World Health Organization
REGIONAL OFFICE FOR Europe



# PHYSICAL ACTIVITY PROMOTION IN SOCIALLY DISADVANTAGED GROUPS: PRINCIPLES FOR ACTION

Policy summary






# Abstract

Over the past few years, the promotion of physical activity has increasingly been recognized in Europe as a priority for public health action and many countries have responded through the development of policies and interventions supporting physical activity. To support and further enhance evidence and networking on physical activity, the WHO Regional Office for Europe carried out a project focusing on this public health challenge. Owing to the accumulation of evidence that low levels of physical activity are often found in socially disadvantaged groups, one substantial part of the project was the development of guidance on physical activity promotion in disadvantaged groups, with a focus on the role of healthy environments.

This brochure presents the main conclusions of this part of the project and provides – based on a review of evidence, case studies and national policies – suggestions for national and local action on interventions and policy formulation to support physical activity in socially disadvantaged groups. Since it is acknowledged that the evidence base needs to be further strengthened, gaps in evidence to be addressed by future research are also identified.

This brochure arises from the Physical Activity and Networking (PHAN) project co-funded by the Health Programme of the European Union. The full report of the project, "Physical activity promotion in socially disadvantaged groups: principles for action" can be requested by e-mail (physicalactivity@euro.who.int). It was developed in close collaboration with the European network for the promotion of health-enhancing physical activity (HEPA Europe). References for the statements made in this brochure can be found in the full report.

**Keywords**

EDUCATION FOR HEALTH • HEALTH POLICY • HEALTH PROMOTION • OBESITY – PREVENTION AND CONTROL
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# Foreword

*Over the past several years, the effects on health of obesity, inadequate nutrition and insufficient physical activity have been documented in detail and cover health outcomes such as cardiovascular diseases and hypertension, type 2 diabetes, cancer and depression. The European Charter on Counteracting Obesity (WHO Regional Office for Europe, 2006) recommends linking actions against obesity to overall strategies addressing noncommunicable diseases and health promotion activities, acknowledging that both improved diet and higher levels of physical activity have a substantial impact on public health. Since the adoption of the Charter, physical activity has increasingly been recognized as a priority for public health policy. In response, many Member States have embarked on policy development and interventions supporting an increase in levels of physical activity in the population. WHO has provided direct input to the development of evidence-based policies through the production of guidance, tools and platforms for networking to support interventions that facilitate physical activity throughout all the settings of daily life.*

*In parallel, equity in health and the distribution of health determinants have taken centre stage in the public health debate. The report* Closing the gap in a generation *from the Commission on Social Determinants of Health (2008) has documented the need for health policies and interventions to be equitable. Reflecting this requirement, the WHO European policy framework for health and well-being, Health 2020 (WHO Regional Office for Europe, 2012), not only focuses on health promotion and disease prevention but highlights the reduction of inequalities and the creation of supportive environments.*

*Health 2020 indicates that social gradients of health are a key challenge for future action and calls for support for vulnerable population groups. This is also valid for the promotion of physical activity; actions promoting active living are therefore an integral component, contributing to the objectives of both Health 2020 and the European Charter on Counteracting Obesity.*

*Further, the Action Plan for the Implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases (WHO Regional Office for Europe, 2011) stresses that, particularly for low-income groups, physical activity is influenced by urban environments and transport policies. Thus policies that promote cycling and walking as means of transport (by developing safe infrastructures, fostering the establishment of accessible green spaces for leisure-time physical activity and encouraging behavioural change) have a great potential to reduce the gap.*

*This brochure presents the findings of work carried out by the WHO Regional Office for Europe to review experiences and approaches to physical activity promotion in socially disadvantaged groups, thus combining two of the challenges faced by public health policy-makers and practitioners in all Member States. We truly hope that the results will help national actors to become more aware of and to apply measures to promote physical activity, and especially to reach low-income and/or marginalized groups that may not always be served equally by population-wide approaches and campaigns.*

*Dr Guenael Rodier*
*Director, Division of Communicable Diseases, Health Security and Environment, WHO Regional Office for Europe*

