World Health Organization

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Workshop on national approaches to the promotion of health-enhancing physical activity (HEPA):

Experiences and lessons learned from national appraisals

Report of a WHO workshop
20- 21 June 2012
Zurich, Switzerland

Hosted and supported by the University of Zurich

Co-funded by the Health Programme of the European Union

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ABSTRACT

To systematically gather information on national approaches to promote health-enhancing physical activity (HEPA), the HEPA Policy Audit Tool (PAT) was developed. It provides a protocol and method for a detailed compilation and communication of country level policy responses on physical inactivity.
The workshop was held to present the development process of the PAT. Results from the pilot-testing in different countries were also presented and discussed, as well as results from comparisons across the seven pilot test countries. Based on these results, meeting participants identified lessons learned and remaining challenges. The results of the discussion provide the basis for further applications and developments of the HEPA PAT. The second part of the workshop consisted of a briefing on how go about the completion of the HEPA PAT, including experiences made in different countries. Participants had the opportunity to discuss questions around the practical application of the PAT and to consider application in their own country.

The workshop was kindly organized and hosted by the Physical Activity and Health Unit, Institute of Social and Preventive Medicine, University of Zurich, Switzerland, and supported by the Health Programme of the European Union, the WHO Regional Office for Europe and the University of Zurich. It was attended by 24 participants from 15 European Member States, two delegates from Australia as well as one representative of the European Commission and of the WHO Regional Office for Europe, respectively, and an observer from WHO headquarters.

Keywords

Education for health
Health policy
Health promotion
Life style
Physical fitness

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1 Introduction

Physical inactivity is an independent risk factor for noncommunicable diseases and has recently been shown to be the 4th leading risk factor for premature mortality. It is estimated that approximately 70% of the world's population do not meet the minimum recommended amount of physical activity to gain health benefits, prevent disease and promote well-being.

The factors that support and hinder efforts to increase levels of physical activity at the population level are complex and interconnected across multiple levels of influence. Therefore, the promotion of physical activity across the life course requires a multifaceted response across multiple sectors. Country level action on policy implementation is of great interest and there is much to be learned from sharing information and experience about what policy levers can be used and how to engage and implement action plans across multiple sectors. To systematically gather information on national approaches to promote health-enhancing physical activity (HEPA), the HEPA Policy Audit Tool (PAT)[1] was developed. It provides a protocol and method for a detailed compilation and communication of country level policy responses on physical inactivity.

This project was undertaken within the framework of HEPA Europe, the European network for the promotion of health-enhancing physical activity[2], in close collaboration with the WHO Regional Office for Europe. HEPA Europe is organized around a number of working groups and projects, including one on national approaches to HEPA promotion. This working group has about 30 members from over 20 countries. Over the last 2 years, its main activity has been the development and pilot-testing of the HEPA PAT.

The workshop was held to present the development process of the PAT. Results from the pilot-testing in different countries were also presented and discussed, as well as results from comparisons across the seven pilot test countries. Based on these results, meeting participants identified lessons learned and remaining challenges. The results of the discussion provide the basis for further applications and developments of the HEPA PAT.

The second part of the workshop consisted of a briefing on how go about the completion of the HEPA PAT, including experiences made in different countries. Participants had the opportunity to discuss questions around the practical application of the PAT and to consider application in their own country.

The workshop was attended by 24 participants from the following 15 European countries: Austria, Belgium, Croatia, Cyprus, France, Germany, Hungary, Netherlands, Norway, Poland, Portugal, Slovenia, Spain, Switzerland, and the United Kingdom. In addition, two delegates from Australia participated, as well as one representative of the European Commission and of the WHO Regional Office for Europe and an observer from WHO headquarters, respectively (see Annex for list of participants). The meeting was chaired by Mr Christian Schweizer, WHO Regional Office for Europe.

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[1] www.euro.who.int/hepapat

[4] www.euro.who.int/hepaeurope

2 Development of the HEPA Policy Audit Tool (PAT)

To systematically capture relevant information on national HEPA related policies, a suitable data collection tool was needed. Previous research had used different approaches and criteria and no standardized tool existed. Thus, to ensure that the similar relevant information was collected from each country and to facilitate comparability between countries, a new standardized tool and protocol was needed.

