Third meeting of the European Union Physical Activity Focal Points Network

Lisbon, Portugal
24 June 2015

Meeting Report

Context
Despite increasing knowledge about the importance of health-enhancing physical activity (HEPA) for the individual, for health systems and for economies, the proportion of citizens who reach recommended physical activity levels has not increased overall. Rather, evidence shows that rates of physical inactivity in the EU remain extremely high.

The EU Physical Activity Guidelines, the EU Council Recommendation on Promoting Health-Enhancing Physical Activity Across Sectors (referred to further as the Council Recommendation on HEPA), as well as the WHO Physical Activity Recommendations and the forthcoming WHO European Physical Activity for Health Strategy provide policy recommendations that can contribute to reversing this trend.

Following the 2013 Council Recommendation on HEPA, the European Commission and the WHO Regional Office for Europe have started a joint initiative that aims to develop and scale-up monitoring and surveillance of HEPA in the European Union Member States. An important aspect of this initiative has been the establishment of a network of national physical activity focal points\(^1\), called EU Physical Activity Focal Point Network, to help provide and validate information on physical activity from EU Member States in line with the monitoring framework established by the Recommendation, and to integrate it into WHO Europe’s information system for nutrition, obesity and physical activity (NOPA).

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\(^1\) Focal points have been appointed for 28 Member States.
Background

The EU Physical Activity Focal Point Network met for the first time in Rome in October 2014 and then again in Zurich in January 2015. Since the inception of the network the focal points have provided answers to a questionnaire on the 23 indicators of the monitoring framework.

A third meeting took place in Lisbon, Portugal, on 24 June 2015. The meeting was hosted by the Secretary of State for Sports and Youth and the Directorate General for Health.

The aims of the meeting were to present and to discuss lessons from the overall group of indicators and information provided by the Member States to WHO, and to present draft country factsheets.

Participants included the focal points, representing 23 Member States, the European Commission, represented by staff from DG EAC/Sport Unit, and the World Health Organization, represented by staff from the WHO Regional Office for Europe. Two external keynote speakers, some external experts (invited as observers) and a rapporteur were also present.²

Opening addresses

On behalf of WHO, João Breda welcomed participants to Lisbon and to Palacio Foz. Once again the high level of participation, with 23 Member States represented, demonstrated the very strong engagement in this network and the monitoring process. He thanked the Secretary of State for Sports and Youth and the Directorate-General for Health for hosting the meeting.

Susanne Hollmann added her welcome to participants and thanked the hosts on behalf of the European Commission. It is encouraging to note the progress that the network has made since its inception and this meeting promises further progress, particularly in relation to the country factsheets.

Arnaldo Paredes, representative from the Secretary of State for Sport and Youth, issued a warm welcome to Portugal and wished participants a successful meeting.

Pedro Ribeiro Da Silva, Directorate General for Health, added his welcome to Lisbon. The Directorate-General is very pleased to co-host this meeting since physical activity is a key priority, with the very recent launch of a public awareness campaign to encourage stair use.

Presentation of HEPA PAT - a physical activity policy audit tool

Professor Fiona Bull, Centre for Built Environment and Health, University of Western Australia, gave an overview of HEPA PAT, a policy audit tool.

There has been growing interest in the sharing and exchange of policy experience in relation to physical activity, as well as in identifying criteria for a successful national

² See Annex 1 for a full list of participants.
physical activity policy. In response, a specific tool for auditing HEPA policies has been developed.

Developed using a step-wise process, the first version of HEPA PAT was a 27-item survey-like instrument comprising questionnaires and checklists. It addresses policies in existence, their content and the degree of implementation, and has been tested in seven pilot countries. Completion of the HEPA PAT generally involves a small central project team that consults more widely, and is an iterative process that takes three to six months. The outputs include a full report of 10-15 pages, a short two-page summary and a schema depicting physical activity policies in place. This first version of PAT provides information on collaborations and partnerships, physical activity recommendations, goals and targets, examples of actions and strategies, surveillance arrangements, funding for physical activity policy implementation, public education campaigns, successes and remaining challenges.

