



PHYSICAL ACTIVITY FACTSHEETS

FOR THE 28 EUROPEAN UNION
MEMBER STATES OF THE WHO
EUROPEAN REGION

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Abstract

This document contains the 2018 update of the physical activity country factsheets of the 28 European Union Member States of the WHO European Region that were first published in 2015. These factsheets provide a snapshot of the epidemiology of physical inactivity, national policy responses and current monitoring and surveillance systems. The first section gives the information collected through the European Union Physical Activity Focal Points network on selected indicators of physical activity from surveillance and monitoring, data collection procedures and the sources used for some of the information at European Union level. The second section presents the physical activity factsheets of all 28 countries in the European Union.

This document was prepared to support Member States by sharing successes and exchanging experiences to provide inspiration for further development, refinement and implementation of effective policies. It is also intended to inspire closer collaboration and synchronization of data collection and policy development among Member States, while monitoring trends and identifying effective approaches in this important area of public health.

Abbreviations and acronyms

- EU** European Union
- HEPA** health-enhancing physical activity
- IMPALA** Improving Infrastructures for Leisure-time Physical Activity in the Local Arena

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INTRODUCTION

The health benefits of physical activity are well recognized. They include reduced risks for noncommunicable diseases such as cardiovascular disease, diabetes and various types of cancer (1) and positive effects on mental health, by reducing depression (2), stress reactions and possibly delaying the effects of Alzheimer disease and other forms of dementia (3). Additionally, physical activity is a key determinant of energy expenditure, which supports energy balance and a healthy body weight. WHO recommends that adults (including older adults) undertake at least 150 min of moderate-intensity aerobic physical activity or 75 min of vigorous-intensity aerobic physical activity or an equivalent combination each week (4).

Physical activity can take place in various settings, including during transport, leisure activities in the community, at school, at the workplace and at home during daily living. Maintaining sufficient levels of physical activity is, however, becoming more and more difficult, as most daily environments have become more sedentary (5, 6). Furthermore, despite the known benefits of physical activity, according to the Eurobarometer – a public opinion survey on sport and physical activity – nearly half (46%) of Europeans never exercise or play sport, and that proportion has increased gradually since 2009. Only 7% exercise regularly (at least five times per week) (7), and a high proportion of adults in Europe spend more than 5 h/day sitting (7), which could be an independent risk factor for mortality, regardless of physical activity levels (8).

Physical activity is particularly important for children's physical and mental health, and regular physical activity is associated with lower rates of overweight. WHO recommends that children do at least 60 min of moderate-to-vigorous physical activity a day (4) but, according to the WHO European Childhood Obesity Surveillance Initiative, only a small proportion currently meet this recommendation (9). Although the rate of childhood obesity has decreased in some countries, the rates remain high in Europe, and in many countries the proportion of children who walk or cycle to or from school has been decreasing (9). The prevalence of physical inactivity among adolescents is also high. Of the countries that participate in the Health Behaviour in School-aged Children survey, only 23.1% of boys and 14.0% of girls aged 13–15 years reported that they met the WHO recommendation for daily physical activity (10).

A number of global and regional policy initiatives have been established to counter insufficient physical activity, including the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, which calls for a 10% relative reduction in the prevalence of insufficient physical activity (1). In accordance with the European Union (EU) Physical Activity Guidelines (11), the Council of Europe recommendation on promoting health-enhancing physical activity (HEPA) (12), the WHO global recommendations on physical activity for health and various policy guidance documents, the European Commission Directorate-General for Education and Culture and the WHO Regional Office for Europe initiated a collaborative project

to establish and extend monitoring and surveillance of HEPA in the 28 EU Member States of the WHO European Region. As part of that collaboration, focal points have been appointed in all EU Member States to provide and validate national data on physical activity. The focal points meet twice a year to share best practices and plan activities for the promotion of physical activity in the EU.

The Physical Activity Strategy for the WHO European Region 2016–2025 (5) was prepared to support countries in achieving this target. It provides inspiration to governments and stakeholders on policy in five areas: (i) providing leadership and coordination; (ii) supporting the development of children and adolescents; (iii) promoting physical activity among adults and older people; and (iv) supporting action through monitoring, surveillance, the provision of tools, enabling platforms, evaluation and research. In 2018, the Global Action Plan for Physical Activity 2018–2030 was endorsed by the World Health Assembly and launched in the European Region (6). Finding ways to increase physical activity through, for example, more walking, cycling, active recreation, sport and play can also contribute to achieving many of the Sustainable Development Goals, as identified in the 2016 Bangkok declaration on physical activity for global health and sustainable development (13). The collaboration between WHO, the European Commission and EU Member States will facilitate monitoring of implementation of these strategies.

This report is the result of that collaboration and builds on the factsheets on HEPA in the 28 EU Member States of the WHO European Region that were published in 2015 (14). The factsheets provided a baseline for monitoring progress and future trends in the 23 HEPA indicators (**Table 1**). The report provides updated data on the situation of HEPA in EU Member States at the beginning of 2018 and highlights progress and changes. Country physical activity factsheets have been prepared for all 28 EU Member States of the WHO European Region, in addition to a report on the epidemiology and policy on physical activity in the EU.





METHODS

The report gives an overview of the indicators compiled in the factsheets (**Table 1**), including definitions, methods and data collection. More detailed information on the definitions used and operationalization and data sources on indicators can be found in the Commission staff working document on the monitoring framework (15), which is based on the EU Physical activity guidelines (11) and the recommendation of the Council of Europe on promoting HEPA in all sectors (12). The questions in the survey were designed to elicit action by Member States and capacity within certain thematic areas.

Table 1. The original 23 indicators of the HEPA monitoring framework.

| No. | Indicator |
|-----|---|
| 1 | National recommendation on physical activity for health |
| 2 | Adults reaching the minimum WHO recommendation on physical activity for health |
| 3 | Children and adolescents reaching the minimum WHO recommendation on physical activity for health |
| 4 | National government coordination mechanism and leadership on HEPA promotion |
| 5 | Funding allocated specifically to HEPA promotion |
| 6 | National "Sport for All" policy or action plan |
| 7 | "Sport Clubs for Health Programme" |
| 8 | Framework to support offers to increase access to exercise facilities for socially disadvantaged groups |
| 9 | Target groups addressed by the national HEPA policy |
| 10 | Monitoring and surveillance of physical activity on the health sector |
| 11 | Counselling on physical activity by health professionals |
| 12 | Training on physical activity in the curriculum of health professionals |
| 13 | Physical education in primary and secondary schools |
| 14 | Schemes for school-related physical activity promotion |
| 15 | HEPA in training of physical education teachers |
| 16 | Schemes promoting active travel to school |
| 17 | Level of cycling and walking |
| 18 | European guidelines for improving infrastructure for leisure-time physical activity |
| 19 | Schemes to promote active travel to work |
| 20 | Schemes to promote physical activity at the workplace |
| 21 | Schemes for community interventions to promote physical activity in older adults |
| 22 | National HEPA policies that include a plan for evaluation |
| 23 | National awareness raising campaign on physical activity |

HEPA: health-enhancing physical activity

During the meetings of WHO and the European Commission with physical activity focal points to prepare the HEPA factsheets published in 2015, it was decided that data collection would be repeated every 2–3 years, to ensure an up-to-date summary of promotion of physical activity in each country and monitoring of progress towards achieving the EU physical activity guidelines. In response to this request, data collection was repeated in 2018 for an updated set of country factsheets on physical activity.

DEMOGRAPHIC DATA

Data for the most recent year for all variables (2016) on demographic indicators for all the EU Member States factsheets were extracted from Eurostat, the Statistical Office of the European Commission:

- _ total population: dataset [demo_gind] 2016 (16);
- _ median age: dataset [demo_pjanind] 2016 (17);
- _ life expectancy: dataset [demo_mlexpec] 2016 (18);
- _ real gross domestic product per capita: dataset [sdg_08_10] 2016 (19); and
- _ total expenditure on health, education and sport as percentages of gross domestic product: dataset [gov_10a_exp] 2016 (20).



DATA COLLECTION AND ANALYSIS

Data were collected on the 23 indicators that form the basis of a light framework developed by the European Council to monitor adherence to the EU physical activity guidelines (11). A questionnaire was designed on a Microsoft Excel® spreadsheet in January 2018 to collect data on the indicators and information for country physical activity factsheets. This time, two thematic factsheets based on two of eight themes of the EU Physical activity guidelines were also prepared. Focal points were surveyed to determine the most interesting themes, and it was decided to address promotion of physical activity in the health and in the education sectors. Some additional questions on indicators relating to these two themes were therefore included.



The questionnaire was distributed to the 28 EU Member States of the WHO European Region at the end of January 2018 through the network of Physical Activity Focal Points, who were requested to collect data from national colleagues and complete the questionnaire within 3 months. WHO maintained a helpdesk and held two webinars during the data collection period to provide guidance on sources of data and how best to answer certain questions. During these webinars, the 23 indicators were discussed and clarified, and the discussions were summarized and distributed to all focal points.

All 28 EU Member States responded to the survey. To ensure the quality of data, WHO reviewed the responses and provided feedback, identifying questions that required further information. The questionnaires were also checked manually for responses

that required clarification, and links to source documents were opened to validate responses. This process resulted in updated country factsheets on physical activity and an analysis of promotion of physical activity in the EU and the WHO European Region.

The content and design of the country factsheets and thematic factsheets were discussed during the eighth meeting of the EU Physical Activity Focal Points in Budapest on 7 and 8 June 2018. The country profiles were prepared and sent to Member States in August 2018 for final review before publication. To make the information collected readily available to all stakeholders, it was published on WHO's European Health Information Gateway (<https://gateway.euro.who.int/en/>) in September 2018.



<https://gateway.euro.who.int/en/>

MONITORING AND SURVEILLANCE

Physical activity guidelines

National recommendations on the amount of physical activity necessary to achieve health benefits are an important element of strategies to promote physical activity and serve as a benchmark to measure progress in promoting physical activity. A national recommendation on physical activity and health is an official statement on the duration, intensity and frequency of physical activity for the population. Recommendations issued by nongovernmental bodies that have not been officially endorsed by a national government are not considered national recommendations for the purposes of this survey.

One survey question was whether the country had officially adopted a national recommendation on physical activity for health (**Indicator 1**), and, if so, on which international recommendation(s) (if any) they were based (e.g. WHO's Global Recommendations on Physical Activity for Health (4)), which population groups were targeted (children and adolescents, adults or older adults) and whether they applied to special populations (e.g. children < 5 years, frail people or those aged ≥ 85 years, pregnant or breastfeeding women, people with disabilities or people with chronic diseases).

Levels of engagement in physical activity

Reaching the minimum recommendations for physical activity (4) is linked to certain health benefits, as demonstrated by extensive scientific research. Thus, the proportion of individuals who attain the recommendations indicates the proportion of the population who are sufficiently physically active to have no risk of negative health consequences.

Another survey question sought information on population physical activity levels and the numbers of adults (**Indicator 2**) and children and adolescents (**Indicator 3**) who reached the minimum levels of physical activity for health recommended



by WHO (4) or another cut-off. Adults are often defined as people aged 18–64 years, but the ranges differ. For example, in some countries, older adults (≥ 65 years) are included with adults, whereas they are reported separately in others. The questions addressed the levels of both adults and older adults combined, separately and by age group. Children and adolescents are defined as children aged 5–17 years in the WHO Global recommendations on physical activity for health (4), but the age range used in each country was determined.

Cycling and walking are increasingly recognized as making an important contribution to overall physical activity, as they are accessible to almost everybody, and can easily be integrated into a busy day (e.g. for commuting, shopping or social activities) and require a minimal personal financial investment. The prevalence of cycling and walking therefore reflects the degree of development of a country and can indicate the potential for increasing promotion of physical activity.

Data on the levels of cycling and walking can be collected in various ways, including objective measurements (e.g. GPS tracking), national travel surveys (from detailed individual travel diaries) or as part of other national surveys. In national surveys, data are usually collected as kilometres travelled (or time spent) cycling or walking per day for all purposes (commuting, shopping, leisure, work).

The survey determined whether a country had a national travel survey (**Indicator 17**) and the time per kilometre spent walking and/or cycling per person per day for all travel purposes (commuting, shopping, leisure, work). Countries also reported the surveys and instruments they used to collect these data. Countries that did not have a national travel survey were asked to score the five preferred modes of transport anecdotally, from 1 to 5.

Public health surveillance



Knowledge of the extent of and trends in physical activity over time are essential for designing a comprehensive, targeted national strategy to increase physical activity. Integration of physical activity into the national health monitoring and surveillance system indicates its importance as a health determinant and policy area.

A national monitoring and surveillance system is defined as the systematic collection, consolidation, analysis and dissemination of data on the physical activity of the population for use in public health action. The survey determined whether a physical activity surveillance or monitoring system was established in the health sector (**Indicator 10**), whether there were systems in other sectors, the items measured and the instruments used.

POLICY RESPONSE

Coordination and funding

Physical activity promotion requires a multisectoral approach. Coordinated, concerted action by all relevant sectors avoids duplication and contradictory actions. A national coordination mechanism ensures that steps have been taken to promote concerted action among sectors.

The survey determined whether countries had established a national coordination mechanism on HEPA promotion (**Indicator 4**). The mechanism could take the form, for example, of an informal working group, an advisory body or a formal intersectoral government body. In order to meet the requirements for this indicator, the body had to have a clear mandate to promote physical activity and not focus on noncommunicable diseases, obesity or other conditions.

The financial resources allocated specifically to HEPA promotion are a strong indicator of the importance a country attaches to this topic in its policy agenda. The sources of funding can indicate the sectors that have prioritized physical activity and whether a multisectoral approach has been taken. The survey determined whether countries had allocated funding specifically for HEPA promotion (**Indicator 5**) and from which sectors. HEPA promotion includes all forms of physical activity that are beneficial for health without undue harm or risk, i.e. health, sport, transport, environment and leisure time activity. Funding for promotion of local sports was included, but funding for elite sports (competitive sports involving professional athletes) was excluded.

Policy implementation

National policies and action plans guide the promotion of physical activity and participation in sports in various sectors. As different socioeconomic and cultural subgroups of populations in European countries differ widely in levels of physical activity and participation in sports, subgroup-specific activities should be organized, in addition to those for the majority of the population and sedentary individuals in a national HEPA promotion policy. Evaluation is necessary for accountability and for adapting programmes to address weaknesses and make them more effective.

A policy is defined as written documentation of strategies and priorities with defined goals and objectives that is issued by part of an administration. It may include an action plan, usually prepared according to the policy, strategic directions defining who does what, when, how and for how much and a mechanism for monitoring and evaluation.

In one of the survey questions, countries were asked to report whether they had a national “sports-for-all” policy (**Indicator 6**) or other national HEPA policies or action plans, the sectors involved and whether they included a plan for evaluation (**Indicator 22**).



Sports



Sports promotion is an important part of a comprehensive HEPA promotion strategy. Sports clubs, the backbone of the sports movement, make an important contribution to increasing levels of physical activity in many countries. Analysis of current approaches, however, showed that the link between sports and health promotion could be further strengthened. The "Sport clubs for health" programme was designed to provide support for sports clubs in delivering programmes with a stronger focus on health and to encourage them to invest in health-related activities and/or health promotion within sports. "Health-oriented sport clubs" specifically include health in their activities. In a "Sport club for health", health promotion is one of the main principles, even if it is not its main orientation.

Guidelines for "Sport clubs for health" were prepared by a working group of HEPA Europe and The Association for International Sport for All, supported by a grant from the European Commission. Countries were asked in the survey whether these guidelines were followed by their sports clubs (**Indicator 7**).

Health



Individual counselling on and prescription of physical activity can increase individual activity. Therefore, promotion of a more physically active lifestyle in primary health care can target groups that are otherwise difficult to reach. As it is difficult to persuade health care providers to include further topics in their general counselling, financial incentives might increase the probability that such counselling is given widely. For example, physicians in primary health care could be financially rewarded for encouraging patients to move more. Reimbursement for counselling or prescription of physical activity within, for example, insurance schemes would provide an opportunity to define and monitor the quality and outcome of counselling programmes.

Member States were asked whether there was a national programme or scheme to promote counselling on physical activity by health professionals (**Indicator 11**). A health professional was defined as an individual who provides preventive, curative, promotional or rehabilitative health care services in a systematic way to people, families or communities; they include medical doctors, nurses and physiotherapists.

Health professionals can advocate physical activity and serve as facilitators between health insurance providers, their members or clients and providers of physical activity programmes. To fulfil this role, they must be appropriately trained in physical activity and health. Countries were also asked if physical activity and health (e.g. health effects, determinants, effective interventions) were taught in the curriculum of health professionals (**Indicator 12**), at which level (undergraduate or postgraduate) and whether this was mandatory or optional.

Education



Schools are an important setting for encouraging physical activity among young people. Physical education in school increases physical activity and improves motor skills. It should be compulsory, and the quantity and quality regulated on the basis of evidence. Countries were asked in the survey to report the total number of hours of physical education provided in primary and secondary schools per week (**Indicator 13**), how many hours were mandatory and whether the quality of physical education was monitored.

Various schemes are effective for increasing the physical activity of young people before, during and after school. While physical education at school makes an important contribution, it is provided only a few times a week. Additional schemes are therefore necessary to help children and adolescents reach the recommended 1 h/day of physical activity. Active school breaks include opportunities for physical activity and appropriate infrastructure, such as walking paths around school ovals, adequate playground facilities and access to equipment. Active breaks during school lessons consist of brief, structured physical activity during lessons to break up longer periods of sitting. After-school HEPA programmes (at school, in sport clubs or in communities) include opportunities, infrastructure and access to community structures such as a bowling club, aquatic centre or cycling arena and can also include "sports homework".

Countries were asked whether they had national schemes for active school breaks, active school lessons, and for promotion of after-school HEPA in schools, sports clubs or communities (**Indicator 14**).

Physical education teachers play an important role in promoting physical activity and sports among young people and also act as role models. They must therefore be fully trained in the concept of HEPA, which covers all forms of physical activity that are beneficial for health without undue harm or risk, including sports, transport, the environment and leisure. Countries were therefore asked whether the curriculum of physical education teachers included HEPA at bachelor's or master's degree level (**Indicator 15**).

"Active travel" refers to any non-motorized form of travel, including walking, cycling, rollerblading and skateboarding. Active travel is recognized as a means of increasing overall physical activity. Data from a number of countries showed that young people who travel to school in an active way are more physically active overall. In most countries, the most common forms of travel are walking and cycling. Schemes to promote active travel to school include structured programmes such as "Safe routes to school" and "Walking bus" projects and a focus on the topic in national transport or school policy. The survey included questions about national schemes to promote active travel to school (**Indicator 16**).



Workplace



Adults who commute to work in an active way are also more physically active and, for example, less likely to be overweight. Schemes to promote active travel to work may be directed either to employers (e.g. a requirement for mobility plans for a staff above a certain number or a financial incentive) or led by a nongovernmental organization (e.g. incentives or subsidies to employees who use active forms of commuting). The survey included questions on whether countries had schemes to promote active travel to work (**Indicator 19**).

The workplace is increasingly recognized as a setting for promoting physical activity. Schemes to promote physical activity at work may include structured sports or walking programmes at lunch time, provision of appropriate infrastructure (e.g. gym, showers, walking tracks), systematic inclusion in all work processes (e.g. stand-up desks, walking meetings) and incentives or subsidies for employees who use such offers. It is important to ensure that all employees are reached and not, for example, mostly those who are already physically active. Countries were asked about the existence of schemes to promote physical activity at the workplace (**Indicator 20**).

Urban planning



Leisure time is the most common time for physical activity of all types, including traditional sports. All population groups should have access to infrastructure conducive to active leisure time. Guidelines have been prepared within the European Commission-funded Improving Infrastructures for Leisure-time Physical Activity in the Local Arena (IMPALA) project, including sports facilities, infrastructure and urban "green" and "blue" spaces. Improvement of infrastructure requires appropriate policies for planning, building, financing and management.

Member States were asked whether the European guidelines for improving infrastructure for leisure-time physical activity were applied systematically in planning leisure-time infrastructure (**Indicator 18**).

Special populations



While low levels of physical activity are found throughout Europe, they are particularly prevalent in groups of society that are disadvantaged with regard to income, socioeconomic status, education, employment, age, gender, ethnicity, culture or religion. This is of particular concern, as these groups often have detrimental health behaviour, including unhealthy nutrition, physical inactivity and smoking. Such groups require targeted approaches, as the usual approaches for promoting sports or health are often insufficient.

Specific means to increase access to recreational or exercise facilities for socially disadvantaged groups can increase their opportunities for physical activity. These

might be a specific national policy or programme, incentive schemes for facilities, specific outreach programmes or financial incentives to increase access and use. Countries were asked whether they had a framework to increase the access of socially disadvantaged groups to recreational or exercise facilities (**Indicator 8**).

Some groups in particular need physical activity, including those in low socioeconomic groups, women who are pregnant or breastfeeding, ethnic minorities, people who are deprived of their liberty, people > 65 years and people with disabilities or chronic diseases. Countries were asked whether their national policies or action plans for HEPA promotion targeted these special groups (**Indicator 9**).

Remaining physically active is of particular importance for older adults in order to maintain their mental and functional capacity and their independence and to prevent falls. As most European societies are ageing, this will be of increasing importance. Schemes for community interventions to promote physical activity among older adults may be government programmes with specific opportunities for older adults, investment in suitable leisure-time infrastructure or increasing access to existing infrastructure (including transport) or projects and programmes run by nongovernmental organizations in the community or in settings such as nursing homes. The survey included questions about schemes for community interventions to promote physical activity in this age group (**Indicator 21**).

Raising awareness



A national awareness-raising campaign is a mass media-based approach to influence a community's attitudes, behaviour and beliefs. It is a frequent element of national strategies to promote physical activity and can contribute to the dissemination of knowledge and changing attitudes. If it is complemented by specific programmes, it can also support behaviour change.

Member States were asked whether they had clearly formulated national campaigns for education and public awareness on physical activity and the type of media used in the campaigns (**Indicator 23**).





PHYSICAL ACTIVITY PROMOTION PATTERNS AND TRENDS IN THE EUROPEAN UNION

An overall improvement in the indicators can be seen between 2015 and 2018 (Fig. 1), with improvements in 16 indicators, 11 of which improved by more than 20%. Direct comparisons of the data for 2015 and 2018 must, however, be made with caution, as the survey methods were slightly different, new focal points may have collected data differently, and more Member States responded to the survey.

In general, the same number of indicators was met by a majority of countries in 2018, and the indicators that were met by only a few countries in 2015, such as **Indicator 7** and **Indicator 18** on the use of guidelines, were still underreported.

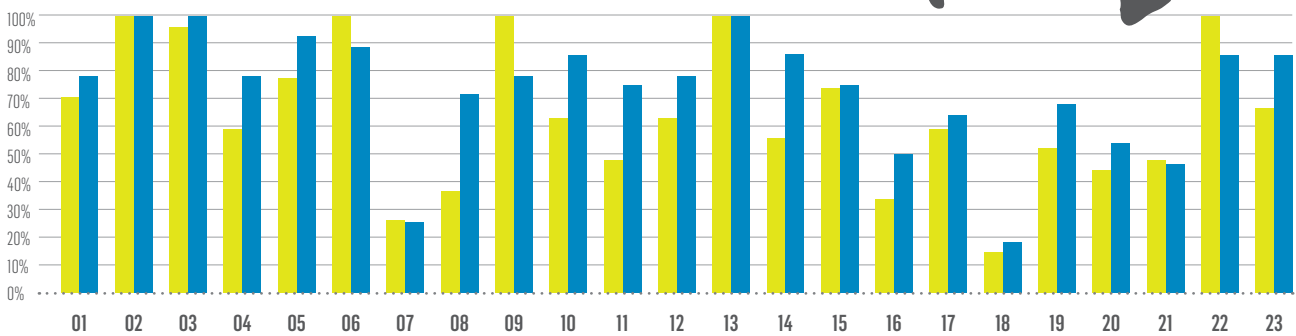


Fig. 1. Indicators met in 2015 (yellow) and 2018 (blue) in the Members States (Greece did not participate in the survey in 2015).

MONITORING AND SURVEILLANCE

National recommendations on physical activity

Twenty-two countries (79%) had a national recommendation on physical activity for health (Indicator 1; Fig. 2). In nine countries, the recommendations were based solely on WHO's Global recommendations for physical activity and health (Fig. 3), while other recommendations were used in five countries. An additional 10 countries reported that their recommendations were based on both those of WHO and others derived from a review of the literature and national and regional recommendations.

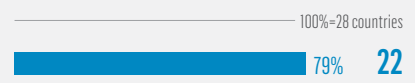


Fig. 2. Proportion of countries with a national recommendation on physical activity for health.

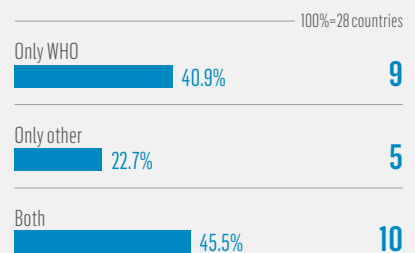


Fig. 3. Scientific sources for the national recommendations (n=22).

Few countries had specific recommendations on physical activity for special groups, such as pregnant and breastfeeding women, children under 5 years, frail or very elderly people, people with disabilities and people with chronic diseases (Fig. 4).

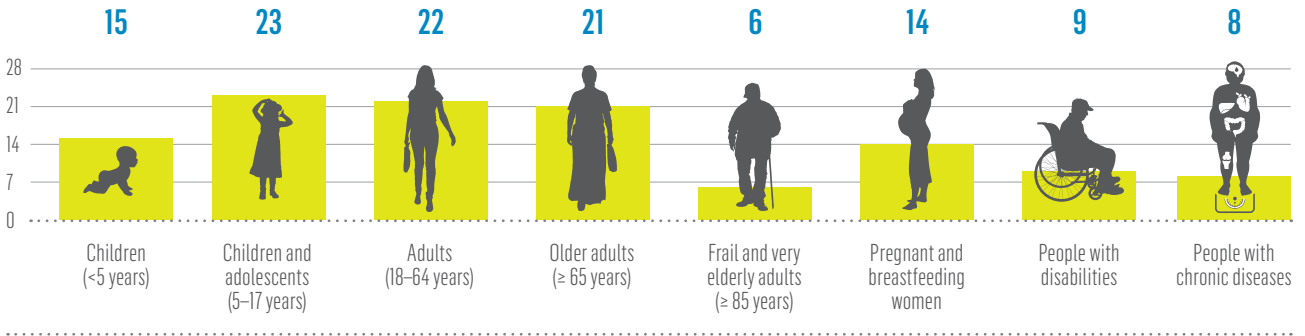


Fig. 4. Numbers of countries in which specific age groups and special groups are covered by national recommendations.

Levels of engagement in physical activity

Data on national physical activity levels are presented in the country factsheets. These data were not compared, as the results of surveys depend on the methods used. For example, different sampling methods, statistical modelling, instruments (such as the Global Physical Activity Questionnaire, the International Physical Activity Questionnaire and accelerometers) and definitions of "physically active" influence data in surveys. National surveys allow monitoring of trends over time only if the same methods and instruments are used each time.

Fig. 5 and Fig. 6 show the types of survey used to determine physical activity levels by age group. National surveys were the most commonly reported method for measuring physical activity in all age groups. Most of the surveys were conducted with questionnaires (Fig. 7 and Fig. 8); accelerometers were still not commonly used. The survey of Health Behaviour in School-aged Children is conducted in most countries and was a commonly reported source of data on physical activity among adolescents aged 11, 13 and 15 years (10).

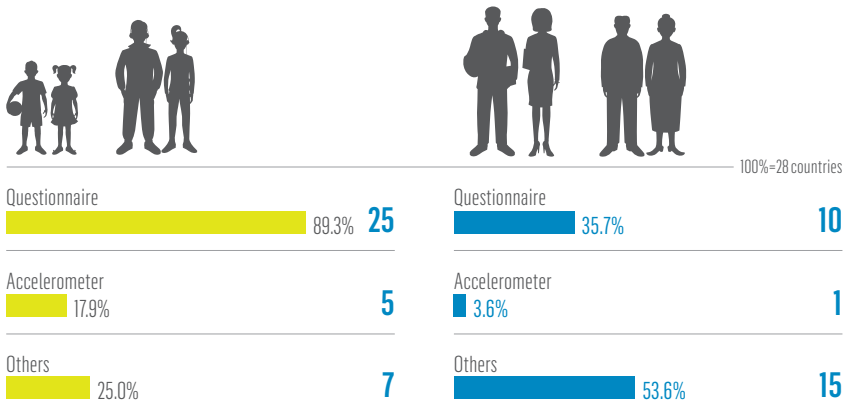


Fig. 7. Instruments used in Member States to assess levels of physical activity in different age groups. Yellow, children and adolescents; blue, adults and older adults.

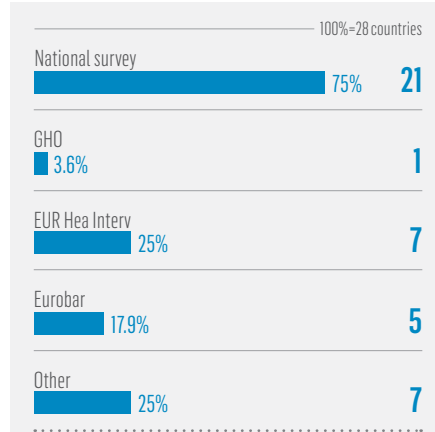


Fig. 5. Surveys used by Member States to determine levels of physical activity among adults and older adults.

GHO, Global Health Observatory; Eur He Interv, European Health Interview Survey; Eurobar, EuroBarometer

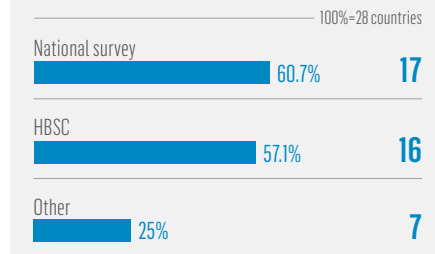


Fig. 6. Surveys used in Member States to determine levels of physical activity among children and adolescents.

HBSC, Health Behaviour in School-aged Children

Eighteen countries reported that they conducted a national travel survey (**Indicator 17; Fig. 9**). Seven countries reported walking time, and nine reported walking distance (**Fig. 10**). Countries that did not conduct a national travel survey reported data anecdotally and scored the five preferred modes of transport from 1 to 5 (**Fig. 11**).

As physical activity was monitored with various methods and instruments, it is difficult to compare levels among countries.

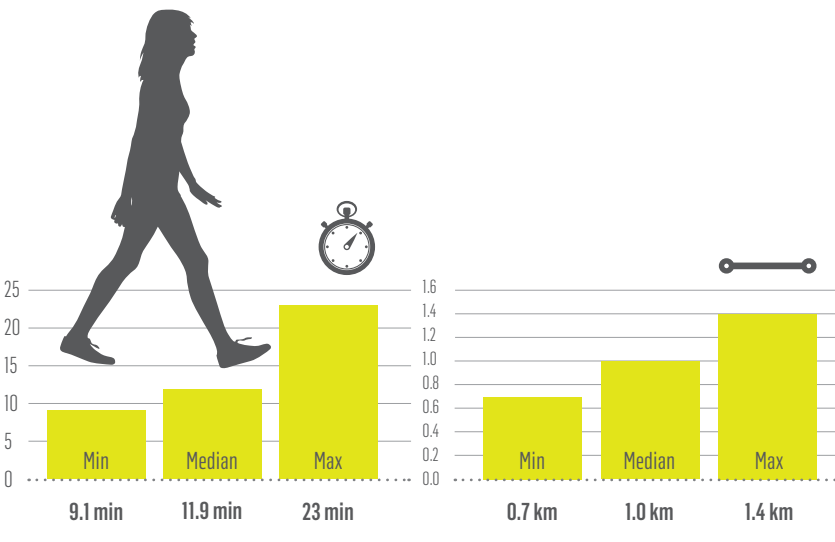


Fig. 10. Left panel: daily walking time reported by 7 countries (minimum, 9.1 min; median, 11.9 min; maximum, 23 min). Right panel: daily walking distance reported by 9 countries (minimum, 0.7 km; median, 1.0 km; maximum, 1.4 km).

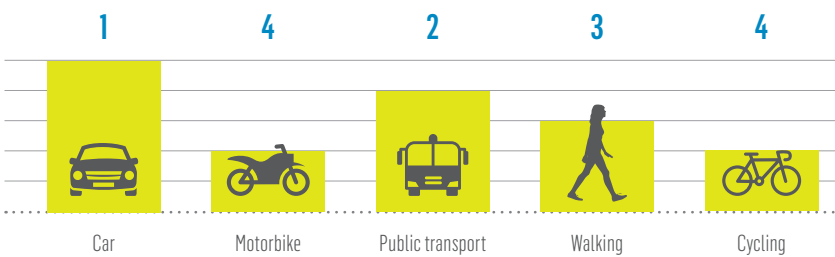


Fig. 11. Preferred modes of transport ranked 1–5 by countries that did not conduct a travel survey.

Public health surveillance

Systems for monitoring physical activity allow tracking of trends, monitoring of physical inactivity, participation in sports and sedentary behaviour and assessment of the effectiveness of policies or strategies to increase physical activity in a population. Furthermore, population groups can be disaggregated to better target promotion of physical activity. Monitoring is essential for an effective national policy.

https://ec.europa.eu/sport/news/2018/new-euro-barometer-sport-and-physical-activity_en
<https://gateway.euro.who.int/en/datasets/hbsc/>
https://gateway.euro.who.int/en/indicators/hbsc_11-moderate-to-vigorous-physical-activity/
https://gateway.euro.who.int/en/indicators/hbsc_51-vigorous-physical-activity/

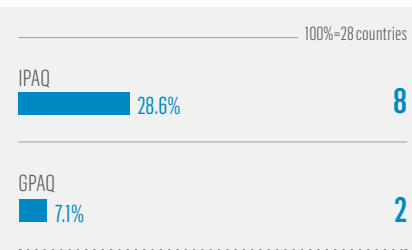


Fig. 8. Questionnaires used to determine levels of physical activity among adults and older adults.

IPAQ, International Physical Activity Questionnaire; GPAQ, Global Physical Activity Questionnaire.

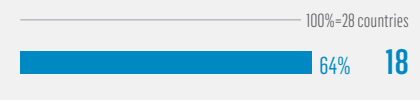


Fig. 9. Proportion of countries with a national travel survey.

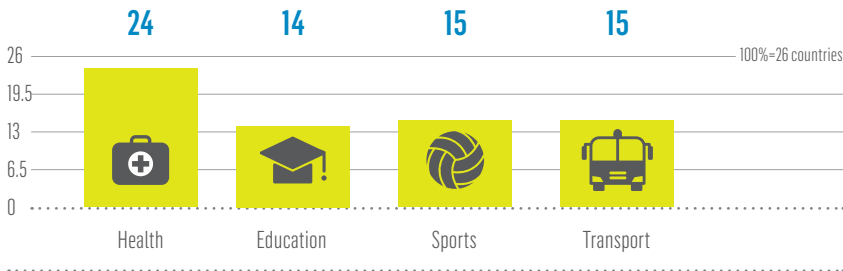


Fig. 12. Sectors with surveillance systems for monitoring physical activity (n=26).

Twenty-six countries reported at least one surveillance system in one sector, and 24 reported one in the health sector (Indicator 10; Fig. 12.).

Various instruments and methods were used to monitor physical activity (Fig. 13 and Fig. 14.).

POLICY RESPONSE

Coordination and funding

As the promotion of physical activity requires action in a number of sectors, such as health, sports, education, urban planning and transport, a national coordination mechanism is required to ensure concerted action.

Twenty-two countries reported that they had a national coordination mechanism for the promotion of physical activity (Indicator 4; Fig. 15). The mechanism ranged from small working groups for coordinating the physical activity component of a national noncommunicable disease action plan to high-level ministerial councils.

Allocation of specific funding for the promotion of HEPA is a strong indicator of action to promote physical activity by governments and government sectors. Twenty-six countries reported that they provided dedicated funding for HEPA promotion (Indicator 5; Fig. 16). The sports and health sectors provided most funding for HEPA (Fig. 17).

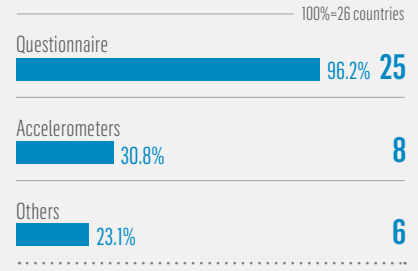


Fig. 13. Instruments used in surveillance systems to monitor physical activity (n=26).

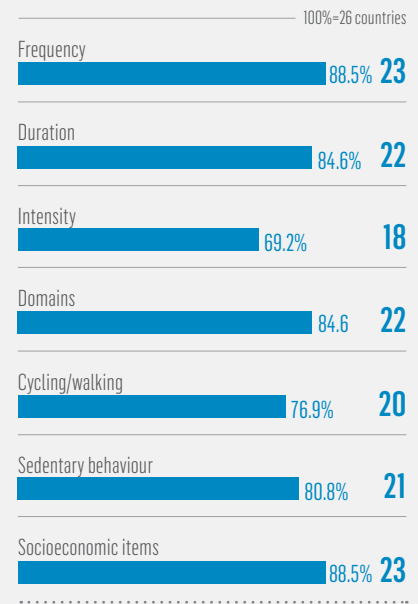


Fig. 14. Items measured in surveillance systems to monitor physical activity. (n=26).

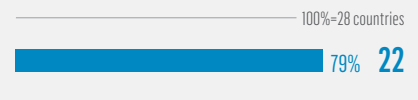


Fig. 15. Countries with an established government coordination mechanism for the promotion of health-enhancing physical activity.

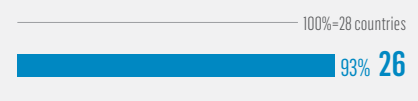


Fig. 16. Proportion of countries that allocated funding specifically to promotion of HEPA.

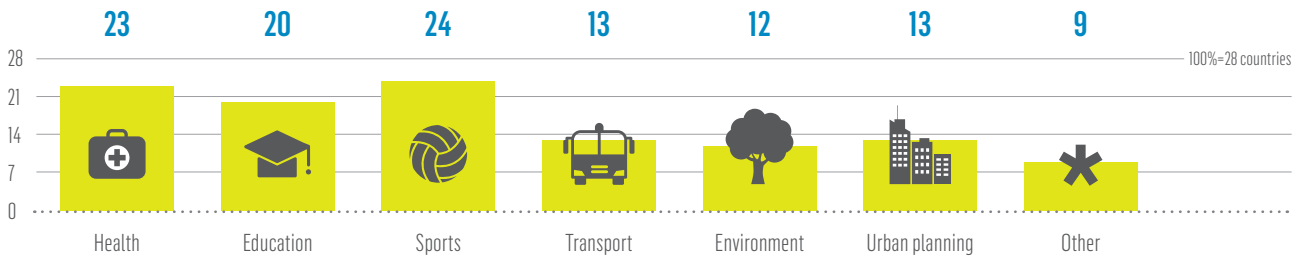


Fig. 17. Numbers of countries in which funding is provided per sector.

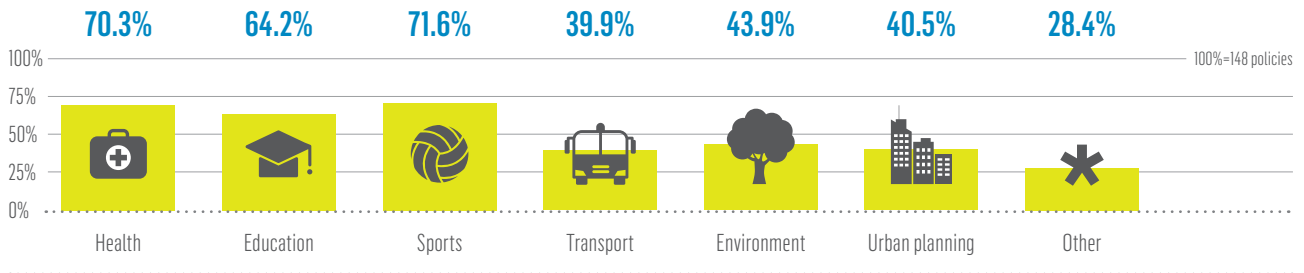


Fig. 18. Sectors involved in the 148 national HEPA policies or action plans reported.

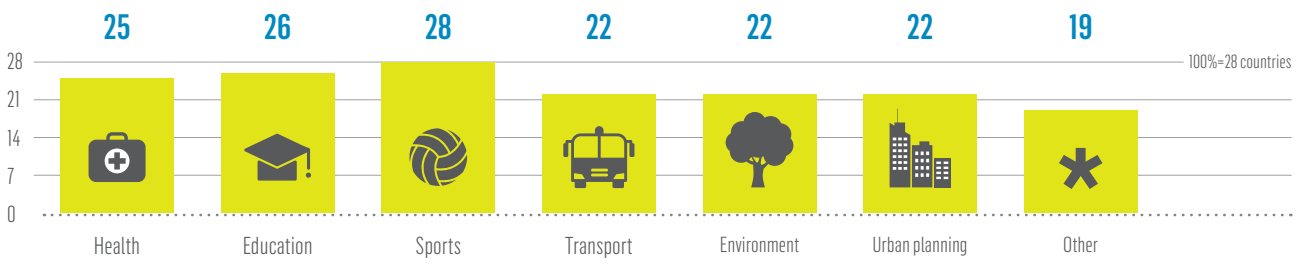


Fig. 19. Numbers of countries with at least one HEPA policy or action plan per sector.

Policy implementation

National policies and action plans for HEPA promotion are essential to guide action. All countries reported at least one national sports-for-all policy or action plan for promoting physical activity (**Indicator 6**). Overall, 148 sports-for-all policies or other national HEPA policies or action plans were reported, with about five per country, in different sectors (**Fig. 18**). Many of the policies consisted of a national physical activity plan that included components for increasing physical activity by creating opportunities in sectors (**Fig. 19**). The sports sector was most commonly involved in implementing national physical activity policies or action plans. Most policies were multi-sectoral, with good coverage of the sectors recognized as important for the promotion of physical activity.

Overall, 54.1% of the reported policies and action plans included a plan for evaluation (**Indicator 22**).

Sports

Seven (25%) countries reported that the guidelines for "Sports clubs for health" were used (**Indicator 7; Fig. 20**). An additional 10 (36%) reported that similar programmes, guidelines or frameworks for sports clubs and/or sports federations were used.

Health

Twenty-one countries (75%) had a national programme or scheme to promote counselling on physical activity by health professionals (**Indicator 11; Fig. 21**). Some of the countries that answered "No" gave details of local or regional schemes or projects that were not yet national. Seven reported that people who gave counselling on physical activity or prescribed exercise were reimbursed by the national health insurance scheme (**Fig. 22**).

Twenty-two countries (79%) reported that physical activity for health was included in the curriculum of one or more types of health professional (**Indicator 12, Fig. 23**). Of these types, 100% were medical doctors; 18 countries offered such training to physiotherapists, 17 to nurses and 11 to other health professionals such as nutritionists, occupational therapists, kinesiologists and pharmacists (**Fig. 24**). In about half the countries that included physical activity and health in professional curricula, it was mandatory.

Education

All Member States reported that physical education classes were held in schools (**Indicator 13**). The number of hours provided in each country is presented in the country factsheets. Twenty countries reported that the hours were mandatory (**Fig. 25**), while seven reported that some hours were optional. Twenty countries reported that the quality of physical education classes was monitored (**Fig. 26**).

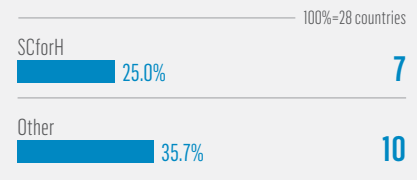


Fig. 20. Proportions of countries in which the guidelines of "Sports clubs for health" or similar programmes were used.

