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WP3 Deliverable 6





RARHA

REDUCING ALCOHOL RELATED HARM

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Executive summary

One of the aims of this Final Evaluation Report is to provide an overview of what has been done by the partners of RARHA Joint Action (JA) and present the added value and limitations of each Work Package (WP), including the assessment of the adequacy and appropriateness of dissemination activities. The report describes the results of the continuous monitoring of the progress of the JA against pre-defined milestones and process indicators, which were used to provide feedback to partners on aspects that have hindered or advanced implementation, identifying also unexpected developments. Finally, it also assesses the achievements and their quality against output and outcome indicators, taking into account the general and specific objectives and the expected deliverables.

To implement RARHA's goals and objectives, the Joint Action was organized in six Work Packages (WPs): three horizontal (i.e. WP1, WP2 and WP3), and three core WPs (i.e. WP4, WP5 and WP6). The JA aimed to contribute to develop capacity building among partners, but also to impact on the wider public health community. More specifically, it intended to strengthen competence in alcohol survey methodology and monitoring progress in reducing alcohol related harm (WP4), to clarify the scientific basis and practical implications of drinking guidelines as a public health measure (WP5), and to enhance access to well described, likely transferable interventions on which some evidence of effectiveness in influencing attitudes or behaviour and cost estimates were available (WP6).

WP1 was responsible for managing and monitoring the activities of the JA. Overall, the coordination team has proved to be able to improve and adapt their managerial skills along the JA. RARHA JA members have positively valued the vision of the JA leadership as well as their constructive, cooperative, problem-solving capacity, together with a trustworthy work atmosphere generated by the coordinators. Nevertheless, two challenges have persisted throughout the JA: communication and coordination. In a nutshell, the feeling by some partners that information was not always properly shared, and the amount of time taken to solve queries could be improved. The deliverables and milestones of WP1 – centred on producing technical reports, organizing meetings and on holding the kick-off and the final conference of RARHA – have been positively assessed by members of the JA.

WP2 was responsible for improving the JA visibility through the diffusion of results and deliverables of the JA to the different target groups. To accomplish its goals, WP2 used the following tools: promotional package, RARHA website, electronic newsletters, and satellite events. These tools have been used to disseminate the work conducted in the three core WPs. Importantly, all WP2 Deliverables and Milestones, have been positively assessed by the different evaluation instruments. However, and despite its positive assessment, RARHA website still has some room for improvement.

WP4 aimed to develop a common methodology to obtain comparable data for monitoring progress in reducing alcohol related harm at national and EU level and for benchmarking national developments against wider trends. The Deliverable of WP4 (Synthesis report: baseline assessment and suggestions for comparative monitoring of alcohol epidemiology across the EU), has been positively evaluated by external experts. Additionally, the five milestones assigned to these WP have been properly completed and minor delays have affected the call for tender for subcontracting the survey fieldwork of task1 (Milestones I). The achievement of the first Specific Objectives related to WP4 (i.e. Providing a baseline for comparative assessment and monitoring of alcohol epidemiology, including drinking levels and patterns, and alcohol related harms across the EU) has received a positive assessment by participants and external experts. An important indicator that highlights the success achieved in this specific objective is that 11 member states are planning to use the RARHA common methodology for alcohol surveys. Additionally, CNAPA members considered access to comparative data developed by RARHA as very useful. Specific Objective 2 (i.e. Strengthening capacity in comparative alcohol survey methodology and increasing interest in using common methodology in the future) also received positive evaluations. In this case, it is worth to highlight that participants perceived that the work within this WP had contributed to enhance networking in its specific field and, more importantly, were willing to continue to apply methods and network solutions developed through the JA. Participants within WP4 raised an important concern related to the sustainability of future actions derived from the work of the WP. More specifically, they wondered about how the reluctance of the European Commission to use common methodology in the future can negatively affect the work done by WP4.

WP5 goal was to provide guidance to policy-makers on the scientific basis and practical implications of the use of drinking guidelines as a public health measure, thereby widening consensus in developing more aligned messages on alcohol related harm to the population and health professionals. WP5 Deliverable (i.e. Synthesis report: good practice principles in the use of drinking guidelines as a public health measure) has been published according to what was stated in the Grant Agreement (i.e. October 2016). More importantly both external experts and RARHA participants highly valued the content of this report, and signal that the concepts and guidelines collected in it will be very useful for policymakers. The five Milestones of WP5 have been completed on time (with negligible delays) and, when evaluated, participants have highlighted the usefulness and quality of the activities behind the milestones. The attainment of the first specific objective within WP5 (i.e. Specific Objective 3, Clarifying the science underpinnings and public health policy implications of the use of drinking guidelines to reduce alcohol related harm) has been assessed as good or very good by a large majority of WP5 partners as well as by external experts. The same positive evaluation is found for the Specific Objective 4 (i.e. Building consensus on the use of drinking guidelines to reduce alcohol related harm), although in this case the scores were a bit below the Specific Objective 3. Nonetheless, all participants in the evaluation survey perceived an increased consensus between the first and the last Policy Delphi round and highlighted the

existence of a substantial area of agreement between partners, members and the advisory group. It is worth mentioning the difficulties encountered to agree on drinking guidelines for young people, where two irreconcilable approaches emerged. Regardless of this dissension, representatives from WP5 were convinced of the value of the guidelines for policymakers, health professionals and citizens.

WP6 was focused on selecting interventions implemented by public bodies in EU Member States, adaptable to other contexts and with reasonable evidence of efficacy and effectiveness in influencing alcohol consumption attitudes and patterns. The good practice examples were collected into a Tool Kit which includes guidance on criteria of good practice for alcohol information approaches to reduce alcohol related harm, addressed to public health policy planners. WP6 has two inter-related deliverables (i.e. the Online version of the Tool Kit and the Master for printed Tool Kit). The Tool Kit has been positively assessed by external experts who have examined it. WP6 Milestones have been completed on time, and according to the evaluation tools, participants assessed positively the activities and outputs related to the milestones. Additionally, respondents to surveys and interviews highlighted the involvement and participation of all the members, which may facilitate the sustainability of the Tool Kit. As regards the achievement of Specific Objective 5 (i.e. Facilitating exchange between Member States public health bodies, of good practice in the use of information approaches to reduce alcohol related harm), WP6 participants were satisfied with the adopted methodological approach which, according to them, facilitated making the process tangible and practicable. However, they perceived the different languages of collected practices as a limitation for the toolkit dissemination, which was expected to be solved by translating either the whole toolkit or its executive summary into national languages. Importantly, the quality and adequacy of the presentation of the good practice examples collected in the RARHA Tool Kit have received an outstanding assessment by external experts. Moreover, 15 EU Member States adapted or were planning to adapt one or more of the good practice examples. Regarding Specific Objective 6 (i.e. Providing guidance and tools for public health policy planners for the use of information approaches to reduce alcohol related harm in the framework of wider public health policies), WP6 partners found that this document will have more impact on policymakers than on professionals and practitioners involved in alcohol related harm reduction. Both external experts and participants in WP6 highly valued the quality and usefulness of the criteria/guidance provided for the good practices example collected in the RARHA Tool Kit.

On a general level, the internal functioning of the three core WPs has been positively assessed by participants. More specifically, most of the members within these WPs believe that sufficient space was given to share diverse points of views, establish common starting points and make visible and include different opinions. Moreover, the different skills of WP leaders and co-leaders were highly valued (i.e. experience, authority, capacity to build a vision, control over information, professional respect, capacity to connect, disposition to create consensus, and capacity to solve problems). In this vein, participants indicated that leaders have helped

to find common ground, but also highlighted that there had been satisfactory communication among partners and that decisions had been taken collectively.

In conclusion, according to the results obtained through the different instruments used to conduct the evaluation, the RARHA JA has satisfactorily achieved its objectives with only minor delays. In this vein, a unanimous positive opinion exists when it comes to evaluate the accomplishment of the JA. However, the JA has not always been smooth and easy and some challenges were successfully overcome. The main challenges in the course of the JA were related to the perception of insufficient economic, human and time resources to perform the outputs. Additionally, the structure and contents of the website, the dissemination of specific events, and the smooth communication along the project have also been identified as rather tricky. Importantly, these challenges were properly tackled during the project.

RARHA JA is a first step that will lead to public value by contributing to health management through the improvement of specific policies, making more efficient the use of public resources, improving information available for policymakers, ameliorating health professionals' interventions, as well as the wellbeing of citizens. If RARHA is not able to pass the baton or to keep the ball rolling the JA achieved goals could fall on deaf ears.

Introduction

The aim of this Final Evaluation Report is to provide an overview of what has been done by the partners of RARHA Joint Action (JA) and present the positive aspects and limitations encountered in each Work Package (WP), including the assessment of the adequacy and appropriateness of dissemination activities. It describes results of the continuous monitoring of the progress of the JA against pre-defined milestones and process indicators, which have been used to provide periodical feedback to partners on aspects that could hinder or advance the implementation, identifying also unexpected developments. The report also assesses the achievements and their quality against output and outcome indicators, taking into account the general and specific objectives and the expected deliverables.

The report starts with an introduction on RARHA JA organization and aims. Then it describes in detail the evaluation objectives, methodology, data collection instruments, procedures and the evaluation questions adopted throughout the JA activities. The stakeholders analysis developed for evaluation purpose is also presented.

The following section presents the results of the assessment of 5 out of the 6 WPs that compose RARHA JA (WP3-Evaluation excluded). For WP1 and WP2 a general assessment is provided, as well as an evaluation of deliverables and milestones. The part on the three core WPs (WP4, WP5 and WP6) includes also an assessment of the level of achievement of the specific objectives, based on the predefined process, output and outcome indicators. A final overview of results of the evaluation of the JA as a whole closes the section.

The final part of the Report provides the conclusions of RARHA JA evaluation, including also the achievement of each evaluation question.

Overview of RARHA Joint Action

The Joint Action on Reducing Alcohol Related Harm (RARHA) has received funding from the European Union in the framework of the Second Program of Community Action in the field of Health (2008-2013). It responded to the program's call 4.2.3.4 by mobilizing Member States (MS) to cooperate towards uptake, exchange and development of common approaches relating to the underpinning priorities of the EU alcohol strategy and strengthen MS capacity to address and reduce alcohol related harm.

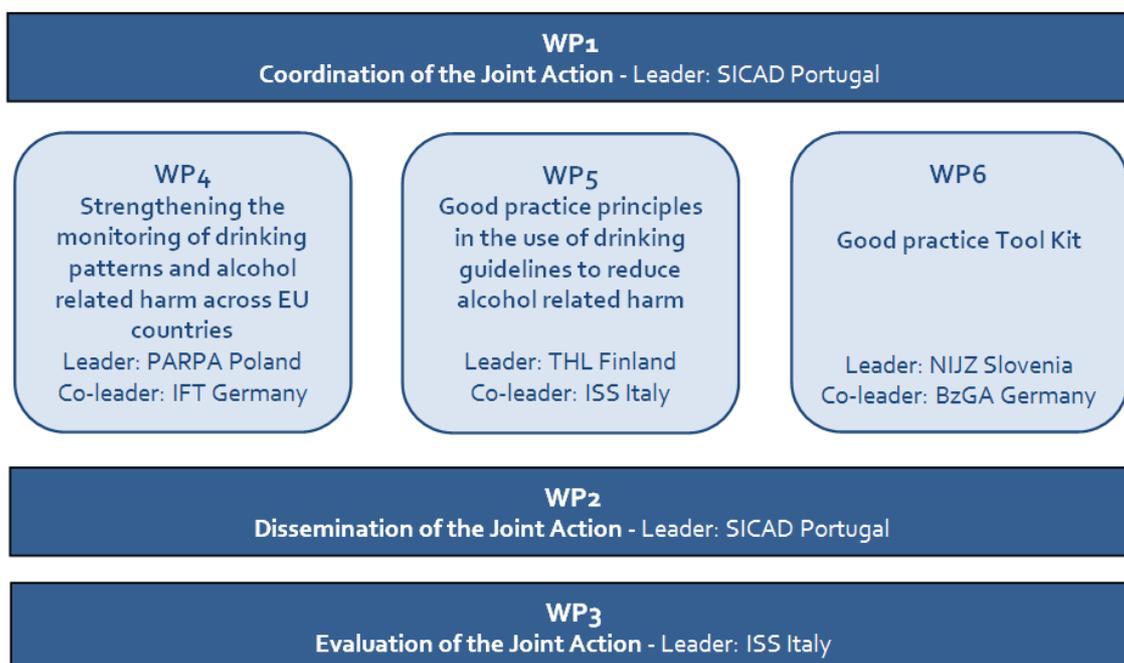
RARHA was a 3-year joint action (2014-2016). It was coordinated by Portugal and involved 30 countries (27 MS plus Iceland, Norway and Switzerland), represented by public institutions and networks, NGO's, universities, as well as international organizations - such as the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the World Health Organization (WHO), the Pompidou Group and the Organization for Economic Co-operation and Development (OECD) - for a total of 32 Associated Partners and 28 Collaborating

Partners.

The project, as shown below, was structured around 6 Work Packages (WPs).

In brief, the JA contributed to capacity building among partners and in the wider public health community by: strengthening competence in alcohol survey methodology and monitoring progress in reducing alcohol related harm (WP4), clarifying the scientific basis and practical implications of drinking guidelines as a public health measure (WP5), enhancing access to well described, likely transferable interventions on which some evidence of effectiveness in influencing attitudes or behaviour and cost estimates were available (WP6).

The specific activities foreseen for the 6 WPs can be summarized as follows.



WP1 - Coordination

Management of the project and monitoring of activities, including organization of management meetings and final conference, reporting and communication to the Consortium and the Commission.

WP2 - Dissemination

Dissemination and diffusion of results and deliverables of the JA to the different target groups, by means of: dedicated website, electronic newsletters, final conference and publication of scientific reports, dissemination of results and final version of the Tool Kit.

WP3 - Evaluation of the Joint Action

To follow the progress of the JA in order to verify if activities performed and results obtained are implemented as planned and reach the objectives foreseen in the Grant Agreement, using predefined process, output and outcome indicators.

WP4 - Monitoring

Development of a standardized monitoring approach in order to provide the basis for comparative assessment of progress in reducing alcohol related harm at national and EU level and for benchmarking national developments against wider trends, through: 1) implementation of a common methodology and execution of a survey across MS; 2) recoding and pooling already existing data for comparative analysis.

WP5 - Guidelines

To combine the scientific knowledge on risks and the experiences in the use of drinking guidelines to clarify their scientific basis and practical implications, and to work towards consensus on good practice principles for the use of drinking guidelines as a public health measure. The ultimate objective is to contribute towards more aligned messages to the population and health professionals.

WP6 - Tool kit

Collection and dissemination of a Tool Kit with good practice examples - implemented in MS by public bodies, and of proven effectiveness in influencing alcohol attitudes or behaviours, to be used as guidance for health policy planners. The Tool Kit will also provide a structured description of the effectiveness, potential for replication/adaptation, scalability, costs and critical success factors of collected examples.

Evaluation of RARHA JA

Objectives and methodology

The aim of the WP3-Evaluation was to verify if the RARHA Joint Action was being implemented as planned and reached its objectives. It mainly consisted in:

- a.** Following the progress of the JA, including the assessment of the adequacy and appropriateness of dissemination activities, taking into account pre-defined milestones and process indicators in order to provide feedback on aspects that hindered or advanced implementation, identifying also unexpected developments;
- b.** Assessing the achievements and their quality against appropriate process, output and outcome indicators, taking into account the general and specific objectives and the expected deliverables.

The WP involved all the 32 Associated Partners and followed an integrated approach in which internal (point **a.**) and external (point **b.**) evaluation of the JA implementation and achievements were carried out separately. Both internal and external evaluation activities were led and overseen by ISS (Istituto Superiore di Sanità, Rome, Italy) and supported by an Evaluation Steering Group (ESG), composed of 5 members of the Committee on National Alcohol Policy and Action (CNAPA) as representatives of 5 participating countries. The ESG was informed on the progress of the JA and consulted on the main topics of the evaluation process.

In order to achieve the highest possible degree of quality, objectivity and impartiality, the evaluation process was subcontracted to an independent experienced organization. The external evaluation tasks and requirements were specified in a Technical Annex conceived as integral part of the subcontract. The external evaluator was responsible for the elaboration of the detailed plan for internal and external evaluation, the development of the necessary data collection instruments, the suggestion of the analytic methodologies to be adopted and the analysis of stakeholders to be addressed, providing support to ISS in performing monitoring activities and reporting of results. Among proposals received, the offer presented by ESADE Business School, Ramon Llull University (Barcelona, Spain) was identified as the best fitting the minimum standard defined in the RARHA Grant Agreement and the focal points of the evaluation procedure, as specified in the Technical Annex.

The first of the tasks assigned to ESADE as independent evaluator was the development of the detailed plan for internal and external evaluation (Deliverable 5), which describes the methods and instruments adopted, providing also an in depth analysis of stakeholders and a detailed calendar of RARHA evaluation activities. The document, available at the RARHA

website¹, has been periodically updated.

As defined in the detailed RARHA Evaluation Plan, the methods used to conduct the internal and external evaluation of the JA throughout its implementation were based on quantitative and qualitative instruments. The overall evaluation and data collections were aimed at verifying the level of accomplishment of the predefined process, outputs and outcomes indicators (Table 1), taking into account the timing and characteristics of milestones, deliverables and other actions foreseen in the Grant Agreement and scheduled in the RARHA Evaluation Plan by means of a detailed calendar of activities for internal and external evaluation, periodically updated (last version in Table 2). The evaluation plan also contains a detailed analysis of stakeholders to be addressed during the evaluation process, which will be described in the specific chapter at the end of this section.

Table 1. **Indicators predefined in the RARHA Grant Agreement for specific objectives (WPs)**

Specific objective 1 *Providing a baseline for comparative assessment and monitoring of alcohol epidemiology, including drinking levels and patterns, and alcohol related harms across the EU (WP4)*

Process Indicators	Output Indicators	Outcome Indicators
Number of MS that successfully carry out the common survey during the period of operation of the JA	Number of national reports published and/or delivered for integration in synthesis report	Number of MS planning to use the common methodology in alcohol surveys in the future (repeat a SMART survey or carry out a 1 st SMART survey)
Number of common items used in national SMART surveys	Number of variables for which comparison across EU MS is possible	Extent to which CNAPA members consider access to comparative data improved
Number of variables re-coded for comparative assessment	Number of variables for which comparison across EU MS is possible	Extent to which CNAPA members consider access to comparative data useful

▪ **Specific objective 2** *Strengthening capacity in comparative alcohol survey methodology and increasing interest in using common methodology in the future (WP4)*

Process Indicators	Output Indicators	Outcome Indicators
Number of participants with little/no previous experience of comparative alcohol research	Number of MS with less experience in comparative alcohol research among those who successfully carry out a national SMART survey	Number of MS with less previous experience planning to use the common methodology in the future
Number of participants in work meeting to agree on common survey protocol	Number of participants who find the JA has enhanced networking	Number of participants planning to continue contacts/joint work

¹<http://www.rarha.eu/Resources/Deliverables/Lists/Deliverables/Attachments/3/RARHA%20Deliverable%20EvaluationPlan+StakeholdersAnalysis.pdf>

- **Specific objective 3** Clarifying the science underpinnings and public health policy implications of the use of drinking guidelines to reduce alcohol related harm (WP5)

Process Indicators	Output Indicators	Outcome Indicators
Delivering overviews of: drinking guidelines given in MS; uses of drinking guidelines; guidelines on drinking by young people; science underpinnings; definitions of "standard drink"	Assessment of the quality and usefulness of overviews as assessed by associated and collaborating partners	CNAPA members and other key stakeholders assessment of the extent to which the science underpinnings and policy implications have been clarified due to the JA

- **Specific objective 4** Building consensus on the use of drinking guidelines to reduce alcohol related harm (WP5)

Process Indicators	Output Indicators	Outcome Indicators
Identification of divergences between MS that help develop questions for the Policy Delphi survey	Measurable increase in areas of consensus between first and last Policy Delphi round	Degree of agreement among JA particip. on good practice principles in the use of drinking guidelines as a public health measure and on key messages to the population and health professionals

- **Specific objective 5** Facilitating exchange between MS public health bodies of good practice in the use of information approaches to reduce alcohol related harm (WP6)

Process Indicators	Output Indicators	Outcome Indicators
Number of Member States and partners from which good examples for the Tool Kit are sourced	Number of well described and transferable interventions to prevent alcohol related harm among children, young people or adults on which some evidence of effectiveness in influencing attitudes or behaviours is available	CNAPA and other target group members' positive assessment of the quality and adequacy of the presentation of good practice examples

- **Specific objective 6** Providing guidance and tools for public health policy planners for the use of information approaches to reduce alcohol related harm in the framework of wider public health policies (WP6)

Process Indicators	Output Indicators	Outcome Indicators
Number of good practice examples included in the Tool Kit	Positive assessment by intended users among JA participants and beyond of the quality and usefulness of the good practice description	Number of MS having adapted or planning to adapt one or more of the good practice examples
Well structured and informative presentation of good practice criteria	Positive assessment by intended users among JA participants and beyond of the usefulness of good practice criteria	Number of MS having made use of or planning to make use of the good practice criteria

Data collection

The methods used to conduct RARHA evaluation were mixed, including: surveys, in-depth face-to-face interviews, participant observation and document analysis. As presented below, two broad categories of methods can be distinguished: quantitative and qualitative methods.

The evaluation questions addressed were essentially:

- 1) **Has the Joint Action met its goals and progressed according to the Grant Agreement?**
- 2) **Are there any particular aspects of the RARHA implementation process (e.g. timing, networking, organization, communication, etc.) that needs to be improved or encouraged to increase the overall quality of the action?**
- 3) **Are RARHA JA dissemination activities adequate and appropriate?**
- 4) **Has RARHA JA contributed to capacity building among partners?**
- 5) **Has RARHA JA contributed to capacity building among the wider public health community?**
- 6) **Has RARHA JA reached its objectives?**

Quantitative methods

Quantitative methods were necessary to rate the extent to which deliverables, milestones and specific objectives were achieved and to obtain information about the perceived level of quality of the different tasks completed by the JA.

Three surveys were conducted along the project to perform a quantitative analysis of RARHA JA. These surveys are:

- 1st wave of the online survey among associated partners (S1), November 2014;
- 2nd wave of the online survey among associated partners (S2), November 2015;
- Short online survey among a selected group of external experts (S3), November 2016.

Two online surveys among associated partners (S1, S2)

The two-wave RARHA evaluation survey has been devised as instrument to gather information on the progress of the JA, using a quantitative longitudinal approach aimed at establishing whether and in which measure the JA objectives outputs, and relative indicators, were achieved throughout the implementation process. The results of the two surveys were used to provide feedback to partners on aspects that hindered or advanced activities, with the overall aim of improving the work in progress and increase the likelihood that the JA was successful.

The results and suggestions derived from the first survey - carried out at about one year from the beginning of RARHA (November 2014) - were collected in the 1st interim Internal

Evaluation Report (Milestone 3, available at RARHA website²) and presented to RARHA partners at the Management Group meeting held in Brussels in April 2015. The second wave of the online survey for RARHA internal evaluation was performed after twelve months from the first, in order to follow-up and assess the level of accomplishment of the JA in its second period of activities, since November 2014. S2 results were collected in the 2nd interim Internal Evaluation Report (Milestone 4, available at RARHA website³) and presented to RARHA partners at the Management Group meeting held in Helsinki in February 2016.

The data collection instrument consisted in an online questionnaire (Annex 1 and Annex 2), developed in Google Forms, which was implemented by ESADE in strict collaboration with ISS. The questionnaire was addressed to all associated partners, including both scientific and administrative staff so as to reach all WPs teams and ensure that all people directly involved in RARHA activities were properly represented.

The structure of the questionnaire for both waves was the same. The first section gathered some general information about respondents and was mainly aimed at defining their role and the specific WPs in which they were personally involved. The following five sections were dedicated to each WP with the aim of providing a broad assessment of both core and horizontal aspects of the JA – with the obvious exception of WP3-Evaluation so as to avoid a self-evaluation exercise.

The first and last sections of the questionnaire were addressed to all respondents, regardless of their role (administrative or scientific) and type of involvement in specific WPs. On the contrary, individual restrictions were devised for sections 2-6, in order to prevent conflicting interests and to improve the reliability of results. In particular, the SICAD team was asked to skip section 2 on WP1-Coordination to avoid a self-assessment bias. Administrative and financial staff was invited to skip sections on core WPs (sections 4-6), which evaluation implied a scientific approach to the specific tasks. The sections on WP4-Monitoring, WP5-Guidelines and WP6-Tool Kit were reserved to respondents who, at the beginning of the questionnaire, had stated to be personally involved in research activities specifically related to these WPs. The seventh and final section, addressed to all respondents, looked at how the involvement of participants evolved during RARHA process, assessing the main obstacles and challenges to be faced in order to fulfil objectives. Most of the questions already posed in the first online survey were repeated in the new questionnaire so as to detect possible variations in critical aspects found by the previous survey, and to identify any other longitudinal change in the implementation process.

The online evaluation questionnaire was addressed to 113 contacts in the first wave, and to 112 in the second. Both surveys reached a response rate around 60% (64.6% S1; 57.1% S2), allowing us to extract valid and reliable conclusions about RARHA implementation process.

²http://www.rarha.eu/Resources/Deliverables/Lists/Work%20Package%203/Attachments/4/RARHA_1st_Internal_Evaluation_Report_final.pdf

³http://www.rarha.eu/Resources/Deliverables/Lists/Work%20Package%203/Attachments/6/RARHA%20Interim%20Evaluation%20Report_Int+Ext_Final.pdf

Short online survey among target groups of external stakeholders (S3)

The third online survey was meant to collect information on the impact of RARHA outputs and outcomes among key stakeholders. More specifically, it was designed to gain knowledge on the extent to which the JA results had been properly disseminated among the main European experts in the field of alcohol and public health, asking them to assess the effect and impact of RARHA results on future national alcohol policies and practices, providing also their perceptions of sustainability aspects.

The universe for the sample of experts to be investigated was composed of: all CNAPA members (68 members + 4 observers); all RARHA collaborating partners (23 from 16 EU countries); national experts selected by the 32 Associated Partners (198 from 21 EU countries).

The selection of experts at national and local level was operated by inviting RARHA associated partners to provide name, affiliation and email address of 10 national experts from the following categories:

- EU Member States Departments of Health and other central or local government bodies engaged in: (1) Monitoring of drinking patterns, (2) Developing drinking guidelines and alcohol related policies, (3) Promoting health through the reduction of alcohol related harm
- Public Health & Medical Professionals involved in alcohol consumption patterns
- Umbrella Groups, Associations, Societies, Networks, NGOs, etc., focusing on alcohol or associated diseases (cancer, liver disease) and/or interested in alcohol consumption patterns
- Scientific Community e.g. relevant health/public health researchers at universities or research institutes
- Major public health projects with overlapping interests with RARHA JA
- Relevant private sector actors

To avoid overlaps with the categories that in any case were included in the data collection sample, we asked to exclude CNAPA members and RARHA collaborating partners (a list was provided) from the selected national experts. When more than 10 experts for each MS were provided, a random selection was operated. After updating the initial list with substitutes for professionals unreachable or no longer involved in the area of interest, the total final sample involved in the survey amounted to 290 European experts.

