

Health-enhancing physical activity (HEPA) policy audit tool (PAT)

Version 2

<Switzerland>

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Glossary

The following definitions are proposed in order to support the collection of relevant information for the PAT (based partly on Report of the global survey on the progress in national chronic diseases prevention and control (1)). However, it is not unusual for terms to be used interchangeably; for example, in one country a document may be called a policy, while in others a similar document could be labelled as action plan or strategy.

Action plan	An action plan should identify who does what (type of activities and people responsible for implementation), when (time frame), how (approaches, activities and interventions) and for how much (resources). It should ideally also have an inherent mechanism for monitoring and evaluation. An action plan can be part of a policy (see below) or be an independent document.
(Health-enhancing) physical activity (HEPA)	This is any form of physical activity that benefits health and functional capacity, without undue harm or risk.
Policy	A policy is a written document that contains priorities, defines goals and objectives, and is usually issued by (part of) the public administration. It can contain or be accompanied by an action plan (see above).
Programme	A programme is a set of measures or a single (but large-scale) long-term activity, which may or may not be related to a policy document. A programme can contain different types of activities, such as social marketing campaigns, promotional events, specific interventions or initiatives in different settings, and can be time limited or open ended.
Strategy	A strategy is defined by a long-term plan designed to achieve national goals (in this case, to promote health and prevent diseases).
Surveillance / monitoring system	A health surveillance/monitoring system is the continuous, systematic collection, analysis and interpretation of the health-related data needed for the planning, implementation, and evaluation of public health practice.
Sedentary behaviour	Sedentary behaviour is any waking behaviour involving very low energy expenditure and a sitting or reclining posture.

Disclaimer

The responses to the audit tool questions, as well as the conclusions and views resulting from the use of the tool, are the responsibility of its users and do not reflect the views of the WHO. The questions and explanatory text in this unprotected version may not be changed in any way.

SECTION 1

Background information and country context

1a. Please provide a brief overview of the **government structure** in your country (about 200-400 words). For example, briefly outline whether your country has a centralized or federal system and on which government level the main responsibility lies for issues such as health, sport, education, transport, environment and urban planning policy. *For examples relating to this and the other PAT questions, refer to the WHO website (www.euro.who.int/hepapat).*

Switzerland has a federalist structure where most political responsibilities lie with the communities and cantons. The federal administration has a mainly subsidiary role, except for some specifically defined topics such as defense, external policy.

The responsibility for both health and education lies primarily with the cantons. In health, there are exceptions such as the fight against infectious diseases. A stronger national role in health promotion through a national prevention law has been narrowly rejected by parliament in 2012. In sports (and as interpreted by the Strategy of the Federal Council for a Sports Policy in Switzerland from 2000 also in physical activity promotion) there is a federal responsibility because of its historical association with defense and with the army.

Switzerland has a concordance and not an opposition system, so the four major political parties are all part of the government. The national parliament has two chambers, comparable to the US systems ("Nationalrat"=representatives of the parties according to the national elections; "Ständerat"=senate, representatives of the cantons). On the one hand, the entire political system grants stability, on the other hand changes take time. Switzerland has three major language regions: German, French, Italian. There is a strong tradition to respect minorities and accept cultural differences, for example in the different language regions.

Overall, Switzerland is generally a country with pronounced regional autonomy, scepticism towards top-down approaches, emphasis on individual and professional responsibility, and a preference for bottom-up approaches, particularly in health policy.

1b. Please briefly describe the governance at sub-national level (about 200-400 words) (e.g. at regional/provincial/cantonal/municipality level).

The governmental structure of the sub-national level as comparable to the one on the national level with concordance and not opposition systems, but there is only one chamber in the parliaments.

Switzerland has 26 cantons. The total population of Switzerland is 8.364 million (spring 2016), the largest canton with respect to its population is Zurich (1.475 million) and the smallest canton is Appenzell Innerrhoden (15'900). As described above, responsibility for health and education lies mostly with the cantons. For other relevant sectors such as transport and spatial planning the cantons share responsibilities with the municipalities, under oversight of the national level.

