



**Seventh meeting of the
European Union Physical Activity
Focal Points Network**

**Zagreb, Croatia
13–14 November 2017**

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European Union Physical Activity
Focal Points Network**

Meeting Report



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Background

In the context of the *European Union Council Recommendation on Promoting Health-Enhancing Physical Activity (HEPA) Across Sectors* adopted in 2013 (hereafter referred to as ‘the Council Recommendation’), EU Member States were requested to appoint national physical activity focal points, notably to support the monitoring framework for HEPA policies and physical activity.

As part of the collaboration to implement the above-mentioned Recommendation in the EU and to promote physical activity across Europe, the European Commission, Directorate-General for Education and Culture (DG EAC), Sport Unit, and the WHO Regional Office for Europe, Division of Noncommunicable Diseases and Promoting Health through the Life-course, held the seventh meeting of this Focal Points Network on 13–14 November 2017 in Zagreb, Croatia.

The *EU Physical Activity Guidelines*, the Council Recommendation, as well as the *WHO Physical Activity Recommendations* and the *Physical Activity Strategy for the WHO European Region 2016–2025* provide principles that require policy coherence across Europe.

Some of these principles have been implemented with relative success in several Member States. However, challenges continue to exist, and there is a need to improve the design and implementation of policies that promote physical activity.

The European Commission and the WHO Regional Office for Europe have been cooperating to develop and scale-up monitoring and surveillance of health-enhancing physical activity in the European Union Member States. Previous meetings of the EU Focal Points Network focused on the strategy for information collection and discussed the preparations for the update of the *Factsheets on health-enhancing physical activity in the 28 European Union Member States of the WHO European Region*.¹

The seventh meeting, held in Zagreb, Croatia, discussed tools and timeline before validation of the factsheets. Furthermore, the meeting discussed the issues of physical activity and urban planning, as well as exercise and prescription. Further updates from various ongoing projects were presented and targeted workshops explored key issues identified by Focal Points at the previous meeting in Toledo, Spain in April 2017.

Participants included the Focal Points, representing 25 Member States, the European Commission, represented by staff from DG EAC/Sport Unit, and the World Health Organization, represented by staff from the WHO Regional Office for Europe. Several external speakers, observers and a rapporteur also participated.²

Welcome addresses

Olivier Fontaine welcomed participants on behalf of the European Commission and thanked the University of Zagreb for hosting the meeting, as well as the EPHEPA project for organising the workshops. The presence of all but three Member States at the meeting is testament to the high level of priority accorded to this issue and the enduring importance and relevance of the Council Recommendation. It is also

¹ Available in English at: <http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/country-work/factsheets-on-health-enhancing-physical-activity-in-the-28-eu-member-states-of-the-who-european-region>

² See Annex 1 for a full list of participants.

evidence of the ongoing good collaboration between Member States, the European Commission and WHO.

In September 2017, the European Week of Sport, supported by 38 partners, reached around 900 million Europeans. During this week three Commissioners jointly launched the *Tartu Call for Healthy Lifestyles*³ – as an initiative of the Estonian Presidency of the EU – with an agreed list of joint actions in the areas of sport, health, food and innovation. This is very strong signal about the degree of high-level cross-sectoral political commitment within the Commission to address healthy lifestyles and physical inactivity. To enhance the dialogue between health and sport, the Commission intends to organise a joint meeting of the HEPA Focal Point Network and the High-Level Group on Nutrition in 2018/19.

The meeting effectively launches the second monitoring exercise under the Council Recommendation. The first fact sheets were published in September 2015 and it was agreed to update the data and revise the fact sheets every three years.

On behalf of the WHO country office in Croatia, Dr Antoinette Kaic-Rak welcomed participants to Zagreb, and underlined the importance of tackling sedentary lifestyles throughout the Region. The opportunity for collaboration and exchange presented by the Focal Point Network is particularly welcome, especially given the ageing European population. Within Croatia, recognition that ‘exercise is medicine’ is being translated into efforts to train health professionals about physical activity and health.

João Breda extended a welcome on behalf of the WHO Regional Office for Europe and thanked the Croatian Ministry of Health, represented by the National Institute of Public Health, and the University of Zagreb for hosting the meeting and facilitating the HEPA Europe conference. He also thanked the European Commission for its ongoing support and collaboration. The Focal Point Network is an example of multi-sectoral collaboration in practice, and the high degree of attendance by Member States is a clear sign that this collaboration is highly valued. He thanked all Member States for their continued participation and commitment to the work of the Network.

There is now an important opportunity to link the promotion of health-enhancing physical activity with the Sustainable Development Goals (SDGs) agenda. Strengthening the discourse at the national level on decreasing physical inactivity as an important objective within the SDGs may be useful in advocacy for efforts on health enhancing physical activity.

Factsheets on HEPA: Past, present and future

Olivier Fontaine presented a recap of the Network’s work on the monitoring framework to date, along with a proposed timeline for the next steps.

Achievements from first monitoring exercise

To recap, the 2013 Council Recommendation established a monitoring framework which includes 23 indicators. In the first round of the monitoring exercise, Member States reported on these indicators and published a first set of country factsheets.⁴ The

³ https://ec.europa.eu/sport/sites/sport/files/ewos-tartu-call_en.pdf

⁴ <http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/country-work/factsheets-on-health-enhancing-physical-activity-in-the-28-eu-member-states-of-the-who-european-region>

Commission reported on implementation of the Council Recommendation in December 2016.⁵

João Breda informed participants that the factsheets publication had been widely disseminated, with all copies distributed. He reminded participants that not all indicators were included in the first set of factsheets. All indicators are included, however, in the new information portal: the European Health Information Gateway.⁶ This user-friendly database provides the indicator data in different formats (e.g., maps, Excel) which can be exported. Focal Points are encouraged to explore the database and any feedback would be welcome. In addition, if Focal Points have new up-to-date data, they can submit it for inclusion in the database. Ultimately, this database will be able to illustrate trends and the database is very complementary to the factsheets, which provide a snapshot of the situation in countries. In highly decentralised countries, for example, the database may not always fully capture the national situation and the factsheets, therefore, can usefully illustrate some elements not captured by the national-level data.

Member State feedback on the country factsheets and first round of monitoring

Feedback was invited on countries' experience with the first set of country factsheets. Several Member State representatives commented that it had been very helpful to have a short factsheet for communication and advocacy purposes. An alternative view was that the factsheets lacked sufficient depth and detail to be very useful practically. The data collection and factsheet process had clearly presented an important opportunity to bring different sectors together. Even in countries where the final factsheets were used relatively little, the process of bringing different sectors together for the data collection had been hugely valuable. Furthermore, countries were able to learn from one another's experience through the factsheets. The factsheet production was particularly useful from a process perspective and in enabling some degree of inter-country comparisons for advocacy purposes.