SCforH, sports clubs for health

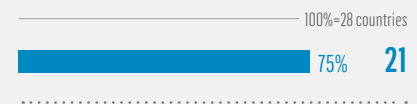


Fig. 21. Proportion of countries with a national programme or scheme to promote counselling on physical activity for health by health professionals.

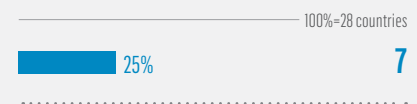


Fig. 22. Proportion of countries in which counselling or prescription of physical activity is reimbursed by the national health insurance system.

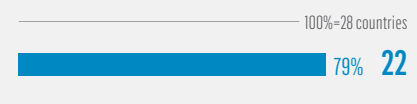


Fig. 23. Proportion of countries that included training in physical activity in the curriculum of health professionals.

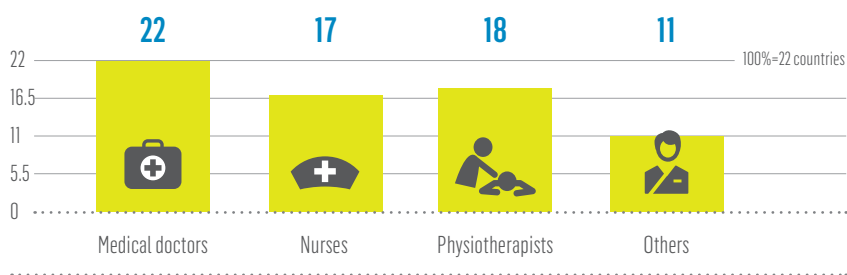


Fig. 24. Numbers of countries that provided training in physical activity for health in the curricula of health professionals, by profession.

Twenty-four countries reported at least one scheme for promotion of physical activity in schools (**Indicator 14; Fig. 27**). The most commonly reported scheme (20 countries) was after-school programmes (**Fig. 28**); 15 countries reported national initiatives for active school breaks, and 14 had schemes for active breaks during lessons. Fifteen countries (53.6%) reported a national programme for active travel to school (**Indicator 16; Fig. 28**).

Training of physical education teachers in HEPA was reported by 21 countries (**Indicator 15; Fig. 29**).

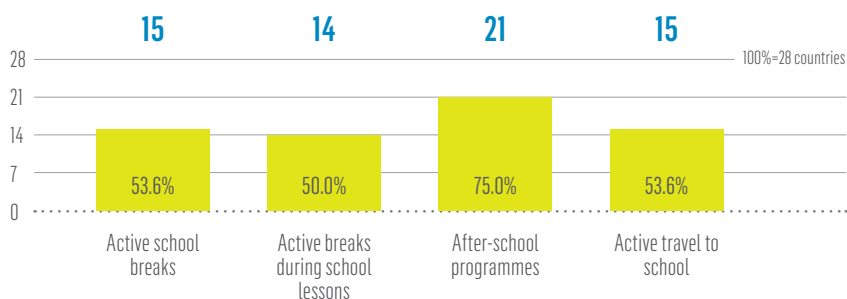


Fig. 28. Numbers of countries with at least one scheme for promotion of physical activity in schools or for active travel to school.

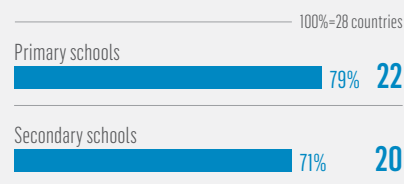


Fig. 25. Proportions of countries that reported that the hours of physical education in schools were mandatory: upper panel: primary schools; lower panel: secondary schools.

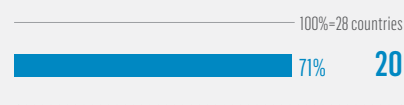


Fig. 26. Proportion of countries that reported monitoring the quality of physical education classes.

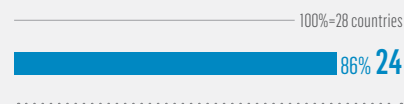


Fig. 27. Proportion of countries with at least one scheme for promotion of physical activity in schools.

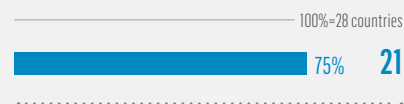


Fig. 29. Proportion of countries in which the curriculum of physical education teachers included a module on physical activity and health.



Workplace

Fifteen countries reported that they had a scheme to promote physical activity at the workplace (**Indicator 20; Fig. 30**), and 19 reported schemes to encourage active travel to work (**Indicator 19**).

Urban planning

Five countries reported that the IMPALA guidelines were applied systematically (**Indicator 18; Fig. 31**). A number of related national schemes or programmes to improve leisure-time or recreational physical activity infrastructure were reported.

Special populations

Twenty countries reported specific policies, programmes or cost incentives to increase access to exercise facilities for socially disadvantaged groups (**Indicator 8; Fig. 32**), and 13 reported community interventions to promote physical activity among older adults (**Indicator 21; Fig. 33**).

Twenty-four countries reported that they had actions to promote physical activity among special groups (**Indicator 9**). Of the 148 policies and action plans to promote HEPA reported, 72 targeted special groups. The groups most often addressed were those of low socioeconomic status, older adults and people with disabilities (**Fig. 34 and Fig. 35**).

Raising awareness

National awareness-raising campaigns are commonly used to promote physical activity; communication campaigns are considered the best. Twenty-three countries (83%) reported an established national campaign to promote physical activity (**Indicator 23; Fig. 36**), in which several types of media were used (**Fig. 37**). In 21 countries, more than one type of medium was used in the campaign.

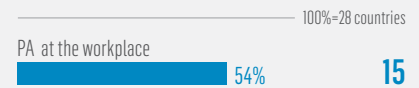


Fig. 30. Proportions of countries with schemes to promote physical activity (PA) at the workplace (upper panel) and to promote active travel to work (lower panel).

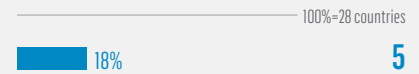


Fig. 31. Proportion of countries that applied the IMPALA guidelines.

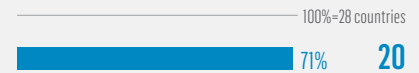


Fig. 32. Proportion of countries with frameworks to increase access to exercise facilities for socially disadvantaged groups.

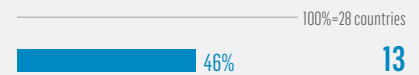


Fig. 33. Proportion of countries with schemes for community interventions to promote physical activity among older adults.

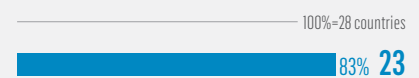


Fig. 36. Proportion of countries that conducted national awareness-raising campaigns on physical activity.



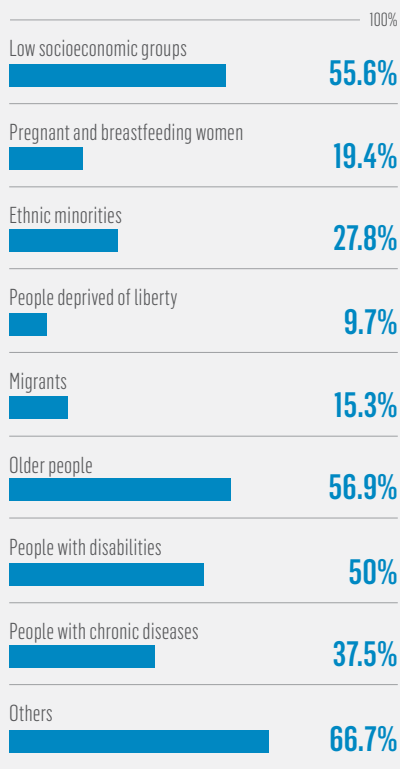


Fig. 34. Proportions of national HEPA policies that targeted special groups (n=72)

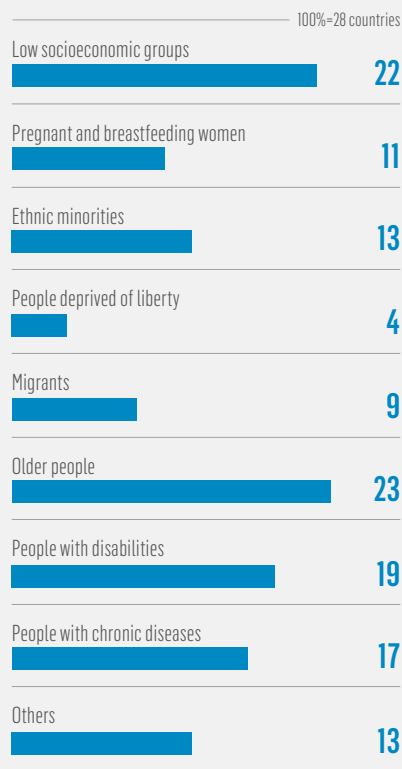


Fig. 35. Numbers of countries with at least one HEPA for special groups.

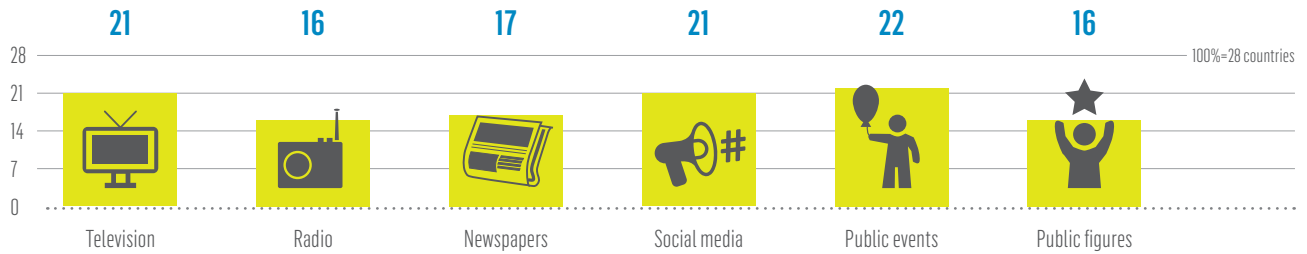


Fig. 37. Numbers of countries in which each type of medium was used in national awareness-raising campaigns.



Edles Sko og Strand
Aktiv Natur Velvare

POLICY IMPLICATIONS

The results presented in this report indicate that implementation of both the EU Physical activity guidelines and the Physical Activity Strategy of the WHO European Region has progressed. Across the EU, there has been a general increase in the number of countries with policies and strategies that are recognized as effective in promoting physical activity in populations.

Most countries reported data from national systems for monitoring and surveillance of physical activity. This is encouraging, as such data allow analysis of trends and identification of effective actions and underserved policy areas and populations. Use of different methods, however, limits comparisons and therefore identification of effective national policies and actions. Prevalence data reported by countries in 2018 again showed the importance of harmonizing surveillance of physical activity throughout the EU, to streamline survey methods and make accurate comparisons among countries.

The increased number of countries with a national coordination mechanism and with dedicated funding for HEPA from several sectors is encouraging. It shows that more countries are using a comprehensive, multisectoral approach to the promotion of physical activity and that high-level leadership is increasingly recognizing the importance of physical activity.

The greatest improvements were seen in the number of countries with national programmes for counselling on physical activity and/or exercise prescription by health professionals and with national schemes for physical activity at school and active travel to school. In addition, more countries reported programmes to increase access to exercise or recreation facilities for socially disadvantaged groups, indicating better recognition of the unequal opportunities for physical activity. These achievements, illustrated in the case studies in the country factsheets, should provide inspiration for Member States of the WHO European Region.

Many challenges remain, and the results indicate the policy areas that require more investment. Physical activity programmes at the workplace, including those to increase active travel to work, are the least developed and require more attention. Similarly, few community schemes for older adults were reported. While good examples of community and regional schemes to promote physical activity in both the workplace and for older adults were reported, strengthening of national programmes would ensure that the activities are coordinated, effective and efficient.

Advocacy for broad implementation of the "Sport clubs for health" guidelines and the European guidelines for improving infrastructure for leisure-time physical activity

should be considered. While these guidelines have been used in some EU countries, there has been little progress regionally since 2015. Use of alternative or similar guidelines was reported by many countries, which may limit use of the recommended guidelines. The indicators in these guidelines might therefore have to be reviewed to ensure that they are still appropriate for precise measurement of implementation of the EU and WHO strategies.

As there are many ways of being active in the many settings in which physical activity can be increased, a variety of policies could be set. Many factors determine an active lifestyle, apart from exercise and participation in sports. Some are individual, such as knowledge and personal preferences, while the wider sociocultural context, including family and social values, traditions and economic and physical environments, is also a significant determinant. These factors influence the equity of opportunities, and addressing them could reduce inequality in physical activity levels and health. Effective national responses should increase opportunities for all while reinforcing and enhancing the factors that enable and encourage participation.

Differences in levels of physical activity are also due to lack of opportunities by gender and social situation. Girls, women, older adults, people with disabilities and chronic diseases, people of low socioeconomic status, migrant populations and people living in rural areas often have poorer access to safe, affordable opportunities for physical activity and places in which to be physically active. Increasing the opportunities of these groups for physical activity should be a national priority, in line with the underlying principles of both regional and global strategies.

The collaboration between WHO, the European Commission and Member States has been a success. The data collected provide an updated overview of physical activity policies and strategies, allow monitoring of trends, give an indication of areas that require more investment and provide a good basis for sharing experiences and best practices on various platforms, including the physical activity focal point network. This report and the country factsheets may also provide inspiration and guidance for governments and public health organizations to take more effective action, especially in those countries that are developing or modifying national policies or action plans on physical activity for health.

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AUSTRIA

PHYSICAL ACTIVITY FACTSHEET 2018



Total population
8 772 865

Median age
43.0 YEARS

GDP per capita
36 300 €



% of GDP for health: **8.0**
% of GDP for education: **4.9**
% of GDP for sports: **0.3**



Population **MALE** **49.2%**
Population **FEMALE** **50.8%**

Life expectancy, **MALES** **79.3** YEARS
Life expectancy, **FEMALES** **84.1** YEARS

Sources: Eurostat (2016)

Success story

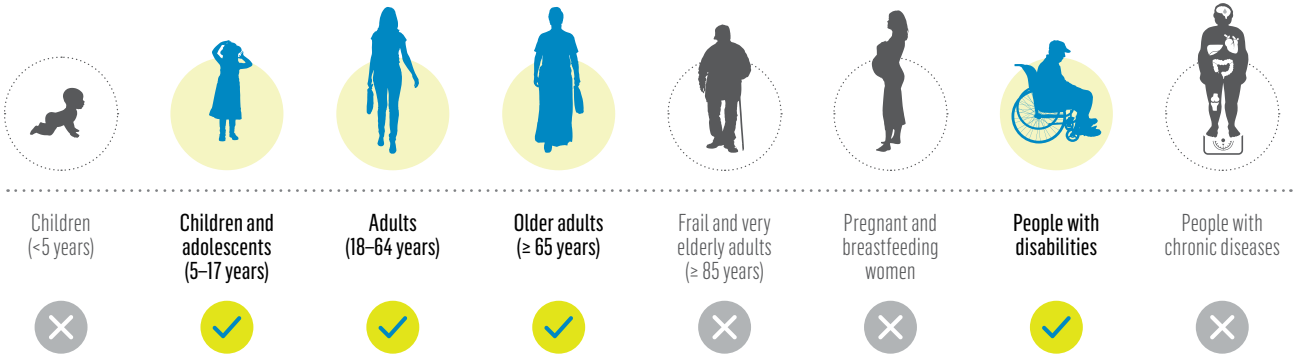
The aim of the **"Fit Sport Austria Network"** (formerly the Fit for Austria network) is to strengthen promotion of health-enhancing physical activity in sports clubs. A network of 30 coordinators in the three sports-for-all federations (ASKÖ, ASVÖ and SPORTUNION) work with the health sector to strengthen competence for health promotion in sports. Since 2006, the network has supported clubs in increasing the quality and quantity of health-oriented physical activity programmes. A "quality badge" is awarded to programmes that fulfil the requirements in administration, content and qualification of leadership and was designated an example of good practice in the European Union Physical Activity Guidelines in 2008. Today, almost 9000 high-quality, health-oriented physical activity courses are offered in Austria. The network is currently working to integrate a daily physical activity lesson into school curricula, led by local sports clubs and qualified coaches. www.fitsportaustria.at.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

TARGET GROUPS INCLUDED

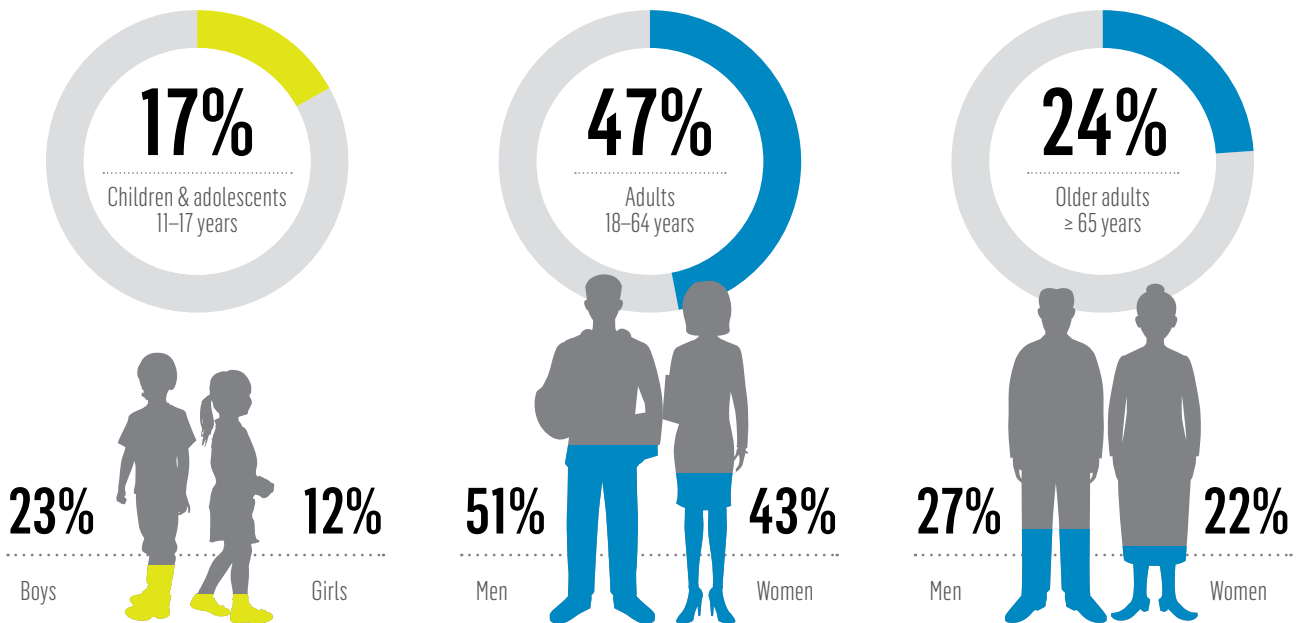


The national recommendations, implemented in 2010, are based on the WHO's Global recommendations on physical activity for health (2010).

The National Action Plan for Physical Activity provides the framework for promoting physical activity in Austria in a multisectoral approach. It has been in place since 2012.

Level of physical activity

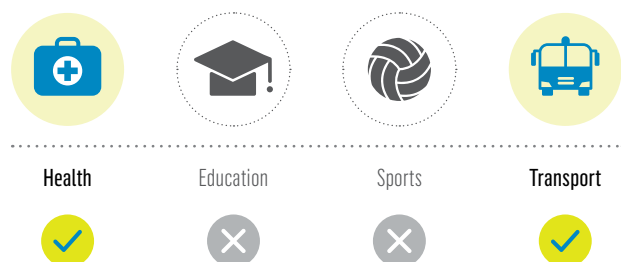
ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

In 2017, a national system for monitoring physical activity was established in Austria, which is based on the Global Physical Activity Questionnaire. The Health Behaviour in School-aged Children survey is used to monitor the physical activity of children and adolescents.



POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector



The only formal national body responsible for coordinating physical activity promotion in Austria is the Working Group on Health Target 8 of the Austrian Government Programme 2017–2022: to promote healthy, safe exercise and activity in everyday life through appropriate environments.

The National Action Plan for Physical Activity includes measures to promote physical activity with funding from sports-for-all organizations. In addition, the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection provides guidelines for designing senior-friendly public spaces to secure mobility; however, there is currently no national scheme to promote physical activity among older adults.

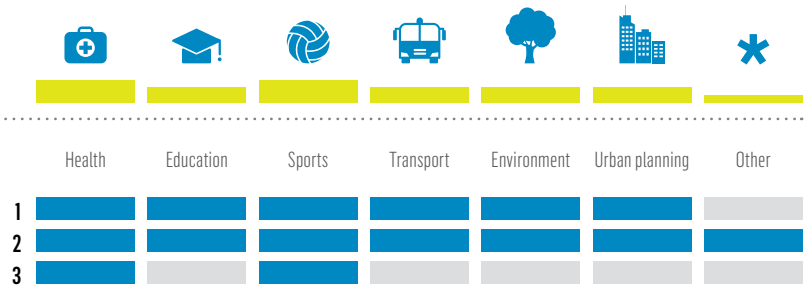
National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity

Total number of policies

3

Policies with evaluation processes – 0%



Target groups addressed by national policies

✓ Low socioeconomic groups

- ✗ Pregnant and breastfeeding women
- ✗ Ethnic minorities
- ✗ People deprived of liberty
- ✗ Migrants

✓ Older people

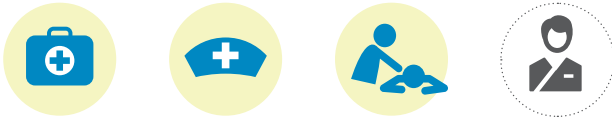
- ✗ People with disabilities
- ✗ People with chronic diseases



The national programme “Austria cycles to work” (Österreich radelt zur Arbeit) was established in 2011 by the “Cycling lobby” (“Radlobby”) to promote active travel to work through team competition. It is funded by the Federal Ministry for Sustainability and Tourism as well as by the nine federal states. <https://www.radeltzurarbeit.at/>.

Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



Medical doctors



Nurses



Physiotherapists



Others

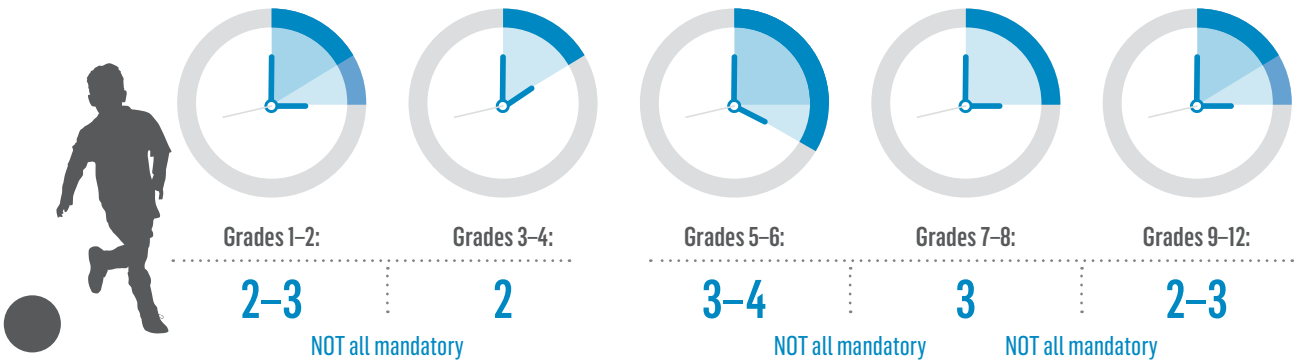


A number of initiatives ensure prescription of physical activity through the health system. The Medical Association provides advanced training in counselling for healthy lifestyles for physicians, and some insurance companies have schemes, such as the "Exercise as medicine – the ambulant physical activity programme", which are designed to promote long-term, sustainable behaviour change. Other projects link primary care units with safe, quality-controlled sports clubs.

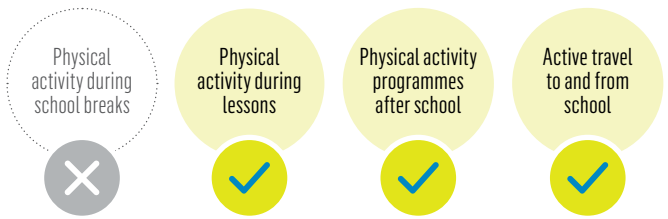
Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**

Total hours of physical education per week in **SECONDARY SCHOOLS**



The quality of physical education is measured as part of assessment of the general curriculum.



Promotion of physical activity in the workplace



National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS

An annual "Sports Day" (Tag des Sports) is held each September by the Federal Ministry of Civil Service and Sport as part of the European Week of Sport. It was established in 2001 and attracts up to 500 000 participants.





Total population

11 351 727

BELGIUM

PHYSICAL ACTIVITY FACTSHEET 2018



Median age

41.5 YEARS

GDP per capita

34 400 €

% of GDP for health: **7.4**

% of GDP for education: **6.4**

% of GDP for sports: **0.4**



Population **MALE**

49.2%

Population **FEMALE**

50.8%

Life expectancy, **MALES**

79.0 YEARS

Life expectancy, **FEMALES**

84.0 YEARS

Sources: Eurostat (2016)

Success story



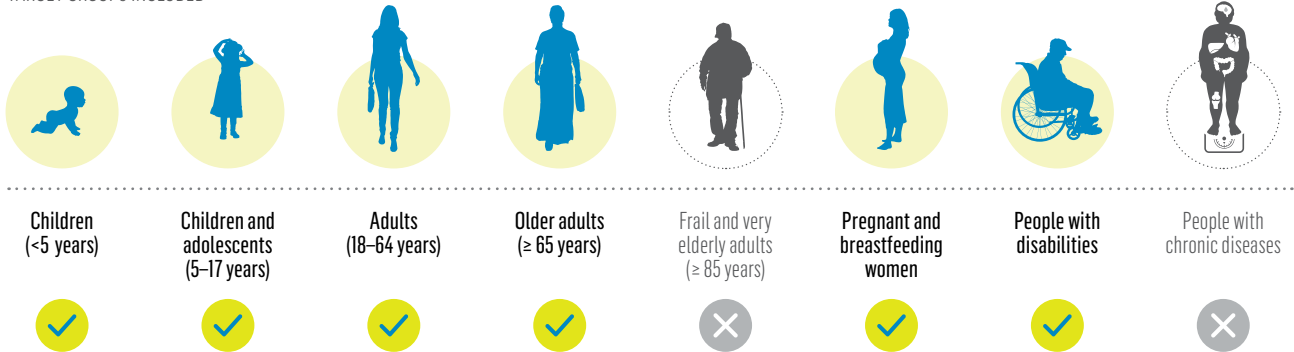
The **"10 000 Steps Flanders challenge"** for municipalities (10.000 stappen clash) is a campaign to raise awareness about physical activity based on a community approach and various promotional materials. The challenge includes media strategies and an online registration tool for citizens with which they can monitor their steps and step goals and visualize the rankings of different municipalities. 10 000 Steps Flanders is the most widely, continuously implemented community project for health-enhancing physical activity in Flanders; it has been in place since 2009. The initiative has large population coverage, and three quarters of all municipalities will participate in the 2018 campaign. www.10000stappen.be

In the French community, television and radio channels are required by law to provide free broadcasting time for the Government to deliver health promotion messages, of a duration equivalent to that for alcoholic beverages, medicines and medical treatment. Both public and private broadcasting organizations are covered by the legislation. Since 2005, five physical activity-related health promotion campaigns have been broadcast for free. Through cooperation between the ministries of Sports and Health Promotion, a new physical activity promotion campaign will benefit from this system in September 2018. Seven television channels and 12 radio stations will broadcast messages three times a day over three weeks, with at least one during daily prime time.

MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

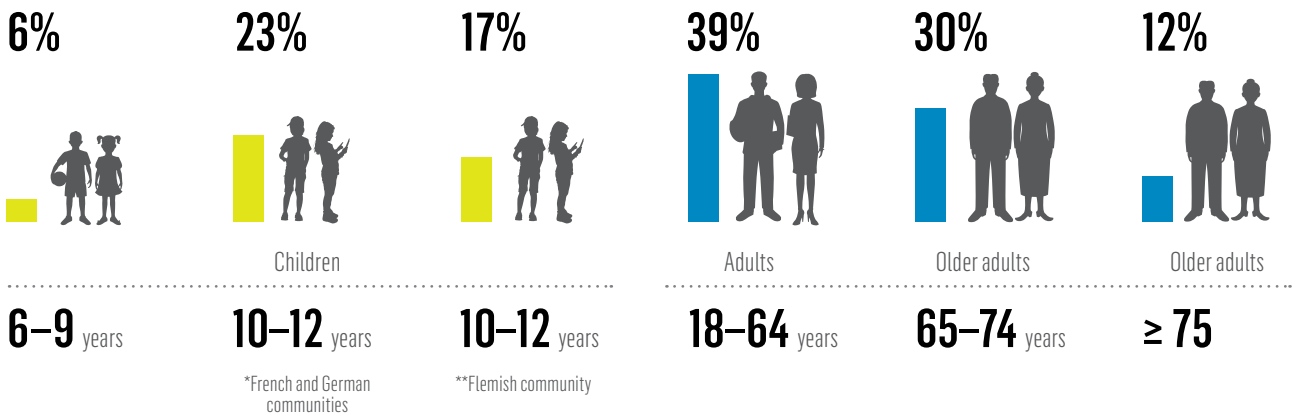
TARGET GROUPS INCLUDED



The current national recommendations are based on WHO's global recommendations on physical activity for health (2010) as well as a review of the literature and recommendations in other countries. These were implemented in 2006 and updated in 2017 in the Flemish community, implemented in 2004 in the German-speaking community, and are part of the Health Prevention Plan – 2030 Horizon and Strategic Plan for Promotion of Health 2018–2022 in the French community. The Belgian Daily Mobility Survey was last conducted in 2014, in which the time and distance spent each day walking and cycling for transport was estimated.

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



The ongoing national health survey (2018) will be conducted with a new method to improve the quality and comparability of the data collected. It will be based on self-administered and face-to-face interviews and the European Health Information Survey Physical Activity Questionnaire.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

Physical activity levels are monitored through: (1) the Health Interview Survey, established in 1997 and coordinated by the Scientific Institute of Public Health; (2) the Belgian Food Consumption Survey, coordinated by the Scientific Institute of Public Health; (3) a questionnaire developed in the context of the European ToyBox study, which also includes use of accelerometers to measure the physical activity of children and adolescents; and (4) the Health Behaviour in School-aged Children study.



POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector

Since 2015, the Belgian Health-enhancing Physical Activity Coordination team, led by the Ministry of Sports, has held informal meetings to organize collection of data, share information and good practices and prepare for international meetings. In the Flemish community, the working group on nutrition and health-enhancing physical activity provides advice on intersectoral coordination and advice for Government physical activity policy. It is a formal, officially recognized body, which has been meeting several times a year since 2010. It is now being separated into several groups by sector (e.g. work, education, local government). In the French community, the Risk Prevention Commission brings together doctors, representatives of universities and the sports sector to advise the Government on promotion of health through sports.



In the French community, grants are provided for the organization of neighbourhood sports activities to promote physical activity, social inclusion and personal fulfilment through participation in sports in one or more local communities. In addition, Infrasports provides financial and technical support to local authorities and organizations to help them build, acquire, renovate or equip their sports, recreation or leisure facilities.

National policies by sector

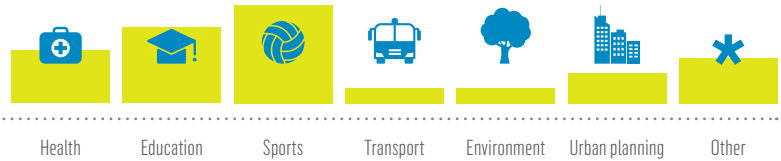
Sectors that are involved in each of the national policies or action plans to promote physical activity

Total number of policies

13

Policies with evaluation processes

46%



| | Health | Education | Sports | Transport | Environment | Urban planning | Other |
|----|--------|-----------|--------|-----------|-------------|----------------|-------|
| 1 | █ | █ | █ | | | | |
| 2 | █ | █ | █ | | | █ | █ |
| 3 | █ | █ | █ | | | | |
| 4 | █ | █ | █ | | | █ | |
| 5 | █ | █ | █ | | | | |
| 6 | █ | █ | █ | █ | █ | █ | █ |
| 7 | █ | █ | █ | █ | █ | █ | █ |
| 8 | █ | █ | █ | | | | |
| 9 | █ | █ | █ | | | | █ |
| 10 | █ | █ | █ | | | | █ |
| 11 | █ | █ | █ | | | | █ |
| 12 | █ | █ | █ | | | | █ |
| 13 | █ | █ | █ | | | | █ |

In the Flemish community, funding is being provided to help local organizations to develop and implement physical activity projects targeting low socioeconomic or vulnerable groups of older adults. More than 40 projects were implemented, resulting in a booklet of best practices that was disseminated around the Flemish community.

Target groups addressed by national policies

- ✓ Low socioeconomic groups
- ✓ Pregnant and breastfeeding women
- ✓ Ethnic minorities
- ✗ People deprived of liberty
- ✓ Migrants
- ✓ Older people
- ✗ People with disabilities
- ✗ People with chronic diseases

In the Flemish community, a "physical activity triangle" educational model was tested among physically inactive citizens to help them reach the minimum recommended levels of physical activity. In the triangle, guidelines for physical activity and sedentary behaviour are not quantified or illustrated in minutes. Rather, sedentary behaviour and light, moderate and intensive physical activity are given as proportions, from every day to every week. The emphasis is that every step counts. This approach appeared to provide more motivation during the testing phase. In the second phase, citizens are directed to the official physical activity guidelines, which are given in minutes. The physical activity triangle, implemented at the end of 2017, involves stakeholders in many sectors, including health, education, work and sports. www.bewegingsdriehoek.be.

BULGARIA

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

7 101 859

Median age

43.9 YEARS

GDP per capita

6 000 €



% of GDP for health: **5.0**

% of GDP for education: **3.4**

% of GDP for sports: **0.2**



Population **MALE**

48.6%

Population **FEMALE**

51.4%

Life expectancy, **MALES**

71.3 YEARS

Life expectancy, **FEMALES**

78.5 YEARS

Sources: Eurostat (2016)

Success story

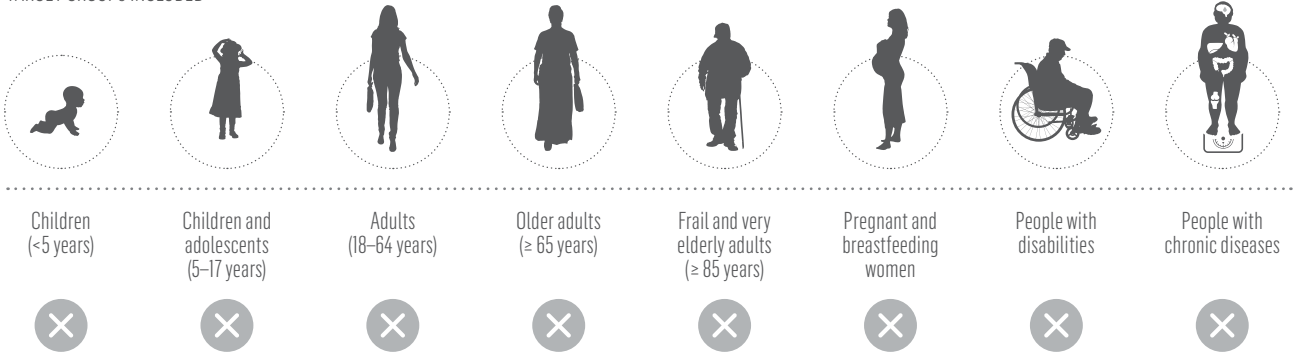
In 2014, the **National Programme for Prevention of Chronic Noncommunicable Diseases** was established by the Council of Ministers. It is led by a national council comprising representatives of the nine ministries, the National Centre of Public Health and Analyses, the National Health Insurance Fund, the Bulgarian Medical Association and other stakeholders. There are two national coordinators and a coordinator for each risk factor, including physical activity. At local level, implementation is led by a municipal coordinator, with work groups and coalitions for health.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

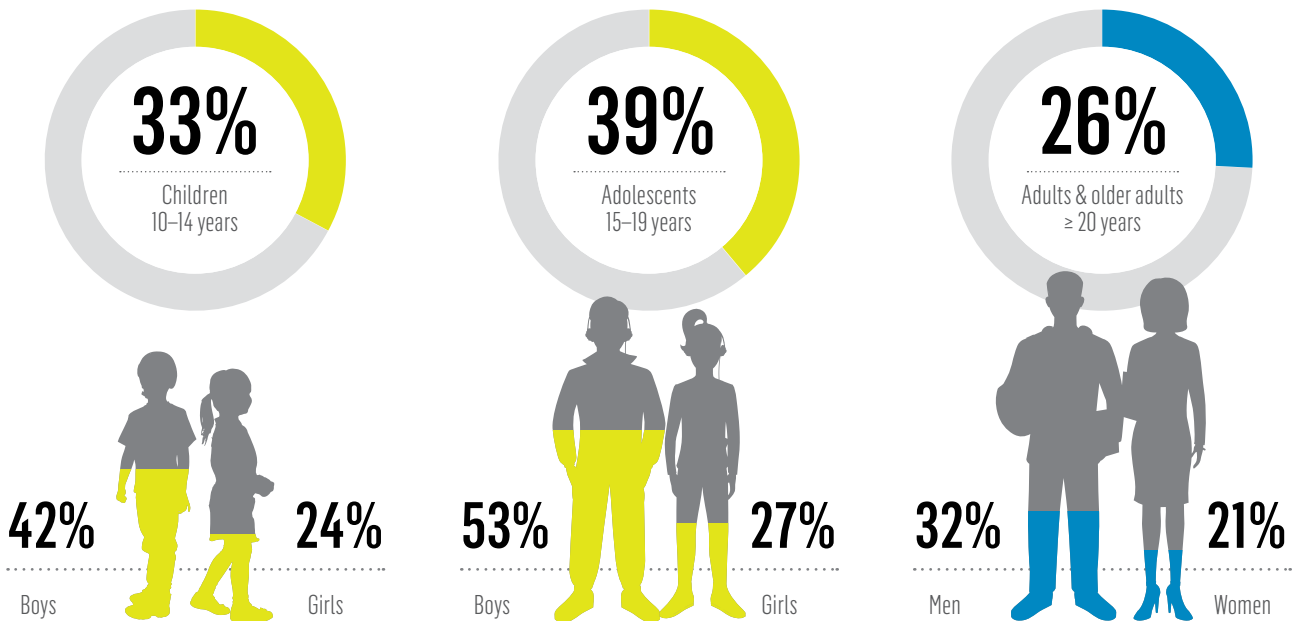
TARGET GROUPS INCLUDED



National recommendations are currently being developed. They are based on WHO's global recommendations on physical activity for health (2010).

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

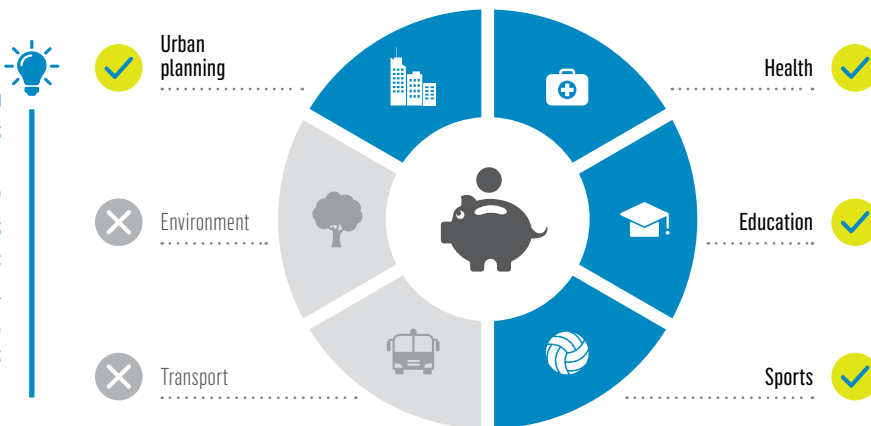
Levels of physical activity among adults are monitored in the national survey on risk factors for population health, on individually standardized questionnaires. The physical activity of children and adolescents is monitored in a national survey with questions adapted from the WHO Countrywide Integrated Noncommunicable Diseases Intervention (CINDI), 'Healthy Children in Healthy Families, questionnaire.



POLICY RESPONSE

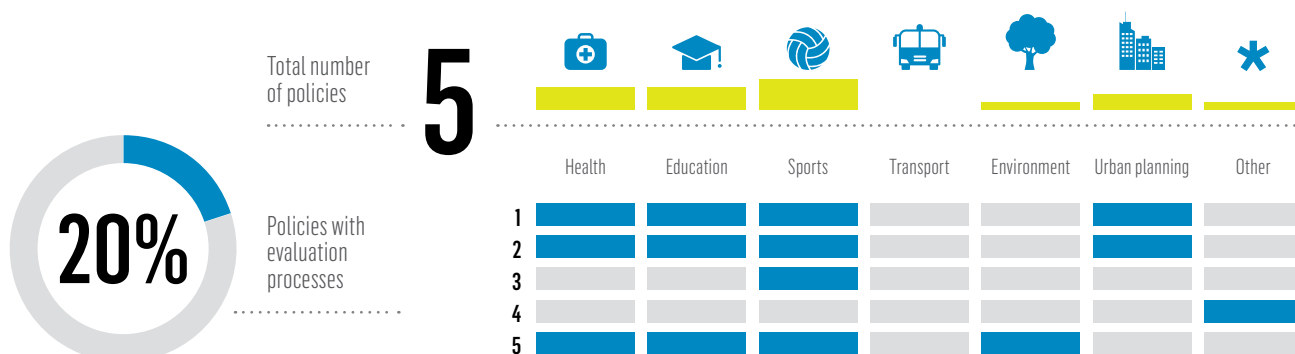
Funding allocated specifically to physical activity promotion by sector

The **National Strategy for Physical Education and Sports Development 2012–2022** was adopted by the National Assembly of Bulgaria in 2011. The aim of the Strategy is to emphasize the social function of physical education and sports in Bulgaria and the need for political, economic and social changes to improve uptake of physical activity. It addresses the principal stakeholders, including public authorities, local governments and public sports organizations.



National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity



Target groups addressed by national policies

The **National Bulgarian Physical Activity and Recreation Programme** was drafted by many experts, drawing on experience around the world. It includes a wide spectrum of international, national, local and community events and is designed for all age brackets, disabled people and socioeconomically disadvantaged people. The Bulgarian Sports for All Federation leads implementation of the Sports Clubs for Health Programme, with over 950 clubs using the guidelines.

- ✗ Low socioeconomic groups
- ✗ Pregnant and breastfeeding women
- ✗ Ethnic minorities
- ✗ People deprived of liberty
- ✗ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✗ People with chronic diseases



Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



Medical doctors



Optional
Postgraduate



Nurses



Optional
Postgraduate



Physiotherapists



Others

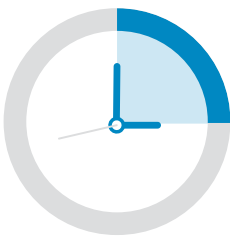


In Bulgaria, counselling on physical activity is offered as part of reimbursed primary health care services by general practitioners and specialists. The service was established in 2016, led by the Ministry of Health and funded by the National Health Insurance Fund.



Physical activity in schools

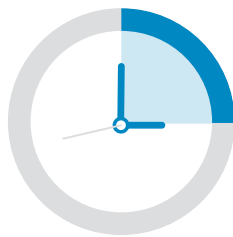
Total hours of physical education per week in **PRIMARY SCHOOLS**



3

All mandatory

Total hours of physical education per week in **SECONDARY SCHOOLS**



3

All mandatory



Physical activity during school breaks

Physical activity during lessons

Physical activity programmes after school

Active travel to and from school

In primary and secondary schools, 3–3.5 h of physical education are mandatory. Optional modules for health-enhancing physical activity are included in the curricula followed by both primary and secondary physical education teachers.