As of 1 January 2016, there were 2294 political municipalities in Switzerland, the smallest ones with less than 100 inhabitants, the largest one being the city of Zurich with a population of some 416'000. All affairs that are not regulated by constitution or law on the national or cantonal level fall under the responsibility of the municipalities. Generally, there is a strong sense of autonomy and emphasis of self-responsibility of municipalities, perceived both by institutions and the population.

1c. Please provide a list of the **main government ministries** (e.g. health, sport, education, transport, environment and urban planning) in your national government that have a role in the promotion of HEPA (see Glossary for definition).

Please also include a brief description of the role(s) of these key HEPA-related government departments.

Please note: This question and Question 1d refer to the national level; please include information on the subnational level only where relevant, e.g. for countries with a strongly decentralized, federal system.

Example: list the ministries and their role(s).

The Ministry of Health, Welfare and Sport is responsible for sport, physical activity and health policy, initiation and delivery of frameworks for action plans/programmes, guidelines and subsidies. In addition, creating and maintaining links with other ministries and sectors concerning physical activity promotion is one of their tasks.

Federal Office of Sports FOSPO: The FOSPO is responsible for all sports-related dossiers at the national level. It also hosts an education, training and service center for sports in Switzerland and a center for sports sciences. In the area of general sports and physical activity promotion (HEPA) the main activity is the programme Youth and Sports.

Federal Office of Public Health FOPH: The FOPH is part of the Federal Department of Home Affairs. Along with the cantons it is responsible for public health in Switzerland and for developing national health policy. As the national health authority, the FOPH also represents Switzerland's interests in the field of health in international organisations and with respect to other countries.

Federal Roads Office FEDRO: The FEDRO was established in 1998 as Switzerland's federal authority responsible for road infrastructure and private road transport. It belongs to the Federal Department of the Environment, Transport, Energy and Communications (DETEC), and focuses on securing sustainable and safe mobility on the country's roads. Its principal objective is to secure the functionality of Switzerland's motorways and main roads. The FEDRO has a section responsible for active transport (i.e. cycling, walking).

Federal Office of the Environment FOEN: The FOEN is the federal government's center of environmental expertise and is part of the Federal Department of the Environment, Transport, Energy and Communication (DETEC). Its goals are conservation and sustainable use of natural resources and the protection of human life against excessive environmental impact and natural hazards. This also includes the national climate change strategy.

Federal Office of Spatial Development ARE: The ARE is the federal government's specialist authority on issues concerning spatial development, mobility policy, and sustainable development. It works alongside Switzerland's cantons and communes, and also takes the lead on international cooperation in spatial planning matters. In its work, the ARE pursues the vision that space in Switzerland should be managed sustainably.

Education: There is no federal ministry as the responsibility is entirely with the cantons, including the implementation of physical education (which is, however, regulated by law on the national level).

1d. Please list any **other important national organizations**, outside of government, which are **actively engaged** in HEPA promotion. This could include national sporting organizations, NGOs, charities, advocacy groups, the academic or scientific community, among others.

Please provide a brief description of the role of these organizations (about 50–100 words).

Please add/remove rows as needed.

Health promotion
Switzerland

Health promotion Switzerland is a private foundation supported by the cantons and a yearly premium collected as part of the mandatory individual health insurance. By federal law (Federal Health Insurance Law, article 19; see p. 8) the foundation initiates coordinates and evaluates health promotion activities. The foundation is governed by the national government.

SECTION 2

Leadership and partnerships

Questions 2 and 3 are about the situation relating to **leadership** and **coordination** of efforts to promote physical activity. In this context, the terms are used as follows.

- Leadership refers to the provision of overall direction for HEPA; e.g. responsibility for defining, supervising and managing the national physical activity agenda.
- Coordination means communication on, and alignment of actions and developments relating to HEPA, and could include facilitation of regular exchange between relevant stakeholders.

