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

Annexes 1-3 to Annual Monitoring Report 2016
# Table of Contents

Annex 1: Analysis of Platform commitments 2015 by activity type ........................... 4
1 Marketing and advertising ............................................................................. 5
  1.1 Design and intent of action ................................................................. 7
  1.2 Implementation and results ............................................................... 12
  1.3 Overall assessment of the quality of reporting .................................... 17
  1.4 Synergies, joint commitments and transferability .............................. 18
  1.5 Conclusions and recommendations .................................................. 19
2 Composition of foods (reformulation), availability of healthy food options and portion sizes ............................................................... 22
  2.1 Design and intent of action ................................................................. 24
  2.2 Implementation and results ............................................................... 28
  2.3 Overall assessment of the quality of reporting .................................... 34
  2.4 Synergies, joint commitments and transferability .............................. 34
  2.5 Conclusions and recommendations .................................................. 36
3 Consumer information, including labelling .................................................... 39
  3.1 Design and intent of action ................................................................. 41
  3.2 Implementation and results ............................................................... 45
  3.3 Overall assessment of the quality of reporting .................................... 52
  3.4 Synergies, joint commitments and transferability .............................. 52
  3.5 Conclusions and recommendations .................................................. 54
4 Education, including lifestyle modification .................................................... 56
  4.1 Design and intent of action ................................................................. 59
  4.2 Implementation and results ............................................................... 63
  4.3 Overall assessment ........................................................................... 69
  4.4 Synergies, joint commitments and transferability .............................. 70
  4.5 Conclusions and recommendations .................................................. 71
5 Physical activity promotion ........................................................................... 73
  5.1 Design and intent of action ................................................................. 75
  5.2 Implementation and results ............................................................... 80
  5.3 Overall assessment of the quality of reporting .................................... 87
  5.4 Synergies, joint commitments and transferability .............................. 88
  5.5 Conclusions and recommendations .................................................. 89
6 Advocacy and information exchange ............................................................ 92
  6.1 Design and intent of action ................................................................. 94
  6.2 Implementation and results ............................................................... 99
  6.3 Overall assessment of the quality of reporting .................................... 105
  6.4 Synergies, joint commitments and transferability .............................. 106
  6.5 Conclusions and recommendations .................................................. 107
Annex 2: Platform commitments 2015 by status ................................................. 110
Annex 3: Breakdown of commitments 2015 per activity type ............................. 124
Annex 1: Analysis of Platform commitments 2015 by activity type

This Annex provides an analysis of platform commitment monitoring reports submitted for 2015 by activity type. It is broken down as follows:

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

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

- Design and intent of the action;
- Implementation and results;
- Dissemination;
- Additionality;
- EU-added value;
- Overall assessment; and
- Synergies, joint commitments and transferability.

Finally, and on the basis of the above-mentioned analysis, conclusions and recommendations are made per activity area, in view of further improving the relevance, monitoring and reporting of commitments in the next annual monitoring cycle.
1 Marketing and advertising

The area of marketing and advertising allows Platform members to put forward commitments that relate to marketing, media literacy and advertising.

In 2015, 14 commitments in this area were implemented and two were completed (commitment n°1118, ‘International standards for marketing food to children’, and n°619, ‘Product development, consumer information, marketing/advertising and the promotion of healthy lifestyles’). One new commitment was launched, entitled ‘FoodDrinkEurope Framework for commitments – responsible marketing and advertising’ (commitment n°1711). This initiative aims at encouraging FoodDrinkEurope members to propose new commitments in this activity area and to support them in the implementation and monitoring.

As can be observed in the table below, 12 commitments in this activity area are being implemented by industry and industry representations, and two by non-for profit organisations (Confederation of Family Organisations in the European Union (COFACE) and IASO/World Obesity Federation).

Table 1. Number of commitments per Platform member

<table>
<thead>
<tr>
<th>Platform member</th>
<th>Nº of commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>COFACE</td>
<td>1</td>
</tr>
<tr>
<td>ESA</td>
<td>1</td>
</tr>
<tr>
<td>FEVIA</td>
<td>1</td>
</tr>
<tr>
<td>FoodDrinkEurope</td>
<td>1</td>
</tr>
<tr>
<td>MARS</td>
<td>1</td>
</tr>
<tr>
<td>PepsiCo Europe &amp; UK</td>
<td>1</td>
</tr>
<tr>
<td>UNESDA</td>
<td>3</td>
</tr>
<tr>
<td>UNILEVER</td>
<td>1</td>
</tr>
<tr>
<td>FERRERO</td>
<td>1</td>
</tr>
<tr>
<td>WFA</td>
<td>2</td>
</tr>
<tr>
<td>IASO-WOF</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

Source: Platform monitoring reports – marketing and advertising 2015, N=14

Figure 1 below shows that the vast majority of commitments (11 out of 14) cover more than 20 countries. Two cover between two and ten countries, and one is nationally based. Compared to 2014, the number of commitments covering 20 or more Member States has increased by one (from ten in 2014).

Two of the commitments covering more than 20 countries cover all EU Member States; most of the 14 commitments also cover Norway and Switzerland. An example of a commitment that covers all EU Member States is n°1075 (‘The EU Pledge - Changing Food Advertising to Children’), implemented by the World Federation of Advertisers.

One example of a commitment covering between two and ten counties is commitment n°545 (‘Media Smart: media literacy programme for primary school children’) undertaken by the World Federation of Advertisers (WFA). The aim of this objective is to teach children in primary schools to think critically about advertising in the context of their daily lives.
The nationally based commitment is implemented in Belgium (n°265 - ‘The self-regulatory code for advertising’). Under this commitment FEVIA works to ensure that member companies continue to respect the self-regulatory code for advertising compiled in 2005. Its other objective is to increase the number of companies engaged in limiting advertising.

Figure 1. Geographic coverage of commitments in the area of marketing and advertising

Source: Platform monitoring reports – marketing and advertising 2015, N=14

As illustrated in Figure 2, all EU countries were covered by an average of 11 different marketing and advertising commitments, with most countries covered by either ten or 11 commitments. The countries most covered were Belgium and France (covered by 14 and 13 commitments respectively).

Figure 2. Geographic coverage of commitments in the area of marketing and advertising

1 The categories 2-5 countries, 6-10 countries and more than 20 countries may count non-Member States (i.e. Iceland, Norway and/or Switzerland)
As shown in Figure 3 below, the most common target audience for commitments in this activity area was children and young people (seven out of 14), followed by the general public (four out of 14). The remaining commitments target policy makers, industry, educators, and parents. None of the commitments set out to target health professionals, employees or any special groups.

Results were similar in 2014, therefore there has been little change in targeting of marketing and advertising commitments.

An example of commitment targeting children is nº833 (‘Responsible marketing and advertising’) undertaken by UNILEVER. This commitment aims at implementing the company’s marketing and advertising principles, through the independent monitoring of implementation of the principles, and providing training to ensure understanding of those principles.

Figure 3. Target audiences of commitments in the area of marketing and advertising

One of the commitments targeting the general public is entitled ‘Product development, consumer information, marketing/advertising and the promotion of healthy lifestyles’ (commitment nº619), implemented by PepsiCo Europe & UK. Its aims are: accelerating the roll-out of healthier snacks, beverages and breakfast cereals; continuing to build on and strengthen responsible advertising & marketing guidelines; and promoting healthy lifestyles among employees.

1.1 Design and intent of action

1.1.1 S.M.A.R.T. objectives

Figure 4 below shows that three commitments set fully S.M.A.R.T. objectives, and the remaining 11 set mostly S.M.A.R.T. objectives. This is an improvement on the previous year’s commitments, where two commitments had fully, five had mostly and six had partially S.M.A.R.T. objectives.

The objectives set for 2015 were all specific, achievable and relevant. As with commitments from 2014, the main issues around setting S.M.A.R.T. objectives relate to commitments not setting measurable targets or specifying timeframes for taking actions and achieving objectives (beyond objectives being annual).
An example of a commitment with fully S.M.A.R.T. objectives is commitment n°1203 (‘not to market to children under 12 years in the Digisphere’) by UNESDA. This set targets of specific compliance rates per type of advertising objective and ensured that an independent organisation audited this compliance.

1.1.2 Relevance of commitments

1.1.2.1 Link to EU Platform and EU policy goals

Similar to 2014, all commitments implemented in 2015 demonstrated relevance to the Platform, with six of them making an explicit reference to the Platform’s objectives. An example of this is FoodDrinkEurope’s commitment n°1711 (‘Framework for commitments – responsible marketing and advertising’), which makes an explicit reference to the Platform’s objectives of “tackling nutrition challenges, promoting physical activity and fighting against obesity”. The remaining eight commitments implicitly demonstrated relevance to the priorities of the Platform. For instance, the commitment entitled ‘No advertising in cinemas during films aimed at children under 12 years’, by UNESDA, has an implicit link with the Platform’s objective on healthy nutrition and responsible advertising to children, although does not make an explicit reference to this objective.
Figure 5. Relevance of commitments to Platform priorities

Source: Platform monitoring reports – marketing and advertising 2015, N=14

Exploring the link with EU priorities in the areas of nutrition and physical activity, Figure 6 below shows that nine commitments had an implicit link and the remaining five made an explicit link to EU priorities in this policy area.

For instance, the commitment entitled ‘European savoury snacks industry commitment in the area of marketing and advertising’ (commitment n°1515), from the European Snacks Association (ESA), makes an explicit reference to the European Commission White Paper on ‘A Strategy for Europe on Nutrition, Overweight and Obesity related health issues’ (May 2007).

An example of a commitment with an implicit link with EU priorities is n°1018, ‘Mars Marketing Commitments (MMC)’, which is connected to the EU Action Plan on Childhood Obesity 2014-2020, although it does not explicitly mention the Action Plan or its objectives.

Figure 6. Relevance of commitments to wider EU priorities

Source: Platform monitoring reports – marketing and advertising 2015, N=14
1.1.2.2 Link to WHO targets

This year a new element of analysis was introduced in the assessment of the commitment monitoring reports: the link to WHO targets for non-communicable diseases (NCDs) for 2025. In the area of marketing and advertising, none of the commitments made an explicit link to these objectives, however some of them had an implicit link to one or more of the targets, as illustrated in Table 2 below.

One commitment (n° 619, ‘Product development, consumer information, marketing/advertising and the promotion of healthy lifestyles’, by PepsiCo Europe & UK) had an implicit link with Target 1 (A 25 per cent relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases). It aimed at accelerating the roll-out of healthier snacks, beverages and breakfast cereals and promoting healthy lifestyles. Five commitments were related to Target 4 (A 30 per cent relative reduction in mean population intake of salt/sodium) and 13 commitments had an implicit link with Target 7 (Halt the rise in diabetes and obesity).

Table 2. Links to WHO targets

<table>
<thead>
<tr>
<th>Target</th>
<th>Explicit link</th>
<th>Implicit link</th>
<th>No apparent link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 1: 5% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases</td>
<td>0</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Target 2: At least 10% relative reduction in the harmful use of alcohol</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Target 3: 10% relative reduction in prevalence of insufficient physical activity</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Target 4: 30% relative reduction in mean population intake of salt/sodium</td>
<td>0</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Target 5: 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Target 6: 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Target 7: Halt the rise in diabetes and obesity</td>
<td>0</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Target 8: At least 50% of eligible people receive drug therapy and counselling to prevent heart attacks and strokes</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Target 9: 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
</tbody>
</table>
NCDs

Source: Platform monitoring reports – marketing and advertising 2015, N=14

1.1.3 Actions to reduce health inequalities

Only one commitment out of 14 sets out to reduce health inequalities in the area of marketing and advertising: commitment n°1118, entitled ‘International standards for marketing food to children’ and undertaken by the World Obesity Federation. It aims to assess current evidence on the relationship between promotional marketing and diet, with a specific focus on health inequalities. The remaining 13 commitments did not set out to reduce health inequalities.

Figure 7. Commitments set out to reduce health inequalities

Source: Platform monitoring reports – marketing and advertising 2015, N=14

1.1.4 Using evidence in design

Figure 8 below shows that just over half of the commitments in this area (eight out of 14) provided evidence of need in their design (i.e. they referred to facts or studies that showed the need for action). The remaining six commitments neither referred to any reports or studies, nor aimed to generate data or information.

Figure 8. Use of evidence in commitment design
Monitoring the activities of the EU Platform for Action on Diet, Physical Activity and Health – Annexes 1-3

Source: Platform monitoring reports – marketing and advertising 2015, N=14

One example of a commitment which demonstrated evidence of need is 'Media Smart, media literacy programme for primary school children' (commitment n°545) implemented by the World Federation of Advertisers. In its report, reference is made to the European Commission ‘Recommendation on media literacy in the digital environment for a more competitive audio-visual and content industry and an inclusive knowledge society’ (August 2009), which highlights the need to increase people’s awareness of media messages, including advertisements.

This means there has been little change since last year – in 2014, seven commitments showed evidence of need, two provided evidence of need and of likely effectiveness, one showed evidence of likely effectiveness only and three did not provide any information (non-applicable).

1.2 Implementation and results

1.2.1 Level of implementation

Figure 9 shows the level of implementation of the actions. The majority of the commitments (11 out of 14) were fully implemented. One was mostly implemented and two were assessed to have been partially implemented. Commitments assessed as not fully implemented either explicitly stated so, or did not include sufficient information about outputs and outcomes for commitments to be able to demonstrate full implementation. Nonetheless, the level of implementation in this activity area increased from 2014, when seven actions out of 13 were fully implemented.

Figure 9. Level of commitment implementation

Source: Platform monitoring reports – marketing and advertising 2015, N=14

1.2.2 Main inputs reported (human and financial)

In the area of marketing and advertising, the level of information provided on human and financial resources used to implement the commitments varied considerably.

With regards to the financial information provided (Figure 10 below), five commitments did not provide information on the value of the inputs, while nine commitments provided relevant information. Compared to 2014 this is an increase in both financial reporting (up from six out of 13 commitments to nine out of 14) and in reporting on human resource inputs.

The value of inputs, when indicated, varied between EUR 4,000 and EUR 2.25 million. However, in some case the value provided included also other costs than the ones
encountered for the implementation of the commitments. In other cases a range was provided. For instance one of the commitments indicated a value of inputs of EUR 1 - 2.5 million.

Figure 10. Main inputs reported

![Bar chart showing financial and human inputs](image)

Source: Platform monitoring reports – marketing and advertising 2015, N=14

Half of the commitments did not provide information on time spent, while the other half provided an estimation of the hours spent on the actions. The amount of hours reported varied between 55 and 53,075. In total the approximate hours spent on commitments in this activity area were 87,610.

A clear improvement was made compared to the previous monitoring year, where 10,900 hours were spent in total.

Regarding the human resources used for the commitments, the number of full-time and/or part-time personnel was considered. Only three commitments provided such level of information, and the numbers varied between two and nine part-time employees and between 1.4 and six full-time employees.

The estimation on the number of employees or hours spent was in some cases made on the assumption that a full-time employees could work 8 hours a day/40 hours a week per 48 weeks per year.

In comparison with 2014, the value of inputs was higher (in 2014 it ranged between EUR 1,150 and 1 million) and the total number of hours spent has increased (from 10,900). However, the reported number of employees in 2014 ranged between one and 116 full time employees (which is a much higher value than in 2015, where the reported number ranged between 1,4 and 6 full time employees).

### 1.2.3 Outputs

Marketing and advertising commitments produced a variety of outputs, very similar to those produced in 2014. For instance: surveys; publications; databases; advocacy campaigns; and meetings.

All the commitments in this area provided clear details of the outputs produced. However, in some cases the information provided was not easily quantifiable and the information on outputs was provided for some countries and not others. It is important to note that when the objectives of the commitments were not measurable
it was less clear for the research team to relate reported outputs with the initial commitment objectives.

1.2.4 Outcomes and dissemination

In 2015, five out of 14 commitments provided clear details on outcomes. Six provided minimal details, and three did not provide any information on outcomes.

In general, when minimal details were provided, very little or no quantifiable information on outcomes was provided. Seven commitments concerning advertising provided compliance rates of members, with six of them providing the actual compliance rate achieved. However for three of them it was difficult to evaluate the success of the actions, given that no compliance rates was mentioned in the annual objectives (i.e. the objectives were not S.M.A.R.T.). These results were similar to 2014, where the majority of outcomes related to compliance rates.

An example of commitment reporting correctly and in detail on outcomes is n°619 (‘Product development, consumer information, marketing/advertising and the promotion of healthy lifestyles’) implemented by PepsiCo Europe & UK, in which the outcomes refer to measurable results (e.g. ‘PepsiCo Spain eliminated 98,000 kg salt across 8 products and three brands in Spain’).

*Figure 11. Reporting on outcomes*

The dissemination activities of commitments were also analysed. Figure 12 below shows that four commitments out of 14 reported that dissemination activities were carried out; with the ten remaining commitments not reporting any dissemination activities. This shows a significant improvement in comparison with the results of 2014, where none of the commitments in this area reported on dissemination activities.

An example where a commitment provided clear details on dissemination is n°1106 (‘Media, advertising and nutrition: media literacy educational package’), undertaken by COFACE. This included details on the dissemination of the learning material produced through the action.
Figure 12. Dissemination of results

Source: Platform monitoring reports – marketing and advertising 2015, N=14

1.2.5 Additionality

Similarly to 2014, this year’s assessment also looked into the additionality of the commitments, i.e. if the actions would had taken place had the commitment not been submitted under the remit of the Platform.

As shown in Figure 13 below, nine out 14 commitments were considered to be of a higher quality as a result of the Platform and commitment setting; three actions wouldn’t have otherwise taken place; and one action was considered not additional. There was not sufficient information provided for the remaining commitment to be able to assess its additionality. This analysis shows a clear improvement was made compared to 2014, where no information was provided for any of the commitments in this area and it was therefore not possible to assess their additionality.

Figure 13. Commitment additionality

Source: Platform monitoring reports – marketing and advertising 2015, N=14

1.2.6 EU-added value

The monitoring of the commitments also included the analysis of the EU-added value, i.e. the extent to which the commitments highlight the EU-added value of the
Platform. Figure 14 shows that six out of 14 commitments mostly demonstrated EU-added value, six partially demonstrated EU-added value and two did not.

A slight improvement can be highlighted in comparison with 2014, where only two commitments out of 13 had mostly demonstrated EU-added value, six partially demonstrated EU-added value and five did not provide any information in this regard.

*Figure 14. EU-added value*

![Diagram showing EU-added value (14% not demonstrating, 43% mostly demonstrating, 43% partially demonstrating)](image)

*Source: Platform monitoring reports – marketing and advertising 2015, N=14*

An example of a commitment demonstrating EU-added value is n°581 (‘Advertising and Commercial Communications, including school vending’), implemented by UNESDA. Indeed these activities, undertaken in all Member States, have taken place thanks to the fact that they are part of the Platform.

### 1.2.7 Recommendations for additional actions

In relation to suggesting additional actions, only two commitments provided such information, with the remainder (12) not recommending them. This echoes the results from 2014, where only two commitments provided recommendations for additional actions.

For instance, the commitment titled ‘The EU Pledge - Changing Food Advertising to Children’, implemented the World Federation of Advertisers (n°1075) indicated that an additional monitoring report would be produced in 2016 providing the results on the compliance levels with the Pledge.
1.3 Overall assessment of the quality of reporting

1.3.1 Overall assessment

An overall assessment of the actions in this area was made, on the basis of previous evaluation areas and evaluating whether commitments’ reports provided sufficient and accurate information.

Figure 16. Overall assessment of reporting

Source: Platform monitoring reports – Marketing and advertising 2014, N=13; 2015, N=14

Figure 16 shows that only four out of 14 actions were highly satisfactory, and the remaining 10 were satisfactory. No commitments were seen as non-satisfactory. The commitments that were considered as highly satisfactory had mostly or fully S.M.A.R.T. objectives and provided a detailed report of inputs, outputs and outcomes.
This assessment demonstrates an improvement in reporting, in comparison with 2014, where five out of 13 commitments in this area were assessed as non-satisfactory, seven satisfactory and only one was highly satisfactory.

The primary reasons for improvements in reporting were that the objectives were at least mostly S.M.A.R.T. (i.e. they provided specific, achievable and realistic) and they provided sufficiently clear information on inputs and outputs.

However, in many cases the objectives of the actions were not measurable and the description of outcomes and impact was quite limited. For this reason these commitments were not rated as ‘highly satisfactory’, and were given recommendations for future reporting improvements.

One example of report rated as highly satisfactory was the one submitted for ‘Mars Marketing Commitments (MMC)’, which had clear objectives and provided clear information on inputs, outputs and outcomes.

1.4 Synergies, joint commitments and transferability

1.4.1 Synergies and joint commitments

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

For marketing and advertising commitments, a number of possible synergies were identified between actions having similar objectives. For example, commitment n°545 (‘Media Smart - media literacy programme for primary school children’) could find synergies with n°1106 (‘Media, advertising and nutrition: media literacy educational package’, implemented by the Confederation of Family Organisations in the European Union (COFACE)). Given the similarity of the objectives of their actions, in that they both aimed at developing media literacy tools on advertising techniques for children, there are clear links. Regarding possible joint commitments, a number of actions related to the EU Pledge were submitted in this activity area. Given the similarity of the actions, in terms of aims, activities and type of members undertaking them, consideration could be given to creating an overarching joint action which aligns and creates strong synergies amongst all these commitments (n°1711, n°427, n°619, n°833, n°1075 and n°1515) and monitor their impact.

1.4.2 Transferability

This year’s analysis also assessed for the first time, the transferability of the commitments to another setting (e.g. organisational, geographical). In this context, transferability means that the design and intent of an action could be replicated in another setting (e.g. organisational, geographical) or that the action could be replicated by another organisation in another locality or by the same organisation in another locality.

The majority of commitments (13 out of 14) submitted in 2015 were deemed to be transferrable, having given enough detail about the actions undertaken that the commitment’s delivery model could be replicated in a different thematic or geographical context.

An example of a commitment which could be transferred is entitled ‘Media, advertising and nutrition: media literacy educational package’, undertaken by the Confederation of Family Organisations in the European Union (COFACE). It consisted mainly of developing learning materials and organising workshops to teachers from all over
Europe. Given their nature, the learning materials could be translated in other languages and the workshops organised in new countries.

The remaining commitment seen as non-transferable was the action entitled ‘No advertising in cinemas during films aimed at children under 12 years’, undertaken by UNESDA, which already covers the EU market (with the exception of Croatia), plus two non-EU countries.

**Figure 17. Transferability of actions**

Source: Platform monitoring reports – marketing and advertising 2015, N=14

**1.5 Conclusions and recommendations**

**1.5.1 Conclusions**

Overall, an improvement can be documented in terms of quality of reporting, compared to 2014. This is demonstrated by the improved results in the overall assessment of the action, where 21 per cent of the actions were considered highly satisfactory and 79 per cent satisfactory. None of the actions’ reporting was considered as non-satisfactory.