Promotion of physical activity in the workplace

Schemes to promote active travel to work and physical activity at work are planned for the next 2 years.



Active travel to and from the workplace

Physical activity at the workplace

National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS

Move means health – World day of physical activity is a national campaign established in 2002, run by the Ministry of Health and funded from regional and municipality budgets.



Television



Radio



Newspapers



Social media



Public events



Public figures



CROATIA

PHYSICAL ACTIVITY

FACTSHEET 2018

Median age

43.4 YEARS

GDP per capita

11 100 €



Total population

4 154 213

% of GDP for health: **6.5**

% of GDP for education: **4.8**

% of GDP for sports: **0.1**



Population **MALE**

48.3%

Population **FEMALE**

51.7%

Life expectancy, **MALES**

75.0 YEARS

Life expectancy, **FEMALES**

81.3 YEARS

Sources: Eurostat (2016)

Success story

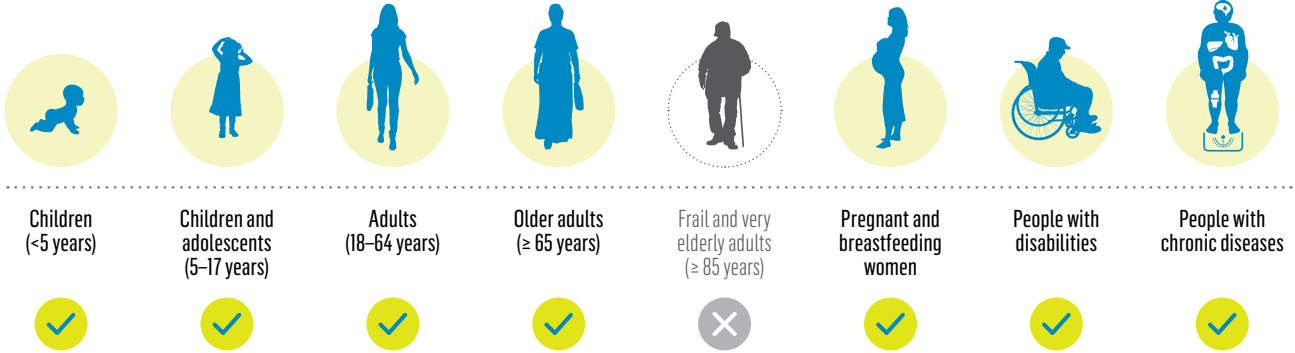
In order to halt the growing trend of morbidity and mortality rates of noncommunicable diseases, the Ministry of Health launched a public health programme "Healthy Living" in 2002. Since then, the Croatian Institute of Public Health in collaboration with nine ministries and other key governmental agencies and organizations has been developing a comprehensive, multidisciplinary health promotion programme "Healthy living", which the Government declared the first national health promotion programme in Croatia. Implementation of the programme is multisectoral, involving nongovernmental organizations, local communities, health, education and Government institutions. Starting in December 2016, the programme activities have been co-financed by the European Union from the European Social Fund. The goals of the programme are to inform, raise awareness and provide supporting environments to Croatian citizens of all ages as well as to vulnerable groups for adequate physical, mental and reproductive health in order to ensure healthier lifestyles for all. The "Healthy living" programme consists of five components: health education, health and physical activity, health and nutrition, health and the workplace and health and the environment. <https://www.hzjz.hr/en/news/the-national-programme-living-healthy>



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

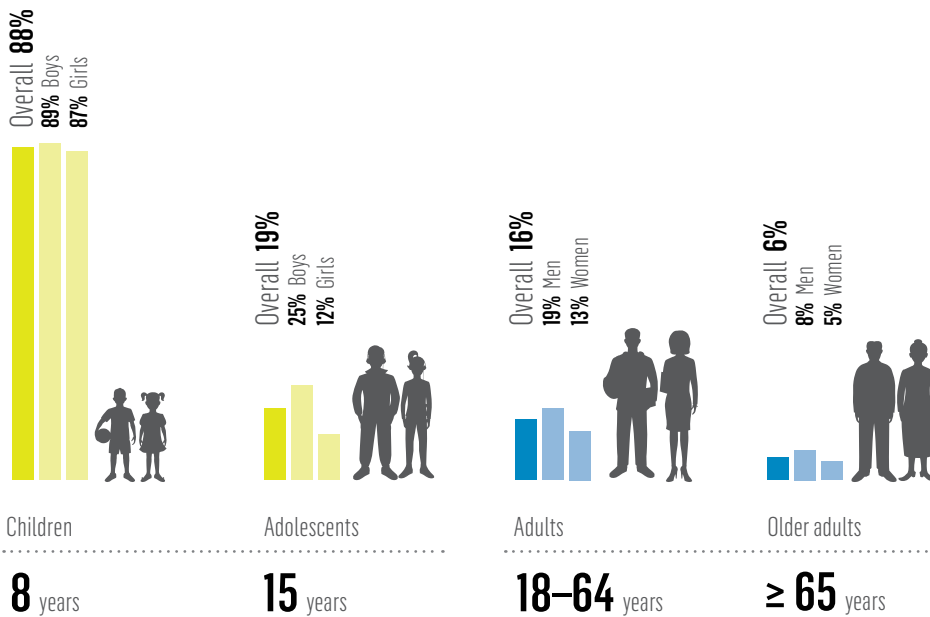
TARGET GROUPS INCLUDED



The national recommendations are based on WHO's Global Recommendations on Physical Activity for Health as well as the the recommendations from the US Centers for Disease Control and Prevention and the American College of Sports Medicine.

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Levels of physical activity are assessed based on the WHO recommendations of 150 min of moderate-intensity physical activity per week for adults and 60 min/day for children and adolescents. Data for 8-year-olds are from the Childhood Obesity Surveillance Initiative (COSI) survey conducted in 2015/2016, those for adolescents from the Health Behaviour of School-aged Children survey conducted in 2013/2014, and those for adults from the European Health Interview Survey (EHIS) conducted in 2014/2015.

The aim of the national health promotion programme, "Healthy Living" is to create conditions in all counties that allow all citizens to meet the recommended levels of physical activity. For children, activities are organized regularly in parks during their free time, and daily 10-min exercise and "Polygon for physical activity of schoolchildren" are organized in schools. Daily 10-min of exercise is organized for the working population and for all age groups. For the elderly, regular "Walking towards health" is organized.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

In Croatia, physical activity levels are monitored with the: COSI survey conducted in 2015/2016; the HBSC study conducted every 4 years since 2002, with the last round conducted in 2013/2014; the Health Interview Survey, conducted in in 2003 and 2008, coordinated by the University of Zagreb, Medical School; and the European Health Interview Survey for Croatia conducted in 2014 and coordinated by the Croatian Institute of Public Health.



POLICY RESPONSE

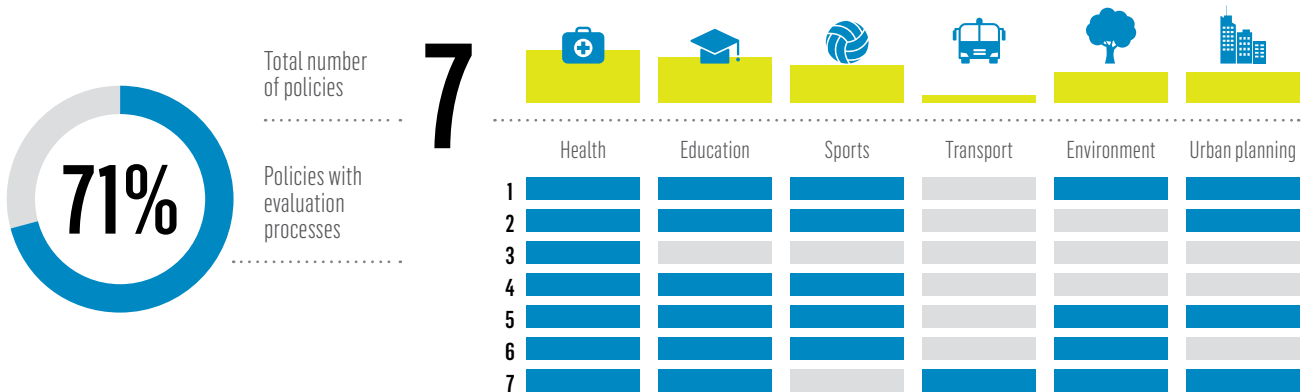
Funding allocated specifically to physical activity promotion by sector

The Croatian Institute of Public Health coordinates the **"Healthy Living"** programme, co-financed by the European Social Fund. Activities are planned for the entire population and thus involve sectors other than health. Accordingly, funding is distributed to sectors including health, education, sports, environment and urban planning.



National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity



A national interdisciplinary working group for health-enhancing physical activity promotion was formed in 2017. Its aim is to create a platform for sharing good practice examples, legislation and monitoring among sectors. This will contribute to better intersectoral communication and cooperation that will result in a comprehensive strategic plan. The working group consists of members from the health, workplace, sports, environment, tourism and transport sectors.

Target groups addressed by national policies

The target group of the **"Healthy Living"** programme is the entire population, including the elderly, socially deprived people, people with disabilities and ethnic minorities. For example, within the activity "Volunteers in parks", the organized activities include both promotion of physical activity and also social integration of the elderly, children with developmental difficulties, ethnic minorities and other vulnerable groups.

- ✓ Low socioeconomic groups
- ✓ Pregnant and breastfeeding women
- ✓ Ethnic minorities
- ✗ People deprived of liberty
- ✗ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✓ People with chronic diseases



Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



Medical doctors



Nurses



Physiotherapists



Others



Counselling centres for healthy nutrition, physical activity and obesity prevention are organized by the Croatian Institute of Public Health and 13 county institutes. Counselling centres offer professional help and support in maintaining and improving health and empower citizens to control their own health with an emphasis on physical activity and healthy nutrition. All the services are free of charge and anonymous. Each of the counselling centres also offers phone and email counselling.



Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**

Total hours of physical education per week in **SECONDARY SCHOOLS**



Grades 1-3:

3

All mandatory



Grades 4-8:

2



In schools with a 4-year programme:

2

All mandatory



In schools with a 3-year programme:

1



Physical activity during school breaks



Physical activity during lessons



Physical activity programmes after school



Active travel to and from school



According to the **CroCOSI** survey conducted in 2015/2016, 84% of the main elementary schools have gyms or sports rooms. About two thirds (63%) of all the main elementary schools offer organized physical activity to pupils outside of school hours, and 51% of schools allow students to use the sports facilities outside school hours.

Promotion of physical activity in the workplace

The **"Health-friendly company"** project provides certification to companies that support workers in maintaining healthy lifestyles during office hours and promote active transport to work. The company's health promotion policies are evaluated, and further recommendations for improvement are given. Company employees can also attend physical activity workshops.



Active travel to and from the workplace



Physical activity at the workplace



National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS

In Croatia, there are several national awareness-raising campaigns on physical activity: the European Week of Sport in May, World Walking Day in October and regular awareness-raising activities within the **"Healthy Living"** programme.



Television



Radio



Newspapers



Social media



Public events



Public figures





CYPRUS

PHYSICAL ACTIVITY FACTSHEET 2018



Total population
854 802

Median age
37.4 YEARS

GDP per capita
21 600 €



% of GDP for health: **2.6**
% of GDP for education: **6.0**
% of GDP for sports: **0.3**



Population **MALE** **48.7%**
Population **FEMALE** **51.3%**

Life expectancy, **MALES** **80.5** YEARS
Life expectancy, **FEMALES** **84.9** YEARS

Sources: Eurostat (2016)

Success story

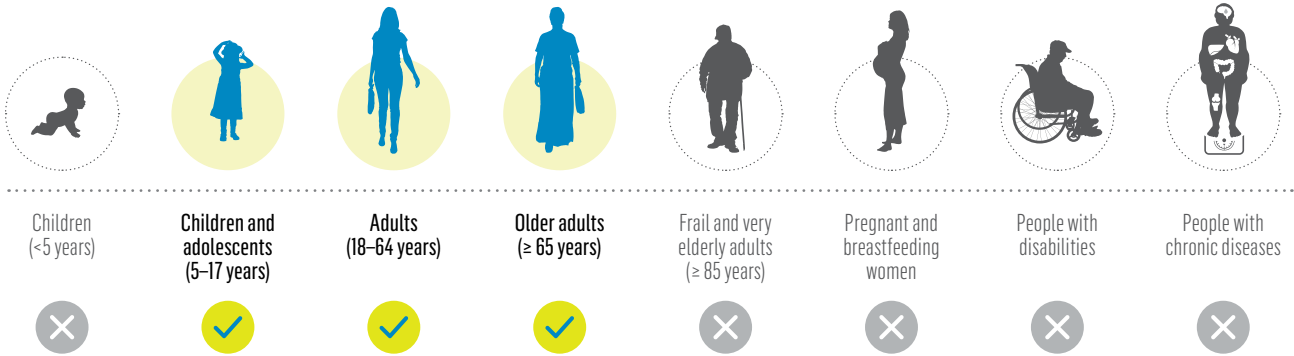
Since 1985, the Cyprus Sports Organization has run a **“Sports for all”** programme to promote physical activity among people at greatest risk of physical inactivity. More than 500 sports centres and over 16 000 members of all ages participate in Sports for all clubs. The objective of the programme is to help the majority of the population of Cyprus to become involved in sports and enjoy equal opportunities for physical activity, regardless of their ethnicity, sex, age, mental or physical health, education or socioeconomic status. Sports for all programmes are now being organized in rural areas and were provided at the reception centre for asylum seekers at Kofinou during 2016-2017. <https://cypussports.org/en/activities/national-programs/sports-for-all.html>.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

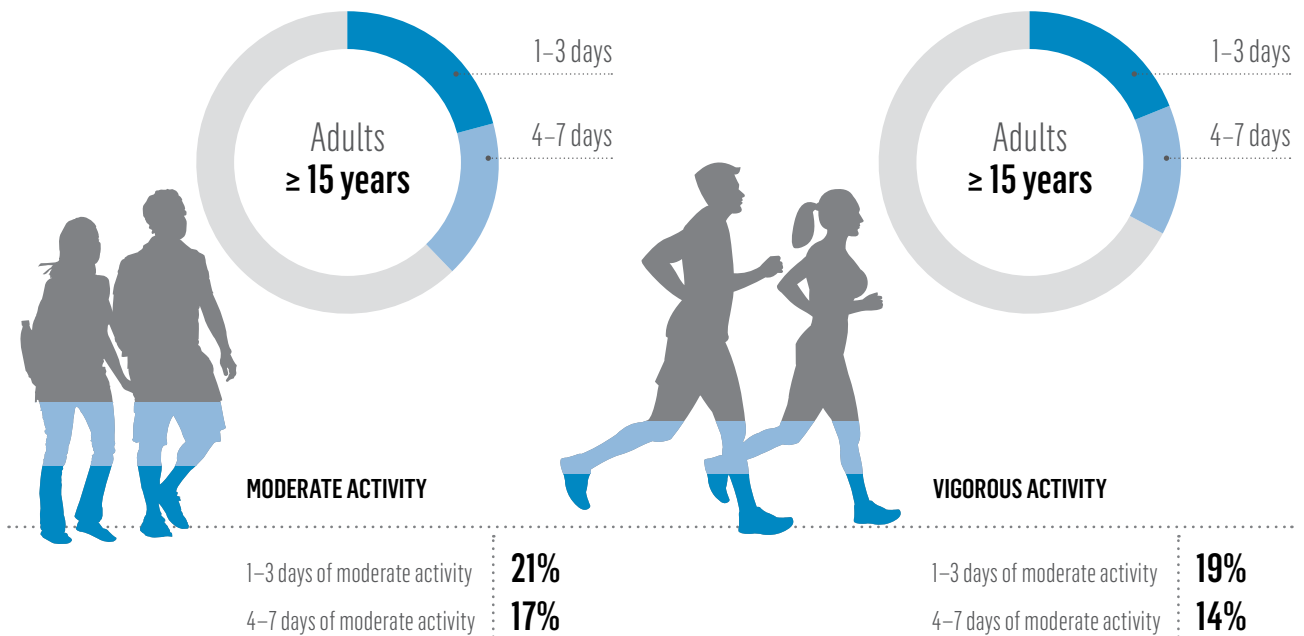
TARGET GROUPS INCLUDED



National recommendations for physical activity are being prepared and will be implemented in 2019. They will be based on the WHO global recommendations on physical activity for health (2010) and the recommendations of the American College of Sports Medicine (2011).

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

Data on levels of physical activity are derived from the 2018 Eurobarometer survey. No data were available for children and adolescents.

POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector

The promotion of physical activity in Cyprus is coordinated by the **Cyprus Sport Organization**. The **Cyprus Sports Medicine & Research Centre** also plays an active role as part of the “**Eurofit for Adults**” scheme.



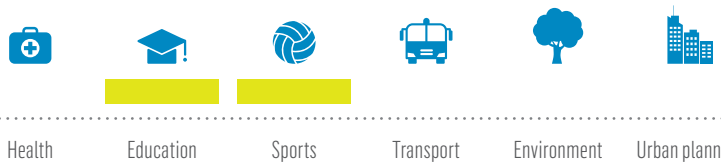
National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity

Total number of policies

1

Policies with evaluation processes – 0%



An excellent opportunity for promotion of physical activity during the 2017 school year was a national running event, **Run for my health**. This major event involved secondary education students from all over the country and was coordinated by the Ministry of Education and Culture in cooperation with the private sector. Students participated in the event as part of after-school sports activities. The main objective was to improve students' attitude to an active way of life and a healthier lifestyle through physical activity.

Target groups addressed by national policies

- ✓ Low socioeconomic groups
- ✗ Pregnant and breastfeeding women
- ✓ Ethnic minorities
- ✓ People deprived of liberty
- ✓ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✓ People with chronic diseases



CZECHIA

PHYSICAL ACTIVITY FACTSHEET 2018



Total population
10 578 820

Median age
41.9 YEARS

GDP per capita
16 500 €



% of GDP for health: **7.4**
% of GDP for education: **4.5**
% of GDP for sports: **0.4**



Population **MALE**
49.2%
Population **FEMALE**
50.8%

Life expectancy, **MALES**
76.1 YEARS
Life expectancy, **FEMALES**
82.1 YEARS

Sources: Eurostat (2016)

Success story

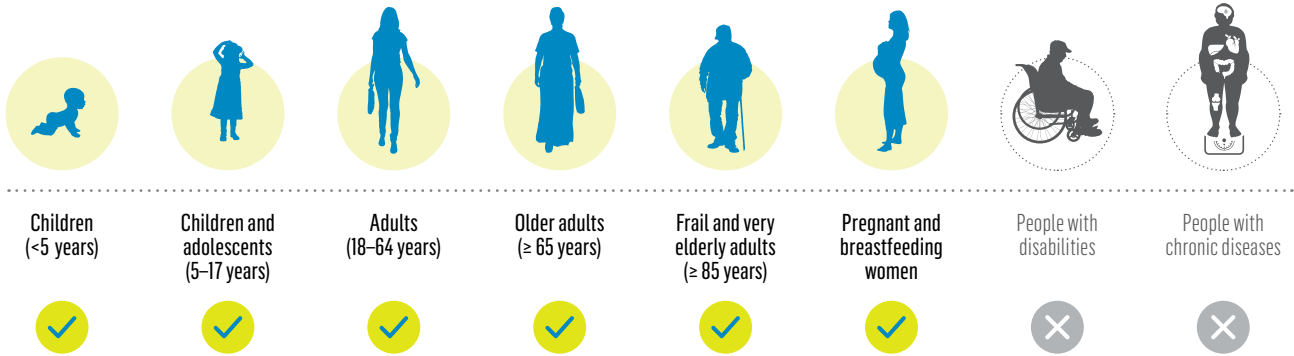
The project "**Parks in motion**" is a socially responsible project that provides healthy outdoor physical activities led by trained instructors. The project offers children, adults and seniors regular opportunities to be active in city parks, and all lessons are free. It has been running for 3 years and has provided training for over 35 instructors, who now implement programmes in 14 city parks across the country. <http://parkyvpohybu.wixsite.com/vyzva>



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

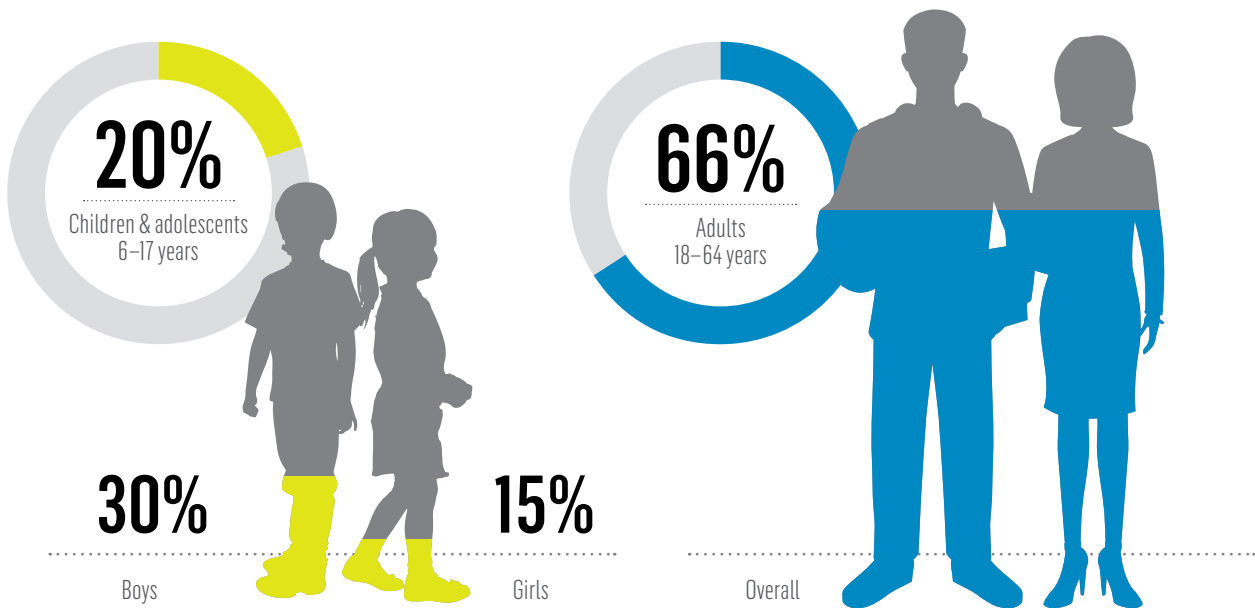
TARGET GROUPS INCLUDED



The national recommendations were implemented in 2014 and are based on WHO global recommendations on physical activity for health (2010). People are considered physically active if they do 20 min of vigorous-intensity training three times a week.

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

Physical activity levels of children and adolescents were assessed from the Health Behaviour in School-aged Children study and among adults in a national cross-sectional study.



POLICY RESPONSE



The **Association of School Sports Clubs of Czechia** promotes participation in sports and physical activity. The programme is led by the Ministry of Education, Youth and Sport and jointly funded by the Ministry and the Czech Olympic Committee. It supports a gradual extension of opportunities to the entire population to be physically active, regardless of talent, gender, age, ethnicity, religion, disabilities or socioeconomic status, through participation in both organized and non-organized sports.

Ride2sCool is a registered association with the main purpose of ensuring, maintaining and further developing cycling accessibility for students in larger cities of the Czechia. The programme is aimed at increasing active travel to school by children aged 6-14 and involves college students acting as guides and guardians during the journey to school. In 2017, three elementary schools and 40 volunteers joined the programme. Children and guides achieved a total of 646 trips with a total distance of 2291.3 km. <http://wp.ride2scool.org/o-projektu/>

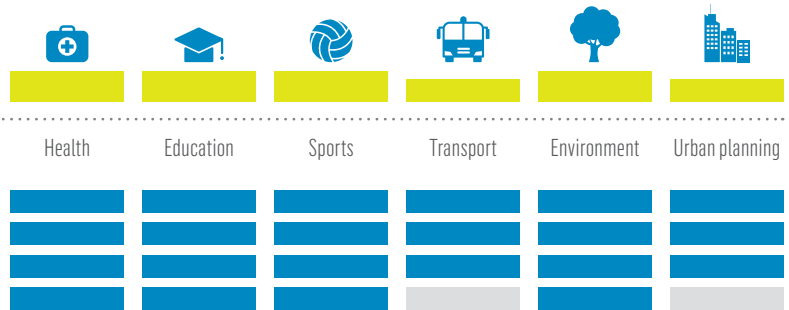
National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity

Total number of policies

Policies with evaluation processes – 0%

4



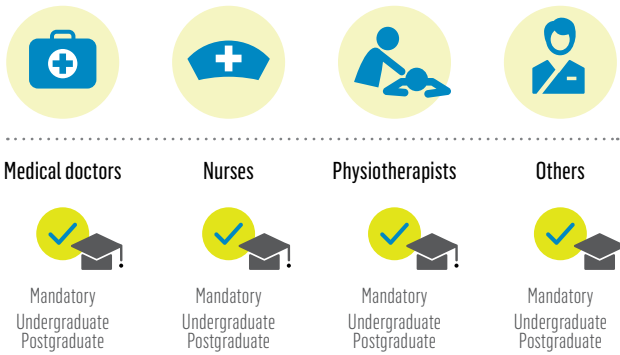
Target groups addressed by national policies

- ✓ Low socioeconomic groups
- ✓ Pregnant and breastfeeding women
- ✗ Ethnic minorities
- ✗ People deprived of liberty
- ✗ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✓ People with chronic diseases



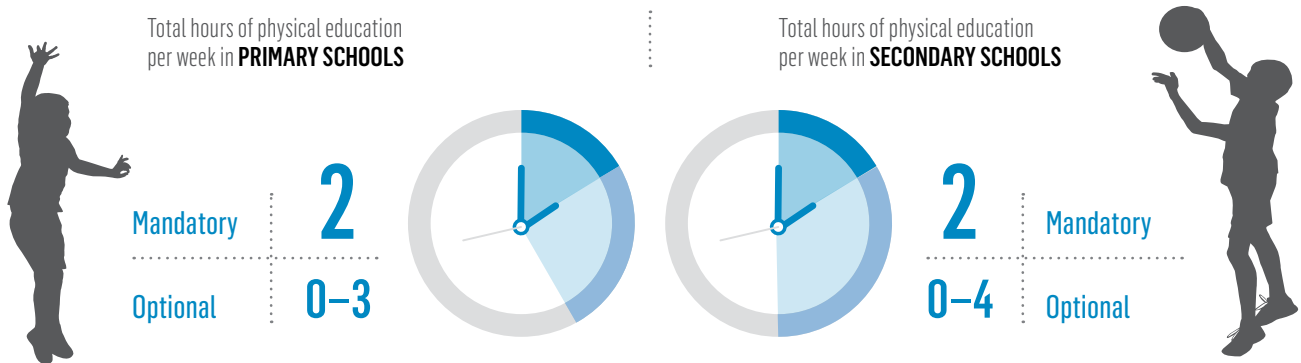
Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH

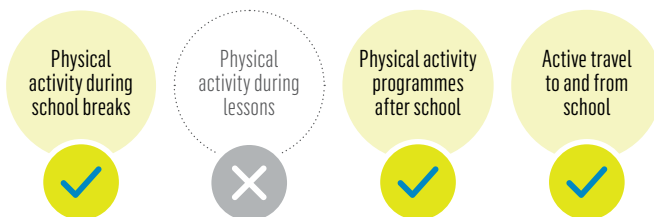


Training in physical activity for health is mandatory for medical doctors, physiotherapists, nurses and public health students.

Physical activity in schools



Over the past 3 years, more and more schools have voluntarily included 1-3 extra hours of physical activity in the primary school curriculum and 1-4 h in secondary schools. Physical activity for health is a mandatory part of training for physical education teachers. The quality of physical education is monitored by school inspections.



Promotion of physical activity in the workplace

In 2004, the Ministry of Transport implemented the national cycling strategy, replaced in 2013 by the **Cycling strategy** (Cyklostrategie). Additionally, the national action plan for physical activity promotion in Czechia, led by the Ministry of Health, includes the promotion of physical activity at the workplace and active travel to work.



DENMARK

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

5 748 769



Median age

41.6 YEARS

GDP per capita

45 800 €

% of GDP for health: **8.6**

% of GDP for education: **6.9**

% of GDP for sports: **0.4**



Population **MALE**

49.8%

Population **FEMALE**

50.2%

Life expectancy, **MALES**

79.0 YEARS

Life expectancy, **FEMALES**

82.8 YEARS

Sources: Eurostat (2016)

Success story

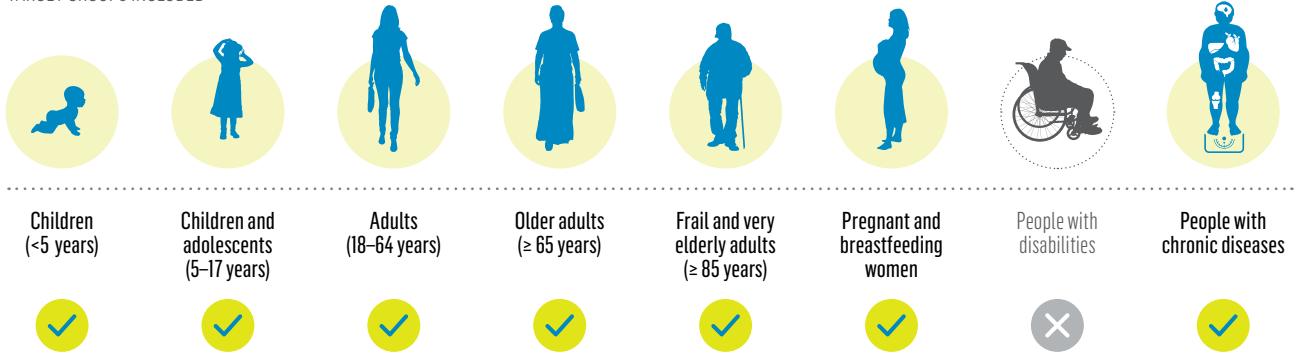
Daily physical exercise was made a mandatory part of the school day in 2013. Students in public primary and secondary schools are now required to engage in 45 min of physical exercise every day to improve their learning, health and overall well-being. Activities are either integrated into learning structures or conducted during time specifically dedicated to exercise. The Ministry provides materials and invites professionals to take part in courses to ensure physical exercise in the classroom and assists schools and municipalities in designing systematic, structured plans. The main aim is to motivate students and provide a variety of opportunities to be active. <https://uvm.dk/folkeskolen/laering-og-laeringsmiljoe/bevaegelse>



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

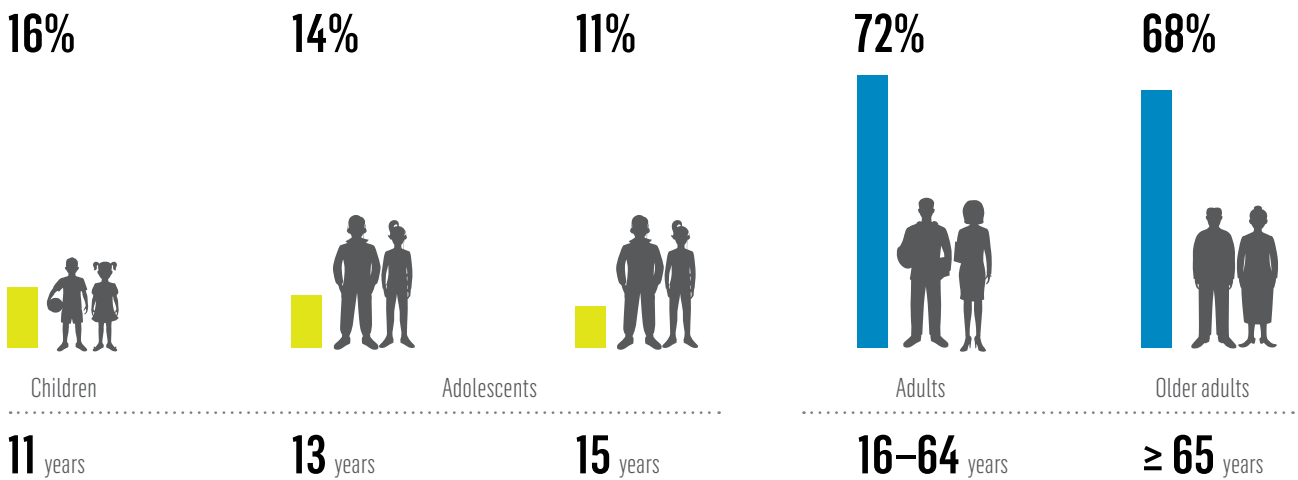
TARGET GROUPS INCLUDED



The present national recommendations were first implemented in 2011 and are based on WHO global recommendations on physical activity for health (2010), the recommendations of the US Centers for Disease Control and Prevention and the American College of Sports Medicine (1995), as well as Canadian evidence and recommendations (2010).

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Levels of physical activity are assessed based on the WHO recommendations of 150 minutes of moderate-intensity physical activity per week for adults and 60 minutes per day for children and adolescents.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

The physical activity levels of the Danish adult population were assessed in a national survey conducted in 2017 with the Nordic Physical Activity Questionnaire and presented in the Danish National Health Profile. The physical activity of children and adolescents is monitored in the Health Behaviour in School-aged Children survey.



POLICY RESPONSE

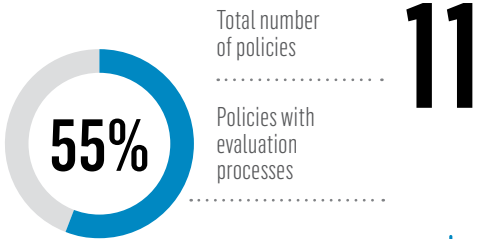
Funding allocated specifically to physical activity promotion by sector

The **Danish Sports Policy** (2016) ensures that all groups in society have the opportunity to participate in sports or exercise. The policy stipulates that special efforts should be made to involve children, adolescents and adults who are not already involved in organized sports as well as disabled or vulnerable groups who may find it difficult to participate in the traditional settings of sport associations. https://kum.dk/fileadmin/KUM/Documents/Kulturpolitik/Idrat/2016_dokumenter_m.v/ldr%C3%A6tspolitiske



National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity



In Denmark, a funding pool has been set up to promote cycling. The State funds part of projects, usually 40% of the costs, and municipalities and organizations can apply for grants for projects to promote cycling, including cycling to school and work, development of biking paths, recreational cycling schemes and tourism and development projects.



| | Health | Education | Sports | Transport | Environment | Urban planning |
|----|--------|-----------|--------|-----------|-------------|----------------|
| 1 | █ | █ | █ | █ | █ | █ |
| 2 | █ | █ | █ | █ | █ | █ |
| 3 | █ | █ | █ | █ | █ | █ |
| 4 | █ | █ | █ | █ | █ | █ |
| 5 | █ | █ | █ | █ | █ | █ |
| 6 | █ | █ | █ | █ | █ | █ |
| 7 | █ | █ | █ | █ | █ | █ |
| 8 | █ | █ | █ | █ | █ | █ |
| 9 | █ | █ | █ | █ | █ | █ |
| 10 | █ | █ | █ | █ | █ | █ |
| 11 | █ | █ | █ | █ | █ | █ |

Target groups addressed by national policies

As part of the Government's support for the "**Move for life**" strategy, three working groups were established in 2017 with representatives from ministries and various major stakeholders. One of the working groups promotes physical activity and sports for health by ensuring cooperation between the health care sector and local and national actors in both organized and non-organized sports. The working group also promotes participation in sports, particularly among inactive groups.



- ✓ Low socioeconomic groups
- ✗ Pregnant and breastfeeding women
- ✗ Ethnic minorities
- ✓ People deprived of liberty
- ✓ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✓ People with chronic diseases
- ✓ Other



Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



Medical doctors



Mandatory
Undergraduate
Postgraduate



Nurses



Mandatory
Undergraduate
Postgraduate



Physiotherapists



Mandatory
Undergraduate
Postgraduate



Others



Mandatory
Optional
Undergraduate
Postgraduate

Medical doctors, nurses and physiotherapists are all trained in physical activity and health. Physical activity is also part of the curriculum for occupational therapists, psychomotor therapists, nutritionists and chiropractors, sometimes as part of an optional module.

In 2015, as part of an initiative for disease prevention in primary care and hospitals, the Danish Health Authority provided materials for an initial assessment of a patient's lifestyle, including physical activity, as part of routine care. It also provides information materials and supports referral to health interventions when needed.



Physical activity in schools

Total hours of physical education in
PRIMARY and **SECONDARY** SCHOOLS

630 h/year

630 h/year is the total number of hours that schools are recommended to offer to all students in primary and secondary schools from grades 1-9 as per the following:

Grades 1-3:

60 h/year

Grades 4-6:

90 h/year

Grades 7-9:

60 h/year

There may be variations among municipalities and between schools. In addition to physical education classes, 45 min of daily physical activity (about 150 h/year) are required in public primary and lower secondary schools to improve students' learning, health and overall well-being.



Promotion of physical activity in the workplace



The Danish Cyclist Federation established the national campaign "**Bike to work**" to encourage people to use their bicycles for everyday transport. A number of schemes have also been developed by the Company Sport Association and implemented by the Danish Working Environment Authority to promote physical activity in workplaces.

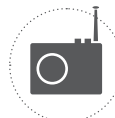


National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS



Television



Radio



Newspapers



Social media



Public events



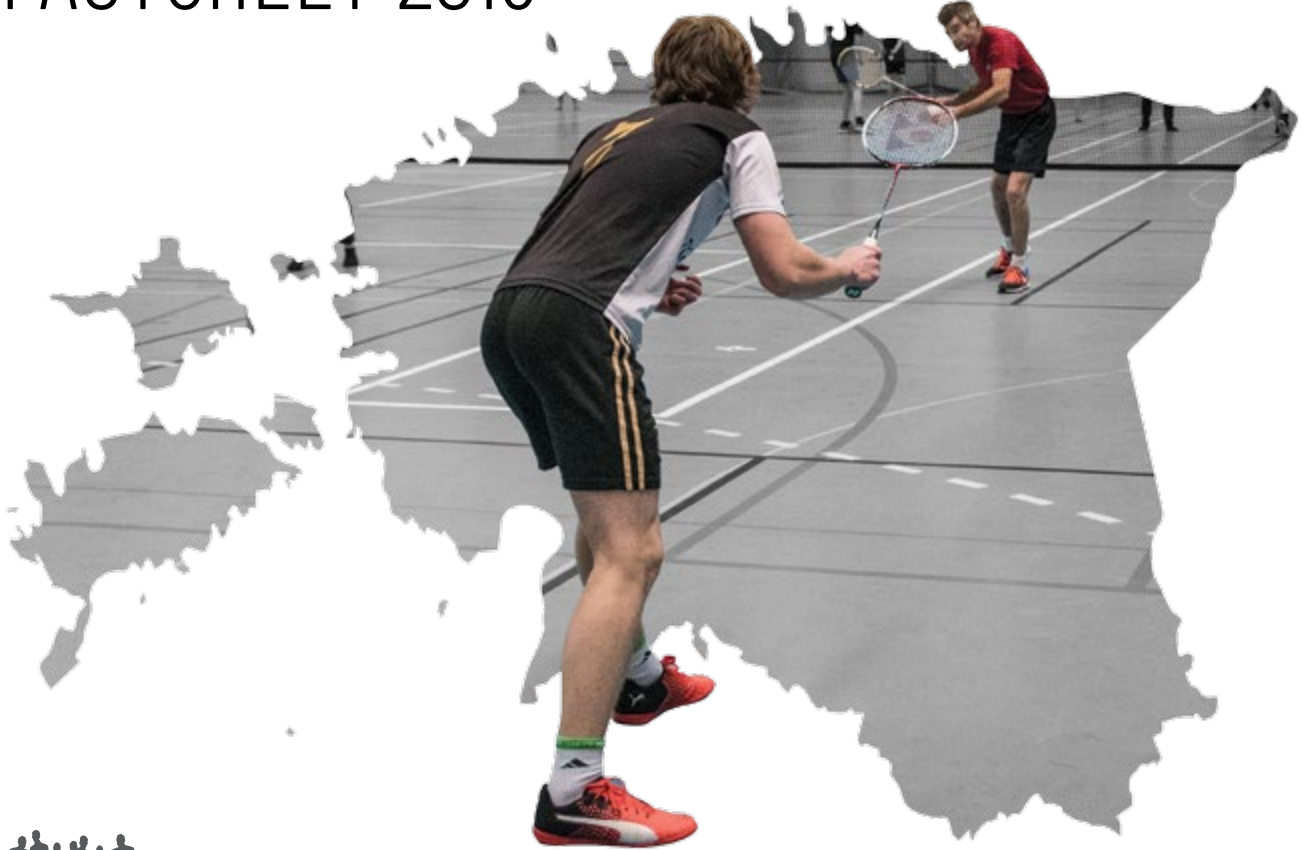
Public figures



In 2003, the Danish Health Authority established the nationwide "**Get moving**" campaign, which has been implemented in most years since 2006.

ESTONIA

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

1 315 635

Median age

41.8 YEARS

GDP per capita

13 700 €



% of GDP for health: **5.3**

% of GDP for education: **5.9**

% of GDP for sports: **0.4**



Population **MALE**

46.9%

Population **FEMALE**

53.1%

Life expectancy, **MALES**

73.3 YEARS

Life expectancy, **FEMALES**

82.2 YEARS

Sources: Eurostat (2016)

Success story

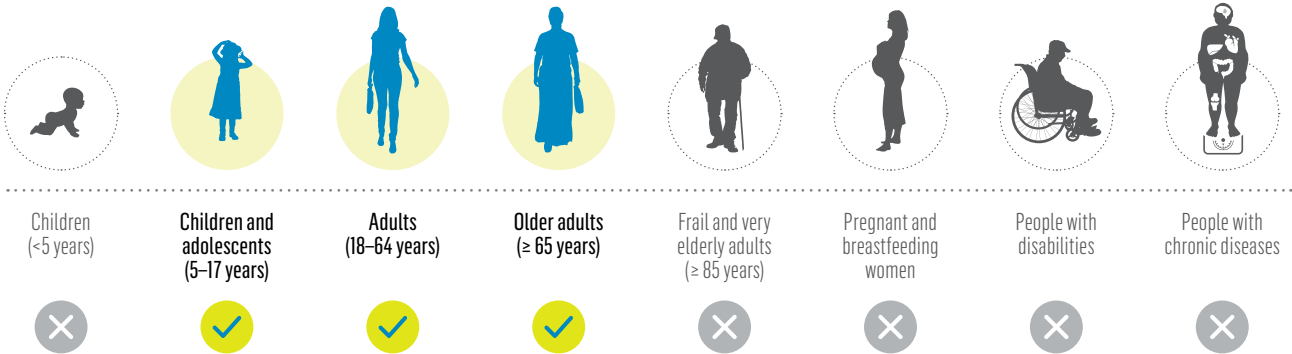
“**Schools in motion**” is a multicomponent approach to promote the physical activity of students in school through active lessons, active recess, active transport and physical education lessons supporting lifelong physical activity. Measures have been introduced to improve indoor and outdoor environments for physical activity. A key element of the project is the involvement of all school personnel, students and parents in developing the interventions.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

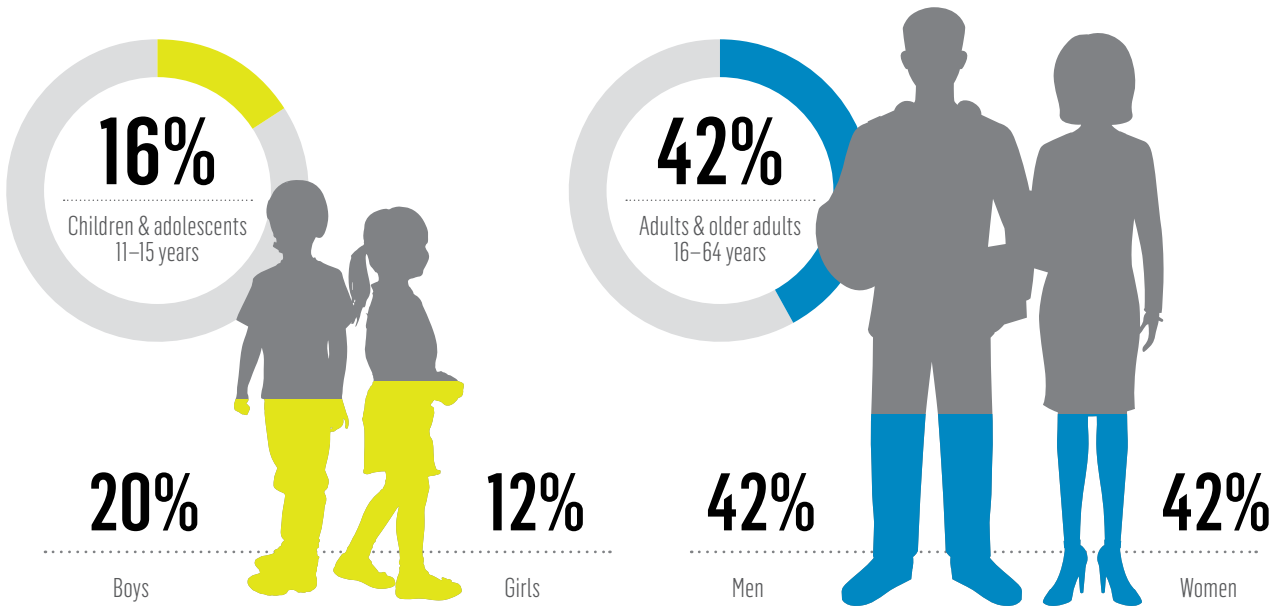
TARGET GROUPS INCLUDED



The national recommendations were implemented in 2017 and are based on the Nordic Nutrition Recommendations (2012), recommendations from the Nordic Council of Ministers (2013) and the United Kingdom physical activity guidelines (2011).