Leadership and coordination can be provided by one or more agencies within or outside of government. The same or different agencies may be involved in both activities, and different agencies might be involved at national and subnational levels. Mechanisms for leadership and coordination can take the form of a multisectoral committee, working group, alliance or task force, or might be led by a government agency or NGO

2. Please state any agency(ies) providing **leadership for HEPA promotion at the national level** in your country.

In Switzerland, there is not one single agency providing leadership but several institutions have a role:

- The Federal Office of Sports FOSPO has a broad legal basis which includes also HEPA promotion but currently focuses mostly on sports in the more classic sense (as well as on elite sports).
- The Federal Office of Public Health FOPH, Health Promotion Switzerland and the Swiss Conference of the Health Directors of the Cantons (Gesundheitsdirektorenkonferenz GDK) share leadership for the new NCD strategy, including HEPA promotion. While Health Promotion Switzerland and the cantons do have a legal basis for their activities in HEPA promotion, the FOPH does not, due to the lack of a national prevention law.

3. Please state any agency(ies) providing **leadership for HEPA promotion at the subnational level** (e.g. at regional/ provincial/cantonal/municipal level) in your country.

- Health promotion authorities in cantons and cities
- Sport promotion authorities in cantons and cities
- Urban planning authorities in cantons and cities
- Transport planning authorities in cantons and cities
- Education authorities in cantons and cities
- Network hepa.ch Switzerland acts as a voluntary exchange platform for actors at the cantonal and community (as well as national) level

There are also institutionalised coordinating mechanisms (so-called “Conferences”) for the members of governments of the cantons within the respective sectors (e.g. public transport, health, etc).

4. Are any mechanisms or agencies in place in your country to ensure **cross-sectoral collaboration** on the delivery of HEPA policy, **at the national level**?

If yes, briefly describe. Please provide information on who is involved, who is leading these efforts, and how these collaborations function in practice. Please also mention (to the extent possible) any positive or more difficult experiences. This may also include examples of collaboration with the private and voluntary sectors.

There have been and still are a number of informal, voluntary exchange platforms but no officially established or legally binding mechanisms for cross-sectoral collaboration at the national level. The existing mechanisms are all lead by non-health and non-sports ministries. According to the NCD action plan (see p. 9) the Federal Offices of Public Health (and Sports) participate in some of them, related to activity-friendly environments. Relevant examples are:

Federal Coordination group for active transportation ([Bundeskoordination Langsamverkehr](#)). This exchange group exists since the year 2000. It is hosted by the Federal Roads Office FEDRO. The group meets twice per year, once among members of the public administration only and once also with representatives of expert and lobby organizations.

Model projects for sustainable spatial development ([Modellvorhaben "Nachhaltige Raumentwicklung 2014-2018"](#)): with this programme the confederation supports related innovative projects, developed by local, regional and cantonal agencies. It is lead be the Swiss Federal Office of Spatial Development.

Coordination office for sustainable transport ([Koordinationsstelle für nachhaltige Mobilität](#)): This group is led by the Swiss Federal Office of Energy and supports innovative projects in the field.

5. Are any mechanisms or bodies in place in your country to ensure **cross-sectoral collaboration** on the delivery of HEPA policy **at the subnational level**?

If yes, briefly describe. Please provide information on who is involved, who is leading these efforts, how these collaborations function in practice. Please also mention (to the extent possible) any positive or more difficult experiences. This may also include examples of collaboration with the private and voluntary sectors.

On the cantonal (or municipal) level there might be informal exchange platforms in some cantons, installed by cantons themselves but not initiated by the national level.

In the sports sector, there has been an initiative by the national level to install "sports coordinators" in municipalities aiming at developing "local sports and physical activity networks" since 2003. Since 2009, the Federal Office of Sports offers a training course for future sports coordinators. The approach is to embed the sports coordinator in the administration of a municipality. Today, a main task is to coordinate the use of sports infrastructure and to support the organization of sporting events. In 2010, 64 municipalities and 7 regions had a sports coordinator, 42 of them employed or paid by mandate (Source: http://www.sportobs.ch/ind1_200.html).

SECTION 3

Policy documents

Question 6 is about **any relevant past policy documents or past events** that were influential in shaping the HEPA agenda in your country. This will provide background context about HEPA in your country. **Current policy documents** are described in Question 7.

