

*FRAMEWORK CONTRACT: EVALUATION IMPACT ASSESSMENT AND
RELATED SERVICES - LOT 1: PUBLIC HEALTH*

Monitoring the EU Platform on Diet, Physical Activity and Health



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EXECUTIVE SUMMARY

Since the establishment of the EU Platform on Diet, Physical Activity and Health on 15 March 2005 well over 300 individual commitments have been implemented. Each year a report is developed describing the activities undertaken by the Platform members, as set out in their monitoring reports. This Annual Report is the seventh such report, presenting and summarising information on the extensive range of activities and achievements of the Platform during 2013 and commenting on how members of the Platform have monitored the progress of their commitments.

Chapter 1 gives an introductory overview of the report, its purpose and structure, of the reporting process, the sequence of previous reports, and an update of the Platform's membership. Chapter 2 presents the 2013 activities of the Platform and a description of the meetings of the Platform. It also provides an outline of the process by which a Working Group on Monitoring and Reporting drew up draft guidelines on completing the 2013 monitoring form. Chapter 3 reviews the Platform commitments for 2013 by status (new/active/complete/discontinued), while Chapter 4 provides an assessment of the commitments by field of action.

Chapters 5, 6 and 7 are a new feature of this report when compared to reports from previous years. Chapter 5 provides a systematic review of commitments in terms of their geographical spread: pan-European, national and regional. It is positive to note that 70% of commitments operate at a European level and that more than 50% of commitments are active in 29 of the 31 countries reported on. Commitments focusing on education / lifestyle modification are, in numeric terms, the most frequent overall with a total of 36, of which 19 operate at a pan-European level. However, 'Advocacy and information exchange' is the most frequent field of activity in terms of pan-European commitments with 21 commitments operating across Europe. There seems to be little variation between countries in terms of the proportion of commitments that are active within them whether by target audience or field of activity. What is apparent however is that there are uniformly fewer physical activity commitments active across all countries, and this decline warrants further discussion and consideration by the Platform.

Chapter 6 provides six case studies, one for each field of activity, drawn from the for-profit and not-for-profit sectors that demonstrate good practice in project design, measurement of indicators and / or the approach to partnership working.

Chapter 7 considers some of the key issues emerging from the collection and analysis of the data and reporting on commitment activity in 2013, in particular those which are likely to be of direct consequence to the Platform's operations and policies. Key topics addressed in the chapter include whether or not the Platform is meeting its objectives. Also considered is the impact of the Platform, the repartition of the Platform and the opportunities for synergy to be created between commitments. Several of the findings quoted remain speculative, to be further explored in a future evaluation of the Platform.

The final chapter highlights a few remaining topics including 'future reporting' and how this might be further improved, how Platform membership might be increased, and joint working whilst preserving the independence and role as watchdogs of those Platform members that have NGO status. In several places in this report note is made of the potential and opportunity for Platform membership, and therefore commitments to be increased by inviting new members from groups not already represented in the membership of the Platform.

Throughout the report a number of highlighted text boxes provide a critical analysis and recommendations on how the issues being addressed in that section of the report can be further developed and enhanced.

It is encouraging to note that of the 124 commitments that were active in 2013 and for which a monitoring report was received, 13 are new commitments, commenced in 2013. Although this is lower than last year, it indicates a high level of development and innovation within the commitment process. Of the 23 commitments classified as completed in 2013, 3 were commitments for which monitoring reports were not submitted.

Active commitments are found in all fields of action, and each activity field is addressed by at least one new commitment as well as by many on-going commitments. 87 of the commitments in 2013 were pan-European in geographical scope, while 34 were active at a national level and 3 were regionally based. Education and lifestyle modification commitments were the most frequent, comprising 29% of the total commitments. Of note is that partnerships were involved in the development and delivery of 69 of the 124 commitments in 2013.

Four Platform meetings were held in 2013, providing an important opportunity for sharing information, good practice and experience. In each of the Platform meetings members were provided with an overview of recent scientific findings, papers and articles; an update on the progress of the Platform with a focus in each Platform meeting on a specific field of activity; and presentations on existing commitments and other programmes and projects which contribute to the achievement of the goals of reducing overweight and obesity rates in Europe.

In view of the discussions over the year and the findings made in the course of drawing up this report – and further detailed in Chapter 2 - the monitoring team proposes certain modifications to the structure of future Platform meetings, in particular with regard to enhancing the general interest and utility of presentations. Other recommendations concern future Working Group topics, as well as questions to be addressed by an evaluation of the Platform.

FOREWORD FROM THE CHAIR

Since 2005, the EU Platform for Action on Diet, Physical Activity and Health brings together major stakeholders to promote healthy diets and regular physical activity for European citizens. Over a period of eight years, framed by the EU Strategy on Nutrition, Overweight and Obesity-related Health Issues, it has implemented more than 300 commitments, from food reformulation to marketing self-regulation and exchange of good practice.

I take this opportunity to, at the same time, warmly thank the members for all the work and results so far and to remind us of present and future challenges.

In effect, this Annual Monitoring Report is the result of an increased effort from the monitoring team to look back so as to allow a better view of the road ahead.

The report recalls that our action should horizontally be concerned with nutrition but also with physical activity, and that children and vulnerable groups should be priority targets. This is in accordance with the overarching policy orientations – including the Action Plan on Childhood Obesity¹ and the Council Conclusions on Nutrition and Physical Activity². Platform members, focusing on activities related to their core businesses, can benefit from this guidance when considering future commitments.

As ever, we continue to welcome more active cooperation between the members of the Platform whenever this can contribute to increase efficiency, reach and impact.

Concerning the monitoring of commitments, this analysis shows that additional improvements are necessary for the benefit of all involved. I am pleased that some of this work is already being taken forward by the Working Group on Monitoring and Reporting.

Also relevant is the fact that the report examines a total of 124 active commitments and welcomes 13 new ones. We wish to work with you to keep up the momentum of our group so as to demonstrate that the Platform is an effective tool to contribute to public health improvements.

We can all agree on the need to act to improve diet and to increase physical activity of European children and adults. We must also all agree that the statistics are stubborn reminders of the need to do more or to do differently. What should be the objectives of the Platform for the next years? What higher targets should we set for ourselves? And how best to collaborate in order to reach them?

I call upon your continued dedication to discuss these questions and step up the efforts in a collaborative, innovative and successful manner.

John F. Ryan

Acting Director, Public Health

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

¹ http://ec.europa.eu/health/nutrition_physical_activity/docs/childhoodobesity_actionplan_2014_2020_en.pdf

² <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014XG0708%2801%29&rid=14>

DEFINITION OF KEY TERMS

| | |
|--|---|
| Commitment | To become a member of the EU Platform on Diet, Physical Activity and Health, an organisation must undertake a 'commitment'. These commitments are promises to take action to achieve a particular goal that advances the Platform's aims. |
| Platform member | Platform members are umbrella organisations operating at the European level that have agreed to monitor and evaluate the performance of their commitments in a transparent, participative and accountable way, as set out in the Platform's 2005 Monitoring Framework ³ . |
| Commitment holder | The commitment holder for a given commitment can either be the same as the Platform member for that commitment or a different organisation. As all member organisations of the Platform are umbrella organisations operating at the European level, they each encompass many member organisations in a given sector. A Platform member may submit commitments that encompass all of their members, or one or more of their individual members may submit their own commitment under their umbrella organisation's membership of the Platform. In the latter cases, the Platform member for a commitment would be the umbrella organisation and the commitment holder would be the one or more of its members submitting the commitment. |
| Monitoring report / commitment form | <p>In order to monitor the progress of their commitments, each year Platform members/commitment holders are requested to submit a monitoring report for each commitment they make.</p> <p>These monitoring reports are organised into sections that enable Platform members to state the 'objectives' of their commitment, 'inputs', 'outputs', and 'outcomes'.</p> |
| Achievements of the Platform | The term 'achievement' is used throughout this report to refer to the outputs and outcomes of the different commitments. The description of these 'achievements' is based entirely on the information reported by commitment holders in their monitoring reports and does not constitute an assessment of the effectiveness of commitments or their activities in reducing obesity, improving diet and/or increasing physical activity among the different target groups of these commitments. |
| Monitoring Team | This term refers to the team of experts from IBF Consulting contracted by DG SANCO to provide independent analysis of the activities of the Platform. The work of the team includes the production of the Annual Report, presentation at Platform meetings, and the provision of feedback to members on the quality of their monitoring reports. |

³ The Platform's 2005 Monitoring Framework is available online:

http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/platform/docs/eu_platform_mon-framework_en.pdf

ABBREVIATIONS

| | |
|-------------------|--|
| ASA | Amateur Swimming Association |
| BEUC | European Consumer's Organisation |
| CESS | Confédération Européenne Sport Santé |
| COFACE | Family Associations |
| COPA-COGECA | Agricultural Organisations and Cooperatives |
| CPME | Standing Committee of European Doctors |
| DAFC | Danish Agriculture and Food Council |
| 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 |
| EFFAT | European Federation of Trade Unions in the Food, Agricultural and Tourism |
| EGTA | European Group of Television Advertising |
| EHFA | European Health and Fitness Association |
| EHN | European Heart Network |
| EMRA | European Modern Restaurants Association |
| ENGSO | European Non-Governmental Sports Organisation |
| EPHA | European Public Health Alliance |
| ER-WCPT | European Region of the World Confederation for Physical Therapy |
| ESA | European Snacks Association |
| ESPGHAN | European Society of Paediatric Gastroenterology, Hepatology and Nutrition |
| EUFIC | European Food Information Council |
| EuroCoop | European Community of Consumer Cooperatives |
| EUROPREV | European Network for Prevention and Health Promotion in Family Medicine and General Practice |
| EVA | European Vending Association |
| FoodServiceEurope | Until 2013 the European Federation of Contracting Catering Organisations |
| FEVIA | Belgian Federation of the Food and Drink Industry |
| FoodDrinkEurope | Until 2011 the Confederation of the Food and Drink Industries of the EU |
| FP | For profit |
| Freshfel | European Fresh Produce Association |
| GDA | Guideline Daily Amounts |
| IASO | International Association for the Study of Obesity |
| IBFAN | International Baby Food Action Network |
| IDF | International Diabetes Federation |
| IOTF | International Obesity Task Force |
| ISCA | International Sport and Culture Association |

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| NFP | Not for profit |
| NUBEL | Nutrition Belgium |
| PPP | Public-Private Partnerships |
| SFS | School Fruit Scheme |
| UNESDA | Union of European Beverages Association |
| WFA | World Federation of Advertisers |

1.1 The purpose of this report

The European Platform for Action on Diet, Physical Activity and Health (hereafter the Platform) is one of the tools for implementing the Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues. It is an action-oriented cooperative process to help reversing the obesity trend. Members of the Platform pledge commitments which detail the actions they plan to take to contribute to the overall aim of the Platform, namely, reversing the obesity trend. They accordingly monitor their own performance on the basis of the agreed 2005 Monitoring Framework and the working paper "Monitoring Platform members' commitments" (2013). The individual monitoring reports are updated every year by members, and are recorded in the Platform database.

The purpose of this report is to present and summarise the achievements and progress of the Platform during 2013. The details of individual commitments are recorded within this report, including the achievements of individual commitments. The report will discuss how the Platform is attaining its goal of reducing obesity across the EU. An overview of the activities of the Platform during 2013 will be presented.

1.2 The reporting process

Each year Platform members complete a monitoring report for each Platform commitment for which they are responsible (members often have more than one active commitment at a given time). Members have two months (from the 1st December to 31st January) to submit their monitoring report for the year ended. In completing the monitoring report, respondents are asked to provide, in addition to standard pieces of information such as the duration of the commitments and a summary of the activity etc., detailed information on the following:

- The annual objectives,
- Input indicators,
- Process output indicators,
- Outcome impact indicators and
- Other comments.

Upon submission to DG SANCO, monitoring reports are given an initial review by DG SANCO and any uncertainties or inconsistencies that have been highlighted are clarified. Once this is complete, the information contained within the monitoring report for the year in question is uploaded to the public database (available on the website of the Platform).

At the same time all the monitoring reports are collated into one document and this is forwarded to the monitoring team for a detailed review of each commitment. This detailed review takes the form of a qualitative assessment and distillation of the information contained within each monitoring report. A spreadsheet of data is compiled enabling the information needed to complete the Annual Report to be accessed in a straightforward manner, although reference is frequently made to the original reports in the development of the Annual Report.

During 2013 a working paper entitled “Monitoring Platform members’ commitments” was developed by DG SANCO and the monitoring team and provided to members. The original 2005 Monitoring Framework and the Annual Report 2012 were used as a foundation for this working paper. The working paper provided members with further guidance on completing the monitoring form, including standardising the way in which figures are presented. The working paper also raised member’s awareness of the existing 2005 Monitoring Framework, urging them to refer back to this document when completing the monitoring report.

The 2014 Annual Report of the Platform’s achievements is derived from the monitoring team’s analysis of the 124 monitoring forms submitted by the Platform members for the commitments for which they were responsible during the 2013 monitoring year.

1.3 Structure of the report

This Annual Report is divided into 8 chapters, each addressing a different aspect of the activities of the Platform and its members.

Chapter 2 provides an overview of the activities of the Platform in 2013, including policy direction, a summary of the 4 Platform meetings that took place during the year together with a summary of the Working Groups on Monitoring and Reporting that took place in September and October 2013.

The very large amount of information that has been collected through the monitoring reports can be grouped in a variety of ways. These include by activity status, by field of action, by Member State and by target audience.

Chapter 3 presents a review of the Platform commitments by activity status. This chapter provides information on the following:

- New commitments - commitments commenced within the reporting period;
- Active / Continuing commitments - commitments commenced in a previous year which are still on-going;
- Completed commitments - commitments completed within the reporting period.

Chapter 4 provides a review of the Platform commitments for 2013 by field of action, using the six fields of action adopted by the Platform as a structure. These six fields of action are:

- 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
- Advocacy and information exchange.

Information on the target audience of commitments is also to be found in Chapter 4, and is based on the eleven subgroups identified by the Platform, namely:

- The general public
- Children and adolescents
- Employees
- Health professionals
- Industry

- Parents
- Educators
- Policy makers
- Local community
- Special groups
- Senior citizens

Chapter 5 presents a breakdown of the commitments by Member State, showing where (geographically) the activities of the Platform are taking place and highlighting any gaps in this activity. A commentary on the overall presentation and quality of the monitored commitments is contained at relevant points within Chapters 3-5.

Chapter 6 presents those commitments which have demonstrated 'good practice' in terms of the way that the commitment has been formulated, carried out and / or reported upon.

Chapter 7 discusses the ways in which the Platform is achieving its goals and aims, and where further gains could be made.

Chapter 8 presents the conclusions of the monitoring activity for 2013 and details a series of recommendations developed as part of the reporting process.

1.4 Sequence of previous reports

Since its inception in 2005 the Platform has produced a series of reports, beginning with the 2005 Monitoring Framework followed by the First Monitoring Report. In 2007 the Second Monitoring Report was published and 2008 saw the publication of the first of the Annual Reports, and an Annual Report has been published each year since. The 2014 Report is therefore the seventh report in this series.

In addition, in 2010 a 5 year Evaluation Report was produced, and in 2013 a Special Monitoring Report was published covering the period 2006–2012. The purpose of the Special Monitoring Report was to analyse the previous Annual Reports (covering the period 2006-2012), and in particular examine and discuss how the activities of the Platform had evolved over time, both overall and within each key area/field of action.

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

http://ec.europa.eu/health/nutrition_physical_activity/Platform/index_en.htm

1.5 Membership update and list of Platform members

During 2013 there were 33 members of the Platform. One new member joined: the Association of European Cancer Leagues (ECL). One member suspended its membership: the European Group of Television Advertising (EGTA). One Platform member changed its name during 2013 from European Federation of Contracting Catering Organisations (FERCO) to FoodServiceEurope. A full list of Platform members for 2013 is shown in Figure 1 below.

In addition to the official membership, the WHO, EU Presidencies, the European Parliament, the European Committee of Regions, the European Economic and Social Committee, Member States and the European Food Safety Agency all have observer status at the Platform.

Further information on membership, including a contact person for each Platform member organisation, is available at:

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

Figure 1: List of Platform members for 2013

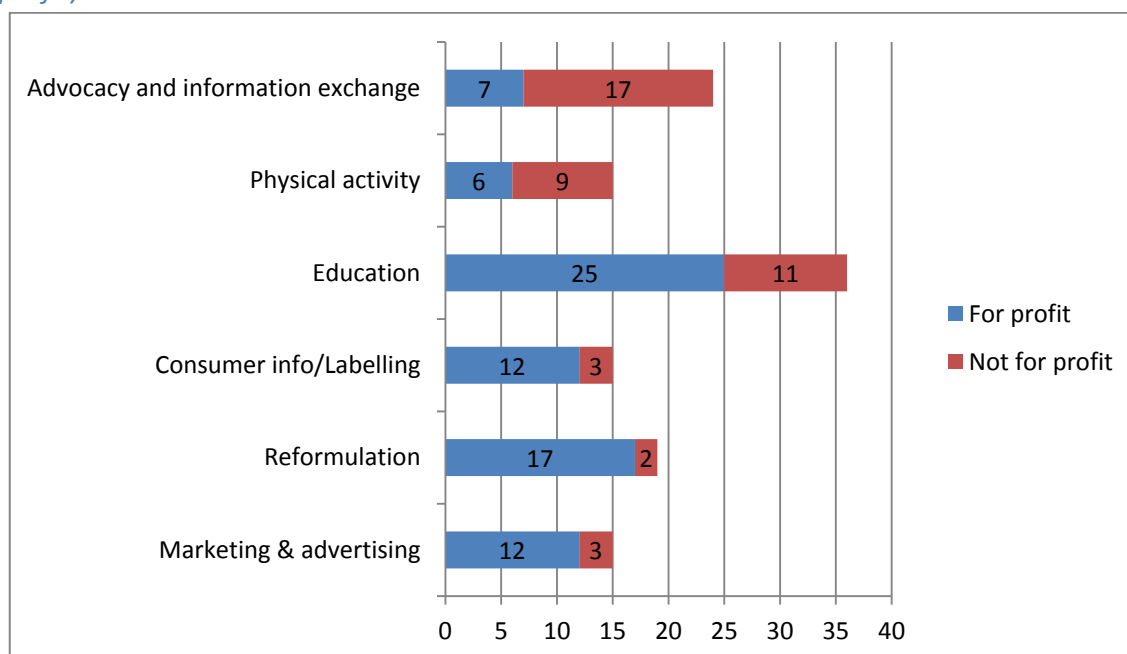
| | |
|-----|---|
| 1. | ACT – Association of Commercial Television |
| 2. | AREFHL – Fruit Vegetable and Horticultural Producers European Regions |
| 3. | BEUC – European Consumers’ Organisation |
| 4. | CESS – Confédération Européenne Sport et Santé |
| 5. | COFACE – Confédération des Organisations Familiales de la Communauté Européenne |
| 6. | COPA-COGECA – Agricultural Organisations and Cooperatives. |
| 7. | CPME – Standing Committee of European Doctors |
| 8. | EACA – European Association of Communications Agencies |
| 9. | EASO – European Association for the Study of Obesity |
| 10. | ECF – European Cyclists' Federation |
| 11. | ECL – Association of European Cancer Leagues |
| 12. | EFAD – European Federation of the Associations of Dietitians |
| 13. | EHFA – European Health and Fitness Association |
| 14. | EHN – European Heart Network |
| 15. | EMRA – European Modern Restaurants Association |
| 15. | ENGSO – European Non-Governmental Sports Organisation |
| 17. | ER – WCPT – European Region of the World Confederation for Physical Therapy |
| 18. | EPHA – European Public Health Alliance |
| 19. | ESPGHAN – European Society of Paediatric Gastroenterology, Hepatology and Nutrition |
| 20. | EUFIC – European Food Information Council |
| 21. | EuroCommerce – Association for retail, wholesale and international trade interests |
| 22. | EuroCoop – European Community of Consumer Co-operatives |
| 23. | EuroHealthNet – Network of European public health agencies |
| 24. | EUROPREV – European Network for Prevention and Health Promotion in Family Medicine and General Practice |
| 25. | EVA – European Vending Association |
| 26. | FoodServiceEurope (formerly FERCO) – European contract catering sector |
| 27. | FoodDrinkEurope (formerly CIAA) – Europe’s food and drink industry |
| 28. | Freshfel Europe – European Fresh Produce Association |
| 29. | IBFAN – International Baby Food Action Network |
| 30. | IDF Europe – International Diabetes Federation – European Region |
| 31. | IOTF – International Obesity Task Force |
| 32. | ISCA – International Sport and Culture Association |
| 33. | WFA – World Federation of Advertisers |

Of the 124 monitored commitments, 79 are from for-profit organisations and 45 are from not-for-profit organisations. The nature of the Platform member by area of activity and profit orientation is shown below. Here the term ‘not for profit’ is used generically and covers a variety of organisational types.

Critical analysis and recommendations

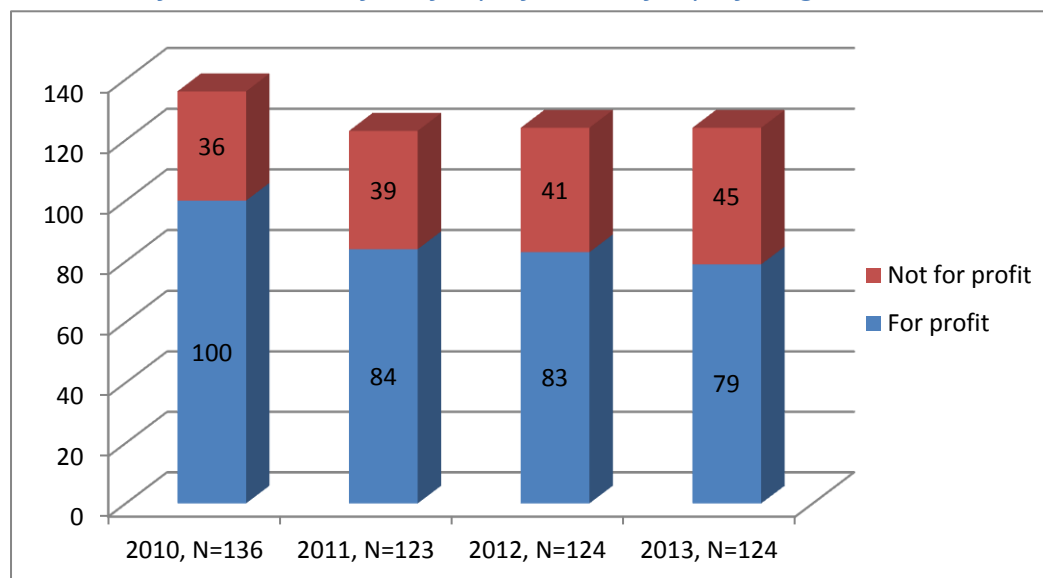
1. The Platform is a stakeholder group which has a key role in combating obesity in the EU. The work of the Platform is observed by interested parties across the EU. It would be helpful to these observers if future monitoring reports contained a profile on each member of the Platform. Such profiles might contain information such as, but not limited to:
 - a. Main business activity
 - b. Profit – not for profit status
 - c. Funding mechanisms
 - d. Turnover
 - e. Countries of operation

Figure 2: Breakdown of commitments based on the nature of the organisation (for-profit or not-for-profit)



An examination of the data since 2010 shows that whilst there has always been a greater number of commitments from for-profit organisations, this trend is slowing. In 2010 there were 100 commitments from for-profit organisations and 36 from not-for-profit. The figure below sets out the figures relating to this trend.

Figure 3: Number of commitments from for-profit or not-for-profit organisations since 2010



2.1 Policy directions in Platform meetings

The Chair of the Platform meetings during 2013 has been Mr. John F. Ryan, Acting Director of the Public Health Directorate of DG SANCO. Mr Ryan has also the position of Chair of the High Level Group on Nutrition and Physical Activity (hereafter High Level Group), as well as of the EU Alcohol and health Forum. The Co-Chair has been Mr. Philippe Roux, Head of Unit, Health Determinants, DG SANCO.

The Platform has continued to be an important forum for the exchange of information and debates related to several policy areas such as the provision of information to consumers at the point of sale, labelling, the role of physical activity in reducing obesity, marketing to children, and reformulation of food and drink products to reduce sugar, salt and fat. The 2013 Platform meetings explored and addressed all these relevant policy areas. The EU Action Plan on Childhood Obesity 2014 – 2020 is acknowledged by the Platform as an important reference point.

At the Platform meeting of 28th February 2013, Ms Paola Testori Coggi, Director-General of DG SANCO, informed the Platform members that the Joint Platform / High Level Group meeting of 20 June 2013 would be a milestone in the process of focussing priorities for action in the coming years to achieve the goal of halting overweight and obesity among the EU population. She reminded the participants that DG SANCO's regulatory work should continue to be combined with voluntary work and of the value that this adds. This voluntary activity is even more crucial in a period where organisational expenditures and costs are being closely watched and efficiency measures are being implemented. Ms Testori Coggi put forward the view that Platform members should reinforce actions in core competencies - key fields such as food reformulation and responsible advertising.

At the Platform meeting on 19th June 2013 the Ms Testori Coggi announced that as of July 1st, 2013, Mr Neven Mimica from Croatia will be the Commissioner in charge of the Consumer Protection portfolio within DG SANCO. She underlined the vitality of work taking place within the Platform. She also reinforced that this is an important time, where the achievements made so far under the Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues will be looked at. The 2013 Evaluation of the Strategy has demonstrated good results in addressing obesity in the EU, but also highlighted areas where more action was required and made that point that all stakeholders can and must continue to take action in this area. The importance of demonstrating the return on investment in health was highlighted, as was how health and wellbeing is strongly linked to economic prosperity. Being able to evidence this will become increasingly important.

2.2 Platform meetings 2013

2.2.1 February 28th – Plenary meeting on Research and Reformulation

This meeting focused on the topic of reformulation and research. Discussed first were future priorities for research in the area of nutrition and physical activity. A presentation was given on the proposed Horizon 2020 Programme which has the objective of facilitating smart and sustainable growth while also improving the health of the population of the EU.

A presentation was made by the Joint Programming Initiative (JPI) on “A Healthy Diet for A Healthy Life (HDHL)” and the creation of DEDIPAC: the Knowledge Hub on the DEterminants of Diet and Physical ACTivity. Within this initiative, a European trans-disciplinary network of selected research groups and scientists from DEDIPAC partners conduct joint activities with the objective to better understand how individual, social and environmental determinants influence food and physical activity choices.

The next presentation was on the research projects ‘Pleasure’ and ‘Performance’ which use novel processing approaches for the development of food products (‘Pleasure’); and the development of personalised food for elderly consumers (‘Performance’).

Then followed a series of presentations from the University of Aberdeen ‘Full for Health’ – a project addressing the mechanisms of hunger and satiety; ‘NeuroFAST’ – which will investigate the neurobiology involved in eating behaviour, addiction and stress; ‘SATIN’ which leads to the development of new products which have a high satiate value.

The recent activities of the European Association for the Study of Obesity (EASO) were presented which included workshops and the publication of reports.

A summary of active Platform commitments in the field of Reformulation, composition of foods, availability of food options and portion sizes was presented. Although the total number of commitments in this field of activity for 2013 was 30, at the time of this meeting there were 29 commitments in this field of activity.

Three new actions in the field of Reformulation which were submitted in 2012 by Danone Research, Nestlé and Barilla focused on the nutrition content of children’s food.

A presentation was made by WHICH on the work being done to assess the actions of food companies in making healthy choices easier.

The Dutch Food Retail Association and the Dutch Food Industry Organisation gave a presentation on work being done to reformulate and nutritionally improve specific products.

Progress in Member States in the area of reformulation was presented by the European Commission including planned initiatives on the reduction of saturated fat by the High Level Group.

A representative of COFACE, presented the results of their commitment, ‘Nutri-Medias’, a media literacy tool focused on nutrition targeting trainers of family organisations and parents.

Bringing the meeting to a close the European Commission drew to the meetings attention that the number of non-active commitments exceeded the number of active commitments and encouraged the Platform members to consider how more actions could be delivered as well as how new working methods and greater collaboration could be achieved. The Chair concluded the meeting by stating that Platform members needed to reinforce their actions particularly in the area of reformulation and the reduction of advertising to children and that future discussions in 2013 would continue to focus on research.

2.2.2 June 19th – Plenary meeting on Marketing and advertising

This meeting focused on the topics of marketing and advertising and the presentation of the 2013 Special Monitoring Report. A summary of the report was presented stressing the value of the Platform and the information shared at Platform meetings, Working Group meetings and training workshops. Improvements in standardisation of indicators and their reporting continue to remain a high priority for the Platform.

A review of the active commitments in the field of Marketing and advertising was provided to the meeting. At the time of the meeting, there were a total of 33 commitments in the field of activity.

The World Federation of Advertisers (WFA) presented their results of the 2012 EU Pledge White Paper on 'Common Nutrition Criteria on Food Marketing to Children' that showed a downward trend in children's exposure to food and drinks advertising.

The European Heart Network (EHN) presented the project 'Nutritional Criteria for food / drinks advertised to children'. This concluded that the development of EU nutrient based recommendations is desirable.

The International Association for the Study of Obesity presented on their work that compares industry led nutrient profiling models with government led models with a specific focus on sugar.

Two projects from EuroHealthNet were presented, both have the aim of providing healthy weight interventions in the UK. The challenges of the programme in measuring long term success and continuing to engage community partners was discussed.

The European Commission provided an update on the Platform, indicating that at the time of the meeting there were 32 Platform members and 122 active commitments.

A representative of the Standing Committee of European Doctors presented on the project the Health Village Toolbox. The project aims to support doctors in promoting a healthy diet and physical activity.

A representative from the Italian Wellness Valley Project gave a presentation that described the wellness valley in Italy, where the importance of regular exercise, healthy nutrition and positive mental health can be recognised and implemented.

In drawing the meeting to a close the Chair concluded that Platform members must ensure appropriate protection for children in the field of marketing by developing standards and criteria and that stakeholders must reinforce their actions and pledge new commitments. Support was given to the establishment of a Working Group on Monitoring and Reporting.

2.2.3 September 26th – Plenary meeting on Consumer information and labelling

This meeting addressed the activity area of Consumer information and labelling. The meeting commenced with a presentation from DG Connect on a pilot project 'Community of Practice for better self and co-regulation'. The initiative promotes the principles of better self and co-regulation. The Chair encouraged Platform members to use the initiative in their work.

The Chair updated the Platform members of the work of the High Level Group, and in particular on the Action Plan on Childhood Obesity.

The Chair reminded Platform members that new commitments are needed for the continued success of the Platform and that new actions might focus on physical activity, health inequalities, childhood obesity and food reformulation.

A presentation was made on the 2013 Annual Report. It was highlighted that reporting Platform success is compromised by the difficulties in assessing the impact of commitments. The report was endorsed for publication.

A report was presented on the outcomes of the first meeting of the Working Group on Monitoring and Reporting. The main aims of the Working Group were to explore the ways in which data is currently collected and how that process might be improved.

The European Commission presented information on the legislation relating to Food Information to Consumers, which will result in nutrition labelling becoming mandatory.

An overview of commitments in the field of Consumer information and labelling was provided. At this time there were 29 commitments in this field of activity, constituting 11% of the total number of active commitments.

FoodServiceEurope gave a presentation on its work to provide nutrition information to the end consumer, including actions taken by its members and national associations. Choices International Foundation presented the Choices Programme which aims to encourage healthy innovation and product reformulation among food manufacturers, retailers and food services, and to introduce the Choices logo internationally.

A representative of EUFIC introduced the project 'CLYMBOL' which analyses the role of health related claims and symbols in consumer behaviour.

DG SANCO provided an update on Platform membership and commitments. 12 Platform members would need to submit a new commitment in 2014 in order to have an active commitment. The importance of submitting new commitments was reiterated.

The new member Association of European Cancer Leagues presented their first Platform commitment, 'Obesity and cancer, promoting the evidence and recommendations'. This commitment aims to raise awareness of the link between obesity and cancer.

The Consumer Goods Forum presented on their initiative 'Health and Wellness Resolutions'. This aims to improve the health and wellness of consumers.