The testing of the first version of the HEPA PAT in seven countries found that the greatest areas of progress were increased political commitment, improved collaboration, consensus and physical activity, development of national surveillance systems, objective measurement of physical activity and large-scale events. The remaining challenges it identified included intersectoral collaboration, assignment of roles and responsibilities, coordination across different partners, monitoring systems, a lack of funding and evidence for the effectiveness of interventions.

The lessons learned from this experience can be summarized as:

- It provides a valuable and comprehensive picture (baseline, gaps, opportunities);
- The process can be a catalyst for cross sector communication and partnership development;
- Assessing policy implementation is difficult and different methods are needed;
- There are a number of common challenges (lack of leadership; establishing cross-sector collaboration; coordination between sectors and stakeholders).

Another key finding was that there was scope for improving the policy audit tool. Over the last year, therefore a second version of the tool has been developed (HEPA PAT 2), taking on board the many suggestions for improvement. In general, there was a request for more guidance on the completion process and for clearer, more structured (less open-ended) response options. The new version is similar in structure to the first version but the questions have been reordered and the response options are much more structured. It is accompanied by a step-by-step guide to the completion process. This new HEPA PAT 2 will be launched in the near future, as a WHO product that will be available for anyone to use.

Some of the remaining challenges for policy assessment, and the PAT, are how to balance the length and detail required for a country appraisal, how to assess the

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4 Finland, Italy, the Netherlands, Norway, Portugal, Slovenia and Switzerland
5 The HEPA PAT 2 has since been published and is available from http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/publications/2015/health-enhancing-physical-activity-hepa-policy-audit-tool-pat-version-2-2015
continuity between levels of policy across different levels of jurisdiction and how to capture implementation at sub-national and local level.

Possible next steps for HEPA PAT include an online version of the PAT and a mini version of the tool (mini PAT) which provides a brief overview, as well as an expanded version (PAT plus) which could include additional components. There is also the possibility to develop the tool for completion at the sub-national level (e.g., city PAT). There are also efforts to improve the outputs, to facilitate the sharing of results and to explore the possibilities of rating or scoring policies and progress.

Discussion
This will be a useful tool that will be available for Member States to use if they want – it has real potential value for developing policy and for initiating discussions with partners. Although it is completely separate to the HEPA focal point network, this initiative has also emerged as a result of collaboration between WHO and the European Union – thanks are due to the Commission for its support.

The HEPA PAT is a much more detailed audit than that being conducted for this monitoring process which the HEPA focal point network are engaged in. In due course, it will be interesting to compare the outputs of audits using HEPA PAT and the results of the HEPA focal point network’s monitoring, and to consider how these processes can complement one another.

Data collection survey: Physical activity questionnaire updates
João Breda gave a brief update on the data collection process that focal points have been engaged in since the first meeting in October 2014. Of the 28 questionnaires sent out, WHO has now received 25 completed responses.

WHO has prepared 17 drafts country factsheets based on the information provided in the questionnaire responses. The plan is to launch the factsheets at the European Commission during the first ever European Week of Sport during 7-13 September 2015 (see further discussion of the country factsheets below).

Once the data has been double-checked and countries have signed off on all the data, it will be entered into the Nutrition, Obesity and Physical Activity (NOPA) database.

Areas of support for Member States
Alfred Rütten, Institute of Sport Science and Sport, Friedrich-Alexander University Erlangen-Nuremberg (hereafter referred to as the University of Erlangen), Germany, gave an update on the work of the consortium that won the tender to provide support and training for Member State focal points in data collection.

Revision of Staff Working Document
One task of the group has been to propose revisions to the Commission Staff Working Document that sets out the monitoring framework. A revised draft document has now been circulated.

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6 European Commission. A monitoring framework for the implementation of policies to promote health-enhancing physical activity (HEPA), based on the EU Physical Activity Guidelines.
Support to WHO and Focal Points on data collection

Given that open questions are generally harder to answer than closed questions, and the answers are more difficult to analyse, the group has tried to draw up a more systematic framework (with more structured responses) for the WHO questionnaire. This has now been implemented.