The main findings regarding the design of the commitments submitted in this area were as follows:

- The setting of S.M.A.R.T. objectives has significantly improved from 2014 to 2015. 21 per cent of commitments had fully S.M.A.R.T. objectives and 79 per cent had mostly S.M.A.R.T. objectives. This is a clear improvement compared to the previous year’s monitoring exercise, where 43 per cent of commitments had only partially S.M.A.R.T. objectives.
- All of the commitments were assessed as being relevant to the stated priorities of the Platform and EU, as in the previous year.
- There was a slight decrease in the use of evidence in the design of commitments for 2015. Around half of the commitments (57 per cent) showed evidence of need while the remaining commitments did not provide any evidence in the design of the action. In the previous monitoring exercise 69 per cent of the actions had showed evidence of need or likely effectiveness.
- Geographical coverage of commitments continues to be well spread across all EU Member States (and beyond), with the majority of commitments (11 out of 14) covering more than 20 countries. This is an increase of one compared to 2014.
With regards to the implementation and results of the commitments, the following conclusions can be drawn:

- Compared to 2014, an improvement can identified in regards to the level of implementation of the action (11 actions were fully implemented in 2015, compared to only seven in 2014).
- Compared to last year’s monitoring exercise, a larger proportion of monitoring reports provided information on the financial costs of the actions (64 per cent - nine out of 14 - this year, 46 per cent - six out of 13 - last year). The total number of hours reported was significantly higher this year than in 2014.
- Regarding outputs, an improvement in reporting was documented, with all commitments providing detailed information (while in 2014 less detailed information was provided overall in this area), even though in some cases the information provided was not easily quantifiable and was difficult to put the outcomes in relation with the objectives. The assessment on reporting of outcomes highlighted that only 36 per cent (five out of 14) of commitments provided clear details, while 43 per cent (six out of 14) provided minimal details. These results are in line with the ones of the previous year.
- The information provided on additionality significantly improved in comparison with the previous year. In the 2014, no reports provided information on the additionality of the actions, while this year almost all commitments provided information in this regard. 86 per cent (12 out of 14) of the commitments were of a higher quality or would not otherwise have taken place.
- With regards to EU-added value, the information provided in the reports improved as well. 86 per cent (12 out of 14) of commitments mostly or partially demonstrated EU-added value. In the previous monitoring year 62 per cent (eight out of 13) of commitments mostly or partially demonstrated EU-added value, while 38 per cent (five out of 13) did not provide any information in this regard.

1.5.2 Recommendations

Based upon both the assessment of 2015 commitments and a comparison between commitment reports submitted in 2014 and 2015, a number of key recommendations can be put forward for reports submitted in this area:

- The objectives of most of the actions were not evaluated as fully S.M.A.R.T. given that they lacked measurable objectives; also, in some cases they were not time bound. It is important to set measurable and time-bound objectives, as they are key for a thorough assessment of the commitments and can support members in better implementation and evaluation of their impact.
- Better use of evidence (of need, or of likely effectiveness) of the commitment to generate evidence should be used. This would provide good supporting evidence for relevance of the commitments as well as helping with increasing outcomes and impacts of commitments.
- More information would be needed on the inputs (in particular on time spent on the actions, human resources used and value of the inputs) and outcomes of the actions. The outcomes should provide measurable indicators, which should be put in relation with the objectives stated while designing the action. This would again allow a more precise evaluation of the actions.
- An explicit reference where actions contribute to the Platform, the general EU objectives in the area of nutrition and physical activity and explicit link to WHO targets should be made. This would further reinforce the importance of the Platform and ensure relevance of the commitments.
- Only one commitment set out to address health inequalities. It would be advisable that more commitments focus on this aspect, given the current health gap that exists in Europe.
• As regards the additionality of the actions, in general the commitments should in principle be additional actions and not consist of activities that would have taken place anyway. By highlighting the additionality of actions, the relevance to the Platform and its impact can be further evidenced.

• As this area is one of the priorities of the Platform, a greater number of and more ambitious actions from all relevant and major Platform members are welcomed.
2 Composition of foods (reformulation), availability of healthy food options and portion sizes

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

Of the active 18 commitments in this area, three commitments began in 2015, and two were completed in 2015\(^2\). As can be observed in Table 3, most of the commitments (17) have been submitted by industry representations FoodDrinkEurope, Serving Europe, COPA-COGECA, EVA, Euro Coop and FoodServiceEurope) and one by a professional association (CPME).

Table 3. Number of commitments per Platform member

<table>
<thead>
<tr>
<th>Platform member</th>
<th>N° of commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FoodDrinkEurope</td>
<td>11</td>
</tr>
<tr>
<td>Serving Europe</td>
<td>2</td>
</tr>
<tr>
<td>Euro Coop</td>
<td>1</td>
</tr>
<tr>
<td>EVA</td>
<td>1</td>
</tr>
<tr>
<td>COPA-COGECA</td>
<td>1</td>
</tr>
<tr>
<td>CPME</td>
<td>1</td>
</tr>
<tr>
<td>FSE</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

Platform monitoring reports 2015

As shown in Figure 1 below, the majority of commitments covered more than 20 countries. Of those which covered fewer, three were nationally based and the other two varied in size. This is almost exactly the same as the commitments presented for 2014, although with a slight increase in the proportion of commitments covering 20 or more countries.

The majority of commitments covering more than 20 countries covered all EU countries (seven out of 13), with a significant majority of also covering Switzerland (11), Norway (10), and a few covering Iceland (four). Where commitments covered more than 20 countries but did not cover all EU countries, in most cases (four out of six) this was because they did not cover Croatia. In the other two cases there were multiple EU countries not covered by the commitment.

Those commitments which were nationally based were located in Belgium, Denmark and Italy, each implemented by organisations whose remits were specific to those countries\(^3\). An example of one such commitment is n°263 ("Nutrition Policy Charter"), for which FEVIA\(^4\) signed Belgian companies up to a Nutrition Policy Charter committing to improve the nutritional content of their products.

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\(^2\) Commitments n°1305 ("Healthy choices at work") and n°1314 ("Increased vending choice to promote health eating habits").

\(^3\) FEVIA (Belgium), Danish Agriculture & Food Council (Denmark), and Coop Italia (Italy).

\(^4\) Fédération de l’Industrie Alimentaire/Federatie Voedingsindustrie.
Figure 18. Geographic coverage of Platform commitments in the area of food reformulation

Source: Platform monitoring reports – food reformulation 2015, N=18

On average, EU countries were covered by 13 different reformulation commitments, with countries mostly being covered by between 12 and 15. Those most covered were Belgium, France, Italy and the United Kingdom (each covered by 15), and while Croatia remains the least covered, there was a notable increase in commitments covering it between 2014 and 2015 (from five to eight).

Figure 19. Geographic coverage of Platform commitments in the area of food reformulation

Source: Platform monitoring reports – food reformulation 2015, N=18

5 Croatia is the newest member state, having become a member on 1 July 2013.
**Figure 20. Target audience of commitments in the area of food reformulation**

![Bar chart showing the target audience of commitments in food reformulation](chart)

- General public: 12
- Children and adolescents: 3
- Health Professionals: 2
- Policy makers: 1
- Employees: 1
- Industry: 1
- Educators: 1
- Parents: 1
- Special groups: 1
- Other(s): 1

*Source: Platform monitoring reports – food reformulation 2015, N=18*

As shown in Figure 20 above, reformulation commitments were predominately aimed at the general public. Two-thirds of reformulation commitments (12) gave the general public as their explicit audience, with the other third of commitments spread across children and adolescents, health professionals and industry. None of the commitments targeted policy makers, employees, educators, parents or special groups.

### 2.1 Design and intent of action

#### 2.1.1 S.M.A.R.T. objectives

Figure 21 below shows that more than half of reformulation commitments set objectives that were mostly or fully S.M.A.R.T. (11), with just one-third setting partially or non-S.M.A.R.T. objectives. One commitment did not set annual objectives prior to 2015, instead using the objectives section of its report to retrospectively detail what had been achieved during the year. The majority of commitments set achievable and realistic objectives, but just half set goals which were specific and measurable and only three gave timeframes for their objectives. As with commitments from 2014 the main issue remains that many commitments do not set specific or measurable targets, and few are specifying timeframes for taking actions and achieving objectives (beyond objectives being annual).

However, commitments for 2015 show an improvement from 2014, when just one-third (six) gave fully or mostly S.M.A.R.T. objectives. This improvement is due to an increased proportion setting specific and measurable goals.
Figure 21. S.M.A.R.T. objectives

Source: Platform monitoring reports – food reformulation 2015, N=18

An example of a commitment setting fully S.M.A.R.T. objectives is n°1305 (CPME’s ‘Healthy choices at work’), which gave numeric targets for hosting events and distributing fruit at those events, including the amount of fruit to be handed out and the number of intended recipients.

2.1.2 Relevance of commitments

2.1.2.1 Links to EU Platform and EU policy goals

Almost all commitments displayed relevance to the aims of the Platform, with just one giving no information to evidence such a link. Just over one-third (eight) made explicit reference to the aims of the Platform. This is a slightly change compared to 2014, when half of commitments made explicit links. An example of a commitment which made explicit links to the Platform is n°807 (‘Product formulation and portion sizes’) in the design section of which Ferrero states that “reformulation of products is one of the main areas of action identified in the European Platform for Action on Diet, Physical Activity and Health”.

Figure 22. Relevance of commitments to Platform priorities

Source: Platform monitoring reports – food reformulation 2015, N=18
As in 2014, half of reformulation commitments carried out in 2015 contained implicit links to Platform priorities. An example of one such commitment is nº263 (‘Nutrition Policy Charter’), in which FEVIA states that the purpose of commitment nº263 is to improve the nutritional content and labelling of products on the market on Belgium. The commitment does not make an explicit link between these aims and those of the Platform, but they are clearly relevant.

The vast majority of commitments contained an implicit link to wider EU objectives, with just one displaying no apparent link and one making explicit reference to other EU objectives. Relevance to wider EU policy goals was not assessed separately in 2014, so no comparison can be made between the two years.

**Figure 23. Relevance of commitments to wider EU priorities**

The commitment which made explicit links to EU priorities was nº1707 (FoodServiceEurope’s ‘Definition of Model School Food Policy and follow-up national actions’). The purpose of this commitment was to create a Model School Food Policy, which can be used as guidance for schools and/or parents in the EU to influence national policies on school food. This commitment made specific reference to the EU Action Plan on Childhood Obesity being taken into account in its design.

### 2.1.2.2 Link to WHO targets

In general, links between commitments and WHO targets were implicit rather than explicit. More than half (ten) of commitments contained an implicit link to WHO’s target on reducing mean population intake of salt, with a little under half (seven) being implicitly linked to WHO’s target of halting the rise in diabetes and obesity. Where these links existed but were deemed to be implicit, this was because commitments stated an aim of reducing salt levels in food or contributing to the fight against obesity, but did not make reference to WHO goals in these areas.

One commitment made an explicit reference to WHO targets on salt reduction was nº1709 (‘Breakfast cereal industry commitment in the area of product formulation and innovation’), under which the European Breakfast Cereal Association (CEEREAL) has an objective of encouraging its members to reduce sugar and salt in their products and makes direct reference to the WHO target in relation to this.
Table 4. Links to WHO targets

<table>
<thead>
<tr>
<th>Target</th>
<th>Explicit link</th>
<th>Implicit link</th>
<th>No apparent link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 1: 5% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases</td>
<td>0</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Target 2: At least 10% relative reduction in the harmful use of alcohol</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Target 3: 10% relative reduction in prevalence of insufficient physical activity</td>
<td>0</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Target 4: 30% relative reduction in mean population intake of salt/sodium</td>
<td>1</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Target 5: 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Target 6: 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure</td>
<td>0</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Target 7: Halt the rise in diabetes and obesity</td>
<td>0</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Target 8: At least 50% of eligible people receive drug therapy and counselling to prevent heart attacks and strokes</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Target 9: 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
</tbody>
</table>

Source: Platform monitoring reports – food reformulation 2015, N=18

As with wider EU relevance, links with WHO targets were not assessed for 2014 commitments and so a comparison between the two years is not possible.

2.1.3 Actions to reduce health inequalities

Of the reformulation commitments which covered 2015, none stated that they set out to reduce health inequalities.
2.1.4 Using evidence in design

61 per cent of commitments (11) addressed need and/or likely effectiveness in some way. Where commitments did make reference to evidence, most (seven) gave evidence of potential impact or made a commitment to generate data/information, while a lower but still significant proportion (six) gave evidence of need.

*Figure 24. Use of evidence in commitment design*

One commitment which addressed both need and likely effectiveness was n°1420 (‘Dietary habits and nutrient intakes in infants and toddlers’), which framed the need for the intervention in relation to current dietary habits and also committed to produce information which can be used to advise parents and improve products’ nutritional content. One commitment which provided evidence of need only is n°1317 (COPA-COGECA’s ‘Partnership on the reduction of salt content in food’), which gave evidence of the need to reduce salt intake among the general population but did not give an idea of the impact the commitment might anticipate having.

Compared to 2014 commitments this shows a slight increase in the number of commitments which neither refer to evidence of need/effectiveness nor (in the case of innovative commitments) state that they intend to generate evidence or information. There were seven such reports in 2015, compared to four in 2014. This change was accompanied by a slight drop in the number of commitments stating evidence of need and likely effectiveness and evidence of need only.

2.2 Implementation and results

2.2.1 Level of implementation

The majority (12) of commitments mostly or fully implemented the actions set out in their commitment design. A small number (three) were only partially implemented, with the remainder not providing enough information for an assessment to be possible. This was a slight drop from 2014, when 15 out of 18 commitments were deemed to have mostly or fully implemented their actions.

The number deemed to have been mostly implemented actually rose in 2015 (from four to seven), but this was offset by a significant drop in the number fully implemented (from eleven to five). This drop was due to reports not including sufficient information about outputs and outcomes for commitments to be able to demonstrate full implementation. The number of commitments which did not provide
sufficient information about implementation rose from two to three, also reflecting a need for greater detail on implementation in some reports.

Figure 25. Level of commitment implementation

![Figure 25 Level of commitment implementation](image)

Source: Platform monitoring reports – food reformulation 2015, N=18

One example of a commitment which fully implemented the actions set out in its annual objectives was n°1709 (‘Breakfast cereal industry commitment in the area of product formulation and innovation’), under which CEEREAL set objectives of running an internal survey and addressing commitment-relevant topics at their own working groups. Both were clearly detailed as having been delivered as commitment outputs.

2.2.2 Main inputs reported (human and financial)

Reporting on the inputs of each commitment was mixed, with half of commitments detailing the financial cost of implementation and a slightly larger number giving clear details on staff time spent on implementing commitments. Compared to 2014 this is an increase in both financial reporting (up from seven commitments to nine) and in reporting on human inputs (up from eight to eleven).

Figure 26. Main inputs reported

![Figure 26 Main inputs reported](image)
In general, staff time was detailed in commitment reports as either number of full-time employees (FTE) or number of hours, but not both. Where information on staff input was given, calculations were made based on the assumption that a full time employee could work 1,920 hours in a year. For the 11 commitments where information on staff input was provided, the annual number of hours ranged from 3 to 268,800. In total, the approximate number of hours spent on reformulation commitments was of 321,544, or 167 FTE.

In the nine reports where financial input was detailed, values ranged from EUR 1,100 to EUR 45,948,927, with a sum total of EUR 53,259,527 spent on commitments for reformulation. Most (seven) gave input values of EUR 250,000 or lower, with the overall average lifted significantly by two high-expenditure commitments (which spent EUR 6.8 million and EUR 45.9 million).

The level of detail given for financial inputs was mixed. In two reports the estimated value of staff time was included in the figures for financial inputs, while the other seven only recorded monetary inputs other than staff costs in their reporting on financial input. One commitment which reported inputs particularly clearly was № 1420 (‘Dietary habits and nutrient intakes in infants and toddlers’), which broke down the inputs made in relation to each annual objective, giving FTE and financial costs for each.

2.2.3 Outputs

Almost all commitments gave at least some information on outputs, with all but one giving either minimal or clear details. A variety of different outputs were delivered by the various commitments during 2015, including: a new website; the launching of new products; surveys of companies and body members; the organisation of working groups; campaigning activities; and informational materials such as brochures and videos.

Figure 27. Commitment outputs

In some cases, clear details on outputs were given but appeared to only relate to some of the commitment’s objectives or to some but not all commitment members. This made it difficult to determine outputs from each action or the outputs of each organisation involved in the commitment, resulting in those commitments being judged to have provided minimal details rather than clear details.

6 8 hours per day, 5 days per week, 48 weeks per year.
2.2.4 Outcomes and dissemination

Information on outcomes was provided by 13 commitments. Two reports were able to give statistical information highlighting changes in the activities undertaken or products produced/sold by organisations involved in their commitments. However, overall commitment reports could only make broad statements rather than give specific details. Several stated that it was still too early for outcomes to be evidenced.

*Figure 28. Reporting on outcomes*

![Pie chart showing outcomes reporting]

*Source: Platform monitoring reports – food reformulation 2015, N=18*

One commitment which gave clear evidence relating to outcomes was n°583 (‘Products, Choice & Portion Size’), under which UNESDA provided data on indicators such as calorie reduction in soft drinks and market share of zero/lown calorie soft drinks as evidence of the impact that its commitment has had on the calorie content of beverages produced by UNESDA member companies.

*Figure 29. Dissemination of results*

![Pie chart showing result dissemination]

*Source: Platform monitoring reports – food reformulation 2015, N=18*

Information on dissemination of results was provided in seven reformulation commitment reports, a significant increase on the four commitments which provided such details in 2014. In most (five) cases specific information about exactly how results have been disseminated, with dissemination being done by publishing
information on organisations’ websites, inclusion of results in newsletters, publication in journals, and dissemination of brochures at industry events.

2.2.5 Additionality

Overall, two commitments provided information which showed that they would not have taken place without the existence of the Platform, and one appeared to have taken place at a greater scale. The commitment which took place at a greater scale was nº1305 (CPME’s ‘Healthy choices at work’), which promoted and encouraged the consumption of healthier snacks at work. The report from this commitment stated that promotion of this commitment was used as a vehicle for promoting the Platform and included information from other reformulation commitments, although does not specify what form this promotion took.

The other commitments submitted under reformulation involved actions which looked like they would likely have taken place without the Platform, and which did not mention interaction with the Platform in their reports. This is a slight improvement compared to last year: two commitments running in 2014 demonstrated that they were of higher quality due to their belonging to the Platform, although would have gone ahead anyway.

Figure 30. Commitment additionality

Source: Platform monitoring reports – food reformulation 2015, N=18

2.2.6 EU-added value

Overall, most commitments submitted under reformulation evidenced no interaction with the Platform7, and so could not be said to have demonstrated the EU-added value of their relationship with the Platform. Two commitments partially demonstrated EU-added value, either by incorporating information about the Platform into their dissemination activities or via the Platform’s stimulation of the creation of another European network for information sharing. This is a decrease from 2014, when eight commitments provided information which demonstrated EU-added value.

One commitment that partially demonstrated EU-added value was nº1305 (CPME’s ‘Healthy choices at work’). It states that CPME’s activities under this commitment were used as an opportunity to promote the Platform and raise awareness of other Platform commitments, although it doesn’t specify exactly how this was done.

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7 For example, disseminating results via the Platform, collaborating with other Platform members, or utilising information provided by the Platform/other Platform members.
Figure 31. EU-added value

Source: Platform monitoring reports – food reformulation 2015, N=18

2.2.7 Recommendations for additional actions

A relatively small number (four) of commitments made recommendations for additional actions, with the majority not recommending that additional actions be taken during or after the commitment. One of those four which did make recommendations was a commitment that was completed in 2015, while the other three are ongoing. There was no change between 2014 and 2015, with four commitments recommending additional actions in 2014 as well.

Figure 32. Recommendations for additional actions

Source: Platform monitoring reports – food reformulation 2015, N=18

The commitment which completed in 2015 but recommended additional actions was n°1314 (EVA’s ‘Increasing vending choice to promote healthy eating habits’). This commitment, which aims to increase the diversity of snacks offered in vending machines, stated that beyond the actions undertaken by EVA and its members there needs to be a range of general measures in all aspects of life for cultural change if consumers are to be encouraged to choose healthier options from vending machines.
2.3 Overall assessment of the quality of reporting

2.3.1 Overall assessment

Overall analysis of the commitments submitted for reformulation found a fairly even split in report quality, with half judged to be either satisfactory or highly satisfactory and the other half deemed to be non-satisfactory.

*Figure 33. Overall assessment of reporting*

While this means there was a slight increase in the level of non-satisfactory reports submitted between 2014 and 2015 (up from seven to nine), there was also a slight increase in highly satisfactory reporting, up from zero to two between 2014 and 2015.

The primary reasons for reports being rated as non-satisfactory were: a lack of detail given for inputs and outputs; objectives which were not S.M.A.R.T.; and a lack of information addressing the commitment’s relevance to or interaction with the Platform. Many reports also confused inputs, outputs and outcomes with each other to varying degrees, leading some to write outcomes sections that focused on outputs.

One report that was rated as highly satisfactory was n°1709 ('Breakfast cereal industry commitment in the area of product formulation and innovation'). Strengths of this report included that its design and rationale were clearly presented, and it provided clear detail on inputs and outputs, with a breakdown of how inputs related to each action undertaken.

2.4 Synergies, joint commitments and transferability

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

In terms of synergies, two commitments submitted in the area of reformulation had the potential to strengthen the offer of other commitments if they were to interact with each other in some way. For example, commitment n°1707 (FoodServiceEurope’s ‘Definition of Model School Food Policy and follow-up national actions’) is creating guidelines for the nutritional content of school meals. Development of these guidelines could benefit from utilising information being produced under commitments such as n°1317 (COPA-COGECA’s ‘Partnership on the reduction of salt content in food’), which produced guidelines for the lower-salt production of food by industry.

Potential was also found for synergies between commitment n°1110 (EuroCoop’s ‘Club 4-10’) and other commitments. One of commitment n°1110’s objectives has been to create an online portal where scientific advice and information on child nutrition and obesity prevention can be made accessible. Commitments such as n°1605 (BEUC’s ‘Helping consumers to make healthier and more-informed food choices’, submitted under advocacy) and n°1317 would potentially benefit from accessing this information.

There is also potential for some of the industry commitments submitted under reformulation to become joint commitments with others. For example, commitment n°1004 (‘Product Reformulations & Portion Size Reductions’) under which Mars has been reformulating some of its products, could be run jointly with a knowledge production and dissemination commitment such as n°1420 (‘Dietary habits and nutrient intakes in infants and toddlers’, implemented by Danone). Commitment n°1004 could then utilise the information being produced by commitment n°1420, while commitment n°1420 could disseminate work done under n°1004 as an example of best practice.

