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

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# Ninth meeting of the European Union Physical Activity Focal Points Network

## Meeting Report

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## Background

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

As part of the collaboration to implement the above-mentioned Recommendation in the EU and to promote physical activity across Europe, the European Commission, Directorate-General for Education and Culture (DG EAC), Sport Unit, and the WHO Regional Office for Europe, Division of Noncommunicable Diseases and Promoting Health through the Life-course, held the ninth meeting of this Focal Points Network on 25-26 October 2018 in Luxembourg.

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 second edition of the *Factsheets on health-enhancing physical activity in the 28 European Union Member States of the WHO European Region*, for which Focal Points had recently collected data, was launched in September 2018.[1]

The ninth Focal Point meeting included a joint meeting with the European Union High Level Group on Nutrition and Physical Activity.

The joint Focal Point and High Level Group meeting, on 25 October 2018, discussed the promotion of health at the EU level through sport, health and agriculture policy. In addition, the opportunities for making schools a healthy place were explored, along with consideration of issues around translating data into action for promoting healthy lifestyles and roundtable discussions on strengthening cross-sector cooperation. Participants in the joint meeting included the Focal Points and members of the High Level Group, representing 28 Member States and Norway. Representatives of the European Commission (four Directorates General and the Joint Research Centre), the World Health Organization, represented by staff from the Regional Office for Europe, external speakers, observers and a rapporteur also participated.[2]

The ninth focal point meeting, on 26 October 2018, reviewed the process for preparation of the second edition of the factsheets in order to identify lessons for the future, heard about important initiatives relating to promoting physical activity through the health sector and discussed next steps for the focal point network.

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[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.

## Day 1: Joint Meeting of the European Union Physical Activity Focal Points Network and of the High Level Group on Nutrition and Physical Activity

### Welcome addresses

Yves Le Lostecque, Head of Sport Unit, DG EAC, European Commission, welcomed participants and set out the background to this unprecedented joint meeting. The *Tartu Call for A Healthy Lifestyle* – signed by Commissioners Navracsics, Andriukaitis and Hogan on 22 September 2017 – included a commitment to enhance dialogue across health and sports networks through, for example, joint meetings of the physical activity Focal Points network and the High Level Group. He thanked Commission colleagues in the Directorate-General for Health and Food Safety (DG SANTE), and WHO for organising the meeting, which perfectly reflects the spirit of the Tartu Call.

Wojciech Kalamarz, Head of Health Determinants and International Relations Unit, DG SANTE, European Commission, also welcomed participants to Luxembourg. He wished participants a fruitful meeting, with useful discussions and exchanges on three issues that concern both expert groups: healthy schools, translating data into action and cross-sectoral collaboration.

### Promotion of health at EU level

### Sport policy

Yves Le Lostecque presented an overview of DG EAC's activities to promote health through sport policy.

*Eurobarometer*

A new Eurobarometer survey on sport and physical activity was published in March 2018, following on from comparable previous surveys (2002, 2009 and 2013). The aim of this exercise is to generate data on practice relating to sport and physical activity and to provide this data to support policy development.

The 2018 Eurobarometer found that the levels of physical activity continue to decrease within the EU – 46% of Europeans say that they never exercise or play sport, an increase over 42% in 2014 and a continuation of a trend since 2009. Six countries[3] have seen an improvement (i.e., more citizens say that they exercise or play sport). The survey also found that most physical activity takes place in informal settings, at home or during the journey between home and work, school or shops. Improved health and fitness are the main motivations for participation in sport or physical activity and lack of time is the principal barrier. It is important to note that measures taken to increase physical activity since the previous Eurobarometer are likely to take a few years to produce tangible effects and change people's behaviours.

*Implementing the Council Recommendation on HEPA*

The 2013 Council Recommendation was particularly important, as the first ever Council Recommendation in the field of sport policy. It established a programme of work for all actors, especially Member States and the Commission, and strongly promoted a cross-sectoral approach. The first report on the implementation of the

[3] Belgium, Luxembourg, Finland, Cyprus, Bulgaria and Malta

Council Recommendation was adopted in December 2016. The Council Recommendation also established a light monitoring framework and the network of national physical activity Focal Points. The data collected through this monitoring process resulted in publication of the first edition of the physical activity country factsheets in September 2015. A second edition was published in September 2018.

*Erasmus+ funding programme*

Erasmus+, the flagship EU programme for education, training, youth and sport with a total budget for sport of 265 million euros, has provided 21 million euros as co-funding for 56 HEPA projects between 2014 and 2017 and a further 6.5 million euros for 16 projects in 2018.[4] The call for 2019 projects was published in October 2018, with a budget of 10.7 million euros for HEPA projects, including collaborative partnerships, small collaborative partnerships and not-for-profit sports events. A Sport InfoDay in Brussels is scheduled for 5 February 2019.

*European Week of Sport*

The fourth European Week of Sport to promote sport and physical activity across Europe took place between 22 and 30 September. More than 12 million people participated in over 48,363 events in 37 countries and involving 46 partners. For the first time countries in the Eastern Partnership and Western Balkans participated (11 in total). 69 applications for #BeActive Awards were received in the categories of education, workplace and local hero and the winners were announced in Sofia in October 2018.

*Tartu Call for a Healthy Lifestyle*

The Tartu Call[5] set out the Commission's joint action to promote healthy lifestyles for two years from September 2017. The next EU Sport Forum will take place in April 2019 in Bucharest and a final seminar, two years on from the Tartu Call, is being planned for mid-2019.

## Health policy

Wojciech Kalamarz provided an overview of the Commission's work in promoting health and preventing disease. It is clear that across the EU much more progress is required to prevent noncommunicable diseases (NCDs) and overweight/obesity. Healthy diets and physical activity are the main determinants and, therefore, the best guarantees for long, healthy lives.

It is clear that a health-in-all-policies approach is needed and that the health sector has to reach out and involve other sectors that have the biggest impact on health, such as education, agriculture, sport, urban planning and marketing. Such an approach is behind the Tartu Call, which has the potential to increase cross-sectoral collaboration. It is also clear that a clear commitment is needed from food business operators, such as manufacturers, retailers/supermarkets, caterers, and fast food restaurants. Furthermore, it is important to pay careful attention to the impact of any intervention on groups with lower socioeconomic status, in order to avoid any further widening of the health inequalities gaps between and within Member States.

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[4] http://ec.europa.eu/programmes/erasmus-plus/projects/

[5] https://ec.europa.eu/sport/news/20170922-ewos-navracsics-health-call-tartu_en

DG SANTE has implemented a relatively new approach to support Member States in reaching the Sustainable Development Goals through identifying, collecting and sharing of validated best practices that can be implemented with EU funding; the early signs are encouraging that this approach is effective.

