Monitoring the EU Platform on Diet, Physical Activity and Health

Specific Contract N° SANCO/2012/1127355

Special Report on the EU Platform on Diet, Physical Activity and Health (reference period 2006-2012)

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EXECUTIVE SUMMARY

The EU Platform on Diet, Physical Activity and Health (hereafter The Platform) is one of the tools for implementing the European Strategy on Nutrition, Overweight and Obesity-related Health issues. It is an action-oriented cooperative process aimed at helping to reverse the obesity trend. It consists of a forum of European-level umbrella organisations, ranging from the food industry to consumer protection NGOs, willing to commit to tackling current trends in diet and physical activity with concrete actions that are termed ‘commitments’. The Platform has been in existence since 2005, and during that time its members have bought to action over 300 commitments.

This Special Report will provide the reader with an overview of the establishment, development, activities and achievements of the EU Platform on Diet, Physical Activity and Health. The report has been commissioned by DG SANCO with the aim of capturing the key learning points gained by the Platform thus far. The report is therefore necessarily backward looking, but wherever possible it will also look to the future highlighting potential further areas of development.

The purpose of this Special Report is to reflect on the development of the Platform as put forward through the Annual Reports of the Platform. Chapter 1 presents the background to the Platform presenting the public health European context.

Chapter 2 describes the main processes and vehicles of delivery for the Platform. In this chapter membership of the Platform is discussed including how the membership has evolved over time. The fields of action and target groups of the Platform are detailed, and the monitoring framework of the Platform is discussed. Whilst there is clear opportunity for improved levels of monitoring, some examples of excellent practice exist and examples of this are presented. A description of commitment status is given, providing the context for discussions in later chapters of this report.

Chapter 3 reviews the activities of the Platform, namely stakeholder engagement, Platform meetings and Platform commitments. The nature of engagement of Platform members is explored. It is concluded that Platform members are primary (rather than secondary) stakeholders whose involvement with the Platform is both ‘active’ and ‘voluntary’ – this combination adds real value to the Platform and concretely assists in the realisation of the Platform’s objectives. The value of members meeting to discuss and share experience and knowledge is explored, and the concept of joint commitments is discussed – currently less than 4% of active commitments are joint in nature (i.e. put forward by more than one Platform member). The impact of the Platform can be extended through joint commitments. The relevance and aims of commitments are examined, indicating that considerable progress has been made on this issue (although there is still some way to go). The chapter also looks at how one of the central aims of the Platform, namely the sharing of good practice, is realised.

Chapter 4 reviews the outputs of the Platform during its lifetime. A key barrier to a more effective presentation of the achievements of the Platform is the lack of standardisation in the reporting of outputs – examples of this are given. Nonetheless, a number of noteworthy achievements are presented in this chapter including the increased alignment of commitments with DG SANCO priorities, and an impressive outreach of commitments. It is concluded that the groups targeted by and through commitments have become increasingly diverse during the lifetime of the Platform, although vulnerable groups and local communities are under-represented in commitments at present. Some unintended consequences of the Platform’s activities are offered.
Chapter 5 explores the lessons that have been learned from the activities of the Platform to date - some of these are highly positive while some more developmental in nature. These are discussed in detail chapter 5. The importance of knowledge management within the Platform is explored and whilst acknowledging that knowledge can be dissipated as Platform members and Platform commitments come and go, it is also noted that knowledge can be silo-ed within the Platform. Ways in which knowledge can be even more comprehensively shared and communication enhanced are presented.

Chapter 6 presents the main conclusions and recommendations of this Special Report.
## Definition of Key Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>commitment</td>
<td>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.</td>
</tr>
<tr>
<td>Platform member</td>
<td>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 Monitoring Framework.</td>
</tr>
<tr>
<td>commitment holder</td>
<td>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.</td>
</tr>
<tr>
<td>Monitoring report</td>
<td>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. These monitoring reports are organised into sections that enable Platform members to state the ‘objectives’ of their commitment, ‘inputs, ‘outputs’, ‘outcomes’, ‘means of verification’, and so on.</td>
</tr>
<tr>
<td>Achievements of the Platform</td>
<td>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.</td>
</tr>
<tr>
<td>Platform Meeting</td>
<td>The Platform meets on a quarterly basis. Meetings are one day in duration and take the form of presentations and discussions relating to the activities of the Platform.</td>
</tr>
<tr>
<td>Annual Report</td>
<td>Each year an external monitoring team prepare a report that captures the achievements of the Platform during that year. There have been Annual Reports produced since 2008.</td>
</tr>
</tbody>
</table>

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## ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ACT</td>
<td>Association of Commercial Television in Europe</td>
</tr>
<tr>
<td>BEUC</td>
<td>European Consumer’s Organisation</td>
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<tr>
<td>BMI</td>
<td>Body Mass Index</td>
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<tr>
<td>CAP</td>
<td>Common Agricultural Policy</td>
</tr>
<tr>
<td>CESS</td>
<td>Confédération Européenne Sport Santé</td>
</tr>
<tr>
<td>CIAA</td>
<td>Confederation of the Food and Drink Industries</td>
</tr>
<tr>
<td>COFACE</td>
<td>Family Associations</td>
</tr>
<tr>
<td>COPA-COGECA</td>
<td>Agricultural Organisations and Cooperatives</td>
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<tr>
<td>CPME</td>
<td>Standing Committee of European Doctors</td>
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<tr>
<td>CVD</td>
<td>Cardio-Vascular Disease</td>
</tr>
<tr>
<td>DAFCA</td>
<td>Danish Agriculture and Food Council</td>
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<tr>
<td>EACA</td>
<td>European Association of Communications Agencies</td>
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<tr>
<td>EASO</td>
<td>European Association for the Study of Obesity</td>
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<tr>
<td>EBU</td>
<td>European Broadcasting Union</td>
</tr>
<tr>
<td>ECF</td>
<td>European Cyclist Federation</td>
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<tr>
<td>EFAD</td>
<td>European Federation of the Associations of Dietitians</td>
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<tr>
<td>EFFAT</td>
<td>European Federation of Trade Unions in the Food, Agricultural and Tourism Sectors</td>
</tr>
<tr>
<td>EFSA</td>
<td>European Food Safety Authority</td>
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<tr>
<td>EGTA</td>
<td>European Group of Television Advertising</td>
</tr>
<tr>
<td>EHFA</td>
<td>European Health and Fitness Association</td>
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<tr>
<td>EHN</td>
<td>European Heart Network</td>
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<tr>
<td>EMRA</td>
<td>European Modern Restaurants Association</td>
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<td>ENGSO</td>
<td>European Non-Governmental Sports Organisation</td>
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<td>EPHA</td>
<td>European Public Health Alliance</td>
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<tr>
<td>ESPGHAN</td>
<td>European Society of Paediatric Gastroenterology, Hepatology and Nutrition</td>
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<td>EU</td>
<td>European Union</td>
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<tr>
<td>EUFIC</td>
<td>European Food Information Council</td>
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<td>EuroCoop</td>
<td>European Community of Consumer Cooperatives</td>
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<td>EUROFEL</td>
<td>European Association of Fresh Fruit Producers</td>
</tr>
<tr>
<td>EUROPREV</td>
<td>European Network for Prevention and Health Promotion in Family Medicine and General</td>
</tr>
<tr>
<td>EVA</td>
<td>European Vending Association</td>
</tr>
<tr>
<td>FEPI</td>
<td>Federation of the European Play Industry</td>
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<tr>
<td>FERCO</td>
<td>European Federation of Contracting Catering Organisations</td>
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<tr>
<td>FIA</td>
<td>Fitness Industry Association</td>
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<tr>
<td>FoodDrinkEurope</td>
<td>Until 2011 the Confederation of the Food and Drink Industries of the EU (CIAA)</td>
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<tr>
<td>Freshfel</td>
<td>European Fresh Produce Association</td>
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<tr>
<td>GCC</td>
<td>Global Corporate Challenge</td>
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<tr>
<td>GDA</td>
<td>Guideline Daily Amounts</td>
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<tr>
<td>HOTREC</td>
<td>Confederation of National Associations of Hotel, Restaurants and Cafes</td>
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<tr>
<td>Acronym</td>
<td>Full Name</td>
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<tr>
<td>IASO</td>
<td>International Association for the Study of Obesity</td>
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<tr>
<td>IBFAN</td>
<td>International Baby Food Action Network</td>
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<tr>
<td>IDF</td>
<td>International Diabetes Federation</td>
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<tr>
<td>IOTF</td>
<td>International Obesity Task Force</td>
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<tr>
<td>ISCA</td>
<td>International Sport and Culture Association</td>
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<tr>
<td>NGOs</td>
<td>Non Governmental Organizations</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>SMART</td>
<td>Specific, Measurable, Achievable, Relevant, and Time-based</td>
</tr>
<tr>
<td>WFA</td>
<td>World Federation of Advertisers</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 The European perspective on Diet and Physical Activity, and Health

Background
During the 20th Century significant changes occurred in the lifestyle and health related behaviour of the people of Europe. The rate of change varied between countries and populations and depended on a number of factors, but by the end of the century rates of chronic degenerative disease were high, and the impact on individuals, their families and the communities in which they lived, worked and played were significant.

At the start of the 20th Century a family doctor might have only a small percentage of his patients with cardiovascular disease, a bigger problem might have been the health consequences of under nutrition. The population as a whole was more physically active than later in the century and adult patients with Type II diabetes were rare, while adolescent patients with Type II diabetes were unknown. One hundred years later however the situation had changed dramatically, and the leading factor in this change was that of lifestyle.

For many people living in Europe life had become much more sedentary. Physically demanding work was much less common, participation in physically active recreational activity had fallen and even life within the home now demanded less physical activity.

Of major concern has been the fall in the number of people (adults and children) taking exercise at a level that afforded some protection against chronic degenerative disease such as CVD and Type II diabetes. Compounding this reduction in physically active adults and children were changes in eating patterns with consumption of fibre rich foods falling and the consumption of fat, sugar and salt rising. Also increasing was daily calorific intake.