Danone, under the umbrella of Food Drink Europe, gave a presentation on the Platform commitment 'Eat Like a Champ', a campaign which has been delivered to a thousand primary classes in the UK.

A presentation was given on the 'Access to Nutrition Index' which is designed to address chronic diet related diseases. The initiative aims to rank on a two yearly basis the largest 25 food and drink companies using the index.

DG SANCO presented the 'REFIT' Programme, and informed the group that a working document will be published and that a consultation process will be undertaken. Members of the Platform were encouraged to participate in the consultation.

The Chair concluded the meeting by urging members to submit new commitments and by drawing attention to the Working Group on Monitoring and Reporting. It was intimated that at a future Platform meeting a discussion will take place on the issue of branding / non-branding of actions.

2.2.4 November 26th – Plenary meeting on Physical Activity

This meeting addressed the issue of physical activity. The Chair informed the meeting that the Action Plan on Childhood Obesity had been drafted by the High Level Group and that Platform members will be invited to propose actions that will help to achieve the objectives of the Plan. DG SANCO presented the ongoing status of ongoing commitments. At the time of the meeting there were 125 active commitments.

A report was provided on the work undertaken by the Working Group on Monitoring and Reporting including the development of a guidance document. The Chair underlined the importance of the need to continuously improve the measurement and reporting of the impact of commitments in order to enhance the credibility of commitments.

A representative of the European Commission provided an update on the first ever Council Recommendation in the field of sports, also encouraging health enhancing physical activity.

An overview of commitments in the field of physical activity was provided by IBF Consulting. At the time of the meeting there were 15 active commitments in this area.

The European Cyclists' Federation presented a new and joint commitment with the International Sport and Culture Association called, 'NowWeMove by cycle', which aims to promote cycling to new target groups.

A representative from FoodDrinkEurope presented their Platform commitment 'Bielice run', a dedicated sport event for children in Poland. Physical activity is at the core of the programme and it is foreseen that a nutrition education component will be added. A second FoodDrinkEurope project was described, this programme entitled 'Sport for Life' is a research programme developed by the University of Ulster which targets 8-9 year old children from socially disadvantaged backgrounds.

The European Health and Fitness Association presented a summary of the evidence of the benefits of supervised exercise, and the sector has set itself the target of reaching 80 million health club members by 2025.

A presentation was given on 'Toybox' a PF7 project that tests evidence based obesity prevention programmes targeted at children aged between 4 and 6 years.

The International Sport and Culture Association presented their campaign entitled 'NowWeMove'. This is a pan-European campaign with a vision to enable 100 million more Europeans to be active in sport and physical activity by 2020.

The University of Bath presented on a project which has developed an app called 'My pace' for use by dietitians and their clients who are trying to manage their weight.

The Chair concluded the meeting by reminding Platform members to contribute to the Action Plan on Childhood Obesity, and submit new commitments and prolong on-going ones.

2.3 Working Group on Monitoring and Reporting

Two meetings of the Working Group on Monitoring and Reporting took place in 2013 that addressed issues associated with the completion and review of the monitoring reports. The first of these was held on 25 September 2013 and the second on 24 October 2013. The overall aims of the meetings were to:

- To explore the current system of data collection;
- To examine how the current system can be made more straightforward while remaining consistent;
- To explore the changes that need to be made to improve the reporting of activities / outcomes etc.

The first meeting began with an exercise in which participants were asked to describe their hopes and concerns. Key issues covered in the first meeting included: the importance of reporting; current experience of the monitoring process, namely what is straightforward about it and what is challenging; the guiding principles of reporting particularly the use and reporting of indicators (input, output (process) and outcome) and how the information from the monitoring reports is collected and analysed.

An overview was provided by IBF Consulting of the importance of monitoring and reporting firstly from the perspective of the European Commission and then from the perspective of the Platform members themselves, the role of monitoring in the life of the Platform and the role of monitoring in the production of the Annual Report.

The participants completed an exercise based on their current experience of the monitoring process in which they were asked to identify what they found straightforward / easy with the current reporting system and what, if anything they found challenging or difficult (and why)?

Each of the points was addressed and at the end of the discussion it was agreed that the production of a set of guidance notes to aid those completing the monitoring forms would be beneficial. IBF Consulting agreed to produce a draft set of guidance notes for consideration at the second meeting of the Working Group. A working (final) draft would be developed for presentation at the Platform meeting on the 26th November 2013.

At the second meeting the draft guidance document was presented by IBF Consulting and the opportunity was taken to review the draft text and identify the next steps. Perspectives on monitoring was discussed and an overview of the role of monitoring within the way in which the

Platform operates was discussed. The ways of measuring inputs, outputs and ultimate impact were explored including the use of standard units and terms to express these measures.

At the Platform meeting of 26 November 2013 IBF Consulting presented to the Plenary the draft guidelines on completing the 2013 monitoring form. The guidance document was accepted by Platform members, and it was agreed that it provided useful and relevant information.

Critical analysis and recommendations

1. Possible topics for the Working Group for 2014 include:
 - a. Further refinement of the monitoring process – in particular quantifying input, output and impact data
 - b. A focus on project impact / outcome and their measurement
 - c. Geographical issues e.g. pan-European projects that operate within countries at a regional level – how can these projects be better reported in the reporting process?
 - d. How commitments can be assessed against the overarching goals of the Platform
 - e. How commitments can be assessed in terms of the role they play in supporting EU policy

3.1 Overview

This chapter provides a description of the commitments undertaken by members of the Platform in 2013 grouped by activity status, including an overview of their outputs and outcomes during this period.

There were a total of 134 commitments in 2013. During the year, 3 of these were discontinued leaving 131 commitments available for monitoring. Whilst the total number of commitments is slightly increased in 2013 as compared to 2012 (134 and 127 respectively) the same number of monitoring reports were received in 2013 as in 2012: a total of 124. However, of the 10 commitments for which no 2013 monitoring form was submitted, 3 concern discontinued commitments, and 2 provided an explanation of why a monitoring form had not been completed (little activity in 2013, and the reorganisation of the commitment into 4 new, separate commitments). This means that a total of 5 commitments were inexplicably un-reported on during 2013 (numbers 638, 727, 462, 1212 and 618)⁴.

A total of 12 commitments were due to finish in 2013. There 13 were new commitments for 2013. This represents a significant drop from the number of new commitments in 2012 (n=21). A total of 121 commitments started in previous monitoring years were continued throughout 2013. There were 23 commitments that were completed and thus became 'non-active' in 2013.

Figure 4: Status of commitments for 2013

| Status of commitments | Number |
|--|--------|
| Total commitments for 2013 | 134 |
| Number of monitoring forms submitted in 2013 | 124 |
| No monitoring reports received by deadline | 10 |
| New commitments for 2013 | 13 |
| Active commitments pre-2013 (excludes new commitments but includes completed commitments and those for which no monitoring report was submitted) | 121 |
| Completed commitments in 2013 (includes new commitments and commitments for which no monitoring report was submitted) | 23 |

Electronic files of the monitoring reports of active commitments for the purposes of the 2013 monitoring activity were sent by DG SANCO to the monitoring team in March 2013. The team analysed these monitoring forms in order to produce a comprehensive and accurate account of the

⁴ In submitting the monitoring reports Platform members have a two month period to submit (i.e. from 1 December to 31 January) – this is the same period given each year. A reminder email is sent to all members in December and again in the January. After this those members who have not submitted are offered a final extension. In these five cases in 2013 where monitoring reports were not received, the commitment holders did not submit a report nor provide any feedback to say why not.

activities outlined in each. The results put forward in this section and subsequent chapters are based entirely on the information included in the monitoring forms.

The monitoring team endeavoured to treat each monitoring form objectively, and the aim of this section is simply to communicate the information contained in the forms in an unambiguous manner, as well as one that is easily accessible to readers. **No independent verification has been carried out to assess whether the results reported are attributable to the commitments themselves or are the results of other initiatives; nor has the accuracy of these reports been independently verified.**

Qualitative assessment of commitments

As with previous years, this Annual Report seeks to address, in a qualitative way, the appropriateness and quality of commitments. To this end, the analysis not only looks at the self-report documents (i.e. the monitoring reports submitted by members), but compares this with the results of the analysts' assessments. The method used to undertake this assessment is the same as that applied during the 2011 and 2012 monitoring activity and is based on the following criterion:

1. Relevance of the commitment
2. Specificity and coherence of objectives
3. Appropriateness of input and output indicators
4. Prerequisites for measuring outcome indicators

For each of these criteria there are three levels of performance: highly satisfactory, satisfactory and not satisfactory. The following principles were applied by the monitoring team in determining which level of performance should be allocated to each of the 4 criterion.

1. Relevance of the commitment

Highly satisfactory: the commitment is highly relevant to the general aim of the Platform as it is set out in the 2005 Platform Charter and in the 2007 EU Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues. It is responding well to DG SANCO policy directions (fulfilling at least two of the following: addressing vulnerable groups, active in more than two Member States, facilitating partnerships with Member States / different levels of government or PPP or is involving civil society / industry and actors at local level - schools, communities, etc.).

Satisfactory: the commitment responds in a reasonable manner to the general aim of the EU Strategy and the Platform. It is responding reasonably to DG SANCO policy directions (fulfilling at least one of the following: addressing vulnerable groups, active in more than two Member States, facilitating partnerships with Member States / different levels of government or PPP or is involving civil society / industry and actors at local level - schools, communities, etc.).

Not satisfactory: there is no clear correlation between the proposed commitment and the general aim of the Platform, no clear link with DG SANCO policy directions.

2. Specificity and coherence of objectives

Highly satisfactory: Objectives clearly apply the SMART principle; 3 or more of the SMART criteria are fulfilled as specified in the 2005 Monitoring Framework.

Satisfactory: Objectives are partially SMART; 2 of the SMART criteria are fulfilled as specified in the 2005 Monitoring Framework.

Not satisfactory: Objectives lack clear definition (are not SMART); only one or no SMART criteria exist.

3. Appropriateness of input and outcome indicators

Highly satisfactory: Source clearly identified; input and output indicators clearly defined and quantifiable; end users defined and quantifiable.

Satisfactory: Source implied or not explicit; input and output indicators partially defined and quantifiable; end users partially defined and quantifiable.

Not satisfactory: Source not implied; input and output indicators not defined nor quantifiable; end users are not considered.

4. Prerequisites for measuring outcomes indicators

Highly satisfactory: the commitment includes a tailored or adapted baseline; there is a framework/strategy for measuring outcome and impact indicators.

Satisfactory: the commitment includes partially adequate baseline proposal; attempts to measure outcome and impact indicators being made.

Not satisfactory: the commitment has no proposal for a baseline, no strategy for assessing outcome and impact indicators.

Following the above assessment, the analysts make an assessment of overall quality of the commitment, based on the following principles:

- One non-satisfactory area can result in an overall assessment of 'satisfactory' if performance in the other areas is assessed to be 'satisfactory' or 'highly satisfactory';
- Two or more non-satisfactory areas can result in overall assessment of 'non-satisfactory' or 'satisfactory';
- Two highly satisfactory areas will result in an overall assessment of 'highly satisfactory' if there is at least another 'satisfactory' area.

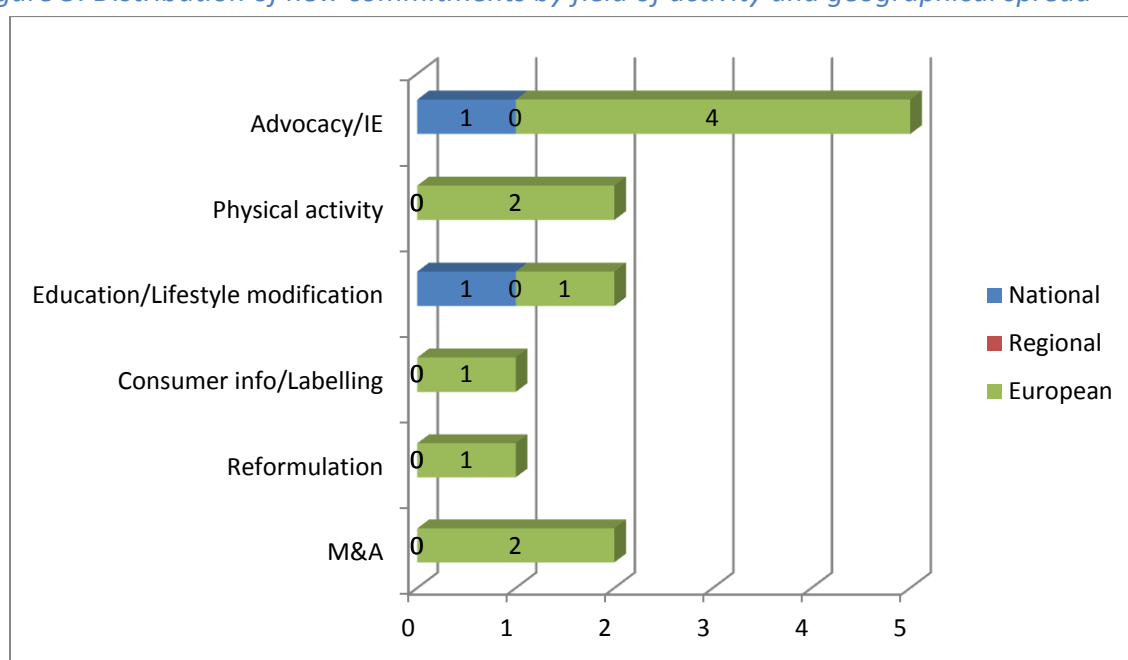
The results of this qualitative assessment are presented later within this chapter (section 3.3) and throughout Chapters 4 and 5.

3.2 Review of new commitments for 2013

There were 13 new commitments in 2013, including one joint commitment. This represents a fall from the 21 new commitments in 2012. The new commitments for 2013 are listed in Annex II.

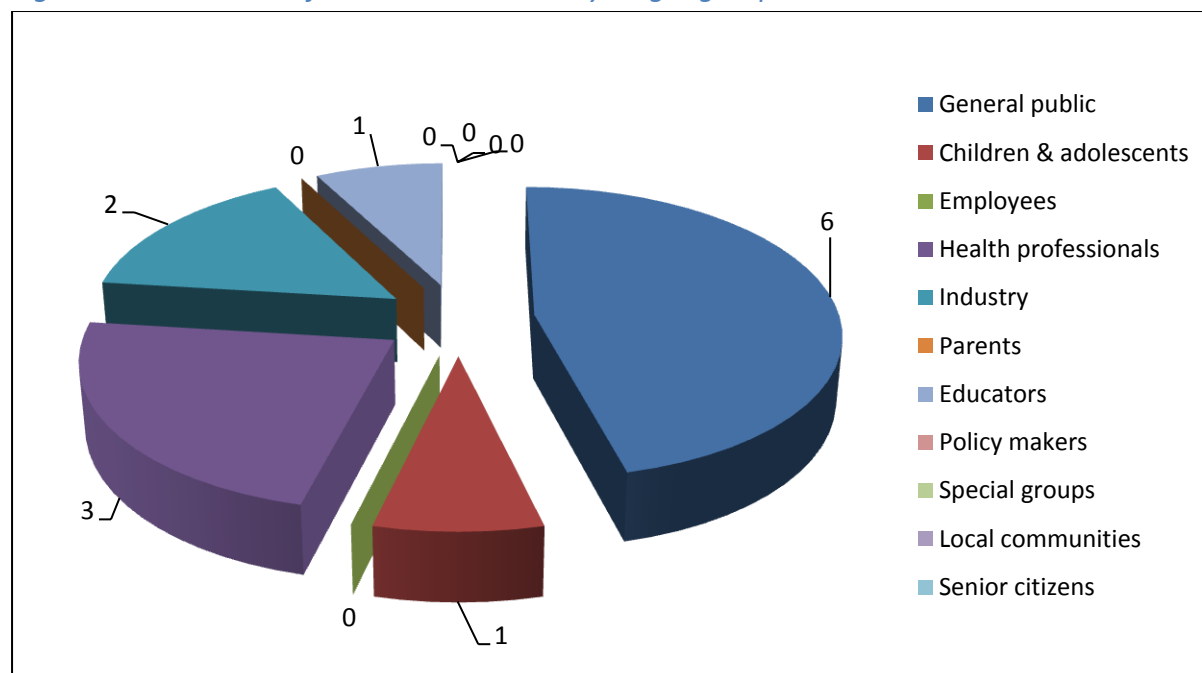
The majority of these commitments have been implemented on a pan-European scale (11) and 2 are national. Of these new commitments 7 are from the for-profit sector and 6 from the not-for-profit sector. The most common field of action for new commitments was 'Advocacy and information exchange' (5 commitments). There were 2 new commitments in 'Physical activity', 'Education and lifestyle modification', and 'Marketing and advertising'. There was one new commitment in the field of 'Reformulation' and one in the field of 'Consumer information including labelling'. The figure below details the spread of new commitments by field of activity and geographical distribution.

Figure 5: Distribution of new commitments by field of activity and geographical spread



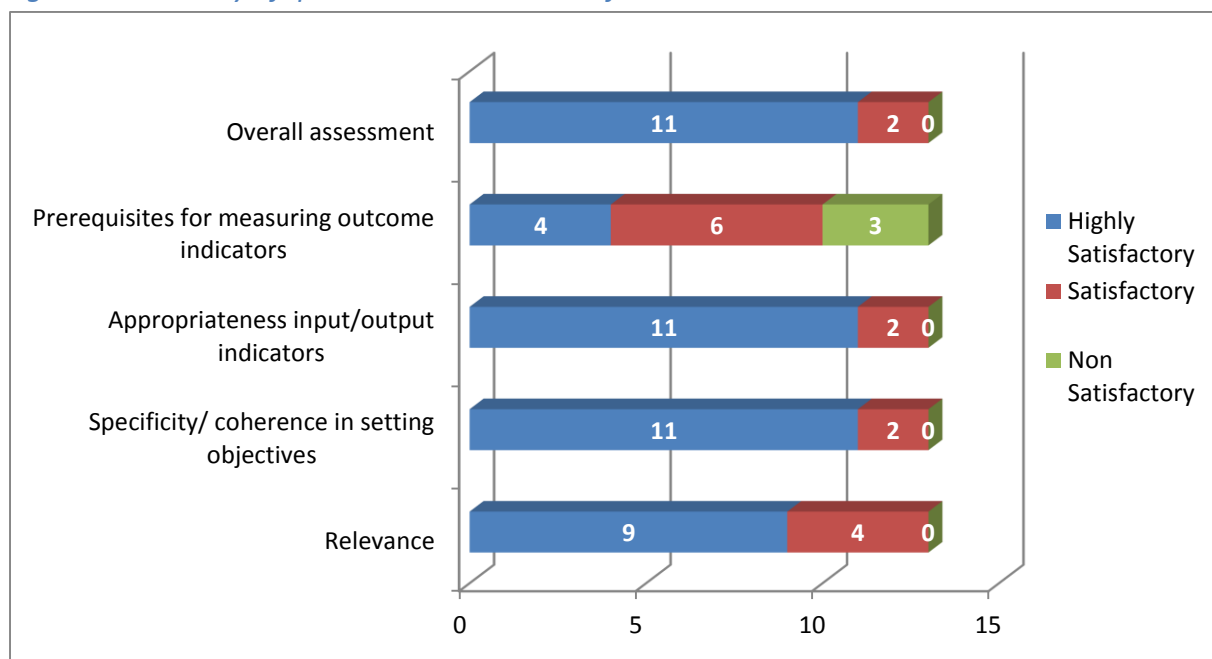
The group most targeted by these new commitments for 2013 is the general public (6 commitments), followed by health professionals (3 commitments). Most target groups of the Platform are covered by new commitments for 2013, with the exceptions of parents, employees, local community, special groups, and senior citizens. However, it may be the case that these groups are indeed targeted by commitments, but they are not the primary target group for the commitment. The figure below (Figure 6) shows the distribution of new commitments by target group.

Figure 6: Distribution of new commitments by target group



The qualitative assessment of these new commitments showed that the vast majority of the new commitments are overall satisfactory or highly satisfactory, and highly relevant to the aims of the Platform. None of the new commitments were assessed to not be relevant. Similarly, the majority of the new commitments were assessed to have clear and specific objectives for 2013. Most of the new commitments had identified and reported on appropriate and meaningful input and output indicators, and many had identified measures of outcomes. It was only in the area of input, output and outcome indicators that there is the scope for further refinement by commitment holders: 2 commitments were rated as not satisfactory in this area. The figure below summarises the results of the qualitative assessment of new commitments.

Figure 7: Summary of qualitative assessment of new commitments



The new commitments for 2013 have produced a number of outcomes already. In Annex III a brief description is given of each new commitment for 2013 and where possible outcomes of the commitment are reported.

Critical analysis and recommendations

New commitments

In 2013 there were 13 new commitments. Whilst 'more' is not always 'better', this comparatively reduced number of commitments warrants further discussion in relation to the sustainability of the Platform.

1. Platform members are strongly urged to consider the new commitments in the areas core to the work that they do, that can be made for 2014 and beyond
2. In order to extend the reach and impact of the Platform the number of new commitments each year should exceed the number of completed commitments.

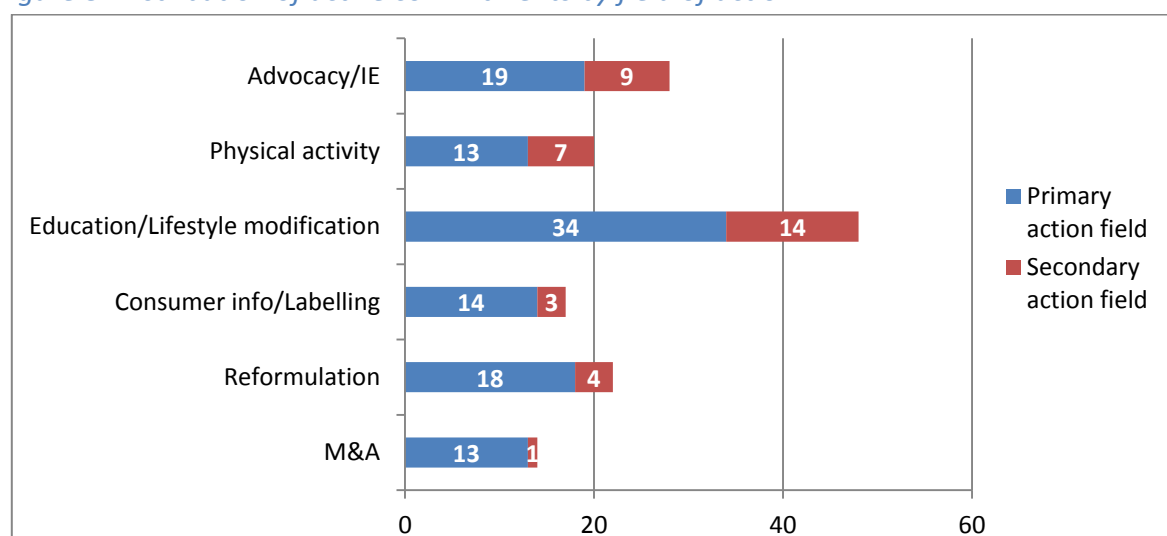
3.3 Review of active commitments for 2013

There were 121 active commitments in 2013. The period of action for a number of commitments has been extended so that the commitment continues beyond its originally anticipated period of action (for example 2006-2013). This is to be commended as it widens the impact of the Platform and demonstrates that Platform members are committed to taking action in line with the objectives of the Platform.

Monitoring reports were not submitted for 10 of active commitments (numbers 1315; 1304; 1006; 778; 604; 638; 727; 462; 1212; 618). The active commitments are listed in Annex II. For completeness the Annex II also contains the 23 completed commitments for 2013 as these commitments were also active for this monitoring period (see section 3.2.3. for more information on completed commitments).

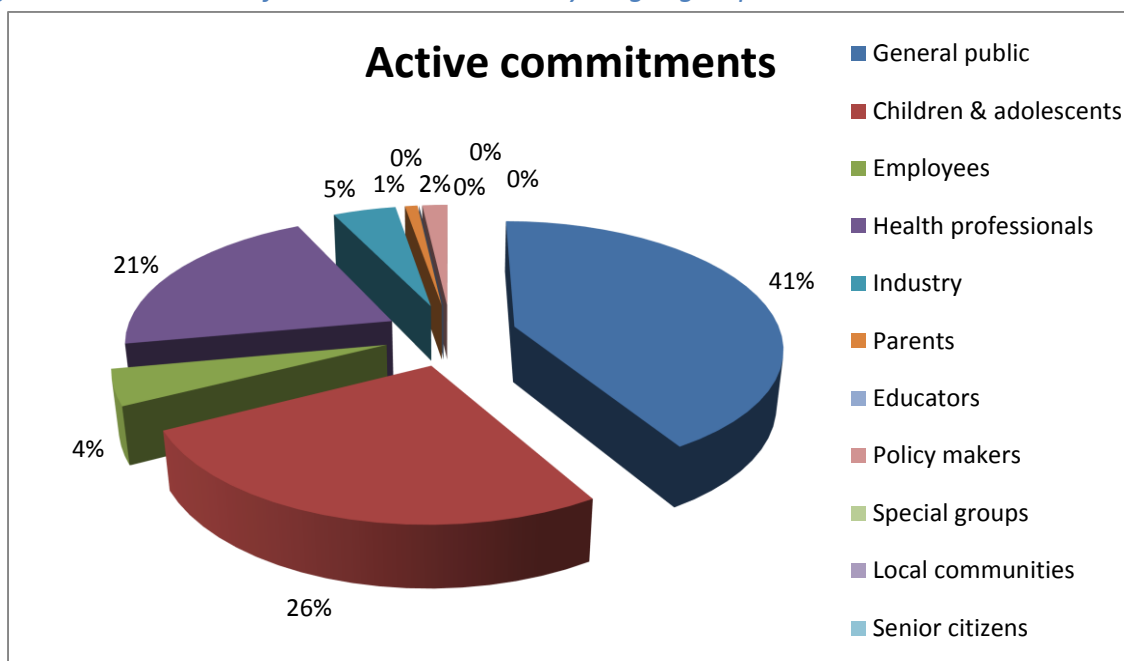
Of the 111 commitments included in the analysis of active commitments, 76 were pan-European in geographical scope. Only 3 were limited to a particular region, and the remaining 32 continuing commitments were national in geographical scope. The most common field of action for active commitments is 'Education and lifestyle modification' (34). The most common secondary field of action is also 'Education and lifestyle modification' (14). Figure 8 below details the distribution of continuing commitments by field of action.

Figure 8: Distribution of active commitments by field of action



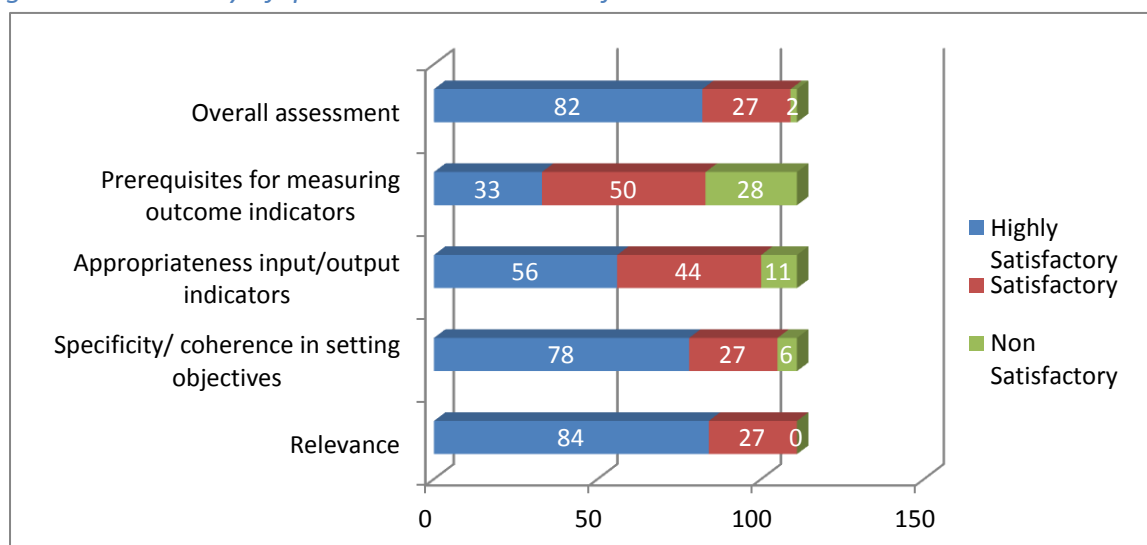
The group most targeted by active commitments is the general public (46 commitments), followed by children and adolescents (29 commitments) and health professionals (23 commitments). These 3 groups were also the most common target group for active commitments during the 2012 monitoring year. Nearly every target group of the Platform is covered by these active commitments, although educators, special groups and local communities are not specific targets of active commitments. The figure below shows the distribution of active commitments by target group.

Figure 9: Distribution of active commitments by target group



The qualitative assessment of these active commitments showed that they all are highly relevant or relevant to the aims of the Platform, and none of them were assessed to not be relevant. Similarly, the majority of the active commitments were assessed to have clear and specific objectives for 2013, although 6 were not (a slight increase in comparison to 2012). Most of the active commitments had identified and reported on appropriate and meaningful input and output indicators and many had identified satisfactory measures of outcomes. A total of 11 commitments (10%) were assessed to not have reported appropriate input and output indicators and 28 (28%) were assessed not to have reported on or identified outcome measures. This represents a slight fall compared to the 2012 figures for input / output / outcome indicators (i.e. input / output / outcomes are reported on in a more satisfactory way in 2013). The figure below (Figure 10) summarises the results of the qualitative assessment of new commitments.

Figure 10: Summary of qualitative assessment of active commitments



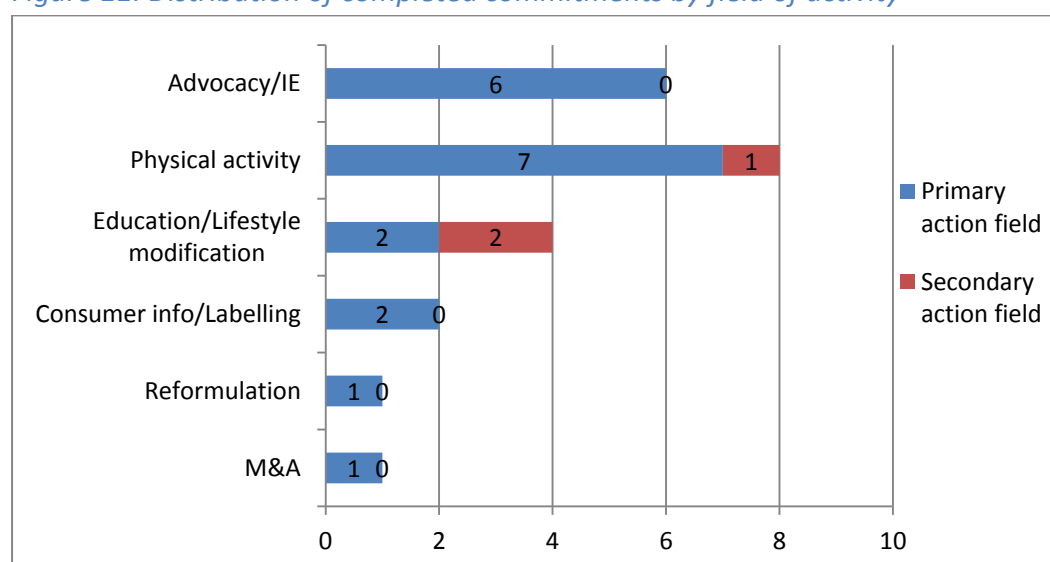
The monitoring reports received for 2013 show that the commitments continuing from 2012 and previous years have produced a number of outcomes, some considerable and all noteworthy. In Annex III a brief description of each active commitment (for which a monitoring report was received) and a summary of the achievements of each is presented, including completed commitments.

3.4 Review of completed commitments for 2013

There were 23 commitments that were classified as completed in 2013. These are listed in Annex II. Of these there were 3 commitments for which monitoring reports were not submitted. One of the 23 completed commitments was also a new commitment (commitment number 1510 – The mHealth Grand Tour Brussels-Barcelona). Although categorised as a completed commitment, action number 604 was continued through actions 1513, 1514, 1515 and 1516.