The HEPA policy audit tool (PAT) was developed as a collaborative project, co-lead by the University of Western Australia, the Loughborough University, United Kingdom, and the University of Zurich, Switzerland, in collaboration with the WHO Regional Office for Europe. The development process commenced with a review of published and grey literature on national and cross national policy on physical activity policy. This identified six relevant publications and reports as well as the World Health Organization's Global Strategy on Diet, Physical Activity and Health (DPAS):

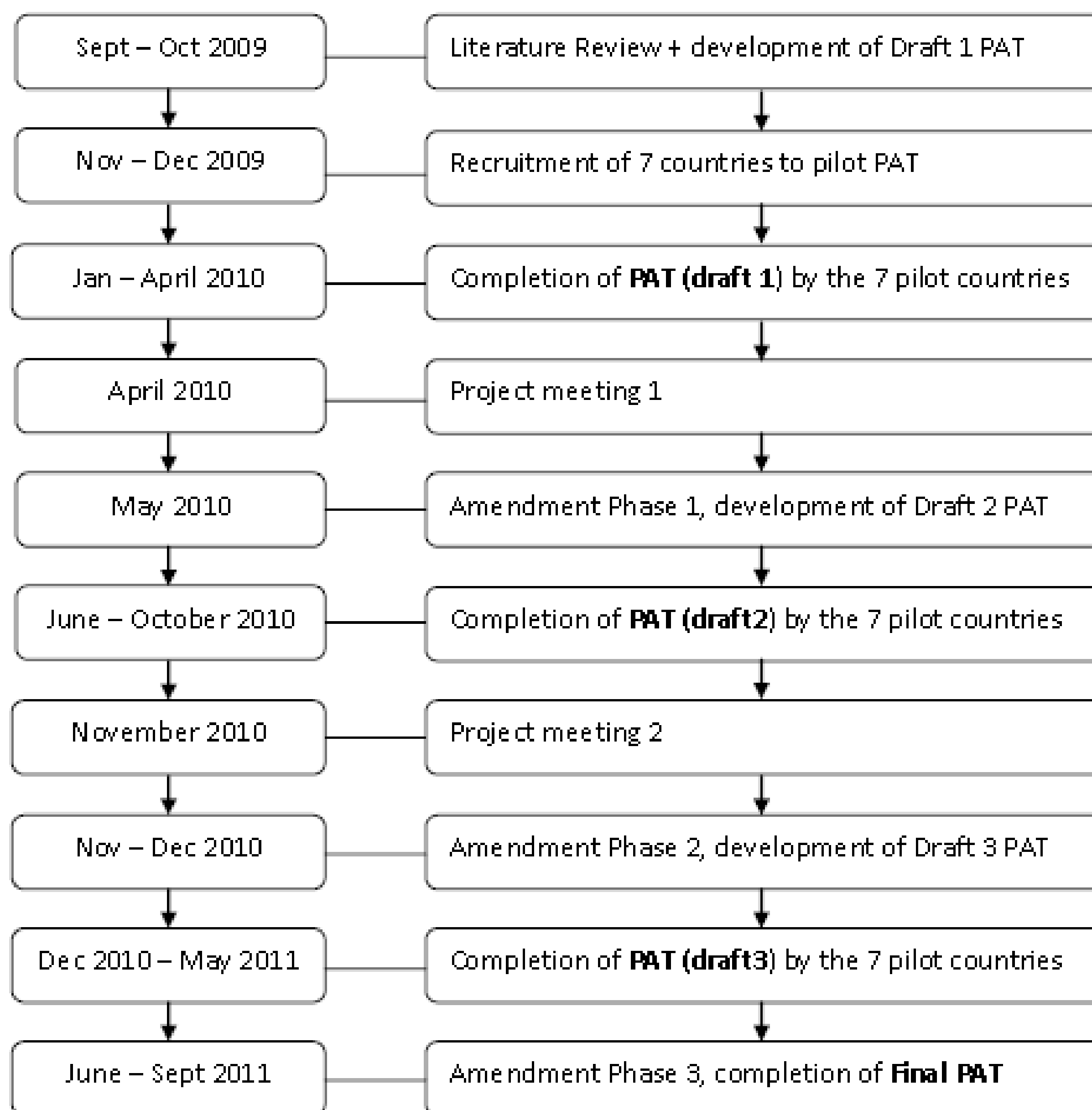
- Global strategy on diet, physical activity and health. Geneva, WHO, 2004
- A guide for population-based approaches to increasing levels of physical activity. Geneva, WHO, 2007
- Steps to health – A European framework to promote physical activity for health. Copenhagen: WHO Regional Office for Europe, 2007
- Bull FC et al. Developments in national physical activity policy: an international review and recommendations towards better practice. Journal of Science and Medicine in Sport, 2004, 7(1):93-104
- Bellew B et al. The rise and fall of Australian physical activity policy 1996 – 2006: a national review framed in an international context. A&NZ Hlth Pl, 2008, 5:18
- Daugbjerg SB et al. Promotion of physical activity in the European region: content analysis of 27 national policy documents. JPAH, 2009, 6:805-817