There was also more general discussion on the data collection process. Issues were highlighted with some of the indicators, including:

- Budget/Funding for HEPA activities (not always at national level);
- Challenges with obtaining national-level data for indicators that relate to local level activity in some countries. It is important to add an explanatory note about the complexity of the situation in decentralised countries;
- Prevalence indicators – the ongoing project on physical activity measurement led by Portugal will have important implications for future data collection and it is important that this project liaises closely with WHO on revision of the Staff Working Document.

Next steps: the second round of monitoring

A proposed timeline for the second round of monitoring was presented:

- **13 November 2017:** 7th meeting of HEPA Focal Points (Zagreb)
- **November 2017 - January 2018:** Revision of the Staff Working Document by WHO/European Commission, in consultation with experts

⁵ <http://ec.europa.eu/transparency/regdoc/rep/1/2016/EN/COM-2016-768-F1-EN-MAIN-PART-1.PDF>

⁶ <https://gateway.euro.who.int/en/datasets/hepa/>

- **15 January 2018:** Distribution of the revised questionnaire/Staff Working Document.
- **15 Jan → 27 April:** Data collection
- **Mid-May:** Draft factsheets ready
- **End May:** 8th meeting HEPA Focal Points with discussion of the data/country factsheets/thematic factsheets
- **End June:** Validation of factsheets
- **23 September:** Publication of country factsheets on HEPA and thematic factsheets and update of the European Health Information Gateway
- **November 2018:** 9th meeting HEPA Focal Points

Next steps - indicators

As indicated in the proposed timeline, a review of the Staff Working Document – which sets out the indicators in detail – will be completed prior to the start of the second round of monitoring data collection. A proposed revised Staff Working Document and questionnaire will be disseminated to Focal Points for comment prior to finalization. It was agreed that requests for highlights and success stories (to be used in the factsheets) were included from the outset in the questionnaire.

As soon as the revised Staff Working Document is distributed to Focal Points (mid-January) data collection can begin. WHO will try to reduce the burden on Focal Points as much as possible. A repeat of the webinars organised for the first round is not planned, but WHO will provide direct support during the whole process.

It was suggested that it would be useful for Focal Points to have the contact details of relevant experts for each indicator, to be able to contact them if necessary. It was also suggested that a recap of the findings of the Tender Project which had assessed the monitoring framework would be useful. João Breda indicated that WHO will share the details of the relevant experts, and noted that suggestions for relevant experts are also welcome. It is important to recognise that the current set of indicators is robust and it is not possible to dramatically change the indicators (because these are set out in the Council Recommendation). In order to ensure ongoing comparability, changes to the data collection process should only be made when absolutely necessary. It is possible, however, to fine-tune the definitions and to improve explanations of the indicators. Revision of the Staff Working Document will be based on the review by the Tender Project and the Commission/WHO is happy to share the conclusions of that review once again.

There was some discussion about whether there would be value in constructing an overall index of HEPA prioritisation with a 10-point scale. This could certainly be an interesting idea to explore.

Next steps – Factsheets

It is important to recognise that convincing political leaders to take action is often very challenging and any new tools to help with this are most welcome. The factsheets are helpful and it would be useful to produce estimates on the impact of increasing physical activity on the economy. In future, it would also be valuable to include some practical guidance for all sectors involved.

One suggestion to ensure that the factsheets are even more useful at the national level, is to produce thematic factsheets. This would mean publishing a short document including the new data on particular indicators related to that specific theme (e.g.,

physical education/activity in schools) along with one success story per Member State. This would be published as a complement to the country factsheets. The thematic factsheet could potentially be very useful for more targeted advocacy in different policy sectors. The idea of producing a limited number of thematic factsheets was welcomed by the Focal Points and it was agreed that there would be an email consultation to decide the themes for inclusion. It was suggested to start by producing two thematic factsheets for this monitoring round.

There was also a suggestion that it could be useful to align publication of the factsheets with the forthcoming UN High Level Meeting on Noncommunicable Diseases in 2018, although the precise date/location of the meeting is not yet known.

Provision of high quality photographs, accompanied by signed model release forms and permission to reproduce, would also be highly appreciated.

Future meetings and role of non-State actors

Ultimately, the aim of the exercise is to increase levels of physical activity across Europe. This is an area where performance towards the NCD goals and the SDGs has been poor, but there are now encouraging signs of Member State action. Non-State actors can play an important role as (a) implementers, who can take action more quickly and with less constraints than governments, and (b) drivers for change, by raising awareness among the media and general public as well as advocating for action.

There was discussion about the participation of non-State actors in all Focal Point Network meetings. There is clear recognition that the fresh perspective of NGOs is welcome and can be useful. It was agreed that decisions about whether to invite observers to participate should be decided on a meeting-by-meeting basis.

Urban planning and active mobility

Professor René Kural, Centre for Sports and Architecture, Copenhagen, Denmark, presented the work of the Activity and Health-Enhancing Physical Environments Network (APEN).

APEN, of which Professor Kural is Director, brings together three universities to provide research-based knowledge about how, by changing or improving the physical environment, physical activity and healthier living can be promoted, among socially disadvantaged citizens and based on local community participation.

The built environment can influence activity patterns through the impact of land use patterns, urban design and transport systems. Aspects of the social environment and individual characteristics are also important.

APEN has been working on health inequalities in the area of Sydhavnen in Copenhagen, which has lower levels of physical activity than other areas. The focus has been on the local environment and informal landscapes (i.e., not playgrounds and sports facilities).

Interventions in the Sydhavnen area were developed jointly with children, who participated in the idea development stage by giving their views on different areas and their needs to enable them to be physically active. The ideas of improving Pio Park and Karens Minde emerged and were developed. The children came up with very visionary suggestions for improvements implemented, including, among others, a

climbing tower, a boxing ring, a stage for dancing and yoga, a hammock and a star sculpture.

A similar process was conducted with older people in Engholmen Nord and Tranehavegaard. The older people focused mainly on the everyday obstacles to being physically active. They proposed a covered pavilion with a hard floor surface, provision of bird boxes, and benches that incorporated a small table for drinks. They also identified problems with access to buildings and wanted an access ramp, which is currently under development.

