



Eighth meeting of the European Union Physical Activity Focal Points Network

Budapest, Hungary
7-8 June 2018

October 2018
Original: English

Eighth meeting of the European Union Physical Activity Focal Points Network

Meeting Report



Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (<http://www.euro.who.int/pubrequest>).

© **World Health Organization, 2018.**

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

CONTENTS

Background.....	4
Welcome addresses.....	4
HEPA factsheets 2018: introduction.....	6
HEPA factsheets 2018: data collection and analysis.....	7
New WHO Global Action Plan for Physical Activity.....	14
Update on health-enhancing physical activity in the EU context.....	15
ClusSport Consortium – Smart specialization platform.....	17
DE-PASS – COST initiative project proposal.....	19
HEPACAP – Erasmus+ sport project proposal.....	20
Seminar: Assessment of physical fitness in children.....	21
Hungary – The Hungarian National Student Fitness Test (NETFIT).....	21
Slovenia – 30 years of SLOfit.....	23
Portugal – the FITescola programme.....	24
Lithuania – Assessing pupils’ fitness.....	24
Address by Commissioner Navracsics.....	25
European School Sport Day.....	27
European Union physical activity and sport monitoring system (EUPASMOS).....	28
HEPA Factsheets 2018: Thematic factsheets.....	30
Conclusions and next steps.....	31
References.....	31
ANNEX 1: LIST OF PARTICIPANTS.....	33

Background

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

As part of the collaboration to implement the above-mentioned Recommendation in the EU and to promote physical activity across Europe, the European Commission, Directorate-General for Education and Culture (DG EAC), Sport Unit, and the WHO Regional Office for Europe, Division of Noncommunicable Diseases and Promoting Health through the Life-course, held the eighth meeting of this Focal Points Network on 7-8 June 2018 in Budapest, Hungary.

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

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

The European Commission and the WHO Regional Office for Europe have been cooperating to develop and scale-up monitoring and surveillance of HEPA in the European Union Member States.

The focal point network recently completed data collection for the update of the *Factsheets on health-enhancing physical activity in the 28 European Union Member States of the WHO European Region*.¹

The eighth focal point meeting discussed the process, including lessons learned, and reviewed draft templates for country factsheets and two thematic factsheets focusing on education and health. Results and lessons from the recent Eurobarometer study were discussed, updates from various ongoing projects were provided and country experience in assessing physical fitness of children was presented.

Participants included the focal points, representing 23 Member States, the European Commission, represented by Commissioner Navracsics and staff from DG EAC/Sport Unit, and the World Health Organization, represented by staff from the WHO Regional Office for Europe. Several external speakers, observers and a rapporteur also participated.²

Welcome addresses

Péter Sárfalvi, Deputy State Secretary for National Youth Education and Sports Relations, Ministry of Human Capacities, welcomed all participants to Budapest and to the Ministry of Human Capacities. The mandate of the Ministry, which includes health and sport, among other topics, reflects the importance of cross-sectoral working. This continues to be challenging, even when sectors are combined into a

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

² See Annex 1 for a full list of participants.

single Ministry, and even more so when interacting with other sectors. He wished all participants a fruitful meeting sharing best practices and looked forward to the conclusions of the meeting.

Gábor Balogh, President of the Hungarian National School, University and Leisure Sport Federation, added his welcome on behalf of the co-host organisation. He emphasized the importance of this meeting for the very young Federation, which was established as an independent body for sport in 2017. Since spring 2018 the Foundation has become the principal coordinating body for HEPA in Hungary. He wished all participants a successful meeting and a memorable stay in Budapest.

On behalf of the European Commission, Olivier Fontaine, welcomed everyone to the eighth meeting of the HEPA focal point network. He thanked the Ministry of Human Capacities and the Hungarian School, University and Leisure Sport Federation for co-hosting the meeting and thanked WHO for the organization and logistics. The high level of Member State participation demonstrates that HEPA continues to be an important issue for countries and is testament to the excellent cooperation that has been established through the focal point network. Similarly, the participation of Commissioner Navracscics, the EU Commissioner for Education, Culture, Youth and Sport, and the Hungarian Deputy State Secretary for National Youth Education and Sports Relations is a sign of the importance attached to this issue.

Promotion of physical activity and healthy lifestyles remains a priority for the European Commission. The much-anticipated results of the latest Eurobarometer survey, which covered physical activity, were published in March 2018. Unfortunately, the survey results reveal that the activity levels of the European population have not improved, thereby highlighting the need to continue and intensify the efforts of the HEPA focal point network. There is an ongoing need to use the Council Recommendation as a key tool to be able to assess the effectiveness of the policies that are being implemented.

The focal point meeting presented an important opportunity to discuss the second round of data collection, with a view to publication of the new country factsheets. Such discussion is vital for identifying areas for improvement as well as sharing best practices.

On behalf of WHO, João Breda added his welcome to all participants and underscored the high level of Member State participation. The focal point network represents a very successful collaboration between the EC, WHO and Member States. It is now well established and is continuing to develop. It represents much more than a data collection process – by bringing different sectors together this network is multisectoral cooperation in action. The publication of the factsheets is an opportunity to share good practice and will also contribute to scientific knowledge. One paper has been published about the first round of data collection and factsheet publication (1), and both WHO and the Commission are keen to work with countries on further publications. In particular, countries are invited to contribute to a paper on HEPA in schools and/or to submit other ideas for possible future publications.

WHO continues to enthusiastically support the network and is grateful to all focal points for their continued commitment. The efforts of the WHO team in Copenhagen and in Moscow for all their work to organize the meeting are also highly appreciated.

HEPA factsheets 2018: introduction

João Breda provided an introduction to the discussion on the preparation of the second edition of the HEPA factsheets, planned for September 2018.

Production of the factsheets is a key element of the Promoting Physical Activity in the European Union (PROMPAEU) 2016-2018 project that covers this EU/WHO collaboration. This reflects the clear mandates issued by Member States to both WHO and the European Commission.

All countries are already working to reduce prevalence of physical inactivity by 10%, as one of the nine global targets for noncommunicable diseases (NCDs) for 2025, and this has now been incorporated into the Sustainable Development Goals for 2030. To date, there is weak progress towards the target – according to current estimates no country in the WHO European Region is on track to meet the target. This is despite good progress towards the overall target to reduce NCD mortality, which can be largely attributed to progress on reducing tobacco use and improving access to treatment. The weak progress on physical inactivity should provide motivation to take action and to prompt investment in order to achieve the global target.

It is of concern that the latest Eurobarometer survey results, published in March 2018, show that the proportion of Europeans who never exercise or play sport has increased (46% in 2017 compared to 42% and 39% in 2013 and 2009 respectively). The results also show disparities between EU Member States, with the proportion never exercising or playing sport ranging from 13% in Finland to 68% in Bulgaria, Greece and Portugal.

This situation exists despite the existence of clear guidance and recommendations on physical activity, including the *WHO Global Recommendations on Physical Activity for Health*, *EU Physical Activity Guidelines* and the *WHO Physical Activity Strategy for the WHO European Region 2016-2015*, as well as a new global physical activity strategy which was launched at the beginning of June 2018.

The *Commission Staff Working Document on a monitoring framework for the implementation of policies to promote health-enhancing physical activity (HEPA) based on the EU Physical Activity Guidelines* set out the 23 indicators of the HEPA monitoring framework that the focal point network was established to implement.

The first HEPA factsheets were published in 2015, and the resulting publication was very much in demand. The factsheets contained snapshots and highlights, including a collection of more than 100 success stories. There were many challenges with the process, particularly in ensuring the validity and comparability of the data. Since 2015, work has been initiated to tackle some of these challenges and improve the process.

The WHO Regional Office for Europe introduced the European Health Information Gateway, as a simple and informative tool, and, as with the 2015 data, the 2018 data on physical activity will be included in the Gateway and will update almost automatically. The 2018 data collection round has been designed with this in mind, and a specific tool for data analysis has been developed. Continuous feedback is provided to improve data quality and there is increased focus on collection of success stories. To support advocacy efforts, it was decided to produce some specific thematic

factsheets on the topics of health and education. In addition, innovative representation of data on the Gateway is planned.

The implementation of indicators at this stage of the process already shows an improvement over the final rate in 2015 – overall implementation rate is already up 7% and not all questionnaires have been received yet. There are some areas, however, where responses are lacking and it is important to discuss any obstacles affecting those indicators. In addition, some Member States are lagging behind. WHO is happy to continue to provide support and to facilitate support through its collaborating centres. In summary, however, there is grounds for optimism that the factsheet production process will be easier than in 2015 and that the end product will be even more useful as a tool for driving HEPA promotion across Europe.

HEPA factsheets 2018: data collection and analysis

João Breda and Stephen Whiting from WHO, along with temporary advisers Romeu Mendes and Sara Tribuzi Morais, presented an overview of each indicator and invited feedback and discussion from focal points.