The online survey (Annex 3) was launched on the 31st of October and lasted until the 1st of December 2016. The external experts were addressed questions assessing the results obtained by the three core Work Packages (WP4, WP5 and WP6) and disseminated by Work Package 2. The response rate was 46.5% (135 respondents out of 290 selected experts). Regarding the participation of experts in questions on the specific work packages, the response rate was:

- WP2 response rate 40.3% (117 respondents)
- WP4 response rate of 34.4% (100 respondents)

- WP5 response rate of 34.1% (99 respondents)
- WP6 response rate of 33.1% (96 respondents)

Qualitative methods

Qualitative instruments were used so as to follow the evolution of the JA. In addition, these are tools to gain information about the quality of the implementation process and of the different outputs completed in the JA. Three types of qualitative methods are taken into account:

- documents analysis (DA), examination of deliverables, milestones, reports, minutes and other documents produced throughout the all period of RARHA activity;
- semi-structured face-to-face interviews with WP leaders and co-leaders, in two rounds (Si1, Si2), the first one with 9 interviews carried out in April 2015, the second one conducted in October 2016, with 11 interviews conducted;
- participant observation in two RARHA meetings (PA), the first one (Management Group meeting) in April 2015, the second one (Policy Dialogue) in September 2016, and the third and last one (Final conference) in October 2016.

Document analysis (DA)

The document analysis enabled the evaluators to objectively examine the products of RARHA JA. Apart from the main deliverables and milestones of the JA, the document analysis also took into account the meetings held by partners and the documents related to them (i.e. agendas, minutes, presentations, etc.).

The aim of reviewing documents produced by RARHA was to cross-check the deliverables and milestones against the specific objectives of each work package in the JA. The goal of this method was twofold. On the one hand it was meant to check whether the different tasks were met, producing and publishing the different deliverables and milestones on time. On the other hand, the document analysis evaluated the quality of the products of the JA.

To conduct the document analysis, having an updated and complete website is critical to access the documents produced. The external evaluators took into account documents available in the official website and in its restricted area too. One of the limitations for the evaluation was the access to updated information regarding some working papers, such as the periodical update of WPs work plans and the 6-month progress reports, due to (typical) delays in these complex projects.

Semi-structured face-to-face interviews (Si1, Si2)

The two rounds of the semi-structured face-to-face interviews were conducted among WP leaders and co-leaders, to obtain first-hand information about the management of the JA and raise information about the main challenges and opportunities of RARHA. Furthermore, the two rounds of interviews were intended to inform on the evolution of the JA and the level of

satisfaction with the completed tasks.

Regarding the first round, 9 interviews were conducted with leaders and/or co-leaders of RARHA WPs. Eight during the RARHA Management Group Meeting held in Brussels on the 27th and 28th of April 2015, and one by phone on the 6th of May 2015 with a WP leader not able to attend the meeting in Brussels. For the second round, 11 interviews were carried out, 9 during the RARHA Final Conference held in Lisbon (Portugal) on the 13th and 14th of October 2016, and 2 by phone on the 2nd of December 2016. The interviews lasted between 15 and 30 minutes.

Whereas the first round of semi-structured interviews was mainly focused on process evaluation, the second one added questions on perceived impact of the JA on relevant stakeholders.

The questionnaire for the two interviews followed the same structure. The initial section aimed at gaining information on how participants understand RARHA main objectives, which was the main public value of the JA, how they assessed the management activities, and which were the main obstacles they encountered to achieve the pre-established outputs and outcomes. The second section of Si1 focused on dissemination activities and the work of WP2. Finally, in the third section, the interview enquired about the evolution of the core WPs that the interviewee was representing.

Taking into account the limitations of time to conduct the interviews, for the second round we summarized the initial part, and introduced other questions focusing on management activities and the work of WP1, dissemination activities, and finally we also introduced questions on the progress and self-assessment of WP4, WP5 and WP6. For more information about the questions posed in Si1 and Si2, please see Annex 4 and 5.

Participant observation (PA)

In order to gain first-hand information about the working method of the JA and the interactions developed among members, the external evaluation team participated in three RARHA meetings. The evaluators attended these meetings as external observers, so as to assess the overall quality of the meeting, identifying the main limitations as well as the advantages of the format. The external evaluators have participated in the following RARHA meetings:

- Management Group Meeting held in Brussels on 27-28 April 2015;
- Policy Dialogue held in Brussels on 6 September 2016;
- Final Conference held in Lisbon on 12-13 October 2016.

Stakeholders analysis

The table in the following pages (Table 1) presents the main stakeholders addressed throughout the evaluation process of RARHA Joint Action.

As noted by CHAFEA, a stakeholder is anyone who has a vested interest in the project or will be affected by its results. More specifically, stakeholders are those groups of people, organizations, institutions and individuals that have an interest in RARHA and that are affected by its outputs and outcomes. Stakeholders also have the ability to become involved or invested in RARHA's work, and to help to achieve its goals. The following stakeholder analysis identifies and assesses the main stakeholders addressed during the evaluation process.

The first part of the table (from number 1 to 2) includes internal stakeholders, actors that were directly involved in the management and operational activities of the JA. For this reason, they were mainly concerned with process and output evaluation, to establish whether and in which measure the JA objectives were achieved.

The rest of the actors included in the table refer to external stakeholders that, despite not being directly involved in the operational aspect of the JA, were concerned by the JA results, and represented the key actors to implement or voice JA conclusions in the future, in their areas of expertise. These stakeholders were mainly involved in outcome and effect evaluation, to establish the impact and the sustainability of RARHA results.

It is worth noting that all stakeholders addressed for dissemination purpose, and included in the Stakeholder Mapping developed by each RARHA partner for the WP2-Dissemination, were included in the evaluation process as well.

Table 3. **Analysis of stakeholders involved in the RARHA evaluation process**

Stakeholder	Importance	Reasons of evaluation	Type of evaluation & Methods	Acceptability
1. RARHA associated partners (Work Package Teams).	Very high.	These are professionals pertaining to organizations directly involved in the management and operational activities of the JA, executing the work of the single WPs.	Process and output evaluation. Methods: Two wave surveys (S1 and S2) to follow the progress of the JA and assess the process, the outputs and the outcomes against predefined milestones, deliverables and indicators; participant observation at RARHA meetings (PA).	As direct members, it is expected to obtain good levels of collaboration with the different methods used to assess the work of RARHA. However, public health professionals and researchers tend to be flooded with surveys, which might hamper the response rate of the online survey. In order to maximize the response rate the evaluation team will send reminders and respond to any question or inquiry regarding the surveys.
2. RARHA Work Package leaders, co-leaders, and task leaders.	Very high.	Key people with responsibilities within each Work Package of the JA. Apart from the day-by-day implementation and coordination activities, they are responsible for the timely execution of milestones, the quality of deliverables and their adherence to the JA objectives.	Process and output evaluation. Methods: two wave online surveys (S1 and S2) and semi-structured face-to-face in-depth interview (SI) to obtain first hand information about the management of the JA and the level of accomplishment of desired goals.	The acceptability to WPs leaders, co-leaders and task leaders is expected to be high since they are the most interested partners to obtain information about the process and the results of the JA in order to solve any possible problem and enhance the outputs and outcomes of RARHA.
3. EU Committee on National Alcohol Policy and Action (CNAPA).	Very high.	The members of the CNAPA, as the “client” of the JA, are the first target group and the intended user group for the tools to be developed by the JA. CNAPA brings together representatives from EU national governments to share information, knowledge and good practice on reducing harmful alcohol	Effect evaluation. Short online survey (S3) aimed at evaluating RARHA results, the extent to which these results are aligned with the Joint Action’s objective, and their impact and sustainability.	The response rate might be quite high since CNAPA members are also part of the RARHA Advisory Group with the responsibility of providing strategic guidance and support to the JA Management Group. On the other hand, CNAPA members are representatives of national governments who receive many surveys, which might reduce the response rate. In order to avoid

Stakeholder	Importance	Reasons of evaluation	Type of evaluation & Methods	Acceptability
		consumption.		low response rates, the short survey will be conducted during a long period of time (8 months, from January 2016 to August 2016). Having a longer timeframe will allow the evaluation team to track respondents and increase the final response rate.
4. RARHA collaborating partners.	High.	Although not involved in the day-by-day operational activities of the JA, the collaborating partners are relevant for their support in many technical and scientific aspects. Some Collaborating Partners (WHO, EMCDDA, Pompidou Group and OECD) are also members of the RARHA Advisory Group with the responsibility of providing strategic guidance and support to the JA Management Group.	Effect evaluation. Short online survey (S3) aimed at evaluating RARHA results, the extent to which these results are aligned with the Joint Action's objective, and their impact and sustainability.	Since third parties are not directly involved in the JA and the method to address them is an online survey, it is possible to obtain a relatively low response rate. In order to avoid that, RARHA collaborating partners will have a special treatment and monitoring.
5. EU Member States Departments of Health and other central or local government bodies engaged in: (1) Monitoring of drinking patterns, (2) Developing drinking guidelines and alcohol related policies, (3) Promoting health	Very high.	This category of stakeholders includes members of public bodies - Health Ministries, Public Health Institutes, statistical bodies, health services, etc., that are the potential users and beneficiaries of the outputs produced by the JA. Departments of government bodies with indirect interest in alcohol consumption patterns (e.g. finance departments, transport, social services,	Effect evaluation. Short online Survey (S3) aimed at evaluating the extent of the dissemination of RARHA results and their impact and sustainability.	A quite high level of response is expected considering that all stakeholders in this category are officially and directly interested in the RARHA objectives and represent one of the Member States involved in the JA. Nevertheless they might not feel obliged to respond to the short survey, but the time frame in which this survey will be conducted, its shortness, the periodic reminders, and the potential benefits arising from the JA

Stakeholder	Importance	Reasons of evaluation	Type of evaluation & Methods	Acceptability
through the reduction of alcohol related harm.		urban planning, education, etc.) will also be comprised. As for the following categories, these stakeholders will be selected among those included in the list developed by each associated partner in the stakeholders mapping for dissemination purpose.		might foster the final response rate.
6. Public Health & Medical Professionals involved in alcohol consumption patterns.	High.	As for categories 5-11, these stakeholders will be selected among those included in the list developed by each associated partner in the stakeholders mapping for dissemination purpose.	Effect evaluation. Short online Survey (S3) aimed at evaluating the extent of the dissemination of RARHA results and their impact and sustainability.	These participants are not directly involved in the JA. This might hamper the response rate as they do not feel obliged to respond to the short survey. Nonetheless, the time frame in which this survey will be conducted, its shortness, the periodic reminders, and the potential benefits arising from the JA might foster the final response rate.
7. Umbrella Groups, Associations, Societies, Networks, NGOs, etc., focusing on alcohol or associated diseases (cancer, liver disease) and/or interested in alcohol consumption patterns.	High.	As for categories 5-11, these stakeholders will be selected among those included in the list developed by each associated partner in the stakeholders mapping for dissemination purpose. These stakeholders will be contacted to know how the scientific community assesses RARHA outputs.	Effect evaluation. Short online Survey (S3) aimed at evaluating the extent of the dissemination of RARHA results and their impact and sustainability.	These participants are not directly involved in the JA. This might hamper the response rate as they do not feel obliged to respond to the short survey. Nonetheless, the time frame in which this survey will be conducted, its shortness, the periodic reminders, and the potential benefits arising from the JA might foster the final response rate.
8. Scientific Community, e.g. relevant health/public health	High.	As for categories 5-11, these stakeholders will be selected among those included in the list developed by	Effect evaluation. Method: Short online Survey (S3)	These participants are not directly involved in the JA. This might hamper the response rate as they do not feel obliged to respond to the short survey.

Stakeholder	Importance	Reasons of evaluation	Type of evaluation & Methods	Acceptability
researchers at universities or research institutes		each associated partner in the stakeholders mapping for dissemination purpose. These stakeholders will be contacted to know how the scientific community assesses RARHA outputs.	aimed at evaluating the extent of the dissemination of RARHA results and their impact and sustainability	Nonetheless, the time frame in which this survey will be conducted, its shortness, the periodic reminders, and the potential benefits arising from the JA might foster the final response rate.
9. Major Public Health Projects with overlapping interests with RARHA JA.	Medium.	As for categories 5-11, these stakeholders will be selected among those included in the list developed by each associated partner in the stakeholders mapping for dissemination purpose. These stakeholders will be contacted to know their opinion on the quality and usefulness of RARHA results.	Effect evaluation. Short online Survey (S3) aimed at evaluating the extent of the dissemination of RARHA results and their impact and sustainability.	These participants are not directly involved in the JA. This might hamper the response rate as they do not feel obliged to respond to the short survey. Nonetheless, the time frame in which this survey will be conducted, its shortness, the periodic reminders, and the potential benefits arising from the JA might foster the final response rate.
10. Media.	Medium.	As for categories 5-11, the media will be selected among those included in the list developed by each associated partner in the stakeholders mapping for dissemination purpose. Professional and general media are an important target group as intermediaries between public health professional/policy makers and lay people.	Effect evaluation. Document analysis.	The evaluation in this case does not require the interaction with members of media groups. The intention is to gather the news published in any format and analyze the assessment of RARHA from the point of view of the media.
11. Relevant Private Sector Actors.	Low.	As for categories 5-11, relevant private sector actors will be selected among those targeted by associated partners in their stakeholders mapping for	Effect evaluation. Short online Survey (S3) aimed at evaluating the extent of the	Only those members of private sector organizations that have been identified by associated partners will be contacted. Since these people are not directly involved in the project the

Stakeholder	Importance	Reasons of evaluation	Type of evaluation & Methods	Acceptability
		dissemination purpose. They can be relevant to assess the impact and sustainability of the JA.	dissemination of RARHA results and their impact and sustainability.	response rate might be low. Nonetheless, the time frame in which this survey will be conducted, its shortness, the periodic reminders, and the potential benefits arising from the JA might foster the final response rate.
12. EU Alcohol and Health Forum.	Medium.	This is a multi-stakeholder platform composed of NGOs and economic operators. Members of the Forum have made a series of commitments aimed at reducing alcohol-related harm.	Effect evaluation: Members of the EU Alcohol and Health Forum will be asked about the relevance and impact of RARHA JA. Thus, the focus in this case will be on the outputs and outcomes. Short online survey (S3).	Only those representatives of organizations involved in public health in the EU Alcohol and Health Forum will receive the survey (i.e. commercial operators in the Alcohol and Health Forum will be excluded). It is expected that, since these organizations are directly interested in alcohol policies, they will be willing to respond to the survey.
13. European Public Health Alliance (EPHA).	Low.	Platform of 93 Europe's leading NGO advocating for better health. Alcohol related issues are one of the concerns tackled in this Alliance.	Effect evaluation. Short online survey (S3).	The acceptability of the members in this alliance is expected to vary depending on their interest on alcohol issues. In order to ensure high response rate, only those NGOs with potential interest in alcohol issues will receive the survey.

Results of the evaluation

In this section we present the assessment of 5 out of the 6 WPs that compose RARHA JA, obviously WP3-Evaluation is excluded. For WP1 and WP2 a general assessment is provided, as well as an evaluation of those deliverables and milestones that have reached their deadlines. Regarding the three core WPs (WP4, WP5 and WP6) we add an assessment of the level of achievement of the specific objectives, based on the predefined process, output and outcome indicators. A final overview of results of the evaluation of the JA as a whole closes the section.

WP1 - Coordination

WP1 managed the project and monitored activities, including organization of management meetings and final conference, reporting and communication to the Consortium and the Commission. SICAD was responsible for the overall coordination of the JA RARHA and of managing contacts with CHAFEA and SANCO-UNIT C4. Moreover, the Project Coordinator was in charge of supervision and day-to-day management and, when necessary, had to propose corrective actions to make sure that the operational and financial plan was followed according to the JA Grant Agreement and Consortium Agreement. The Coordinators also had to control that the procedures and rules for decision making – as agreed and signed between partners – were properly followed.

The coordination of RARHA has been followed up in S1 and S2 on two main aspects: the skills of the coordination team and the management of specific coordination aspects. Regarding the managerial skills, there is an overall positive assessment of RARHA’s coordination team, with a very similar evaluation in both surveys. The capacity of gaining the “professional respect” of partners is the skill with the highest rank, above 4 out of 5, with a slight percentage increase from S1 to S2 (see Figure 1 on a Likert scale of 5).

Figure 1a. **WP1 – S1 Assessment of the skills of the Coordination Team**

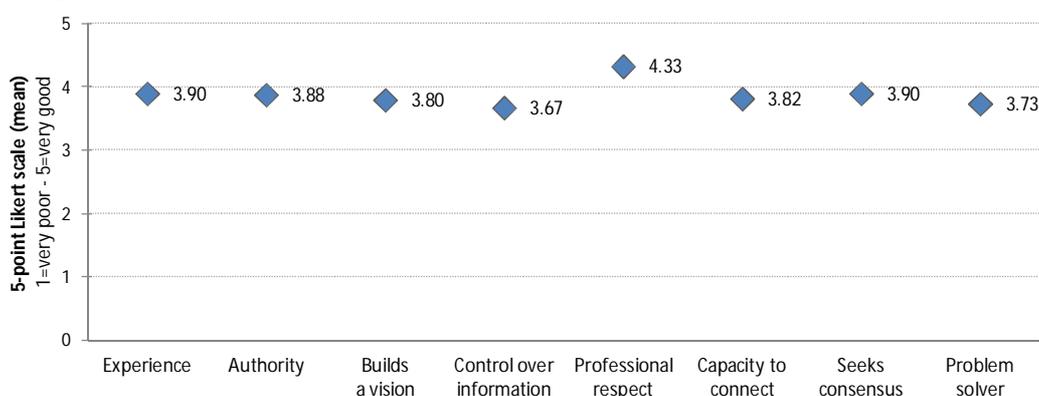
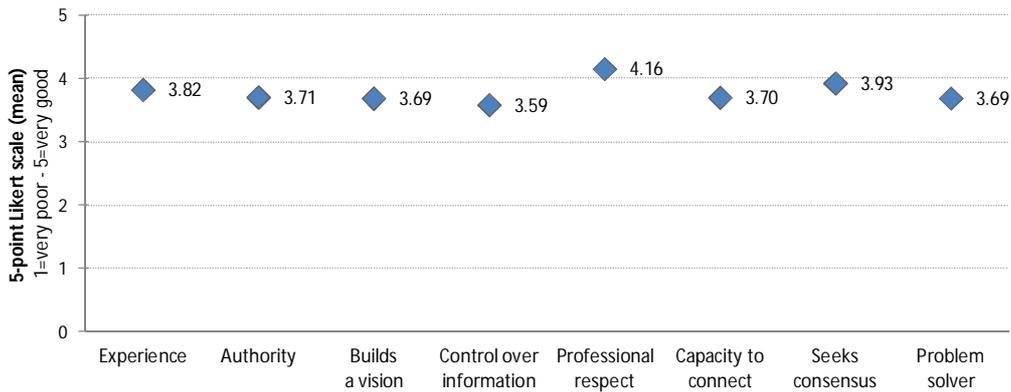


Figure 1b. WP1 – S2 Assessment of the skills of the Coordination Team



Regarding specific coordination aspects, we see an improvement in almost every items from S1 to S2 (Figure 2), except for “diffusion of minutes”, “updating the address list”, “external cooperation”, and “sharing results” with minimal differences among the two surveys.

Figure 2a. WP1 – S1 Assessment of specific coordination aspects

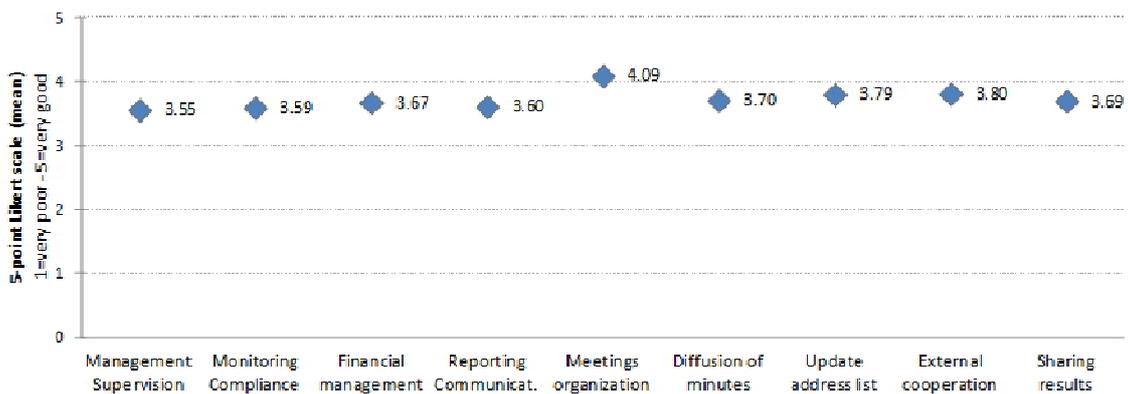
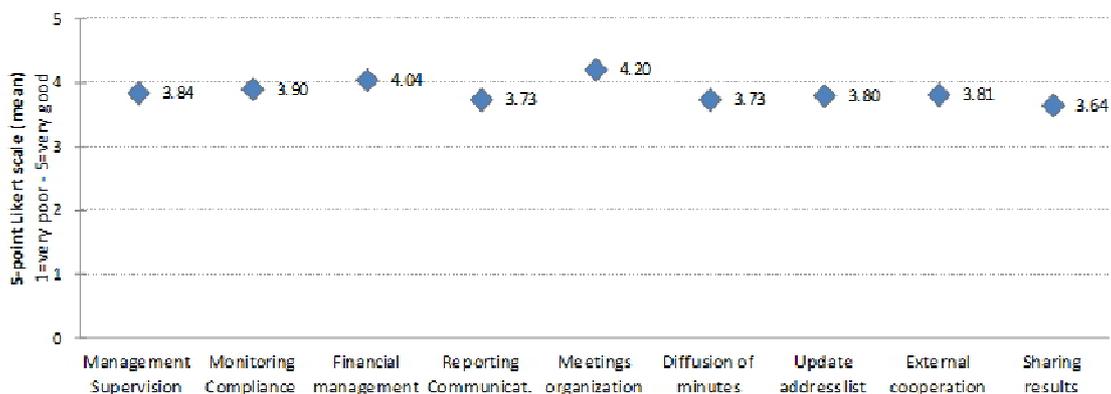


Figure 2b. WP1 – S2 Assessment of specific coordination aspects



Regarding the interviews with leaders and co-leaders of the Work Packages, being them involved in the daily management of the project, they tend to be more demanding with the project and more critical in their opinions. We think this comes from having first-hand

information on the potentials of the project, and thus being more severe with its management. In the first round of semi-structured interviews (Si1), the coordination and leadership of RARHA is perceived in a positive way. Members of the management group positively assess the vision and commitment of the JA leaders. As stated in two semi-structured interviews in Si1, the enthusiasm of the JA leader is contagious and shared with the rest of the members of the management group.

There was room for improvement though. Most of the non-SICAD interviewees suggested that in management, especially when it comes to communication and coordination, other venues could be explored to gain more impact. Addressing the importance of communication, interviewees noted the need to properly comply with the schedule and deadlines, and to ask for a more responsive coordination team on that matter. Some interviewees asked for the coordination group to be a little bit more flexible regarding the issues not related to communication aspects.

Regarding the second round of semi-structured interviews (Si2), WP leaders and co-leaders continue to assess positively the management and leadership of RARHA. All respondents highly appreciated and valued the leadership of the executive coordinator. Some noted that SICAD has been able to increase exponentially their capacities from the beginning of the JA to the present stage and to build up a common RARHA identity. On that point, all non-SICAD members stated that the deep knowledge of the matter has fostered not only a JA identity but also a feeling of community.

For instance, one respondent pointed out that the work climate created led to hold more management meetings than expected. In this vein, another interviewee highlighted the constructive atmosphere developed by the coordination, while another focused on the cooperative atmosphere. Similarly, a different respondent pointed out the problem-solving capacity and trustworthy work atmosphere developed by the coordination team. Also, another respondent valued the idea of scheduling management meetings at the same time as advisory group meetings which allowed back to back meetings, increasing accountability channels, and sharing all along the Joint Action the results achieved and the steps that lied ahead.

In contrast, communication skills were perceived by the majority, also in Si2 as an item to improve for the JA. The interviewees associated this limitation with the task of circulating information and with the time required to get an answer to queries.

Based on the participant observations of the external evaluators, it can be stated that there is a good, positive, constructive and respectful relationship between the coordinators and the JA partners. You would find below specific comments for each of the participant observations during the three meetings:

- 2015 Management Meeting (Brussels, 27th-28th April). There was enough room to solve inquiries raised by the partners. In this vein, the meeting provided time to discuss one of

the main worries shared among the partners, which was related to the financial issues and its complexities.

- 2016 Policy Dialogue (Brussels, 6th September). The policy meeting was productive and fruitful. There was enough time to present the preliminary results of the core Work Packages and discuss findings with different EU representatives gathered at the policy table. Possible improvements would have included finding time to engage and discuss with the rest of the attending audience in a mode of more interaction and feedback.
- 2016 Final Conference (Lisbon, 13th-14th October). Based on the participant observation, the Final Conference met most of its goals. On the one hand, strengths were mainly rooted in the multidisciplinary approach that was brought into the conference agenda. Moreover, WP leaders shared a feeling of readiness, enthusiasm and collaboration at the time of presenting the final results to the audience. On the other hand, two weaknesses were identified. The need for more room for interaction with the attending participants, and the lack of publicity of the final agenda in the website.

Overall, the coordination team members have proven to be able to improve and adapt their managerial skills along the Joint Action. As it has been highlighted in both surveys (S1 and S2) and semi-structured interviews (Si1 and Si2), RARHA JA members have positively valued the vision of the JA leadership, as well as the constructive, cooperative, problem-solving capacity, together with the trustworthy work atmosphere, generated by the coordinators. Nevertheless, two challenges have persisted throughout the JA: communication and coordination. In a nutshell, the feeling by some partners that only some and not all the information was shared, and the amount of time taken to solve queries.

Deliverables

WP1 deliverables consist on “technical reports, JA meetings and final conference”. Partners assess positively the quality of the reports and of the meetings lead by WP1 until December 2016. A minority of participants highlighted some miscommunication regarding the agenda of the final conference, together with the need to include explanations and clarifications in the Interim Report.

