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Road Map for a Strategy on Health-Enhancing Physical Activity

Report of a WHO meeting
Erlangen, Germany, 25–26 March 2014

ABSTRACT

Country representatives and experts on physical activity from 11 Member States of the WHO European Region, together with staff members from WHO and the European Commission, met in Erlangen, Germany, on 25–26 March 2014 to discuss the main elements in and a road map for the development of a European physical activity strategy mandated by the Vienna Declaration in July 2013. The group also discussed the evidence base, potential cooperation with other international organizations and the relation of the strategy with existing WHO frameworks, strategies and action plans, and collected experiences and good practice from Member States that might inform the development of the strategy.

Keywords

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CONTENTS

	<i>Page</i>
Abbreviations	iv
Introduction	1
Health 2020 and mandate for the physical activity strategy	1
Recent developments in health-enhancing physical activity in Europe	2
Global developments relevant to the context in the European Region	2
Guiding principles and objectives of the physical activity strategy	3
Drafting and consultation for the physical activity strategy	3
Joint work with the European Commission	3
Country experiences relevant to the process	4
The scientific evidence	7
Conclusions, recommendations and next steps	8
References	8
Programme	12
Transcript of brainstorming maps	13
Timeline for the development of the strategy	22
List of participants	23

Abbreviations

EU	European Union
HEPA	European network for the promotion of health-enhancing physical activity
ISS	Institute of Sport Science and Sport, Friedrich-Alexander University Erlangen-Nürnberg

Introduction

The WHO European Region Informal Meeting on a Road Map for a Strategy on Health-Enhancing Physical Activity was held in Erlangen, Germany on 25–26 March 2014. It was hosted by the Institute of Sport Science and Sport (ISS), Friedrich-Alexander University Erlangen-Nürnberg. Participants included representatives of several Member States and specialized agencies of the United Nations system, European experts from the field of physical activity and health and staff members from the European Commission and WHO. The meeting was opened by the host, Professor Alfred Rütten, Director of the ISS. (The programme is in Annex 1 and the list of participants in Annex 4.)

In his opening address, Dr João Breda, Programme Manager, Nutrition, Physical Activity and Obesity Programme, WHO Regional Office for Europe, said that the planned physical activity strategy is a milestone for the WHO European Region, and emphasized the strong and clear mandate provided for the development of the strategy by the Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020 (1) and the 63rd session of the Regional Committee for Europe, where a large majority of Member States endorsed the Declaration (2).

Dr Ute Winkler, Head of Division, Federal Ministry of Health, Germany, welcomed participants and emphasized the need to develop a strong strategy that pursues a multisectoral approach, balances central concepts such as physical activity and sport, and takes account of different target groups, cultures and Member State specificities.

Professor Alfred Rütten was elected chairperson and Dr Peter Gelius, Research Associate, ISS was elected rapporteur.

Health 2020 and mandate for the physical activity strategy

In addition to the Vienna Declaration, the new WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (3) and Health 2020. A European policy framework and strategy for the 21st century framework (4) will serve as reference policy frameworks and sources of inspiration for the document, while the recently published Country profiles on nutrition, physical activity and obesity in the 53 European Region Member States highlight important problems concerning physical activity policy and monitoring. In half of the countries investigated, little effort is being made and there are no national guidelines for the promotion of physical activity. There is also a dearth of comparable data on physical activity, and it is a priority to bring the evidence base on physical activity to the same level as that for nutrition. On the other hand, some countries have made important strides in developing comprehensive and intersectoral policies for physical activity. Their experience represents a valuable resource for the development of the new mandated strategy. As a start, WHO will compile an update of physical activity levels and physical activity policies in Member States.

While the timeline for the development of the strategy is short, the steps in the process are clear: a draft will be submitted to governing bodies in the autumn of 2014, followed by a close-to-final version in March 2015. Before that, the draft document will go through a consultation process at the technical level in Member States (including sectors other than health), civil society and international organizations such as the European Union (EU) and at the political level. The final draft will be discussed by the Standing Committee of the Regional Committee in May 2015 and

then proposed for adoption at the sixty-fifth session of the WHO Regional Committee for Europe in September 2015.

The consultation process might also draw on the European network for the promotion of health-enhancing physical activity (HEPA) and on partners from other sectors. A policy map compiling relevant conceptual and policy documents might be helpful to inform the development of the strategy.

The Vienna Declaration calls for a physical activity strategy as opposed to a food and nutrition action plan. This implies that a shorter (10 pages maximum) and more high-level strategic document is called for, compared to a more operation-oriented action plan.

Recent developments in health-enhancing physical activity in Europe

Following the HEPA Europe expert meeting in Zurich, Switzerland, in November 2013 on integrating physical activity into health care settings, a Zurich Statement dealing with the issue was to be published. The HEPA Europe conference in Zurich in August 2014 could offer an opportunity for ad hoc initial consultations with stakeholders on the physical activity strategy.

Participants discussed issues of increasing coverage of physical activity in health care curricula and of better integration of physical activity-related professions into clinical settings, but agreed that the physical activity strategy should remain on a more general level. At the same time, while encouraging cross-sectoral efforts involving transport, urban design, the environment and education, the strategy should provide guidance to Member States in the core field of health.

Global developments relevant to the context in the European Region

Three important global developments should be considered in the design of the physical activity strategy.

First, WHO headquarters recently calculated comparable country estimates for the prevalence of insufficient physical activity, which revealed high levels of inactivity in the European Region. At the same time, it became clear that data are highly inconsistent owing to a large diversity of monitoring systems using different cut-off points and domains of physical activity. The strategy should contain some reference to the kind of monitoring data on physical activity to be collected by Member States, thus supporting efforts to achieve greater harmonization in approaches, higher quality and broader coverage of physical activity monitoring.

Second, the strategy should make reference to the Global Recommendations on Physical Activity for Health, published by WHO headquarters in 2010 (6). The toolkit for the implementation of the Recommendations, which is currently under development, is also relevant.

Third, WHO's Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 includes a target and two indicators on the reduction of physical inactivity that could inform the physical activity strategy (3). It also contains process indicators related to physical activity policy.

Setting targets for physical activity levels may increase social inequalities, as Member States might focus on groups that are easy to activate instead of those that are difficult to reach. A separate indicator on sedentary behaviour might be included in potential monitoring systems for the physical activity strategy in order to account for recent evidence concerning the adverse health effects of sitting. The strategy should include case examples of ground-breaking developments in some Member States to inspire other countries.

Guiding principles and objectives of the physical activity strategy

Initial efforts by the ISS to identify relevant elements for the strategy had included problem definition, goal-setting, instrument choice, actors, responsibilities, timelines, resources and monitoring. They had also aimed to classify and map relevant policy documents to inform the development process, including (but not limited to) WHO charters, declarations, strategies, action plans, implementation guidelines and framework documents.

As a basic political document, the strategy should distinguish between goals for physical activity levels among individuals or populations and goals for physical activity policy. Regarding implementation, the focus should be on policy instruments, including legislation, regulation, taxation, incentives, funding mechanisms, organization and information. An initial comparison of policy instruments used in the fields of tobacco control, alcohol, nutrition and physical activity has revealed the specificities of different policy sectors but also highlighted instruments that may be underused in physical activity policy, such as fiscal measures.

Participants agreed that the policy-mapping exercise should be continued and suggested additional documents for inclusion. More information should be collected on the potential effects of fiscal policy instruments on physical activity levels.

It was important to define a vision statement for the strategy so as to inspire and guide the development process by defining a target state for physical activity in the European Region. The Regional Office should be asked to propose a wording for the vision and circulate it to the group for comments and further discussion.

Drafting and consultation for the physical activity strategy

The meeting continued with collective work on a comprehensive map of relevant aspects of the strategy, including existing documents, the vision, guiding principles, goals and objectives, policy instruments, consultation processes and timelines as well as related processes in other organizations or networks to be taken into account.