Emerging evidence from around the World and from within Europe all pointed to the same conclusion, obesity rates were going up, levels of physical activity were falling and the health consequences of both were going to create levels of chronic disease within the population that would place very significant burdens on health services, workplaces and communities in the future.

The history of the initiative and rationale for its establishment
Against this backdrop a number of European responses began to emerge. One of these was the establishment of the EU Platform on Diet, Physical Activity and Health in March 2005. The Founding Statement of the Platform states that, “The purpose of this Platform is to provide a common forum for all interested actors at European level where:

a) they can explain their plans to contribute concretely to the pursuit of healthy nutrition, physical activity and the fight against obesity, and where those plans can be discussed;

b) outcomes and experience from actors’ performance can be reported and reviewed, so that over time better evidence is assembled of what works, and Best Practice more clearly defined”.

The Platform was set up in a way that enables all possible actors who wish to make a commitment to contribute to its work to do so. Importantly it was confirmed (in the Founding Statement) at the outset that,

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2 Available at: http://ec.europa.eu/health/ph_determinants/life_style/nutrition/platform/docs/platform_charter.pdf
“The Platform’s work plans will be open for improvement as new evidence and new political guidance emerges.” One of the guiding principles of the Platform has been its non-competitive’ nature so that, “Platform members are able to share with each other their action plans, setting out what they intend to achieve and by what means.”

It was recognised that tackling the obesity issue was something which many, if not all, of the Platform members were already engaged in, but the very clear expectation for 2006 (and subsequent years), “is that each actor commit to an increasing level of resources and effort, beyond their baselines (activities carried out in 2004 and planned for 2005) for current or new actions designed to reverse the obesity trend”.

Three other overarching goals were also identified in the Founding Statement. These were, “The Platform will serve to deepen common understanding of the challenge of obesity, to integrate responses to this challenge into a wide range of EU policies, and to contribute to the future development of the fields of action. To this end: the Platform will also serve as a forum for issues not yet formally covered by the fields of action; the Platform will deepen its members’ understanding of current levels of knowledge and evidence on key issues.”

Beginning with the 15 Founding members and 11 additional members in 2005, the Platform had 33 Members at the end of September 2012, and it is important to note that both in 2005 and 2012 all members of the Platform were umbrella organisations representing a group of constituents and engaging them in the development and implementation of the Platform commitments.

**The European activities on diet and physical activity (2000 – 2007)**

The European perspective on diet and physical activity is described in a series of documents, including:

- **Diet, Physical Activity and Health – A European Platform for Action (The Founding Statement, published on the 15th March 2005):** In the Founding Statement attention is drawn to the fact that, “European Union citizens are moving too little and consuming too much (...) the main consequence is a sustained, acute EU-wide increase in overweight and obesity (...) the increase is particularly severe for children and adolescents”. The document goes on to state that the human cost is unacceptable and the budgetary and economic cost severe. The document indicates that the (then) newly established Platform would operate under the leadership of the European Commission whose primary role would be to make sure that, “a cooperative and action oriented approach is respected and to ensure that the activities of the Platform are in harmony with other related initiatives and discussions”.

- **The Council of the European Union conclusions on obesity, nutrition and physical activity (Published 6th June 2005):** In Paragraph 12 the Council, “Welcomes the recent launch by the Commission of the European Platform on Diet, Physical Activity and Health as an important step forward in this regard, which is expected to contribute to pursuing healthy nutrition and physical activities and to halting current obesity trends through determined action by the stakeholders represented in the Platform, and encourages Member States to launch as appropriate initiatives within the context of their overall national strategy and to work in synergy with the European Platform”. It is positive to note the encouragement being given to Member States to develop their own initiatives and to work in synergy with the European Platform. This review of the Platform’s achievements would indicate that much activity is being undertaken within the Member States. The Platform provides a very clear framework

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for regional and national activity and it is positive to note that initiatives at these levels are focused on the priorities of the Platform in terms of activity types and target groups.

- **The European Commission Green Paper entitled, “Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases”**\(^4\). *(Published in December 2005):* The Green Paper recognises the establishment of the EU for Action on Diet, Physical Activity and Health, noting that the Platform brings together all relevant players active at a European level that are willing to enter into binding and verifiable commitments aimed at halting and reversing current overweight and obesity trends. The objective of the Platform is stated thus, “to catalyse voluntary action across the EU by business, civil society and the public sector”. A task of the platform is described as being to provide an example of co-ordinated but autonomous action by different parts of society. Again it is positive to note that the intervening years has seen a wide variety of commitments being developed by a number of stakeholders, sometimes in partnership, drawn from all types of organisation, including public sector, industry and NGOs, and seeking to positively impact on the health-related behaviours of the people of Europe. The Green Paper described a number of areas in which action should take place. These included, consumer information advertising and marketing; consumer education; a focus on children and young people; food availability, physical activity and health education at the workplace; building overweight and obesity prevention and treatment into health services; addressing the obesogenic environment; tackling socio-economic inequalities; fostering an integrated and comprehensive approach towards the promotion of healthy diets and physical activity; and recommendations the nutrient intake and for the development of food-based dietary guidelines. It is very positive to record that in the development and implementation of the Platform commitments each of the above areas has been addressed.

- **The European Commission White Paper ‘A Strategy for Europe on Nutrition, Overweight and Obesity related health issues’**\(^5\). *(Published in May 2007):* The White Paper sets out a strategy for Europe on nutrition, overweight and obesity related health issues. The document notes that in any public action three factors need to be taken into account. These are the ultimate responsibility of the individual for his or her lifestyle and that of his or her children, while recognising the importance and influence of the environment on behaviour; that only well-informed consumers are able to make rational decisions; and that an optimal response in this field will be achieved by promoting both the complementarity and integration of the different relevant policy areas. A cornerstone of the approach set out in the White Paper is that of partnership, and the Platform is set out as an example of a model that could be replicated at a number of levels. Credit is given to the platform in generating action from stakeholders across a range of sectors and the White Paper mentions for the first time the establishment of a High Level Group which would be focused on nutrition and physical activity related health issues with the objective of ensuring that the exchange of policy ideas and practices between member states takes place, with an overview of all government policies.

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\(^4\) Available at [http://www.epha.org/spip.php?article2065](http://www.epha.org/spip.php?article2065)

1.2 The Public Health Context

The potential risk to the health of the population of Europe caused by overweight, obesity and a sedentary lifestyle have been well recognised and the protection of population health has become a priority.

The Council Conclusions on obesity, nutrition and physical activity, previously referred to in this chapter, refers to a series of meetings dating back to 1992 in which nutrition and health, healthy lifestyle and heart health were recognised as being of great importance. This document also refers to the European Union’s support for the adoption of the Global Strategy on Diet, Physical Activity and Health at the World Health Assembly of May 2004. Importantly the 2005 Conclusions document also stresses the importance of strengthening links between efforts to promote healthy diets and physical activity and other community policies such as agriculture, transport, environment, culture and consumer policy areas. The mainstreaming of nutrition and physical activity into all relevant policies at local regional, national and European levels is also called for. The Green Paper builds on this approach, noting that, “Preventing overweight and obesity implies an integrated approach to fostering health, an approach which combines the promotion of healthy lifestyles with actions aimed at addressing social and economic inequalities and the physical environment, and with a commitment to pursue health objectives through other Community policies”.

The importance of policy coherence at community level is highlighted in the White Paper. While focusing on actions that can be taken at EU level to improve nutrition and health related issues, the White Paper also notes that there is added value from a European dimension in the facilitation of such things as a dialogue with global food industry stakeholders. Actions set out in the White Paper to improve diet and physical activity across a number of policy areas, including the Common Agricultural Policy (CAP), education policies, transport policies and research. Mention is also made of policy developments at Member State level and the White Paper notes that “the comprehensive range of Commission actions within its competence, to be taken forward across policy sectors, serves the purpose of backing up or completing the actions by member states”. The approval in September 2007, by the WHO Regional Committee for Europe of resolution EUR/RC57/R4, which endorsed the WHO European Action Plan For Food And Nutrition Policy 2007-2012 and called on Member States to develop and implement food and nutrition policies, provided further impetus to the development of actions designed to promote healthy eating and physical activity.

The European Charter on Counteracting Obesity was published as a result of the WHO European Ministerial Conference in November 2006. The Charter provides a clear rationale for action and also sets out the goals, principles and framework for action. It notes that, “Policy measures should be coordinated in the different parts of the Region, in particular to avoid shifting the market pressure for energy-dense food and beverages to countries with less regulated environments”, and also that civil society should support the policy response. It states that, “The active involvement of civil society is important, to foster the public’s awareness and demand for action and as a source of innovative approaches. Nongovernmental organizations can support strategies to counteract obesity. Employers’, consumers’, parents’, youth, sport and other associations and trade unions can each play a specific role. Health professionals’ organizations should ensure that their members are fully engaged in preventive action”. The policy framework established within the EU, the European office of WHO and indeed many Member States is remarkably consistent. The overarching goal being to reduce levels of overweight and obesity improve levels of exercise and reduce the economic and disease burden. The range of Platform commitments, both those completed and those currently being undertaken by the Platform members address many if not all of the issues raised in these key policy documents, both in terms of delivery and outcome.
CHAPTER 2: DESCRIPTION OF THE PLATFORM AND ITS ACTIVITIES

2.1 Platform members

The Platform is a forum for all actors interested in the activities of the Platform, namely the fight against overweight and obesity. The Platform is open to all actors who want to lead in taking actions that will tackle the EU epidemic of obesity. The membership of the Platform has evolved over its lifetime to 15 founding members to the 33 members that there are currently. A full list of current Platform members is shown in Table 1 below.