Support to focal points had been provided through a series of three webinars. These webinars provided expert support on particular aspects of the questionnaire, and their interactive nature allowed for discussion.

In addition to the webinars, the group has been providing ongoing support to focal points and will continue to do so. Furthermore, specific support will be provided to WHO for the finalization of the country factsheets (e.g., data cleaning/quality control, indicator validation).

In the coming six months the group will continue to provide support and will be conducting specific situation analyses in a number of countries, in order to provide more detailed information and to identify assets and barriers to implementation.

Discussion

There was discussion of how the countries would be selected for the situation analyses. It is important, firstly, to ensure that countries selected are willing and committed to supporting the process. Ideally, different types of countries (varying sizes, different regional contexts etc.) would be involved. It would be useful to include some ‘success stories’ to help with identification of barriers or factors that facilitate progress. A combination of countries that had been able to provide the data relatively easily and those that really struggled to be able to provide the information could be included.

The focal points provided feedback on the webinars. There was positive feedback from those that had been able to attend. The fact that the webinars gave the opportunity for expert input without having to travel was greatly appreciated. On the other hand, the fact that focal points were still in the office meant that the webinars had to compete with daily work and this made it challenging for some to attend. For those who had been unable to attend, there was a reminder that the webinars are still available to watch via WebEx. In addition, the hotline remains open for any outstanding questions.

One-by-one discussion on all indicators: challenges and difficulties

João Breda highlighted some remaining challenges with specific indicators and invited discussion on these issues, and other issues identified by the focal points. This is an important step in the process of operationalizing the indicators – feedback from the focal points will help ensure the indicators are feasible, pragmatic and useful.
In relation to completion of the questionnaire in general, there were some questions about how to reply to some of the questions where ‘other’ is given as an option. It was clarified that the idea behind including ‘other’ as a category was to include any relevant information that could not fit into the other answer categories. This would then enable the WHO team to go back to ask the focal points for more detailed information. Such additional information could, potentially, be included in the country factsheet. It is important that the process is not too reductionist in order to allow Member States to paint a true picture of their situation. As long as focal points have all the necessary information and evidence to substantiate their answers they are encouraged to include information rather than giving an incomplete picture of the country’s efforts on HEPA.

*Prevalence data (Indicators 2 and 3)*

There are some issues with the different sources of national data provided: some data comes from the 2010 Health Behaviour in School-age Children (HBSC) survey while some are unpublished data from the 2014 HBSC. Other sources include the Eurobarometer and national studies (sometimes results from more than two national studies are reported). This poses a challenge on what to report, and how to keep the reporting brief, within the short country factsheet.

There was a great deal of discussion of the proposed inclusion of the Global Health Observatory (GHO) estimates in the country factsheets. These estimates have been developed by WHO to track trends and to enable country comparisons – which are not currently possible using national data. They are being used to track progress towards the physical activity goal established by the global NCD action plan.

The GHO estimates are produced using a different methodology to national data and the Eurobarometer survey (e.g., different domains of activity included, different measures). In addition, the GHO figures are adjusted for population/demographic data to enable comparisons. There was some concern, therefore, that the difference between GHO estimates and national/Eurobarometer data could be problematic and create confusion.

It was agreed that a very clear and detailed explanation of the methodology and the different results is required in the country factsheets and the report with the compilation of country factsheets and a European overview. This would be included in the methodology section. It was also agreed that WHO would prepare a short briefing on Frequently Asked Questions about the different estimates. This would be helpful for focal points to understand the estimates and to be able to share with and explain to partner organizations and colleagues.

This discussion highlights the importance of moving forward on harmonization and validation of measurement methodology. It is known that there is over-reporting of physical activity with some instruments and this begs the question of whether there should be a move towards more objective measurement of physical activity. The substantial challenges associated with this approach – such as costs and availability of equipment – were acknowledged. It was clarified that where countries do have national data generated using objective measures these could be included in the country factsheet. It was suggested that future reports and other publications should
include a recommendation on harmonization and validation of data collection methodology.