It is also worth noting that commitment n°1713 (FoodDrinkEurope’s ‘FoodDrinkEurope Framework for commitments - product formulation and innovation (including portions)’) has been encouraging industry to submit new and existing commitments to FoodDrinkEurope as part of a framework, under which companies make commitments to improve nutritional content and reduce portion sizes of products. Industry commitments on product nutritional content or portion sizes - such as n°535, n°537 and n°834 - could become part of this framework as one joint commitment.

2.4.2 Transferability

This year’s assessment of commitments explored possible transferability of commitment aims and actions. In this context, transferability means that the design and intent of an action could be replicated in another setting (e.g. organisational, geographical) or that the action could be replicated by another organisation in another locality or by the same organisation in another locality.

*Figure 34. Transferability of actions*
One-third of commitments submitted in the area of reformulation in 2015 were deemed to be transferrable, having given enough detail about the actions undertaken that the commitment's delivery model could be replicated in a different thematic or geographical context.

Among those six commitments which were found to be transferable, the majority (five) were commitments which involved knowledge/guideline production and dissemination, or were commitments whereby an industry body signed companies up to a charter or pledge. For example, commitment n°1317 (COPA-COGECA’s ‘Partnership on the reduction of salt content in food’) produced guidelines for lower-salt production of food, along with a monitoring programme and consumer awareness campaign. Actions taken were detailed and could be replicated in other countries (n°1317 is applied solely to Denmark) by other organisations.

The sixth commitment found to be transferrable was CPME’s ‘Healthy choices at work’, which distributed fruit at various meetings hosted within CPME as a means of promoting healthier eating at work. The actions taken under this commitment were clearly presented in the report and could readily be replicated by any other organisation who wishes to.

2.5 Conclusions and recommendations

2.5.1 Conclusions

Overall, the quality of reporting on commitments submitted in 2015 for the area of reformulation was roughly similar to the quality of 2014 reports, with a small rise in the number of reports rates as non-satisfactory offset by some reports being rated as highly satisfactory.

The main findings in relation to the design of the commitments submitted in this area were as follows:

- The setting of S.M.A.R.T. objectives has significantly improved from 2014 to 2015. The number of commitments whose objectives were rated as mostly or fully S.M.A.R.T. almost doubled, from six to eleven. Where objectives are not S.M.A.R.T., the most common issues are a lack of specificity, measurability and clear timeframes. This will need to be addressed in 2016 by the relevant commitment holder.
- Clearly linking of commitments to the Platform and to wider EU priorities remained roughly the same in 2015 as in 2014, with a minor drop in the number of reports explicitly linking their commitment to the Platform (from nine to eight). Half of reports are still only making implicit links to supporting the objectives of the Platform.
- There was a slight increase in the number of commitments which neither refer to evidence of need/effectiveness nor (in the case of innovative commitments) state that they intend to generate evidence or information. There were seven such reports in 2015, compared to four in 2014. This change was accompanied by a slight drop in the number of commitments stating evidence of need and likely effectiveness or evidence of need only.
- Geographical coverage of commitments continues to be well spread across EU Member States (and beyond), with the majority of commitments (13 out of 18) covering more than 20 countries.

The main findings concerning reporting on the implementation and results of the commitments were as follows:
There was a slight drop in the number of commitments being either mostly or fully implemented, from 15 in 2014 to 12 in 2015. While the number being mostly implemented rose (from four to seven), this was offset by a larger drop in the number being fully implemented (from 11 to six). The main issue here was reporting not being detailed enough to evidence full implementation.

Reporting on both human and financial inputs has improved, although clear details are still not being submitted for all commitments. In 2014, the number of reports providing clear information on human and financial inputs was eight and seven; in 2015, this rose to eleven and nine.

Reporting on dissemination activities increased, from four reports in 2014 to seven in 2015. Where reports did include information on the dissemination of their commitments’ results, details were generally clear.

There was a slight improvement in additionality, with two commitments in 2015 showing they would not have taken place without the Platform and one indicating it was of higher quality (compared to two in 2014 showing they would have taken place anyway but were of higher quality).

There was a drop in the number of reports displaying EU-added value though, from eight in 2014 to two in 2015. The main issue here was that very few commitment reports evidenced any interaction between the commitment and the Platform, and so did not explicitly show that there was a benefit of their relationship with the Platform or other EU bodies.

Overall quality of the reports submitted in the area of reformulation was mixed, with two highly satisfactory, seven satisfactory and nine non-satisfactory reports. Compared to 2014 this meant there were two more non-satisfactory reports in 2015, but also two more highly satisfactory reports.

### 2.5.2 Recommendations

Based upon both the assessment of 2015 commitments and a comparison between reports submitted in 2014 and 2015, a number of key recommendations can be put forward for this area:

- A small number of commitment reports used a structure whereby objectives were numbered, and then inputs, outputs and outcomes were listed and given the same numbers depending on which objective they were relevant to. This made it significantly clearer how inputs, outputs and outcomes related to each objective and exactly what had been achieved by those commitments. This would be a good format for all reports to follow, as it helps evidence level of implementation more clearly.

- Several reports confused inputs, outputs and outcomes with each other to varying degrees. Additional guidance for commitment report authors that would help them distinguish between these three things would be beneficial.

- In the cases of some commitments, where multiple organisations submitted individual commitments as part of a charter or framework, details on inputs, outputs and outcomes were particularly low. In the case of such commitments, each individual organisation should be encouraged to provide information on inputs, outputs and outcomes to the body which submitted the commitment so that reporting can be done more clearly and results aligned.

- Overall, commitments would benefit from paying particular attention to the setting of specific and time bound annual objectives, and providing information which would clearly evidence both their relevance to the objectives of the Platform and the value of their relationship with the Platform.

- At present one-third (six) of reformulation commitments demonstrate transferability to other geographic and/or thematic contexts. All of these 6 had reports which gave clear details on both the commitments’ inputs and outputs, while the majority of those which were assessed as not demonstrating transferability (nine out of 12) were assessed as such due to providing insufficient amounts of detail on inputs and/or outputs in their reports.
Providing a higher level of detail would help more commitments to demonstrate transferability.

- As this area is one of the priorities of the Platform, a greater number of and more ambitious actions from all relevant and major Platform members are welcomed.
3 Consumer information, including labelling

The area of consumer information (including labelling) allows Platform members to put forward commitments that relate to informing consumers about nutritional and health information of products. In 2015, there were 12 such commitments implemented.

Out of the 12 commitments in this area, two were completed in 2015 (commitment nº1015 Nutrition Labelling Initiative: Indication of Guideline Daily Amounts (GDAs) and action nº1024 ‘¡A comer bien! (To eat well)’, both by FoodDrinkEurope), with one new commitment launched: commitment 1712 FoodDrinkEurope Framework for commitments – consumer information by FoodDrinkEurope. This initiative encourages the submission of existing and new commitments at different levels within the industry, focusing on providing consumers with factual, science-based, objective and consistent nutrition information.

As in the previous year, most of the commitments (11) were implemented by industry representations (FoodDrinkEurope, EuroCommerce, and Serving Europe); with the remaining commitment implemented by EUFIC. A summary commitments per Platform member is provided in Table 5 below.

Table 5. Number of commitments per Platform member

<table>
<thead>
<tr>
<th>Platform member</th>
<th>Nº of commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FoodDrinkEurope</td>
<td>9</td>
</tr>
<tr>
<td>EuroCommerce</td>
<td>1</td>
</tr>
<tr>
<td>EUFIC</td>
<td>1</td>
</tr>
<tr>
<td>Serving Europe</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

Platform monitoring reports 2015

Figure 35 below shows the geographical coverage of commitments. As in the previous year, the majority of commitments (nine out of 12) covered more than 20 European countries; two commitments were nationally based (one taking place in Belgium and the other in Spain) while the remaining commitment covered between six and ten countries.

Most of the commitments covering more than 20 countries included 27 EU Member States (three of them also included Croatia) and most of them also covered non-EU Member States (Switzerland and/or Norway and/or Iceland). Two covered all EU countries. An example of a commitment that covered all Member States and Switzerland is nº1027 (‘Guideline Daily Amount Labelling’), undertaken by UNESDA (a member of FoodDrinkEurope), which aims to expand information on packaging in all EU countries to offer consumers opportunities to reduce calorie intake.
Figure 35. Geographic coverage of commitments in the area of consumer information, including labelling

Source: Platform monitoring reports - consumer information, including labelling 2015, N=12

Countries most covered by the commitments in this area were Belgium and Spain (each covered by 11), while Croatia remains the least covered (three commitments only). A breakdown of country coverage is illustrated in Figure 36 below.

Figure 36. Geographic coverage of commitments in the area of consumer information, including labelling

Source: Platform monitoring reports - consumer information, including labelling 2015, N=12

Figure 37 below shows that, similarly to the previous year, the majority of commitments in this area targeted the general public (ten out of 12). The remaining two commitments targeted children and adolescents; and employees. None of the commitments specifically targeted health professionals, policy makers, the industry, employees.

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8 Croatia is the newest member state, having become a member on 1 July 2013.
educators, parents or special groups. An example of a commitment targeting the general public is n°268 (‘NUVEL’, by FEVIA (member of FoodDrinkEurope)), which aims to provide updated and standardised nutritional data concerning the composition of food products on the Belgian market to a broad range of target groups, such as consumers, schools, health professionals, the industry or the government.

Figure 37. Target audiences of commitments in the area of consumer information, including labelling

Source: Platform monitoring reports - consumer information, including labelling 2015, N=12

3.1 Design and intent of action

3.1.1 S.M.A.R.T. objectives

Figure 38 below shows that three-quarters of the commitments (nine out of 12) had either mostly or fully S.M.A.R.T. annual objectives for 2015. Two commitments had partially S.M.A.R.T. objectives, and only one did not set S.M.A.R.T. objectives. This is an improvement compared to the previous year, where none of the commitments were assessed as having fully S.M.A.R.T. objectives, and a larger proportion (five out of 14, or 36 per cent) had only partially or not S.M.A.R.T. objectives.

The majority of the 2015 reported annual objectives were specific, achievable and realistic. The main weakness however, related to the provision and setting of measurable and time-bound targets.

An example of a fully S.M.A.R.T. objective is that of commitment n°1028, (‘Promotion of a balanced nutrition programme on the working place’ by EuroCommerce), which set out three specific goals, each associated with measurable targets and a deadline; for instance, the third objective read as follows: “Dissemination - promotion of the programme to new partners and new countries via one conference involving 120 participants and one stand at a Congress (maximum 1,800 potential visitors) by 31/12/15”.
3.1.2 Relevance of commitments

3.1.2.1 Link to EU Platform and EU policy goals

As in the previous year, all of the commitments displayed relevance to the stated aims of the Platform. The proportion of commitments making an explicit link compared to those making an implicit link was smaller than in the previous year: 42 per cent (five out of 12) in 2015 compared to 50 per cent in 2014. An example of an explicit link can be found in commitment n°1028 ‘Promotion of a balanced nutrition programme on the working place’ by EuroCommerce. The monitoring report stated: "The FOOD commitments share the same objectives as the EU Platform: to contribute concretely to the pursuit of healthy nutrition while sharing the best practices among the partners and at EU level".
All commitments contained an implicit link to wider EU objectives, with no commitments providing an explicit link to any particular EU policy goal or initiative. An example of an implicit link can be found in commitment n°1414 (‘FoodDrinkEurope Recommendation for the continued use of Guideline Daily Amounts (GDAs)’. With this commitment, FoodDrinkEurope members go further than what EU regulations recommend (Regulation (EU) 1169/2011 on the provision of food information to consumers which provides for mandatory nutrition labelling of products).

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

3.1.2.2 Link to WHO targets

Table 6 shows the number of commitments that made an explicit or implicit link to the nine WHO targets. Overall, however, it can be seen that commitments made implicit- rather than explicit- links to these targets.

Within this activity area, implicit links were found with target 7 - “Halt the rise in diabetes and obesity”. This was also the only target where an explicit link was made with the objective of a commitment (n°1028, ‘Promotion of a balanced nutrition programme on the working place’, by EuroCommerce). This aims to enable citizens to improve their nutrition, by acting on supply and demand at the same time. The report states that obesity was designated by the World Health Organisation as one of the greatest public health challenges, hence the reason to act - making links to the commitment objective.

Lastly, an implicit link was documented between commitment n°268 ’NUBEL’ by FEVIA (member of FoodDrinkEurope) and target 4 - “30 per cent relative reduction in mean population intake of salt/sodium”. Links with WHO targets were not assessed in the 2014 monitoring exercise and so a comparison between the two years is not possible.

Table 6. Links to WHO targets

<table>
<thead>
<tr>
<th>Target</th>
<th>Explicit link</th>
<th>Implicit link</th>
<th>No apparent link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 1: 5% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Target 2: At least 10% relative reduction in the harmful use of alcohol</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Target 3: 10% relative reduction in prevalence of insufficient physical activity</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Target 4: 30% relative reduction in mean population intake of salt/sodium</td>
<td>0</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Target 5: 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Target 6: 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td><strong>Target 7:</strong> Halt the rise in diabetes and obesity</td>
<td>1</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Target 8:</strong> At least 50% of eligible people receive drug therapy and counselling to prevent heart attacks and strokes</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td><strong>Target 9:</strong> 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
</tbody>
</table>

*Source: Platform monitoring reports – consumer information, including labelling 2015, N=12*

### 3.1.3 Actions to reduce health inequalities

In the area of consumer information, including labelling, only one commitment explicitly addressed health inequalities. Commitment n°582, ‘Consumer information’ by UNESDA (member of FoodDrinkEurope), aims to educate consumers about healthy and balanced diets and empower them to make the most appropriate purchase choice for their nutrition needs. Through this commitment they aim to address health inequalities by focusing on the less educated population, who have more difficulty understanding labels. In the previous year, none of the commitments explicitly addressed health inequalities.

*Figure 40. Actions to reduce health inequalities*

Source: Platform monitoring reports - consumer information, including labelling 2015, N=12

### 3.1.4 Using evidence in design

Figure 41 below shows that the majority of the commitments (seven out of 12) showed evidence of need and/or likely effectiveness. This is a smaller proportion than in 2014 (nine out of 14); however, in 2014, none of the commitments reported both on need and likely effectiveness of the action.

For instance, in the report of the commitment n°1611 ‘Providing Portion Guidance (TM) on all Nestlé’s children’s and family products’ by Nestlé (member of FoodDrinkEurope) reference to the Cochrane Database of Systematic Reviews and
McKinsey Global Institute showed the importance of appropriate portions of packaged foods and beverages for consumers. In addition, the monitoring report made reference to research conducted by McKinsey Global Institute, demonstrating that “reducing portion sizes in packaged foods and at fast-food restaurants is the most effective single intervention to reduce obesity”.

As in the previous year, a small proportion of commitments (two out of 12) aimed at generating evidence. For instance, commitment n°521 (‘Consumer research on nutrition information and labelling’, by EUFIC) intends to expand its research programme on nutrition information and labelling, building a knowledge base of existing research and findings as well as conducting further research on the basis of an assessment of the knowledge gaps in existing research.

Figure 41. Use of evidence in commitment design

Source: Platform monitoring reports - consumer information, including labelling 2015, N=12

3.2 Implementation and results

3.2.1 Level of implementation

Figure 42 below shows the level of implementation of the commitments. Similarly to the previous year, half of the commitments (six out of 12) fully implemented the actions set out in their commitment design. In addition, four commitments were considered to be mostly implemented, one partially implemented and for the remaining one not enough information was provided to make an assessment.

An example where a commitment was mostly implemented can be taken from commitment n°536 ‘Consumer Information’. Members of Serving Europe pledge to inform their customers about how product options and product composition compare to Guideline Daily Amounts, or other nutrition driven references, through the use of various communications and consumer information materials. In the outputs box, details are given for three Serving Europe members (Domino’s Pizza, KFC UK, Quick Group). From the information provided, it was concluded that action was fully implemented within these three companies. However, there was no information provided demonstrating implementation within the remaining Serving Europe members.
3.2.2 Main inputs reported (human and financial)

As in the previous year, there were significant differences between commitments regarding the detail and the quality of information provided (both in relation to human and financial resources).

Figure 43. Main inputs reported

As illustrated in Figure 43, the majority of monitoring reports (eight out of 12, or 67 per cent), provided some information on financial costs of the actions. This is a higher proportion than in 2014 (eight out of 14, or 57 per cent) showing some progress in the reporting of inputs. In 2015, financial costs ranged from EUR 12,000 to EUR 6,400,000, bringing the total reported sum of EUR 16,834,076 in this activity area. This is slightly higher than in 2014 (EUR 16,611,400).

Regarding human resource inputs, the analysis looked into the number of full-time (FTE) and part-time (PTE) employees working on the action, whether some volunteer time was used and if the monetary value spent on human resources was provided. In the majority of the commitments (seven out of 12), no information was provided in relation to the number of employees working on the actions. For the commitments that provided information, the number of full time employees ranged from two to
three FTE employees, and from one to ten PTE employees. As in the previous year, no information was provided on whether some of the work was carried out by volunteers.

Furthermore, the number of hours spent on implementing the commitment was quantified when there was information that enabled these calculations (e.g. seven full time people or 1.2 FTE/year). As previously explained, calculations were made based on the assumption that a full time employee could work 8 hours per day/40 hours per week/48 weeks a year (1,920 hours). Information pertaining to number of hours spent was provided in only approximately 40 per cent of the commitments (five out of 12). This is an improvement compared to the previous year where only approximately 20 per cent of the commitments (three out 14) provided information. In 2015, the annual number of hours ranged from 138 to 5,760 (totalling around 17,500 hours). This is a much higher value than in 2014 (4,100 hours).

As in the previous year, information on the costs of paying staff was not provided in any of the monitoring reports.

3.2.3 Outputs

Figure 44 reports on the quality of reporting for outputs. As in the previous year, information was provided in all the monitoring reports, however the degree of details varied.

For eight out of the 12 commitments, outputs were clearly explained, with detailed quantitative and qualitative information directly related to the commitments’ annual objectives. For example, commitment n°521 ‘Consumer research on nutrition information and labelling’ by EUFIC clearly explains the outputs, by type of activity: “(1) Producing scientific publications and conducting outreach through scientific presentations at stakeholder conferences, (2) Monitoring access to EUFIC-produced content on portion information on label; and (3) Monitoring 2015 access to main section of Eufic.org related to consumer research on nutrition information and labelling, and dedicated webpages about related scientific publications”. In addition, quantitative data on the number of scientific publications, of presentations, of webinars or of pages viewed are given.

In other cases the information provided was not specific or not very clear (e.g. quantitative information was missing for some of the objectives). For example, a commitment by a member of FoodDrinkEurope reported on the new programmes and tools developed. However, only the name of these tools and a short description were given; there were no details on the number of users or the number of downloads.

Not all of the commitments presented indicators correctly. In some instances, information in the outputs box related to inputs or outcomes. In other cases, the opposite was true: information on outputs could be found in the inputs or outcomes boxes. For instance, in two reports:

- The ‘inputs’ box contained details on health inequalities, evidence in the design and activities;
- The ‘outputs’ box contained details on financial inputs; and
- The ‘outcomes’ box contained details on outputs, additionality and EU added value.
**3.2.4 Outcomes and dissemination**

Figure 45 reports on the quality of reporting for outcomes. As in the previous year, some commitments did not provide information on outcomes (three out of 12). This is either because no details were reported in the ‘outcomes’ box, or because the information contained in that report section related to outputs only. Therefore, in three of the commitments, there was no information on the impacts of the actions on the increased level of awareness, changed behaviours or improved level of health.

Nonetheless, similarly to the previous monitoring year, nine out of 12 commitments did report well on impacts. As in 2014, most of the outcomes/impacts in 2015 related to compliance rates. For example in commitment no. 1414, ‘FoodDrinkEurope Recommendation for the continued use of Guideline Daily Amounts (GDAs)’ by FoodDrinkEurope, provided detailed information on the percentage of eligible products of signatories to the commitment that carried nutrition information in the EU according to the Reference Intakes (RIs)/ GDA nutrition labelling scheme.

*Source: Platform monitoring reports - consumer information, including labelling 2015, N=12*
Source: Platform monitoring reports - consumer information, including labelling 2015, N=12

Additionally, analysis of commitments considered to what extent the results were disseminated. As shown in Figure 46, there was information indicating dissemination of results in seven of the 12 commitments. In 2015, dissemination was carried out through websites, social media, newsletters etc. This comes as no surprise, considering that dissemination is closely linked to the priority area of consumer information. In addition, it can be noted that there was an improvement compared to the previous year, where in only five of the 14 commitments, members reported on disseminating their results.

Figure 46. Dissemination of results

3.2.5 Additionality

In the previous year, none of the commitments provided information on the extent to which the commitments seemed to have been additional with regards to the Platform. However, in 2015, as shown in Figure 47, only one of the 12 commitments was deemed as not providing sufficient information to assess its additionality, demonstrating a clear improvement in the manner of reporting.

This year’s analysis points towards a higher quality of commitment actions as a result of the Platform. For example, commitment n°521 (‘Consumer research on nutrition information and labelling’ by EUFIC) aims to conduct research on nutrition information and labelling to communicate science-based information on food in an understandable and effective way. The report mentions that through the medium of the EU Platform, EUFIC was able to gather research from private and public sources, so that data from the 58 studies were analysed, and conclusions drawn.

Other commitments took place at a greater scale or sooner because of the Platform. For instance, commitment n°1027 (‘Guideline Daily Amount Labelling’ by UNESDA (member of FoodDrinkEurope)), introduced GDA (now RI) labelling across the entire soft drinks sector in 2008. The EU law did not require nutrition labelling across the EU before December 2016. The UNESDA commitment was therefore delivered eight years ahead of EU regulation and the action would not have taken place had it not been for the industry commitment submitted under the Platform.

Lastly, one-third of the commitments (four out of 12) were deemed as not additional. Examples were commitments were seen as not additional included actions ran only at
national/local level, or those that appeared to operate independently from the Platform.

Figure 47. Commitment additionality

Source: Platform monitoring reports - consumer information, including labelling 2015, N=12

3.2.6 EU-added value

In 2014, more than half of the commitments did not provide information on the EU-added value of taking part in the Platform. In comparison, only a quarter of the commitments (three out of 12) did not provide information in 2015, showing an improvement in reporting of information concerning possible EU-added value of commitments.