6. Please describe any **key past policy documents** and **past events** that have led to the current context of HEPA promotion in your country. This might include legislation or recent policy documents that are now technically out of date (e.g. a previous national HEPA policy that may or may not have been extended), previous landmark legislation, or other documents such as scientific reports. Key events might include political changes, position statements or scientific events that have shaped the HEPA agenda.

Please list the documents/events, provide a web link (where available), and indicate if an English version or summary is available in each case.

Please add/remove rows as needed.

Key past document

Strategy of the Federal Council for a Sports Policy in Switzerland (Konzept des Bundesrats für eine Sportpolitik in der Schweiz), 2000-2012

Issuing body: Federal Office of Sports

Web-link: Documentation at www.sportobs.ch/konzept.html?&L=2, in German and French. Document available in English at www.panh.ch/hepa.ch/gf/konzeptsportpolitik

Brief description:

Within the area of sports and health of the strategy, it was stated that the Federal Government aims at increasing the number of people in all age groups who are physically active. A list of priority activities was given. The Government also mandated the Swiss Federal Department of Defense, Civil Protection and Sport in cooperation with the cantons, municipalities and other agencies to submit a national action plan on physical activity. Special emphasis had to be placed on health promotion, accident prevention, sustainable development and sport for young people, senior citizens and the disabled. No specified budget or timeframe for the policy was included. The strategy was the basis of comparable developments in many cantons. At the national level, it was phased out in 2012 with the adoption of the updated Law on the Promotion of Gymnastics and Sport (see p. 10).

Key past document

National environment and health action plan, (Aktionsplan Umwelt und Gesundheit), 1998-2007

Issuing body: Federal Office of Public Health

Web-link: [Documentation](#) (final evaluation report – German)

<https://www.bag.admin.ch/bag/de/home/service/publikationen/evaluationsberichte/themenuebergreifen-d-evalber.html>, in German and French.

Brief description:

The Swiss National Environment and Health Action Plan was implemented from 1998 onwards. It had three priority areas: nature and wellbeing, mobility and wellbeing, and housing and wellbeing. The priority area on mobility focused on the promotion of walking and cycling. The action plan included development projects in three pilot regions (each of them focusing on one priority area), project support possibilities, coordination and networking as well as communication elements, but not a budget for large scale implementation. The action plan was discontinued in 2007.

Key past document

Mission statement on human powered mobility, draft (Leitbild Langsamverkehr, Entwurf), 2002
 Issuing body: Swiss Federal Departments of Environment, Transport, Energy and Communications
 Web-link: www.astra.admin.ch/astra/de/home/themen/langsamverkehr/grundlagen.html, in [German](#), French and Italian.

Brief description:

Human powered mobility (HPM) includes pedestrian traffic, hiking, cycling and other forms of non-motorized mobility. This document provided the national mission statement for the promotion of HPM, a vision and a strategy to be implemented through 13 groups of measures. One of the targets was to increase HPM from 47% to 54% of all travel episodes within 10 years, but like the mission statement itself, this target has not been formally adopted. While the mission statement only existed as a draft, it has been very important in guiding the development and its content has been taken up in the Action Plan on Human Powered Mobility (Massnahmenplan Langsamverkehr), as a measure of the Sustainable Development Strategy (version 2014 and version 2016 see p. 12ff).

Key past events

Brief description:

There are no past key events.

7. Please provide details (title, timeframe, issuing body) of the **current key policy documents, legislation, strategies or action plans** in your country, which outline government (and, where applicable, NGO) intention to increase national levels of physical activity (see Glossary for definitions of these terms).

Please list the documents according to sector and, where available, provide a web link, indicating whether an English version or summary is available. Please provide a brief description of the general content of each policy (about 100–250 words).

Please mark in the right-hand column **which are the most important documents** for the HEPA agenda in your country and briefly explain why these documents are deemed important.

Please add/remove rows as needed.