Table 1: List of Platform members for 2012-2013

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>ACT – Association of Commercial Television</td>
</tr>
<tr>
<td>2.</td>
<td>AREFHL – Fruit Vegetable and Horticultural Producers European Regions</td>
</tr>
<tr>
<td>3.</td>
<td>BEUC – European Consumers’ Organisation</td>
</tr>
<tr>
<td>4.</td>
<td>CESS – Confédération Européenne Sport et Santé</td>
</tr>
<tr>
<td>5.</td>
<td>COFACE – Confédération des organisations familiales de la Communauté Européenne</td>
</tr>
<tr>
<td>6.</td>
<td>COPA-COGECA – Agricultural Organisations and Cooperatives.</td>
</tr>
<tr>
<td>7.</td>
<td>CPME – Standing Committee of European Doctors</td>
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<td>8.</td>
<td>EACA – European Association of Communications Agencies</td>
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<tr>
<td>9.</td>
<td>EASO – European Association for the Study of Obesity</td>
</tr>
<tr>
<td>10.</td>
<td>ECF – European Cyclists’ Federation</td>
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<td>11.</td>
<td>EFAD – European Federation of the Associations of Dietitians</td>
</tr>
<tr>
<td>12.</td>
<td>EGTA – Association of TV and Radio Sales houses</td>
</tr>
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<td>13.</td>
<td>EHFA – European Health and Fitness Association</td>
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<td>15.</td>
<td>EMRA – European Modern Restaurants Association</td>
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<td>16.</td>
<td>ENSO – European Non-Governmental Sports Organisation</td>
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<tr>
<td>17.</td>
<td>ER – WCPT – European Region of the World Confederation for Physical Therapy</td>
</tr>
<tr>
<td>18.</td>
<td>EPHA – European Public Health Alliance</td>
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<td>19.</td>
<td>ESPGHAN – European Society of Paediatric Gastroenterology, Hepatology and Nutrition</td>
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<td>20.</td>
<td>EUFIC – European Food Information Council</td>
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<tr>
<td>21.</td>
<td>EuroCommerce</td>
</tr>
<tr>
<td>22.</td>
<td>EuroCoop</td>
</tr>
<tr>
<td>23.</td>
<td>EuroHealthNet - a not for-profit network of European public health agencies</td>
</tr>
<tr>
<td>24.</td>
<td>EUROPREV - European Network for Prevention and Health Promotion in Family Medicine and General Practice</td>
</tr>
<tr>
<td>25.</td>
<td>EVA – European Vending Association</td>
</tr>
<tr>
<td>26.</td>
<td>FERCO – European Federation of Contracting Catering Organisations</td>
</tr>
<tr>
<td>27.</td>
<td>FoodDrinkEurope (formerly CIAA)</td>
</tr>
<tr>
<td>28.</td>
<td>Freshfel Europe</td>
</tr>
<tr>
<td>29.</td>
<td>IBFAN - International Baby Food Action Network</td>
</tr>
<tr>
<td>30.</td>
<td>IDF Europe – The International Diabetes Federation – European Region</td>
</tr>
</tbody>
</table>
Since the inception of the Platform the turnover of membership has been very low. Only six organisations have left the Platform after joining:

1. AEREFEL – The reason for leaving the Platform was that there was limited resource to ensure delivery of commitments.
2. FEPI – The reason for leaving the Platform was the lack of availability of resources to ensure the delivery of commitments.
3. EGTA – The reason for leaving the Platform was lack of a current and active commitment or commitments from this member.
4. HOTREC – The reason for leaving the Platform was lack of a current and active commitment or commitments from this member.
5. EBU – The reason for leaving the Platform was lack of a current and active commitment or commitments from this member.

The fact that the turnover figure for Platform membership is very low indicates the high value that organisations place on their membership of the Platform. The Platform has been successful in both attracting and retaining key stakeholders to its membership.

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, the European Food Safety Agency, have observer status at the Platform.

*The High Level Group on Nutrition and Physical Activity*

The Platform work is followed by The High Level Group on Nutrition and Physical Activity - the group of European government representatives dealing with the issues, led by the European Commission. The Group seek European solutions to obesity-related health issues by offering an overview of all government policies on nutrition and physical activity helping governments share policy ideas and practice (e.g. redesigning the physical environment to encourage cycling, walking and other forms of daily activity, or reformulating food products to contain less salt, fats or sugars). One of the key functions of the High Level Group is to ensure the liaison between governments and the EU Platform for diet, physical activity and health. Since 2007, the High Level Group regularly holds a joint meeting with the Platform at least annually, with regular participation of the Commissioner.
2.2 Description of the commitments of the Platform

Fields of Action

One of the key means by which the Platform meets its objectives is through the setting of commitments by Platform members. Platform members agree to share with each other their plans for tackling overweight and obesity in the EU, setting out what they expect to achieve and by what means. At the time the Founding Statement of the Platform was written five ‘Fields of Action for Diet and Physical Activity’ had been identified, and were considered to be overlapping and inter-related. They were:

- Consumer information, including labelling,
- Education,
- Physical activity promotion,
- Marketing and advertising,
- Composition of foods, availability of healthy food options, portion sizes.

On the original Platform submission form members were required to select these fields of action from a list of ‘Types of Activity’ as follows:

1. Labelling
2. Marketing and advertising
3. Reformulation
4. Lifestyles
5. Others

It was anticipated at the outset of the Platform that further areas of action may be appropriate as the Platform developed. Indeed, by 2011, the ‘Types of Activity’ that members could be active in had evolved to six in total.

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

Currently, Platform members are able to make commitments in any of these 6 areas.

Setting a commitment

Each Platform member must have at least one active commitment in order to maintain membership of the Platform. The process for making a commitment was set out in the founding Statement of the Platform and is as follows:

1. Actions to be taken will be defined by each actor (or member organisation) in consultation with their usual stakeholders who have an interest in the obesity debate. Not all actors may choose to operate

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in all the fields of action identified. Actors will identify which fields for action cover their commitment;

2. An EU-level commitment made within the context of the Platform process may need to be implemented in agreement with local stakeholders and in varying ways at national and local level;

3. The aim is that each actor commit to devoting an increasing level of resources and effort, beyond their baselines, for current or new actions designed to reverse the obesity trend. Where an actor is committing on behalf of a grouping or federation, the extent of the commitment shall be defined as precisely as possible;

4. The aim is that commitments should be adhered to by a substantial proportion of members, and that benchmarks or possible indicators of action and of outcome be defined.

The above process helps to ensure that commitments are aligned with the objectives of the Platform. In order to promote and share good practice, commitments are discussed and presented at Platform meetings (see Chapter 3 for more information).

**Monitoring commitments**

Since the inception of the Platform in 2005, a high degree of importance has been placed on the monitoring the progress of commitments. The very first Monitoring Progress Report noted the need for comprehensive monitoring of commitments. In 2006, a Monitoring Framework was created and can be accessed here.

As an integral part of membership, Platform members agree to monitor their own performance, and participate in evaluation activities. The purpose of monitoring in the context of the Platform is six-fold:

- Gain a better understanding of each commitment and the relevance to the general aims of the Platform,
- Refine the commitment,
- Understand what needs to be done and how,
- Better integrate the commitment with other commitments undertaken in the Platform,
- Engender wider stakeholder trust in the commitment,
- Duplicate good practices.

As directed in the Monitoring Framework, Platform members are required, as a minimum, to monitor their commitments in 5 ways. The 5 areas are:

1. Relevance – ensure that the relevance of the commitment to the general aims of the Platform is clearly defined,
2. Objectives – for each commitment there should be a clear set of objectives,
3. Inputs – as far as possible the resources put in to each commitments are identified,
4. Outputs – Identify the achievements of the commitment,
5. Outcome – Identify the impact of the commitment.

Platform members have always been required to report on the progress of their commitments, and a formal monitoring report form is now used by the Platform to capture relevant information from Platform members. Rates are reporting have increased over the years – initially, the response rate to reporting was 80% (2006), in 2012 the response rate was 98%.

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Since 2006 formal monitoring of the Platform’s commitments have been undertaken by an external team, and prior to this monitoring was undertaken within the Platform itself. The purpose of the monitoring is to review the achievements of the Platform through the commitments of its members and comment the quality of the monitoring undertaken by Platform members. Each year, the external monitoring team produce an Annual Report detailing the results of their analysis. The first Annual Report was published in 2008, and prior to this, Monitoring Progress Reports were undertaken (2006 & 2007). All Reports can be found on the Platform’s webpage.

2.2.1 Target Groups

One of the ways that the Platform examines and monitors its activities is through the concept of target groups. Each Platform commitment defines the group that it primarily targets. Often, commitments target more than one priority group (for example, children & adolescents and parents). Information on the groups that commitments target, primarily and otherwise, is captured on an annual basis through the Annual Report process. The target groups of the Platform are:

1. Children and adolescents,
2. General Public,
3. Health Professionals,
4. Educators,
5. Industry,
6. Employees,
7. Parents,
8. Policy makers,
9. Local community.
10. Senior citizens
11. Special groups

These target groups were identified with Platform members at the Platform’s inception, and have been refined and developed through Platform evaluation steering groups and Platform meetings. Further information about trends and outcomes in respect of target groups can be found in Chapter 4 (section 4B).

2.2.2 Process Indicators

In line with the Monitoring Framework of the Platform, members are required to define and measure both input indicators and output indicators.

Input indicators are defined as “measure the resources allocated to each action/activity depending of the objective of the commitment (funding, allocated resources, training etc.) used for each activity”\(^8\). In other words, the materials, people and time required to carry out the action. Recent Annual Reports of the external monitoring team have highlighted the need for there to be a more uniform way of reporting these input indicators. The tables below illustrate the different ways that members report inputs into commitments.