The most common field of action for completed commitments was ‘Physical activity’ (7) closely followed by ‘Advocacy and information exchange’ (6). The figure below visually depicts this information.

Figure 11: Distribution of completed commitments by field of activity



The target group for 9 of the completed commitments was health professionals, and for 5 was the general public. A total of 3 completed commitments were targeting children and adolescents and 2 were targeting industry. None of the completed commitments operated on regional scale, 6 of them were national and the remaining 13 operated Europe-wide.

Annex III provides a brief description and achievements of the completed commitments for 2013 for which monitoring reports were received.

Critical analysis and recommendations

Completed commitments provide an opportunity for the experience gained via the delivery of the commitment to be shared with others in order to prevent the lessons learnt through the delivery of one commitment to be 're-learnt' through the delivery of another. Sharing the challenges faced during the delivery of a commitment and how these were overcome is useful and valuable information to other Platform members.

1. It is recommended that when a commitment is completed, that the monitoring report for that commitment includes a new section on the overall achievements and impact (positive impact and impact that is less positive) of the commitment during its lifetime as well as key learning points.
2. Future Annual Reports should include a section on lessons learnt and experiences gained from completed commitments each year, so that over time a knowledge reservoir can be created.

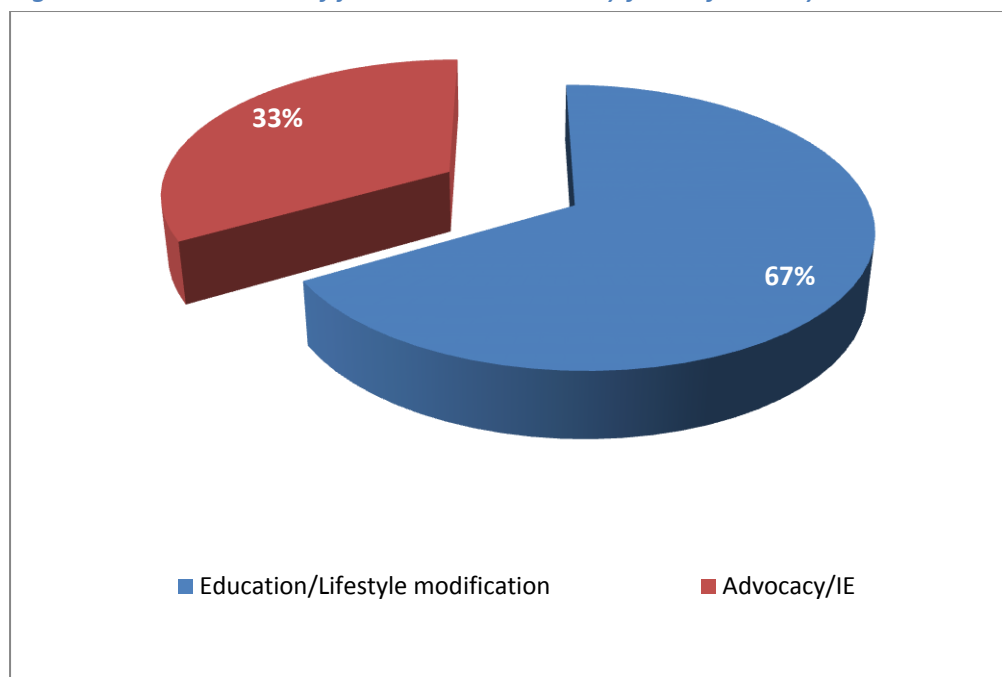
3.8 Joint Commitments

In recent years there has been an increased focus on the concept of joint commitments – namely commitments that are pledged by 2 or more Platform members. It is purported that joint commitments have the potential to increase the reach and impact of the Platform even further.

In 2013 there were 3 joint commitments. These were commitments numbers 1111, 1312 and 1504. All 3 of the joint commitments were pan-European in nature, reflecting the strategic nature in which the joint commitments operate. All joint commitments were from the not-for-profit sector.

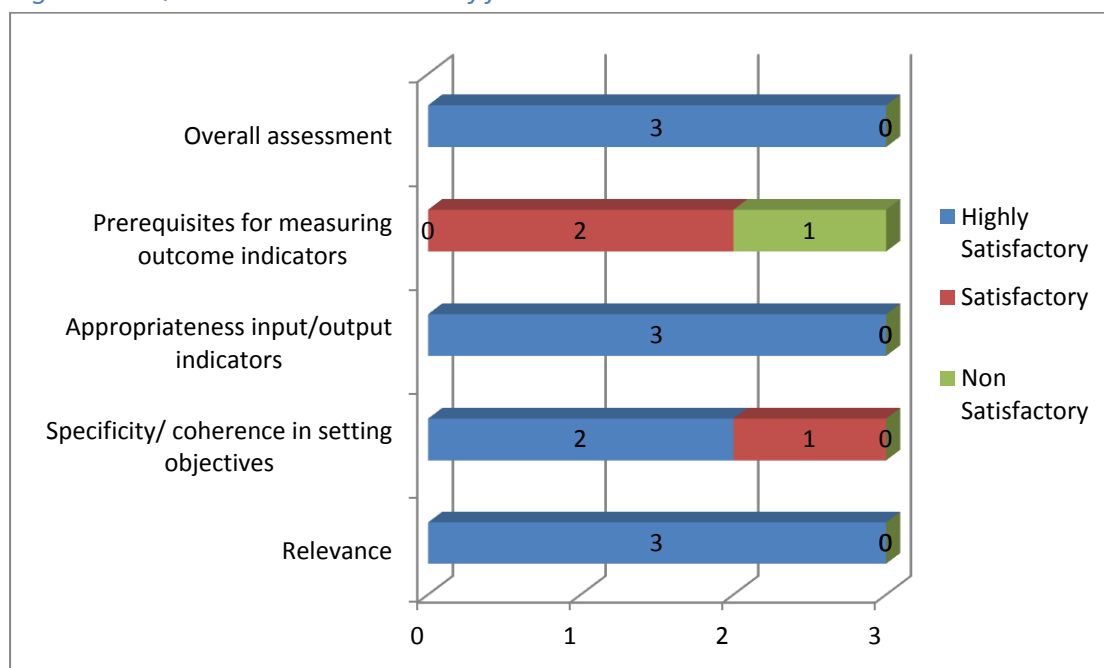
Two of the joint commitments were in the field of 'Education', and the remaining in the field of 'Advocacy and information exchange', as the figure below indicates. Secondary fields of action were in 'Education' for one joint commitment, and 'Advocacy and information exchange; for the other 2 joint commitments. These findings reflect the fact that that the commitments derive from the not-for-profit sector – 'Education' and 'Advocacy and information exchange', along with 'Physical activity promotion', are the fields of activity in which the not-for-profit sector are most active overall. All 3 of the joint commitments were targeted at health professionals.

Figure 12: Distribution of joint commitments by field of activity



In terms of the qualitative assessment, joint commitments were of a high quality overall. All commitments were highly relevant to the aims of the Platform and had very appropriate input and output indicators. It was only in the area of developing outcome indicators that significant improvements might be made in. This finding aligns with the qualitative assessment of the commitments generally.

Figure 13: Qualitative assessment of joint commitments



Critical analysis and recommendations

Joint commitments represent just 2% of commitments overall.

1. Platform members should carefully consider the ways in which they might work together to form joint commitments whilst preserving the independence and role as watchdog of NGO members. The recommendations later in this report on the issue of networking will further facilitate this.
2. When setting new joint commitments members should consider those with a variety of fields of activity, particularly 'Physical activity promotion' where this is core to the work of a Platform member.
3. When setting new joint commitments particular attention should be given to target groups other than health professionals (which is the target of the 3 current joint commitments).

3.9 Conclusions

During 2013 there were 13 new commitments. This figure reflects a drop in the number of new commitments that have been received in previous years. Indeed, new commitments represent less than 10% of the total number of commitments for 2013. This indicates that whilst Platform members are continuing to take action and instigate new action to address overweight and obesity within the EU, further action may be necessary to ensure that the Platform continues to have the impact it desires. However, care should be taken to ensure that any new commitments should focus on the core work of Platform members.

All but 2 of the new commitments have a pan-European geographical coverage, and between them have covered every field of action of the Platform, and have focused on every target group.

The 111 commitments that have continued from 2012 have also been mostly pan-European in geographical scope, and have focused on nearly every target group and field of action as specified by the Platform. Most active commitments address Education and lifestyle modification.

A total of 23 commitments were completed in 2013, 20 of which were included in the analysis. This means that 23 commitments ended in 2012, yet 13 began. This is a diversion from the positive trend identified in the 2012 Annual Report whereby there were greatly more new commitments than completed ones. Platform members should carefully examine the areas where new commitments can be made for 2014.

The qualitative assessment of commitments, including joint commitments, indicates that the relevance of commitments to the aims of the Platform is high, and in most cases clear objectives are set. Monitoring reports for 2013 showed an improvement in the quality of monitoring of outputs and outcomes / impact. However, this was not so in every case, and there is a continued need to further refine the measures and indicators of input, output, and in particular measures of outcomes in order that the impact of the Platform can be effectively demonstrated.

CHAPTER 4: REVIEW OF PLATFORM COMMITMENTS FOR 2013 BY ACTIVITY TYPE

4.1 Overview

This chapter provides details of the commitments undertaken by members of the Platform in 2013 grouped by their activity type. For an overview of the commitments and of their outputs in 2013 please refer to Chapter 3. In this chapter commentary is provided on the quality of the monitoring reports and the richness of data that they yield. The submitted monitoring reports provide information on the activity type that the commitment addresses. The categories of activity type are:

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

Summary

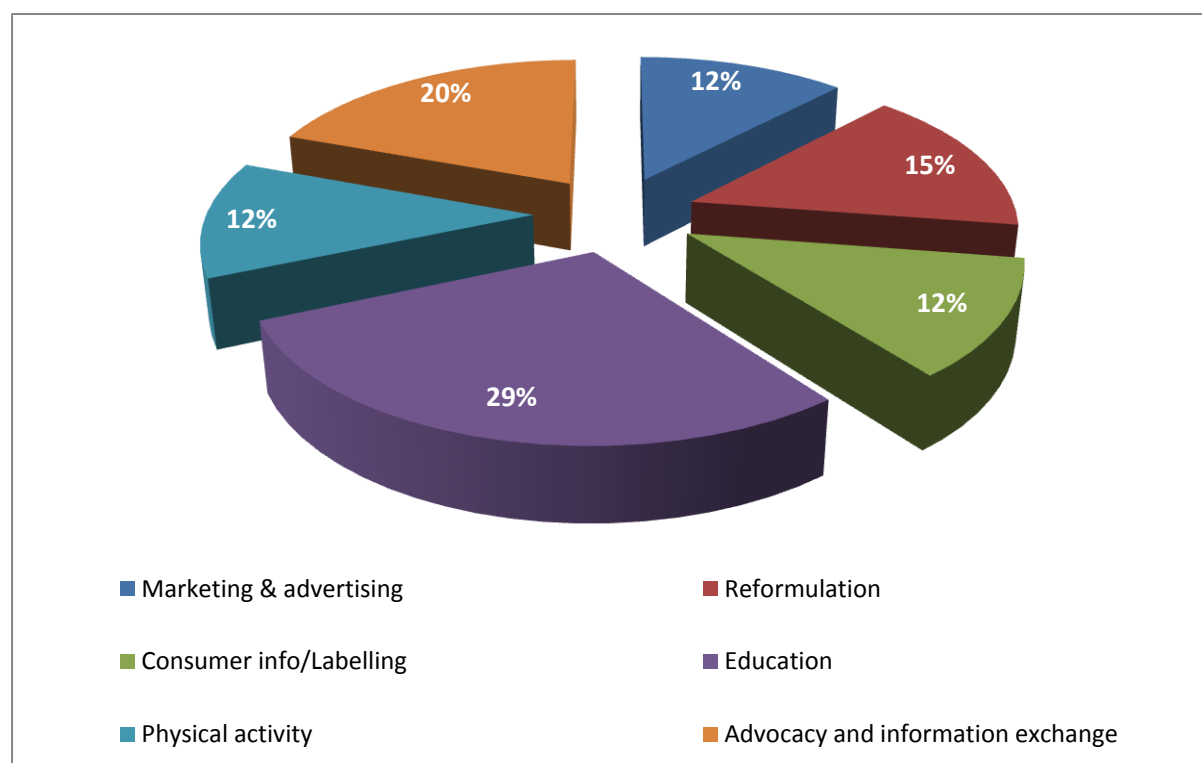
Out of the 124 commitments for which monitoring forms were received in 2013, there were 15 commitments in the field of Marketing and advertising, 19 in the field of Reformulation, 15 in the field of Consumer information and labelling, 36 in the field of Education and lifestyle modification, 15 in the field of Physical activity promotion, and 24 in the field of Advocacy and information exchange. Figure 14 below provides a summary of this information.

Figure 14: Overview of commitments by activity type 2013 (n-124)

| Commitments by activity type | Number of commitments |
|---|-----------------------|
| Marketing and advertising | 15 |
| Composition of foods (reformulation), availability of healthy food options, portion sizes | 19 |
| Consumer information/labelling | 15 |
| Education including lifestyle modification | 36 |
| Physical activity promotion | 15 |
| Advocacy and information exchange | 24 |

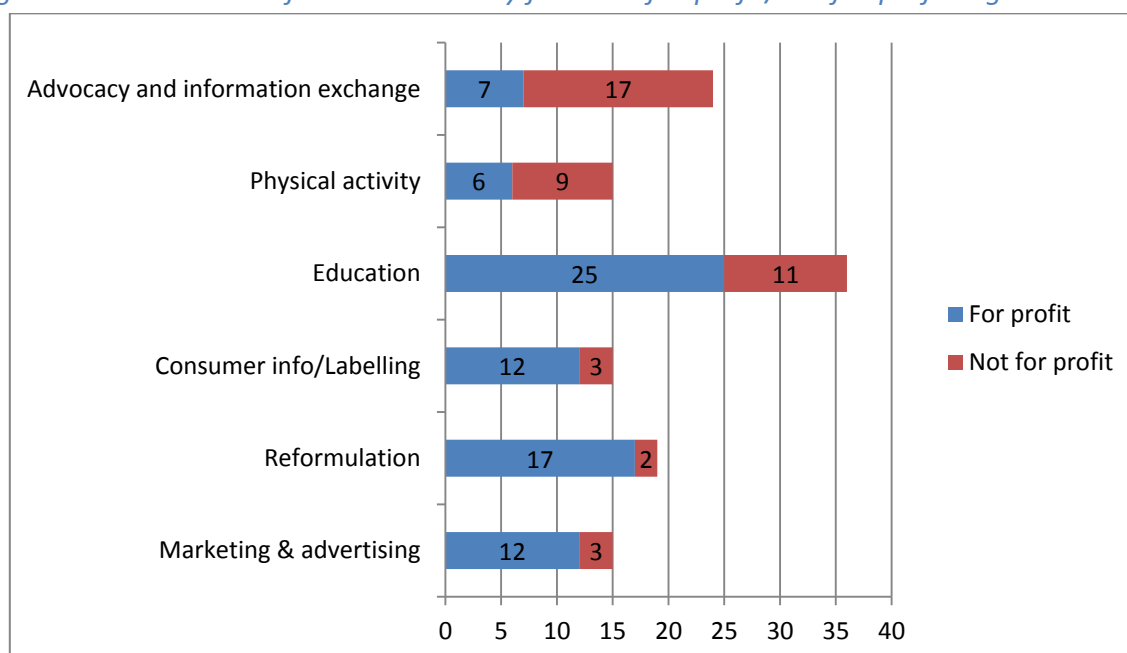
Further examination of these figures shows that they are spread fairly evenly over the range of activity types, with the exception of the 'Education' field of activity which has a 29% share of the total number of commitments (see Figure 15 below).

Figure 15: Distribution of commitments by activity type



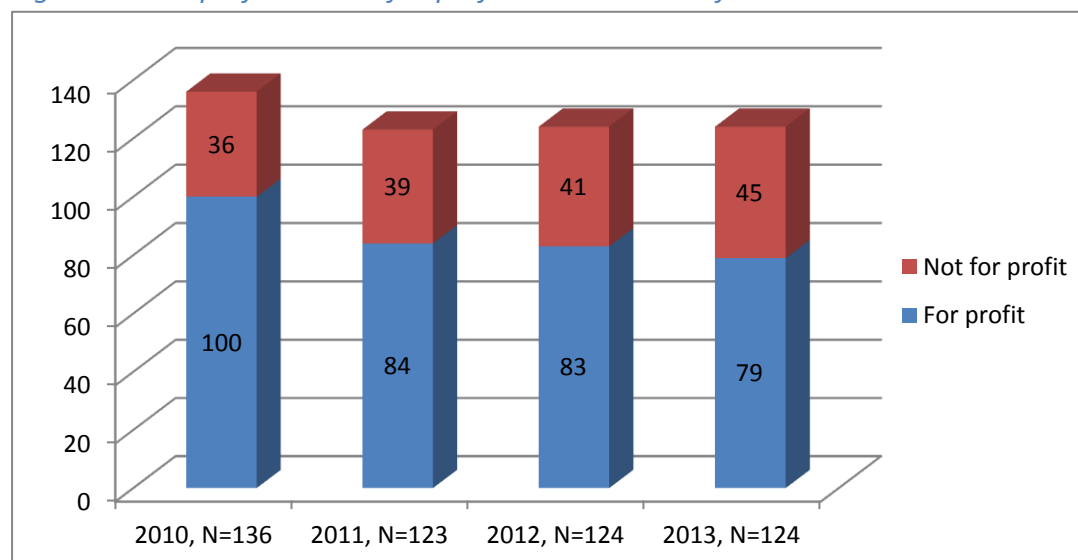
The majority of commitments are held by for-profit organisations (79). This ratio is varied across the activity types: from 29% of commitments in the area of Advocacy and information exchange to 89% in the area of Reformulation. The not-for-profit organisations have 45 commitments. They have 71% in the field of Advocacy and information exchange and 60 % in the field of Physical activity promotion. More details can be found in Figure 16 below.

Figure 16: Distribution of commitments by field and for-profit/not-for-profit organisations



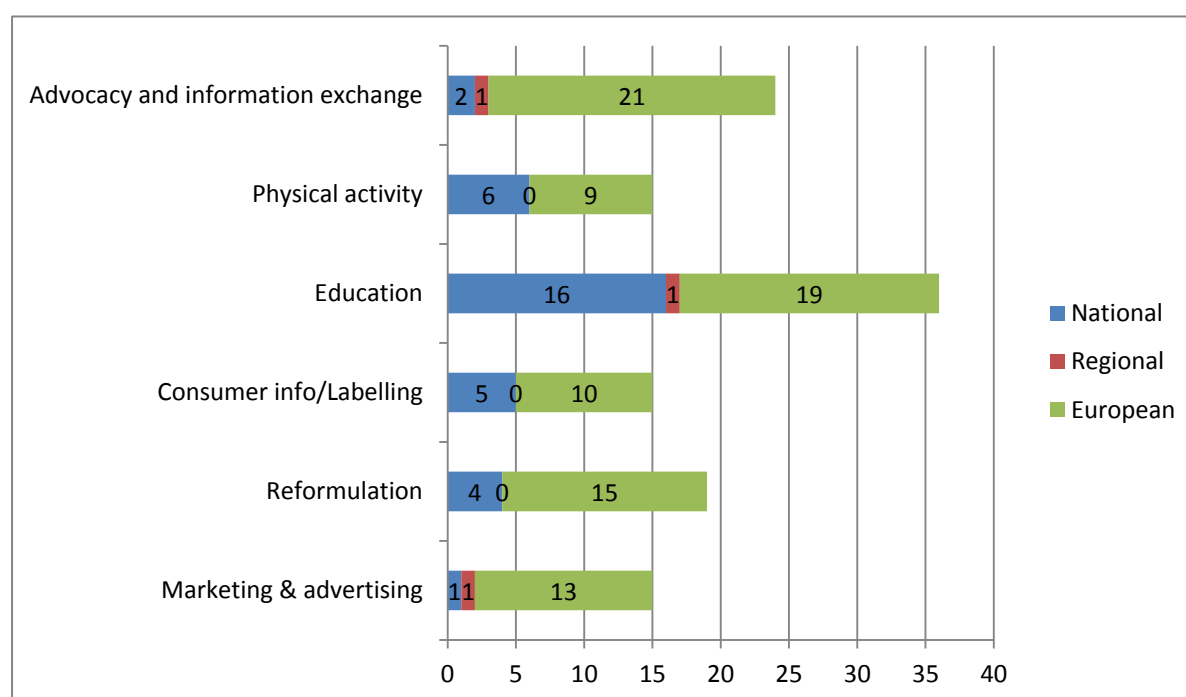
Although, as stated, the majority of the commitments are held by the for-profit sector, this sector's share of the total has decreased in recent years, from 74% in 2010 to 64% in 2013, while commitments held by the not-for-profit sector have correspondingly risen. This evolution is illustrated by the following graph.

Figure 17: For-profit and not-for-profit sectors' share of commitments 2010-13



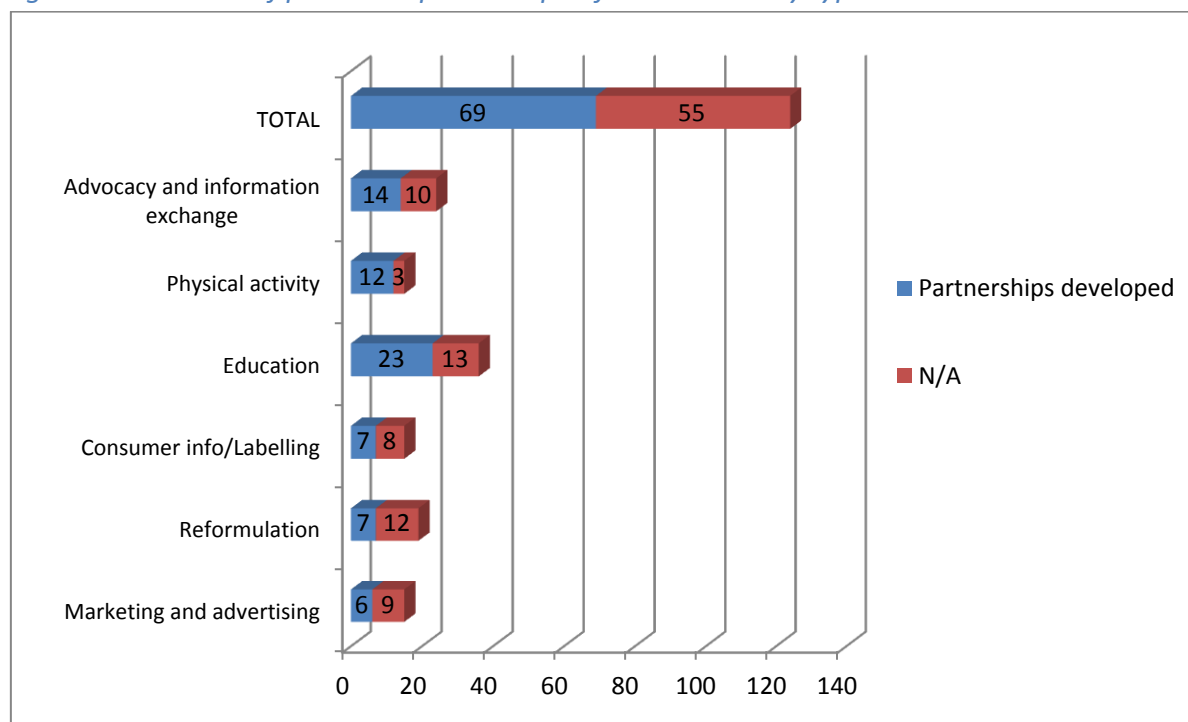
The majority of the commitments have pan-European coverage (70%), and this trend can also be viewed when looking at the geographical coverage of commitments within given fields of activity. Only a very small number of commitments within any field of activity are limited to a regional coverage. Figure 18 below shows the six areas of commitments by their coverage in terms of national, regional and European focus.

Figure 18: Geographical coverage of commitments by activity type



Partnerships⁵ are an important vehicle for the delivery of commitments. Figure 19 below indicates just how significant an issue this is with partnerships being formed in the delivery of 69 of the 124 commitments, i.e. 56% of the total.

Figure 19: Number of partnerships developed for each activity type



4.2 Marketing and advertising

The Marketing and advertising commitments operate in a rapidly evolving media environment increasingly dominated by new (non-traditional) forms of digital media. These include websites, mobile marketing via SMS, smartphones, social networks, online games and videos, and DVDs. This evolution poses new challenges both to industry and consumers. Young consumers make up a disproportionate share of users of these media. Thus, those with limited parental support (i.e. socially disadvantaged or poor families) are likely to be progressively exposed to unchallenged claims. In 2013, 15 Marketing and advertising commitments were implemented.

⁵ Partnerships are arrangements in which Platform members engage with non-member partners, e.g. government, institutions, private sector operators, civil society, or other organisations, in pursuing a particular commitment.

Active Marketing and advertising commitments

The 15 active commitments in this area are shown in the following table.

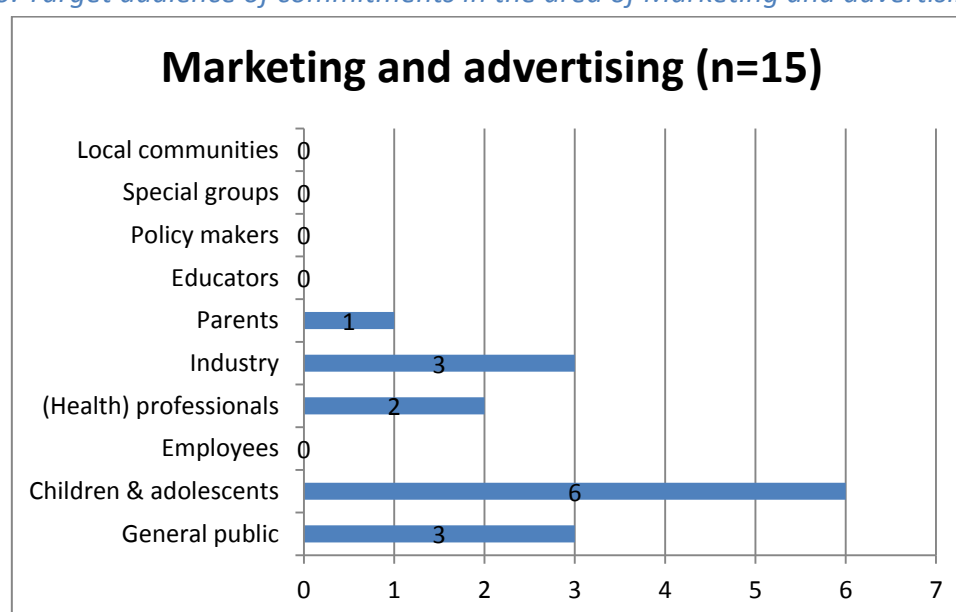
| Platform Member | Action number | Title |
|--|----------------------|--|
| FoodDrinkEurope and its members | 265 | The self-regulatory code for advertising (FEVIA) |
| | 581 | Advertising and Commercial Communications, including school vending (UNESDA) |
| | 619 | Product development, marketing/advertising and the promotion of healthy lifestyles (PepsiCo) |
| | 833 | Responsible marketing and advertising (Unilever) |
| | 1018 | Mars Marketing commitments (Mars Inc.) |
| | 1064 | No advertising in cinemas during films aimed at children under 12 years (UNESDA) |
| | 1203 | Not market to children under 12 years in the Digisphere (FoodDrinkEurope) |
| | 1515 | European savoury snacks industry commitment in the area of marketing and advertising |
| European Association of Communications Agencies (EACA) | 1502 | G-REGS: Instant access to international marketing rules |
| World Federation of Advertisers (WFA) and its members | 427 | Media literacy and responsible advertising to children (Ferrero Group) |
| | 545 | Media Smart – teaching children to be media-literate |
| | 1075 | The EU Pledge - Changing Food Advertising to Children |
| Confederation of Family Organisations in the European Union (COFACE) and its members | 1106 | Media, advertising and nutrition: media literacy educational package |
| International Obesity Task Force (IOTF) and its members | 1118 | International standards for marketing food to children |
| European Heart Network (EHN) | 1404 | Nutritional criteria for foods/drinks advertised to children |

Mapping of Marketing and advertising commitments

Of the 15 active commitments 12 were implemented by the for-profit sector and 3 by the non-profit sector. In terms of their geographical outreach, the commitments are widely dispersed: 13 are implemented at European level, 1 at a regional level and 1 at a national level.

In addition to these 15 commitments, 1 other has Marketing and advertising as a secondary action field. As the table below indicates, most of the Marketing and advertising commitments address children (40%) and the general public and industry (20% each), with remaining commitments accounting for 20%.

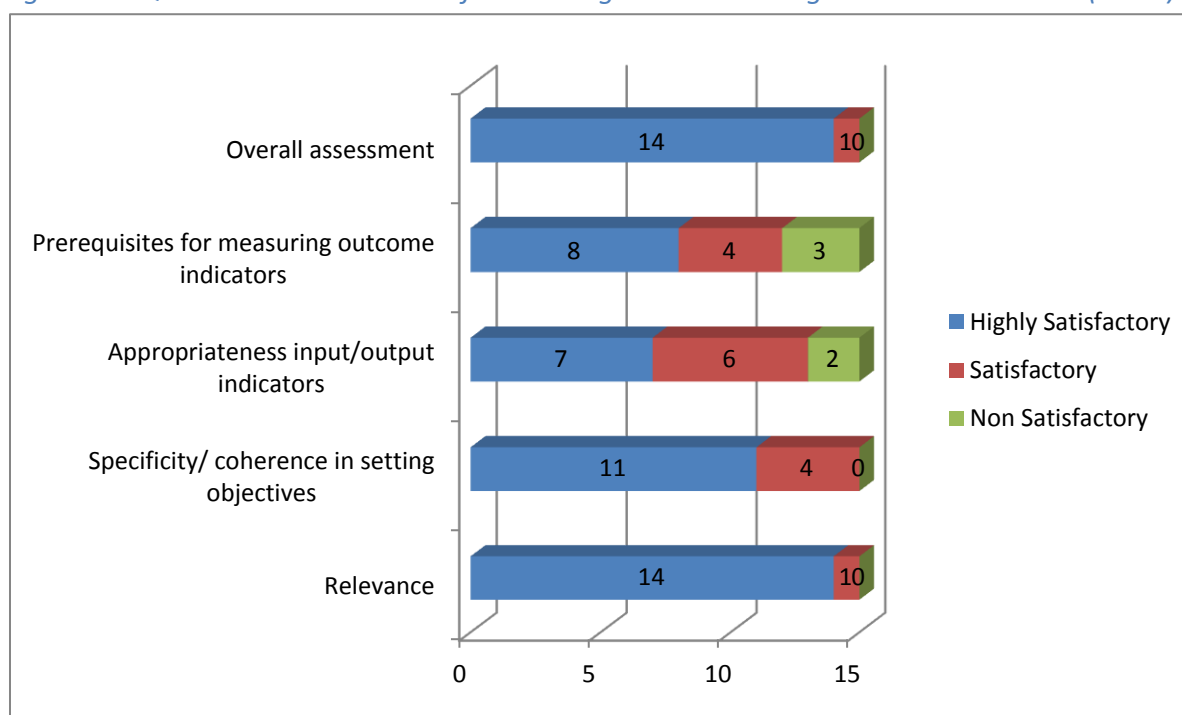
Figure 20: Target audience of commitments in the area of Marketing and advertising



Qualitative assessment of Marketing and advertising commitments

The overall qualitative assessment of the 15 Marketing and advertising commitments found a significant improvement on the assessment of 2012, with 14 considered overall to be 'highly satisfactory' and 1 to be 'satisfactory'. None were found to be 'not satisfactory'. On *outcome indicators*, 8 commitments were assessed as being 'highly satisfactory', while 4 were assessed as 'satisfactory'. The remaining three were found to be 'not satisfactory'. *Appropriateness of input and output indicators* were assessed as being 'highly satisfactory' for 7 commitments, 'satisfactory' for 6 commitments but in 2 instances commitments were assessed as being 'not satisfactory'. *Specificity and coherence of the objectives* was assessed as being either 'highly satisfactory' or 'satisfactory' for 11 and 4 objectives, respectively. As for Marketing and advertising commitments' *relevance* to the Platform's general objectives 14 were assessed to be 'highly satisfactory' and 1 'satisfactory'. Figure 21 below provides information on the qualitative review of the M& A commitments.