These were critically assessed with a specific focus on identifying the criteria recommended for good practice when developing policies and/or the criteria used to appraise and compare policies between countries. Through this analysis, and with cross reference against the WHO DPAS document, a set of 17g6
elements to include in the PAT was identified. A first draft PAT was then developed, structured in a 'question and answer' format to collect information related to these 17 policy elements. Questions were initially divided into two sections: 1) policy development and content; and 2) policy implementation.

The pilot study commenced in November 2009 and invitations to participate in a cross country 'policy' project were sent to national experts from the HEPA Europe working group on national approaches to promoting physical activity. Experts from seven countries elected to take part (Finland, Italy, the Netherlands, Norway, Portugal, Slovenia and Switzerland). This set represents a group of countries with varying history in the promotion of physical activity and at different stages of policy development and implementation. In each country there was a main contact person who was willing to lead the policy audit work. Case study coordinators were an academic (n=2; Portugal and Switzerland); national or subnational government official (n=3; Italy, Norway and Slovenia) or representative of a relevant national institute (n=2; Finland and the Netherlands).

The complete development process is shown in figure Fig. 2. Altogether, it lasted 2 years and included a series of meetings and pilot testing of draft version in the seven participating countries[3].

Fig. 1: Overview of the development process of the HEPA PAT



The final version of the PAT contains 27 questions, structured along 4 sections, namely: 1) government structure and key documents; 2) policy contents; 3) implementation; and 4) summary of methods and protocols used to fill in the HEPA PAT:

[3] A full description of the development process can be found in: Bull F, Milton K, Kahlmeier S: National policy on physical activity: the development of a policy audit tool (PAT). Journal of Physical Activity and Health, in press.

Section 1 captures a brief overview of the government structure within the country and an orientation to the key Ministries and the relationship between central government and regional/local government;

Section 2 captures relevant key policy documents (recent past and present) and their respective action plans (where available) from across all relevant sectors, including health, sport, transport, education and the environment, as well as any other sector which could be nominated by the respondents;

Section 3 seeks information on policy leadership (national and local), the level of collaboration and community involvement as well as examples of both successful and less successful actions. This breadth of information was meant to inform readers on both the development process and key learning related to policy implementation.

Section 4 seeks a brief summary of the steps taken to complete the PAT and an overview of those involved in the process within the country.

The final HEPA PAT has been launched as a product of the WHO Regional Office for Europe in fall 2011 at the 3rd conference and 6th annual meeting of HEPA Europe in Amsterdam (www.euro.who.int/hepapat).

3 Results from the pilot study

In this session of the workshop, four of the seven pilot countries presented a summary of their national approaches collated with the HEPA PAT. Afterwards, participants split into three parallel groups to discuss the experiences made and to identify first conclusions and lessons learned.