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\(^8\) Source: [http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/platform/docs/eu_platform_monitoring_framework_en.pdf](http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/platform/docs/eu_platform_monitoring_framework_en.pdf)
**Table 2: An example of how inputs are reported on – working days**

<table>
<thead>
<tr>
<th>Action number 1318: FoodDrinkEurope - Participation in the NU-AGE Project</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of commitment:</strong> NU-AGE is a large multidisciplinary consortium submitted under the Seventh Framework Programme Project with the aim of promoting new dietary strategies addressing the specific needs of the elderly population for healthy ageing in Europe.</td>
</tr>
<tr>
<td><strong>Inputs:</strong> Mostly quantified in terms of people and working days.</td>
</tr>
<tr>
<td>• Six staff members are mobilised for the overall project duration.</td>
</tr>
<tr>
<td>• The overall budget is estimated to 100,002 euro.</td>
</tr>
<tr>
<td>• Regarding the WP 11.1, 3 persons worked during this monitoring period on collecting the relevant EU pieces of legislation, engaging with the involved partners to finalise and submit the report.</td>
</tr>
<tr>
<td>• FoodDrinkEurope participated in the EU Platform on Diet, Physical Activity and Health on 9 February 2012 and prepared a joint presentation with a partner and a representative of the overall project coordination.</td>
</tr>
<tr>
<td>• 2 people from the secretariat participated in the meeting. FoodDrinkEurope attended the General Assembly meeting in Clermont-Ferrand, France on the 8 March 2012; 1 person attended the event, including meeting preparation, presentation and follow-up.</td>
</tr>
<tr>
<td>• Internal FoodDrinkEurope meetings were held in 2012 for the organisation of the work and deliverables of the project - 7 meetings were held (also involving decision-making process, reporting, etc).</td>
</tr>
</tbody>
</table>

**Table 3: An example of how inputs are reported on - costs**

<table>
<thead>
<tr>
<th>Action number 1414: FoodDrinkEurope - Recommendation for the Continued use of GDA’s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of commitment:</strong> FoodDrinkEurope recommends and encourages its members to implement voluntary labelling using Guideline Daily Amounts (GDAs) and to commit to continue providing simple, objective and factual information on their products across all markets in the EU.</td>
</tr>
<tr>
<td><strong>Inputs:</strong> Quantified in terms of Euro.</td>
</tr>
<tr>
<td>The main resources devoted to the implementation and promotion of the GDA Scheme are as follows:</td>
</tr>
<tr>
<td>• Maintenance of <a href="#">GDA Website</a> - Cost: 5,000 Euros</td>
</tr>
<tr>
<td>• Participation in events and conferences throughout 2012 to present and promote the understanding of the GDA scheme - Cost: 12,000 Euros estimated</td>
</tr>
<tr>
<td>• Internal FoodDrinkEurope meetings were held in 2012 to get a harmonised understanding of the Regulation’s legal requirements in total 8 meetings. Travel costs and conferences calls at European and international level - Cost: 2,000 Euros estimated</td>
</tr>
</tbody>
</table>
Table 4: An example of how inputs are reported on – mixed units of measurement

<table>
<thead>
<tr>
<th>Action number 810: IASO-IOTF - Improving medical and health professional skills to counteract obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of commitment</strong>: The IASO-IOTF is developing an online training course for clinicians to improve their knowledge and skills in weight management, diet and activity and the prevention of related chronic diseases.</td>
</tr>
<tr>
<td><strong>Inputs</strong>: A mixture of costs and percentage of individual roles allocated to the commitment</td>
</tr>
<tr>
<td>• 100% time of IASO Education Manager,</td>
</tr>
<tr>
<td>• 20% time of IASO Executive Director,</td>
</tr>
<tr>
<td>• 5% time of administrator,</td>
</tr>
<tr>
<td>• External graphic designers recruited to assist with course development,</td>
</tr>
<tr>
<td>• £42,000 investment in website development and learning management software.</td>
</tr>
</tbody>
</table>

A more uniform way of reporting on inputs to commitments will allow for the more robust measurement of the extent that Platform members are investing in their commitments, and, in sharing good practice will illustrate to others the costs associated with implementing activities of this kind.

Output indicators are defined as “used to measure the outputs or products that comes about as a result or a product of the process. It measures from a quantitative point of view the results created through the use of inputs (schools visited, audience targeted, sports organised etc)”[9]. In other words, what was done with the money and resources allocated to the commitment? Again, recent Annual Reports of the external monitoring team have indicated that Platform members could be clearer in their indicators of outputs, and that while some members very clearly specify outputs, others do not.

2.2.3 Outcomes type

Measuring the outcomes of commitments yields important and powerful data on the effectiveness of a commitment. However, the challenges of measuring outcomes are recognised and understood by the Platform. Whilst Platform members are not required to define outcome indicators or measure outcomes, it is highly desirable that those in a position to measure outcomes do so and report on them.

Despite the challenges faced in monitoring outcomes and while preparing the Annual Report 2012 the external monitoring team discovered several examples of good practice in monitoring outcomes. Two such examples are described below.

Table 5: An example of good practice in measuring outcomes of a commitment

<table>
<thead>
<tr>
<th>Action number 1211 : Kraft Foods – Employee Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of commitment</strong>: Kraft Foods employees are encouraged to adopt a healthy lifestyle by:</td>
</tr>
<tr>
<td>(1) Providing employees with information to help support a balanced, active and healthy lifestyle (employee magazines, intranet, nutrition and health seminars, cookery demonstrations)</td>
</tr>
<tr>
<td>(2) Supporting the promotion of activities that encourage employees to be healthy and more active at work (exercise classes, lunchtime walking, subsidized gym membership, healthy food choices, the Global Corporate Challenge - GCC); and providing employees with access to preventative services (health screenings, stress management sessions, ergonomic awareness assistance).</td>
</tr>
</tbody>
</table>

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**Outcomes:** A survey was conducted pre, mid and post initiative. 83% of employees reported that they now meet or exceed the 10,000 step recommended daily activity level (34% pre-GCC). Intention or motivation to change is one of the most important predictors of behaviour change. Following their participation in the GCC, 73% of employees now rate their overall health as either good or excellent (53% pre-GCC). 20% of employees reported losing weight during the Challenge. Participants reported a total weight loss of 9kg. 84% of those questioned said that the GCC had a positive impact on their relationship with exercise; and 74% reported having a better understanding of what it takes to lead a healthier lifestyle. 73% of employees reported a decrease in their stress levels at either home or work.

**Table 6: An example of good practice in measuring outcomes of a commitment**

| Action number 1065 : DAFC - Holiday Food and Nutrition Camps (Madskoler) |
| Description of commitment: The Camp is a voluntary holiday activity for children aged 8-12, organised by the DAFC and the agricultural youth association 4H. Its main objective is to teach children how to cook healthy food and to teach them about diet and physical activities. |
| Outcomes: An electronic questionnaire is administered to the parents of children attending the camps. Results showed that an outcome of the camp is improved knowledge of healthy food that has resulted in a change in the behaviour of children and has facilitated a move towards a healthier lifestyle for these families. The main conclusions of the questionnaire were: |

- 79% of respondents explained that their child had become more conscious about health, nutrition and physical activities after their stay at the Camp.
- 30% of respondents confirmed that their family had become more conscious about healthy eating.
- 90% of respondents stated that their child had become more interested in cooking at home.
- 38% of respondents reported that they had introduced a weekly food cooking day for their child.
- 81% of respondents reported that their child had tasted new foods at the Camp.
- 98% of respondents found their overall experience with the Camp being very good or good.

However, as recent Annual Reports conclude, members must make more concerted attempts to develop baselines, and thus be in the position to measure outcomes, and that this information needs to be captured in the annual monitoring reports.

### 2.3 Description of commitment status

Each year, Platform commitments are categorised according to their status – *new, active, completed,* and *discontinued.* This categorisation allows trends and themes to be identified. For example, in 2012 there were 21 new commitments, and analysis showed that most of these were initiatives with geographical coverage at an EU level and that they covered each area of priority of the Platform. Each year during the process of compiling the Annual Report trends and themes relating to the status of commitments are captured and reported on.

For the first few years of the Platform’s existence, members were not asked to report on the status of their commitment. In 2006, a reporting form was developed and was provided to platform members to be completed once a year. Additionally at this time DG SANCO created IT software to capture the information provided within the reports. Following the evaluation of the Platform in 2011, the form used by members to submit commitments was modified to include the ‘action status’ field. This means that commitments are able
to be identified by their status and allows identification of those commitments according to completed or discontinued status.

At each Platform meeting, members are provided with a report that informs them of the status of commitments, highlights the requirements for monitoring reports to be submitted, and reminds them of the timescales for submitting new commitments, and monitoring reports. Platform members are required to have at least one active commitment in order to preserve their membership to the Platform.

**New commitments**

New commitments are submitted between April 1st and November 30th each year – in other words the period in which the external monitoring process is complete and before the following year’s external monitoring process commences. The criterion for any commitment is that it is compliant with the aims of the Platform. These aims are set out in the founding statement of the Platform.10

**Active/Continuing commitments**

The duration of the majority of Platform commitments span a number of years, e.g. a commitment begun in 2009 that is continued until 2012. Each year, members are required to report on their active and continuing commitments. If the commitment has been discontinued they are expected to inform the Commission of this. A database of commitments (both Active - continuing/new - and Completed/Discontinued) is maintained by DG SANCO and is publicly available here.

**Completed commitments**

Each year, during the monitoring process, members are required to state which commitments have been completed. In 2012, 5 commitments were reported as ‘Complete’. Whilst there is no stand-alone process that captures the outcomes and impact of a Completed commitment, the Annual Report corresponding to the year of completion of the commitment will capture main outcomes of the commitment. Further, the Completed commitments remain on the commitment database (accessible via the Platform’s web page).

**Discontinued commitments**

Commitments may be discontinued for a variety of reasons, for example, economic conditions, loss of key personnel, or restraints in budgets. In 2012, 9 commitments were classified as ‘Discontinued’. In 2012, the number of commitments that ended (either due to being completed or discontinued) was outweighed by the number of new commitments – 14 and 21 respectively. This is a positive trend for the Platform and one that members should strive to continue.

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10 Founding statement of Platform can be viewed at:  
http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/platform/docs/platform_charter.pdf
CHAPTER 3: REVIEW OF PLATFORM PROCESSES

3.1 Introduction and Overview

This Chapter sets out the various activities of the Platform, giving detail of these activities. The Platform achieves its aims through a number of mechanisms including engaging its stakeholder to achieve action, meetings of Platform members, commitments of members, and Advocacy. These mechanisms are described in turn throughout this Chapter, and the ways in which these add value to the Platform are identified.