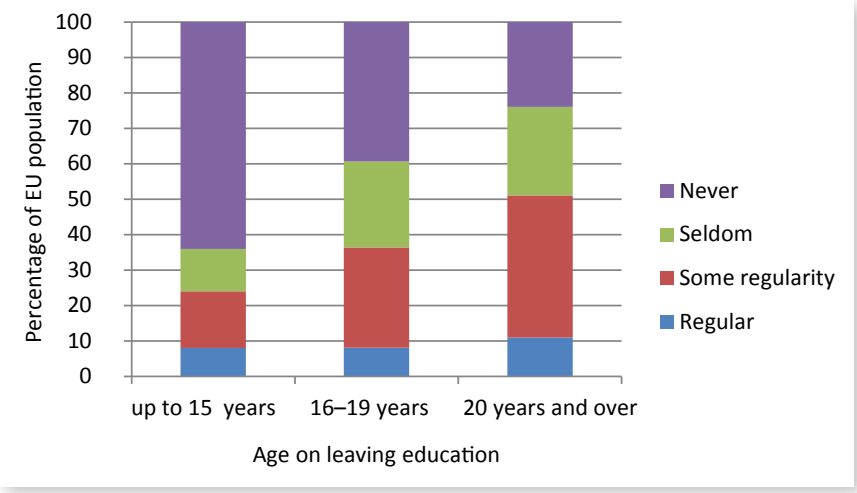
*Dr Gauden Galea*
*Director, Division of Noncommunicable Diseases and Health Promotion, WHO Regional Office for Europe*

# A public health challenge

The health effects of physical activity go well beyond preventing overweight and obesity; they can also benefit physical and mental well-being. Evidence shows that heart disease and type 2 diabetes can be reduced by up to 50% and significant reductions can be achieved for hypertension and some forms of cancer. Furthermore, physical activity helps to reduce stress reactions, anxiety and depression. Inactivity has been estimated to contribute to a mortality burden comparable with tobacco smoking. Overall, it has been estimated that within the WHO European Region, almost one million deaths per year are attributable to insufficient physical activity. In many countries, therefore, physical inactivity is now considered one of the major causes of death.

A variety of studies around the world have shown that physical activity levels tend to be low in socially disadvantaged groups (SDG) (Fig. 1) and that it can be very difficult to promote physical activity in such population groups.

Fig. 1. Frequency of physical activity by years of education




Source: Eurobarometer, 2010.

Public health agencies have been identified as key actors in action terms. They have been requested to ensure that strategies to reduce inequalities in physical activity are implemented, in addition to organizing general physical activity promotion campaigns addressing the whole population. Guidance on good practice and policy formulation on targeted approaches is needed to address the existing inequalities in physical activity among diverse population subgroups and to successfully promote physical activity in SDG (see below).

## Definition of socially disadvantaged groups (SDG)

Social disadvantage relates to socioeconomic aspects such as income, employment, education and socioeconomic status; to sociocultural aspects such as gender, ethnicity, religion, culture, migrant status and social capital; to sociogeographical aspects such as living in a deprived neighbourhood; and to age. SDG may actually be affected by more than one of these dimensions.

This brochure arises from the Physical Activity and Networking (PHAN) project co-funded by the Health Programme of the European Union. It presents the project's final conclusions on good practice elements for physical activity promotion in SDG, based on (a) a review of existing evidence in Europe and elsewhere, (b) a compilation and analysis of case studies and (c) a review and analysis of national policies on physical activity.

# Physical activity promotion in SDG

The challenge of physical activity promotion in SDG lies in its complexity: as much as there is no "unique disadvantaged group" that can be targeted, there is no "unique physical activity" that can be promoted. Both differ depending on the situation and on each other. To this extent, physical activity promotion in SDG is not much different from general physical activity promotion, as it is almost always targeted at specific population groups as well. In the case of physical activity promotion in SDG, however, targeting and implementation measures are likely to be different and more intense.

The main difference, when looking at physical activity promotion specific to SDG, is the "how". It matters greatly how targeting is done, how interventions are delivered and how much the efforts to reach the respective target group can be increased. In this context, it is important that policy-makers and programme developers recognize that SDG may need more intensive support at all stages, which will be reflected by, for example, project time duration, funding and capacity-building needs. Conversely, it is only reasonable to expect that the benefits of engaging SDG in physical activity are potentially greater than those for other target groups.

There is a risk that one-dimensional campaigns focusing on information and awareness may actually increase inequalities between SDG and the population as a whole, as they are much more successful in population groups characterized by higher education and self-sufficiency. This suggests that for SDG, interventions need to combine a variety of strategies going beyond information. In addition, since SDG constitute a very specific target population, there is a need to increasingly consider contextual dimensions for physical activity. In other

words, there is a need to remove potential obstacles that may arise in relation to personal characteristics or geographical or residential location.