The results of the discussion were recorded using metaplan paper and handwritten cards (for a complete transcript of the results, see Annex 2). Participants agreed that the map should be circulated and that further documents, contents and related processes should be added. In addition, summaries of evidence on physical activity and health, interventions and policy instruments should be prepared to inform the technical consultation process with Member States.

Joint work with the European Commission

Recent EU developments concerning physical activity were presented and the potential for mutual support between WHO and the EU was outlined. Past milestones include the 2007 White Paper on

Sport (7), the 2008 EU Physical Activity Guidelines (8), the 2011 Council Communication on the European dimension in sport (9), and the 2013 Council Recommendation on promoting health-enhancing physical activity across sectors (10). The Guidelines and Council Recommendation have a specific focus on policy rather than on individual physical activity.

Notable current activities include the establishment of an European Union focal point network for physical activity, which will be organized by the Regional Office, a forthcoming call for tenders to study the implementation of physical activity policies, and the Erasmus+ programme, which may also serve as a funding scheme for activities related to the development, implementation and monitoring of the physical activity strategy.

Results from the most recent Eurobarometer on Sport and Physical Activity indicate that less than half of Europeans engage in some form of vigorous physical activity at least once a week, and that sports activity has decreased slightly since 2010 (11). At the same time, there has been an increase in informal sports-related activity and a decrease in sports club membership.

Participants were concerned about the compatibility of EU and WHO data, in particular the newly-approved European Health Interview Survey which has been developed by Eurostat to collect information on health status, health care use, health determinants and socioeconomic background variables, and which includes questions for assessing physical activity in the EU (12). The monitoring framework for the EU Physical Activity Guidelines could potentially be useful for monitoring the implementation of the physical activity strategy.

Country experiences relevant to the process

Representatives of and experts from Member States summarized experiences from their countries that might be relevant for the development of the physical activity strategy. Reports showed that several countries already have action plans for physical activity while others are developing them, but also that existing plans had to be modified in some countries following interim evaluation. Coordination between sectors and political levels is important in many countries but is not always straightforward. Recently, sedentary behaviour has also been identified as an action area in its own right in several countries.

Italy does not yet have a national plan for physical activity, but the Italian Wellness Alliance and the Italian Obesity Society have recently published an e-book to inform policy-makers on how to enhance physical activity and reduce obesity and overweight (13). The Italian National Olympic Committee runs several projects to fund physical activity classes in primary schools, while sports promotion societies organize local campaigns to promote sport. In February 2014, the Epode Umbria Region Obesity Intervention Study project was launched in Umbria (14,15). This is a four-year community based programme to reduce the burden of childhood obesity in the region by promoting health-enhancing physical activity and healthy lifestyles. At national level, the Minister of Health has initiated the Guadagnare Salute (Gaining Health) campaign to facilitate healthy choices.

Each of the four parts of the **United Kingdom** has its own physical activity strategy. Wales has had a strategy for the last five years that includes a set of targets to be achieved by 2020 and is accompanied by a comprehensive action plan (16). A multi-agency advisory group was established, chaired jointly by the Minister for Sport and the Chief Medical Officer, to monitor progress. An interim evaluation after three years found progress to be limited. A new executive

group was, therefore, formed which also engaged with other ministers including those for health and social service, education and communities. This group approached Sport Wales and Public Health Wales to develop a joint delivery plan for the strategy. However, the executive group is comprised of high-level officials who are far removed from the operational level, making it difficult for them to assess actual progress in the area. In addition, while the sport and public health sectors are key actors in the promotion of physical activity, there is a risk that other important stakeholders in education, transport and environment may become marginalized. Promising examples of good practice include a new programme to establish teams of Young Ambassadors for sports in schools to promote physical activity among their peers (17), and the development of guidelines and a video promoting physical literacy.

Scotland recently introduced a report card to help governments, academics, teachers and funding agencies to assess the overall level of physical activity in children as well as important determinants for physical activity, such as family and peer influence, the built environment and policy (18).

Slovenia has joined the 2014 EU initiative to tackle childhood obesity, and also has a national action plan with seven different action areas. Two important aspects are its clear targets for action in the health system and its elaborate communication strategy. In addition, the PANGeA project that deals with physical activity in older people has confirmed that physical activity slows down the loss of physical functions (20). Slovenia has also used SLOFIT for more than 40 years, an extensive system to monitor child development which was also used to develop the current physical activity initiatives (21,22).

Germany has had an action plan for nutrition and physical activity since 2008 (23). It will be in effect until 2020 and is jointly run by the Ministry of Food and Agriculture and the Ministry of Health. A mid-term review is in preparation and is likely to be completed by the end of the year. The Ministry of Health is focusing on aspects of the plan related to physical activity. Two years ago, it published national recommendations for physical activity at the individual level (24). It is collaborating closely with sports organizations such as the German Olympic Sports Federation, as well as with the Ministry of Internal Affairs, which is in charge of competitive and elite sports.

National physical activity policy has undergone an interesting and important development in the past 20 years. While overlapping competences of the Federal Ministries of the Interior and of Health and the Ministries of Cultural Affairs of the German *Länder* made the issue difficult to deal with in the 1990s, the Federal Ministry of Health is now playing a far more active role. In addition, the Ministry is leading an effort to develop new physical activity guidelines. As well as recommendations for activity levels geared to individuals, these will also include guidance for policy-makers on how to promote physical activity.

Physical activity policy in **Switzerland** is in an intermediate phase at national level. The national sports policy developed in 2000 was abandoned by the Ministry of Sport, but an attempt has been announced to redefine the role of the Ministry in the promotion of sport for all. A national programme on diet, physical activity and health was established in 2008 (without measurable indicators) and there is an updated framework document on physical activity. There seems to be a growing interest in the Ministry of Health to take a more active role, and the development of a national strategy for noncommunicable diseases has been launched. At the same time, there are

many interesting initiatives at cantonal level, such as programmes to direct revenues from CO₂ taxes towards improving the infrastructure for walking and cycling.

Important landmarks in the promotion of physical activity in **Norway** in the past 15 years include the national physical activity recommendations from 2000 (25) and the national action plan on physical activity 2005–2009 (26). The action plan was notable for its intersectoral approach that involved eight different ministries. However, evaluation of the plan in 2010 showed that horizontal collaboration between the ministries was difficult and that many measures outlined in the plan were actually old measures that had existed prior to its development (27). A follow-up plan was originally intended but has not yet materialized. More recent initiatives include a revised cycling strategy (28) and a new walking strategy (29), as well as a national noncommunicable diseases strategy (30) and an outdoor recreation action plan (31) passed in 2013. In 2014, the Nordic nutrition recommendations 2012 were published (32). The new Norwegian recommendations for physical activity by individuals, published on 5 March 2014, include a new focus on sedentary behaviour (33). Sitting and sedentary behaviour are important topics for future initiatives with implications beyond the health sector, but the evidence base is still comparatively weak.

In **France**, physical activity has been a major topic of the national nutrition and health programme which has been running since 2001 (34). This programme, which is well-known to the French public, has included information campaigns about physical activity, dissemination of booklets, calls for local projects and the establishment of an active cities network. The current version of the programme runs from 2011 to 2015 and includes two topics on physical activity: promotion of physical activity for all age groups and promotion of physical activity for people with chronic diseases. Promotion of physical activity has also been a prominent goal of the 2004 public health law (35), due to be revised in 2014. In 2008, when sports were part of its portfolio, the Ministry of Health issued proposals for a national physical activity plan. It was not implemented as such but many of the proposals were taken into consideration in various public health programmes, such as the nutrition programme. Recently, a plan for sports, health and wellbeing (35) was launched by the Ministry of Sports and the Ministry of Health. Its objectives for physical activity and sports promotion complement those of the national nutrition and health programme. There is only limited funding for implementation.

Malta has no separate physical activity action plan but the topic has been incorporated into other policies, including that for noncommunicable diseases and the healthy life strategy. The government is focusing on enabling healthy environments and population-based approaches, including an afterschool programme for physical activity initiated by the Ministry of Health and Sports. Public-private partnerships were initiated to make gyms more affordable for employees of private companies. Another example of good practice is a recent initiative that involves people's pets, as obese people often also have obese pets. The current traffic situation in Malta makes public or human-powered transport problematic. The withdrawal of a large contractor for public transport from the country left behind chaotic conditions in the public transport sector, undermining people's trust in modes of transport other than private cars.