*Strategy for Europe on Nutrition, Overweight and Obesity-related Health Issues*

The EU Strategy on Nutrition, published in 2007, addresses issues relating to diet and healthy lifestyle, with the main focus on children. The Strategy is implemented by two groups: the High Level Group on Nutrition and Physical Activity with Member States Representatives and the EU Platform for Action on Diet, Physical Activity and Health, involving civil society. In 2012, the Strategy underwent an independent, external evaluation, which validated its structure and concluded that in future there needs to be even more emphasis on children and low socio-economic status groups. As a result of these efforts on healthy lifestyles, there have been a number of recommendations on food, physical activity and diet.

*Action Plan on Childhood Obesity*

In 2014 the High Level Group agreed a voluntary Action Plan on Childhood Obesity, with the aim of stopping the rise in childhood obesity by 2020. Eight different areas for action were identified and the Action Plan facilitated policy-making and implementation. A mid-term evaluation found that there had been a number of initiatives implemented since 2014, including some examples to promote physical activity, and that further progress was needed on making healthy options easy options and on restricting marketing of unhealthy foods to children. It is important to create environments where it is easy for people to make healthy choices, where there is access to free drinking water and where children are not exposed to the marketing of unhealthy products. DG SANTE and DG EAC will work together on the establishment of marketing-free sports clubs and sports events.

*UN Sustainable Development Goals*

EU Member States agreed and are now working towards the achievement of the UN Sustainable Development Goals (SDGs). The Commission is committed to supporting Member States in these efforts. In July 2018 the Commission formally created the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases, which identifies priority areas to achieve the SDGs, particularly target 3.4 on NCDs. In 2018 nutrition and physical activity were chosen as areas for priority implementation and 12 examples were identified for possible transfer to other Member States or for further scaling-up.

*EU Health Policy Platform*

The EU Health Policy Platform[6], which has nearly 4,000 registered users in 57 different networks, is used to facilitate dialogue between health stakeholders, disseminate information and conduct live webinars. A Healthy Lifestyles Network has been created recently and this is open to members of the High Level Group and of the EU physical activity focal point network to continue today's debate and exchange of information and practices. All eligible members are encouraged to register with the Platform.

[6] https://webgate.ec.europa.eu/hpf/

DG SANTE launched a tender (deadline 16/11/18) for the mainstreaming of health promotion and NCD prevention.

In conclusion, the next steps for the Commission are to increase the focus on health promotion and disease prevention, to implement health-in-all-policies and multi-stakeholder approaches and to reach out to disadvantaged groups and make sure that policies and interventions do not further widen the gaps between groups of different socio-economic status. Where cost effective and efficient national approaches are identified, these will be collected and shared for scale-up and transfer to other Member States.

## Agriculture Policy

Lene Naesager, Head of External Communication and Promotion Policy, Directorate-General for Agriculture and Rural Development (DG AGRI), presented an overview of DG AGRI's work on promoting healthy lifestyles. As a signatory to the Tartu Call, Commissioner Hogan recognizes the importance of promoting healthy lifestyles.

*Common Agricultural Policy*

The Common Agricultural Policy (CAP) was established in 1962 to secure the food supply for Europeans and this remains its objective. In June 2018 new CAP reform proposals were adopted and are now under discussion in the European Parliament and the Council. The aim of these reforms is to simplify the rules and also to improve the contribution of the CAP to the SDGs, particularly in relation to nutrition, health, zero hunger and the environment. There are nine specific objectives in three areas: economy, environment, and social. These include specific objectives on health and on tackling climate change.

The Most Deprived Scheme was introduced in 1986 to distribute surplus intervention stocks. There are no longer intervention stocks across the EU, since support for agriculture is no longer given for production of food *per se*. The Most Deprived Scheme is now managed by the Directorate-General for Employment, Social Affairs and Inclusion (DG Employment).

Promotion policy is an important tool for DG AGRI to promote healthy, sustainable diets. In 2019, 200 million euros are allocated for promotion, to enable agri-food professionals to promote EU food within the EU and in third countries. The fruit and vegetable sector is the main beneficiary of EU promotion policy and 169 million euros were available in 2018 to co-finance programmes, including a special envelope to promote consumption of fruit and vegetables (8 million euros in 2018). There is a clear intention to emphasise healthy eating through promotion policy.

The School Fruit and Milk Scheme was relaunched in 2017 to promote consumption of fruit and vegetables and fresh milk in schools and to raise children's awareness of healthy eating habits. To this end, educational materials have been produced and distributed.

Another element of healthy lifestyles relates to the environment, including issues such as climate change, reducing carbon emissions and natural environments. The new CAP proposals aim to oblige farmers to adopt more environmentally-friendly practices and to encourage creation of beautiful landscapes which encourage people to go outdoors and participate in physical activity outdoors.

## Nutrition, physical activity and obesity actions and activities of the WHO Regional Office for Europe

João Breda, WHO Regional Office for Europe, provided an overview of the Regional Office's activities on nutrition, physical activity and obesity, with a special emphasis on the effective collaboration between WHO and the European Commission.

Unhealthy diets and physical activity combined represent the most important risk factor for NCDs. Healthy diet and physical activity are critical to achievement of many of the SDGs, especially Goal 2 on ending hunger and malnutrition and Goal 3 on health. It is vital, therefore, to keep both of these issues high on the political agenda. At the third High Level Meeting on NCDs in September 2018, countries revisited their commitments to tackle these conditions – emphasizing that more needs to be done to address diet and physical activity – and renewed their commitments to take action.

While there has been some progress in the Region in relation to tackling NCDs, there is still a great deal of scope to accelerate progress towards the global targets. Although the European Region is one of the few that is on track to achieve, or even exceed, the overall target of a 25% reduction in mortality from NCDs, progress towards specific targets is lacking. The Region is unlikely to meet the target for halting the rise in diabetes and obesity, and the prevalence of overweight/obesity is instead projected to rise. The Region is also unlikely to meet the target of a 30% reduction in the mean population intake of salt/sodium. Similarly, although projections are difficult, the Region is unlikely to achieve the target on physical activity (a 10% reduction in prevalence of insufficient physical activity).

WHO has a very strong global and regional mandate to improve nutrition and physical activity, within the framework of *Health 2020,* the European Region policy framework. The Region has had three consecutive food and nutrition action plans, two NCD action plans and a regional physical activity strategy.

The Region also has access to some powerful tools to collect data and build evidence for policy, including STEPS surveys, the Health Behaviour of School-aged Children (HBSC), the Childhood Obesity Surveillance Initiative (COSI) and the FEEDcities project, among others. There has been good progress in data collection on some issues and this is important because better data is an important driver of policy.

A survey of countries' capacity in relation to NCDs is conducted every two years, and provides data for the NCD Progress Monitor used for reporting to the UN General Assembly. The Regional Office also publishes reports on policy implementation and evaluation throughout the region (e.g., on nutrition policy implementation, successes and missed opportunities in relation to alcohol and initiatives to reduce sugar).

Modelling and forecasting studies have become increasingly important to help countries implement policy measures. Modelling the impact of taxes on sugar sweetened drinks or forecasting future trends in obesity, for example, helps to inform policy and its implementation.