WHO is extremely grateful to all focal points for their efforts in collecting the data thus far, and the process has already been much smoother than the first round of data collection. It is important that focal points are able to provide feedback on the process – and on specific indicators – so that the third round of data collection will be able to run even more smoothly. Participants were informed that the deadline for updating or adding new data is the end of June. Because there is a new tool for data collection, the data can be continuously updated.

Indicator 1- National recommendation on physical activity for health

The original definition for this indicator had been amended to be more specific. Additional questions were added to collect data on age groups targeted by the recommendations.

The results suggest that the proportion of countries with national recommendations has increased (even though not all have replied yet). The question appears to be generally well understood and the additional questions provided more specific information on age groups.

There was some discussion about the interpretation of the term “officially adopted”. What does this term mean? Does it cover recommendations not published by the government but which feature on government websites? What are the implications for recommendations that are not “officially adopted”? There was clarification that, according to the definition in the Staff Working Document, the recommendation does have to be officially endorsed by the national government. Recommendations issued by non-governmental bodies which have not been officially endorsed do not count. If there is some ambiguity, where focal points consider that the recommendation has a status equivalent to official adoption, they should present the evidence and this can be discussed.

There was clarification that missing responses do not feature in the statistics. It is important to note that where a Yes/No answer is applicable a response must be given – if no response is given it is counted as No or not implemented. Focal points were reminded that where they give a Yes answer on recommendations for specific groups it is important to complete the answer with details.

It was pointed out that there were some errors in the feedback to focal points, and these issues will be resolved in further feedback.

Indicator 2 – Adults reaching the minimum WHO recommendation on physical activity for health

This is an area where there is a lot of relevant work underway (see presentation on the EUPASMOS project), and the results of this work will be important for future data collection on this indicator.

At present, the questionnaire asks for an estimate of prevalence and for clarification on cut-offs used, as well as whether older adults are reported together or separately and for clarification of the relevant age range.

There has already been a high rate of implementation of this indicator (over 90%). It was pointed out that the automatic tool only collects numbers as percentages when indicated (i.e., one numerical value), so it is vitally important that the response is given in the way requested in the questionnaire. Further details can be given in response to more specific questions.

There was a discussion about the difficulties that focal points may face in selecting which survey results to report. They may, for example, have two or three surveys covering different or overlapping age groups. Both indicators 2 and 3 require only one answer, so it is important to prioritise continuity and comparability of data.

Participants were reminded that the issues around comparability of data between countries meant that the first edition of the factsheets did not include any comparison of prevalence data between countries. These remain important issues and the difficulties in comparing prevalence data are well recognized.

There was discussion about the reporting of objectively and subjectively measured data. It was agreed that it is important for countries to be able to showcase objectively measured data where it exists. WHO will look into this issue further and will advise on how to deal with it.

Indicator 3 – Children and adolescents reaching the minimum WHO recommendation on physical activity for health

As with indicator 2, this question is expanded to collect more specific data on cut-offs and whether children and adolescents are reported together or separately.

To date, the number of responses reported is lower than in 2015. This is partly due to answers to Q 3.1 which are not comprised of one single value. All focal points were asked to review their answers to indicator 3, to ensure that the answers are single numerical values. That is, where more than one answer has been reported, then only one answer should be selected. An issue with locked cells was reported – where it was not possible to change text to a number.

For both indicators 2 and 3, there is a need to choose one numerical value to insert 2.1 and 3.1, and all details should be provided in the subsequent parts of the question for specific age groups.

A proposal for an infographic to represent the data from indicators 2 and 3 was presented. This graphic will be included in the country factsheets (for those countries which want to include it). It is essential, therefore, that focal points provide WHO with the precise figures to be used for these prevalence graphics. It was noted that the low level for adults in the Hungarian graphic – used as an example – reflects the

percentage meeting WHO recommendations. In other words, it uses the WHO cut-offs rather than the cut-offs proposed in the Commission's Staff Working Document. It was suggested – and agreed – that these data/graphics should be more aligned in future. This is a timely point because WHO is currently considering a possible revision of the global recommendations on physical activity.

Indicator 4 – National government coordination mechanism and leadership on HEPA promotion

Responses so far indicate an increase in the number of countries with national coordination mechanisms. This indicator is generally well understood and there were no comments.

Indicator 5 – Funding allocated specifically to HEPA promotion

The difficulty in answering this question accurately is acknowledged. One method suggested has been to review national policies and identify funding in policy documents. The figure should exclude funding for competitive sports. The questionnaire provides the opportunity for qualitative answers.

It was noted that some countries would like an opportunity to review their answers. Countries were requested to report the amounts where possible (total and per sector), but it is not proposed that these amounts will be included in infographics for this edition of the factsheets. The amounts will be shown through the European Health Information Gateway, provided that countries want the data included.

A proposed infographic for this indicator would highlight to which sectors the funding is allocated (but not the amounts). It was clarified that the proposed infographic does not reflect the amount of funding or relative allocation of funds. The main goal of the infographic is to advocate for funding in non-traditional sectors. Countries can report amounts in the factsheet text if they want to.

Indicators 6, 9 and 22 – Policies or action plans for HEPA promotion

These questions were considered together and sufficient space was provided on the questionnaire to enable focal points to provide information on multiple policies in all sectors. Answers were validated through collection of links to policy documents. Answers to these questions are particularly important for collection of success stories and for sharing of best practices.

A suggested infographic combining the information on these indicators was presented. It was proposed that this infographic would feature prominently in the factsheets, with a view to advocating for policy and action in non-traditional areas such as transport, environment or urban planning.

Indicator 7 – Sports Clubs for Health Programme

This question relates to a specific Erasmus+ funded programme, but the questionnaire provided the opportunity to add details of similar programmes. The indicator was designed in this way to capture very specific information on the Sports Clubs for Health programme, but it appears that this does not capture data on important initiatives with similar goals in many countries. There was consensus that, when the indicators are next reviewed, consideration should be given to broadening this one to capture any kind of approach in place to develop HEPA within sports clubs. It was suggested that it may still be useful to keep a specific reference to the Sports Clubs

for Health programme, since this could be useful for Member States that need guidance in this area.

In the meantime, it is possible to incorporate information on the similar initiatives into the narrative of the country factsheets.

Indicator 8 – Framework to support offers to increase access to exercise facilities for socially disadvantaged groups

This question included an option – for countries without a national framework – to include information on sub-national programmes. To date, an increase in the existence of such frameworks has been reported, compared to 2015.

Indicator 10 – Monitoring and surveillance of physical activity

This indicator is based only on monitoring and surveillance in the health sector, but the question was expanded to include monitoring systems led by other sectors, such as sport. The indicator is only met if a comprehensive monitoring system exists, not if individual surveys that only contain a few physical activity questions. So far, it appears that the proportion of countries with comprehensive monitoring systems has increased.

There was clarification that the indicator definition, which refers to monitoring “physical activity status”, is wide-ranging and can, therefore, include monitoring of participation in physical activity and/or meeting the recommended levels. Focal points were reminded that a key element of surveillance system is to track trends with repeated measurements, and that one-off surveys should not be described as a surveillance system. The Health Behaviour in School-age Children (HBSC), for example, fulfils the criteria of a surveillance system and all EU countries except Cyprus participate in HBSC. Focal points should also bear in mind, however, to report those surveillance systems which are used to inform national policymaking, taking care to provide all necessary details.

The proposed infographic for monitoring and surveillance is broader than the indicator and includes monitoring in other sectors. It was agreed to use this infographic, covering several sectors. There was discussion of whether travel surveys should be included in the monitoring and surveillance systems, but this is covered by indicator 17.

Indicator 11– Counselling on physical activity

This question has been expanded to include information on the types of professionals trained and whether counselling is reimbursed as part of primary healthcare services. On the basis of responses to date, the existence of a scheme to provide counselling has increased since 2015.

There was discussion that the reimbursement aspect is very important and this information should be presented in the factsheet in a way that shows both the existence of counselling schemes and whether or not they are reimbursed.

Indicator 12 – Training on physical activity in the curriculum of health professionals

Some additional elements were added to this question, in order to capture more information for the specific health thematic factsheet. This indicator was generally well understood.

There is a need for more success stories in this area. It would be good to capture more interventions in primary healthcare and some examples of innovation. This is very important because there is currently a great deal of interest in this area and a real need to disseminate information on best practices.

The European Commission's DG Santé has recently created a new funding mechanism for exercise on prescription. This new scheme uses the experience in Sweden as a model of best practice and 15 Member States will now receive funding to implement this model. It would be useful to get more information on the schemes supported in this initiative for possible inclusion in the factsheets.