Following extensive discussion, it was agreed that the actual GHO prevalence estimates would not be used in the country factsheets. Instead, the GHO data may only be expressed in the form of percentage change in physical inactivity between 2010 and 2014, without putting a figure on the prevalence levels. This increase or decrease can be compared with the global target for a 10% reduction in physical inactivity by 2025 from the 2010 baseline. The country factsheets will also include prevalence estimates based on national data, with a note to explain that these are not comparable internationally.

*Indicator 4 (HEPA promotion coordinating mechanism)*
There were some concerns that a yes/no answer might not reflect the actual degree of coordination in a country (where coordination and intersectoral collaboration may be working well despite not having any specific coordination mechanism). Although the question is linked to the definition of coordination mechanism in the Staff Working Document, it was suggested that if focal points can describe the national situation and provide evidence of effectiveness this would be taken into account. It is certainly something that can be mentioned in the country factsheets.

*Indicator 5 (Funding allocated specifically to HEPA promotion)*
A number of difficulties were described relating to answering this question. HEPA funding is often combined with funding for youth sport, grassroots sport and support for athletes. Specific funding of HEPA activities may even be protected by law, but it is still not itemized as a separate budget line. There was discussion of whether, and how, funding for national Olympic Committees, which do have a budget for Sports for All/HEPA promotion could be included. It was suggested that focal points should use their contacts and knowledge of the situation to obtain more information to be able to differentiate between elite sport funding and to estimate HEPA funding. It is particularly important to exclude funding for talent development and competitive sports. It was suggested that specific funding on prevention of childhood obesity could be included.

There was also discussion of the sensitivity of funding figures. One member state raised a specific concern about the figure on funding included in their draft country factsheet, which they consider could be misleading. It was agreed that these figures would be extensively reviewed.

It was noted that the funding indicator does not currently provide any information on how funding is distributed. It may be that some areas have suffered funding cuts, while others have not. This is linked to the wider issue of inequalities (see below).

*Indicator 7 (Health-oriented sports clubs)*
Some focal points had experienced difficulties completing the question on health-oriented sports clubs. Some national systems only allow clubs to be registered for health or for sport, whereas their activities might cover both. It was clarified that the idea behind this indicator was to measure whether the specific EU Sports Clubs for Health Programme, designed to encourage traditional sports clubs to become more health oriented, is being implemented in Member States. Some countries have a very
similar programme but which are not specifically linked to the EU programme. It was suggested that, such programmes – comparable to, but separate from, the EU programme – should be included.

**Inclusion of kinesiologists**
The question of where in the questionnaire the work of kinesiologists should be taken into account was raised. In some countries they form a key part of the healthcare team and they are also often active in sports/health clubs. As with other questions, if the focal points have the evidence on the activities (e.g., physical activity counselling provided by kinesiologists) this should be included.

**Indicator 13 (Physical education in primary and secondary schools)**
One issue that has been identified is that countries’ school systems vary in the way they describe grades and the age may not correspond to the same grade in different countries. It may, therefore, be better to report by age on the question ‘number of hours per school level’.

**Indicator 15 (HEPA in training of physical education teachers)**
Some focal points reported problems with this indicator because the training curriculum includes lots of material on HEPA throughout, but this is not provided in separate module(s) and is, therefore, very difficult to quantify.

**Indicator 17 (Level of cycling/walking)**
One issue identified with this indicator was that some respondents have reported data for metropolitan areas, not national surveys. It is unclear whether these should be reported in the country factsheets.

**Indicator 18 (European Guidelines for Improving Infrastructures for Leisure-Time Physical Activity)**
There was clarification that this indicator is designed to measure application of these guidelines, but it is also important to find out if the principles of these guidelines are being applied to similar programmes. So, once again, the advice to focal points is to include information plus explanatory text.

**Indicator 23 (National awareness campaigns)**
An issue identified with this indicator is the fact that the question was asked on physical activity generally rather than specifically on HEPA.

**Revision of responses**
A number of focal points commented that, in light of the discussion during the meeting, they would like to revise some of the answers they had provided. It was agreed that the focal points could reconsider their responses and, if necessary, provide revised questionnaires along with the necessary evidence.