Milestones

Four out of five milestones have reached their deadlines: 1. Kick-off meeting (Milestone a); 2. Management meeting, steering committee meetings, advisory committee meetings (Milestone b); 3. Interim meeting and interim report (Milestone c); 4. Closing Conference (Milestone d). The fifth milestone (Final report, Milestone e) is too early to be assessed as it was scheduled after the closing of this document.

1. The Kick-off meeting was completely achieved on January 31st, 2014. The online survey

among associated partners and the first round of the semi-structured interviews present a positive evaluation of the meeting in terms of organization and content.

2. According to the Consortium Agreement, the meetings to convene during the course of the JA are: 6 for the Management Group, 2 for the Steering Group and 3 for the Advisory Group (these 3 to be held back to back with CNAPA meetings). In December 2016 SICAD had organized all the meetings planned. The average score of RARHA meetings by participants in the 1st online survey is 4.09 out of 5, an assessment that reaches a mean value of 4.20 in the 2nd wave. The positive assessment of meetings organization is also found in the semi-structured interviews, in which the only regret expressed by the participants is not having more meetings, since they reinforce the Joint Action and builds stronger bounds among participants.
3. The Interim Report⁴ was circulated among partners and uploaded in the RARHA website in December 2015, with 5 months delay. The participants in S2 assessed the document with a 3.93 out of 5. A thorough read of the document leads to a positive assessment because it clearly presents the main advancements of the JA since its beginning. However, trying to find room for improvements, there is an unbalanced description of the activities performed in the various WPs. Some of them are properly and thoroughly explained, but only general information are provided for others. Finally, a minor issue, the formatting and the font are not consistent throughout the document. Since the document is publicly available in the open area of RARHA's website, it would have been better to take care of these visual aspects.
4. The Final or Closing Conference took place in month 34 (13th -14th October 2016) as planned. On the one hand, positive assessment of the conference was stated by all interviewees of the semi-structured interview (Si2), in which the eleven respondents assessed positively the preparation and organization as well as the reimbursement process. The final conference programme gave the occasion to explain and discuss RARHA results with policymakers and to enhance networking with other stakeholders. As regards the room for improvement, some inconveniences were perceived by the participants on the European Commission moving the conference venue, as well as on the last minute changes and lack of publicity of the agenda, which for some respondents generated miscommunication and misunderstandings among participants and speakers.

⁴<http://www.rarha.eu/Resources/Deliverables/Lists/Work%20Package%201/Attachments/6/Interim%20Report%20RARHA.pdf>

WP2 - Dissemination

WP2 is responsible for improving the JA visibility through the diffusion of results and deliverables of the JA to the different target groups. The main tools adopted by RARHA WP2 were: website, electronic newsletters, final conference, publication of scientific reports and of final version of the Tool Kit, etc.

In an overall assessment of the frequency of interactions with specific stakeholders for dissemination activities (Figure 3), respondents in surveys 1 and 2 declared that they interact more often with policy makers and public health professionals than with the general healthcare community. Respondents “rarely” or “never” interacted with mass media.

Figure 3a. WP2 – S1 Frequency of interaction with stakeholders for dissemination activities

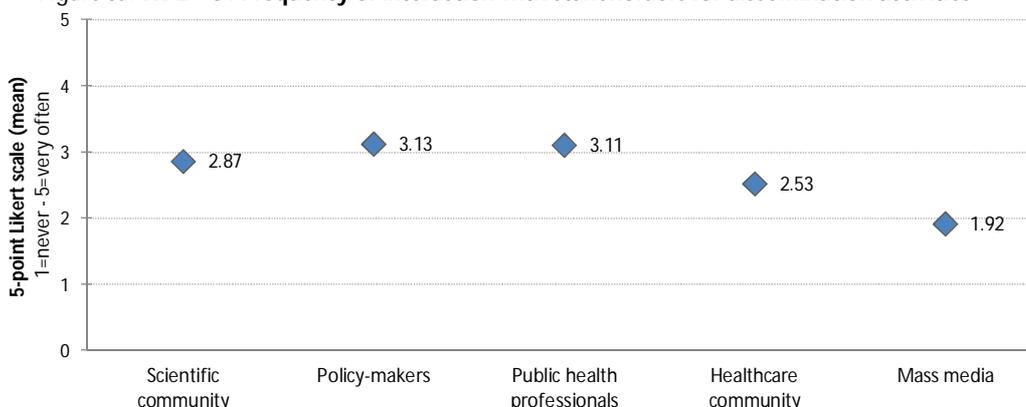
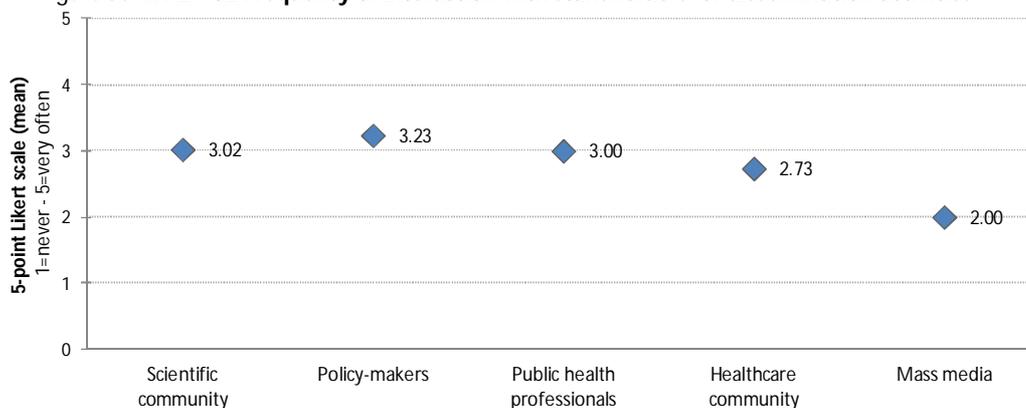


Figure 3b. WP2 – S2 Frequency of interaction with stakeholders for dissemination activities



Deliverables

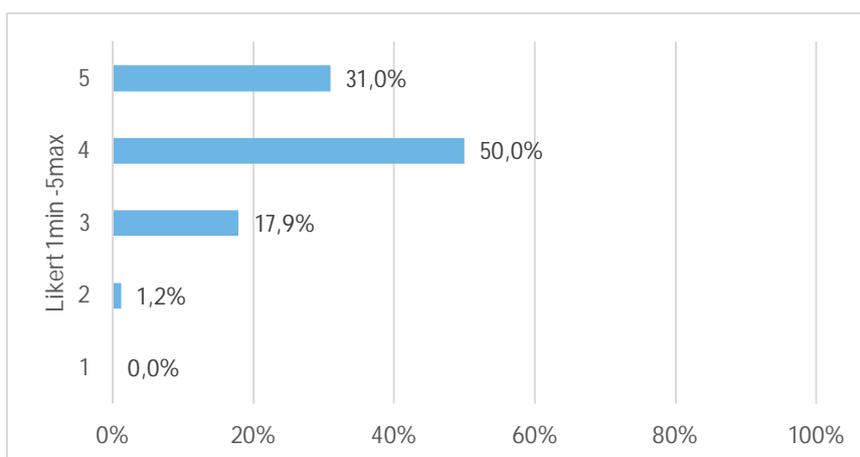
The first deliverable of WP2 was Deliverable 2, consisting on a promotional package (images, logos, design), and communication concerning the launch of RARHA JA. This output was delivered on time, and is available at the restricted area of RARHA's website. When it comes to the assessment of Deliverable 2, respondents to the 1st online survey (S1) evaluated it with 4.23 points out of 5. This positive assessment is also seen in the semi-structured interviews (Si1). In that sense, interviewees highlighted the fact that the promotional package is of high

quality and was produced very rapidly. As stated by one of the respondents, “the promotional package is very nice and useful; it is good that participants can make RARHA outputs identifiable through this promotional package, it also has symbolic value”.

The second deliverable for WP2 (Deliverable 3) consisted of the main website and the development of common contents for national web pages. Regarding RARHA’s website assessment, a slight decrease in its appraisal has been registered from S1 (3.96 out of 5) to the 2nd wave of the survey (3.75 out of 5), although the evaluation is however quite positive. The first round of the semi-structured interviews indicated that the website had room for improvement, especially when it comes to updating new materials and organizing the restricted area. As noted by various interviewees in Si1, the website could have been more timely updated, including more informative contents on RARHA findings and outputs. It is worth highlighting that these opinions were gathered before the last update of the website in November 2015.

In this respect, in the external evaluation survey 72.6% of the surveyed declared to have visited the RARHA website, and those assessed positively the website awarding a score of 4.11 out of 5 (Figure 4).

Figure 4. **WP1 – S3 External Experts assessment of RARHA website**



Although the new platform implemented in November 2015 has facilitated the updating of the website and the uploading of the new outputs by RARHA partners, the restricted area still has significant room for improvement. This area includes many valuable documents such as presentations, meetings minutes, agendas, etc. It could be better organized by systematically including the date of publication, its title, and the author(s). Additionally, the restricted area could be improved by having sub-sections within each WP differentiating, for instance, between presentations, working documents, meetings agendas, meetings minutes, deliverables, milestones, and so on. Furthermore, some documents are found under different WPs, this might be because these are general documents relevant for every WP, in this vein, it could be interesting to have another section devoted to these cross-cutting documents. The same holds true for the open area of the website, where the main deliverables and milestones

can be found but with an unclear structure, which hinders an effective and efficient search of specific documents. The weakest point related to the open area of the website is that it includes very few document related to WP4.

Finally, based on the results of the second round of semi-structured interview (Si2) the RARHA website was positively assessed taking as a comparative point of assessment the changes introduced at the end of 2015. These changes, as stated by 4 out of 11 interviewees, made the website more user-friendly. Nonetheless, a main limitation has persisted over time: the need to fix and manage problems quickly. The solution suggested by interviewees was the need for a greater empowerment of WP2 leaders. As a recommendation, we would like to see in the near future the outcomes from the whole project in the website, to make the findings more visible as a way to foster and better disseminate its impact.

In addition, as part of Deliverable 3, in order to facilitate dissemination activities and reach as many stakeholders as possible, associated partners had the responsibility to upload common contents about RARHA in their organizations' websites, in their national language. In this respect, the 1st online survey conducted in November-December 2014 reported that only 21.2% of the respondents completed this task. In the 2nd online survey, one year later, the task was completed or ongoing for almost 90% of respondents. This result is consistent with WP2 presentation "Dissemination numbers", which states that 82% of RARHA partners have linked their national websites to the JA.

The last deliverable from WP2 is Deliverable 4 (Milestone g) which refers to the production of bi-annual electronic newsletters. We have to bear in mind that there was a delay in the publication of the first newsletter, due to technical problems and the introduction of a new software. This affected the publication schedule of the following newsletters, with only one issue in 2014. Apart from this delay, the contents of the newsletters can be considered very relevant, since they report and disseminate the advancements of the JA in a clear and concise manner. Despite positive assessment of the newsletters, the objective of producing two newsletters per year was not accomplished. This may have had some implications on the dissemination of the JA, since the newsletter is considered to be the major dissemination tool to reach external stakeholders.

According to S1 and S2, the first and second newsletters were highly appreciated by RARHA associated partners. More precisely, the first newsletter was assessed with a 4.06 out of 5 whereas the second newsletter got a 4.14 out of 5. This slight improvement was also reported by the interviewees in Si1. As noted by one interviewee, whereas the first newsletter was a mere milestone of the project, the second one was a valuable tool to disseminate the work of the JA. At the time of conduction of the second round of semi-structured interviews (Si2) four newsletters were already released. All respondents from Si2 valued the newsletters as a real and effective tool allowing and boosting RARHA dissemination activities, processes and results. On that point, 8 out of 11 interviewees highly valued the content and informative utility of the newsletter as well as the significant role played, operating as an extension of the

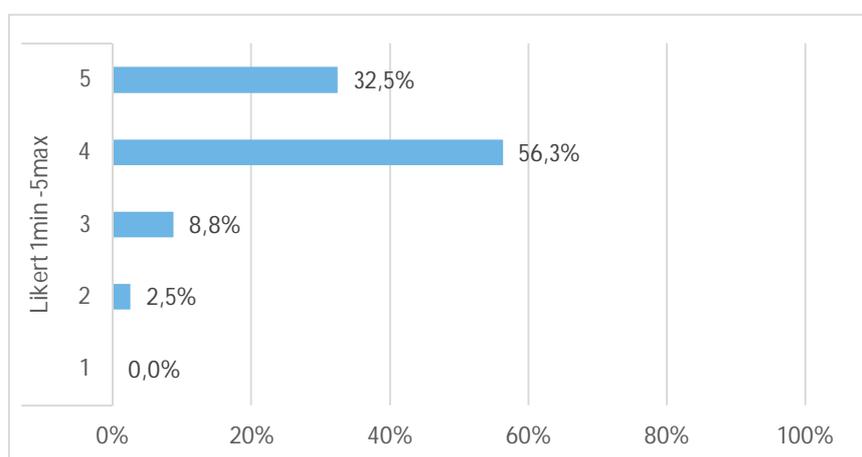
website giving an overview of what was happening in different WPs and updating the progress done.

Finally, in the external evaluation survey (S3), 68.4% of respondents stated to have read at least one of the four newsletters released until the data collection, showing a high level of satisfaction (mean score of 4.19 out of 5) (Figure 5).

Milestones

As above said the first 2 milestones of WP2 match with the launch of the deliverables presented above. The third milestone of WP2 consists in a satellite event for the public launch of the JA. As noted in the RARHA Interim Report, this event has been delayed from June to November 2014. As reported in the first internal evaluation report, 70.6% of the respondents received a communication regarding the satellite event. No specific observations were made by the interviewees in Si1 about this event.

Figure 5. **WP2 – S3 External Experts assessment of RARHA newsletters**

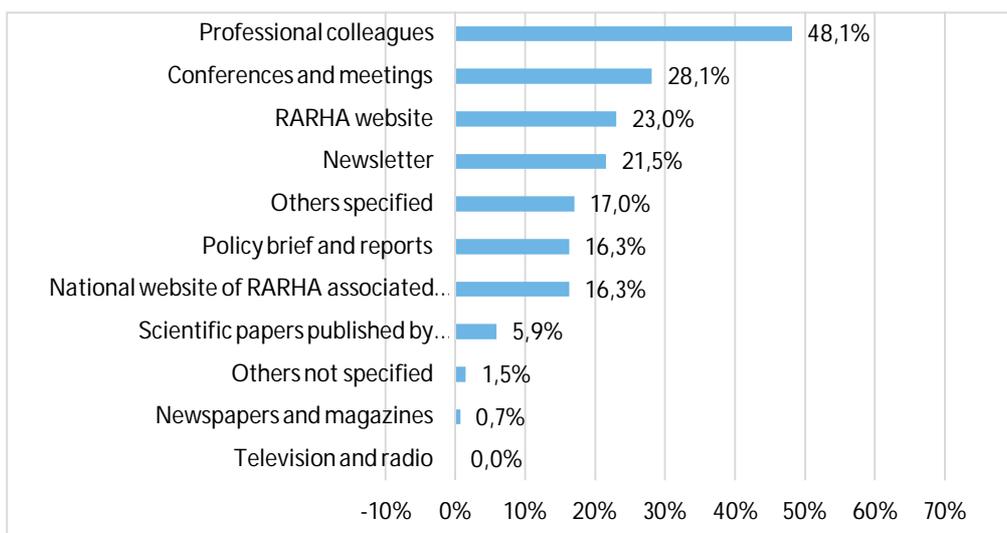


Regarding Milestone i, “publication of a short version of the final report”, when the second round of semi-structured interviews were conducted, the short version of the final report was still unpublished. In the management group meeting conducted before the Final Conference, it was noted that the delay was mainly caused by the drive to make the report reader friendly, by accurately editing it. Last milestone from WP2 was the Final Conference. Regarding this Milestone j, please see above the analysis on Milestone d from WP1, Closing Conference.

Lastly and based on the results of the external experts survey (S3), the actions undertaken to ensure that the results and deliverables of RARHA JA were made available to the target groups were evaluated with a mean score of 3.66 out of 5. Moreover, as shown in Figure 6, the majority of respondents became aware of RARHA JA through professional colleagues, more than 20% indicated conferences and meetings, RARHA website and newsletters as path for becoming aware of the existence of the JA; 16.3% became aware through national websites of RARHA associated partners; the same percentage (i.e. 16.3%) thanks to policy briefs and

reports published by RARHA; 5.9 % declared to become aware of RARHA through scientific papers published by researchers involved in RARHA; and 0.7% became aware of RARHA thanks to newspapers and magazines. Not a single respondent became aware thanks to television neither radio. Finally, 17.0% became aware of RARHA JA through other mechanism, which were specified by respondents; and 1.5% of respondents became aware of RARHA JA through others mechanisms, without specifying which ones. This shows that the main dissemination means adopted in RARHA JA were overall effective.

Figure 6. WP2 – S3 Means by which External Experts became aware of RARHA JA



WP4 - Monitoring

WP4 aims to develop a common methodology to obtain comparable data for monitoring progress in reducing alcohol related harm at national and EU level and for benchmarking national developments against wider trends. Thus, WP4 is structured in two different tasks: 1) implementation of a common methodology and execution of a survey across member states; 2) recoding and pooling already existing data for comparative analysis.

Task 1 of WP4 consists of a survey to collect comparable data on alcohol consumption, drinking patterns and alcohol related harm across EU Member States by using instruments based on that developed as part of the EU project Standardized Measurement of Alcohol-Related Troubles (SMART). A standardized pilot questionnaire was developed and translated into 20 languages. Guidelines for implementing the pilot study as well as interviewer's training manual, show cards, codebook and data base template were also produced. Then, on the basis of the pilot study experiences, a revised version of the questionnaire was elaborated. Finally, a survey was carried out in 20 European countries on random samples of population aged 18-64 (with an average sample size of 1.500 subjects per country), and data were collected in 20 national datasets.

Task 2 aims to pool existing data on alcohol consumption, drinking patterns and related harms from surveys carried out in EU Member States between 2008 and 2012. The pooled data were recoded into variables comparable to those of the SMART questionnaire developed in Task 1. The main phases of Task 2 were: mapping of existing national alcohol surveys and development of a codebook and template for the final database of variables from national surveys; solving questions of comparability of alcohol measures; selection of 38 available alcohol-related measures from different countries; formal collaboration agreement and contract signed by 17 countries; data transfer, database development and analysis. Data from 24 surveys completed in a five-year period (2008-2012) were collected and a common database composed of 300.000 records was developed.

The common methodology developed for Task 1 and Task 2 was very positively self-assessed by RARHA partners participating in the 2nd wave of the longitudinal survey, and rated as good/very good by 79.2% and 80.0% of partners, respectively. No negative judgements were given.

On average, all respondents in S1 and S2 agreed that, in the development of the work package, attention was paid to: sharing of diverse points of view (mean rating 4.1 in both waves), establishing common starting points (4.1 S1 and S2), and making different opinions of partners visible and included (from 4.1 S1 to 4.2 S2). WP4 partners also expressed a good level of satisfaction in the overall management of WP4, acknowledging that WP4 leaders helped to find common grounds between conflicting positions, that a suitable amount of time was spent on communication among the various parties involved, and that decisions were taken collectively (all valued around 4 out of 5 in both surveys). Also the assessment of the leaders

and co-leaders skills reached excellent results in the two rounds of surveys (Figure 7); the most valued leaders' skills are their experience and competence in the specific field.

Figure 7a. WP4 – S1 Assessment of the skills of leader and co-leader

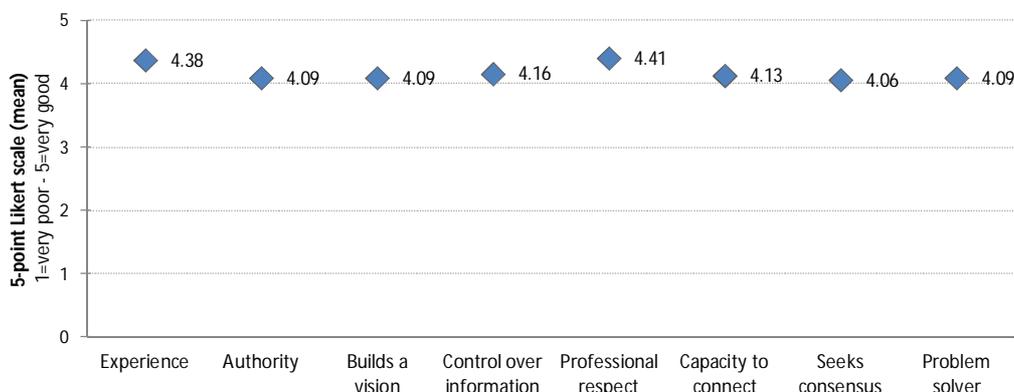
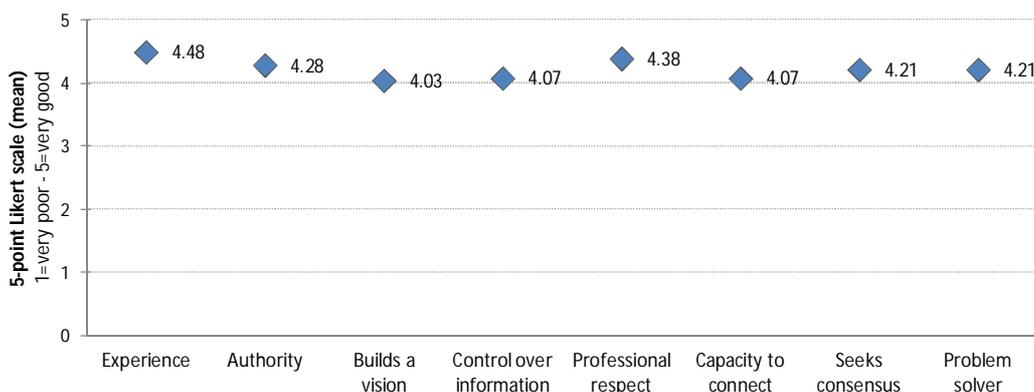


Figure 7b. WP4 – S2 Assessment of the skills of leader and co-leader



Concerning the level of interaction and the network relationship among WP4 partners (Figure 8), results are almost unchanged between the two surveys S1 and S2, and reveal a good perception of the way in which problems were shared and solved among partners.

Figure 8a. WP4 – S1 Level of interaction and network relationship among partners

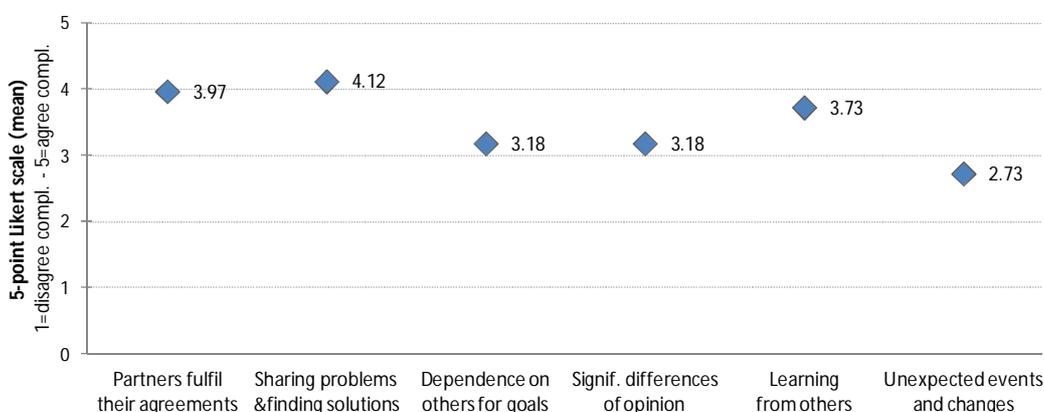
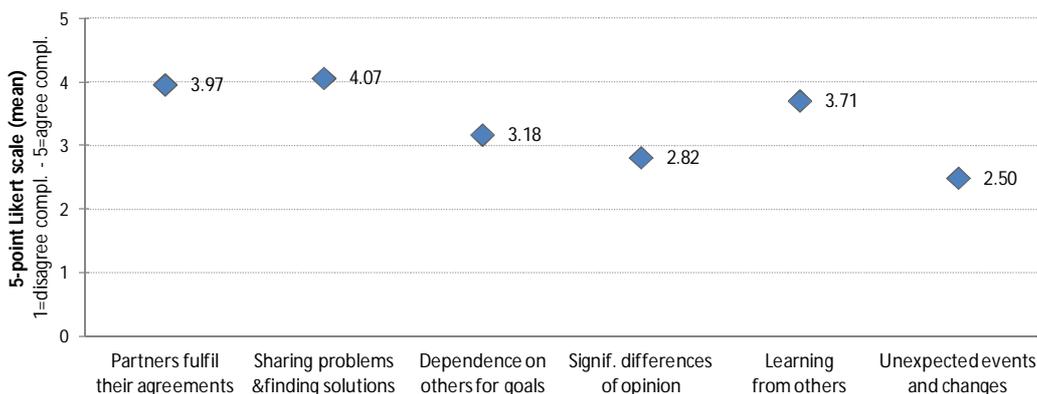


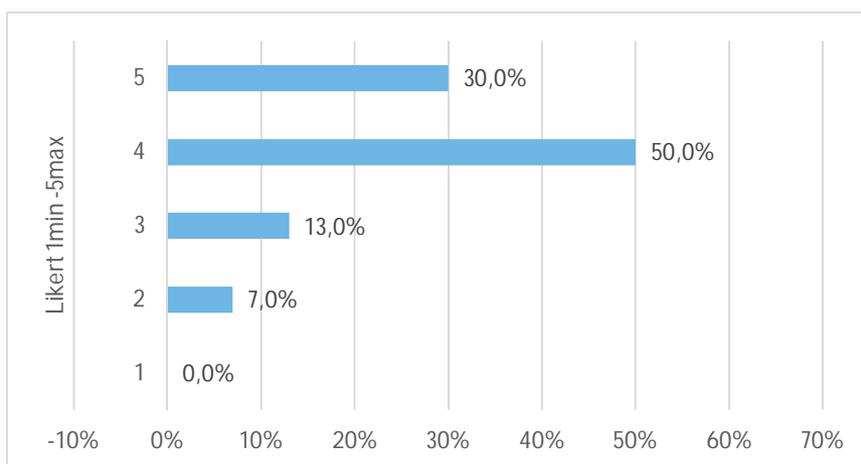
Figure 8b. WP4 – S2 Level of interaction and network relationship among partners



Consistent with S1, also “fulfilment of agreements by partners” and “emphasis on learning from the experiences and insight of others” receive an average score very close to 4=“I agree”. Again, the “dependence upon others to achieve the goals” was judged not particularly relevant to characterize the network relationship of WP4 and according to respondents no unexpected events and changes have taken place during the second year of WP4 activity. The only remarkable difference between the two surveys is represented by the rating of “significant differences of opinions about the direction to be taken”, which is lower than in the previous survey, suggesting a slight improvement in establishing common grounds.