There was discussion of the distinction between HEPA for prevention or as medicine, and recognition that prevention is a continuum (from primary to tertiary). It is valuable to capture information on the role of physical activity at all points along the continuum, while always being very clear about what is being described.

Indicator 13 – Physical education in primary and secondary schools

This question has been expanded in order to be able to disaggregate the data between primary schools and secondary schools and to capture information on whether the quality of physical education is being measured.

There was some discussion of the definitions of primary and secondary education and sub-categories such as lower-secondary or higher-secondary, and the different age groups covered. There was also discussion of the difficulty of capturing information where, for example, the provision is mandatory for some, but not all, of the years in primary school. Clearly, there is a complexity and diversity of information, given the specificities of different education systems. It was suggested that, where country data are presented for comparison, it would be better to use the standardized information from the Eurydice report. There remains considerable flexibility in the individual factsheets, however, to use whichever national definitions are relevant, since these are not comparing data between countries. Some of the information will be used on the education thematic factsheet, provided that the methods are comparable.

A proposed infographic was presented. It was commented that, for the given example of Hungary, the proposed infographic should make it clear that the two optional hours are not in addition to the mandatory hours.

It was suggested that it would be very valuable to underline the number of Member States which have implemented the Recommendation that emerged from the Luxembourg Presidency of a minimum of five hours per week of physical education.

Indicator 14 – Schemes for school-related physical activity promotion

This question is broken down into national schemes for active school breaks between lessons, national schemes for active breaks during lessons and national schemes for after-school HEPA promotion programmes. If the answer to any one of these is yes then it is shown as a yes on the overall indicator.

There was discussion about how to capture information about practices that happen without there being a national scheme in place e.g., where active breaks are common in schools even though there is no national scheme. In such cases, focal points are invited to present evidence and make the case for a positive response, which WHO will consider.

Indicator 15 – HEPA in training of physical education teachers

This indicator – which was not used in the 2015 factsheets – has been disaggregated to capture information on type of degree and whether mandatory or optional. This an area where there does appear to have been considerable progress, with an increase since 2015.

It was pointed out that the Eurydice report has a section on teacher education and that this can be useful to provide inspiration for policy development.

Indicator 16 – Schemes promoting active travel to school

This is another area where there appears to be progress since 2015, on the basis of responses so far.

An infographic for the factsheets covering indicators 15 and 16 was proposed. No comments were received.

Indicator 17 – Level of cycling and walking

This indicator is based on a question about whether the country has a national travel survey, with a yes/no answer. This number has increased since 2015. If yes, data on time/km walking and/or cycling is requested. The questionnaire has been expanded to offer focal points the opportunity to rank the main modes of transport on a scale of 1 to 5.

WHO invited discussion about the inclusion of this ranking by focal points. It had been included in the 2015 questionnaire, but the results were not reported in the factsheets. It was commented that this non-scientific ranking process seems at odds with the rest of the questionnaire, which requires official documents. There was general agreement that this a highly subjective question and its value to the questionnaire is questionable. It was suggested that there could be ways to make the ranking less subjective. It was agreed to reconsider inclusion of the ranking in the questionnaire.

Surveys are only one possible source of data, there may be alternative, less traditional, sources of data on transportation, including ‘big data’. It was suggested that a list of possible alternative data sources could be compiled and circulated to focal points. It would also be useful to make recommendations to the transport sector, to guide their data collection methods.

There was clarification that WHO and focal points can discuss on a country-by-country basis where countries have sub-national surveys, data from interventions etc. There is recognition that there are different forms of data from various sectors, and the aim should be to capture this data in some way.

Indicator 18 – European guidelines for improving infrastructure for leisure-time physical activity

This question specifically relates to implementation of the guidelines *Improving Infrastructures for Leisure-Time Physical Activity in the Local Arena* (IMPALA). There is also the opportunity to add information about similar initiatives.

Indicator 19 – Schemes to promote active travel to work

According to responses received so far, there has been an increase in national schemes to promote active travel to work. An infographic is proposed for the factsheets.

Indicator 20 – Schemes to promote physical activity at the workplace

This indicator is intended to capture information about national or sub-national schemes for companies to promote physical activity in the workplace and there appears to have been an increase since 2015. There was some discussion as to whether this should be combined with indicator 19, but this would not capture information about initiatives in the workplace setting.

An infographic which combines indicators 19 and 20 is, however, proposed for inclusion in the factsheets.

Indicator 21 – Schemes for community interventions to promote physical activity in older adults

There were comments that the current wording of this indicator, which refers to a specific national scheme or programme, fails to capture information about the many community-based programmes in this area. In many countries this area is the responsibility of local government. It is also recognized, however, that municipalities can vary tremendously in how pro-active they are on such issues, which makes it difficult to report a picture that represents the whole country.

It was clarified that the Council Recommendation does not specifically mention that these should be national schemes. It was agreed that this indicator and the questionnaire should be reviewed with this in mind, because this is likely to be one area where the figures under-report current efforts. Focal points are encouraged to submit information and evidence about substantive, relevant local or sub-national schemes and to remember that such information could also feature in the success stories.

Indicator 23 – National awareness-raising campaign on physical activity

On the basis of responses so far, there has been an increase in national awareness campaigns. For this data collection round the questionnaire asked for information on different types of media used in the campaign. The proposed infographic combines information on the existence of the campaign and the types of media used.

General discussion on indicators

It is important to remember that these indicators were agreed by Member States as useful indicators for informing policymakers. Discussion on the indicators and the data collection process is vital, as there is an opportunity to propose improvements to the questionnaire and the indicators in the next report to the Council, which is required by December 2019.

There was discussion as to whether the data could be collected online next time. The coordination with multiple ministries would be greatly eased if it were possible to send a link to a form for completion to various contact points. This point was noted and it was agreed to explore whether this is possible for future data collection rounds, taking into account the complexity of the information being collected and data protection issues.

An issue with “locked” cells was reported and a problem with integration of answers from a Word document into an Excel workbook. This is an issue that WHO will look into further.

It was suggested that written guidance on the specific format for answering questions is urgently needed. This should very clearly define how to respond. The point was noted and WHO will provide more guidance in future. In the short term it would be

useful to have a list of fields that require *only* a numerical answer – it would be helpful if focal points could have access to that list and use it to review their original submissions. It is also important to make sure to check for missing answers – empty cells should be completed. It was pointed out that, while the data extraction tool will only deal with a numerical value, human input is still required for the interpretation of more complex information.

The data collection has been a lengthy and time-consuming job for all involved. The 2018 process has been simplified by better tools and the collaboration with focal points has been excellent. The production of the factsheets is much further advanced than it was at this time in 2015, and this will ease the process of checking, validating and discussing the final details.

Discussion on proposed layout for country factsheets

A proposal for the layout of the country factsheets, using Hungary as an example, was presented. Participants were asked to provide comments on this proposal.

The feedback on the visual aspects of the factsheet design was very positive.

A number of specific suggestions for improvement were made:

- Add explanations for each infographic/indicator and how to interpret them;
- Include more than one success story;
- Insert hyperlinks to more detailed information (e.g., more success stories) and to the relevant data in the Gateway;
- Replace the country-specific colours with a single set of colours for all the factsheets.

There was discussion about the length of the factsheet and whether it would be preferable to produce a ‘summary’ version and/or an ‘extended’ version.

There was discussion about how the other information collected through the monitoring framework but not included in the factsheets would be disseminated. Some of that information will be included in the thematic factsheets on health and education. In addition, some of the data will be included in the European Health Information Gateway. Another possible avenue for dissemination is the country pages on the WHO Regional Office for Europe website.

It was requested that WHO circulate the example factsheet so that focal points could canvass the opinions of colleagues. Focal points were invited to provide further feedback by Monday 18 June. A very small print-run of the factsheets will be done at UN City, but the majority of dissemination will be in PDF form. There was clarification that focal points are kindly asked to send new photos, and it is essential that these have a model release form. Where there is the slightest uncertainty on this issue focal points should check with lawyers that all necessary permissions under the new General Data Protection Regulation (GDPR) are in place.

New WHO Global Action Plan for Physical Activity

João Breda presented an overview of the new *WHO Global Action Plan for Physical Activity 2018 - 2030* (GAPPA), launched by the WHO Director General on 4 June 2018 in Lisbon. The action plan was developed after an extensive global consultation process involving a WHO steering committee and an expert advisory group, six regional consultations and a public consultation.

The *WHO European Physical Activity Strategy 2106-2025* – the first WHO regional strategy on physical activity and developed in response to a clear mandate issued by Member States at the Vienna ministerial meeting in 2013 – has contributed to the thinking and development of the new global strategy. The global strategy should be seen as complementary to the regional strategy; while the latter is specific to the European context it is bolstered by a global commitment to take action to tackle physical inactivity, as part of efforts to meet the Sustainable Development Goals by 2030.