**Inclusion of planned or forthcoming initiatives**
There was some discussion of whether questionnaire responses should include details of planned or forthcoming initiatives or activities which are not yet operational. It was suggested that initiatives that are about to be approved or adopted very soon could be included (with the necessary precisions in the notes).
Reducing inequalities
Unfortunately, many previous efforts to promote HEPA have inadvertently increased
the gaps between different groups. Reducing inequalities is a very strong theme in the
forthcoming European Physical Activity Strategy. Although it is too early at this stage
for the monitoring framework to measure impact on inequalities, this is something
that needs to be considered for the longer term. It was agreed that a first step is to
examine indicators that specify particular target groups and to use these indicators to
push forward political progress on those areas and highlight funding priorities.

Frequency
There was discussion about how frequently the data collection would be completed. It
was agreed that it is important to take a decision on this, to be able to inform partner
organizations. Updating the data should be relatively easy, compared to this first
round of data collection. Nonetheless, it was felt that an annual exercise would
probably be too onerous, so repetition every 2-3 years is more realistic. It was
suggested that it would be good to publish the updated data and country factsheets at
the same time (i.e. during the European Week of Sport) every two years.

Sub-national data
Some focal points described the difficulties in completing the questionnaire for
countries where sub-national data is included (e.g., Belgium, Germany, UK). More
generally, there are some difficulties with how to deal with sub-national data – if a
question is answered at the national level it may misrepresent the situation because
activities are undertaken at the sub-national level. It was pointed out that respondents
could include references to important initiatives at the sub-national level by including
footnotes and additional information.

There was also discussion of whether the country factsheets would present sub-
national data in some specific cases. It was agreed that although national-level
reporting is preferable, there may have to be compromises and the possibilities of
reporting some elements at the sub-national scale will be explored (e.g., for Belgium).

Presentation of draft country factsheets on physical activity
WHO has, to date, prepared 17 drafts country factsheets for review. In order to
minimise the effort required of focal points, the WHO Regional Office team had pre-
filed the information as far as possible. These are currently very rough drafts,
however, and are intended to act a starting point for review and verification by focal
points. The final versions of the factsheets will, of course, be subject to final approval
by Member States.

The key remaining challenges are missing information for some indicators, missing
sources or incorrect links provided to sources, and difficulty with extracting
information within the short timeframe. The restricted time available has also left
limited time for double-checking prior to the meeting – this will be completed at the
next stage.

There are a number of questions to discuss on the preparation of the factsheets:
   • Which indicators should be included?
• How to extract essential information from very full responses (e.g., countries with responses for more than one jurisdiction);
• How should planned recommendations and/or policies under development but which have not yet been adopted be dealt with?

A proposed design for the factsheets was presented. It was proposed that each factsheet would be a stand-alone document, but also that all the factsheets could be combined into a book. This book would contain an introductory chapter providing an overview of policy actions to promote HEPA in the EU.

Discussion

Methodology
There was the discussion of the importance of explaining what the indicators mean and the methodology of data collection. There is a risk that over-simplified information, without such an explanatory text, will not be easily understandable for a wider audience. It was agreed that some methodological explanation is needed for the individual country factsheets as well as the larger report ( compilation of country factsheets).

Frequently Asked Questions (FAQs)
It was agreed that the WHO Regional Office would prepare some draft text with answers to FAQs to explain the methodology and to tackle some issues of particular interest/controversy.

Highlighting success
It was agreed that the country factsheets could include three highlights from each Member State, focusing on achievements and best practice. Focal points were asked to reflect on this and nominate three points to be highlighted. It was proposed that the Expert Group on HEPA might also have suggestions about good examples of best practice to highlight.

Information to be included in the country factsheets
After discussion about the level of information and detail to be included in the country factsheets, it was agreed that they would contain:

1. Introduction/overview
   a. Introduction
   b. Methodology
   c. Overview – including some comparative data
2. Country factsheets
   a. List of indicators with country responses (Yes/No)
   b. Prevalence (national data and, potentially, other data)
   c. Policy developments (including three examples of success at national or regional/sub-national level).