Finally, the overall results obtained by RARHA WP4 in strengthening the monitoring of drinking patterns and alcohol related harm across EU countries were positively assessed by external experts involved in S3 (Figure 9). They awarded the WP4 results with 4.03 out of 5. More concretely, 80.0 % of respondents assessed the overall results as very good or good, 13.0 % as fair, and only 7.0% rated them as poor.

Figure 9. WP4 – S3 External experts assessment of the overall results obtained



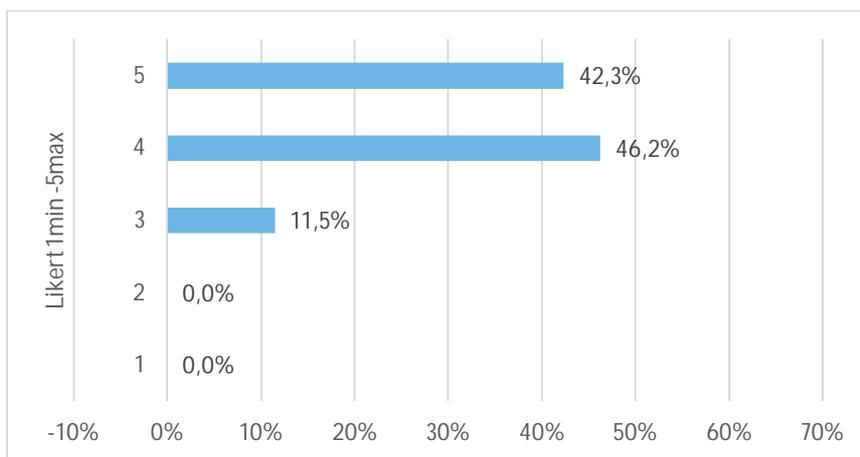
Deliverables

Regarding the only deliverable of WP4, – Deliverable 7 “Synthesis report: baseline assessment

and suggestions for comparative monitoring of alcohol epidemiology across EU” – according to the Grant Agreement, it was originally scheduled to be launched in August 2016. By the beginning of January 2017, the report was considered completed, although not yet delivered (a final draft was sent, and only small details for its completion were missed). Nevertheless, an info sheet on monitoring of drinking patterns and alcohol related harms across the EU was made available in September 2016. This document, produced by EuroHealthNet and PARPA (Polish State Agency for the Prevention of Alcohol Related Problems), summarized preliminary results of the two tasks: RARHA-SEAS (Standardised European Alcohol Survey) and RARHA-HARMES (Harmonizing Alcohol Related Measures in Europe).

Furthermore, 51.5% of experts involved in the external evaluation survey (S3) declared to have had the opportunity to examine the synthesis report or the info sheet on RARHA-SEAS and/or RARHA-HARMES. Those who have had this chance awarded the quality of the contents and their presentation with a score of 4.31 out of 5. More specifically, 42.3 % of the external experts considered the quality of RARHA-SEAS or RARHA-HARMES findings and the way in which they were presented as very good, 46.2% as good, and 11.5% as fair. No negative assessments were recorded (Figure 10).

Figure 10. **WP4 – S3 External experts assessment of the of the quality of RARHA-SEAS and/or RARHA- HARMES findings**



Milestones

Regarding milestones, the five milestones predefined for WP4 are the following:

1. The first (Milestone k) is the organization of a work meetings to refine SMART methodology, agree on common protocol for surveys and on re-coding of existing data, scheduled for April 2014. Both meetings were regularly held. The 1st working meeting for Task 1 took place in Krakow on 16-17 May 2014 and that of Task 2 in Lisbon from March 20-21, back-to-back with the WP4 kick-off meeting.

As reported in the first Internal Evaluation Report, the two work meetings received a positive evaluation by WP4 partners, with a mean score of 4.06. The totality of Task1

partners stated that a common protocol for the surveys was completely or partially agreed upon. Similarly, all respondents involved in Task 2 declared that participants in the meeting agreed on the development of a common database and codebook for comparative analysis.

2. The second milestone (Milestone l) consists in the opening of calls for tender to subcontract the Task 1 survey fieldworks. Although this milestone had to be completed by December 2014, the 1st online survey shows that only 59.3% of the respondents involved in Task 1 were able to start the procedures for subcontracting the survey fieldwork in time. Improvements are shown in S2: the subcontracting procedure was completed by all respondents participating in S2.
3. The third milestone (Milestone m) regards the establishment of international comparative data bases for Task 1 and Task 2 by December 2015. Overall, respondents in Si2 found these international comparative data bases set by Task 1 and Task 2 of great quality and useful in three main fields: scientific, political and practical. Although some of the interviewees underlined the problem that the two datasets cannot be combined into one. However, it was also noted that some variables are available on both datasets.
4. The fourth milestone (Milestone n) consists in a work meeting to consolidate findings and discuss conclusions. WP4 leaders and co-leaders interviewed in Si2 assessed it as very effective to improve Task 1 and Task 2 quality. In this vein, one respondent highlighted the usefulness of back to back meetings which allowed discussion on the progress of each task, together with the appropriated methodology and analysis of collected data.
5. The fifth milestone (Milestone o) coincides with the diffusion of the synthesis report (please see comment above on the Deliverable 7).

Specific Objective 1: Providing a baseline for comparative assessment and monitoring of alcohol epidemiology, including drinking levels and patterns, and alcohol related harms across the EU

As stated by interviewees of the Si1, although the activities related to Specific Objective 1 were still underway, WP4 compliance with the predefined goal could be positively assessed. As noted by one interviewee, if the methods developed were good and useful, they would have been well disseminated and implemented across Committee on National Alcohol Policy and Action (CNAPA) members. As another interviewee of WP4 indicated when referring to Specific Objective 1, the most important outcome was not how many countries will implement the survey or provide data, what really mattered was to change patterns and create a common base for alcohol epidemiology “when a critical mass uses this methodology, then the rest of the countries will follow”. More importantly, respondents to the Si2 regarding

the Specific Objective 1 positively assessed the RARHA ability to provide a baseline for comparative assessment of alcohol epidemiology, and on the other hand pointed out datasets limitations in terms of comparativeness.

This positive assessment is reported and shared also in the results of the external experts survey (S3). External experts assessed with a 4.04 out of 5 RARHA ability to provide a baseline for comparative assessment and monitoring of alcohol epidemiology and alcohol related harms across the EU; only 7% of respondents assessed this aspect as “poor”, whereas 75% of them valued this ability as good/very good.

Representatives from Task 1 in Si2 stated that 19 countries from 20 jurisdictions successfully carried out the common RARHA survey (SO1 1st process indicator) during the period of operation of the JA. In the case of Task 2, participants in Si2 stated that 17 countries contributed with 24 single surveys. Tackling the number of national reports published and/or delivered for integration in synthesis report (SO1 1st output indicator), Task 1 respondents in Si2 laid out the fact that they did not focus on national reports, as they agreed to divide the task in writing chapters on comparative reports. Moreover, those countries which published national reports were perceived as the main barrier as no copy of the report was made available in English. In line with S3 results, there are 11 Member States that are planning to use the common methodology for alcohol surveys (SO1 1st outcome indicator) elaborated and implemented by RARHA-HARMES (repeating a RARHA-HARMES survey or carrying out a 1st survey at local level).

As reported by S2, the total number of common items included in the data collection instrument used at national level (SO1 2nd process indicator) is higher than 100 for the majority of partners who implemented the survey (101-150 items for 28.6 %; >150 for 25%, between 51 and 100 for 7.1% of respondents and ≤ 50 for 10.7%) In line with the number of common items, the total number of variables for which comparison across EU MS is possible in Task 1 is 250 (SO1 2nd output indicator). In this regard, CNAPA members considered that access to comparative data improved (SO1 2nd outcome indicator). According to the results of the short survey (S3), CNAPA members awarded the improvement in the access to comparative data regarding alcohol epidemiology and alcohol related harm provided by RARHA with a mean evaluation of 4.52 out of 5 (SO1 2nd outcome indicator).

Furthermore, according to S2 results the average number of existing variables provided by each organization/ Member State to be pooled and recoded for comparative analysis should be between 16 and 30. Later on, representatives from Task 2 in Si2 stated that there were a total of 83 variables that were recoded for comparative assessment (SO1 3rd process indicator). Likewise, they also referred that a range of 25-30 variables included in the Task 2 database composed of over 300,000 records could be considered as totally comparable (SO1 3rd output indicator). On this subject, CNAPA members considered access to RARHA comparative data useful (SO1 3rd outcome indicator) according to results of the short survey (S3) awarding it with a mean evaluation of 4.20 out of 5.

Specific Objective 2: Strengthening capacity in comparative alcohol survey methodology and increasing interest in using common methodology in the future

According to data collected through Si2, to meet this objective more than 100 scientists and researchers gathered to contribute to the implementation of the common methodology. WP4 members also engaged in discussions with partners aware of a needed harmonization to introduce international comparable variables. In that sense, S3 external experts valued positively (4.02 out of 5) the ability of RARHA WP4 to strengthen capacity in comparative alcohol survey methodology and to increase the interest in using common methodology in the future; only 8% of respondents assessed this aspect as “poor”, 14% as “fair”, whereas 78% of them valued this ability as good/very good.

The first process indicator for this Specific Objective 2 (SO2) is about the number of participants with little or no previous experience on comparative alcohol research. According to results from S1, all partners had previous experience in fieldworks aimed at collecting and analysing data for comparative research on alcohol. Among those, 81.8% declared to have a solid experience, versus an 18.2% that had little previous experience. Regarding the “number of EU member states with little or less experience in comparative alcohol research among those who successfully carried out a national RARHA survey” (SO2 1st output indicator) WP4 representatives responding to Si2, confirmed that most of the countries had some previous experience. The ones with little or less experience were mostly former communist countries such as Lithuania or Estonia. One question raised in the second round of interviews was related to countries planning to use common methodology in the future (SO2 1st outcome indicator). Respondents wondered about the feasibility of its implementation due to their perceived unclear EC orientation towards the future alcohol strategy. And if no further action is taken to implement the common methodology, the results obtained by RARHA JA could result into a lost opportunity.

Regarding the attendance to the meetings to agree on common survey protocol (SO2 2nd process indicator) a total of 40 people attended the work meetings, with an average of around 15 participants for each meeting. All respondents of S2 involved in WP4, stated that it has contributed to enhance networking in its specific field (SO2 2nd output indicator). Finally, results related to the sustainability of WP4 activities showed that the totality of partners were willing to continue to take advantage of the methods and network solutions developed through the JA (SO2 2nd outcome indicator). Moreover, the two respondents from WP4 in Si2 stated to be willing to keep in close contacts with other RARHA participants since many of them showed to be interested in pursuing the action. One of the respondents highlighted the opportunity to keep moving on through the existence of a collaboration agreement specifying that the use of the data after the publication of the final report allowed each data holder or country the possibility to proceed with an international analysis.

WP5 - Guidelines

WP5 goal is to provide guidance to policy-makers on the scientific basis and practical implications of the use of drinking guidelines as a public health measure, thereby widening consensus in developing more aligned messages on alcohol related harm to the population and health professionals. The following points present an outline of the work tasks conducted by WP5 throughout the JA:

- Overview of drinking guidelines given in MS and of their main features (ISS).
- Overview of the uses of drinking guidelines in the context of Early Identification and Brief Interventions (EIBI) on Hazardous/Harmful Alcohol Consumption (HHAC) in PHC and other settings, drawing in particular on projects ODHIN and BISTAIRS (ISS).
- Overview of guidelines on drinking by young people (LWL).
- Overview of science underpinnings drawing on recent work done for Australian and Canadian guidelines (THL).
- Overview of "standard drink" definitions across the EU and of main approaches to increase awareness of such tools for monitoring alcohol consumption (HSE).
- Mapping consumer views on risk/safety communication as an approach to reduce alcohol related harm by on-line surveys in 16 MS (EUROCARE).
- From science to practice: Expert/policymaker meeting (at ISS) to discuss preliminary results and conclusions from the overviews and to help develop a policy Delphi survey (THL).
- Second Expert/policymaker meeting to foster dialogue on good practice principles in the use of drinking guidelines as a public health measure drawing on all previous tasks.
- Coordination and production of synthesis report (THL).

On a general level, based on the results of S1 and S2, there was a fair degree of satisfaction regarding the process to ensure involvement and participation in WP5 activities, with the mean evaluations increasing between the two surveys. The same longitudinal improvement is shown also in the level of satisfaction expressed by partners about the management of WP5 suggesting that adequate measures have been adopted to find common grounds between conflicting positions, to increase the time spent on communication and, above all, to encourage a collective decision making process.

Regarding the skills of WP5 leader and co-leader, as shown in Figure 11, the assessments obtained in S1 and S2 are very positive, all very close to the highest attributable score and with an overall increase in the acknowledgement of all investigated aspects.

Figure 11a. **WP5 – S1 Assessment of the skills of leader and co-leader**

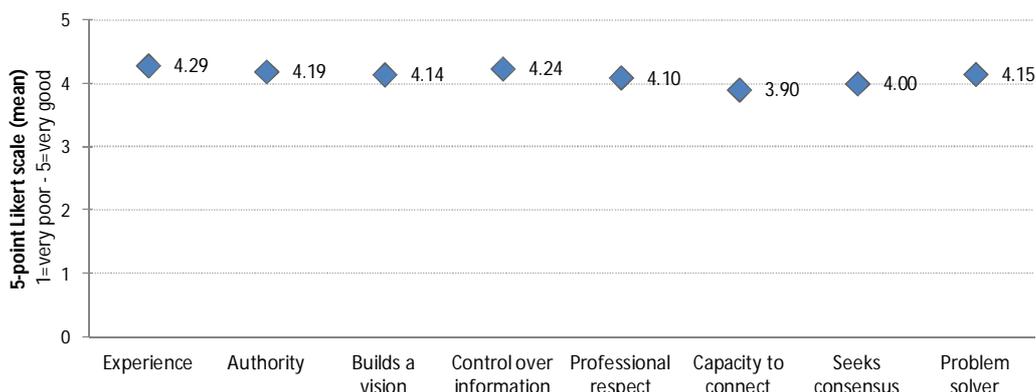
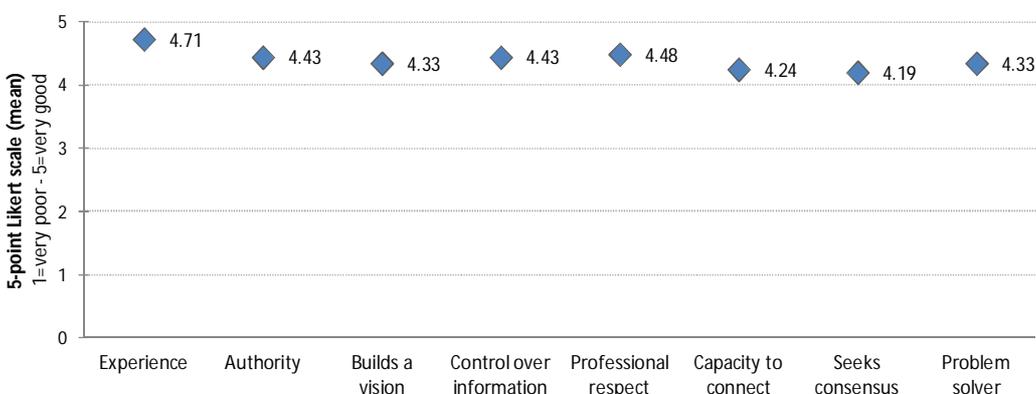


Figure 11b. **WP5 – S2 Assessment of the skills of leader and co-leader**



Tackling the level of interaction among WP5 partners (Figure 12), all items obtained a good evaluation, showing a positive trend from S1 to S2. Results of both surveys also demonstrate that the presence of differences of opinions among partners was irrelevant to define WP5 network and no unexpected events or changes have taken place during WP5 activity.

Figure 12a. **WP5 – S1 Level of interaction and network relationship among partners**

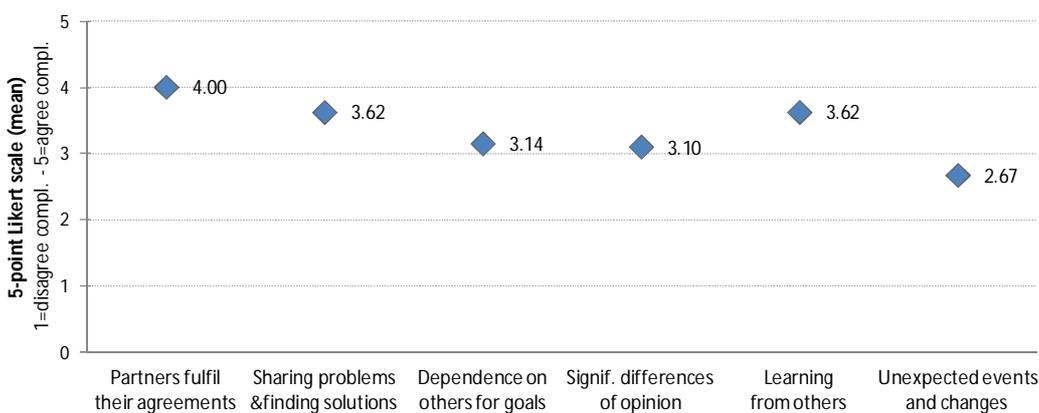
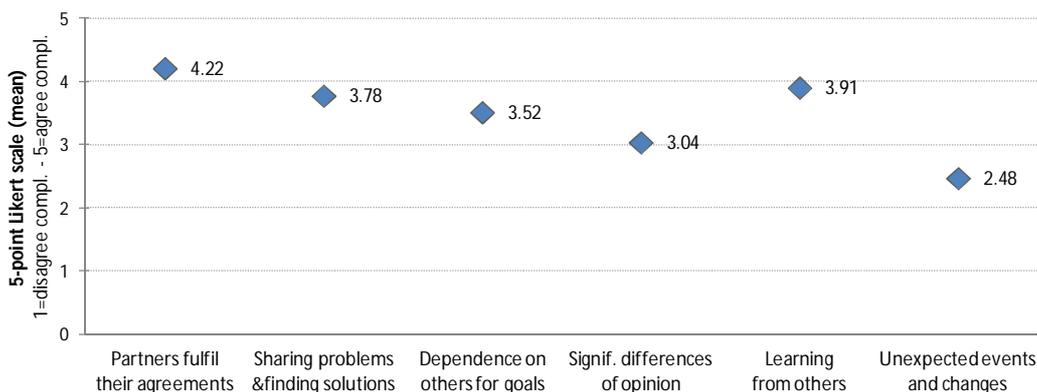
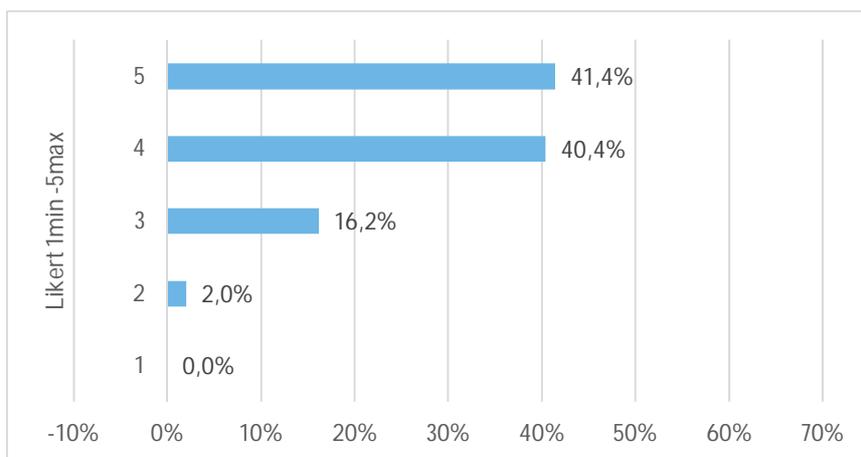


Figure 12b. **WP5 – S2 Level of interaction and network relationship among partners**



The external experts involved in the final online survey (S3) provided a very positive evaluation (mean 4.21 out of 5) of the overall results obtained by RARHA WP5 in summarizing the scientific evidence, the experience and the good practice principles related to the use of drinking guidelines in order to reduce alcohol related harm. More specifically, the large majority of respondents gave a very a positive assessment (81.5% assessed the results as very good/good, 16.2 % as fair), and only 2.0 % of respondents considered the overall results obtained by WP5 as poor (Figure 13).

Figure 13. **WP5 – S3 External experts assessment of the overall results obtained**



Deliverables

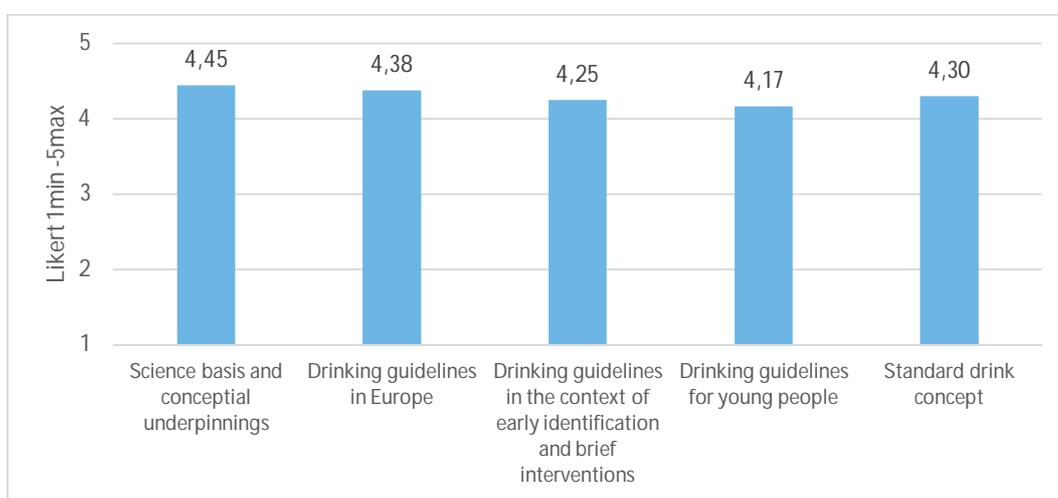
The predefined deliverable for WP5 is Deliverable 8 “Synthesis report: good practice principles in the use of drinking guidelines as a public health measure” (its publication coincides with Milestone t). Self-assessment of WP5 in Si2 emphasized the high quality of the Synthesis report, stressing its relevance for policymakers in addressing the upcoming challenges of the EU alcohol strategy. More specifically, interviewees valued the synthesis report as an appropriate tool to help policymakers by providing them useful guidelines.

It is interesting to compare these results, with those obtained through the external experts

survey (S3), in which 59.4% of respondents declared to have already examined the synthesis report ad/or the info sheet on good practice principals in the use of drinking guidelines as a public health measure (26.7% have not examined the synthesis report yet, 13,9% were not aware of those documents).

Those who had examined the synthesis report or the info sheet assessed the quality and usefulness of the information provided with reference to the specific aspects analyzed (Figure 14). As regards the single aspects covered by WP5 report, respondents gave the highest evaluation to science basis and conceptual underpinnings, followed by the part on drinking guidelines in Europe, the standard drink concept, the drinking guidelines in early identification and brief interventions, and finally the drinking guidelines for young people.

Figure 14. **WP5 – S3 Quality and usefulness of information provided in the Synthesis Report**



Milestones

We introduce now an assessment on the five Milestones of WP5 predetermined in the Grant Agreement.

1. The first one (Milestone p) consists in the organization of an expert meeting to discuss the preliminary results of the background work on low risk drinking guidelines and standard drink definitions, and also on the science underpinnings and public health policy implications of alcohol related harm reduction. The expert meeting was held in Rome on 4 November 2014, with a negligible delay in the prefixed timeframe (October 2014). More than half of the respondents involved in WP5 that completed S1, participated in the meeting, assessing it very positively (4.50 out of 5) on quality and usefulness. Similarly, the interviewees involved in Si1 evaluated the expert meeting held in Rome as a very useful starting point to create a new consensus to provide recommendations to the Commission.
2. Regarding Milestone q, there was a delay in the launch of the online consumer survey on alcohol communication; although it was scheduled for January 2015, it was finally

launched in May 2015. According to S2, only 61% of the respondents involved in WP5 declared to have received an invitation to participate in the European consumer survey developed by EUROCARE, suggesting some difficulties in the internal promotion of the activity.

3. As for the third of WP5 Milestone, which consists in the launch of the Delphi survey, it must be noticed that it was split into two parts. The first one, the Delphi study on low risk drinking, was launched according to plan in April 2015. The second one, the Delphi on alcohol related harm for young people started in June 2015.
4. The expert/policymaker meeting, the fourth milestone of WP5 (Milestone s), was held in Helsinki in February 2016, instead of January 2016. The two representatives from WP5 in Si2 highlighted the usefulness of these kinds of meeting and the chance to have closer interaction with policymakers. However, one representative recommended a better involvement of the audience. Additionally, WP5 conducted an internal survey on the quality of the expert meeting. Respondents were very positive about the meeting and noted that it was worth attending it.
5. The publication of the synthesis report is the last milestone of WP5 (Milestone t). As presented above (Deliverable 8), and according to different evaluation tools, the synthesis report was perceived as a useful document for policymakers. Its publication took place according to the predefined schedule.

Specific Objective 3: Clarifying the science underpinnings and public health policy implications of the use of drinking guidelines to reduce alcohol related harm

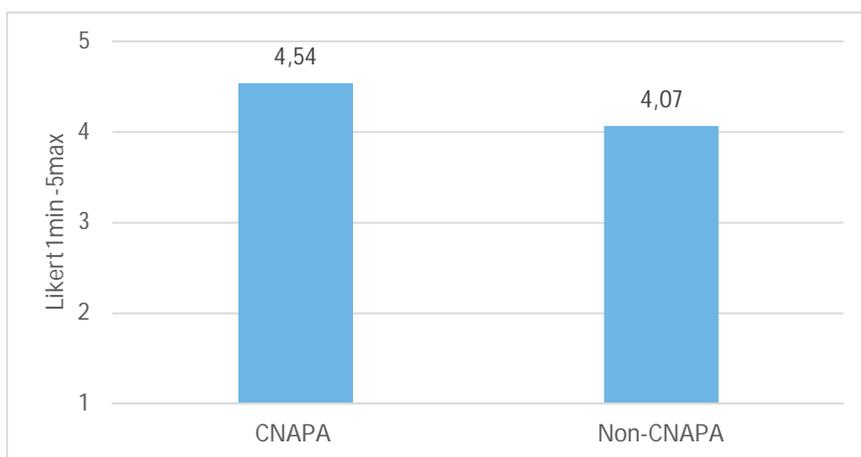
As noted by the two interviewees involved in WP5 and participating in Si1, Specific Objective 3 (SO3) was already almost reached in April 2015. Thus, the following steps were oriented towards informing policy-makers through policy briefs and conferences. All respondents from Si2 assessed SO3 achievements as very satisfactory.