WHO has been strongly supporting countries in their efforts to eliminate trans fats. FEEDcities surveys in three countries, for example, identified high levels of trans fats and salt in the food environment. The studies also highlighted that some food manufacturers who do not use industrially-produced trans fats in their products in the European Union have very high levels in their products marketed elsewhere in the

Region. This underpins the importance of region-wide and global initiatives to eliminate trans fats.

Another important issue is support to Member States on the monitoring of marketing to children, especially through development of innovative approaches and tools to monitor digital marketing. Evaluation of implementation of the *WHO Set of Recommendations on the Marketing of Food and Non-Alcoholic Beverages to Children* across the Region highlighted a number of gaps in current approaches.

Other important areas of recent work include assessing the opportunities and challenges in reducing salt and sugar in the diet through food product improvement, addressing misleading science on issues related to diet and health, synthesising the evidence on issues such as interpretive front-of-pack nutrition labelling, analysing how national infant and young child feeding recommendations compare to international guidelines and up-to-date science and assessing the nutritional quality of baby and toddler foods on the market in four European countries.

The *Physical activity strategy for the WHO European Region 2016-2025* is very well aligned with the EU Council Recommendation on HEPA. The two phases of collaboration between WHO and the Commission on monitoring and surveillance of physical activity have resulted in:

- Implementation and a validation study with the HEPA Policy Audit Tool (PAT)
- Two rounds of data collection on the 23 indicators of the Council Recommendation's light monitoring framework
- Publication of country factsheets on physical activity in 2016 and 2018 and publication of thematic factsheets on *Physical activity in the health sector* and *Physical activity in the education sector* in 2018.

WHO and the Commission are collaborating with the Organization for Economic Cooperation for Development (OECD) on estimates of the cost of physical inactivity. This Focal Point Network is an excellent example of collaboration across sectors. The Focal Points and their colleagues are to be congratulated on their work, which has resulted in these important outputs.

Participants were reminded that all the data collected will be in the WHO Health Information Gateway. Focal Points were also reminded to be mindful of opportunities to disseminate findings through the WHO Regional Office journal, *Panorama*.

## Making schools a healthy place

Wojciech Kalamarz moderated a panel discussion on making schools a healthy place. Children are among our most vulnerable citizens and through schools there is the opportunity to provide healthy food and facilitate physical activity, with potential benefits for children's health and school performance. It can, therefore, contribute to achievement of the SDGs, the long-term health of the population and boost the sustainability of our health and social systems, with tangible economic advantages.

Païvi Aalto-Nevalainen, Finnish Ministry of Education and Culture, Sports Division, briefly described the *Schools on the Move* project in Finland, which aims to ensure one hour of physical activity per day for school pupils in order to improve wellbeing, movement and learning. The methods include physically active lessons, physical activity during break times and after school, and active travel to and from school. In

August 2018, more than 90% of municipalities and 88% of comprehensive schools in the country were involved.

Three lessons have been learned through the *Schools on the Move* implementation:

- It is important that schools and municipalities implement their own individual plans. The national scheme can provide support in terms of seminars, materials and exchanges of information, but it is important that decisions are taken at the implementation level (bottom up approach)
- A wide network of partners at national and local levels is needed
- Data collection must be built in from the outset – with indicators and follow-up to report on progress.

Another key lesson is that this is a slow process and fast results should not be expected.

There was clarification that *Schools on the Move* has not focused specifically on schools in poorer areas, but the strong level of financial support has enabled a very wide rollout and the aim is to involve every school. There are also efforts to ensure inclusivity and research has shown that the programme is of the greatest advantage to the least physically active children, who tend to come from lower socio-economic backgrounds.

Johann Zarb, Department for Health Regulation, Health Promotion and Disease Prevention, Malta, briefly outlined efforts in Malta to address childhood obesity and how schools can help to address this. Malta has one of the highest childhood obesity rates in Europe and during its Presidency Council Conclusions on Childhood Obesity[7] were adopted.

He made reference to the Maltese 'Schools on the move' programme, which was selected as a best practice in the Joint Action on Nutrition and Physical Activity (Janpa) and as one of the 12 validated best practices for possible transfer to other Member States. One element he addressed was increased education for children and parents on healthy eating, with a focus on packed lunches (which the majority of children bring to school). Another initiative involved mobilising sports champions and well-known personalities to encourage children to be more physically active during school breaks.

In addition, as part of the Maltese presidency of the EU, Malta produced a technical report on public procurement of healthy food in schools[8]. This tool offers operational guidance to schools for translating existing healthy school food standards into procurement specifications. This is important because of the scale of the European market for publicly procured food, which is estimated to be worth 80 billion euros.

Maria-Giulia Medico, DG AGRI, European Commission, provided a brief overview of the EU school fruit, vegetables and milk scheme that applies since the 2017/2018 school year. This scheme (which resulted from the merger of two previous schemes) supports the distribution of fruit, vegetables and milk to schools across the European Union, with 250 million euros per school year, as part of a wider programme of education about agriculture and the benefits of healthy eating. The scheme aims to

[7] https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ%3AC%3A2017%3A205%3A0046%3A0052%3AEN%3APDF

[8] https://ec.europa.eu/health/sites/health/files/nutrition_physical_activity/docs/publicprocurment_foodhealth_en.pdf

increase consumption of fruit, vegetables and milk at a stage when dietary habits are being formed.

One year on from implementation it is early to assess the new scheme, but there are several examples from implementation that may inspire other Member States:

- Poland made a policy choice to switch to only plain milk products, with no added sugar or flavouring. Despite initial concerns by suppliers and schools, the results show that change is possible because schools did not opt out and children have become used to the natural taste of milk products.
- Italy introduced educational activities, and training for teachers, alongside the distribution of fruit, vegetables and milk.
- Experience in Slovenia provides an example of cooperation across sectors, with an external institution, the National Institute of Public Health, responsible for carrying out the evaluation to assess the impact of the scheme on consumption of fruit, vegetables and milk and on eating habits.

In order to avoid stigmatisation of children in lower socioeconomic families, in most countries, fruit, vegetables and milk are provided free of charge to the children participating in the scheme, irrespective of their socio-economic status. Some Member States have selected or prioritised schools to participate based on social criteria. In Flanders, Belgium, the German Länder of North-Rhine Westphalia and Schleswig-Holstein, for example, the focus is on schools with a high percentage of disadvantaged children.

Ingrid Keller, DG SANTE, European Commission, described the new 'Best Practice Portal' for sharing selected best practices that can be transferred to other Member States or scaled-up.[9] In 2017 the Swedish experience on prescribing physical activity by general practitioners was chosen by EU Member States for country-to-country transfer; this year nutrition and physical activity were chosen by the Steering Group on Promotion and Prevention as an area for priority implementation. 12 evaluated best practices were presented to Member States[10] for possible transfer with EU funding to other Member States. Among them were several best practices on schools such as the Maltese implementation of *Schools on the Move*, an experience in Italy on painting the school playgrounds to encourage physical activity and development of motor skills, a programme to encourage children to drink water in Hungary and the pan-EU Toy Box project which includes actions in kindergartens to rearrange rooms to create space for children to jump around.