The **Netherlands** is well-organized in the area of physical activity. Efforts are led by the National Institute of Sport and Physical Activity, which disseminates information on-line and provides assistance to local communities to implement measures to promote physical activity. The Public Health Agency monitors physical activity. These institutions are, however, increasingly facing demands from the government to reduce costs, and the government is reluctant to join European efforts for the development of physical activity policy. The Ministry

of Health, whose portfolio includes sport, is currently held by the Liberal Party, which views physical activity as citizens' individual responsibility.

Portugal does not have a culture of physical activity and consequently, physical activity levels are low. Physical activity is one of nine priority areas in the government's nutrition policy. There is a National Institute of Sport and a National Council that includes representatives of all ministries, whose programme is focused on sport rather than on physical activity. Likewise, the school sports division of the Ministry of Education deals with sports rather than with physical activity. In 2013, there was an expert meeting to initiate the development of a physical activity action plan, which is to be finalized by the end of 2014. Other areas for action include the need to make recommendations for physical activity and to increase health professionals' awareness of the benefits of physical activity through, for example, better integration of the topic into health curricula.

In **Finland**, intensive cross-sectoral cooperation has been established on action to promote health-enhancing physical activity, which will be intensified in the next few years. Two government resolutions on policies to develop health-enhancing physical activity (in 2002 and 2008) have served as a good basis for national action to promote physical activity. In 2013, a new national strategy for promoting physical activity was prepared (36). The strategy envisions that, until 2020, Finns will pursue more physical activity and sit less during the course of their lives. Four guidelines were developed to promote physical activity that enhances people's health and wellbeing: reducing sitting in daily life over the entire life course; increasing physical activity during the entire life course; highlighting physical activity as a vital element in enhancing health and wellbeing, prevention and treatment of diseases and in rehabilitation; and strengthening the status of physical activity in Finnish society. The strategy suggests concrete action for different stakeholders. Detailed measures are described in a separate action plan. The strategy also contains a description of the resources and monitoring of health-enhancing physical activity and exercise.

The scientific evidence

A physical activity strategy could be employed as an instrument to direct government funding for research in physical activity towards certain fields. It is important, however, to clarify which evidence is really needed for the development of the strategy and to establish a common understanding as to the definition of evidence.

There are three basic types of evidence: (i) evidence on the effects of physical activity on health, (ii) the effects of interventions on behaviour in relation to physical activity, and (iii) the effects of policy-making on the development and application of interventions.

There is a large body of evidence concerning the first type of evidence, although some areas remain under-researched. Less is known about the second type: for example, about the cost-effectiveness of interventions and about their effects on long-term changes in behaviour. As regards the third type of evidence, there is a dearth of research in many areas, including on the often stipulated policy goals such as intersectorality, on the successful implementation of evidence-based programmes on a larger scale, on the impact of different actors on policy-making, on policy-making processes and on successful ways to approach different stakeholders and communicate with them. The ISS could prepare a concept for a scoping review on the literature available for all three types of evidence to inform the development of the strategy.

Conclusions, recommendations and next steps

The timeline for the further development process is in Annex 3. The immediate next step was for the Regional Office to circulate an initial draft strategy to the group by the end of May, before the next meeting of the group scheduled to take place in Copenhagen, Denmark, in June 2014.

The group agreed on a list of tasks for the further development process, including the following.

- Research to inform strategy development:
 - mapping of relevant policy and conceptual documents should be completed;
 - country snapshots showing physical activity levels and policies in Member States should be updated;
 - further research should be carried out and guidance developed for Member States on the promotion of physical activity in health care settings;
 - summaries should be prepared of evidence on different types of policy instrument;
 - examples of good practice for physical activity policy from Member States should be collected to serve as examples in the strategy;
 - a scoping review should be undertaken of literature available on the three types of evidence related to physical activity;
 - existing tools that could support the implementation of the strategy should be identified.
- Cooperation and funding:
 - potential synergies between this process and the work of the European Union focal points network should be checked;
 - the potential applicability of the EU monitoring framework for the physical activity strategy should be examined;
 - the potential resources for the strategy from the EU's Erasmus+ funding scheme should be investigated.

To avoid confusion with the drafting group, which will consist of a group of Member States involved in the strategy development process, the group of country representatives and experts present at this meeting will henceforth be called the working group. Participants agreed that representatives or experts from additional Member States should be invited to join the group, for example from the Russian Federation and Turkey.

After the conclusion of the meeting, some participants remained to work on the brainstorming map. The results of this informal meeting are included in the representation of the map in Annex 2.

References

1. Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/__data/assets/pdf_file/0005/193253/CONSENSUS-Vienna-Declaration-5-July-2013.pdf, accessed 27 August 2014).

2. Resolution: Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health. Copenhagen: WHO Regional Office for Europe; 2013 (EUR/RC63/R4, http://aesan.msssi.gob.es/AESAN/docs/docs/notas_prensa/resolucion_estambul.pdf, accessed 27 August 2014).
3. Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf, accessed 27 August 2014).
4. Health 2020. A European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf, accessed 27 August 2014).
5. Country profiles on nutrition, physical activity and obesity in the 53 WHO European Region Member States. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/__data/assets/pdf_file/0004/243337/Summary-document-53-MS-country-profile.pdf?ua=1, accessed 27 August 2014).
6. Global recommendations on physical activity for health. Geneva: World Health Organization; 2010 (http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf, accessed 27 August 2014).
7. White Paper on Sport. Brussels: European Commission; 2007 (COM(2007) 391 final) (<http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52007DC0391&from=EN>, accessed 27 August 2014).
8. EU Physical Activity Guidelines. Recommended Policy Actions in Support of Health-Enhancing Physical Activity. Brussels: European Commission; 2008 (http://ec.europa.eu/sport/library/policy_documents/eu-physical-activity-guidelines-2008_en.pdf, accessed 27 August 2014).
9. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Developing the European Dimension in Sport. Brussels: European Commission; 2011 (COM(2011) 12 final; <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2011:0012:FIN:EN:PDF>, accessed 27 August 2014.)
10. Council Recommendation on promoting health-enhancing physical activity across sectors. Official Journal of the European Union 2013;C 354/1–5 (<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2013:354:0001:0005:EN:PDF>, accessed 27 August 2014).
11. Eurobarometer on sport [website]. Brussels: European Commission; 2014 (http://europa.eu/rapid/press-release_MEMO-14-207_en.htm, accessed 27 August 2014).
12. European Health Interview Survey (EHIS) [website]. Brussels: European Commission; 2014 (http://epp.eurostat.ec.europa.eu/portal/page/portal/microdata/european_health_interview_survey, accessed 27 April 2014).
13. De Feo P, Sbraccia P, editors. Strategies for health enhancing physical activity (HEPA) promotion to prevent obesity and type 2 diabetes in Italy. Perugia: CoreBook; 2014 ([http://ncdalliance.org/sites/default/files/rfiles/STRATEGIES%20FOR%20HEALTH%20ENHANCING%20PHYSICAL%20ACTIVITY%20\(HEPA\)%20PROMOTION%20TO%20PREVENT%20OBESITY%20AND%20TYPE%20DIABETES%20IN%20ITALY.pdf](http://ncdalliance.org/sites/default/files/rfiles/STRATEGIES%20FOR%20HEALTH%20ENHANCING%20PHYSICAL%20ACTIVITY%20(HEPA)%20PROMOTION%20TO%20PREVENT%20OBESITY%20AND%20TYPE%20DIABETES%20IN%20ITALY.pdf), accessed 27 August 2014).
14. EPODE International Network. EUROBIS [website]. Perugia: University of Perugia; 2014 (<http://www.epode-international-network.com/programmes/epode-umbria-region-obesity-intervention-study>, accessed 27 August 2014).
15. EPODE Umbria Region Obesity Intervention Study [website]. Perugia: EPODE Umbria Region Obesity Intervention Study; 2014 (<http://www.eurobis.it>, accessed 27 August 2014).