3.2 Stakeholder Engagement

Much has been written on the theory and practice of stakeholder engagement and it is worthwhile reflecting on some of this in reviewing the engagement of stakeholders in the Platform. In the first monitoring report, published in 2006, 34 organisations were members of the Platform, and 28 were engaged in the delivery of 114 commitments, while in 2012 32 Platform members were involved in 127 commitments, these figures indicate a high level of commitment to the Platform and its objectives.

A stakeholder has been defined as “a person or group with an interest, involvement or investment in something”\(^\text{11}\). In the context of also being stakeholders the Platform members certainly reflect this definition. Working collaboratively, and sometimes in partnership is also a fundamental principle of the Platform. In general terms, strong stakeholder engagement is facilitated when all parties are working towards a common goal or objective; when relationships are collaborative and not competitive in nature; and when relationships are based on openness, transparency and mutual trust and respect. It is also important, in facilitating engagement, that all parties recognise the diversity of stakeholders their views, perspectives and needs. In bringing together under the auspices of the Platform a number of stakeholders drawn from a wide variety of organisational types and perspectives, a situation has been created where the common goal of improving the health of the population of Europe is being actively supported by very different organisations.

There are a number of reasons that might underpin a stakeholders involvement in an initiative including, altruism – we do it because we believe it is the right thing to do irrespective of cost; investment – we do it because we perceive that there will be a return on our investment; compulsion – we do it because we have been told we have to with the significant risk associated with this approach that we will do the absolute minimum; lost opportunity – we do it because the potential benefits are so great that we cannot afford not to, or that our competitors are doing it, thus we must do the same to maintain our market position. Within the Platform’s work, but probably with the exception of compulsion, stakeholder involvement may well be based on a mixture of some or all of these reasons.

All of the stakeholders involved in the Platform could be considered to be ‘primary stakeholders’, in that without their continuing participation the Platform could not survive. The stakeholders are also ‘active’ in that they seek to participate in the Platform and they are ‘voluntary stakeholders’ in that they choose to participate willingly.

The Platform has provided an opportunity for collective action to be taken on the issues of diet, physical activity and health, and a variety of stakeholders have been, and continue to be, involved. It has been said that where stakeholders have mutual respect for each other’s goals, and where there is an understanding

\(^{11}\) http://dictionary.reference.com/browse/stakeholder
that the achievement of positive outcomes will mean different things for different stakeholders, significant progress can be made in tackling major health challenges. The Platform continues to enable such an approach.

### 3.3 Platform Meetings

The purpose of the Platform is to provide a forum for all European level stakeholders in the topics of nutrition, physical activity, and health in which members explain and discuss plans for action, and where outcomes and experiences relating to these actions can be reported on and reviewed. Platform meetings are the key mechanism by which this purpose is achieved, and through which the ethos of co-operation is promoted. Platform meetings are held 4 times each year, and each at a venue of the European Commission. Secretariat to the meetings is provided by DG SANCO. The current chair of the group is John Ryan, Acting Director, DG SANCO Directorate C – Public Health. Minutes of Platform meetings are available on the Platform webpage: [http://ec.europa.eu/health/nutrition_physical_activity/platform/index_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/platform/index_en.htm).

Platform meetings provide a forum for the activities and achievements of Platform members to be shared. Since 2008, Platform meetings have moved away from a plenary format to more participative meetings that include presentations on a wide range of commitments as well as presentations by non-Platform members. The amount of information shared at Platform meetings is extensive and significant.

Each Platform meeting focuses on a specific field of action (see section 2.2 for more information about fields of action for the Platform), for example, Reformulation or Marketing & Advertising. Each year a work programme for the Platform is published that details what the focus of each Platform meeting will be. This enables Platform members to prepare for the meetings and to maximise both their input to the meeting as well as the benefit that they can derive from the meeting. It is clear that meetings of the Platform are highly participative, with large amounts of discussion following each presentation from members. This format maximises the opportunity for members to learn from each other. Whilst members are not obliged to attend Platform meetings, every Platform meeting enjoys high levels of attendance from members, clearly indicating the value that Platform members attribute to the meetings.

Some members of the Platform meet occasionally outside of Platform meetings. Examples include a working group such as the group that drafted the monitoring framework of the Platform, and training workshops on specific topic areas. Such workshops have been held at least once each year since 2008 and have received positive feedback from members. The workshops have addressed topics such as:

- Physical activity,
- Formulating objectives for commitments,
- Monitoring commitments,
- Applying the Logical Framework Approach to the development of commitments.

Some Platform members, for example the NGOs, systematically meet outside of the Platform meeting arena (in a joint meeting immediately prior to a Platform meeting). Assembling in this way provides members with added value from their Platform membership and assists with the sharing of good practice that is so core to what the Platform aims to achieve. Liaison and meetings between members outside of the formal Platform meeting arena is beneficial also to promoting synergy between the actions of different Platform members. It may be desirable to, wherever possible, promote the extension of this practice in order that greater synergy between the actions of Platform members is brought about and so that cohesiveness of the Platform
promoted. Furthermore, this may result in more joint commitments from members. Currently there are 3 joint commitments (numbers 1312, 1304, & 1111). This represents less than 2.5% of the total commitments at present, thus there is clearly the potential to increase activity in this area.

In addition to the Platform meetings, the Platform enjoys an effective relationship with the Higher Level Group on Nutrition and Physical Activity. Meetings are held with this group at least annually, and these meetings both help to ensure that the activities of the Platform are aligned with the European Network on Nutrition and Physical Activity and the European Governments, as well as provide an opportunity for both groups to learn from each other. These meetings are chaired by the John Ryan (currently the Acting Director DG SANCO Directorate C – Public Health). This link with the Higher Level Group provides added value to Platform membership, giving members the opportunity to engage in discussion with policy makers and government representatives, and to learn about EU level initiatives and programmes on the topics of nutrition, physical activity, and the fight against obesity. Outside of Platform meetings, members have opportunities to provide comment on their membership and experience of being a Platform member. An evaluation of the Platform was carried out in 2010 and this provided members with the opportunity to provide feedback of their views and perception of the Platform as well as their experience of what it is to be a member of the Platform.

3.4 Platform commitments

The ethos of the Platform is one that promotes action. The main vehicle for action for the Platform is the setting of commitments by Platform members (see chapter 2.1 for a fuller description of commitments). Annual Reports have repeatedly concluded that there is a wide range of activities and actions that are brought about through the Platform’s commitments. Since 2008 a database of commitments has been available on-line. There are currently 122 active commitments of Platform members, spanning each field of action and target group of the Platform. However, whilst this figure demonstrates an increase from the 98 commitments that were active during the period of the first Monitoring Report (2006), in 2007 there were over 200 active commitments, and in 2012 there were 127.

In order to bring about sustained effort and commitment to action from Platform members, all are required to have at least one active commitment to preserve their membership of the Platform. Members are reminded at Platform meetings of the need to create new commitments in order to continue to widen the impact of the Platform in the fight against obesity. The extent to which commitments contain actions and activities that have arisen solely due to the member’s involvement in the Platform is unclear in some cases - has being a member of the Platform directly resulted in the commitment or would the member have undertaken the activities that form the commitment anyway? The maximum impact of the Platform in the fight against obesity will be derived from members making commitments in direct response to the aims and current priorities of the Platform.

Relevance and aims of commitments

In setting commitments, members must be mindful that commitments must be proportionate to the objectives of the Platform. The objectives of the Platform are set out in the founding document of the Platform (available on the Platform’s webpage\(^\text{12}\)). The annual Monitoring report form (see section 2.2 for further details on the way in which commitments are monitored) requires each commitment holder to

\(^{12}\) [http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/platform/docs/platform_charter.pdf](http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/platform/docs/platform_charter.pdf)
explicitly specify the relevance of the commitment to the Platform. Encouragingly, over the lifespan of the Platform the relevance of commitments has increased. Indeed, in 2012, the relevance of every commitment was assessed by the external monitoring team to be either ‘highly satisfactory’ or ‘satisfactory’. Clearly, significant improvement has been made in aligning the commitments of members with the aims of the Platform.

In addition to specifying relevance, members are required to very clearly specify the aims of their commitments each year. There has been recognition since the very first Monitoring Report of the Platform (2006)\textsuperscript{13} that the aims of a commitment should follow the SMART principle. This principle is a renowned framework that can be applied in the setting of objectives. The letters broadly conform to the words specific, measurable, attainable, relevant and time-bound.

Over the years the number of commitments defining aims in a ‘SMART’ way has increased, and in the 2012 Monitoring activity it was seen that over 75% of commitments partially or fully applied the SMART principle to the development of their commitment. However, this figure does indicate that there remains a significant number of commitments not adequately following the SMART Principle. Members should seek to address this shortfall as a matter of priority for without well-defined aims (ie. aims that follow the SMART principle), the progress and impact of commitments cannot be monitored. Table 7 below provides an example of a commitment that specifies its aims with clarity and can be viewed as good practice.