The 91% of WP5 partners participating in S2 stated to have been contributing to the development of at least one of the overviews/reports on drinking guidelines, brief interventions, drinking by young people, science basis and standard drink definition that were delivered as part of most WP5 Tasks (SO3 process indicator). The same proportion of S2 respondents assessed WP5 ability to achieve SO3 as good or very good. This was confirmed by S3 respondents, comprising also collaborating partners, who assessed the overall quality of the overviews obtained by RARHA WP5 with a 4.21 out of 5 (SO3 output indicator).

Similarly, stakeholders from S3 evaluated RARHA JA contribution to “clarifying the science underpinnings and the public health policy implications of the use of drinking guidelines to reduce alcohol related harm” with a score of 4.18 out of 5. Only 1% of respondents stated that the contribution was null, and 4.1% assessed this aspect as poor, whereas 95% of them

positively valued RARHA ability to improve the scientific debate and policy measures concerning the low risk drinking guidelines. A closer look (Figure 15), allows us to see that, CNAPA members perceived this outcome slightly better than non-CNAPA members. More specifically, the former awarded the extent of the impact of WP5 results with a mean evaluation of 4.54 out of 5 and the latter with a 4.07 out of 5 (SO3 outcome indicator).

Figure 15. **WP5 – S3 Extent to which the science underpinnings and policy implications have been clarified by RARHA JA**



Specific Objective 4: Building consensus on the use of drinking guidelines to reduce alcohol related harm

All representatives from WP5 in Si2 thought that RARHA have built a broad consensus on the use of drinking guidelines to reduce alcohol related harm. Indeed, they highlighted the capacity of RARHA not only as a tool to increase agreement but also to strengthen it. A major achievement was highlighted: the Delphi survey contribution to clarify the purpose of having low-risk/high-risk/single-occasion guidelines and formulating the principles for the use of drinking guidelines as a public health measure. Such guidelines convey evidence-based information on risks at different levels of alcohol consumption, correct misconceptions about the likelihood of positive or negative health effects of alcohol, and help alcohol consumers to keep the risk of adverse outcomes low.

Also S3 external experts valued positively (3.91 out of 5) the ability of RARHA WP5 to build consensus in the use of drinking guidelines as public health measure; 67.7% of respondents assessed this aspect as “good” or “very good”.

The process indicator for this specific objective is the identification of divergences in national low risk drinking guidelines and in national definitions of standard drink (work done by ISS, HSE and HRB) as an essential issue for the Policy Delphi Survey. One respondent in Si2 stated that “the work done by HSE and HRB provided pointers for addressing standard drink related issues”. At the same time, one interviewee highlighted the work done by ISS in updating the information on current guidelines/recommendations, and helping to demonstrate the need

for a more aligned approach. This enabled the group gathered in the work meeting in Dublin, in January 2015, to discuss which particular aspects required further clarification, how to formulate the questions and to agree on the main themes to be addressed in the Delphi survey.

Furthermore, all respondents from Si2 perceived an increased consensus between the first and the last Policy Delphi round (SO4 output indicator). Finally, one representative from WP5 highlighted the achievement of a substantial area of agreement (SO4 outcome indicator) between partners, external experts and the advisory group. However, a dissention emerged in the subtask of agreeing on drinking guidelines for young people, and the way of dealing with underage drinking in which two irreconcilable approaches emerged. Regardless of this dissention, representatives from WP5 were convinced of the work done towards building consensus among policymakers, health professionals and citizens.

WP6 - Tool Kit

WP6 was focused on selecting interventions implemented by public bodies in EU member states, adaptable to other contexts and with reasonable evidence of efficacy and effectiveness in influencing alcohol consumption attitudes and patterns. The good practice examples were collected into a Tool Kit which included guidance on criteria of good practice for alcohol information approaches to reduce alcohol related harm, addressed to public health policy planners.

The areas of interest for the good practice Tool Kit were determined and confirmed by the RARHA Advisory Group in 2014. The following three groups of interventions were selected: early intervention (including brief advice); school-based programs (information and education); and public awareness programs (including new media, social networks and online tools for behavioural change).

Regarding the assessment of the skills of the leader and co-leaders the assessment from partners is very positive, and improved from S1 to S2, as shown in Figure 16.

Figure 16a. WP6 – S1 Assessment of the skills of leader and co-leader

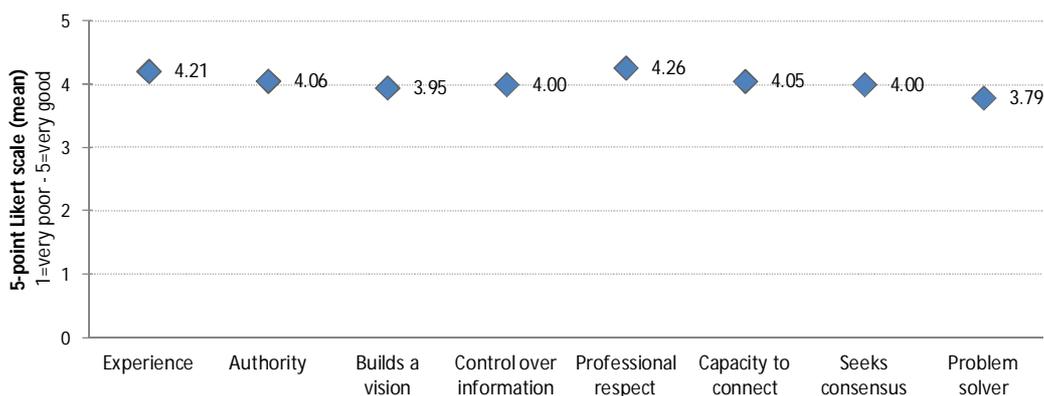
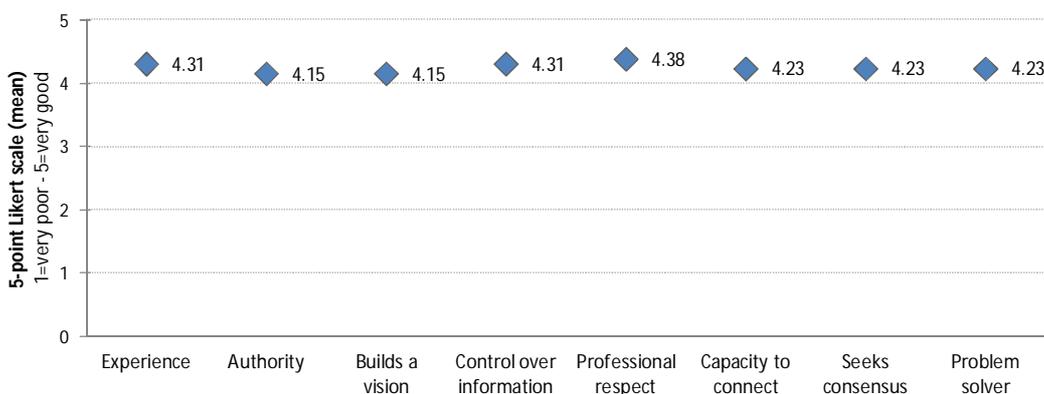


Figure 16b. WP6 – S2 Assessment of the skills of leader and co-leader



According to S1 and S2, partners self-reported high satisfaction regarding the process to ensure participation and voice in WP6 activities (establishing common starting points; making

different opinions visible and included; sharing of diverse points of view) with an increasing level of satisfaction if we compare the two rounds of surveys. Also the characteristics of the managing process of WP6 (leaders helping to find common ground; communication level achieved; decisions being made collectively) received a high assessment, and the evaluation improved in S2.

In contrast with results of the previous internal evaluation survey (S1), which suggested a level of synergy to be improved, the network cohesion among WP6 partners during the second year of JA activity appeared quite better. There was an overall increase in the rating of the items assumed as indicators of a good network structure (Figure 17). It's interesting to notice that the only percentage decrease was registered for the presence of differences of opinion among partners, confirming the successful development of efforts to solve the conceptual divergences. Aspects such as the dependence upon others to achieve goals and the differences of opinions among partners seem to be considered scarcely relevant to characterize the network relationships of WP6. As seen for the other WPs, even in this case, no unexpected event took place during the activity of WP6.

Figure 17a. **WP6 – S1 Level of interaction and network relationship among partners**

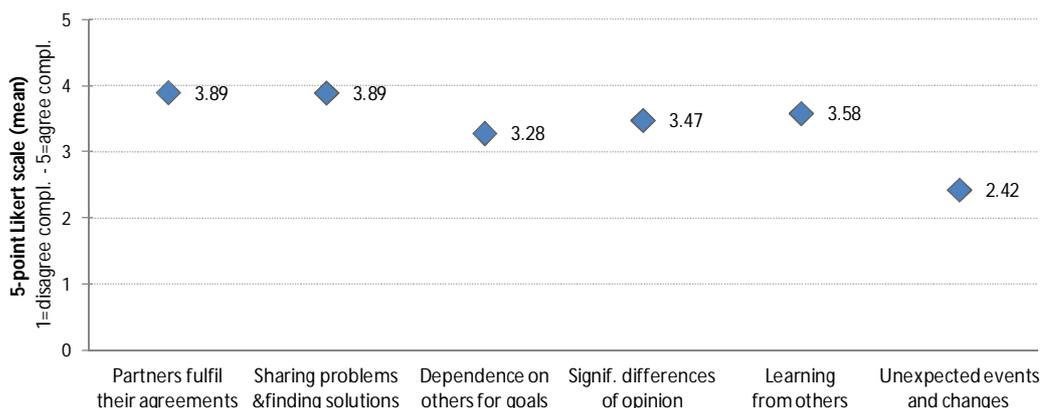
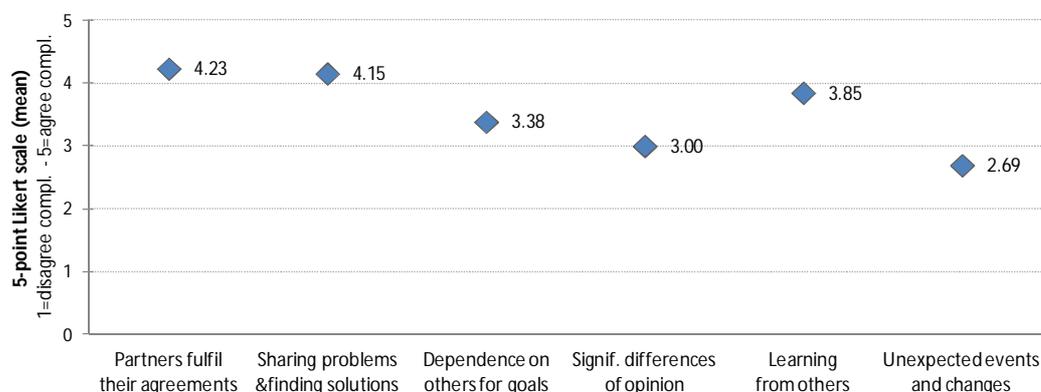


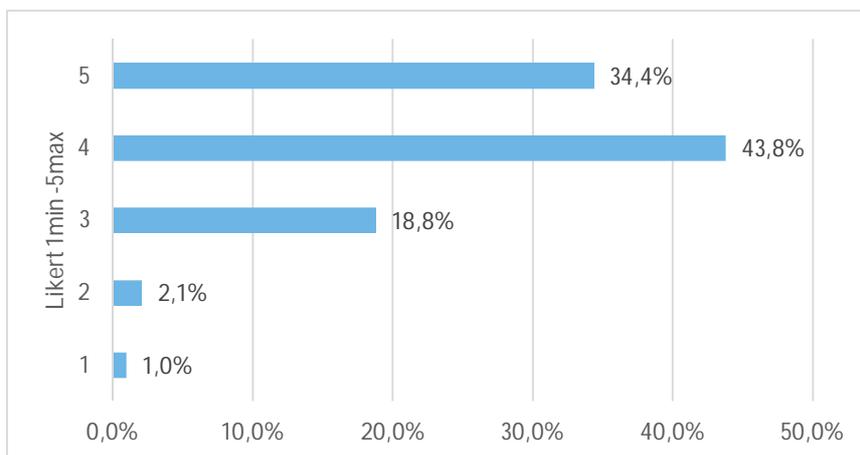
Figure 17b. **WP6 – S2 Level of interaction and network relationship among partners**



At a general level, the external experts involved in the final online survey (S3) provided a very positive evaluation (mean 4.08 out of 5) of the overall results obtained by RARHA WP6 in

producing the Tool Kit of good practice examples to reduce alcohol related harm. More specifically, the large majority of respondents gave a very a positive assessment (78.2% assessed the results as very good/good, 18.8 % as fair), and only 3.1 % considered the overall results obtained by WP6 as poor/very poor (Figure 18).

Figure 18. **WP6 – S3 External experts assessment of the overall results obtained**



Deliverables

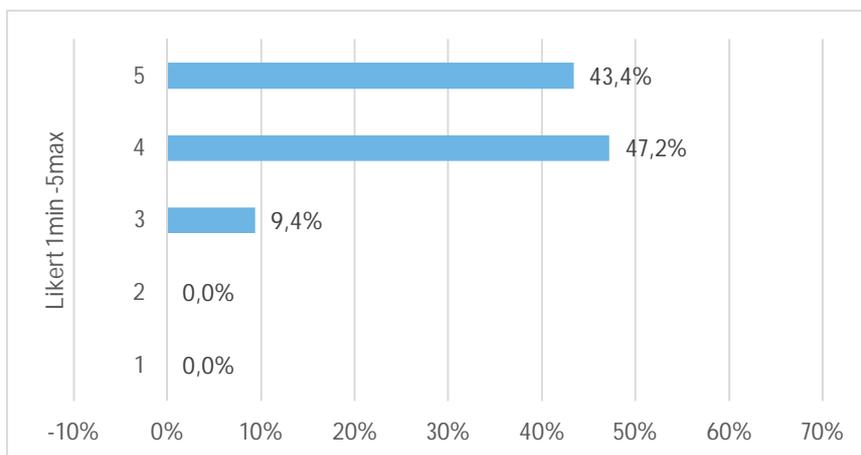
Regarding deliverables, there are two in WP6. The first one is Deliverable 9 (Milestone w), that consists in the online version of the Tool Kit. In the RARHA Grant Agreement the online version of the Tool Kit was scheduled for December 2016. Nevertheless, it was completed by September 2016, 3 months in advance. The second Deliverable is number 10 (also Milestone x), consisting in the master for the printed Tool Kit, scheduled for May 2016. The first draft of the printed tool kit was prepared in December 2015 and sent to all WP6 partners for review on January 2016. The second draft was produced in January 2016, based on the feedback received by the partners. This second draft was presented in the WP6 meeting (3rd February 2016, Brussels). The printed copy of the Tool Kit was available during the Final Conference in Lisbon (13th-14th October 2016).

One respondent in Si2 pointed out that WP6 leaders were willing to continue with a follow-up action to turn the Tool Kit into a peer-reviewed mechanism. Regarding the translation of the Tool Kit, two representatives from WP6 stressed that not all countries were engaged in translating the Tool Kit into their national languages, although the vast majority was willing to translate at least the executive summary.

According to the results of the final survey for external evaluation (S3), 53.5% of the respondents have examined the RARHA Tool Kit “Public awareness, school-based programs and early interventions to reduce alcohol relate harm”. On the contrary, 32.3% have not yet examined it, and 14.1% were not aware of it. It is relevant to highlight that the 53.5% of respondents who did examine the RARHA Tool Kit assessed very positively its ability to collect

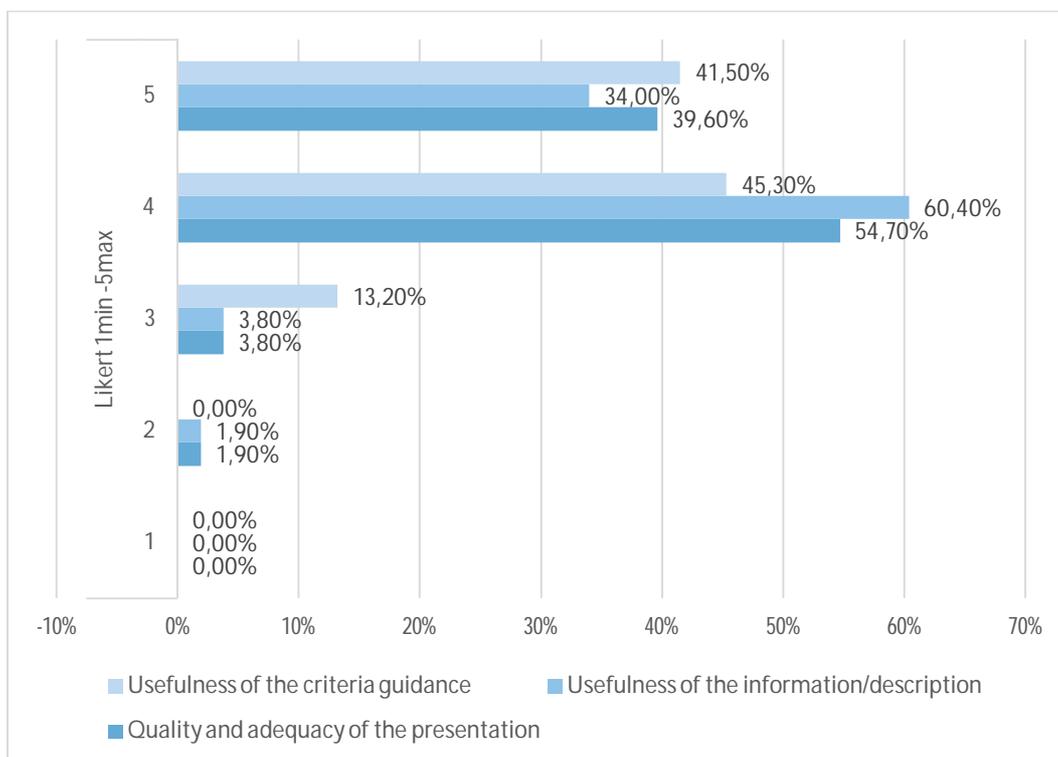
good practice examples of proven effectiveness in influencing alcohol attitudes and behaviours, providing practical guidance on the adoption of evidence-based approaches (mean score 4.34/5). It's important to remark that no negative judgement was expressed, all assessments were comprised between "3=fair" and "5=very good", as shown in Figure 19.

Figure 19. **WP6 – S3 External experts overall assessment of the RARHA Tool Kit**



Similarly, the external experts awarded contents and presentation of the Tool Kit (Figure 20) with a mean evaluation of 4.32 out of 5 for the quality and adequacy of the presentation, 4.26 out of 5 for the quality and usefulness of the information/description provided, and of 4.28 out of 5 for the usefulness of the criteria/guidance provided.

Figure 20. **WP6 – S3 External experts assessment of specific aspects of RARHA Tool Kit**



Milestones

Regarding the Milestones of WP6 here follows a description of the five of them, with comments on their results and process.

1. The first one (Milestone u) was focused on a template for describing good practice examples. As reported in the RARHA Interim Report the questionnaire was completed in November 2014, with a 5-month delay. S1 reported a positive self-opinion of the document ability to describe good practice examples in the three areas: early intervention 4.29/5; school-based programs 4.1/5; public awareness programs 4.00/5.
2. The second milestone (Milestone v) tackled the creation of guidance/recommendations criteria for good practice information approaches to reduce alcohol related harm. Its development has suffered the consequences from both the delayed accomplishment of the template and the prolonged data collection. Although scheduled for April 2015, it was completed in August 2015. Finally, almost all respondents in S2 involved in WP6 stated that their organization contributed to the development of the guidance on definition, criteria and indicators of good practice examples.
3. Online version of Tool Kit (Milestone w): see Deliverable 9. Although scheduled for December 2016, it was completed before time, in September 2016
4. Master for printed Tool Kit (Milestone x): see Deliverable 10. The printed copy of the Tool Kit was made available during the Closing/Final Conference in Lisbon (13-14 October 2016).
5. The last milestone (Milestone y) consisted in launching the Tool Kit within a wider European conference. The launch was originally scheduled for June 2016 (month 30 of the JA) but it suffered a delay of 5 months. Finally, the Tool Kit was officially launched in Ljubljana during the 7th European Alcohol Policy Conference (22-23 November 2016). Respondents from WP6 (Si2) found dissemination activities such as the Final Conference (Milestone d and j) as well as the one held in Ljubljana very useful. They noted the fact that the conferences allowed them to reach an ample public as well as decision-makers.

Specific Objective 5: Facilitating exchange between member states public health bodies, of good practice, in the use of information approaches to reduce alcohol related harm

Respondents from WP6 in Si2 drew attention to two aspects of SO5. On the one hand, their satisfaction with the methodological approach adopted, which, according to them, facilitated making the process tangible and practicable. On the other, they perceived the different languages of member states as a limitation for the toolkit dissemination. Nevertheless, they spell out that some countries were willing to translate the whole toolkit into their national

language while others would only translate its executive summary. However, the overall evaluation provided by external experts about the RARHA ability to facilitate exchange of good practices in the use of information approaches to reduce alcohol related harm among Member States public health bodies was very positive; only 3.1% of respondents assessed this aspect as “poor”, whereas the objective was met for the remaining proportion of respondents, and 72.2% of them evaluated it as good/very good.

As regards the first process indicator of this Specific Objective 5 (SO5), 32 Member States were contacted to collect good practice examples, obtaining 43 evidence-based interventions from 19 countries. The interventions finally selected for being well described and transferable experiences were 26 (SO5 output indicator). Regarding the quality and adequacy of the presentation of the good practice examples collected in the RARHA Tool Kit (SO5 outcome indicator), S3 shows an overall outstanding assessment of 4.32 out of 5; with a mean evaluation very similar among CNAPA members (4.26) and all the other respondents (4.35).

Specific Objective 6: Providing guidance and tools for public health policy planners, for the use of information approaches to reduce alcohol related harm in the framework of wider public health policies

Representatives from WP6 in Si2 stated that in the future, the Tool Kit will have more impact on policymakers than on professionals and practitioners involved in reducing alcohol related harm, thus implying the accomplishment of Specific Objective 6 (SO6).

The same perception was expressed by the external stakeholders involved in S3, who confirmed the positive evaluation of RARHA ability to provide guidance and tools for public health policy planners through the Tool Kit with a mean assessment of 3.98 out of 5 and 69.8% of respondents assessing this capacity as “good” or “very good”.

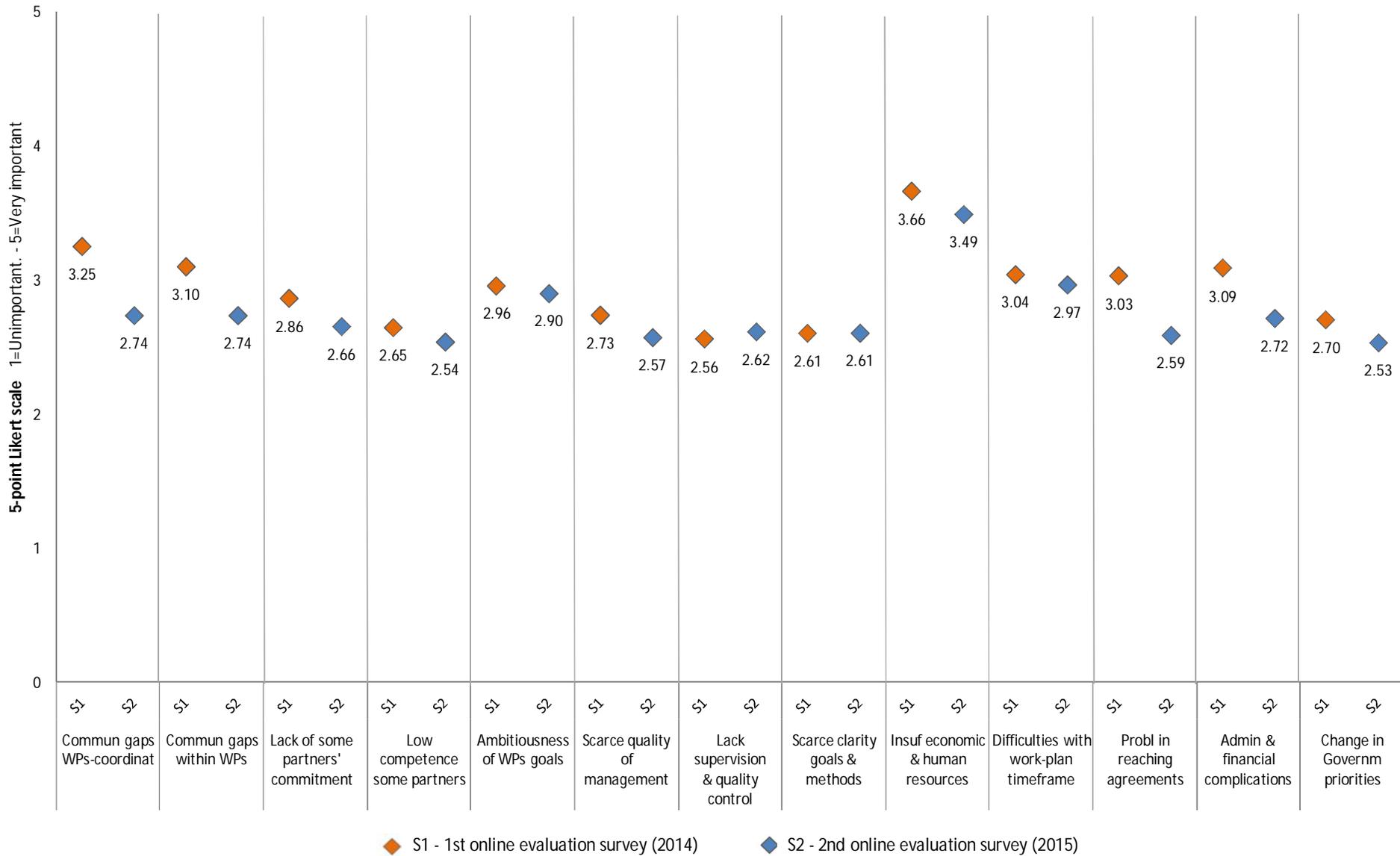
The final number of good practice examples included in the Tool Kit, as mentioned above, was 26 (SO6 1st process indicator) from 16 different Member States. They were selected through an in depth quality evaluation, according to which 8 interventions were defined as “basic level”, 5 were assigned to the category “first indications for effectiveness”, 5 pertained to the “good indications for effectiveness”, and 8 to the “strong indications for effectiveness”. As regards the 2nd SO6 process indicator, we can state that it was completely achieved, since the Tool Kit methodological chapter provides detailed information on how the good practices were selected and supplies specific criteria and tools for transferability.

Furthermore, there is a positive assessment by intended users involved in S3 of the quality and usefulness of the information and descriptions provided for the good practice examples (SO6 1st output indicator) and of the criteria and guidance collected in the Tool Kit (SO6 2nd output indicator) which respectively obtained a mean evaluation of 4.26 and 4.28 out of 5.