The global goals set out in the action plan are to reduce physical inactivity by 10% by 2025 and by 15% by 2030. The action plan describes evidence-based policy actions, sets out the responsibilities for WHO, Member States and other stakeholders and outlines a monitoring and evaluation framework along with a mechanism for reporting in 2021, 2026 and 2030.

There are four pillars to the strategy:

- Create active societies (social norms and attitudes)
- Create active environments (spaces and places)
- Create active people (programmes and opportunities)
- Create active systems (governance and policy enablers).

Following the high-profile launch event in Portugal it is now time to implement the strategy. A powerful video campaign – *Lets Be Active: everyone, everywhere, everyday* – has been launched. This video is available online (<https://www.youtube.com/watch?v=uZX14W4rVCU>) and countries are encouraged to use this to raise awareness of the global strategy and to bolster efforts.

For the European Region this will mean continued implementation of the WHO regional strategy and the ongoing collaboration between WHO and EU. It will also mean review of the policy options identified in the global strategy and the development of sector-specific guidance and tools. Finally, it implies a strengthening of surveillance, which is clearly already a priority in the European Region.

There was discussion of the next steps involved in dissemination of the strategy and implementation. Using the strategy to raise awareness can be valuable for raising the profile of physical activity and to generate support for action to tackle physical inactivity and/or to promote HEPA. The strategy is a tool to use in generating political commitment and funding. There is an important role for all stakeholders to raise awareness of the importance of physical activity and to challenge misconceptions about this issue.

Update on health-enhancing physical activity in the EU context

Olivier Fontaine provided an overview of recent developments relating to HEPA in the EU context.

2018 Eurobarometer on sport and physical activity

As mentioned previously, new Eurobarometer survey results on sport and physical activity were published in March 2018.³ The results found that 4 in 10 Europeans say

³ <http://ec.europa.eu/commfrontoffice/publicopinion/index.cfm/survey/getsurveydetail/instruments/special/surveyky/2164>

they exercise or play sport at least once a week (7% regularly and 33% with some regularity). The levels of participation in exercise or sport have not improved – the percentage who exercise or play sport regularly or with some regularity has not increased since 2009 and 2013, while the percentage that never exercise or play sport has actually increased (46% in 2018, compared to 39% in 2013 and 42% in 2013). Levels of participation decrease with age, with only 30% of those aged over 55 exercising or playing sport more than once a week. Europeans are also spending a lot of time sitting down – 41% spend 5.5 hours or more sitting down each day. The most important settings for physical activity were informal settings (outdoors, at school or university or at home). The most common reason that people cite which prevent them from practising sport more regularly was lack of time (45%), while lack of motivation or interest was the reason for 18% and cost was the reason given by 8% of respondents.

The infographics with the Eurobarometer results will be online soon and focal points are free to use and reproduce those resources.

Erasmus+ funding programme

Between 2014 and 2017, 56 HEPA projects were co-funded by the Erasmus+ programme, for a total of around 21 million euros. In December 2017 the Commission organized a cluster meeting and all the HEPA projects were invited. The report of that meeting will be available online in due course. Details of all of the projects are available online <http://ec.europa.eu/programmes/erasmus-plus/projects/>.

The budget for 2018 is 6.6 million euros and 55 project proposals have been received. For 2019, it is expected that the budget will increase by around 30% to 10.5 million euros.

For the future, the Commission tabled a new programme on sport and HEPA and this will now be discussed in the Council and the European Parliament.

European Parliament Pilot Projects

In 2017, the European Parliament issued two calls for proposals for pilot projects. One concerned sport as a tool for integration and social inclusion of refugees (19 projects funded for a total of 1 million euros) and a second related to monitoring and coaching, through sports, of youngsters at risk of radicalisation (14 projects selected for 750,000 euros).

In 2018, the call for projects focused on three topics:

- Sport as a tool for integration and social inclusion of refugees (1.4 million euros) – this call ended in early June.
- Exchanges and mobility in sport (1.2 million euros) – call for proposals by single beneficiaries with activities in four countries. This call is open until the 26 July, and focal points are encouraged to disseminate the information.
- Promotion of European values through sport initiatives at the municipal level (1 million euros) – this call will focus on capacity building, for beneficiaries working in more than 10 Member States and working in networks. This call is also open until 26 July.

Information is available from https://ec.europa.eu/sport/call_en.

European Week of Sport

The European Week of Sport, which has become an important instrument at the EU level for promoting physical activity, will take place between 23 and 30 September 2018. The third edition reached 16 million participants through 37,000 events in 2017. All Erasmus+ programme countries except Norway participate.

For 2018, the European Week of Sport will extend beyond the EU borders and will include 10 of the 11 Eastern Partnership and Western Balkans countries. In addition, there will be a new initiative – BeActive Night on 29 September.

As part of the follow-up to the *Tartu Call for a Healthy Lifestyle*, a joint meeting between the focal point network and the High Level Group on Nutrition and Physical Activity is proposed. Focal points were encouraged to contact their counterparts in the High Level Group. The joint meeting is proposed on 25 October and the focal point network meeting will continue on 26 October. The Sport Unit in DG EAC, DG Santé and WHO will work on the meeting programme together.

Discussion

There was appreciation of the HEPA cluster meeting organized in December 2017 and it was suggested that this approach could be applied to other groups of similar projects.

There was discussion of the inclusion of other sectors – such as research and development, DG Connect and DG Grow – in the Tartu Call. There is agreement that other sectors should be involved and this is something to consider for any future Calls to follow-up on Tartu.

The success of the European Week of Sport was recognized, particularly in terms of the large numbers of participants that have been reached. It was suggested that a study on the impact of the Week would be valuable, exploring the attitudes of people reached by Week of Sport activities. It was agreed that it would be useful to evaluate the Week of Sport, and to this end it is planned to conduct an online survey and to include a question about the European Week of Sport in the next Eurobarometer survey in four years. It is very important, however, to choose appropriate outcomes when evaluating this initiative – as a one-week long awareness raising exercise it is unrealistic to expect to be able to measure profound changes in attitudes. Impact, and return on investment, can be measured through numbers of participants, media reach, social media impressions etc.

ClusSport Consortium – Smart specialization platform

Alberto Bichi, European Platform for Sports Innovation, presented an overview of the ClusSport consortium.

The European Platform for Sports Innovation is a not for profit European association focusing on innovation in the areas of physical activity, sport, leisure and health. Its membership includes sports brands, universities, sporting federations and others.

Smart specialization is an innovative approach that aims to boost growth and jobs in Europe by enabling each region to identify and develop its own competitive advantages. Sport has been selected as one of the 13 strategic thematic areas for the Smart Specialization Platform, which aims to provide information, methodologies, expertise and advice to national and regional policymakers, as well as to promote

mutual learning, trans-national cooperation and contribute to academic debates around the concept of smart specialization.

In relation to sport, this work is being taken forward by the ClusSport partnership. This aims to:

- Boost investments and foster collaboration among the stakeholders along the sport value chain in Europe, developing different models for public-private partnerships that are needed in sport;
- Spread the knowledge of expert organizations to support regional growth and new work opportunities;
- Identify opportunities for joint demonstration between regions, based on a mapping exercise and identification of the complementary advantages between existing demonstration facilities and industry needs.

The ClusSport Partnership is led by two regions (Lapland and South Netherlands) and has eight other regions involved. Overall, eight countries are involved. The project has a number of phases:

- Phase 0 – preparatory steps for setting up a thematic area including the drafting of a scoping note;
- Phase 1 – mapping of assets, competences and matching of business opportunities;
- Phase 2 – interregional and industrial cooperation opportunities and design of concrete investment projects;
- Phase 3 – business plan and funding mix to support investment protocols.

Having completed the scoping note, three key thematic areas (pillars) were identified. Namely, smart sport wearables, smart sport environment and sport for vitality. For each of these areas a mapping process identified regional assets (excellence at the regional level) and identified new potential projects, mapped those by type of stakeholder and identified ideas for interregional cooperation.

A number of general trends were identified. These include the observation that the three pillars are porous and most projects are at the edge of two areas. Most existing assets/projects are located at the edge of the smart sport wearables (ICT4Self) and sport for vitality areas. Most future or planned projects, however, seem to be focused on a smart sport environment. Tourism and health appears as a new cross-thematic area on which the regions have decided to focus.

Twelve business opportunities have been identified:

- Smart Sport events for all
- Smart vital cities/communities
- Exergames in education
- Mapping of future technologies and its impact in (sport) applications
- Smart gyms
- Fablab for acceleration of innovation
- Living labs for acceleration of innovation
- Cross cluster collaboration to create new value propositions
- Smart sport products
- Occupational vitality
- Education in movement/movement in education

- EU sports education programmes (EU masters).

