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## **Progress report on implementation of the Physical Activity Strategy for the WHO European Region 2016–2025**

This report provides an overview of implementation of the Physical Activity Strategy for the WHO European Region 2016–2025 in line with resolution EUR/RC65/R3.

It is submitted to the 68th session of the WHO Regional Committee for Europe in 2018.

## Background

1. This report provides information on progress made during the three years since the WHO Regional Committee for Europe at its 65th session (RC65) adopted the Physical Activity Strategy for the WHO European Region 2016–2025 in resolution EUR/RC65/R3. The Strategy contributes to the implementation of the Sustainable Development Goals (SDGs) and is aligned with the vision and mission statements of Health 2020, the European policy framework for health and well-being endorsed by RC62 in 2012.
2. By adopting the Physical Activity Strategy for the WHO European Region 2016–2025, Member States have agreed upon the relevance of physical activity in promoting healthy living and preventing and tackling major noncommunicable diseases (NCDs), including mental health conditions, across the Region. The Strategy calls for a set of policies to support citizens from all backgrounds to adopt a more active lifestyle.
3. Physical activity is at the core of health and well-being. The benefits of physical activity – including reduced risk of NCDs and lower levels of stress, anxiety, and depression – are well known. WHO recommends that adults (including older people) engage in at least 150 minutes of moderate-intensity aerobic physical activity each week.
4. The Strategy was prepared in light of the existing voluntary global targets set out in the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020, endorsed by the Sixty-sixth World Health Assembly in resolution WHA66.10 in May 2013. A 10% relative reduction in the prevalence of insufficient physical activity by 2025 is one of its nine global targets. In addition, increased levels of physical activity play an important role in attaining three of the other targets:
  - (a) a 25% relative reduction in the risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases;
  - (b) a 25% relative reduction in the prevalence of raised blood pressure or containing the prevalence of raised blood pressure, according to national circumstances; and;
  - (c) halting the rise in diabetes and obesity.
5. This report provides an update on the implementation of the Strategy. The goal of the Strategy is to avoid premature deaths and significantly reduce the burden of preventable physical inactivity-related diseases and risk factors, such as cardiovascular diseases, cancers, diabetes and obesity.
6. In resolution EUR/RC65/R3, adopted in 2015, the Regional Committee requested the Regional Director to report on the implementation of the Strategy to RC68 in 2018.
7. This report fulfils that request by providing a situation analysis, reporting on progress and identifying areas for future actions.

8. The Strategy identified five priority areas. Each priority area includes a group of actions for Member States and for the Regional Office, designed to ensure tangible results and to make progress towards achieving the global targets.

- (a) Priority area 1: Providing leadership and coordination for the promotion of physical activity.
- (b) Priority area 2: Supporting the development of children and adolescents.
- (c) Priority area 3: Promoting physical activity for all adults as part of daily life, including during transport, leisure time, at the workplace and through the health-care system.
- (d) Priority area 4: Promoting physical activity among older people.
- (e) Priority area 5: Supporting action through monitoring, surveillance, the provision of tools, enabling platforms, evaluation and research.

9. The present report describes and illustrates progress made by Member States, in collaboration with the Regional Office, in each priority area from 2016 to 2018.

## **Priority area 1 – Providing leadership and coordination for the promotion of physical activity**

10. The European Union Physical Activity Focal Points Network, which is a joint initiative of the Regional Office and the European Commission, includes representatives of the majority of Member States of the Region. This group has significantly improved the coordination of physical activity promotion at both national and European levels.

11. In 2015, the Regional Office prepared a publication focusing on surveillance, policy implementation monitoring and identifying good practices, *Factsheets on health-enhancing physical activity in the 28 European Union Member States of the WHO European Region*. This publication has been widely disseminated and used by academics and policy-makers. All data collected for the factsheets are part of a European-level evaluation and were included in the new Regional Office information portal: the European Health Information Gateway. This user-friendly database provides the indicator data in different formats. Ultimately, it illustrates trends and provides a snapshot of the situation at country level.

12. The Regional Office has facilitated regular meetings of the Physical Activity Focal Points Network. Significant progress can be seen at the national, European and global levels. The Network has been instrumental in the sharing of knowledge between different countries and in identifying effective policies and strategies for promoting physical activity. At the European level, the Network has been crucial to the identification of evidence of what works, and the compilation of success stories from countries that have increased physical activity through targeted actions in those sectors that were identified as key investment areas for physical activity.