The Best Practice Portal is a repository of good and best practices selected by projects previously co-funded by the EU Health Programme in the areas of health promotion, disease prevention and the management of NCDs. In addition, practical public health interventions that have been shown to work at the local, regional or national level can be submitted for evaluation and inclusion in the Portal. Participants are encouraged to submit relevant, evaluated practices/intervention for inclusion. The Portal aims to be inclusive and practices from anywhere, including outside the EU, can be submitted for assessment. Practices/interventions submitted are evaluated by experts based on a set of pre-defined criteria.[11]

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[9] https://webgate.ec.europa.eu/dyna/bp-portal/

10 https://ec.europa.eu/health/non_communicable_diseases/events/ev_20180315_en

[11] https://ec.europa.eu/health/sites/health/files/major_chronic_diseases/docs/sgpp_bestpracticescriteria_en.pdf

Luciano Di Fonzo, the EU Education, Audiovisual and Culture Executive Agency, introduced the sports chapter of the Erasmus+ programme and the promotion of HEPA through this programme.

Within the sports chapter, more than 107 projects from 24 Member States, involving more than 700 organisations, have been selected for Erasmus+ funding. Recipient organisations include sports clubs, educational institutions, NGOs and others.

Of these projects, 80 have focused on schools. Some of these relate to improving the quantity and quality of HEPA in the school curriculum, while others relate to extra-curricular activities and creation of links to local communities.

In Hungary, for example, projects have developed the curriculum for physical education teachers and have helped build capacity among sports clubs to enable them to collaborate with schools. In Bulgaria, to take another example, Erasmus+ has supported the creation of active school communities through collaboration between schools and clubs. In Croatia, a project has provided activities for children relating to physical activity, nutrition and healthy lifestyle, involving families and schools. Some projects have focused on particularly disadvantaged groups. In Tuscany, Italy, a project supported a school to develop a programme on physical activity particularly focused on the disadvantaged Chinese ethnic community.

Success stories are disseminated by DG EAC and the Executive Agency. All projects are obliged to report on their results and produce outputs and they are all uploaded to the Erasmus+ database. Some projects are selected as best practice/success stories and a factsheet is produced for each of these projects and a short video is produced for some and disseminated through social media. An annual cluster meeting is also organised to bring together all the past and current projects within a specific topic area along with policy makers.

*Discussion*

The intersectoral approach highlighted by this meeting and the initiatives presented is very welcome. It is also important to ensure that there is a consistency in approach across the sectors. At the school level, for example, it is important that all the messages to which children are exposed are consistent with respect to healthy diet. There is concern that educational materials from food companies or industry-related groups can undermine such health messages. There is also concern about unhealthy environments around schools undermining efforts to create healthy schools. A further area of concern is (digital) marketing to children of foods high in fat, salt and sugar. Some countries regulate marketing in schools but this does not always cover educational materials and/or marketing near schools. It is possible, however, to take action and ban advertising in the vicinity of schools, as has been done, for example, in some regions of Austria.

The importance of tackling sedentary behaviours (including screen time), as well as promoting physical activity *per se*, was emphasised in discussion. Both elements need to be addressed and, although the policy options are not clear for tackling sedentary behaviours, action from an early age to influence these modifiable behaviours is important.

In order to ensure that it is possible to transfer good practice to other countries – given the very different contexts and systems which exist – there may also be a need to provide more support for transfer. Monitoring and evaluation *while* best practice is being transferred would be useful to learn about the barriers to transfer and how these

can be overcome and this is now being integrated into the system for EU funding and the Best Practice Portal. DG SANTE will ensure that there will be accompaniment during transfer to other Member States.

The discussion highlighted the important role of municipalities, and that these local authorities need support from central government authorities. The central importance of education and the school setting is clear. The challenge now is to scale up all the best practices across Member States and create healthy environments for healthy schools across Europe.

## EU Health Policy Platform

The EU Health Policy Platform is one of the main communication channels between the European Commission and its health stakeholders. Physical Activity Focal Points and members of the High Level Group are encouraged to register with the Health Policy Platform. All members will receive an email granting access to the Agora network. In order for both groups to continue the debates started at today's meeting and sharing of information, a Healthy Lifestyles Network has been created. This online forum will provide information on news, events and documents relating to diet and physical activity. The presentations from the joint meeting will be uploaded.

## Promotion of healthy lifestyles, from data to action

Olivier Fontaine, DG EAC, European Commission, moderated a discussion on how to move from data to action for promotion of healthy lifestyles.

Barbara Spindler-Oswald, Chair of the Council Working Party on Sport under the Austrian Presidency of the Council of the EU, explained why physical activity was included in the priorities of the Austrian Presidency of the Council of the EU. A key priority is to highlight the economic dimensions of sport, and this includes looking at the economic impact of physical inactivity in addition to the effects derivable from the national accounts. In Austria, for example, the positive effects of physical activity amount up to 530 million euros annually.. The aim is to extend and harmonize an approach to highlight the positive effects of physical activity as well as the costs of physical inactivity in other countries either.

The 2015 study on behalf of the Austrian Sports Organization and Fit Sport Austria revealed the importance to policymakers of physical inactivity's impact on the country's GDP. This also highlighted the importance of promoting physical activity throughout the life course, and especially at an early age – especially against the backdrop of growing levels of physical inactivity throughout the EU.

João Breda gave an overview of the ambitious targets set by WHO for physical activity and reflected on the prospects of achieving the targets. The WHO Global Action Plan on Physical Activity (GAPPA) sets a target for a 15% relative reduction in the global prevalence of physical inactivity in adults and adolescents by 2030.

This target is ambitious, but is achievable. There are success stories and more progress to scale up such success stories is needed, but there are grounds for remaining optimistic that the target can be achieved with decisive action at the governmental and local levels. Data is fundamentally important to guide policymakers decisions, and one of the real challenges is to be able to supply data quickly enough to reflect the current situation and detect changing trends.

There are a number of ways in which WHO is working to help Member States achieve this target. Firstly, WHO analyses and summarises evidence to provide Member States with clear, transparent and independent guidelines, produced by a process that is free from conflicts of interest. Secondly, WHO is also well positioned to bring people from different sectors around the table to facilitate exchange and mutual learning. Similarly, WHO can highlight where countries are not on track to meet targets. The current WHO reform process will result in WHO working even more directly with Member States.

Kevin Balanda, Institute of Public Health, Ireland, gave an overview of some work to estimate the costs of childhood obesity, as part of the EU's Joint Action on Nutrition and Physical Activity (JANPA)[12] initiative.

The work involved examining the extra costs experienced by an obese child as they age (a lifetime costing model). Estimates of lifetime costs and potential savings were made for seven Member States.

For example, it is estimated that the lifetime costs of childhood obesity for Ireland are 4.5 billion euros (in current values) for the population of 4.5 million. This represents a significant burden to healthcare, but a far greater burden on the economy through the lifetime loss of income and productivity. Modest changes in the mean population BMI, therefore, would generate a profound reduction in these excess costs.