There is now a need to crystallize these 12 opportunities and identify the “funding mix” within each. The suggested next steps including identifying lead partners per thematic area, developing cooperation ideas and/or projects, updating the partnership slides of the pitches with cooperation details, identifying potential businesses and business intermediaries or business angels that are aligned with the project ideas. Future work will explore synergies with other projects and networks and a matchmaking event is planned in Turin on 28 June to gather a variety of stakeholders and give them the opportunity to make the business case for investment to investors.

Discussion

There was discussion of the strategy to expand the scope of this initiative and involve more regions. While the priority during this initial phase, which started in December 2017, has been to structure the initiative, set up governance arrangements etc, there is also a desire to expand the initiative and to get more regions involved.

DE-PASS – COST initiative project proposal

Laura Capranica, University of Rome, Italy, presented an overview of a proposal for the Determinants of Physical Activities in Settings (DE-PASS) project, which she leads along with Ciaran MacDonncha of the University of Limerick.

It is well recognized that within the EU there is a big gap between science and the transfer of science and technology to society (the EU science paradox). This also applies to diet, physical activity and public health. The European Research Council is the reference body for all research councils in Member States but it is notable that the ERC programmes do not mention physical activity, sedentary behaviours, sports or inactivity. This underlines the importance of the HEPA community strengthening its voice and expanding networks wherever possible to be able to advocate for the importance of issues relating to physical activity.

DE-PASS is a proposal for a European Cooperation in Science and Technology (COST) Action. This means that it is a flexible, fast, effective and efficient networking instrument that should pave the way for, or establish synergies with, EU-funded projects or new actions.

Following on from the DEDIPAC project, which established a knowledge hub, the aims of DE-PASS are:

- to establish a sustainable network of multidisciplinary stakeholders (scientists and policymakers) on physical activity behaviours
- to facilitate and guide the identification and greater understanding of potential determinants of life course physical activity behaviours
- to translate this knowledge through policy and interventions into more effective health promotion settings.

It involves bringing researchers together to find a more effective way of organizing longitudinal data collection and to establish good practice for capacity building.

The research coordination objectives are:

- To articulate a framework and consensus statement regarding the key setting-specific individual and environmental determinants of physical activity

behaviours that should be prioritized and targeted within research, public policies and interventions.

- To formulate setting-specific guidelines on how the key determinants can be modified and how this knowledge can be addressed in public policies and interventions.
- To develop a valid physical activity determinant profile measurement toolkit that optimally predicts physical activity behaviours across gender, life course, socio-economic groups and in different settings.
- To harmonize and analyze future European cross-sectional and longitudinal data collection which involves objectively measured physical activity behaviours and their associated determinants.

The capacity building objectives are:

- In partnership with existing networks and organizations establish a Knowledge Transfer Partnership to exploit and translate evidence, expertise and potentials.
- Create and grow a proactive network of multidisciplinary stakeholders (scientists and policy-makers) in partnership with existing relevant networks and organizations.
- Create a trans-national research network involving Early Career Investigators (ECIs) and provide opportunities to such individuals to contribute to leadership roles within the COST Action, thus building capacity for the future.
- To foster the knowledge exchange in the COST Action and subsequently define and map the future research harmonization and implementation strategy.
- To provide scientifically rigorous and evidence-based training schools and short-term scientific missions.

The most relevant stakeholders are policy leaders, established researchers, early career investigators, national networks of researchers, existing complementary networks/societies/organizations, WHO Regional Office for Europe, EPAS, HEPA Europe and the EU HEPA focal points network. Currently 24 countries are signed up and four are waiting to join, pending approval. It is hoped that some international partners will also join (Brazil, Canada, Taiwan, Tunisia, USA).

Discussion

There was discussion of the importance of advocating for the inclusion of physical activity in European Research Council key areas. It was suggested that the European Platform for Sport Innovation may be able to help in this area and further collaboration would be valuable.

HEPACAP – Erasmus+ sport project proposal

Wanda Wendel-Vos, National Institute for Public Health and the Environment (RIVM), Netherlands, and Peter Gelius, Friedrich-Alexander University of Erlangen-Nuremberg, Germany, presented an overview of a project proposal submitted for Erasmus+ funding.

The Increasing HEPA policy making CAPacity (HEPACAP) project involves a consortium of seven partners (RIVM, University of Erlangen-Nuremberg, University of Lisbon, University of Southern Denmark, Babes-Bolyai University, University of Zurich, University of East Anglia) and one sub-contractor (Nick Cavill).

The aim is to foster synergy with – and between – national and international policies to promote sport and physical activity by supporting a broader exploitation of information from the EU/WHO monitoring framework and by offering interactive approaches to foster translating knowledge into action. The focus will be on intersectoral collaboration.

The objectives are:

- To identify key priorities for input and support across the EU Member States to implement all parts of the EU physical activity guidelines, combining information from the EU monitoring framework and information sought directly from the EU HEPA focal points.
- To engage the EU focal points in an interactive approach to foster peer-to-peer learning, knowledge translation and co-production of knowledge, through tailored learning workshops and supportive inputs and materials.
- To develop evidence-informed and practice relevant policy briefings targeted at stakeholders both at the EU and Member State level, based on the identified challenges and good practice examples.
- To collate the key lessons from the priority analysis, the learning workshops and good practice examples into a highly attractive booklet to be used by European and national policy-makers for advancing and supporting the HEPA promotion agenda.

The project would take place over 30 months and deliver a set of work packages including priority analyses, policy briefings, workshops and a guidance booklet.

A series of workshops with EU HEPA focal points would be organized, on themes selected by a series of priority analyses to identify focal points' needs and preferred approaches. Development of policy briefs and a guidance booklet would also be done in an interactive process with the focal points. The aim would be for those end products to be useful for focal points to use in their Member States.

A decision on whether the proposal is successful in obtaining Erasmus+ funding will be announced in September and the project would start in January 2019.

Discussion

There was clarification that the main aim would be to support the focal point network but that the policy briefings and booklet should also be aimed at other policymakers and decision-makers. There will be some multiplier events aimed at reaching a wider audience, including high-level policymakers.

One element included in the proposal would facilitate focal points being able to bring another representative from their country to the focal point meeting. This would be one means of starting dissemination outside the focal point network.

Seminar: Assessment of physical fitness in children

A short seminar explored different countries' experience in assessing the physical fitness of children. Details of the experience in four countries were presented.

Hungary – The Hungarian National Student Fitness Test (NETFIT)

Tamàs Csányi, the Hungarian School Sports Federation (HSSF), presented a summary of Hungary's NETFIT programme.

Physical education in the 21st Century should aim to develop physically literate individuals with the skills, knowledge, attitudes and competence for lifelong physically active behaviour. The core subject is physical activity and sport as a vehicle for reaching those aims.

The NETFIT programme has evolved through a planning phase between 2010 and 2013, in partnership with the Cooper Institute, with a national study in 2013 and a move towards criteria-referenced testing away from traditional norm referenced fitness testing (whereby students are compared to their peers), which tends to be negatively viewed by students. The preparation phase between 2013 and 2015 involved training and distribution of resources to teachers, was followed by the implementation phase which started in January 2015, when the assessments began, and has continued to evolve by incorporating an adaptation for students with special needs.

The NETFIT programme comprises compulsory institutional (school) assessment from Grade 5 (around age 10) for all students. The testing takes place annually between January and May. Assessments are conducted by PE teachers in educational settings using standardized test equipment. All data are uploaded to the online data management system.

Using the criteria-referenced fitness testing reports show results against a green “healthy fitness” zone and a red “needs improvement” zone. Reports are issued for students, parents, teachers, school administration and local, regional and national policymakers. National reports are issued annually.

The strengths of the implementation include: the teacher training programme; the fact that the HSSF is the body responsible for operation and research and development; test kits distributed to all schools; many teachers have started to change their practice; more than a sixth of the student population is in the system (with the approval of their parents); governmental endorsement and interest in the national data; new interventions in schools based on test results and considerable media coverage (70-100 reports per year).

The national fitness battery is very useful for promoting schoolwide physical activity, health and wellbeing, and physical education in the society. This national dataset is very valuable for tracking changes in health-related physical fitness among students, with a public health perspective. The system works well, thanks to strong government support and it supports local and national, evidence-based policymaking. It will also be very useful for international comparison of health-related physical fitness of school-aged children and, ultimately, helps to educate a healthier society for the future.

The future of the NETFIT programme will incorporate more continuous professional development (CPD) training for teachers to help them understand the fitness education process, a mass media campaign about the programme for parents, advocating for investment in the least fit schools in the country and involving the school nurse system in assessments. In addition, a future priority will be to find international partners for sharing knowledge and experiences at the international level.

Discussion

There was clarification that the system tracks students from the age of 10 until they leave school and, therefore, provides an excellent longitudinal data set. In terms of

cost, the initial implementation required considerable investment but maintenance is only around 40,000 euros per annum.

