



EU Work Plan
for Sport

2014-
2017

Expert Group on Health-enhancing physical activity

*Fourth meeting (12 January 2016)
Report by the European Commission*

1. PARTICIPANTS

- Experts from 17 Member States: Austria, Belgium (French-speaking Community), Cyprus, Estonia, France, Germany, Hungary, Latvia, Lithuania, Luxemburg, Malta, The Netherlands, Poland, Portugal, Slovak Republic, Slovenia, UK
- European Commission: DG EAC
- Observers: ECF, ENGSO, EOC – EU Office, EUPEA, EuropeActive, EOSE, FESI, FIFA, ICSSPE, Sport and Citizenship, UPKL
- Invited speakers: João Breda (World Health Organization), Alfred Rütten and Karim Abu-Omar (Friedrich-Alexander Universität Erlangen-Nuremberg)

2. INTRODUCTION

As part of his introductory remarks, the chairman recalled the growing threats of terrorism in Europe and underlined the importance of promoting European values, to which sport can contribute. The group adopted the agenda without comments.

3. PHYSICAL ACTIVITY SURVEILLANCE AND MONITORING OF HEPA POLICIES

3.1. FIRST RELEASE OF THE COUNTRY FACTSHEETS ON HEPA

João Breda, from the World Health Organization (WHO), made a presentation on prevention and tackling physical inactivity related non-communicable diseases. He recalled briefly the 2030 sustainable development goals, among which good health and well-being, and the targets from the global action plan for the prevention and control of non-communicable diseases, notably the reduction of physical inactivity by 10% by 2025. He stressed that most of the countries were off-track in terms of achieving the targets related to physical activity. He recalled the worrying projections on obesity from the WHO for Europe for 2035, and the recent adoption of a physical activity strategy for the WHO European Region for 2016-2025, as one of the elements to tackle the problem.

He summarised and praised the cooperation between the WHO and the European Commission to promote physical activity, and presented the recently released country fact sheets on physical activity for the 28 EU Member States. More than 100 success stories and up to date monitoring and surveillance data were included in these fact sheets. They showed in particular that 22 Member States would have established surveillance or health monitoring systems including population-based physical activity measures within the next two years. 21 Member States would have specific coordination mechanism for HEPA promotion within the next two years. Time dedicated to physical education in primary and secondary schools was decreasing in most Member States. The fact sheets also showed that HEPA training was not yet systematically included in the curriculum of neither health professionals nor physical education teachers.

Even though the country fact sheets had been prepared in a very short time, the results were considered very good and the timely contributions from the Member States was appreciated. Concretely, the fact sheets would allow understanding the different methods used by various countries to promote physical activity, sharing successes, exchanging experiences across Member States, and providing inspiration for further development and implementation.

Future improvements would include the harmonisation of definitions and of measurements methodologies across Member States, policy assessments, and better addressing language barriers.

The country fact sheets would be updated every two years. All members of the XG HEPA were invited to contribute to the communication and dissemination of the country fact sheets.

3.2. PROPOSAL TO IMPROVE PHYSICAL ACTIVITY SURVEILLANCE

Prof Dr Alfred Rütten, from the Friedrich-Alexander Universität Erlangen-Nuremberg, presented an idea for a project that could be launched to calibrate and convert physical activity surveillance data across Member States.

The main purpose of the project would be to compare three commonly used questionnaires for physical activity surveillance (Global Physical Activity Questionnaire - GPAQ, International Physical Activity Questionnaire - IPAQ, European Health Interview Survey Physical Activity Questionnaire - EHIS-PAQ) against each other and against objective accelerometer data in a validation study that would utilise representative samples in some EU countries. Potentially, states could also use their national physical activity related questionnaire as part of the study.

Such project would enable to compare prevalence of physical activity as generated by the different questionnaires with actual accelerometer data. Member States would thus be able to calibrate existing prevalence that stem from questionnaire data. It would also be possible to convert prevalence rates that stem from one instrument (e.g. IPAQ) to prevalence estimates from another instrument (e.g. EHIS).

The project would involve a group of outstanding international researchers.

Member States welcomed very much the idea and were very supportive of such an initiative. Several Member States already expressed interest in participating, would such project be implemented. It was agreed that a short summary of the project idea would be shared with the experts, to request formal expression of interest from Member States to participate. Budgetary constraints would limit the number of participating countries, and a possible selection would be done on the basis of geographical distribution and strength of commitment from the countries.