These projects – described in an article in *BMC Public Health*⁷ – are being evaluated by the University of Southern Denmark. The future direction of APEN is based on the idea – inspired by architect Cedric Price – that, like medicine, city planning must move from the curative to the preventive.

Discussion

There was clarification that pre- and post-intervention measurements will feature as part of the evaluation. This will supply data on the prevalence of physical activity/inactivity and cycling.

Towards more physical activity in cities

Louise Vogel Kielgast, Gehl Institute, presented the work of the Gehl institute in this field. She introduced a new WHO Regional Office for Europe and European Commission publication, produced in collaboration with Gehl, *Towards More Physical Activity in Cities*.⁸ This new publication considers how to address physical activity in the context of many other challenges faced by cities – in order to establish physical activity as part of everyday urban living – and provides many concrete examples and case studies to serve as inspiration.

Public spaces in cities are one of our great – but often untapped – resources. The space between buildings makes up 25–35% of a city and streets often account for 80% of open space. Given that other things need to happen within these spaces, the challenge is to design these spaces to suit as many different purposes as possible. This can mean better streets for walking and cycling, facilitating lower speeds and easy stopping (which can also be good for retailers). There are many similarities between walking and cycling, so it is important to think about both in an integrated manner.

It is also important to think about public transport – public transport nodes need to be integrated into the city in ways that encourage walking and cycling. Public spaces can also be redesigned to encourage socialising. Furthermore, public spaces can be designed to offer recreation possibilities for impulsive physical activity (e.g., fixed exercise equipment). Schools can also be catalysts for physical activity, if their premises are open to the public for use of shared bike paths or other facilities.

All cities have their challenges and different planning practices. Copenhagen, for example, has not always been the bike-friendly city that it is now. Recommendations for starting the process of change in a city include:

⁷ Pawlowski CS, Winge L, Carroll S, Schmidt T, Wagner AM, Nortoft KPJ, Lamm B, Kural R, Schipperijn J, Troelsen J. Move the Neighbourhood: Study design of a community-based participatory public open space intervention in a Danish deprived neighbourhood to promote active living. *BMC Public Health* (2017) 17: 481

⁸ www.euro.who.int/__data/assets/pdf_file/.../2017_WHO_Report_FINAL_WEB.pdf

- Combine vision with pragmatism – Copenhagen started with incremental changes, taking away 2–3% of car parking every year;
- Overcome barriers (e.g., climate, topography) to be able to introduce and build on a culture – 70% of cyclists now continue to bike during the winter months in Copenhagen;
- Plan for co-benefits such as reduced congestion, climate change, liveability, equality, social cohesion and economic vibrancy;
- Prioritize areas where benefits are most needed – in more deprived areas where health status is poorer – and remember to consider gender;
- Evaluate and show the impact of interventions;
- Pilot the change before scale-up – this is important as part of the process of creating the courage to change;
- Build a culture early in life – creating environments where children can walk and cycle to school can benefit all ages.

Remember that time is a scarce resource and if the environment is structured in a way that cycling or walking is a *quicker* option then people will walk or cycle. In Copenhagen, for example, 56% of the people who cycle say that they do so because it is quick, easy or convenient.

In New York City, the Plaza Program has created 71 plazas by transforming 750,000 square feet of underused streets into vibrant, social public spaces to help ensure that all New Yorkers live within a 10-minute walk of quality open space. Two-thirds of respondents said that the plaza increased the time spent outside and the neighbourhoods that most severely lack open space reported a greater increase in time spent outside.

In conclusion, public space can be a driver for change and this can be done, even though each city faces its own challenges. It is important, therefore, to take a strategic approach and this includes collecting data to document the situation and subsequent changes.

Discussion

There was some discussion about the potential implications of the introduction of driverless cars, which may bring new challenges for urban planning and the use of shared spaces.

There was also discussion of whether sharing of school spaces would be hindered by vandalism and questions of public liability in some countries. Urban planning should comprise more than design, it should also deal with processes to increase a sense of trust and community.

Physical activity and urban planning: Croatia

Slaven Krtalić, Croatian National Institute of Public Health, presented an overview of the National Programme for Healthy Living (Zivjeti Zdravo) in Croatia. The main goals of the programme are to inform, educate and raise awareness of Croatian citizens about healthy lifestyles. The expected outcomes are:

- greater awareness of the citizens on the need for maintaining and improving health;
- modification of changeable unhealthy habits;

- decreasing the morbidity from chronic mass diseases; and
- increasing the share of healthy citizens in the total Croatian population.

The different components are: health and education; health and physical activity; health and nutrition; health and the workplace; and health and the environment.

In relation to the Health and Physical Activity component, the main activity is ‘walking towards health’ which seeks to promote walking as a basic form of human movement, targeting all age groups. The goals are:

- Creating preconditions for improving and protecting health in free time
- Promoting walking as a regular physical activity and its protective health benefits
- Increasing the number of built walking trails
- Organizing free time, professionally guided activities within safe and healthy environments.

The idea for the walking project came from The Walk of the World initiative and the plan is to institute this in Croatia on an annual basis.

Each of the 21 Croatian counties is provided with materials, professional guidance and signage for the walking trails. Twelve counties have been visited since October 2014.

The expected benefits include local communities’ education and capacity building, improved walking trails in all counties, raised awareness of the health benefits of physical activity in free time, citizens motivated to walk more, regular free-time physical activity in local communities, key stakeholders connected and healthy lifestyles promoted. Other amenities to be incorporated include lighting, telephones, restrooms, benches, picnic tables, drinking fountains, rubbish bins, parking spaces and bike racks. Signage on the trails will comprise the Living Healthy logo, public health messages, posters and billboards, educational messages, warnings, active zones, exercise or play areas, adjacent cultural or civic institutions and main transport stops or stations.

The main activity of the Health and Environment component is a park volunteer initiative which targets preschool and early school-age children and their families. The goals are to promote healthy lifestyles and development of healthy habits, as well as social integration of children with disabilities and intergenerational solidarity. Further goals are to organise free time with professionally guided activities within a safe and healthy environment, while taking care of the environment and returning children to parks. The idea came from a 1993 City Parks initiative in Vienna.

Twenty-one parks are being remodelled across the 21 counties, with the work carried out by seven faculties at the University of Zagreb – and involving 77 students – based on the Ten Principles for Building Healthy Places.

Physical activity and urban planning: Czech Republic

Marie Nejedla, National Institute of Public Health, presented the Parks in Motion (*Parky V Pohybu*) programme in Czech Republic. More than 2,700 hectares of urban parks presented an unused opportunity for physical activity.

