 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 (p.6)

¹⁴ 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 (p.6)

¹⁵ 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 (p.7)

- 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 Platform¹⁶;
- 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 2015.

As part of the overall assessment of commitments, analysis was conducted on possible synergies between ongoing commitment actions and the possibility of joint commitments being developed between Platform members on specific topics. For this year's monitoring cycle, the extent to which commitment actions could be transferred to other settings (organisational, geographical) was also explored, in view of increasing the added value and potential impact of the Platform. These elements of the qualitative assessment are based on information in the monitoring reports; the practical feasibility of such transferability has not been analysed.

During the overall analysis process, a number of commitments were highlighted as cases for **good practice in monitoring and reporting**, to be further discussed in 2016, 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).

¹⁶ The sub-categories of this criterion were modified in 2015 by the Working Group, see section 3.3 of this Report.

3 Analysis of the Platform in 2015

This chapter provides an overview of the Platform activities in 2015. It summarises the main policy direction and shows to what extent commitments support the Member States in reaching their policy goals in fighting overweight and obesity.

It highlights discussions and reflections during the four annual Platform plenary meetings (including the Joint Meeting with the High Level Group on Nutrition and Physical Activity¹⁷), two working group meetings on monitoring and reporting and two advisory group meetings on new commitments.

Finally, an update on membership of the Platform is given. Detailed minutes and reports of all meetings can be accessed via the Platform homepage¹⁸; they contain more detailed summaries of all discussions held.

3.1 Policy direction

The overarching policy direction for the Platform activities continues to be set by the 2007 Strategy on Nutrition, Overweight and Obesity-related Health Issues¹⁹.

Following the adoption of the Action Plan on Childhood Obesity by the EU Member States in February 2014, Platform members are encouraged to develop actions that support the Member States in its implementation.

Another main area for Platform activities is in the further reformulation of manufactured products and thereby supporting the implementation of the 2008 EU Framework for National Salt Initiatives²⁰ and the 2011 EU Framework for National Initiatives on Selected Nutrients²¹. The latter has produced annexes on reducing the amount of saturated fat²² and added sugars²³. The Annex on Added Sugars, adopted in December 2015, forms a key policy document that encourages Platform members from 2016 onwards to develop targeted actions that support the Member States in its implementation.

Throughout 2015, the Platform has continued to focus on actions and policy developments related to the six activity areas of the Strategy:

- 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.

Following the external evaluation of the abovementioned Strategy in 2013, the thematic priorities for the Platform relate to marketing and advertising, food reformulation/portion sizes and physical activity; with the key target groups continuing to be children and vulnerable socio-economic groups.

In addition to the four Platform meetings in 2015, the annual Joint Meeting between the Platform and the High Level Group on Nutrition and Physical activity was held on

¹⁷ http://ec.europa.eu/health/nutrition_physical_activity/high_level_group/index_en.htm

¹⁸ http://ec.europa.eu/health/nutrition_physical_activity/events/index_en.htm#anchor1_more

¹⁹ http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/nutrition_wp_en.pdf

²⁰ http://ec.europa.eu/health/nutrition_physical_activity/docs/euframework_national_salt_en.pdf

²¹ http://ec.europa.eu/health/nutrition_physical_activity/docs/euframework_national_nutrients_en.pdf

²² http://ec.europa.eu/health/nutrition_physical_activity/docs/saturated_fat_eufnisen_en.pdf

²³ http://ec.europa.eu/health/nutrition_physical_activity/docs/added_sugars_en.pdf

18 February 2015²⁴. This was dedicated to the monitoring of the Action Plan on Childhood Obesity, health-enhancing physical activity and food reformulation. In a keynote speech Commissioner Vytenis Andriukaitis reaffirmed the importance of both fora. In particular he highlighted three areas in which their future work should focus on:

- Addressing social inequalities to contribute to better inform, empower and protect the most vulnerable members of the society;
- Developing products reformulation to cover all nutrients of the EU Framework for National Initiatives on Selected Nutrients, as agreed in 2011 with common targets and concrete implementation plans; and
- Cooperating to build country-specific and cross-country knowledge to support national policies development on obesity.

²⁴ http://ec.europa.eu/health/nutrition_physical_activity/events/ev_20150218_2_en.htm

3.2 Platform meetings

The table below provides an overview of the Platform plenary meetings and the Joint Meeting with the High Level Group on Nutrition and Physical Activity held in 2015.

Table 2. Table Platform meetings in 2015

Meeting type and Date	Main Theme	Additional presentations	Commitments presented
18 February Joint Meeting of the High Level Group and the Platform	Monitoring of the Action Plan on Childhood Obesity, health-enhancing physical activity, food reformulation	Key address by Commissioner Andriukaitis Action Plan on Childhood Obesity, monitoring Update on EU action on Health-enhancing physical activity Food reformulation Research Priorities for foods and diets	N/A
19 February Plenary Meeting	Consumer information, including labelling	Update on monitoring and reporting from Working Group Information on Commission policy on cancer prevention and European Code against cancer Information on consumer information and labelling, including Informed food choices for healthier consumers (BEUC) Stakeholders' initiatives on all areas Analysis of industry commitments against public health objectives Salux project	Consumer Information (European Modern Restaurant Association) Bike2Work (European Cyclists' Federation)
5 May Plenary Meeting	Education, including lifestyle modification	Annual Monitoring Report 2015- results and conclusions Joint Research Centre research priorities on nutrition and physical activity Other initiatives in the field of Education: Europe Active strategy	Lifestyle interventions in patients with cardiovascular diseases (European Network for Prevention and Health Promotion in Family Medicine) Healthy start (Nutricia)

		Stakeholders' initiatives in all areas: EPHE promoting health and trying to reduce inequities EU Policy coherence- key points by the European Commission	Specialist Certification in Obesity Professional Education (World Obesity Federation)
24 September Plenary Meeting	Composition of foods (reformulation), availability of healthy food options, portion sizes	Outline of Dutch Presidency priorities Update on reformulation and future work FP7 projects on reformulation: TeRiFiq project; SATIN project; Pleasure project European Spas Association – application for membership European Society of Lifestyle Medicine - application for membership	Product formulation and portion sizes (Ferrero) Reduction of salt levels in rice and sauce products (Mars) Products, choice and portion size (UNESDA)
3 December Plenary Meeting	Physical activity promotion	Reformulation updated: added sugars Discussion session on physical activity: Update by DG EAC, by DG MOVE, by DG RTD EUROFIT project European Spas Association - application for membership – follow-up Discussion session on improving the dynamics of the Platform	Now We Move – MOVE Week (International Sport and Culture Association / Coca Cola)

3.2.1 18 February 2015 - Joint Meeting of the High Level Group and the Platform

The main focus of the meeting was on the monitoring of the Action Plan on Childhood Obesity, health enhancing physical activity and food reformulation. The objectives of the Action Plan on Childhood Obesity were recalled, i.e. contribute to halting the rise in overweight and obesity in children and young people by 2020. A monitoring mechanism based on 18 agreed indicators was set up, in order to measure the progress made at Member State level. The necessity of harmonised data was also highlighted. The discussion then focused on EU policy actions on health enhancing physical activity: the EU Work Plan for Sports 2014-2017, the Council Recommendations on Health-Enhancing Physical Activity and related funding opportunities. The priorities of the Netherlands EU Presidency of the EU on food reformulation were presented to both groups at the meeting in order to scope involvement of the High Level Group and the Platform in future work. As a final point the Joint Research Centre's research priorities on foods and diets were presented.

3.2.2 19 February 2015 – plenary meeting

The main focus of the meeting was on commitments and initiatives in the field on consumer information, including labelling. The European Commission's policy actions on cancer prevention were presented, as well as the European Code Against Cancer, with a focus on nutrition and physical activity recommendations. An update was also provided on food labelling regulation and on the consumers' response to labelling. An update on the work of the Platform's working group was also given.

3.2.3 5 May 2015 – plenary meeting

The main focus of the meeting was on commitments in the field of education, including lifestyle modification, as well as the results of the Annual Report 2015. The meeting also explored current Joint Research Centre priorities on nutrition and physical activity; in this regard, recent projects, events, policy developments studies and publications were presented.

3.2.4 24 September 2015 – plenary meeting

This Plenary meeting was dedicated to commitments in the field of food reformulation. A discussion was held on the Netherlands EU Presidency's priorities in food reformulation and a number of FP7 projects on the same topic were presented. The discussion also focused on applications for membership to the Platform by the European Spas Association and by the European Society of Lifestyle Medicine (*now: European Society of Preventive Medicine*). Finally a request to present ideas on how to improve the functioning of the Platform was made by DG Health and Food Safety- in view of working with the members to improve the results and impact of the Platform.

3.2.5 3 December 2015 – plenary meeting

The meeting looked at Platform commitments in the field of physical activity promotion and research projects in the field. An update on the work of the High Level Group activity on added sugars was given, allowing for a discussion with the Platform on concrete actions and operational objectives for the next five years in this area. An update was provided by DG Education and Culture, DG Mobility and Transport and DG Research and Innovation regarding their policies, projects and funding on physical activity. As a final point, a discussion session on how to improve the dynamics of the Platform was held- as a follow up to the previous plenary meeting.

3.3 Working Group meetings

The objective of the Working Group on Monitoring and Reporting is to improve the monitoring, evaluation and reporting of the Platform's commitments. Its current members are: FoodDrinkEurope, EuroHealthNet, European Public Health Alliance and European Region of the World Confederation for Physical Therapy.

In 2015 two Working Group meetings were held: on 23 September and 26 November. The discussions focused on how to improve the monitoring and reporting part of ongoing commitments and the monitoring reports. The three new evaluation criteria for the commitments introduced in the Annual Report 2015, were discussed and an agreement was found on the following definitions:

- **Health inequalities** - The Working Group agreed on the following definition: 'Whether the commitments explicitly address health inequalities and/or target lower socio-economic groups'.
- **Using evidence in design** – The definitions are presented in the table below.

Table 3. Using evidence in design – definitions:

Using evidence in the design of commitments- Three types
Evidence of need: The report refers to facts or studies that outline the need for action.
Evidence of likely effectiveness: The report refers to studies that show that the action is likely to be effective. The report can also refer to past similar actions that were successful and efficient.
Commitment to generate data/information: When the action of a commitment is innovative, the report cannot give evidence of likely effectiveness. However, it can commit to generate data/information for future studies or actions, by producing interesting results or best practices that can be used or reproduced later on; in view of increasing the impact of the commitment on healthy diets and physical activity.
Non-applicable: The commitment does not refer to any reports/studies and does not aim to generate data/information.

- **Additionality of the action** – The Working Group agreed that it is important to include this criterion in the assessment, to indicate the additionality of Platform membership. Five sub-categories were agreed to form the definition:
 - Took place at a greater scale/sooner
 - Was of higher quality
 - Would not have otherwise taken place
 - Not additional;
 - No information.

3.4 Advisory Group meetings

An Advisory Group on the Monitoring and Reporting on New Commitments was established in 2015, with the aim of assessing the monitoring and reporting parts of proposals for new commitments and providing feedback to the commitment holder. It provides guidance on how to improve the design of new commitments; with feedback given to the commitment holder, who can then decide to amend the proposed action before submitting it as a new commitment.

The members of the Advisory Group are: FoodDrinkEurope, EuroHealthNet, the European Public Health Alliance and the European region of the World Confederation for Physical Therapy. The European Heart Network joined for one meeting.

Two meetings of the Advisory Group were held in 2015: 23 September and 26 November. The new commitments presented to the Platform were analysed and feedback was provided to commitment holders. A discussion was held regarding the structure of the monitoring reports for the new commitments; the possibility of including guidance to the definitions contained in the report was considered. It was agreed that this will be taken into account for the 2016 monitoring and evaluation.

3.5 Discussions on improving the dynamics of the Platform

The Platform overall objective is to support the Member States in reducing the avoidable health and economic burden of unhealthy lifestyle and related chronic diseases. Levels in obesity among children and adults in Europe are still increasing leading to personal suffering, burden on the national healthcare systems and adverse consequences for the European economy as a whole.

Encouraging healthy lifestyles cannot rely solely upon public policy and the health sector. All stakeholders have a significant role to play in improving healthy diets and physical activity among European citizens, especially children and vulnerable socioeconomic groups.

Following the 10th anniversary of the Platform, the Commission started in 2015 to discuss with Platform members on how the functioning of the Platform could be further improved and how it can show that Platform can deliver public health impact.

More ambitious commitments of all Platform members are welcomed that strongly reflect the EU policies and Platform priorities. The commitments will be directly related to the members' core missions and aim at being followed by as many stakeholders in as many Member States as possible.