\textit{Table 7: An example of well-defined aims of a commitment}

<table>
<thead>
<tr>
<th>Commitment 1411: Fitness Industry Association (FIA) - Research Institute Health and Wellbeing Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of commitment:</strong> The FIA Research Institute based at the University of Greenwich aims to conduct research into the effectiveness of programmes to get people more active, and educate physical activity providers and the health service.</td>
</tr>
<tr>
<td><strong>Aims:</strong> During 2012 the FIA Research Institute will:</td>
</tr>
<tr>
<td>1. Generate 5 academic peer-reviewed publications regarding the effectiveness of different forms of an exercise programme on a range of health outcomes: Cholesterol, Hypertension, Quality of Life (Anxiety/Depression), BMI, Glucose, Cardio-respiratory Fitness,</td>
</tr>
<tr>
<td>2. Recruit 2,500 inactive participants to an year-long exercise programme,</td>
</tr>
<tr>
<td>3. Deliver a year-long programme of physical activity counselling to 500 participants,</td>
</tr>
<tr>
<td>4. Train 50 exercise professionals to deliver academic quality research within leisure centre environment,</td>
</tr>
<tr>
<td>5. Deliver improved health outcomes across a range of physiological measures for 2,500 participants,</td>
</tr>
<tr>
<td>6. Deliver over 5000 health checks to previously sedentary members of the public,</td>
</tr>
<tr>
<td>7. Objectively record the physical activity levels of 2,500 participants.</td>
</tr>
</tbody>
</table>

\textit{Delivering Impact}

Ensuring that commitments are bringing about real change and benefit in the fight against obesity is a key issue for the Platform, in other words, what impact are the commitments having? This includes both outputs and outcomes. In line with this, Platform members are expected to report annually (through the monitoring forms) on outcomes for each of their commitments. Annual Reports have concluded year-on-year that huge variation exists in the quality of outcome monitoring by members. Monitoring is very comprehensive in some

\textsuperscript{13} http://ec.europa.eu/health/nutrition_physical_activity/docs/eu_platform_2006progress_en.pdf
instances, and negligible in others. It should be reiterated to members that it is imperative that sufficient resources (personnel and money) are attributed to monitoring the progress of commitments.

One way that the impact of commitments may be increased is through the setting of joint commitments (commitments set by more than one Platform member). The value of joint commitments is understood by DG SANCO and to this end the commitment submission form and the commitment database are currently being modified to better enable members to submit joint commitments. This will also mean that joint commitments are more easily recognisable in the database, thus assisting with the sharing of good practice. There are currently 3 joint commitments (Actions 1312, 1304, & 1111), and a further 3 commitments that are based on a partnership with another organisation that is not a Platform member (Actions 810, 507 and 533). Furthermore, Individual Platform members are umbrella organisation that therefore represent a number of organisations. Thus commitments from these members often contain joint initiatives (for example, Action 1414 where FoodDrinkEurope recommend the use of GDA to all of its component organisations).

Moreover, commitments often include an aspect of joint working with either other Platform members or non-member organisations, for example jointly hosting conferences (Action 282). Jointly working in this way extends the reach of the Platform, maximises the impact that the Platform can have, and promotes shared learning.

An example of a joint commitment is that of EASO and EUFIC, as described in Table 8 below. By acting together in this commitment the size of the target audience for this commitment was increased considerably. Platform members should be reminded of the potential for the increased impact of commitments through working collaboratively.

Table 8: An example of a joint commitment

| **commitment 1312: EASO/EUFIC - Increase outreach of new knowledge in obesity research** |
| **Description of commitment:** EASO and EUFIC agreed a joint commitment to produce multimedia content of EASO’s European Congress on Obesity to increase outreach to health and nutrition professionals about new knowledge in obesity research via www.eufic.org and www.easo.org. As part of the joint annual commitment: |
| - EASO facilitates EUFIC attendance to EASO’s annual European Congress on Obesity (ECO) and offers a quiet location for EUFIC to perform interviews with key speakers, |
| - EUFIC funds and produces multimedia programmes from EASO annual ECO event, |
| - EASO and EUFIC both promote the subsequent multimedia content, on their respective websites and to their respective stakeholder audiences by other means deemed appropriate, |
| - EASO and EUFIC measure the accessibility of the multimedia content. |

**Sharing good practice**

A central aim of the Platform is to facilitate the sharing of good practice. Clearly, mechanisms such as the Platform meetings allow for the sharing of information and provide the opportunity for the integration of commitments with each other. However, in order to add greater value to the Platform’s activities there is the opportunity to more rigorously capture key learning points of a commitment both during its lifespan and upon its completion. This would include what has worked particularly well, what obstacles have been faced, and how are these obstacles overcome. Consideration may be given to how best to not only capture this information but also how best to disseminate it so that it can be used by others in a meaningful way. One such method may be devoting a proportion of a Platform meeting to completed and discontinued commitments that focuses on the learning points arising from them. More formal methods of capturing and
disseminating learning might also be considered such as adding information to the Platform’s webpage, or the creation of short videos.

The current economic climate is such that funding and resource allocation is a common obstacle both to the creation of new commitments, the continued work towards the achievement of on-going commitments, and to the quality of monitoring of active commitments. Yet Platform members continue to find ways to act upon commitments. Whilst the delivery of the commitments is sometimes problematic, the importance for the realisation of public health goals and the fight against obesity has never been greater. Given that this obstacle is so common yet so important to overcome, it (overcoming resource constraints) is an issue for which good practice should be sought both from existing members and outside the membership and shared among Platform members.
4.1 Review of Platform Achievements by Activity Types

4.1.1 Marketing and Advertising

Marketing and Advertising (M&A) commitments have steadily evolved over time; although decreasing in numbers they have widened the geographical area where they are implemented. Most M&A commitments have extended their implementation at a European level during recent years.

![Figure 6: Active commitments in the field of Marketing and Advertising 2006-2012](image)

An important qualitative development took place in the field of Marketing and Advertising by launching the EU Pledge in December 2007, then by the self-recruitment of the industry members into the resultant EU Pledge criteria. Gradual refinement of these criteria was brought about by the members, i.e. agreement was reached among EU Pledge companies to strengthen the pledge from 2012 onwards by lowering the audience threshold from 50% to 35% of children under 12; by covering more companies (from 11 in 2008 to 20 in 2012); by extending the pledge to company-owned websites; and by increasing the transparency of monitoring/compliance checks.

4.1.2 Composition of Food (reformulation)

The platform has achieved important successes over the years in the field of composition of food and reformulation. The high priority given by DG SANCO to this area of action has resulted in a boost in the number of commitments (from 6 commitments choosing this activity type in 2006 to 18 commitments in 2012), and has supported the widening of the geographical distribution of this category of commitments (in 2012 61% of the commitments in reformulation were implemented at European level). A wide variety of actions are included within this category of commitments, ranging from salt reduction, sugar/fat/transfat reduction, provision of healthier choices, provision of food with lower caloric intake, etc.

The commitment holders report an impressive range and number of successes; however, given the high number of constituents of each of the commitments, there is an obvious difficulty in standardising the reporting of these achievements, hence making difficult the overall reporting of Platform’s achievement in the area. Nonetheless, achievements can be reviewed.
For example, in 2012, 8 of the 21 commitments addressing reformulation activities report in terms of tons of reduced nutrient per year, thus providing overall quantified and comparable data regarding their activities in 2011. From this it is seen that:

- 733.4 reduced tons of salt (4 commitments),
- 54.2 reduced tons of fat (1 commitment),
- 355 reduced tons of saturated fat (1 commitment),
- 938 reduced tons of sugar (2 commitments),
- 259.2 tons of salt have been reduced through the activity of a commitment registered as a marketing and advertising commitment.

Following repeated feedback calling for standardisation of reporting, more concern is to be directed to this activity. Platform members must, when developing commitments look at a standardised - quantifiable and comparable - method for reporting impact and outcomes.

*Figure 7: Active commitments in the field of composition of food (reformulation) 2006-2012*

The fact that there has been an increase in the number of Member States that reformulation commitments are active in has facilitated the mainstreamed dialogue at a policy level in Europe, leading in 2010 to the adoption by the Employment, Social Policy, Health and Consumer Affairs Council of the conclusions on action to reduce population salt intake. This has expressed the political commitment of Member States towards the common European Union Framework on voluntary national salt initiatives. Similar initiatives are subsequently taking place for other nutrients - work on defining benchmarks for saturated fat and dairy and meat products (5% reduction for saturated fat over the next 4 years with a further 5% reduction later on) is in consideration in Member States and Platform members have been called to support these discussions.

### 4.1.3 Consumer Information (including labelling)

Consumer information and labelling commitments consist of highly diverse activities. Over recent years, electronic communication is increasing in prevalence with more commitments relying mostly on websites for the promotion of information. The range of indicators used in reporting is also varied, and hence representing a constraint in the effort to compare activities or add up overall achievements in this field of action. One indicator that could be introduced in order to bring about more standardised reporting is the level of compliance to GDAs, expressed in percentages, for the overall product markets (reaching 90% compliance levels).
4.1.4 Education and Lifestyle Modification

Education and lifestyle modification commitments are labelled as such following the 2010 delimitation of the ‘Lifestyle’ type of activity into ‘Education and Lifestyle modification’ and ‘Physical Activity Promotion’.

*During the years 2006-2010, the commitments Education and Lifestyle modification out of the lifestyle commitments have been retained

Education and lifestyle modification commitments have always had the largest representation within Platform activities (about one third of platform activities being centred on education and lifestyle modification). A large number of these activities are dedicated to children (i.e. up to 40% in 2012). Also, a large number of these commitments use internet as a main channel for communication, with the possibility to reach millions of virtual users. Attempts to count the number of end users of these commitments have encountered the difficulties of the lack of standardisation in measuring project outputs. It is estimated that 500,000 children and adolescents were end users of these commitments in 2011.

4.1.5 Physical Activity Promotion

This activity type has been defined in 2011 as a policy signal to stress the importance given to this area (prior to 2011, commitments addressing physical activity had been included within the activity type ‘Lifestyle’).
Although the number of physical activity commitments has slightly dropped off in recent years, the commitments in this activity type have widened geographically. The type of reporting indicators is variable: e.g. number of schools, number of clubs, number of children, number of new swimmers, number of children swimming, etc. In general there is no reference to the level of the activity performed, hence no representation if the evidence based level recommended by WHO of 60 minutes per day is reached by the specific child, alternatively if 30 minutes per day are reached by the specific adult. However, an estimation of the end users in 2012 showed an impressive number of individuals reached by physical activity promotion commitments - more than 4 million children and adolescents are now active due to physical activity promotion commitments.

4.1.6. Information Exchange and Advocacy

This activity was introduced in 2011, before which it was part of activity type ‘Others’. In recent years, the number of commitments in this field has remained relatively stable.