For a third of the commitments (four out of 12), there did not appear to be an EU-added value from taking part in the Platform. However, more than 40 per cent of the commitments (five out of 12) demonstrated at least partial EU-added value. The commitment that fully demonstrated EU-added value is commitment n°1712 ‘FoodDrinkEurope Framework for commitments – consumer information’. This initiative encourages the submission of a wide range of existing and new commitments to the Platform, from different levels within the industry, with the aim of providing consumers with factual, science-based, objective and consistent nutrition information. It provides an example of coordinated action on the issue of obesity and non-communicable diseases, by further promoting and encouraging industry initiatives in this area.
3.2.7 Recommendations for additional actions

While in the previous year, only a small proportion of commitments indicated additional actions (three out of 14), an improvement was reported for 2015, with half of the commitments (six out of 12) providing such recommendations. For example, in its report for ‘Providing Portion Guidance(TM) on all Nestlé’s children’s and family products’ (commitment n°1611), Nestlé (member of FoodDrinkEurope) stated that in 2016 it will extend its guiding efforts to recipes for consumers as well as its healthy cooking and healthy eating educational programmes. Another example is commitment n°521, ‘Consumer research on nutrition information and labelling’ by EUFIC. The objective of this commitment is to gain a better understanding of the contribution and potential of nutrition information and labelling in informing consumers’ decisions with a view to choosing a balanced diet. The research is expected to provide guidance for further discussions about nutrition labelling, as the EU Directive on nutrition labelling is revised.
3.3 Overall assessment of the quality of reporting

3.3.1 Overall assessment

Figure 50 below indicates the assessment for the commitments within the area of consumer information. Out of the 12 commitments, seven were assessed as highly satisfactory while four were deemed satisfactory. Only one of the commitments was non-satisfactory. This is an improvement compared to the previous year, where only one of the 14 commitments was scored as highly satisfactory and a larger proportion of commitments (five out of 14) were considered non-satisfactory.

Figure 50. Overall assessment of reporting

Source: Platform monitoring reports - consumer information, including labelling 2014, N=14; 2015, N=12

The reports rated as highly satisfactory had mostly or fully S.M.A.R.T. objectives as well as a very good reporting of inputs, outputs and outcomes. Information related to relevance, additionality and EU-added value was also consistent in these monitoring reports, allowing for a detailed assessment of the commitment action. In contrast, the report that was non-satisfactory did not provide annual objectives for 2015 and gave limited or no information on outputs and outcomes.

3.4 Synergies, joint commitments and transferability

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

3.4.1 Synergies and joint commitments

As a first point, analysis explored whether synergies existed or could exist between different commitments.

Commitment n°1712, FoodDrinkEurope’s ‘Framework for commitments – consumer information’, encourages the submission of a wide range of existing and new
commitments at different levels within the industry on providing consumers with factual, science-based, objective and consistent nutrition information. Some organisations have submitted case studies that are in fact individual commitments to the EU Platform. Commitment n°1712 can be considered as a framework/overarching commitment which provides support to its members on how to submit correct and coherent commitments; encouraging synergies between commitments.

Joint commitments could be explored between commitments implementing similar actions. For example, it would be advisable to encourage synergies between actions that are about promoting the use of Guideline Daily Amounts (GDAs). For instance, the aims and actions of the following commitments are very similar: n°1015 ‘Nutrition Labelling Initiative: Indication of Guideline Daily Amounts (GDAs)’, n°1027 ‘Guideline Daily Amount Labelling’ and n°1414 ‘FoodDrinkEurope Recommendation for the continued use of Guideline Daily Amounts (GDAs)’.

3.4.2 Transferability

This year’s assessment of commitments explored possible transferability of commitment aims and actions. In this context, transferability means that the design and intent of an action could be replicated in another setting (e.g. organisational, geographical) or that the action could be replicated by another organisation in another locality or by the same organisation in another locality.

As shown in Figure 51 around 60 per cent of the commitments in this priority area (seven out of 12) were seen as not transferable. Main reasons behind this are that commitments are either already implemented in all of the EU Member States, or are implemented by one European organisation at a central level, such that responsibility cannot be transferred.

However, analysis shows that there could be scope to transfer five commitments. For instance, commitment n°1024, ‘¡A comer bien! (To eat well)’ is implemented by Nestlé in Spain. The commitment provides information to Spanish families on balanced nutrition and healthy habits by using newsletters, magazines and updated nutritional information on Nestlé Spain’s website as well as a number of other specific programmes and tools. Nestlé could develop the action to other countries where it is present, taking into account the national nutritional profiles. Additionally, other food and or drink companies (e.g. members of FoodDrinkEurope) could discuss implementing similar actions if relevant for their scope of business. Another example of transferrable action is commitment n°268, ‘NUBEL’, implemented by FEVIA, (member of FoodDrinkEurope). NUBEL is responsible for the management of the national food composition data in Belgium. The commitment could be explored further in view of replicating the collection of other national food composition data by relevant authorities.
3.5 Conclusions and recommendations

3.5.1 Conclusions

Overall, the quality of reports in the area of "Consumer information, including labelling" significantly improved between 2014 and 2015. In 2015, 59 per cent of the commitments were considered highly satisfactory (as opposed to seven per cent in 2014), 33 per cent satisfactory, and only eight per cent non-satisfactory (as opposed to 36 per cent in 2014).

The main findings concerning the design and intent of commitments in this activity area can be summarised as follows:

- Three quarters of commitments (nine out of 12) had either mostly or fully S.M.A.R.T. objectives for 2015. This is an improvement compared to 2014, where none of the commitments were scored as having fully S.M.A.R.T. objectives, and a larger proportion of commitments had only partially or not S.M.A.R.T. objectives.
- As in 2014, all of the commitments were assessed as being relevant to the stated priorities of the Platform and the EU. However, the link with the WHO targets was less clear, with reports making implicit links to two targets (only report made an explicit link).
- There are still very few commitments (only one) setting out to reduce health inequalities as demonstrated by this year’s monitoring exercise.
- The majority of commitments (nine out of 12, or 75 per cent) either showed evidence of need and/or likely effectiveness or aimed to generate evidence. This is similar to 2014, where ten out of 14 commitments used evidence in their design or were committed to generate evidence.
- Geographical coverage of commitments continues to be well spread across EU Member States (and beyond), with the majority of commitments (nine out of 12) covering more than 20 countries.

The main findings concerning the implementation and results of commitments are as follows:

- Compared to 2014, a larger proportion of monitoring reports in 2015 provided information on the financial costs of the actions as well as on staff inputs. The
total reported sum of costs was slightly higher in 2015 than in 2014, while the number of hours reported was significantly higher in 2015 than in 2014.

- As in the previous year, reporting on outputs and outcomes was of satisfactory quality. In 2015, 67 per cent of reports (eight out of 12) provided clear details on outputs while 50 per cent (six out of 12) provided clear details on outcomes.
- Reporting on additionality significantly improved between 2014 and 2015. In 2014, no reports provided information to assess the additionality of commitments. In 2015, however, the level of relevant information improved and it was found that seven (59 per cent) of the commitments were additional (either because they took place at a greater scale/sooner, or because they were of a higher quality) and that four (33 per cent) were not.
- Reporting on EU-added value also significantly improved between 2014 and 2015. In 2014, less than half of the reports provided relevant information on EU-added value. In 2015, however, this figure increased to 75 per cent (nine out of 12 commitments) and it was found that five (42 per cent) of the commitments demonstrated some EU-added value, while four (33 per cent) did not.

### 3.5.2 Recommendations

As a result of the assessment in 2015, and taking into consideration the comparison to 2014 monitoring, a number of key recommendations can be put forward for this activity area:

- It is vital to ensure all of the commitments add specific, measurable and time bound targets to their annual objectives; this will allow for developing fully S.M.A.R.T. objectives. This contributes to more accurate monitoring and reporting, enabling a better assessment of the annual progress made on commitments and on the overall impact of the Platform.
- Overall, more clarity on commitments’ relevance to the objectives of the Platform and the value of their relationship with the Platform is needed. Although exploring links between Platform commitments and the WHO targets is a new area of assessment, commitments would benefit from such alignment given the increasing emphasis placed on NCDs in Europe.
- As with the previous year, commitments should, where relevant, explore actions helping to reduce health inequalities.
- Although improvement has been documented, all commitments should report accurately on financial costs of inputs as well as on staff inputs (e.g. number of FTE/PTE staff and number of hours spent).
- Commitments should strive to be additional to their day to day activities. 33 per cent of commitments (four out of 12) were deemed not additional in 2015. Similarly, commitments should strive to demonstrate the EU-added value of their action - 33 per cent of commitments (four out of 12) did not do so.
4 Education, including lifestyle modification

The area of education (including lifestyle modification) allows Platform members to put forward commitments that relate to educating consumers about nutrition and healthy lifestyles. In 2015, there were 33 commitments implemented in this area, out of which three were completed in 2015. In contrast, there were five new commitments submitted in 2015.

As in the previous year, commitments were being implemented both by industry representations (such as FoodDrinkEurope, COPA-COGECA or EVA) and by non-for-profit associations (such as IDF Europe or WOF). Similar to 2014, around half of the commitments (16 out of 33) were submitted by FoodDrinkEurope. A summary of the number of commitments per Platform member is provided in Table 7.

There were also three joint commitments implemented throughout the course of 2015, one of which was a new joint commitment created between EASO and EFAD. With commitment n°1706 (‘European Guidelines for Management of Obesity in Adults and Children’), EASO and EFAD form a Nutrition Working Group which aims at: (1) undertaking a landscaping exercise with national members to review and assess the availability, quality and use of national dietary guidelines; and (2) developing and disseminating evidence-based best-practice European dietary and lifestyle guidelines for management of obesity.

Table 7. Number of commitments per Platform member

<table>
<thead>
<tr>
<th>Platform member</th>
<th>Nº of commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FoodDrinkEurope</td>
<td>16</td>
</tr>
<tr>
<td>COPA-COGECA</td>
<td>5</td>
</tr>
<tr>
<td>EUFIC</td>
<td>2</td>
</tr>
<tr>
<td>Joint commitment between EUFIC and EFAD</td>
<td>2</td>
</tr>
<tr>
<td>EASO</td>
<td>1</td>
</tr>
<tr>
<td>Joint commitment between EASO and EFAD</td>
<td>1</td>
</tr>
<tr>
<td>IDF Europe</td>
<td>2</td>
</tr>
<tr>
<td>World Obesity Federation (WOF)</td>
<td>1</td>
</tr>
<tr>
<td>EUROPREV</td>
<td>1</td>
</tr>
<tr>
<td>ESPGHAN</td>
<td>1</td>
</tr>
<tr>
<td>EVA</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>33</strong></td>
</tr>
</tbody>
</table>

Platform monitoring reports 2015

Figure 52 below shows the geographical coverage of commitments. As in the previous year, a significant proportion of commitments were either nationally based (14 out of 33) or covered more than 20 European countries (12 out of 33). Only six commitments covered between two and 20 countries.

Most of the commitments covering more than 20 countries included all EU-27 Member States, with three covering all EU Member States. Most of them also covered non-EU Member States (Switzerland, Norway and Iceland). An example of a commitment that covered all the Member States, as well as Switzerland, Norway and Iceland is nº 1060, ‘ESPGHAN contribution to obesity prevention’, undertaken by ESPGHAN, which aims to contribute to obesity prevention in children/adolescents via professional
educational activities, scientific position papers, and promoting and disseminating research.

Of the 14 commitments that were nationally based, four took place in Denmark, three in Belgium, two in France and two in the UK. There was also one nationally based commitment in each of the following countries: Germany, Poland and Switzerland. An example of a nationally based commitment is n°1065, ‘Holiday Food and Nutrition Camps (Madskoler)’ by the Danish Agriculture & Food Council (member of COPA-COGECA). This commitment relates to the organisation and management of Holiday Food and Nutrition Camps in Denmark, aiming to teach children how to cook healthy food and to teach them about diet and physical activities.

*Figure 52. Geographic coverage of commitments in the area of education, including lifestyle modification*

The countries that were had most coverage from the commitments were the UK (19), Belgium and France (each covered by 18), while Croatia remained the least covered\(^9\) (eight commitments only). This is illustrated in Figure 53 below.

\(^9\) Croatia is the newest member state, having become a member on 1 July 2013.
Figure 53. Geographic coverage of commitments in the area of education, including lifestyle modification

Source: Platform monitoring reports - education, including lifestyle modification 2015, N=33

Figure 54 below shows that, similarly to the previous year, around a third of commitments (12 out of 33) targeted children and young people. As in 2014, other frequently targeted groups were health professionals, followed by the general public and employees. None of the commitments specifically targeted policy makers, the industry or special groups. An example of a commitment targeting children and young people is nº1614 (‘Arla Fonden Food Camps’, by Arla Fonden (member of COPA-COGECA)). Under this commitment, Arla Fonden runs Food Camps, and hopes to bring about a positive change in the lifestyles of Danish children and adolescents, encouraging them to cook, and be more familiar with food, nature and local produce.

Figure 54. Target audiences of commitments in the area of education, including lifestyle modification

Source: Platform monitoring reports - education, including lifestyle modification 2015, N=33
4.1 Design and intent of action

4.1.1 S.M.A.R.T. objectives

Figure 55 shows that just over half of the commitments (16 out of 33) had either mostly or fully S.M.A.R.T. annual objectives for 2015, while nine per cent of commitments (three out of 33) did not set S.M.A.R.T. objectives. This is a slight improvement compared to 2014, where only 42 per cent (14 out of 33) of the commitments had either mostly or fully S.M.A.R.T. objectives, and 21 per cent (seven out of 33) did not set S.M.A.R.T. objectives.

The majority of the 2015 reported annual objectives were assessed as achievable and realistic. A third of the goals (12 out of 33) were deemed not specific, and even fewer reports set measurable and time-bound targets.

An example of a commitment which set fully S.M.A.R.T. objectives is n°810, ‘Improving medical and health professional skills to counteract obesity’ by WOF. The report sets out a list of clear, specific goals, with quantitative targets (e.g. “to attract a further 1,000 registered site visitors and certify a further 30 health care professionals”).

Figure 55. S.M.A.R.T. objectives

Source: Platform monitoring reports - education, including lifestyle modification 2015, N=33

4.1.2 Relevance of commitments

4.1.2.1 Link to EU Platform and EU policy goals

The quality of reporting in terms of links to the Platform’s objectives decreased in comparison to 2014, with only eight of the 33 commitments making an explicit link.

An example of an explicit link can be found in commitment n°1313 (“Diabetes Prevention Forum “Manage Care””) by IDF Europe. The monitoring report stated: “The Diabetes Prevention Forum (DPF) is relevant to the Platform as it works to raise awareness of pre-diabetes and the prevention of type 2 diabetes through encouraging those people most at risk to adopt healthier lifestyles”.

Four of the commitments were not deemed relevant to the stated priorities of the Platform (compared to zero in 2014). These were, for instance, commitments by multinational companies that perhaps reflected more corporate social responsibility (CSR) actions than specifically Platform-related commitments.
Figure 56. Relevance of commitments to Platform priorities

Source: Platform monitoring reports - education, including lifestyle modification 2015, N=33

Five commitments were not deemed relevant to the EU policy goals. These are the same as those that were not relevant to the Platform’s objectives. The remaining commitments provided implicit, rather than explicit links to the stated priorities of the EU.

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

4.1.2.2 Link to WHO targets

Table 8 shows the number of commitments that made an explicit or implicit link to the nine WHO targets.

Ten commitments provided a link to Target 1 “A 25 per cent relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases”. One of these links (commitment n°1703, ‘Diabetes Prevention Forum “Feel 4 Diabetes”’ by IDF Europe) was explicit, citing the WHO Global Action Plan on Non Communicable Diseases (2013-2020).

Targets 3 and 7, “A 10 per cent relative reduction in prevalence of insufficient physical activity” and “Halt the rise in diabetes and obesity” were the targets for which the reports most frequently provided an implicit link. Indeed, commitments in the Education priority area had two main goals: promote physical activity and fight against obesity (e.g. commitment n°1207 ‘Bon appétit, Bouge ta santé / Spring in het rond, eet gezond’ by Danone (member of FoodDrinkEurope)), which aim is to promote a healthy lifestyle, both in terms of healthy eating habits and physical activities.

Table 8. Links to WHO targets

<table>
<thead>
<tr>
<th>Target 1: 5% relative reduction in the overall mortality from</th>
<th>Explicit link</th>
<th>Implicit link</th>
<th>No apparent link</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>9</td>
<td>23</td>
</tr>
</tbody>
</table>
cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases

**Target 2**: At least 10% relative reduction in the harmful use of alcohol

0 0 33

**Target 3**: 10% relative reduction in prevalence of insufficient physical activity

0 18 15

**Target 4**: 30% relative reduction in mean population intake of salt/sodium

0 2 31

**Target 5**: 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years

0 3 30

**Target 6**: 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure

0 3 30

**Target 7**: Halt the rise in diabetes and obesity

0 23 10

**Target 8**: At least 50% of eligible people receive drug therapy and counselling to prevent heart attacks and strokes

0 0 33

**Target 9**: 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs

0 0 33

Source: Platform monitoring reports - education, including lifestyle modification 2015, N=33

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

**4.1.3 Actions to reduce health inequalities**

In the area of education, including lifestyle modification, seven commitments (or 21 per cent) explicitly addressed health inequalities. This is an improvement compared to the previous year, where only four out of 33 commitments (or 12 per cent) referred to reducing health inequalities.

Most of the commitments that focused on health inequalities looked at low-income, deprived households. One commitment, n°1009 (‘CleverNaschen’ by Mars (member of FoodDrinkEurope)) consists of a platform that provides parents with information provided by independent experts and institutions around three main themes: nutrition, exercise and health. CleverNaschen aims to reduce health inequalities “among the most vulnerable groups of the population through initiatives reducing barriers to healthy diets and physical activity”. In this case, migrants were identified.
4.1.4 Using evidence in design

Figure 58 below indicates that the majority of the commitments (22 out of 33) showed evidence of need and/or likely effectiveness. This proportion is smaller than in the previous year, where 25 out of 33 commitments documented evidence in the design of commitments.

For instance, commitment nº1413 ('Global Employee Health Programme – Lamplighter' by Unilever (member of FoodDrinkEurope)) aims to protect Unilever’s employees from work-related hazards, as well as promoting their health. The need for action is shown by the following statement: "Improving the health and wellbeing of [Unilever’s] employees is essential for continued business success", while likely effectiveness is demonstrated by Unilever’s finding that if employees are kept motivated during the first six months of a programme of change, positive changes are likely to remain.

As in the previous year, a small proportion of commitments (three out of 33) aimed at generating evidence. For instance, with commitment nº526 ('Using EUFIC communication vehicles to raise awareness of the EU Platform') EUFIC aims to use its communication tools to help raise awareness of and spread information about the work of the Platform.

The proportion of commitments that used neither evidence of need nor likely effectiveness, and did not commit to generate evidence, was larger than in the previous year (eight out of 33 instead of four out of 33).
4.2 Implementation and results

4.2.1 Level of implementation

Figure 59 below shows the level of implementation of the actions. A little under half of the commitments (15 out of 33) fully implemented their actions. Another 15 commitments were judged to have been mostly implemented and one partially implemented. For the remaining two commitments, not enough information was provided to make an assessment. In the previous year, the proportion of fully implemented commitments was larger (21 out of 33) but there were also more commitments with an unsatisfactory level of information (five out of 33).

Source: Platform monitoring reports - education, including lifestyle modification 2015, N=33

Commitment nº1036 (‘Smart Choice Programme for Vending in Education’) by EVA is an example of a fully implemented commitment. The presentation of annual objectives and indicators is very clearly made, so it is easy to understand how well the goals were achieved. For instance, the third objective is stated as follows: “3) to reward
minimum all 500 schools that have taken sports initiatives with sports equipment“ and the outputs were given as follows: “3) Mars rewarded 500 schools that took part or are going to take part in more sport initiatives by giving them “sport points” in exchange for which they can then “buy” sport equipment.”

4.2.2 Main inputs reported (human and financial)

As in the previous year, there were significant differences between commitments regarding the detail and the quality of information provided (both in relation to human and financial resources).

Figure 60. Main inputs reported

Source: Platform monitoring reports - education, including lifestyle modification 2015, N=33

In the majority of the reports (25 out of 33, or 76 per cent), as illustrated in Figure 60, some information on the financial costs of actions was provided. This is similar to the 2014 figures (24 out of 33). In 2015, financial costs ranged from EUR 2,500 to EUR 1,344,000, bringing the total reported sum of EUR 6,428,015 in this activity area. This is only slightly higher than in 2014, when EUR 6,095,700 was reported.

Regarding human resource inputs, the analysis looked into the number of full time (FTE) and part time (PTE) employees working on the action, whether volunteer time was used, and if the monetary value spent on human resources was provided. In most of the commitments (20 out of 33), information was provided in relation to the number of employees working on the actions. For the commitments that provided information, the number of full time employees ranged from one to 20 FTE employees, and from one to 37 PTE employees. As in the previous year, a small number commitments (five) provided information on whether some of the work was carried out by volunteers.

Furthermore, the number of hours spent on implementing the commitment was quantified when there was information that enabled these calculations (e.g. seven full-time people or 1.2 FTE/year). As previously explained, calculations were made based on the assumption that a full time employee could work 8 hours per day/40 hours per week/48 weeks a year (1,920 hours). Information pertaining to number of hours spent was provided in about approximately 60 per cent of the commitments (20 out of 33). This is an improvement compared to the previous year where approximately 51 per cent of the commitments (17 out 33) provided information. In 2015, the annual number of hours ranged from 96 to 84,420, totalling around 145,264 hours. This is a much higher value than in 2014 (53,644 hours).
As in the previous year, information on the costs of paying staff was provided in a small number (three) of the monitoring reports.

4.2.3 Outputs

Figure 61 shows the quality of reporting for outputs. Information was provided in all but one of the monitoring reports, however the degree of details given varied.

For 22 of the 33 commitments, outputs were clearly explained, with detailed quantitative and qualitative information directly related to the commitments’ annual objectives. For example, in commitment n°526 (‘Using EUFIC communication vehicles to raise awareness of the EU Platform’) EUFIC clearly detail each one of the outputs, with detailed quantitative information (e.g. number of downloads, number of clicks, number of events etc.).

In other cases the information provided was not specific or not clear enough (e.g. quantitative information was missing for some of the objectives). For instance, the report for commitment n°1065 (‘Holiday Food and Nutrition Camps (Madskoler)’) by a member of COPA-COGECA provides very good reporting of outputs for the first of the three goals (‘extend the food camps to new locations’) but there is no information on the other two goals: “to reduce the work load” and “to use a new, comprehensive digital work database”.

As a final point, not all commitments presented the indicators in the correct way. In some instances, information in the outputs box related to inputs or outcomes. In other cases, the opposite was true: information on outputs could be found in the inputs or outcomes boxes. For instance, in one report the inputs sectioned referred to the number of handbooks, posters and brochures prepared (outputs), while outcomes refer to the number of schools and pupils reached.

Figure 61. Commitment outputs

Source: Platform monitoring reports - education, including lifestyle modification 2015, N=33

4.2.4 Outcomes and dissemination

Figure 62 illustrates the quality of reporting for outcomes, showing - similarly to 2014 - a number of commitments did not provide information on outcomes (13 out of 33). This is either because no details were reported in the “outcomes” box, or because the information contained in that report section related to outputs only.
However, and similarly to the previous monitoring year, eight out of 33 commitments reported clearly on outcomes. For example, commitment n°1065 (‘Holiday Food and Nutrition Camps (Madskoler)’), implemented by the Danish Agriculture & Food Council (member of COPA-COGECA), clearly reported on outcomes, highlighting the results of a questionnaire sent to parents. It was therefore possible to assess the impact of the camps on children’s behaviour towards healthy eating and physical activity as a result.