Figure 21: Qualitative assessment of Marketing and advertising commitments 2013 (N=15)



4.3 Composition of foods (reformulation), availability of health food options, portion sizes

The commitments in this area are important adjuncts to Member States' initiatives for reducing salt, sugar and other nutrients such as saturated fats, hydrogenated fats, trans fats, for moderating energy intake and portion sizes, and for making it easier for people to consume a healthy and nutritionally balanced diet.

19 commitments with Reformulation as their main activity type were active in 2013. In addition, 2 more commitments addressed Reformulation as a secondary field of action. With the exception of two commitments focused on the reduction of salt, these commitments are directed at either multiple nutrient reduction or other innovative approaches to amending the composition of food, increasing the availability of healthy food options or making portion sizes a positive factor in a healthy diet.

Reformulation active commitments

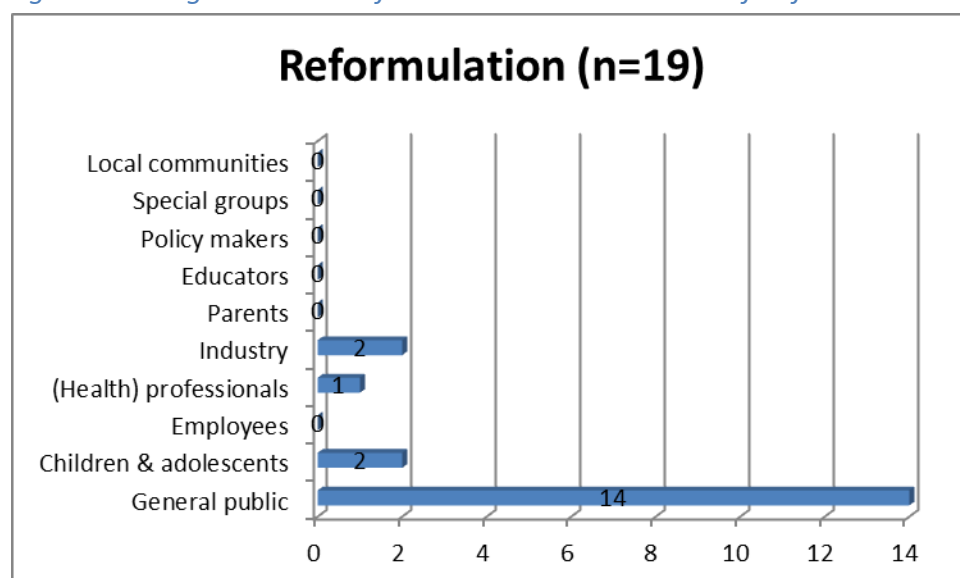
The 19 active commitments are shown in the following table.

| Platform Member | Action number | Title |
|---|----------------------|---|
| FoodDrinkEurope and its members | 263 | Nutritional Policy Charter |
| | 583 | Products, Choice & Portion Size |
| | 807 | Product Formulation and Portion Sizes |
| | 834 | Product reformulation and innovations |
| | 1004 | Product Reformulations & Portion Size Reductions |
| | 1016 | Reduction of salt levels in rice and sauce products |
| | 1218 | Nutritional Improvement Programme (NutriProgress) |
| | 1318 | Participation in NU-AGE project |
| | 1407 | Nestlé innovation and renovation (with focus on culinary, ice-cream & confectionary) |
| | 1415 | Product reformulation and innovation |
| | 1420 | Dietary habits and nutrient intakes in infants and toddlers |
| | 1514 | European savoury snacks industry commitment in the area of product development and choice |
| EuroCoop | 1110 | Club 4-10 |
| European Vending Association (EVA) | 1314 | Increasing vending choice to promote healthy eating habits |
| European Modern Restaurants Association (EMRA) | 535 | Product composition |
| | 537 | Choice |
| FoodServiceEurope | 505 | FERCO General Nutrition Recommendations |
| Standing Committee of European Doctors (CPME) | 1305 | Healthy Choices at Work |
| Agricultural organisations and cooperatives (COPA-COGECA) | 1317 | Partnership on the reduction of salt content in food |

Mapping of Reformulation commitments

Of the 19 commitments, 1 is new. However, the assessment of the monitoring reports shows that 2 more commitments are implementing food reformulation activities. Overall the potential reach of reformulation is great as these commitments impact directly on food purchasing and consumption in Europe. 4 of the Reformulation commitments are national in nature and the 15 remaining commitments are European. 17 commitments in this category have been implemented by the for-profit sector. The primary target audience of these commitments is detailed in the table below.

Figure 22: Target audience of commitments in the area of Reformulation

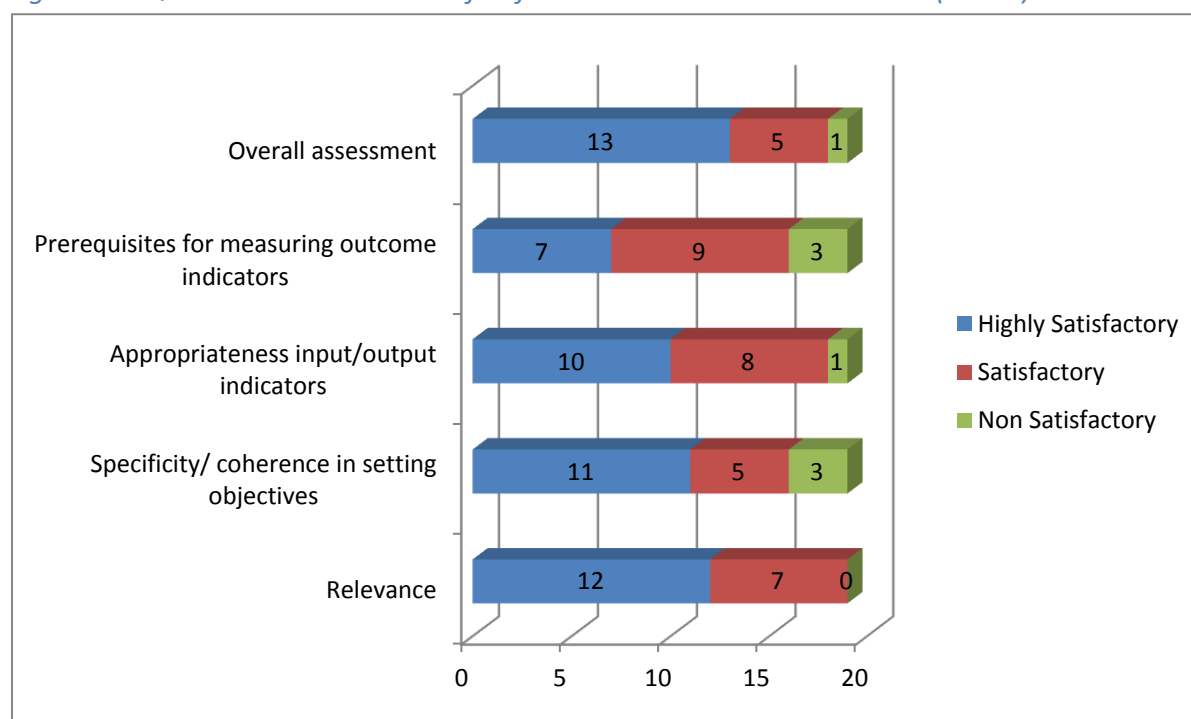


As can be seen from the above table the majority of the Reformulation commitments has the general public as their target audience, while a smaller proportion is targeted at the industry itself as actions to introduce and monitor the desired changes in food composition are encouraged. Contrary to earlier years in which progress was often quantified in terms of the total reduced content of ingredients that in inappropriate quantities impact negatively on health, e.g. tons reduction in salt, saturated and trans fats, and sugar, reports now tend to focus on reductions, by weight, percentage or energy content, per portion or per pack. Other indicators report on communication activities, 'healthier meals' provided, or reformulated products sold. Their diversity and qualitative nature renders a meaningful or comparative portrayal of such indicators challenging.

Qualitative assessment of Reformulation commitments

Overall the qualitative assessment of the 19 commitments rated 13 as being 'highly satisfactory', 5 as being 'satisfactory', and 1 as being 'not satisfactory'. At the level of *outcome indicators*, 7 commitments were assessed as 'highly satisfactory', while 9 were found to be 'satisfactory', and 3 'not satisfactory'. *Appropriateness of input and output indicators* were assessed as being 'highly satisfactory' and 'satisfactory' for 10 and 8 commitments respectively, while 1 commitment was assessed as 'not satisfactory' on this point. As regards *Coherence and specificity of objectives* 11 and 5 commitments were assessed to be 'highly satisfactory' and 'satisfactory' respectively, while 3 commitments were found to be 'unsatisfactory'. *Relevance* to the Platform's general objectives was assessed to be 'highly satisfactory' for 12 and 'satisfactory' for 7 of the commitments in this area. Overall, the qualitative indicators show a substantial improvement on 2012.

Figure 23: Qualitative assessment of Reformulation commitments 2013 (N =19)



4.4 Consumer information, including labelling

To make informed decisions about purchasing food and eating habits consumers must evidently possess relevant knowledge. On the other hand, consumer information, including product labels indicating nutrient contents, is only one of many determinants of people's decisions about food. Yet, the Platform has, since its inception, sought to encourage members to register and report on commitments under the activity area of Consumer information including labelling.

Establishing the way in which food information should be made available to consumers Regulation 1169/2011 of the European Parliament and of the Council reflects the importance with which policy-making and updating legal provisions in this area is viewed. The regulation defines the compulsory information to be present on food labels, such as content per 100 grams or 100 ml of energy, salt, sugar, fat, and proteins. In this context, the Platform commitments are acting as vehicles to test the feasibility of policy options and to enhance labelling information so as to bring about the effects envisaged by the legislation. Initially called 'Labelling' only, the Consumer information including labelling field of activity has seen a total of 30 commitments implemented since 2006. Of these, 15 commitments, including one new, were active in 2013.

Consumer information, including labelling, active commitments

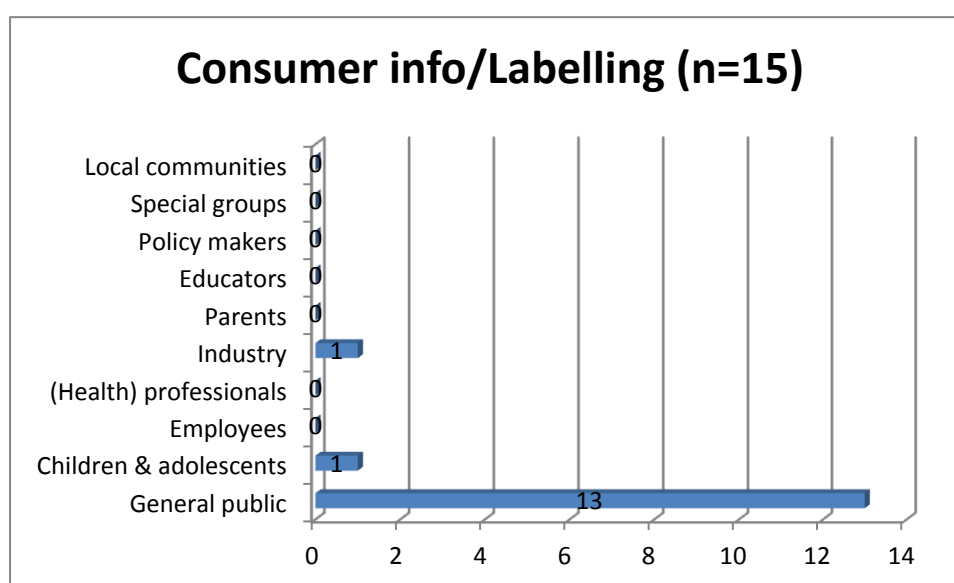
The 14 continuing commitments in this area are shown in the following table.

| Platform Member | Action number | Title |
|--|----------------------|--|
| FoodDrinkEurope and its members | 266 | Website "alimentationinfo.org / voedingsinfo.org" |
| | 268 | NUBEL |
| | 582 | Consumer information |
| | 1015 | Nutrition Labelling Initiative: Indication of Guideline Daily Amounts (GDAs) |
| | 1020 | Nestlé Nutrition Studio: Consumer education for healthy and balanced nutrition |
| | 1024 | ¡A comer bien! (To eat well) |
| | 1027 | Guideline Daily Amount Labelling |
| | 1414 | FoodDrinkEurope Recommendation for the continued use of Guideline Daily Amounts (GDAs) |
| | 1513 | European savoury snacks industry commitment in the area of consumer information |
| EuroCommerce | 738 | German retailers' initiatives in the field of nutrition and healthy lifestyles |
| | 1028 | Promotion of a balanced nutrition programme for restaurants and employees |
| European Food Information Council (EUFIC) | 521 | Consumer research on nutrition information and labelling |
| European Consumer Organisation (BEUC) | 1401 | Engagement with other stakeholders to discuss out of home nutrition information |
| European Modern Restaurants Association (EMRA) | 536 | Consumer Information |
| FoodServiceEurope | 504 | Provision of nutritional information to the end consumer |

Mapping of Consumer information commitments

Figure 24 below indicates the number of Consumer information including labelling commitments by target group. As is to be expected, the general public is by far the largest target group for this type of commitment.

Figure 24: Target audience of commitments in the area of Consumer information including labelling

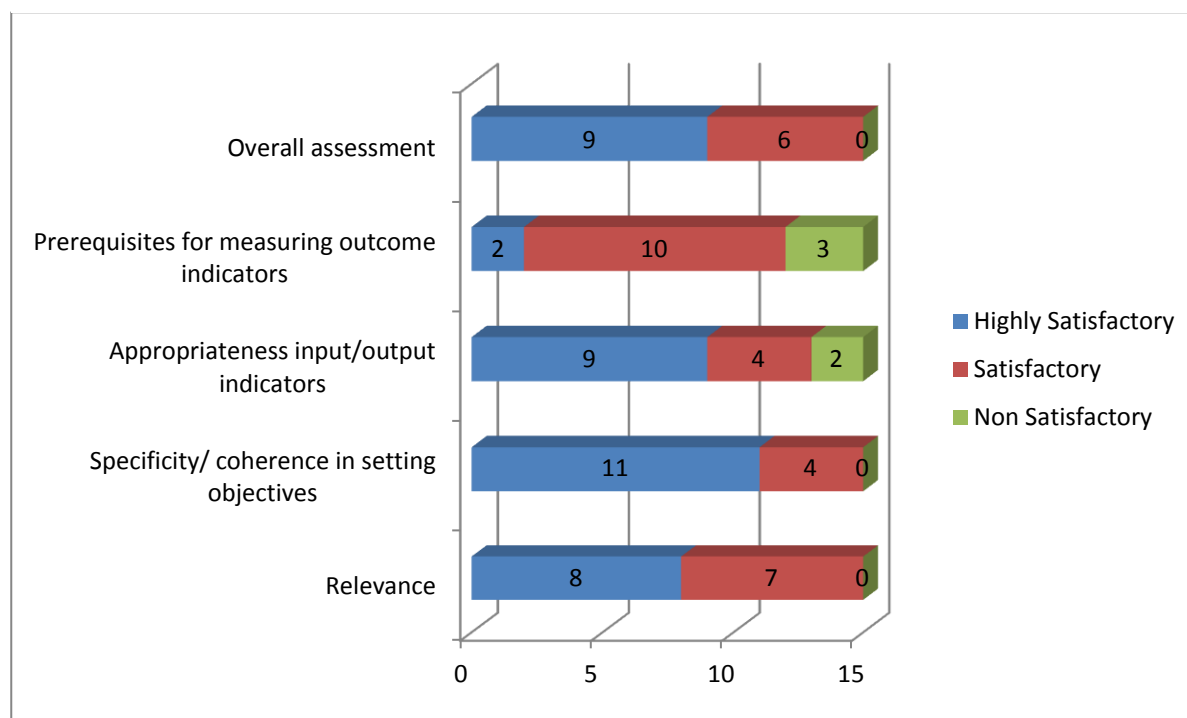


In this area three commitments were by non-profit and 12 by for-profit organisations, respectively. Ten commitments had a European geographical scope, while the remaining 5 were national. Indicators used by Platform members to measure outputs and outcomes in this field ranged from numbers of products benefiting from new labels, number of customers that receive packs with new label, number of pages/videos/information materials downloaded from the internet, and most importantly, the level of compliance with the GDA system of labelling. In addition, 3 more commitments have Consumer information and labelling as a secondary field of activity.

Qualitative assessment of Consumer information commitments

The overall qualitative assessment of the 15 commitments found 9 to be 'highly satisfactory' and 6 to be 'satisfactory'. None was assessed as 'not satisfactory'. At the level of *Outcome indicators*, 2 commitments were assessed as 'highly satisfactory', 10 commitments were assessed as 'satisfactory', while 3 were found to be 'not satisfactory'. *Appropriateness of input and output indicators* were assessed as 'highly satisfactory' for 9, 'satisfactory' for 4 and 'non satisfactory' for 2 commitments in this area. *Specificity and coherence in setting objectives* was assessed as 'highly satisfactory' and 'satisfactory' for 11 and 4 commitments, respectively. *Relevance to the Platform's general objectives* was assessed to be 'highly satisfactory' for 8, and 'satisfactory' for 7 of the commitments in this area.

Figure 25: Qualitative assessment of Consumer Information, including labelling commitments 2013 (N=15)



4.5 Education, including lifestyle modification

This field of activity attracted the highest number of commitments: 36 active commitments in 2013 (29% of all Platform active commitments in 2013), of which 2 were new in 2013. The activities covered by the commitments are diverse, many providing educational opportunities for school children with regard to the benefits of healthy nutrition and physical activity. Professionals are addressed through the organisation of conferences and the dissemination of technical materials through specialized professional media. A list of all active commitments in this field is presented below.

Education, including lifestyle modification active commitments

The 36 active commitments in this area are shown below.

| Platform Member | Action number | Title |
|---------------------------------|---------------|--|
| FoodDrinkEurope and its members | 269 | FEVIA Fund (partnership with the King Baudouin Foundation) |
| | 449 | wellness for me |
| | 837 | Healthy Choice the Easy Choice |
| | 1001 | EPODE (Ensemble Prévenons l'Obésité Des Enfants) / EEN (European Epode Network)) |
| | 1009 | CleverNaschen |
| | 1013 | Supporting the Epode European Network |
| | 1069 | Healthy Lifestyle Campaign 'Happy Body' |
| | 1113 | "Keep fit!" Nationwide Educational Programme |

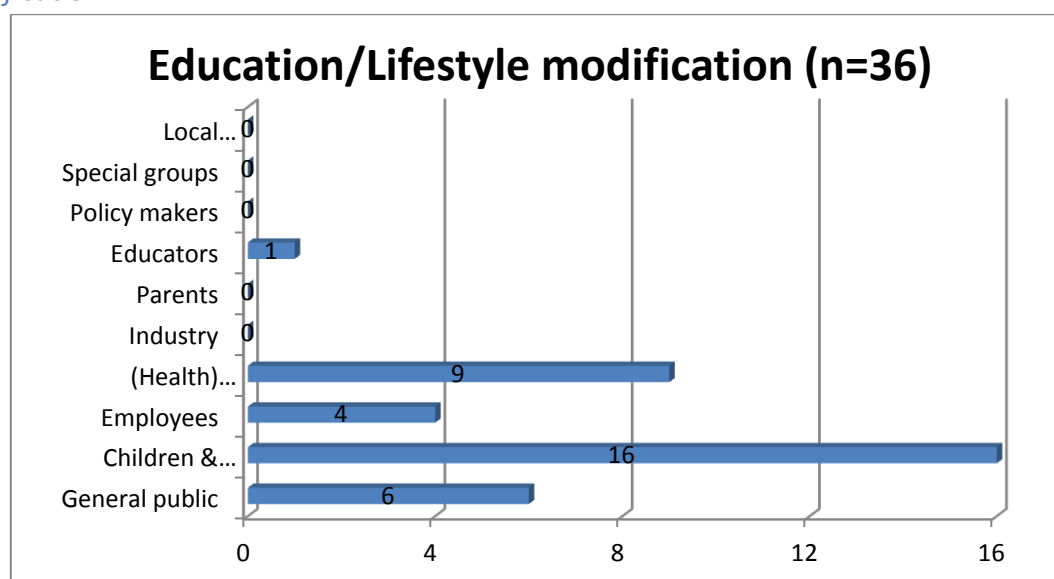
| | | |
|---|------|--|
| | 1114 | Ma santé au quotidien / Health @ work |
| | 1115 | Kellogg's Breakfast Clubs |
| | 1206 | Kellogg's Belgian Prize for Dietetics |
| | 1207 | "Bon appétit, Bouge ta santé" / 'Spring in het rond, eet gezond' |
| | 1208 | Eat Like a Champ |
| | 1211 | Mondelēz International - Employee Wellbeing |
| | 1217 | 'Mum, Dad, I prefer water!' |
| | 1316 | Educazione alimentare / Food education |
| | 1406 | Nestlé Healthy Kids Global Programme |
| | 1413 | Global Employee Health Programme - Lamplighter |
| | 1416 | Healthy Start |
| | 1417 | Malin program, to improve dietary habits of vulnerable infants |
| European Food Information Council (EUFIC) | 524 | Increasing outreach of EUFIC's information on diet, physical activity and health |
| | 526 | Using EUFIC communication vehicles to raise awareness of the EU Platform |
| European Federation of the Associations of Dietitians (EFAD) | 282 | Dietitians Improving Education and Training Standards (DIETS) |
| European Federation of the Associations of Dietitians (EFAD), European Food Information Council (EUFIC) | 1111 | Collaborate to promote increased awareness and use of energy balance |
| | 1504 | Integrating behaviour change techniques and digital technology for dietitian support |
| Agricultural organisations and cooperatives (COPA-COGECA) | 1065 | Consumer research on nutrition information and labelling |
| | 1209 | 6 A DAY |
| | 1517 | Forum for home economics teachers in primary and lower secondary schools |
| European Association for the Study of Obesity (EASO) | 1310 | Develop and maintain a network of 'EASO Collaborating Centres for Obesity Management'. |
| European Network for Prevention and Health Promotion in Family Medicine and General Practice (EUROPREV) | 1301 | Evaluation of the implementation of Diabetic guidelines in primary care |
| European Society of Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) | 1060 | ESPGHAN contribution to obesity prevention |
| European Vending Association (EVA) | 1036 | Smart Choice Programme for Vending in Education |
| Freshfel | 1409 | Kids Enjoy Fresh |

| | | | |
|---|----------|------|--|
| International Federation (IDF) | Diabetes | 1313 | Diabetes Prevention Forum |
| International Obesity Task Force (IOTF) | | 810 | Improving medical and health professional skills to counteract obesity |
| | | 1403 | ToyBox |

Mapping of Education commitments

The 36 active commitments include 1 newly submitted commitment in 2013. Eleven (30%) of the commitments are implemented by the non-profit sector and 25 (70%) by the for-profit sector. Nineteen commitments are of European scale, 1 is regional and 16 are implemented at national level. Sixteen (44%) commitments address the strategic group 'children and adolescents'; followed by health professionals (9 commitments / 25%); the general public (6 commitments / 17%); employees (4 commitments / 10%); and educators addressed by 1 commitment (3%).

Figure 26: Target audience of commitments in the area of Education including lifestyle modification



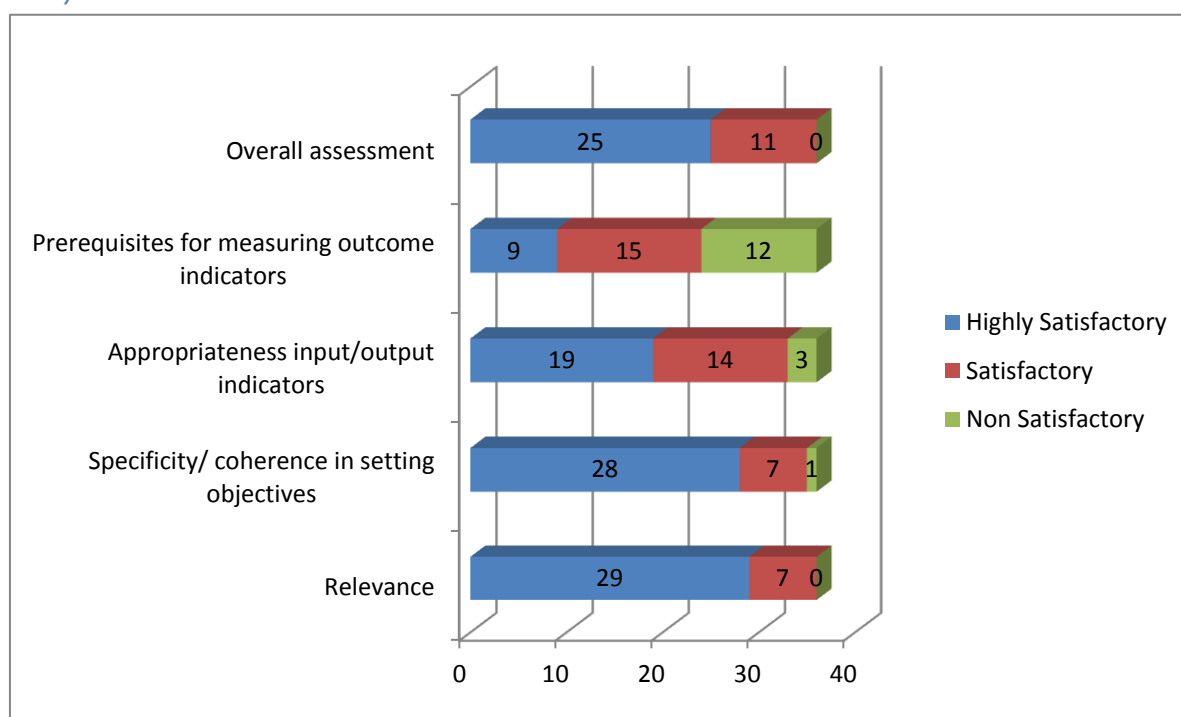
In addition to the 36 commitments having Education including lifestyle modification as the main activity type, 15 other commitments have this activity type as a second option.

Qualitative assessment of Education commitments

The overall assessment revealed that 25 commitments in this area were assessed to be as 'highly satisfactory' and 11 as being 'satisfactory'. There were no 'not satisfactory' commitments found in this area. In terms of the prerequisites for measuring *outcome indicators*, 9 were considered to be 'highly satisfactory' (25%), 15 were considered to be 'satisfactory' (42%) and 12 were considered to be 'not satisfactory' (33%). *Appropriateness of input and output indicators* were assessed 'highly satisfactory' and 'satisfactory' for 19 (53%) and 14 (39%) commitments respectively, while 3 commitments (8%) were assessed as being 'not satisfactory' on this criterion. *Specificity and coherence of objectives* was assessed as 'highly satisfactory' and 'satisfactory' for 28 (78%) and 7 (19%) commitments respectively, while 1 commitment was found to be 'not satisfactory'. *Relevance*

to the Platform's general objectives was assessed to be 'highly satisfactory' for 29 (81%) and 'satisfactory' for the remaining 7 (19%). No commitments were assessed as 'non satisfactory' in terms of relevance.

Figure 27: Qualitative assessment of Education, including lifestyle modification commitments 2013 (N=36)



4.6 Physical activity promotion

The key role of physical activity was demonstrated by the creation in 2011 of a new field allowing specific registration and analysis of commitments in this area. In 2013 there were 15 commitments with physical activity promotion as its principal focus. Two of these are new.

Physical activity promotion active commitments

There are 15 active commitments in this area, as shown by the following table.

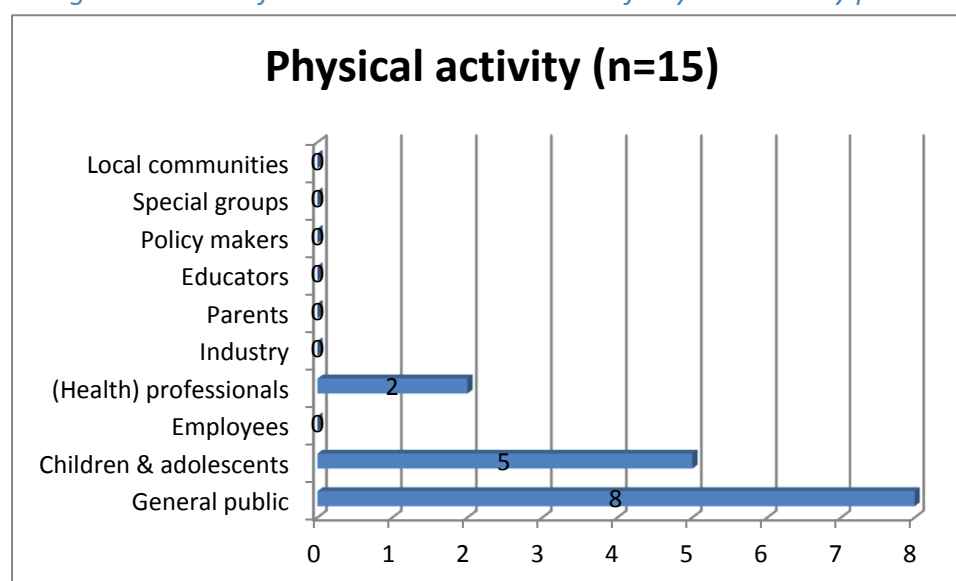
| Platform Member | Action number | Title |
|---------------------------------|---------------|--|
| FoodDrinkEurope and its members | 431 | Promotion of physical activity |
| | 1011 | Supporting research and communication on physical activity |
| | 1012 | 'Bielice Run' - Young Europeans Run |
| | 1116 | Kellogg's ASA Awards Scheme |
| | 1117 | Schools Swimming Competition - Bästa Fyran |
| | 1418 | Danone Sport Schools |

| | | |
|---|------|---|
| European Food Information Council (EUFIC) | 1061 | Using EUFIC communication vehicles to promote physical activity |
| Confédération Européenne Sport Santé (CESS) | 1059 | Physical Activity and Nutritional habits for families |
| European Cyclists Federation (ECF) | 1505 | NowWeMove by Cycle |
| European Heart Network (EHN) | 569 | Heart Walks |
| European non-governmental Sports Organisation (ENGSO) | 1405 | The Role of Health in Grassroot Sport (Health4Sport) |
| European Region of the World Confederation for Physical Therapy (ER-WCPT) | 1408 | Active and Healthy - The role of physiotherapists in physical activity |
| International Diabetes Federation (IDF) | 1510 | The mHealth Grand Tour Brussels-Barcelona |
| International Sport and Culture Association (ISCA) | 1303 | MOVE - European physical activity promotion Forum |
| The European Health and Fitness Association (EHFA) | 1411 | ukactive & Greenwich University Research Institute Health and Wellbeing Investigation |

Mapping of Physical activity promotion commitments

Of the 15 commitments in this field 6 were implemented by the for-profit sector and the remainder by non-profit organisations. Ten commitments were European in terms of geographical scope and 5 were implemented at a national level. A majority of 8 commitments (53%) addresses the general public and 5 are targeted at children and adolescents (33%). The remaining two target health professionals. In addition to the 15 commitments having Physical activity promotion as their main activity type, 7 more commitments have this activity type as a second option.