Close links of commitments with WHO targets on chronic diseases was discussed as well as involvement of the WHO and the Joint Research Centre to jointly provide with the DG Health and Food Safety an assessment on whether commitments are sufficiently relevant to the objectives above.

The discussion will continue in 2016.

3.6 Meetings with members

Throughout 2015 DG Health and Food Safety has had meetings with many individual Platform members to discuss possible new and ambitious commitments, to hear their feedback on the Platform and to discuss ongoing and planned activities to promote healthy lifestyles.

This exercise is expected to lead to more ambitious commitments that reflect the core missions of members and their size/resources.

This approach will continue in 2016 in order to continuously reinforce the ambition of actions taking into account the Platform priorities and the policy directions as set by the Member States. The Platform has an important role to play in supporting the Member States in reducing the avoidable health and economic burden of unhealthy lifestyle and related chronic diseases.

Regular meetings with individual meetings also provide an occasion to underline the importance of having a solid monitoring and reporting system in place and to remind of members of the following up on the recommendations given by the Platform contractor ICF in their individual feedback forms to members. This is a good use of limited resources as it prevents that ICF comes to the same conclusions in the next assessment cycle.

Following the Annual Report 2016, ICF will contact all Platform members to discuss the findings of its assessment (individual feedback forms) and will report back to the Commission on each individual discussion.

3.7 Membership update

In 2015, there were 32 active members of the Platform, with the European Association of Communications Agencies having no active commitment throughout 2015. DG Health and Food Safety is in touch with this member to discuss an ambitious new commitment.

Two membership applications were received:

1. The European Spas Association. Following concerns on the possible promotion of sunbeds in medical spas, DG Health and Food Safety suggested to continue this discussion in 2016; and
2. The European Society of Lifestyle Medicine (now: *the European Society of Preventive Medicine*), whose application was approved by the Plenary of 24 September 2015.

At the last Platform meeting in 2015, where the main topic was the promotion of physical activity, there was a call by the Plenary to invite stakeholders in the field of urban design, active mobility and cities' representations to join the Platform to ensure a better coverage.

One Platform member changed its organisation name during 2015: The European Modern Restaurants Association (EMRA) became Serving Europe.

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.

4 Analysis of Platform commitments 2015

This section provides a general overview of the Platform commitment reports submitted in 2015. It begins with a breakdown of commitments by 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 section gives an overall assessment of all 109 monitored commitments and, on the basis of these results, conclusions and recommendations to help guide the Platform and its members in 2016 and onwards are presented. The analysis draws exclusively upon monitoring reports provided by members during the monitoring period.

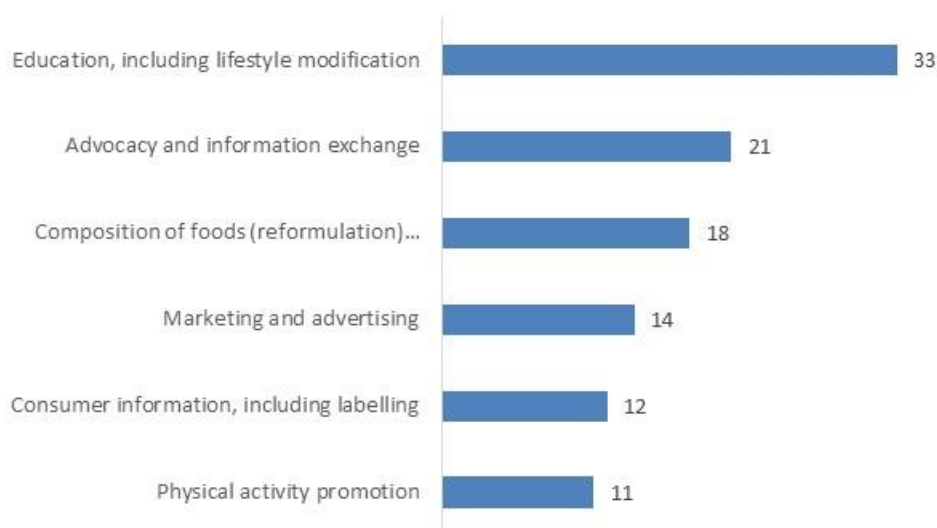
4.1 General overview of commitments

This sub-section gives a general overview of all 109 monitored commitments. The purpose is to show the coverage and breakdown of these commitments, what activities they covered, what target audiences were reached and which countries were involved.

4.1.1 Activities

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

Figure 1. Commitments by activity type (2015)



Source: Platform monitoring reports 2015, N=109

As in 2014, the three most common activity areas were (in order of prevalence) 'Education, including lifestyle modification', 'Advocacy and information exchange' and 'Composition of foods (reformulation)'.

The figure shows that 30% of commitments (33 commitments) were in the field of 'Education, including lifestyle modification'. As an example, commitment n°1704 ('Farming and Countryside Education (FACE)', submitted by the National Farmers' Union of England and Wales (member of COPA-COGECA)) aims to ensure all children understand where their food comes from and how to choose and prepare healthy food as part of a balanced diet. As part of the commitment, FACE: facilitates educational visits to farms; trains teachers to introduce farming and food topics into their

classroom teaching; trains farmers to host school visits; and develops classroom activities.

The second most common activity area was 'Advocacy and information exchange' (21 commitments). An example of a commitment in this area is commitment n°1608 (EuroHealthNet's 'Promote information exchange and innovation, including health and social equity'), which aims to support the exchange of information between EuroHealthnet members by collating and disseminating information on experience and best practice in the area of nutrition and physical activity via various European networks.

Another common activity area was 'Composition of foods (reformulation)' (21 commitments). One example of a commitment submitted in this areas is commitment n°535 ('Product Composition'), introduced by Serving Europe. The goal is for Serving Europe members research how they can reduce salt, fat or sugar levels in their products, in line with recommendations made by various regulatory bodies.

There were only 14 commitments in the field of 'Marketing and advertising', 12 for 'Consumer information, including labelling', and 11 in the activity area 'Physical activity promotion'.

39% of commitments in 2015 cover the Platform's three priority areas - 'Composition of foods (reformulation)', 'Marketing and advertising' and 'Physical activity promotion'. The number of commitments in these areas does not yet reflect their status as priority Platform areas, this is an increase from 2014, when 36% of commitments addressed these areas.

11 new commitments were submitted in 2015. Six of these addressed the three Platform priority areas, a significant rise in the proportion of new commitments addressing these priority areas compared to 2014 (when three out of 13 new commitments did so). The new commitments submitted in 2015 are detailed in the Table below.

Table 4.

Commitment name	Platform member	Thematic area	Platform priority
Breakfast cereal industry commitment in the area of product formulation and innovation	FoodDrinkEurope	Composition of foods (reformulation)...	Yes
FoodDrinkEurope Framework for commitments - product formulation and innovation (including portions)	FoodDrinkEurope	Composition of foods (reformulation)...	Yes
Definition of Model School Food Policy and follow-up national actions	FoodServiceEurope	Composition of foods (reformulation)...	Yes
FoodDrinkEurope Framework for commitments – consumer information	FoodDrinkEurope	Consumer information, including labelling	No
European Guidelines for Management of Obesity in Adults and Children	EASO / EFAD	Education, including lifestyle modification	No
Lifestyle interventions in patients with established	EUROPREV	Education, including lifestyle	No

cardiovascular diseases		modification	
FoodDrinkEurope Framework for commitments – promoting healthy lifestyles	FoodDrinkEurope	Education, including lifestyle modification	No
Diabetes Prevention Forum “Feel 4 Diabetes”	IDF Europe	Education, including lifestyle modification	No
FoodDrinkEurope Framework for commitments – responsible marketing and advertising	FoodDrinkEurope	Marketing and advertising	Yes
Now We Move – MOVE Week	ISCA / Coca Cola	Physical activity promotion	Yes
Promoting Physical Activity and Health in Ageing (PAHA)	EuropeActive (formerly EHFA)	Physical activity promotion	Yes

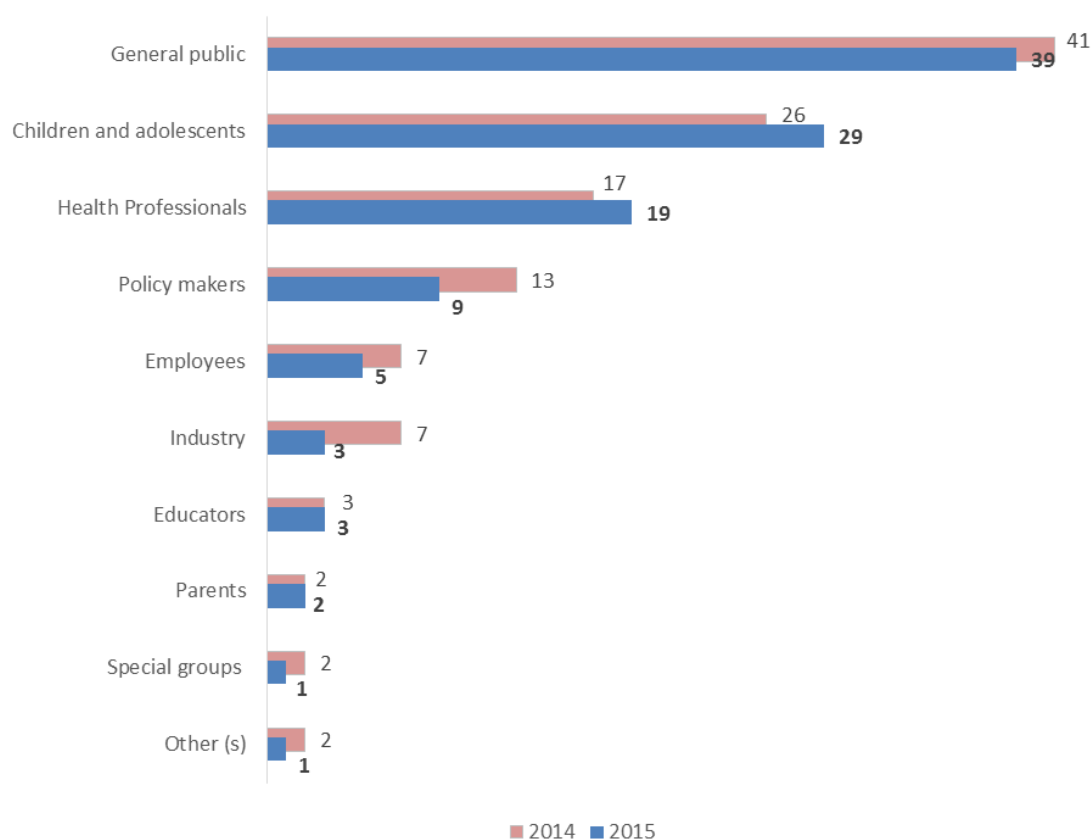
Source: Platform monitoring reports 2015, N=109

Annex 1 provides a detailed overview of commitments per activity type, highlighting the quality of outcomes in each area, and giving conclusions and recommendations.

4.1.2 Target audience

Figure 2 provides a breakdown of the stated target audience of the 2015 commitments.

Figure 2. Target audiences of commitments (2015)



Source: Platform monitoring reports 2014, N=166; 2015, N=109

As in 2014, the general public was the most frequently targeted audience, followed by children and adolescents and health professionals.

Out of the 109 commitments, 39 commitments (36%) targeted the general public. One example is commitment n°1317 ('Partnership on the reduction of salt content in food' implemented by COPA-COGECA), which aims to reduce daily salt consumption among the general public by 3 grams between 2011 and 2018. It does this by producing business guidelines for lower-salt production of food, along with a monitoring programme to track salt content in food and a campaign to raise consumer awareness of salt levels in food.

29 commitments targeted children and young people. This target group is a main priority for the Platform and – following the adoption of the EU Action Plan on Childhood Obesity - members are being asked to develop and submit actions that support the Member States in the implementation of the Action Plan on Childhood Obesity. As an example, commitment n°427 ('Media Literacy & Responsible Advertising to Children', implemented by Ferrero Group) is a media literacy programme for school children aimed at promoting children's understanding of advertising and changing food and beverage advertising on TV, print and internet to children under 12 in the EU.