Slovenia – 30 years of SLOfit

Gregor Jurak, University of Ljubljana, presented an overview of a national surveillance system of somatic and motor development (SLOfit) in Slovenia.

The SLOfit programme involves annual assessment of school students with three anthropometric measurements and eight fitness tests carried out by PE teachers. The system is integrated into all schools according to one standardized protocol. Between 1982 and 2017 more than 7 million sets of measurements have been taken on more than one million individuals. The system covers students from 6 to 19 years of age, tracking each individual's development for 13 years. Every year 220,000 children are assessed and the programme is managed by the Faculty of Sport at the University of Ljubljana.

Reports are issued to schools, showing the physical fitness profile of classes and students, as well as the overall results for the school (proportion of unfit children at risk). Individuals also receive a report, which incorporates a profile of their current physical fitness compared to previous measurements and instructions for interpretation. There is a short description of each measured component of physical fitness and its importance for physical and motor development with a link to more detailed information. For those that find themselves in the red or yellow health zones there is a link to SLOfit advice. A communication tool has been developed to reach parents, teachers and universities. The data is accessible to school physicians and paediatricians, and individuals have online access to their data.

SLOfit data have shown that, compared to 1990, boys now have poorer physical fitness and girls have better physical fitness. The data also show that the trends in changes in motor efficiency differ considerably between age groups. Such differences according to age, gender and geographical location – identified through SLOfit – have informed the development of a healthy lifestyle intervention. In this way, experience has shown that the SLOfit data can serve policymakers.

Preliminary results of the nation-wide physical activity intervention between 2011 and 2017 suggest improvements in aerobic endurance and physical fitness and a reduction in absenteeism. Trends in physical fitness are mirrored by trends in academic performance (PISA ratings) at the national level.

SLOfit is currently involved in a number of international collaborations and various projects. One area for future development will be to explore how people can use their own SLOfit data to plan exercise to improve or sustain physical fitness. A MySLOfit app is being developed as part of the MoST project to foster cooperation between doctors, schools and parents. Tests are underway to upgrade the physical fitness report to a physical activity report which can be used to monitor behavioural interventions. There are many more opportunities worth exploring for use of new technological developments (such as blockchain) to expand the application of SLOfit.

The SLOfit team is very willing to share the lessons from this long experience and its know-how with other countries that want to set up similar surveillance systems.

Discussion

Slovenia was congratulated on its decades-long success with this system. This system is particularly innovative in relation to its long-term tracking data.

There was clarification that the assessments always take place at the same time of year (April-May). In addition, some schools do assessments at the beginning of the school year, and then compare data between time points. This is similar to Croatia, where teachers are asked to do the same assessments at the beginning and end of the school year. In Slovenia, it is generally found that students are less fit at the end of the summer holidays.

Portugal – the FITescola programme

Paulo Rocha, Portuguese Institute of Sport and Youth, presented a brief overview of the FITescola programme.

In the FITescola programme, data is collected annually by PE teachers on students' physical fitness (anthropometric measurements, aerobic fitness and muscular fitness). Teachers then input this data into a Ministry of Education database. Reports are provided to students, parents, teachers and school administrations. Families are able to log in to the system and view their child's data, as well as see how it compares to the data of his/her peers. Students have access to their own data and to personalized advice, on the basis of their results.

GEO FITescola is an initiative that incorporates geo-referenced data so that all schools can have data linked to the provision of physical activities and sports clubs in the vicinity. The system is also used to identify talented students and to link those children to the sports federations.

A range of resources have been developed with a view to (a) changing behaviours in individuals, schools and families, (b) improving understanding and literacy in relation to physical activity, and (c) reducing the numbers dropping out of physical activity and sport. Additional tools have been developed to empower PE teachers, including educational resources (documents, videos, factsheets) and access to training via a massive open online course (MOOC).

Lithuania – Assessing pupils' fitness

Inga Gerulskienė, Department of Physical Education and Sports, outlined a system for assessing pupils' fitness that is currently in development in Lithuania.

Physical fitness testing has been a part of the Lithuanian education system for decades, although this has at times been mandatory while during other periods participation has been optional. The law regarding physical education has provided for optional annual testing of pupils' fitness, but schools have sometimes used different methodologies for assessing fitness, the data has remained at schools with only PE teachers having access, and the teachers often lacked information on how to interpret the results. The current Lithuanian Physical Education Badge Programme combines fitness and knowledge tests for three age groups (7-11; 12-13; 14-18 years). There is an award system for participating children, but participation rates are very low (0.2-0.3%).

Options currently under consideration include reviewing the current optional approach or creating a new mandatory system. Discussions on a possible new National Fitness Assessment System are ongoing between the National Health Commission, the Ministry of Education and Science, PE teachers, pupils and high

schools. A number of potential difficulties have been identified. A negative attitude towards mandatory testing exists as a legacy of previous testing regimes, particularly among civil servants. Another issue is whether to promote intrinsic or extrinsic motivation (through awards, for example) for behaviour change. Personal data protection is also a major challenge. A decision on the type of software to use also requires careful consideration – should the existing national data collection systems be modified or an all-new system created? Is it possible to adjust software platforms developed by other countries? A further challenge is to decide whether to assess children against normative-based reference values or criterion-based reference values. While there is clear value in the criterion-based reference approach, the country already has some existing normative data on the basis of Eurofit so there would be valuable continuity by adopting this approach. Finally, there are challenges in funding the new system and in deciding which sector (health, education, sport) should be responsible for leading and funding the initiative.

The current proposal envisages a national fitness monitoring system incorporating tests, based on Eurofit, in primary school and secondary school with results provided in a traffic light format (good/satisfactory/poor). Feedback would be provided to individual students, classes, schools and at the national level. Issues still under discussion include whether to establish an all-new national system (cheaper and simpler, but normative-based with no reference to health) or to join and adjust an international platform (criterion-based with a link to health but more difficult and expensive to implement).

Address by Commissioner Navracsics

Commissioner Navracsics, EU Commissioner for Education, Culture, Youth and Sport addressed the meeting.

The Commissioner was pleased to address the 8th meeting of the focal point network. He thanked the Ministry of Human Capacity, the Hungarian School, University and Leisure Sport Federation for hosting the meeting.

Driving the health-enhancing physical activity agenda forward has been a priority for the Commissioner's work with the Member States and stakeholders over the past years.

The importance of physical activity, regular exercise and sporting activity is evident. It is simply the best way of staying physically and mentally fit and of preventing or reducing the impact of many health-related conditions. In addition, the positive direct and indirect economic effects of participation in sport and physical activity cannot be stressed enough.

In the EU, decisive steps have been taken to promote participation in sport and physical activity. The most important ones include:

- The Council Recommendation on promoting health-enhancing physical activity across sectors from 2013, the reason for all EU focal point meetings.
- The Sport chapter of the Erasmus+ programme, which is a stable instrument to fund partnerships and events focussing on health enhancing physical activity. Not less than 56 projects have already been funded, for about 21 million euro. This is a great achievement.

- Establishment of the European Week of Sport, which has found its place in the annual calendar between 23 and 30 September. It has grown quickly after only three editions. More than 37,000 events were organised during the last edition, and about 16 million people took part. This successful initiative is truly the result of fruitful cooperation between the Commission, the participating countries, and the partner organisations.

Finally, the Commissioner recalled the initiative he launched in September 2017 in the city of Tartu, together with Commissioners Andriukaitis and Hogan in charge of Health and of Agriculture: *The Tartu Call for a Healthy Lifestyle*. A concept that goes beyond the promotion of physical activity.

The focus on healthy lifestyles is a reflection of the fact that while physical activity needs to be promoted, a more holistic approach is needed. Lifestyle issues need to be tackled in a comprehensive way. A healthy diet and physical activity are two lifestyle factors that must be combined to improve health and well-being.

To successfully address the societal, health and economic challenges of unhealthy lifestyles, especially physical inactivity, there must be cooperation across all sectors involved: sport, education, healthy agriculture, food marketing, as well as urban planning, transport, research and innovation.

The Tartu Call was launched in order to send a strong signal that cross-sector cooperation needs to be strengthened, also inside the Commission. This is an issue that is taken very seriously and efforts in that direction will continue.

Despite all the efforts over the past years, research in general and the new Eurobarometer on Sport and Physical Activity in particular show that levels of participation in physical activity have not changed substantially since the previous Eurobarometer survey in 2014. In fact, the proportion of those who say they never exercise or play sport has slightly increased from 42% to 46% Europe-wide, and this is a continuation of a gradual trend since 2009. Only in six countries can an improvement be seen – where more citizens say they exercise or play sport (*Belgium, Luxembourg, Finland, Cyprus, Bulgaria and Malta*). The Eurobarometer also reports very high sitting time, which is known to be an independent health risk factor.