The national Parks in Motion challenge was launched to build up safe and quality city parks and green areas, to encourage movement and joy as a means of promoting

active lifestyles. The project urged cities, municipalities, neighbourhoods, associations or organizations to actively engage, inspire and share experiences and impressions from urban parks, playgrounds and green areas. A photo competition for municipalities was launched in 2015 with the goal of creating an online environment where representatives of cities, municipalities, associations or other organizations can actively contribute articles, photos, inspirations or links about the urban park interventions on health enhancing physical activity that they have undertaken or are preparing. A year later the best “Parks in Motion” was awarded.

The pilot project, supported by Ministry of Health funding, started to provide health-enhancing physical activity in three parks (two in Prague, one in Moravia). There was a high degree of public interest and enthusiasm.

In 2017, therefore, a larger project focused on health-enhancing physical activity as a cross-sectional topic across all world health days. Health professionals and the National Institute of Public Health trained 26 volunteer trainers, to provide free activities in parks for different target groups, as well as providing background information. The aim has been to scale up the initiative between 2016 and 2018.

SPAcE: Supporting policy and action for active environments

Sonja Kahlmeier, University of Zurich, briefly introduced the SPAcE project.

The overall aim of this other Erasmus+ project was to make the healthy choice the easy choice through creating sustainable urban active environments. Urban active environments (UActivE) are environments that prioritize walking, cycling and taking public transport where possible. These environments involve practices that aim to facilitate, promote and increase population physical activity levels.

The three-year SPAcE project supported actual implementation of HEPA policy by the development of Urban Active Environment (UActivE) Action Plans in five implementation sites in the EU (Trikala-Greece, Toledo-Spain, Tukums-Finland, Brasov-Rumania, Palermo-Italy). The plans were developed in a structured way and implementation beyond the project timeline has started.

Different types of specific experts were specially selected to identify all relevant evidence. All the parties involved in the project learned a great deal and the project’s “co-production” mode of engagement was challenging but definitely key to the project’s success.

Physical activity and type 2 diabetes

Professor Stefano Balducci, University of Rome La Sapienza, provided an overview of the role of physical activity in prevention and treatment of type 2 diabetes. It is estimated that 12% of global health expenditure is spent on diabetes, equivalent to approximately 825 billion dollars per year.

Physical activity and diabetes prevention

Several important large population studies have investigated the effects of lifestyle interventions and concluded that diet plus physical activity (mainly aerobic) are efficacious tools for the prevention of type 2 diabetes. The two most comparable studies are the Finnish Diabetes Prevention Study (DPS) and the Diabetes Prevention

Program (DPP) in the US, which date to 2001–2. Both studies enrolled subjects with impaired glucose tolerance and were based on nutrition counselling and moderate intensity physical activity. The risk of developing type 2 diabetes was reduced in both studies by 58% for the lifestyle changes (compared to a reduction of only 31% achieved by drug treatment in the DPP intervention. Two more recent studies, with a lifestyle interventions of diet plus physical activity (weight training), also found that weight training was associated with a reduction in risk ranging from 31% to 35%.^{9,10} The US study added that combined weight training and aerobic exercise conferred a greater benefit.

Physical activity and treatment of diabetes

Although physical activity has long been considered a component of diabetes management, evidence of effectiveness has only been published since 2001. A meta-analysis of controlled clinical trials found that physical activity is a good tool in the improvement of glycaemic control and BMI in type 2 diabetes.¹¹ A more focused meta-analysis by the same research group in 2003 included only structured exercise training and found it to be an efficacious therapeutic instrument for type 2 diabetes.¹² Since 2003 other researchers have confirmed the efficacy of aerobic training and, in 2005, Di Loreto et al found that structured counselling is more efficacious than generic recommendations for physical activity and that full benefits are achieved with a physical activity volume of 20 metabolic equivalents (METs) per hour per week or more.¹³ In 2004 Professor Balducci and colleagues published a randomized controlled trial that demonstrated that combining aerobic and resistance training is safe, feasible and effective in type 2 diabetic patients with metabolic syndrome.¹⁴ These conclusions were confirmed by Sigal and colleagues in 2007, Church and colleagues in 2010 and a robust meta-analysis by Umpierre and colleagues in 2013.^{15,16,17}

The Italian Diabetes and Exercise Study (IDES), a randomized controlled trial involving 606 diabetic patients, found a statistically significant decrease in glycated haemoglobin in the intervention group, which had received counselling and a combined aerobic and resistance exercise programme.¹⁸ This exercise intervention strategy is effective in promoting physical activity and improving modifiable

⁹ Anders et al. A Prospective study of weight training and risk of type 2 diabetes mellitus in men. Archives of Internal Medicine, 2012.

¹⁰ Mingos KE, Dunstan DW. Associations of strength training with impaired glucose metabolism the AusDiab Study. Med Sci Sports Exerc. 2013 Feb;45(2):299-303.

¹¹ Boule NG, Haddad E, Kenny GP, Wells GA, Sigal RJ. Effects of exercise on glycemic control and body mass in type 2 diabetes mellitus: a meta-analysis of controlled clinical trials. JAMA 2001; 286: 1218–1227.

¹² Boule NG, Kenny GP, Haddad E, Wells GA, Sigal RJ. Meta analysis of the effect of structured exercise training on cardiorespiratory fitness in type 2 diabetes mellitus. Diabetologia 2003; 46: 1071–1081.

¹³ Di Loreto C, Fanelli C, Lucidi P, Murdolo G, De Cicco A, Parlanti N, Ranchelli A, Fatone C, Taglioni C, Santeusano F, De Feo P. Make your diabetic patients walk: long-term impact of different amounts of physical activity on type 2 diabetes. Diabetes Care. 2005 Jun;28(6):1295-302.

¹⁴ Balducci S, Leonetti F, Di Mario U, Fallucca F. Is a long-term aerobic plus resistance training program feasible for and effective on metabolic profiles in type 2 diabetic patients? Diabetes Care 2004; 27: 841–842.

¹⁵ Sigal RJ, Kenny GP, Boule NG, Wells GA, Prud'homme D, Fortier M, Reid RD, Tulloch H, Coyle H, Phillips P, Jennings A, Jaffey J (2007). Effects of Aerobic Training, Resistance Training, or Both on Glycemic Control in Type 2 Diabetes. Ann Intern Med, 147:357-369.