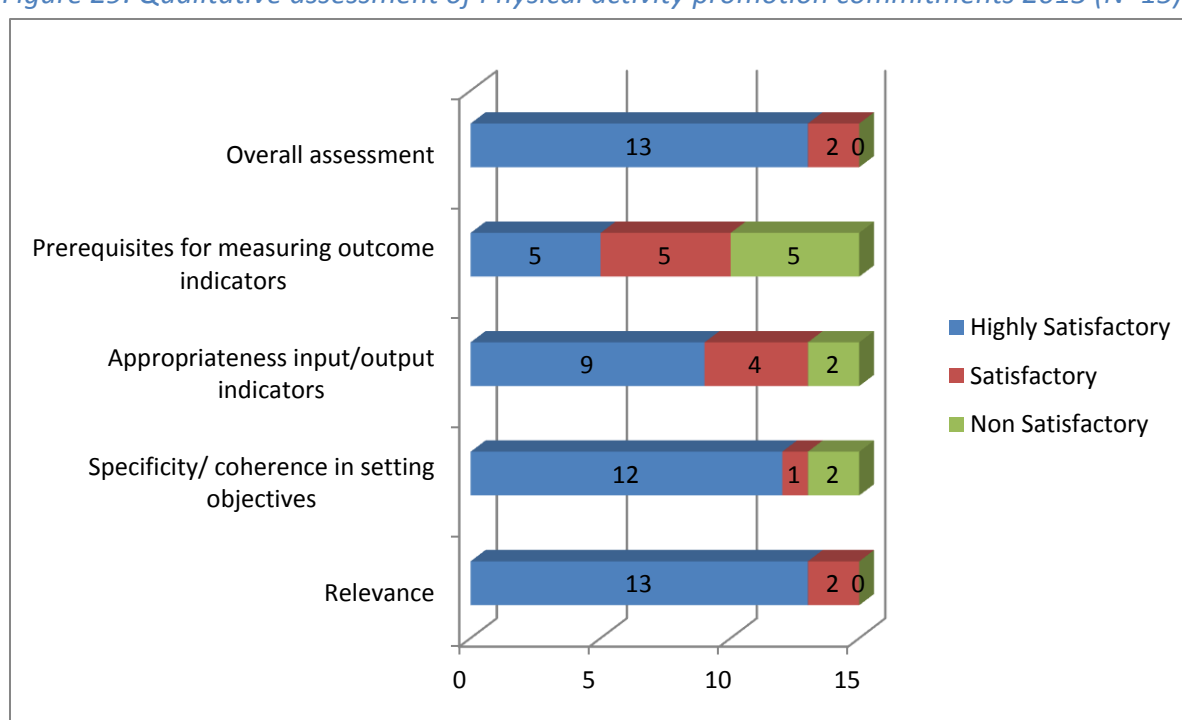
Figure 28: Target audience of commitments in the area of Physical activity promotion



Qualitative assessment of physical activity promotion commitments

The overall qualitative assessment of the 15 Physical activity promotion commitments found 13 (87%) to be 'highly satisfactory' and 2 (13%) to be 'satisfactory'. None were assessed as being 'not satisfactory'. At the level of *outcome indicators*, 5 (33%) commitments were assessed as 'highly satisfactory', 5 (33%) as 'satisfactory' and 5 (33%) as 'not satisfactory'. The *appropriateness of input and output indicators* were assessed as being 'highly satisfactory' and 'satisfactory' for 9 (60%) and 4 (27%) commitments respectively, while 2 (13%) were assessed to be 'not satisfactory'. *Specificity and coherence of objectives* was assessed as 'highly satisfactory' and 'satisfactory' for 12 (80%) and 1 (7%) commitments respectively, and 2 (13%) were found to be 'not satisfactory'. *Relevance* to the Platform's general objectives was assessed to be 'highly satisfactory' for 13 (87%) and 'satisfactory' for 2 (13%), respectively.

Figure 29: Qualitative assessment of Physical activity promotion commitments 2013 (N=15)



4.7 Advocacy and information exchange

Advocacy and information exchange is the Platform's primary knowledge management and dissemination tool, aiming to reach beyond the circle of members to others concerned with obesity, nutrition and health. Activities include dissemination of knowledge and research evidence via websites, magazines, conferences, consensus-building events, and professional training, e.g. for obesity management. There are 24 active commitments in this category, including 3 new ones. A list of these commitments is presented below.

Advocacy and information exchange commitments

The 24 commitments in this area are comprised of the following:

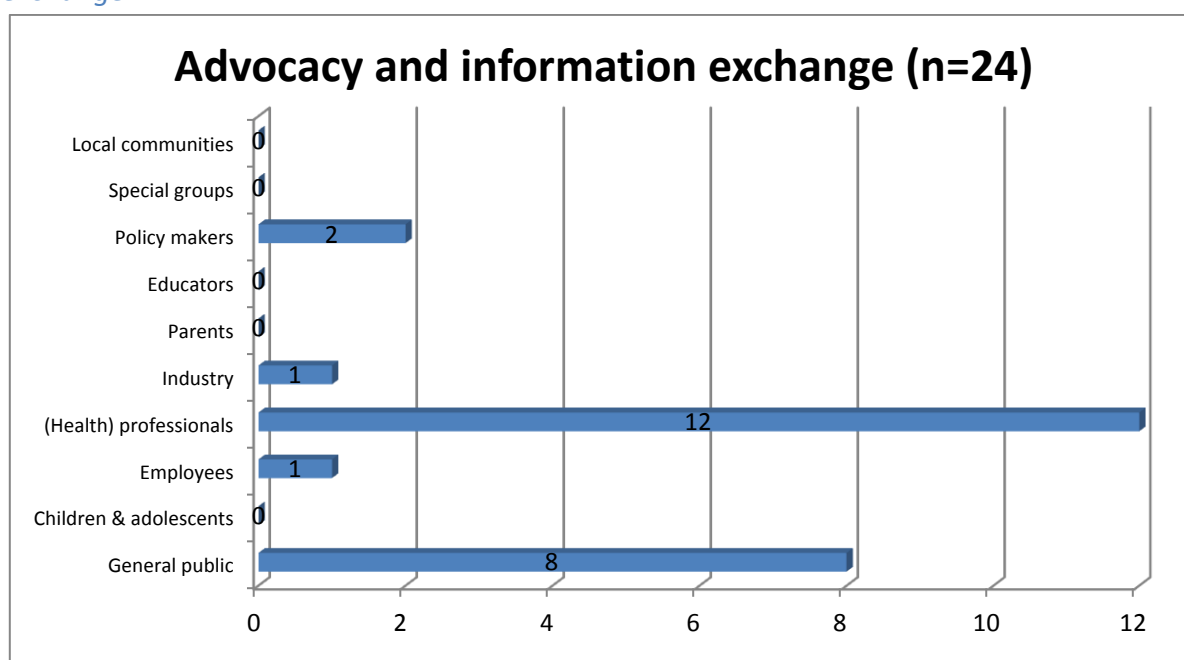
| Platform Member | Action number | Title |
|---|----------------------|---|
| European Association for the Study of Obesity (EASO) | 533 | To Promote Obesity as a Health, Research and Societal Priority in Europe |
| | 1309 | Provide input for setting the European obesity research agenda |
| | 1503 | Development of the EASO European Obesity Patient Council |
| European Association for the Study of Obesity (EASO), European Food Information Council (EUFIC) | 1312 | Increase outreach of new knowledge in obesity research |
| FoodDrinkEurope | 446 | Health Professionals Magazine |
| | 507 | FERCO partnership with its European Social Partner, EFFAT |
| | 1516 | European Snacks Association commitment in the area of advocacy and information exchange |
| European Public Health Alliance (EPHA) | 630 | The link between the Common Agricultural Policy and Diet |
| | 1043 | Dissemination of information with EPHA's members organisations |
| | 1105 | Monitor, encourage and support the implementation of the EU SFS |
| Standing Committee of European Doctors (CPME) | 1306 | Mobilising the Medical Profession: the 'Health Village' Toolbox |
| | 1307 | Informing the Medical Profession |
| | 1509 | Mobilising the medical profession: the 'Health Village' Toolbox II |
| Freshfel | 529 | Freshfel Europe "Fresh Fruit and Vegetables Consumption Monitor" |
| | 530 | "Fresh Times" Newsletter with Information on Fruit & Vegetables Promotion |
| A.R.E.F.L.H (Fruit Vegetable and Horticultural European Regions) | 724 | Dissemination of regional education programmes |
| EuroHealthNet | 1050 | Improved information exchange about the Platform |
| International Baby Food Action Network (IBFAN) | 1068 | Policy and programme coherence in infant and young child feeding in the EU |
| European Heart Network (EHN) | 1204 | Diet, Physical Activity and Cardiovascular Disease Prevention in Europe |
| International Obesity Task Force (IOTF) | 1402 | SPOTLIGHT - Sustainable prevention of obesity through integrated strategies |
| EuroCoop | 1412 | Talking obesity: consumer co-operatives leading |

| | | |
|---|------|--|
| | | the way |
| International Diabetes Federation (IDF) | 1419 | World Diabetes Day |
| Association of European Cancer Leagues (ECL) | 1501 | Obesity and Cancer: promoting the evidence and recommendations |
| Agricultural organisations and cooperatives (COPA-COGECA) | 1518 | Forum for health professionals including dieticians |

Mapping of Advocacy and information exchange commitments

Of the 24 commitments registering activities under this heading in 2013 (including 4 new), 17 are implemented by the not-for-profit sector. It is the only field of activity in which the not-for-profit sector is more active than the for-profit sector (which has 7 commitments). 21 commitments are European in terms of their geographical scope, while 2 are national and 1 regional. Twelve of the Advocacy and information exchange commitments (50%) address health professionals, 8 the general public (33%), 2 policymakers (8%), and employees and industry each 1 (4%). In addition to the 24 commitments having Advocacy and information exchange as their primary activity type, another 9 commitments register secondary activities in this area.

Figure 30: Target audience of commitments in the area of Advocacy and information exchange

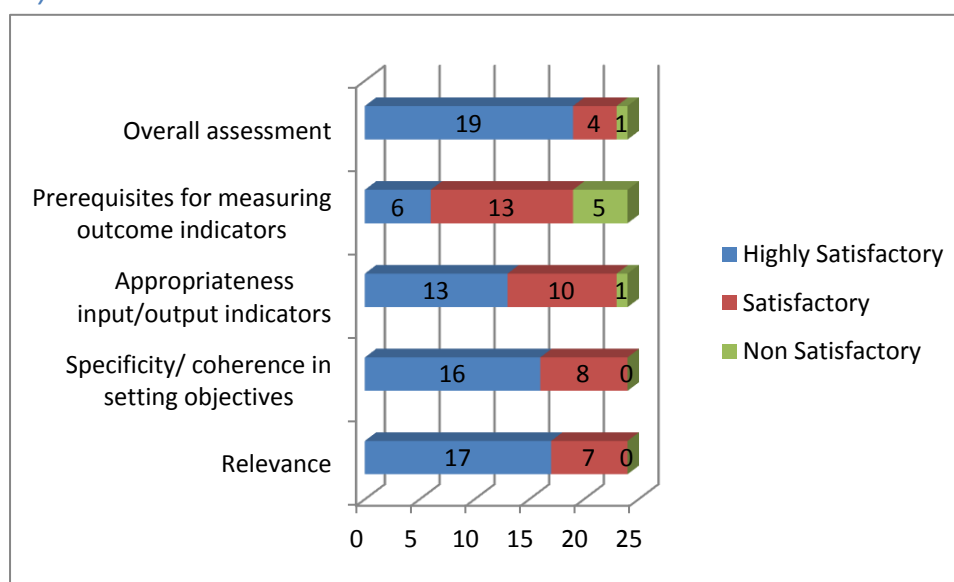


Qualitative assessment of Advocacy and information exchange commitments

The overall qualitative assessment of the 24 Advocacy and information exchange commitments found 19 (79%) to be 'highly satisfactory' and 4 (17%) 'satisfactory'. One was assessed as being 'not satisfactory'. At the level of *outcome indicators*, 6 (25%) commitments were assessed as 'highly satisfactory', while the majority of 13 (54%) were found to be 'satisfactory', and 5 (21%) were assessed as being not satisfactory'. The *appropriateness of input and output indicators* were assessed as being 'highly satisfactory' and 'satisfactory' for 13 (54%) and 10 (42%) commitments, respectively, while 1 was found non-satisfactory.

Specificity and coherence of objectives were assessed as being 'highly satisfactory' and 'satisfactory' for 16 (67%) and 8 (33%) commitments, respectively. *Relevance* to the Platform's general objectives was assessed as 'highly satisfactory' for 17 (71%) and 'satisfactory' for the remaining 7 (29%) of the commitments in this area.

Figure 31: Qualitative assessment of Advocacy and information exchange commitments 2013 (N=24)



4.8 Conclusion

A positive development is the continuous improvement in reporting by the Platform members. In applying the established criteria the qualitative assessment of the monitoring reports found a Highly-satisfactory rate of 61%, compared to 49% last year. The combined share of Satisfactory and Not-Satisfactory decreased correspondingly. This development will contribute to the monitor the effectiveness of the Platform and its actions as a whole and therefore contribute to the overall credibility.

5.1 Overview

This chapter will provide information on the relationship between the number of commitments that were active in 2013 in each of the Member States by target audience and activity type. Major issues highlighted in this chapter include the spread of commitments across countries and the balance between activity types and target groups within and between countries. A number of conclusions and points for further consideration are set out at the end of the chapter.

Summary

Figure 32 below indicates that of the 124 active (monitored) commitments in 2013, the majority, 87 commitments (70%) had a broad geographical spread. A total of 34 commitments (27%) were active in single countries and 3 commitments were active in a region within a country. When considering these points it is important to realise that some of the commitments that are active at a European level will operate at a regional rather than a national level within countries.

Figure 32: Geographical coverage of commitments

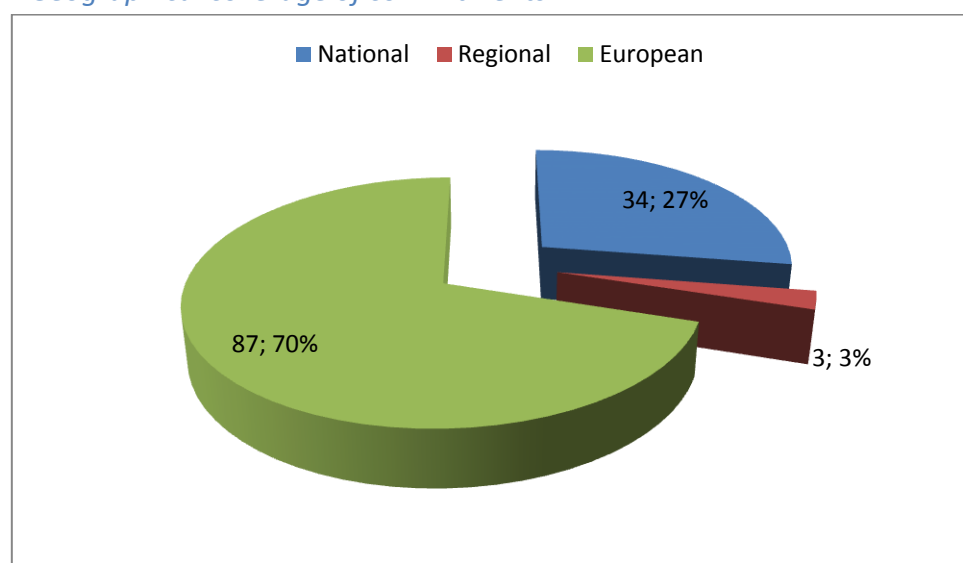
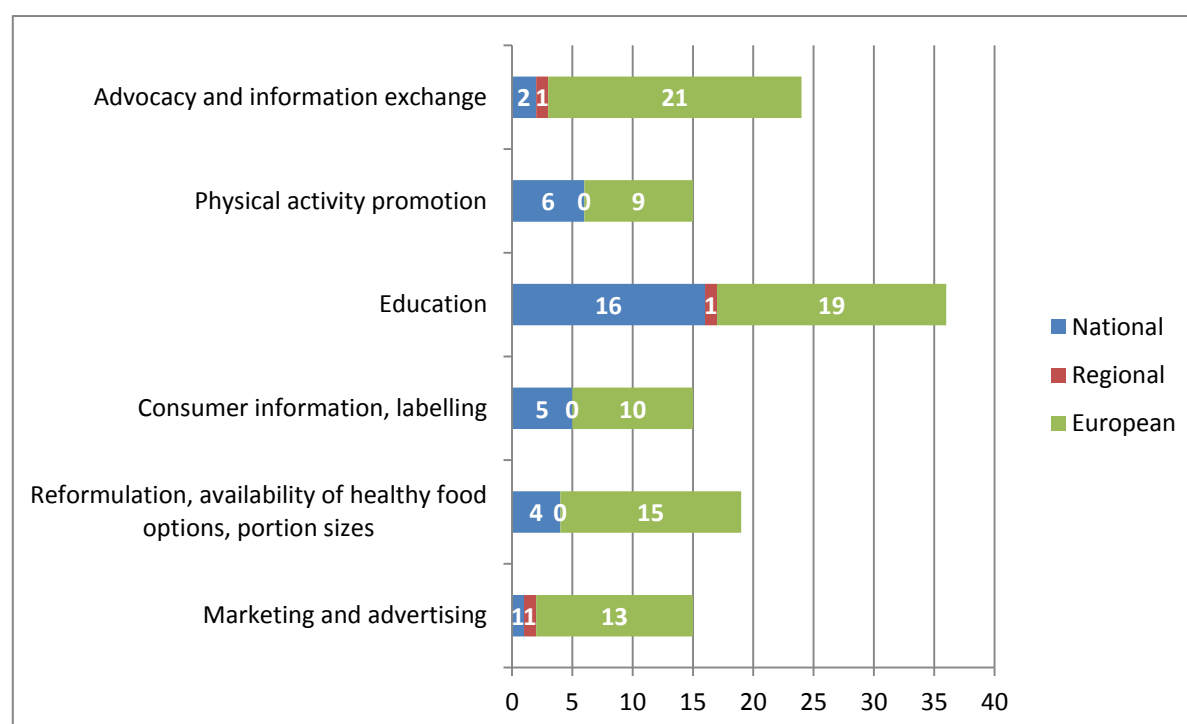


Figure 33 below shows the commitments by field of activity and geographical coverage. We can see that commitments focusing on Education, including lifestyle modification, are, in numeric terms, the most frequent overall with a total of 36, of which 19 operate at a pan-European level. However, Advocacy and Information Exchange is the most frequent field of activity in terms of pan-European commitments with 21 commitments operating across Europe.

Figure 33: Number of commitments by field of activity and geographical coverage



Critical analysis and recommendations

An issue of concern would be that only 9 commitments relating to physical activity promotion are operating at a pan-European level. As the WHO states, 'Physical activity should not be mistaken with exercise. Exercise is a subcategory of physical activity that is planned, structured, repetitive, and purposeful in the sense that the improvement or maintenance of one or more components of physical fitness is the objective. Physical activity includes exercise as well as other activities which involve bodily movement and are done as part of playing, working, active transportation, house chores and recreational activities'. Yet even when taking this broader meaning of physical activity into consideration, WHO notes that, 'in the WHO European Region, one in five people takes little or no physical activity, with higher levels of inactivity in eastern countries. In the European Union (EU), two thirds of the adult population does not reach recommended levels of activity. As a result, physical inactivity is estimated to deprive Europeans of over 8 million days of healthy life every year, on average'. (Available at: <http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/data-and-statistics/is-physical-activity-a-reality-for-all>).

1. Where physical activity is core to the work of a Platform member, members should seek to increase the number of commitments designed to increase physical activity as a matter of priority.
2. Where commitments addressing the promotion of physical activity are operating at a national level, urgent consideration should be given to investigating whether their reach

could be extended.

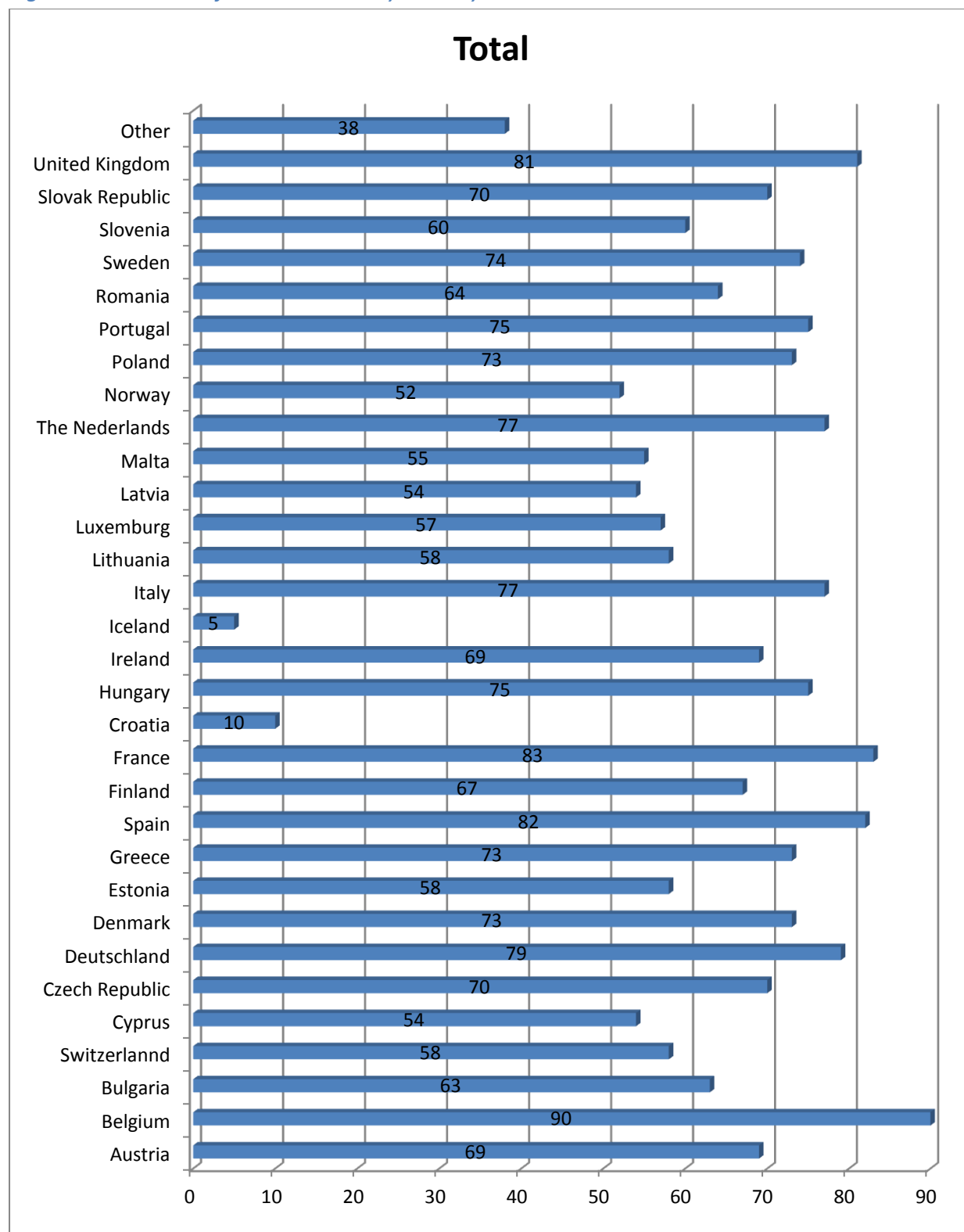
In purely numeric terms there are 15 active commitments in each of the fields of Consumer information and labelling, Marketing and advertising and Physical activity promotion. This is in contrast to the number of active commitments in the field of Education / Lifestyle Modification which number 36.

3. Platform members should consider whether this balance in terms of active commitments across the fields of activity is appropriate, and if not, how a better balance can be achieved.

5.2 Analysis of commitments by Member State

Figure 34 shows the number of commitments active in each country in 2013. Excluding 'Other', which refers to those countries not listed on the monitoring form i.e. the 28 EU Member States, Iceland, Norway and Switzerland, there was an average of 65 active commitments operating in each country. If Iceland and Croatia are excluded from the list as both have a relatively small number of active commitments (Iceland 5 and Croatia 10), then the average number of active commitments in each country rises to 69, or presented differently, each country (other than Iceland and Croatia) has more than 50% of the commitments operating within it.

Figure 34: Number of commitments by country



Figures 35 and 36 show the breakdown of commitments for each country by field of activity. In the case of Figure 35 this is by the actual number of commitments and in Figure 36 the information is expressed as a proportion of the total number of commitments per country. Figures 37 to 42 show the proportion of commitments by field of activity for each country.

Figure 35: Number of commitments by country and field of activity

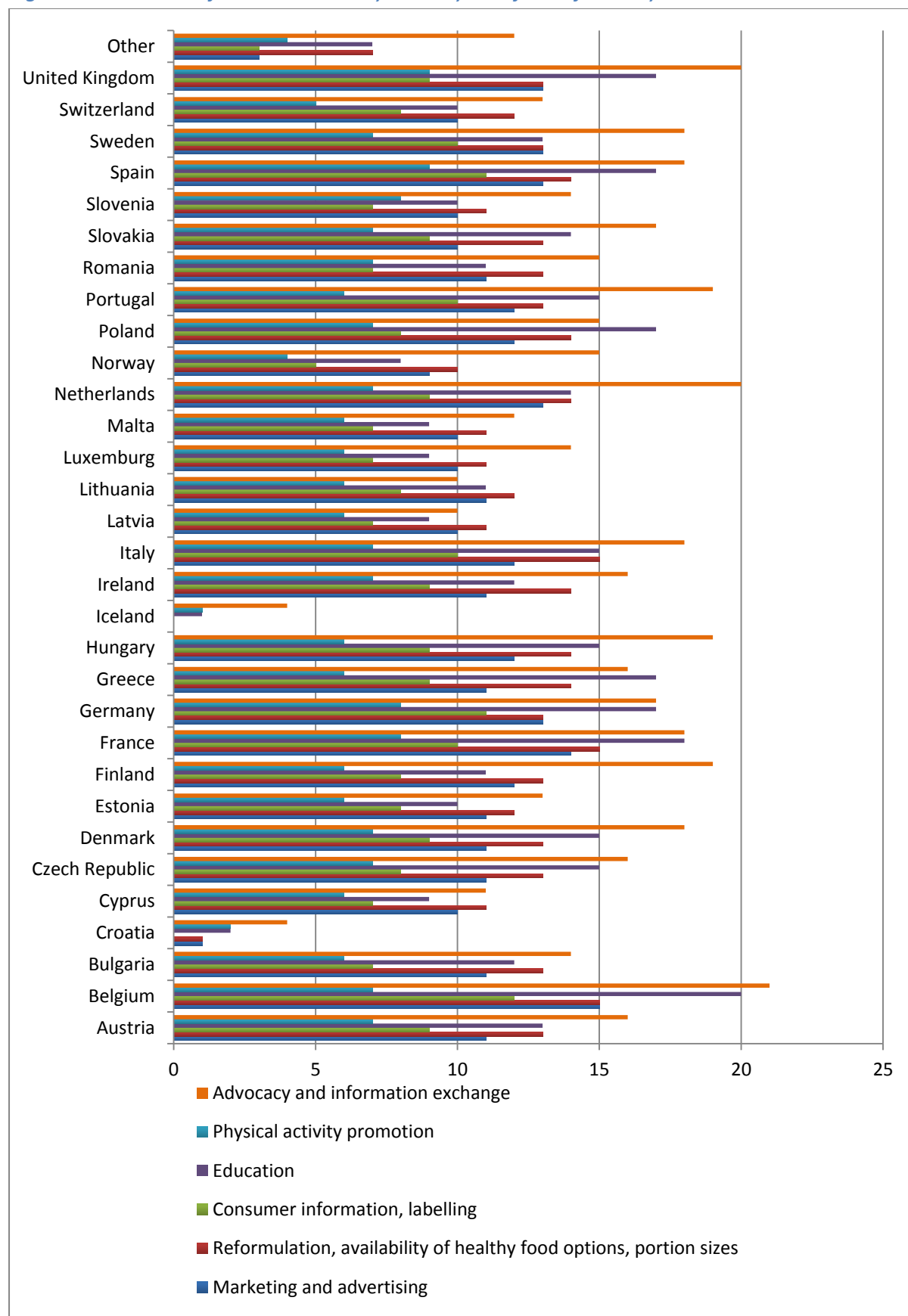


Figure 36: Proportion of commitments by country and field of activity

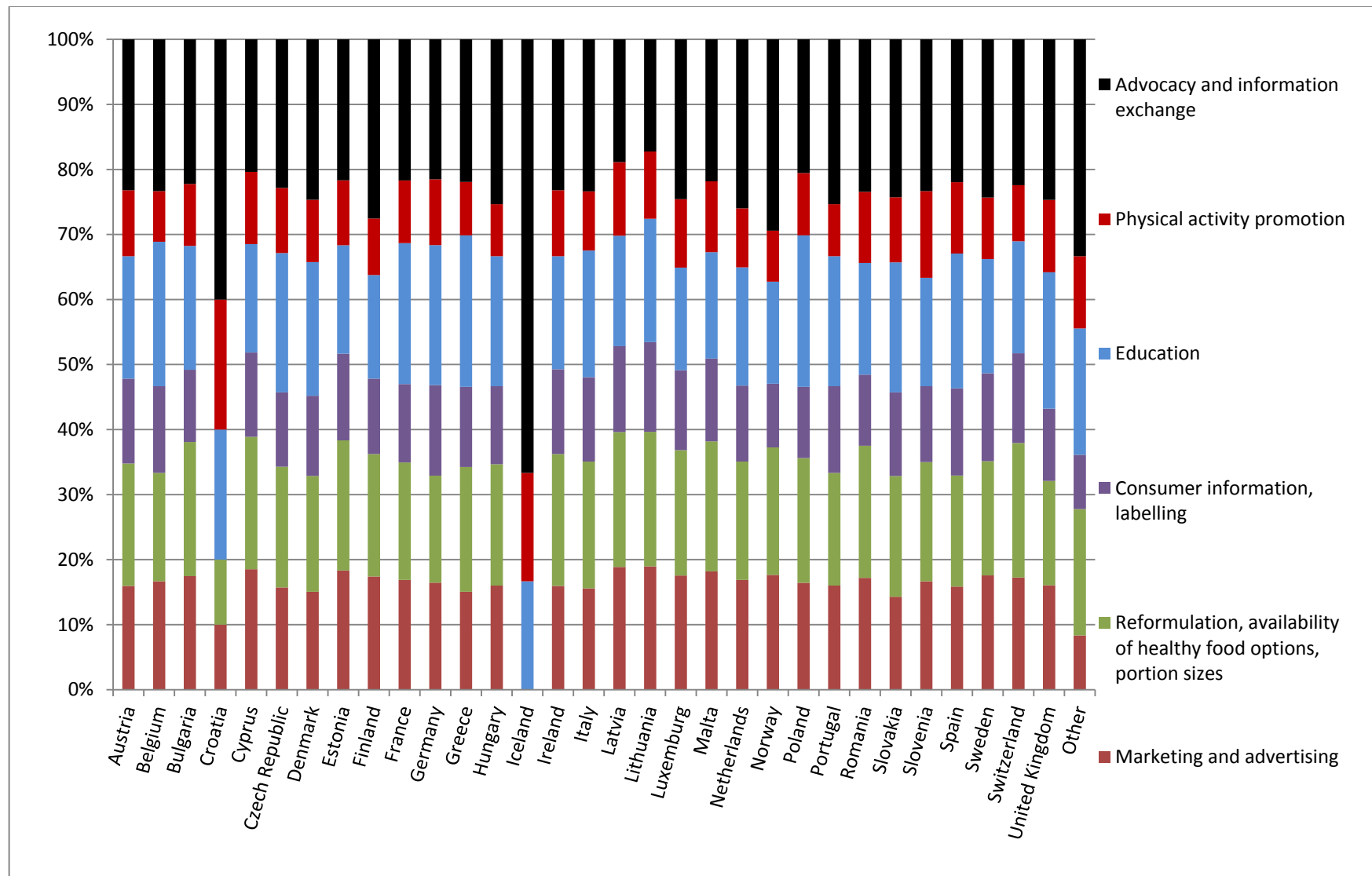


Figure 37: Proportion of commitments in the area of Marketing and advertising by country