3.1 Country presentations

Norway

The first country presentation was given by Mr Olov Belander, Norwegian Directorate of Health. The key document in Norway with regard to HEPA promotion is the Action Plan on Physical Activity 2005-2009: Working together for Physical Activity. It was developed through collaboration of eight ministries, recognizing that the challenges posed challenges connected to public health and physical inactivity cannot be solved by the health sector alone. Implementation was overseen by a Steering Committee of representatives of all 8 ministries which was chaired by the Parliamentary secretary of the Ministry of Health and Care Services. All ministries had to sign page 2 of the action plan as confirmation of their shared responsibility, and each measure was assigned to one specific ministry. An external evaluation was carried out in 2008/2009. The greatest successes included:

- Its multisectoral, holistic approach
- Its contribution to putting physical activity on the political agenda
- Increased understanding and knowledge on physical activity and health
- Its role as an knowledge basis for local initiatives.

The greatest weaknesses and challenges included a continuous lack of political priority on physical activity, which lead to difficulties to achieve mobilization of the local level and securing more effective cross-sectoral collaboration. Also reaching low socioeconomic groups was identified as a future challenge.

While work is ongoing to develop an intersectoral public health strategy in 2013, it is uncertain whether a dedicated succession Action Plan on Physical Activity would be developed.

Portugal

The national approach to physical activity promotion in Portugal was presented by Professor Jorge Mota, Faculty of Sports at Porto University. In Portugal, physical activity is addressed in a range of policy documents and legislation across health, sport, education, urban design and transport but no specific national policy and no national communication strategy exist. Accordingly, different ministries have the lead for different areas of physical activity promotion.

Within the National Health Plan 2004-2010, quantified national targets on physical activity have been defined for different age groups and by gender. The first national study on the prevalence of physical activity and fitness levels was conducted in 2008 – 2009, thus the targets had been defined without detailed knowledge on the current levels of physical activity. Among the successful examples of interventions, the national programme “Mexa-Se” (Move yourself) was pointed out, which however had been abolished without consideration of the evaluation results. Nevertheless, it is still adopted by some municipalities on the local level. Also the recent reduction of mandatory physical education lessons from 3 to 1 hour per week in many schools was mentioned as an unfavourable development, mainly due to increased economic pressure on school systems and the lack of clear legal requirement.

Greatest progress in HEPA promotion in Portugal included the first study on levels of physical activity, the inclusion of indicators on physical activity into the national health programme and the creation of mass events on the importance of physical activity for health that involve thousands of participants including public figures and politicians. The key challenges identified included a lack of evaluation of the effectiveness of national programmes, a general lack of funding for HEPA initiative and insufficient intersectoral coordination.

The Netherlands

Mr Jan W Meerwaldt, Netherlands Institute for Sport and Physical Activity (NISB), presented key results from the Netherlands, where the sport sector has a leading role in physical activity promotion. Other sectors are involved within their areas of expertise, including health, welfare, education or, more recently, also urban development and spacial planning with a particular focus on migrant populations.

While policies and strategies are developed on ministry level, their implementation is often delegated to government-funded or nongovernmental bodies such as NISB. Topical areas where greatest progress has been achieved include sports, exercise and prevention, sports and exercise in health care, physical activity promotion in elderly and the creation of sports and physical activity facilities on the neighbourhood level (physical activity-friendly

environments). Areas where further investments were needed were identified to be intersectoral collaboration (e.g. spatial planning, education, mobility), reaching inactive people and people in low socioeconomic groups and developing new forms of sport and PA for such groups, including for example migrants. Also in the Netherlands, the number of lessons of physical education in schools should be increased.

Switzerland

The main results from Switzerland were presented by Dr Brian Martin, ISPM, University of Zurich. In Switzerland, health and education is not a national responsibility but lead by the cantons (regions). Part of the legal framework dates back more than 100 years. Early initiatives were lead by the sport sector, while the first major national physical activity promotion programme was initiated by the private sector and later also supported by the national administration. This programme was also discontinued soon without consideration of the evaluation results. The current National Programme on Diet and Physical Activity involves different sectors but has no quantified targets and only a limited budget for interventions. Substantial implementation activities are taking place at the regional and local level.