¹⁶ Church TA, Blain SV, Cocroham S et al. Effects of aerobic and resistance training on haemoglobin A1c levels in patients with type 2 diabetes: A randomized controlled trial. JAMA. 2010;304(20):2253-2262.

¹⁷ Umpierre D, Ribeiro PA, Schaan BD, Ribeiro JP. Volume of supervised exercise training impacts glycaemic control in patients with type 2 diabetes: a systematic review with meta-regression analysis. Diabetologia. 2013 Feb;56(2):242-51. doi: 10.1007/s00125-012-2774-z. Epub 2012 Nov 16. Review.

¹⁸ Balducci S, Zanuso S, Nicolucci A, De Feo P, Cavallo S, Cardelli P, et al. Effect of an intensive exercise intervention strategy on modifiable cardiovascular risk factors in subjects with type 2 diabetes mellitus: a randomized controlled trial: the Italian Diabetes and Exercise Study (IDES). Arch Intern Med. 2010;170:1794–803.

cardiovascular risk factors. The IDES results also suggest that the intervention significantly improves both physical and mental quality of life scores.

Evidence suggests that if people remain sedentary the risk of cardiovascular mortality can be attenuated, but not eliminated, by 180 minutes of moderate physical activity. It is imperative, therefore to both reduce sedentary time and to increase physical activity volume and intensity. The IDES-2 study on 300 patients, has been exploring use of a behavioural intervention strategy to increase daily physical activity and reduce sedentary time.

In conclusion, it is essential to consider high-risk populations and those with pre-diabetes as candidates for diabetes prevention programmes. We have high quality evidence that type 2 diabetes can be prevented or delayed in overweight patients by moderate weight loss, physical activity and healthier diet. These are more effective than medication.

In relation to treatment, physical activity should be recommended and exercise training prescribed and supervised when required to all diabetic patients as part of management of glycaemic control and overall health. Specific recommendations and precautions will vary by the age and presence of diabetes-related complications. Recommendations should be tailored to meet the specific needs of each individual. In addition to engaging in regular physical activity, all adults should be encouraged to decrease the total amount of daily sedentary time and to break up sitting time with frequent bouts of activity. Finally, behaviour change strategies can be used to promote the adoption and maintenance of lifetime physical activity.

Discussion

There was discussion of the importance of strengthening the message on the need to break sedentary time. It was agreed that combined actions on physical activity and sedentary lifestyle are required.

There was clarification that the best results are obtained with physical activity after eating. This mitigates the glycaemic effects, and the positive effects are maintained for 24–36 hours after the session. There was also clarification that the research does not relate to type 1 diabetes, and physical activity is not a therapeutic intervention for type 1 diabetes.

There is a need to spread the messages of this research to doctors, and efforts should concentrate on translation of the research into medical practice.

Exercise and prescription: United Kingdom

Beelin Baxter, Department of Health described efforts in the UK to raise awareness of the importance of physical activity among physicians, with a view to integrating physical activity into routine conversations between clinicians and patients. Public Health England embarked on three initiatives two years ago:

- *Clinical champions*: peer-to-peer training clinicians, using a standardized training package (to date, 24 doctors and 17 nurses have trained more than 1,000 professionals)
- *Building training resources*: physical activity advocates go to medical schools, and have so far covered more than half of the 32 medical schools in the UK.

E-learning resources are under development and these will be put onto e-learning for health platforms

- *Clinical advice PAD*: A pilot project is testing physical activity prescription pads is underway.

All the UK physical activity guidelines (e.g., for under 5s, older people, adults) are under review. The review's findings and conclusions will be shared with the Focal Point Network.

In addition, a number of infographics on physical activity have been produced, and the latest one is on physical activity during pregnancy.¹⁹ These infographics can be freely translated and reproduced by other Member States.

Discussion

There was discussion of the importance of training clinicians to prescribe physical activity, to ensure that the advice provided is appropriate.

Exercise and prescription: France

Martine Duclos, CHU Gabriel Montpied, Clermont-Ferrand, described developments relating to sport on prescription in France.

The Academy of Medicine has recommended non-medicinal therapies for over five years and, since 2016, this has been included in the new health law in France. The Decree on sport on prescription targets people with a long-term condition who have specific needs that normally prevent them from practising physical activity.²⁰ The prescription can be given by the doctor as part of the patient care pathway, according to the patient's condition, physical abilities and medical risk.

Different stakeholders/professionals are empowered to dispense the physical activity sessions depending on the extent of the patient's functional limitation. The various skills required to supervise patients with long-term conditions are set out.

This is a considerable first step, but there is also a real need for training for physicians, kinesiologists, physiotherapists, pharmacists and nurses. Furthermore, there is a need for funding – currently there is no reimbursement for physical activity prescription. Nonetheless, more than 50 cities have gone ahead with sport on prescription on a self-funded basis.

Discussion

There was discussion on the choice of training health professionals rather than sports professionals, and there was clarification that it is generally health professionals who lack awareness of the impact of physical activity on diseases and its potential for both prevention and treatment. Indeed, efforts to strengthen the links between health professionals and physical activity experts are very important. In France, the role of the doctor is to convince patients that physical activity will help them and refer them to a professional for specialist advice on how to practice physical activity.

¹⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/622335/CMO_physical_activity_pregnant_women_infographic.pdf

²⁰ For more information see <http://sport-ordonnance.fr> (in French)

Erasmus+ projects

Olivier Fontaine provided a brief update on the Erasmus+ project funding programme. The new call for proposals was published on 25 October 2017 and the deadline for applications is 17.30 pm on 4 May 2018. There will be an information meeting on 30 January in Brussels for potential applicants. Seven million euros have been earmarked for projects relating to health enhancing physical activity.

He informed participants about a cluster meeting on health-enhancing physical activity in Brussels on 4/5 December, to bring together all HEPA-related projects funded by Erasmus+ in 2014–16. All Focal Points were invited to participate and the information day will also be streamed on the web.

Erasmus+ project: “On the Move”

Aleksandra Ličanin, Project coordinator "On the Move" for Medjmurje County, Croatia, presented an overview of the On the Move project.

On the Move is a project co-funded by Erasmus+, involving six organizations from five Member States (Croatia, Malta, Portugal, Slovakia, Slovenia, UK). This 18-month project, which ended in June 2017, aimed to contribute to raising awareness of the need for physical activity as the basis of healthy lifestyle by changing habits of identified target groups. The target groups were preschool children (4 to 7 years old) with obesity, overweight and low physical activity and their families.