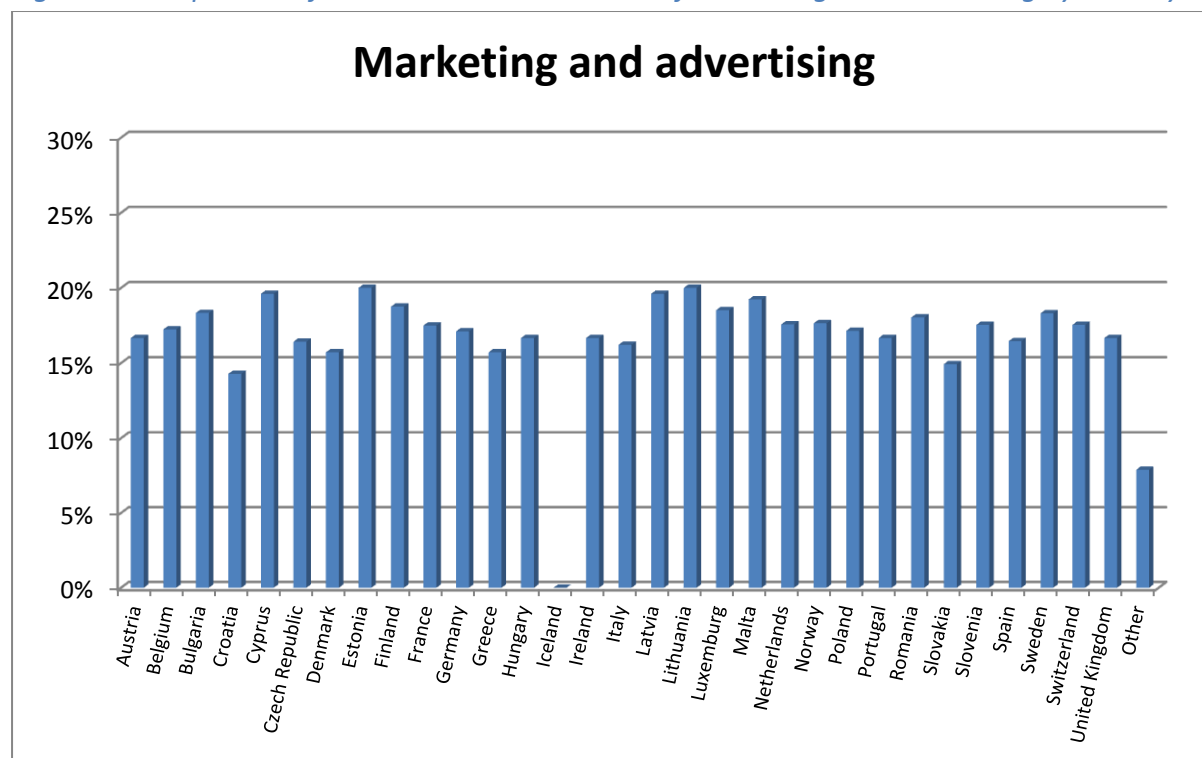


Figure 38: Proportion of commitments in the area of Reformulation by country

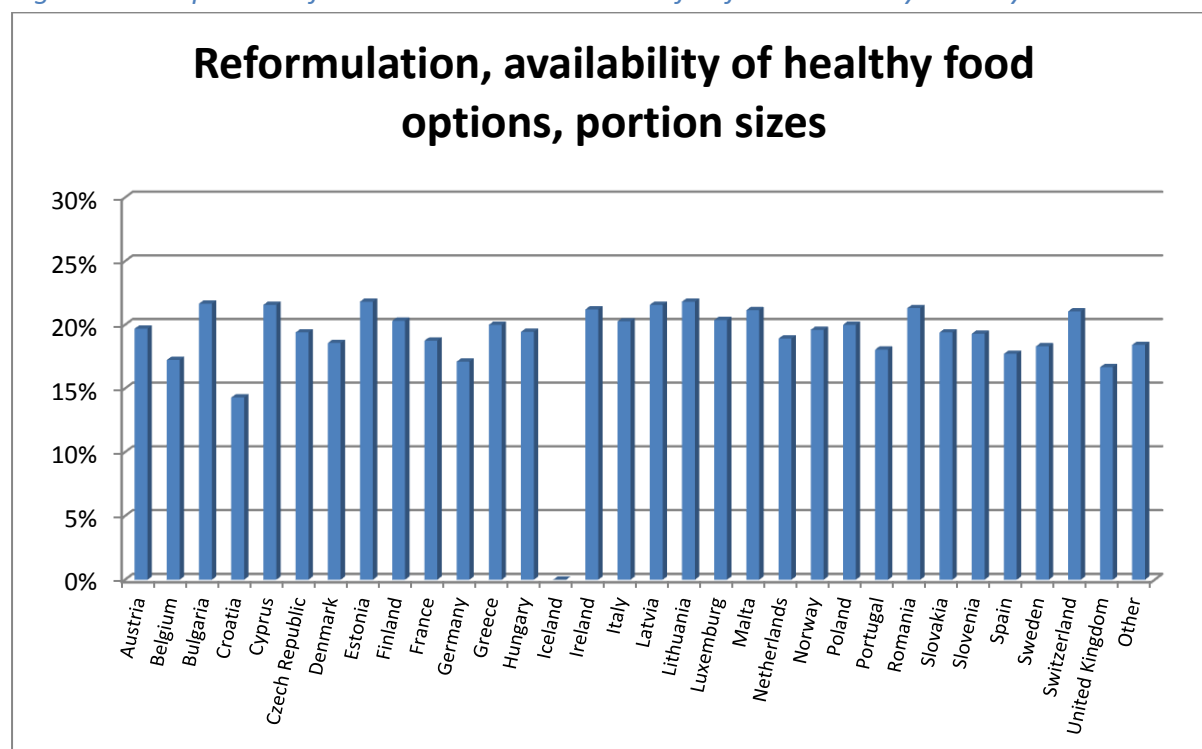


Figure 39: Proportion of commitments in the area of Consumer information / Labelling by country

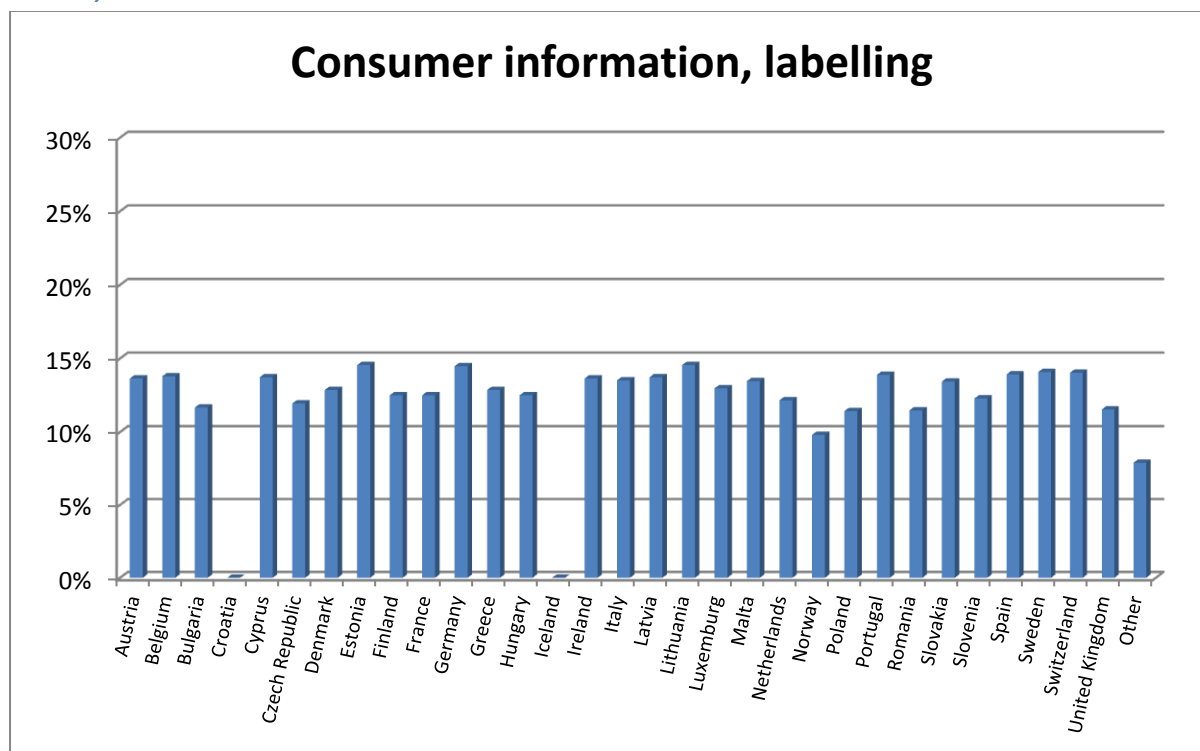


Figure 40: Proportion of commitments in the area of Education including lifestyle modification by country

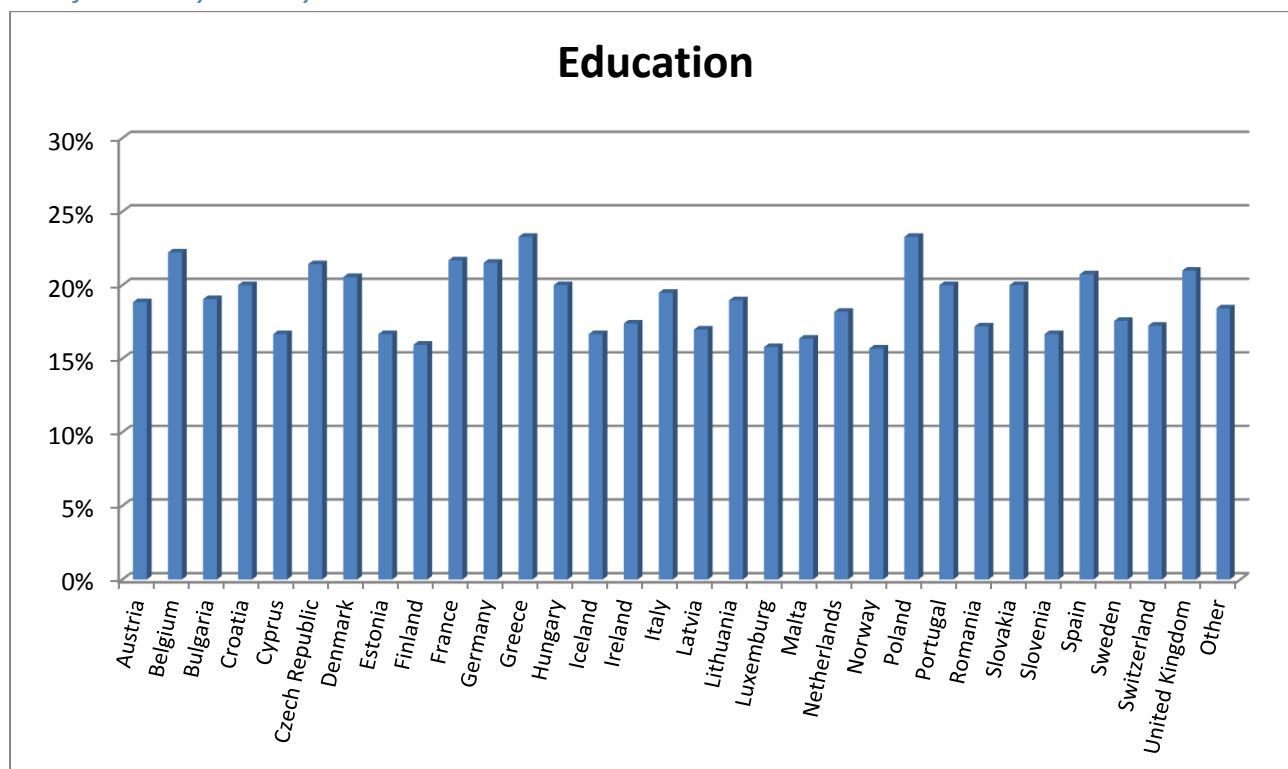


Figure 41: Proportion of commitments in the area of Physical activity promotion by country

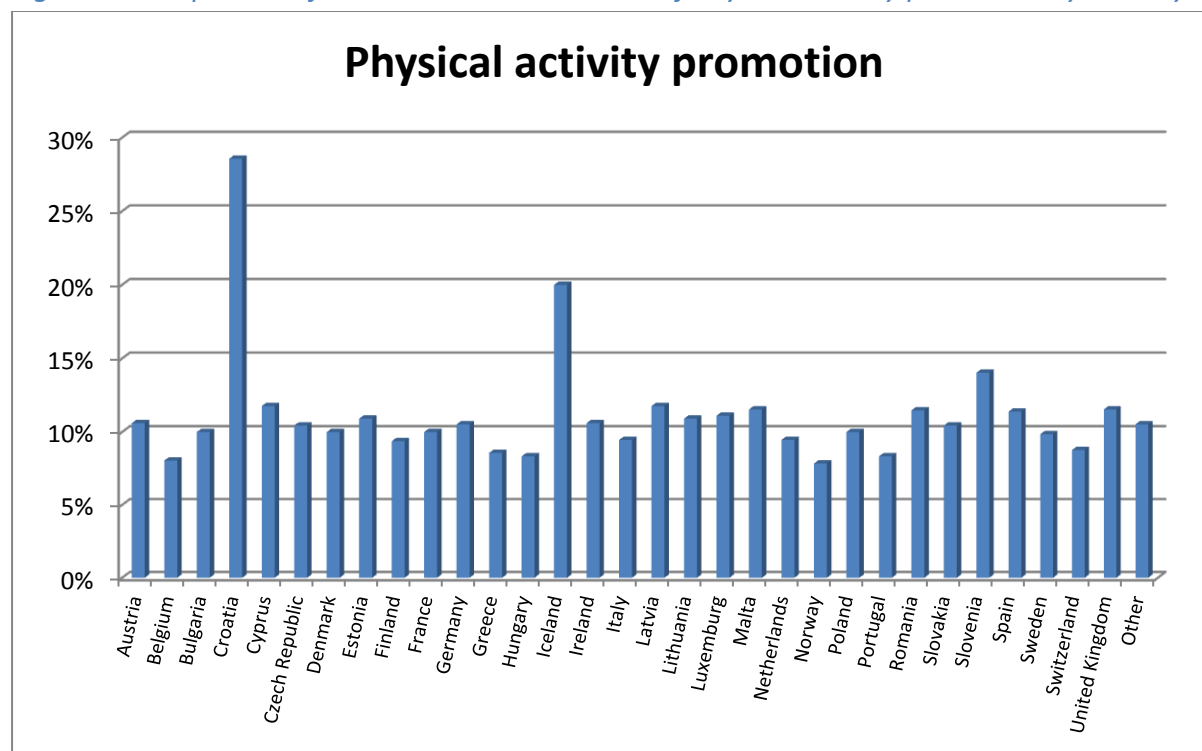
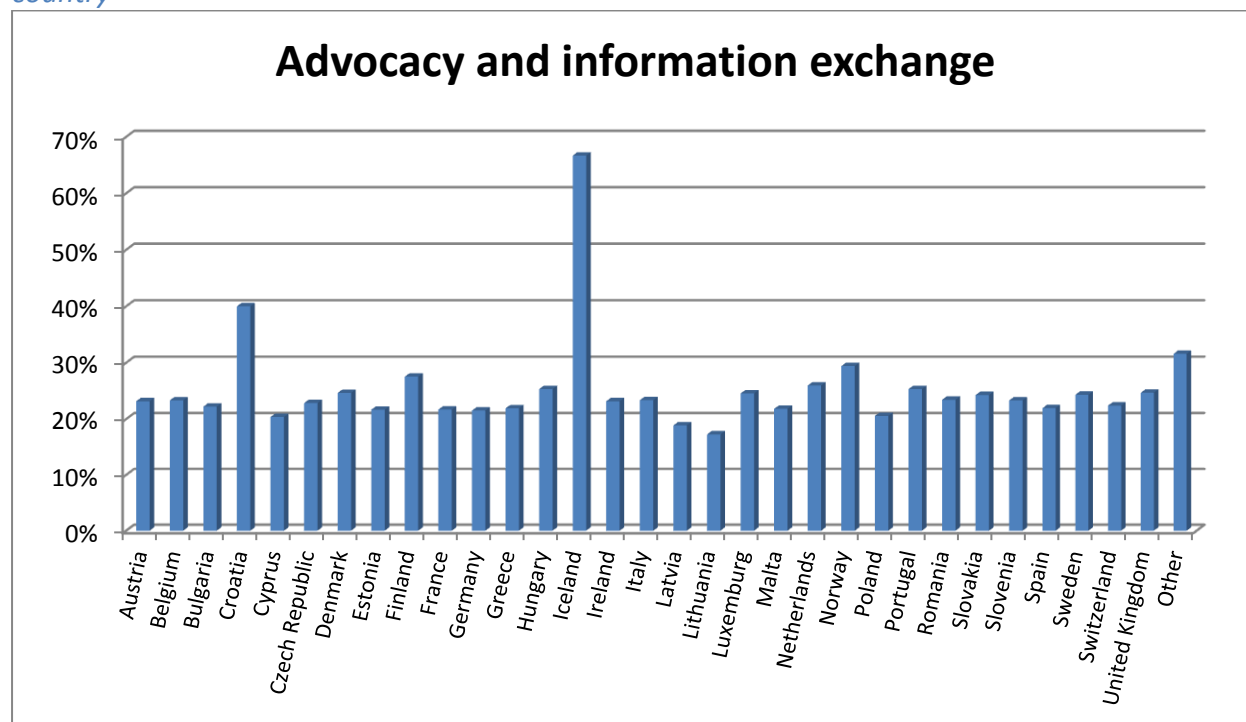


Figure 42: Proportion of commitments in the area of Advocacy and information exchange by country



Note: Iceland exceeds 30% due to the limited number of commitments operating there.

The figures below (Figures 46-54) display information relating to the commitments for each country by target audience. Figure 46 shows the overall proportion of commitments by target audience and Figures 47 to 54 show the commitments by country for each target audience.

Figure 43: Proportion of commitments by country and target audience

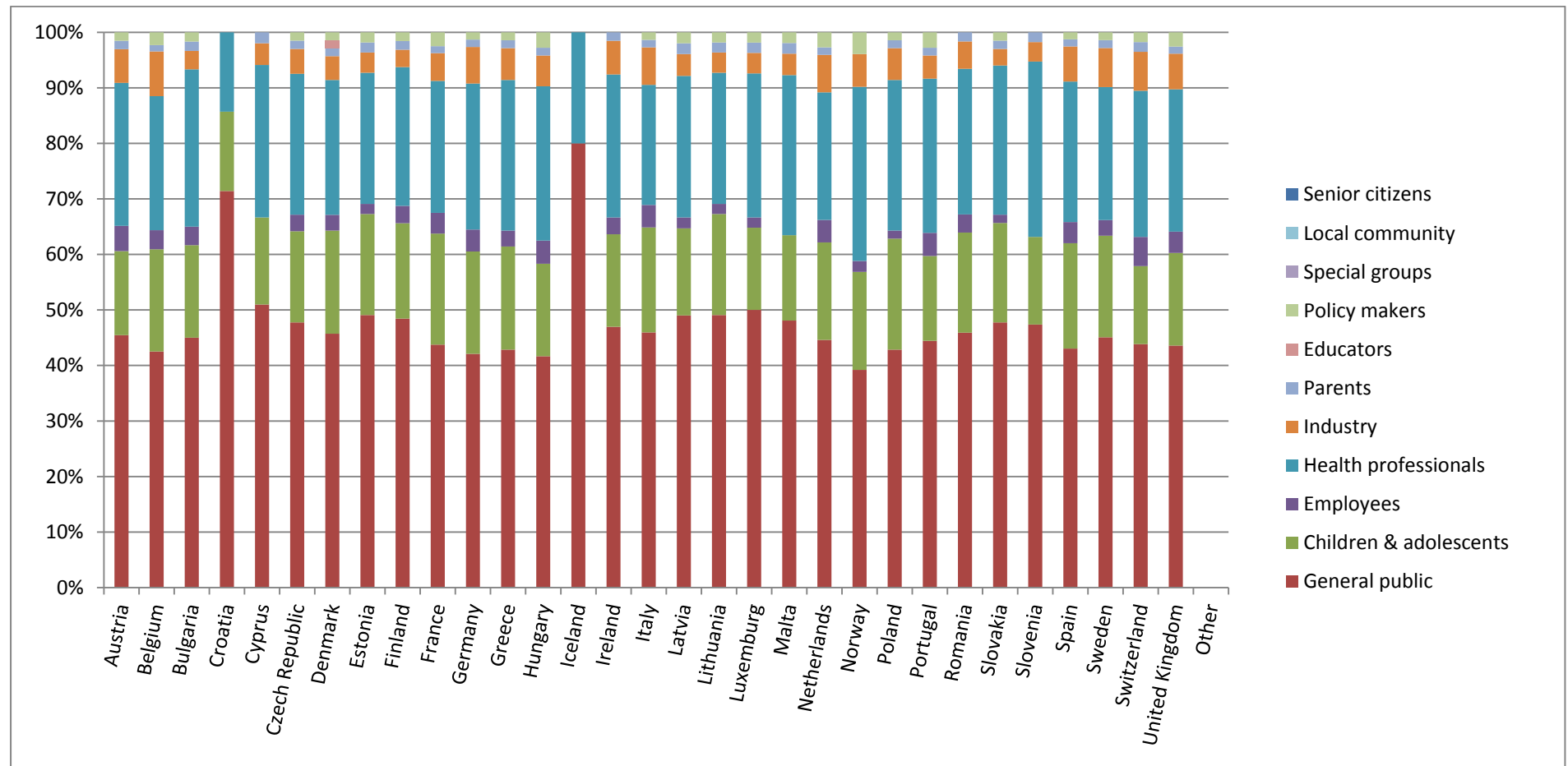
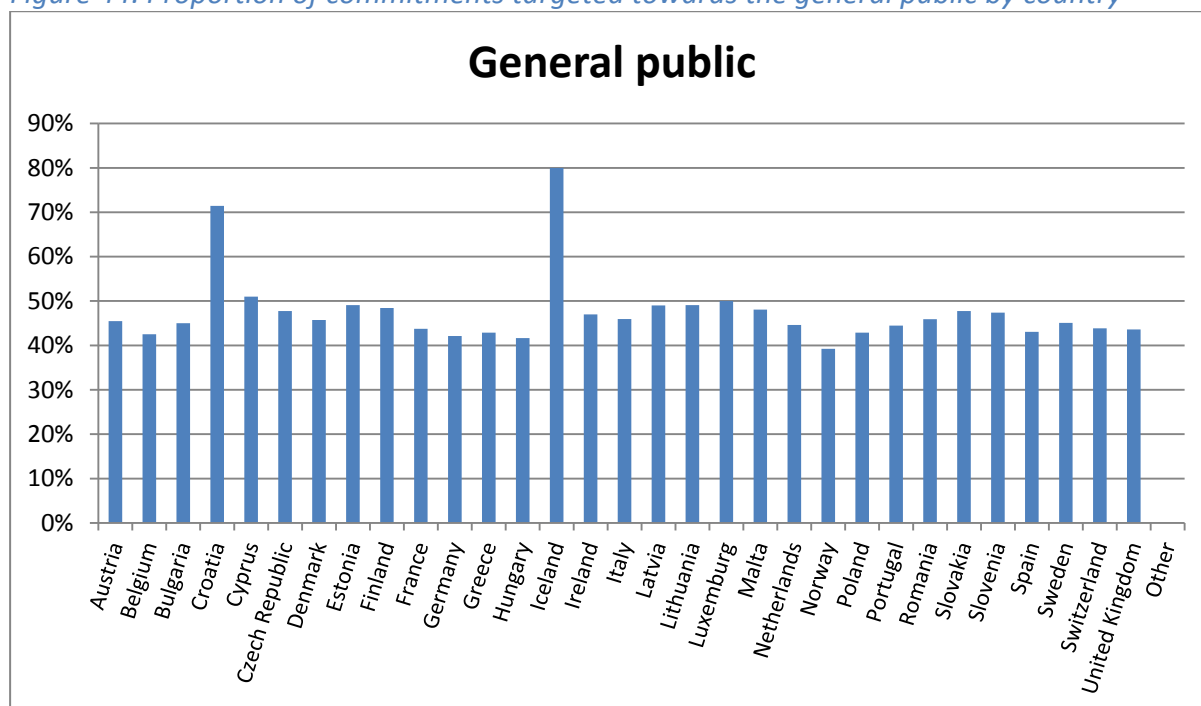


Figure 44: Proportion of commitments targeted towards the general public by country



Note: Croatia and Iceland exceed 50% due to the limited number of commitments operating in those countries.

Figure 45: Proportion of commitments targeted towards (health) professionals by country

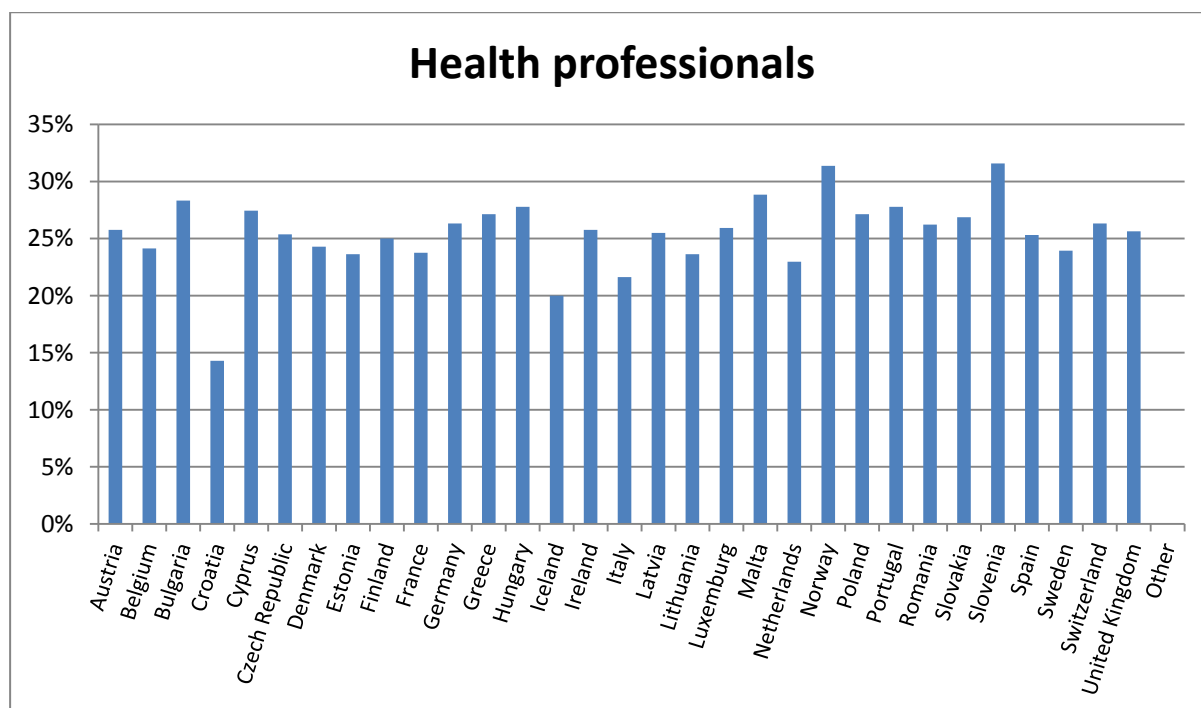


Figure 46: Proportion of commitments targeted towards children and adolescents by country