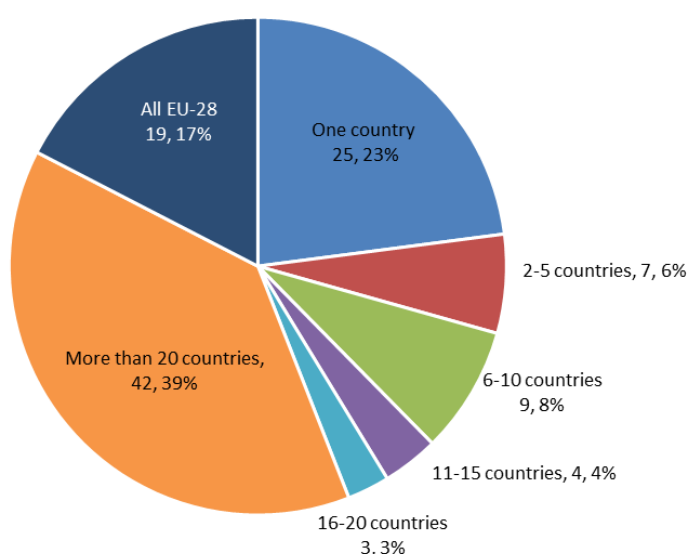
19 commitments targeted health professionals. For example, commitment n°1518 ('Forum for health professionals including dieticians', implemented by the Danish Agriculture & Food Council (member of COPA-COGECA)) is a website to communicate up-to-date knowledge on foodstuffs, diet and nutrition to health professionals and dieticians, both in the private and the public sectors.

Other target audiences included: policy makers (nine commitments), employees (five commitments), industry (three commitments), educators (three commitments), parents (two commitments), and one each covering special groups (hard-to-reach physically inactive populations and senior citizens).

4.1.3 Geographical coverage

Analysis also documented the geographical coverage of all monitored commitments; for the purposes of this annual report, classifications were made in order to illustrate the results. Figure 3 presents the number of countries covered by each commitment.

Figure 3. Geographic coverage of commitments (2015)



Source: Platform monitoring reports 2015, N=109

19 commitments covered all EU-28 countries in 2015, a slight increase on the 15 which did so in 2014. The thematic area most covered by all EU-28 country commitments was 'Composition of food (reformulation)', covered by seven of the 19. Members are expected to increasingly submit actions that cover all 28 Member States, as this would help to both ensure EU-wide coverage of the Platform and reflect a greater level of ambition in commitments.

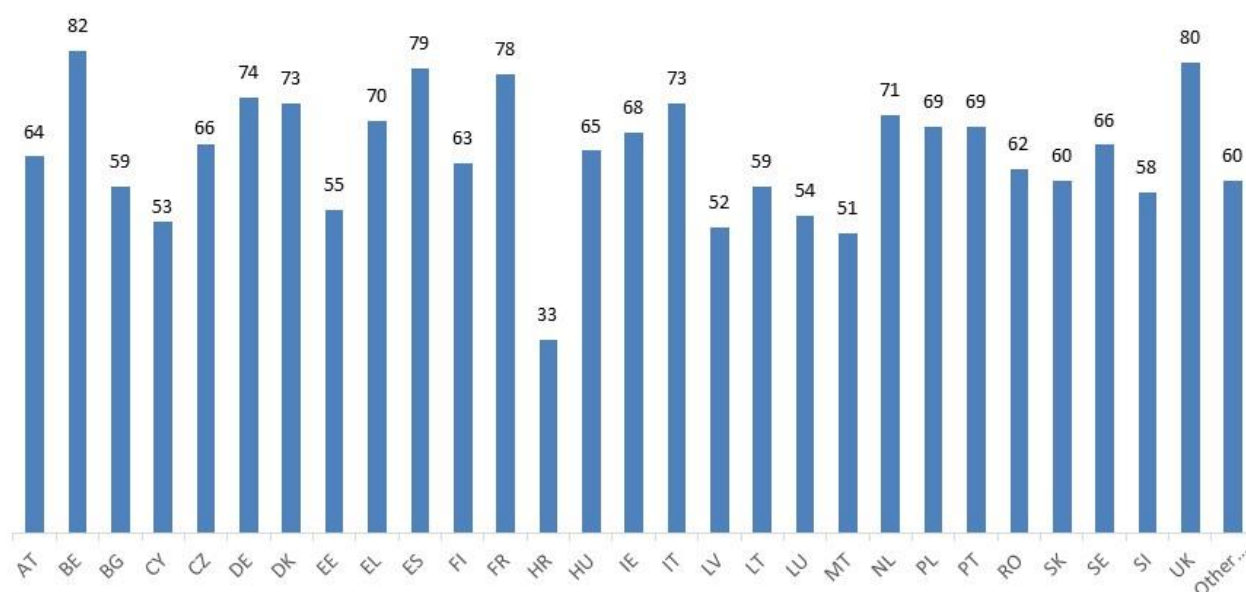
A majority of commitments (61 commitments) covered more than 20 countries. This is a little more than in 2014 (60 out of 116). In 2015, there were disparities between activity areas: in 'Marketing and advertising', 79% of commitments took place in more than 20 countries, compared to only 36% in 'Education, including lifestyle modification'. An example of a commitment covering more than 20 countries is commitment n°1118, 'International standards for marketing food to children' by IASO-World Obesity Federation. The aim of this commitment is to promote deeper understanding and learning amongst policy-makers and researchers concerned with policies to tackle obesity and related ill-health.

25 commitments had one country participating. This proportion is similar to the previous year (28 out of 116). Again, there were disparities between activity areas in 2015: in 'Marketing and advertising', just 7% of commitments took place in only one country, compared to 42% in 'Education, including lifestyle modification'. As commitments covering all EU-28 countries are increasingly desired, this analysis will look at how commitments that only target one country can be transferred to other countries.

Some of these commitments were specific to the country they were organised in. For example, commitment n°1065 ('Holiday Food and Nutrition Camps (Madskoler)', by the Danish Agriculture & Food Council (DAFC)) relates to the organisation and management of Holiday Food and Nutrition Camps in Denmark. Other single-country commitments were not specific to the countries they were developed in. For instance, commitment n°449 ('Wellness for me', implemented in Switzerland by Nestlé (FoodDrinkEurope)), is an in-house workplace wellness programme for employees at Nestlé's Vevey Headquarters that focusses on nutrition, physical activity and healthy lifestyles. While this commitment was only implemented in Switzerland, Nestlé could develop the same program in other countries.

Figure 4 below shows the number of commitments by participating countries. 82 commitments covered Belgium and 80 covered the UK. Croatia was the Member State covered by the smallest number of commitments, with only 33. 60 commitments covered at least one of Switzerland, Norway and Iceland.

Figure 4. Geographic coverage of commitments (2015)



Source: Platform monitoring reports 2015, N=109

4.2 Design and intent of action

This sub-section provides information on the design of the commitments and on the intent of their actions. The analysis looks at commitments on the basis of:

- How S.M.A.R.T. the stated objectives were;
- Their relevance in relation to the aims of the Platform and related EU policy goals as well as to the WHO targets;
- Whether health inequalities were taken into consideration; and
- To what extent (if at all) evidence was used in the design.

4.2.1 S.M.A.R.T. objectives

Having a solid monitoring and reporting system in place is key to report back on the progress made in commitments. From the start of the Platform, guidance has been given to the members in the 2005 Monitoring Framework²⁵ on how to take forward the monitoring of their commitment. One key element is having S.M.A.R.T objectives in place: this not only makes sense, it also facilitates the annual monitoring and reporting exercise

Last year's Annual Report underlined the importance of S.M.A.R.T. objectives and commitments were analysed accordingly. ICF reminded the Plenary of this in its analysis presentations at each Platform meeting. In addition, the individual assessment reports – prepared by ICF for each active commitment – also provided details on the S.M.A.R.T.-ness of objectives and feedback was given to each commitment holder.

Finally, following the discussion at last year's Working Group on Monitoring and Reporting a session on SMART objectives is planned in 2016 under the guidance of ICF.

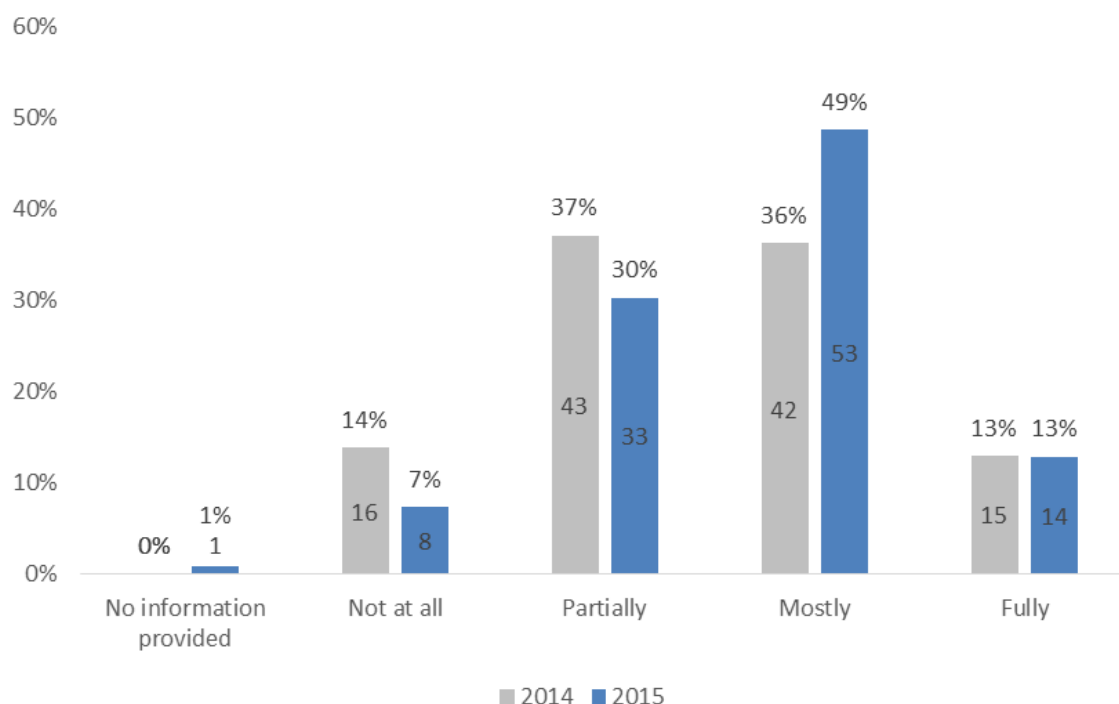
As shown in Figure 5, only 14 commitments (13% of all analysed commitments) had fully S.M.A.R.T. objectives. This is similar to 2014 figures: 15 out of 116 analysed

²⁵ http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/platform/docs/eu_platform_monitoring_framework_en.pdf

commitment. This shows that there has been little progress, despite last year's efforts in this field.

Almost half of the actions (53 commitments or 49%) had mostly S.M.A.R.T. objectives (more than in 2014: 42 out of 116 commitments; 36%). In 2015, there were disparities between activity areas. Only 5% of commitments in 'Advocacy and information exchange' had fully S.M.A.R.T. objectives, compared to 33% in 'Consumer information, including labelling'.

Figure 5. S.M.A.R.T. objectives (2015)



Source: Platform monitoring reports 2014, N=116; 2015, N=109

An example commitment with fully S.M.A.R.T. objectives is commitment n°1028, 'Promotion of a balanced nutrition programme on the working place' by EuroCommerce. This commitment sets out three specific goals, each associated with measurable targets and a deadline. For example, the third objective reads as follows: "Dissemination - promotion of the programme to new partners and new countries via one conference involving 120 participants and one stand at a Congress (maximum 1,800 potential visitors) by 31/12/15".

Eight out of 116 commitments (7%) did not have S.M.A.R.T. objectives and one commitment did not provide any information on annual objectives at all. This is a slight improvement compared to 2014, where 14% of commitments (16 out of 116 commitments) were not S.M.A.R.T. Again, there were disparities between activity areas in 2015. While none of the commitments submitted in the area of 'Marketing and advertising' gave annual objectives that were only partially S.M.A.R.T. or not S.M.A.R.T., 34% of commitments submitted in the area of 'Composition of foods (reformulation)' were either partially or not S.M.A.R.T.

In those cases where commitments were judged as not having S.M.A.R.T. objectives, the stated objectives were described in a way which meant they were neither measurable nor time bound. Many also lacked specificity. Lack of information and lack of identification of a target audience also frequently made it impossible to determine whether the objectives were attainable or realistic.