16. Creating an Active Wales. Cardiff: Welsh Assembly Government, Food and Physical Activity Branch; 2009 (<http://www.sportwales.org.uk/media/144469/creating%20an%20active%20wales.pdf>, accessed 27 August 2014).
17. Young Ambassadors Wales [website]. Cardiff: Sport Wales; 2014 (<http://www.sportwales.org.uk/community-sport/education/young-ambassadors.aspx>, accessed 27 August 2014).
18. Active Healthy Kids Scotland [website]. Glasgow: Scottish Universities Insight Institute; 2014 (<http://www.activehealthykidsscotland.co.uk/>, accessed 27 August 2014).
19. Public Health (28-02-2014) [website]. Brussels: European Commission, Directorate-General for Health & Consumers; 2014 (http://ec.europa.eu/dgs/health_consumer/dyna/enews/enews.cfm?al_id=1458, accessed 27 August 2014).
20. PANGeA: Physical Activity and Nutrition for Quality Ageing (2007–2013) [website]. Koper: University of Primorska, Science and Research Centre, Institute for Kinesiology Research; 2011 (<http://csg.zrs.upr.si/en/Institutes/Institute+for+Kinesiology+Research/Projects>, accessed 27 August 2014).
21. Kovač M, Jurak G, Leskošek B. The prevalence of excess weight and obesity in Slovenian children and adolescents from 1991 to 2011. *Anthropological Notebooks* 18(1):91–103.
22. Športno vzgojni karton – Nacionalni program za spremljanje telesnega in gibalnega razvoja otrok in mladine [Physical education card – National programme for monitoring physical and motor development of children and youth] [website]. Ljubljana, University of Ljubljana, Faculty of Sport, 2014 (https://svkarton.si/kaj_je_svk.php, accessed 6 November 2014).
23. IN FORM: German national initiative to promote healthy diets and physical activity. Berlin: Federal Ministry of Food, Agriculture and Consumer Protection and Federal Ministry of Health; 2013 (https://www.in-form.de/nc/profiportal/in-form-presse/medien/nationaler-aktionsplan.html?ansicht=puebojoc&tx_drblob_pi1%5BdownloadUId%5D=180, accessed 27 August 2014).
24. Bewegungsförderung als notwendiger Bestandteil in Prävention und Gesundheitsförderung. Berlin: Federal Ministry of Health; 2011 (https://www.in-form.de/nc/buergerportal/in-form-erleben/publikationen/in-form-flyer-und-broschueren.html?tx_drblob_pi1%5BdownloadUId%5D=66, accessed 27 August 2014).
25. Fysisk aktivitet og helse – Anbefalinger [Physical activity and health – recommendations] [website]. Oslo: Ministry of Health; 2000 (<http://www.helsedirektoratet.no/publikasjoner/fysisk-aktivitet-og-helse-anbefalinger/Sider/default.aspx>, accessed 27 August 2014).
26. Working together for physical activity. The action plan on physical activity 2005–2009. Oslo: Ministry of Health and Care Services; 2005 (http://www.regjeringen.no/upload/kilde/hod/red/2006/0002/ddd/pdfv/269037-hod_kortversjon_engelsk.pdf, accessed 27 August 2014).
27. Samspill uten retning og midler? Hvem skal aktivere hvem? Evaluering av Handlingsplan for fysisk aktivitet 2005–2009 [Interacting with no direction and means? Who should enable whom? Evaluation of the Action Plan on Physical Activity 2005–2009]. Oslo: Vista Analyse; 2009 (http://vista-analyse.no/site/assets/files/6102/samspill_uten_retni_251699a.pdf, accessed 27 August 2014).
28. Espeland M, Strand Amundsen K. Nasjonal sykkelstrategi – Sats på sykkel! [National cycling strategy 2014–2023]. Oslo: Statens Vegvesen, Vegdirektoratet [Norwegian Public Roads Administration, Roads Directorate]; 2012 (Report No. 7; http://www.vegvesen.no/Fag/Publikasjoner/Publikasjoner/VD+rapport/_attachment/317385?_ts=13606976d68, accessed 27 August 2014).
29. Berge G, Haug E, Marshall L. Nasjonal gåstrategi strategi for å fremme gåing som transportform og hverdagsaktivitet [National walking strategy]. Statens vegvesen [Norwegian Public Roads Administration]; 2012 (Report No. 87; <http://www.vegvesen>).

- no/_attachment/528926/binary/851213?fast_title=Nasjonal+g%C3%A5strategi.pdf, accessed 14 May 2014).
30. NCD-strategi 2013–2017 for forebygging, diagnostisering, behandling og rehabilitering av fire ikke-smittsomme folkesykdommer; hjerte- og karsykdommer, diabetes, kols og kreft [NCD strategy 2013–2017 for the prevention, diagnosis, treatment and rehabilitation of four noncommunicable diseases; cardiovascular diseases, diabetes, chronic obstructive pulmonary disorders and cancer]. Oslo: Helse- og omsorgsdepartementet [Ministry of Health and Care Services]; 2013 (http://www.regjeringen.no/pages/38449517/ncd_strategi_060913.pdf, accessed 27 August 2014).
 31. Nasjonal strategi for et aktivt friluftsliv. En satsing på friluftsliv i hverdagen; 2014–2020 [National strategy for outdoor living. A focus on outdoor activities in everyday life; 2014–2020]. Oslo: Miljøverndepartementet [Department of the Environment]; 2013 (<http://www.regjeringen.no/pages/38438580/T-1535.pdf>, accessed 27 August 2014).
 32. Nordic Nutrition Recommendations 2012. Integrating nutrition and physical activity. Copenhagen: Nordic Council of Ministers; 2014 (<http://dx.doi.org/10.6027/Nord2014-002>, accessed 27 August 2014).
 33. Anbefalinger om kosthold, ernæring og fysisk aktivitet [Recommendations on diet, nutrition and physical activity]. Oslo: Helsedirektoratet [Ministry of Health]; 2014 (<http://helsedirektoratet.no/publikasjoner/anbefalinger-om-kosthold-ertering-og-fysisk-aktivitet/Publikasjoner/anbefalinger-om-kosthold-ertering-og-fysisk-aktivitet.pdf>, accessed 27 August 2014).
 34. Mangerbouger. Programme national nutrition santé [website]. Saint-Denis Cedex: Institut national de prévention et d'éducation pour la santé; 2014 (<http://www.mangerbouger.fr>, accessed 27 August 2014).
 35. Ministre des Affaires sociales, de la Santé et des Droits des femmes [website]. Paris: Ministre des Affaires sociales, de la Santé et des Droits des femmes; 2014 (<http://www.sante.gouv.fr>, accessed 27 August 2014).
 36. On the move. National strategy for physical activity promoting health and wellbeing 2020. Helsinki: Ministry of Social Affairs and Health; 2013:14 (http://www.stm.fi/c/document_library/get_file?folderId=6511564&name=DLFE-27873.pdf, accessed 27 August 2014).