## Case Study Example

Of the 27 case studies reviewed in more detail during the project, 21 considered "disadvantaged areas" (most often deprived neighbourhoods) as a spatial category of disadvantage being addressed by their intervention (as opposed to personal features such as age, sex, income, employment or ethnicity).

SDG are often affected by a variety of life challenges. In many cases, physical activity is unlikely to be their priority and it may be more important to address their basic needs. For many SDG, however, low activity levels are identified that indirectly add to the list of disadvantages. Therefore, the wider benefits of physical activity and the consequences of inactivity should also be considered for physical activity promotion in SDG, featuring positive outcomes such as social connectedness, social inclusion, active mobility, employability and productivity. Using a physically active life as a means of improving and increasing other desirable outcomes would provide unexplored opportunities for promoting physical activity. It is thus important to acknowledge that physical activity in SDG may be both an outcome to be pursued and a means to achieving other outcomes. Clearly, both approaches are relevant and useful.

## Case Study Example

Many of the compiled case studies applied a range of non-health outcomes, most often related to general well-being, social integration and employability (a German case study with employability as intended side outcome of increased physical activity levels even chose job centre settings for the delivery of the intervention). Other indirect objectives reported were the improvement of knowledge, attitudes and self-efficacy, as well as more healthy lifestyles in general.

Both the literature and case studies on physical activity promotion tend to deal with SDG in a rather exclusive way, making recommendations and developing interventions specific to the target group. While this may be a necessary approach when specific population groups cannot participate in general population-based measures, it would be useful to open up existing activities and offers of physical activity promotion by adapting those services to include SDG rather than establishing separate interventions. Therefore, a two-pronged approach to physical activity promotion in SDG is desirable, combining whole-population approaches where possible with targeted interventions when necessary.

### Policy Example

Within the project, a total of 127 policy documents on promoting physical activity was reviewed for coverage of SDG as a target group for specific action. Only 31 of the documents (24%) acknowledged the need to consider SDG as a priority target, indicating that both awareness of the issue and integration into mainstream policies are still to be developed.

## Key principles for targeted interventions

Owing to the diversity of target groups and the potentially large number of physical activities on offer, no general recommendations for action can be derived. Rather, the project results enable one to identify suitable processes and elements of intervention that could aid the development of policies and interventions to promote physical activity in SDG.

- Interventions need to be clear about the addressed target group and the expected outcome related to physical activity. In this context, it is important to reflect the various levels of potential disadvantage and to avoid vague expressions such as "the unemployed" or "the disadvantaged". To the extent possible, the targeting process should benefit from evidence-based material and make the decisions transparent, documenting both magnitude and type of disadvantage.
- Defining and reaching the respective target groups are possibly the key to successful physical activity promotion in SDG and the area where – as opposed to wider population target groups – emphasis is to be placed and more effort is required.

## Case Study Example

Several case studies compiled by the project noted the value of outreach work to engage with target audiences in their own environments, in order to discuss with them their needs and develop the most suitable interventions together. However, only few case study projects had completed a needs assessment prior to the design of the interventions.

- Integration of peers and local facilitators ("local champions") from the same group is strongly suggested when working with specific SDG. Examples show that awareness raising and recruitment of intervention participants are crucial to success and can best be done by facilitators that are trusted by the target group. The same applies to the development and implementation of intervention activities, and leads to higher acceptability, increased empowerment and a sense of ownership within the target group.

## Case Study Example

A range of case studies (from Germany, Ireland and Scotland) showed the value of non-professionals (peers and local people) as delivery agents, mentors and role models. Trained facilitators within peer groups were found to be effective in liaising with the target groups and enabling a more effective outreach.

The case studies also reported the need to provide appropriate training (primarily concerning changes in health behaviour) to develop skills and confidence among peer supporters or mentors, and to provide ongoing support and supervision if the potential of this asset is to be fully realized.

- Evaluation is critical to show the benefits of the intervention and should include objective physical activity and health measures. Nevertheless, it should be acknowledged that improvements in health can only be achieved in the long term, and are therefore beyond the possible duration of many interventions. The evaluation should not only cover changes in levels of physical activity in the intervention participants but also the differences compared with other population groups so as to assess the potential reduction of inequalities in physical activity.

### Case Study Example

Many of the 27 case studies reviewed in detail had not been subjected to a formal evaluation at all, while others reported collecting some kind of data relevant to an assessment of the impact of the project. However, the evaluation data collected for most projects were weak, being often limited to the numbers of participants or their subjective statements.