4.2.2 Relevance of commitments

4.2.2.1 Link to EU Platform and EU policy goals

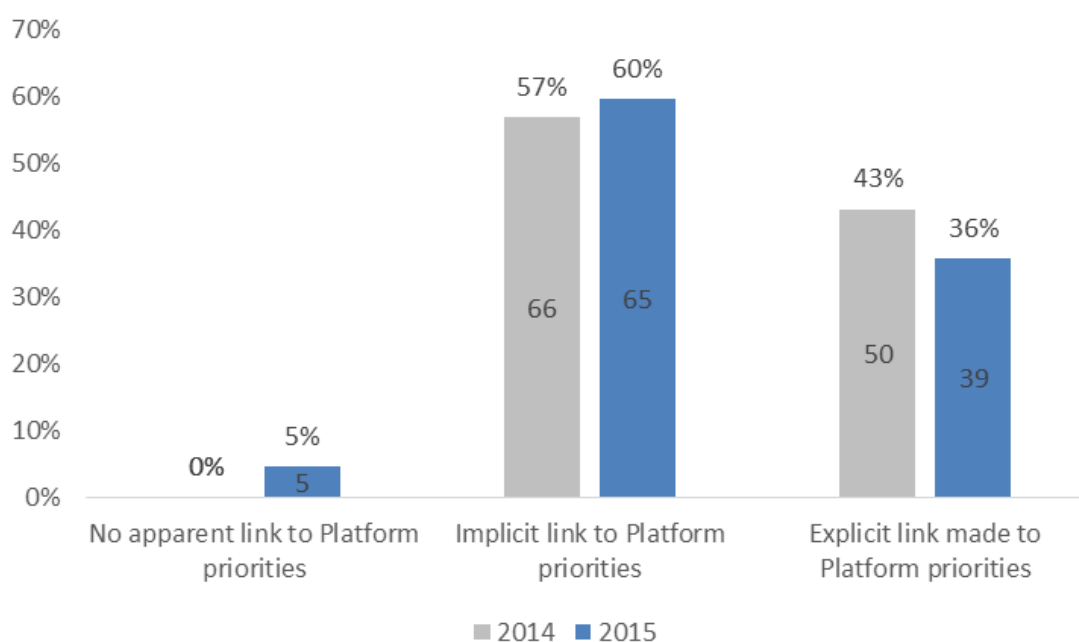
The aim of the Platform is to bring together key stakeholders to take actions to fight obesity through the promotion of healthier diets and physical activity, to pool knowledge on what works – and what doesn't – and to disseminate best practice across the European Union.

In 2015, 39 commitments (36%) made an explicit link to the Platform's aims, and 65 actions (60%) made an implicit link. In 2014, the clarity of links made between commitments and the Platform was a bit better: then, 43% of reports (50 out of 116) made an explicit link.

In 2015, an example of an explicit link can be found in commitment n°1061 ('Using EUFIC communication vehicles to promote physical activity'). The monitoring report stated that one of its objectives is to "contribute to the EU Platform's goal of tackling the growing problem of overweight and obesity-related health problems in Europe".

Six commitments did not have an apparent link to Platform activities (as opposed to zero in 2014). These were, for instance, commitments by multinational companies that perhaps reflected more corporate social responsibility (CSR) actions than specifically Platform-related commitments.

Figure 6. Relevance of commitments to Platform priorities (2015)



Source: Platform monitoring reports 2014, N=116; 2015, N=109

The analysis also looked at whether commitments were relevant to wider EU priority areas, included the 2007 White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues, Childhood Obesity Action Plan, reformulation work, and other EU policy initiatives and Joint Actions aiming to promote healthy diets, reduce obesity and increase physical activity.²⁶

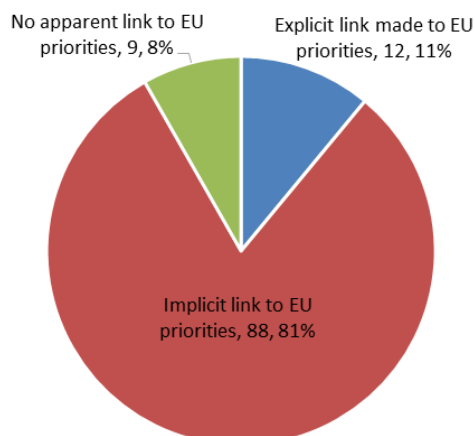
It was found that only 11% of commitments (12 out of 109) made an explicit link, and 81% (88 out of 109) made an implicit link. Nine commitments had no apparent link to

²⁶ List based on relevant EU priorities mentioned during previous Platform meetings.

the EU priorities. Relevance to wider EU policy goals was not assessed separately in 2014, so no comparison can be made between the two years.

An example of a commitment which made explicit reference to wider EU priorities was n°1608 (EuroHealthNet's 'Promote information exchange and innovation, including health and social equity'), which states in its report that actions undertaken for this commitment will be undertaken 'in liaison' with EU Joint Actions such as CHRODIS²⁷ and will utilise the EU Platform for Action on Health and Social Equity.

Figure 7. Relevance of commitments to wider EU priorities (2015)



Source: Platform monitoring reports 2015, N=109

4.2.2.2 Link to WHO targets

In line with the call from the Plenary to further improve the relevance and added-value of its commitments, and in support to the European Commission stepping up the ambition and impact of the Platform, this year's monitoring exercise mapped explicit and implicit links to the nine targets set in the WHO "Global monitoring framework on Non Communicable Diseases for 2025".

This is a new area of evaluation and will contribute to mapping how individual Platform commitments can support Member States in reaching targets set by the WHO in the field of nutrition and physical activity.

In general, links between commitments and WHO targets were implicit rather than explicit. The most frequently mentioned targets were Target 3 ('A 10% relative reduction in prevalence of insufficient physical activity') and 7 ('Halt the rise in diabetes and obesity').

Links with WHO targets were not assessed for 2014 commitments and so a comparison between the two years is not possible.

One commitment, n°1609 ('Promoting physical activity in children, the role of Physiotherapists' by the European Region of the World Confederation for Physical Therapy), made an explicit link to the WHO target on physical activity. The report for commitment n°1609 states that WHO recommends 60 minutes of physical activity per day.

Another commitment, n°1028 ('Promotion of a balanced nutrition programme on the working place', by EuroCommerce), made an explicit link to the WHO target on diabetes and obesity. The report states that obesity was designated by WHO as one of

²⁷ Joint Action on Chronic Diseases.

the greatest public health challenge of our century, hence the need for actions such as those taken as part of commitment n°1028.

One example of a commitment which made an explicit reference to WHO targets on salt reduction is n°1709 ('Breakfast cereal industry commitment in the area of product formulation and innovation'), under which the European Breakfast Cereal Association (CEEREAL) has an objective of encouraging its members to reduce sugar and salt in their products and makes direct reference to the WHO target in relation to this.

Table 5. Links to WHO targets

	Explicit link	Implicit link	No apparent link
Target 1: 5% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	1	15	93
Target 2: At least 10% relative reduction in the harmful use of alcohol	0	0	109
Target 3: 10% relative reduction in prevalence of insufficient physical activity	1	37	71
Target 4: 30% relative reduction in mean population intake of salt/sodium	1	20	88
Target 5: 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years	0	3	106
Target 6: 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure	0	5	104
Target 7: Halt the rise in diabetes and obesity	1	75	33
Target 8: At least 50% of eligible people receive drug therapy and counselling to prevent heart attacks and strokes	0	0	109
Target 9: 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs	0	0	109

Source: Platform monitoring reports 2015, N=109

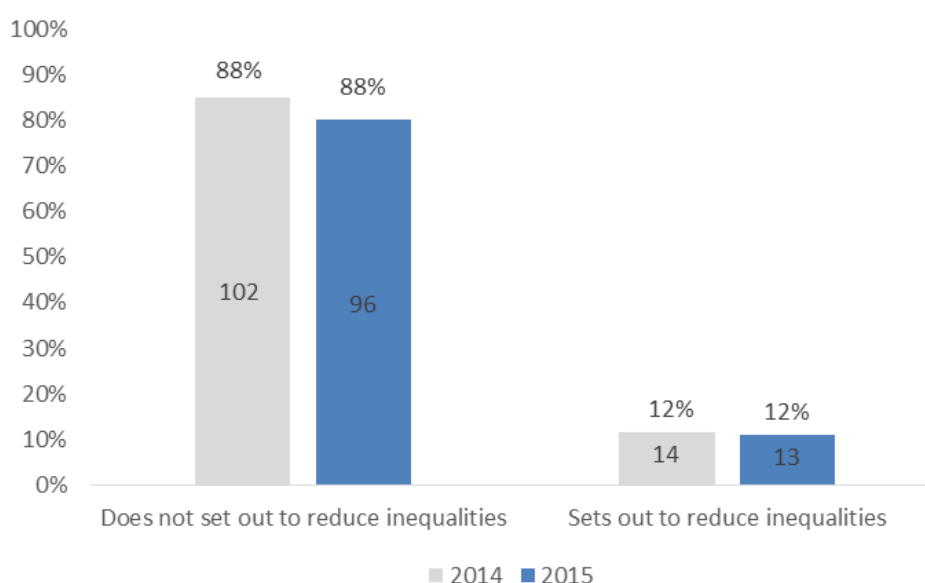
4.2.3 Actions to reduce health inequalities

One of the Platform's priorities is that commitments contribute to health-relevant objectives without increasing/while reducing health inequalities that currently exist between and inside Member States. As shown in Figure 8 below, out of the 109

commitment monitoring reports, 96 did not address this issue in their objectives, whilst 13 commitments set out to tackle health inequalities or focused on lower socioeconomic groups. These proportions are exactly the same as in 2014.

In 2015, there were disparities between activity areas. For instance, none of the commitments in 'Composition of foods (reformulation)' contained actions which set out to reduce health inequalities, while one out of five commitments in 'Education, including lifestyle modification' did. An example of a commitment which contained such actions is commitment n°1009 ('CleverNaschen' by Mars (member of FoodDrinkEurope)), which consists of a platform that provides parents with information provided by independent experts and institutions around three main themes: nutrition, exercise and health. CleverNaschen aims to reduce health inequalities "among the most vulnerable groups of the population through initiatives reducing barriers to healthy diets and physical activity". Under this commitment, the vulnerable population targeted is migrants.

Figure 8. Actions to reduce health inequalities (2015)



Source: Platform monitoring reports 2014, N=116; 2015, N=109

4.2.4 Using evidence in design

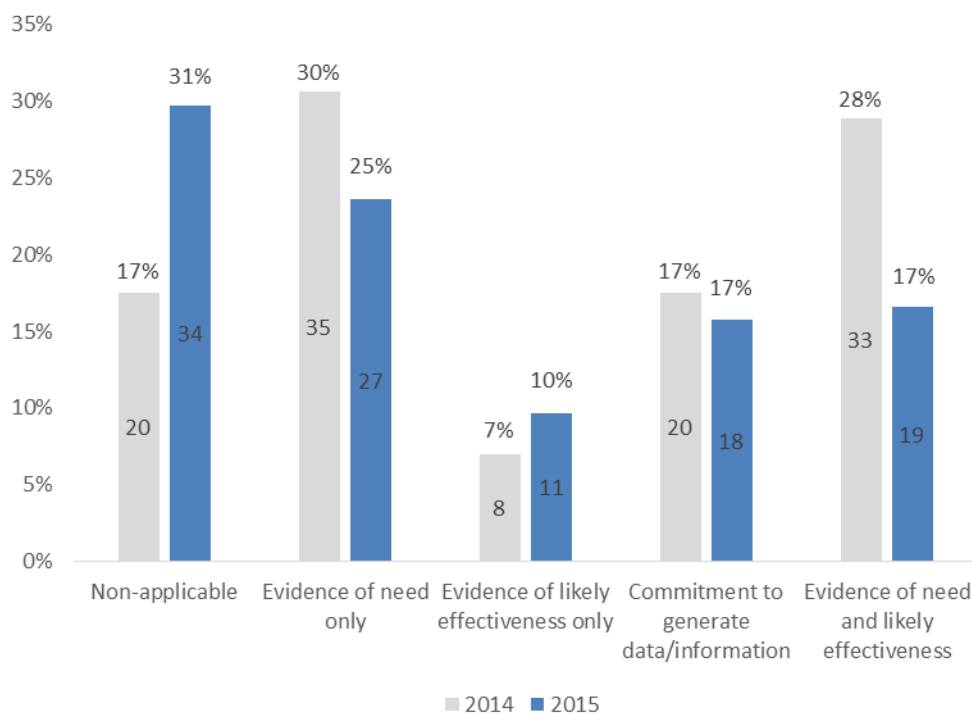
The monitoring reports were analysed to observe the use of evidence in the design of the commitment. Here the test was whether there is reference to evidence of need and/or likely effectiveness or if the commitment aims to generate evidence to fill gaps in knowledge. This is shown in Figure 9 below.

Figure 9 shows that there was reference to evidence of need and/or likely effectiveness in half of the reports (57 commitments). This is a smaller proportion than in the previous year (76 out of 116 reports, or 66%). In 2015, evidence was not used in the same way across different activity areas. 26% of commitments in 'Education, including lifestyle modification' reported on both need and likely effectiveness, compared to none in 'Marketing and advertising' or 'Physical activity promotion'.