Annex 1

PROGRAMME

Tuesday, 25 March 2014

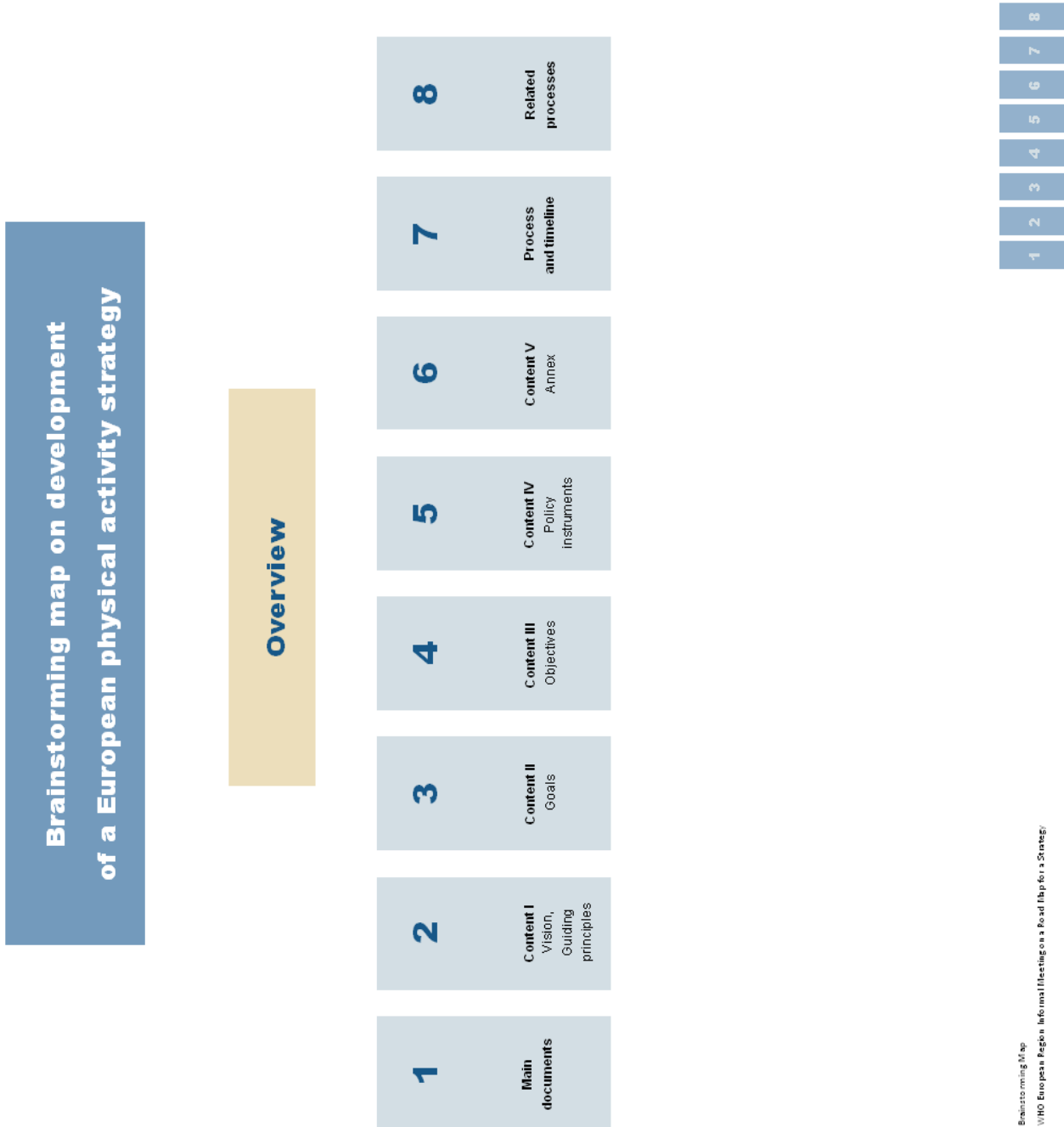
- 09.00 – 09.30 Opening and welcome speeches
- Alfred Rütten, Institute of Sport Science and Sport, Germany
 - João Breda, WHO Regional Office for Europe
 - Ute Winkler, Federal Ministry of Health, Germany
- 09.30 – 09.40 Introduction, nomination of chairperson and rapporteur
- 09.40 – 10.10 Health 2020 and mandate for the physical activity strategy
- João Breda, WHO Regional Office for Europe
- 10.10 – 10.30 Towards a Vision and a Mission statement for the Physical Activity strategy
- Discussion (all)
- 11.00 – 11.30 Recent developments in health-enhancing physical activity in Europe
- HEPA Europe, WHO Meeting on physical activity in primary care and other (all)
- 11.30 – 11.50 Global developments relevant to the European Region Context
- Presentation by Regina Guthold, WHO headquarters
- 11.50 – 13.00 Guiding principles and objectives of the Physical Activity strategy
- Input (Alfred Rütten and Peter Gelius, ISS)
 - Discussion (all)
- 14.00 – 15.15 Process of drafting and consultation for the physical activity strategy
- Discussion (all)
- 15.45 – 16.45 Joint work with international organizations – European Commission and links with the Council Recommendations on health-enhancing physical activity
- Input Jakob Kornbeck (European Commission)
 - Discussion (all)
- 16.45 – 17.30 Role of civil society, non-state actors and other sectors
- Discussion (all)

Wednesday, 26 March 2014

- 09.00 – 10.30 Country experiences relevant to the process
- Discussion (all)
- 11.00 – 12.30 What does the scientific evidence tells us?
- Input
 - Discussion (all)
- 13.30 – 14.15 Interaction with concurrent WHO European Region strategies and action plans
- Discussion (all)
- 14.15 – 15.15 Conclusion, recommendations and next steps