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS

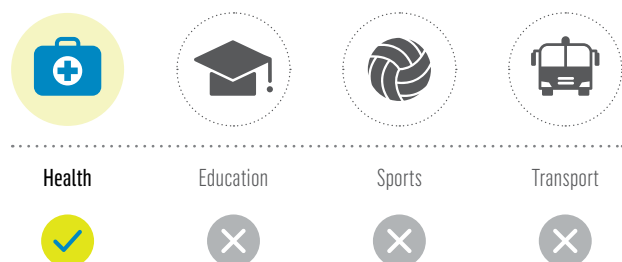


Adults are considered to be active if they achieve 30 min of physical activity twice a week in leisure time.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

“Health behaviour of the Estonian adult population“, a national survey led by the National Institute for Health Development, is used to monitor physical activity in Estonia. It was implemented in 1994 and has been repeated every 2 years. The physical activity of children and adolescents is monitored in the Health Behaviour in School-aged Children survey.



POLICY RESPONSE

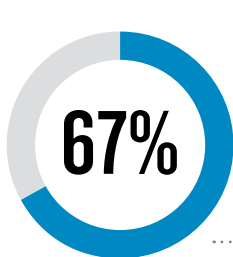
Funding allocated specifically to physical activity promotion by sector

One of the aims of the **Estonian Sports Development Plan** is to reorient physical education to the development of lifetime physical activity habits and motivation for daily activity. Previously, physical education was centred on sports; now, it focuses on developing physical literacy. <http://www.kul.ee/et/tegevused/sport/arengustrateegia-estti-sport-2030>



National policies by sector

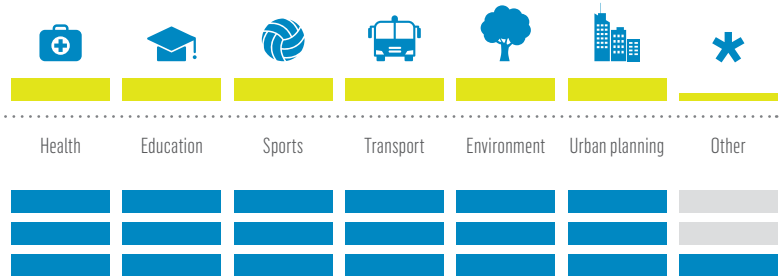
Sectors that are involved in each of the national policies or action plans to promote physical activity



Total number of policies

3

Policies with evaluation processes



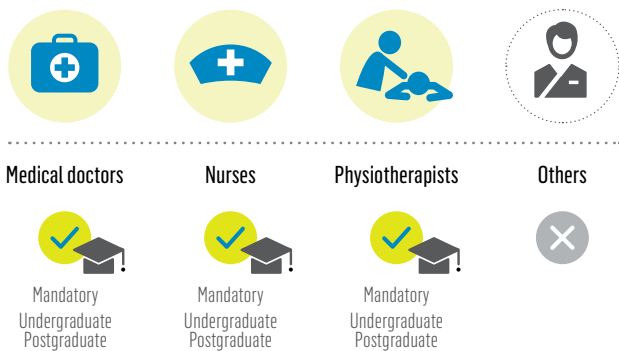
Target groups addressed by national policies

- ✓ Low socioeconomic groups
- ✗ Pregnant and breastfeeding women
- ✓ Ethnic minorities
- ✗ People deprived of liberty
- ✗ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✓ People with chronic diseases



Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



A recreational activity grant system was established nationally in 2018 by the Estonian Youth Work Centre to create possibilities for versatile development of young people by systematic, informal learning. The main aim of the model is to increase participation in recreational activities among young people who are not currently participating. Nongovernmental organizations can apply to local municipalities for a grant, and applications are assessed on the basis of whether they will increase the availability and the diversity of options and improve the quality of recreational activities.

Physical activity in schools

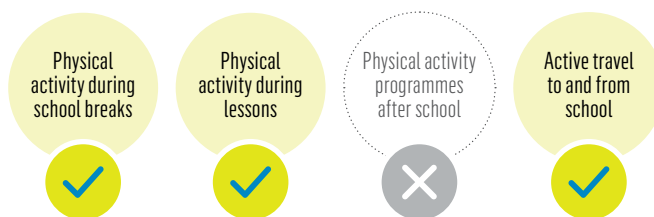
Total hours of physical education per week in **PRIMARY SCHOOLS**

Two or three 45-min lessons per week. In grades 1–3 and 4–6, a total of eight physical education lessons are allocated by the school. For example, three lessons per week in grade 1, two per week in grade 2 and three per week in grade 3. In grades 7–9), two 45-min sessions in each grade.

Total hours of physical education per week in **SECONDARY SCHOOLS**

The national curriculum stipulates that, during the 3 years of secondary school, students should have 35 courses of 45 min of physical education. <https://www.hm.ee/en/national-curricula-2014>. Schools must also offer two optional courses.

Schools are obliged to provide the mandatory hours, but some schools include additional hours in the curriculum. The quality of physical education is monitored qualitatively and quantitatively from the opinions of physical education teachers, the physical environment and students' motivation.



Much research has been conducted in Estonia since 2004 on the quality of physical education. Both quantitative and qualitative methods have been used to explore the opinions of physical education teachers. In 2013, the physical conditions for organized physical education in schools were also studied and the opinions of physical education teachers assessed. Several other studies have looked at students' motivation and attitudes towards physical education, and a major survey was conducted in 2018 in which students in grades 4, 8 and 11 and their parents and teachers were asked about physical activity and physical education. This survey will be repeated annually. More information can be found in the document "Physical education concept. Upgrading Estonian physical education" (2017).

Promotion of physical activity in the workplace



Active travel to and from the workplace



Physical activity at the workplace



National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS



A national campaign is staged in 3 months during the year to increase public awareness and promote physical activity, with three themes. February is the month for leisure time in "Sports for all" facilities, April is the month for workplace sport, and September is the month for school sport. The campaign is led by the Estonian Sports for All Association, in cooperation with partners and jointly funded by the Ministry of Culture and other partners.

FINLAND

PHYSICAL ACTIVITY FACTSHEET 2018

Median age

42.5 YEARS

GDP per capita

34 800 €

% of GDP for health: **7.2**

% of GDP for education: **6.1**

% of GDP for sports: **0.5**



Population **MALE**

49.3%



Population **FEMALE**

50.7%

Life expectancy, **MALES**

78.6 YEARS

Life expectancy, **FEMALES**

84.4 YEARS

Sources: Eurostat (2016)



Total population

5 503 297



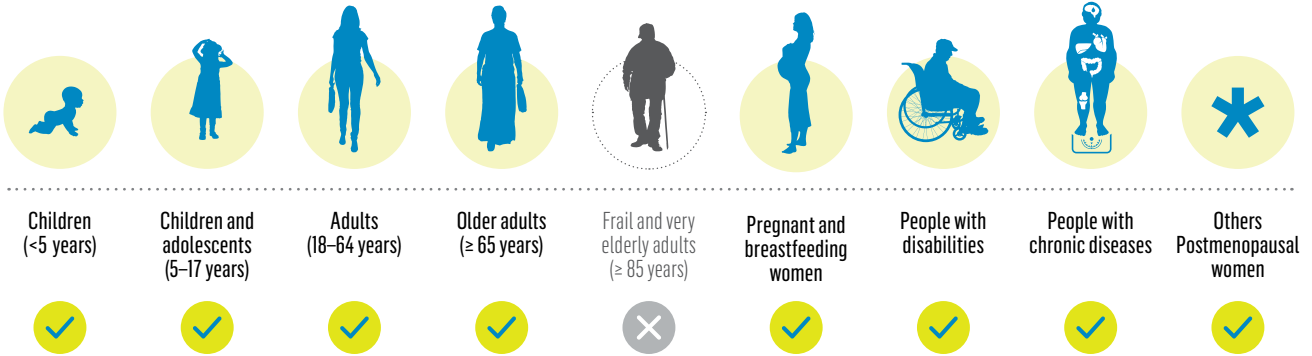
Success story

"On the move" is a Government action programme initiated in 2010 to establish a physically active culture in Finnish comprehensive schools. The schools and municipalities that participate in the programme make their own plans to increase physical activity during the school day. Active breaks and before and after school activities are key elements. The programme is funded by the Ministry of Education and Culture and coordinated by the National Board of Education and LIKES Research Centre for Sport and Health Sciences. www.liikkuvakoulu.fi/inenglish

MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

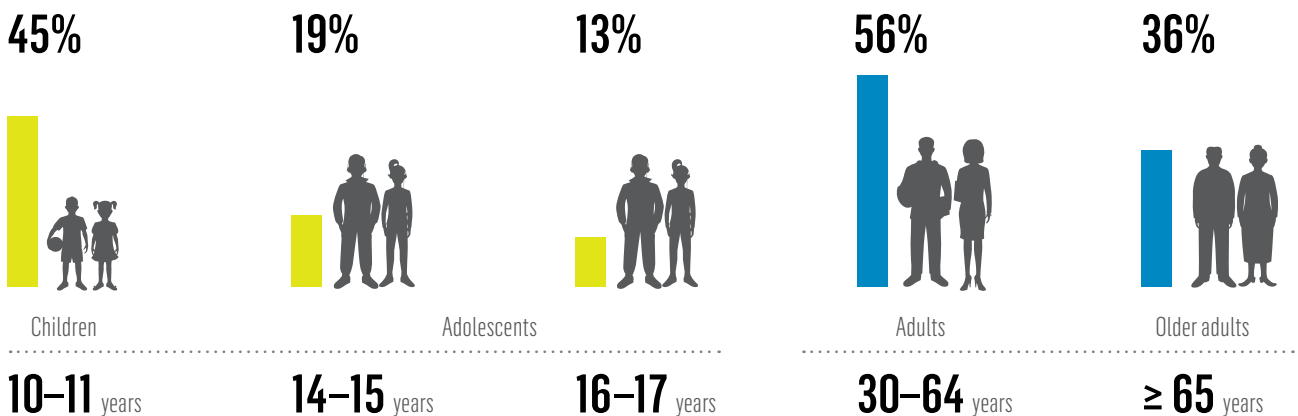
TARGET GROUPS INCLUDED



The national recommendations are based on the physical activity guidelines of the US Department of Health and Human Services (2008).

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



The levels of physical activity of children and adolescents are assessed against the WHO-recommended 60 min of moderate-intensity physical activity per day. For adults, the cut-off used was 150 min of moderate-intensity, 75 min of vigorous physical activity or a combination of the two.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

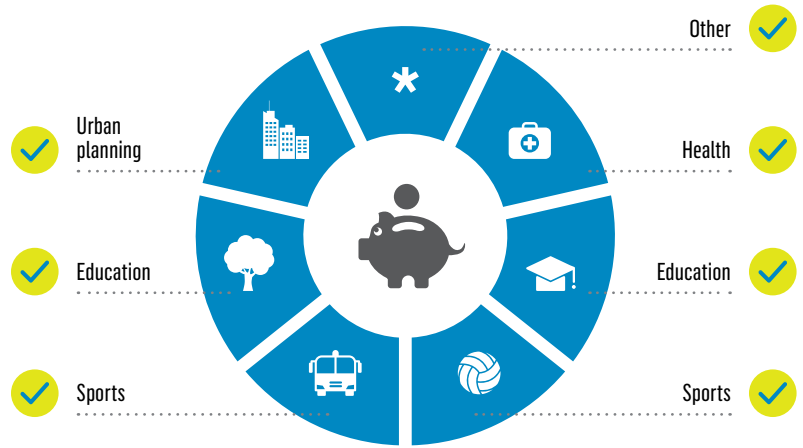
Several systems are in place for monitoring the physical activity of various age groups in Finland. These include the the Health Behaviour in School-aged Children survey, the School Health Promotion study, the National FinSote Survey, the Finnish School-aged Physical Activity Study and "Move!" The questionnaire from the National FinHealth Study is used to measure physical activity in adults. The overall participation rate is 70%. Additionally, a Finnish instrument for measuring weekly duration of moderate and vigorous physical activity is used, which includes a questionnaire and measurements with accelerometers.



POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector

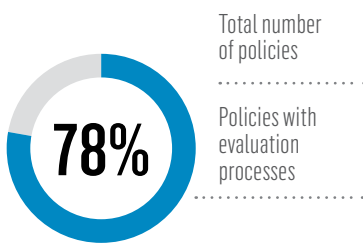
The promotion of physical activity in Finland is coordinated by the Steering Group for Health-enhancing Physical Activity, which comprises representatives from several ministries, research institutions, municipalities and organizations for both health and sports.



“On the move” is the national strategy for physical activity promotion and the key policy for health-enhancing physical activity promotion in Finland. <https://julkaisut.valtioneuvosto.fi/handle/10024/69943>.

National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity



9

| | Health | Education | Sports | Transport | Environment | Urban planning | Other |
|---|--------|-----------|--------|-----------|-------------|----------------|-------|
| 1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 7 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 8 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 9 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

The Finnish Transport Agency organizes the national mobility management project, of which active, sustainable travel is an important component. Several communities have set cycling to work challenges.

“Star club” is a quality assurance programme for improving sports clubs in Finland. It gives a star symbol to sports clubs that deliver high-quality physical activity programmes according to set criteria. It covers all sports associations in Finland, comprising those for children, adolescents, adults and elite sport. The guiding principles of “Sports clubs for health” are those of the quality assessment to which national and regional associations, including sports clubs, are committed. Auditing is conducted, and real-time data are made available to show stakeholders which clubs meet the quality criteria; online resources give easy access to relevant tools to help sports clubs improve their practices. <https://www.olympiakomitea.fi/seuratoiminta/tahtiseuratt/tahtiseuratt-seurojen-laatuohjelma/>.

Target groups addressed by national policies

The “Strength in old age” health exercise programme for older adults promotes the autonomy and quality of life of adults aged > 75 years with decreased functional capacity but who live independently. The programme provides counselling on exercise, guided strength and balance exercises and opportunities for daily and outdoor exercise. It is implemented by municipalities, supported by the Age Institute.

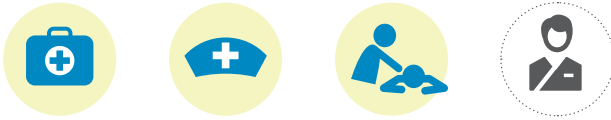
- ✓ Low socioeconomic groups
- ✓ Pregnant and breastfeeding women
- ✓ Ethnic minorities
- ✓ People deprived of liberty
- ✓ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✓ People with chronic diseases
- ✓ Other





Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



| Medical doctors | Nurses | Physiotherapists | Others |
|--------------------------|--------------------------|--------------------------|--------|
| | | | |
| Mandatory Undergraduates | Mandatory Undergraduates | Mandatory Undergraduates | |

Counselling of sedentary adults in Finland on physical activity started in 2012 as part of a larger programme coordinated by the “Fit for life” programme and the UKK Institute. It is funded by the Ministry of Education and Culture and the Ministry of Social Affairs and Health and covers lifestyle counselling in hospitals, in collaboration with primary health care, sports and nongovernmental organizations working in the health sector. Training of health professionals in physical activity is integrated into several courses, but the number of hours depends on the university or polytechnic.

Physical activity in schools

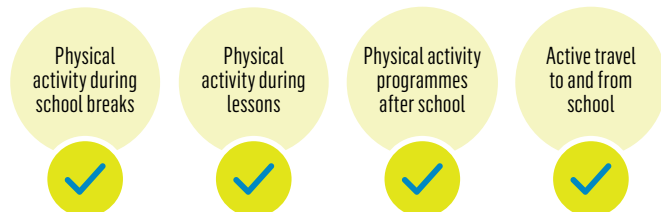
Total hours of physical education per week in **PRIMARY SCHOOLS**

Lessons in different subjects are governed by the Government Decree on the General National Objectives and Distribution of Lesson Hours in Basic Education (422/2012). In the new national curriculum, which started on 1 August 2016, the minimum compulsory time for physical education in classes 1–9 is 20 h (usually two or three 45-min sessions per week).

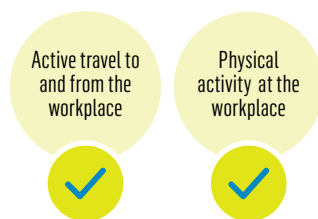
Total hours of physical education per week in **SECONDARY SCHOOLS**

In general upper secondary education, there are two compulsory courses of about 38 h each of physical education and three national voluntary courses.

To monitor the quality of physical education, a follow-up evaluation of learning outcomes, commissioned by the National Agency for Education, was conducted by the Department of Sports Sciences at the University of Jyväskylä, most recently in 2010. Schools may provide additional physical education as part of optional lessons.



Promotion of physical activity in the workplace



The Finnish Institute of Occupational Health provides training (e.g. seminars, advanced training), tools and materials for promoting physical activity as a part of a healthy lifestyle for people of working age. The communication materials and methods are based on research, and many have been planned with stakeholders, including workers, occupational health and safety personnel and trade unions. <https://www.ttl.fi/tutkimushanke/promo-at-work/>

National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS

Several national campaigns for various target groups are conducted to raise public awareness and provide physical activity education in Finland. These include “The adventures of Joe Finn”, “The journey to well-being”, “Stair days”, “The people’s movement: promotion campaign for walking and cycling” and “Go out with the elderly”, in 2011.



FRANCE

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

66 989 083

Median age

41.4 YEARS

GDP per capita

31 800 €

% of GDP for health: **8.1**
% of GDP for education: **5.4**
% of GDP for sports: **0.5**



Population **MALE**

48.4%

Population **FEMALE**

51.6%

Life expectancy, **MALES**

79.5 YEARS

Life expectancy, **FEMALES**

85.7 YEARS

Sources: Eurostat (2016)

Success story

France has a programme called "**Medicosportsanté**", in which each national sports federation dedicate one sports programme for participants with a chronic disease or the elderly. Each federation has created a commission that includes one general practitioner and a technical director, who provide guidance on adapting sports programmes for people with certain chronic diseases. The proposed programmes are then discussed by a committee made up of medical experts on the National Olympic Committee. The sports programmes will be announced on the Internet for both health professionals and the general population. Fifty national sport federations are involved in the programme. <http://cnosf.franceolympique.com/cnosf/actus/7038-nouvelle-version-du-mdicosport-sant.html>. <http://inpes.santepubliquefrance.fr/icaps/default.asp>

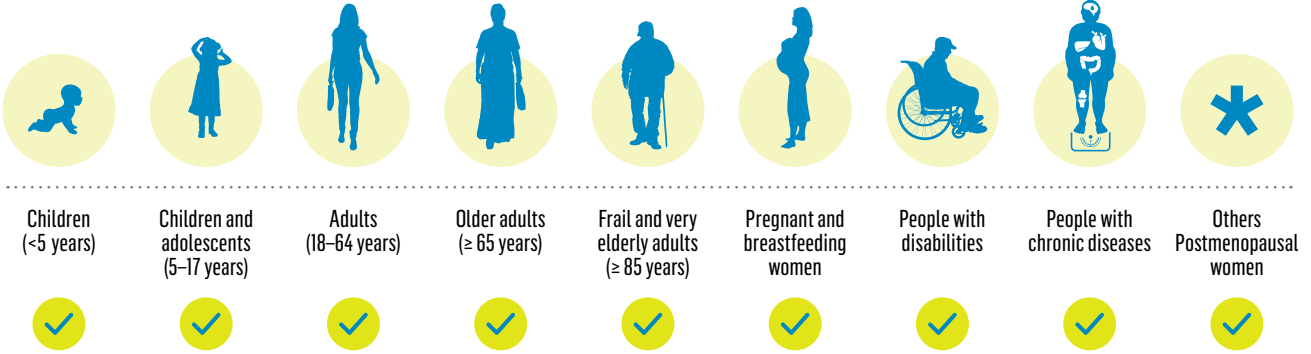


MONITORING AND SURVEILLANCE

70

National recommendations on physical activity for health

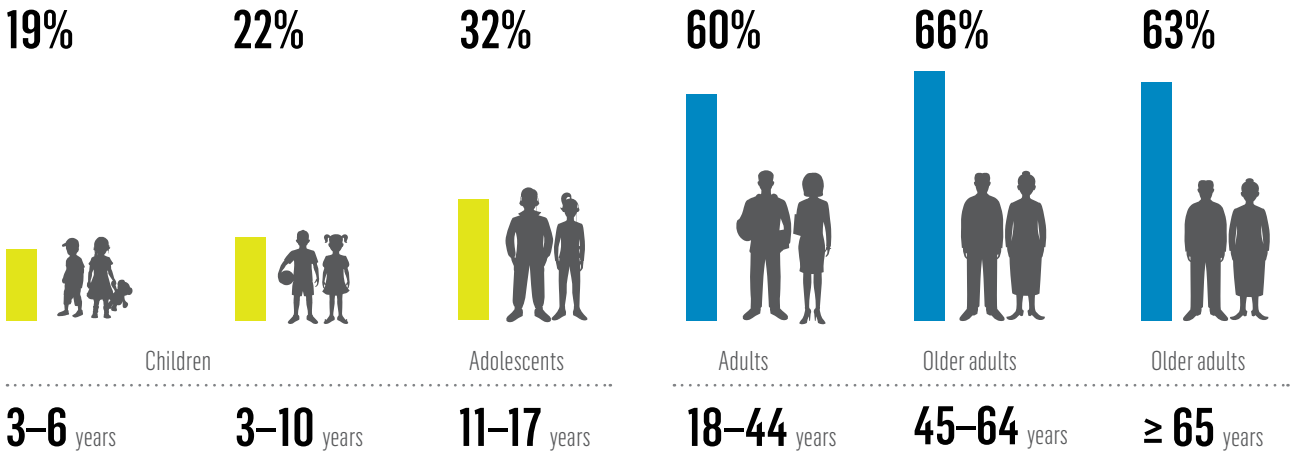
TARGET GROUPS INCLUDED



The national recommendations are based on WHO's global recommendations on physical activity for health (2010) as well as recommendations from the National Security Agency for Health Food, the Environment and Work (ANSES), the National Cancer Institute and the National French Institute for Research and Science in Medicine (INSERM) Collective Expertise Centre, implemented in 2008 and to be updated in 2018.

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



3-10 years: physically active on 5 or more days per week. 11-17 years: moderate intensity physical activity every day or vigorous intensity physical activity on 5 or more days. Adults: at least 3 days of vigorous intensity physical activity for at least 25 min/day or 5 or more days of moderate intensity physical activity for at least 30 min/day.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS



Physical activity levels in the population were assessed from a national survey as part of the INCA3 study conducted in 2014–2015 <https://www.anses.fr/fr/content/les-études-inca>.

POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector



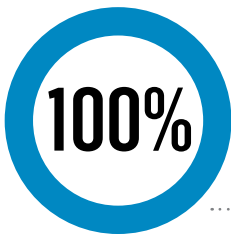
The National Piloting Committee for Sport and Health was established in 2018 and is responsible for coordinating physical activity promotion at the national level.



France has a **National Action Plan for the Prevention of Frailty and Loss of Autonomy**. About €67 million have been allocated to collective protective activities, about 8% of which is for physical activity and programmes to prevent falls.

National policies by sector

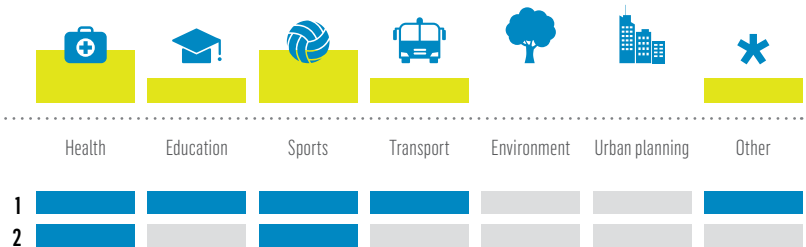
Sectors that are involved in each of the national policies or action plans to promote physical activity



Total number of policies

2

Policies with evaluation processes



Target groups addressed by national policies

- ✓ Low socioeconomic groups
- ✗ Pregnant and breastfeeding women
- ✗ Ethnic minorities
- ✗ People deprived of liberty
- ✓ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✓ People with chronic diseases
- ✓ Other

The **"National Plan for Sport, Health and Well-Being"** (National Sport Santé Bien-Être), led by the Ministry of Health and the Ministry of Sports, is the key national policy for promoting physical activity.

Several national surveys collect data on the level of physical activity and sedentary behaviour of the French population, their use of active transport and participation in sport, and the National Observatory for Physical Activity and Sedentary Behaviour was established in 2015 under the leadership of the Ministry of Sports to identify, analyse and consolidate the data. The surveys include a national study of individual food consumption in 2014–2015, a study on the environment, biomonitoring, physical activity and nutrition, national surveys on the health of schoolchildren and adolescents, a national survey on physical activity and sedentary behaviour of children and adolescents, a national survey of transport and a survey of licenses and clubs in approved sports federations. www.onaps.fr

Physical activity promotion in the health sector

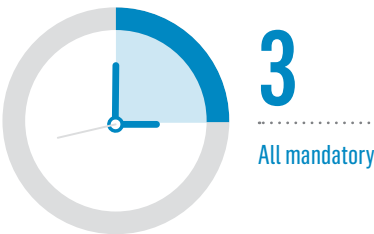
HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH

Some communities in France have successful programmes for prescribing sport as part of the care of patients with long-term conditions. As part of the care pathway for patients with a long-term condition, the physician can prescribe physical activity according to the patient's condition, physical ability and medical risk. <http://www.sports.gouv.fr/accueil-du-site/a-la-une/article/Les-medecins-peuvent-desormais-prescrire-une-activite-physique-aux-personnes-en-ALD>

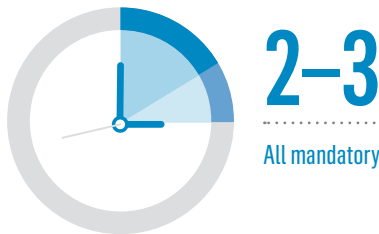


Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**



Total hours of physical education per week in **SECONDARY SCHOOLS**



Physical activity during school breaks



Physical activity during lessons



Physical activity programmes after school



Active travel to and from school



The quality of physical education is monitored through inspections by the Education Inspection Office.

The **Intervention Centred on Adolescents' Physical Activity and Sedentary Behaviour**, which promotes physical activity among children and young people, was recognized as effective by WHO in 2009. This intervention is based on a socio-ecological approach. It encourages social support from parents, teachers and sports instructors and promotes physical activity during and outside school hours.



Promotion of physical activity in the workplace

Active travel to and from the workplace



Physical activity at the workplace



Launched in 2014, the **"Active Plan for Active Mobility"**, provides a framework and guidance to increase the modal share of walking and cycling as part of daily travel. It is the only plan exclusively dedicated to physical activity through active mobility and there are expected to be economic, social and health benefits. It includes 19 measures within 6 main areas:

- 1: Developing intermodal public transport / active modes of travel
- 2: Sharing public space and secure active modes of travel
- 3: Valuing the economic stakes of cycling
- 4: Taking into account active mobility policies in urban planning, housing and especially social housing.
- 5: Developing leisure itineraries and bicycle tourism.
- 6: Rediscovering the benefits of walking and cycling

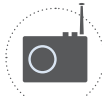


National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS



Television



Radio



Newspapers



Social media



Public events



Public figures



Posters



The **"Eat and Move"** ("Manger Bouger") campaign was implemented in 2011 by the National Programme for Nutrition and Health.

GERMANY

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

82 521 653

Median age

46.0 YEARS

GDP per capita

34 700 €

% of GDP for health: **7.2**

% of GDP for education: **4.2**

% of GDP for sports: **0.2**



Population **MALE**

49.3%

Population **FEMALE**

50.7%

Life expectancy, **MALES**

78.6 YEARS

Life expectancy, **FEMALES**

83.5 YEARS

Sources: Eurostat (2016)

Success story

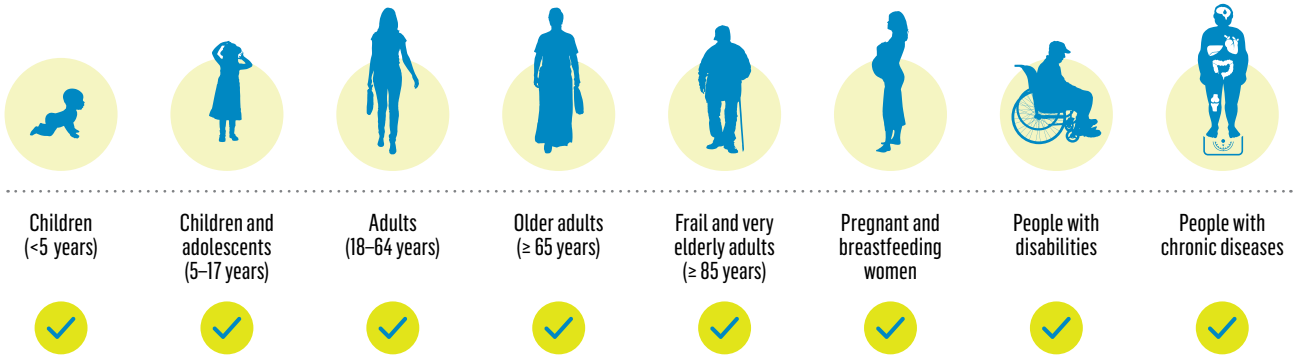
In 2016, the National Recommendations for Physical Activity and the Promotion of Physical Activity were published, which apply to all age groups as well as to adults with chronic diseases. They were initiated in 2014 within the context of an interdisciplinary working group at the Federal Ministry for Health for physical activity promotion in daily living. A broad alliance of stakeholders at national and federal state level supported potential implementation of the recommendations. The recommendations constitute a novelty at two levels: at national level, by providing the first evidence-based recommendations for Germany, with use of rigorous scientific methodology, and at an international level, by systematically linking recommendations for physical activity with the promotion of physical activity.



MONITORING AND SURVEILLANCE

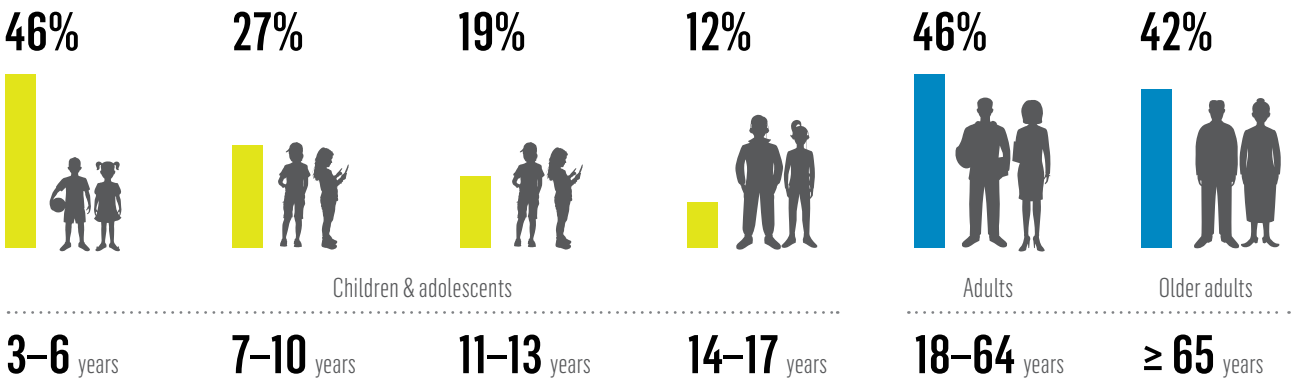
National recommendations on physical activity for health

TARGET GROUPS INCLUDED



Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



The data collected in the German Health Update (GEDA), the German Health Interview and Examination Survey for Adults (DEGS) and the German Health Interview and Examination Survey for Children and Adolescents (KiGGS) can be used to evaluate population-representative information on health status and health-related issues as well as temporal trends. The findings can be used to develop evidence-based health policies and may form the basis of targeted recommendations on improving prevention, developing measures relevant to health care, and generating new working hypotheses on the possible causes of diseases. It also provides a framework for concomitant research based on observation, e.g. to assess health policy.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

The National Health Monitoring and the European Health Interview Survey are used to measure physical activity. The national survey used for measurements among young people is the German Health Interview and Examination Survey for Children and Adolescents (KiGGS). Data are for physical activity self-reported by 11–17-year-olds and reported by parents or legal guardians of 3–10-year-olds. For a subsample, accelerometer data are available.



POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector

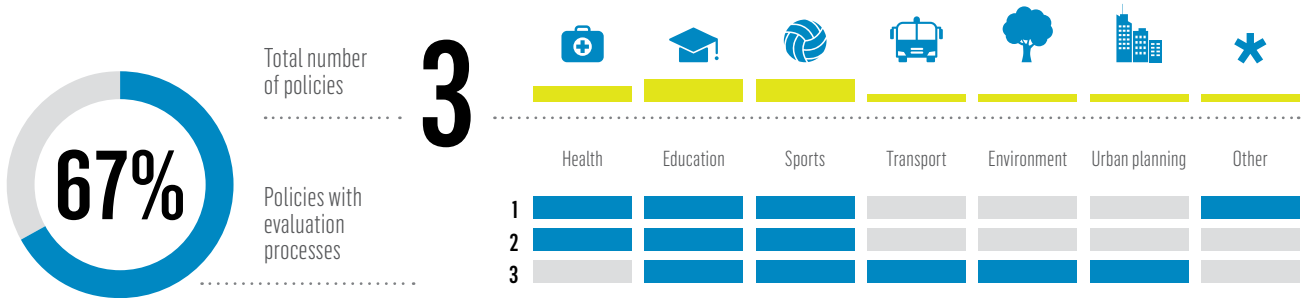
A working group for coordinating health-enhancing physical activity was established in Germany in 2010 in the context of the National Action Plan "IN FORM", Germany's national initiative to promote healthy diets and physical activity. The working group is led by the Federal Ministry of Health and involves ministries, scientific societies, associations and experts in health promotion, prevention and sports.



The **German Olympic Sport Confederation (DOSB)** is the umbrella organization for German sports and one of the largest citizen movements in the country, with over 27 million members in over 90 000 sports clubs. One of its fields of expertise is health management and prevention. Within this field, the "Sports for Health" initiative was established in collaboration with the German Medical Association. It ensures nationwide, standardized programmes. Now, about 19 000 courses meet transparent criteria and receive a "seal of quality". For example, programmes must be designed for certain target groups, be led by qualified instructors, have no more than 15 participants, include a health check-up, undergo permanent quality control and be part of a local network of sports clubs.

National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity



The "**Lübeck Model of Movement Worlds**" (LMB) is a group exercise programme to promote physical activity among older people with physical and/or cognitive limitations. The participants are recruited from nursing and retirement homes and among local residents. The programme is offered in twice-weekly sessions of 60 min with themes such as "a walk in the forest", "doing housework", "during the harvest season" or "house construction", under the leadership of trainers. The group training sessions are complemented by an individual exercise programme. The goal of this holistic approach is to train all parts of the body during each session, to provide the mobility for daily activities. Intensive training is given in standing, walking, overall stability and a secure gait. As the programme is rooted in the everyday life of the participants, it is inclusive and has a low threshold. The average age of the participants is 80–85 years. The exercise programme LMB is financially supported by private health insurance.

Target groups addressed by national policies

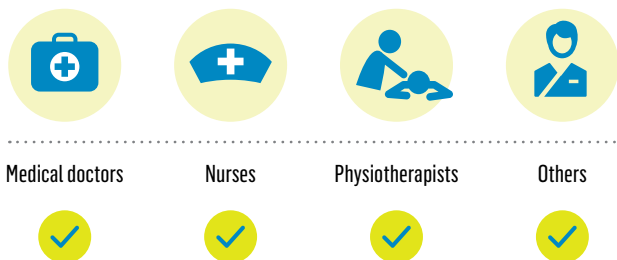
Germany has various activities, programmes and initiatives for health-enhancing physical activity, at federal, state and local levels, in which physical activity is a key element of health promotion and prevention.

The "**National Cycling Plan 2020, joining forces to evolve cycling**", was established in 2013 as a sequel to a plan that had been in place since 2002. The Plan is the strategic policy document of the Federal Government for cycling and sets out the guiding policy principles for the promotion of cycling, focuses on new transport policy challenges, such as promotion of cycling in rural areas as a means of transport on an equal footing with others, capacity problems in towns and cities and the increasing use of electric bicycles. The objectives are to make cycling more attractive and safer and to increase "economobility", comprising local public transport, walking and cycling.

- ✓ Low socioeconomic groups
- ✓ Pregnant and breastfeeding women
- ✗ Ethnic minorities
- ✗ People deprived of liberty
- ✓ Migrants
- ✓ Older people
- ✗ People with disabilities
- ✓ People with chronic diseases

Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



In July 2015, the **Preventive Health Care Act** came into force in Germany. This legislation almost exclusively addresses primary prevention of noncommunicable diseases before they manifest, by strengthening prevention and health promotion in the settings in which people live, learn and work, and focusing particularly on common risk factors and health inequality. The approach of the Act is not to target specific diseases but to strengthen people's resources and potential with regard to their health – with a focus on vulnerable and hard-to-reach groups – and to support the development of health-promoting structures within settings of everyday life. In addition, health examinations are to be focused more on recording individual health stressors and risk factors such as: imbalanced diets, lack of physical exercise, smoking, excessive alcohol consumption as well as serious psychosocial stress. Where necessary, the examination is also to include a specially tailored prevention oriented counselling measure and recommendations for prevention courses.

Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**

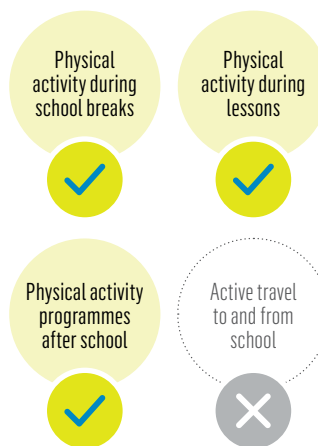


Some primary schools with a focus on sports and/or physical education provide up to 6 additional hours.

Total hours of physical education per week in **SECONDARY SCHOOLS**



Some types of school with a focus on sports and/or physical education provide additional hours.



The quality of physical education is monitored as part of the quality management in schools. Within the federal system in Germany, school policy is the responsibility of the states. Various voluntary programmes, projects and interventions exist at local and regional levels.

Promotion of physical activity in the workplace

The strengthening of occupational health promotion as a complement to occupational safety obligations, particularly as a means of supporting enterprises in organizing successful occupational health policies, is one of the priorities of the Prevention Act. The Prevention Act succeeded in creating a close connection between occupational health promotion and occupational safety, thereby increasing the involvement of company doctors in occupational health promotion. Health examinations are to be focused more on recording individual health stressors and risk factors, as for example lack of physical exercise. Where necessary, the examination is also to include a specially tailored prevention-oriented counselling measure and recommendations for prevention courses. The recommendations are to be given in the form of a medical attestation that must be taken into account by the statutory health insurance funds when granting benefits.



National awareness-raising campaign on physical activity

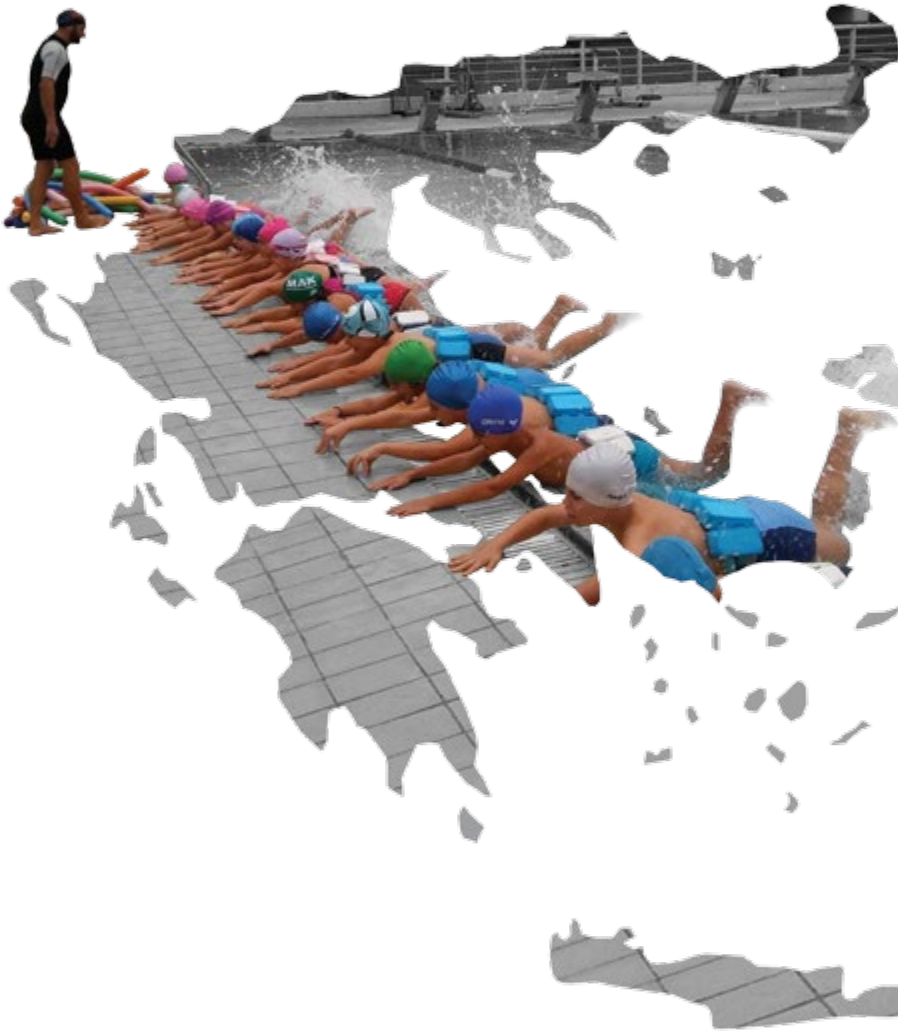
MEDIA USED IN NATIONAL CAMPAIGNS

In Germany, activities to promote health-enhancing physical activity are accompanied by various awareness-raising measures. Examples are activities within the National Action Plan IN FORM and the dissemination of the National Recommendations for Physical Activity and the Promotion of Physical Activity. The Federal Centre for Health Education also plays an important role in health education for all age groups.