The intervention included diet and physical activity in their daily routine and the training lasted for 14 months. Demonstrations of activities were led by kinesiologists. There were also family events involving play, eating and culinary advice.

Anthropometric measurements and testing of motor and functional skills was conducted before and after the intervention. These suggested that the children's arms had become slimmer while their legs had become bigger and they were stronger, faster, more agile, more flexible, more coordinated and had better endurance after the intervention. A survey of parents found that many parents had perceived positive changes in their child during/after the intervention, with the vast majority (89%) considering that their child was more physically active than before and almost all (98%) considered that their child was happy with the training. In addition, 100% said their children felt like continuing with the training. Swimming and gymnastics were most popular with the children.

The main challenges for the programme were changing public opinion and concern about stigmatizing obese or overweight children, promoting recognition of the programme's benefits, encouraging parents to bring their child three times a week, ensuring regular attendance and the dropout rate.

Croatia introduced a number of measures to try and ensure sustainability of the programme in local communities. Sports clubs, for example, provide cheaper membership to On the Move participants and have programmes for children from birth to seven years old. Medjmurje County is developing a model for funding the salaries of two kinesiologists to work in sports clubs specifically on programmes for obese or overweight preschool children. Collaboration with the Public Health Institute is raising awareness of obesity as an illness and the need for physically active lifestyles. In addition, *Guidelines for future activities to promote physical activity and healthy nutrition as a healthy lifestyle* and a *Model to provide conditions for*

children's exercise (among children that are inclined to be obese or overweight) in the local community have been prepared and will be disseminated to all relevant ministries and NGOs. There is a need to raise recognition of health enhancing physical activity programmes in Croatia.

The final report evaluation by the Education, Audiovisual and Culture Executive Agency (EACEA) concluded that the project was innovative due to its complex approach towards children and parents, focusing on very practical project actions encompassing regular physical activities, workshops and parental involvement. It also commented that the target group, namely preschool children of 4–7 years, is very rare in EU projects, thus innovative and very valuable. The plan is now to continue working with On the Move in other ways, particularly working with parents.

Discussion

The organizers were congratulated on the success of the programme. There was clarification that participating children were not all overweight or obese, some of them were included because of their low levels of physical activity.

Study on the contribution of sport to regional development through the Structural Funds

Mike Coyne, Centre for Strategy and Evaluation Services, United Kingdom, presented an overview of a study exploring the use of sport as an instrument for economic and social development within the European Union. The Structural Funds (now the European Structural Investment Fund (ESIF)) provide funding for development and do not provide any funding for physical activity as such.

The study examined an evidence base of nearly 230 projects from all Member States involving sport and physical activity and supported by the Structural Funds, mainly between 2007 and 2013, in order to illustrate the variety and range of actions supported. From this, 33 projects were selected to demonstrate the ways in which physical activity was used as a means of delivering the Funds' objectives.

The study found that sport and physical activity are powerful means of achieving the economic and social objectives of the Structural Funds and now the ESIF. In some areas, sport makes a particularly effective contribution. The financial scale of sports-based projects varies enormously, ranging from several thousand to many millions of euros. There was also considerable variation in the source of funding (different funds). It was noted that sport can work well with other sectors, notably tourism.

The types of sport and related activities that were supported were very varied (team sports, general fitness, walking/cycling and outdoor activities as well as water/winter sports). In addition, less expected activities such as skateboarding, paragliding and diving featured. Many projects, however, involved a wide range of activities or none specifically. Similarly, the project objectives were very varied (e.g., relating to employment, innovation, sport infrastructure and regional strategy, urban regeneration, integration with tourism/cultural and creative industries, health improvement, environment, social cohesion and reconciliation).

The strength of the case for sport can be summarized as follows:

- Sport and physical activity businesses make an important direct contribution to the economy and stimulate other sectors.

- Sport, as well as culture, has a critical role in making Europe's regions more attractive places to invest and work.
- Sport and its facilities have an important place in the development of the physical environment of town and cities.
- Sport is increasingly part of the Experience Economy, important in itself and in interaction with related sectors. Sport makes an important contribution to developing sustainable and high-quality tourism.
- Sport has successfully engaged in broader development strategies at a regional level.
- Major sporting events and their legacy can be used for promotion of locations and products and services and for the testing, development and marketing of a wide range of new technologies.
- Sport science and technology and sport equipment and facilities provide substantial opportunities for innovation and the development of specialised clusters.
- Sport can be a vehicle for many forms of training activity and contributions to learning, skills development and employability.
- Sport has a significant role in addressing major social challenges – health issues and an ageing population, particularly through community-based projects and social innovation.

There is a potential role for Focal Points to talk to colleagues responsible for economic development and to make the case for this type of investment in sport and physical activity-based projects.

A practical guidance document has been developed for those developing sport-based proposals under the ESIF.²¹ A Sport Action Network has been developed to sustain the actions initiated by the project and is seeking members interested in developing ESIF-backed sport or physical fitness projects or in supporting others developing such projects. Anyone interested can contact Arthur Le Gall at KEA (alegall@keanet.eu).

A number of specific recommendations emerged from the study report²², focusing on how this evidence can be disseminated and Member States and sports organizations encouraged to exploit it effectively. The positive examples from the report can usefully be used to illustrate some of the different ways that sport and physical activity projects can effectively be used to achieve European development objectives.

Discussion

There was clarification that debate is currently ongoing about the future direction of the development funds within the EU. This is why there is an opportunity for Focal Points to make the case for sports/physical activity projects to their economic development colleagues.

There are examples of projects to promote walking and cycling as transport, these are sometimes including under the area of tourism.

It has not been possible to determine an actual monetary figure that has been invested in sport/physical activity projects, because the data are not collected in a way to facilitate such estimates.

²¹ Available from: https://ec.europa.eu/sport/news/2017/guidance-using-structural-funds-sport-available-23-eu-languages_en

²² Available from: https://ec.europa.eu/sport/news/20161018_regional-development-structural-funds_en

European surveillance project on physical activity

Paolo Rocha, Portuguese Institute of Sport and Youth, provided an update on the EU Physical Activity and Sport Monitoring System (EUPASMOS) project.

The rationale for the project, explained at the previous meeting, is based on a clear need to address the comparability, validity and reliability of data obtained using different methods regarding participation in physical activity and sport.