Sector	Policy	Indicate (X) the most important documents
Health	<p>Federal Health Insurance Law (Bundesgesetz über die Krankenversicherung, KVG) Publication date:1996 Time frame covered: no timeframe Issuing body: National law Web link (in German, French and Italian): https://www.admin.ch/opc/de/classified-compilation/19940073/index.html</p> <p>Among many other aspects, the Health Insurance Law covers health promotion in its articles 19 and 20. The (private) health insurance companies are required to collect a premium from every insured person (which is by law everybody in the country) (until 2016 CHF 2.40 per person, totaling about 18 million Swiss Francs per year (ca. €16.6mio.); in 2017 CHF 3.60 (ca. CHF 28.8 million, based on an increased number of inhabitants of about 8.4 mio.) and from 2018 onwards CHF 4.80 (ca. CHF 40 mio.). These funds have to be used for health promotion and prevention of diseases. The foundation Health Promotion Switzerland has been mandated with this task (see p. 3).</p> <p>Until 2016, the four main work areas of the foundation were: diet and physical activity among children and adolescents, mental health, health promotion for older adults and basics for health promotion and prevention. As of 2017, the areas of work follow the</p>	X

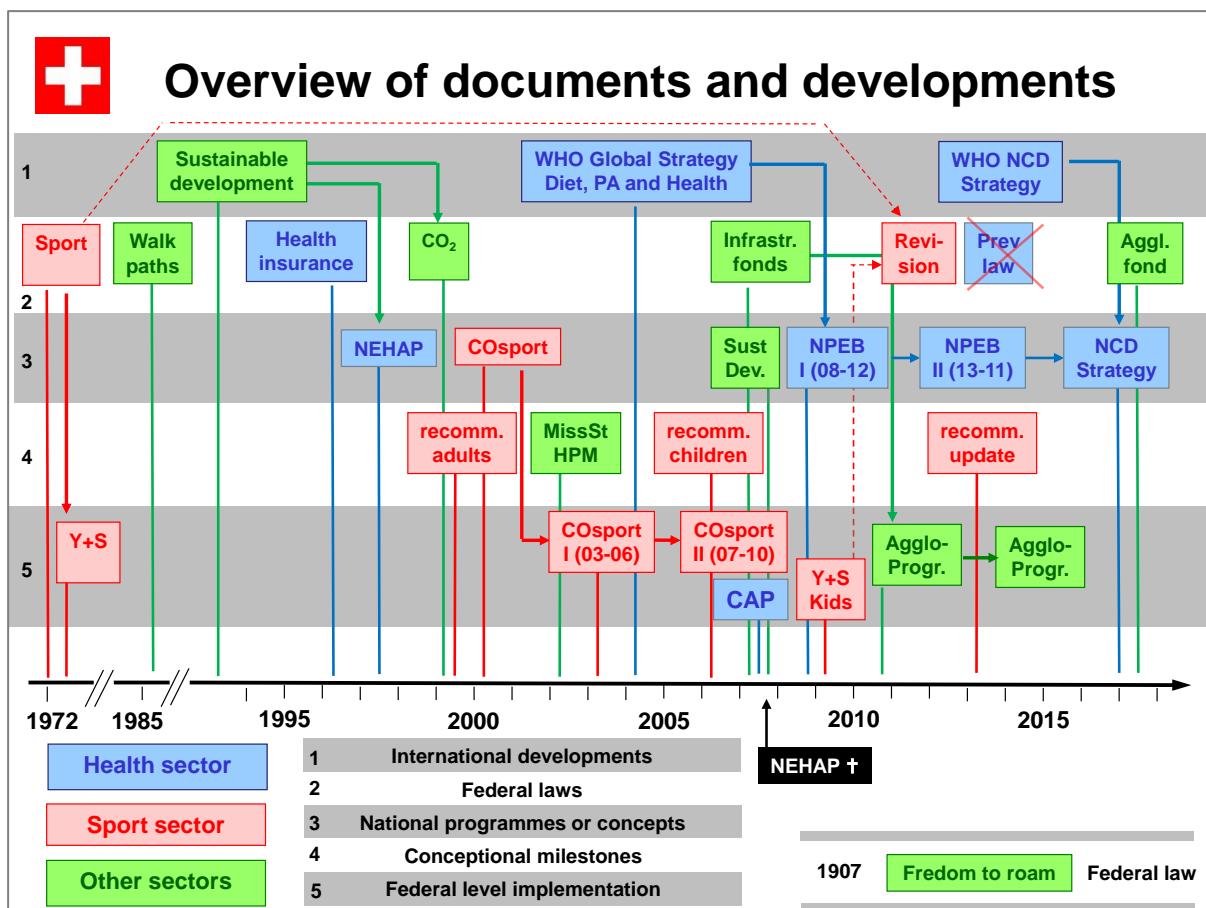
Sector	Policy	Indicate (X) the most important documents
	<p>main topics of the new NCD strategy (see below). Since the beginning of the implementation of the law, HEPA promotion was a priority activity, mainly through the systematic support of programs on diet and physical activity in almost all the cantons, addressing mainly children and adolescents (see Q16). Documentation at www.gesundheitsfoerderung.ch in German, French and Italian and for the main contents also in English.</p> <p>National Programme on Diet and Physical Activity (NPDPA) Publication date: 2007 Time frame covered: 2008-2012 / 2013-2016 Issuing body: Federal Office of Public Health Web link: Website has already been closed* (27 December 2016)</p> <p>The National Programme on Diet and Physical Activity (NPDPA) was developed based on a mandate been given by the Swiss Federal Council to the Federal Office of Public Health in 2004. It aimed at facilitating health promoting choices in order to prevent non-communicable disease more efficiently. The programme focused mainly on counteracting overweight and obesity among the population in general, and especially among children and young people, All measures had to address both nutrition and physical activity (Evaluation of the NPDPA see Q22a, p. 28).</p> <p>* The completion of this HEPA-PAT coincided with the launch of the national strategy for the prevention of non-communicable diseases and a reorganization of the national programs in this context. It was decided to continue with them, but in the framework of the new national NCD-strategy, starting in 2017 (see NCD strategy and action plan below).</p>	
Health (continued)	<p>National Strategy for the Prevention of Non-communicable Diseases (NCD) and corresponding Action Plan Publication date: 2016 Time frame covered: 2017-2024 Issuing body: Federal Office of Public Health Web link (available in German, French and Italian): https://www.bag.admin.ch/bag/de/home/themen/strategien-politik/nationale-gesundheitsstrategien/strategie-nicht-uebertragbare-krankheiten.html</p> <p>The <u>strategy</u> was developed under the lead of the Swiss Federal Office of Public Health, in cooperation with the cantons (conference of the cantonal health directors) and the foundation Health Promotion Switzerland. Its objectives are to reduce joint behavioral risk factors, to increase health competence, to improve health promoting environments to increase equality in access to health promotion and prevention, to reduce the proportion of the population at increased risk who suffer from an NCD, to increase quality of life and reduce need of care. The <u>action plan</u> defines three pillars: population-based health promotion and prevention, prevention in the health care setting, prevention at the workplace. No quantified targets were defined. Already existing funds: The measures on prevention of smoking and risky alcohol consumption will be financed through existing taxes on cigarettes and alcohol or contributions by the cantons from their regular budgets. Otherwise, in the Action Plan it is foreseen that the FOPH will spend CHF 1 mio for their own staff and CHF 2 mio for coordination and communication activities</p>	X