GREECE

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

10 768 193

Median age

44.2 YEARS

GDP per capita

17 100 €

% of GDP for health: **4.9**
 % of GDP for education: **4.3**
 % of GDP for sports: **0.3**

Population **MALE****48.5%**Population **FEMALE****51.5%**Life expectancy, **MALES****78.9** YEARSLife expectancy, **FEMALES****84.0** YEARS

Sources: Eurostat (2016)

Success story

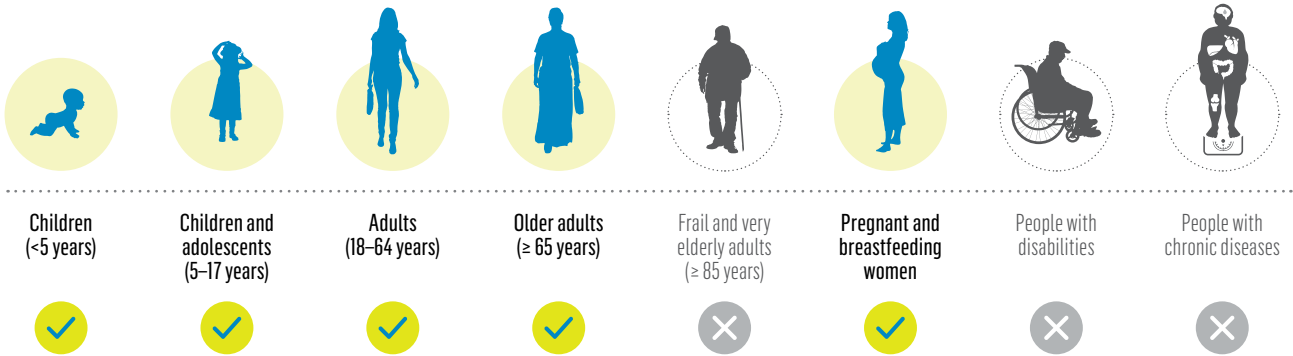
The "**Swimming school programme**" for 8–9-year old pupils was launched as a pilot project in Athens in 2015 and was then extended throughout Greece, involving 2800 groups of over 44 000 pupils and 260 teachers of physical education nationally in 2018. The programme emphasizes physical activity and teamwork through swimming. Pupils also learn about basic safety and hygiene and develop individual and social competence. Each trimester consists of 12 mandatory swimming lessons. The Programme is part of each school's physical education course.



MONITORING AND SURVEILLANCE

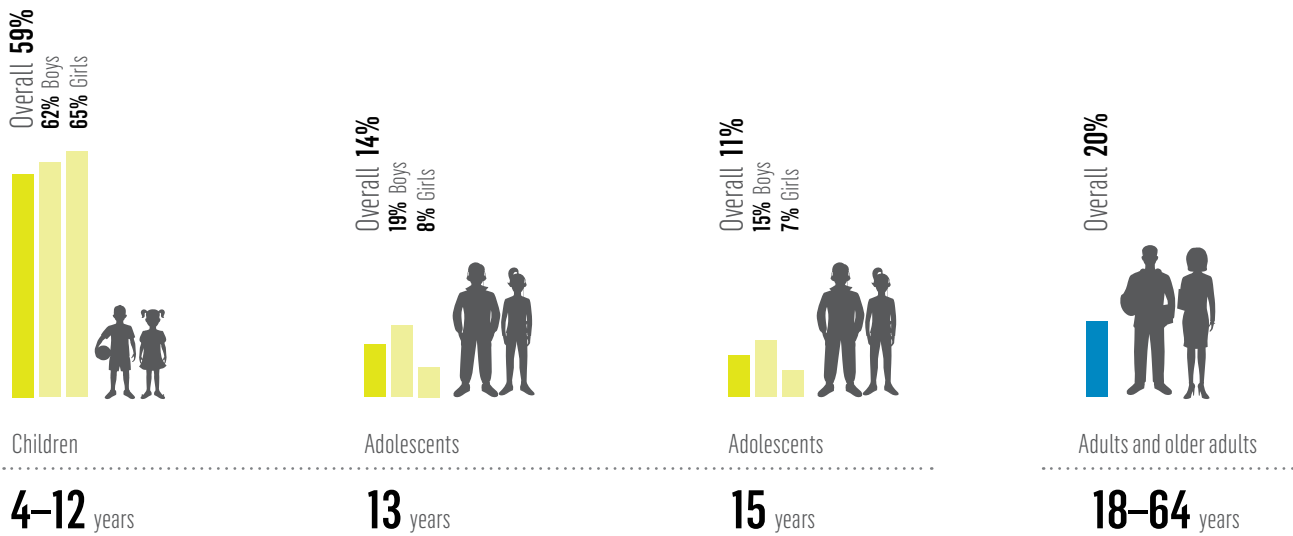
National recommendations on physical activity for health

TARGET GROUPS INCLUDED



Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

Physical activity levels among adolescents were assessed through the Health Behaviour in School-aged Children study 2013–2014. The physical activity levels of adults were assessed in a national survey in 2014, which will be repeated every 5 years. Childrens' physical activity levels were assessed in a survey that was part of the National Action for Children's Health programme.



POLICY RESPONSE



The aim of the **“Sports for all”** programme in Greece is to provide opportunities for the entire population to be physically active. It includes programmes for people with disabilities, preschoolers, children and older adults and also in mental health facilities, prisons and as part of drug rehabilitation. The programme is funded by the General Secretariat of Sports and is being implemented nationwide.

Sports-for-all programmes are delivered to older adults as an opportunity to exercise and are conducted in cooperation with municipalities, foundations and sports clubs. Two sport events have also been held: the **“World senior games”** for people aged ≥ 50 years in 2017 and the **“4XF for silver safety”** in 2016.



National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity



Total number of policies

3

Policies with evaluation processes



Health Education Sports Transport Environment Urban planning Other

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

The aim of the **“Different people – common needs: refugees moving towards a physically active life”** programme is to support refugees in being physically active. The programme was established in 2016, is coordinated by the Directorate of Physical Education and is funded by the European Union. It provides two 3-h sessions of physical activity per week for people aged 15–30 years living in refugee camps in Athens.



Target groups addressed by national policies

- Low socioeconomic groups
- Pregnant and breastfeeding women
- Ethnic minorities
- People deprived of liberty
- Migrants
- Older people
- People with disabilities
- People with chronic diseases
- Other



Physical activity promotion in the health sector

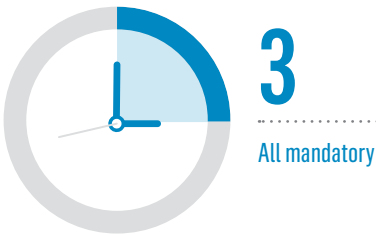
HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH

Physical activity for health is taught as an independent module in the curriculum of physical education teachers in both primary and secondary schools. In addition, physical activity theory and best practice are taught as part of other modules of instruction and coaching in various sports, including football, basketball, track and field games and volleyball.

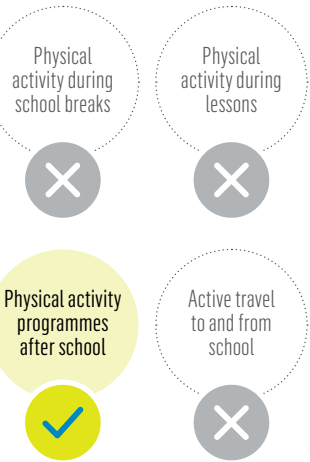


Physical activity in schools

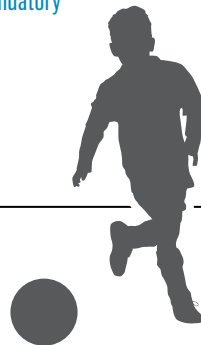
Total hours of physical education per week in **PRIMARY SCHOOLS**



Total hours of physical education per week in **SECONDARY SCHOOLS**

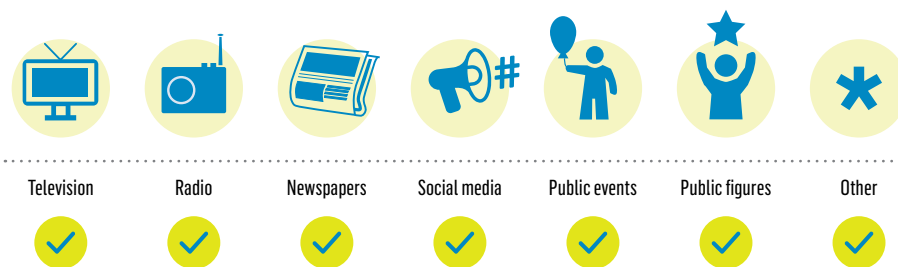


Promotion of physical activity in the workplace



National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS



A "National school day" was implemented for the first time in 2014 and is repeated on the first Monday of October every year in all schools in Greece, involving all teachers and pupils. About 850 000 students in 7000 schools take part in organized sports events inside and outside the school area. The event takes a long-term, holistic approach to promoting health and quality of life, with the broad goal of achieving public health and economic benefits for the country.

HUNGARY

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

9 797 561

Median age

42.3 YEARS

GDP per capita

11 300 €



% of GDP for health: **4.8**

% of GDP for education: **4.9**

% of GDP for sports: **1.1**



Population **MALE**

47.7%

Population **FEMALE**

52.3%

Life expectancy, **MALES**

72.6 YEARS

Life expectancy, **FEMALES**

79.7 YEARS

Sources: Eurostat (2016)

Success story

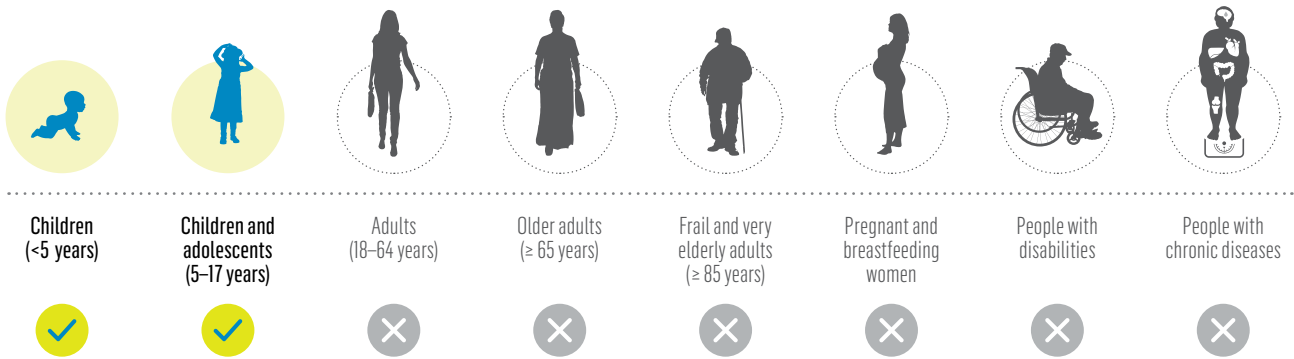
In 2015, a national project was implemented in schools to promote physical activity as part of a health development programme. The programme emphasized group activities, teamwork and shared development through physical activity. The programme helped to develop individual and social competences and build community through active participation of students. The programme has now been implemented in 288 schools, reaching 30 903 students, including 9271 students from disadvantaged backgrounds. <http://projektek.egeszseg.hu/web/tie>



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

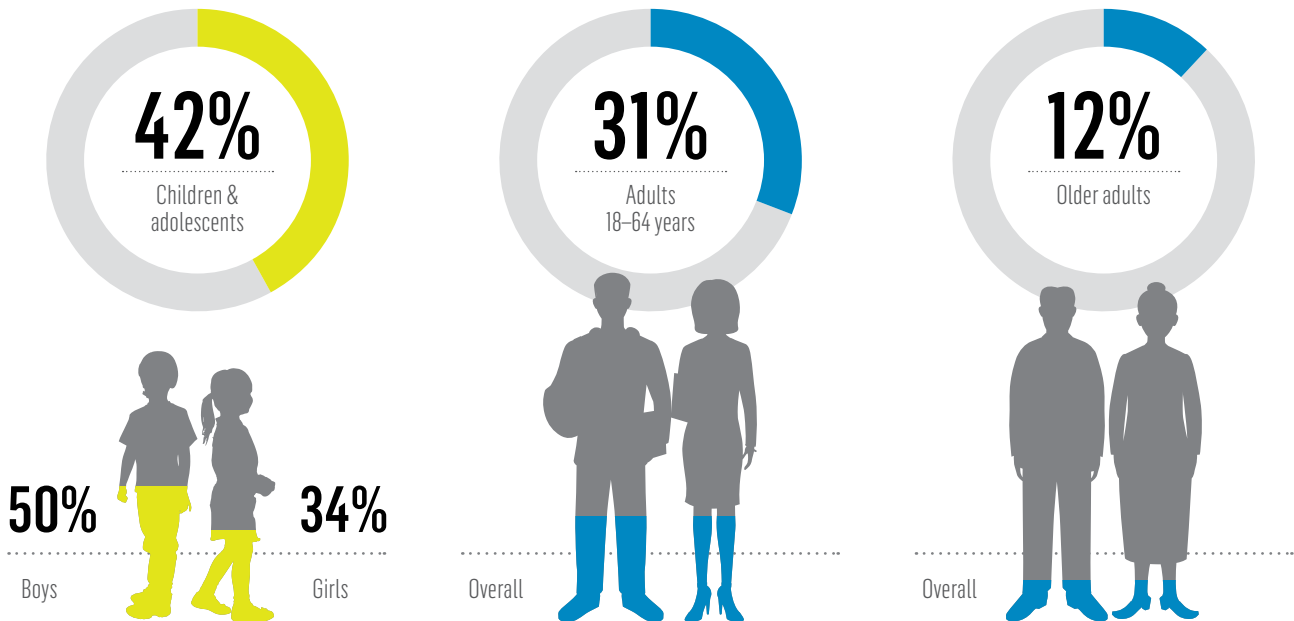
TARGET GROUPS INCLUDED



The national recommendations were implemented in 2011 and are based on WHO's Global Recommendations on Physical Activity for Health as well as the the recommendations from the US Centers for Disease Control and Prevention and the American College of Sports Medicine.

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



In Hungary, a person is considered physically active if they achieve 150 min of moderate-intensity or 75 min of vigorous-intensity physical activity per week (or a combination of the two). In addition, muscle strengthening exercises must be included on at least two days per week.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

Physical activity levels are monitored through the European Health Information Survey (EHIS) and the Health Behaviour in School-aged Children initiatives. In addition, the Hungarian Diet and Nutritional Status survey collects information on a sub-sample of the EHIS, including measurements with pedometers.

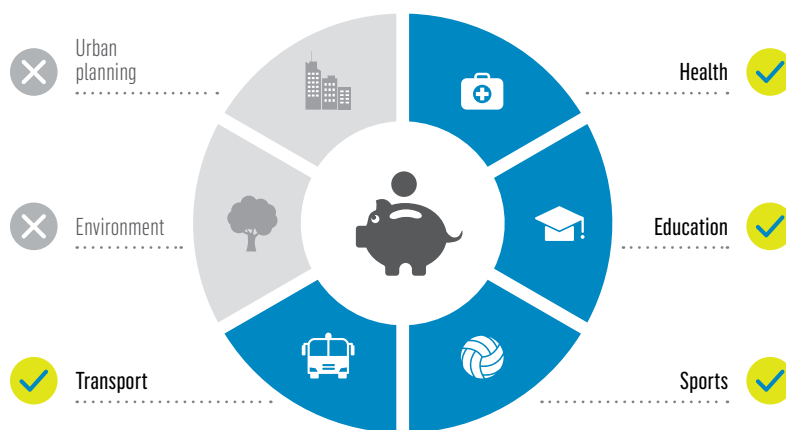


POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector

In 2015, the State Secretariat for Sport initiated an infrastructure development programme called the **National Recreational Health Sport Park Programme**. Several sport parks have been built according to predefined criteria.

The promotion of physical activity is coordinated by the National School, University and Leisure and Sport Federation, which operates a physical activity working group involving ministries, nongovernmental organizations, universities and health care institutions.

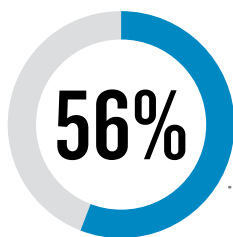
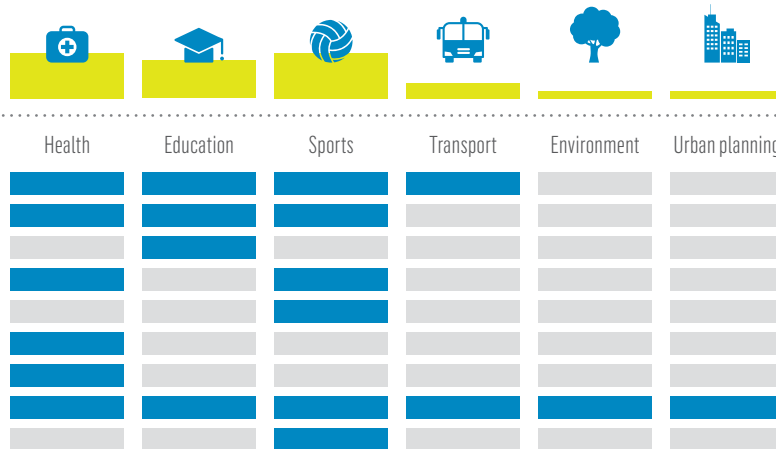


National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity

Total number of policies

9



Policies with evaluation processes

Target groups addressed by national policies

A **walking programme for older adults** has been developed which aims to become a nationwide network of elderly walkers. One of the simplest, cheapest and most effective ways of maintaining health is walking. Joint walking as a community activity is particularly useful for helping the elderly to maintain social relationships and mental health and reduce the risk of falls. There are 80 registered Walking Club Leaders and the first Nationwide Meeting of the Walking Clubs of the Elderly attracted 360 participants.

- ✓ Low socioeconomic groups
- ✗ Pregnant and breastfeeding women
- ✗ Ethnic minorities
- ✗ People deprived of liberty
- ✗ Migrants
- ✓ Older people
- ✗ People with disabilities
- ✓ People with chronic diseases
- ✓ Other



Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH

National Health Promoting Offices (Egészségfejlesztési Irodák) were first established in 2013 by the Ministry of Human Capacities in collaboration with the National Institute of Environmental Health. Physical activity promotion is the primary mission of the 61 Health Promoting Offices, and counselling is provided free of charge. All staff are trained to provide counselling on physical activity, and the centres are led by a health professional.



Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**



5

All mandatory

Total hours of physical education per week in **SECONDARY SCHOOLS**



5

All mandatory

Physical activity during school breaks



Physical activity during lessons



Physical activity programmes after school



Active travel to and from school



The quality of physical education is monitored indirectly through the promotion process, which includes a national system of assessing teachers' performance for the quality of teaching physical education. In Hungary, 2 h of physical education time can be substituted by participation in sports clubs activities.

Promotion of physical activity in the workplace

The **"Cycle to Work!"** initiative (Bringázz a Munkába - BAM), established by the Ministry of Economy and Transport, is an annual campaign that aims to promote cycling to work. The initiative is now led by the Hungarian Cyclists' club with support from the Ministry of National Development and aims to create a healthier and happier community and a more liveable environment by increasing the number of people who commute to work by cycling.



Active travel to and from the workplace



Physical activity at the workplace



National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS

The **Hungarian School Sports Day** is a national campaign established in 2007, run yearly by the Hungarian School Sports Federation. About 200 000 students participate every year.



Television



Radio



Newspapers



Social media



Public events



Public figures



IRELAND

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

4 784 383

Median age

36.9 YEARS

GDP per capita

53 100 €

% of GDP for health: **5.2**
% of GDP for education: **3.3**
% of GDP for sports: **0.1**



Population **MALE**

49.5%

Population **FEMALE**

50.5%

Life expectancy, **MALES**

79.9 YEARS

Life expectancy, **FEMALES**

83.6 YEARS

Sources: Eurostat (2016)

Success story

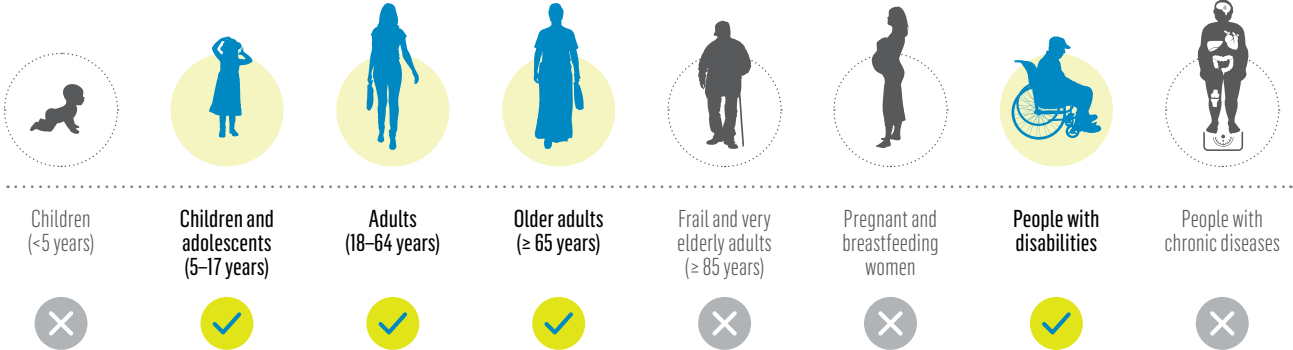
“Go for Life” is the national programme for sports and physical activity for older people in Ireland. This “Age & Opportunity” initiative is funded by Sport Ireland and delivered nationally in partnership with local sports partnerships and the Health Service Executive health promotion units. The aim of Go for Life is to get “more older people more active more often”, and its objectives are closely aligned with those of Sport Ireland’s strategy, the National Physical Activity Plan (NPAP), the Positive Ageing Strategy and Healthy Ireland. Most Go for Life interventions are led by peers.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

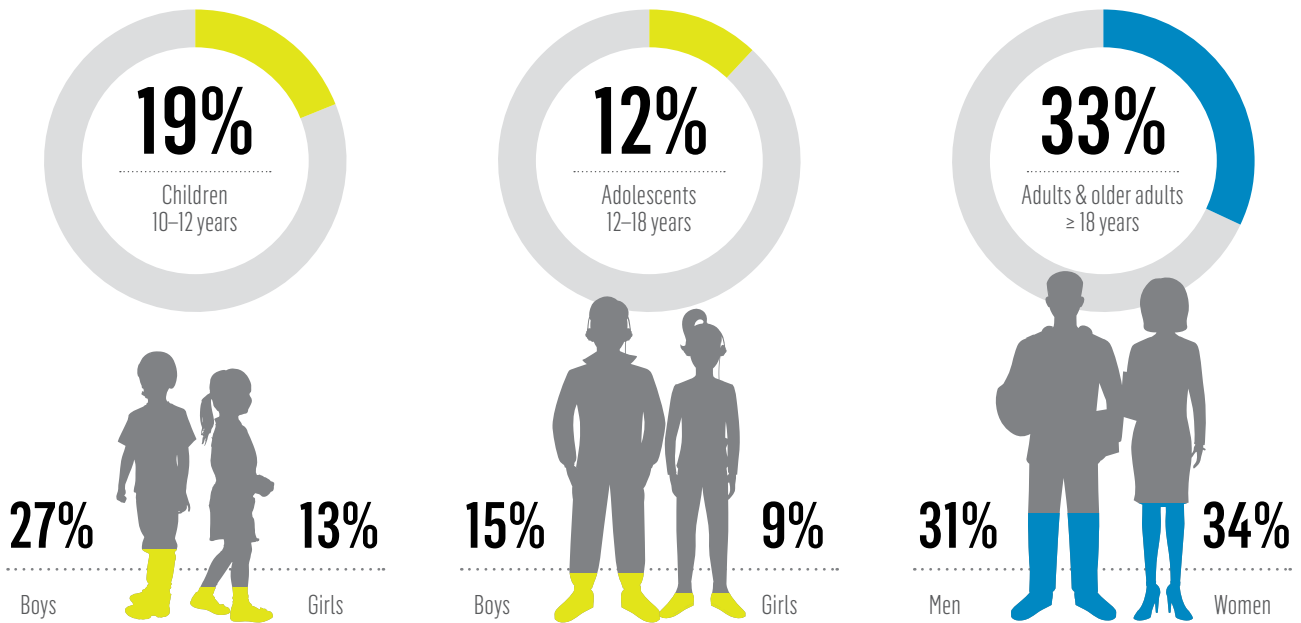
TARGET GROUPS INCLUDED



The national recommendations were implemented in 2009 and are based on WHO's global recommendations for physical activity and health (2010) and the European Union physical activity guidelines (2008).

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Adults who achieved 30 min of moderate- or greater-intensity physical activity at least five times in the previous 7 days are considered "highly active". An additional 54.4% were considered "fairly active" but do not fulfil the recommendation.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

Physical activity data for children and adolescents are from the Children's Sport Participation and Physical Activity Study (2010) and the Health Behaviour in School-aged children study (2014). Data for people aged 16 years and over are from the Irish Sports Monitor (2017). For adults aged over 50 and older adults, data are from the Irish Longitudinal Study on Ageing (2016). A number of additional surveys and studies are used to measure physical activity in Ireland, including the European Health Interview Survey, the Children's Sport Participation and Physical Activity Study and Health Behaviours in School Children. There is also now a research subgroup with responsibility for coordinating and developing monitoring and surveillance of physical activity in Ireland.



POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector

Physical activity promotion is coordinated by the National Physical Activity Plan Implementation Group, led by the Department of Health and Transport, Tourism and Sport, and includes representatives of Government departments, local governments and researchers.



The new **National Sports Policy 2018-2027** has been developed in collaboration with the sports sector and other stakeholders. Its three high-level goals are: increased participation, more excellence and improved capacity. Key targets of the National Sports Policy 2018–2027 include: (1) overall participation in sport to rise from 43% to 50% of the population by 2027 (the equivalent of an extra 260 000 people participating in sport); (2) more targeted high-performance funding to deliver more Olympic/Paralympic medals (from 13 medals in 2016 to a target of 20 in 2028); (3) all funded sports bodies adopting the Governance Code for the community, voluntary and charity sector. An area of particular focus will be to increase participation levels in sport and physical activity of the entire population and also to narrow the existing gradients in gender, age, socio-economic status, disability and ethnicity. For this, the new National Sports Policy will work synergistically with the National Physical Activity Plan.

National policies by sector

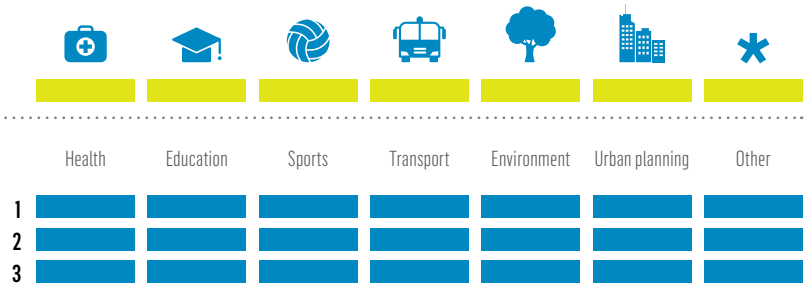
Sectors that are involved in each of the national policies or action plans to promote physical activity



Total number of policies

3

Policies with evaluation processes



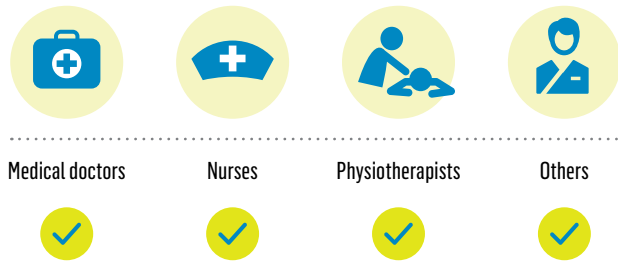
Target groups addressed by national policies

- Low socioeconomic groups
- Pregnant and breastfeeding women
- Ethnic minorities
- People deprived of liberty
- Migrants
- Older people
- People with disabilities
- People with chronic diseases
- Other



Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



Making **Every Contact Count** was established by the Health Service Executive in 2016 to support the implementation of 'Healthy Ireland' in health services. The programme is to build capacity among health professionals to support patients in making healthier lifestyle choices mainly addressing risk factors for chronic disease such as physical inactivity, unhealthy diet, tobacco use and alcohol and drug use. The goal is to train all health professional who might see patients for consultations.

Training in Making Every Contact Count is mandatory at undergraduate level for all health professionals who might see patients for consultations.

Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**



1 h/week is specified in the national curriculum

Total hours of physical education per week in **SECONDARY SCHOOLS**



One double physical education class per week is mandatory in the junior and senior cycles. The junior cycle well-being curriculum, which was introduced for first-year pupils in September 2017, is intended to increase the number of hours allocated to physical education

The number of hours allotted to additional, optional and extracurricular physical activity varies by school. The quality of physical education is monitored during inspections by subject, during whole-school evaluations and/or incidental inspections.



The **Junior Cycle Wellbeing Programme** was launched in 2017 for all students entering post-primary education. This programme provides a minimum of 300 h of cycling across 3 years of education. The programme is mandatory in all post-primary schools in Ireland (over 700 schools) reaching approximately 60 000 students per year.

Promotion of physical activity in the workplace

The **"Smarter Travel Workplace"** programme supports more sustainable travel to and from work. It is led and funded by the Department of Transport, Tourism and Sports. Additionally, the **"Cycle to Work"** scheme allows employers to equip employees with bicycles tax-free once in 5 years. It is run by the Department of Finance and Revenue and financed by employees by deductions from their gross (pre-tax) salary. Both programmes are nationwide and were established in 2009.



National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS



The **START** campaign (2017) was led by the Health Service Executive and the Department of Health, which also funded it. Healthy Ireland 2018 is run by the Department of Health and the Department of An Taoiseach and funded by the Healthy Ireland Fund. Both are national campaigns to promote a healthy lifestyle, reduce overweight and obesity and raise awareness about physical activity, nutrition and mental health.

ITALY

PHYSICAL ACTIVITY FACTSHEET 2018

Median age

45.9 YEARS

GDP per capita

25 900 €

% of GDP for health: **7.0**

% of GDP for education: **3.9**

% of GDP for sports: **0.3**



Population **MALE**

48.6%

Population **FEMALE**

51.4%

Life expectancy, **MALES**

81.0 YEARS

Life expectancy, **FEMALES**

85.6 YEARS



Total population

60 589 445



Sources: Eurostat (2016)

Success story

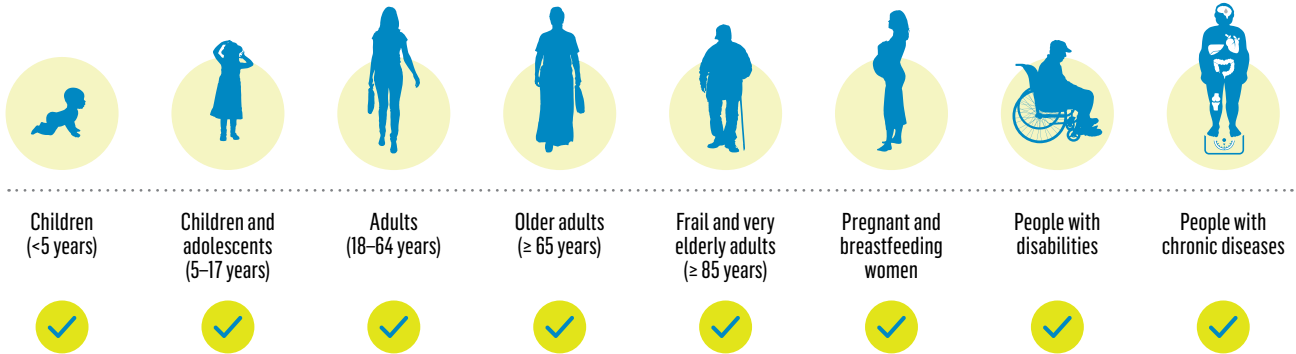
"**Movement is health! ... at all ages**" (Il movimento è salute! ... a tutte le età) is a national campaign led by the Ministry of Health, in collaboration with the Istituto Superiore di Sanità and the Italian National Olympic Committee, to raise awareness about the physical and mental benefits of regular physical activity and to promote participation in sports throughout the life-course.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

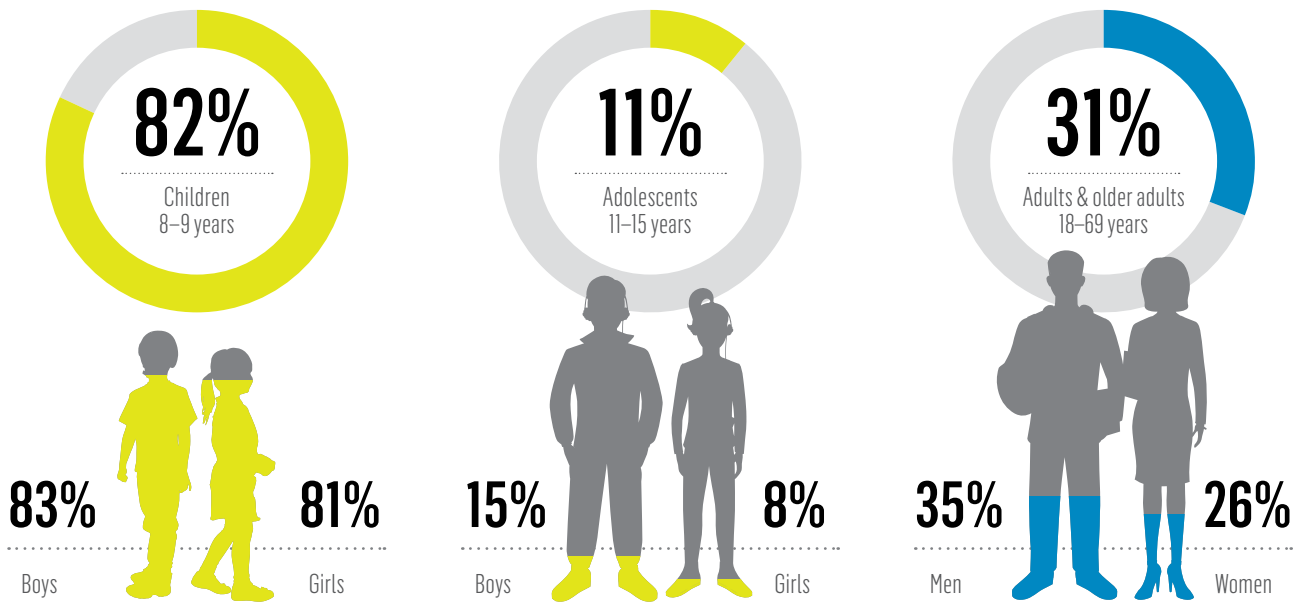
TARGET GROUPS INCLUDED



National recommendations are currently being prepared by a working group established by the Ministry of Health. They are based on WHO's global recommendations on physical activity for health (2010).

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Okkio: % children 8–9 years old who performed physical activity the day before the survey; HBSC: % of adolescents who performed at least 60 minutes of physical activity every day; PASSI: % adults who reported having a physically active job, did 30 minutes of moderate activity at least 5 days per week or at least 20 minutes of intense physical activity at least 3 days per week in the 30 days before the survey.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

Physical activity levels are monitored continuously through the following national surveillance systems, promoted by the Ministry of Health and led by the Istituto Superiore di Sanità: Okkio alla salute (Child Obesity Surveillance Initiative) collects data on children aged 8–9 years; The Health Behaviour in School-aged Children survey collects data on adolescents aged 11, 13 and 15 years; Progressi delle Aziende Sanitarie per la Salute in Italia collects data on adults aged 18–69 years. Additional data are collected by the National Institute for Statistics.



POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector

The **“Sport di Classe”** programme was established in 2017 to increase physical activity through sports in primary schools in a multi-faceted approach for students, teachers, school principals and families. The objectives are to promote participation in sports and increase physical education and the educational values of sport. It is implemented by the Italian Ministry of Education, University and Research and the Italian National Olympic Committee.

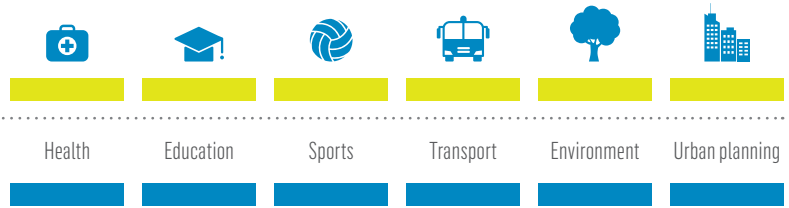


National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity

Total number of policies

1



Policies with evaluation processes

Promotion of physical activity is a key objective of the national programme, **“Gaining health: making healthy choices easier”** and the National Prevention Plan. The “Gaining health” programme is a Government initiative, adopted in 2007 and led by the Ministry of Health, which is aligned with the “health-in-all-policies” approach to promoting healthy behaviour for the prevention of noncommunicable diseases. The National Prevention Plan 2014–2019 includes promotion of physical activity in a cross-cutting, life-cycle approach in various settings, such as schools, workplaces, communities and health care facilities. All regions are developing structured, coordinated interventions to increase physical activity among young people and adults by 30% and among older adults by 15%. A further aim is to develop a culture of an active life style for the entire population and especially young people, socially disadvantaged groups and frail older adults.



Target groups addressed by national policies

- ✓ Low socioeconomic groups
- ✓ Pregnant and breastfeeding women
- ✓ Ethnic minorities
- ✓ People deprived of liberty
- ✓ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✓ People with chronic diseases



The transport survey **“Comuni ciclabili”** was established in 2017 by the Italian Cycling Federation and is funded by the National Association of Italian Municipalities.



Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



Medical doctors



Optional



Nurses



Physiotherapists



Others



Since 2017, the "essential levels of assistance" guaranteed by the National Health Service to Italian citizens include interventions to promote physical activity in settings such as schools, workplaces and local communities. Motivational counselling on physical activity is offered by trained health professionals.

Physical activity in schools



Total hours of physical education per week in **PRIMARY SCHOOLS**



2

All mandatory

Total hours of physical education per week in **SECONDARY SCHOOLS**



2

All mandatory



The promotion of "**Pedibus**" is an action developed in several local communities to promote safe walking to school and involves schools, families, municipalities and local health units. Some Associations cooperate to implement sustainable mobility projects, available to families and the entire community.

Physical activity during school breaks



Physical activity during lessons



Physical activity programmes after school



Active travel to and from school

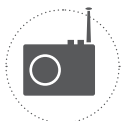


National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS



Television



Radio



Newspapers



Social media



Public events



Public figures



LATVIA

PHYSICAL ACTIVITY FACTSHEET 2018



Total population
1 950 116

Median age
43.1 YEARS

GDP per capita
11 000 €



% of GDP for health: **3.7**
% of GDP for education: **5.5**
% of GDP for sports: **0.2**



Population **MALE**
45.9%
Population **FEMALE**
54.1%

Life expectancy, **MALES**
69.8 YEARS
Life expectancy, **FEMALES**
79.6 YEARS

Sources: Eurostat (2016)

Success story

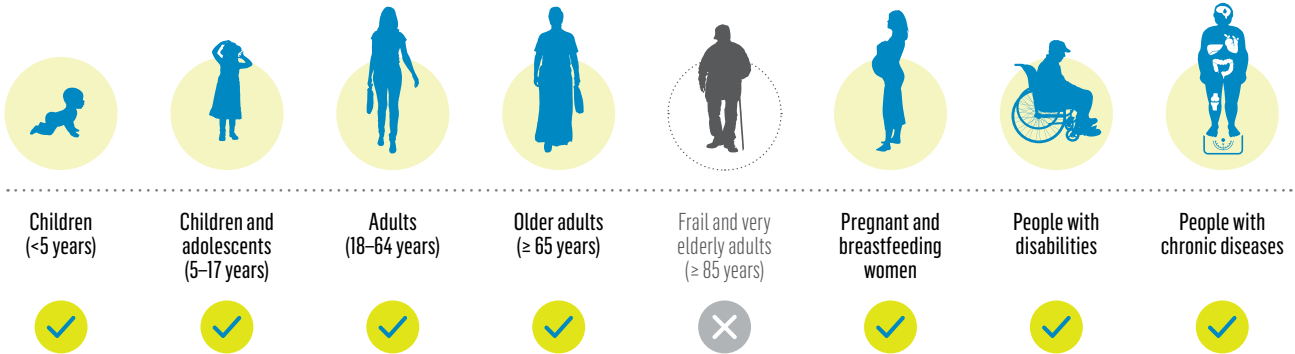
In 2013, Latvia established the National Healthy Municipalities Network as part of the WHO Healthy Cities Network. Since the physical activity factsheets for 2015 were published, an additional 75 municipalities have joined the Network, for a total of 112 municipalities, representing 94% of all municipalities in Latvia. Each year, information on health promotion is collected through the Network, and a comprehensive annual report is published. In addition, municipalities in this network share best practices, for example, by visiting other municipalities to exchange experiences. Such activities will increase the exchange of events held at regional level. The Centre for Disease Prevention and Control, with the Ministry of Health, organizes annual capacity-building seminars for coordinators of the Network to discuss health promotion and disease prevention issues, including physical activity. The Network is a good example of collaboration among municipalities and levels of government to promote physical activity.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

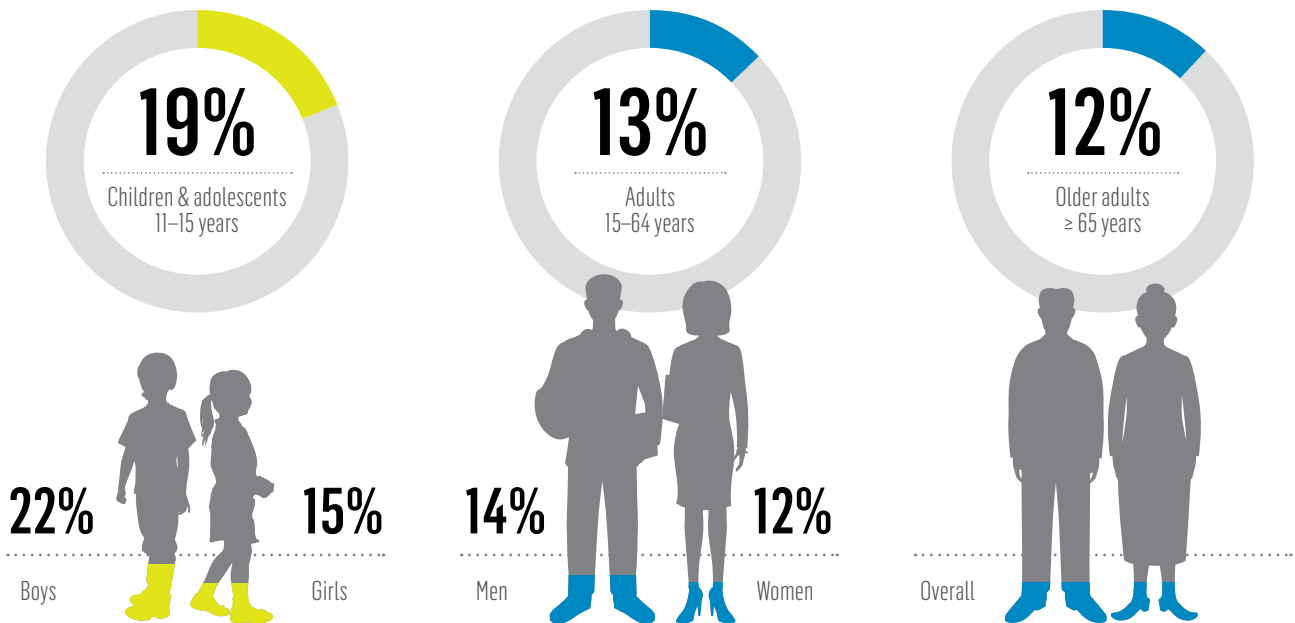
TARGET GROUPS INCLUDED



The national recommendations were initiated in 2014. They are based on WHO's global recommendations on physical activity for health (2010).