One characteristic of these commitments is their propensity for developing partnerships during the course of implementation, something which is to be commended.
Conclusions

The conclusions of this sub-chapter can be summarised as follows:

- Categories of activity types have evolved over time in the attempt to better reflect the work of the Platform contained within the commitments, but also to better articulate DG SANCO priorities for policy.
- Reformulation and Physical Activity remain key activity types, priorities that are constantly reaffirmed by DG SANCO within the Platform.
- Some of the activities within the Reformulation field of action can be regarded as an example of best practice of work between Member States and Platform Members in policy design, formulation and implementation - i.e. how the lessons learned from the Salt reduction Framework are being applied to other nutrients (sugar, fat)
- There is an impressive outreach of physical activity promotion commitments – an estimated number of 4 million children annually during the recent years of platform activity;
- About one third of the platform commitments still miss to report on the requested input or output indicators;
- Where reported, the input and output indicators do present a wide variability, making difficult all summarization that would better reflect the importance of the Platform contribution to better nutrition, physical activity and health in Europe
- Reporting on outcomes indicators has suffered constant and important improvements over the last three years (2010, 2011, 2012).
4.2 Review of Platform Achievements by Target Groups

A wide range of groups have been targeted by the Platform members and stakeholders during the course of their commitment’s implementation. Moreover, in order to effectively convey messages and promote positive behaviour change, Platform members often work with more than one target group when engaging in a commitment. For example, an analysis of 2010 commitments shows that only 28% of commitments work with one target group whereas the majority of commitments deploy efforts towards two or more target groups (Figure 12).

Figure 12: Number of target audiences per commitment - 2010 example

When analysing the primary target groups of commitments over the years, an important characteristic that can be examined is how the commitments evolve in line with recommendations made by DG SANCO. One relevant example is the DG SANCO recommendation during platform meetings of the years 2010 and 2011 for platform commitments to focus more on target groups such as children and adolescents or vulnerable groups.

Figure 13: Commitments by target groups – in percentage - 2010

The result was a change in the practice of Platform members - in 2010 half (50%) of the commitments were directed at the general public and 21% to children and adolescents (Figure 13), but after communication from DG SANCO there was a clear shift towards increased focus on children and adolescents over the following years. In 2011 and 2012 there was an increase of 6% of commitments targeting children and adolescents.
(from the overall number of commitments). On the other hand, the attention dedicated to vulnerable groups did not follow the same pattern and vulnerable and disadvantaged groups are still under represented by commitments - up to 1% of commitments addressed vulnerable groups in 2012.

**Figure 14: Percentage of target groups addressed by 2011 commitments**

![Figure 14: Percentage of target groups addressed by 2011 commitments](image)

**Figure 15: Percentage of target groups addressed by 2012 commitments**

![Figure 15: Percentage of target groups addressed by 2012 commitments](image)

It is also of note that during recent years, the Platform, through its commitments, is reaching a more balanced distribution of groups and an increased diversification of target groups. Important efforts in reformulation policies at industry level are reflected through more commitments being targeted at industry. During the last three years, the commitments primarily addressing this target group have increased from 5% to 8% of the overall active platform commitments in a given year.

As can be observed in comparisons of the 2010 distributions (7% health professionals) versus the 2011 and 2012 distributions (17% health professionals), it can be stated that professionals in general and health professionals in particular also represent a target group that benefit from increased attention in the implementation of commitments. The emphasis on the development of guides and professional standards (i.e. in dietetics) or in involving professionals to play a more active and standardised role in the promotion of a healthy lifestyle has been better articulated through commitments during recent years.
Another notable development relating to target groups is the low percentage of local communities reported as being targeted by Platform commitments. As approaching local communities is a key feature of many commitment that involve projects and programs aiming to determine behavioural change (it is included among WHO recommendations in this field), it may well be the case that members are underreporting the involvement of local communities as a target group.

The example below illustrates the distribution of the target groups according to the types of action of commitments. Noteworthy is that children are mostly exposed to educational and lifestyle modification activities, policy makers and professionals are mostly involved within information exchange and advocacy activities, and Industry operates more in the areas of reformulation and consumer information and labelling.

Figure 16: Number of commitments by reported target groups and type of action - 2012

Conclusions
The following conclusions emerge from this sub-chapter:

- The groups primarily targeted by Platform commitments have become increasingly balanced and diverse;
- Members have explicitly reacted to current priorities, such as a focus on children and adolescents;
- Increased attention to reformulation commitments and successes in these areas have resulted in more commitments addressing the Industry;
- Although a positive approach to vulnerable groups is recommended, there is only marginal development in this area among Platform commitments;
- Targeting more local communities (making explicit the reporting of this target audience) should be encouraged at present, as local communities are seldom reported target audiences for Platform commitments.
4.3 Unintended Consequences

In any major and long term initiative such as the EU Platform on Diet, Physical Activity and Health unintended consequences will always occur. This section highlights some of those consequences which are separated into two types – those that are positive in nature and those which are less than positive or may even be negative in nature.

It goes without saying that most of the positive consequences of the Platform activities have been intended (the use of a questionnaire to Platform members/commitment holders would generate a more accurate response to this point). However, there may be examples of non-intended positive results such as:

- Increased awareness of the industry for the health of their own workers and health of the workforce in general;
- Discussions about possible decrease of health insurance fees to individuals undertaking regular physical exercise (i.e. cycling to work);
- Remodelling of town urban transport due to the implementation of a cycling to work programme.

Some examples of less positive/negative unintended consequences may be:

- Increasing media literacy in children may result in media literate children being more susceptible to social media marketing campaigns as they have already been ‘sensitised’;
- Sports events in schools with supported or sponsored by the food industry/advertisers mean that children are exposed to these brands, even children under 12 years old despite the events being organised for children over 12 years of age.
This chapter draws together some of the lessons learned since the establishment of the Platform and discusses how they have impacted on the life of the Platform. The third part of the chapter describes knowledge management within the platform and the final section of chapter describes how the experience of the platform in terms of the lessons learned can be disseminated and exploited.

In identifying and discussing the lessons learned, the lessons are grouped in the following ways - positive lessons and lessons indicating where consideration of further development might be desirable.

**Positive lessons**

Considering the platform as a whole one of the most positive lessons that has been learned is that it is possible to bring together 33 stakeholders of differing organisational types and with widely differing goals into a collaborative environment. This does not mean to say that the working environment of the platform is in any way passive or neutral, rather it is a place in which views can be exchanged and perspectives challenged. Having an overarching goal, namely the reduction of overweight and obesity, and the improvement of levels of physical activity in Europe is helpful in that it provides common purpose.

The relationship between trials at the level of Platform commitments and their follow up by policy development in the field are useful not only for the design of policies more integrated into an existent need, but also in building capacity through the operation and impact of commitments at a local level. In turn this can prepare the way for future, large scale, implementation of a specific, desired policy. The example of the Salt Reduction framework, and how the knowledge gained through its development was mainstreamed in further policy development exercises (e.g. sugar or fats) is one of the best examples of policy making that is both bottom up and top down.

This collaborative environment has resulted in the development of commitments in which organisations of differing types work together in partnership e.g. European Association of Communications Agencies and the European Cycling Federation, who together promote cycling to work as an activity which positively impacts on the financial and productivity performance of companies that encourage cycling among their employees. The collaboration between the European Public Health Alliance, the European Heart Network and Freshfel in taking forward the EU School Fruit Scheme provides a further very good example of the collaborative ethos of the Platform. This initiative also supports healthy public policy in that its roots are to be found in EU agricultural policy and that it directly addresses issues raised in the White Paper EU 'A Strategy for Europe on Nutrition, Overweight and Obesity related health issues'.

The identification of need and the setting of priorities for the Platform in terms of the development of commitments by DG SANCO has proven to be very successful in focusing activity on specific topics or areas. For example, when DG SANCO raised awareness of the need to do more on children and adolescent issues, Platform members responded by increasing the number of commitments addressing these issues.

Making reformulation an activity area has been very worthwhile, with measurable reductions in the amount of salt, saturated fat, transfat and sugars occurring as a result. In some instances, these changes have been brought about by reductions in portion size.
Lessons indicating where consideration of further development might be desirable

A major lesson to emerge from the Platform’s experience relates to data collection and reporting, and consideration should be given to the enhancement and further development of this process. Of particular concern are the issues around the collection of input, output and outcome data for while the success of the platform and the commitments that it has generated can be shown qualitatively it is much harder to evidence benefits in quantitative terms. There are a number of reasons for this situation. These include:

- **The lack of consistency in data collection.** There needs to be far greater consistency, and much improved data collection. The current monitoring form uses the terms ‘Input indicators’, ‘Process output indicators’ and ‘Outcome impact indicators’. Members respond to these terms in a variety of ways – some provide descriptive text, some provide numeric data and others provide a mixture of the two. Where numeric data is provided this is presented in a variety of ways, so that in one instance for example human resources are shown as person days, numbers of volunteers, numbers of weeks of person time, whole time equivalents etc. Financial resources are sometimes shown as total annual budget, sometimes are itemised spends and sometimes total project spend, and sometimes not shown at all. The challenges faced by Platform members in providing the full range of information that is desired are significant. These include for example the problems faced by multinational companies when their country/nationally based staffs do not use the same method or terms for recording actions/outputs. However as many of the Platform commitments are operational across many, if not all of the Member States the need for consistency in reporting is clear if impact and success at a European level is to be recognised. It is encouraging to note that some Platform members such as FoodDrinkEurope are taking steps to address this issue.