It is difficult to make any international comparisons of costs, because of the different ways in which the studies were conducted. There is considerable enthusiasm from Member States to obtain economic impact estimates. In June 2018, OECD's health committee agreed to incorporate the model created by JANPA into its public health programme. This model estimates lifetime costing, there is now a need to look at methods for assessing the economic impact of interventions.

Michele Cecchini, OECD, provided an overview of OECD's work to identify the most effective interventions for Member States to promote healthy lifestyles. OECD produces unbiased data to make the economic case for interventions and supports Member States to model the impact on health, healthcare expenditure and, more recently, impact on labour outcomes, GDP, taxation and government revenues.

In 2010, the *Fit not Fat*[13] report outlined a package of interventions and calculated that that package of interventions would cost less than 20 euros per capita per year and would be, therefore, very cost effective.

A great deal of new evidence has emerged since then and OECD will be publishing a new report on the economics of prevention in 2019. This report will focus on nutrition, physical activity and alcohol and will try to address cross-sectoral action and look at interventions, such as increasing the budget of the Ministry of Sport and policies to promote active transport in cities.

All such interventions appear to be extremely cost effective and very good value for money. Investment in urban planning, for example, would be particularly cost-effective and would also be important for address inequalities. Involvement of other sectors and stakeholders is clearly vital, as is follow-up with implementation and enforcement of interventions. It is important to ensure that an intervention continues

[12] http://www.janpa.eu/

[13] http://www.oecd.org/els/health-systems/obesity-and-the-economics-of-prevention-9789264084865-en.htm

to be effective over time and to monitor progress. There is already enough evidence to show that these interventions are effective and cost-effective, but other interests sometimes present their own version of the evidence thereby hindering efforts to convince political leaders to implement these interventions. This is why it is important to improve the quality of evidence that is generated, and, where possible, to establish common methodology. It is also important to communicate these messages more widely so that the general public can play a role in advocating for interventions and convincing decision-makers.

Paulo Rocha, Portuguese Institute of Sport and Youth, briefly introduced the EUPASMOS project to improve comparability of data to measure physical activity. In light of the very real differences in the quality of data on physical activity (where Member States have such data), a real need was identified to harmonize data collection methods. In total, 21 Member States are now involved. A framework for data collection has been finalized and data collection will continue until May 2019. This will include using the most common questionnaires and tools to assess physical activity and validating these with objective methods for measuring physical activity. The initial data comparing methods will be available within 18 months. The project will examine data on adults, older adults, people with physical disabilities and pregnant women (children and adolescents are not included in this first phase). In this way, the project will build capacity and support Member States in relation to data collection and enhance capacity to deliver internationally comparable data for policymaking.

*Discussion*

A key challenge is the lack of high quality, comparable data. In some countries the problem is quite simply a lack of data (in the WHO European Region less than half of the Member States conduct regular dietary surveys). When unhealthy diet and physical activity play such an important role in the overall health burden, it is vital that health surveys address these issues. Improving the comparability of data is also a central concern and, as described above, one area where WHO and the European Commission are supporting Member States. There are also opportunities to explore new methods of data collection, using ‘big data’ and technological solutions, to complement scientific data.

There was discussion of the need for more implementation research and efforts to develop solutions, and assess what works. Natural experiments are an important area for exploration.

The issue of health inequalities remains fundamentally important. Highlighting the impact on different socioeconomic, gender or age groups is also effective for communicating with policymakers, who are attentive to such issues.

It is clear that there is a need to involve a wide range of sectors and stakeholders. Nonetheless, it is important to be careful about interaction with stakeholders that have vested interests (e.g. food companies promoting physical activity). It is vital to implement robust safeguards and protect the policy decision-making process against conflicts of interest.

There was discussion of the need to link health policy to environmental policy, where there are clear common interests. There is a need to join forces to harness the synergies between, for example, policies to increase active travel and those to reduce air pollution. Across sectors, it is important to break out of silos. Once again,

emphasis on the potential to reduce inequalities – and that upstream interventions are more likely to reduce inequalities – is important when reaching out to other sectors.

## Life Kinetik: Challenge your brain. Movement with cognitive elements

Rene Wienen, Life Kinetic, provided a brief demonstration of the Life Kinetik method of brain training with movement. This technique works on movement, perception and cognitive skills through coordination exercises, in order to bring about improvements in coordination, visual acuity and cognitive ability.

## Strengthening cross-sector cooperation

Strengthening cross-sector cooperation is the key to effective policy to promote healthy lifestyles. Two countries – Luxembourg and Croatia – shared their experience in trying to improve collaboration across sectors.

### *Luxembourg*

Bechara Georges Ziade, Ministry of Health, Luxembourg, described the recently reactivated *Gesond iessen, Méi bewegen* (GIMB) programme which brought together four Ministries (sport, education, families and integration, and health) to promote healthy lifestyles. The main objectives are to: inform and sensitise on every day healthy living style; promote a healthy and balanced diet; and encourage an increase in the quantity and quality of physical activities, particularly in children and adolescents.

In relation to physical activity, the programme involved a number of intersectoral and complementary actions, creation of networks, mobilizing and collaborating with other Ministries, municipalities, partners, associations and the general population. In 2011, the GIMB programme was extended in the field of physical activity and the political focus is on (i) sustainable structures and programmes for children (and adolescents) to encourage development of motor skills and (ii) motivating children to have active lifestyles. This is implemented through activities to reinforce sport in schools and to motivate young children to practice physical activity and sports, including extra Ministerial finance for the creation of rooms for physical mobility games in educational institutions. In addition, efforts to reinforce the initial and continuous training of professionals on motor, physical or sport activities have been, or are in the process of being, implemented.

Other relevant elements include improving the provision of local and national sports, promoting gentle mobility and informal sport, supporting motor skills stimulation and education for children under three years of age. In addition, a specific physical activity programme for children with special needs and development of a global concept to promote motor skills early in childhood are underway.

A programme logo label is awarded to organisations and communities participating in activities.

*Discussion*

There was clarification that the project is financed through central funding (for a coordination office and the inter-ministerial group and high-level inter-ministerial group) combined with funding within the budgets of the Ministry of Health and the other ministries. The programme also now includes a budget line for communication to raise its profile.

There was clarification that there is coordination at the highest level, i.e., between Ministers, and everyone involved has become an advocate. Evaluation of the programme is important and the results will be disseminated.

***Croatia***

Sanja Music Milanovic, Croatian National Institute of Public Health, gave an overview of the cross-sectoral collaboration elements of the Croatian healthy living programme. This programme is co-funded by the European Social Fund, with a 4.1 million euro grant for the period between 2016 and 2022.

In 2002, at the initiative of the then Minister of Health a multisectoral committee was established to promote healthy nutrition and physical activity. This was the start of a process that resulted, in 2016, in the European Social Fund project.