- The duration of the intervention should realistically match the intervention and its objectives. A half-year intervention may be successful in teaching target groups how to swim or in establishing a cycling network. However, documenting any resulting behavioural changes may call for longer intervention periods if a reliable and meaningful evaluation is to be made.
- Environmental modifications providing opportunities for leisure- or transport-related physical activity may not be sufficient for the hard-to-reach groups where physical activity levels are lowest. Environmental action should therefore be carried out particularly in the framework of multidisciplinary and intersectoral interventions, combining behavioural, social and/or information-related measures.

### Case Study Example

In a case study from Spain, the environment was used as the main intervention by doctors prescribing defined walks to patients, linking environmental benefits with medical advice and behavioural information. Similarly, case studies from Germany, Hungary, Norway and Scotland transferred physical activity interventions into social events such as group walking, swimming or community gardening, thus associating physical activity with social needs and networking.

- The context is very relevant in removing obstacles to physical activity in SDG. Thus person-centred interventions alone are possibly less successful. They should therefore not be applied as environmental modifications in isolation but rather as a part of a more holistic and socioecological approach.

## Case Study Example

Of all the 27 case studies reviewed in detail, 16 reported environmental or infrastructural changes as part of the intervention. None, however, focused on environmental action as the exclusive component.

- Easy access to opportunities for physical activity is crucial for active living. Although free or low-cost opportunities do not provide a short cut to promoting physical activity in SDG, it is clear that easy access to them are essential for a wide range of SDG and especially those from a low socioeconomic background, from different cultures or from deprived neighbourhoods.

## Case Study Example

A wide range of case studies collected by the project offer opportunities for physical activity, either free of charge or at reasonable cost, in the immediate living environment of the target groups. Such offers are not exclusively linked to a socioeconomic targeting approach but are also found in relation to area-based interventions targeting, for example, neighbourhoods or ethnic groups.

# Key principles for policy action and formulation

While in many countries there is a wide range of policy documents promoting physical activity, there is much less policy guidance on how to promote physical activity among SDG. Even when SDG are covered, such documents tend to be quite diverse in focus and level of detail and often lack a clear definition of the target group and the target to achieve. There seems to be a gap between existing evidence and practice, often resulting in a lack of implementation strategies. In many policies, the emphasis tends to be on person-centred rather than wider, more holistic approaches. The project identified key elements that should be taken account of in the development of policy guidance on physical activity promotion in SDG.

- The overall societal context of policies for physical activity promotion in SDG needs to be well-defined and formulated. There should be a clear explanation as to why policies should aim at increasing physical activity levels among SDG or at reducing inequalities in physical activity levels between social groups.
- Quantitative targets for physical activity levels, better health and better social inclusion of SDG are considered a strong driver for both targeted intervention programmes and the related funding. The more clear the policy, the more effective and targeted the interventions can be.

## Policy Example

The Dutch *Time for Sport plan* (Ministry of Health, Welfare and Sport, 2005) set the following objectives for the Netherlands in 2012:

- at least 70% of adults (aged 18 and over) do the recommended amount of exercise (2005: 63%);
- at least 50% of young people aged 4–17 years do the recommended amount of exercise (2005: 40%); and
- no more than 5% of adults are inactive (2005: 6%).

Similarly, the Irish action plan *Building sport for life* (Irish Sports Council, 2009) set key target to increase adult participation in sport from 33% to 45% by 2020 and to reduce the proportion of sedentary adults from 18% to 13% by targeting low-activity groups.

- Physical-activity-related objectives, target groups (or target areas) and time periods need to be clearly specified in the policies.

## Policy Example

In its *Sport XXI National Sports Strategy 2007–2020* (Parliament of Hungary, 2007), Hungary defines disadvantaged groups as children and young people living in disadvantaged towns and villages, people with disabilities, women and the Roma. One of the main goals of the policy is to reduce inequalities and contribute to the integration of SDG in relation to sport. There is a specific section on equal opportunities. Schools are emphasized as an important setting for intervention and reducing the cost of physical activity is one of the policy objectives.

- Effective strategies to increase physical activity among SDG are likely to be holistic, tackling the problem from various angles through a combination of approaches and making use of the resources, competencies and experiences of several sectors. Policies to promote physical activity in SDG should thus seek to support multidisciplinary approaches and the collaboration of different actors.