Key developments also take place in non-health sectors, in particular regarding sustainable development and transport, where major funding goes to infrastructure and promotion of cycling and walking.

3.2 Cross-country comparison

Professor Fiona Bull, University of Western Australia, presented preliminary results of the analysis of HEPA PAT results across all seven pilot countries. The analysis was based on a step-wise approach which included first a familiarization with each case study and the collation of all results into unedited, raw data tables. Next, eight analysis groups were developed, including several PAT questions around key themes of interest, as follows:

1. National policy documents and action plans
2. Leadership, partnerships and professional networks
3. Political commitment and funding
4. Physical activity recommendations, goals and surveillance
5. Communication and branding
6. Evaluation
7. Examples of successful and less successful interventions
8. Areas of greatest progress and remaining challenges

These analysis groups were assigned among the three project co-leaders who then extracted key findings and discussion points for each group. Subsequently, summary results tables were developed where appropriate to facilitate reading and overview for a wider audience. These results were collated into a draft technical report which was discussed with the seven case study leaders to discuss completeness and accuracy.

Based on the preliminary analysis, first conclusions could be drawn. While all seven countries were planning and implementing national and local level actions on HEPA, there were many differences in the approaches taken but there were also similarities. For example, in all countries the health (promotion) policy addressed physical activity in one way or another, and

all but one had a dedicated physical activity promotion policy at least at a recent point in time (in some cases combined with other risk factors). In all countries, relevant policies and strategies in other sectors could also be identified using HEPA PAT. Many countries had large scale national physical activity promotion programs which were usually time-limited.

All countries reported that a formal consultation of other sectors was required for government policy but it was often mentioned that while this was required "in theory" the actual practice may be more limited. Leadership for physical activity promotion at the national level was usually indentified within the government, most frequently with the Ministry of Health. However, leadership could vary according to the specific policy e.g. health, transport, environment, education. Leadership for implementation was usually at sub national level or delegated to other nongovernment organizations

Many countries reported a lack of continued strong political commitment, often linked to funding problems and in particular to securing continued, long term funding. The level of political commitment showed to be a key determinant for progress made in a country, in association with stable long-term funding. Evaluation efforts of national policies and implementation programs were, with a few notable exceptions, often limited, pointing to a continued lack of recognition of the importance of evaluation for effective policy. Monitoring and surveillance was also often mentioned as an area where more investment was necessary. Another common challenge was seen in securing true intersectoral collaboration beyond the policy development phase.

The question were cross-country analysis of the information proved most challenging was the one on funding, where information on different levels and with different degrees of completeness had been available.

The cross-country comparison confirmed that indeed, HEPA promotion is a complex undertaking, involving many sectors at multiple levels that often work in their own way. Therefore, gaining an overview on such a complex field is challenging but the HEPA PAT proved to be suitable for this task. Yet, the fact the analysis found these complex and comprehensive approaches is proof that the "theory" of what should be done to promote HEPA is already underway and being tried in many places. The comparison across seven countries provided the opportunity for comparison, thus offering the opportunity to direct new policy and to learn what others are doing to inform actions planned for the future.

3.3 Parallel group discussion session

Afterwards, participants split into three groups for a group discussion session aimed at gaining more detailed feedback and input on the overall findings presented thus far.

While participants particularly appreciated the cross-country analysis results, they also confirmed that the national country case studies provided important insights on how other countries were approaching HEPA promotion and learnings on what worked more or less well. The available PATs could become an encyclopaedia of HEPA promotion. From this perspective, having even more country HEPA PATs available would be most welcomed.

Results from the cross-country comparisons could be used for more detailed analysis of particular aspects, e.g. the use of surveillance data for policy formulation and evaluation but could also serve the national political discourse by providing arguments and examples from

other countries and to identify gaps in the national policy agenda. Alternative approaches to cross-country comparisons were also discussed, for example for benchmarking of neighbouring countries or to analyse selected groups of countries with a comparable history and structure.