The new figures show how vitally important it is to continue all efforts to promote physical activity and healthy lifestyles. Ensuring that participation in physical activity is seen as fun, rather than as chore, is key. The Commissioner strongly encouraged all actors, from public authorities to sports organisations, to intensify their efforts and work together. At all levels, from the EU level down to the regional level.

Of course, the availability of more information and better data on physical activity levels and HEPA promotion policies is an essential element to underpin better evidence-based policy. The process of monitoring the implementation of the Council Recommendation is therefore a useful and important contribution. The role of national focal points is a decisive one and the focal points' input will help to improve the evidence needed.

The Commissioner welcomed the focal points' enthusiasm and noted the high level of participation, which clearly demonstrates and confirms the interest in the process. The new country factsheets on health-enhancing physical activities are keenly anticipated. Focal points are encouraged to learn from each other's success stories, to use this and upcoming meetings to exchange information on monitoring physical activity developments in their countries and to identify successful approaches to tackle

physical inactivity. The Commission remains committed to supporting Member States' experts in this task.

Finally, the Commissioner thanked the representatives from the WHO Regional office for Europe for the longstanding fruitful cooperation, notably in implementing the European agenda on physical activity, and looked forward to a continued successful collaboration on this important issue. He reaffirmed the strong interest from the Commission and wished participants success for the rest of the meeting.

European School Sport Day

István Kulicity, Hungarian School Sport Federation, described European School Sport Day (ESSD), a pan-European initiative to promote physical activity.

The mission of Erasmus+-funded ESSD is to celebrate sport in school to kick off a lifetime of health and fitness. The initiative comprises an annual school sport day which incorporates 120 minutes of physical activity and is linked to European Week of Sport. Schools design their own day, although they can receive some help and will be provided with a toolkit. The initiative is focusing on the common ground between sport, health and education. The intention is to change children's behavioural patterns and to define long-lasting effects on healthy lifestyle by educating, motivating and showing positive role models.

ESSD builds on the experience of the Hungarian School Sports Day, an early example with a history of more than 10 years. The Erasmus+ programme has provided funding to scale up and make it an international initiative. This international partnership includes the International Sport and Culture Association, European Physical Education Association, Youth Sports Trust (UK), BG Be Active Association (Bulgaria), V4 Sport Foundation (PL).

In 2015, ESSD was piloted in three countries, with more than 1,000 events involving more than 300,000 participants. In 2016, the event was funded by the European Commission and was organized in 20 countries, reaching 1.5 million children in 6,500 schools. In 2017, ESSD was officially included in the European Week of Sport calendar as an event with a European dimension. An international website was developed and an engaged network of ESSD coordinators was further developed and maintained. As a result, more than 7,000 events took place in 26 countries involving more than two million participants.

For the future, different focus themes will be developed for every year, and these will promote social values. The network of ESSD coordinators will be extended. The aim is also to increase the scope by increasing the number of countries and participants in Europe and beyond. The idea is to transform the ESSD into a movement of schools, a physical activity label for schools is in development and an ESSD award.

The key message to schools emphasizes five reasons to join ESSD:

- Raise the profile of PE and sport in schools
- Create fun and enjoyment through physical activity for young people
- Promote health and wellbeing for lifelong learning
- Encourage social inclusion and develop social competence amongst students
- Connect with other European countries.

Schools are provided with a communication handbook, to help coordinators promote ESSD, and a toolkit which gives teachers, administrators and students all the necessary information and resources. It includes ideas and lessons learnt from other schools throughout Europe for inspiration.

Discussion

There was further discussion of the concept of a physical activity label for schools. This is part of an ongoing Erasmus+ programme exploring the issue. The first step is to look at existing systems and models, such as that developed by the UK Youth Sport Trust. It is hoped that it will be introduced by the end of 2019. One of the key challenges will be to ensure long-term sustainability, and the capacity and resources required to sustain and maintain any system, and these issues are under consideration.

European Union physical activity and sport monitoring system (EUPASMOS)

Paulo Rocha provided an update on the Erasmus+ funded project, EUPASMOS, which kicked off with the first meeting in January 2018.

To recap, the project aim is:

- To implement an *EU Physical Activity and Sport Monitoring System*, through the development of an integrated and shared methodological process that will provide comparable, valid and reliable physical activity and sport participation data across EU Member States.
- This will support the European Commission, Member States, WHO and other relevant organizations in the design, promotion, implementation and surveillance of effective and adjusted HEPA policies and strategies across Europe and governance levels.

The objectives are:

1. Establish a monitoring framework to assess sedentary behavior patterns, physical activity and sport participation in EU Member States (adults, older adults, people with disabilities);
2. To compare commonly used questionnaires for physical activity surveillance with each other and with objective accelerometer data in a validation study that will use representative samples from EU partner countries;
3. To analyze and compare sedentary behavior patterns and physical activity and sport participation prevalence rates across European Member States based on the results obtained with the validation study;
4. To develop a toolkit to build and reinforce Member States' capacities to monitor, analyze, compare sedentary behavior patterns, physical activity and sport participation prevalence data;
5. To support the development of the physical activity section of the WHO Health Gateway Database, aligning it with the EU HEPA monitoring framework.

The kick-off meeting took place in Budapest on 18-19 January 2018, hosted by the Hungarian Leisure Sport Association, and was addressed by Commissioner Navracsics. The EUPASMOS (www.eupasmos.com) website has been launched.

Some 18 or 19 Member States now hope to fully participate in EUPASMOS. This presents a coordination challenge, because the original project proposal requested funding based on participation of nine Member States. Thanks to support from WHO implementation on this scale has been possible thus far, but further funding is needed. To this end, a new proposal (EUPASMOS+) has been submitted to the Erasmus+ call for proposals. If accepted, this project will be developed between 1 January and 31 December 2019, coordinated by the Portuguese Institute of Sport and Youth.

The aims of EUPASMOS+ will be:

- To support and expand the EUPASMOS to additional EU Member States, in order to strengthen and reinforce its aim in creating an EU-wide, integrated framework to monitor physical activity, sport participation and sedentary behaviors.
- To scale up the EUPASMOS to vulnerable groups (elderly and people with disabilities).

The added value from EUPASMOS+ includes the integration of new countries, creation of an EUPASMOS database, extension of the sample to include older people and people with disabilities, and inclusion of body composition and cardiorespiratory fitness markers.

The preparatory phases of EUPASMOS have involved preparing and agreeing a harmonized system. An extraordinary meeting took place in Sofia, at which there were discussions about the EUPASMOS Framework and Manual of Operations. A further meeting in Ljubljana in May 2018 further discussed the Manual of Operations and prepared for the data collection. A literature review was presented, summarizing literature on current practices across the EU concerning use of questionnaires for physical activity surveillance. From an initial total of 4,551 articles identified, 19 studies were included in the review. Of these, 13 used the IPAQ-SF instrument, five used GPAQ and one used the EHIS-PAQ.

An inventory of surveillance systems assessing physical activity, sport participation and sedentary behavior is being compiled and now has data for 16 Member States. Focal points were reminded of the link to this questionnaire (www.ika.si/a/158598) and were asked to complete the questionnaire if they had not already done so.

The EUPASMOS Manual of Operations is being finalized after discussion at the last project meeting. The timeline of the project has been adjusted, but it remains very challenging to complete the work in a two-year period with a relatively small budget. It has to be acknowledged, also, that there are challenges relating to data publication and protection, particularly in light of the General Data Protection Regulation, and a consortium covenant agreement has been prepared to cover such issues. A communication strategy has been approved and dissemination has already begun.

It is important to highlight that there remains a window of opportunity for countries to get involved in the project, but this window will close in the coming weeks. In the longer term it may be interesting to expand EUPASMOS beyond Europe to countries in other regions which have expressed an interest.

Discussion

For any countries thinking about joining the project, there was clarification of what is required. The first priority is to train the relevant people in the project Manual of Operations and they could then validate questionnaires by November at the latest. The

data collection phase will run until April 2019. At this stage it is not necessary to collect data on a nationally representative sample.

There was discussion about whether the database would be accessible to the public. It was clarified that data will be included in national and EU reports and then incorporated into the WHO Regional Office for Europe's Gateway.

It is vital that the data is adequately protected and it was suggested that some practical guidance from the European Commission on how to treat data in international projects would be very useful. These issues are under consideration and it may be, for example, that a legal entity (an association) has to be created for the project, in order to help meet data protection requirements. More generally, it appears that the challenges ahead in terms of data protection have not yet been fully understood and this is a big issue facing the EU.

The progress made with this initiative is clear and WHO is happy to continue the collaboration. It is clear that the findings of this project will be very important and will feed into the WHO review of the global physical activity recommendations.