Sector	Policy	Indicate (X) the most important documents
	<p>(status 2017). New funds: The annual contributions to Health Promotion Switzerland (see p. 3) as defined by the Health Insurance Law (see p. 8) will be doubled. The additional ca. CHF 22 million per year will partly be used for the implementation of the NCD action plan.</p>	
	<p>Health 2020 Publication date: 2013 Time frame covered: 2013 to 2020 Issuing body: Federal Office of Public Health Web link (available in German, French and Italian): https://www.bag.admin.ch/bag/de/home/themen/strategien-politik/gesundheit-2020/eine-umfassende-strategie-fuer-das-gesundheitswesen.html</p> <p>This strategy outlines the priorities of the federal council for 8 years, including 36 measures across all areas of the health system. Within the area “improve quality of life”, one goal is to intensify health promotion and disease prevention. Public and private actors are called upon to further coordinate and increase activities to prevent chronic diseases and in particular NCDs, also mentioning physical activity as an important determinant. It is also stated that sufficient financial resources shall be put in place for health promotion, prevention and early diagnosis. No specific budget or action plan for the implementation is included in the strategy.</p>	
Sport and recreation	<p>Federal Law on the Promotion of Gymnastics and Sport (Bundesgesetz über die Förderung von Turnen und Sport, Sportförderungsgesetz) Publication date: 1972; revised version since 2012 Time frame covered: No time frame Issuing body: National law Web link (available in German, French and Italian): www.baspo.admin.ch/de/dokumentation/gesetzliche-grundlagen.html</p> <p>Based on a constitutional vote in 1970, a federal law has been introduced in 1972. It covers physical education to be provided in schools by the cantons and the communities and the activities of the federal administration in the promotion of sports, particularly the Youth and Sport programme, today open to boys and girls of 5 to 20 years of age.</p> <p>The revised law provides indeed a broad legal basis for HEPA promotion: The Confederation – in particular the Federal Office of Sports FOSPO – shall promote sports and physical activity among the entire population, namely during education, at the workplace, during leisure time and in old age; as elements of physical fitness, health, education, social integration and cohesion. The law also states that the responsibilities in the fields of health and activities of daily living (Alltagsbewegung) have to be clarified with the other responsible units of the federal administration.</p> <p>The Federal Law is the basis of the annual budget of the FOSPO and of the Youth and Sport programme (see Q. 16; Budget Youth + Sport about CHF 100 mio). It is also the basis of the estimated 500 million CHF that the cantons and communities invest each year into sport and physical activity promotion.</p>	X