The level of achievement of SO6 outcome indicators provides a positive picture of WP6 impact and sustainability. In fact, according to the results of the external experts survey (S3), 15 Member States declared to have adapted or were planning to adapt one or more of the

good practice examples (SO6 1st outcome indicator) and 13 MS were using or planning to use the good practice criteria/guidance (SO6 2nd outcome indicator).

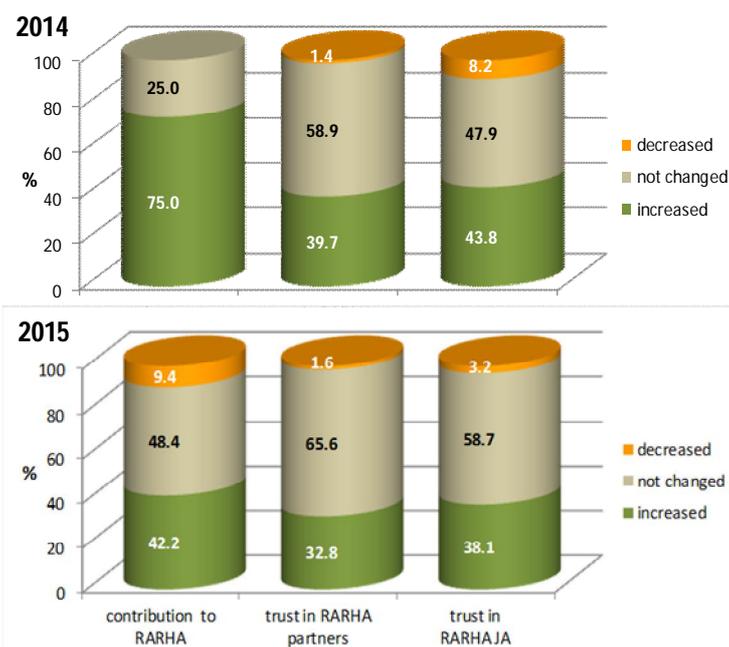
Figure 21. Average ratings of potential obstacles according to the influence exerted over the implementation process of RARHA JA in 2014 and 2015



Overall evaluation of RARHA JA

The implementation process of RARHA JA and its progression over time can be well summarized through the longitudinal analysis of three indicators included in both waves of the online survey addressed to associated partners, conducted in November 2014 and November 2015 (S1+S2). Respondents were asked to state if during the last 12 months their individual contribution to RARHA, trust in other partners, and trust in the JA as a whole had decreased, increased or remained unchanged (Figure 22).

Figure 22. Regarding the progress over time during the last year of RARHA activities, your ...



As expected, the individual contribution to RARHA activities had considerably increased during the first year of the JA. In the second year of activity, it remained substantially unchanged for most partners. The trust in RARHA partners and in the JA as a whole was substantially unchanged over time. The reduction in the proportion of respondents with a decreasing trust in the JA suggests a longitudinal improvement in the level of confidence in RARHA potentialities.

In S1 and S2 RARHA partners were also asked to rate a series of challenges or potential obstacles to the progress of the JA, according to the actual influence exerted over the implementation process in the previous year of activity (Figure 21 in the previous page). In both surveys, the highest mean evaluation is for the insufficient economic and human resources at disposal, but it does not reach the mean score 4=quite important. The picture that emerges reveals a substantial absence of important problems or complications in the implementation process of the JA. Furthermore, it highlights a general decrease over time in all average evaluations, suggesting that adequate measures to enhance the management, the involvement and the interaction within WPs were properly adopted during the

implementation process of RARHA JA.

As already seen in the previous sections about single WPs, all expected RARHA outputs were regularly delivered, although some of them with relatively small, and properly motivated, delays. The following tables (Table 4, Table 5 and Table 6) summarize the evaluation results related to single deliverables and milestones, and the level of achievements of indicators predefined in the Grant Agreement for each specific objectives.

Table 4. **Accomplishment of RARHA deliverables**

Deliverable	Instruments * for evaluation	Evaluation result
Work Package 1		
D1 Technical reports, JA meetings and final conference (December 2016)	DA	All technical reports and meetings foreseen for the reported period were accomplished.
	PA	Based on the observations held by the external evaluators there is a Positive assessment of the organization of the meetings and the technical issues related to this.
Work Package 2		
D2 Promotional package and communication about the launch of RARHA (March 2014)	DA	Timely delivered: the promotional package is available in the restricted area of RARHA website.
	S1	Respondents assess with a 4.23/5 the promotional package.
	Si1	The assessment of the promotional package among the respondents to the first round of semi-structured interviews is very good.
D3 Main web site and common content for national web pages (March 2014)	S1 –S2	Website timely delivered: evaluated 3.96/5 (S1) and 3.75/5 (S2). S1: the upload of common content about RARHA JA in national organization websites is not yet done for 61.5% of partners. S2: 87.2% have completed or at least started the upload of common contents about RARHA.
	Si1-Si2	Si1: The website could be more up-to-date and more informative. The private area for RARHA partners could be better organized. Si2: The website should permit RARHA WP leaders to get direct access in order to manage and fix problems quickly. All Milestones and Deliverables should be more visible in the public area.
	S3	72.6% external experts declared to have visited the RARHA website awarding a score of 4.11/5
D4 Bi-annual electronic newsletter (June 2014)	S1 –S2	Delay in the delivery of the first newsletter and consequent shift in the launch of the others. S1: first newsletter assessed 4.06/5 S2: second newsletters assessed 4.14/5
	Si1-Si2	Si1: The newsletters produced are positively assessed, especially the improvement from the 1st to the 2nd newsletter. Si2: All four newsletters are positively assessed
	S3	68.4 % external experts stated to have read at least one newsletter. They assessed them with a 4.19/5.

Deliverable	Instruments * for evaluation	Evaluation result
Work Package 4		
D7 Synthesis report: baseline assessment and suggestions for comparative monitoring of alcohol epidemiology across the EU (August 2016)	DA	By the beginning of January 2017 the report was considered completed, although not yet delivered.
	Si2	At the time of the interview respondents declared that the synthesis report was not finished yet.
	S3	59.4 % respondents from the external evaluation survey declared they had the opportunity to examine the synthesis report or the infosheet.
Work Package 5		
D8 Synthesis report: good practice principles in the use of drinking guidelines as a public health measure (October 2016)	DA	Timely delivered, published according to what was stated in the Interim Report, month 33 (October 2016).
	Si2	Interviewees highlighted the quality of the report and how it would help policymakers out by providing them useful guidelines.
	S3	<ul style="list-style-type: none"> - Sciences basis and conceptual underpinnings: 4.45/5; - Drinking guidelines: 4.38/5; - Drinking guidelines on the context of early identification and brief interventions: 4.25/5; - Drinking guidelines for young people: 4.17/5 - Standard drink concept: 4.30/5.
Work Package 6		
D9 Online version of the Tool Kit (December 2016)	DA	Completed in September 2016 (month 33), 3 months in advance.
D10 Synthesis report: good practice principles in the use of drinking guidelines as a public health measure (October 2016)	DA	The printed copy of the Tool Kit was made available during the Closing/Final Conference in Lisbon (13th-14th October 2016).
	Si2	One respondent from Si2 pointed out that they were willing to continue with a follow-up action to turn the Tool Kit into a peer review mechanism.
	S3	53.5% of respondents have examined the RARHA Tool Kit. The Tool Kit was awarded a score of 4.34/5.

* Legend of acronyms:

DA = Document analysis

PA = Participants Observation in Management Group Meetings

S1, S2 = 1st, 2nd online evaluation survey

Si1, Si2 = 1st, 2nd semi-structured interview

S3 = Short online survey to external experts

Table 5. **Accomplishment of RARHA milestones**

Milestone	Instruments * for evaluation	Evaluation result
Work Package 1		
a. Kickoff meeting (January 2014)	DA	Achievement: 100%.
	S1	Partners assess with a 4.09/5 the organization of RARHA meetings (including the Kick-off meeting).
	Si1	Positive evaluation.
b. Management meetings, steering committee meetings, advisory committee meetings (December 2014)	DA	RARHA Interim report: all meetings foreseen for the reported period were accomplished (60%). No problems encountered
	S1 –S2	Meeting organization assessed 4.09/5 (S1) and 4.20/5 (S2)
	Si1	Positive assessment of meetings. The only regret is not having more meetings where participants can meet personally.
c. Interim meeting and interim report (June 2015)	DA	Interim report achieved
	S2	Scarce circulation of the final document: only 33% of respondents received the report, assessed 3.93/5
d. Closing conference (October 2016)	DA	The closing conference took place as planned in month 33 of the JA (October 2016)
	PA	The Final Conference (13th-14th October 2016) met its goals.
e. Final report (December 2016)	DA	NOT APPLICABLE
Work Package 2		
f. Launch of promotional package and main website (March 2014)	DA	Timely accomplished
	S1 –S2	Partners assess positively the promotional package (4.23/5) (S1) and quite positively the RARHA website: 3.96/5 (S1) & 3.75/5 (S2).
	Si1	Promotional package (including image, logos, design, etc.) assessed very positively. Regarding the website, respondents noted that RARHA website could be more up-to-date and more informative; private area could be better organized.
g. Launch newsletter (June 2014)	DA	Delay in the delivery of the first newsletter and consequent delay in the launch of the following ones. The four newsletters are publicly available online and have been distributed among RARHA partners and subscribers.
	S1 – S2	First newsletter: 4.06/5 (S1). Second newsletter: 4.14/5 (S2)
	Si1-Si2	Interviewees assessed positively the newsletters produced
	S3	68.4% of respondents read at least one of the four newsletters (mean score of 4.19 out of 5)
h. Satellite event for public launch of the JA (June 2014)	S1	Launched in November 2014. 70.6% of respondents received communication about it.
	Si1	[No specific observations]

Milestone	Instruments * for evaluation	Evaluation result
i. Publication of short version of final report (October 2016)	DA	NOT APPLICABLE
j. Final conference (October 2016)	DA	The closing conference took place as planned in month 33 of the JA (October 2016)
	PA	The Final Conference (13th-14th October 2016) met its goals.
Work Package 4		
k. Work meeting to refine SMART methodology, agree on common protocol for surveys and on re-coding of existing data (April 2014)	DA	Both meetings regularly held: Task 1 Krakow 16-17 May 2014, Task 2 Lisbon March 20-21 2014.
	S1	Positive assessment of the work meeting contribution to define Task 1 and Task 2 methodology (4.06/5)
	Si1	[No specific observations]
l. Calls for tender in Task 1 for subcontract the survey fieldwork (December 2014)	S1 – S2	S1 ongoing; S2 completed
	Si1	[No specific observations]
m. Establishment of international comparative data bases for Task 1 and Task 2 (December 2015)	Si2	Useful in three main fields: scientific, political and practical. Although Task 1 and Task 2 databases cannot be combined, some variables are valuable on both.
n. Work meeting to consolidate findings and discuss conclusions (August 2016)	Si2	Very effective to improve Task 1 and Task 2 quality.
o. Synthesis report (October 2016)	DA	By the beginning of January 2017 the report was considered completed, although not yet delivered.
	Si2	At the time of the interview respondents declared that the synthesis report was not finished yet.
	S3	Those who have examined (51.5 %) the synthesis report or the info sheets on RARHA-SEAS and/or RARHA-HARMES awarded a score of 4.31/5.
Work Package 5		
p. Expert work meeting to discuss reviews of: science, guidelines and standard drink definitions, uses of guidelines, drinking by young people (October 2014)	S1	Work meeting held in Rome on 4 November 2014. S1: 60.9% of respondents involved in WP5 participated in this work meeting, assessed 4.5/5.
	Si1	Expert meeting evaluated as very useful and considered as a starting point to create a new consensus.
q. Launch of consumer survey (January 2015)	S2	Launched in May 20015. Scarcely promoted among RARHA partners (only 61% of respondents involved in WP5 state to have been invited to participate).
	Si1	Carried out in May 2015 with a 5 months delay.

Milestone	Instruments * for evaluation	Evaluation result
r. Launch of Delphi survey (April 2015)	DA	RARHA Interim Report: Delphi survey on low risk drinking launched in April 2015, the other on alcohol related harm for young people in June 2015.
	S2	The majority of respondents involved in WP5 consider that the Delphi survey has been launched according to plans, the remaining 38.1% with some delay.
	Si1	1 st Delphi survey launched on 27 April 2015.
Work Package 6		
u. Template for describing good practice examples (June 2014)	DA	RARHA Interim Report: developed in November 2014
	S1	When the survey was conducted only 42.1% of respondents had completed the questionnaire. They evaluated very positively its ability to describe good practice examples.
	Si1	[No specific observations]
v. Guidance on criteria of good practice in the use of information approaches to reduce alcohol related harm (April 2015)	DA	RARHA Interim Report: delay. Completed in August 2015.
	S2	All respondents involved in WP6 state to have contributed to the development of the guidance on definition, criteria and indicators of good practice examples.
	Si1	[No specific observations]
w. Online version of Tool Kit (December 2016)	DA	It was launched three months ahead of schedule in September 2016 (month 33 of JA).
x. Master for printed Tool Kit (May 2016)	DA	The printed copy of the Tool Kit was made available during the Closing/Final Conference in Lisbon (13th-14th October 2016).
	Si2	One respondent from Si2 pointed out that they were willing to continue with a follow-up action to turn the Tool Kit into a peer review mechanism.
	S3	Ability to collect good practice examples of proven effectiveness in influencing alcohol attitudes and behaviors providing also practical guidance on the adoption of evidence-based approaches: 4.34/5; The quality and adequacy of the presentation of the good practices examples collected: 4.32/5; The quality and usefulness of the information/description provided for the good practice examples collected: 4.26/5; The usefulness and the criteria/guidance provided for the good practice examples: 4.28/5.
y. Launch of Tool Kit within wider European conference (June 2016)	DA	Delayed launch, from June 2016 to November 2016 at the 7th European Alcohol Policy Conference (22nd-23rd November), Ljubljana.
	Si2	Respondents from WP6 found the conference held in Ljubljana useful, allowing them to reach an ample public as well as decision-makers.

Table 6. Level of achievement of RARHA Specific Objectives by indicators predefined in the Grant Agreement

Indicator	Link to WP	Link to deliverable	Level of achievement
Specific Objective 1 Providing a baseline for comparative assessment and monitoring of alcohol epidemiology, including drinking levels and patterns, and alcohol related harms across the EU			
SO1 Process indicator 1- Number of MS that successfully carry out the common survey during the period of operation of the JA.	WP4	D7	19 countries successfully carried out the common RARHA survey during the period of operation of the JA.
SO1 Process indicator 2- Number of common items used in national SMART surveys.	WP4	D7	>100 common items were used in national RARHA surveys.
SO1 Process indicator 3- Number of variables re-coded for comparative assessment.	WP4	D7	16-30 existing variables provided by each organization/Member State have been pooled and recoded for comparative analysis.
SO1 Output indicator 1- Number of national reports published and/or delivered for integration in synthesis report	WP4	D7	No national reports published and/or delivered for integration in synthesis report (results from different national surveys were merged)
SO1 Output indicator 2- Number of variables for which comparison across EU MS is possible.	WP4	D7	250 variables for which comparison across EU MS is possible.
SO1 Output indicator 3- Number of variables for which comparison across EU MS is possible	WP4	D7	25-30 comparable variables across EU Member State.
SO1 Outcome indicator 1- Number of MS planning to use the common methodology in alcohol surveys in the future (repeat a SMART survey or carry out a 1st SMART survey).	WP4	D7	11 Member States are planning to use the common methodology for alcohol surveys.
SO1 Outcome indicator 2- Extent to which CNAPA members consider access to comparative data improved.	WP4	D7	CNAPA members awarded the improvement with a 4.52 out of 5.
SO1 Outcome indicator 3- Extent to which CNAPA members consider access to comparative data useful.	WP4	D7	CNAPA members considered access to comparative data useful awarding it with a 4.20 out of 5.

Indicator	Link to WP	Link to deliverable	Level of achievement
Specific Objective 2 Strengthening capacity in comparative alcohol survey methodology and increasing interest in using common methodology in the future			
SO2 Process indicator 1 -Number of participants with little/no previous experience of comparative alcohol research.	WP4	D7	All participants had previous experience, either solid or little.
SO2 Process indicator 2 - Number of participants in work meeting to agree on common survey protocol.	WP4	D7	40 people attended the work meetings, with averages of around 15 participants for each meeting.
SO2 Output indicator 1 - Number of MS with less experience in comparative alcohol research among those who successfully carry out a national SMART survey.	WP4	D7	Member States with little or less experience were mostly former communist countries.
SO2 Output indicator 2 - Number of participants who find the JA has enhanced networking.	WP4	D7	RARHA participants awarded with a 3.97 out of 5 the extent to which the JA has enhanced networking.
SO2 Outcome indicator 1 - Number of MS with less previous experience planning to use the common methodology in the future.	WP4	D7	Respondents were unaware of the exact number of MS with less previous experience planning to use the common methodology.
SO2 Outcome indicator 2 - Number of participants planning to continue contacts/joint work.	WP4	D7	All RARHA partners declared to be willing to continue contacts/joint work.
Specific Objective 3 Clarifying the science underpinnings and public health policy implications of the use of drinking guidelines to reduce alcohol related harm			
SO3 Process indicator -Delivering overviews of drinking guidelines given in MS; uses of drinking guidelines; guidelines on drinking by young people; science underpinnings; definitions of "standard drink".	WP5	D8	11 organizations have participated in delivering overviews of drinking guidelines given in MS; uses of drinking guidelines; guidelines on drinking by young people; science underpinnings; definitions of "standard drink".
SO3 Output indicator - Assessment of the quality and usefulness of overviews as assessed by associated and collaborating partners.	WP5	D8	External stakeholders, including also collaborating partners, assessed the quality and usefulness of the overviews with a 4.21 out of 5; 91% of associated partners valued as good/very good the achievements obtained in this respect.

Indicator	Link to WP	Link to deliverable	Level of achievement
<p>SO3 Outcome indicator - CNAPA members and other key stakeholders assessment of the extent to which the science underpinnings and policy implications have been clarified due to the JA.</p>	WP5	D8	<p>CNAPA members awarded the overall quality and effectiveness of results with 4.54 out of 5.</p> <p>Non-CNAPA member awarded the overall quality and effectiveness of results with a 4.07 out of 5.</p>
<p>Specific Objective 4 Building consensus on the use of drinking guidelines to reduce alcohol related harm</p>			
<p>SO4 Process indicator - Identification of divergences between MS that help develop questions for the Policy Delphi survey.</p>	WP5	D8	<p>Asking experts with different views and backgrounds permitted to identify divergences. In fact, they were asked to consider various options for action, their pro and con, as well as the assessment of the consequences and alternatives courses of action. In the first round 51 experts participated and in the second one 41.</p>
<p>SO4 Output indicator - Measurable increase in areas of consensus between first and last Policy Delphi round.</p>	WP5	D8	<p>The degree of consensus on topics was high at the start, and little movement has taken place between 1st and 2nd Delphi survey (e.g. common definition of “low risk” drinking, agreed among European public health bodies would be desirable; 33 out of 51 experts agreed in the first round, and 33 out of 41 agreed in the second round).</p>
<p>SO4 Outcome indicator - Degree of agreement among JA participants (Delphi participants) on good practice principles in the use of drinking guidelines as a public health measure and on key messages to the population and health professionals.</p>	WP5	D8	<p>In the first Delphi (April-June 2015), consensus existed in favour of providing the general population with low risk drinking guidelines as more than four in five of respondents agreed (31 out of 51 experts).</p> <p>In the second round (October-December 2015), no shift in positions occurred as more than four in five of respondents (32 out of 41 experts) continued to be totally or somewhat in favour of providing the general population with “low risk” drinking guidelines.</p>
<p>Specific Objective 5 Facilitating exchange between MS public health bodies of good practice in the use of information approaches to reduce alcohol related harm</p>			
<p>SO5 Process indicator - Number of MS and partners from which good examples for the Tool Kit are sourced.</p>	WP6	D9 and D10	<p>32 European countries contacted and 43 evidence-based interventions collected from 19 MS.</p>

Indicator	Link to WP	Link to deliverable	Level of achievement
SO5 Output indicator - Number of well described and transferable interventions to prevent alcohol related harm among children, young people or adults on which some evidence of effectiveness in influencing attitudes or behaviours is available.	WP6	D9 and D10	There are 26 well described and transferable interventions to prevent alcohol related harm among children, young people or adults on which some evidence of effectiveness in influencing attitudes or behaviours is available.
SO5 Outcome indicator - CNAPA and other target group members' positive assessment of the quality and adequacy of the presentation of good practice examples.	WP6	D9 and D10	CNAPA members assessed the quality and adequacy of the presentation of good practice examples with 4.26 out of 5. Non-CNAPA members awarded the quality and adequacy of the presentation of good practice examples with 4.35 out of 5.
Specific Objective 6 Providing guidance and tools for public health policy planners for the use of information approaches to reduce alcohol related harm in the framework of wider public health policies			
SO6 Process indicator 1 - Number of good practice examples included in the Tool Kit.	WP6	D9 and D10	26 examples from 16 different MS; 8 evaluated as basic level, 5 as first indications for effectiveness, 5 as good indications and 8 as strong indications for effectiveness.
SO6 Process indicator 2 - Well-structured and informative presentation of good practice criteria.	WP6	D9 and D10	The Tool Kit methodological chapter covers how the good practice criteria were selected and provides the tools for replicability.
SO6 Output indicator 1 - Positive assessment by intended users among JA participants and beyond of the quality and usefulness of the good practice description.	WP6	D9 and D10	Stakeholders assess the quality and usefulness of the good practice description with a 4.26 out of 5.
SO6 Output indicator 2 - Positive assessment by intended users among JA participants and beyond of the usefulness of the good pract. criteria.	WP6	D9 and D10	Stakeholders assess the usefulness of criteria/guidance with 4.28 out of 5.
SO6 Outcome indicator 1 - Number of MS having adapted or planning to adapt 1 or more of the good practice examples.	WP6	D9 and D10	15 Member States adapted or are planning to adapt one or more of the good practice example.
SO6 Outcome indicator 2 - Number of MS having made use of or planning to make use of the good practice criteria.	WP6	D9 and D10	13 Member States made use or are planning to make use of the good practice criteria/guidance.

Conclusions

The RARHA JA aimed to develop capacity building and common understanding among member states partners and in the wider public health community in order to address and reduce alcohol related harm at European and local level. To reach this general objective, the JA adopted three main pathways: to strengthen competence in alcohol survey methodology and in monitoring the progress in reducing alcohol related harm (WP4); to clarify the scientific basis and practical implications of drinking guidelines as a public health measure (WP5); and to enhance access to well described, likely transferable interventions of proven evidence of effectiveness in influencing attitudes or behaviour and cost estimates (WP6).

As established in the RARHA Grant Agreement, the aim of the JA evaluation was to verify if RARHA Joint Action was being implemented as planned and reached the objectives. The evaluation methodology followed two main strategies. The first applied an internal evaluation approach consisting in following the progress of the JA, assessing the adequacy and appropriateness of dissemination activities, taking into account pre-defined milestones and process indicators. Information collected was used to provide feedback to partners on aspects that hindered or advanced implementation, identifying also unexpected developments. The second strategy was based on external evaluation aimed to assess the achievements and their quality against appropriate process, output and outcome indicators, taking into account the general and specific objectives, and the expected deliverables.

The instruments used for RARHA internal and external evaluation can be grouped in two broad categories:

Quantitative methods

- S1+S2 Online survey in two waves for internal evaluation addressed to associated partners, conducted in Nov 2014 and Nov 2015
- S3 Short online survey for external evaluation addressed to target groups of stakeholders, conducted in Nov 2016

Qualitative methods

- DA Documents analysis, examination of deliverables, outputs, reports, minutes and other documents produced throughout the all period of RARHA activity
- SI1+SI2 Semi-structured face-to-face interviews with WP leaders and co-leaders, in two rounds, carried out in Apr 2015 and Oct 2016
- PA Participants observation by ESADE Business School (external evaluators) in 3 RARHA meetings, including the Final Conference

The evaluation process involved both internal and external stakeholders. The first, mainly represented by RARHA partners, were directly involved in the management and operational activities of the JA and specifically concerned with process and output evaluation, in order to

establish whether and in which measure the JA objectives were achieved. The external stakeholders, represented by experts in the field of alcohol related harm at various levels, despite not being directly involved in the operational aspect of the JA, were key figures able to implement or voice JA achievements in the future, in their areas of expertise. These stakeholders were mainly involved in outcome and effect evaluation, to assess the impact and sustainability of RARHA results.

The comprehensive evaluation of RARHA JA has provided a very positive picture of the implementation process, of its products and of their impact on the various target groups of stakeholders. The most relevant challenge from now onwards will be to ensure the sustainability of the excellent results obtained by RARHA JA.

This positive picture is made evident in the answers that we were able to give to the evaluation questions that have inspired the overall evaluation exercise.

Has the Joint Action met its goals and progressed according to the Grant Agreement?

Yes, the JA met its goals and progressed according to the Grant Agreement. Apart from very few delays in the achievement of some of the predefined milestones and deliverables, all commitment were respected, all expected outputs were accomplished and positively assessed both by internal and external stakeholders. We can conclude that the JA met its deadlines and produced the expected results.

Are there any particular aspects of the RARHA implementation process (e.g. timing, networking, organization, communication, etc.) that needed to be improved or encouraged to increase the overall quality of the action?

No particular obstacles were reported by RARHA partners throughout the JA and no relevant difficulties or impediments seem to have influenced its correct course and development. On the contrary, according to results obtained through the evaluation surveys addressed to RARHA partners, the influence of potential obstacles to the evolution of the JA has diminished over time. Moreover, a satisfactory level of interaction among partners and the external scientific community is evident.

The only shortcoming identified during the evaluation of the project has been the circulation of information about RARHA and the quality and volume of internal and external dissemination. Yet, the results obtained by the final survey addressed to external experts show their awareness and appreciation of RARHA JA and its products, suggesting that these shortcomings have been properly tackled in the course of the JA.

Are RARHA JA dissemination activities adequate and appropriate?

Yes. All the dissemination tools developed – website, promotional package, newsletters, policy briefs, etc. – were positively assessed by internal and external stakeholders. Finally, the degree of knowledge of RARHA JA by the external experts involved in the final evaluation survey shows that information and products were properly disseminated to the target groups.

Has RARHA JA contributed to capacity building among partners?

Yes, RARHA was a collaborative endeavour. The inclusion of partners from 30 European countries to develop tools to improve alcohol policies was a strength point in itself. There was a great level of participation by all partners in all RARHA scientific activities. This is evident in the active and fruitful contribution they provided to: the common alcohol survey RARHA-SEAS, the creation of the harmonized data base RARHA-HARMES, the activities related to summarizing science, experience and good practice principles in the use of drinking guidelines, and finally in collecting good practices for the RARHA Tool Kit. Moreover, the great majority of RARHA partners declared to be willing to continue the contacts and the joint work begun with the JA.

