

ANNEX 5

of the Charter of the European Alcohol and Health Forum

REVISED METHODOLOGY FOR THE EUROPEAN ALCOHOL AND HEALTH FORUM¹

1. European Alcohol and Health Forum objectives

1.1) The Forum will support the Member States in reducing the avoidable health, social and economic burden of the harmful use of alcohol, including related non-communicable diseases and specific alcohol-related harm.

The commitments of the members will support Member States in reaching at least 10% reduction in the harmful use of alcohol, as appropriate within the national context, and in reducing alcohol related morbidity and mortality, namely by:

- i) reducing underage drinking;**
- ii) reducing the prevalence of heavy episodic drinking among adolescents and adults;**
- iii) reducing alcohol-related harm to others, including public and domestic violence, drink driving, and use of alcohol during pregnancy;**
- iv) reducing accessibility and availability of alcoholic beverages to youth;**
- v) reducing the exposure of children and youth to alcohol marketing, including advertising, promotion and sponsorship;**
- vi) increasing the EU citizens' awareness of the health impact of alcohol consumption; including labelling**
- vii) reducing the negative impact of alcohol at the workplace (productivity loss, absenteeism, accidents);**
- viii) ensuring a healthy and safe environment for youth;**
- ix) reducing alcohol related health inequalities (age, sex, socio-economic groups);**
- x) promoting monitoring and research related to alcohol related harm.**

The objectives above are based and build on targets agreed to by the Member States in the WHO context, on the Sustainable Development Goals, on the 2006 EU strategy to support Member States in reducing alcohol related harm, on the Committee on National Alcohol Policy and Action (CNAPA)

¹ Based on the conclusions of the Preparatory Meeting of the European Alcohol and Health Forum in Luxembourg on 4 June 2018, this methodology is now considered as ANNEX 5 of the Charter.

Action Plan on Youth Drinking and on Heavy Episodic Drinking and on the Funding Charter of EAHF). CNAPA may issue additional framework information relevant for their implementation.

1.2) The commitments will be directly related to the members' core missions and aim at being followed by as many stakeholders in as many Member States as possible.

2. Assessment and monitoring

2.1) The WHO, Joint Research Centre and DG SANTE will jointly provide their assessment on whether commitments are sufficiently relevant to the objectives above. The aim will be to cover all commitments but the assessment will start for new commitments. It will be based on the commitment application as sent to DG SANTE and follow the table reproduced below. Members can review their proposals once they receive the assessment.

(Irrespective of the assessment, members will always be able to go through with the commitment. The reporting will however make clear the distinction between those that are considered sufficiently relevant and those that are not.)

2.2) In addition to point 2.1 above, the monitoring will continue to be done and improved on the basis of the existing instruments (commitment database, working groups, contractor).

ANNEX

| Criteria | Assessment |
|--|-----------------------|
| | (from 1 min to 5 max) |
| 1. The commitment will support the Member States in * | |
| | |
| i) reducing underage drinking | |
| ii) reducing prevalence of heavy episodic drinking among adolescents and adults | |
| iii) reducing the alcohol related harm to others, including public and domestic violence, drink driving, and use of alcohol during pregnancy | |
| iv) reducing accessibility and availability of alcoholic beverages to youth | |
| v) reducing the exposure of children and youth to alcohol marketing, including advertising, promotion and sponsorship | |
| vi) increasing the EU citizens' awareness of the health impact of alcohol consumption, including labelling | |
| vii) reducing the negative impact of alcohol at the workplace (productivity loss, absenteeism, accidents) | |
| viii) ensuring a healthy and safe environment for youth | |
| ix) reducing alcohol related health inequalities (age, sex, socio-economic groups) | |
| x) c monitoring and research related to alcohol related harm | |
| | |
| <i>Overall assessment for criteria 1</i> | |
| | |
| 2. The commitment will support * | |
| The Action Plan on Youth Drinking and on Heavy Episodic Drinking | |
| | |
| Other guidance from CNAPA (please specify) | |
| | |
| <i>Overall assessment for criteria 2</i> | |
| | |
| 3. The commitment is directly related to the core mission | |
| | |
| 4. The commitment aims at a broad coverage of stakeholders and Member States | |
| | |
| <i>Overall assessment (Sum of 1+2+3+4)</i> | |

For a commitment to be considered relevant, the overall assessment should be of 12 or over, with a minimum of 3 points for criteria 1, 2 and 3.

* Guidance for scoring

Weighting the coherence of the objectives of the commitment (with those listed in points 1 and 2 in this table), the evidence behind and the soundness of the chosen methodological approach, and the reasonable expectation of impact, the scorers will assign

1. if there a basic indication of relevance
2. if there is some indication of relevance
3. if there is good indication of relevance
4. if there is strong indication of relevance
5. if there is very strong indication of relevance