The Minister of Health established five multisectoral groups and nine Ministries were involved from the outset. A variety of institutions in the health sector are involved (Ministry of Health, Croatian Institute of Public Health, 21 county institutes of public health, four medical schools and the Croatian health insurance fund). In the education sector, preschools, elementary and high schools, the Ministry of Science and Education and the teacher training agency are all involved. Business sector involvement involves three ministries (tourism, agriculture and labour/pensions), companies, trade bodies and trade unions. In addition, the Ministry of the Environment, environmental NGOs, regional and local government offices and local community NGOs are also involved.

In the 13 years between 2002 and 2015, therefore, a large number of stakeholders have been involved and, as a result, they now have ownership of the programme. This cross-sectoral approach is the key to success and it successfully embodies the notion of Dr Andrija Štampar, one of WHO’s initial founders, that “*the question of public health and work on its improvement should be dealt with by everyone, without distinction.*”

*Discussion*

This project was highlighted as a very positive example of the benefit of involving different sectors and of high-level leadership from the Minister of Health, which was important for motivating other sectors to get involved. It was also important that the ministries nominated a representative, rather than a Minister, meaning that the same people have been involved over a long period.

There was discussion about what had been the catalyst to getting the European funding in 2015. In fact, there was clarification that the Committee’s work had been ongoing throughout the period. In 2015 there was a move from a new Minister of Health to apply for the funding and this was accepted by the other ministries, an illustration of how important it is to “seize the moment” when such opportunities arise.

Participants then broke into small groups for roundtable discussions on the following questions:

1. What are the main barriers/challenges limiting cross-sectoral cooperation at the national/regional level and what is working well?

The barriers identified included:

- “silo thinking”, lack of a holistic, multisectoral view, and differing – and constantly changing – agendas
- fear of losing control and a degree of over-protectionism of policy areas
- over-dependence on particular individuals’ willingness to cooperate (or lack thereof)
- conflict with priorities established by budgets, issues with distribution of funding and resistance to sharing budget/resources
- a lack of alignment between regional and national governments
- conflicts of interest and a lack of transparency
- focus on short-term priorities, impatience for long-term results and a lack of continuity over time (often due to political change)
- general low level of priority accorded to physical activity

Elements that work well are:

- When parties can agree on a joint initiative, shared interests, a common agenda and a shared target
- Regular meetings to ensure that the channels of communication are kept open
- Using the SDGs as an entry point to engage with local and regional levels
- Constructive input from WHO and the European Commission to encourage and facilitate cross-sectoral working

2. What are the different roles for national, regional and local authorities in ensuring a health-in-all policies or a whole-of government approach to the promotion of healthy lifestyles?

It was suggested that the respective roles depend very largely on the country context, and, more specifically, on the size of the country, how government is organised and how funding is allocated between national, regional and local levels. Generally, central government has an important role in transfer and dissemination of information and setting the overall budget, vision, targets and framework for monitoring and evaluation. Local government’s role is more likely to be in programme implementation, adapting national goals/targets to local context and conducting monitoring and evaluation.

3. How can countries be better supported to foster effective cross-sectoral cooperation at the national/regional level?

It is important to have the mechanisms for coordination in place (organisations, structures, people etc) – this is how to encourage, rather than mandate, organisational behaviour change. It is important to allow some scope for differences in perspective and approach. Support from WHO and the Commission is also important, and one suggestion was that a more directive approach from EU and WHO would be helpful. Support could be in the form, for example, of more frequent cross-sectoral meetings and dissemination of best practice (including visits to successful projects and initiatives). Another suggestion was to investigate where funding is available.

## Testimony from a former top-level athlete

Laurent Carnol, a former Olympic swimmer and Ambassador for the European Week of Sport described some of the challenges facing former competitive athletes after they retire from competition.

The transition to a life after competition can be very challenging for an athlete. This can have serious consequences for an individual's mood, stress levels and resilience to illness and for their participation in physical activity. It can be helpful to set clear goals and establish a routine, involving daily practice of physical activity.

Laurent is now involved as an Ambassador for the European Week of Sport and is keen to see children taught how to play sport and participate in physical activity. He also advocates for schools to become more active places that allow children to fulfil their drive to be physically active.

### Concluding remarks and closing of Day 1

Wojciech Kalamarz informed participants that a Joint Research Centre brief on physical activity and sedentary behaviour will be uploaded to the Knowledge Gateway. Focal points and High Level Group Members were invited to give feedback and input on this brief by 30 November 2018.

He thanked all participants for an interesting day and productive discussion on schools, the economics of prevention and cross-sectional working. The day itself had been an important example of cross-sectional working and fulfilled one of the objectives of the Tartu Call. He wished all contributors a successful collaboration in the future.

Yves Le Lostecque commented that the day had been very fruitful for ideas, information and exchange of knowledge and experience. It is clear that promotion of healthy lifestyles needs to be addressed in a cross-sectoral way and it has been decided to further strengthen the internal cooperation between the areas of sport and healthy lifestyles within the Commission by establishing an informal working group on healthy lifestyles and by organising a seminar on healthy lifestyles in 2019 to assess progress towards the objectives of the Tartu Call.

He thanked all colleagues within the Commission, the WHO team and all participants and looked forward to further collaboration in the future.

## Day 2: 9th European Union Physical Activity Focal Points Network

The Luxembourg Minister of Sport, Romain Schneider, opened the second day of the 9th focal point meeting and welcomed participants to Luxembourg.

This is an important issue in Luxembourg because NCDs are the leading cause of death in the country, and more than 40% of the population does not participate in physical activity regularly. In addition, more than a third of adults and half the country's children do not eat fruit or vegetables daily.

Aware of the double challenge of tackling diet and physical activity, the government has established an initiative involving four ministries. The mandate of this initiative, which includes an inter-Ministerial executive committee, has now been renewed until 2025. There is a particular emphasis on an interdisciplinary approach, involving many partners. As part of this, an approach to teaching motor skills and physical education to children from 0 to 12 years has been developed.

He commended the European Commission and WHO for organising the joint meeting between the Focal Point Network and the High-Level Group, and encouraged continuation of this type of collaboration. He wished all participants a fruitful

discussion and expressed the wish that the next edition of the country factsheets will be able to report an increase in physical activity.

João Breda conveyed thanks to the Minister for his important contribution. The Focal Point Network was honoured to have this indication of high-level political commitment in Luxembourg for this important issue.

## Preparation of country factsheets: lessons for the future

João Breda introduced the discussion to review the preparation of the factsheets and identify lessons for the future.

He emphasized that the Focal Points should be very proud of all the work involved in preparation of the factsheets and that the end product is of very high quality. Publication of the factsheets should not be the end of the process, and he urged Focal Points to disseminate them widely and use them for advocacy in the coming 12 months.

***Discussion***

Lea Nash, WHO Regional Office for Europe, facilitated the discussion to provide feedback on the factsheet exercise. Participants were invited to comment on the process, the tools and the indicators.

Factsheets

There was widespread appreciation of the high quality of this second edition of factsheets, and the thematic factsheets were also highly appreciated. It was suggested that production of further thematic factsheets in the future would be useful. The infographics were also particularly appreciated.