Has RARHA JA contributed to capacity building among the wider public health community?

Yes. The external experts involved in RARHA evaluation valued positively the ability of RARHA JA to strengthen capacity in comparative alcohol survey methodology and to increase the interest in using common methodology in the future.

Furthermore, RARHA not only increased the agreement about low risk drinking guidelines but also contributed to clarify the purpose of having low-risk/high-risk/single-occasion guidelines as a public health measure. Such guidelines convey evidence-based information on risks at different levels of alcohol consumption, correct misconceptions about the likelihood of positive or negative health effects of alcohol, and help alcohol consumers to keep the risk of adverse outcomes low.

The RARHA Tool Kit collects interventions implemented by public bodies in EU member states, adaptable to other contexts and with reasonable evidence of efficacy and effectiveness in influencing alcohol consumption attitudes and patterns. The Tool Kit also includes guidance on criteria of good practice for alcohol information approaches to reduce alcohol related harm, addressed to public health policy planners.

Has RARHA JA reached its objectives?

Yes. The level of achievement of specific objectives against process, output and outcome indicators predefined in the Grant Agreement show that RARHA reached all of them.

Furthermore external evaluation shows a positive assessment of all products related to the JA specific objectives, including the quality, adequacy, and appropriateness of their presentation.

In conclusion, according to the results obtained through the different instruments used to conduct the comprehensive evaluation of RARHA JA, it has satisfactorily achieved its objectives, with only minor delays in the completion of some tasks. In this vein, a unanimous positive opinion exists when it comes to evaluate the accomplishment of the JA. However, the JA has not always been smooth and easy and some challenges were successfully overcome. The main challenges in the course of the JA were related to the perception of insufficient economic, human and time resources to perform the outputs. Additionally, the structure and contents of the website, the dissemination of specific events, and the smooth communication along the project have also been identified as rather tricky. Importantly, these challenges were properly tackled during the project.

RARHA JA is a first step that will lead to public value by contributing to health management through the improvement of specific policies, making more efficient the use of public resources, improving information available for policymakers, ameliorating health professionals' interventions, as well as the wellbeing of citizens. If RARHA is not able to pass the baton or to keep the ball rolling the JA achieved goals could fall on deaf ears.

ANNEXES

Questionnaire for the 1st internal evaluation survey (S1)

RARHA online survey

RARHA online survey is designed to follow the progress of the Joint Action (JA) and assess the process, the outputs and the outcomes of RARHA JA.
The survey is confidential and only the aggregate data will be made available in reports.
Completing the survey takes around 15 minutes.
If you have any questions or queries, please contact Adrià Albareda (adria.albareda@esade.edu) or Tamyko Ysa (tamyko.ysa@esade.edu).

NOTE: Be aware that, at the beginning of each section, we indicate who is supposed to answer to the questions posed.

1. Country and organisation

2. Gender

- Male
 Female

3. Year of birth? (please indicate with four digits) (YYYY)

4. What is your highest level of education?

- High school degree
 Undergraduate degree
 Masters' degree
 Ph.D
 Other:

5. In this first period of RARHA activities, in which Work Package(s) have you been personally involved?

- WP1: Coordination of the Joint Action
 WP2: Dissemination of the Joint Action
 WP3: Evaluation of the Joint Action
 WP4: Strengthening the monitoring of drinking patterns and alcohol related harm across EU countries
 WP5: Good practice principles in the use of drinking guidelines to reduce alcohol related harms
 WP6: Good practice Tool Kit

6. In RARHA Joint Action, I mostly undertake:

- Research/Management tasks
 Administrative/Financial tasks

Continue »

 12% completed

NOTE: If you are a member of SICAD COORDINATION TEAM, PLEASE SKIP THESE QUESTIONS and go to next section.

----- **WP1 COORDINATION** -----

7. How would you assess the following skills of the RARHA coordination team?

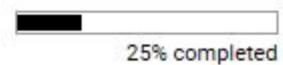
	1 Very poor	2 Poor	3 Fair	4 Good	5 Very good
Experience	<input type="radio"/>				
Authority over the participants in the JA	<input type="radio"/>				
Knows how to build a vision	<input type="radio"/>				
Has control over information resources	<input type="radio"/>				
Has the professional respect of RARHA participants	<input type="radio"/>				
Has capacity to connect different participants	<input type="radio"/>				
Seeks consensus among participants	<input type="radio"/>				
Is a problem solver	<input type="radio"/>				

8. How would you assess the following aspects of RARHA coordination?

	1. Very poor	2. Poor	3. Fair	4. Good	5. Very good
Day-to-day management and supervision of JA activities	<input type="radio"/>				
Monitoring progress and compliance with obligations	<input type="radio"/>				
Financial management	<input type="radio"/>				
Reporting, communication and documents transmissions to all parties concerned	<input type="radio"/>				
Organising RARHA meetings	<input type="radio"/>				
Collecting meetings minutes and sending approved versions to all RARHA partners	<input type="radio"/>				

Keeping the address list of parties and other contact persons updated and available	<input type="radio"/>				
Contacts and cooperation with external actors and EU projects	<input type="radio"/>				
Contacts with organizations and countries beyond the Consortium to share results	<input type="radio"/>				

NOTE: Administrative/financial staff should skip to the final Section: CONCLUSIONS



NOTE: Administrative/financial staff should skip to the final Section: CONCLUSIONS

----- **WP2 DISSEMINATION** -----

9. Has your organisation prepared its dissemination plan and the stakeholders mapping document?

- Yes
 No

10. Please indicate which of the following tools will your organisation use to disseminate RARHA activities:

- Internet / Websites
 Television / Radio
 Newspapers / Magazines
 Scientific journals
 Conferences / Meetings
 Other:

11. Have you received a copy of the overall dissemination plan developed by WP2?

- Yes
 No

11b. If YES, please rate your level of satisfaction with the overall dissemination plan.

1 2 3 4 5

Very low Very high

12. How do you assess the content of the first newsletter produced by RARHA?

1 2 3 4 5

Very poor Very good

13. Have you received any communication about the satellite event for the launch of RARHA JA?

- Yes
 No

14. How often do you interact with and disseminate RARHA activities and results with the following organisations?

	1 Never	2 Rarely	3 Sometimes	4 Often	5 Very often
Scientific community	<input type="radio"/>				
Public health policy-makers	<input type="radio"/>				
Professionals implementing public health policies	<input type="radio"/>				
Health/Medical communities	<input type="radio"/>				
Mass media	<input type="radio"/>				

15. Overall, how do you assess the RARHA promotional and communication package (graphic identity, logos, templates, etc.)?

1 2 3 4 5

Very poor Very good

16. Have you visited RARHA website?

- Yes
- No

16b. How would you rate RARHA's website?

1 2 3 4 5

Very poor Very good

17. Has your organization uploaded common content in its website about RARHA JA?

- Yes
- To some extent
- Not yet
- No, my organisation will not do that
- Other:

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Continue »

 37% completed

NOTE: This Section is addressed only to those partners that in Question 5 have stated to be personally involved in WP4; all other respondents should skip to the following Section

Administrative/financial staff should skip to the final Section: CONCLUSIONS

----- **WP4 MONITORING** -----

18. Regarding the involvement in the WP.

	1. I disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
Special attention is been paid to the sharing of diverse points of view	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the development of the tasks, emphasis was placed on establishing common starting points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has been attempted as much as possible to make different opinions visible and included within the decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. How would you rate the following skills of the WP leader/co-leader?

	1 Very poor	2 Poor	3 Fair	4 Good	5 Very good
Experience	<input type="radio"/>				
Authority over the participants in the WP	<input type="radio"/>				
Knows how to build a vision	<input type="radio"/>				
Has control over information resources	<input type="radio"/>				
Has the professional respect of WP team	<input type="radio"/>				
Has capacity to connect different participants	<input type="radio"/>				

Seeks consensus among participants	<input type="radio"/>				
Is a problem solver	<input type="radio"/>				

20. Regarding the management of the WP.

	1. I disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
When deadlock is reached or problems arise, WP leaders help to find common ground between conflicting positions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A satisfactory amount of time is being spent on communication among the various parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decisions are being made collectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Below you will find questions on the level of interaction and the network relationship among partners involved in this WP.

	1. I disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
Generally speaking, the partners of the WP fulfil their agreements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The WP partners share problems and contribute to their solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I depend greatly on other parties to achieve my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parties have significant differences of opinion about the direction to be taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is strong emphasis on learning from the experiences and insights of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many unexpected events and changes have taken place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. To what extent do you think that the WP4 work meetings have helped to refine SMART methodology, and agree on a common protocol for surveys and on re-coding existing data?

1 2 3 4 5

Not at all To a great extent

23. Have the different participants in Task 1 agreed on a common protocol for surveys?

- Yes
- To some degree
- No
- I am not involved in Task 1

24. Have the different participants in Task 2 agreed on the development of a common database and codebook?

- Yes
- To some degree
- No
- I am not involved in Task 2

25. Have your organisation started the procedures for subcontracting the survey fieldwork?

- Yes
- No
- I am not involved in Task 1

26. How would you rate your organisation previous experience in fieldworks aimed at collecting and analysing data for comparative research on alcohol?

- No experience
- Little experience
- Solid experience

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Continue »

 50% completed

NOTE: This Section is addressed only to those partners that in Question 5 have stated to be personally involved in WP5; all other respondents should skip to the following Section

Administrative/financial staff should skip to the final Section: CONCLUSIONS

----- **WP5 GUIDELINES** -----

27. Regarding the involvement in the WP.

	1. I disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
Special attention is been paid to the sharing of diverse points of view	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the development of the tasks, emphasis was placed on establishing common starting points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has been attempted as much as possible to make different opinions visible and included within the decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. How would you rate the following skills of the WP leader/co-leader?

	1 Very poor	2 Poor	3 Fair	4 Good	5 Very good
Experience	<input type="radio"/>				
Authority over the participants in the WP	<input type="radio"/>				
Knows how to build a vision	<input type="radio"/>				
Has control over information resources	<input type="radio"/>				
Has the professional respect of WP team	<input type="radio"/>				
Has capacity to connect different participants	<input type="radio"/>				

Seeks consensus among participants	<input type="radio"/>				
Is a problem solver	<input type="radio"/>				

29. Regarding the management of the WP.

	1. I disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
When deadlock is reached or problems arise, WP leaders help to find common ground between conflicting positions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A satisfactory amount of time is being spent on communication among the various parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decisions are being made collectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Below you will find questions on the level of interaction and the network relationship among partners involved in the WP.

	1. I disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
Generally speaking, the partners of the WP fulfil their agreements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The WP partners share problems and contribute to their solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I depend greatly on other parties to achieve my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parties have significant differences of opinion about the direction to be taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is strong emphasis on learning from the experiences and insights of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many unexpected events and changes have taken place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Have you participated in the WP5 Expert Meeting "Low risk drinking guidelines and standard drink definitions - Science underpinnings and public health policy implications for alcohol related harm reduction" held in Rome on 04.11.2014?

- Yes
- No

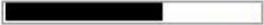
32. IF YES, please rate the overall quality and usefulness of the meeting in conveying preliminary results of the different tasks?

1 2 3 4 5

Very poor Very good

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 62% completed

NOTE: This Section is addressed only to those partners that in Question 5 have stated to be personally involved in WP6; all other respondents should skip to the following Section

Administrative/financial staff should skip to the final Section: CONCLUSIONS

----- **WP6 TOOL KIT** -----

33. Regarding the involvement in the WP.

	1. I disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
Special attention is been paid to the sharing of diverse points of view	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the development of the tasks, emphasis was placed on establishing common starting points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has been attempted as much as possible to make different opinions visible and included within the decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. How would you rate the following skills of the WP leader/co-leader?

	1 Very poor	2 Poor	3 Fair	4 Good	5 Very good
Experience	<input type="radio"/>				
Authority over the participants in the WP	<input type="radio"/>				
Knows how to build a vision	<input type="radio"/>				
Has control over information resources	<input type="radio"/>				
Has the professional respect of WP team	<input type="radio"/>				
Has capacity to connect different participants	<input type="radio"/>				

Seeks consensus among participants	<input type="radio"/>				
Is a problem solver	<input type="radio"/>				

35. Regarding the management of the WP.

	1. I disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
When deadlock is reached or problems arise, WP leaders help to find common ground between conflicting positions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A satisfactory amount of time is being spent on communication among the various parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decisions are being made collectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Below you will find questions on the level of interaction and the network relationship among partners involved in the WP.

	1. I disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
Generally speaking, the partners of the WP fulfil their agreements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The WP partners share problems and contribute to their solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I depend greatly on other parties to achieve my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parties have significant differences of opinion about the direction to be taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is strong emphasis on learning from the experiences and insights of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many unexpected events and changes have taken place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Has WP6 developed a template for describing good practice examples?

- Yes
- No
- Still ongoing

38. IF YES, please rate the quality of the template on "Early intervention services (including brief advices)".

1 2 3 4 5

Very poor Very good

39. IF YES, please rate the quality of the template on "School-based programs (information and education)".

1 2 3 4 5

Very poor Very good

40. IF YES, please rate the quality of the template on "Public awareness programmes (including new media, social networks and on-line tools for behaviour change)".

1 2 3 4 5

Very poor Very good

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Continue »


75% completed

NOTE: All participants are entitled to respond to the following questions

----- **CONCLUSIONS** -----

41. Regarding processes over time: Since the launch of the JA, your contribution to RARHA.

- Has increased
- Has not changed
- Has decreased

42. Regarding processes over time: Since the launch of the JA, your trust in RARHA partners.

- Has increased
- Has not changed
- Has decreased

43. Regarding processes over time: Since the launch of the JA, your trust in RARHA Joint Action as a whole.

- Has increased
- Has not changed
- Has decreased

44. Please, indicate below with how many organisations do you relate with when performing RARHA tasks.

45. How would you rate the quality of the relation with the organizations with whom you undertake RARHA tasks.

1 2 3 4 5

Very poor Very good

46. How would you rate the importance of the following obstacles to the implementation of RARHA JA until now?

	1 Unimportant	2	3	4	5 Very important
Communication gaps between WPs and coordination team	<input type="radio"/>				
Communication gaps within WPs	<input type="radio"/>				
Lack of commitment of some partners	<input type="radio"/>				
Scarce competence of some partners	<input type="radio"/>				
Ambitiousness of WPs goals	<input type="radio"/>				

Scarce quality of management	<input type="radio"/>				
Lack of supervision and quality control	<input type="radio"/>				
Scarce clarity of goals and methodologies	<input type="radio"/>				
Insufficient economic and human resources at disposal	<input type="radio"/>				
Difficulties in complying with the work-plan time frame	<input type="radio"/>				
Problems in reaching consensus/agreement about operational decisions	<input type="radio"/>				
Complications in the administrative/financial management	<input type="radio"/>				
Change in Government priorities	<input type="radio"/>				

Others (please specify)

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Continue »

 87% completed

RARHA online survey

Thank you!

Thank you very much for your collaboration. Individual replies will be kept completely confidential and only the overall results will be transferred so that individual responses to questionnaires will not be recognisable. If you have any questions or queries, please contact: adria.albareda@esade.edu or tamyko.ysa@esade.edu

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Submit

Never submit passwords through Google Forms.

 100%: You made it.

Questionnaire for the 2nd internal evaluation survey (S2)

RARHA 2nd online survey

RARHA online survey is designed to follow the progress of the Joint Action (JA) and assess the process, the outputs and the outcomes of RARHA JA.

The survey is confidential and only the aggregate data will be made available in reports.

Completing the survey takes around 15 minutes.

If you have any questions or queries, please contact Adrià Albareda (adria.albareda@esade.edu) or Tamyko Ysa (tamyko.ysa@esade.edu).

* Required

NOTE: Be aware that, at the beginning of each section, we indicate who is supposed to answer to the questions posed.

1. Country and organisation *

Choose 

2. Gender

- Male
- Female

3. What is your highest level of education?

- High school degree
- Undergraduate degree
- Masters' degree
- Ph.D
- Other :

4. During the last year of RAHRA activities, in which Work Package(s) have you been personally involved? *

- WP1: Coordination of the Joint Action
- WP2: Dissemination of the Joint Action
- WP3: Evaluation of the Joint Action
- WP4: Strengthening the monitoring of drinking patterns and alcohol related harm across EU countries
- WP5: Good practice principles i.. the use of drinking guidelines to reduce alcohol related harms
- WP6: Good practice Tool Kit

5. In RARHA Joint Action, I mostly undertake: *

- Research/Management tasks
- Administrative/Financial tasks

NEXT



NOTE: If you are a member of SICAD COORDINATION TEAM, PLEASE SKIP THESE QUESTIONS and go to next section.

----- WP1 COORDINATION -----

6. How would you assess the following skills of the RARHA coordination team?

	1 Very poor	2 Poor	3 Fair	4 Good	5 Very good
Experience	<input type="radio"/>				
Authority over the participants in the JA	<input type="radio"/>				
Knows how to build a vision	<input type="radio"/>				
Has control over information resources	<input type="radio"/>				
Has the professional respect of RARHA participants	<input type="radio"/>				
Has capacity to connect different participants	<input type="radio"/>				
Seeks consensus among participants	<input type="radio"/>				
Is a problem solver	<input type="radio"/>				

7. How would you assess the following aspects of RARHA coordination?

	1. Very poor	2. Poor	3. Fair	4. Good	5. Very good
Day-to-day management and supervision of JA activities	<input type="radio"/>				
Monitoring progress and compliance with obligations	<input type="radio"/>				
Financial management	<input type="radio"/>				
Reporting, communication and documents transmissions to all parties concerned	<input type="radio"/>				
Organising RARHA meetings	<input type="radio"/>				
Collecting meetings minutes and sending approved versions to all RARHA partners	<input type="radio"/>				
Keeping the address list of parties and other contact persons updated and available	<input type="radio"/>				
Contacts and cooperation with external actors and EU projects	<input type="radio"/>				
Contacts with organizations and countries beyond the Consortium to share results	<input type="radio"/>				

8a. Have you received a copy of the Interim report produced in June 2015?

- Yes
- No

8b. If YES, please rate it.

	1	2	3	4	5	
1. Very poor	<input type="radio"/>	5. Very good				

NOTE: Administrative/financial staff should skip to the final Section: CONCLUSIONS

BACK

NEXT

25% complete

NOTE: Administrative/financial staff should skip to the final Section: CONCLUSIONS

----- WP2 DISSEMINATION -----

9a. Have you received a copy of the overall dissemination plan developed by WP2?

- Yes
- No

9b. If YES, please rate your level of satisfaction with the overall dissemination plan.

	1	2	3	4	5	
Very poor	<input type="radio"/>	Very good				

10. Has your organization uploaded common content in its website about RARHA JA?

- Yes
- To some extent
- Not yet
- No, my organisation will not do that

11. How would you rate RARHA's website?

	1	2	3	4	5	
Very poor	<input type="radio"/>	Very good				

12. How do you assess the content of the newsletters produced by RARHA from November 2014 to November 2015 (Issue 2 and Issue 3)?

	1	2	3	4	5	
Very poor	<input type="radio"/>	Very good				

13. How often do you interact with and disseminate RARHA activities and results with the following organisations?

	1 Never	2 Rarely	3 Sometimes	4 Often	5 Very often
Scientific community	<input type="radio"/>				
Public health policy-makers	<input type="radio"/>				
Professionals implementing public health policies	<input type="radio"/>				
Health/Medical communities	<input type="radio"/>				
Mass media	<input type="radio"/>				

14a. Have you been informed about the policy dialogue organized by EuroHealthNet (scheduled for October 2015)?

- Yes
 No

14b. If YES, how would you rate the utility of this initiative?

	1	2	3	4	5	
Very poor	<input type="radio"/>	Very good				

15. How do you assess the overall dissemination activities of RARHA JA since its launch?

	1	2	3	4	5	
Very poor	<input type="radio"/>	Very good				

BACK

NEXT

 37% complete

NOTE: This Section is addressed only to those partners that in Question 4 have stated to be personally involved in WP4; all other respondents should skip to the following Section

Administrative/financial staff should skip to the final Section: CONCLUSIONS

----- WP4 MONITORING -----

16. Regarding the involvement in the WP.

	1. Disagree completely	2. Disagree	3. Neither agree or disagree	4. Agree	5. Agree completely
Special attention is been paid to the sharing of diverse points of view	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the development of the tasks, emphasis was placed on establishing common starting points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has been attempted as much as possible to make different opinions visible and included within the decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. How would you rate the following skills of the WP leader/co-leader?

	1 Very poor	2 Poor	3 Fair	4 Good	5 Very good
Experience	<input type="radio"/>				
Authority over the participants in the WP	<input type="radio"/>				
Knows how to build a vision	<input type="radio"/>				
Has control over information resources	<input type="radio"/>				
Has the professional respect of WP team	<input type="radio"/>				
Has capacity to connect different participants	<input type="radio"/>				
Seeks consensus among participants	<input type="radio"/>				
Is a problem solver	<input type="radio"/>				

18. Regarding the management of the WP.

	1. Disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
When deadlock is reached or problems arise, WP leaders help to find common ground between conflicting positions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A satisfactory amount of time is being spent on communication among the various parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decisions are being made collectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Below you will find questions on the level of interaction and the network relationship among partners involved in this WP.

	1. Disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
Generally speaking, the partners of the WP fulfil their agreements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The WP partners share problems and contribute to their solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I depend greatly on other parties to achieve my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parties have significant differences of opinion about the direction to be taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is strong emphasis on learning from the experiences and insights of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many unexpected events and changes have taken place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Has your organisation completed procedures for subcontracting the survey fieldwork (i.e. Task 1)?

- Yes
- No
- I am not involved in Task 1

21. How do you assess the development of the RARHA common methodology for surveys across Member States (Task 1)?

- Very poor
- Poor
- Fair
- Good
- Very good
- I am not involved in Task 1

22a. Has your organization participated in the implementation of the survey at national level (pilot study, sampling, data collection and data entry)?

- Yes
- No
- I am not involved in Task 1

22b. If YES, please indicate below how many common items have been included in the adapted version of the RARHA survey that your organization has carried out at national level (total number of common variables in your database)?

- ≤50
- 51-100
- 101-150
- >150

23. How do you assess the RARHA process of recoding and pooling already existing data for comparative analysis (Task 2)?

- Very poor
- Poor
- Fair
- Good
- Very good
- I am not involved in Task 2

24. If you are involved in TASK 2, please indicate below how many already existing variables have been provided by your organization in order to be pooled and re-coded for comparative assessment (total number of single information provided for Men, Women and M+W)?

- ≤15
 16-30
 31-45
 >45

25. So far, how do you assess WP4 ability to accomplish RARHA specific objective 1 (i.e. providing a baseline for comparative assessment and monitoring of alcohol epidemiology, including drinking levels and patterns, and alcohol related harms across the EU)?

	1	2	3	4	5	
Very poor	<input type="radio"/>	Very good				

26. So far, how do you assess WP4 ability to accomplish RARHA specific objective 2 (i.e. strengthening capacity in comparative alcohol survey methodology and increasing interest in using common methodology in the future).

	1	2	3	4	5	
Very poor	<input type="radio"/>	Very good				

27. To what extent do you think that RARHA WP4 has enhanced networking in its specific field?

	1	2	3	4	5	
Not at all	<input type="radio"/>	To a great extent				

28. Are you planning to continue contacts and the joint work of RARHA WP4?

- Yes
 No

[BACK](#)
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 50% complete

NOTE: This Section is addressed only to those partners that in Question 4 have stated to be personally involved in WP5; all other respondents should skip to the following Section

Administrative/financial staff should skip to the final Section: CONCLUSIONS

----- WP5 GUIDELINES -----

29. Regarding the involvement in the WP.

	1. Disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
Special attention is been paid to the sharing of diverse points of view	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the development of the tasks, emphasis was placed on establishing common starting points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has been attempted as much as possible to make different opinions visible and included within the decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. How would you rate the following skills of the WP leader/co-leader?

	1 Very poor	2 Poor	3 Fair	4 Good	5 Very good
Experience	<input type="radio"/>				
Authority over the participants in the WP	<input type="radio"/>				
Knows how to build a vision	<input type="radio"/>				
Has control over information resources	<input type="radio"/>				
Has the professional respect of WP team	<input type="radio"/>				
Has capacity to connect different participants	<input type="radio"/>				
Seeks consensus among participants	<input type="radio"/>				
Is a problem solver	<input type="radio"/>				

31. Regarding the management of the WP.

	1. Disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
When deadlock is reached or problems arise, WP leaders help to find common ground between conflicting positions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A satisfactory amount of time is being spent on communication among the various parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decisions are being made collectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Below you will find questions on the level of interaction and the network relationship among partners involved in the WP.

	1. Disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
Generally speaking, the partners of the WP fulfil their agreements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The WP partners share problems and contribute to their solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I depend greatly on other parties to achieve my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parties have significant differences of opinion about the direction to be taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is strong emphasis on learning from the experiences and insights of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many unexpected events and changes have taken place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Has your organization been contributing to the development and delivery of at least one of the WP5 overviews/reports on drinking guidelines, brief interventions, drinking by young people, science basis and standard drink definition?

- Yes
- No
- Still ongoing

34. Have you been invited to participate in the European consumer survey on alcohol communication launched by EURO CARE in 2015?

- Yes
- No

35. Has the Delphy survey been launched according to plans (April 2015)?

- Yes
- No
- With some delay

36. So far, how do you assess WP5 ability to accomplish RARHA specific objective 3 (i.e. clarifying the science underpinnings and public health policy implications of the use of drinking guidelines to reduce alcohol related harm).

	1	2	3	4	5	
Very poor	<input type="radio"/>	Very good				

37. So far, how do you assess WP5 ability to accomplish RARHA specific objective 4 (i.e. building consensus on the use of drinking guidelines to reduce alcohol related harm).

	1	2	3	4	5	
Very poor	<input type="radio"/>	Very good				

BACK

NEXT

 62% complete

NOTE: This Section is addressed only to those partners that in Question 4 have stated to be personally involved in WP6; all other respondents should skip to the following Section

Administrative/financial staff should skip to the final Section: CONCLUSIONS

----- WP6 TOOL KIT -----

38. Regarding the involvement in the WP.

	1. Disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
Special attention is been paid to the sharing of diverse points of view	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the development of the tasks, emphasis was placed on establishing common starting points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has been attempted as much as possible to make different opinions visible and included within the decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. How would you rate the following skills of the WP leader/co-leader?