An example commitment that evidenced both need and likely effectiveness is n°1413 ('Global Employee Health Programme - Lamplighter' by Unilever (member of FoodDrinkEurope)), which aims to protect Unilever's employees from work-related hazards, as well as promoting their health. The need for action is shown by the following statement: "Improving the health and wellbeing of [Unilever's] employees is essential for continued business success", while likely effectiveness is demonstrated by

Unilever's finding that if employees are kept motivated during the first six months of a programme of change, positive changes are likely to remain.

Figure 9. Share of commitments using evidence in the design (2015)



Source: Platform monitoring reports 2014, N=116; 2015, N=109

18 commitments committed to generating evidence. This is similar to 2014 figures. Again, disparities were visible across activity areas in 2015. None of the commitments in 'Marketing and advertising' committed to generate evidence, as opposed to 38% in 'Advocacy and information exchange'. One commitment which provided a commitment to generate information was n°1043 (EPHA's 'Dissemination of information on European food, nutrition and physical activity policy developments with EPHA's member organisations'), which collated and disseminated examples of best practice to EPHA's members.

Finally, on the basis of monitoring reports received, almost one third of commitments (34 out of 109) did not use evidence in their design. This is a notable decrease in quality of reporting, as only 17% of 2014 reports (20 out of 116) did not use evidence in the design.

4.3 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;
- To what extent the reports highlighted the EU-added value of the actions; and
- Whether there were recommendations for additional actions.

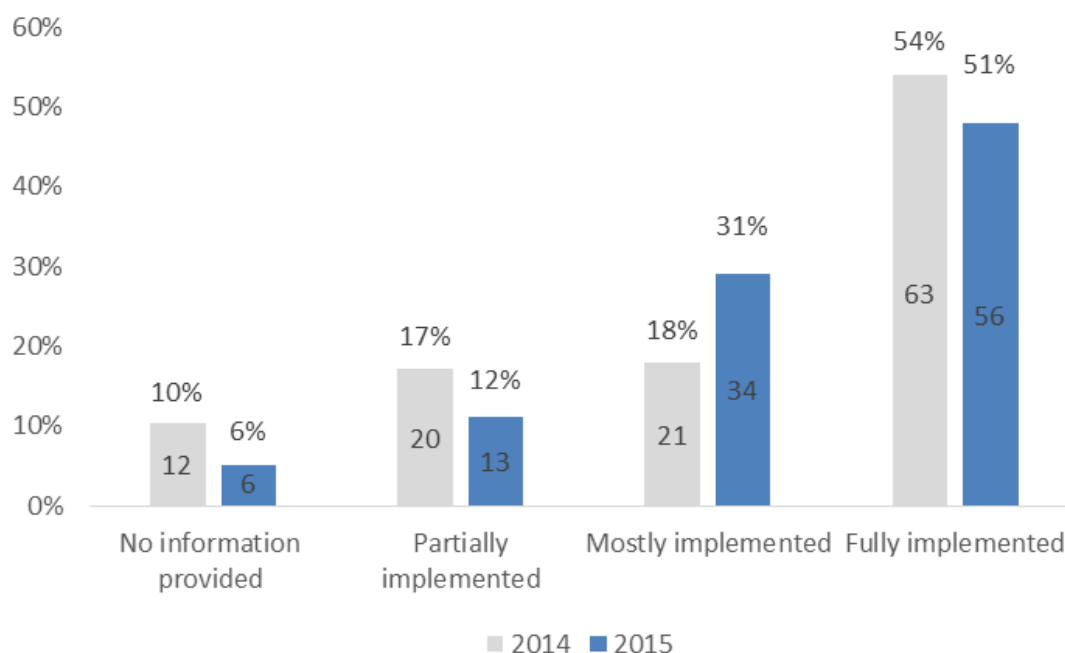
4.3.1 Level of implementation

Figure 10 presents the level of implementation of planned actions for 2015. A little over half of commitments (56 out of 109 commitments) fully implemented the actions

planned in the annual objectives for 2015. This proportion is similar to that of 2014, when 63 out of 116 of commitments did so.

A further 34 commitments mostly implemented their actions for 2015. For 13 commitments, the actions were only partially implemented. Only six of the 109 commitments did not provide the necessary information to infer the extent to which planned actions were implemented (compared to 12 out of 116 in the previous year).

Figure 10. Level of commitment implementation (2015)



Source: Platform monitoring reports 2014, N=116; 2015, N=109

4.3.2 Main inputs reported (human and financial)

Key terms

Input *Input indicators: measure the resources allocated to each action/activity depending of the objective of the commitment (funding, allocated resources, training etc) used for each activity²⁸*

66 out of the 109 commitments (61%) provided information on the costs of the inputs. This is an improvement compared to the previous year, where 51% of commitments (60 out of 116) did. 31 commitments reported less than EUR 100,000 of expenditure in 2014, 24 commitments provided between 100,000 and EUR 1,000,000, and 11 provided more than EUR 1 million. These 66 commitments together spent a total value of **EUR 98,649,865** (this figure includes both human resources and other related costs).

On the basis of this information, and in order to arrive at a figure that could represent the main inputs (human and financial) of all 109 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 whole²⁹. This puts the estimated

²⁸ 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 (p.6)

²⁹ i.e. that the total value of the 61% of commitments which provided financial information equals 61% of the value of all 109 commitments.

total value of all 109 commitments implemented in 2015 at **EUR 161,721,090**. It is important to note the calculation is based on estimates and a considerable amount of incomplete information.

Table 6. Total inputs (estimated)

	2014	2015
Financial input (EUR)	84,847,955	161,721,090
Human input (hours)	755,905	1,085,849

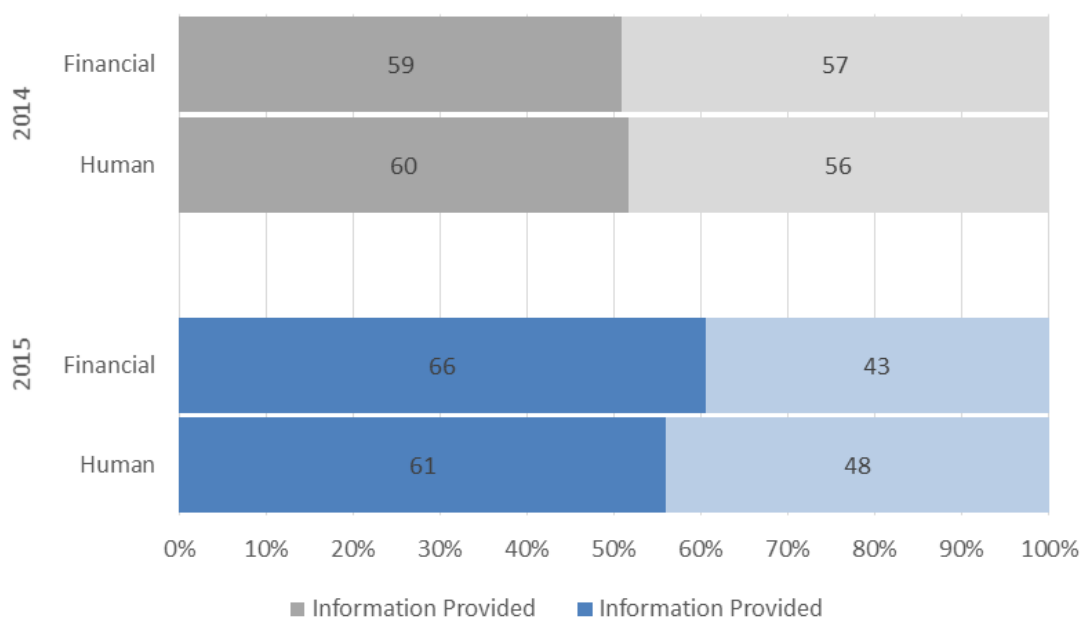
Source: Platform monitoring reports 2014, N=116; 2015, N=109

12 of the 109 (11%) monitoring reports break down the total costs between human resources and other related costs. This is a larger proportion than in 2014 (seven out of 116), although still fairly low.

Almost 60% of commitments (63 out of 109) provided information on the number of hours worked. This is similar to the previous year (59 out of 116). However, these figures are likely to be incomplete, as reports sometimes give information on hours spent for only some of the staff identified. In order to calculate the number of hours spent on each commitment, 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). These calculations determined that across the 63 commitments which provided information on staff input, 627,601 hours (308 FTE) were spent implementing commitments in 2015. Assuming these commitments were representative of all 109 commitments as whole, this gives a total of **1,085,849 hours (567 FTE)** spent implementing commitments in 2015.

The quality of reporting for inputs was very different from one commitment to another, and no clear patterns were observed across different activity areas. An example of a report with good level of information for inputs is commitment n°1028 ('Promotion of a balanced nutrition programme on the working place', implemented by Eurocommerce) which aims to enable citizens to improve their nutrition by acting on supply and demand at the same time. The "inputs" section is clearly presented in two distinct paragraphs: one for human resources (broken down by "EU coordination" and "at national scale") with details on the number of full- and part-time employees, which enabled a computation of the number of hours spent; and the other for budget, broken down by activities.

Figure 11. Main inputs reported (2015)



Source: Platform monitoring reports 2014, N=116; 2015, N=109

4.3.3 Outputs

Key terms

Output *Output indicator: used to measure the outputs or products that comes 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) ³⁰*

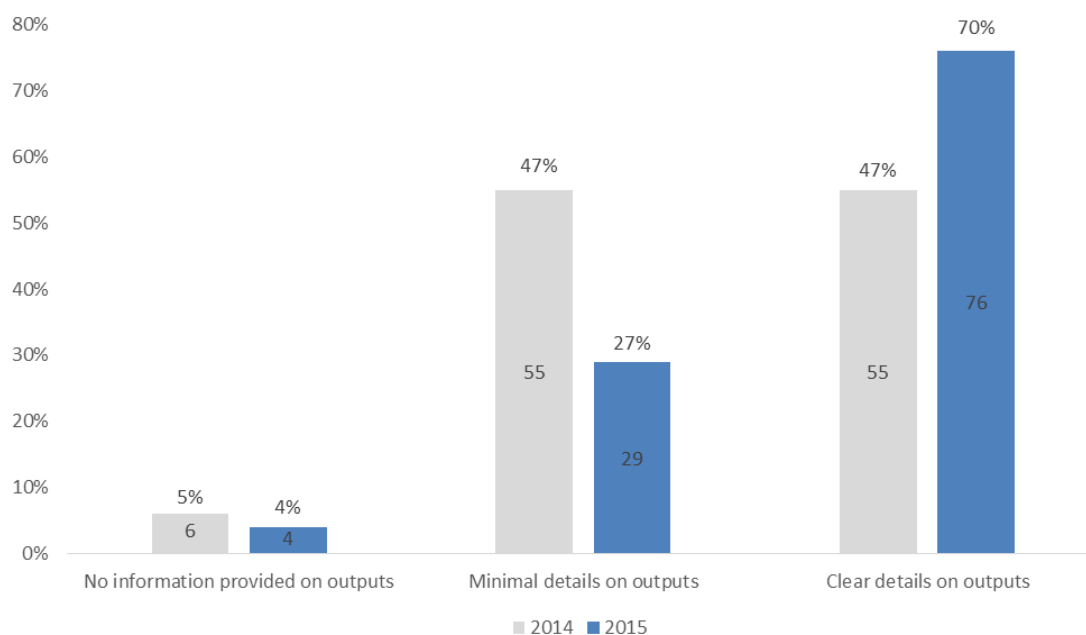
Figure 12 shows the share of reports that provided clear details concerning outputs of the actions. 70% of commitments (76 out of 109) reported on outputs in clear detail, while one out of four (29 commitments) provided minimal details. Only four reports did not provide any information on outputs. This is a significant improvement compared to 2014, where only 47% of commitments (55 out of 116) provided clear details.

In two activity areas, all commitments provided clear details on outputs. These areas were 'Marketing and advertising' and 'Physical activity promotion'.

An example of a commitment with good reporting of outputs is commitment n°1075, 'The EU Pledge - Changing Food Advertising to Children', implemented by the World Federation of Advertisers. The objective of this commitment is to change the balance of food and beverage advertising on TV, print and internet to children under the age of 12 in the European Union, and the commitment report for 2015 gave clear information on trends in product advertising since monitoring began.

³⁰ 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 (p.6)

Figure 12. Commitment outputs (2015)



Source: Platform monitoring reports 2014, N=116; 2015, N=109

4.3.4 Outcomes and dissemination

Key terms

Outcome Outcome and impact indicators go above the minimum agreed requirements to monitor a commitment. They measure the quality and the quantity of the results achieved through the actions in the commitment. In other words, how successful have my commitments been in relation to my original objectives?