There were a number of suggestions for future editions of the factsheets:

- Inclusion of more internet links to examples of good practice
- Suggestions for thematic factsheets: funding for HEPA promotion; transport; leisure-time physical activity; surveillance systems/data collection
- Inclusion of trend data to show changes over time
- Include a footnote to explain the political system in the country (the first two sections of the HEPA Policy Audit Tool could be helpful).

In Member States made up of constituent countries or federal systems, it is difficult for a four-page factsheet and the infographics to fully reflect the situation. This was the feedback received, for example, in some of the constituent parts of the United Kingdom. Similarly, it is difficult to highlight specific examples from one territory without giving examples from the others. It may be possible to explore different solutions in such cases in the future, and this is an area for further discussion.

It was suggested that some of the terminology used – such as Sport for All – is now outdated and may need to be updated.

Process

Feedback was invited on whether the definitions that had been added to the monitoring framework had been useful. It was agreed that these had been useful in general but that some further fine-tuning may still be needed (see Indicators). In addition, it is important to give very specific guidance on what level of information is

required, particularly for countries where a lot of the activity is implemented by local/regional/sub-national government.

One challenge is that the Excel form is not very user-friendly for sharing with other sectors. The template of the factsheet itself was very helpful for explaining how the data would be used. It would be helpful if there were an online data collection process, enabling people in other sectors to enter data directly and simultaneously. The possibility of making this an online process is now being explored.

The prompt support provided by WHO had been very important and was very much appreciated. The responsiveness of the team to queries and the two webinars had been very useful.

It was commented that the process had enabled Focal Points to develop better links with counterparts in other ministries and to work across sectors. This process impact is, in itself, a positive outcome.

Indicators

*National Recommendations (Indicator 1)*: Some countries do not have specific recommendations for people with disabilities but they are included in the target group for the recommendations. It is not clear how to tackle this.

*Prevalence of physical activity (Indicators 2 and 3):* There was discussion about the issue of inclusion of internationally comparable data and the standardization of, for example, age groups to enable such comparisons. It is clear that the current data are not comparable and should not be presented in a way to invite comparison. It is important to recognize the huge challenges involved in generating comparable data. One suggestion was to include reference to the surveillance system/methods as a footnote. Alternatively, it could be possible to include a link to a web page with information on the methods/instruments used, for people interested in that level of detail. The question of internationally comparable data is a challenging issue that has been discussed at length in the Focal Point Network, and is at the root of the EUPASMOS project which will provide the opportunity to revisit and improve this element in the future.

More specifically, guidance is needed to clarify interpretation of the definition for the *WHO recommendations on physical activity for health*. In general, this is interpreted to refer to the 150 minutes of moderate-intensity or 75 minutes vigorous intensity aerobic physical activity, but in at least one country it had been interpreted to include muscle-strengthening activities on two or more days. The definition for the purposes of the indicator needs to be clarified.

*Funding allocated to HEPA promotion (Indicator 5):* Further clarification would be welcome on what constitutes spending on HEPA. This indicator has been challenging from the outset and continues to be problematic for Focal Points.

*National policies or action plans (Indicators 6,9,22):* There was still some confusion about this term and further clarification is required. There was preference for a clear definition, rather than provision of illustrative examples. This indicator is problematic because some programmes that are run by the Ministry or an NGO cannot be included if they are not national in scope. There is, therefore, a perception that the indicator does not properly reflect the situation in the country.

*Sports Clubs for Health (Indicator 7):* Clearer guidance is needed on whether the answer needs to relate to this specific scheme or whether schemes with similar content can be reported.

*Monitoring and surveillance of physical activity (Indicator 10)*: This refers to a single surveillance system, but some Member States have multiple surveillance systems so the question is difficult to answer.

*Schemes for school-related physical activity promotion (Indicator 14)*: Further clarity is needed on the definition of "secondary school".

*European guidelines for improving infrastructures for leisure-time physical activity (Indicator 18)*: Clearer guidance is needed on whether the answer needs to relate specifically to IMPALA guidelines or initiatives with similar content can be reported.

It was noted that it is possible to change some data in the online version of the factsheets if a Member State feels very strongly that something needs to be amended. It was noted that the factsheets are now being incorporated into the resources for medical schools on physical activity and the factsheets have been widely shared on social media.

WHO remains ready to engage with governments to raise awareness of the issue and to point to lack of progress, if this would be helpful. In relation to childhood obesity, the countries reporting the highest prevalence rates are now witnessing decreases – this is because data highlighted the problem and a lot of policy action is being taken, and lessons can be learned from this example. WHO is happy to support Member States in any national launch or dissemination activities.

Olivier Fontaine thanked all participants for their feedback and all their work to collect the data. The factsheets are the result of an excellent collaboration between WHO colleagues and the Focal Points. This is the end of a three-year cycle and the Commission is now obliged to report to the Council and Parliament on implementation of the Council Recommendation. The report, which will include lessons learned during this three-year cycle and will propose improvements to the process, will be submitted in 2019. The next edition of the factsheets will be due in three years.

## Exercise Works – Embedding physical activity in the undergraduate curriculum

Ann Gates, Plymouth Marjon University and University of Nottingham, UK, described a process to embed physical activity into general medical training.

A qualified doctor, nurse, midwife or allied health professional may see half a million patients during their professional career. This has enormous potential for advocacy and the promotion of physical activity. In addition, doctors are very trusted sources of information.

Four years ago MovementForMovement was launched as a community of practice to bring people together all around the world.

Public Health England and Sport England funded work to ensure that doctors' ability to give brief advice is evidence-based and to make every contact count for physical activity.

Sixteen medical schools in England were visited to engage with them about physical activity in the undergraduate curriculum. In addition, 83 schools of health were identified. The following steps were undertaken with each medical school:

- Developed a clear framework for embedding physical activity in the curriculum which recognised differing levels of engagement and support needed by each university
- Provided scene setting presentations promoting the Chief Medical Officers (CMO) physical activity recommendations and infographics
- Enabled bespoke discussions/workshops to explore ways of delivering physical activity in the curriculum
- Established a baseline of existing physical activity teaching and assessments in all undergraduate medical schools
- Identified examples of best practice and innovation in physical activity leadership, teaching and assessment methods.

A baseline framework was developed, with criteria for assessing universities' ability to provide evidence that they were doing what they said they were doing.

The feedback from medical faculties has been very positive and the project already has some concrete results. Twelve medical schools are now exemplars of best practice, while four schools are not teaching physical activity. Five schools of health committed to and established inter-professional meetings and cross-University working groups. As a result, knowledge, competencies, capabilities and confidence in physical activity is being taught, assessed and examined.

The educational resources are generic and independent, rather than prepared by individual universities. They are also peer-reviewed and updated annually. Enabling factors identified throughout the process are leadership, particularly from the Deans, and the competition between different schools. Barriers include the absence of a consistent message that physical activity should be delivered to an agreed standard (there is no mechanism in the UK to mandate teaching physical activity in the medical curriculum). In addition, some university staff were engaged in significant organisational change which hindered their ability to engage and implement the curricular changes.