In terms of possible additional aspects that the HEPA PAT could address, the influence of political parties and the role of lobby groups were mentioned.

4 Using the HEPA PAT: briefing

The second part of the workshop consisted of a briefing on how to apply the HEPA PAT including a general introduction as well as experiences from the country experts.

4.1 Introduction and guidance on completion of the HEPA PAT

Ms. Karen Milton, Loughborough University, United Kingdom, provided a general introduction and guidance on the completion of the PAT. The aims to complete the HEPA PAT could not only include to gain an comprehensive overview of the current policies related to HEPA within a country, but also to foster collaboration between different government departments and other organizations as well as to benefit from the opportunity for comparative analysis between countries and potential leverage and advocacy.

In general, the process should consist of six main steps:

1. Identifying who should be involved in the process (agencies, institutions and individuals) and broadly at what stage(s)
2. Convening a planning meeting
3. Identifying a lead coordinator (agency/individuals)
4. Commencing the completion process (data collection) and developing an initial draft of PAT
5. Undertaking one or several consultation(s) tailored to the country and outlined in Step 2. This step should also be flexible to change as needed and as interest grows.
6. Editing and completion of the PAT.

Based on the experiences from the pilot study, key attributes of the expert to lead the PAT completion process include:

- Knowledge of relevant (past and present) policies across a range of sectors
- Ability to access and engage relevant stakeholders
- The necessary status and institutional support to:
    - conduct and lead a comprehensive policy assessment across multiple sectors;
    - manage and integrate different views from stakeholders; and
    - lead a process that aims to learn from both successful and less successful experiences in national efforts to promote physical activity.

The process from the seven pilot country showed that completion of the whole process is likely to last 6 to 8 months, consisting of 2 to 3 full-time person months for work.

4.2 What worked, what didn't: country panel

Afterwards, participants heard from a country panel on their experiences and lessons learned to go through the completion process, including Mr Olov Belander, Norwegian Directorate of Health; Professor Jorge Motta, Faculty of Sports, Porto University, Portugal, Mr Jan W Meerwaldt, NISB, the Netherlands, Ms. Eva Martin-Diener, ISPM Zurich, Switzerland, and Ms. Nica Berlic Ministry of Health Slovenia.

Approaches to completing the PAT, while following the overall guidance provided, showed to differ somewhat between the countries. In some countries, the HEPA PAT had to be translated into the local language before it could be disseminated to the stakeholders, and back-translated into English once completed. Some countries defined a limited set of key stakeholders to involve into the process while others carried out a very wide consultation, leading in some cases to large amounts of detailed information which proved difficult to summarize and integrate. Finding the best possible balance between including all relevant stakeholders and restricting the number to a manageable size is an important element of an efficient and successful application of the PAT.

As noted in chapter 2, case study coordinators were from different institutions, including academics, national or subnational government officials or representative of a relevant national institute. Several country coordinators pointed out that the results on certain questions of the PAT could differ depending on the affiliation of the coordinator, for example those on political commitment, successful and less successful interventions or general successes and challenges. The examples showed that controversy over also reporting limitations of certain activities could lead to considerable delays in completing the PAT. Therefore, it was seen as crucial to communicate at the beginning of the process to all stakeholders that the aim of completing the HEPA PAT would be a critical discussion of the national approaches, including also lessons learned from less successful activities. Differences in perception and judgment are, however, a possible challenge to address when completing the PAT for which a clear leading role of the coordinator needs to be defined. Previous experience and background knowledge on the history and key developments of the coordinator in the field of national HEPA promotion would also facilitate finding a common view.

Another aspect to define at the beginning of the process was found to be the foreseen dissemination of the completed HEPA PAT. In some cases a wide dissemination took place while in others, the final HEPA PAT was made available only to a more limited target audience. Whether the coordinator was placed within or outside the government was found to be an important influencing factor for this aspect.

As common difficulty, convincing the other stakeholders to provide their input within the set time frame was reported. Good communication on the scope and purpose and expected advantages of completing the PAT can support a streamlined process. In addition, familiarization with other sectors' relevant policies ahead of contacting them was also seen as helpful to gain their support and engagement.

