



EUROPEAN COMMISSION
Impact Assessment Board

Brussels,
D(2012)

Opinion

Title **DG EAC – Impact Assessment on a proposal for a Council Recommendation on health-enhancing physical activity (HEPA)**
(draft version of 8 November 2012)*

(A) Context

Physical activity is one of the most important health determinants in modern society. Despite the growing profile given to its promotion at national, international and EU level, the rates of physical inactivity in the EU remain unacceptably high with vast discrepancies between Member States. While HEPA promotion depends primarily on efforts within Member States, most of them have not yet achieved the principal policy objective in this area, namely to increase the proportion of citizens who reach the HEPA levels recommended in the 2008 EU Physical Activity Guidelines (EU PA GL). These guidelines reiterate World Health Organization Recommendations on the minimum level of physical activity, emphasise the importance of a cross-sectoral approach and provide 41 concrete guidelines for action. This Impact Assessment therefore identifies and analyses the underlying determinants for increasing the effectiveness of HEPA promotion policies of EU Member States.

(B) Overall assessment

While the report presents the relevant information in a clear and accessible manner, it should be improved in a number of respects. It should better explain why Member States have so far failed to increase HEPA rates and how exactly the EU can help them to better do so. On this basis, the report should strengthen the intervention logic by improving the link between the policy objectives, the problem drivers and the policy measures at the EU level. Furthermore, it should better explain why the policy options should apply to all Member States, irrespective of their progress in increasing HEPA rates, and how the envisaged EU-funded support would be targeted to Member States most in need. The report should then provide a more realistic assessment of impacts which would duly take into account that: (i) HEPA promotion lies primarily within the competence of Member States; (ii) improvements are likely to substantially differ across the EU; and (iii) substantial funds would need to be invested at national, regional or local level. Further effort to assess and quantify costs and benefits for individual Member States and specific at-risk-groups should be made. Finally, the report should clarify if the opinions of all relevant stakeholders are known and better reflect any divergent or conflicting views.

* Note that this opinion concerns a draft impact assessment report which may differ from the one adopted.

(C) Main recommendations for improvements

(1) Better explain what prevents Member States from increasing HEPA levels and clarify the role of the EU. While the report highlights that sport and health policies are primarily national competences, it should better explain: (i) why Member States have so far failed to increase HEPA rates to what is deemed a desirable level; and (ii) how exactly the EU can help them to better do so. The report should take due account of the fact that Member States might have difficulties allocating sufficient financial and human resources, partly due to other political priorities. On that basis, it should clarify the need for the EU to act now. Furthermore, the report should discuss if, and to what extent, the current 41 sub-guidelines of the EU Physical Activity Guidelines are relevant for all Member States and explain how prioritisation could be achieved. It should also illustrate the regional dimension of low HEPA rates and the corresponding investment levels within Member States. The report should then re-focus the problem definition on assessing why and to what extent the EU failed to promote effective and efficient HEPA policies at national level.

(2) Improve the intervention logic. Based on the revised problem definition, the report should clearly link objectives to the identified problem drivers and policy measures that can adequately address them. For example, it should better demonstrate how the EU can effectively promote the uptake of the EU PA GL at national level and how the enhanced coordination, identification and comparison of trends at the EU level would help Member States to better design and implement their national HEPA policies. To do so, the report should explain the causal link between the inputs and assessed outputs (enhanced policy coordination and data collection at the EU level), outcomes (improved national HEPA policies) and impacts (related to increased HEPA rates), while listing the key factors affecting HEPA rates alongside effective national policies.

(3) Better present the content of the options and assess their proportionality. The report should better explain how the policy options differ from the baseline scenario and assess their proportionality. For example, it should explain why, irrespective of progress made, all Member States would need to set-up a cross-sectoral steering committee and participate in the monitoring mechanism. Furthermore, the report should clarify how the envisaged country-specific, EU-funded support would be targeted to Member States most in need, given that it is foreseen to be provided on a voluntary basis upon request. Finally, it should explain if the revision of the EU PA GL was considered but discarded and if so, why.

(4) Strengthen the assessment of impacts. The report should present more realistic impact scenarios better reflecting the fact that: (i) the EU has a rather limited role to play; (ii) improvements are likely to substantially differ across Member States and regions; and (iii) substantial funds need to be invested at all relevant levels (i.e. national, regional or local) if impacts are to materialise. It should make further efforts to assess and quantify costs and benefits for individual Member States and specific at-risk-groups (e.g. the elderly). The results of quantitative analysis must be re-checked and presented with more caution, given the limited data set and a number of assumptions that are still to be clarified. This applies, for example, to extrapolating the UK estimates to the entire EU, correlating levels of physical activity with life expectancy or estimating the net present value of increased HEPA levels.

(5) Better present stakeholders' views. The report should clarify if the opinions of all relevant stakeholders (i.e. including a comprehensive range of national authorities) are known and if not, explain why. It should better reflect stakeholders' views on the

identified problems, policy options and impacts. The report should highlight possible divergent or conflicting views and explain how the concerns have been taken into account. The annexed consultation summary should be better structured and more focused, so the positions of stakeholders on the key elements of the report can be more easily identified.

Some more technical comments have been transmitted directly to the author DG and are expected to be incorporated in the final version of the impact assessment report

(D) Procedure and presentation

The report is well written and presented. The executive summary should respect the maximum page limit.

(E) IAB scrutiny process

Reference number	2013/EAC+/013
External expertise used	No
Date of IAB meeting	5 December 2012 (Written Procedure)