All country factsheets will contain the same type of information.
Publication of longer versions of country factsheets

It was proposed that longer, more complete versions of the country factsheets could be published online (not in hard copy). These would go through the same review process – and require final approval from Member States.

Timing of publication date

Publication of the country factsheets and EU overview was planned for the European Week of Sport in September. There was some discussion about whether publication should be postponed to allow for more time to work on the country factsheets or whether a short version of the factsheets should be published at that time. After discussion it was agreed that the unique window of opportunity presented by the European Week of Sport – in terms of Europe-wide attention on physical activity and media coverage – is too good an opportunity to be missed. Furthermore, there is a risk that the data collected would be out-of-date by the time the factsheets are published. It was agreed, therefore, that plans would go ahead for publication in September and that WHO would give focal points at least three weeks to provide feedback on their draft country factsheet.

Presentation of the draft Portuguese physical activity recommendations

Pedro Graça, Directorate-General of Health, gave a brief introduction on the new draft physical activity recommendations for Portugal.

In May 2013 a consensus meeting on guidelines for the recommendation of physical activity, led by the Directorate-General of Health and sponsored by the WHO Regional Office for Europe, recognized the importance of a national strategy for HEPA promotion.

The resulting draft strategy for the promotion of physical activity, health and wellbeing had recently been published and issued for consultation. The final version of the strategy is scheduled for publication in September 2015. The overall mission of the strategy is to generate nationwide awareness and to make it possible for citizens to be physically active irrespective of economic, demographic or social status.

The main objective is ‘to prioritize nationwide access of different population groups to physical activity guidelines and the creation of conditions for engaging in physical activity through intersectoral and multidisciplinary policies.’

There are five areas of action:

1. Promotion of physical activity: optimizing opportunities to promote physical activity making use of mass media outlets, places with direct interaction with citizens, and healthcare facilities.
2. Healthcare professionals: providing healthcare professionals with guidelines on physical activity for the general population and according to common morbidities, and training on physical activity counselling.
3. Intersectoral action: establishing partnerships with diverse institutions and entities to potentiate their ability and resources.
4. Research: producing scientific data on physical activity levels and caused of sedentary lifestyle in order to design, monitor and evaluate interventions.
5. Monitoring: ensuring physical and activity promotion strategies are monitored and evaluated, and that results and the scientific framework are disseminated.

The Directorate-General of Health had also recently launched a new campaign ‘Make the best choice, use the stairs’ comprising a website, motivational posters, a campaign manual and a video available for download.

Discussion
The Portuguese initiative is another encouraging example of a country developing a national strategy and national recommendations. WHO remains at the disposition of any Member State that would like advice or support to be able to develop its own policy and/or recommendations.

João Breda gave an update on the European Physical Activity Strategy, the first stand-alone physical activity strategy to be developed in any WHO region.

There is a long history behind the development of this strategy, culminating in the Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020 giving the Regional Office the mandate to develop a physical activity strategy for the Region.

One of the voluntary global NCD targets is for a 10% reduction in physical inactivity, and it will be challenging for the Region to meet this and the other global targets. The added value of a specific physical activity strategy is that it will establish physical activity as a policy field in its own right, apply previous global WHO initiatives to the regional level and provide an impulse to policy-making in Member States. The Strategy, which aligns very well with EU policy on physical activity, is also really innovative in terms of the structure and the measures proposed.

The mission of the forthcoming European Physical Activity Strategy is to:

• promote physical activity;
• reduce sedentary behaviours;
• ensure an enabling environment that supports physical activity through attractive and safe built environments, accessible public spaces and infrastructure;
• provide equal opportunities for physical activity regardless of gender, age, income, education, ethnicity or disability; and
• remove barriers to and facilitate physical activity.

The Strategy is guided by a series of guiding principles and is made up of five priority areas, each with a series of key objectives.