13. At the global level, the development of the Strategy has now inspired the development of a global action plan on physical activity 2018–2030 (resolution EB142.R5).

14. With regard to cross-government collaboration, the Regional Office conducted an analysis of physical activity in educational settings, identifying differences across Europe. Some Member States, including Hungary and the Russian Federation, have prominent

policies that promote a large number of physical education classes, particularly in primary schools. Others, with support from the Regional Office, are reviewing the number and quality of physical education classes, use of school sports facilities, extracurricular physical activities during school, and active commuting to school (walking, cycling, etc.).

15. Progress has been made in supporting countries to develop national physical activity plans or strategies. Using surveillance data to guide the identification of evidence-based and targeted policies and strategies, the Regional Office has supported countries, including Latvia, Portugal, Turkey and Turkmenistan, in the development and/or updating of national physical activity plans since 2016.

16. The conference “Asian Games 2017: Sports, Nutrition and Physical Activity – Promoting a Healthy Lifestyle” took place on 6 April 2017 in Ashgabat, Turkmenistan. Representatives from the United Nations Children’s Fund, the United Nations Educational, Scientific and Cultural Organization, the United Nations Population Fund, WHO and other international and national representatives discussed the role of sports and high-profile sporting events such as the Asian Indoor and Martial Arts Games in promoting healthy diets, physical activity and gender equality. Representatives also considered the benefits of sports for health.

## **Priority area 2 – Supporting the development of children and adolescents**

17. The country factsheets on enhancing physical activity address issues such as the promotion of health-enhancing physical activity in the education sector and thus enable the sharing of relevant knowledge. WHO conducted an additional survey among physical activity focal points and, on that basis, published a scientific publication describing additional indicators, data collected and progress made against the indicators.

18. The Regional Office has assisted Member States in the development and dissemination of guidelines on physical activity during pregnancy and on physical activity for children under five years of age. The Regional Office has also launched an infographic on physical activity during all stages of life, which is one of its most frequently downloaded products: <http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/data-and-statistics/infographic-make-physical-activity-a-part-of-daily-life-during-all-stages-of-life>.

19. According to a report, *Adolescent obesity and related behaviours: trends and inequalities in the WHO European Region, 2002–2014*, the number of obese adolescents is continuing to rise in many countries across the Region. Levels are increasing particularly in eastern Europe, and are very high in most countries, with levels generally highest in southern European countries. The report looks at trends in risk factors for obesity, pointing to physical inactivity as a major contributor. The publication has helped make physical activity promotion a priority and has been a useful advocacy tool for policy action.

### **Priority area 3 – Promoting physical activity for all adults as part of daily life, including during transport, leisure time, at the workplace and through the health-care system**

20. The Regional Office has worked with Member States to train health workers in tackling preventable and treatable physical inactivity-related health problems, including through physical activity on prescription provided by qualified and well-resourced health professionals, using training programmes developed by WHO, and a set of publications that focus on the inclusion of physical activity in the algorithms for primary and secondary care in the context of national health systems. Several countries have implemented initiatives to promote physical activity in institutions of the national health system.

21. Furthermore, the Regional Office has developed guidance on the promotion of healthier and more active WHO meetings.

22. Training courses in counselling and brief interventions to promote physical activity were conducted in Bosnia and Herzegovina, Malta, Portugal, Republic of Moldova, Spain, Tajikistan and Uzbekistan, among others. Primary care plays a critical role in the provision of services to promote healthy diets, engage individuals in physical activity and assist patients in weight management. The Regional Office publication, *Integrating diet, physical activity and weight management services into primary care*, focuses on three policy questions: What is the evidence for the effectiveness of diet, physical activity and weight management services in primary care? Which challenges in health services and systems impede the delivery of such services in primary care? What are the entry points to ensure better delivery of these services in primary care? Drawing on the conceptual guidance of the European Framework for Action on Integrated Health Services Delivery, the document provides guidance on the transformations required in health services delivery to integrate diet, physical activity and weight management services into primary care.

23. The Strategy highlights the importance of built environments in promoting physical activity as part of everyday life. The commitments set forth in the Strategy fully align with the SDGs. The Regional Office has published a booklet offering guiding principles for the WHO European Region to move towards increased physical activity in urban settings, by transforming public spaces in ways that promote physically active lifestyles. The document provides an analysis of existing initiatives designed to boost physical activity in cities, aiming to move such initiatives forward. It also focuses on recent case studies of urban planning to promote physical activity in the Region.