*Figure 62. Reporting on outcomes*

![Pie chart showing reporting on outcomes.](source)

*Source: Platform monitoring reports - education, including lifestyle modification 2015, N=33*

Additionally, analysis of commitments observed the extent to which the results were disseminated. As shown in Figure 63, there was information indicating dissemination of results in 12 of the 33 commitments. This was an improvement compared to the previous year, where members reported on disseminating their results in only 12 of the 33 commitments.

*Figure 63. Dissemination of results*

![Pie chart showing dissemination of results.](source)

*Source: Platform monitoring reports - education, including lifestyle modification 2015, N=33*
4.2.5 Additionality

As shown in Figure 64 only three out of 33 commitments did not provide enough information on which to assess their additionality. This is a significant improvement compared to 2014, where 24 commitments did not give sufficient information.

In 2015 and similarly to the previous year, one commitment would not have taken place without the Platform. This was commitment n°526 (Using EUFIC communication vehicles to raise awareness of the EU Platform) by EUFIC. Indeed, as suggested by its title, the whole commitment revolves around the Platform.

Other three commitments took place at a greater scale or sooner because of the Platform. This is an increase in comparison to 2014 reporting. An example is commitment n°837 (‘Healthy Choice the Easy Choice’, by Unilever (member of FoodDrinkEurope)). It aims to help consumers quickly identify a healthier product at the moment of purchase. This commitment could take place without the Platform. However, the Platform enables it to take place at a greater scale, as “through its multi-stakeholder nature, [the Platform] provided Choices with a forum to share knowledge, best practices and to jointly help make the healthy choice easy”.

This year’s analysis points towards a higher quality of commitment actions as a result of the Platform for six commitments (compared to zero in 2014). One example is n°1013 (‘Supporting the Epode European Network’, by Mars (member of FoodDrinkEurope)). The Epode Network was an initiative by DG SANCO, so the commitment would have occurred without the Platform. However, it appears the commitment is of higher quality thanks to the Platform, as the Platform helps Mars work in multi-stakeholder partnerships involving all sectors of society both in the public and private sectors.

Lastly, 20 commitments were deemed to be not additional; this is a much larger number than in the previous year (seven). Commitments in this activity area assessed as not being additional were either part of an existing project (funded by alternative EU funds) or were seen to be operating fully independently of the Platform, with no stated links to sharing work or gathering knowledge from the Platform.

Figure 64. Commitment additionality

Source: Platform monitoring reports - education, including lifestyle modification 2015, N=33

4.2.6 EU-added value

In 2014, 23 of the 33 commitments did not provide information concerning the EU-added value of their actions. However, as shown in Figure 65, only two commitments
did not do so in 2015, showing a significant improvement in reporting of information which demonstrates the EU-added value of commitments.

For the majority of the commitments (24 out of 33), there did not appear to be an EU-added value from taking part in the Platform. However, seven commitments did demonstrate at least partially EU-added value. Furthermore, one commitment was assessed as fully demonstrating EU-added value: commitment n°524 ('Increasing the outreach of EUFICs information on healthy lifestyles’, implemented by EUFIC). With this commitment, EUFIC aims to provide science-based information on healthy diets and lifestyles to larger audiences in many languages, in cooperation with partners in Europe and promotion via its website. As stated in the report, “the existence of this commitment brings additional high-quality science-based credibility and scale to EU stakeholder and public focus on tackling obesity in Europe, while offering significant added-value to existing EU funded projects and initiatives”.

**Figure 65. EU-added value**

![Pie chart showing EU-added value](image)

*Source: Platform monitoring reports - education, including lifestyle modification 2015, N=33*

### 4.2.7 Recommendations for additional actions

The number of commitments making recommendations for additional actions was stable between 2014 and 2015. Ten of the 33 commitments provided recommendations for additional actions in 2015, in comparison to 11 having done so in 2014.

For example, the report for commitment n°1706 ‘European Guidelines for Management of Obesity in Adults and Children’ (a joint commitment between EASO and EFAD) clearly stated that the action would take place in two steps, over a period of several years, with an additional (new) commitment being implemented from 2017 onwards.
Figure 66. Recommendations for additional actions

Source: Platform monitoring reports - education, including lifestyle modification 2015, N=33

4.3 Overall assessment

Figure 67 illustrates a slight improvement in the overall assessment of commitments in the area of education. Out of the 33 commitments, only ten were assessed as highly satisfactory while 17 were deemed satisfactory and six of the commitments were assessed as non-satisfactory. This is contrast to 2014 monitoring where only six of the 33 commitments were assessed as highly satisfactory, with a larger proportion of commitments (eight out of 33) considered non-satisfactory.

Figure 67. Overall assessment of reporting

Source: Platform monitoring reports - education, including lifestyle modification 2015, N=34; 2015, N=33

The reports rated as highly satisfactory had mostly or fully S.M.A.R.T. objectives as well as a very good reporting of inputs, outputs and outcomes. However, highly satisfactory reports did not consistently demonstrate additionality or EU-added value.
The non-satisfactory reports did not provide S.M.A.R.T. annual objectives for 2015 and
gave limited or no information on inputs, outputs and outcomes.

4.4 Synergies, joint commitments and transferability

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

4.4.1 Synergies and joint commitments

In terms of synergies, a couple of commitments submitted in the area of education
had the potential to strengthen the offer of other commitments if the two were to
interact with each other in some way. In this case, commitment n°1706 ('European
Guidelines for Management of Obesity in Adults and Children'), implemented by EASO
and EFAD, set up a Nutrition Working Group aiming at developing and disseminating
evidence-based best-practice on European dietary and lifestyle guidelines for
management of obesity. These guidelines could be used in other commitments such as
n°1060 ('ESPGHAN contribution to obesity prevention'), which aims to contribute to
obesity prevention in children/adolescents via professional educational activities,
scientific position papers, and promoting research.

There is also potential for some of the industry commitments submitted under
reformulation to become joint commitments with others. For example, commitment
n°1001 ('EPODE (Ensemble Prévenons l'Obésité des Enfants) / EEN (European Epode
Network)') under which Ferrero Group supports the activities of the EPODE, could be
run jointly with commitment n°1013 ('Supporting the Epode European Network',
implemented by Mars).

What is more, there could be stronger synergies between all of the actions that consist
of food programmes targeted at children and teenagers. For instance, the aims and
actions of the following commitments are very similar: n°1065 ('Supporting the Epode
European Network'), n°1614 ('Arla Fonden Food Camps'), n°1704 ('Farming and
Countryside Education (FACE)'), n°1208 ('Eat like a Champ') etc.

4.4.2 Transferability

This year's assessment of commitments explored possible transferability of
commitment aims and actions. In this context, transferability means that the design
and intent of an action could be replicated in another setting (e.g. organisational,
geographical) or that the action could be replicated by another organisation in another
locality or by the same organisation in another locality.

As shown in Figure 68 , around 30 per cent of the commitments in this priority area
(23 out of 33) were not deemed transferable. Main reasons behind this were that
commitments are either already implemented in all of the EU Member States, or are
implemented by one European organisation at a central level, such that responsibility
cannot be transferred.

However, analysis shows that there could be scope to transfer all of the 23 other
commitments. For instance, commitment n°1704 ('Farming and Countryside Education
(FACE)'), which aims to facilitate educational visits to farms, is implemented by the
National Farmers' Union in England and Wales (member of COPA-COGEC). COPA-
COGEC could increase the scope of the project by promoting this commitment to its
other members and encouraging similar action within other countries.
Figure 68. Transferability of actions

Source: Platform monitoring reports - education, including lifestyle modification 2015, N=33

4.5 Conclusions and recommendations

4.5.1 Conclusions

Overall, the quality of reports in the area of education, including lifestyle modification was satisfactory, demonstrating a slight improvement between 2014 and 2015. In 2015, 30 per cent of the commitments were considered highly satisfactory (as opposed to 18 per cent in 2014), 52 per cent satisfactory, and 18 per cent non-satisfactory (as opposed to 24 per cent in 2014).

The main findings concerning the design and intent of commitments in this activity area can be summarised as follows:

- Almost half of commitments had either mostly or fully S.M.A.R.T. objectives for 2015 (49 per cent, or 16 out of 33). This is only a slight improvement compared to 2014, where 42 per cent of commitments (14 out of 33) had S.M.A.R.T. objectives.
- Only eight of the 33 commitments made an explicit link to the Platform’s objectives. Five commitments did not have an apparent link to the Platform or EU priorities. This is a decrease compared to the previous year, where 11 of the 33 commitments made an explicit link and all of the commitments had at least an implicit link to the Platform. Furthermore, links with the WHO targets were not explicitly clear, with only one report making an explicit link to one target.
- Although there was an improvement compared to 2014, there are still very few commitments setting out to reduce health inequalities as demonstrated by this year’s monitoring exercise (seven out of 33).
- The majority of the commitments (25 out of 33) showed evidence of need and/or likely effectiveness or aimed to generate evidence. However, this proportion is smaller than in the previous year (29 out of 33).
- Geographical coverage of commitments remained consistent with 2014, and continues to be mixed. 36 per cent of commitments cover more than 20 countries, but 43 per cent cover just one. More needs to be done to show ambition and expand the geographic scope of education commitments.

The main findings concerning the implementation and results of commitments are as follows:
The proportion of commitments providing information on financial costs of the actions was similar to 2014 (25 out of 33). However, compared to 2014, a larger proportion of monitoring reports in 2015 provided information on staff inputs. The total reported sum of costs was slightly higher in 2015 than in 2014, while the number of hours reported was significantly higher in 2015 than in 2014.

As in the previous year, reporting on outputs was of satisfactory quality. In 2015, 67 per cent of reports provided clear details on outputs (22 out of 33). Reporting on outcomes was of lesser quality: only 24 per cent provided clear details on outcomes (eight out of 33).

Reporting on additionality significantly improved between 2014 and 2015. Only three out of 33 commitments did not provide enough information on the extent to which the commitments seemed to have been additional with regards to the Platform (compared to 24 of 33 commitments in 2014).

Reporting on EU-added value also significantly improved between 2014 and 2015. Only two out of 33 commitments did not provide enough information on the extent to which the commitments demonstrated EU-added value (compared to 23 of 33 commitments in 2014).

4.5.2 Recommendations

As a result of this year’s assessment, and taking into consideration the comparison to 2014 monitoring, a number of recommendations can be put forward for this activity area:

- Around half of the commitments (17 out of 33) would benefit from adding specific, measurable and time bound targets to their annual objectives; this will allow for developing fully S.M.A.R.T. objectives and will facilitate the annual reporting by Members as well as the analysis by ICF.
- Overall, more clarity on commitments’ relevance to the objectives of the Platform and the value of their relationship with the Platform is needed. Five of the commitments in 2015 did not have apparent link to the Platform nor to EU policy goals.
- More details would also be useful in terms of evidence of need for action and likely effectiveness of the action: around one quarter of commitments (eight out of 33) did not use evidence in the design.
- Some commitments were poorly presented, with indicators (inputs, outputs and outcomes) not reported in the correct boxes. All members are asked to implement a good practice that would consist in using a structure whereby objectives were numbered, and then corresponding inputs, outputs and outcomes were listed and reported on.
- All commitments should report accurately on financial costs of inputs as well as on staff inputs.
- Improvements in terms of details for outputs and especially outcomes are needed.
- Commitments should strive to be additional to their day to day activities: around 60 per cent of commitments (20 out of 33) were deemed not additional in 2015. Similarly, commitments should strive to demonstrate the EU-added value of their action: almost three quarters of commitments (24 out of 33) did not do so. Both these assessment criteria aim to demonstrate the importance of Platform activity and the impact it can have on contributing to improving public health within the EU.
5 Physical activity promotion

Commitments in the area of physical activity promotion cover a wide range of activities, including the organisation of events, raising awareness and dissemination activities. Such actions were undertaken by different types of organisations, including industry (seven actions) and non-for-profit organisations (six action actions)\(^\text{10}\), as demonstrated by Table 9 below.

Table 9. Number of commitments per Platform member

<table>
<thead>
<tr>
<th>Platform member</th>
<th>Nº of commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FERRERO Group</td>
<td>1</td>
</tr>
<tr>
<td>Danone Group</td>
<td>1</td>
</tr>
<tr>
<td>MARS</td>
<td>1</td>
</tr>
<tr>
<td>EUFIC</td>
<td>1</td>
</tr>
<tr>
<td>Danone Spain</td>
<td>1</td>
</tr>
<tr>
<td>CESS</td>
<td>1</td>
</tr>
<tr>
<td>Joint commitment between ISCA and Coca-Cola</td>
<td>2</td>
</tr>
<tr>
<td>ER-WCPT</td>
<td>1</td>
</tr>
<tr>
<td>WOF</td>
<td>1</td>
</tr>
<tr>
<td>EuropeActive</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
</tr>
</tbody>
</table>

*Source: Platform monitoring reports – physical activity promotion, N=11*

Figure 69 below shows the geographical coverage of the commitments in this area. Five commitments out of 11 cover more than 20 countries; two cover between two and 10 countries; one covers between 11 and 15 countries; and three cover only one country. This reflects a very similar coverage as reported in the 2014 monitoring exercise; with the number of commitments covering 20 or more Member States remaining the same (five actions out of 12 in the previous year).

An example of a commitment covering more than 20 countries is nº431 (‘Promotion of physical activity’), run by Ferrero Group. It also covers Norway and Switzerland. Those commitments that were nationally based were implemented in Spain and Poland. An example of nationally based commitment is nº1418 (‘Danone Sport Schools’), by Danone Spain, which aims to: help children develop and practice healthy habits and hygiene; develop their attitudes of respect and collaboration; and boost motivation.

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\(^{10}\) Two actions were undertaken by a private company and a non-for-profit association together.
On average, EU countries were covered by six different commitments, with countries mostly being covered by between five and six commitments. Those most covered were Spain (covered by ten), Ireland and the United Kingdom (each covered by eight), while Croatia remains the country least covered.}

**Figure 70. Geographic coverage of commitments in the area of physical activity promotion**

*Source: Platform monitoring reports – physical activity promotion 2015, N=11*

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11 Croatia is the newest member state, having become a member on 1 July 2013.
Figure 71 below shows the target audience of commitments on physical activity promotion. The majority of commitments in this area are aimed at children and young people (five out of the 11 commitments); followed by the general public (three out of 11). Two actions aimed at health professionals, one at a special group (hard-to-reach physically inactive populations) and one at senior citizens. None of the commitments were aimed at industry, parents, policy makers or educators.

The coverage is very similar to the previous year, where four actions out of 12 were aimed at children and young people, four at the general public, two at health professionals and two at special groups.

An example of commitment targeting children is n°1012 ('Bielice Run' - Young Europeans Run’ by Mars), which aims at promoting physical activity among children in schools, as well as fair play and integration of disabled children.

An example of action targeting the general public is ‘Using EUFIC communication vehicles to promote physical activity’, by the European Information Council. This action aims at sharing scientific information about nutrition and physical activity in order to raise awareness about these topics.

5.1 Design and intent of action

5.1.1 S.M.A.R.T. objectives

Figure 72 below shows that two commitments out of 11 were assessed as having fully S.M.A.R.T. objectives, seven as having mostly S.M.A.R.T. objectives and two as having partially S.M.A.R.T. objectives. None of the actions were assessed as not having set S.M.A.R.T. objectives at all. The objectives were specific, achievable and realistic, but in many cases they were not time bound nor measurable. The actions with partially S.M.A.R.T. objectives had only achievable and realistic objectives, while they were not measurable, specific or time bound.

The analysis showed very similar results in 2014, where two commitments out of 12 had fully S.M.A.R.T. objectives, five had mostly, four had partially and one had not set S.M.A.R.T. objectives at all.

12 In this case they classified as mostly S.M.A.R.T.
5.1.2 Relevance of commitments

5.1.2.1 Link to EU Platform and EU policy goals

The analysis also looked into the relevance of the actions to the objectives of the Platform and to the EU Policy goals in the area of nutrition and physical activity (as shown in Figure 73 and Figure 74 below).

The commitments were all considered relevant to the objectives of the Platform, however only two of them made an explicit reference to the Platform. An example of commitment making explicit relevance to the Platform objectives was nº1609 (‘Promoting physical activity in children, the role of Physiotherapists’, by the European Region of the World Confederation for Physical Therapy), which explicitly mentions the work of the Platform, the High Level Group on Nutrition and Physical Activity and the European Action Plan on Childhood Obesity.

The remaining nine commitments had an implicit reference to the priorities of the Platform. For instance nº1615 (‘DAPHNE - Data-as-a-Service platform for Healthy Lifestyle support’, by the World Obesity Federation), had an implicit link with the objectives of promoting healthy lifestyle and fighting against obesity.

A decrease in the number of explicit references to the Platform can be identified in comparison with 2014, where five commitments out of 12 made an explicit link to the Platform objectives, while seven showed an implicit link with them.
As illustrated in Figure 74 below, the vast majority of commitments (nine) contained an implicit link to wider EU objectives, with two commitment monitoring reports making an explicit link with EU priorities. Relevance to wider EU policy goals was not assessed separately in 2014, so no comparison can be made between the two years.

An example of a commitment monitoring report making an explicit link to EU priorities is n°1701 ('Promoting Physical Activity and Health in Ageing (PAHA)', run by EuropeActive\textsuperscript{13}). Its report makes direct links to recommendations and policy principles set out by the EU Expert Group on Sport, Health and Participation.

\textsuperscript{13}Formerly EHFA
5.1.2.2 Link to WHO targets

In general, links between commitments and WHO targets were implicit rather than explicit, as illustrated in Table 10 below. In the area of physical activity promotion, only one commitment made an explicit link to one of these targets, while others had an implicit link to one or more of the targets.

One commitment made an explicit link with Target 3 (‘A 10 per cent relative reduction in prevalence of insufficient physical activity’). This was n°1609 (‘Promoting physical activity in children, the role of Physiotherapists’), and was undertaken by European Region of the World Confederation for Physical Therapy, where reference was made to the WHO recommendation to children to do 60 minutes of physical activity every day.

Table 10. Links to WHO targets

<table>
<thead>
<tr>
<th>Target</th>
<th>Explicit link</th>
<th>Implicit link</th>
<th>No apparent link</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target 1</strong>: 5% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases</td>
<td>0</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td><strong>Target 2</strong>: At least 10% relative reduction in the harmful use of alcohol</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td><strong>Target 3</strong>: 10% relative reduction in prevalence of insufficient physical activity</td>
<td>0</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td><strong>Target 4</strong>: 30% relative reduction in mean population intake of salt/sodium</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td><strong>Target 5</strong>: 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td><strong>Target 6</strong>: 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td><strong>Target 7</strong>: Halt the rise in diabetes and obesity</td>
<td>0</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td><strong>Target 8</strong>: At least 50% of eligible people receive drug therapy and counselling to prevent heart attacks and strokes</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td><strong>Target 9</strong>: 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
</tbody>
</table>
5.1.3 Actions to reduce health inequalities

Two commitments out of 11 were reported as setting out to reduce health inequalities, as demonstrated in Figure 75 below. An example is n°1606 ("Now We Move – Activation", by International Sport and Culture Association/Coca Cola), which aimed at developing the capacity of local and national entities to develop and/or implement physical activity initiatives for hard-to-reach physically inactive populations.

A slight decrease can be identified in comparison with 2014, where five commitments out of 12 stated to set out to reduce health inequalities, while the remaining seven did not. However, it can be noted that one such commitment was completed in 2014.

Figure 75. Commitments set out to reduce health inequalities

5.1.4 Using evidence in design

Figure 76 below shows that, in the area of physical activity promotion: three commitments out of 11 provided evidence of need; one provided evidence of likely effectiveness; and two committed to generate data or information. The remaining five commitments did not refer to any reports or studies nor did they aim at generating data or information. The use of evidence in the design of the actions seems to have decreased in comparison with 2014, where five commitments out of 12 showed evidence of need and likely effectiveness, three provided evidence of need only, two committed to generate evidence and two did not provide any information.
Figure 76. Use of evidence in the design of the commitments

Source: Platform monitoring reports – physical activity promotion, N=11

An example of a commitment in this area that aimed to generate data/information was nº1615 (‘DAPHNE - Data-as-a-Service platform for Healthy Lifestyle support’, run by the World Obesity Federation). This commitment aimed at generating data through the design of an ICT platform providing data on physical activity.

5.2 Implementation and results

5.2.1 Level of implementation

Figure 77 shows that nine commitments out of 11 were fully implemented and two were assessed as mostly implemented. This shows an improvement in the level of implementation compared to 2014, where eight actions out of 12 were fully implemented, one was mostly implemented, one was partially implemented and two actions did not provide enough information on this. One example of a commitment which fully implemented the actions set out in its annual objectives was nº1701 (‘Promoting Physical Activity and Health in Ageing (PAHA), by EuropeActive), which delivered exercise programmes for 55-65 year-olds who were inactive, to increase the long-term physical activity of people in this age group.
5.2.2 Main inputs reported (human and financial)

With regards to the inputs, Figure 78 below shows that, in the area of physical activity promotion, five commitments did not provide financial information on the value of the inputs, while the remaining six commitments provided this information in the monitoring reports. Six reports provided details on the value of inputs, which ranged from EUR 14,000 to EUR 12.8 million, with a total sum of EUR 15,146,795 spent in this area. Most of the actions (four) provided a value of EUR 360,000 or less, while two commitments reported much higher values (EUR 1.6 million and EUR 12.8 million).

The quality of reporting therefore has remained quite stable as with last year, where four actions did not provide information on this, while the remaining eight commitments did. In 2014, the value of inputs was lower, ranging between EUR 2,000 and EUR 8 million; while the total number of hours reported as spent on the commitments was higher (144,900).
Four commitments out of 11 provided an estimate of the staff hours spent on the actions, while seven commitments did not provide information on time spent. Where information on staff input was given, calculations were made based on the assumption that a full time employee could work 1,920 hours in a year. For the four commitments where information on staff input was provided, the annual number of hours ranged from nine to 30,399. The total amount of hours spent on the actions in this area was 35,718. With regards to the human resources used for the commitments (number of full-time and/or part-time personnel) only two commitments out of 11 provided information in this regards, and indicated between four and 55 part-time employees. No information on number of full-time employees was provided.

5.2.3 Outputs

The outputs produced in the area of physical activity were diverse, consisting of: the organisation of tournaments and games; production of publications and databases; and the running of advocacy campaigns.

All commitments provided clear details of the outputs produced, compared to 2014 when the quality of reporting varied considerably. An example of a commitment which provided clear details is n°462 (‘Danone Nations Cup’ by Danone Group), which detailed the following outputs: 32 national tournaments, with 2.5 million players from 35,000 clubs and 20,000 schools; health through nutrition programmes organised in many countries; development of nutrition and hydration activities; and a world final in Morocco with 22,000 spectators.