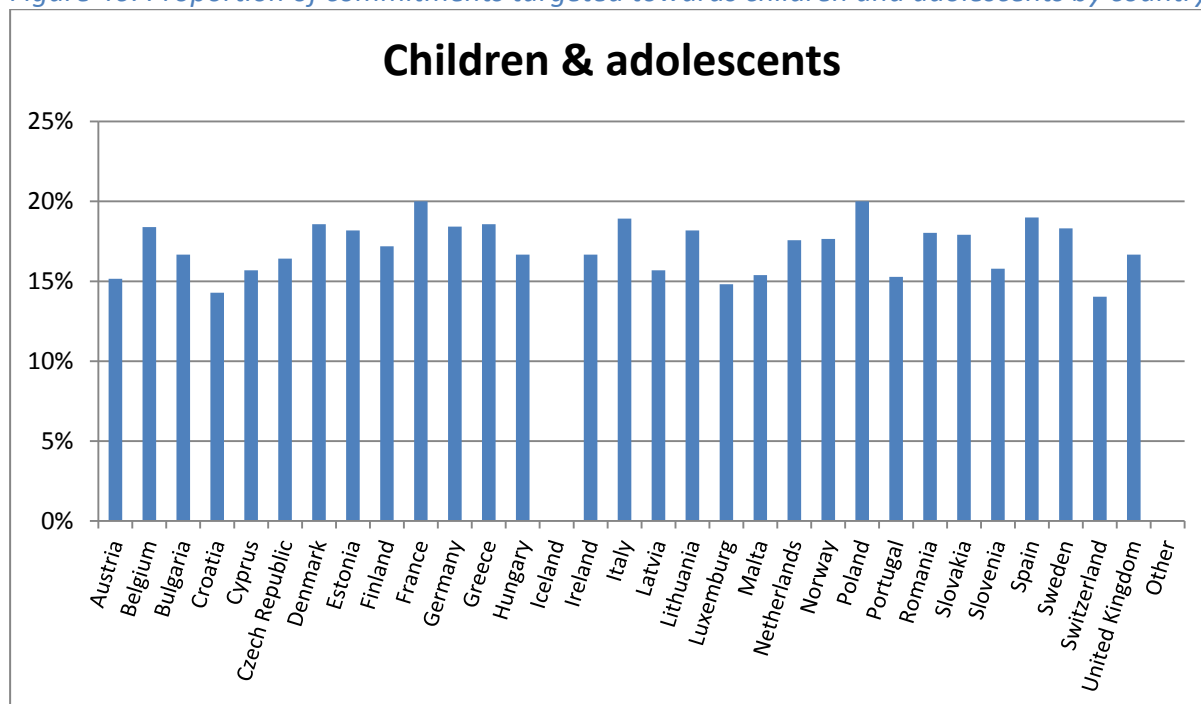


Figure 47: Proportion of commitments targeted towards employees by country

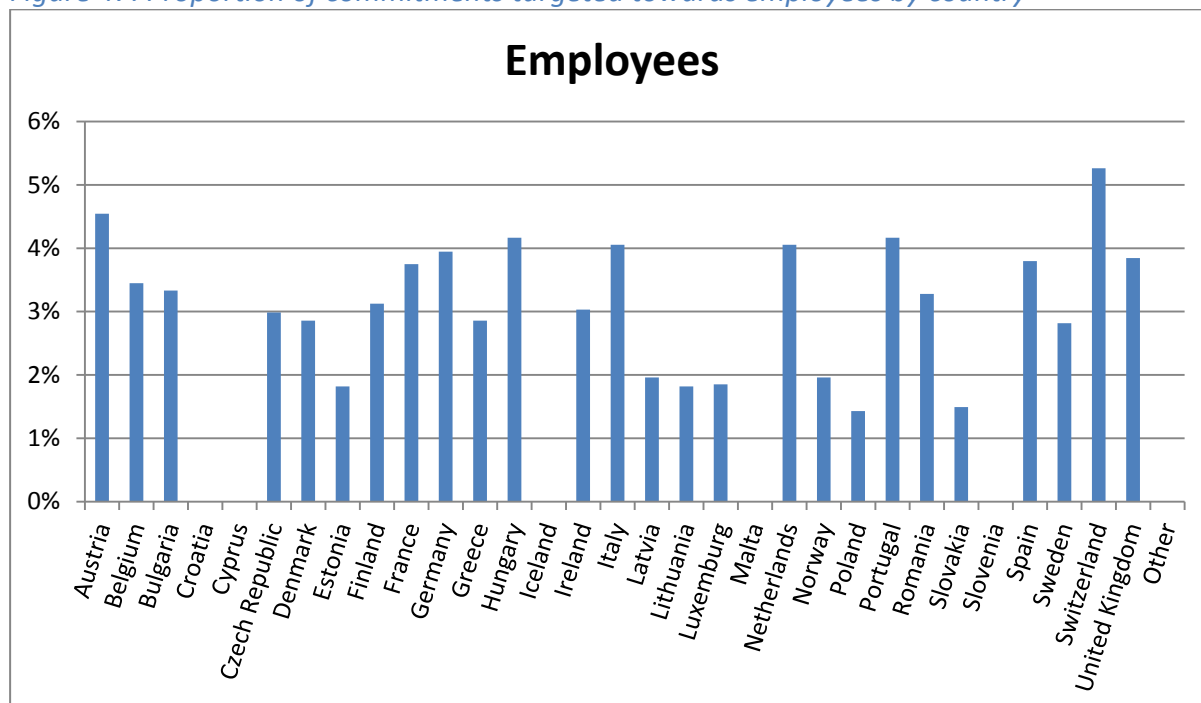


Figure 48: Proportion of commitments targeted towards industry by country

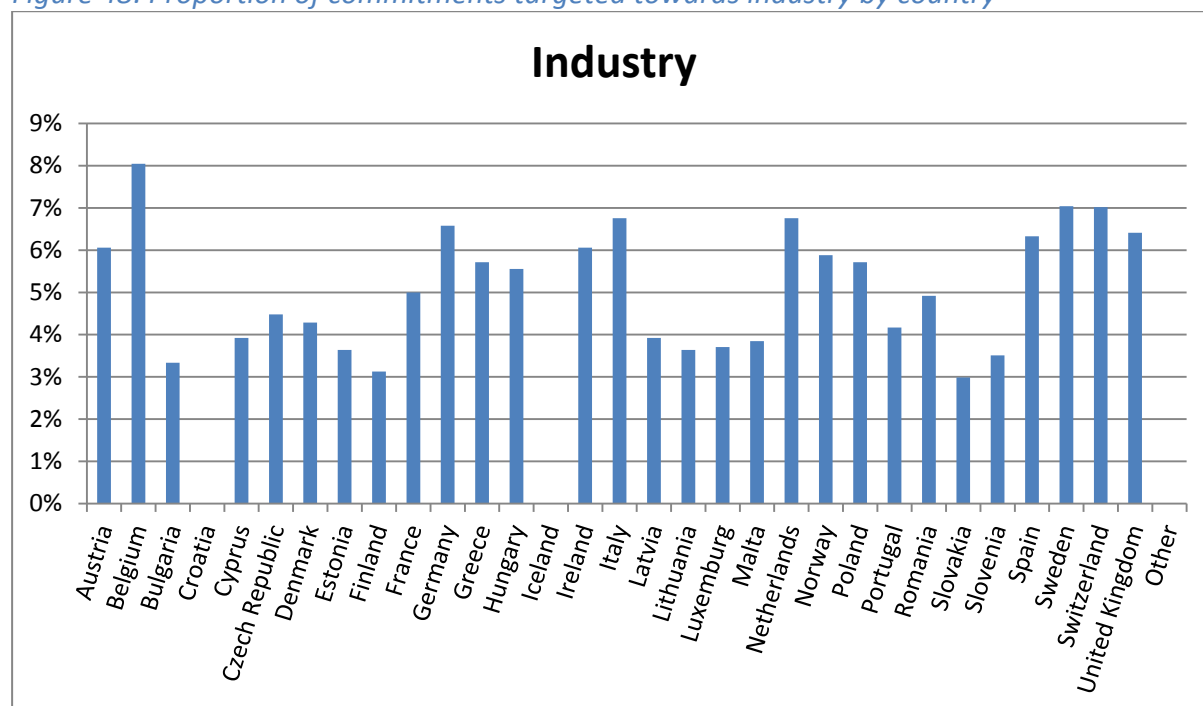


Figure 49: Proportion of commitments targeted towards policy makers by country

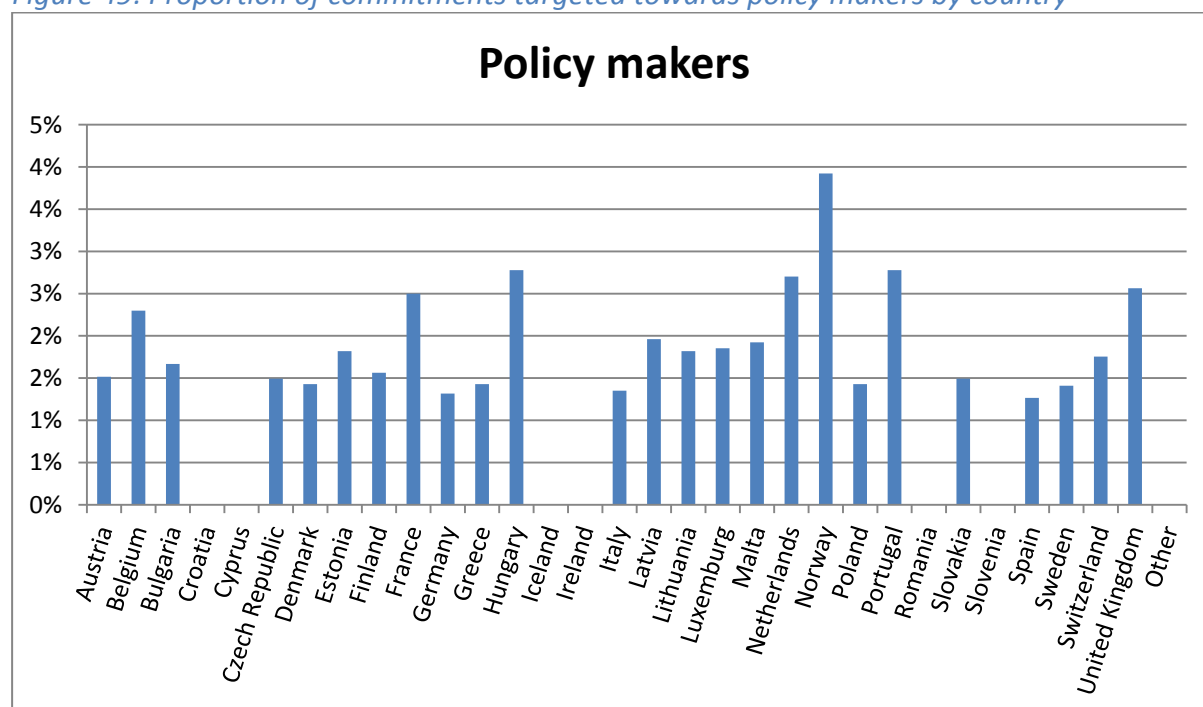


Figure 50: Proportion of commitments targeted towards parents by country

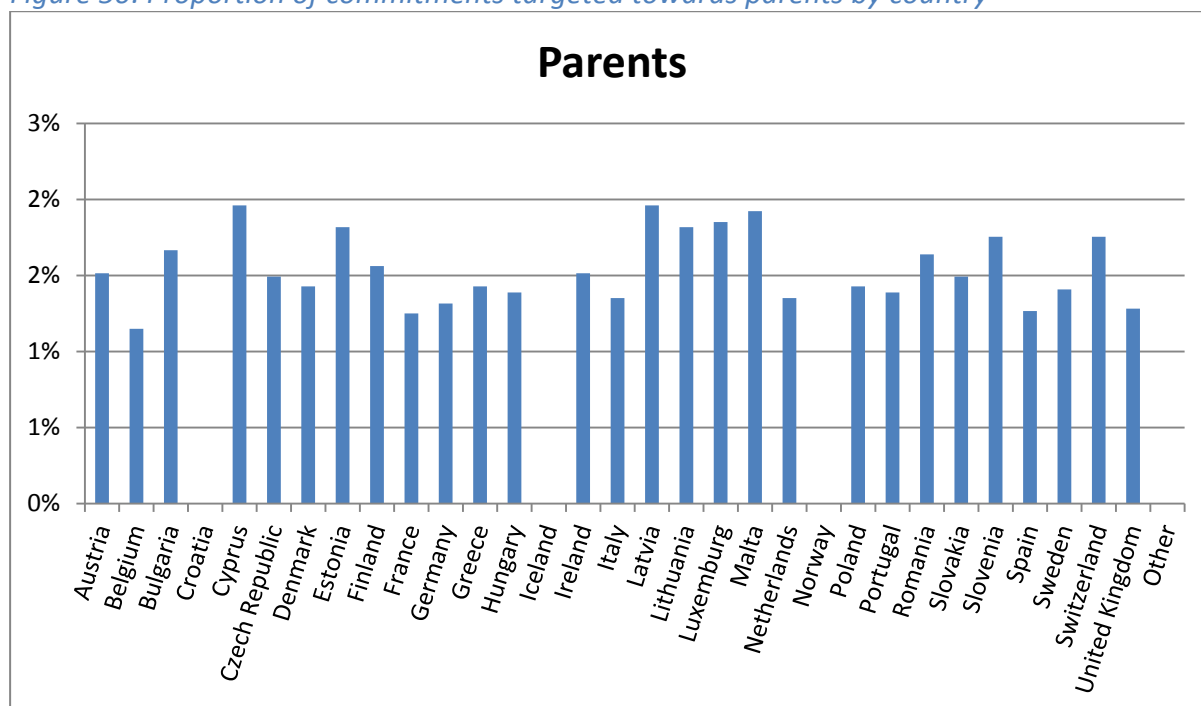
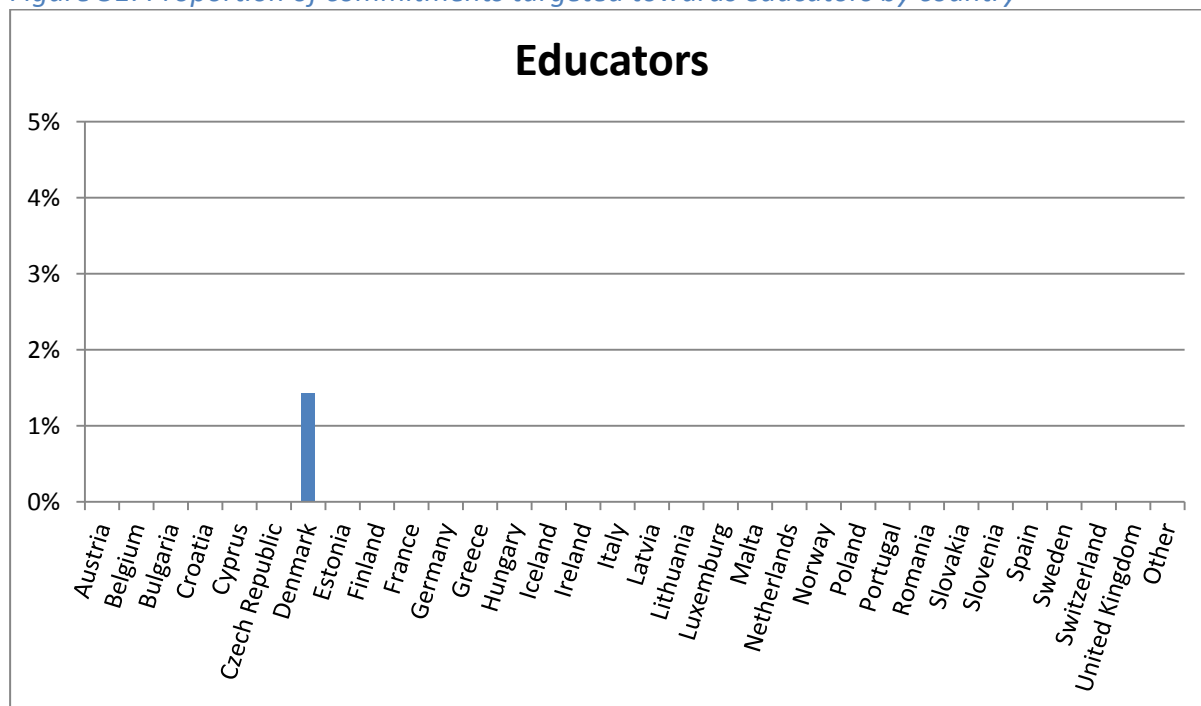


Figure 51: Proportion of commitments targeted towards educators by country



So far as the target groups 'community', senior citizens and 'special groups' are concerned no active commitments in 2013 featured these target audiences.

Figures 44 to 51 indicate that there is little variation across countries in terms of the proportion of commitments by target audience. For example taking ‘parents’ as the target audience, Figure 50 reveals that in no country does this target group account for more than 2% of the total number of commitments, whereas Figure 44 reveals that the ‘general public’ is the most frequent target group in each country with a range from 39% to 50%.

For a country by country breakdown of commitments by target audience and field of activity please refer to Annex I.

Critical analysis and recommendations

The combined population of the 31 countries in which Platform commitments were active in 2013 is estimated to be of the order of 512 million. The potential reach of the commitments in terms of numbers of people is therefore very significant, however accurate assessment of actual reach in terms of target audience is dependent on the provision of high quality output and impact information in the reporting process and in particular, where it is available, the provision of information on the numbers of individuals within the target audiences that have been reached.

1. Further development of the reporting process to more consistently capture the scale of the reach into target audiences should be undertaken i.e. if the population of a country is 5 million – how many will have been reached by the commitment?

In terms of the overall picture the number of commitments by target audience and by field of activity is evenly spread across the participating countries with no country showing a marked difference. However given the significance of the role of physical activity in reducing the risk of overweight and obesity:

2. Where physical activity is core to the work of a Platform member, Platform members should give consideration to developing new commitments that have at their core the promotion and / or facilitation of physical activity.
3. In this context consideration should be given by the Platform to the inclusion of commitments that are broader in scope – for example by widening the perception of which activities may be suitable to also include the promotion of public transport, bike lanes, city road pricing and other public policy and transport initiatives.

In assessing the geographical nature of the commitments it is possible that under the current reporting process pan-European commitments might only be operating within a region of a country rather than across the country as a whole.

4. In future monitoring activity of pan European commitments, what happens within a country i.e. is it regional or national activity, needs to be specified and lends itself to further investigation.

CHAPTER 6: CASE STUDIES

This chapter presents six commitments that were selected as case studies. The table below provides a summary of the key points for each of these commitments.

Commitments selected as case studies

| Action number | Status | FP / NFP | Field of Activity | Target Audience | Partnership | Relevance 2013 | Objectives 2013 | Input and output indicators 2013 | Outcome indicators 2013 | Final 2013 |
|---------------|------------|----------|------------------------------------|---|-------------|----------------|-----------------|----------------------------------|-------------------------|------------|
| 1404 | Completed | NFP | M&A | Industry | No | HS | HS | S | S | HS |
| 1503 | New | NFP | Advocacy & IE | General Public; Health professionals; parents | Yes | HS | HS | HS | S | HS |
| 524 | Continuing | NFP | Education | General public; children; health professionals; educators | Yes | HS | HS | HS | HS | HS |
| 1505 | New | NFP | Physical activity | General public | Yes | HS | HS | HS | HS | HS |
| 1513 | New | FP | Consumer info | General public | No | HS | HS | HS | S | HS |
| 1218 | Continuing | FP | Composition of foods/Reformulation | General public | No | HS | HS | HS | S | HS |

S = Satisfactory

HS = Highly satisfactory

NFP = Not-for-profit

FP = For-profit

The criteria for selecting commitments as best practice examples were the following:

- each of the six activity types should be represented;
- and the most important criterion: the qualitative ratings. Each of the selected commitments scored a 'highly satisfactory' rating overall.

Case Study 1: Nutritional criteria for foods / drinks advertised to children (Commitment No. 1404)

This now completed commitment is understood to have been prompted by, or at least designed following a monitoring workshop. It has been selected to show how a commitment may help shape other commitments and also contribute to the development of public policy.

In brief, the objective of the commitment was to examine the potential for cross-sector agreement on nutritional criteria for foods and drinks marketed and advertised to children that can be applied across Europe.

Inviting selected Platform members and other stakeholders, including international organisations and commercial organisations as well as NGOs to participate, the commitment holder, European Heart Network (EHN), first carried out a review of existing commercial nutritional criteria for their 'healthy range' schemes and Platform members' nutritional criteria for marketing and advertising of food to children. Against this, existing standards (governmental and institutional) for nutritional criteria for advertising of food to children were reviewed and the position of selected Platform members on nutritional criteria for foods / drinks marketed and advertised to children were examined with a view to achieving cross-sector agreement on nutritional criteria that could be applied across Europe.

EHN convened a stakeholder meeting in February 2013 to present the reviews. Based on the entire process, including stakeholders' inputs, a report entitled "Reducing children's exposure to marketing of foods and drinks that are high in fat, salt or sugar"⁴ was presented at a Platform meeting in 2013. The introduction of the commitment may have led to the "new" EU Pledge on common nutrition criteria for the purpose of advertising to children. These criteria are now being used by 12 companies who will only advertise their products in a way which complies, as a minimum, with the EU Pledge criteria.

In addition, the commitment was partly instrumental in the countries of the WHO European Region adopting a Declaration on Nutrition and Non-communicable Diseases in the Context of Health 2020, which included a reference to the use of nutrient profiling tools. Following this WHO Europe is now developing a nutrient profile model for Europe. As such, the commitment has the potential to influence further policymaking and the relevance of the commitment is obvious in that it also engages Platform members who advertise foods / drinks to children in the use of appropriate nutritional criteria, thereby helping to reduce children's exposure to products high in fat, salt or sugar.

The commitment has been relatively modest in terms of inputs. It has been the subject of appropriate reporting, having achieved overall ratings of 'satisfactory' in 2012 and 'highly satisfactory' for 2013.

Case Study 2: Development of the EASO European Obesity Patient Council (Commitment No. 1503)

This is a new commitment for 2013. The commitment aims to develop a European Obesity Patient Council (hereafter the Council), with representatives from both scientific and lay communities. The Council aspires to facilitate better collaboration between stakeholders and to promote the needs of the overweight and obese, a provision which is currently limited within Europe.

The commitment holder European Association for the Study of Obesity (EASO) is a charitable self-funded organisation (no direct funding from industry, government, or other groups) with limited resources, that relies largely on volunteer input in order to achieve its strategic and operational activities. This commitment was selected as a case study to demonstrate the collaboration and innovation that can be achieved despite such economic and organisational limitations. Further, this commitment covers a wide range of target groups (the general public, health professionals and parents) and is based on partnership working and collaboration.

The Council aims to have representatives from as many EU Member States as possible and by the end of 2013 15 countries were presented. Recruitment to the Council is via the 31 EASO member associations. Council members are provided with administrative and technological support from the EASO secretariat where possible.

The Council will produce tangible outputs that will be relevant to a multitude of groups - position statements, guidelines and patient education materials. In turn, this commitment has the potential of influencing policy-making, a possibility that will be further enhanced by its multi-stakeholder approach.

The relevance of the commitment is clear in that it engages in a meaningful way those individuals and groups that have a role in the field of obesity management across the EU. It is envisaged that the Council will participate in various initiatives including research projects where EASO is an active partner, thus increasing the potential impact and scope of this commitment in the future.

The commitment has been relatively modest in terms of inputs partly due to the large volunteer at EASO. A total of 10 days and a budget of £10,000 were allocated to the establishment and development of the Council in 2013.

During the qualitative monitoring process, this commitment scored 'highly satisfactory' in relevance to the aims of the Platform, clarity of the objectives set for 2013, the clarity and quality of the input indicators, and the clarity and quality of the output indicators. The clarity and quality of the outcome indicators was 'satisfactory' as this is a new commitment and the outcomes are yet to be realised. However, the monitoring report envisages the impact of the Council to be substantial in 2014.

Case Study 3: Increasing outreach of EUFIC's information on diet, physical activity and health (Commitment No. 524)

This commitment began in 2006 and aims to provide scientifically-based information on healthy diets and lifestyles in cooperation with partners in Europe, and through its company website. Through this commitment EUFIC has translated its archive of information on nutrition, food safety and other materials in a wide range of EU languages and in a format that is easily understood including a website for children (www.coolfoodplanet.org).

This commitment was selected as a case study particularly for the way of monitoring and recording of the impact of the indicators. EUFIC closely monitors how the information that it provides is used including baselines to show evolution through to current levels of usage. Examples of this are:

- By the end of 2013 the number of visits to coolfoodplanet.org was 32,949. This represents an increase of 25,841 in a period of 1 year;
- The CoolFoodPlanet Facebook page had 148 'likes' at the end of 2013;
- Podcasts and webinars for a general and scientific community were 2,301 times downloaded during 2013;
- There were over 3.6 million visits to the EUFIC websites during 2013;
- 6,053 followers, to date on social media channels (EUFIC and CoolFoodPlanet Facebook pages, and EUFIC's Twitter account);
- There are 46,842 subscribers to EUFIC.org including health professionals, scientists, educators, consumers, journalists.

In 2013 the CoolFoodPlanet website has received the Health on the Net certification. This certificate serves as a guarantee that the website complies with the HON principles: *authoritative, complementarity, privacy, attribution, justifiability, transparency, financial disclosure, advertising policy*.

In addition, the CoolFoodPlanet website received recognition from POSCON stating it was a 'positive online content and services for children in Europe'. POSCON cited coolfoodplanet.org as an example of educational content that is attractive for children.

The relevance of the commitment is clearly very much in line with the objectives of the Platform. For European citizens to better understand which behaviours constitute a healthy lifestyle in a way that is accessible and attractive to them is a helpful provision in the fight against overweight and obesity.

During the qualitative monitoring process, this commitment scored 'highly satisfactory' in all the areas monitored, i.e. in relevance to the aims of the Platform, clarity of the objectives set for 2013, the clarity and quality of the input indicators, the clarity and quality of the output indicators, and the clarity and quality of the outcome indicators.

Case Study 4: NowWeMove by cycle (Commitment No. 1505)

This commitment is led by the European Cyclists Federation (ECF) and commenced in 2013. It is supporting the NowWeMove Campaign and has promoted cycling to new target groups with the goal of portraying cycling as a 'fun, healthy and social activity'. The commitment also has the explicit goals of promoting new collaboration and creating opportunities for new alliances between partners.

In hard measure terms the aim of the commitment is to contribute to the overall goal of getting 100 million more active citizens by 2020. The commitment has identified two secondary objectives, first the promotion of cross-sectorial collaboration between the grass roots sports sector and second the creation of opportunities for new alliances between stakeholders.

The commitment is highly relevant to the aims of the Platform as it directly addresses a cause of overweight and obesity in the adult population, namely, the lack of physical exercise. In its delivery it has highlighted the many benefits of physical activity, and cycling in particular. An additional benefit has been the way in which the participating organisations have been able to utilise the NowWeMove Campaign to promote cycling as well as the synergy that has arisen from building relationships with ECF and the other participating organisations.

The initiative was well structured, developed around a timetable / plan and in its implementation achieved several outcomes. These included that 1 in 4 MOVE Week events included some form of cycling (a total of more than 300 events overall) and that cycling was promoted in countries with a low cycling culture. Extensive use was made of social media, as part of a well-developed communication strategy, to raise awareness of the initiative. With a campaign focus on countries with a low cycling culture it is positive to record that over a million people were able to access information on the initiative via the website, Facebook and news releases.

The monitoring report provided a detailed description of the activities of the commitment broken down into its constituent elements. Input, output and impact indicators were extremely well presented.

An evaluation of the commitment was undertaken towards the end of the first year of the commitment, and this has been used to inform the planning process for subsequent campaigns. Planning has also included the identification of potential partners from EU civil society in order to create further alliances and extend the reach of the commitment.

NowWeMove by cycle is a well-constructed commitment designed to tackle a cause of overweight and obesity in Europe. Clear input, output and impact indicators were developed at the outset and have been well used to trace the development and delivery of the commitment. Evaluation and the use of information to shape the forward planning process indicate clearly that the commitment is built on very sound project management principles.

During the qualitative monitoring process, this commitment scored highly satisfactory on all five dimensions.

Case Study 5: European savoury snacks industry commitment in the area of consumer information (Commitment No. 1513)

This commitment commenced in 2006 and is being carried out by European Snacks Association (ESA). The purpose of the commitment is to provide consumers with factual, science based, objective and consistent nutrition information.

In 2013 activities undertaken as part of the commitment included a review and revision of the existing commitment in order to improve the quality of the monitoring, a survey among members of the ESA, the production of information bulletins, and the organisation of four meetings to maintain regular contact with members of the ESA who are committed to consumer information and labelling. Companies that participated in the survey represent more than 60% of the branded savoury snack market in Europe.

By providing consumers with nutrition information it can be argued that this commitment is highly relevant to the goals of the Platform in that the commitment enables consumers to understand more about the food they are consuming and can modify their eating patterns in order to reduce their risk of overweight and obesity.

The activities developed for 2013 set out to achieve a number of year specific targets, such as to the provision of nutrition information on packs, the use of the FoodDrinkEurope Guideline Daily Amounts (GDA) nutrition labelling scheme, the provision of nutrition information on a per portion basis, the implementation of the ESA portion rationale (single portion size of 30g for snacks and nuts), and the publication of a consumer helpline / website on packs.

For activities associated with the commitment in 2013 a very clear set of input, output and impact indicators is provided. A particular strength of this approach has meant that human resources involved in the delivery of the commitment could be quantified. In terms of output indicators, the survey revealed among a range of indicators, that progress on consumer information and labelling on packs is considerable. It also revealed that steps are being taken to engage with consumers in more proactive ways including the use of consumer helplines, QR codes and websites.

During the qualitative monitoring process, this commitment scored highly satisfactory on four dimensions and satisfactory on one.

Case Study 6: Nutritional Improvement Programme (Commitment No. 1218)

This commitment was selected because of the progress it has made in terms of its qualitative assessment. In 2013 it achieved 4 Highly Satisfactory and 1 Satisfactory notes as compared to 2 Highly Satisfactory and 3 Satisfactory the year before.

The overall objective of the commitment, submitted by Danone R&D Global Nutrition Department, is to get a global view of the nutritional quality of Danone products for dairy products, waters, baby nutrition and of the dynamics of this quality over time.

Established in 2010, a first global assessment was made of the level of compliance of the products in question with internal Danone Nutritional Guidelines and a comparison with direct competitors' products. This included an assessment also by division, by brand, and by country, the dynamics of the evolution of the nutritional quality over time, and a calculation of key indicators (% compliance, % superiority, % improvement, % reduction of key nutrients such as fat, sugar, etc).

While the commitment is Europe-wide, the activity is in fact global in scope. Each year an analysis is carried out in each country to assess the following: the percentage of units / products compliant with the Danone internal nutritional guidelines, the percentage of units/products that are nutritionally superior vis-à-vis their direct competitors'. This helps deciding on action plans to communicate and/or improve the situation. All data is consolidated at global level, allowing global indicators to be calculated.

The relevance of this commitment lies in enabling local subsidiaries to contribute actively to a better diet and thus better health for its consumers, by ensuring that products sold by the company are appropriate vs. the public health issues in the country in question, can fit within a healthy diet, are better alternatives to competitors' products in the same market, and are coherent with the communication/advertising for the product.

Underlining the need for company-wide devotion for this activity, the commitment holder reports appropriately and transparently on inputs in terms of R&D staff time etc. As output indicators, the monitoring report provides numbers of updated nutritional analysis by product group and by country, including outside the EU. While the assessment gives no consolidated visibility of the total number of products covered, it states the number of Danone and competitor references reviewed and nutritionally assessed in 2013.

The impact is not quantified but based on examples. Thus, for instance for GUMs (growing up milks) in Europe/Middle East/Latin America, the commitment holder reports consolidated calculations showing an average energy reduction of 9% (up to 25% reduction for some formulas, and an average sucrose reduction of 4% for the formulas containing sucrose (only a very few GUM formulas still contain sucrose). For waters, a continuous effort to reduce the sugar content of the drink formulas has led to a range of drinks with about 33% less sugar, and another range at about 66% less sugar, than their respective references.

This commitment's qualitative score for 2013 is stated above.

7.1 Overview

This chapter highlights some of the themes emerging from the analysis of the 2013 monitoring data and the appraisal of the findings against those of earlier years where possible. One of the constraints faced in developing this chapter is the way in which data is reported and analysed, and in making some of the recommendations, the monitoring team has reached the methodological limit of what can reliably be deduced. As a consequence, the interpretations and comments found below come with a 'health warning'. In fact, in several instances the monitoring team's suggestion is to undertake a more comprehensive assessment of a specific issue. This should form part of any future detailed evaluation of the Platform.

Critical analysis and recommendations

A great amount of information has been collected from the monitoring process since the establishment of the Platform. However, this information has been largely qualitative in nature and its interpretation is subjective. This leads to two recommendations:

1. The reporting process for 2013 has seen significant improvements in the provision of concrete data relating to commitment activities. However, to allow trends to be better identified, gaps to be noted and strengths and opportunities to be highlighted this improvement / development must continue and be consistently applied across all commitments.
2. Historically the monitoring process has sought to gather and summarize information on the activities of the Platform. More recently there has been an increased interest and emphasis on a critical analysis of the achievements of the Platform and how it operates. In light of this future monitoring activity should be widened to formally include an element of evaluation.

In brief, the themes discussed in the chapter include the Platform's attainment of its objectives, its impact, its repartition, synergies, the possibility of achieving further goals via new actions, and the sharing of good practices.

7.2 How far the Platform meets its objectives

The 2010 Evaluation Report⁶ quotes the Platform's global objective, as set out in the founding statement, to be to: contain or reverse the trend of sustained acute EU-wide increase in overweight and obesity. Similarly, its specific objectives are to:

- Provide a common forum for exchange among stakeholders;
- Generate specific actions in key areas;

⁶ Evaluation of the European Platform for Action on Diet, Physical Activity and Health, European Commission, July 2010

- Produce evidence and knowledge through monitoring.

Reviewing the activities of the Platform in 2013 it is clear that these objectives have been met. However, the monitoring team wishes to underline that its assessment of whether these objectives are being met rests on important provisions. Thus, it is necessary to distinguish between, on the one hand, the entirety of the Platform's activities and, on the other, those assessed by the monitoring team. For instance, the High Level Group on Nutrition and Physical Activity is integral to the Platform's activities. Yet, High Level Group contributions to the Platform's objectives are not considered by the monitoring team. Equally, members' commitments do not capture all the Platform's manifestations. The monitoring team does not identify any inputs deriving from e.g. information and advocacy activities via SANCO's website. This points to a more general issue, namely that a comprehensive consideration of whether objectives are being achieved is likely to require a full-scale evaluation. In this context it is worth recalling that the 2010 Evaluation identified a number of issues which weakened the certainty of its findings, including a lack of clearly quantified targets and an inadequacy of good, 'SMART' indicators.

Within these limitations the monitoring team will seek, in the sections below, to assess whether progress is being made with regard to the specific objectives above.

7.3 The impact of the Platform

Impact is ordinarily the processes, effects or developments that assure the transformation of specific objectives (i.e. project purposes) into, or ensure their contribution to, the socially desirable goals expressed in the global objective(s).

In the monitoring team's judgment, the Platform is undoubtedly stimulating action and inspiring members to take up new initiatives and finding new ways to work together to create synergy.

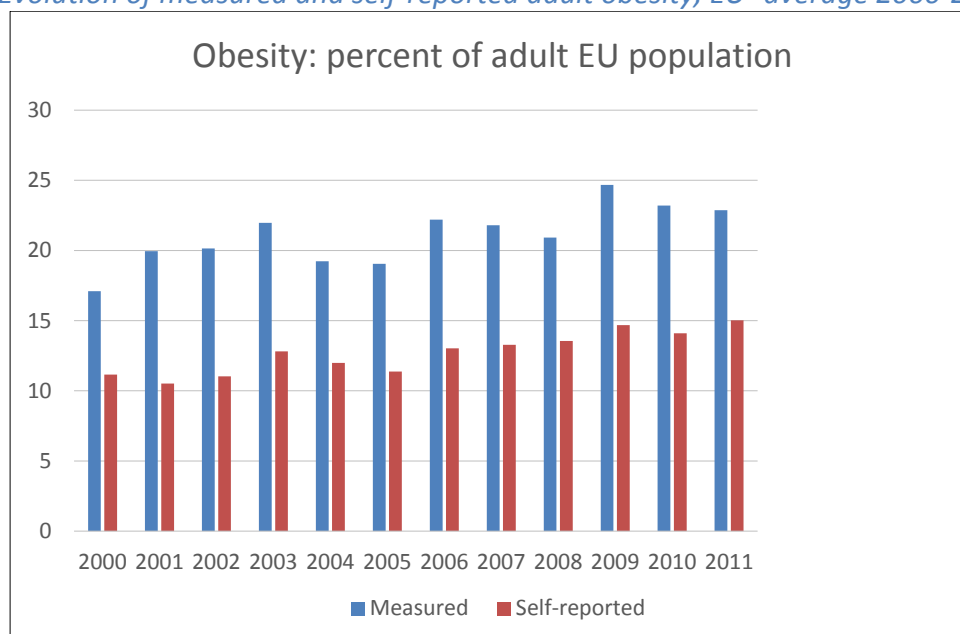
As shown by the Figure 55 below, there is a potentially encouraging development in the evolution of obesity rates across Europe⁷. While a growing share of adult EU citizens *perceive* and self-report themselves to be obese, the percentage *measured* to be so decreased slightly in 2010 and 2011, when compared to 2009. Data is not yet available to show if this trend is being maintained, and the figures underlying the averages shown in the graph are incomplete⁸ and therefore not necessarily representative. It will be interesting to see if, indeed, containment or even a reversal of the trend of EU-wide overweight and obesity is being achieved. Yet, even if this turns out to be the case, it will be difficult to attribute - with certainty – the Platform's impact, in terms of a contribution to its overall objective. In any case, the fact that over 20% of adults are obese continues to justify concerted measures as those promoted by the Platform – if not reinforce them.