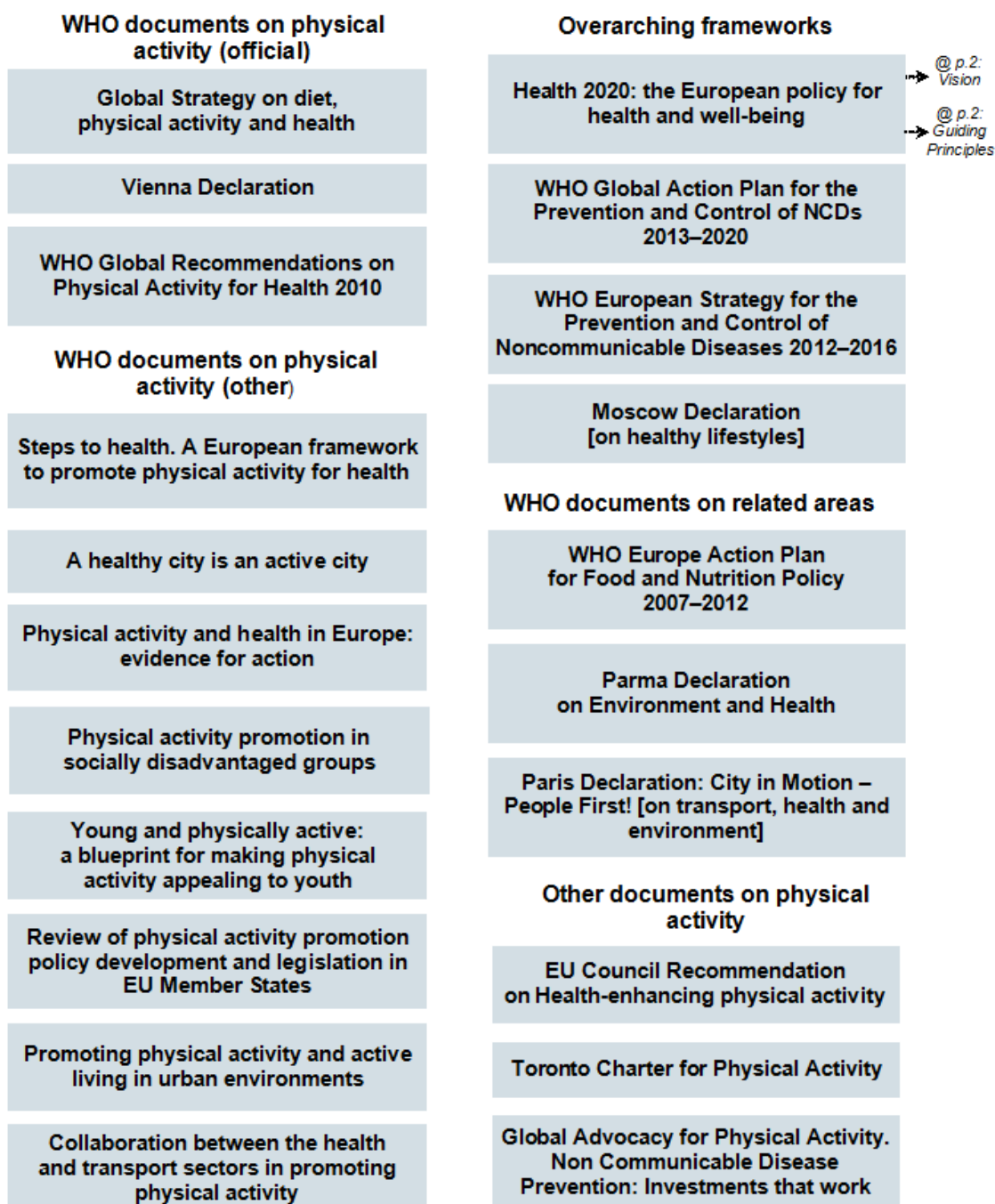
Annex 2

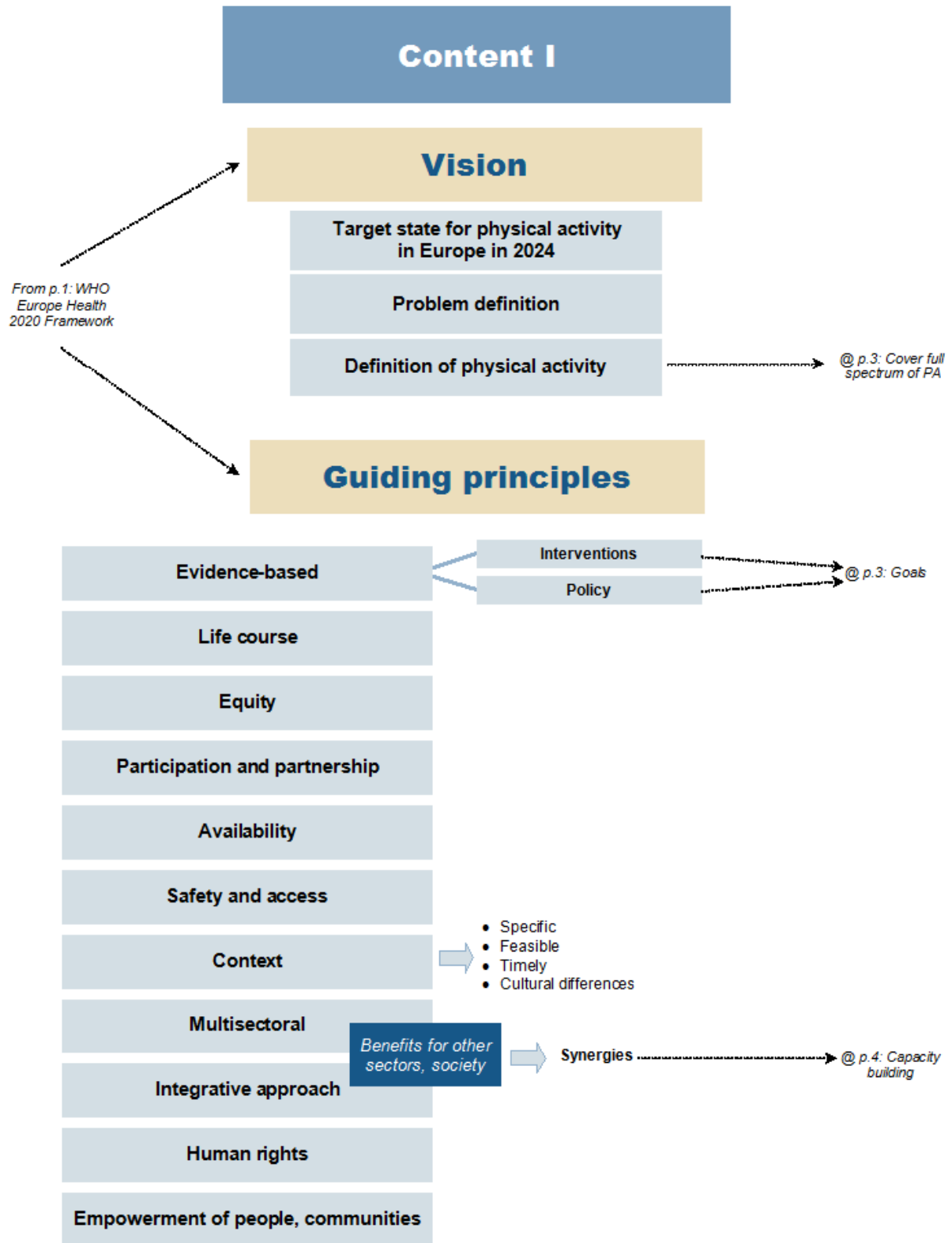
TRANSCRIPT OF BRAINSTORMING MAPS

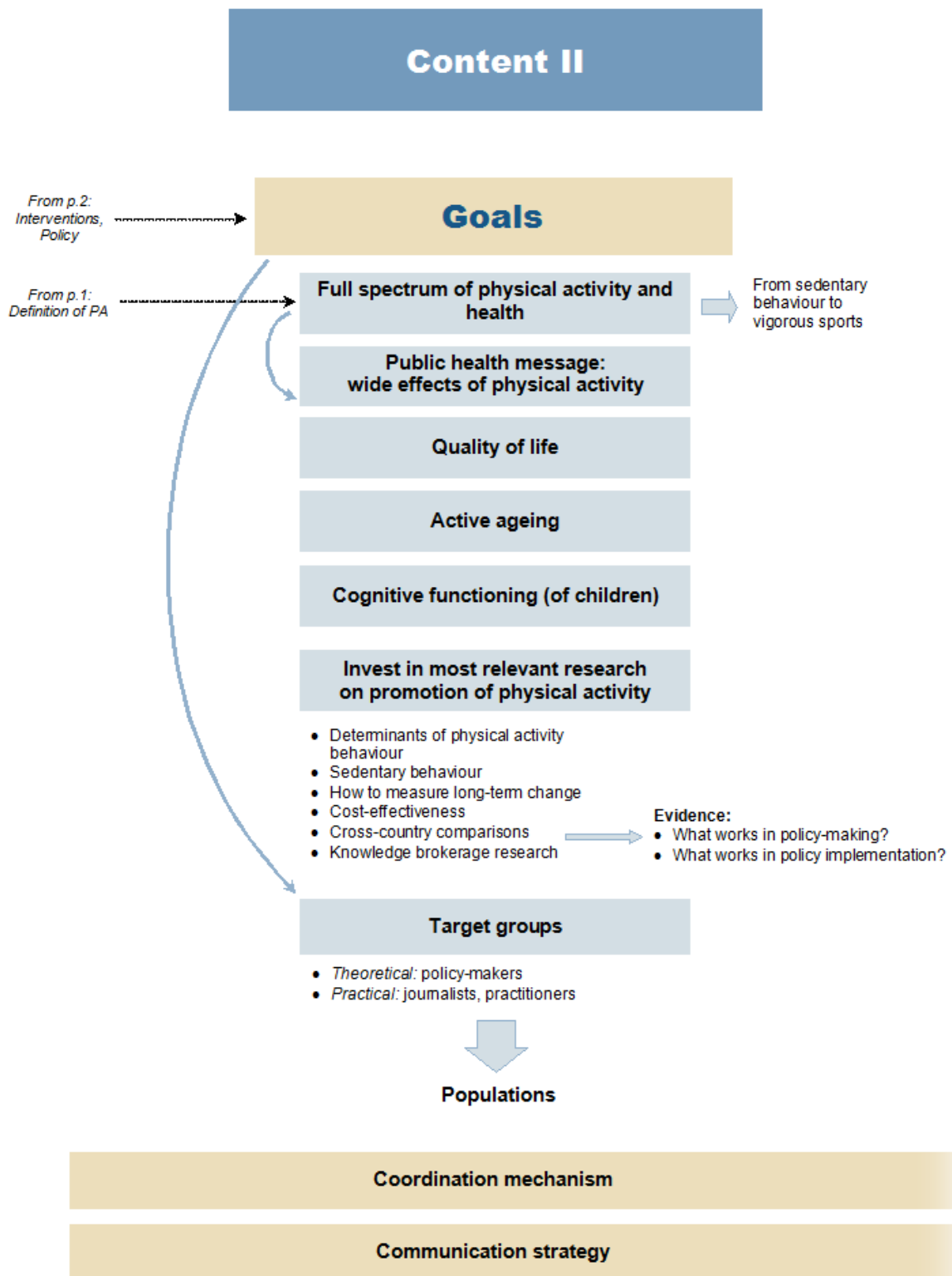