	1 Very poor	2 Poor	3 Fair	4 Good	5 Very good
Experience	<input type="radio"/>				
Authority over the participants in the WP	<input type="radio"/>				
Knows how to build a vision	<input type="radio"/>				
Has control over information resources	<input type="radio"/>				
Has the professional respect of WP team	<input type="radio"/>				
Has capacity to connect different participants	<input type="radio"/>				
Seeks consensus among participants	<input type="radio"/>				
Is a problem solver	<input type="radio"/>				

40. Regarding the management of the WP.

	1. Disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
When deadlock is reached or problems arise, WP leaders help to find common ground between conflicting positions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A satisfactory amount of time is being spent on communication among the various parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decisions are being made collectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. Below you will find questions on the level of interaction and the network relationship among partners involved in the WP.

	1. Disagree completely	2. Disagree	3. I neither agree or disagree	4. Agree	5. I agree completely
Generally speaking, the partners of the WP fulfil their agreements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The WP partners share problems and contribute to their solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I depend greatly on other parties to achieve my goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parties have significant differences of opinion about the direction to be taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is strong emphasis on learning from the experiences and insights of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many unexpected events and changes have taken place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. Have you or your organization contributed to the development of the guidance on definition, criteria and indicators of good practice examples?

- Yes
- No

43a. Has your Member State participated in the development of the Tool Kit by suggesting any good example for the inclusion?

- Yes
- No

43b. If YES, How many well described and transferable examples have you provided?

- 1-2
- 3-4
- 5-6
- ≥7

44. So far, how do you assess WP6 ability to accomplish RARHA specific objective 5 (i.e. facilitating exchange between MS public health bodies of good practice in the use of information approaches to reduce alcohol related harm).

	1	2	3	4	5	
Very poor	<input type="radio"/>	Very good				

45. So far, how do you assess WP6 ability to accomplish RARHA specific objective 6 (i.e. providing guidance and tools for public health policy planners for the use of information approaches to reduce alcohol related harm in the framework of wider public health policies).

	1	2	3	4	5	
Very poor	<input type="radio"/>	Very good				

BACK

NEXT

 75% complete

NOTE: All participants are entitled to respond to the following questions

----- CONCLUSIONS -----

46. Regarding processes over time: During the last year of RAHRA activities, your contribution to RARHA.

- Has increased
- Has not changed
- Has decreased

47. Regarding processes over time: During the last year of RAHRA activities, your trust in RARHA partners.

- Has increased
- Has not changed
- Has decreased

48. Regarding processes over time: During the last year of RAHRA activities, your trust in RARHA Joint Action as a whole.

- Has increased
- Has not changed
- Has decreased

49. During the last year of RAHRA activities, with how many organisations have you related with when performing RARHA tasks?

Choose ▾

50. How would you rate the quality of the relation with the organizations with whom you have undertaken RARHA tasks in the last year of activities?

- | | | | | | | |
|-----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|
| | 1 | 2 | 3 | 4 | 5 | |
| Very poor | <input type="radio"/> | Very good |

51. The following table presents a list of possible obstacles to the implementation of RARHA JA. Could you please rate them according to the influence they had during the last year of RAHRA activities?"

	1 Unimportant	2	3	4	5 Very important
Communication gaps between WPs and coordination team	<input type="radio"/>				
Communication gaps within WPs	<input type="radio"/>				
Lack of commitment of some partners	<input type="radio"/>				
Scarce competence of some partners	<input type="radio"/>				
Ambitiousness of WPs goals	<input type="radio"/>				
Scarce quality of management	<input type="radio"/>				
Lack of supervision and quality control	<input type="radio"/>				
Scarce clarity of goals and methodologies	<input type="radio"/>				
Insufficient economic and human resources at disposal	<input type="radio"/>				
Difficulties in complying with the work-plan time frame	<input type="radio"/>				
Problems in reaching consensus/agreement about operational decisions	<input type="radio"/>				
Complications in the administrative/financial management	<input type="radio"/>				
Change in Government priorities	<input type="radio"/>				

Others (please specify)

Your answer

BACK

NEXT

87% complete

Thank you!

Thank you very much for your collaboration. Individual replies will be kept completely confidential and only the overall results will be transferred so that individual responses to questionnaires will not be recognisable. If you have any questions or queries, please contact: adria.albareda@esade.edu or tamyko.yza@esade.edu

BACK

SUBMIT

100%: You made it.

Questionnaire for the final survey among external stakeholders (S3)

4/11/2016

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RARHA Joint Action External Evaluation Survey



RARHA Joint Action: External Evaluation Survey

RARHA Joint Action External Evaluation Survey is designed to assess the impact that the Joint Action (JA) has had on the main stakeholders in the field of alcohol and public health. As an expert, we would like to invite you to respond to this survey.

The survey is confidential and only the aggregate data will be made available in reports. Completing the survey takes around 10 minutes.

If you have any questions or queries, please contact Diego Badell (diego.badell@esade.edu) or Adrià Albareda (adria.albareda@esade.edu).

1. Please, select from the list the country that you represent. *Required

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Liechtenstein
- Lithuania
- Luxembourg
- Malta
- Netherlands

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- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland
- United Kingdom
- Other

2. Are you a member of the Committee on National Alcohol Policy and Action (CNAPA)? *

- Yes
- No



RARHA Joint Action: External Evaluation Survey

WP2- Dissemination activities

3. In general, according to your experience, how would you assess the actions undertaken to ensure that the results and deliverables of RARHA JA were made available to the target groups?

- Very Poor
- Poor
- Fair
- Good
- Very Good

4. How did you become aware of RARHA JA? * Note: multiple choice question

- RARHA website
- National websites of RARHA associated partners
- RARHA newsletters
- Scientific articles published by researchers involved in RARHA
-

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Policy briefs and reports published by RARHA

Professional colleagues

Conferences and meetings

Television and radio

Newspapers and magazines

Other:

5a. Have you visited RARHA website?

Yes

No

I was not aware of this website

5b. How would you rate the quality and content of RARHA website?

Very Poor

Poor

Fair

Good

Very Good

6a. Have you read at least one RARHA newsletter?

Yes

No

6b. How do you assess the quality and content of RARHA newsletters?

Very Poor

Poor

Fair

Good

Very Good



RARHA Joint Action: External Evaluation Survey

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WP4-Monitoring

In this section we would like to ask your assessment of RARHA results on strengthening the monitoring of drinking patterns and alcohol related harm across EU countries.

7. In general, how would you assess the overall results obtained by RARHA WP4 in strengthening the monitoring of drinking patterns and alcohol related harm across EU countries?

- Very Poor
- Poor
- Fair
- Good
- Very Good

8. How do you assess RARHA ability to provide a baseline for comparative assessment and monitoring of alcohol epidemiology - including drinking levels and patterns - and alcohol related harms across the EU (Specific Objective 1)?

- Very Poor
- Poor
- Fair
- Good
- Very Good

9. How do you assess RARHA ability to strengthen capacity in comparative alcohol survey methodology and to increase interest in using common methodology in the future (Specific Objective 2)?

- Very Poor
- Poor
- Fair
- Good
- Very Good

10a. Have you had the opportunity to examine the synthesis reports or the info sheets on RARHA-SEAS (Standardised European Alcohol Survey) and/or RARHA-HARMES (Harmonising Alcohol Related Measures in Europe)?

- Yes
- No
- I was not aware of that report

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10b. How do you assess the quality of RARHA-SEAS and/or RARHA-HARMES findings and the way in which they were presented?

- Very Poor
- Poor
- Fair
- Good
- Very Good

11. Is the organisation you work for, or your country, planning to use the common methodology for alcohol surveys elaborated and implemented by RARHA-HARMES (i.e. repeating a RARHA-HARMES survey or carrying out a 1st survey at local level)?

- Yes
- No
- Not yet

12. To what extent do you think that RARHA has improved the access to comparative data regarding alcohol epidemiology and alcohol related harm?

- Not at all
- To a small extent
- To some extent
- To a moderate extent
- To a great extent

13. To what extent do you consider that the access to RARHA comparative data regarding alcohol epidemiology and alcohol related harm is useful?

- Not at all
- To a small extent
- To some extent
- To a moderate extent
- To a great extent



RARHA Joint Action: External Evaluation Survey

WP5-Guidelines

In this section we would like to ask your assessment of RARHA results on good practice principles in the use of drinking guidelines to reduce alcohol related harm.

14. In general, how would you assess the overall results obtained by RARHA WP5 in summarizing science, experiences and good practice principles in the use of drinking guidelines to reduce alcohol related harm?

- Very poor
- Poor
-

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- Fair
- Good
- Very good

15. To what extent do you think that RARHA JA has contributed to clarify the science underpinnings and the public health policy implications of the use of drinking guidelines to reduce alcohol related harm (Specific Objective 3)?

- Not at all
- To a small extent
- To some extent
- To a moderate extent
- To a great extent

16. How do you assess RARHA ability to build consensus on the use of drinking guidelines to reduce alcohol related harm (Specific Objective 4)?

- Very Poor
- Poor
- Fair
- Good
- Very Good

17a. Have you had the opportunity to examine the synthesis report or the info sheets on Good practice principles in the use of drinking guidelines as public health measure

- Yes
- No
- I was not aware of that report

17b. How do you assess the quality and usefulness of the information provided with reference to the following specific aspects?

	Very Poor	Poor	Fair	Good	Very Good
Science basis and conceptual underpinnings	<input type="radio"/>				
Drinking guidelines in Europe	<input type="radio"/>				
Drinking guidelines in the context of early identification and brief interventions	<input type="radio"/>				
Drinking guidelines for young people	<input type="radio"/>				
Standard drink concept	<input type="radio"/>				

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RARHA Joint Action: External Evaluation Survey
WP6-Toolkit

In this section we would like to ask your assessment of RARHA results on producing a Good Practice Tool Kit.

18. In general, how would you assess the overall results obtained by RARHA WP6 in producing a Tool Kit of good practice examples to reduce alcohol related harm?

- Very Poor
- Poor
- Fair
- Good
- Very Good

19. How do you assess RARHA ability to facilitate exchange of good practice in the use of information approaches to reduce alcohol related harm among Member States public health bodies (Specific Objective 5)?

- Very Poor
- Poor
- Fair
- Good
- Very Good

20. How do you assess RARHA ability to provide guidance and tools for public health policy planners for the use of information approaches to reduce alcohol related harm in the framework of wider public health policies (Specific Objective 6)?

- Very Poor
- Poor
- Fair
- Good
- Very Good

21a. Have you examined the RARHA Tool Kit for evidence-based good practices "Public awareness, school-based and early interventions to reduce alcohol related harm"?

- Yes
- No
- I was not aware of that Tool Kit

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21b. In general, how do you assess the RARHA Tool Kit ability to collect good practice examples of proven effectiveness in influencing alcohol attitudes and behaviours, providing also practical guidance on the adoption of evidence-based approaches?

- Very Poor
- Poor
- Fair
- Good
- Very Good

21c. How do you assess the **quality and adequacy of the presentation** of the good practice examples collected in the RARHA Tool Kit?

- Very Poor
- Poor
- Fair
- Good
- Very Good

21d. How do you assess the **quality and usefulness of the information/description** provided for the good practice examples collected in the RARHA Tool Kit?

- Very Poor
- Poor
- Fair
- Good
- Very Good

21.e. How do you assess the **usefulness of the criteria/guidance** provided for the good practice examples collected in the RARHA Tool Kit?

- Very Poor
- Poor
- Fair
- Good
- Very Good

22. Has your organization, or some other in your country, adapted, or planning to adapt, one or more of the good practice examples included in the RARHA Tool Kit?

<https://esade.eu.qualtrics.com/ControlPanel/Ajax.php?action=GetSurveyPrintPreview>

8/9

4/11/2016

Qualtrics Survey Software

- Yes
- No
- Not yet

23. Has your organization, or some other in your country, made use, or planning to make use, of the good practice criteria/guidance provided in the RARHA Tool Kit?

- Yes
- No
- Not yet

Block 1

RARHA Joint Action: External Evaluation Survey

Thank you!

Thank you very much for your collaboration. Individual replies will be kept completely confidential and only the aggregate data will be made available in reports. If you have any questions or queries, please contact: Diego Badell (diego.badell@esade.edu) or Adrià Albareda (adria.albareda@esade.edu).



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RAMON LLULL UNIVERSITY

1st semi-structured face-to-face interview (Si1) and Interviewers Guide

General questions:

1. Please state your name, surname and your responsibility in RARHA Joint Action.
2. Can you briefly describe your tasks in RARHA Joint Action?
3. How would **you** describe RARHA Joint Action? Which is its main goal? And the main goal of your particular area of involvement?
4. Please explain, according to you, how do you assess the outputs and outcomes produced by RARHA Joint Action thus far? (*Interviewer: If necessary, explain the difference between outputs and outcomes*).
5. Do you think that the Joint Action is meeting its goals and progressing according to the Grant Agreement?
6. According to your opinion, which are the main deviations from the Gran Agreement?
 - a. If there have been deviations:
 - i. Are these solvable?
 - ii. Have these improved the final results?
7. Are there any particular aspects of the RARHA implementation process (e.g. timing, networking, organization, communication, etc.) that needs to be improved or encouraged to increase the overall quality of the action?
8. Which have been, and will be, the main obstacles to the implementation of RARHA Joint Action?
9. Which is, according to your opinion, the main public value of this Joint Action?

Questions regarding management activities (WP1):

1. How do you assess the management group and the direction of RARHA Joint Action?
2. Which do you think are the main strengths and weaknesses of the management group?
3. To what extent the decisions taken in the management group are properly implemented? How are difficulties and obstacles identified? How the quality of the project implementation will be assured?
4. Would you change anything related to the management? If so, what would you change?

Milestones and specific objectives to bear in mind by the interviewer:

Milestones WP1:

- Kickoff meeting (January 2014).
- Management meeting, steering committee meetings, advisory committee meetings (December 2014).
- Interim meeting and interim report (June 2015).

Questions regarding dissemination activities (WP2):

1. Are you aware of the promotional package and the communication strategy of RARHA Joint Action? If so, how do you assess it?

Description to bear in mind by the interviewer:

Common promotional package (visual image, overview brochure, folder, USB). Press release relating to kickoff to communicate aims, objectives and activities to target groups, stakeholders and media. Satellite event (M6) for public launch of RARHA.

2. Have you visited RARHA website? If so, how do you assess it? What would you change?

Description to bear in mind by the interviewer:

Main RARHA web site launched and maintained by SICAD, with common content produced in English to be used – translated or otherwise and combined with national material – in partners' dedicated web sites.

3. Have you received the first bi-annual electronic newsletter of RARHA? If so, how do you assess it?

Description to bear in mind by the interviewer:

Publishing six-monthly a newsletter, distributed by email and accessible online to inform stakeholders and other on the activities carried out and on the intermediate and final outcomes.

Milestones to bear in mind by the interviewer:

Milestones WP2:

- Launch of promotional package and main web site (March 2014).
- Launch newsletter (June 2014).
- Satellite event for public launch of the JA (June 2014).

Specific question for leaders and/ or co-leaders of WP4:

1. As a leader, co-leader or task leader of **WP4**, could you please assess the functioning as well as the output of this WP?
2. How many member states are planning to use the common methodology in alcohol survey in the future? (SO1)
3. Do you know if CNAPA members consider access to comparative data improved and useful? (SO1)

To bear in mind by the interviewer: Specific objective 1 – outcome indicators:

- Number of MS planning to use the common methodology in alcohol surveys in the future (repeat a SMART survey or carry out a 1st SMART survey).
- Extent to which CNAPA members consider access to comparative data improved.
- Extent to which CNAPA members consider access to comparative data useful.

Milestones and specific objectives to bear in mind by the interviewer:

Milestones WP4:

- Work meeting to refine SMART methodology, agree on common protocol for surveys and on re-coding of existing data (Task 1 and Task 2) (April 2014).
- Calls for tender in Task 1 for subcontracting the (face-to-face) survey fieldwork (December 2014).

Specific objective 1: Providing a baseline for comparative assessment and monitoring of alcohol epidemiology, including drinking levels and patterns, and alcohol related harms across the EU (WP4).

Specific objective 2: Strengthening capacity in comparative alcohol survey methodology and increasing interest in using common methodology in the future (WP4).

Specific question for leaders and/ or co-leaders of WP5:

1. As a leader, co-leader or task leader of **WP5**, could you please assess the functioning as well as the output of this WP?
2. Has WP5 been delivering overviews of drinking guidelines given in MS; uses of drinking guidelines; guidelines on drinking by young people; science underpinnings; definitions of "standard drink"? (SO3)
3. Could you explain the process as well as the outputs and outcomes achieved so far, to meet specific objective 4? (SO4)

To bear in mind by the interviewer: Specific objective 3 – process indicator:

Delivering overviews of: drinking guidelines given in MS; uses of drinking guidelines; guidelines on drinking by young people; science underpinnings; definitions of "standard drink".

To bear in mind by the interviewer: Specific objective 4 – output indicator:

Measurable increase in areas of consensus between first and last Policy Delphi round.

To bear in mind by the interviewer: Specific objective 4 – outcome indicator:

Degree of agreement among JA participation good practice principles in the use of drinking guidelines as a public health measure and on key messages to the population and health professionals

Milestones and specific objectives to bear in mind by the interviewer:

Milestones WP5:

- Expert work meeting to discuss reviews of: science, guidelines and standard drink definitions, uses of guidelines, drinking by young people (October 2014).
- Launch of consumer survey (January 2015).
- Launch of Delphi survey (April 2015).

Specific objective 3: Clarifying the science underpinnings and public health policy implications of the use of drinking guidelines to reduce alcohol related harm (WP5)

Specific objective 4: Building consensus on the use of drinking guidelines to reduce alcohol related harm (WP5)

Specific question for leaders and/ or co-leaders of WP6:

1. As a leader, co-leader or task leader of WP6, could you please assess the functioning as well as the output of this WP?

Milestones and specific objectives to bear in mind by the interviewer:

Milestones WP6:

- Template for describing good practice examples (June 2014).
- Guidance on criteria of good practice in the use of information approaches to reduce alcohol related harm (April 2015).

Specific objective 5: Facilitating exchange between MS public health bodies of good practice in the use of information approaches to reduce alcohol related harm (WP6).

Specific objective 6: Providing guidance and tools for public health policy planners for the use of information approaches to reduce alcohol related harm in the framework of wider public health policies (WP6).

2nd semi-structured face-to-face interview (Si2) and Interviewers Guide

General questions:

1. Can you briefly describe your tasks in RARHA Joint Action?
2. After almost three years of collaboration, how would you describe RARHA Joint Action? Which has been (and still is) its main goal? And the main goal of your particular area of involvement?
3. Which is, according to your opinion, the main public value of this Joint Action?
4. How do you assess, in general, the outputs and outcomes produced by RARHA Joint Action?
(NOTE: If necessary, explain the difference between outputs and outcomes).
5. Do you think that the Joint Action has met its goals and has progressed according to the Grant Agreement?
6. Which are, according to your opinion, the main deviations from the Grant Agreement?
 - a. If there have been deviations: Have these been solved? How? Have these solutions improved the final results?
7. Are there any particular aspects of the RARHA implementation process (e.g. timing, networking, organization, communication, etc.) that could have been improved or encouraged to increase the overall quality of the action? If so, please specify.
8. Which have been the main obstacles to the implementation of RARHA Joint Action?

Questions regarding management activities:

1. How do you assess the management group and the direction of RARHA Joint Action?
2. Which do you think have been the main strengths and weaknesses of the management group?
3. To what extent the decisions taken by the management group have been properly implemented? How has the management group identified difficulties and obstacles for the proper development of the JA?
4. Would you have changed anything related to the management? If so, what would you have changed?
5. How do you assess the technical reports produced by WP1 (e.g. RARHA Interim Report), and the meetings / conferences organized by the management team (e.g. final conference, steering group meetings, advisory committee meetings, etc.)? **(D1 – December 2016)**.
6. How do you assess the preparation and organization of RARHA Final Conference? **(Md-D1)**

Questions regarding dissemination activities:

1. How do you assess RARHA website? Do you think that it has been an effective instrument to disseminate RARHA activities? Would you change anything? **(D3 – March 2014)**
2. How do you assess the (four) newsletters produced by RARHA? Do you think that the newsletters have been an effective instrument to disseminate RARHA activities? **(D4 – June 2014)**
3. Has the short version of the final report been planned? **(Mi – October 2016)**

4. Do you think that RARHA Final Conference is going to be properly used to disseminate RARHA activities? If so, please explain why do you think so. **(Mj-D1 – October 2016)**

Specific question for leaders and/or co-leaders of WP4:

1. As a leader, co-leader or task leader of **WP4**, could you please assess the functioning as well as the output(s) obtained by this WP?
2. How do you assess WP4's synthesis report: baseline assessment and suggestions for comparative monitoring of alcohol epidemiology across the EU? **(D7 – August 2016 & Mo – October 2016)**.
(NOTE: The Grant Agreement, Annex I-a, has two different dates for this output depending if we look at the deliverable or the milestone).
3. How do you assess the quality and usefulness of international comparative data bases established by Task 1 and Task 2? **(Mm – December 2015)**.
4. How do you assess the work meeting to consolidate findings and discuss conclusions? **(Mn – August 2016)**.
5. How do you assess RARHA ability to provide a baseline for comparative assessment and monitoring of alcohol epidemiology - including drinking levels and patterns - and alcohol related harms across the EU **(Specific Objective 1)**?
 - a. How many Member States have successfully carried out the common RARHA survey during the period of operation of the JA?
(NOTE: According to the 2nd online survey, surveys have been implemented in at least 14 EU Member States).
 - b. How many national reports have been published and/or delivered for integration in the synthesis report (by WP4 partners)?
 - c. **Question for Task 1 leader:** How many common items have been used in national RARHA surveys?
(NOTE: According to the 2nd online survey, the total number of common items included in the data collection instrument used at national level is higher than 100 for the majority of partners who implemented the survey (101-150 items for 28.6 %; >150 for 25%), between 51 and 100 for 7.1% of respondents and ≤ 50 for 10.7%).
 - d. **Question for Task 1 leader:** How many variables, for which comparison across EU Member States is possible, are now available thanks to the work conducted in Task 1?
 - e. **Question for Task 2 leader:** How many variables have been re-coded for comparative assessment?
(NOTE: According to the 2nd online survey, the number of already existing variables provided by the single organizations/MS involved in Task 2, in order to be pooled and recoded for comparative analysis, is comprised between 16 and 30 for the highest proportion of respondents (35.3%); 31-45, or more than 45, for 23.5% of respondents; less or equal to 15 for the remaining 17.6%).
 - f. **Question for Task 2 leader:** How many variables, for which comparison across EU Member States is possible, are now available thanks to the work conducted in Task 2?
6. How do you assess RARHA ability to strengthen capacity in comparative alcohol survey methodology and to increase interest in using common methodology in the future **(Specific Objective 2)**?

- a. How many Member States participating in RARHA WP4 had little or less previous experience in comparative alcohol research?
 - i. How many of them successfully carried out a national RARHA survey?
- b. How many Member States are planning to use common methodology in the future?
 - i. How many of them had little or less previous experience in this field?
- c. How many participants in WP4 have attended the work meetings to agree on common survey protocol?
- d. How many participants are planning to maintain contacts and continue the joint work of WP4?

(NOTE: According to the 2nd online survey, all the partners -respondents to the survey- are willing to continue to take advantage of the methods and network solutions developed through the JA).

Specific question for leaders and/or co-leaders of WP5:

1. As a leader, co-leader or task leader of **WP5**, could you please assess the functioning as well as the output(s) obtained by this WP?
2. How do you assess the synthesis report: good practice principles in the use of drinking guidelines as a public health measure? (**DB & Mt – October 2016**).
3. How do you assess the expert/policymaker meeting held in Helsinki on February 17, 2016? (**Ms – [planned for] January 2016**).
4. How do you assess RARHA ability to clarify the science underpinnings and the public health policy implications of the use of drinking guidelines to reduce alcohol related harm (**Specific Objective 3**)?
 - a. Please, assess the quality and usefulness of the overviews on:
 - i. Science basis and conceptual underpinnings.
 - ii. Drinking guidelines in Europe.
 - iii. Drinking guidelines in the context of early identification and brief interventions.
 - iv. Drinking guidelines for young people.
 - v. Standard drink concept.
5. How do you assess RARHA ability to build consensus on the use of drinking guidelines to reduce alcohol related harm (**Specific Objective 4**)?
 - a. Please explain whether and (if so) how identifying divergences between Member States helped in the development of questions for the Policy Delphi survey.
 - b. Have you observed a measureable increase in the areas of consensus between the first and last Policy Delphi round?
 - i. If YES, please quantify the “degree of consensus” between experts in the first and in the last Policy Delphi round (0=Absolute disagreement | 100=Absolute consensus)
 - c. How do you assess the degree of agreement finally reached among Delphi participants on good practice principles in the use of drinking guidelines as a public health measure and on key messages to the population and health professionals?

(NOTE: See document “WP5_RARHA low risk Delphi report 25042016”, Conclusions: pp51-52.)

Specific question for leaders and/or co-leaders of WP6:

1. As a leader, co-leader or task leader of **WP6**, could you please assess the functioning as well as the output(s) obtained by this WP?
2. How do you assess the printed **and** the online version of the Tool Kit? (**D9-Mw – December 2016 & D10-Mx – May 2016**).
3. How do you assess the launch of the Tool Kit? Do you consider that the Tool Kit has been successfully disseminated so far? How do you assess the dissemination activities of the Tool Kit planned for RARHA Final Conference? (**Question replacing “My – June 2016” which will be held in Ljubljana on 22-23 November 2016**).
4. How do you assess RARHA ability to facilitate exchange of good practice in the use of information approaches to reduce alcohol related harm among Member States public health bodies (**Specific Objective 5**)?
 - a. How many Member States participated in the development of the Tool Kit by suggesting any good examples for the inclusion?

(NOTE: According to Rados Krnel power point, 19 MS have participated submitting interventions 48 interventions in total. After reviewing the intervention, 26 have been accepted, from 16 different MS. According to the 2nd online survey, almost all respondents (84.6%), from a total of 9 MS, participated in the development of the Tool Kit through the suggestion of good example to include).
 - b. How many well described and transferable examples in which some evidence of effectiveness in influencing attitudes have been included in the Tool Kit?

(NOTE: According to Rados Krnel power point, 19 MS have participated submitting interventions 48 interventions in total. After reviewing the intervention, 26 have been accepted, from 16 different MS. According to the 2nd online survey, the number of well described and transferable examples provided by respondent is comprised between 1 and 4 (1-2 for 58.3%, 3-4 for 33.3%) and goes from 5 to 6 for the remaining 8.3%).
5. How do you assess RARHA ability to provide guidance and tools for public health policy planners for the use of information approaches to reduce alcohol related harm in the framework of wider public health policies (**Specific Objective 6**)?
 - a. How do you assess the structure of the good practice criteria of the Tool Kit? Do you consider that the good practice criteria have an informative presentation?