Depending on the nature of the commitment some basic evaluations are possible and should be done. The indicators to be used may include:

- Determinants of behaviour
- Attitudinal change
- Changing behaviour itself
- Biological parameters
- Incidence of the diseases.³¹

Out of the 109 commitments, 28 (26%) reported clearly on outcomes and 48 provided minimal details on impacts. The rest of the reports did not give information on the outcomes. There was a slight decrease in the quality of reporting compared to 2014, when 36% of commitments (42 out of 116) had good reporting on outcomes.

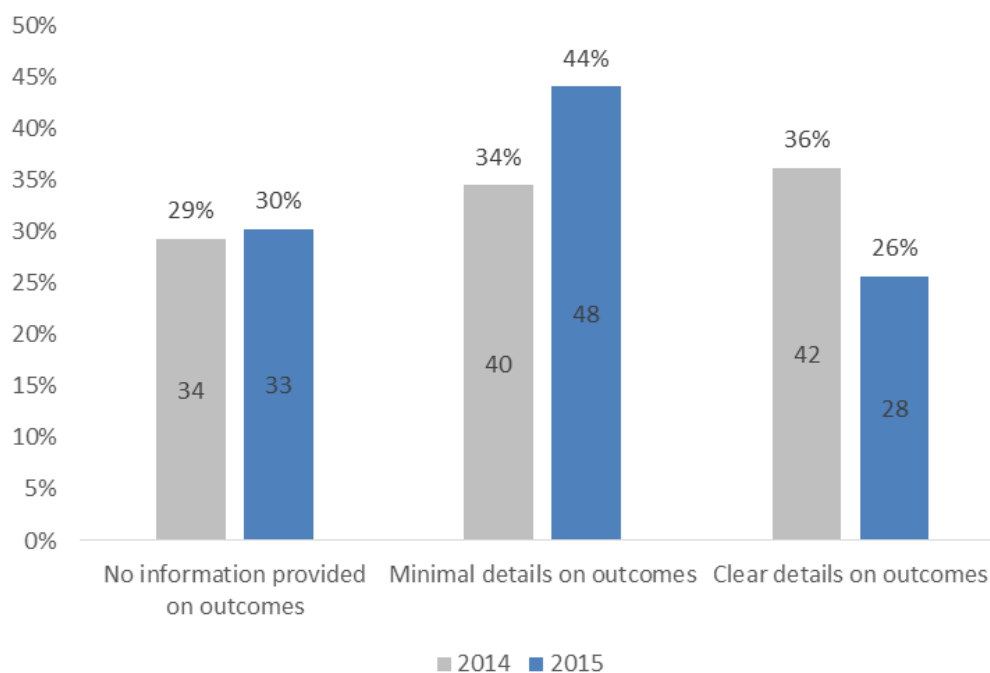
In 2015, the quality of reporting varied across activity areas. While only 5% of commitments in 'Advocacy and information exchange' gave clear details, 55% in 'Physical activity promotion' did.

An example of a commitment with good reporting for outcomes is commitment n°1418, 'Danone Sport Schools'. The action aims at changing behaviours and instilling values in children (6-12 years old), through an educational program that promotes

³¹ 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 (p.7)

healthy habits and social integration among children. The reports examines the behavioural change in the students attending the Sport Schools, giving information on their consumption of fruits and vegetables, physical activity, hygiene habits etc.

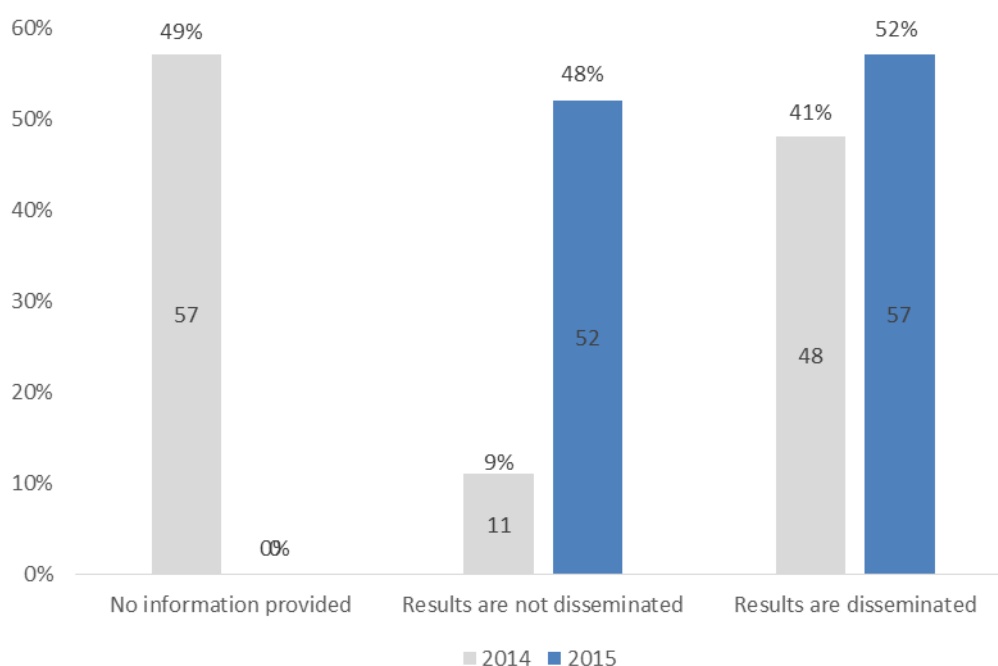
Figure 13. Reporting on outcomes (2015)



Source: Platform monitoring reports 2015, N=109

As shown in Figure 14, almost half of the commitments (52 out of 109) disseminated the results of their action. This is more than in 2014 (48 out of 116, or 41%). As with other aspects of reporting, there were disparities between activity areas in reporting on outcomes. Only 29% of commitments in 'Marketing and advertising' undertook dissemination activities, as opposed to 71% in 'Advocacy and information exchange'.

Figure 14. Dissemination of results (2015)



Source: Platform monitoring reports 2014, N=116; 2015, N=109

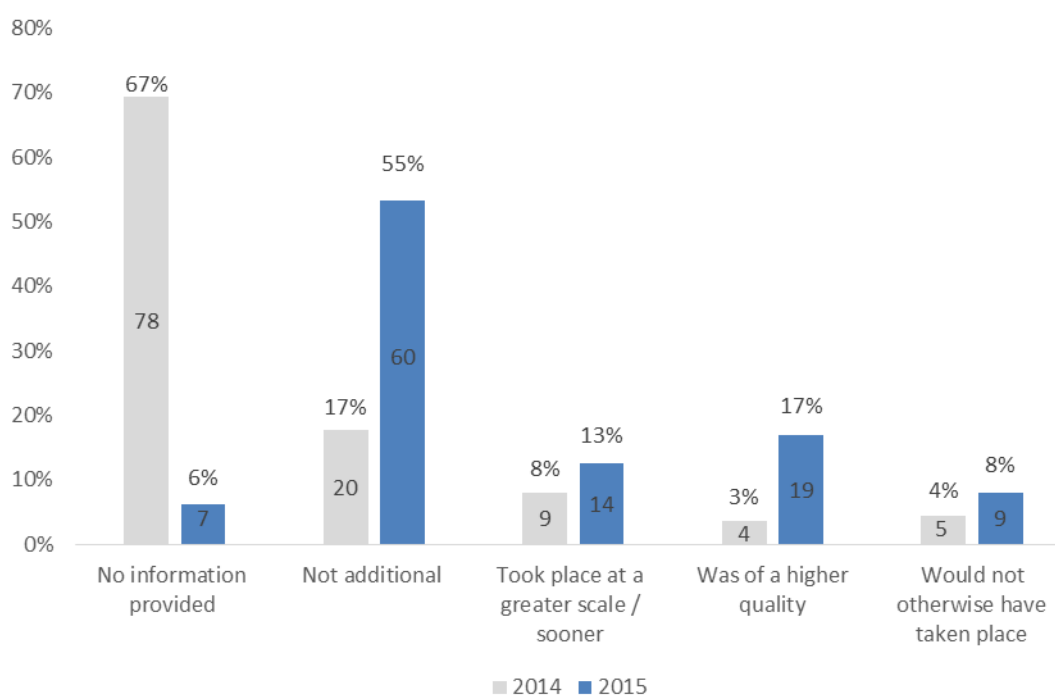
4.3.5 Additionality

As shown in Figure 15, 42 commitments (39%) were assessed as having “additional” actions and 60 others (55%) did not. Only seven commitments did not provide information in relation to additionality. This was a significant improvement in quality compared to the previous year, where the majority (67%, or 78 out of 116 commitments) did not provide information at all.

In some activity areas, the majority of commitments were additional. For instance, 93% of commitments in ‘Marketing and advertising’ were judged to be additional in some way. That is in contrast to commitments submitted in the area ‘Composition of foods (reformulation)’, 83% of which were not additional. One example of a non-additional action is one that aims to run a campaign for correcting children’s eating habits, with the aim of fighting children obesity. This commitment involves a supermarket creating healthier snacks, altering its labelling system and pre-existing foods, and producing promotional materials and meetings to disseminate information about healthy eating. Reporting on this commitment gave no indication that it would not have gone ahead in the absence of the Platform.

Nine commitments would not have happened without the Platform. For instance, action n°1602 (‘EU Platform for Action on Diet, Physical Activity and Health - analysis of the industry’s commitments against public health objectives’ by EPHA) is entirely concentrated on analysing the activities of the Platform. It aims to provide Platform members and DG SANTE with an analysis of the Platform industry members’ commitments against the public health objectives, to assess whether and to what degree the industry’s commitments contribute to the achievement of the Platform’s public health objectives and goals.

Figure 15. Commitment additionality (2015)



Source: Platform monitoring reports 2014, N=116; 2015, N=109

14 commitments were judged to have taken place at a greater scale or sooner as a result of the Platform’s existence. One example is commitment n°1307, ‘Informing the

medical profession', by CPME. The commitment aims to keep the topic of diet, physical activity and health high on CPME's agenda by including the topic on the agenda of its board meetings and disseminating information on this topic to its members on a continuous basis. The aims within the commitment would probably have taken place without the Platform, as diet and physical activity would be expected to be a significant concern for a doctors' association, but the dissemination of Platform activities to CPME members would not have taken place without the Platform's existence.

19 commitments were of a higher quality thanks to the Platform. For example, commitment n°521 ('Consumer research on nutrition information and labelling' by EUFIC) aims to conduct research on nutrition information and labelling to communicate science-based information on food in an understandable and effective way. The report mentions that through the medium of the Platform, EUFIC was able to gather research from private and public sources, so that data from the 58 studies were analysed, and conclusions drawn.

4.3.6 EU-added value

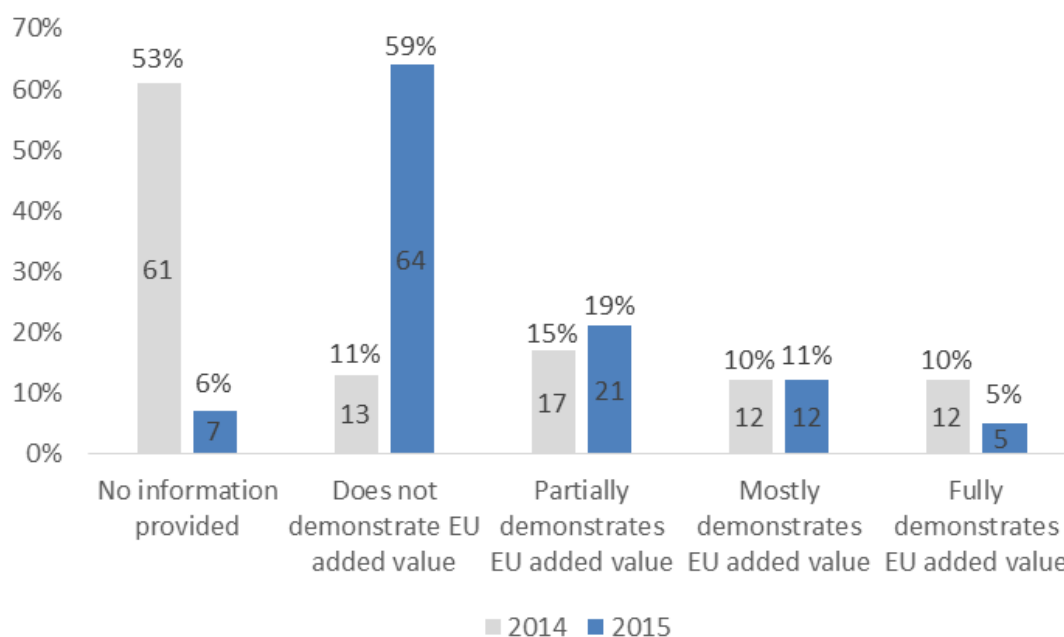
As a final part of the assessment, information provided in the monitoring reports was used to assess the extent to which the commitments highlighted the EU-added value of the Platform and, if so, how. Figure 16 below presents the extent to which commitments highlighted the EU-added value of the Platform.