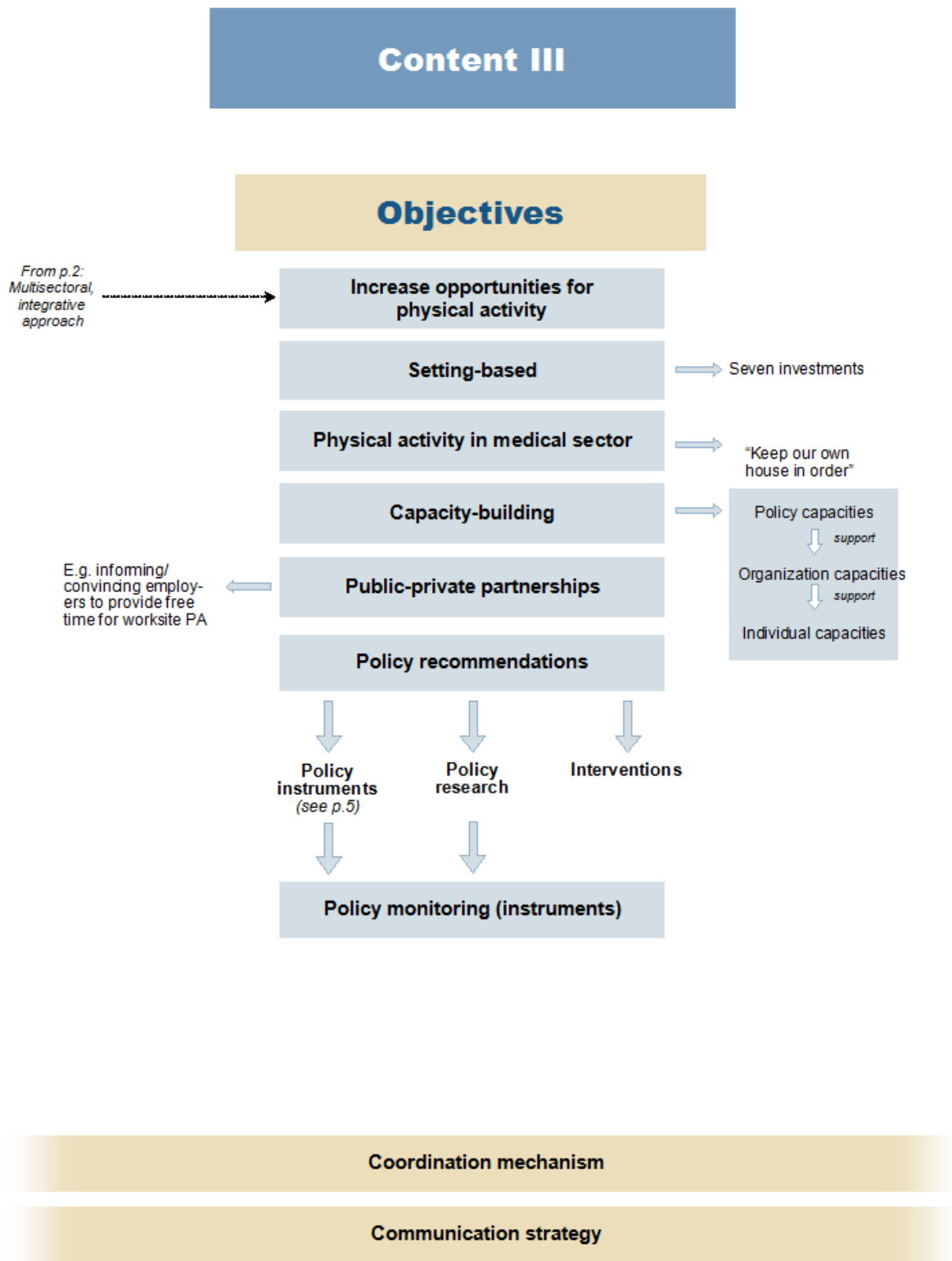
Main documents

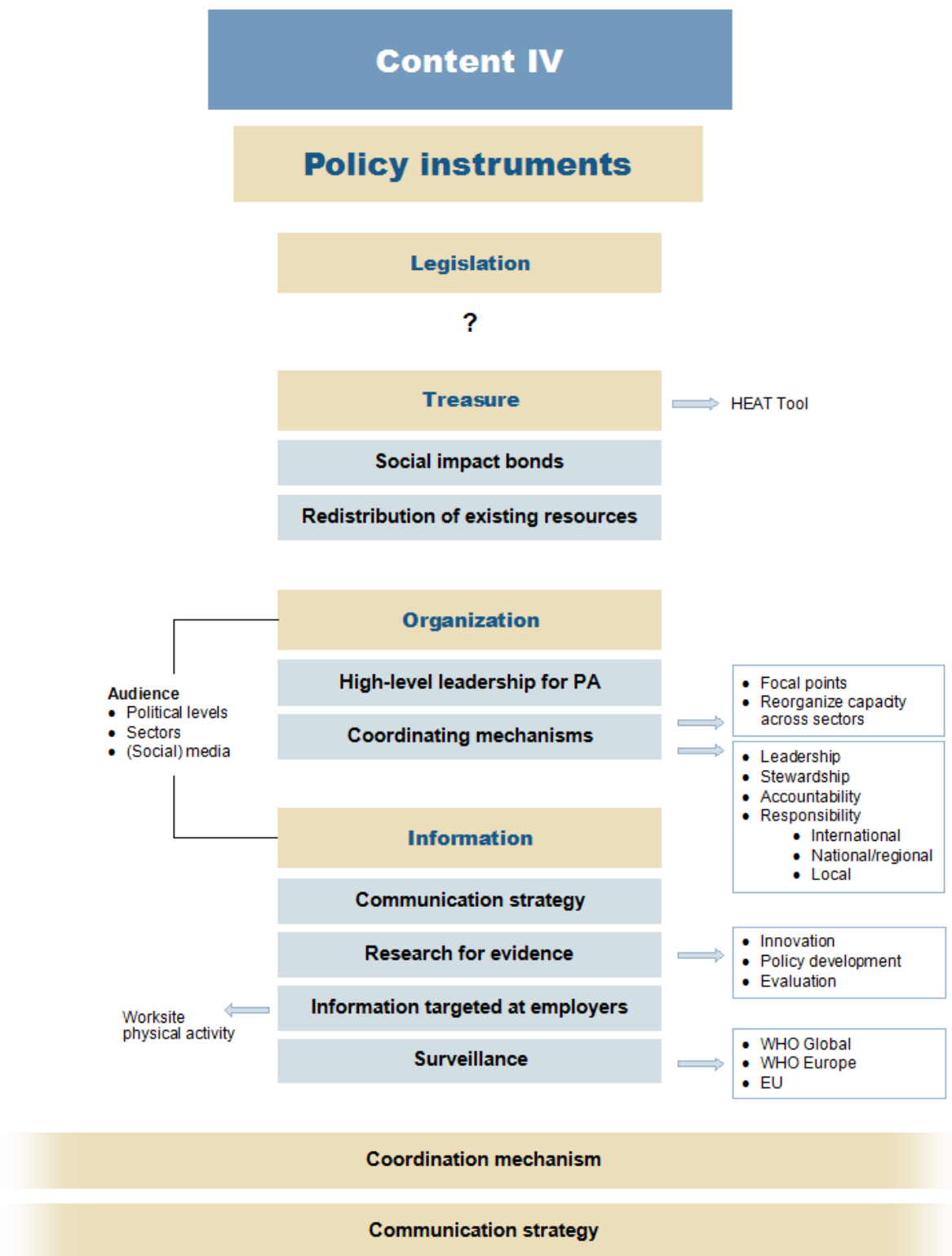
(list to be expanded and used to identify policy instruments)