All country coordinators underlined that completing the HEPA PAT had provided a uniquely complete overview of current HEPA promotion policies and activities across all relevant sectors. Oftentimes, even within the same sector not all ongoing activities had been known to all stakeholders. This also lead to the identification of gaps which could be addressed by

future policies. This aspect of completing the PAT was seen as one of the most useful aspects of the process. The other key win of investing into the completion of the PAT was seen in its usefulness to engage with other relevant stakeholders, in many cases for the first time. Thirdly, also the exchange with other countries was found to be a most fruitful additional aspect of engaging in the project.

5 Conclusions and recommendations on future use of HEPA PAT

In its current form, completion of the HEPA PAT provides a comprehensive overview of the breadth of current policies related to HEPA and can identify synergies and discrepancies between policy documents as well as possible gaps. It does not, however, provide a quantified assessment or scoring of a national HEPA policy approach. With regard to the interest to develop such a scoring, participants felt that in view of the still limited number of completed HEPA PATs and the sometimes not yet fully standardized reporting of information, this might be premature. While the HEPA PAT is already serving a check-list function by addressing the 17 identified key elements for “good HEPA policy-making”, a more formal check list was seen as a useful possible additional product.

The presented results showed that despite the differences of national approaches to HEPA promotion between the seven pilot countries, a certain similarity of efforts and work going on could be found. Both the individual country stories as well as the cross-country comparisons were seen as highly useful both on a national as well as on an international level.

Aspects that could be considered for amendments or that were found to be missing in the HEPA PAT included:

- Amending and expanding the guidance section of HEPA PAT on how to fill in the tool;
- More information on the covered sectors and target groups beyond the current tick-box lists, possibly including a brief description of specific programmes;
- In additional to the information provided on the administrative structure (section 1), a description of the broader context, the available infrastructure and physical structures that countries are starting from could be useful (e.g. are public pools or gyms generally available, what is the culture towards sports or cycling, etc.);
- A glossary of terms to avoid differential use (e.g. policy, action plan, strategy).

Making the country examples available for others as useful examples and guidance was also seen as important step to support future applications.

Participants also discussed the extent to which the HEPA PAT could be streamlined to facilitate more standardized reporting of information. However, it was felt that for example using only closed questions with pre-defined answer categories would lead to loosing much of its usefulness and appeal. Instead, two possible future activities could be considered to further increase the usefulness of the PAT for international comparison or benchmarking purposes:

1. Seeking external validation of the tool, e.g. by inviting experts to apply it independently of the current project.
2. Definition of a small number of specific, standardized indicators for comparison purposes for example the percentage of health promotion funding allocated to HEPA promotion, availability of quantified targets which were derived from national surveillance data, availability of a monitoring and surveillance system capable of measuring progress on the defined targets, availability of a coordination mechanism with a clear mandate, or others, based on examples used for example by the Tobacco Framework convention.

It was also noted that in view of the fluidity of a countries' situation with regard to HEPA promotion, a completed HEPA PAT would need to be updated periodically to reflect the current situation.

Both the WHO Regional Office for Europe and the European Commission welcomed the development of the HEPA PAT and the presented results and discussions. For both organizations, the HEPA PAT is of relevance to ongoing and future activities and they would support a wide application across the European Region.

The WHO also thanked the team of the University of Zurich for the excellent preparation and hosting of the workshop and Professor Fiona Bull, Ms. Karen Milton and Dr Sonja Kahlmeier for the presentations and leading of the discussions.