However, in some cases the commitments had not set measurable objectives, which resulted in unclear reporting of outcomes and success of the action.

5.2.4 Outcomes and dissemination

Figure 79 shows that in the area of physical activity promotion six commitments out of 11 provided clear details on outcomes. Three provided minimal details and two did not provide any information on outcomes. Where commitments provided clear details, reports gave specific information highlighting changes in the activities undertaken and feedback received on the activities carried out; however, overall the commitment reports only made broad statements and some highlighted that it was too early to

\[14\] 8 hours per day, 5 days per week, 48 weeks per year.
provide an analysis of the outcomes. An example of commitment reporting clearly on outcomes is commitment n°1615 (‘DAPHNE - Data-as-a-Service platform for Healthy Lifestyle support’, undertaken by the World Obesity Federation), which details measurable results and illustrates the long-term effects of the commitment. It describes how the database created through the project was taken up by the scientific community and tested in a few countries.

*Figure 79. Details provided on outcomes*

![Pie chart showing details provided on outcomes](image)

*Source: Platform monitoring reports – physical activity promotion, N=11*

Figure 80 below shows whether dissemination activities were undertaken by commitments in the area of physical activity promotion. Six commitments out of 11 reported that dissemination activities were carried out and the remaining five commitments did not report on any dissemination activities. In general, when information was provided details on how results were disseminated (using organisations’ websites, sharing databases, publication in journals, and dissemination of brochures) was provided.

Very similar results were found in 2014, where seven out of 12 commitments reported dissemination activities and five did not provide such information.

An example of a commitment including dissemination activities is n°1012 (‘Bielice Run - Young Europeans Run’, by Mars), in which the run was publicised through newspapers, radio stations, local websites and TV channels.
5.2.5 Additionality

Figure 81 illustrates the results of analysis undertaken examining the additionality of actions, with eight commitments assessed as not additional, one as of a higher quality as a result of the Platform and two not providing any information in relation to additionality.

In 2014, nine commitments out of 12 did not provide any information regarding the additionality of the actions and three commitments were assessed as not additional. Therefore, while the number of commitments judged to not be additional has increased, an improvement in reporting on additionality has also been made.

The commitment which was of higher quality as a result of the Platform is n°1061 (‘Using EUFIC communication vehicles to promote physical activity’, run by European Food Information Council). The commitment aims at sharing scientific information about nutrition and physical activity, with the aim of raising awareness about these topics among the general public. It was assessed as of being of higher quality due to its relationship with the Platform because it explicitly mentions that the commitment was designed in such a way to ‘contribute to the Platform’s goals of tackling overweight and obesity related health problems in Europe’.
**Figure 81. Additionality of the actions**

Source: Platform monitoring reports – physical activity promotion, N=11

### 5.2.6 EU-added value

As shown in Figure 82, a large proportion (seven out of 11) of commitments submitted under this activity area evidenced no interaction with the Platform, and so could not be said to have demonstrated the EU-added value of their relationship with the Platform. Two commitments mostly demonstrated EU-added value by, for instance, making explicit reference to the Platform throughout and addressing the objectives at European level. Two commitments did not provide sufficient information to make an assessment of the EU-added value of their involvement in Platform activities.

An improvement in reporting can be clearly seen in comparison to 2014, when 11 out of 12 commitments did not provide any information on EU-added value and the remaining one demonstrated no EU-added value.
5.2.7 Recommendations for additional actions

The analysis also examined whether the commitments suggested any additional actions to be implemented in the future, with Figure 83 showing that eight out of 11 actions did not provide such reporting, while three provided this information.

For instance, commitment nº1606 (‘Now we move’) aimed at developing the capacity of local and national entities to develop and/or implement physical activity initiatives for hard-to-reach physically inactive populations, mentions that the activities of selecting best practices and best practice owners will continue through into 2016.

Very similar results were shown in 2014: nine out of 12 actions did not report on any additional actions, while three commitments suggested follow-up activities. The three commitments proposing follow-up in 2015 are different to the three which proposed follow-up actions in 2014.
**Figure 83. Recommendations for additional actions**

Source: Platform monitoring reports – physical activity promotion, N=11

### 5.3 Overall assessment of the quality of reporting

#### 5.3.1 Overall assessment

With regard to the overall assessment of the commitments, Figure 84 shows that, in the area of physical activity promotion, only three out of 11 actions were assessed as being highly satisfactory, seven as satisfactory and one as non-satisfactory.

Similar results were shown during the previous year’s monitoring exercise, where three out of 12 commitments in this area were highly satisfactory, seven were satisfactory and two were non-satisfactory. No overall progress on monitoring can therefore be reported.
The actions that were rated as highly satisfactory had fully or mostly S.M.A.R.T. objectives and clear details on inputs and outputs. The actions rated as satisfactory generally provided less detailed information on inputs and or outcomes, and were weaker in the design (less specific, less clear and/or less measurable objectives).

The action that was considered as non-satisfactory presented inconsistencies between the general description and general objectives and the rest of the report (describing annual objectives, inputs, outputs and outcomes).

An example of a commitment whose reporting was considered highly satisfactory is nº1012 (‘Bielice Run’ - Young Europeans Run’, undertaken by Mars). Its report had mostly S.M.A.R.T. objectives and provided clear details on inputs, output and outcomes.

5.4 Synergies, joint commitments and transferability

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

5.4.1 Synergies and joint commitments

The analysis of possible synergies between actions found that linkages were identified between the following commitments: nº462 (‘Danone Nations Cup’, by Danone Group); nº1012 (‘Bielice Run’ - Young Europeans Run’, by Mars); and nº1418 (‘Danone Sport Schools’, by Danone Spain). These commitments have similar objectives, the same target group (children and adolescents), and similar activities were carried out. Creating synergies between these actions could benefit the commitment owners, both in terms of support to the activities carried out and of increased impact of the actions.
No possible joint actions were identified in this area.

5.4.2 Transferability

This year's assessment of commitments explored possible transferability of commitment aims and actions. Figure 85 shows that nine out of 11 commitments were considered to be transferrable. Transferability means that the design and intent of an action could be replicated in another geographic or thematic setting, either by the same organisation or another one. One action was seen as not transferable due to its design and nature, and one report did not provide enough information to evaluate this aspect.

The actions considered transferrable were mainly due to their nature. For example: organising sports activities in schools; sharing scientific information about nutrition and physical activity; or organising mobilisation and advocacy campaigns. These are activities which could easily be transferred across to other settings.

An example of a commitment with transferrable actions is nº1604 (‘Ready Steady Go’, undertaken by Confederation Européenne Sport Santé (CESS)). The sport activities organised for young people and families under this commitment could be replicated in other geographical locations.

**Figure 85. Transferability of the actions**

Source: Platform monitoring reports – physical activity promotion, N=11

5.5 Conclusions and recommendations

5.5.1 Conclusions

As an overall assessment, it can be said that the monitoring results in the area of physical activity promotion remain in line with the 2014 results, although a slight improvement in reporting overall can be seen. 64 per cent of the commitments in this area were satisfactory (compared to 58 per cent in the last monitoring year), 27 per cent were highly satisfactory (against 25 per cent last year) and 9 per cent were non satisfactory (compared to 17 per cent last year).

The main findings regarding the design and intent of commitments submitted in this activity area are as follows:

- A slight improvement can be identified with regards to setting S.M.A.R.T. objectives compared to last year: only 18 per cent (two out of 11) of
commitments had fully S.M.A.R.T. objectives (16 per cent - two out of 12 - in 2014), 64 per cent (seven out of 11) had mostly S.M.A.R.T. objectives (42 per cent - five out of 12 - last year), and 18 per cent (two out of 11) had partially S.M.A.R.T. objectives (33 per cent - four out of 12 - in 2014). Moreover, in 2014, 8 per cent (one out of 12) of the actions had not set S.M.A.R.T. objectives.

- All commitments were considered to be relevant to the stated priorities of the Platform and EU priorities, as in the previous year. However, the number of commitments making an explicit link to the Platform has gone down (from 42 per cent - five out of 11 - in the last year’s monitoring exercise to 18 per cent - two out of 11 - this year).
- This year only 18 per cent (two out of 11) of commitments stated to set out to reduce health inequalities, while in 2014 42 per cent (five out of 12) of the actions did so.
- No improvement was made regarding the evidence in design. Indeed, 27 per cent (three out of 11) of commitments showed evidence of need, 9 per cent (1 out of 11) showed evidence of likely effectiveness and 46 per cent (five out of 11) did not provide any information in this regard. Last year, 42 per cent (five out of 12) of the actions showed evidence of need and likely effectiveness, 25 per cent (three out of 12) showed evidence of need and 16 per cent (two out of 12) committed to generate evidence.
- Geographic coverage of commitments remains mixed, with only five out of 11 covering more than 20 countries and the remainder being of varying scope.

Regarding the implementation and results of the commitments, the following conclusions can be drawn:

- The level of implementation of the actions has slightly improved in comparison to last year: 82 per cent (nine out of 11) fully implemented (66 per cent - eight out of 12 - last year), 18 per cent (two out of 11) mostly implemented (8 per cent - one out of 12 - in 2014). Also in 2014 8 per cent (one out of 12) were partially implemented and 16 per cent (two out of 12) did not provide any information.
- A slight decrease in the number of commitments providing information on inputs can be identified, with 55 per cent (six out of 11) not providing information in this regard this year, against 66 per cent (eight out of 12) in 2014. Also, the total number of hours spent on the actions (35,718 this year, 144,900 in 2014) was lower this year. The value on inputs was higher this year (between EUR 2,000 and 8 million, compared to a range of EUR 14,000 to 12.8 million in 2014).
- Clear details were provided on outputs for all the commitments, displaying an improvement in reporting; however, in some cases the information provided was not measurable.
- While the majority of the actions (64 per cent - seven out of 11) provided clear details on outcomes, 18 per cent (two out of 11) provided only minimal details and 18 per cent (two out of 11) did not provide any information in this regard.
- The dissemination of results of the actions in 2015 was very much in line with last year; indeed in both years, dissemination was undertaken in 58 per cent (six out of 11 in 2015; 7 out of 12 in 2014) of cases.
- With regards to the additionality of the actions, a clear improvement in reporting was made in comparison to 2014. In 2014, only 25 per cent (3 out of 12) of the actions provided information on additionality, compared to 81 per cent (nine of 11 actions) in 2015.
- An improvement was also noted with regards to EU-added value. While in 2014 only 9 per cent of commitments provided information on EU-added value, 81 per cent (nine out of 11) did so this year.
5.5.2 Recommendations

Based upon both the assessment of 2015 commitments and a comparison between commitment reports submitted in 2014 and 2015, a number of key recommendations can be put forward for reports submitted in this area:

- While the information provided was, in general, more detailed than last year, there is still room for improvement, in particular with regards to setting measurable, specific and time bound objectives.
- The commitments could make more use of evidence in design (of need, or of likely effectiveness) or more often commit to generate data or information, as this would provide an indication of the relevance of the actions.
- With regards to the reference to the Platform and to the EU objectives, a very limited number of actions made an explicit reference to either (18 per cent in both cases). Greater referencing of these aspects would not only provide a justification for the actions undertaken but also help demonstrate the relevance of the commitments.
- More details on inputs should be provided, as well as more detailed information on (measurable) outputs and outcomes.
- As this area is one of the priorities of the Platform, a greater number of and more ambitious actions from all relevant and major Platform members are welcomed.
6 Advocacy and information exchange

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

Out of the 21 commitments in this area, four were completed in 2015. As Table 11 below shows, commitments are being implemented by a mixture of industry representations (such as COPA-COGECA, FoodDrinkEurope or FoodServiceEurope) and NGOs (such as WOF or EuroHealthNet).

Table 11. Number of commitments per Platform member

<table>
<thead>
<tr>
<th>Platform member</th>
<th>N° of commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPHA</td>
<td>2</td>
</tr>
<tr>
<td>COPA-COGECA</td>
<td>2</td>
</tr>
<tr>
<td>EASO</td>
<td>2</td>
</tr>
<tr>
<td>Freshfel</td>
<td>2</td>
</tr>
<tr>
<td>CPME</td>
<td>2</td>
</tr>
<tr>
<td>A.R.E.F.L.H</td>
<td>1</td>
</tr>
<tr>
<td>ACT</td>
<td>1</td>
</tr>
<tr>
<td>BEUC</td>
<td>1</td>
</tr>
<tr>
<td>EuroCoop</td>
<td>1</td>
</tr>
<tr>
<td>EuroHealthNet</td>
<td>1</td>
</tr>
<tr>
<td>Joint commitment between EASO and EUFIC</td>
<td>1</td>
</tr>
<tr>
<td>European Heart Network</td>
<td>1</td>
</tr>
<tr>
<td>FoodDrinkEurope</td>
<td>1</td>
</tr>
<tr>
<td>IBFAN</td>
<td>1</td>
</tr>
<tr>
<td>IDF Europe</td>
<td>1</td>
</tr>
<tr>
<td>WOF</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>

Source: Platform monitoring reports 2015 - advocacy and information exchange, N= 21

As shown in Figure 86, just under half (ten) of commitments covered more than 20 countries, four of which covered all EU countries. Of those which covered fewer, two focused on single countries and the other nine varied in scope. This mix is broadly the same as that of the commitments presented for 2014, although there has been a slight decrease in the number of larger commitments, primarily due to several larger commitments ending in 2014. The number of commitments covering 11 or more countries dropped from 20 to 14 between 2014 and 2015, while the number of commitments covering 6-10 countries rose from three to four.

The two commitments which covered a single country both focused on Denmark. An example of one such commitment is n°1616 ('Forum on Malnutrition'), for which COPA-COGECA brought stakeholders together at a Forum on Malnutrition with the aim of producing policy recommendations on malnutrition for Danish policy-makers.
The majority of commitments covering more than 20 countries covered all or most EU countries, with a significant majority of those also covering Norway (eight), Switzerland (eight), and a few covering Iceland (three). Where commitments covered more than 20 countries but did not cover all EU countries there was no clear pattern of coverage, with each country being covered by at least seven of those ten large commitments.

On average, countries were covered by 12 different commitments. The number of commitments covering any individual country was mixed, ranging from seven up to seventeen. The most covered countries were Belgium, the Netherlands and the UK (covered by 17 each), while the least covered were Greece, Latvia and Malta (covered by seven each). Where countries were covered by the largest number of commitments, this was generally due to being covered by a slightly higher number of the smaller commitments.
Most (16) advocacy commitments were targeted at an audience of either health professionals or policy makers, with the remainder largely aimed at the general public. One of the 2015 advocacy commitments was aimed at the industry. This is fairly similar to the commitments submitted in 2014, of which 18 out of 26 were aimed at health professionals or policy makers.

An example of a commitment targeted at health professionals is nº724 (A.R.E.F.L.H’s ‘Dissemination of Fruit and Vegetable promotion initiatives’), which aimed to disseminate information on programmes and initiatives being carried out by regional authorities to a wider range of policy makers, to promote the exchange of best practice.

### 6.1 Design and intent of action

#### 6.1.1 S.M.A.R.T. objectives

Nine commitments submitted in the area of advocacy set objectives which were either fully or mostly S.M.A.R.T., with the majority (12) setting objectives which were only partially S.M.A.R.T. One commitment’s objectives were assessed as being not S.M.A.R.T.

This means there have been two significant changes between 2014 and 2015. The first is a large reduction in the number of commitments setting fully or non-S.M.A.R.T. objectives – in 2014, six commitments set fully S.M.A.R.T. objectives and five set non-S.M.A.R.T. objectives. There was also a similar-sized increase in the number of commitments setting partially S.M.A.R.T. objectives between the two years, from seven in 2014 to twelve in 2015.
The majority (18) of commitments set achievable and realistic objectives – where most fell short of setting fully S.M.A.R.T. objectives was that they did not set specific or measurable objectives, or get specific timeframes for achieving their objectives.

The commitment which set fully S.M.A.R.T. objectives was n°1503 (EASO’s ‘Development of the EASO European Obesity Patient Council’) – this commitment clearly listed quantifiable output targets for the year 2015, many of which were bound to be achieved at a particular conference. In the case of the commitment which set non-S.M.A.R.T. objectives, this was because the objectives section of its report gave a retrospective list of the commitment’s achievements during 2015, rather than setting objectives at the start of the year.

6.1.2 Relevance of commitments

6.1.2.1 Link to EU Platform and EU policy goals

In order to establish whether the design of the commitment met the main aims of the Platform, the analysis explored if the commitment reports explicitly or implicitly stated the commitment’s relevance to the priorities of the Platform. In the case of advocacy, all the commitments’ objectives were deemed as relevant to the stated priorities of the Platform.

As Figure 90 shows, there was a fairly even mixture of commitments which explicitly linked their actions to the Platform’s priorities (11) and commitments which implicitly demonstrated links, without directly mentioning the Platform’s goals (ten). Proportionally there was no change between 2014, when 14 out of 26 commitments explicitly demonstrated relevance. In neither year did any commitments fail to demonstrate any relevance to the Platform’s priorities.
One example of a commitment which made explicit links between itself and the Platform’s priorities was nº1516 (‘European Snacks Association commitment in the area of advocacy and information exchange’), which identified the Platform’s aim of “[collecting] evidence on best practices in measures which help promote healthier lifestyles, reduce obesity and improve health” in its report, stating that the European Snacks Association is aiming to contribute to this objective.

An example of a commitment which implicitly demonstrated links to Platform priorities is nº529 (‘Fresh Fruit and Vegetables Consumption Monitor’) – in its report Freshfel makes a link between increasing consumption of fruit and vegetables and reducing obesity, and aims to contribute to awareness raising and policy making work in relation to this. However, it does not explicitly link these goals to the aims of the Platform.

The vast majority of advocacy commitments displayed a link to wide EU priorities, either explicitly (four) or implicitly (14). Just three commitments had no apparently relevance to wider EU priorities. Relevance to wider EU policy goals was not assessed separately in 2014, so no comparison can be made between the two years.
One commitment which made explicit reference to wider EU priorities was nº1608 (EuroHealthNet’s ‘Promote information exchange and innovation, including health and social equity’), which stated in its report that actions undertaken for this commitment will be undertaken ‘in liaison’ with EU Joint Actions such as CHRODIS\(^{15}\) and will utilise the EU Platform for Action on Health and Social Equity.

### 6.1.2.2 Link to WHO targets

Where links were evidenced between advocacy commitments and WHO targets, these links were implicit rather than explicit. The majority (15) of commitments contained an implicit link to WHO’s target on halting the rise in diabetes and obesity, with a little under half (8) being implicitly linked to WHO’s target of reducing prevalence of insufficient physical activity. Where these links existed but were deemed to be implicit, this was because commitments stated an aim of promoting physical activity or contributing to the fight against obesity, but did not make direct reference to WHO goals in these areas.

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

<table>
<thead>
<tr>
<th>Table 12. Links to WHO targets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target 1</strong>: 5% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

| **Target 2**: At least 10% relative reduction in the harmful use of alcohol | Explicit link | Implicit link | No apparent link |
| | 0 | 0 | 21 |

| **Target 3**: 10% relative reduction in prevalence of insufficient physical activity | Explicit link | Implicit link | No apparent link |
| | 0 | 8 | 13 |

| **Target 4**: 30% relative reduction in mean population intake of salt/sodium | Explicit link | Implicit link | No apparent link |
| | 0 | 2 | 19 |

| **Target 5**: 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years | Explicit link | Implicit link | No apparent link |
| | 0 | 0 | 21 |

| **Target 6**: 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure | Explicit link | Implicit link | No apparent link |
| | 0 | 0 | 21 |

| **Target 7**: Halt the rise in diabetes and obesity | Explicit link | Implicit link | No apparent link |
| | 0 | 15 | 6 |

| **Target 8**: At least 50% of eligible people receive drug therapy and counselling to prevent heart attacks | Explicit link | Implicit link | No apparent link |
| | 0 | 0 | 21 |

\(^{15}\) Joint Action on Chronic Diseases.
Target 9: 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs

Source: Platform monitoring reports – advocacy 2015, N=21

6.1.3 Actions to reduce health inequalities

One commitment submitted in the area of advocacy included an objective of addressing health inequalities in its design. This is lower than the four commitments from 2014 which addressed health inequalities – two of those four finished in 2014, and one did not continue to mention health inequalities in its 2015 report.

Figure 92. Actions to reduce health inequalities

Source: Platform monitoring reports – advocacy 2015, N=21

The commitment which included a target of addressing health inequalities was n°1608 (EuroHealthNet’s ‘Promote information exchange and innovation, including health and social equity’). One of the actions undertaken as part of commitment n°1608 was to build links with stakeholders in other relevant policy areas in support of efforts to tackle health and social inequalities.

6.1.4 Using evidence in design

The vast majority (16) of commitments submitted in the area of advocacy addressed need and/or likely effectiveness in some way. Where commitments did make reference to evidence, most (11) gave evidence of potential impact or made a commitment to generate data/information, while a lower but still significant proportion (eight) gave evidence of need.
Figure 93. Use of evidence in commitment design

Source: Platform monitoring reports – advocacy 2015, N=21

One commitment which addressed both need and likely effectiveness was n°530 (Freshfel’s “Fresh Times” Newsletter with Information on Fruit & Vegetables Promotion’), which cited medical evidence that increased fruit and vegetable consumption is linked with the reduction of obesity, and has tracked the effectiveness of its newsletter via a survey of stakeholders. Furthermore, one commitment which provided a commitment to generate information was n°1043 (EPHA’s “Dissemination of information on European food, nutrition and physical activity policy developments with EPHA’s member organisations”), which collated and disseminated examples of best practice to EPHA’s members.

Compared to 2014 commitments this shows a slight increase in the number of commitments which neither refer to evidence of need/effectiveness nor (in the case of innovative commitments) state that they intend to generate evidence or information. There were five such reports in 2015, compared to three in 2014. There was, however, an increase in the number citing evidence of need only, up from three to five. This change was accompanied by a significant drop in the number of commitments stating evidence of need and likely effectiveness (from ten to three) and a slight drop in the number committing to generate data/information (from ten to eight).

6.2 Implementation and results

6.2.1 Level of implementation

All commitments submitted under advocacy supplied enough information to assess their level of implementation. Of the 21 submitted 10 were fully implemented, while the rest were mostly or partially implemented.

This was an improvement on 2014, with the number fully implemented rising from nine to ten and the number partially implemented or not providing enough information for an assessment halving (from twelve to six). The improvement in the proportion judged to have been fully implemented is particularly noticeable, rising from 35 per cent in 2014 to 48 per cent in 2015.
One example of a commitment which fully implemented the actions set out in its annual objectives was no 1312 (EASO and EUFIC’s joint ‘Increase outreach of new knowledge in obesity research’). Under this commitment, EUFIC produced a podcast of interviews with experts who spoke at EASO’s European Congress on Obesity. This podcast was published on EUFIC and EASO’s websites, and publicised to EASO members via a membership e-bulletin.