Funding for the 36-month project has been obtained from Erasmus+ (399,980 euros), with a start date of 1 January 2018. The project will be coordinated by the Portuguese Institute of Sport and Youth, in close partnership with the National Institute for Public Health and the Environment in the Netherlands, the European Commission and the WHO Regional Office for Europe. There are 10 confirmed EU Member State partners in the project (Cyprus, Denmark, France, Hungary, Italy, Latvia, Netherlands, Portugal, Slovenia and Sweden) and one possible further partner in discussion. A number of external associate advisory partners are also involved (e.g., EC, WHO, the Association for International Sport for All, EuropeActive, European Platform for Sport Innovation, the International Sport and Culture Association, Institute of Sport Science and Sport, Robert Koch Institute), as well as a Scientific Advisory Board.

The project aims to implement an EU Physical Activity and Sport Monitoring System through the development of an integrated and shared methodological process that will provide comparable, valid and reliable physical activity and sport participation data across European Union Member States.

This will support the European Commission, Member States and WHO and other relevant organizations in the design, promotion, implementation and surveillance of effective and adjusted health enhancing physical activity policies and strategies across Europe and governance levels.

The specific objectives are:

1. To establish a monitoring framework to assess sedentary behaviour patterns, physical activity and sport participation in European Union Member States.
2. To compare commonly used questionnaires for physical activity surveillance (e.g., GPAQ, IPAQ, EHIS-PAQ, Eurobarometer and national-specific questionnaires) with each other and with objective accelerometer data in a validation study that will use adjusted representative samples from EU partner countries.
3. To analyse and compare sedentary behaviour patterns and physical activity and sport participation prevalence rates across European Member States based on the results obtained with the validation study.
4. To develop a toolkit to build and reinforce Member State capacity to monitor, analyse and compare sedentary behaviour patterns, physical activity and sport participation prevalence data. It will support Member States to implement and develop the physical activity and sport monitoring framework in their countries.
5. To support the development of the physical activity section of the iNCD database, aligned it with the EU health enhancing physical activity monitoring framework. Sedentary behaviour patterns will also be included in this database.

There are eight project work packages and a timeline has been set out, with five phases. The kick-off meeting is scheduled for 25–26 January in Budapest and a

further four meetings between that and the final dissemination conference scheduled for September 2019 in Lisbon.

Update on the Determinants of Diet and Physical Activity – Knowledge Hub (DEDIPAC-KH)

Dr Ciaran Mac Donncha, University of Limerick, Ireland, presented an update on the *Determinants of diet and physical activity – Knowledge hub* (DEDIPAC-KH) project, in conjunction with Professor Laura Capranica and Dr Giancarlo Condello.

DEDIPAC-KH – a Joint Programming Initiative involving 300 researchers in 68 institutions across 13 countries – aimed to understand the determinants, at both the individual and group levels, regarding dietary, physical activity and sedentary behaviours using a broad multidisciplinary approach, and to translate this knowledge into a more effective promotion of these health behaviours. The focus is on the causes of the causes.

The work of DEDIPAC, particularly the work package on physical activity, was presented to the previous Focal Point Meeting in Toledo and is described in the report of that meeting.²³ A summary of the findings is now available.²⁴

After three years of DEDIPAC there are a number of remaining gaps that need to be closed. There is still a lack of well-designed studies that focus on the causes of the causes, couple with a lack of consistent definitions used for diet and physical activity. It is therefore difficult to evaluate and compare existing evidence and draw conclusions. Measurement of determinants requires significant attention and, after examination of close to 150 data sets, there appears to be limited potential for retrospective harmonization of data sets. Despite progress, therefore, there remains a scarcity of high quality EU-wide data on behaviour and determinants. A further major challenge is to translate research findings into policy, practice and evaluation.

One of the key next steps will be the launch, in April 2018, of a COST Action with the aim of establishing a sustainable network of multidisciplinary stakeholders. This network will aim to facilitate and guide the greater understanding and identification of key determinants of life-course physical activity behaviours and to translate this knowledge through policy and practice into more effective health-promoting societies. This Determinants of Physical Activities Network (DE-PAN), will:

- Use a systems thinking approach linking science, policy and practice within and across European nations.
- Exploit and translate existing eminence, expertise and potentials to achieve and maximise the benefits of an active European society.
- Inform interventions that have a greater chance of working and thus effectively use national and European resource.
- Operationalise and identify the physical activity determinant profile which predicts behaviour disposition across the life course and socio-economic groups.

²³ <http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/publications/2017/report-of-the-sixth-meeting-of-the-european-union-physical-activity-focal-points-network>

²⁴ Available from <https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-017-0609-5>

- Define a European research agenda and associated implementation and harmonization strategy – looking to the future by harmonizing methods and to the past by exploiting existing knowledge and data.

The idea is to involve as many European Member States as possible and the involvement of the Focal Points would be extremely welcome. A more detailed proposal will be disseminated to Focal Points for their consideration.

In addition, campaigning continues for development of a European cohort study of the determinants of risk behaviours (diet, physical activity, sedentary behaviour), a new joint funding action on *Effectiveness of existing policies for lifestyle interventions – Policy Evaluation Network (PEN)* will start in 2018 and funding has been sought for a new project called *Mindful for Kids (Moving, Interacting and ready For yoUr Life for Kids)*. This project would evaluate the impact of a school-based enriched physical activity intervention on the executive function, self-regulation and social and emotional life skills in children aged 7–11 years living within a disadvantaged community. In doing so, the study aims to identify the potential to counteract the negative effects of early life disadvantage, inequality and exclusion through physical activity.

EPHEPA Erasmus+ Project workshops

The EPHEPA project organised a series of workshops for participants to identify the challenges in three particular areas – schools, healthcare settings, surveillance and measurement – and to explore potential solutions.

Physical activity in schools

Feedback from the schools workshop identified a number of challenges related to culture (digital society, lack of infrastructure, car dependency, teacher resistance, parental perceptions, social aspects and competition as a demotivating factor), time pressures and the facts that schools are generally “closed systems”.

Potential solutions include the establishment of a ‘schools on the move’-type approach, as adopted in Finland. Another potentially useful approach is to ensure that physical education and/or physical activities are designed *by* young people and that targets relate to self-assessment/improvement rather than competition. Another suggestion was to consider an extension to the school day or term time, to ensure that there is time for physical activity.

Physical activity in healthcare settings

Major challenges identified by the healthcare settings workshop include the need for education of doctors and other health professionals, poor links between healthcare providers and physical activity providers and the lack of incentives (both for patients and doctors).

Potential solutions include the provision of credits for continuous health professional education relating to health-enhancing physical activity. In order to improve links with physical activity providers, there is potential to better exploit the role of sports clubs. Incentives could be brought into the health system by introducing compensation from health insurers for physical activity, providing doctors with credits for training and incentives for clubs to have new members.