Level of physical activity

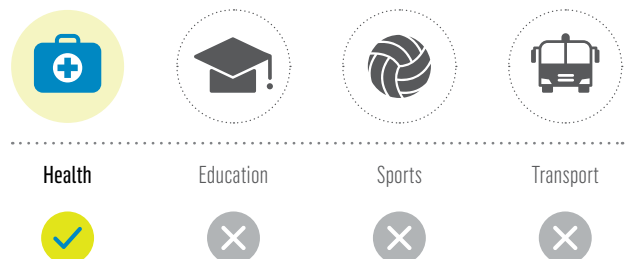
ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

The physical activity levels of adults are monitored in the Health Behaviour in the Latvian Adult Population survey with the International Physical Activity Questionnaire. For children and adolescents, the Health Behaviour of School-aged Children is used; furthermore, the State Sports Medicine Centre conducts annual medical check-ups for children and adolescents, which include performance measurements and body parameters.



POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector

Since 2017, the Centre for Disease Prevention and Control has been conducting interventions to promote physical activity. The interventions have several objectives: to strengthen the muscles involved in posture, to teach correct breathing techniques to 7- and 8-year-olds and to educate seniors (≥ 54 years) in physical activity. Events are also organized to provide opportunities for older adults to participate in exercise such as Nordic walking.



National policies by sector

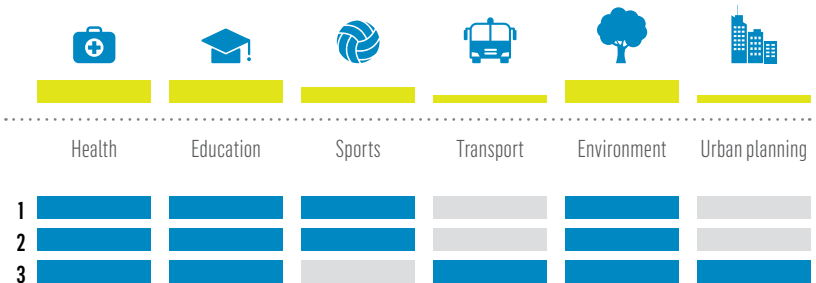
Sectors that are involved in each of the national policies or action plans to promote physical activity



Total number of policies

3

Policies with evaluation processes



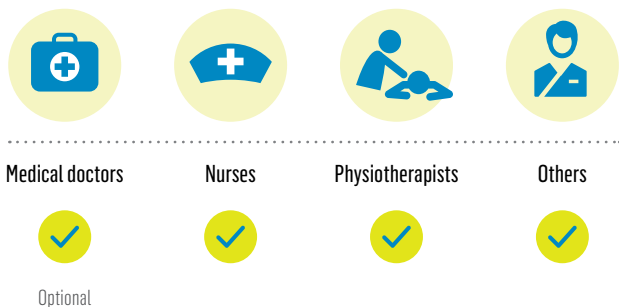
Target groups addressed by national policies

- ✓ Low socioeconomic groups
- ✓ Pregnant and breastfeeding women
- ✗ Ethnic minorities
- ✗ People deprived of liberty
- ✗ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✗ People with chronic diseases
- ✓ Other



Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



The **"Exercise prescription in general practice"** programme was established in 2014 by the State Sports Medicine centre, where a training course for general practitioners was developed to ensure that they can prescribe physical activity for prevention and for patients with medical conditions. Guidelines have been prepared for prescribing physical activity for specific patient groups, such as those with cardiovascular diseases, diabetes, cancer, pulmonary diseases, oestoarthritis, osteoporosis or sarcopenia, and also for specific groups, such as young children, pregnant women and the elderly.

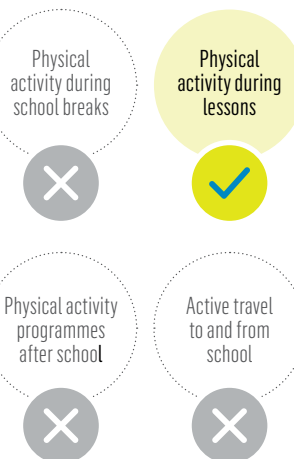
Latvia has been offering counselling on physical activity in the form of prescriptions for exercise from general medical practitioners since 2014. The scheme is led by the State Sports Medicine Centre and funded by the Ministry of Health. The curricula of students in all professional health training (general practitioners, nurses, public health professionals, health specialists) include physical activity promotion.

Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**

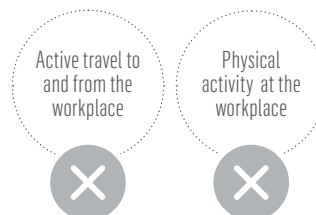


Total hours of physical education per week in **SECONDARY SCHOOLS**



Although there is no specific system for monitoring physical education, evaluation standards are set by regulation of study subjects in primary and secondary schools by a State standard.

Promotion of physical activity in the workplace



National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS

In 2014, a public awareness campaign and country-wide sports events were carried out in collaboration with nongovernmental organizations to promote physical activity, healthy lifestyles and useful leisure time in the adolescent population during the summer holidays. More than 20 649 participants were involved in various events (e.g. summer camps, street dances and gymnastics, street basketball tournaments, power-lifting contests, family health and sports days). Continuation of this approach is under discussion.

In line with the European Union 2014–2020 planning period, a health promotion and disease prevention plan has been developed, with activities to promote physical activity, especially for priority target groups such as children, older adults, people with disabilities and people living in remote and rural areas. One of the planned activities is an extensive national awareness campaign on physical activity.

LITHUANIA

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

2 847 904

Median age

43.0 YEARS

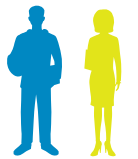
GDP per capita

12 000 €

% of GDP for health: **5.8**

% of GDP for education: **5.2**

% of GDP for sports: **0.2**



Population **MALE**

46.0%

Population **FEMALE**

54.0%

Life expectancy, **MALES**

70.0 YEARS

Life expectancy, **FEMALES**

80.0 YEARS

Sources: Eurostat (2016)

Success story

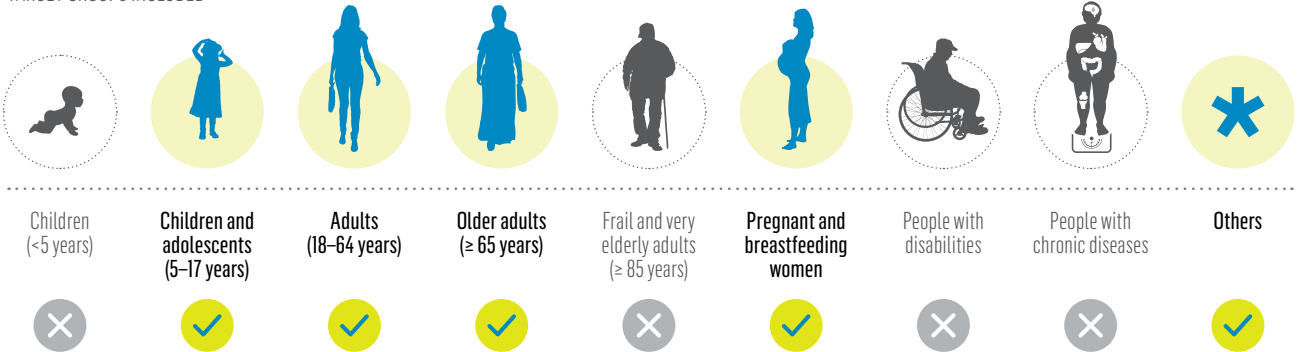
The “**Spring of activeness**” project was coordinated and implemented by the physical education teachers’ association in collaboration with Klaipėda University. The aim was to encourage young adolescents to have physically active lifestyles by providing opportunities for experiential learning in informal physical activity based on good practices from other countries. The project was grounded on links among pupils, schools, university instructors and administrators and university students enrolled in physical education, sports and physical activity programmes. Research was carried out to identify student and teachers’ programmes, attitudes, needs and participation in independent and organized physical activity. The results will be used in compiling or revising study programmes so that they correspond to the needs of future physical education and sports professionals, preparing them for work in schools and in other health-enhancing physical activity.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

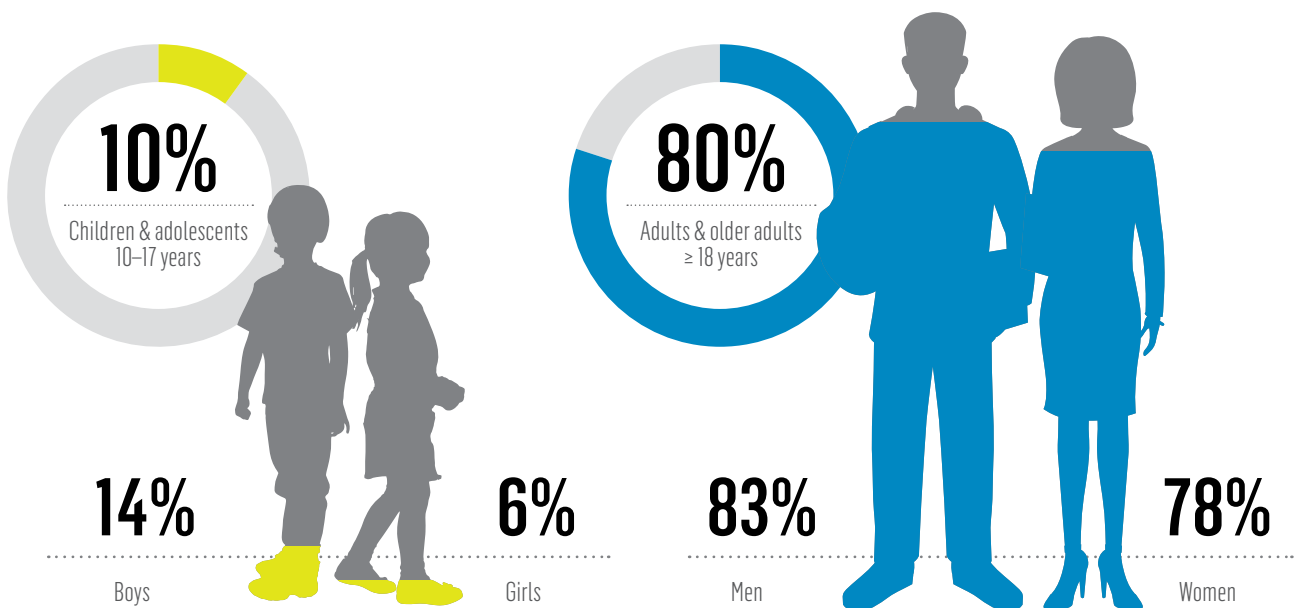
TARGET GROUPS INCLUDED



The national recommendations are based on WHO's global recommendations on physical activity for health (2010).

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Children are considered physically active if they reach 60 mins of physical activity each day in addition to physical education lessons at school.

Adults are considered physically active if they reach more than 4 MET minutes per week of moderate and vigorous physical activity.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

In Lithuania, physical activity is monitored by the Health Education and Disease Prevention Centre (since 2010) and the Department of Physical Education and Sports (since 2002) through the Study of Physical Activity Status in Lithuania, National Survey on Physical Activity in Lithuania and a study of the lifestyle of pupils in all municipalities. Physical activity levels are assessed with the Global Physical Activity Questionnaire. Lithuania also participates in the Health Behaviour in School-aged Children study.

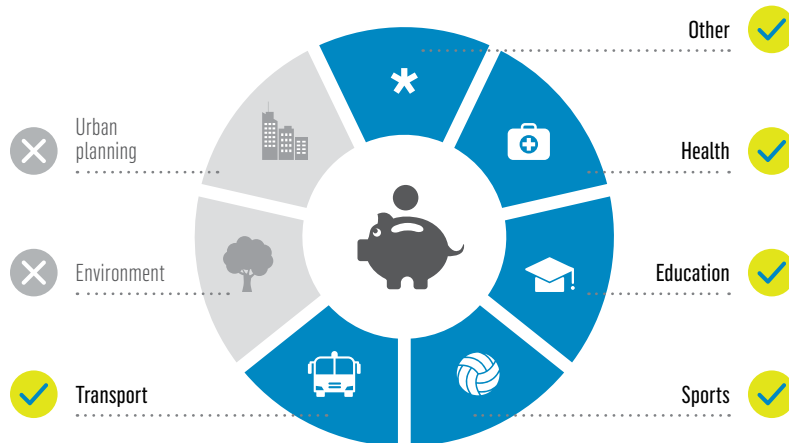


POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector

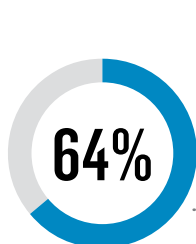
Lithuania has prepared a **National Sports Development Strategy for 2011–2020**, which promotes sports for all. The strategy is based on four themes: increased awareness of the benefits of physical activity; development of sports skills; development of sports infrastructure; and accessibility of sports infrastructure. It includes initiatives to encourage young people to participate in voluntary sports, strengthens the role of sports clubs in the community and issues recommended minimum standards for local sports clubs and health infrastructure.

The promotion of physical activity is coordinated by the Department of Physical Education and Sports.



National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity



Total number of policies

11

Policies with evaluation processes

| | Health | Education | Sports | Transport | Environment | Urban planning | Other |
|----|--------|-----------|--------|-----------|-------------|----------------|-------|
| 1 | █ | █ | █ | █ | █ | █ | █ |
| 2 | █ | █ | █ | █ | █ | █ | █ |
| 3 | █ | █ | █ | █ | █ | █ | █ |
| 4 | █ | █ | █ | █ | █ | █ | █ |
| 5 | █ | █ | █ | █ | █ | █ | █ |
| 6 | █ | █ | █ | █ | █ | █ | █ |
| 7 | █ | █ | █ | █ | █ | █ | █ |
| 8 | █ | █ | █ | █ | █ | █ | █ |
| 9 | █ | █ | █ | █ | █ | █ | █ |
| 10 | █ | █ | █ | █ | █ | █ | █ |
| 11 | █ | █ | █ | █ | █ | █ | █ |

An order of the Minister of the Environment, "On technical regulation for constructions 2.03.01:2001", includes a requirement that sports-related constructions be easily accessible for people with disabilities.

Target groups addressed by national policies

Since 2015, Lithuania has implemented an informal education financing mechanism for children based on funding per capita. Financial allocations are distributed from the national budget to municipalities according to the number of schoolchildren in certain schools. The recommended amount is 15 €/month, per person. 10% of all Lithuanian schoolchildren attended sport programmes financed by this mechanism in 2016–2017. This informal mechanism is used by sport clubs, independent teachers, municipal sport centres and other bodies.

- Low socioeconomic groups
- Pregnant and breastfeeding women
- Ethnic minorities
- People deprived of liberty
- Migrants
- Older people
- People with disabilities
- People with chronic diseases
- Other



Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



Medical doctors



Optional Undergraduate



Nurses



Optional Undergraduate



Physiotherapists



Optional Undergraduate



Others



A network of public bureaus, which covers all Lithuanian municipalities, provide daily advice to the general population on physical activity and healthy nutrition and involve people in physical activity led by bureau staff. <https://sam.lrv.lt/lt/veiklos-sritys/visuomenes-sveikatos-prieziura/visuomenes-sveikatos-biuru-metai>

Training in physical activity and health is optional in the undergraduate curriculum of medical doctors, nurses and physiotherapists.

Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**

Total of 170 h allocated to physical education per school year in grades 1–2 and 204 h in grades 3–4 (consisting of two or three lessons per week); 170 h in schools for national minorities. Thus, the total time for physical education is 374 h in grades 1–4 and 340 h in schools for national minorities. Schools that provide two weekly lessons must ensure the conditions for pupils to practise actively at school or another setting for no less than 1 h/week. Schools are also advised to organize active breaks or other activities during lessons to enhance pupils' physical activity. In schools for national minorities, more time is allocated to Lithuanian language lessons.

Total hours of physical education per week in **SECONDARY SCHOOLS**

The plans for general education recommend 2–3 h/week of physical education in lower secondary education (grades 5–10, age 11–16 years), for a total of 456 h per year. Schools that provide two weekly lessons must ensure the conditions for pupils to practise actively at school or another setting for no less than 1 h/week.

The number of hours may differ from that recommended in the National Plan for General Education, as decided by the municipal administration and according to the needs of the pupils. Where 2 h of physical education are mandatory, the school must ensure that pupils can practise actively for no less than 1 h/week. The quality of physical education is monitored every 7 years by the National Agency for School Evaluation in accordance with the general State system of monitoring education.



Physical activity during school breaks



Physical activity during lessons



Physical activity programmes after school



Active travel to and from school



Promotion of physical activity in the workplace

A project “**Promotion of physical activity at the workplace – sharing good practice**” was initiated in 2015 by the Institute of Hygiene and municipal health bureaus. It supports effective physical activity programmes at the workplace and includes 5 months of promotional campaigns and recommendations for implementation. Representatives of more than 70 companies have taken part in the project, and the feedback has been positive.



Active travel to and from the workplace



Physical activity at the workplace



National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS

The yearly campaign “**Production and broadcasting of programmes to enhance physical activity, a healthy lifestyle and engagement in sports by the public**” is part of an inter-institutional action plan for implementation of the National Sports Development Strategy for 2011–2020, with annual budget allocations.



Television



Radio



Newspapers



Social media



Public events



Public figures



LUXEMBOURG

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

590 667

Median age

39.4 YEARS

GDP per capita

81 700 €

% of GDP for health: **4.8**
 % of GDP for education: **4.8**
 % of GDP for sports: **0.5**



Population **MALE**

50.2%

Population **FEMALE**

49.8%

Life expectancy, **MALES**

80.1 YEARS

Life expectancy, **FEMALES**

85.4 YEARS

Sources: Eurostat (2016)

Success story

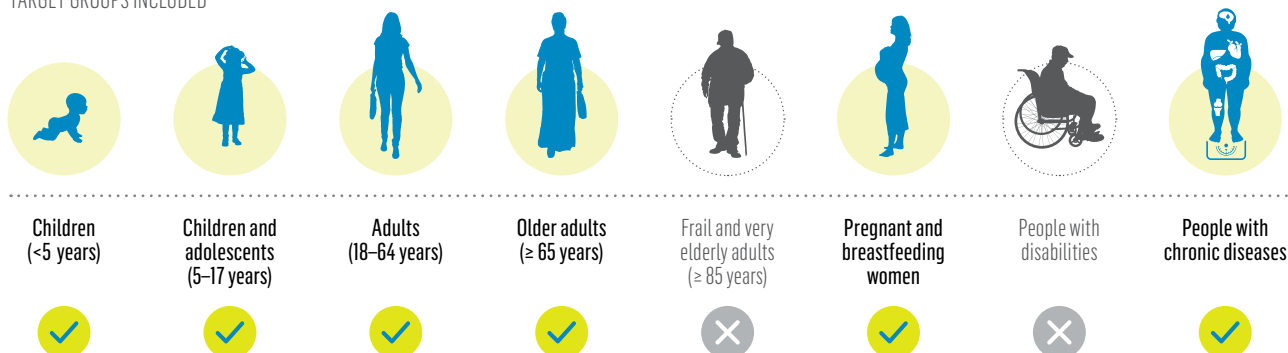
The aim of the “**Sport-santé**” project is to promote physical activity for the prevention and control of noncommunicable diseases in Luxembourg. In 2018, the “**Sport-santé actimeter**” was introduced for use by health care professionals when counselling patients on physical activity. The tool enables health workers to quickly identify whether patients meet the minimum recommended physical activity from the answers to two questions. The tool and a flyer providing the recommendations on physical activity are distributed to all medical doctors and allied health professionals in Luxembourg. Other resources have been developed to help health care professionals better understand the role of physical activity in the management of chronic conditions and disorders. www.sport-sante.lu/images/Documents/Actimeter/Sport-Sante-ACTIMETER2018_en_web.pdf.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

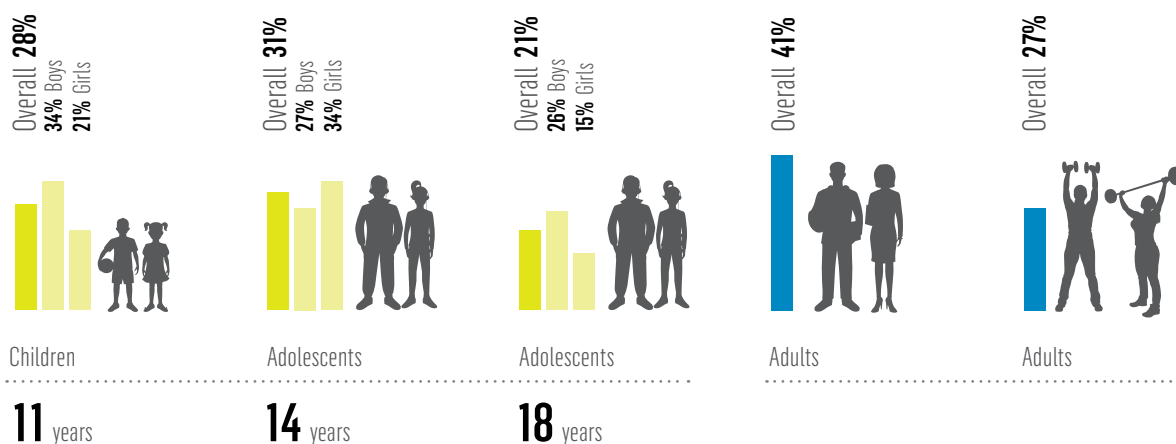
TARGET GROUPS INCLUDED



The national recommendations were implemented in 2006 and are based on WHO global recommendations on physical activity for health (2010) and the European Union physical activity guidelines (2008).

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



HSBC study 2013–2014: 21% of girls and 34% of boys aged 11 years achieved the WHO-recommended levels of physical activity for health; 17% of girls and 35% of boys aged 13 years met the guidelines; and 9% of girls and 26% of boys aged 15 years met the recommended levels.

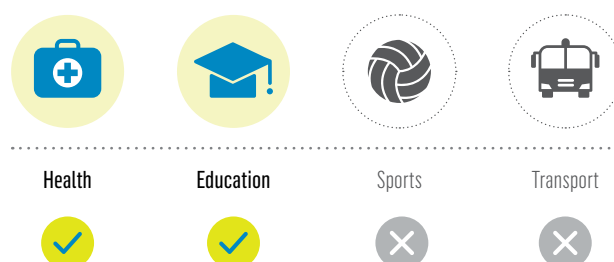
The recommendation of practising at least 150 min of endurance exercise per week is met by 41% of the population and that of walking for ≤ 30 min/day by 40% of adults. Muscle strengthening on 2 days/week is practised by 27% of the population.

Cut-off point: ≥ 30 min of moderate-intensity physical activity on most, preferably all, days of the week.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

The European Health Interview Survey, Eurobarometer and the Health Behaviour in School-aged Children study are conducted in Luxembourg.



POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector



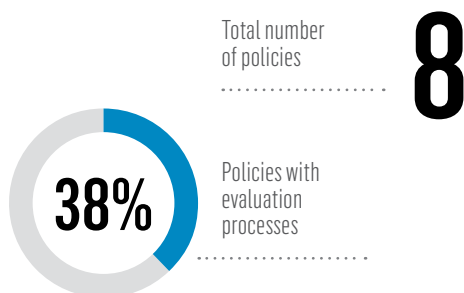
An executive committee led by the Ministry of Health and involving the ministries of Sports, Education (formal and informal) and Family and Integration coordinates the promotion of physical activity.

As part of the national **"Eat healthily – Move more"** (Gesond iessen - Méi bewegen) action plan for 2018–2025, a national sports day "Fit 50 plus" was organized in 2016 for people aged over 50 years. In 2017, the national sports day focused on sports at the work place, and in 2018 on civil servants.



National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity



| | Health | Education | Sports | Transport | Environment | Urban planning | Other |
|---|--------|-----------|--------|-----------|-------------|----------------|-------|
| 1 | █ | █ | █ | █ | | | █ |
| 2 | | | █ | | | | |
| 3 | | | █ | | | | |
| 4 | | | █ | | | | |
| 5 | | | █ | | | | |
| 6 | | █ | | | | | |
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| 8 | | | | █ | █ | █ | |

The national action plan **"Eat healthily, move more"** (Gesond iessen, méi bewegen) was first implemented in 2006 and was recently updated in a framework for nutrition and physical activity for the period 2018–2025. One of the four guiding principles of the new national framework is access for all. The plan is designed to remove inequalities in access to a balanced diet and physical activity, adapt actions to different contexts, target populations (elderly people, adults, pregnant women, young children, adolescents, vulnerable people) and encourage a lifelong approach.

Target groups addressed by national policies

- ✗ Low socioeconomic groups
- ✗ Pregnant and breastfeeding women
- ✗ Ethnic minorities
- ✗ People deprived of liberty
- ✗ Migrants
- ✗ Older people
- ✗ People with disabilities
- ✗ People with chronic diseases



MALTA

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

460 297

Median age

40.6 YEARS

GDP per capita

19 700 €

% of GDP for health: **5.6**

% of GDP for education: **5.4**

% of GDP for sports: **0.1**



Population **MALE**

50.3%

Population **FEMALE**

49.7%

Life expectancy, **MALES**

80.6 YEARS

Life expectancy, **FEMALES**

84.4 YEARS

Sources: Eurostat (2016)

Success story

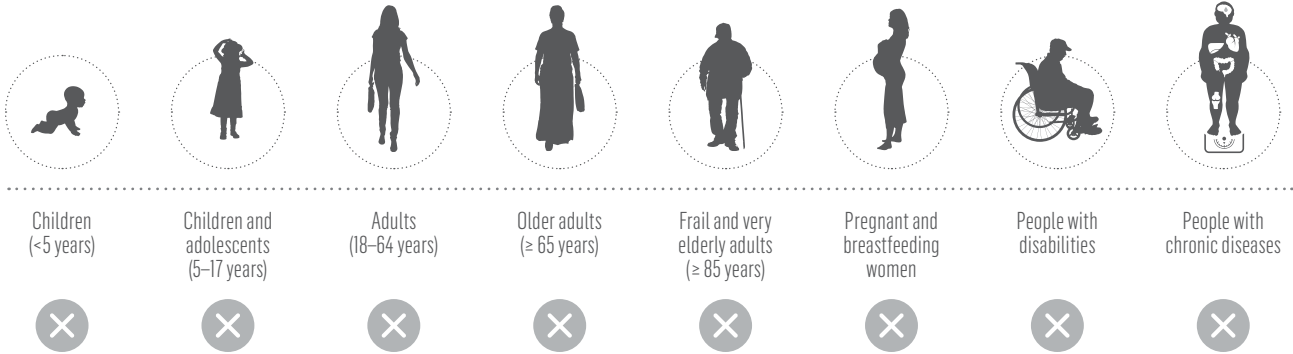
The Ministry for Education and Employment sponsors sports and physical activity programmes for children whose parents cannot afford to send them to classes. The process is simple and discrete, whereby the head of the school fills in a form that the parent can present instead of paying. For these courses, parents are also assisted in buying clothing, footwear and specific equipment, the cost of which might otherwise prevent participation. As the scheme is managed through schools, uptake and reach are high. <https://education.gov.mt/en/education/student-services/Pages/default.aspx>.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

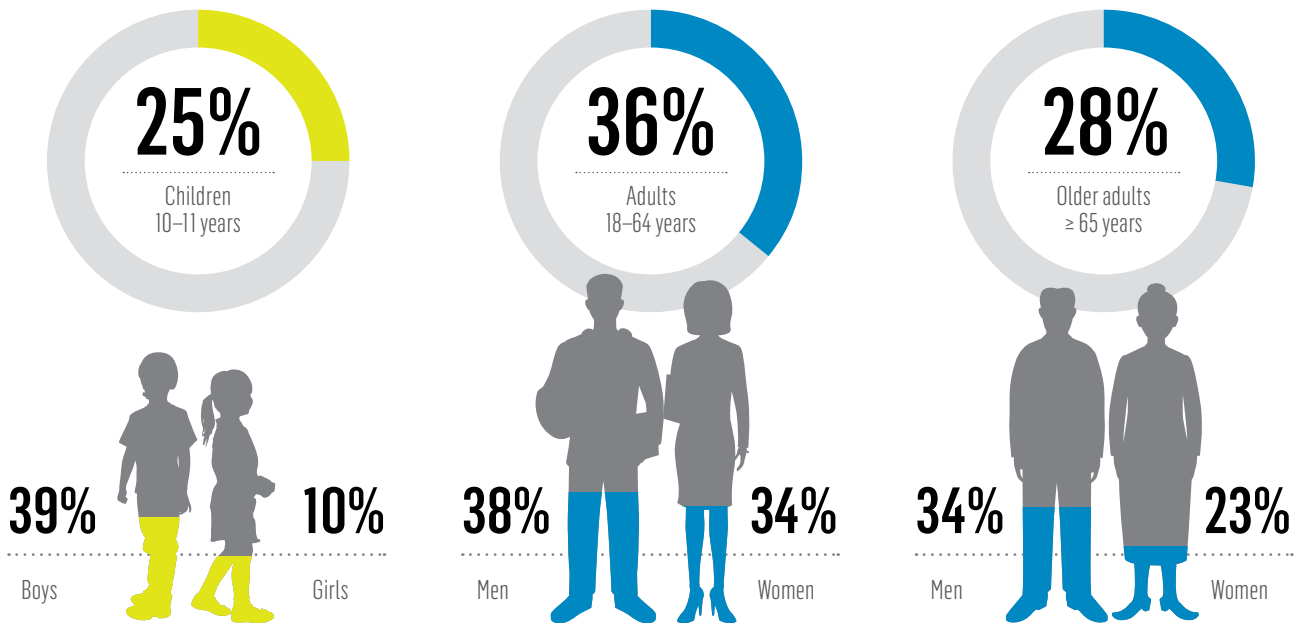
TARGET GROUPS INCLUDED



Draft national recommendations are currently being prepared on the basis of WHO's global recommendations on physical activity for health (2010).

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

Physical activity is monitored in the European Health Interview Survey and the Health Behaviour in School-aged Children survey, both conducted in 2014.



POLICY RESPONSE

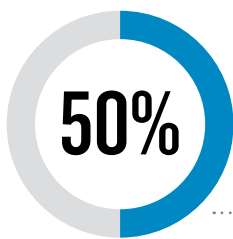
Funding allocated specifically to physical activity promotion by sector

“Healthy club mark” is an initiative to encourage sports clubs to organize health-enhancing physical activity sessions for the general population in their facilities that are led by professional coaches.



National policies by sector

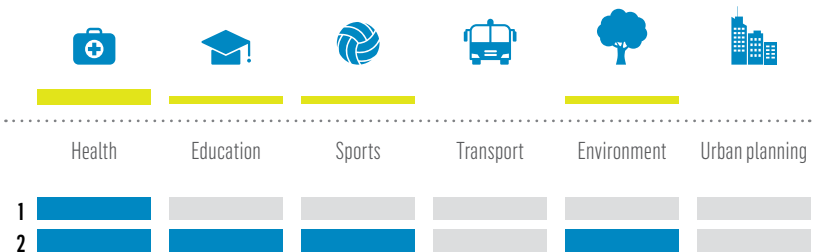
Sectors that are involved in each of the national policies or action plans to promote physical activity



Total number of policies

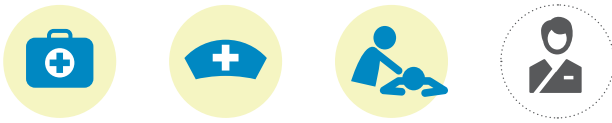
Policies with evaluation processes

2



Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



Medical doctors



Undergraduate

Nurses



Undergraduate

Physiotherapists



Undergraduate

Others



A team for health promotion and disease prevention implements a programme to encourage health professionals to prescribe physical activity as treatment and to encourage physical activity among patients as part of a healthy lifestyle.



Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**



Total hours of physical education per week in **SECONDARY SCHOOLS**



Physical activity during school breaks



Physical activity during lessons



Physical activity programmes after school



Active travel to and from school



“Schools OnTheMove” is a multifaceted, dynamic programme to promote and support participation in sports and physical activity in Malta. The programme includes physical activity sessions, mainly on Saturday mornings, that are open to children aged ≤ 16 years. Adults are invited to support their children by taking part in classes held concurrently. <https://www.sportmalta.org.mt/programmes/onthemove-skolasport>.

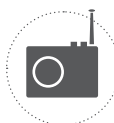


National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS



Television



Radio



Newspapers



Social media



Public events



Public figures



NETHERLANDS

PHYSICAL ACTIVITY

FACTSHEET 2018



Total population

17 081 507

Median age

42.5 YEARS

GDP per capita

39 800 €

% of GDP for health: **7.7**
 % of GDP for education: **5.3**
 % of GDP for sports: **0.5**



Population **MALE**

49.6%

Population **FEMALE**

50.4%

Life expectancy, **MALES**

80.0 YEARS

Life expectancy, **FEMALES**

83.2 YEARS

Sources: Eurostat (2016)

Success story

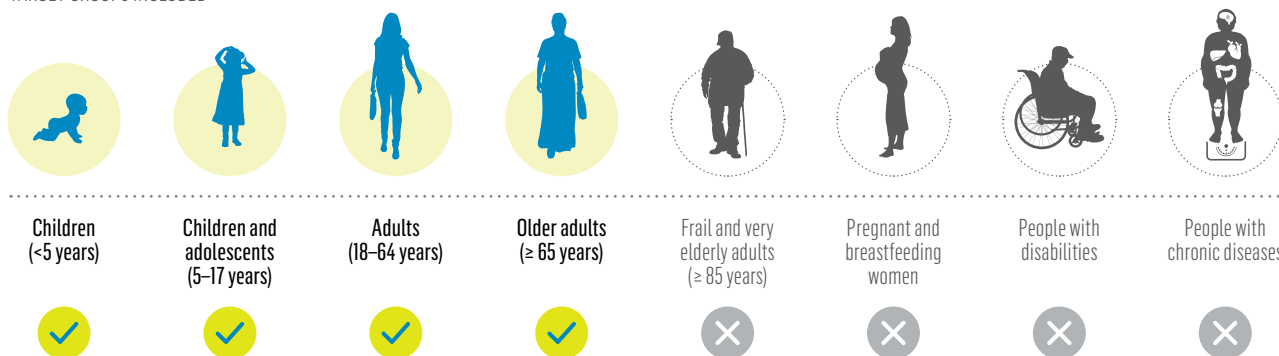
The “**Sport and physical activity close to home**” (Sport en Bewegen in de Buurt) programme encourages the population to have an active, healthy lifestyle. The main aim is to provide appropriate, safe, accessible sports opportunities for everyone in the Netherlands. The two pillars of the programme are employing neighbourhood sports “connectors” and creating opportunities for sport impulse grants. Neighbourhood sports connectors support the municipality in creating sufficient opportunities to be active close to home for people of all ages. The sports impulse grants assist sports clubs, fitness centres and other sports providers in setting up activity programmes for sedentary groups and those with low participation rates. The main requirement is that they work with local partners, such as schools, care institutions, childcare centres and the business community. The projects must target one of three groups: sedentary people, overweight children and adolescents in low-income neighbourhoods. <https://www.sportindebuurt.nl/>.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

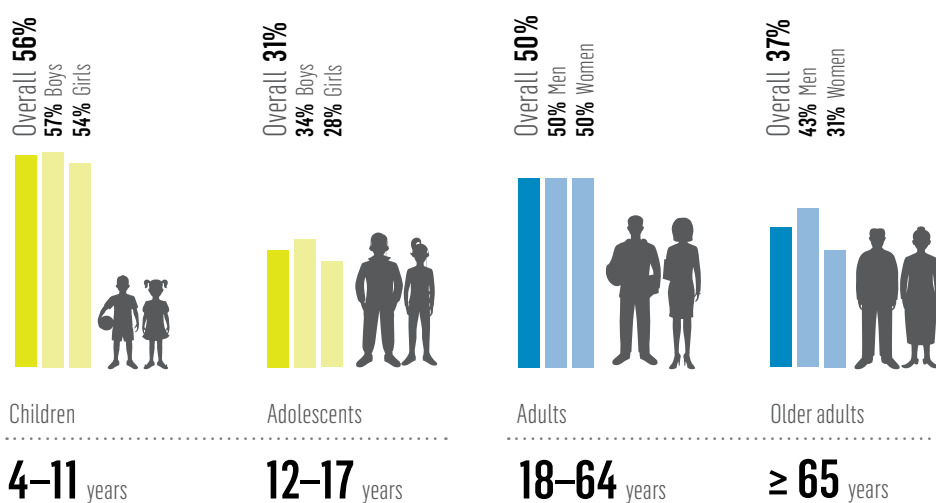
TARGET GROUPS INCLUDED



The national recommendations on physical activity are based on a literature review by the Dutch Health Council, the reports on which the Australian physical activity guidelines are based and evidence for the guidelines for physical activity in the USA.

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



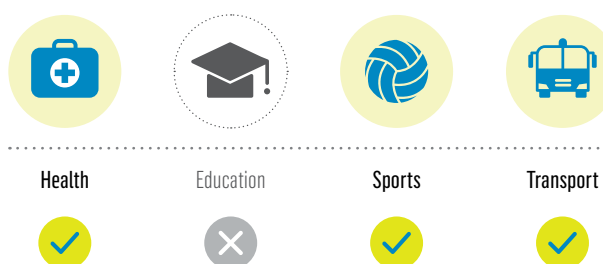
Children and adolescents are considered physically active if they achieve 60 min of physical activity per day and bone- and muscle-strengthening activities three times a week. Adults should do 150 min/week of moderate-intensity physical activity and bone- and muscle-strengthening activities twice a week.

In the Netherlands, a set of 20 key indicators related to sport and physical activity are structurally monitored, irrespective of current policy programmes that may or may not include their own monitoring / evaluation plan. Dissemination of facts and figures on the key indicators of sport and physical activity is coordinated by the National Institute for Public Health and the Environment. Facts and figures are communicated through a website: www.sportenbewegenincijfers.nl. The key indicators can be accessed directly at www.kernindicatorenspportenbewegen.nl.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

Since 2014, physical activity has been monitored through the National Health Survey (Gezondheidsenquête) in combination with the Lifestyle monitor (Leefstijlmonitor), led by Statistics Netherlands and the National Institute for Public Health and the Environment, with an addition of monitoring sedentary behaviour in 2015. Statistics Netherlands has been monitoring physical activity through the National Health Survey since 1981. The current questionnaire has been in place since 2001. The Netherlands uses the Short Questionnaire to Assess Health Enhancing Physical Activity (SQUASH) to assess physical activity levels. Additional information is collected through the Questionnaire for Sedentary Behaviour, based on the Marshall questionnaire. OViN is the Dutch National Travel Survey (The name of the survey has changed over time and from 2018 the survey will be called 'Onderweg in Nederland'), in which respondents are asked to keep a diary for one specific day on where they travel, for what purpose, using which means of transport and the time it takes from start to finish.



POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector

The Knowledge Centre for Sport Netherlands is in charge of disseminating the physical activity recommendations to the public and (health care) professionals.

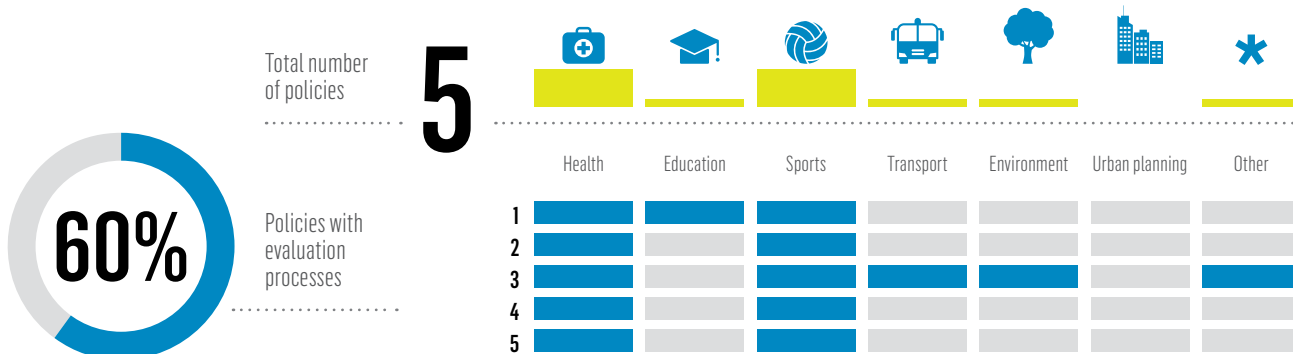
“Cycling highways” build on the historical cycling tradition of the Netherlands, particularly aiming to tackle traffic jams during rush hours. The assumption is made that 15 km is a reasonable distance for commuting by bicycle. Also, 61% of the working population lives within this distance to their work place. Currently, 25% of the working population commutes by bike, half of them up to a distance of 5 km. In addition, 25% cycle up to 10 km and 10% up to 15 km. The accompanying website (www.fietsfilevrij.nl) provides cycling routes for several distances and for all parts of the country.



“Sports without boundaries” (Grenzeloos actief) is a programme to provide accessible opportunities for participation in sports for people with disabilities throughout the country through a network of regional partnerships. Each region will try to match offer and demand in sports opportunities for people with disabilities.

National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity



Target groups addressed by national policies

The Youth Fund for Sports and Culture supports children and adolescents in socially disadvantaged families to access sports opportunities. It pays their club membership and, in some cases, sporting equipment. It is in place in every province, and 19 cities have their own funds. The Fund collaborates with 220 (of 388) municipalities, and, in 2017, 60 103 children were enabled to take part in sports.

- ✗ Low socioeconomic groups
- ✗ Pregnant and breastfeeding women
- ✗ Ethnic minorities
- ✗ People deprived of liberty
- ✗ Migrants

- ✓ Older people
- ✓ People with disabilities
- ✓ People with chronic diseases
- ✓ Other



Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



There was no national programme or scheme to promote counselling on physical activity by health professionals in the Netherlands until 2017. However, physical activity counselling is part of several standard approaches to medical issues (NHG-standaarden) and combined lifestyle interventions. From 2019, combined lifestyle interventions will be included in basic health care insurance.

Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**

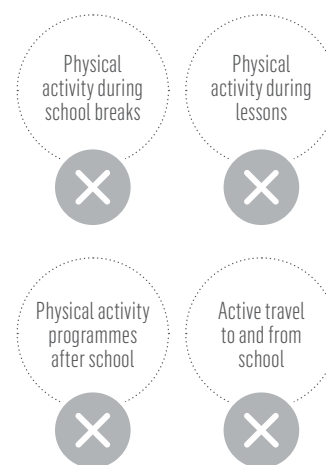


In 2016–2017, children in grades 1 and 2 received an average of 113 min/week of physical education. Four of ten schools provided at least three lessons (with a maximum of five lessons) per week. Children in grades 3–8 received 89 min/week of physical education. At 75% of primary schools, two lessons per week were provided.

Total hours of physical education per week in **SECONDARY SCHOOLS**



In 2014, children in the first year of secondary school received an average of 150 min/week of physical education, consisting generally of three 50-min lessons per week. Those in the fourth year received 97 min/week and those in the sixth year received 58 min/week.