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7 25% reduction in premature mortality for NCDs; 80% coverage of essential NCD medicines and technologies; 50% coverage drug therapy and counselling; 0% increase in diabetes and obesity; 25% reduction in raised blood pressure; 30% reduction in tobacco use; 30% reduction in salt/sodium intake; 10% reduction in physical inactivity; 10% reduction in harmful use of alcohol.
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<th>Priority Area</th>
<th>Key Objectives</th>
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| Leadership              | • Provide high-level leadership by health sector  
                           • Establish coordination mechanisms, promote alliances                                  |
| Children/adolescents    | • Promote physical activity during pregnancy and early childhood  
                           • Promote physical activity in preschools and schools  
                           • Promote physical activity beyond school based settings                                 |
| Adults                  | • Reduce car traffic, increase walkability and bikeability  
                           • Provide opportunities and counselling at the workplace  
                           • Integrate physical activity into prevention, treatment and rehab  
                           • Improve access to PA facilities and offers                                               |
| Older people            | • Improve the quality of advice by health professionals  
                           • Provide infrastructures and appropriate environments  
                           • Involve healthy but inactive older people in social physical activity                 |
| Monitoring, evaluation  | • Strengthen surveillance systems and evaluate policies  
                           • Strengthen the evidence base for physical activity promotion                              |
| and research            |                                                                                                                                               |

The Strategy has been the subject of extensive consultation and will now be presented for adoption at the Regional Committee meeting in Vilnius in September 2015. The Regional Office would like to express its gratitude to all those who participated in the development of the Strategy.

**WHO’s nutrition, obesity and physical activity database**

The data from the questionnaire and the country factsheets will feed into the update of WHO’s nutrition, obesity and physical activity database. This database will soon be re-launched with a redesigned visual interface and new functions. The updated website is due to be launched in the autumn.

**Discussion**

In terms of implementation, the Regional Office hopes that Member States will draw on the example of the regional strategy to then implement their own physical activity strategies.

The issue of synergy with environmental goals was raised. WHO considers that the Strategy has succeeded in taking environmental concerns into account.

**Agreed next steps**

The following next steps and timeline were agreed:

- WHO will continue to work towards finalizing the country factsheets for launch during the European Week of Sport, 7 – 13 September.\(^8\)
- Member States to notify WHO of three successes/achievements to be highlighted in their country factsheets as soon as possible.

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\(^8\) The factsheets were launched in September. [Link](http://www.euro.who.int/__data/assets/pdf_file/0007/288106/Factsheets-on-health-enhancing-physical-activity-in-the-28-European-Union-Member-States-of-the-WHO-European-Region.pdf?ua=1)
• By 2/3 July:
  o WHO would send focal points a draft of short document explaining selected indicators;
  o WHO would send proposal for which indicators to be included in the country factsheets;
  o WHO would send a proposed timeline for process of revising and finalizing country factsheets before September. This should allow three weeks for review and return.

• By 10 July:
  o WHO would prepare draft of introduction and methodology sections for overview chapter of the report;
  o WHO would send one completed country factsheet as a model.

The next meeting is likely to take place in April 2016. Issues that may be on the agenda for that meeting include harmonization of methodology to measure physical activity prevalence rates at national level, preparation of the Commission report on the implementation of the Council Recommendation on HEPA, and potential use of HEPA PAT and the mini PAT.

The Tender Group study will be ongoing until the end of the year. In order for the situation analysis work to be conducted, a decision is required on which countries to involve.

The Commission will continue to work on ensuring that HEPA stays high on the policy agenda. As part of this, the first European Week of Sport will take place 7 – 13 September. A great many partners have been involved in the preparation of this week, including 31 national coordinators and over 30 confirmed European partner organizations (sport and media). It is very much hoped that the Week will help to raise awareness and to promote HEPA.

Conclusions and closure
On behalf of WHO, João Breda thanked participants and commended the progress that had been made during the meeting. He expressed great thanks to the hosts for their hospitality, the beautiful venue and the smooth organization.

Susanne Hollmann thanked all participants on behalf of the European Commission and looked forward to seeing the focal points at the next meeting.

List of Annexes

Annex 1: List of participants
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