HEPA Factsheets 2018: Thematic factsheets

The idea of producing thematic factsheets was discussed at the 7th focal point network meeting in Zagreb in November 2017. A vote on topics for those factsheets was later conducted via email and it was agreed to prepare factsheets on two topics: health and education. These thematic factsheets are intended to complement the country factsheets and they will feature EU-wide comparative data along with highlighting national success stories.

Lea Nash, WHO Regional Office for Europe, presented the proposed outline of the thematic factsheets.

The health factsheet will be broken down into two sub-themes:

- counselling on physical activity, and
- physical activity as part of the curriculum for health professionals.

The factsheet will use data on indicators 11 and 12.

The education factsheet will address four sub-themes:

- number of hours of PE per week in schools
- active schools (active school breaks; active breaks during lessons; after school)
- physical activity of HEPA as a module in the curriculum of trainee PE teachers
- active travel to school.

This factsheet will use data from indicators 13-16.

Success stories are an important element of these fact sheets, and all focal points are requested to submit one education and one health success story. In some specific cases more than one case study per country is possible – such as in the United Kingdom, which has four constituent nations – and if countries have more than one very good relevant success story then they are invited to send them in and WHO will help select the most appropriate.

A template for the success stories – which should be around half a page in length – was proposed:

- background/context
- actions
- results
- and next steps.

The success stories do not have to be national-level initiatives, they could be at the local, sub-regional or regional level. Focal points were also requested to send good photographs with their success stories. A deadline of 29 June was proposed for the success stories and all other data.

Focal points were invited to give their feedback on the proposed thematic factsheets.

Discussion

It was clarified that the background/context section is envisaged as being very brief, only minimal information required to provide the reader with relevant context.

Transport was suggested as a future topic for a thematic factsheet.

Conclusions and next steps

On behalf of the European Commission, Olivier Fontaine summarised the next steps for the focal point network. The next meeting will take place in Luxembourg on 25-26 October and this will include a joint meeting with the High-Level Group. In September the next edition of the factsheets will be published, to coincide with European Week of Sport.

He thanked the hosts for their welcome and offered thanks to the organizers for all the logistics and administration. Finally, he thanked all participants for their active participation.

On behalf of WHO, João Breda concluded the meeting by paying tribute to the excellent cooperation between the European Commission, WHO and Member States, a real example of good practice.

He urged all focal points to submit all data by the end of June and to take the time to carefully double check all data on the factsheets for consistency and accuracy. He reiterated WHO's gratitude to everyone involved for all the effort that has gone into the data collection and factsheet preparation.

Finally, he added his thanks to the hosts for the excellent technical, scientific and social arrangements, to the European Commission and to the WHO team for all their work. He invited countries that would like to host future focal point network meetings to get in touch and then drew the meeting to a close.

References

1. Breda J, Jakovljevic J, Rathmes G, Mendes R, Fontaine O, Hollman S, et al. Promoting health-enhancing physical activity in Europe: Current state of surveillance, policy development and implementation. *Health Policy*. 2018; 122: p. 519-527.

ANNEX 1: LIST OF PARTICIPANTS

AUSTRIA

Marc Neururer
Federal Ministry of the Civil Service and Sport
Prinz-Eugen-Straße 12
Vienna 1040

BELGIUM

Olivier Courtin
Studies, Research & Development
Sports Ministry Wallonia-Brussels
44 Boulevard, Léopold II,
1080 Brussels

BULGARIA

Denitsa Pancheva
Ministry of Youth and Sports
75 Vasil Levski Blvd.
Sofia 1040

CROATIA

Slaven Krtalić
Head of Unit for Promotion of Physical Activity
Croatian National Institute of Public Health
Rockefellerova 7
10000 Zagreb

CYPRUS

Michalis Michaelides
Scientific Director
Cyprus Sports Medicine & Research Centre (KAEEK)
Makario Athletic Centre Avenue
1304 Nicosia

Fani-Anna Poiriazi
Physical Education Consultant
Secondary Education
Cyprus Ministry of Education and Culture
Kimonos & Thoukididou corner Akropoli
1434 Nicosia

CZECH REPUBLIC

Hana Dvořáková
Centre of Public Health Promotion
National Institute of Public Health
Srobarova 48,
10042 Praha

DENMARK

Tue Kristensen
Academic Professional
Health Promotion
Danish Health Authority
Islands Brygge 67
2300 Copenhagen

ESTONIA

Margus Klaan
Adviser
Sport department
Estonian Ministry of Culture
Suur-Karja 23
15076 Tallinn

FINLAND

Päivi Aalto-Nevalainen
Senior Ministerial Adviser
Division for Sport
Ministry of Education and Culture
PO Box 29
Government 23

GERMANY

Anja Wenzel
Expert
Federal Ministry of Health
Friedrichstraße 108
Berlin 10117

HUNGARY

István Kulicity
Advisor for International Affairs
Hungarian School Sport Federation
17 Munkácsy Mihály
Budapest 1063

Réka Veress
Ministry of Human Capacities
Szalai u. 3
1054 Budapest

IRELAND

James Lavelle
Assistant Principal, Sports Policy
Department of Transport, Tourism and Sport
Leeson Lane
Dublin 2
D02TR60 Leinster

ITALY

Igor Lanzoni
Senior Advisor
Physical Activity PA
Sport for all Association MSP/ACES
Via Pecorara 7
Arenzano 16011 Genoa

LITHUANIA

Inga Gerulskiene
Adviser
Department of Physical Education & Sports
under the Government of the Republic of Lithuania
Žemaites Str 6
03117 Vilnius

MALTA

Robert Portelli
Head of Programmes
Sport Malta
Cottonera Sports Complex
Cottonera Avenue BML
9020 Cospicua

NETHERLANDS

Wanda Wendel-Vos
National Institute for Public Health
and the Environment (RIVM)
Postbus 1
3720 BA Bilthoven

POLAND

Mateusz Łach
Chief expert
Office of the Minister of Sport and Tourism
ul. Senatorska 14
Warsaw 00-082

PORTUGAL

Paulo Rocha
Sport Technician
Portuguese Institute of Sport and Youth
Rua Rodrigo da Fonseca, 55
1250-190 Lisbon

ROMANIA

Ciprian Ursu
National Institute of Public Health
Dr. Anastasievici Leonte Str. Nr.1-3
050463 Bucharest

SLOVENIA

Gregor Jurak
University professor
Faculty of Sport
University of Ljubljana
Gortanova 22
Ljubljana 1000

SPAIN

Antonio Campos
Deputy Director General
Health and Sport
Agencia de Protección de la Salud para el Deporte
Pintor El Greco Street
Madrid 28040

Ricardo Navacerrada
Chief advisor
Health and Sport
Agencia de Protección de la Salud para el Deporte
Pintor El Greco Street
Madrid 28040

SWEDEN

Kajsa Mickelsson
Public Health Planning Officer
Public Health Agency
Folkhälsomyndigheten
171 82 Solna

UNITED KINGDOM

Beelin Baxter
Senior Policy Manager
Department of Health and Social Care
79 Victoria Street
London SW1H 0EU

SPEAKERS

Alberto Bichi
Executive Director
European Platform for Sport Innovation
Avenue des Arts 43
Brussels 1040
Belgium

Laura Capranica
Professor
Movement, Human and Health Sciences
University of Rome
Foro Italico Piazza lauro de Bosis, 15
Rome 135
Italy

Peter Gelius
Research Associate
Department of Sport Science and Sport
Friedrich-Alexander University
Erlangen-Nuremberg
Gebberstraße 123b
91058 Erlangen
Germany

TEMPORARY ADVISERS

Sara Tribuzi Morais
Data analyst
University of Porto
R. Dr. Plácido Costa
Porto 4250

Romeu Mendes
Medical Doctor
Public Health Unit, ACES Douro I - Marão e Douro Norte
Portuguese Northern Region Health Administration
Av. Miguel Torga, 12 F
Vila Real 5000-524
Portugal

EUROPEAN COMMISSION

Olivier Fontaine
Policy Officer
Directorate-General for Education and Culture
Unit Sport Policy and Programme
Rue Joseph II, 70
Brussels 1049
Belgium

WHO Regional Office for Europe

João Breda
Programme Manager
Nutrition, Physical Activity and Obesity
Division of Noncommunicable Diseases and Life-course

Jesus Onn Toi Chew Ambrosio
Programme Assistant
Nutrition, Physical Activity and Obesity
Division of Noncommunicable Diseases and Life-course

Lea Nash
Consultant
Nutrition, Physical Activity and Obesity
Division of Noncommunicable Diseases and Life-course

Liza Jane Villas
Programme Assistant
Nutrition, Physical Activity and Obesity
Division of Noncommunicable Diseases and Life-course

Stephen Whiting
Technical Officer
Nutrition, Physical Activity and Obesity
Division of Noncommunicable Diseases and Life-course

RAPPORTEUR

Karen McColl
21 Apple Grove
Bognor Regis
West Sussex PO21 4NB
United Kingdom