Content V

Annex

(or CD/flash disk complement)

Annex highlighting “good practice”

Country profiles

Clarify understanding of evidence

Evidence definitions:

- **Type I:** physical activity – health outcomes
- **Type II:** interventions – physical activity
- **Type III:** policy-making — interventions

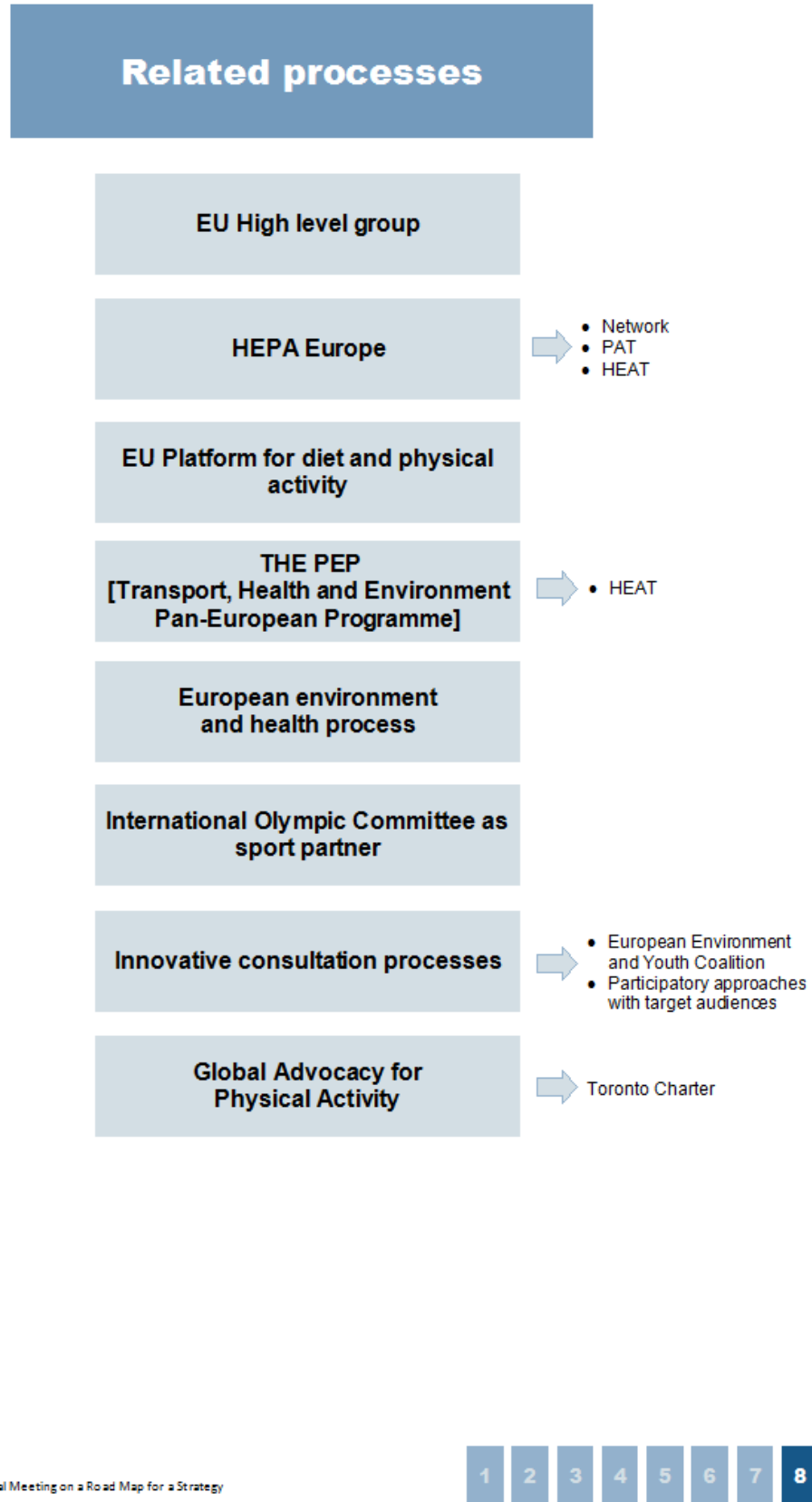
Reviews of reviews, Global PA Recs →
Reviews (of reviews), Lancet SI →
Original literature (?) →

→ **Scientific paper:**
Scoping review on types of evidence

- What works in policy-making?
- What works in policy implementation?
- How to broker knowledge?

Coordination mechanism

Communication strategy



Annex 3

TIMELINE FOR THE DEVELOPMENT OF THE STRATEGY

2014

- May* WHO Regional Office for Europe to circulate draft to Working Group
- June* Meeting of the Working Group in Copenhagen, Denmark
Start of technical consultation process with Member States
- August* Presentation of draft strategy at the HEPA Europe meeting in Zurich, Switzerland
Start of consultation process with civil society
- November* Updated draft to be submitted to governing bodies
Technical consultation in the context of the Italian EU Presidency (EU28), supported by EU, Italy

2015

- January* Improved draft to be circulated at Member States' technical level
Technical consultation in Zurich (53 Member States), supported by Switzerland
- February/
March* Final draft to be submitted for political consultation process with Member States
- May* Final draft to be passed by the Standing Committee of the WHO Regional Committee for Europe (at the World Health Assembly in Geneva, Switzerland)
- September* Strategy to be officially adopted by the Regional Committee in Vilnius, Lithuania

Annex 4

LIST OF PARTICIPANTS

Representatives of Member States

Finland

Ms Mari Miettinen
Senior Officer, Ministry of Social Affairs and Health

Germany

Dr Ute Winkler
Head of Division, Federal Ministry of Health

Malta

Dr Charmaine Gauci
Director, Health Promotion and Disease Prevention Directorate

Norway

Mr Olov Belander
Senior Adviser, Norwegian Directorate of Health

Portugal

Dr Pedro Ribeiro da Silva
Directorate-General of Health

Slovenia

Ms Janet-Klara Djomba
National Institute of Public Health

Dr Mojca Gabrijelčič Blenkuš
National Institute of Public Health

United Kingdom of Great Britain and Northern Ireland

Mr Malcom Ward
Principal Health Promotion Specialist, Public Health Wales

Experts

Finland, UKK Institute

Professor Dr Tommi Vasankari
Director

France, Université Pierre et Marie Curie

Professor Jean-Michel Oppert
Professor of Nutrition,
Institute of Cardiometabolism and Nutrition, Department of Nutrition, Pitié-Salpêtrière Hospital

Germany, FAU Erlangen-Nürnberg
Professor Alfred Rütten (*Chairperson*)
Director, Institute of Sport Science and Sport

Dr Karim Abu-Omar
Senior Research Associate, Institute of Sport Science and Sport

Dr Annika Frahsa
Research Associate, Institute of Sport Science and Sport

Dr Peter Gelius (*Rapporteur*)
Research Associate, Institute of Sport Science and Sport

Italy, University of Perugia
Professor Pierpaolo De Feo
Director, Healthy Lifestyle Institute

Netherlands, VU Amsterdam
Professor Willem van Mechelen
Head, Department of Public and Occupational Health/Co-Director EMGO+ Institute

Switzerland, Zurich University
Professor Brian Martin
Team Leader, Institute of Social and Preventive Medicine – Physical Activity and Health

Representatives of other intergovernmental organizations

European Commission
Mr Jacob Kornbeck
Policy Officer, Sport Unit
Directorate-General for Education and Culture

World Health Organization

Regional Office for Europe
Dr João Breda
Programme Manager, Nutrition, Physical Activity and Obesity Programme

Ms Francesca Racioppi
Senior Policy and Programme Adviser, Environment and Health Policy and Governance

Headquarters
Dr Regina Guthold
Surveillance Team, Prevention of Noncommunicable Diseases Department

Minute-takers

Ms Diana Schow
Ms Beatrice Frank