Sector	Policy	Indicate (X) the most important documents
Sport and recreation	<p>Action Plan Sports Promotion – Concept Sports for All (Aktionsplan Sportförderung – Konzept Breitensport) Publication date: draft, under review Time frame covered: No time frame Issuing body: Federal Office of Sports Web link (available in German, French and Italian): http://www.baspo.admin.ch/de/aktuell/themen--dossiers-/gesamtschau-sportfoerderung0.html</p> <p>In 2014, the parliament commissioned a conceptual and financial overview of sports development in Switzerland. The elements of the resulting draft action plan are a concept for elite sports, a concept for sports for all and an infrastructure concept. There is no specific link to the past Strategy of the Federal Council for a Sports Policy in Switzerland 2000 (see p. 6). The action plan is currently in the political process. The draft of the concept for sports for all (May 2015) has three pillars: continuing with the Youth + Sports programme (see p. 11), with specific focus on “snow sports”; continuing with support for training of instructors on sports for adults in other organizations; Sports for All (in particular continuing with training of sports coordinators (see p. 5) and a new interdepartmental working group on Sports for All). The concept lists the <i>additional</i> financial needs of about CHF 5 mio per year as global budget and an increasing amount of subsidies starting with CHF 1.2 mio in 2018 and reaching 27.2 mio from 2028 onwards.</p>	
Education	<p>As explained, there is no national policy on education in Switzerland, because education is the responsibility of the cantons. However, physical education is regulated in the Federal Law on the Promotion of Gymnastics and Sport (see p. 9). According to this law physical education is mandatory up to secondary school:</p> <ul style="list-style-type: none"> - 3 lessons per week during mandatory school (Grades 1 to 9) - Secondary and vocational schools: number of lessons not regulated 	
Transport	<p>Federal Law on Walking and Hiking Paths (Bundesgesetz über Fuss- und Wanderwege) Publication date: 1985 Time frame covered (if specified):no time frame Issuing body: national law Web link (available in German, French and Italian): https://www.admin.ch/opc/de/classified-compilation/19850207/index.html</p> <p>The law and the respective ordinance define walking and hiking paths and the responsibility of the cantons to create and maintain them, to assess and if necessary improve the path networks, and to have an administrative structure in charge of them. It also defines the supportive role of the federal administration, in particular with respect to subsidizing the private organisation Swiss Hiking (Schweizer Wanderwege; see p. 19) or the NGO Pedestrian Mobility Switzerland (Fussverkehr Schweiz).</p> <p><i>Additional information:</i> <i>There is no such law on cycling path. An initiative to include cycle path into the law described above has been submitted in 2016 by the national cyclist federation (Pro Velo Schweiz). As foreseen by the political procedures, there has already been a public consultation The initiative and a corresponding counterproposal will be debated in the national parliament, followed by a national vote, probably in early 2019.</i></p>	X