Physical education is a mandatory subject in primary education, although frequency and duration are not regulated by law. About 75% of schools provide two lessons of physical education per week. Secondary schools are obliged to include physical education and to spread the lessons over the school year and according to demand in terms of quality, intensity and variety. The Dutch Inspectorate of Education is responsible for inspecting and reviewing the compliance of schools and other educational institutions. The quality of physical education is taken into account during accreditation. A report on the characteristics and trends in physical education in primary schools was published in 2018.



The Netherlands has no national scheme for active school breaks, but active outdoor play during school breaks are part of the school culture.

Promotion of physical activity in the workplace

Although there is no national scheme for exclusive promotion of physical activity at the workplace, the **“Work-related costs scheme”** (Werkkostenregeling) allows employers to provide certain benefits tax-free. These are opportunities for investments in physical activity, such as gym memberships and bicycles. The scheme was established in 2011, has been mandatory since 2015 and is led by the Ministry of Finance and the Dutch Tax Administration.



Active travel to and from the workplace



Physical activity at the workplace



National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS

Currently, no national awareness-raising campaigns are running in the Netherlands.

POLAND

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

37 972 964

Median age

40.3 YEARS

GDP per capita

11 200 €

% of GDP for health: **4.6**
% of GDP for education: **5.0**
% of GDP for sports: **0.3**



Population **MALE**

48.4%

Population **FEMALE**

51.6%

Life expectancy, **MALES**

73.9 YEARS

Life expectancy, **FEMALES**

82.0 YEARS

Sources: Eurostat (2016)

Success story

The “**National Programme for Improvement of Safety and Working Conditions**” is a 3-month health programme that promotes healthy lifestyles and physical activity in workers aged ≥ 50 years. The programme involves sports activities and training workshops, and employees take part in exercise sessions three times a week during working hours under the supervision of trained instructors. The programme has resulted in less musculoskeletal pain, more physical activity and improved anthropometrics among participants.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

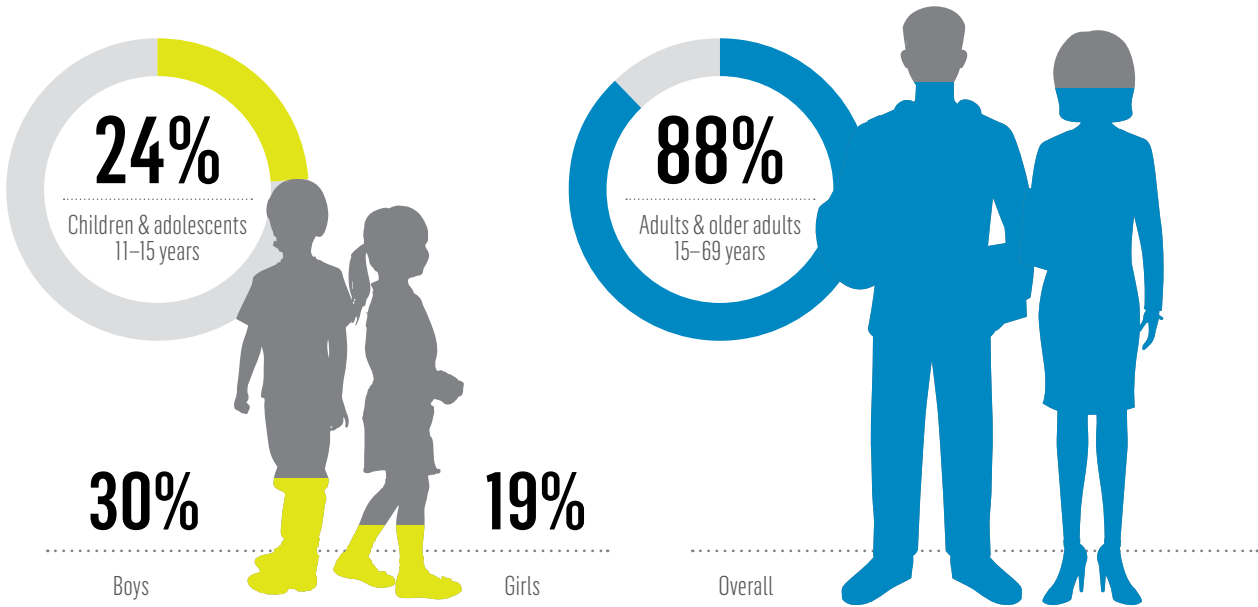
TARGET GROUPS INCLUDED



National recommendations are being developed and should be finalized in 2018.

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Adults are considered physically active if they do 150 min/week of moderate-intensity physical activity and bone- and muscle-strengthening activities twice a week.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

The Physical Activity of Society Survey is conducted by the Ministry of Sport and Tourism to estimate physical activity levels with the International Physical Activity Questionnaire. Poland monitors the physical activity of adolescents in the Health Behaviour in School-aged Children survey.



POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector

The "National Talent Base" is a publicly available tool for monitoring physical fitness. Somatic measurements and the results of physical fitness tests are used to compare the performance of participants with that of the general population. In 2017, nearly 2 million results of physical fitness tests were entered into the National Talent Base system.

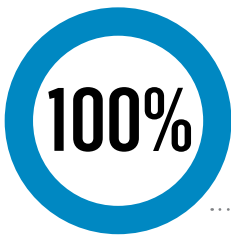


The Ministry of Sport and Tourism implements a programme through which it is possible to obtain funding for the construction or modernization of recreational infrastructure such as swimming pools, sports fields and outdoor gyms. The programme aims to ensure each municipality has a full-size gymnasium and each county has an indoor swimming pool. The goal is to increase the overall number of recreational facilities and increase access. The Ministry has published a study on its website which provides guidance on the management and maintenance of sport facilities.



National policies by sector

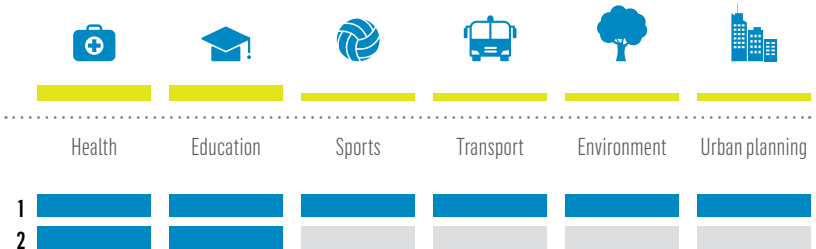
Sectors that are involved in each of the national policies or action plans to promote physical activity



Total number of policies: 2

Policies with evaluation processes: 2

2



Target groups addressed by national policies

- ✓ Low socioeconomic groups
- ✗ Pregnant and breastfeeding women
- ✗ Ethnic minorities
- ✗ People deprived of liberty
- ✗ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✗ People with chronic diseases
- ✓ Other



Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



Medical doctors



Nurses



Physiotherapists



Others



Mandatory

Although Poland has no specific programme for counselling on physical activity, knowledge and skills in health promotion, including physical activity, are part of the curriculum of all health professionals according to a regulation of the Minister of National Education.

Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**

Total hours of physical education per week in **SECONDARY SCHOOLS**



Grades 1–3:

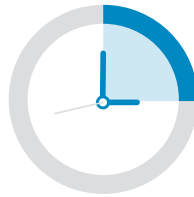
3

All mandatory



Grades 4–8:

4



3

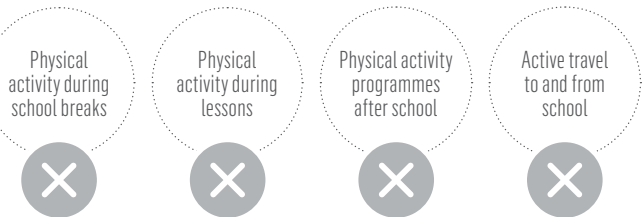
All mandatory

Primary schools must provide 3 h/week for children in grades 1–3 (7–9 years) and 4 h/week for children in grades 4–8 (10–15 years).

Upper-secondary schools must provide 3 h of physical education per week.



Physical education teachers are supervised internally by the school headmaster, who observes their work daily. The headmaster is supervised externally by a regional education authority.



Promotion of physical activity in the workplace



PORTUGAL

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

10 309 573

Median age

44.4 YEARS

GDP per capita

16 900 €

% of GDP for health: **5.9**

% of GDP for education: **4.9**

% of GDP for sports: **0.3**



Population **MALE**

47.4%



Population **FEMALE**

52.6%

Life expectancy, **MALES**

78.1 YEARS

Life expectancy, **FEMALES**

84.3 YEARS

Sources: Eurostat (2016)



Success story

The "**U-Bike Portugal**" project promotes active transport in academic communities through cycling. The Institute for Mobility and Transport coordinates the project, which rents bicycles to students and staff at academic institutions for a semester or a full academic year. The project encourages regular physical activity while reducing energy consumption and air pollution. <https://www.u-bike.pt>



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

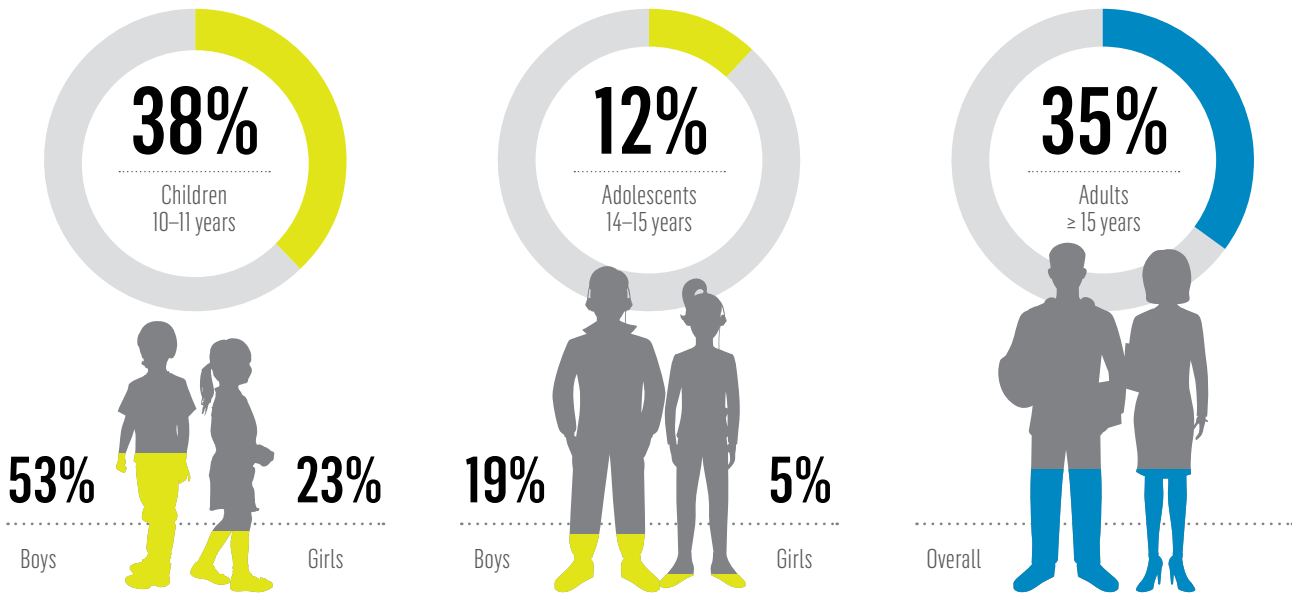
TARGET GROUPS INCLUDED



National recommendations on physical activity are being developed in the framework of the Government coordination and leadership of promoting health-enhancing physical activity, with several academic and scientific bodies. They will provide guidelines for all age groups and for specific populations.

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Data on levels of physical activity were obtained from the 2018 Eurobarometer survey (QB1B2T). Exercise, sport or other physical activity is performed almost daily by 9% and a few times a week by 26% of the population. Additional data on children and adolescents were collected in 2010 by the Portuguese Institute of Sports and Youth.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

Physical activity levels in Portugal are monitored by the Portuguese Institute of Sports and Youth (National Physical Activity and Sports Monitoring System), by the Directorate-General of Health (Physical Activity as a Vital Sign in primary health care) and by the Directorate-General of Education (FITescola programme). The Institute for Mobility and Transport operates a terrestrial transport observation system, which includes walking and cycling.



POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector

Since 2012, the **“National sports for all programme”**, coordinated by the Portuguese Institute of Sports and Youth and with the participation of the sports sector and nongovernmental and private sector organizations, has promoted sports for the entire population and related national strategies. <http://www.idesporto.pt/conteudo.aspx?id=173&idMenu=4>.



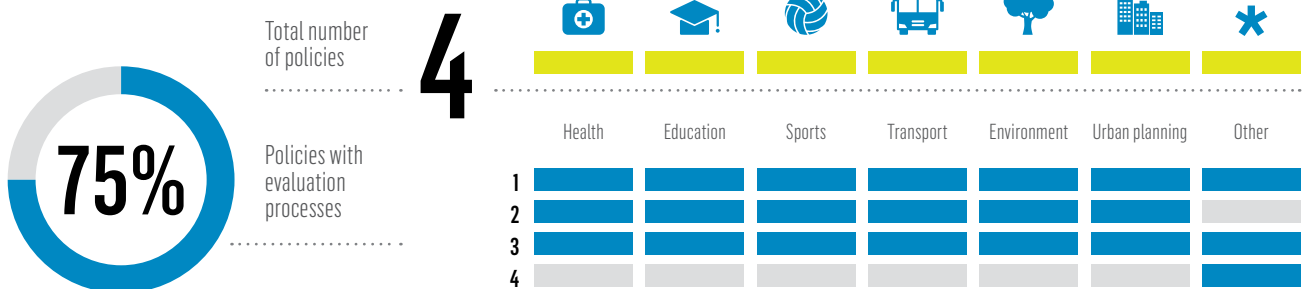
In 2017, the Portuguese Government decided to create the Intersectoral Commission for the Promotion of Physical Activity as the coordination mechanism and leader in promoting health-enhancing physical activity, involving four ministries: Science, Technology and Higher Education; Education (including sports); Work, Solidarity and Social Security (including the inclusion of people with disabilities); and Health.

“Physical activity as a vital sign” (Atividade física como sinal vital) is a monitoring and surveillance system created for the Portuguese primary health care system to assess the population’s physical activity levels and sedentary behaviour on electronic medical records. The Directorate-General of Health and the Shared Services of the Ministry of Health developed this tool, which was integrated into the database of the software “SCLínico – Primary Health Care” in September 2017. Three types of health professionals can use this platform currently: medical doctors, nurses and registered dietitians and nutritionists, and it is available in most primary health care units in the country. <http://www.panaf.gov.pt/iniciativa/atividade-fisica-como-sinal-vital>



National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity



The National Action Plan for Physical Activity, led by the Intersectoral Commission for the Promotion of Physical Activity, was launched in April 2018. This Plan includes national initiatives (policies, programmes, projects and events) to promote physical activity and/or reduce sedentary behaviour in nine core areas: health, sports, education throughout the lifecycle, surveillance and monitoring, communication and information, work and companies, communities and civil society, built environment and active mobility, and special groups. <http://www.panaf.gov.pt>



Target groups addressed by national policies

“Paiva walkways” (Passadiços do Paiva) are located on the left bank of the Paiva River, in Arouca municipality. They consist of 8 km of walks through a beautiful natural environment, extending from the river beaches of Areinho, Vau and Espiunca. <http://www.passadicosdopaiva.pt>

“Diabetes in movement” (Diabetes em Movimento) is a community exercise programme designed for middle-aged and older people with type 2 diabetes. Patients are recruited by family doctors to engage in free-of-charge group sessions (75-min, 3 days per week, 9 months per year) of low-cost, broadly applicable exercise, supervised by exercise physiologists and nurses. This national programme is implemented at local level in community health centres, hospitals, universities and municipalities, with the support of the Directorate-General of Health. <http://www.diabetesemmovimento.com>



- ✓ Low socioeconomic groups
- ✓ Pregnant and breastfeeding women
- ✓ Ethnic minorities
- ✓ People deprived of liberty
- ✓ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✓ People with chronic diseases
- ✓ Other

Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



Medical doctors



Mandatory Undergraduates

Nurses



Physiotherapists



Mandatory Undergraduates

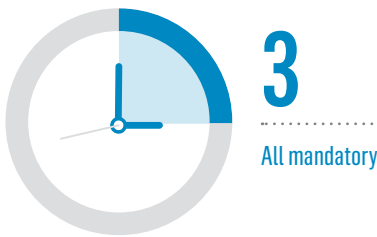
Others



Physical activity for health is a mandatory part of the medical undergraduate curriculum in one medical faculty, the University of Beira Interior; other faculties offer optional modules. Some physiotherapy courses include mandatory physical activity modules.

Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**



Total hours of physical education per week in **SECONDARY SCHOOLS**



Physical activity during school breaks



Physical activity during lessons



Physical activity programmes after school



Active travel to and from school



The number of hours of physical education depends on the school's capacity. A curricular complement to increase the amount of physical education and sport in schools was completed in 2016. The quality of physical education is monitored as part of the school curriculum by the Ministry of Education.

Promotion of physical activity in the workplace

The Authority for Working Conditions is replicating the materials of the "Fit@work" project (flyers and videos), with the permission of the European Commission, to support workplace physical activity in public and private companies. <http://www.act.gov.pt>



Active travel to and from the workplace



Physical activity at the workplace

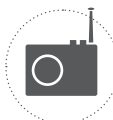


National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS



Television



Radio



Newspapers



Social media



Public events



Public figures



The national walking and running programme of the Portuguese Athletics Federation involves local sports clubs, sports associations and municipalities throughout the country to promote regular walking and running. <http://www.marchaecorrida.pt>



A national campaign, "What is your physical activity?", was launched in 2018 by the Ministry of Health, in accordance with WHO's Global action plan on physical activity 2018–2030: more active people for a healthier world. The Portuguese Institute of Sports and Youth is preparing a national campaign to promote participation in sports and physical activity.

ROMANIA

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

19 644 350

Median age

41.8 YEARS

GDP per capita

7 700 €



% of GDP for health: **4.0**

% of GDP for education: **3.7**

% of GDP for sports: **0.3**



Population **MALE**

48.9%

Population **FEMALE**

51.1%

Life expectancy, **MALES**

71.7 YEARS

Life expectancy, **FEMALES**

79.1 YEARS

Sources: Eurostat (2016)

Success story

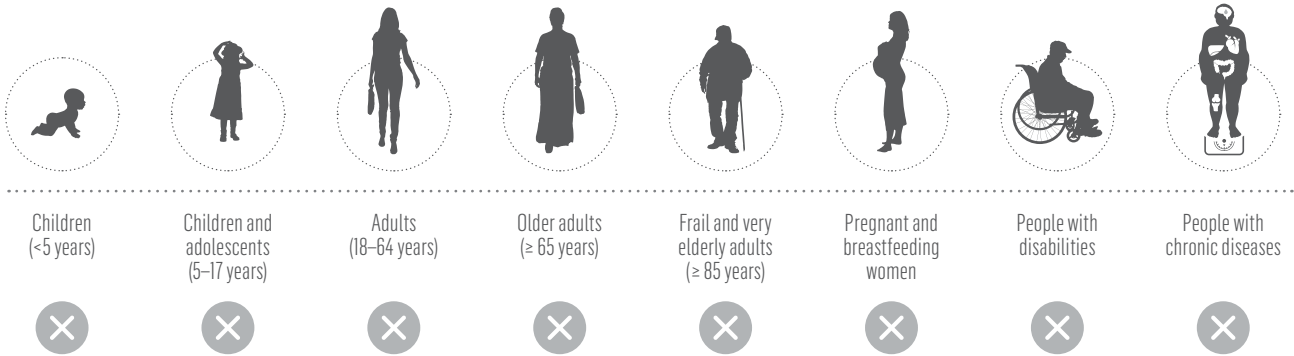
In Romania, a guide has been prepared for physical activity and healthy nutrition interventions in nursery schools and schools. The guideline has been distributed in 4000 schools and nursery schools in 42 counties, reaching more than 410 000 people. The interventions are monitored through indicators in the National Health Strategy 2014–2020, are coordinated by the National Centre for Health Promotion and Evaluation and were funded through the Norway grants 2009–2014.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

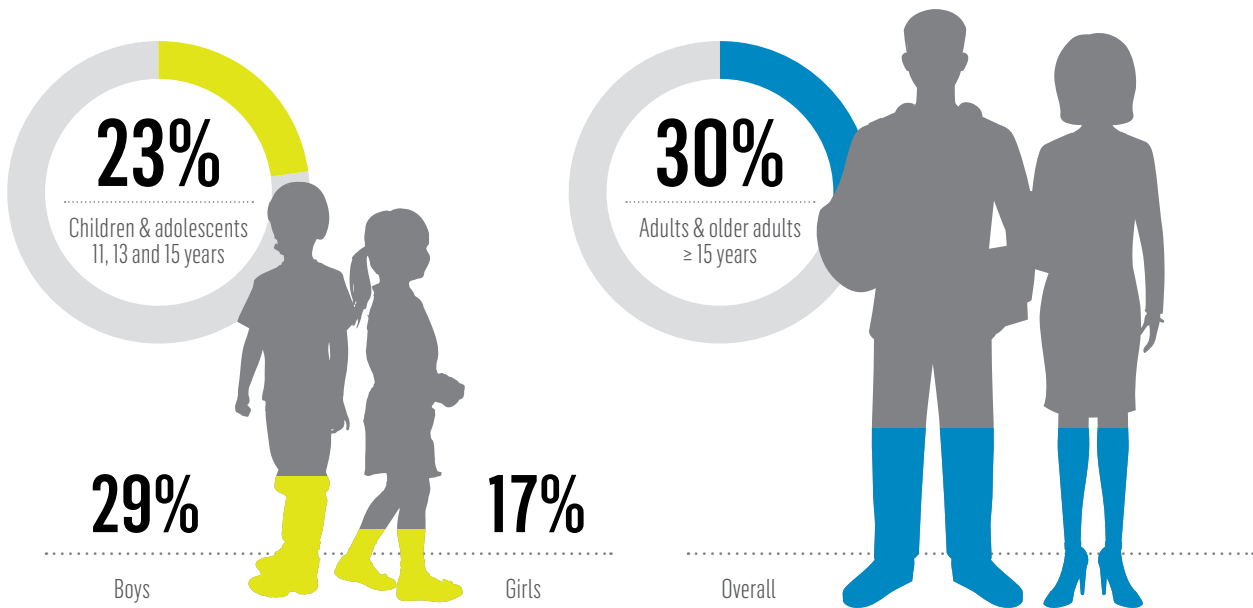
TARGET GROUPS INCLUDED



National recommendations are being developed and should be finalized in 2018.

Level of physical activity

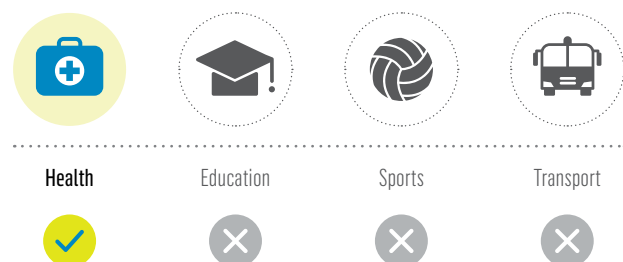
ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

In Romania, physical activity levels are monitored through the Eurobarometer and the European Health Interview Survey, established in 2008 and led by the National Institute of Statistics. The Youth Risk Behaviour Surveillance System and Health Behaviour in School-aged Children survey are used to monitor physical activity in children and adolescents.



POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector



The National Public Health Institute at the Regional Public Health Centre in Sibiu has developed a **"Healthy lifestyle"** programme for implementation at community level. The aim is to instil healthy behaviour in people who have one or more risk factors, including physical inactivity, an unhealthy diet, dyslipidaemia, hypertension, overweight, obesity and diabetes mellitus. The complex programme includes individual and group nutrition counselling and guidance on safely increasing physical activity.



In 2014, the Interministerial Working Group for Physical Activity Promotion was established, with the ministries of Health, Education, Sport, Labour, Regional Development and Public Administration and Transport and the National Institute of Public Health.

National policies by sector

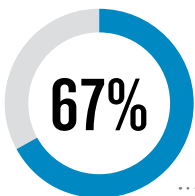
Sectors that are involved in each of the national policies or action plans to promote physical activity

Total number of policies

6



| | Health | Education | Sports | Transport | Environment | Urban planning | Other |
|---|--------|-----------|--------|-----------|-------------|----------------|-------|
| 1 | █ | █ | | | | | |
| 2 | █ | | | | | | |
| 3 | | | █ | | | | |
| 4 | | █ | █ | | | | █ |
| 5 | █ | █ | █ | | | | |
| 6 | | | | █ | | █ | |



Policies with evaluation processes

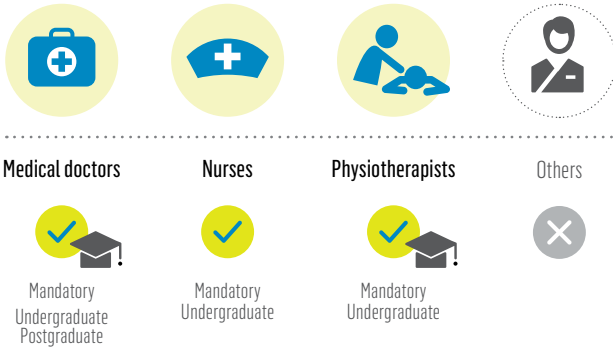
Target groups addressed by national policies

- ✓ Low socioeconomic groups
- ✗ Pregnant and breastfeeding women
- ✓ Ethnic minorities
- ✗ People deprived of liberty
- ✗ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✗ People with chronic diseases
- ✓ Other



Physical activity promotion in the health sector

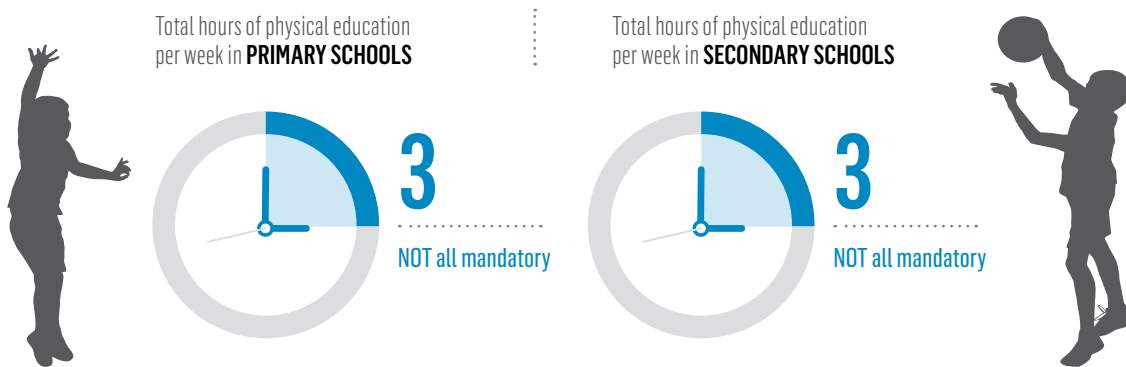
HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



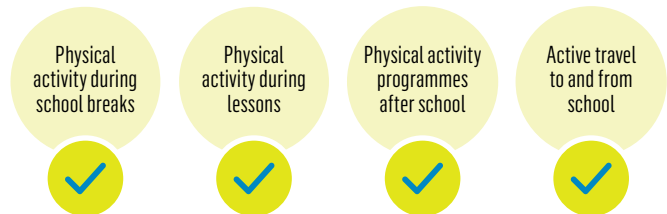
An after-school physical activity programme has been prepared to complement the compulsory school curriculum and to prevent school dropout, increase school performance and accelerate learning through educational, recreational and leisure activities, as well as personal development and social integration.

Training in physical activity for health is a mandatory part of the curriculum for medical doctors and physiotherapists.

Physical activity in schools



Two hours of physical education are mandatory in Romanian schools, and one optional hour of play and movement or physical education per week is offered in primary and secondary schools, except in grade 8, when only 1 h is mandatory. The quality of physical education is monitored by inspections by county school inspectorates.



National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS



The national campaign “**For a healthy lifestyle**” was developed to raise public awareness and stimulate behavioural change including physical activity. It was initiated in 2009 and is led by the National Audiovisual Council of Romania and the International Advertising Association. Additionally, during European Mobility Week, Romania declared 22 September a “day without cars”, prohibiting motor traffic in several central areas in Romanian cities.

SLOVAKIA

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

5 435 343

Median age

39.8 YEARS

GDP per capita

14 600 €



% of GDP for health: **7.4**

% of GDP for education: **3.8**

% of GDP for sports: **0.2**



Population **MALE**

48.8%

Population **FEMALE**

51.2%

Life expectancy, **MALES**

73.8 YEARS

Life expectancy, **FEMALES**

80.7 YEARS

Sources: Eurostat (2016)

Success story

In 2015, a pilot campaign called **"To school on a bicycle"** ("Do školy na bicykli") was started. This national cycling campaign is led by the Ministry of Transport and Construction in collaboration with the Ministry of Education, Science, Research and Sport. It encourages primary school-aged children to cycle to school to increase their daily physical activity. In 2016, 135 schools and 27 458 students joined the initiative to cycle regularly to school. <http://doskolynabicykli.eu/>

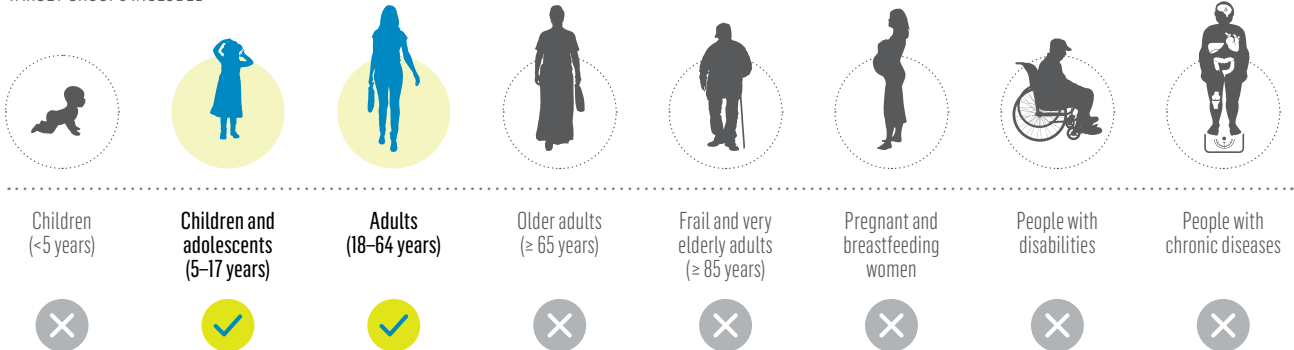


MONITORING AND SURVEILLANCE

126

National recommendations on physical activity for health

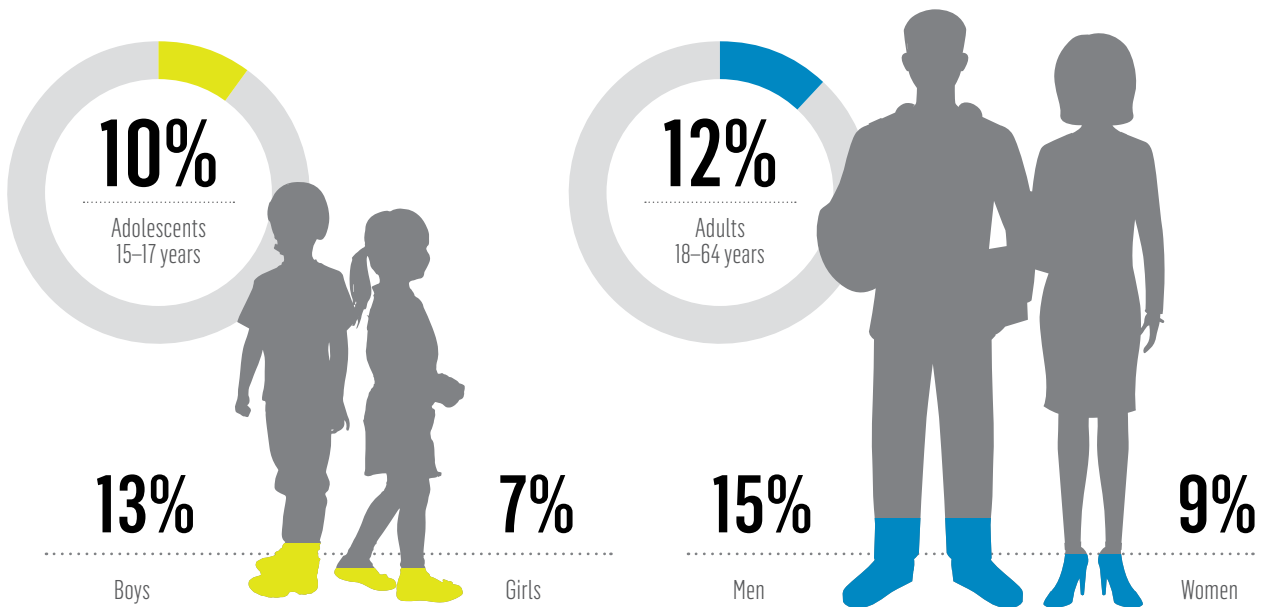
TARGET GROUPS INCLUDED



The national recommendations were implemented in 2017 and are based on WHO's global recommendations on physical activity for health (2010).

Level of physical activity

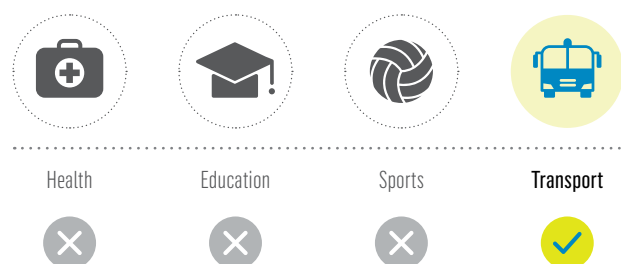
ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Data on physical activity were collected within the European Health Information Survey (2014).

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS



POLICY RESPONSE



Physical activity promotion is coordinated by a multisectoral working group established to support implementation of the National Action Plan to Promote Physical Activity 2017–2020.

The **“Grab a ball, not drugs”** (“Zober loptu, nie drogy”) project has been in place since 2012 and is led by a nongovernmental organization. The goal is to involve children and adolescents in team ball sports in collaboration with 12 sports clubs in Slovakia. It also organizes informational and educational campaigns, competitions and other sporting events.



The aim of the National Action Plan to Promote Physical Activity 2017–2020 is to promote public health by encouraging the population to engage in physical activity and building the capacity of health professionals to promote physical activity. It is led by the Ministry of Health and also involves the education, sports and environment sectors.

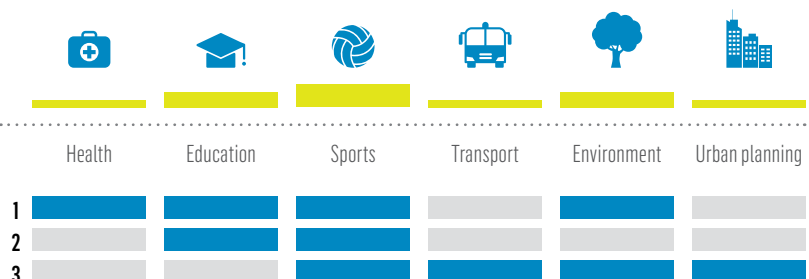
National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity

Total number of policies

Policies with evaluation processes – 0%

3



Target groups addressed by national policies

- Low socioeconomic groups
- Pregnant and breastfeeding women
- Ethnic minorities
- People deprived of liberty
- Migrants
- Older people
- People with disabilities
- People with chronic diseases



Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



A programme to provide counselling for physical activity has been in place since 2007, led by the Public Health Authority. Selected regional public health authorities provide additional support for physical activity through counselling.



Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**



Total hours of physical education per week in **SECONDARY SCHOOLS**



- Physical activity during school breaks
- Physical activity during lessons
- Physical activity programmes after school
- Active travel to and from school

A national strategy for the development of cycling for transport and for touring was established in 2013 by the Ministry of Transport and Construction. The strategy includes the promotion of active travel to school.

A national project to improve the qualification of physical education and sports teachers in elementary and secondary schools was implemented by the National Sports Centre in 2015. The goal was to train teachers to lead 1-h physical activity sessions with modern methods and tools. During the project, 141 trainers were trained at the Faculty of Physical Education and Sports of Comenius University in Bratislava. They then trained 3259 teachers. Overall, 1100 schools were involved.



Promotion of physical activity in the workplace

As part of the national strategy for the development of cycling for transport and for touring, "To work on a bicycle" programmes support active travel to work.



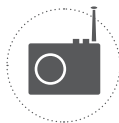
- Active travel to and from the workplace
- Physical activity at the workplace

National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS



Television



Radio



Newspapers



Social media



Public events



Public figures



The National Action Plan to Promote Physical Activity for 2017–2020 includes communication and behaviour-change campaigns.

SLOVENIA

PHYSICAL ACTIVITY

FACTSHEET 2018



Total population

2 065 895

Median age

43.5 YEARS

GDP per capita

18 500 €% of GDP for health: **6.7**% of GDP for education: **5.6**% of GDP for sports: **0.3**Population **MALE****49.6%**Population **FEMALE****50.4%**Life expectancy, **MALES****78.2** YEARSLife expectancy, **FEMALES****84.3** YEARS

Sources: Eurostat (2016)

Success story

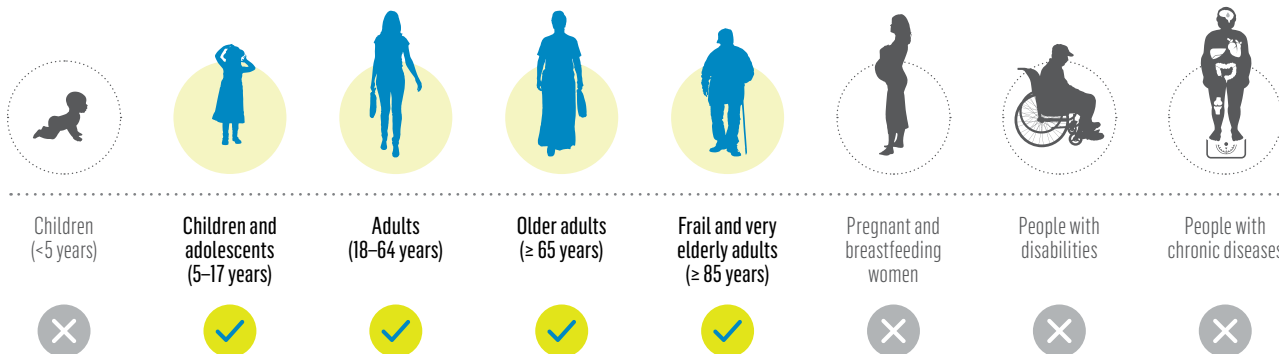
A programme to encourage walking in urban areas has been in place in Slovenia since 2011. The programme is led by the Institute for Spatial Planning, and implementation is organized effectively by local actors in many cities. On average, 31 group walks were conducted in 23 Slovenian cities per month. Urban walks have encouraged people to be physically active while getting to know their local environment, learning how to be physically active and strengthening personal relationships in local communities. Spatial planners and researchers regularly analyse neighbourhoods to identify walking routes based on the physical and social characteristics of the environment, the ability to observe and meet local people and opportunities for employees, children and young people to access work or school. This research enables assessment of the problem of physical inactivity and sedentary behaviour and helps to identify solutions. It also offers opportunities for active involvement of local actors in implementation of new programmes and interventions.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

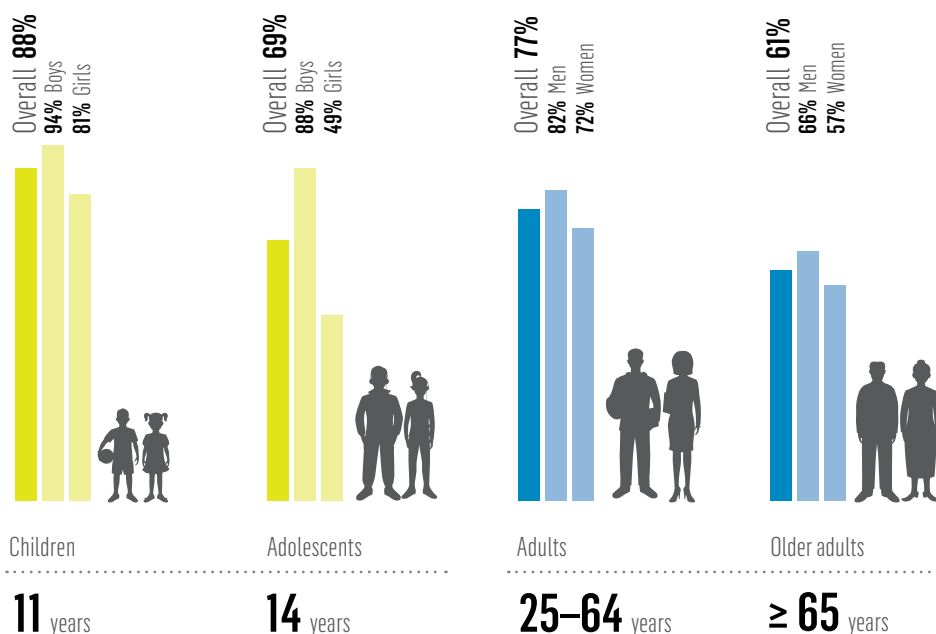
TARGET GROUPS INCLUDED



The national recommendations were implemented in 2015 and are based on WHO's global recommendations on physical activity for health (2010). Independent national recommendations on physical activity for health are in the process of being adopted.

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS

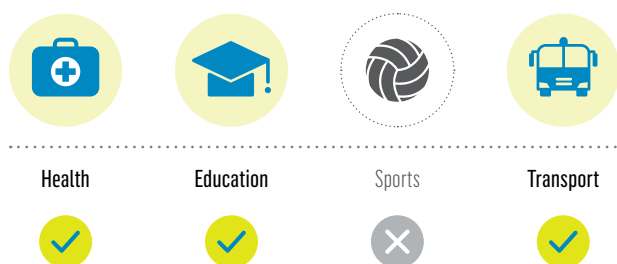


The **SLOfit** system has been operating in Slovenia since 1987 and monitors the physical and motor development of children and adolescents. In 2016, the web tool "**My SLOfit**" was developed to allow students and their parents to access their SLOfit results. This information can support parents, teachers and physicians to make informed decisions about the physical activities and dietary habits of children before, during and after school.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

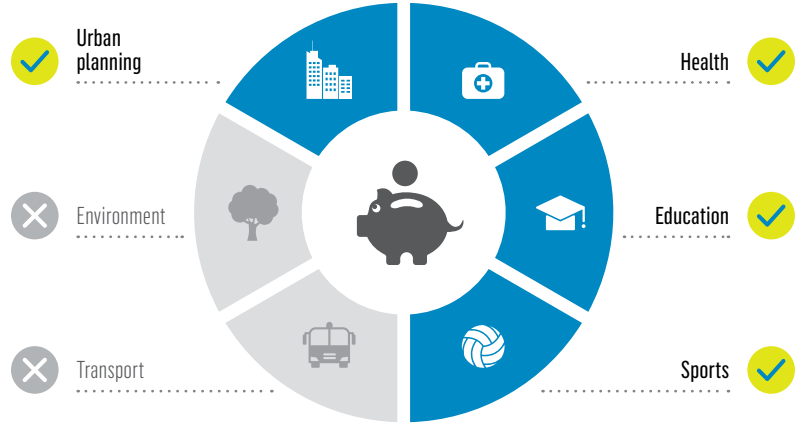
Physical activity is monitored continuously through the national CINDI health monitor and the Slovenian Public Opinion Survey, established in 1973 and led by the National Institute of Public Health and the Faculty of Social Sciences. Prevalence data for adults and older adults are reported from the European Health Information Survey (2014). For children and adolescents, the SLOfit system was implemented in 1982, and in 1987 it was introduced in all Slovenian schools to monitor activity levels and anthropometrics every year. The European Health Interview Survey and the Analysis of children's development trends in Slovenia study are also used to monitor physical activity.