Surveillance and objective measures of physical activity

The workshop on surveillance considered how to measure and report physical activity, specifically in relation to indicators 2, 3 and 10 in the health-enhancing physical activity monitoring framework.

The workshop considered the question of how the data is used for European reporting. It was acknowledged that there can be no major changes to the monitoring framework, but it is important to harmonise this European framework with national systems. During plenary there was discussion of whether it is more appropriate to focus on covering all types of physical activity and all target groups or to consider going down to monitoring at the sub-national level. It was suggested that monitoring should be seen as process which evolves, and that indicators can be added as and when appropriate. It is not feasible for all Member States to consider monitoring at the sub-national level.

The workshop also discussed the challenges of integrating objective measures into the monitoring system – there are challenges relating to definitions, funding implications and comparability of devices.

In order to foster the political will to fund and support the monitoring system it is crucial to highlight to national governments the importance of measuring achievement of the WHO recommendations on physical activity. It is also important to educate national surveillance institutions on key concepts, such as ‘moderate’ or ‘vigorous’ physical activity. It would also be valuable to include the option to report past data to enable longitudinal surveillance.

It was recommended that a full workshop on this topic be considered. A key message to emerge across the different areas is that monitoring and surveillance of health enhancing physical activity remains an evolving process.

Erasmus+ Project: Active Voice

Jacob Schouenborg, International Sport and Culture Association (ISCA), Denmark, presented an overview of the ActiveVoice project, co-funded by Erasmus+.

The project partners are UFOLEP (France), BG Be Active (Bulgaria), V4Sport (Poland), UISP (Italy) and Greenways Social Cooperative (Greece). A number of umbrella groups are also involved as partners (European Cyclists Federation, EPODE, European Physical Education Association, International Association for Sport and Leisure Infrastructure Management, European Healthy Stadia), and ICISA coordinates the project.

The project objective is to build capacity in civil society organizations to engage in active, cross-sector advocacy for the implementation of the EU Physical Activity Guidelines. This is important for strengthening bottom-up promotion of physical activity.

The specific objectives are:

1. To build the knowledge base for active advocacy for the implementation of the EU PA guidelines;
2. To build capacities in participating organisations to engage in active advocacy;

3. To develop and test the validity and quality of the proposed tools and capacities;
4. Widening the impact of the project.

In relation to determining the actual level of progress in implementing the EU PA guidelines, this work is taking place in five selected EU countries in cooperation with the Focal Points.

Panel debate

Jacob Schouenborg facilitated a short discussion with a panel of four experts (Rose-Marie Repond, EUPEA / Federal Institute of Sport; Randy Rzewnicki, European Cyclists' Federation; Mogens Kirkeby, International Sport and Culture Association (ISCA); Herbert Hartmann, German Gymnastics Federation).

Panelists were asked to name the single most effective initiative that could be taken in their country to enhance cross-sectoral collaboration for health enhancing physical activity promotion. Answers included: finding a new, more appealing and more inclusive term for HEPA; Getting schools, clubs and communities to work together; and establishing a budget-based reward system for promoting physical activity and working across sectors. In Germany, a cross-sectoral mechanism has been set up to translate the WHO Physical Activity Strategy for the WHO European Region 2016–2025 into practice on the ground. This includes specific working groups for different target groups (e.g., children/adolescents; adults; older adults) and each is tasked with identifying partners for dissemination, as well as materials, resources and dissemination methods.

In discussion, the importance of engaging political leaders at the highest possible level was reiterated. It is vital to explore different ways of connecting with political leaders to generate that commitment.

If participants have to choose one key stakeholder, it is important to identify the most powerful influencers. There was discussion of how non-State actors could most effectively communicate the rights-based approach to policymakers and officials. Civil society can play an important role by sharing examples of good practice. Civil society organisations themselves often straddle different sectors and policy areas (e.g., sports organisations, cycling organisations), so it is also important to promote cross-sectoral working and health as a priority within civil society. WHO recognises the importance of civil society voices and the role of civil society in implementing the European physical activity strategy.

Messages that combine health with other important areas – e.g., ‘health with tourism’, ‘health with environmental’ – are essential. Other examples include research suggesting the positive impact of physical activity in schools on academic learning and the links between physical activity and psychological or social wellbeing – these are important messages to communicate.

Group discussions

Participants broke into groups to discuss three questions:

1. What is the Focal Points’ assessment of the field of health enhancing physical activity promotion in their country after assessing it against the indicators? Is it consistent, effective, fragmented, etc.?

Feedback from the groups highlighted some positive aspects in current systems. Namely, some degree of collaboration and dialogue between different sectors on promoting physical activity, the advantage of working in a non-conflictual area which has great potential to engage all political players, and positive examples of progress when political leaders are engaged.

The feedback also highlighted some key problems. The fragmented nature of the current systems and the different approaches adopted was mentioned frequently. The need for efficient coordination mechanisms, as well as funding, was underlined.

2. What can the Focal Points contribute to working collaboratively across sectors in their country to promote health enhancing physical activity? How can collective impact be achieved?

Feedback from the groups strongly emphasised the role of the Focal Points in bringing different sectors together to build on the experience of the first monitoring round. The role of the Focal Points could be enhanced by focusing on finding out what the other players (e.g., officials in other departments) want to achieve from the monitoring process. This can help create win-win situations which establish a dialogue and can help multiple sectors.

3. How do Focal Points assess the role of civil society actors (NGOs, grassroots organisations, sports clubs, etc.) in the field of health enhancing physical activity promotion in their country? Do they consider there is adequate public debate and awareness on the need for health enhancing physical activity in their country?

Feedback from the groups underlined that the Focal Points consider civil society very important and the need for differing perspectives is recognised, although a fragmented approach is also a challenge for civil society. There is broad agreement that the level of public discussion is inadequate. There is, in general, poor awareness in some sectors about the importance of physical activity.

Saska Benedicic Tomat, ISCA, thanked participants for their input to the ActiveVoice project, and indicated that Focal Points may receive a further request for information that could be valuable when advocating for physical activity.

Meeting closure

Olivier Fontaine thanked all participants and contributors for their input and the valuable discussion. João Breda thanked the Croatian hosts for their hospitality and the WHO Regional Office staff for the organisation, and added his thanks to the Focal Points and the non-State actors for the useful and collegial discussion. Finally, on behalf of WHO, he thanked the European Commission for the ongoing collaboration and drew the meeting to a close.

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