The analysis shows that 60% of reports (65 commitments) did not demonstrate the EU-added value of their action, while 37 commitments did (34%). Only seven of the 109 commitments did not provide sufficient details on the issue. This is a significant improvement in reporting of information in comparison to 2014, where more than half of the commitments (62 out of 116) did not provide sufficient details to inform this assessment.

In the activity area 'Marketing and advertising', only 14% of reports did not demonstrate EU-added value. In contrast, 89% of commitments submitted in the area of 'Composition of foods (reformulation)' did not highlight the EU-added value of the Platform. These commitments did not give any evidence that their actions had any interactions with the Platform.

An example of a commitment which fully demonstrated EU-added value is n°1605, "Helping consumers to make healthier and more-informed food choices" led by BEUC. This action encourages BEUC members to publish articles in their magazines in the areas of nutrition and product formulation. The purpose of this is to: review the current state of play in the EU market with regards to food labelling, marketing and reformulation; to assess and report back on industry initiatives relevant to the Platform, pushing them to be more ambitious; and to inform policy making in situations where it is clear that voluntary action is insufficient. The compilation of this information as well as the dissemination of results are done by Platform members, actors who might not be brought together otherwise.

Figure 16. EU-added value (2015)

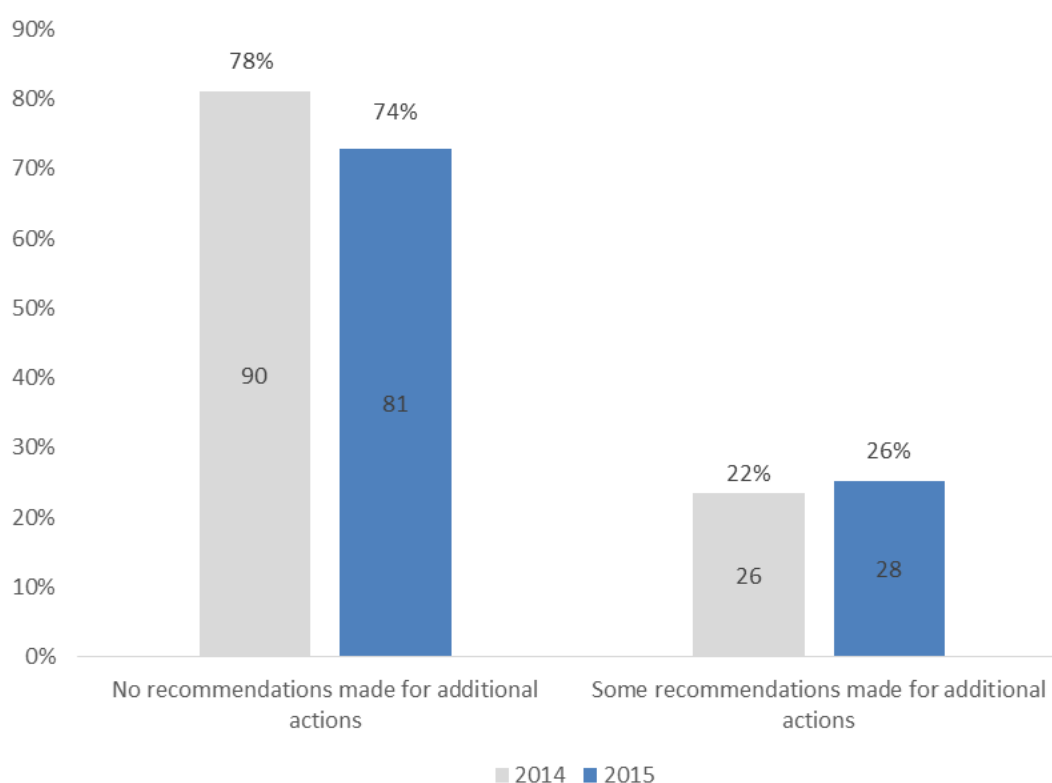


Source: Platform monitoring reports 2014, N=116; 2015, N=109

4.3.7 Recommendations for additional actions

Around a quarter (28 out of 109) of commitments made recommendations for additional actions, following on from the original commitment objectives. This is an increase from 2014, when 22% of reports made recommendations. An example of a commitment which concluded in 2015 but recommended additional is n°1314 (EVA's 'Increasing vending choice to promote healthy eating habits'). This commitment, which aimed to increase the diversity of snacks offered in vending machines, stated that beyond the actions undertaken by EVA and its members there needs to be 'a range of general measures in all aspects of life for cultural change' if consumers are to be encouraged to choose healthier options from vending machines.

Figure 17. Recommendations for additional actions (2015)



Source: Platform monitoring reports 2014, N=116; 2015, N=109

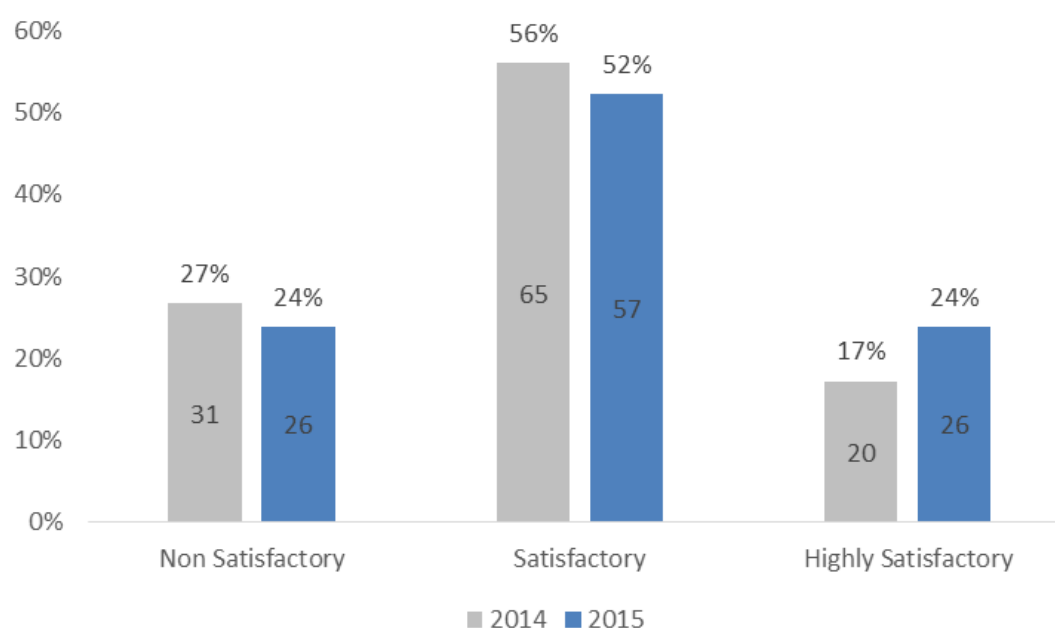
4.4 Overall assessment of the quality of the reporting

4.4.1 Overall assessment

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

Based upon a full analysis of the information presented in each commitment report, 26 out of 109 reports (24%) were assessed to be of highly satisfactory quality. 57 commitments (52%) were judged to be of satisfactory quality, whilst 26 commitments (24%) were assessed overall as non-satisfactory. This is an improvement compared to 2014, where only 17% of reports (20 out of 116) were highly satisfactory and 27% cent were non-satisfactory (31 out of 116).

Figure 18. Overall assessment of reporting (2015)



Source: Platform monitoring reports 2014, N=116; 2015, N=109

Highly satisfactory commitments had S.M.A.R.T. objectives. They 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 commitments assessed as satisfactory, the design and intent of action was clear, with reference to implementation and results; however, possibilities for improvements were identified. Reports that ranked as non-satisfactory did not have S.M.A.R.T. objectives (most commonly falling short by being neither specific nor measurable) and did not provide enough details on implementation and results.

Overall, there were significant differences in the quality of reporting among commitments. Some were very comprehensive and gave clearly structured details on their design and actions undertaken, whilst others included scarce information or information which was not clearly presented. This varied across thematic areas. Half of the commitments in 'Composition of foods (reformulation)' were deemed non-satisfactory, compared to zero in 'Marketing and advertising'. Another striking difference is that only 5% of commitments in 'Advocacy and information exchange' were judged highly satisfactory, in comparison to 58% of commitments in 'Consumer information, including labelling'.

4.5 Synergies, joint commitments and transferability

As a final part of the assessment, an analysis was conducted on possible synergies, joint commitments and transferability of commitment actions. This was done using information included in the monitoring reports, and does not take into consideration external or internal factors related to design and implementation of the actions.

4.5.1 Synergies and joint commitments

During the analysis of monitoring reports, initial observations were made of possible synergies between commitments on the basis of the themes and objectives of monitored actions within each activity area. These are discussed in detail in Annex 1, as the recommendations made are specific to each activity area. An important overall recommendation in terms of potential synergies between commitments relates to the

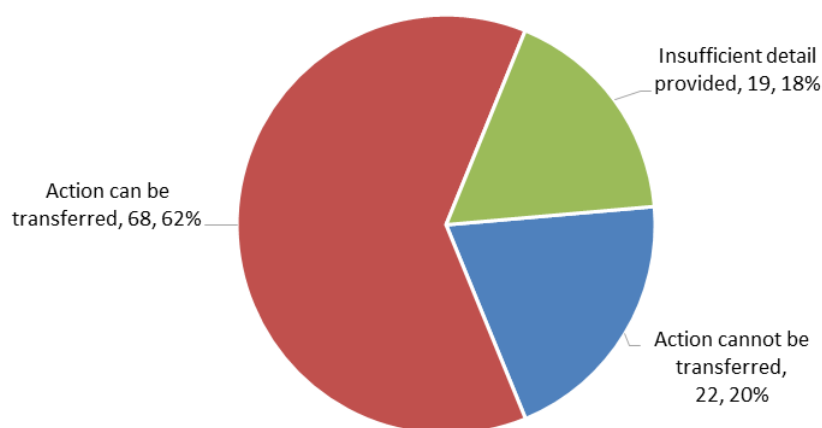
potential for facilitation of communication and discussion between various commitments holders. This could be done through break-out sessions during Platform meetings related to the appropriate activity area.

In addition, there are also instances where possible joint commitments could cover two or more individual commitments. This information is also included in Annex 1 as joint commitments can be done within each activity area. An overall recommendation for joint commitments is to dedicate time during Platform meetings for brainstorming exercises between members on topics which could be taken up in future joint commitments, as members are the sole decision makers involved in decisions on the creation of joint actions (bearing in mind that such commitments will always be voluntary).

4.5.2 Transferability

This year's assessment of commitments explored possible transferability of commitment aims and actions. In this context, transferability means that the design and intent of an action could be replicated in another geographic, thematic and/or organisational setting. Figure 19 below illustrates that 68 commitments were assessed as being transferable, 22 commitments seen as non-transferable, and 19 commitment monitoring reports not providing enough information (either in the design or implementation of the commitments) to make such an assessment. In Annex 1, transferability of actions is explored in more depth per activity area.

Figure 19. Transferability of actions (2015)



Source: Platform monitoring reports 2015, N=109

An example of a transferrable action is commitment n°1613 ('Commercial TV channels best practices in promoting physical activity via programming and beyond'). Under this commitment, ACT conducted a study of broadcasters' best practice in promoting physical activity and sports. This commitment could be broadened to have a wider geographic focus (at present it covers seven countries), and could also be replicated by another trade association in contexts such as online media and radio.

5 Overall conclusions and recommendations

The Platform remains one of the main European forums where discussions and debate occur between key stakeholders on the topic of healthy diets and regular physical activity. Members of the Platform propose and carry out commitments which aim to reduce overweight and obesity and that support the Member States in reaching their policy objectives. These have been analysed in the preceding chapters of this report.

On the basis of the findings outlined in section 4 above, 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. Emphasis during the 2015 monitoring process has been on assessing the relevance of commitments to the Platform through links with EU policy goals, but also through ensuring the EU-added value of the Platform and the additionality of commitments is evident in the reporting of commitment actions.

The debates held throughout 2015 encourage alignment of commitment priorities to such discussions, in particular to areas such as food reformulation, advertising to children and promotion of physical activity. Furthermore, and similarly to 2014, the cross cutting theme of reducing health inequalities should be reinforced.

In comparison with the 2014 monitoring results, an improvement in the level of detail of reporting can be seen, both by an increase of the number of highly satisfactory commitments and also by the reduced number of non-satisfactory ones. This year, 26 out of 109 reports (24%) were assessed to be of highly satisfactory quality. 57 commitments (52%) were of satisfactory quality, whilst still 26 commitments (24%) were assessed overall as non-satisfactory; in comparison to 2014 where only 17% of reports (20 out of 116) were highly satisfactory and 27% were non-satisfactory (31 out of 116).