The European Commission informed that it would explore further the idea and administrative possibilities to support such a project.

4. INFORMATION POINT FROM THE EUROPEAN COMMISSION

The European Commission gave an update on recent development in the field of HEPA at EU level. It informed about relevant priorities under the subsequent Presidencies of the Council of the EU, with in particular the elaboration of the next EU Work Plan for Sport that would start after 2017, and noted that internal works regarding the Commission's evaluation of the implementation of the 2013 Council Recommendation on HEPA would start soon. It also informed that the High Level Group on Grassroots Sport set up by Commissioner Navracsics

would address health benefits of grassroots sport and that final recommendations from that Group would be released mid-2016¹.

The importance of cross-sector and cross-policy approaches in promoting physical activity was recalled and emphasised. Examples for cooperation with other relevant services of the European Commission were given. In particular, efforts to avoid overlaps between the monitoring frameworks under the Council Recommendation on HEPA and under the Action Plan on Childhood Obesity had been undertaken and led to the agreement that the reference for data related to physical activity would be the Council Recommendation on HEPA. The European Commission also informed that EUROSTAT had the intention to publish statistics on sport participation and that the cooperation would be intensified between relevant services in this regard.

The information point also included an update on funding of projects in the field, in particular through the third Health programme, the Horizon2020 research programme and the Erasmus+ programme (which would include, as from 2016, small projects with simplified administrative requirements).

Finally an overview of the European Week of Sport 2015 that took place in September 2015 was given, and the main orientations for the next edition in 2016 were presented.

5. PREPARATION OF EXPERT GROUP RECOMMENDATIONS TO ENCOURAGE PHYSICAL EDUCATION IN SCHOOLS, INCLUDING MOTOR SKILLS IN EARLY CHILDHOOD, AND TO CREATE VALUABLE INTERACTIONS WITH THE SPORT SECTOR, LOCAL AUTHORITIES AND THE PRIVATE SECTOR (DELIVERABLE 1)

LU presented briefly the Council conclusions *on the promotion of motor skills, physical and sport activities for children*², which had been adopted in December 2015 under the LU Presidency of the Council of the EU. A mapping of the items in the Council Conclusions against the recommendations compiled in Deliverable 1 of the XG HEPA was presented. This mapping showed that the Council Conclusions were substantially building upon the recommendations of the XG HEPA, confirming the interest of the work done. The Council Conclusions were addressing calls to the Member States, and invitations to the European Commission and to the sport movement. It was agreed to plan a tour de table at the next meeting of the XG HEPA to allow Member States, the European Commission and observers, if appropriate, to inform about initiatives taken as a response to these Council Conclusions.

6. COORDINATION OF THE IMPLEMENTATION OF THE COUNCIL RECOMMENDATION ON HEPA (DELIVERABLE 2)

6.1. APPROACH AND MS CONTRIBUTIONS

HU, as lead expert in charge of deliverable 2, summarised what had been done since the third meeting. She recalled that the XG HEPA was mandated to coordinate the implementation of

¹ http://ec.europa.eu/sport/news/2015/1112-high-level-group-grassroots-sport_en.htm

² (2015/C 417/09) <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52015XG1215%2807%29>

the Recommendation from the Council on promoting HEPA across sectors. The coordination role of the XG would entail compiling and sharing national good practices and lessons learned. Good practices would serve as good examples which can inspire and inform the elaboration of national cross-sector HEPA policies, implementation plans and actions. HU informed that 20 Member States and 4 observer organisations had already provided good practices.

The XG supported the proposed approach and the format and structure of Deliverable 2. It was agreed that each Member State should review the good practices of the other Member States to ensure that these good practices were self-explanatory. It was also agreed that Member States would make sure that references to EU and international documents were included in the good practices.

The lead expert informed that she would send a draft final version of Deliverable 2 in the coming weeks, in view of the next meeting of the XG HEPA.

6.2. PRESENTATION OF GOOD PRACTICES AT NATIONAL LEVEL

This fourth meeting of the XG HEPA gave the opportunity to three experts to inform about initiatives in their respective countries, and to two observer organisations to inform about relevant projects in the field of physical activity promotion.