In conclusion, there has been successful implementation of physical activity in the curricula in English medical schools. There are now plans to visit nine more medical schools and 10 schools of health in North of England in 2019.

With a view to transferring this experience to other countries, an Erasmus+ proposal is currently in preparation. The Virtual Advice Nurture Guidance in Undergraduate Research and Development Study (VANGUARD) platform is looking to involve five partner Member States that can involve five medical schools each. Participants were asked to get in touch if they are interested in getting involved.

Support is needed for the next steps envisaged:

- Identification of a financial infrastructure to sustain successes
- Development of a bespoke international technology platform with WHO, UN, NHS, Peoples-Uni and 52 partner universities
- Securing European partner medical schools and schools of health
- Identifying five Erasmus+ partner countries, with one lead organisation in each country

- Develop VANGUARD, with its synergy of vision, values and beliefs with the WHO Global Action Plan on Physical Activity and MovementForMovement

*Discussion*

There was agreement that health professional competence in this area needs to be developed and Professor Gates was congratulated on this important work. Participants undertook to disseminate the call for partners for the Erasmus+ project.

## Transfer of best practices – The Swedish physical activity on prescription model

Marita Friberg, Public Health Agency, Sweden, presented the Swedish FaR model for physical activity on prescription. This is one of the best practices selected by the European Commission for transfer to other Member States.

The FaR model is an evidence-based method that has been in development for around 20 years. There is clear evidence that it is an effective method to increase physical activity.[14] The evidence suggests that adherence to the programme is as good as other treatments, that individual counselling has a better effect than general counselling and that written prescriptions are more effective than oral prescriptions.

The FaR model is used in all 21 regions in Sweden, although there are some regional variations. The volume of physical activity that is prescribed is based on evidence, and the recommended doses of aerobic and strength training (and contraindications) are set out in a scientific handbook *Physical Activity in the Prevention and Treatment of Disease*.[15]

The patient-centred Swedish model is based on patient-centred individual counselling, accompanied by written prescriptions, based on the handbook, and there is follow-up with the prescriber. A supportive environment is also important, with physical activity providers outside the health sector and in convenient places.

In order to transfer this model to other countries, a number of actions are necessary:

- Increase awareness of physical activity in treatment of disease among policy-makers and health professionals
- Develop and translate implementation tools for an EU Physical Activity on Prescription model
- Train professions in core components of the Swedish method
- Implement local level activities for contextualized practice transfer
- Develop supportive networks and opportunities for sharing experience
- Monitor the implementation process and assess outcomes (OECD will provide support for monitoring).

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[14] Olsson et al. 2015. Effects of the Swedish physical activity on prescription model on health-related quality of life in overweight older adults: a randomized controlled trial. BMC Public Health, 15:687.

Lundqvist et al. 2017. Physical Activity on Prescription (PAP), in patients with metabolic risk factors. A 6-month follow-up study in primary health care. *PLoS ONE* 12(4): e0175190.

[15] www.fyss.se

Funding to support the transfer of this model to 10 other Member States has been applied for and, if successful, the initiative will start in 2019 for a three-year period. It is important to stress that the process is about adapting and adjusting the model to the country context, not simply copying it.

Ciprian Ursu, National Institute of Public Health, Romania, added a few words about Romania's work to adapt and adopt the Swedish model. Under the coordination of the National Institute of Public Health, through the Regional Public Health Center from Sibiu and public health directorate, based on the experience from the healthy lifestyle programme for older people, Romania will adapt the Swedish model.

They recognise that the individualized counselling is very important. The intention is to adopt the model in two separate components: (i) counselling with prescription and (ii) community prevention activities involving community-based nurses.

*Discussion*

Sweden was congratulated on the success of this model and it is encouraging to see this process of transfer for best practice.

It is important for any exercise on prescription scheme that prescribers have the necessary knowledge and skills. There is a real need to raise awareness among professions, especially of the potential for physical activity as a treatment option before more traditional types of medical treatment. It was pointed out that the French model for physical activity on prescription also has a handbook focusing on tertiary prevention. The Swedish handbook specifies clearly whether a prescription is to be for primary/secondary/tertiary prevention or treatment.

To meet the challenge of sustaining results in the long-term, the role of civil society, clubs and other community resources is very important. There is no standardized method of validation of participating clubs, but some regions have their own lists of clubs and facilities in the area.

One challenge is how to integrate these activities into health systems and how professionals are remunerated or recognised for this work. In this respect, lessons can be learned from the implementation of short, brief interventions on alcohol and tobacco.

It was agreed that it is important to monitor and evaluate the transfer of this model. There will be a webpage for recording activities. In the Swedish model the offer of provision of lifestyle advice has to be documented in patient records, as well as how patients responded to the offer. It remains a challenge that some of the most vulnerable patients often refuse the offer or physical activity on prescription.

## EUPASMOS update

Paulo Rocha gave a brief update on the EUPASMOS project.

The project has been expanded and extended. It will now run for 18 months from January 2019. The manual of operations has now been completed. All participating countries are reminded to submit the completed questionnaire on monitoring systems. Tutorial videos to accompany the manual are in preparation. In addition, a web-based meeting to discuss the methodology is planned and another face-to-face seminar may be organised.

## Conclusions and next steps

Olivier Fontaine introduced the discussion on the next steps for the Focal Point network.

It is proposed that the network continues to meet twice a year, as it has done since 2014. The Commission and WHO are in the process of renewing their collaboration to cover the next 3 years. The next edition of the country factsheets is planned for September 2021. It is suggested that some other thematic factsheets could be prepared over the next two years.

The next few network meetings, therefore, present an opportunity to invite interesting speakers and to explore new topics. It is also possible to organise joint meetings with other sectors. Focal Points were invited to put forward suggestions.

Suggestions for topics to explore further include:

- The WHO Recommendations of Physical Activity and clarification on any proposed update/revision
- The concept of physical literacy (the related concept of health literacy will be the topic of a forthcoming new Member State Action Network in the WHO European Region)
- The role of behavioural science at the population level
- Sedentary lifestyles and how to tackle them
- Evidence-based interventions to increase physical activity and more information on the Health Evidence Network platform
- Further sessions on health economic aspects (costing physical inactivity, economic impact of interventions).

It was suggested that during the meetings more discussion in small groups would be useful and that it would be interesting to have further exchange with the High Level Group. There was discussion as to whether non-EU members which participate in the High Level Group but are not in the Focal Point Network (e.g., Iceland, Norway, Switzerland) should be invited to join the network. It was suggested that it could be proposed to the Council that these countries be invited to participate as observers.

Olivier Fontaine thanked Luxembourg for hosting the meeting and the organisation. He also thanked WHO colleagues for all the organisation and logistics for the meeting. Finally, he thanked participants for their enthusiastic participation and closed the meeting.

# Annex: List of Participants

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