This concluding section is based on the analysis in preceding sections and provides conclusions and recommendations related to Platform activities, commitments and future direction. This can serve as a basis for discussion by Platform members towards improving the quality of reporting of commitments and the overall operation and outcomes of the Platform. The remainder of this section is 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:
 - Design and intent;
 - Implementation and results; and
 - Synergies, joint commitments and transferability.
- 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; and
 - Working Group on Monitoring and Reporting.

5.1 Improving the quality of commitments

5.1.1 General overview

The commitments continue to offer **good coverage** across the six key activity areas. As in 2014, the three most common activity areas were (in order of prevalence) 'Education, including lifestyle modification', 'Advocacy and information exchange' and 'Composition of foods (reformulation)'. Commitments in other activity areas, although lower in number, have been fairly consistent in proportion over the last year.

In relation to **target audience** the analysis shows that, as in 2014, the general public was the most frequently targeted audience, followed by children and adolescents and health professionals. 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: policy makers, employees, industry, educators, parents and special groups.

The **geographical coverage** continues to show 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. 19 commitments (17%) covered all EU-28 countries. This is a little more than in 2014 (15 out of 116, or 13%).

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

- In future activities, the Platform members should increasingly develop actions that clearly reflect the Platform priorities: reformulation and portion sizes, marketing and advertising to children, and physical activity;
- Defining the target audience at the planning stage of commitments is crucial, and ensuring the target audience can be reached through the main objectives of the commitment. The broader the target audience, the harder it is to measure positive outcomes and change. Moreover, a broadly targeted action has an a priori lower scope for impact. In order to maximise the impact of the Platform and to reflect its priorities, the Platform members should increasingly develop actions that target children and young people – following the adoption of the Action Plan on Childhood Obesity – and low socioeconomic groups; and
- Geographical coverage of commitments continues to be well spread across 28 EU Member States. However, commitments addressing all Member States are preferred over actions that address only one or a couple of countries. In order to ensure an EU-wide overview and to substantially enhance the potential health impact, the Platform members should increasingly develop actions that address all EU Member States.

5.1.2 Design and intent

In relation to **setting objectives** for commitments, the majority (67 of the 109) of commitments had set either mostly or fully S.M.A.R.T. objectives. This is an improvement compared to 2014.

The relevance of commitments to the Platform but also to other relevant EU policy goals was less clear. Only 40 commitments (36%) explicitly mentioned their link to the Platform's goals, compared to 43% in 2014. Only five of the 109 commitments did not have an apparent link to the Platform objectives. The link to the EU priorities was even less clear, with only 11% of commitments making an explicit link to EU policy goals. Links between commitments and WHO targets were almost entirely implicit rather than explicit; however, it is important to note that assessing this link is a new element in the 2015 monitoring assessment.

With the policy goal of **reducing health inequalities** clearly highlighted as theme for 2015 commitments, there was no improvement in commitments aligning to this theme. As with 2014, only 12% of commitments set out to reduce health inequalities.

There was a notable decrease in quality in terms of **using evidence in the design** between 2014 and 2015. In 2015, 31% of commitments did not use evidence in their design, compared to only 17% of 2014 reports. There was reference to evidence of

need and/or likely effectiveness in 52% of reports (57 commitments), and 17% of reports (18 commitments) committed to generating evidence.

Recommendations

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

- It is vital that all commitments produce specific, measurable and time bound targets to their annual objectives, in order to ensure that their objectives are fully S.M.A.R.T. This contributes to more accurate monitoring and reporting, enabling a better assessment of the annual progress made on commitments and increases the overall impact of the Platform.
- When commitments are formulated, they should make explicit links to the Platform and EU policy goals. Furthermore, commitment owners should explore links with the relevant WHO targets. This will ensure relevance of actions is clearly evidenced in reports, strengthening the potential impact of the Platform, but also highlighting the added value of the Platform and its role in supporting the Member States in reaching policy objectives.
- It is important to develop actions related to tackling health inequalities and to ensure that these do not contribute to widening the current health gaps between and inside Member States. This will contribute to achievement of one of the Platform's priorities.
- Commitments would greatly benefit from making greater use of evidence in their design and subsequent reporting, in particular in terms of evidencing the need for action or the likely effectiveness of a commitment. This will ensure clarity on the usefulness of each commitment.
- As with last year, the **evaluation of the commitments** should continue to be envisaged at the design phase when stating the objectives and indicators. Although internal monitoring and evaluation is already encouraged, external evaluations (undertaken by independent experts) could be considered as this would increase transparency and the reliability of the actions. Key findings from such internal and external evaluations of the commitments would add value and facilitate the independent monitoring undertaken by the external contractor. 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.
- The European Commission, with support from the research team, could animate a series of roundtable discussions on the above-mentioned points, with a view to increasing the understanding of these assessment areas and ensuring stronger links between them and the importance to the Platform; and
- Related to this, members are reminded that the 2012-2013 external evaluation³² 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.

³² http://ec.europa.eu/health/nutrition_physical_activity/docs/pheiac_nutrition_strategy_evaluation_en.pdf

5.1.3 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, similarly to 2014, over half of commitments (56 out of 109) fully implemented their actions; a further 47 commitments were mostly or partly implemented while six commitments did not provide enough information. As a result, conclusions here relate to setting up of achievable objectives, putting in place the necessary means to measure implementation and providing clear information on the extent to which actions were completed. This benefits not only the commitment owner, but can also improve analysis of monitoring commitments.

Reporting on **inputs** has improved between 2014 and 2015, mostly in terms of an increase in clear reporting on financial inputs. The proportion of commitments reporting clearly on financial inputs rose from 51% to 61%, while clarity of reporting on human inputs stayed fairly stable (with 58% providing clear details in 2015). It is important to remember that 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). 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.

Reporting on **outputs** was of satisfactory quality. 69% of commitments (75 out of 109) reported clearly on their outputs. This is a significant improvement compared to 2014, where only 47% of commitments provided clear details.

28 out of the 109 commitments (26%) reported clearly on **outcomes**. It must be highlighted that providing indicators in these areas goes above the minimum agreed requirements to monitor a commitment³³. However, there was a decrease in the quality of reporting compared to 2014, when 36% of commitments (42 out of 116) provided clear details. 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. 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.

Reporting on **additionality** improved between 2014 and 2015. There are two aspects related to this assessment criteria: the general level of reporting of a commitment design and overall implementation (which allows the research team to make a judgement); and the evaluation itself (so, whether the commitment is deemed as additional or not). In 2014, the majority (67%) of commitments did not provide information at all; this year (2015) enough details were given in 102 reports (93%). In terms of content, 42 commitments (39%) had "additional" actions and 60 (55%) did not.

Reporting on **EU-added value** also improved between 2014 and 2015. In 2014, more than half of the commitments (62 out of 116) did not provide sufficient details. In 2015, this was only the case for seven of the 109 reports. Of the 102 commitments

³³ 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
(page 7)

that provided this information, 37 demonstrated the EU-added value of their action and 65 did not³⁴.

Regarding **transferability**, this year's analysis concluded that for 68 out of 109 commitments the design and intent of action could be replicated in another geographic, thematic and/or organisational setting. A fifth of the 2015 commitments were deemed not transferable (22 out of 109) while there was not enough information in 19 reports.

Recommendations:

- Commitment owners should review their annual objectives to assess whether they are achievable and measurable, and consider how they can be resourced. This will allow for a higher rate of successful implementation of actions and in turn add to the impact of the Platform activities;
- Several reports confused inputs, outputs and outcomes. Additional guidance for commitment report authors that would help them to clearly distinguish between these three indicators would be beneficial. This should be informed by the European Commission, the JRC and external contractor; and tested at a Working Group meeting. This could then be shared at a Platform meeting, with good practice examples from existing commitments presented;
- Although a number of commitment owners made significant strides in improving output reporting, much greater consistency is required. Discussion of good practice could be a feature of a Platform meeting or Working Group;
- The quality of reporting on indicators, especially for inputs and outcomes, must also improve. For inputs this would make it possible to better estimate the total amount of resources committed to the Platform's commitments. For outcomes this would ensure that the effects achieved by commitments (e.g. modification of behaviour, change in health level) would be evidenced more clearly;
- Commitments should include evidence that demonstrates how the activities they are undertaking are additional. For 2015, around 55% of commitments (60 out of 109) were assessed as not being additional. Commitments should also demonstrate the EU-added value of their actions: 59% of commitments (64 out of 109) did not do so in 2015. Fulfilment of both these assessment criteria helps commitments to demonstrate the importance of Platform's activities and the impact it can have on contributing to improving public health within the EU;
- The Monitoring Framework should be re-visited to ensure it captures all areas of the commitment reporting assessment. Platform members should use this framework and commit to improve standards in their reporting. Furthermore, good practice examples could be discussed during Platform meetings in order to strengthen reporting in the area of implementation and results;
- Commitment owners should strive to evidence how the activities they are implementing can be transferred and appropriated by fellow Platform members. This would expand the scope and outreach of Platform actions and allow for enhanced exchanges within the Platform;
- Those commitment owners with scope to improve the design (fully S.M.A.R.T. objectives, clear links to Platform or EU priorities, evidence of need, coverage of 28 EU Member States) and/or implementation (reporting on

³⁴ Six per cent provided no evidence to enable a judgement to be made either way.

input/output/outcomes, dissemination, evidencing of additionality and EU-added value, transferability) aspects of their reporting are called upon to improve their commitments in 2016, if needed, in close cooperation and support with ICF.

5.2 The Platform and its activities

Conclusions and recommendations are detailed here in relation to the **Platform meetings and activities**. The basis of this stems from the 2015 meeting conclusions and minutes, as well as the research team's involvement in 2015 meetings. Conclusions and recommendations are broken down into the following:

- Platform Plenary meetings; and
- Working Group on Monitoring and Reporting and the Advisory Group on New Commitments.

5.2.1 Platform plenary meetings

This years' meetings continued to be 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 are an integral part of this, as it further cements the importance of the Platform with regards to supporting the Member States in their policy implementation. Taking such a thematic approach allows for interactive discussions 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:

- The format of plenary meetings should maximise discussions between different stakeholders. In order to do this, presentations must 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 with previous years, the value of joint commitments to increase the impact of the Platform had already been highlighted in the Special Report 2006-2012³⁵. A structure of Platform meetings which enables discussion and networking among members may increase the possibility of increasing the number of joint commitments;
- Fostering discussions and collaboration amongst Platform members outside of plenary meetings could be increased: in view of ensuring continuity and increasing impacts. The newly created online Health Policy Forum³⁶ could act as a tool to foster such actions; and
- As demonstrated by the joint work on the EU Framework for National Initiatives on Selected Nutrients, closer collaboration between the High Level Group and the Platform can produce concrete results. It will be important to use this

³⁵ http://ec.europa.eu/health/nutrition_physical_activity/docs/eu_platform_special_report_2006_2012_en.pdf

³⁶ <https://webgate.ec.europa.eu/hpf/>

exercise as a way to highlight Platform added-value and outcomes, as well as fostering synergies between the High Level Group and the Platform.

5.2.2 Working Group on Monitoring and Reporting

In 2015, the Working Group focused on **refining new evaluation criteria for commitments**. This work must continue, in view of having an updated and relevant set of criteria against which the contractor can assess commitments in 2016 and beyond.

The **Advisory Group on the Monitoring and Reporting of New Commitments** has completed one year of activity, during which it provided guidance on several new commitment submissions. This exercise was seen as useful as it provided specific guidance on improving the design and self-monitoring of commitments, ahead of official submission to the Platform database.

A number of recommendations emerged from these meetings, which should be followed up:

- The Working Group should refine the 'EU-added value' criterion introduced in last year's commitment monitoring exercise and, in collaboration with the European Commission and external contractor, improve the visibility of new evaluation criteria in the commitment monitoring report forms;
- A series of sessions should be organised during the 2016-2017 Platform Plenary meetings on the newly defined evaluation areas. These could be animated by the Working Group, the external contractor and commitment owners;
- Given the results of the 2014 and 2015 Annual Report and following a discussion by the members of the Working Group, a short session on developing fully S.M.A.R.T. objectives should be held in view of improving commitment design and implementation;
- Where possible in the longer term, improve the design of the monitoring submission forms in order to allow members to include relevant information for evaluation.

Annexes to Annual Report 2015

The following annexes are included in a separate document:

Annex 1: Analysis of commitments 2015 per activity area;

Annex 2: Breakdown of commitments 2015 per status;

Annex 3: Breakdown of commitments per activity area; and

Annex 4: Summary of commitments (in separate document).