POLICY RESPONSE

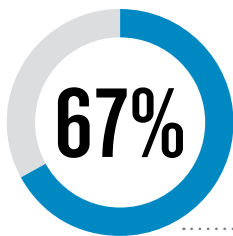
Funding allocated specifically to physical activity promotion by sector

An intersectoral working group has been established that is responsible for developing physical activity action plans and monitoring and evaluating their implementation.



National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity



Total number of policies

3

Policies with evaluation processes



| | Health | Education | Sports | Transport | Environment | Urban planning | Other |
|---|--------|-----------|--------|-----------|-------------|----------------|-------|
| 1 | █ | █ | █ | █ | █ | █ | █ |
| 2 | █ | █ | █ | █ | █ | █ | █ |
| 3 | █ | █ | █ | █ | █ | █ | █ |

Target groups addressed by national policies

- ✓ Low socioeconomic groups
- ✓ Pregnant and breastfeeding women
- ✓ Ethnic minorities
- ✗ People deprived of liberty
- ✗ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✓ People with chronic diseases

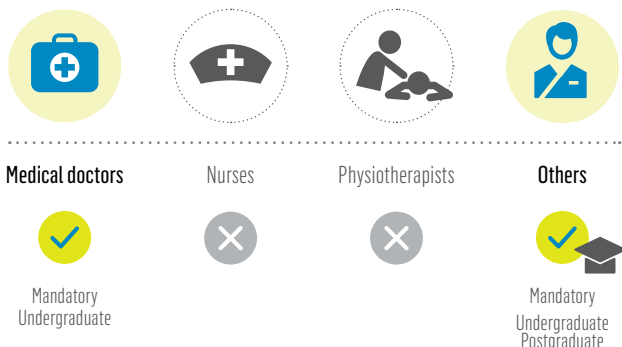


A resolution on a national programme for nutrition and health-enhancing physical activity 2015–2025 includes measures to provide opportunities for socially disadvantaged groups to be physically active. These include increasing the availability of green open spaces, organizing sporting activities, promoting recreational physical activity in nature and promoting active transport. The programme also increases opportunities to participate in high-quality sports and physical activity by financing through public funds and facilitating cooperation among health, education, social services and sports clubs.



Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH

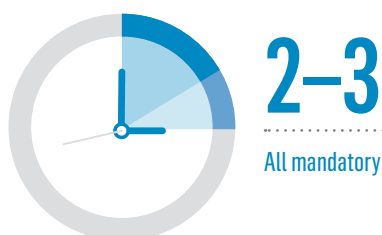


An innovative approach, called **"Counselling for physical and motor development"**, is taken to promote physical activity in the health sector. The service is aimed toward patients and individuals at risk due to overweight, obesity, poor diet or a medical condition. Advisory bureaus in the community consisting of physicians, kinesiologists, dieticians and nurses assess physical fitness and provide intensive support for lifestyle change. They also monitor intervention programmes, make reports, provide recommendations to patients and physicians and facilitate integration of health care into the local community.

Counselling on physical activity in Slovenia is part of the National Programme for Primary Prevention of Cardiovascular Diseases, established in 2002, led by the National Institute of Public Health and funded by the national Insurance company. Slovenia provides in-service training for health professionals in the Programme.

Physical activity in schools

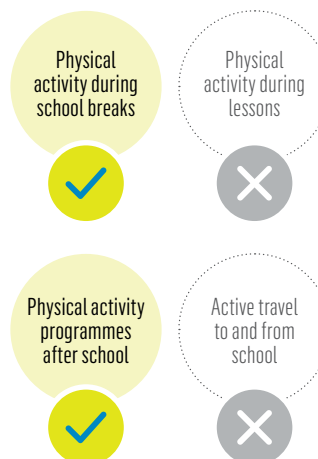
Total hours of physical education per week in **PRIMARY SCHOOLS**



Total hours of physical education per week in **SECONDARY SCHOOLS**



During the school year 2018–2019, Slovenian primary schools will introduce one mandatory hour of physical education every day on an experimental basis, with the aim of improving the physical and psychological well-being of children, increasing their health awareness and promoting healthy lifestyles.



Promotion of physical activity in the workplace

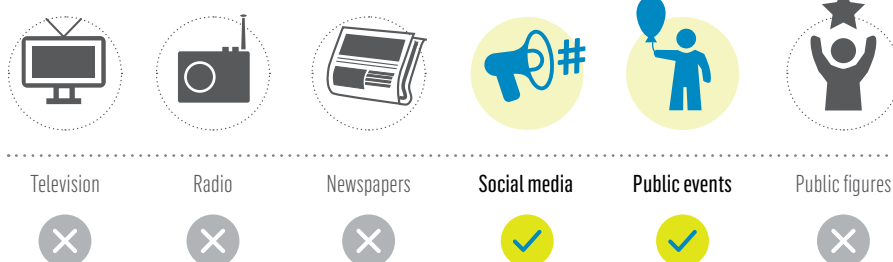
The "National Programme for Nutrition and Health-enhancing Physical Activity 2015–2025" includes measures to promote active transport to work and supports employers in implementing healthy lifestyle programmes and promoting physical activity at work.



National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS

"Move for health" ("Z Gibanjem Do Zdravja") is an annual national campaign to promote physical activity. It was established in 2001, led by the National Institute of Public Health and funded by the National Health Insurance Company.



SPAIN

PHYSICAL ACTIVITY FACTSHEET 2018



Total population

46 528 024

Median age

43.2 YEARS

GDP per capita

23 800 €

% of GDP for health: **6.0**

% of GDP for education: **4.0**

% of GDP for sports: **0.4**



Population **MALE**

49.1%

Population **FEMALE**

50.9%

Life expectancy, **MALES**

80.5 YEARS

Life expectancy, **FEMALES**

86.3 YEARS

Sources: Eurostat (2016)

Success story

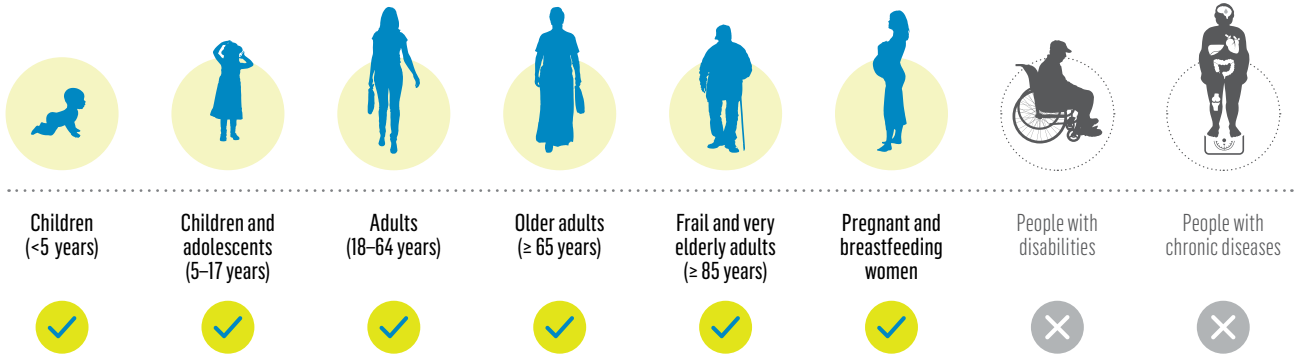
“**Positive parenting**” targets parents and guardians of children aged 0–3 years and health professionals. It is a priority intervention of the Health Promotion and Prevention Strategy and covers four areas: parental bonding, healthy diets, physical activity and active play and rest and sleep. The intervention includes online, open, free training for mothers, fathers and other people with parenting functions. To ensure equity, online training is also proposed to health professionals, so that they can deliver the intervention to groups face-to-face. One edition of the course was adapted for social and health professionals who are in contact with Roma people, to ensure that they also benefit from positive parenting group interventions.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

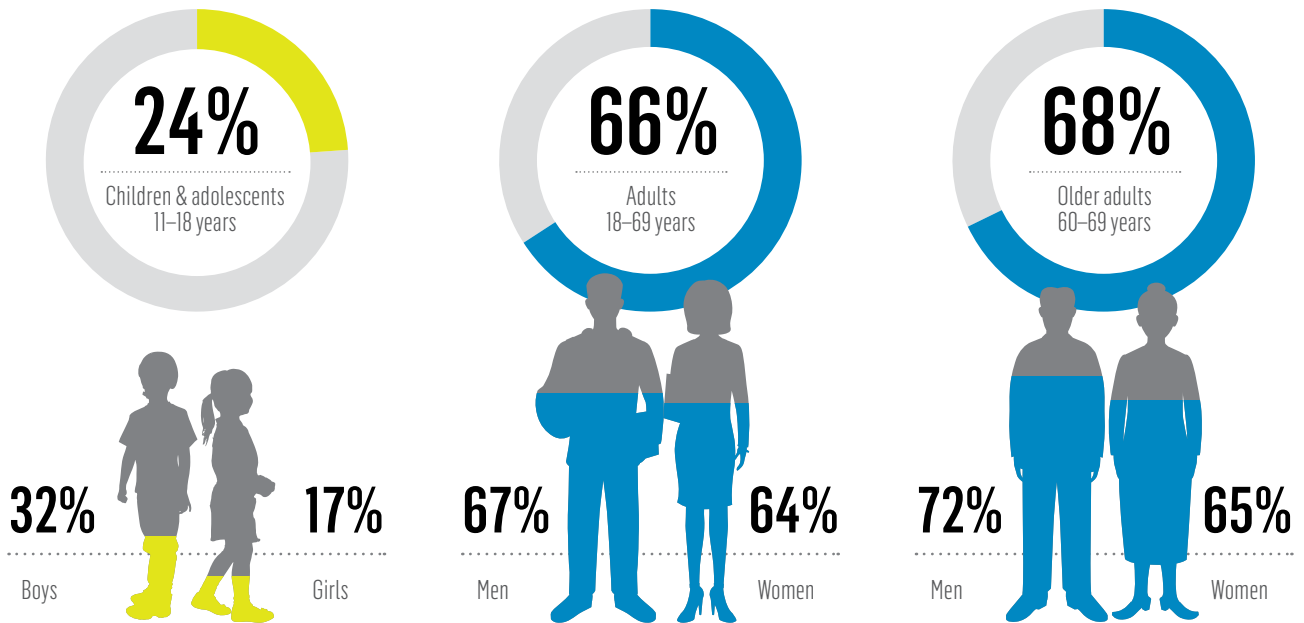
TARGET GROUPS INCLUDED



The national recommendations were implemented in 2015 and are based on WHO's global recommendations on physical activity for health (2010) and the recommendations of the Centers for Disease Control and Prevention and the American College of Sports Medicine (1995) in the USA. As a result of collaboration between the Ministry of Health, Social Services and Equality, the Ministry of Education, Culture and Sports and the National Sports Council, within the framework of the Strategy for Health Promotion and Prevention of the National Health System, national recommendations on physical activity for health, sedentary behaviour and screen time were published for the entire population. http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/Recomendaciones_ActivFisica.htm

Level of physical activity

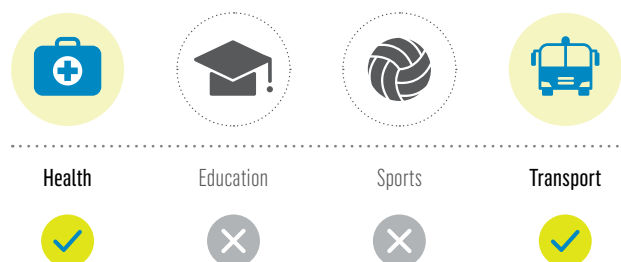
ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

Physical activity in Spain is assessed through the International Physical Activity Questionnaire (short version) and in the Food, Physical Activity, Child Development and Obesity (ALimentación, Actividad Física, Desarrollo Infantil y Obesidad, ALADINO) study.



POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector

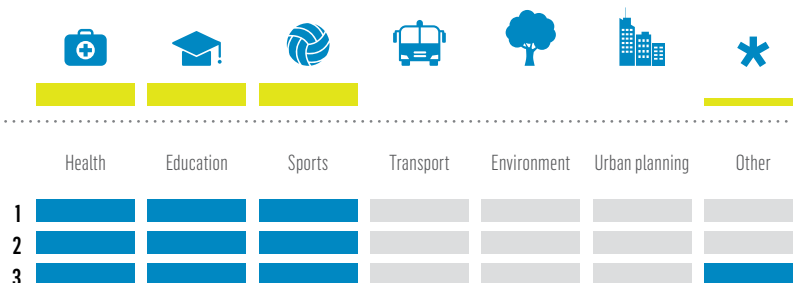
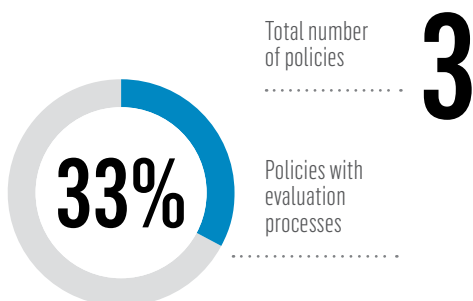


In 2015, Spain established a multisectoral National Health-enhancing Physical Activity Working Group, led by the Spanish Agency for the Protection of Health in Sports, to coordinate the promotion of physical activity.

The "Strategy for the promotion of physical activity and the fight against sedentarism" (Estrategia de Fomento de la Actividad Físico-Deportiva y Lucha Contra el Sedentarismo) is led by the High Council of Sports and is being extended to national level, although each of the 17 autonomous communities has its own strategy.

National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity



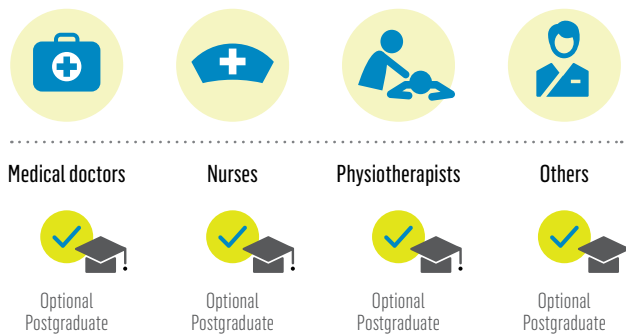
Target groups addressed by national policies

- ✓ Low socioeconomic groups
- ✓ Pregnant and breastfeeding women
- ✗ Ethnic minorities
- ✗ People deprived of liberty
- ✗ Migrants
- ✓ Older people
- ✗ People with disabilities
- ✓ People with chronic diseases
- ✓ Other



Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



The aim of the **“integral council on lifestyle in primary care linked to community resources”** is to integrate the assessment and promotion of healthy lifestyles systematically into standard practice in primary care. The **“5 As”** (Ask, Advise, Assess, Assist and Arrange) intervention addresses the main risk factors (unhealthy diet, inadequate physical activity, consumption of unhealthy foods, harmful use of alcohol, smoking, poor emotional well-being, unsafe environment and falls). The Ministry of Health, Consumer Affairs and Social Well-being provides a course on physical activity and health (health effects, determinants, effective interventions, etc.) for health and sports professionals. This course, initially called **“Activate, aconseja salud”**, was used to train 733 professionals and in 2017 was developed into e-learning courses.

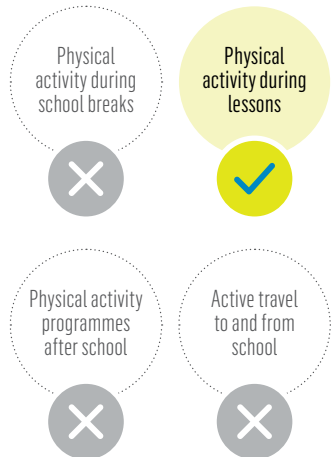
In addition to general education, the Ministry of Health, Social Services and Equality established a course **“Get active, advise health”** (Activarse, aconseja salud) in 2013, which provides training in physical activity and health.

Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**



Total hours of physical education per week in **SECONDARY SCHOOLS**



As Spain consists of 17 autonomous regions, the number of hours of physical education may vary. Nevertheless, the Government regulates the minimum hours of certain subjects in educational curricula. Physical education is a major element of the national policy, whereby all the regions are encouraged to ensure daily exercise and schools are urged to promote exercise through professional guidance.

Promotion of physical activity in the workplace

The campaign **“Climb the stairs: I’m in”** (A subir por las escaleras: me apunto) promotes the use of stairs in the workplace. Messages are posted visibly to signal access to stairs, and posters reinforce the messages. The Ministry of Health proposes the design of messages to be used by any interested institution. <https://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/UsosEscaleras.htm>.



National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS



The **“Thank you for those 1000 first days”** (Gracias por esos 1000 primeros días) campaign provides information and recommendations for pregnant women, mothers, fathers and families and tools to raise awareness about the importance of healthy habits during the earliest stages of life. The **“Sign up for a healthier lifestyle”** (Apúntate a un estilo de vida más saludable) website disseminates information on healthy lifestyles and promotes physical activity and other kinds of healthy behaviour.



SWEDEN

PHYSICAL ACTIVITY FACTSHEET 2018

Median age

40.8 YEARS

GDP per capita

42 600 €

% of GDP for health: **6.9**
% of GDP for education: **6.6**
% of GDP for sports: **0.6**



Population **MALE**

50.2%

Population **FEMALE**

49.8%



Life expectancy, **MALES**

80.6 YEARS

Life expectancy, **FEMALES**

84.1 YEARS

Sources: Eurostat (2016)



Total population

9 995 153

Success story

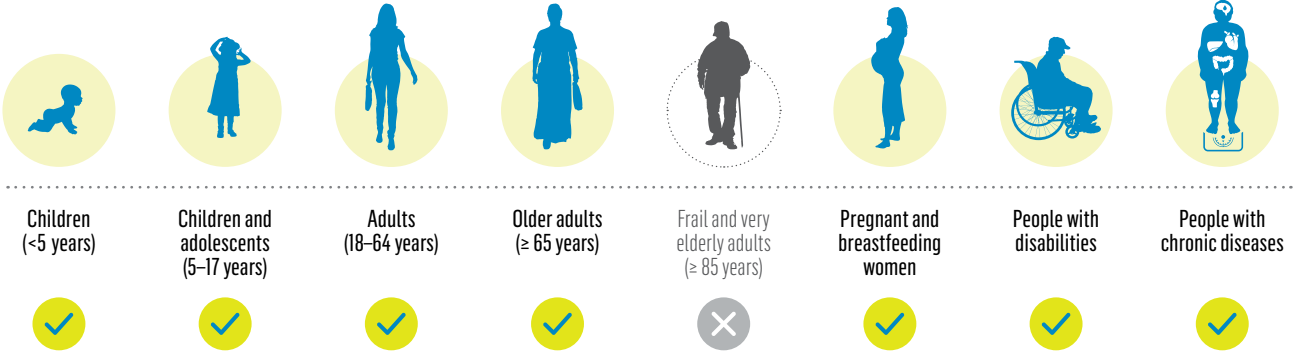
Swedish Sport is a traditional, democratic movement that plays an important role in Swedish society. It relies on the active participation of hundreds of thousands of voluntary leaders and has a well-established structure. A Government regulation defines the tasks of the Swedish Sports Confederation and underlines that activities should enable all people to do sport and exercise, develop the interest of children and young and foster a lifelong interest, good health, integration and equal opportunities for boys and girls. Government funding has been provided for these activities and especially for those for integration and reducing segregation, in socially vulnerable areas and for asylum seekers and newly arrived migrants. The results of these regulations and funding are a good example of how physical activity and sports promotion can be beneficial to broader society.



MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

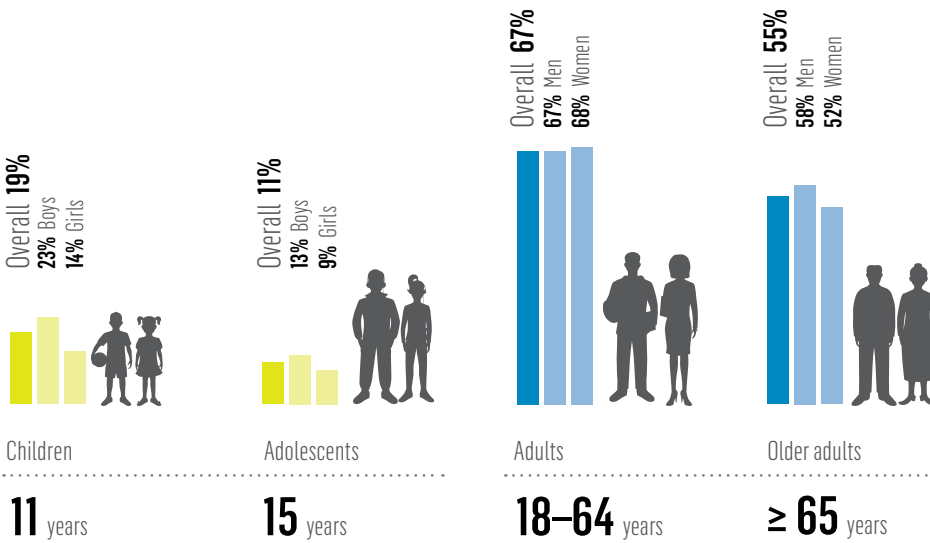
TARGET GROUPS INCLUDED



The Swedish national recommendations were implemented in 2011 and are based on WHO's global recommendations on physical activity for health (2010).

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



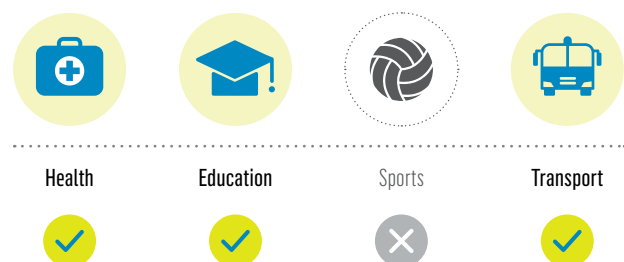
Levels of physical activity are assessed on the basis of the WHO recommendations of 150 min of moderate-intensity physical activity per week for adults and 60 min/day for children and adolescents. Data for adults are from a national survey **Health on Equal Terms (HLV)** conducted in 2016 and for children and adolescents from the Health Behaviour in School-aged Children study (HBSC) conducted in 2017–2018.

The new **Swedish Public Health Policy** aims to create conditions in society so that the entire population can enjoy good health on equal terms. The policy is based on eight objective domains: conditions in early life; skills and knowledge; work, working conditions and working environment; healthy lives; control, influence and participation and; equitable health and medical care that promotes good health.

Monitoring and surveillance of physical activity

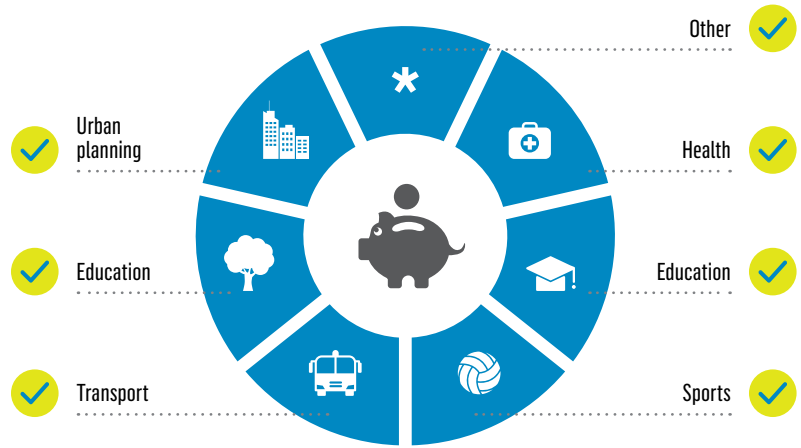
SECTORS WITH SURVEILLANCE SYSTEMS

In Sweden, a national public health survey, HLV, is conducted bi-annually to record lifestyle and living conditions. Questions for adults on physical activity in HLV were validated by accelerometry in 2003 and 2015 and are in line with the International Physical Activity Questionnaire and other widely used physical activity questionnaires. The European Health Information Survey (EHIS), the Living Conditions Survey (ULF/SILC) and a national travel survey are also conducted regularly. The HBSC survey has run since 1985 and in 2017–2018, accelerometers were used to measure physical activity in a sub-sample of the HBSC survey.



POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector

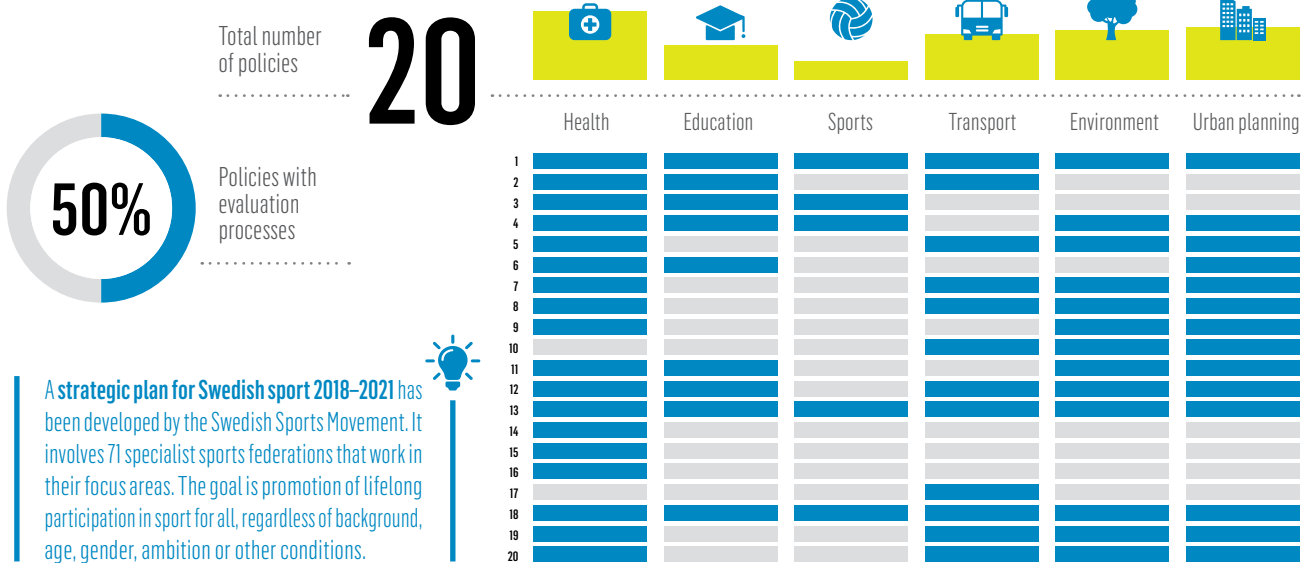


The Swedish Working Group on health-enhancing physical activity (SWHEPA) is the multisectoral coordinating body for promoting physical activity. It is led by the Public Health Agency of Sweden and involves Government agencies and organizations at national level.

The aim of the national cycling strategy ("Cykelstrategin") for more, safe cycling is to contribute to a sustainable society with a high quality of life. Municipalities, non-profit organizations, the private sector and the public are engaged to support cycling. The Government's interest is to encourage long-term, sustainable public transport, walking and cycling by increasing safe cycling, which will promote public health while reducing the environmental impact of transport and traffic congestion.

National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity



Target groups addressed by national policies

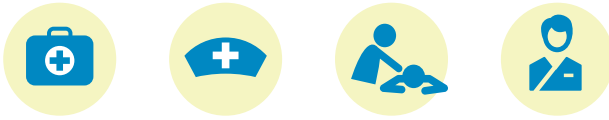
The "Strategy for Living Cities – Policy for Sustainable Urban Development" meets the need for increasing prioritization of a community structure in cities and urban areas with good opportunities for walking and cycling as well as travelling by public transport instead of by car. The strategy includes three milestones in the Swedish environmental objectives system, one of which is to increase the proportion of walking, cycling and travelling by public transport.

The Planning and Building Act (PBL) stipulates that there should be enough open space suitable for play and recreation when building housing, preschools or schools. The municipal building committee assesses whether the open space for play and recreation is adequate during examination of building permits. The National Board of Housing, Building and Planning has issued general recommendations and guidelines for the assessment of free space (Make room for children and young people!) which emphasizes the importance of free space for play, learning and health.

- ✓ Low socioeconomic groups
- ✓ Pregnant and breastfeeding women
- ✓ Ethnic minorities
- ✗ People deprived of liberty
- ✓ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✓ People with chronic diseases

Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



Medical doctors



Mandatory for undergraduates and for 50 of 63 categories of specialists

Nurses



Mandatory Undergraduates

Physiotherapists



Mandatory Undergraduates

Others



Optional Undergraduates

The aim of “**Case for the team – an education in how to prevent falls**” (**Ett fall för teamet**) is to increase knowledge and skills in falls prevention while encouraging a systematic team approach. Training to promote physical activity as the main component of falls prevention is given to health care and social services staff who work with older adults.



Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**



School years 1–3

1.5 All mandatory

(estimates, as the duration is not regulated)

Total hours of physical education per week in **SECONDARY SCHOOLS**



School years 4–9

2 All mandatory

Total hours of physical education per week in **SECONDARY SCHOOLS**



1–1.5 NOT all mandatory

Total of 100 h over 3 years. Secondary schools may allocate the hours to different years. Most schools give physical education only in the first 2 years. A voluntary course of about 100 h is available.



Physical activity during school breaks



Physical activity during lessons



Physical activity programmes after school



Active travel to and from school



In primary school, the number of hours of physical education may differ by 20% from the national regulation, depending on the school. The Swedish Schools Inspectorate audits the quality of physical education irregularly.

Promotion of physical activity in the workplace



A **wellness allowance** (tax relief or reimbursement) is permitted for employees in Sweden. This is funded by employers and aims to encourage employees to engage in certain predefined physical activity (for example, a gym membership).



National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS

Several national awareness-raising campaigns are conducted in Sweden: “**Forward for more people in motion**” to visualize sedentary sessions among children and financially support actions to promote an active lifestyle; “**Advice for preventing falls – Balance more**” to prevent accidental falls among the elderly; “**National Cycling Strategy**” to provide information and education to promote more, safe cycling.



Television



Radio



Newspapers



Social media



Public events



Public figures





UNITED KINGDOM

PHYSICAL ACTIVITY

FACTSHEET 2018

Median age

40.0 YEARS

GDP per capita

31 800 €

% of GDP for health: **7.6**

% of GDP for education: **4.7**

% of GDP for sports: **0.2**



Population **MALE**

49.3%



Population **FEMALE**

50.7%

Life expectancy, **MALES**

79.4 YEARS

Life expectancy, **FEMALES**

83.0 YEARS

Sources: Eurostat (2016)



Total population

65 808 573



Success story

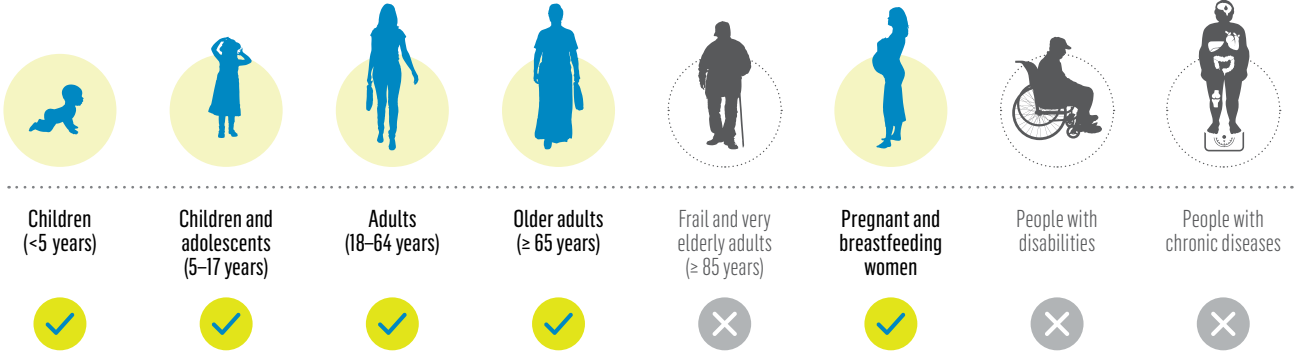
Sport England launched its **"This girl can"** (TGC) behaviour change campaign in January 2015 to get more women aged 14–40 years to be physically active and help narrow the gender gap in the number of men and women who regularly take part in sports and are physically active. TGC encourages women and girls to be active, regardless of their shape, size or ability. It shows "real women" doing the sport they usually do in the places they usually do it. Evaluation of TGC has shown that the campaign is having an impact, with 2.8 million women and girls inspired to get active; of these, 1.6 million women say they have started or restarted activity. At the beginning of last year, Sport England launched the second phase of the campaign and has now extended the age range to include women in their 60s. <https://www.sportengland.org/our-work/women/this-girl-can/>

When physical activity guidelines for England were launched in 2011, their uptake was slow. Officials realized that professionals found the guidelines difficult to understand and therefore explored ways to simplify them. Work began in 2015 to turn the guidelines into infographics. It took over 2 years to complete this task. The physical activity infographics are well accepted and referenced by a range of health professionals.

MONITORING AND SURVEILLANCE

National recommendations on physical activity for health

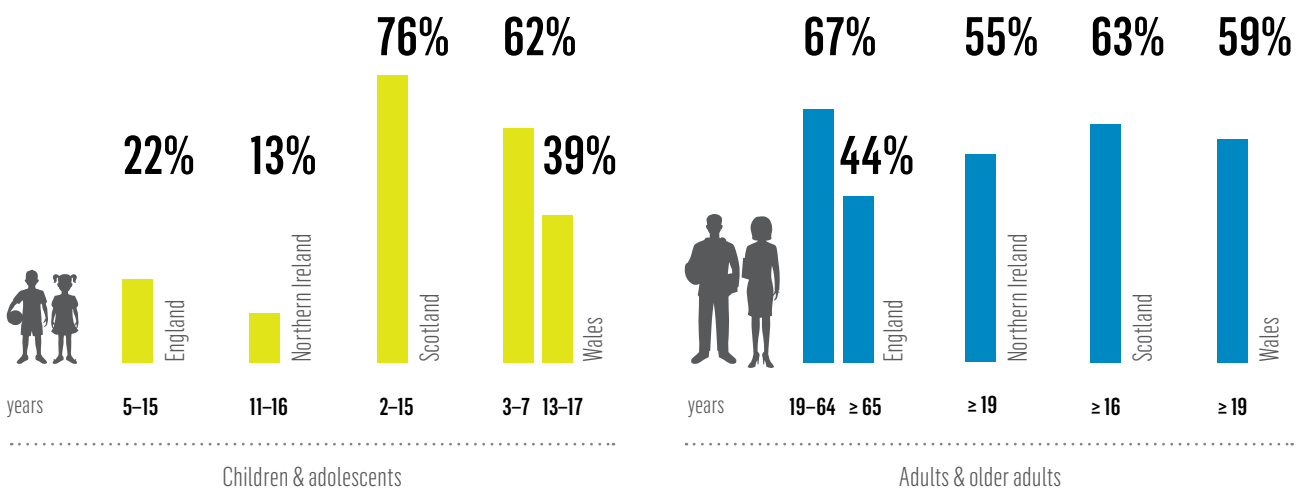
TARGET GROUPS INCLUDED



The physical activity guidelines in England, Wales, Scotland and Northern Ireland are based on WHO's global recommendations on physical activity for health (2010). The guidelines were implemented in 2011 and are currently under review.

Level of physical activity

ESTIMATED PREVALENCE OF SUFFICIENT PHYSICAL ACTIVITY LEVELS



As various survey methods were used and the timing of data collection differed, these figures are not comparable.

Monitoring and surveillance of physical activity

SECTORS WITH SURVEILLANCE SYSTEMS

Physical activity levels in the United Kingdom are monitored as follows: **England:** self-reporting questionnaires as part of the Health Survey for England and the Active Lives Survey; **Northern Ireland:** the Health Survey Northern Ireland, the Young Persons Behaviour and Attitudes Survey and the Continuous Household Survey; **Scotland:** the Scottish Health Survey, led by the Scottish Government Health Analytical Services for physical activity surveillance and monitoring; and **Wales:** the National Survey for Wales and the Welsh Health Survey.



POLICY RESPONSE

Funding allocated specifically to physical activity promotion by sector

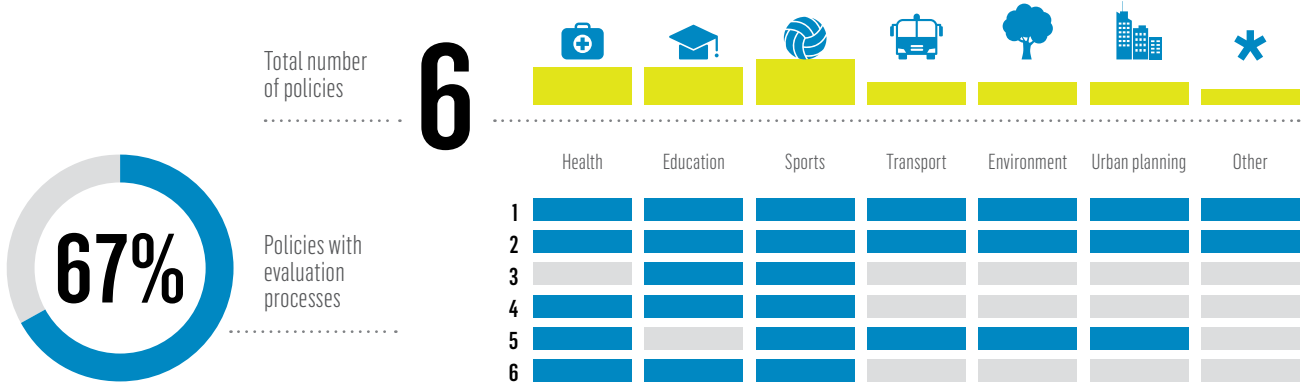
In Wales, the **Community Sport Strategy 2012–20** encourages community sport and is a practical guide for people working in community sport to increase opportunities for participation by local people of all ages in a variety of settings.

In October 2017, Scotland held its first annual **Scottish Women and Girls in Sport Week** to raise awareness and increase participation in sport and physical activity among women and girls and to help overcome the barriers to participation. Although physical activity is increasing among adolescent girls, more is needed to remove the barriers that some still face in becoming involved in sports and physical activity. Action for change includes the creation of a Women and Girls in Sport Advisory Board to guide the Scottish Government and maintenance of the £300 000 Sporting Equality Fund.



National policies by sector

Sectors that are involved in each of the national policies or action plans to promote physical activity



“Everybody active everyday” is the national physical activity framework for England, launched in October 2014. An evidence-based approach is used to increase physical activity in the population. Its aims are for everyone to be active every day; make physical activity easy, fun and affordable; and ensure that exercise and active recreation are available to all, in every community in England. The framework calls for action at national and local levels in four domains: (1) active society: creating a social movement; (2) moving professionals: activating networks of expertise; (3) active environments: creating the right spaces; and (4) moving at scale: scaling up interventions to make people active.

Target groups addressed by national policies

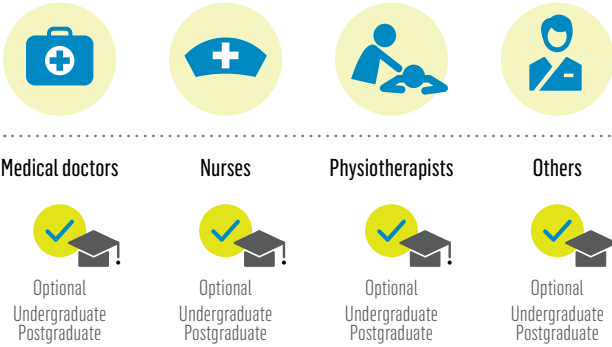
In England, the **Active Ageing Fund** uses £10 million of National Lottery money to fund 20 projects in England to reduce the number of inactive older adults. One of the 20 projects is a rehabilitation programme for older people with chronic knee or hip conditions. Another, a project called “Extra Time Hubs”, led by the English Football League Trust, convenes regular gatherings of older people to socialize and be active together and prove that “you’re never too old learn to do the things you’ve always wanted to do”.

In Scotland, the Care Inspectorate has been commissioned by the Government to lead the **“Care...about physical activity improvement programme”**. Working with eight partnerships across Scotland, the team builds on the skill, knowledge and confidence of social care staff to enable those they care for to increase their levels of physical activity and move more often.

- ✓ Low socioeconomic groups
- ✓ Pregnant and breastfeeding women
- ✓ Ethnic minorities
- ✗ People deprived of liberty
- ✗ Migrants
- ✓ Older people
- ✓ People with disabilities
- ✓ People with chronic diseases
- ✓ Other

Physical activity promotion in the health sector

HEALTH PROFESSIONALS WHO ARE TRAINED IN PHYSICAL ACTIVITY AND HEALTH



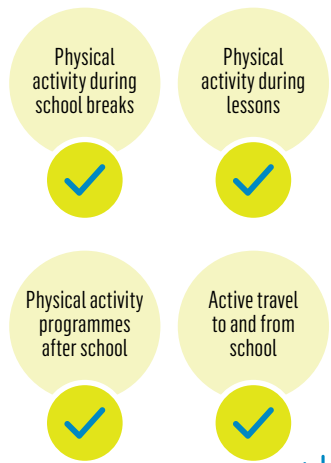
England: The "Moving Health care Professionals Programme" (MHPP) is a multi-component partnership to increase awareness and skills and to change the clinical practice of health professionals in promotion of physical activity to patients at risk of or with existing health conditions. As part of Public Health England's and Sport England's MHPP, in partnership with "Exercise works", coverage of physical activity in undergraduate curricula has been reviewed, and physical activity education is being introduced into medical curricula. **Northern Ireland:** Physical activity referral schemes encourage individuals who are inactive and at risk of ill health to engage in a structured programme of physical activity or exercise under the guidance of a suitably qualified exercise professional. They are referred by various health care professionals. **Scotland:** The National Physical Activity Pathway provides a framework through which health professionals can integrate physical activity into the design and delivery of routine practice within clinical services.

Physical activity in schools

Total hours of physical education per week in **PRIMARY SCHOOLS**



Total hours of physical education per week in **SECONDARY SCHOOLS**



In England, legislation prohibits the Secretary of State for Education from prescribing the amount of time to be spent on any subject in curricula, including physical education. Department of Education guidance recommends that schools provide at least 2 h of physical education per week. Education and training inspectors are responsible for inspecting the quality of education in all areas. In Scotland, the target is at least 120 min of physical education per week in primary education and at least two periods for a total of 100 min. In 2017, 98% of all primary and secondary schools met the targets.

In Scotland, the "Active schools" programme provides more, higher-quality opportunities for participation in sports and physical activity before school, during lunchtime and after school, and also develops effective pathways between schools and local community sports clubs. Sport Scotland works in partnership with all 32 local authorities to invest in and support the Active Schools Network.

Promotion of physical activity in the workplace

Cycle to Work scheme is a United Kingdom Government tax exemption initiative introduced in the Finance Act 1999 to promote healthier journeys to work and to reduce environmental pollution. It allows employers to lend cycles and cyclists' safety equipment to employees as a tax-free benefit. The exemption was one of a series of measures introduced under the Government's Green Transport Plan. Employers of all sizes in the public, private and voluntary sectors can implement a tax exempt loan scheme for their employees.



National awareness-raising campaign on physical activity

MEDIA USED IN NATIONAL CAMPAIGNS



England: **Active 10** is a physical activity campaign run in 2017 and 2018 as part of the **One You** programme led by Public Health England to inform, energize and engage millions of adults (especially those in middle age) to make small lifestyle changes to improve their health. The campaigns were established in 2016 and 2017 and are funded by Public Health England. Northern Ireland: "**Choose to live better**" was established in 2012 to provide counselling on overweight and obesity and on the necessary lifestyle changes. The "**Get a life, get active**" campaign, initiated in 2013, provides advice to families on a healthy lifestyle. Both are regional programmes, led and funded by the Public Health Agency.



The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
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Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
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Italy
Kazakhstan
Kyrgyzstan
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