6.2.2 Main inputs reported (human and financial)

Reporting on the inputs of each commitment was mixed, with the majority giving clear details on human input (16) but a little under half giving clear information on the financial cost of implementation (nine). Compared to 2014 this is a slight improvement in reporting on both financial cost (up from seven to nine) and a significant improvement in reporting on human input (up from nine to sixteen).
input was given, calculations were made based on the assumption that a full time employee could work 1,920 hours in a year\textsuperscript{16}. For the ten commitments where information on staff input was provided, the annual number of hours ranged from eight to 12,672. In total, the approximate number of hours spent on advocacy commitments was of 23,348, or 16.7 FTE.

In the nine reports where financial input was detailed, values ranged from EUR 5,513 to EUR 600,000, with a sum total of EUR 1,613,763 spent on commitments for advocacy. Most (seven) gave input values of up to about EUR 115,000, with two larger commitments giving financial inputs of EUR 599,000 and EUR 600,000.

All commitments which reported clearly on financial inputs also reported clearly on human inputs. This means that there were nine reports providing clear details on both financial and human inputs, seven reporting clearly on human inputs only, and five which provided little or no information about either human or financial inputs.

One commitment which reported inputs particularly clearly was n°1610 (EHN’s ‘Empower and inform families on diet and physical activity’). The report for commitment n°1610 clearly broken down staff time spent on individual tasks associated with EHN’s compilation and analysis of member companies’ actions, as well as calculating a cost for the staff time and the overall cost of the commitment.

6.2.3 Outputs

Almost all commitments gave at least some information on outputs, with all but two giving either minimal or clear details. A variety of different outputs were delivered by the various commitments during 2015, including policy workshops, reports, presentations, newsletters. Commitment n°1419 (‘World Diabetes Day’) saw the International Diabetes Foundation (IDF) run a three-day promotional event outside the European Parliament, which included the conduction of 300 blood glucose tests.

Figure 96. Commitment outputs

<table>
<thead>
<tr>
<th>No information provided on outputs, 2, 10%</th>
</tr>
</thead>
</table>

Source: Platform monitoring reports – advocacy 2015, N=21

In some cases, clear details on outputs were given but appeared to only relate to some of the commitment’s objectives. This made it difficult to determine outputs from each action, resulting in those commitments being judged to have provided minimal details rather than clear details.

\textsuperscript{16} 8 hours per day, 5 days per week, 48 weeks per year.
Compared to advocacy commitments submitted in 2014, this means the number of giving clear details of outputs has shrunk, from 16 to 11. The number providing minimal or no details remained the same.

### 6.2.4 Outcomes and dissemination

Information on outcomes was provided by 12 (out of 21) commitments. One commitment was able to give statistical information gathered via a survey carried out as part of its activities, but in general commitment reports were only able to make broad statements relating to assumed impact.

*Figure 97. Reporting on outcomes*

![Figure 97. Reporting on outcomes](image)

*Source: Platform monitoring reports – advocacy 2015, N=21*

The commitment which gave clear evidence relating to outcomes was commitment n°530 (Freshfel’s “Fresh Times” Newsletter), under which Freshfel conducted a survey of recipients of its newsletter collecting their perceptions of its impact and effectiveness. Results from this survey were included in the commitment report, allowing to understand the impact of the action.

*Figure 98. Dissemination of results*

![Figure 98. Dissemination of results](image)

*Source: Platform monitoring reports – advocacy 2015, N=21*
Information on dissemination of results was provided in 15 advocacy commitment reports. This is roughly the same proportion as said they disseminated their results in 2014 – 73 per cent then, compared to 71 per cent in 2015. This continuing high level of dissemination is likely due to the nature of the commitments, which mostly focus on advocacy and information exchange. Results were disseminated via newsletters, promotional events, social media, and reports and media content published on websites.

6.2.5 Additionality

A reasonable number of commitments submitted in the area of advocacy demonstrated some level of additionality, with nine showing that they either would not have taken place without the Platform, or would have taken place later or at a smaller scale. 12 of the commitments submitted in the area of advocacy did not demonstrate additionality, as they consisted of activities which fell within the submitting organisations’ regular remits and which did not appear to have been initiated or expanded upon due to association with the Platform.

Figure 99. Commitment additionality

Source: Platform monitoring reports – advocacy 2015, N=21

One commitment which would not have taken place without the Platform was nº1602 (EPHA’s “Analysis of the industry’s commitments against public health objectives”). nº 1602 involved an analysis of commitments made to the Platform and the production of recommendations for Platform members on improving the quality and relevance of their commitments.

Compared to 2014 the number of commitments not evidencing additionality remained fairly stable, but the number of commitments which took place at a greater scale/sooner or would not have taken place otherwise fell (from 13 to nine).

6.2.6 EU-added value

Almost half (nine) of commitments submitted in the area of advocacy demonstrated EU-added value to some extent, with five mostly or fully demonstrating EU-added value. 12 did not evidence any interaction with the Platform\(^\text{17}\), and so could not be said to have demonstrated the EU-added value of their relationship with the Platform. This is a decrease from 2014, when 16 commitments demonstrated EU-added value to some extent and ten did not.

\(^\text{17}\) For example, disseminating results via the Platform, collaborating with other Platform members, or utilising information provided by the Platform/other Platform members.
Where commitments demonstrated EU-added value but were assessed as having done so mostly or partially, this was due to commitment reports containing insufficient information to fully evidence the EU-added value of the commitments’ relationship with the Platform.

*Figure 100. EU-added value*

![EU-added value chart](chart1.png)

*Source: Platform monitoring reports – advocacy 2015, N=21*

One commitment which fully demonstrated EU-added value was nº1605 (BEUC’s ‘Helping consumers to make healthier and more-informed food choices’) – the purpose of this commitment was to share information and disseminate best practice to Platform members via Platform meetings, something which was fully detailed in the commitment report.

### 6.2.7 Recommendations for additional actions

Three of the reports submitted for the area of advocacy made recommendations for additional actions, with the majority (18) not recommending any additional actions to be taken during or after the commitment. One of those three which did make recommendations was a commitment which was completed in 2015, while the other two are ongoing. There was a slight but not significant change between 2014 and 2015, with the number of commitments recommending additional actions falling from four to three.

*Figure 101. Recommendations for additional actions*

![Recommendations chart](chart2.png)

*Source: Platform monitoring reports – advocacy 2015, N=21*
One of the ongoing commitments which recommended additional actions was n°1605 (BEUC’s ‘Helping consumers to make healthier and more-informed food choices’). Under this commitment, BEUC collects Platform-related articles published in their members’ magazines and then shares information from these at Platform meetings, to aid assessment of industry commitments in the areas of labelling, reformulation and advertising. One additional activity recommended by n°1605 is for the Platform agenda to include regular updates on previous presentations given by Platform members, so that progress and persisting loopholes can be identified more clearly.

6.3 Overall assessment of the quality of reporting

6.3.1 Overall assessment

Overall analysis of the commitments submitted for advocacy concluded that the majority were either highly satisfactory or satisfactory, with a smaller amount being rated as non-satisfactory.

*Figure 102. Overall assessment of reporting*

Source: Platform monitoring reports – advocacy 2015, N=21

There is a noticeable increase in the number of non-satisfactory reports compared to 2014, as well as a decrease in highly satisfactory reports. In 2014, nine reports were rated as highly satisfactory and just four were rated as non-satisfactory. Given that five fewer commitments were submitted in the area of advocacy in 2015, this suggests that the overall drop in report quality is due to two factors: the first is that in 2015 some commitment holders submitted reports which were not as clear as their 2014 reports, and the second is that some well-reported commitments concluded in 2014, with no follow-up actions.

The primary reasons for reports being rated as non-satisfactory were a lack of clear S.M.A.R.T. objectives, a lack of information addressing the commitments’ interaction with the Platform, and a lack of clear reporting on the needs being addressed or the desired impact of the commitments. Several reports confused inputs, outputs and outcomes to varying degrees, leading them to underreport in one or more of these areas, and in two instances the annual objectives listed in reports were recaps of what was achieved in 2015 rather than a set of goals written at the start of the year.
One of the reports rated as highly satisfactory was n°1402 (WOF’s ‘SPOTLIGHT - Sustainable prevention of obesity through integrated strategies’). Strengths of this report included the clarity of its objectives and action plan, and its detailed and clearly-structured reporting on the commitments input and outputs.

6.4 Synergies, joint commitments and transferability

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

6.4.1 Synergies and joint commitments

In terms of synergies, there was potential for many of the commitments submitted under advocacy to strengthen each other if they were to interact in some way. For example, commitment n°1402 is reviewing literature and data in order to identify interventions which have the strongest effect on combating obesity – commitments which focus on disseminating information (such as n°530 – Freshfel’s "Fresh Times" Newsletter’) or undertaking awareness raising with the aim of fighting obesity (such as n°1516 – FoodDrinkEurope’s “European Snacks Association commitment in the area of advocacy and information exchange’) could share the findings of commitment n°1402 to good effect.

Within advocacy there are multiple other potential synergies of this nature, between commitments which produce knowledge and identify best practice, and commitments which undertake awareness raising. As just one more example, the ‘toolbox’ of guidelines and interventions produced by CPME under commitment n°1509 could be disseminated via COPA-COGECA’s forum for health professionals (commitment n°1518).

Potential was also found for some commitments to become joint commitments. Commitment n°1312 (‘Increase outreach of new knowledge in obesity research’) involves EUFIC producing multimedia output from EASO’s annual Obesity conference. This commitment could be merged with commitment n°533 (EASO’s ‘To Promote Obesity as a Health, Research and Societal Priority in Europe’) – not only could EASO promote EUFIC’s podcasts via the actions it undertakes as part of commitment n°533, but combining these two commitments could create potential for EUFIC to collaborate with EASO in a wider range of its activity areas.

There is also potential for commitments n°529 and n°530 to operate as a joint commitment – both are run by Freshfel, with n°529 compiling data on fruit and vegetable consumption levels across Europe and n°530 distributing information on promotional campaigns encouraging the consumption of fruit and vegetables via a newsletter. These two commitments complement each other well and, being run by the same organisation, could quite likely be combined.

6.4.2 Transferability

This year’s assessment of commitments explored possible transferability of commitment aims and actions. In this context, transferability means that the design and intent of an action could be replicated in another geographic or thematic setting, either by the same organisation or another one. This took into account not just whether enough detail had been provided to enable effective replication, but also the extent to which replication of the commitment in another setting had the potential to reach new audiences or generate different impacts, rather than simple duplicating the impacts of the original commitment.
12 out of the 26 commitments submitted in the area of advocacy in 2015 were deemed to be transferrable, having given enough detail about the actions undertaken that the commitment’s delivery model could be replicated in a different thematic or geographical context. Six did not provide a high enough level of detail, and three did provide detail but did not appear transferrable.

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

An example of a commitment judged to be non-transferrable was n°1509 (CPME’s ‘Mobilising the medical profession: the ‘Health Village’ Toolbox II’) – this commitment concerned the updating and dissemination of one specific tool produced by CPME, an action which could not be replicated by another organisation or in another setting.

6.5 Conclusions and recommendations

6.5.1 Conclusions

Overall, the quality of reporting on commitments submitted in 2015 for the area of advocacy was lower than the quality of 2014 reports, with a rise in the number of reports rates as non-satisfactory and a decrease in the number of highly satisfactory reports. Within this, however, there were some specific areas of improvement, and in areas where report quality dropped in 2015 there are lessons which can be learned going forward.

The main findings in relation to the design of the commitments submitted in this area were as follows:

- While almost all commitments set objectives which were at least partially S.M.A.R.T., the overall clarity of objectives dropped between 2014 and 2015. This was mostly due to commitments setting goals which were not specific, measurable or time bound, although in two cases it was because commitments failed to set annual goals at the start of 2015.
- Reports submitted in the area of advocacy were good at evidencing contextual relevance, with almost all evidencing relevance to both the Platform and wider EU priorities. There is, however, scope for more to make these links explicit rather than implicit (as many currently are).
• The extent to which commitments evidenced need and likely effectiveness, or (in the case of innovative commitments) stated that they intend to generate evidence or information, remains good, although in 2015 there was a slightly level lower of evidence referencing than in 2014.
• Geographic coverage of commitments remains mixed, and has actually seen a drop in the number of larger commitments due to several concluding in 2014. At present 28 per cent of commitments cover more than 20 countries, compared to 54 per cent in 2014.

The main findings concerning reporting on the implementation and results of the commitments were as follows:
• There was a significant increase in the level to which advocacy commitments were implemented between 2014 and 2015, with the proportion of commitments judged to have been fully implemented rising from 35 per cent to 48 per cent.
• Reporting on inputs improved significantly between 2014 and 2015, especially the reporting of human inputs. Overall, reports contained a greater amount of detail on the time and money spent on implementing commitments.
• In contrast, the average quality of reporting on outputs dropped slightly between 2014 and 2015, although was still reasonable. It is worth noting that the number of reports providing little or no detail on outputs did not increase between 2014 and 2015, suggesting that the proportional decrease in clear output reporting may be a reflection of the smaller number of commitments submitted in 2015 than a decrease in reporting clarity.
• Dissemination of results was relatively high in this area, and stayed relatively consistent between 2014 and 2015. 15 out of 21 commitments submitted reports detailing dissemination activities in 2015, a reflection of the fact that commitments in this area focus largely on awareness raising and campaigning activities.
• Fewer commitments demonstrated additionality in 2015 than did in 2014, although (as with output reporting) this appears to be largely down to the lower number of commitments rather than an increase in poor reporting. Between 2014 and 2015 the number of reports not evidencing additionality at all actually dropped by one.
• A relatively high proportion of advocacy commitments demonstrated EU-added value, with nine out of 21 demonstrate at least some added value created by their association with the Platform. This is roughly consistent with 2014, and reflects the relatively larger number of advocacy commitments which use the Platform as a dissemination tool.
• The average quality of reports submitted in the area of advocacy dropped in 2015, with two rated as highly satisfactory, 11 rated as satisfactory and eight rated as non-satisfactory. This was partially due to some commitments submitting less detailed reports in 2015, and partially due to some well-reported commitments ending in 2014.

6.5.2 Recommendations
Based upon both the assessment of 2015 commitments and a comparison between commitment reports submitted in 2014 and 2015, a number of key recommendations can be put forward for reports submitted in this area:
• Three commitment reports (n°533, n°1402 and n°1503) used a structure whereby objectives were numbered, and then inputs, outputs and outcomes were listed and ascribed the same numbers depending on which objective they were relevant to. This made it significantly clearer how inputs, outputs and outcomes related to each objective and exactly what had been achieved by those commitments. This would be a good approach for all commitment holders to follow, as it helps evidence level of implementation more clearly.
• Commitment holders need to take care that the objectives they set are fully S.M.A.R.T. At present, a high number of objectives set for advocacy commitments are neither specific nor measurable, and in most cases lack a clear timeframe for completion as well. Objectives which are more S.M.A.R.T. would help both clarify the intent of the commitment and focus report writing around.

• One area of weakness in many of the reports’ design sections was that they did not give a clear sense of the impact the commitment was expected or desired to have. Future reports would benefit from ensuring that statements concerned with intended impact and outcomes are clearer and more substantive.

• There is currently significant variation in the extent to which different EU countries are covered by advocacy commitments, with nine countries covered by only a minority of commitments. Given the nature of many of these commitments (information dissemination) and the fact that many of Platform members are multi-national advocacy and representative bodies, many organisations submitting advocacy commitments could usefully expand the reach of their respective commitments by cooperating or partnering with other Platform members.
Annex 2: Platform commitments 2015 by status

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

Table 13. New commitments

<table>
<thead>
<tr>
<th>Platform member</th>
<th>Actor name</th>
<th>Action number</th>
<th>Action Title</th>
<th>Type of Action</th>
<th>From / To</th>
</tr>
</thead>
<tbody>
<tr>
<td>EuropeActive</td>
<td>EuropeActive</td>
<td>1701</td>
<td>Promoting Physical Activity and Health in Ageing (PAHA)</td>
<td>Physical activity promotion</td>
<td>2015 / 2017</td>
</tr>
<tr>
<td>EUROPREV</td>
<td>EUROPREV network</td>
<td>1702</td>
<td>Lifestyle interventions in patients with established cardiovascular diseases</td>
<td>Education, including lifestyle modification</td>
<td>2015 / 2016</td>
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<tr>
<td>IDF Europe</td>
<td>International Diabetes Federation European Region</td>
<td>1703</td>
<td>Diabetes Prevention Forum “Feel 4 Diabetes”</td>
<td>Education, including lifestyle modification</td>
<td>2015 / 2019</td>
</tr>
<tr>
<td>COPA-COGECA</td>
<td>National Farmers’ Union of England and Wales</td>
<td>1704</td>
<td>Farming and Countryside Education (FACE)</td>
<td>Education, including lifestyle modification</td>
<td>2015 / 2019</td>
</tr>
<tr>
<td>ISCA / FoodDrinkEurope</td>
<td>International Sport and Culture Association / Coca Cola</td>
<td>1705</td>
<td>Now We Move – MOVE Week</td>
<td>Physical activity promotion</td>
<td>2015 / 2015</td>
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<tr>
<td>EASO / EFAD</td>
<td>European Association for the Study of Obesity / European Federation of the Associations of</td>
<td>1706</td>
<td>European Guidelines for Management of Obesity in Adults and Children</td>
<td>Education, including lifestyle modification</td>
<td>2015 / 2018</td>
</tr>
</tbody>
</table>
## Definition of Model School Food Policy and follow-up national actions

**FoodServiceEurope**

- Definition of Model School Food Policy and follow-up national actions

- Composition of foods (reformulation), availability of healthy food options, portion sizes

- 2015 / 2020

## Breakfast cereal industry commitment in the area of product formulation and innovation

**FoodDrinkEurope**

- Breakfast cereal industry commitment in the area of product formulation and innovation

- Composition of foods (reformulation), availability of healthy food options, portion sizes

- 2015 / 2020

## FoodDrinkEurope Framework for commitments – promoting healthy lifestyles

**FoodDrinkEurope**

- FoodDrinkEurope Framework for commitments – promoting healthy lifestyles

- Education, including lifestyle modification

- 2015 / 2017

## FoodDrinkEurope Framework for commitments – responsible marketing and advertising

**FoodDrinkEurope**

- FoodDrinkEurope Framework for commitments – responsible marketing and advertising

- Marketing and advertising

- 2015 / 2017

## FoodDrinkEurope Framework for commitments – consumer information

**FoodDrinkEurope**

- FoodDrinkEurope Framework for commitments – consumer information

- Consumer information, including labelling

- 2015 / 2017
| FoodDrinkEurope | FoodDrinkEurope | 1713 | FoodDrinkEurope Framework for commitments - product formulation and innovation (including portions) | Composition of foods (reformulation), availability of healthy food options, portion sizes | 2015 / 2017 |
### Table 14. Active commitments

<table>
<thead>
<tr>
<th>PLATFORM member</th>
<th>Actor</th>
<th>Action number</th>
<th>Action Title</th>
<th>Activity Type</th>
<th>Period covered</th>
</tr>
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<tr>
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<td>263</td>
<td>Nutritional policy Charter</td>
<td>Composition of foods (reformulation), availability of healthy food options, portion sizes</td>
<td>2005 / 2020</td>
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<td>FEVIA</td>
<td>265</td>
<td>The self-regulatory code for advertising</td>
<td>Marketing and Advertising</td>
<td>2005 / 2020</td>
</tr>
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<td>FEVIA</td>
<td>268</td>
<td>NUBEL</td>
<td>Consumer information, including labelling</td>
<td>2004 / 2020</td>
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<td>FEVIA</td>
<td>269</td>
<td>FEVIA Fund (partnership with the King Baudouin Foundation)</td>
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<td>2005 / 2016</td>
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<td>WFA</td>
<td>FERRERO</td>
<td>427</td>
<td>Media literacy and responsible advertising to children</td>
<td>Marketing and Advertising</td>
<td>2005 / 2020</td>
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<td>FoodDrinkEurope</td>
<td>FERRERO Group</td>
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<td>Promotion of physical activity</td>
<td>Physical activity promotion</td>
<td>2004 / 2020</td>
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<td>FoodDrinkEurope</td>
<td>Danone (Groupe)</td>
<td>462</td>
<td>DANONE NATIONS CUP</td>
<td>Physical activity promotion</td>
<td>2004 / 2020</td>
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<td>EUFIC</td>
<td>European Food Information Council</td>
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<td>Consumer research on nutrition information and labelling</td>
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<td>2006 / 2015</td>
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<td>European Food Information Council</td>
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<td>Increasing the outreach of EUFICs information on healthy lifestyles</td>
<td>Education, including lifestyle modification</td>
<td>2006 / 2015</td>
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<td>EUFIC</td>
<td>European Food Information Council</td>
<td>526</td>
<td>Using EUFIC communication vehicles to raise awareness of the EU Platform</td>
<td>Education, including lifestyle modification</td>
<td>2006 / 2015</td>
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<td>FRESHFEL</td>
<td>Freshfel Europe</td>
<td>529</td>
<td>Freshfel Europe &quot;Fresh Fruit and Vegetables Consumption Monitor&quot;</td>
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<td>2006 / 2020</td>
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<td>&quot;Fresh Times&quot; Newsletter with Information on Fruit and Vegetables Promotion</td>
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<td>Product Composition</td>
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<td>2006 / 2016</td>
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<td>Serving Europe</td>
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<td>Consumer Information</td>
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<td>Serving Europe</td>
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<td>Choice</td>
<td>Composition of foods (reformulation), availability of healthy food options, portion sizes</td>
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<td>World Federation of Advertisers</td>
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<td>Media Smart media literacy programme for primary school children</td>
<td>Marketing and Advertising</td>
<td>2006 / 2020</td>
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<td>Organization</td>
<td>Other Names</td>
<td>Country</td>
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<td>Objectives</td>
<td>Advocacy and Information Exchange</td>
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<td>FoodDrinkEurope</td>
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<td>Advertising and Commercial Communications, including school vending</td>
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<td>583</td>
<td>Products, Choice and Portion Size</td>
<td>Composition of foods (reformulation), availability of healthy food options, portion sizes</td>
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<td>PepsiCo Europe and UK</td>
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<td>Product development, consumer information, marketing/advertising and the promotion of healthy lifestyles</td>
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<td>FERRERO Group</td>
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## Monitoring the activities of the EU Platform for Action on Diet, Physical Activity and Health – Annexes 1-3