- **The nature of objectives and targets being set in the planning and development of commitments.** There has always been an expectation that targets and objectives developed for commitments would be SMART in nature, unfortunately this has not always been the case. SMART targets facilitate the collection and reporting of data that can be analysed and quantified – important sets of information when seeking to demonstrate overall outcomes and benefits. Consideration could also be given, when setting the targets and objectives for individual Platform commitments, to aligning them more closely with the overall objectives of the Platform, and where they exist, to other strategic policies and actions such as the WHO Action Plan for implementation of the European Strategy for the Prevention and Control of Non-communicable Diseases 2012–2016 (available at: [http://www.euro.who.int/__data/assets/pdf_file/0019/170155/e96638.pdf](http://www.euro.who.int/__data/assets/pdf_file/0019/170155/e96638.pdf))

- **The reporting of outcomes often features specific issues such as reduction in transfats or the number of children taking more exercise.** A major challenge would be to consider the potential impact that a commitment has on the reduction of overweight or obesity, or the improvement of rates of physical activity within the target group or when extrapolated to the general population of Europe. Determining degrees of behaviour change within the target group might also be considered to be a goal. To achieve this however, new research/data collection tools would need to be considered, the question for now is whether the use of such tools is desirable and feasible, and if it is then how can these tools can be identified and utilised.
A point set out in the Green Paper is that the Platform ‘is designed to stimulate other initiatives at national, regional or local level, and to cooperate with similar fora at national level. At the same time, the Platform can create input for integrating the responses to the obesity challenge into a wide range of EU policies’. Comment has already been made in this chapter on how a Platform commitment has provided an opportunity for a more integrated approach across several EU policy areas. Less clear is how the Platform has stimulated initiatives at national, regional and local level. Whilst some commitments have operated and continue to operate at a regional or national level there is little evidence to suggest the formation of national level platforms for example. The development of initiatives at a more local level is continuing apace, however the opportunity that this platform creates for different agencies to work collaboratively to tackle the obesity epidemic is not always replicated, and certainly the synergistic outcomes which can be achieved within the platform are not achieved when collaborative arrangements are not in place locally. The platform might consider the production of guidance, based on its own developmental experience, which would support the development of structures to take forward the work of the platform at a look more local level.

In a similar vein past and current platform commitments have had a wide geographical coverage, but assessment of impact at local level has been difficult and infrequent. If more sensitive data collection tools are used, this is something that might be corrected.

The body of evidence on effective practice is continually evolving and the Platform through past and present commitments is contributing to this knowledge. An issue worthy of consideration is the extent to which evidence based practice developed elsewhere influences, or should influence, the approach adopted by current and in particular new Platform commitments. Where current commitments adopt evidence based practice, or where completed commitments have done so in the past, it would be very useful if this approach were highlighted in the monitoring reports and reported in Platform meetings and on the webpage etc.

Benchmarking is the process of comparing processes and performance metrics to established bests or best practices from elsewhere. Benchmarking commitments against other national/international developments could be beneficial and disseminating and exploiting the learning gained through the development of platform commitments would be helpful to others working in these fields. Consideration might therefore be given to how the good practice within the platform commitments could be made available to a wider audience.

In general terms the messages conveyed by the platform through the development of its commitments are consistent with any message aimed at reducing obesity, improving diet and increasing exercise. Care needs to be taken to ensure that this consistency is maintained and that commitments are not perceived to be signalling mixed messages. While on the one hand the promotion of sport is a very good thing when this is undertaken by market leaders in soft drinks and confectionery, it is possible for a different message to be perceived. Similarly, where hydration is being promoted to suggest the drinking of 2 litres of water a day is positive; to suggest the consumption of 2 litres of liquid a day might present a different message.

The issue of vulnerable groups has been a challenging one for the platform. Consideration should be given to defining the term more clearly and developing a more focused approach as a matter of priority. The term ‘vulnerable groups’ covers a very diverse range. It could be beneficial for the
platform, in seeking to address the needs of vulnerable groups, to specify more precisely the group(s) to be addressed by any specific commitment.

- **A variety of platform commitments have focused on reformulation and the composition of food.** As a result of these commitments significant reductions in the consumption of salt, sugar, saturated fats and trans fats have occurred. A factor that has to be considered by the Platform members involved in this type of commitment is that of acceptance by the customer of the reformulated product and of the relationship between customer driven demand for change on the one hand and acceptance of changed products on the other. Consideration could be given by the Platform to exploring how consumer demand for reformulated products can be promoted so that as reformulated products are coming onto the market consumer awareness of the benefits of such products, and consequently demand for them might rise.

- **Food labelling is an issue addressed by the Platform commitments.** Currently activities on this topic are focused on use of the GDA system or the colour coded system (traffic light). A critical question is whether two systems of labelling are sustainable.

**How lessons learned have shaped the action of the Platform**

From the day of its establishment the Platform has been continuously evolving and developing and within this process learning has been taking place. This learning has shaped practice. Examples include:

- The recent focus on joint commitments has led to a very slight increase in this type of commitment;
- The monitoring process has continuously evolved (in a positive way). Although as previous section of this Chapter indicates there is still more that can be done.

**Knowledge management within the Platform**

The Platform is a knowledge based activity, and within the Platform there is extensive knowledge of current developments in Europe on issues relating to diet and physical activity. The risk is that this reservoir of knowledge is dissipated as Platform members and Platform commitments come and go, and that within the Platform itself knowledge is marginalised. A number of vehicles are already in place to prevent this happening. In order to share knowledge even more comprehensively among Platform members consideration should be given to the following:

- Greater use of case studies and descriptions/examination of process, outcome and associated issues of Platform commitments;
- Broadening scope through learning through increased use of case studies of innovative programmes of work on diet, physical activity and health from countries/initiatives that might be considered to be at a more advanced stage of development.
- Each completed Platform commitment contains a wealth of experience and knowledge. Greater benefit could be derived from this experience and knowledge if better use was made of the learning points from completed commitments.
• CIRCABC is a closed access storage for documents relevant to the Platform e.g. presentations from Platform meetings. To what extent is CIRCABC already used by Platform members and could greater use be made of it?

**Dissemination and exploitation of learning**

Currently a number of communication tools are in place that enables information about the Platform and Platform commitments to be shared with a wider audience. These include: the Annual Reports, the Platform webpage, the Evaluation Report of 2008, the commitments database and Minutes of Platform meetings.

Access to these documents is via the Platform webpage and is unrestricted. Key questions that might be asked would be are the number of visits to these documents monitored – if so who is accessing them and what is the potential for further development that would support the dissemination and exploitation of learning and results in this way?

Currently, the level of informal learning that takes place between platform members is not assessed. However, the sharing of good practice, case studies, and progress on commitments has the potential to both inform and shape future practice within the Platform. A potential area of development would be to establish a means of facilitating the greater sharing of practical experiences.

The Platform holds an immense body of knowledge – the information gathered and reviewed through the Platform has a wider relevance and potential use. Consideration could be given to promoting awareness of the Platform webpage as resource to support diet, physical activity and health interventions in Europe. For example several of the Platform commitments are focused on the workplace as a setting in which to promote healthy eating and encourage staff participation in physical activity. Yet how would an occupational health or HR professional within a company know that the webpage exists and that it contains relevant and very useful information? The graphic providing an overview of the Platform is hugely helpful, could even greater use be made of the graphic/this type of information provision?

The database of commitments is a very useful reference point to both Platform members and non-members. Completed commitments in particular, and the lessons to be learned from them, provide an especially valuable source of information for members and non-members alike. The development of case studies on completed commitments would provide a means of encouraging knowledge transfer.

All Platform Members have an advocacy role in promoting awareness of the Platform and its activities, but the extent to which individual Platform members fulfil this role is unclear. In 2012 one commitment was specifically focused on improving information exchange about the Platform, but for more organisations and individuals to become aware of the work of the Platform and what they may be able to gain from it, all the Platform members should be actively engaged in an advocacy role. Awareness of positive results, good news and key developments that are occurring as Platform commitments develop is helpful to other Platform members as they seek to raise awareness and act as positive advocates for the Platform. The way in which EUFIC alerted DG SANCO suggesting to inform Platform members with an update on Cool Food Planet might be a good example of how this can be done. Further ‘good news’ issues might be the papers/publications, achievements/awards that are linked to Platform commitments, having a means of sharing information about these would also bring a greater sense of cohesion to Platform members.
CHAPTER 6: CONCLUSION

A number of conclusions emerge from this Special Report and these are set out below. The types of activity undertaken by the Platform Members and delivered through their Commitments have evolved during the lifetime of the EU Platform for Diet, Physical Activity and Health. This development reflects both the development of the Platform and how the Platform has responded to the policy priorities of DG Sanco. Reformulation and Physical Activity remain key activity types, and are both priorities that are constantly reaffirmed by DG SANCO within the Platform. The increased priority given to reformulation, its successes within the Platform coupled with its potentially significant ‘reach’ in terms of target audience have led to further industry led commitments in this type of activity.

Platform Members have reacted very positively to the identification of priorities, such as the need to focus on children and adolescents. There is an impressive outreach of physical activity promotion commitments, many of which are focused on children and young people and this has resulted in an estimated 4 million children now being reached each year with messages and opportunities to become more physically active.

While reporting on outcome indicators has seen constant and important improvements over the last three years (2010, 2011, 2012), approximately a third of Platform Commitments fail to report input or output indicators. When they are reported these indicators show wide variation and inconsistency. This makes difficult the development of findings that accurately reflect the significance of the Platform’s contribution to better nutrition, physical activity and health in Europe.

The target groups primarily targeted by Platform commitments have become increasingly balanced and diverse. Although a positive approach to vulnerable groups is recommended, there is only marginal development in this area among Platform commitments. Similarly ‘local communities’ is a seldom reported target audience for Platform Commitments, although this target group will be addressed through Commitments at a European, National and regional level.

Important synergies have been realised as a result of work at Platform level and between Member States and Platform Members in policy design, formulation and implementation (e.g. the successes in the implementation of the Salt Reduction Framework).

The Platform contains a huge body of knowledge and experience. In recognising this steps are taken to share this experience and knowledge through case studies, presentation, benchmarking against other initiatives and the provision of information via the web page. It is also important to note that lessons learned for example in the reduction of salt consumption are now also being applied to other nutrients (sugar, fat). Opportunities may yet exist for knowledge management within the Platform; they could be enhanced still further so that the learning points of an individual commitment can be more rigorously captured both during its lifespan and upon its completion.