6 Annexes

Annex 1: Detailed programme of the meeting

Wednesday, 20 June 2012

08.30 09.00	– **Registration**
09.00 09.15	– **Welcome** *Brian Martin, Physical Activity and Health Unit, ISPM, University of Zurich, host* *Christian Schweizer, WHO Regional Office for Europe*
09.15 09:30	– **Introduction and aims of the workshop** *Sonja Kahlmeier, Physical Activity and health Unit, ISPM, University of Zurich*
09.30 09.45	– **Development of the HEPA Policy Audit Tool** *Fiona Bull, The University of Western Australia*
09.45 10.30	– **Results from pilot study: country presentations** *Norway – Olov Belander, Norwegian Directorate of Health* *Portugal – Jorge Mota, Faculty of Sports, Porto University*
10.30 11.00	– *Coffee break*
11.00 11.45	– **Results from pilot study: country presentations – continued** *The Netherlands – Jan W Meerwaldt, Netherlands Institute for Sport and Physical Activity (NISB)* *Switzerland – Brian Martin, ISPM University of Zurich*
11.45 12.30	– **Discussion on learnings of national promotion of physical activity** *Christian Schweizer, WHO Regional Office for Europe*
12.30 14.00	– *Lunch*

Wednesday, 20 June 2012 – continued

14.00 – 14.30	**Results from pilot study: cross-country comparison** *Fiona Bull, The University of Western Australia*
14.30 – 14.40	**Introduction to the parallel sessions** *Sonja Kahlmeier, Physical Activity and Health Unit, ISPM, University of Zurich*
14.40 – 15.40	**Parallel small group discussion session** *Fiona Bull, The University of Western Australia, Karen Milton, Loughborough University, Sonja Kahlmeier, University of Zurich, and all participants*
15.40 – 16.00	*Coffee break*
16.00 – 16.45	**Reporting from the parallel sessions** *Christian Schweizer, WHO Regional Office for Europe*
16.45 – 17.00	**Conclusions of day 1** *Fiona Bull, The University of Western Australia*
19.30	*Dinner*

Thursday, 21 June 2012

09.00 – 09.20	**Using the HEPA PAT: introduction and guidance on completion** *Karen Milton, Loughborough University*
09.20 – 10:00	**Using the HEPA PAT: what worked, what didn't: country panel** *Karen Milton, Loughborough University, Fiona Bull, The University of Western Australia* *and country panelist (Norway – Olov Belander, Norwegian Directorate of Health; Portugal – Jorge Motta, Faculty of Sports, Porto University; Netherlands – Jan W Meerwaldt, NISB; Switzerland – Eva Martin-Diener, ISPM Zurich; Slovenia – Nica Berlic, Ministry of Health Slovenia)*
10.00 – 10.30	*Coffee break*
10.30 – 11.30	**How to go about applying HEPA PAT: questions and answers** *Fiona Bull, The University of Western Australia*
11.30 – 12.00	**Conclusions and recommendations on future use of HEPA PAT** *Sonja Kahlmeier, University of Zurich*
12.00 – 12.15	**Closure of the meeting** *Sonja Kahlmeier, University of Zurich* *Christian Schweizer, WHO Regional Office for Europe*
12.15 – 14.00	*Lunch*

ANNEX 2: LIST OF PARTICIPANTS

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The WHO Regional Office for Europe

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

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To systematically gather information on national approaches to promote health-enhancing physical activity (HEPA), the HEPA Policy Audit Tool (PAT) was developed. It provides a protocol and method for a detailed compilation and communication of country level policy responses on physical inactivity.
The workshop was held to present the development process of the PAT. Results from the pilot-testing in different countries were also presented and discussed, as well as results from comparisons across the seven pilot test countries. Based on these results, meeting participants identified lessons learned and remaining challenges. The results of the discussion provide the basis for further applications and developments of the HEPA PAT. The second part of the workshop consisted of a briefing on how go about the completion of the HEPA PAT, including experiences made in different countries. Participants had the opportunity to discuss questions around the practical application of the PAT and to consider application in their own country.

The workshop was kindly organized and hosted by the Physical Activity and Health Unit, Institute of Social and Preventive Medicine, University of Zurich, Switzerland, and supported by the Health Programme of the European Union, the WHO Regional Office for Europe and the University of Zurich. It was attended by 24 participants from 15 European Member States, two delegates from Australia as well as one representative of the European Commission and of the WHO Regional Office for Europe, respectively, and an observer from WHO Headquarters.

ISBN
WHOLIS number
Original:

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