24. The Regional Office has provided support for the development of a publication summarizing the tools and guidance needed to facilitate a shift towards more cycling and walking for transport. The Health Economic Assessment Tool (HEAT) for walking and cycling will be useful to professionals at both national and local levels, transport planners, traffic engineers and special interest groups working on transport, walking, cycling and the environment, as well as health economists, physical activity experts and health promotion experts.

## **Priority area 4 – Promoting physical activity among older people**

25. The Regional Office and Member States have worked together to promote physical activity among older people. Policy dialogues were organized in several countries on creating enabling environments and promoting active living and mobility, with the aim of placing health-enhancing physical activity at all ages into the wider context of effective and efficient prevention and control of NCDs, and the sustainable development of healthy communities and society as a whole. Participants discussed evidence and best international practice for health-promoting strategies that create supportive environments and encourage active living. They also explored further opportunities to support stakeholders at country level in streamlining potential synergic intersectoral approaches and specific actions for the achievement of active and healthy living.

26. The Regional Office also provided support to a small number of Member States that are implementing community-based physical activity programmes for older adults with diabetes and other chronic diseases through innovative initiatives such as “walking football”.

## **Priority area 5 – Supporting action through monitoring, surveillance, the provision of tools, enabling platforms, evaluation and research**

27. Several Member States have established surveillance systems using the WHO STEPwise approach to Surveillance (STEPS), which incorporate measurements of physical activity and allow them to monitor trends in physical activity together with other NCD risk factors. The STEPS survey is specifically designed for use in low-resource contexts and has been useful in providing the necessary information for designing NCD prevention policies. Nine surveys have been conducted thus far, with support from the Regional Office, and several more are in the pipeline. The Regional Office is currently working on improving the physical activity metrics used in STEPS. Studies to validate measurements of physical activity, inactivity and sedentary behaviours are being prepared.

28. A large number of Member States have recently prioritized physical activity surveillance through the European network for the promotion of health-enhancing physical activity (HEPA Europe) focal points and collected data on various aspects of physical activity promotion.

29. The Regional Office has published the Health Behaviour in School-aged Children survey, which reports on trends observed over time in physical activity, physical inactivity and sedentary behaviour in adolescents aged 11, 13 and 15 years.

30. In addition, 41 countries participate in the WHO European Childhood Obesity Surveillance Initiative, which collects nationally representative data on childhood overweight and obesity, health-risk behaviours, school environments and family socioeconomic status, with a particularly strong focus on physical inactivity. Several international and country-specific scientific publications have helped to identify successful approaches to combating the childhood obesity epidemic and opportunities to promote physical activity among school-age children.

31. Member States and the Regional Office have been working together to validate tools and instruments used to evaluate physical activity levels.

## **Collaborating centres**

32. WHO collaborating centres for physical activity and health in Germany and Switzerland and WHO collaborating centres on noncommunicable diseases in Kazakhstan, the Netherlands, Portugal and the United Kingdom of Great Britain and Northern Ireland have significantly contributed to the implementation of the priority areas identified in the Strategy.

## **Conclusions and future plans**

33. The present progress report describes a worrying situation whereby levels of physical activity across the WHO European Region are stalling, particularly among children, adolescents and vulnerable populations. At the same time, the initiatives and actions taken by Member States following the adoption of the Strategy in 2015 described in this report give reason to be optimistic. Nonetheless, there are still many gaps and challenges. If Member States are to meet the global target on physical inactivity and contribute to the achievement of other NCD-related targets by improving physical activity levels among the population, it will be important to address persistent inequalities and promote cross-sectoral work.

34. Since the adoption of the Strategy, the Regional Office has engaged with over 30 Member States to promote physical activity for health; in 18 countries, this engagement is framed by biennial cooperative agreements. Expressions of interest and requests from Member States have increased significantly and activities are expected to be scaled up, with more Member States becoming involved during the biennium 2018–2019 and beyond.

35. Notable examples of the Regional Office's activities to support Member States in implementing the Strategy include: developing tools (for example, physical activity on prescription in primary health care); disseminating evidence (such as in country factsheets on physical activity and scientific publications in peer review journals); looking to the future by examining the role of sports and grassroots sports in the promotion of health-enhancing physical activity; and looking to other sectors and high-level political commitments such as the involvement of WHO in the Tartu Call for a Healthy Lifestyle launched by three European Union Commissioners.

36. The Regional Office will continue to implement the Strategy, in collaboration with and under the guidance of Member States. The next progress report will be submitted to RC72 in 2022.