One of the positive aspects of the continuing work of the Platform is that the geographical scope of the Commitments continues to evolve. In 2012, national, regional and EU-wide coverage was 38, 6 and 56%, respectively; while in 2013 the percentages were 27, 3, and 70%, respectively.

⁷ www.oecd.org/els/health-systems/oecdhealthdata2013-frequentlyrequesteddata.htm

⁸ Reporting of annual country statistics is inconsistent

Figure 52: Evolution of measured and self-reported adult obesity, EU⁹ average 2000-2011

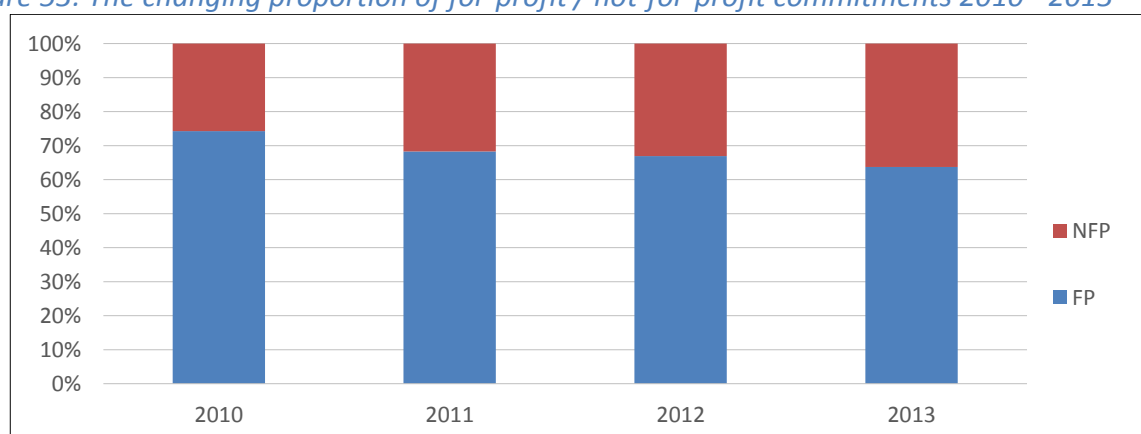


7.4 Repartition of the Platform

Although commitments are distributed reasonably evenly across activity areas, it is perhaps worth noting that the three areas, Marketing and advertising, Consumer information and labelling and Physical activity promotion, in aggregate hold only 36% of all commitments. At country level, Physical activity promotion appears to be the activity type which attracts the least attention, with very few exceptions.

Repartition may also be looked at from the point of view of commitments' distribution between the NGOs and the private sector. Table 53 shows the slight change that has taken place in this context since 2010.

Figure 53: The changing proportion of for-profit / not-for-profit commitments 2010 - 2013



⁹ Data series copied from OECD 2013 health data and does not include Bulgaria, Croatia, Cyprus, Latvia, Lithuania, Malta or Romania. Series inclusive of data for Iceland, Norway and Switzerland but not for other non-EU OECD members.

Critical analysis and recommendations

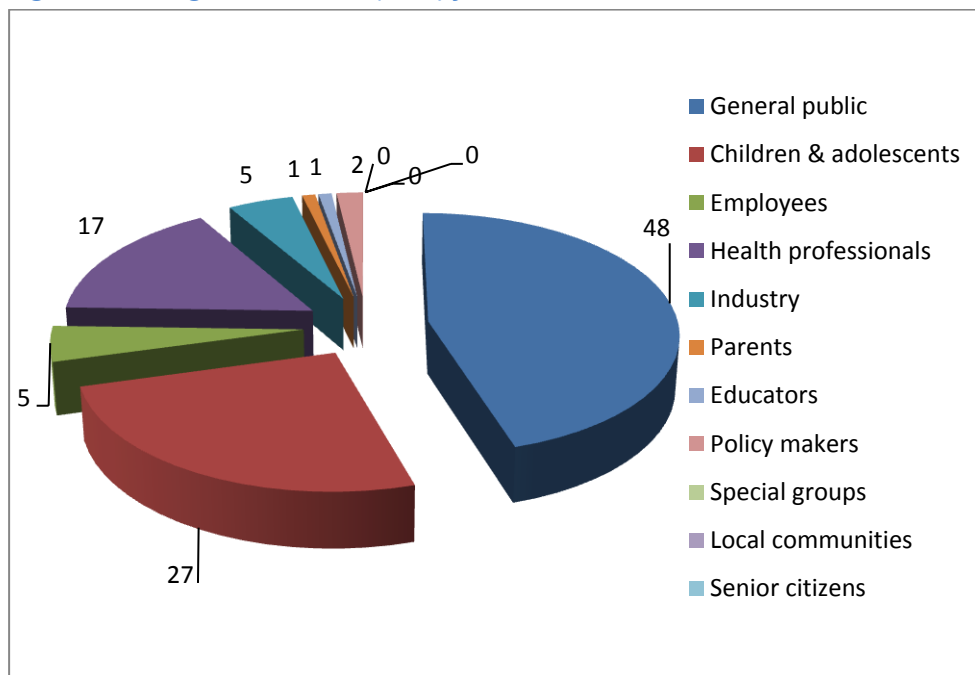
The current monitoring process and therefore reporting of for-profit and not-for-profit members of the Platform does not explore links / funding arrangements between not-for-profit Platform members and for-profit organisations. This raises uncertainty about the degree of autonomy and independence of the not-for-profit members of the Platform.

To further enhance the openness and transparency of the Platform attention should be given to demonstrating the degree to which the NFP's act independently of the for-profit sector and this process should be explored in subsequent reporting years. This process should commence with a request that all not-for-profit organisations involved in the Platform should provide a statement on the nature of their funding / their position on receiving funding from the for-profit sector and that ultimately they should report on their funding / resourcing arrangements. It is important to note however that the receipt of funds from a for-profit organisation does not, and should not, imply an inappropriate link or inappropriate actions that are motivated by that link. Reporting on such links would however provide the reader and observer with a greater degree of insight than is currently available.

1. The monitoring team would strongly suggest that a question is added to the 2014 monitoring form that focuses on the source of core funding of the not-for-profit Platform members.

Chapter 4 includes graphs showing target audiences by activity field. The figure below provides a perspective of the repartition of target audiences for the Platform's commitments in aggregate.

Figure 54: Target audiences (in %) for all commitments



The 'general public' and 'children and adolescent' audiences constitute 75% of the total, while 'health professionals' are the target audience in 17% of all commitments. The target audiences of 'industry' and 'employees' both make up 5%, leaving 4% to be shared by policymakers, educators and parents. Special groups, local communities and senior citizens are not targeted by any of the current commitments.

Critical analysis and recommendations

The potential reach in terms of number of individuals by target audience is considerable, given that the general public and children are the two most significant specified target groups for the commitments. However, the other target groups have a potentially important role in building capacity in key groups and thus in helping the Platform meet its objectives. The following questions are therefore posed as a basis for further consideration of these issues, as are some potential responses.

1. Is the current relationship between the number of commitments and target groups appropriate?

Response – no. It can be strongly argued that while the general public and children and adolescents rightly remain key target groups the low number or absence of commitments targeting other groups creates an imbalance.

2. Should new commitments targeting those groups that are less well covered be considered and developed?

Response – yes. Key groups might include employees as the workplace is a key setting for health promotion activity and has systems and processes in place (such as staff restaurants / canteens) that can be more greatly used to promote health in a planned and coordinated way. Physical activity promotion through the workplace is a further opportunity for Platform commitments.

The absence of any commitments focusing on the needs of older people is an issue that should be addressed as a matter of priority given the demographic change that is occurring across much of Europe and that remaining healthy into older life is a key public health priority.

3. Are vulnerable groups already well covered by commitments yet not reported on?

Response – this would seem unlikely, but a question on this issue in the 2014 reporting process would provide valuable information. In the meantime it is the monitoring team's recommendation that in developing new commitments addressing the needs of the following target groups should be made a matter of priority – policy makers, parents, educators, community and special groups.

7.5 Synergies between commitments

As shown by Figure 22 (Chapter 4) the use of partnerships increased from 50% in 2011 to 60% in 2012 but then decreased slightly to 56% in 2013.

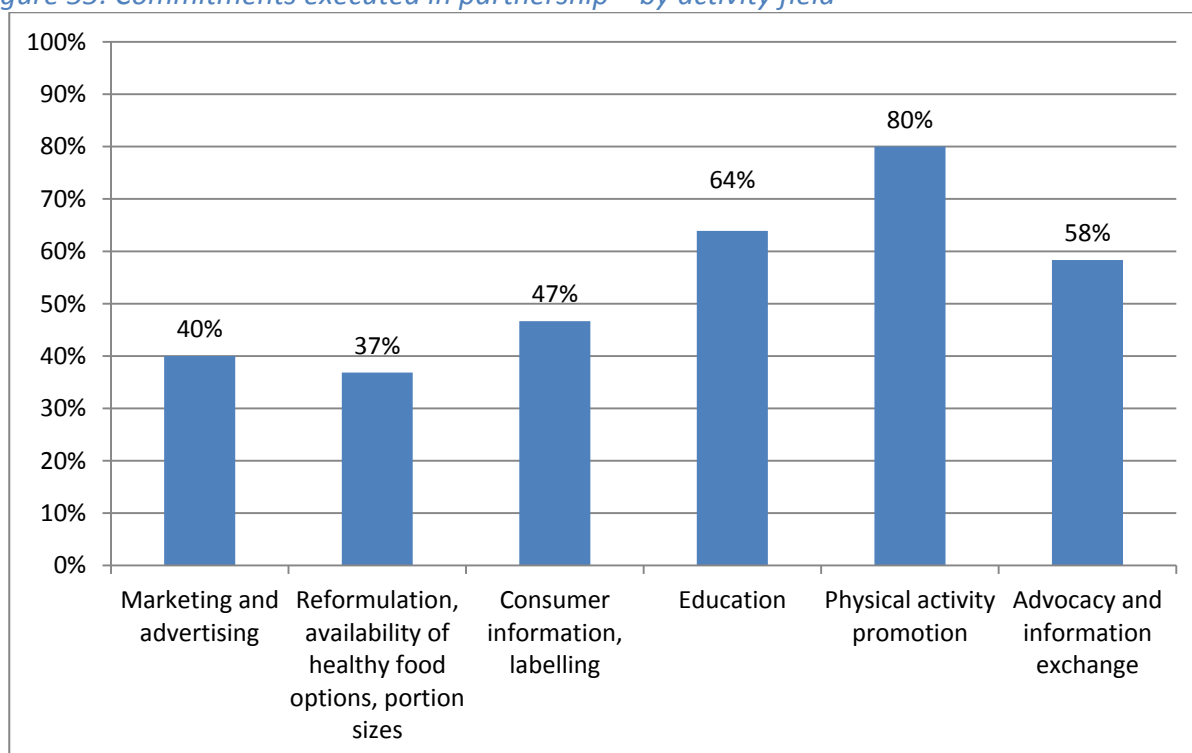
Critical analysis and recommendations

The use of partnerships in the delivery of commitments is now a common feature of the work of the Platform.

1. Partnerships are a key determinant of sustainability and synergy, and the maintenance of existing partnerships and the formation of new commitments which are based on partnerships should continue to be actively encouraged whilst preserving the independence and role as watchdog of the NGO sector.
2. Whether or not the impact of commitments based on partnerships has a greater ultimate impact should form part of any subsequent evaluation of the Platform.

Figure 55 depicts the share of commitments by the six activity fields executed in partnership. For understandable reasons activities registered as Marketing and advertising, Consumer information and labelling and Reformulation – all of which take place primarily in the commercial sector – are generally less frequently carried out in partnership than are Physical activity promotion, Education and lifestyle modification and Advocacy and information exchange.

Figure 55: Commitments executed in partnership – by activity field



Critical analysis and recommendations

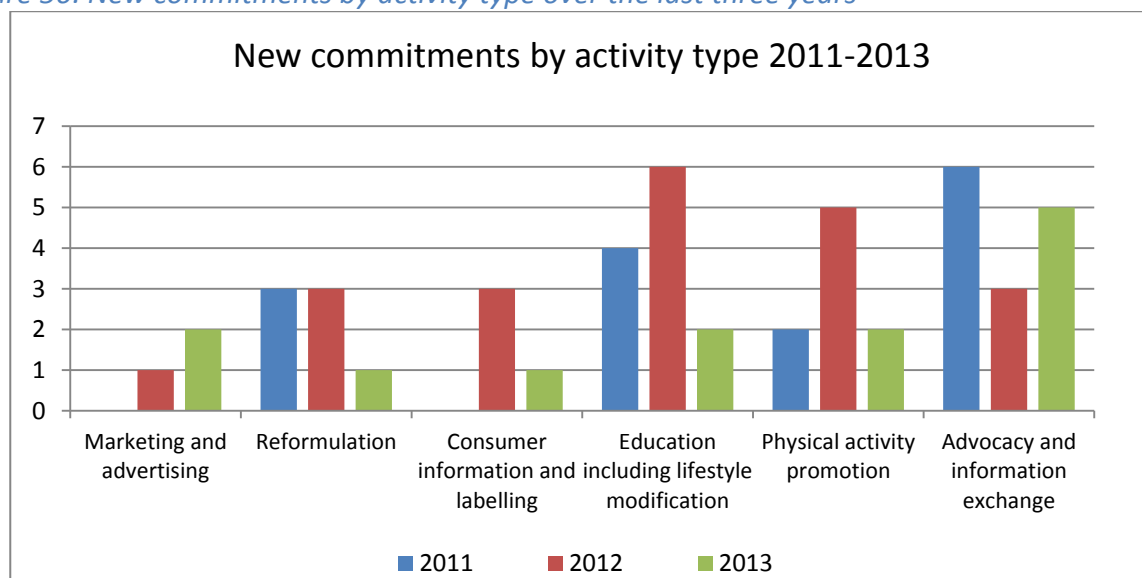
Joint commitments may be seen as a means of achieving synergy through collaboration. However, the number of such commitments continues to be limited, perhaps because of practical limitations.

1. Platform members who are involved in similar, but separate commitments should give consideration to bringing these commitments together through joint working and collaboration
2. In developing new commitments consideration should be given to the possibility of collaborating with other Platform members with similar interests on the development of the new commitment.
3. A future evaluation should include a question as to whether and why members should be encouraged to embrace attempts to work jointly, and whether joint commitments may have greater impact than those commitments undertaken by singular members.

7.6 New actions required to further achieve goals

Figure 56 shows the distribution of new commitments by activity type over the last three years. Education including lifestyle modification together with Advocacy and information exchange have seen several new commitments being submitted, while new activities in particular in Marketing and advertising and Consumer information and labelling have been more restrained. This trend may, to some extent, be a reflection of the changing composition of the Platform's membership, with a relative growth of not-for-profit members and a decrease in for-profit members (figure 17, Chapter 4). If this is the case, it would appear to suggest that a more even distribution of new commitments will depend on the for-profit sector increasing its strength in the membership.

Figure 56: New commitments by activity type over the last three years



The activity field of Physical activity promotion was created 2011 to acknowledge the key role of this dimension of the fight against overweight and its health consequences. As noted above however, this field attracts relatively little attention. Thus, the Platform may wish to place more emphasis on inviting commitments in this area, a point highlighted in Chapter 5.

Critical analysis and recommendations

The focus of Platform commitments

Currently and historically Platform commitments have been largely focused on the prevention of harm, e.g. limitation of advertising at children, reformulation of products to reduce salt and fat, etc. The critical question is whether the current range of Platform commitments adequately addresses the wider determinants of overweight and obesity.

The Platform should consider stimulating action and generating commitments on issues which are the cornerstones of healthy nutrition and regular physical activity. The monitoring team suggests that new commitments would include, but are not limited to:

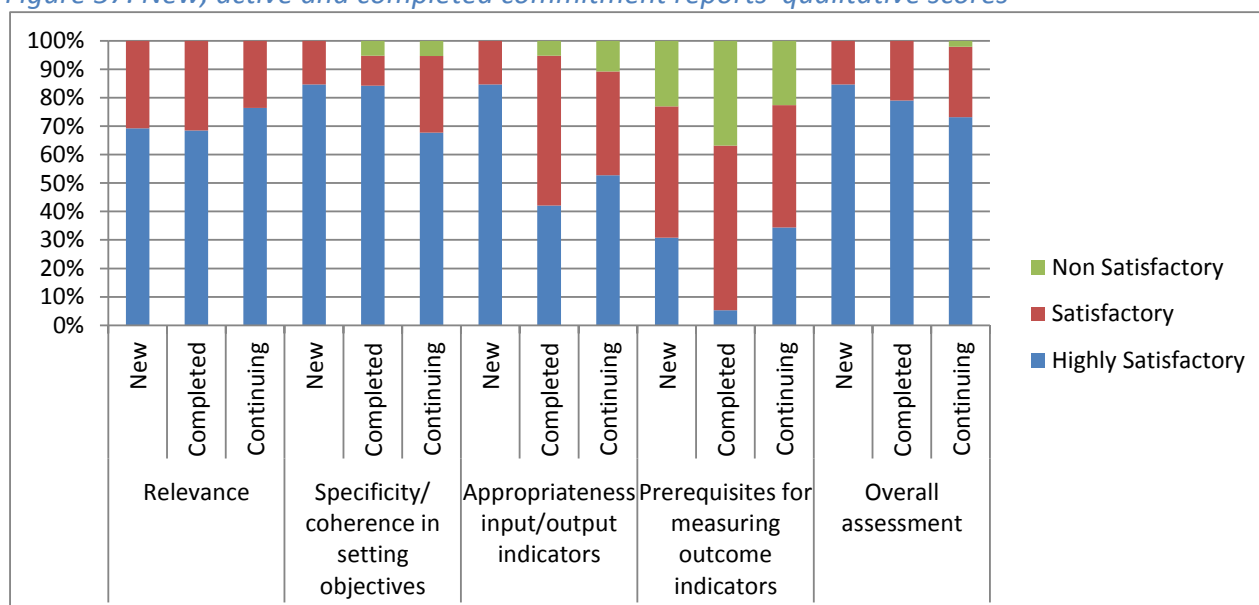
1. The promotion of and ease of access to fruit and vegetables. Such approaches have particular relevance to vulnerable groups¹⁰ and would contribute to a reduction in health inequality.
2. Promotion of good hydration and its role in appetite control and stabilizing blood sugar.
3. The role of 'good' fats (plant-based) in the diet and how they affect satiety.
4. The role of deficiencies in the typical 'western' diet that might affect obesity (e.g. through appetite control).
5. The role of mental and emotional health, including psychological processes, in dietary choices and over eating.

7.7 Quality of commitments

The Figure below indicates the qualitative assessment of new, active and completed commitments for 2013. It is implicitly encouraging to note that completed actions, at least as far as the most critical criterion, i.e. the outcome indicator, is concerned, perform less well than continuing ones, but equally disconcerting to acknowledge that new commitments, judged by the same criterion do no better than continuing ones.

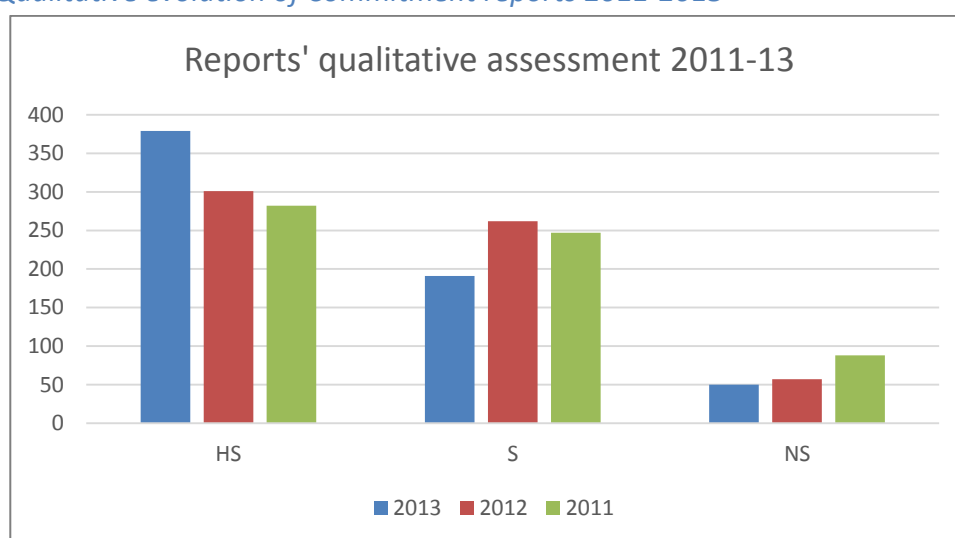
¹⁰ Source: <http://frac.org/initiatives/hunger-and-obesity/why-are-low-income-and-food-insecure-people-vulnerable-to-obesity/>

Figure 57: New, active and completed commitment reports' qualitative scores



Data was compiled for the three most recent years to assess further the evolution of monitoring reports' qualitative aspects. Figure 61 shows how the rating of the monitoring reports against the five assessment criteria shown in Table 60 - relevance, specificity, appropriateness etc. has evolved across the years 2011 (123 monitoring reports), 2012 (124) and 2013 (124).

Figure 58: Qualitative evolution of Commitment reports 2011-2013



HS= Highly Satisfactory

S= Satisfactory

NS= Not Satisfactory

The total assessed to be Highly Satisfactory across the five criteria increased by 6% from 2011 to 2012, and by a further 25% from 2012 to 2013. As a consequence, the Satisfactory and Non-satisfactory scores decreased by a total of 23% and 44%, respectively, between 2011 and 2013.

Critical analysis and recommendations

While the evolution in the qualitative assessment is positive and to be commended, there remains a total of 50 commitments that were assessed to be, in some way 'non-satisfactory'. Six were non-satisfactory on objectives, eleven were non-satisfactory on input / output measures, thirty one were non-satisfactory on outcome / impact measures and two were non-satisfactory on overall assessment.

As a result the monitoring team suggest the following:

1. Reporting needs to continue to improve. In the 2013 reporting round two commitments have 3 non-satisfactory areas (6 in total), four commitments have 2 non-satisfactory areas (8 in total) and thirty six commitments have 1 non-satisfactory area (36 in total).
2. The criteria which continue to cause problems, i.e. where the most non-satisfactory scores were obtained, are 'Prerequisites for measuring outcome indicators' and 'Appropriateness of input / output indicators'. The non-satisfactory scores on these two criteria combine to make up 91% (2012) and 84% (2013) of the overall non-satisfactory scores obtained.
That only two criteria account for such a high proportion of the non-satisfactory scores is very positive but it does mean that reporting on these two criteria needs to improve and special attention will be given to these criteria in feedback to members. How to report on these two criteria could form an aspect of the activity of the Working Group.
3. Feedback will be provided to Platform members on any commitments that have been assessed as being non-satisfactory in any way. It is imperative that this feedback is acted upon.

7.8 Sharing good practice between Platform members

The major way of sharing information between Platform members are the Platform meetings. These take place on four occasions per year. Currently Platform meetings involve a number of presentations including updates on Platform activity, links with the High Level Group, a review of recently published articles and news items relating to the topics addressed by the Platform and presentations by projects and programmes, some of which are Platform commitments. These presentations normally provide an overview of the programme and its key success points. The structure of the Platform meetings is therefore relatively set with the early part of the meeting taken up with the provision of updates from DG Sanco and a focus on one of the Platform activity themes, followed by examples of commitments and other relevant programmes.

The question of whether Platform meetings adequately facilitate the exchange of good practice has to be considered by Platform members.

Critical analysis and recommendations

1. The structure of the Platform meetings

- Consideration could be given to the structure of the Platform meeting – is the current structure enabling the optimal provision and dissemination of information. This consideration could form part of the remit of the Working Group.
- Consideration should be given to refining the delivery of presentations – the use of 15 to 20 (or more), often ‘text dense’ slides in a notional fifteen minute presentation puts pressure on the speaker to cover the issues addressed by the slides and might mean that key learning points for the other Platform members are lost.
- On being invited to speak, presenters should be:
 - reminded of the time that they have at their disposal;
 - asked to use only an appropriate number of slides for the time at their disposal;
 - requested to focus on lessons learned (how challenges have been overcome, what would be done differently if repeated etc.) rather than on how well everything has gone.
 - asked to make specific reference to the way in which the initiative addresses EU Strategy and Policy on diet, physical activity and health.
- An alternative would be to have fewer, but longer presentations which would also have a focus on lessons learned. This would allow Platform members to have the opportunity to explore the issues raised in greater depth.
- Consideration should be given by the Platform to trialling different types of presentation style e.g. PechaKucha.

2. Networking

- The Platform meetings provide opportunity for good practice to be presented. Continue this focus on the exchange of good practice and information.
- Formal and informal networking is a part of the life of the Platform and the Platform meetings present significant opportunities for this to take place. This should be maintained, and refined wherever possible by maximising any further opportunities for networking and information exchange e.g. through minor restructuring of the day / agenda, inclusion of breakout sessions etc.

CHAPTER 8: CONCLUSIONS AND RECOMMENDATIONS

Many of the conclusions and recommendations that would traditionally have appeared in this chapter have already been presented in the 'Critical analysis and recommendations' boxes that appear throughout this report. This chapter therefore, highlights those issues not previously covered.

Future reporting

Analysis of the data presented for 2013 indicates that financial resources inputted into 68 commitments (those that reported this measure) totalled €18,208,994. Whilst this is a significant financial investment on the part of the Platform members involved in these commitments, when contrasted with just the advertising spend on food and drink it is seen to be but a small fraction.

In terms of personnel input, 88 commitments reported this and the data reveals that 313 full time employees, 1,106 part time and 1,077 volunteers were engaged in the delivery of the commitments. This should be considered a minimum input as there are a number of commitments for which this data was not reported due to measurement difficulties, however, all commitments should be encouraged to report on these issues.

Critical analysis and recommendations

- The 56 commitments that did not report financial inputs in reporting their activities in 2013 should do so for the 2014 reporting process. A similar call is made to the 36 commitments that did not report personnel input.
- The full 'value-added' of the Platform cannot be adequately described without these key pieces of information.

During the monitoring process large volumes of data are presented, processed and analysed. It is highly recommended that the structure of the monitoring report template be further refined following the principles of a Case Review Form. This would lead to even greater standardisation in terms of data collection particularly input, outcome and impact. For example, inputs should be reported in terms of money, personnel, material to be distributed, travels etc, and a table showing all the desired / relevant information should be completed. This would be of great help in terms of data reprocessing, and would better facilitate year on year analysis.

Whilst there have been improvements in the qualitative assessment of commitments for 2013, confounding issues remain in the data analysis and reporting, e.g. in reporting the number of people reached by a commitment. Consider the following as an example. A commitment is reported to reach 100 persons through a congress, 200 persons through an article and 10,000 persons through a newsletter. Are the 100 persons reached through the congress within the 200 reached with the article and within the 10,000 reached with the newsletter? Critical questions that need to be answered include: is this level of information useful to the Platform and the Commission, and if so, how should this be reported? One way

of reporting impact in the future would be to routinely report impact and / or reach by target audience as this would enable a much clearer picture of reach to be developed.

The overall quality of the reporting process could be improved further by inserting in each monitoring report questions that involve a degree of self-evaluation of the quality of the data presented such as ‘in what ways is each of the objectives of your commitment SMART?’

As the quality of reporting improves there is more opportunity for other Platform members, as well as other interested third parties to learn from the commitment. This information exchange could be better facilitated through the monitoring form by including challenges faced and how they were overcome as well as areas of particular success.

Joint working and synergy

In recent years there has been a small increase in the number of joint commitments, but these are still few in number. However, potential scope exists within the existing body of commitments and between members of the Platform to develop further joint working which could result in new joint commitments and the benefit of the synergistic effect. For example, national / regional commitments with similar commitments operating in other regions or countries could form a relationship in which information / knowledge is exchanged. Alternatively such projects, where appropriate, could merge. A similar approach could be adopted by setting e.g. workplace oriented commitments. Appropriate care should be taken to preserve the independence and role as watchdogs of those Platform members that have NGO status

Joint commitments may have even greater impact than those held individually. However, ways of assessing this impact should be explored and discussed thoroughly at the outset. Current joint commitments would be able to provide a valuable input into this discussion.

Critical analysis and recommendations

- 1. When developing new commitments members of the Platform should actively seek to collaborate with other Platform members to produce joint commitments.
- 2. Given that there are very few commitments aimed at the local community, special groups and senior citizens and given that to work with these target groups requires an understanding of them and their needs, new commitments aimed at these target groups would provide opportunity for collaborative working between Platform members

Platform membership

It has been recommended elsewhere in this Monitoring Report that the Platform places greater focus on the wider determinants of obesity and the role of good nutrition in tackling the factors that cause overweight and obesity and consequently consideration should be given to inviting to the Platform stakeholders with an interest in these broader determinants e.g. from the alcohol field, mental health, community agriculture groups etc.

Critical analysis and recommendations

There is great benefit to be derived by the Platform in the recruitment of new Platform members and the development of new commitments, particularly in terms of sustainability.

1. Existing Platform members should act as 'champions' of the Platform, should seek to engage other stakeholders in the development of (joint) commitments and in turn see them join the Platform.
2. It can be strongly argued that to replace commitments that end and maintain the vitality of the Platform some 20 or more new commitments would need to be created in any given year, whilst ensuring that any new commitments focus on the core work of Platform members. This challenge provides much scope to involve new stakeholders in the development of new commitments. This need should be promoted and the Commission should publicise it together with the significance of being a Platform member i.e. of playing a role in the creation of a healthier Europe; being a responsible corporate citizen etc.

Geographical scope

All but 2 of the new commitments for 2013 were pan-European in coverage. In terms of reach and inclusion, this is a trend which is supportive of the aims and objectives of the Platform and one which should be encouraged in future new commitments. However, the benefits of national or regional commitments, which might adopt a different strategy leading to a more country and contextually specific approach, should not be disregarded or undervalued.

Vulnerable Groups

Vulnerable groups including the very young and senior citizens constitute a very important target audience for the work of the Platform, although it is recognised that it is more appropriate for some Platform members to engage with vulnerable groups than it is other members. In 2013, 42 commitments were adjudged to have been addressing the needs one or more vulnerable groups. Within this cluster of commitments 29 were primarily targeting children and adolescents, 10 the general public, 1 parents, 1 policy makers and 1 employees.

Another major group that could be considered to be 'vulnerable' would be those in the lowest socio-economic groups. A number of studies^{11 12 13} point to the fact that particularly in highly developed countries there is a relationship between obesity and socioeconomic status; obesity rates, particularly for women, in lower socio economic groups being higher.

Some attention was given to the issue of inequality in the 2013 reporting process with those compiling the monitoring reports being asked to note if the Commitment was addressing these issues. However a

¹¹ http://www.noo.org.uk/uploads/doc/vid_16966_AdultSocioeconSep2012.pdf

¹² <http://epirev.oxfordjournals.org/content/29/1/29.full>

¹³ <http://www.prb.org/Publications/Articles/2013/obesity-socioeconomic-status.aspx>

search of the monitoring reports using the terms 'inequality' and 'socio-economic' status does not reveal any references to these issues.

Critical analysis and recommendations

1. Wherever possible future commitments must be designed to contribute to a reduction in health inequality.
2. In considering the needs of 'vulnerable' groups attention must be given to the needs of those who are found in the lower socioeconomic groups.
3. A potential development of the reporting process would be for the monitoring form to provide opportunity for a more precise description of the vulnerable groups being addressed by the project and also how their needs were being addressed.