## Policy Example

One of the priority areas of the *Nordic Plan of Action on better health and quality of life through diet and physical activity* (Nordic Council of Ministers, 2006) developed by the Nordic Council of Ministers is to target action to vulnerable groups. The Plan has a specific goal for 2011 and vision for 2021 to reduce inequalities in physical inactivity. To achieve this goal, the Plan refers to urban planning as a means of ensuring that all groups of the population have the opportunity to be physically active, "independent of age and physical capacity, socioeconomic status, ethnic background, and cultural circumstances". Within this approach, active transport, playgrounds and schools are mentioned as important focus areas. Furthermore, a Nordic catalogue of initiatives to reach socially vulnerable groups and ethnic minorities is mentioned.

- Policies seeking to improve health in SDG through physical activity should be more clearly linked to a wider spectrum of public policy instead of focusing on person-centred approaches (especially sports policies).

- Policies promoting and supporting a shift to active transport (walking and cycling) combined with improved environmental and urban planning can yield much greater improvements in physical activity rates than behavioural and/or informational approaches alone.

### Policy Example

A survey on national physical activity policies in Member States indicated that 68% of all policies referred directly to sports activities as a way of promoting physical activity in SDG. Sectors such as environmental and urban planning (21%), transport (18%) and social support (28%) were much less frequently considered. This indicates the potential of more multisectoral approaches.

- Policies promoting physical activity should be monitored for their distributional effects, making sure that they do not increase inequalities in physical activity levels due to unequal uptake or awareness or to any barriers restricting the participation of specific groups.

### Policy Example

*The Nordic Plan of Action on better health and quality of life through diet and physical activity* (Nordic Council of Ministers, 2006) included monitoring of diet, physical activity and overweight. The aim was to collect data every second year and to cover aspects such as gender, predefined age groups and social strata. Physical activity levels were measured based on the short version of the International Physical Activity Questionnaire. To strengthen research and scientific cooperation, the countries identified the challenges in monitoring vulnerable groups and work on identifying determinants such as district and traffic planning.

The Irish action plan *Building sport for life* (Irish Sports Council, 2009) includes a scheme providing the rationale and monitoring of each target for specified target groups.

- The important role of local government in both policy formulation and implementation of national policies is to be acknowledged, and partnerships and networking with regional governments and local associations and agencies should be promoted.

## Key principles for research

Based on the review of evidence and selected case studies, the project identified a number of priorities for research on physical activity promotion in SDG.

- In general terms, more research is needed on physical

activity promotion in SDG, as this is a population group in need of action and because targeted interventions might have largest benefits. This would be fulfilled by targeted research projects as well as by research on the whole population if data on social disadvantage is collected in parallel, thus allowing targeted analysis and comparison.

- To make data collection and surveillance on physical activity levels meaningful in respect of SDG, a minimum set of social determinants (age, sex, nationality, income/employment/education) should be integrated into data collection protocols. The data should be available to policy-makers and researchers and data analysis should inform policy-making.
- There is a strong need for well-designed intervention studies on physical activity promotion in disadvantaged groups in the published literature worldwide, and in particular for Europe. Further, comparability of data and research results within and between countries should be improved.
- A quantification of the relative contribution of social disadvantage to insufficient physical activity and the identification of causal mechanisms are yet to be explored. It still remains unclear how the impact occurs.

## Research Example

"Improvement of the research base, with a stronger focus on determinants research (with improved causal inference rather than repetition of cross-sectional correlates studies) will further an understanding of physical activity in populations and interventions designed to increase activity levels."

*Bauman AE et al., 2012.*

- More prospective studies on the impacts of environmental modifications on physical activity levels in SDG are necessary to assess their relative contribution to the promotion of physical activity in SDG.
- Owing to the diversity of SDG and the wide range of opportunities for physical activity, individual research tends to be specific to a certain context characterized by the target group and the respective intervention. More research is needed to determine whether findings of individual studies can be applied to other target groups in other situations. And, if so, under what circumstances.
- Often, research into physical activity promotion is based on specific interventions designed to serve research purposes. Research institutions should rather monitor and evaluate actual interventions taking place on the ground. This is an especially promising area, as many local actors do not have an adequate budget for and experience in evaluation.
- Poor coherence in measuring and reporting makes comparison and strategic assessment difficult. A lack of or insufficient evaluation has therefore been identified as one of the main challenges related to physical activity levels in SDG, especially in regard to the integration of socioeconomic and demographic variables to evaluate distributional effects.
- Research is needed on the advantages and disadvantages of interventions on the promotion of physical activity that focus exclusively on SDG, and on inclusive approaches attempting to include SDG in non-targeted interventions offered to the general public.

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**World Health Organization**
**Regional Office for Europe**
Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 39 17 17 17. Fax: +45 39 17 18 18.
E-mail: contact@euro.who.int
Web site: www.euro.who.int