<table>
<thead>
<tr>
<th>Organization</th>
<th>Company/Initiative</th>
<th>Number</th>
<th>Activity Description</th>
<th>Education, Marketing and Advertising</th>
<th>Duration</th>
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<td>Healthy Choice the Easy Choice</td>
<td>Education, including lifestyle</td>
<td>2006 / 2016</td>
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<td></td>
<td>FERRERO Group</td>
<td>1001</td>
<td>EPODE (Ensemble Prévenons l'Obesité des Enfants) / EEN (European Epode Network)</td>
<td>Education, including lifestyle</td>
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<tr>
<td></td>
<td>MARS</td>
<td>1004</td>
<td>Product Reformulations and Portion Size Reductions</td>
<td>Composition of foods (reformulation), availability of healthy food options, portion sizes</td>
<td>2007 / 2017</td>
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<td>CleverNaschen</td>
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<td>MARS</td>
<td>1012</td>
<td>Bielice Run' - Young Europeans Run</td>
<td>Physical activity promotion</td>
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<td>MARS</td>
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<td>Reduction of salt levels in rice and sauce products</td>
<td>Composition of foods (reformulation), availability of healthy food options, portion sizes</td>
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<td>Edenred</td>
<td>1028</td>
<td>Promotion of a balanced nutrition programme on the working place</td>
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<td>2006 / 2020</td>
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<td>Organization 2</td>
<td>Programme/Project Name</td>
<td>Focus Area</td>
<td>Time Period</td>
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<td>EVA</td>
<td>MARS Inc</td>
<td>Smart Choice Programme for Vending in Education</td>
<td>Education, including lifestyle modification</td>
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<td>EUFIC</td>
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<td>Using EUFIC communication vehicles to promote physical activity</td>
<td>Physical activity promotion</td>
<td>2008 / 2015</td>
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<td>UNESCO</td>
<td>No advertising in cinemas during films aimed at children under 12 years</td>
<td>Marketing and Advertising</td>
<td>2008 / 2020</td>
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<tr>
<td>COPA-COGECA</td>
<td>The Danish Agricultural and Food Council</td>
<td>Holiday Food and Nutrition Camps (Madskoler)</td>
<td>Education, including lifestyle modification</td>
<td>2004 / 2020</td>
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<td>IBFAN</td>
<td>International Baby Food Action Network</td>
<td>Policy and programme coherence in infant and young child feeding in the EU</td>
<td>Advocacy and information exchange</td>
<td>2008 / 2017</td>
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<tr>
<td>WFA</td>
<td>World Federation of Advertisers</td>
<td>The EU Pledge - Changing Food Advertising to Children</td>
<td>Marketing and Advertising</td>
<td>2008 / 2020</td>
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<tr>
<td>COFACE</td>
<td>Family Associations</td>
<td>Media, advertising and nutrition: media literacy educational package</td>
<td>Marketing and Advertising</td>
<td>2009 / 2016</td>
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<tr>
<td>EFAD / EUFIC</td>
<td>European Federation of the Associations of Dietitians / European Food Information Council</td>
<td>Collaborate to promote increased awareness and use of energy balance</td>
<td>Education, including lifestyle modification</td>
<td>2009 / 2015</td>
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<tr>
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<td>Polish Federation of Food Industry Union of Employers</td>
<td>&quot;Keep fit&quot; educational programme</td>
<td>Education, including lifestyle modification</td>
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<td>FoodDrinkEurope</td>
<td>Kellogg Company</td>
<td>Kellogg's Breakfast clubs</td>
<td>Education, including lifestyle modification</td>
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<td>WOF</td>
<td>IASO-World Obesity Federation</td>
<td>International standards for marketing food to children</td>
<td>Marketing and Advertising</td>
<td>2010 / 2016</td>
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### Monitoring the activities of the EU Platform for Action on Diet, Physical Activity and Health

**Annexes 1-3**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Initiative</th>
<th>Activity</th>
<th>Sector</th>
<th>Timeline</th>
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<tr>
<td>FoodDrinkEurope</td>
<td>UNESDA</td>
<td>1203</td>
<td>Not to market to children under 12 years in the Digisphere</td>
<td>Marketing and Advertising</td>
</tr>
<tr>
<td>FoodDrinkEurope</td>
<td>Danone Belgium</td>
<td>1207</td>
<td>Bon appétit, Bouge ta santé / Spring in het rond, eet gezond</td>
<td>Education, including lifestyle modification</td>
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<tr>
<td>FoodDrinkEurope</td>
<td>Danone</td>
<td>1208</td>
<td>Eat like a Champ</td>
<td>Education, including lifestyle modification</td>
</tr>
<tr>
<td>COPA-COGECA</td>
<td>The Danish Agricultural and Food Council</td>
<td>1209</td>
<td>6 A DAY</td>
<td>Education, including lifestyle modification</td>
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<tr>
<td>CPME</td>
<td>Standing Committee of European Doctors</td>
<td>1307</td>
<td>Informing the medical profession</td>
<td>Advocacy and information exchange</td>
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<tr>
<td>EASO</td>
<td>European Association for the Study of Obesity</td>
<td>1310</td>
<td>Develop and maintain a network of 'EASO Collaborating Centres for Obesity Management'</td>
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<td>1312</td>
<td>Increase outreach of new knowledge in obesity research</td>
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<td>IDF</td>
<td>International Diabetes Federation European Region</td>
<td>1313</td>
<td>Diabetes Prevention Forum “Manage Care”</td>
<td>Education, including lifestyle modification</td>
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<td>The Danish Agricultural and Food Council (DAFC)</td>
<td>1317</td>
<td>Partnership on the reduction of salt content in food</td>
<td>Composition of foods (reformulation), availability of healthy food options, portion sizes</td>
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<tr>
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<td>World Obesity Federation</td>
<td>1402</td>
<td>SPOTLIGHT - Sustainable prevention of obesity through integrated strategies</td>
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*May, 2016*
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<thead>
<tr>
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<th>Project Title</th>
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<th>Duration</th>
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<td>Nestlé</td>
<td>1406</td>
<td>Nestlé Healthy Kids Programme</td>
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<td>2012 / 2015</td>
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<td>UNILEVER</td>
<td>1413</td>
<td>Global Employee Health Programme - Lamplighter</td>
<td>Education, including lifestyle modification</td>
<td>2005 / 2020</td>
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<td>FoodDrinkEurope</td>
<td>FoodDrinkEurope</td>
<td>1414</td>
<td>FoodDrinkEurope Recommendation for the continued use of Guideline Daily Amounts (GDAs)</td>
<td>Consumer information, including labelling</td>
<td>2012 / 2016</td>
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<tr>
<td>FoodDrinkEurope</td>
<td>Blédina (Danone)</td>
<td>1417</td>
<td>Malin program, to improve dietary habits of vulnerable infants</td>
<td>Education, including lifestyle modification</td>
<td>2012 / 2018</td>
</tr>
<tr>
<td>FoodDrinkEurope</td>
<td>Danone Spain</td>
<td>1418</td>
<td>Danone Sport Schools</td>
<td>Physical activity promotion</td>
<td>2004 / 2020</td>
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<tr>
<td>IDF</td>
<td>International Diabetes Federation European Region</td>
<td>1419</td>
<td>World Diabetes Day</td>
<td>Advocacy and information exchange</td>
<td>2012 / 2020</td>
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<tr>
<td>FoodDrinkEurope</td>
<td>Danone Research</td>
<td>1420</td>
<td>Dietary habits and nutrient intakes in infants and toddlers</td>
<td>Composition of foods (reformulation), availability of healthy food options, portion sizes</td>
<td>2010 / 2016</td>
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<tr>
<td>EASO</td>
<td>European Association for the Study of Obesity</td>
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<td>Development of the EASO European Obesity Patient Council</td>
<td>Advocacy and information exchange</td>
<td>2013 / 2016</td>
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<td>European Federation of the Associations of Dietitians / European Food Information Council</td>
<td>1504</td>
<td>Integrating behavior change techniques and digital technology for dietitian support</td>
<td>Education, including lifestyle modification</td>
<td>2013 / 2015</td>
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<td>Organization</td>
<td>Association/Program</td>
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<td>Commitment Area</td>
<td>Specific Commitment Highlights</td>
<td>Duration</td>
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<td>1513</td>
<td>European savoury snacks industry commitment in the area of consumer information</td>
<td>Consumer information, including labelling</td>
<td>2006 / 2016</td>
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<tr>
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<td>European Snacks Association</td>
<td>1514</td>
<td>European savoury snacks industry commitment in the area of product development and choice</td>
<td>Composition of foods (reformulation), availability of healthy food options, portion sizes</td>
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<td>1516</td>
<td>European Snacks Association commitment in the area of advocacy and information exchange</td>
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<td>COPA-COGECA</td>
<td>The Danish Agricultural and Food Council</td>
<td>1517</td>
<td>Forum for home economics teachers in primary and lower secondary schools</td>
<td>Education, including lifestyle modification</td>
<td>2005 / 2020</td>
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<tr>
<td>COPA-COGECA</td>
<td>The Danish Agricultural and Food Council</td>
<td>1518</td>
<td>Forum for health professionals including dieticians</td>
<td>Advocacy and information exchange</td>
<td>2004 / 2020</td>
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<tr>
<td>CESS</td>
<td>Confederation Européenne Sport Santé</td>
<td>1604</td>
<td>Ready steady Go</td>
<td>Physical activity promotion</td>
<td>2014 / 2018</td>
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<tr>
<td>BEUC</td>
<td>The European Consumer's Organisaiton</td>
<td>1605</td>
<td>Helping consumers to make healthier and more-informed food choices</td>
<td>Advocacy and information exchange</td>
<td>2014 / 2017</td>
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<tr>
<td>ISCA / FoodDrinkEurope</td>
<td>International Sport and Culture Association / Coca Cola</td>
<td>1606</td>
<td>Now We Move Activation</td>
<td>Physical activity promotion</td>
<td>2014 / 2016</td>
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<td>FoodDrinkEurope</td>
<td>Nestlé</td>
<td>1607</td>
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<td>Composition of foods</td>
<td>2014 / 2016</td>
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<td>EuroHealthNet</td>
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<td>Promote information exchange and innovation, including health and social equity</td>
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<td>ER-WCPT</td>
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<td>Promoting physical activity in children, the role of Physiotherapists</td>
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<td>EHN</td>
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<td>Empower and inform families on diet and physical activity</td>
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<tr>
<td>FoodDrinkEurope</td>
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<td>Providing Portion Guidance(TM) on all Nestlé's children's and family products</td>
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<td>ACT</td>
<td>Association of Commercial Television</td>
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<td>COMMERCIAL TV CHANNELS BEST PRACTICES IN PROMOTING PHYSICAL ACTIVITY via programming and beyond</td>
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<td>1614</td>
<td>Arla Fonden Food Camps</td>
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<tr>
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<td>1615</td>
<td>DAPHNE - Data-as-a-Service platform for Healthy Lifestyle support</td>
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<td>Forum on Malnutrition</td>
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Table 15. Completed commitments

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<td>Wellness For Me</td>
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<td>FoodDrinkEurope</td>
<td>MARS</td>
<td>1015</td>
<td>Nutrition Labelling Initiative: Indication of Guideline Daily Amounts (GDAs)</td>
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<td>1024</td>
<td>¡A comer bien! (To eat well)</td>
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<td>European Public Health Alliance</td>
<td>1043</td>
<td>Dissemination of information on European food, nutrition and physical activity policy developments with EPHA's member organisations</td>
<td>Advocacy and information exchange</td>
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<tr>
<td>FoodDrinkEurope</td>
<td>DANONE RESEARCH Centre Daniel Carasso</td>
<td>1114</td>
<td>Ma santé au quotidien</td>
<td>Education, including lifestyle modification</td>
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<tr>
<td>FoodDrinkEurope</td>
<td>Mondelēz International</td>
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<td>Mondelēz International - Employee Wellbeing</td>
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<tr>
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<td>Standing Committee of European Doctors</td>
<td>1305</td>
<td>healthy choices at work</td>
<td>Composition of foods (reformulation), availability of healthy food options, portion sizes</td>
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<tr>
<td>EVA</td>
<td>European Vending Association</td>
<td>1314</td>
<td>Increasing vending choice to promote healthy eating habits</td>
<td>Composition of foods (reformulation), availability of healthy</td>
</tr>
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<td>Organisation</td>
<td>Event Description</td>
<td>Topic</td>
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<td>International Sport and Culture Association / Coca Cola: Now We Move – MOVE Week</td>
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Annex 3: Breakdown of commitments 2015 per activity type

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

- Marketing and advertising;
- Composition of foods (reformulation), availability of healthy food options, portion sizes;
- Consumer information, including labelling;
- Education, including lifestyle modification;
- Physical activity promotion; and
- Advocacy and information exchange.
Table 16. Marketing and advertising

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<td>265</td>
<td>The self-regulatory code for advertising</td>
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<td>581</td>
<td>Advertising and Commercial Communications, including school vending</td>
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<tr>
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<td>619</td>
<td>Product development, consumer information, marketing/advertising and the promotion of healthy lifestyles</td>
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<tr>
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<td>833</td>
<td>Responsible marketing and advertising</td>
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<td>1018</td>
<td>Mars Marketing Commitments (MMC)</td>
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<td>1064</td>
<td>No advertising in cinemas during films aimed at children under 12 years</td>
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<td>1203</td>
<td>Not to market to children under 12 years in the Digisphere</td>
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<tr>
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<td>European savoury snacks industry commitment in the area of marketing and advertising</td>
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### Table 17. Composition of foods (reformulation), availability of healthy food options, portion sizes

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<tr>
<td>CPME</td>
<td>1305</td>
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</tr>
<tr>
<td>EVA</td>
<td>1314</td>
<td>Increasing vending choice to promote healthy eating habits</td>
</tr>
<tr>
<td><strong>FoodDrinkEurope</strong></td>
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<td></td>
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<td>583</td>
<td>Products, Choice and Portion Size</td>
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<tr>
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<td>1004</td>
<td>Product Reformulations and Portion Size Reductions</td>
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<td>Reduction of salt levels in rice and sauce products</td>
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<td>Dietary habits and nutrient intakes in infants and toddlers</td>
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<td>FoodDrinkEurope Framework for commitments - product</td>
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<tr>
<td></td>
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<td>formulation and innovation (including portions)</td>
</tr>
<tr>
<td><strong>FoodServiceEurope</strong></td>
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<tr>
<td></td>
<td>1707</td>
<td>Definition of Model School Food Policy and follow-up national actions</td>
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<tr>
<td><strong>Serving Europe</strong></td>
<td>535</td>
<td>Product Composition</td>
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### Table 18. Consumer information, including labelling

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>EUFIC</td>
<td>521</td>
<td>Consumer research on nutrition information and labelling</td>
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<tr>
<td>EuroCommerce</td>
<td>1028</td>
<td>Promotion of a balanced nutrition programme on the working place</td>
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<td>FoodDrinkEurope</td>
<td>268</td>
<td>NUBEL</td>
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<tr>
<td></td>
<td>582</td>
<td>Consumer information</td>
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<tr>
<td></td>
<td>1015</td>
<td>Nutrition Labelling Initiative: Indication of Guideline Daily Amounts (GDAs)</td>
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<tr>
<td></td>
<td>1024</td>
<td>¡A comer bien! (To eat well)</td>
</tr>
<tr>
<td></td>
<td>1027</td>
<td>FoodDrinkEurope Recommendation for the continued use of Guideline Daily Amounts (GDAs)</td>
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<tr>
<td></td>
<td>1414</td>
<td>European savoury snacks industry commitment in the area of consumer information</td>
</tr>
<tr>
<td></td>
<td>1513</td>
<td>Providing Portion Guidance(TM) on all Nestlé's children's and family products</td>
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<tr>
<td></td>
<td>1712</td>
<td>FoodDrinkEurope Framework for commitments – consumer information</td>
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<tr>
<td>Serving Europe</td>
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<td>Consumer Information</td>
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### Table 19. Education, including lifestyle modification

<table>
<thead>
<tr>
<th>Platform member</th>
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<tbody>
<tr>
<td>COPA-COGECA</td>
<td>1065</td>
<td>Holiday Food and Nutrition Camps (Madskoler)</td>
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<tr>
<td></td>
<td>1209</td>
<td>6 A DAY</td>
</tr>
<tr>
<td></td>
<td>1517</td>
<td>Forum for home economics teachers in primary and lower secondary schools</td>
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<tr>
<td></td>
<td>1614</td>
<td>Arla Fonden Food Camps</td>
</tr>
<tr>
<td></td>
<td>1704</td>
<td>National Farmers' Union of England and Wales</td>
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<tr>
<td>EASO</td>
<td>1310</td>
<td>Develop and maintain a network of 'EASO Collaborating Centres for Obesity Management'</td>
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<tr>
<td>EASO / EFAD</td>
<td>1706</td>
<td>European Guidelines for Management of Obesity in Adults and Children</td>
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<tr>
<td>EFAD / EUFIC</td>
<td>1111</td>
<td>Collaborate to promote increased awareness and use of energy balance</td>
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<tr>
<td></td>
<td>1504</td>
<td>Integrating behaviour change techniques and digital technology for dietitian support</td>
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<tr>
<td>EUFIC</td>
<td>524</td>
<td>Increasing the outreach of EUFICs information on healthy lifestyles</td>
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<td>526</td>
<td>Using EUFIC communication vehicles to raise awareness of the EU Platform</td>
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<td>EUROPREV</td>
<td>1702</td>
<td>Lifestyle interventions in patients with established cardiovascular diseases</td>
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<td>EVA</td>
<td>1036</td>
<td>Smart Choice Programme for Vending in Education</td>
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<td>FoodDrinkEurope</td>
<td>269</td>
<td>FEVIA Fund (partnership with the King Baudouin Foundation)</td>
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<td>449</td>
<td>Wellness For Me</td>
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<td>837</td>
<td>Healthy Choice the Easy Choice</td>
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<tr>
<td>1001</td>
<td>EPODE (Ensemble Prévenons l'Obesité des Enfants) / EEN (European Epode Network)</td>
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<td>1009</td>
<td>CleverNaschen</td>
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<td>1013</td>
<td>Supporting the Epode European Network</td>
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<td>1113</td>
<td>&quot;Keep fit&quot; educational programme</td>
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<td>1114</td>
<td>Ma santé au quotidien</td>
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</tr>
<tr>
<td>1115</td>
<td>Kellogg's Breakfast clubs</td>
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</tr>
<tr>
<td>1207</td>
<td>Bon appétit, Bouge ta santé / Spring in het rond, eet gezond</td>
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<tr>
<td>1208</td>
<td>Eat like a Champ</td>
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<tr>
<td>1211</td>
<td>Mondelez International - Employee Wellbeing</td>
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<tr>
<td>1406</td>
<td>Nestlé Healthy Kids Programme</td>
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<td>1413</td>
<td>Global Employee Health Programme - Lamplighter</td>
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<tr>
<td>1417</td>
<td>Malin program, to improve dietary habits of vulnerable infants</td>
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<tr>
<td>1710</td>
<td>FoodDrinkEurope Framework for commitments – promoting healthy lifestyles</td>
<td></td>
</tr>
<tr>
<td>IDF</td>
<td>1313</td>
<td>Diabetes Prevention Forum “Manage Care”</td>
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<tr>
<td>1703</td>
<td>Diabetes Prevention Forum “Feel 4 Diabetes”</td>
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<tr>
<td>WOF</td>
<td>810</td>
<td>Improving medical and health professional skills to counteract obesity</td>
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### Table 20. Physical activity promotion

<table>
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<tr>
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<tr>
<td>CESS</td>
<td>1604</td>
<td>Ready steady Go</td>
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<td>ER-WCPT</td>
<td>1609</td>
<td>Promoting physical activity in children, the role of Physiotherapists</td>
</tr>
<tr>
<td>EUFIC</td>
<td>1061</td>
<td>Using EUFIC communication vehicles to promote physical activity</td>
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<tr>
<td>EuropeActive</td>
<td>1701</td>
<td>Promoting Physical Activity and Health in Ageing (PAHA)</td>
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<td>FoodDrinkEurope</td>
<td>431</td>
<td>Promotion of physical activity</td>
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<td></td>
<td>462</td>
<td>DANONE NATIONS CUP</td>
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<tr>
<td></td>
<td>1012</td>
<td>Bielice Run’ - Young Europeans Run</td>
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<tr>
<td></td>
<td>1418</td>
<td>Danone Sport Schools</td>
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<tr>
<td>ISCA / FoodDrinkEurope</td>
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<td>Now We Move Activation</td>
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<td>1705</td>
<td>Now We Move – MOVE Week</td>
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<tr>
<td>WOF</td>
<td>1615</td>
<td>DAPHNE - Data-as-a-Service platform for Healthy Lifestyle support</td>
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### Table 21. Advocacy and information exchange

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<thead>
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<tr>
<td>A.R.E.F.L.H.</td>
<td>724</td>
<td>Dissemination of regional education programmes</td>
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<td>ACT</td>
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<td>COMMERCIAL TV CHANNELS BEST PRACTICES IN PROMOTING PHYSICAL ACTIVITY</td>
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<tr>
<td></td>
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<td>via programming and beyond</td>
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<tr>
<td>BEUC</td>
<td>1605</td>
<td>Helping consumers to make healthier and more-informed food choices</td>
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<tr>
<td>COPA-COGECA</td>
<td>1518</td>
<td>Forum for health professionals including dieticians</td>
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<td>1616</td>
<td>Forum on Malnutrition</td>
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<td>CPME</td>
<td>1307</td>
<td>Informing the medical profession</td>
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<tr>
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<td>1509</td>
<td>Mobilising the medical profession: the ‘Health Village’ Toolbox II</td>
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<td>EASO</td>
<td>533</td>
<td>To Promote Obesity as a Health, Research and Societal Priority in Europe</td>
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<td></td>
<td>1503</td>
<td>Development of the EASO European Obesity Patient Council</td>
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<tr>
<td>EASO / EUFIC</td>
<td>1312</td>
<td>Increase outreach of new knowledge in obesity research</td>
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<tr>
<td>EHN</td>
<td>1610</td>
<td>Empower and inform families on diet and physical activity</td>
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<td>EPHA</td>
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<td>Dissemination of information on European food, nutrition and physical activity policy developments with EPHA's member organisations</td>
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<td>EU Platform for Action on Diet, Physical Activity and Health - analysis of the industry's commitments against public health objectives</td>
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<td>EuroHealthNet</td>
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<td>Promote information exchange and innovation, including health and social equity</td>
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<tr>
<td>FoodDrinkEurope</td>
<td>1516</td>
<td>European Snacks Association commitment in the area of advocacy and information exchange</td>
</tr>
<tr>
<td>Organization</td>
<td>Page</td>
<td>Description</td>
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<tr>
<td>--------------</td>
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<td>FRESHFEL</td>
<td>529</td>
<td>Freshfel Europe &quot;Fresh Fruit and Vegetables Consumption Monitor&quot;</td>
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<td>530</td>
<td>&quot;Fresh Times&quot; Newsletter with Information on Fruit and Vegetables Promotion</td>
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<td>IBFAN</td>
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<td>Policy and programme coherence in infant and young child feeding in the EU</td>
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<td>World Diabetes Day</td>
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<tr>
<td>WOF</td>
<td>1402</td>
<td>SPOTLIGHT - Sustainable prevention of obesity through integrated strategies</td>
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</table>