PL presented the "Sport Development Programme 2020", the first official document referring to the HEPA concept in Poland, which was adopted in August 2015 after many consultations (including a public consultation). This strategy for sport, defined in the context of a long-term vision for Poland for 2030, was evidence-based and founded on all relevant EU and international documents (e.g. Council Recommendation on HEPA, WHO Physical Activity Strategy). It aimed at creating conditions for the development of sport and promoting HEPA. It had a clear focus on sport for all and therefore on supporting professional sport when it had the potential to impact positively all citizens. It stressed in particular the importance of grassroots sport clubs and of creating an enabling environment. A monitoring system with impact indicators was being put in place to follow up on the implementation of the strategy. Remaining challenges identified included notably the engagement of other sectors and putting in place funding to support strategic priorities. As a next step, an action plan would be defined and put in place.

SL gave an update on HEPA at national level. Concretely three projects were presented. The first project, "healthy lifestyle" was defining a systematic solution to provide additional hours of physical activity at school and to promote a healthy lifestyle throughout the primary school population. More than 52% of the children population had been included (75% of children from participating schools), with substantial positive impact on their physical capacity. Such schools were awarded an "active school label". The second project, "young for healthy youth", was replicating the concept of the "healthy lifestyle" project in technical secondary school, as that children population was identified as a group at risk. The third project, "counselling for physical and motor development", was involving medicine doctors, supported by kinesiology experts, to prescribe exercises to individuals for health prevention. Regular, high-quality structured, professionally managed and appropriately intense physical exercises were considered to have beneficial effects in reducing the risk of chronic diseases. Key steps in the process were examination of an individual, counselling and sharing feedback.

NL gave an update on HEPA at national level. The "sport and physical activity close to home" initiative of the Ministry of Health, Welfare and Sport was presented. The three pillars of that

initiative were a network of neighbourhood sports motivators, funding through grants for sport and exercise projects, and the sharing of expertise. The only quantitative goal defined in the national budget for sport was for NL to reach the top 10 of international medal count. NL informed about the sport data infrastructure in place at national level. A set of about 20 key indicators had been agreed and was used to produce statistics and evaluate policies. NL also presented the way good practices were monitored. A recognition system was registering good practices to provide, in particular, policy makers and professionals with sound information on the quality and effectiveness of available health promotion interventions. 183 recognised interventions addressing HEPA promotion had been registered to date. NL underlined that implementing a recognised intervention was a precondition for an organisation to receive a grant under the health research fund.

EuropeActive presented the "Active learning for children in schools" project (ALCIS). A short video³ recalled the concern that less than 10% of European children were meeting the recommendations for physical activity levels. The project was addressing the problem by organising group exercises classes for children at school, and by putting ready-to-use educative material developed by experts at the disposal of teachers. The project was co-financed by the Erasmus+ programme as part of the European Week of Sport 2015. It involved more than 8000 children and 150 teachers in 100 schools across 5 EU Member States. The majority of participating teachers had confirmed the intention to sustain in the class the good habits instilled by the project. EuropeActive informed that given the success, a follow-up project was being defined.

FIFA presented the "FIFA 11 for Health" programme. The programme was combining the direct health benefits of the game with its unique educational power to teach children aged 11-12 years how to live a healthy life and avoid major diseases. Football was used as a platform to promote key health messages among young people, regardless of gender, ethnicity or social conditions. The programme was delivered through schools. Initially launched in Africa and designed to address communicable diseases as well as non-communicable diseases, "FIFA 11 for Health" was being extended to other continents and implemented across 5 continents and 23 countries. Denmark was the first European country to run as a pilot in 2015 (in cooperation with the Danish Ministry for Health), prevention messages being adapted to the European context.

7. COLLABORATIVE PLATFORM

The Commission recalled that all presentations and relevant meeting documents would be made available in the collaborative platform set up for the XG HEPA:

<https://circabc.europa.eu/w/browse/5f7b94ab-3391-4309-a1cf-5734cca4efdf>

8. DATE OF NEXT MEETINGS

It was agreed that the 5th meeting of XG HEPA would take place in Cyprus on 12 April 2016, back-to-back with the next meeting of the network of Physical Activity Focal Points, which would take place on 11 April 2016.

³ <https://www.youtube.com/watch?v=ATmZdR2tWBc>