Sector	Policy	Indicate (X) the most important documents
	<p>Federal Law on the Infrastructure Fund (Bundesgesetz über den Infrastrukturfonds für den Agglomerationsverkehr, das Nationalstrassennetz, sowie Hauptstrassen in Berggebieten und Randregionen – Infrastrukturfondsgesetz IFG) Publication date: 2006 Time frame covered: to be extended every for years Issuing body: national law Web link (German, French and Italian): https://www.are.admin.ch/are/de/home/verkehr-und-infrastruktur/programme-und-projekte/agglomerationsprogramme-verkehr-und-siedlung.html</p> <p>Increases in mobility and related problems in urban and suburban areas (Agglomerationen) and on the national motorways shall be dealt with and the main roads in mountain areas and border regions shall be maintained. For this purpose, the Infrastructure Fund (alimented by petrol taxes and by motorway fees) will provide 20.8 billion Swiss Francs (about 13.5 billion Euro) over the next 20 years, including 6 billion Swiss Francs for public and private transport infrastructure in agglomerations of which 2.56 billion Swiss Francs is earmarked for urgent projects and 3.44 billion Swiss Francs for agglomeration programmes. It is foreseen to spend about 3 billion already between 2011 and 2018. The Swiss Federal Government stated that non-motorised transport should take on a central role in urban and suburban areas and that a relevant proportion of the means available should be used for improving the quality in non-motorised transport (cycling and walking). Over an 8 year period (wave1 2011-2014; wave2 2015-2018), some 500 million Euros have on average been spent through the fund annually, with about 54 million Euros allocated to walking/cycling infrastructure. Additionally, there are investments into public transport infrastructure and multi-modal nodes. This does not include measures to improve general traffic safety or intermodal nodes which also benefit cycling and walking. These numbers are only the contributions from the national level (one third); they are complemented by twice the amount from the cantonal and local levels (2 thirds).</p> <p>In February 2017, a national a law for a fund for “National roads and Traffic in Agglomerations” (Nationalstrassen- und Agglomerationsverkehrsfonds) was accepted in a national poll. This new law will replace the law described above. In the new law there is no time frame specified, i.e. no time limitation. Details of implementation are currently developed.</p>	
Environment	<p>Freedom to roam-article 699, Swiss civil code (Freies Betretungsrecht von Wald und Weide) Publication date: 1907 Time frame covered (if specified): no time frame Issuing body: national law Web link (available in English): https://www.admin.ch/opc/en/classified-compilation/19070042/index.html</p> <p>The “freedom to roam”, or everyman's right, is the general public's right to access certain public or privately owned land for recreation and exercise. This right is guaranteed by article 699 of the Swiss civil code. It states that forest and pasture are accessible freely for</p>	X

Sector	Policy	Indicate (X) the most important documents
	everyone, as long as there is no excessive usage. Except in special cases like the protection of young forest or biotopes it is not allowed to fence in forest areas. This also applies to private property. Similar regulations are in place for land which is not usable (e.g. stretches of water, rock, snow and ice), regardless of the land being under the control of the canton and not claimed as private property or being in private hand. Local or cantonal authorities can define restrictions to this right to roam in order to protect specific areas.	
Urban design and planning	The “Federal law on the Infrastructure Fund” also covers issues of urban planning (see p. 11-12, under “transport”). Otherwise, urban planning is typically an affair of the cantons and the municipalities and not of the national level.	
Other sector: overarching strategy	<p>Sustainable Development Strategy – Guideline and Action Plan 2016-2019 (Strategie Nachhaltige Entwicklung: Leitlinien und Aktionsplan 2012-2015) Publication date: 2016 (most recent version) Time frame covered (if specified): 2008-2011 / 2012-2015 / 2016-2019 Issuing body: Federal Office of Spatial Development (ARE) Web link (English version): https://www.are.admin.ch/are/en/home/sustainable-development/strategy-and-planning/sustainable-development-strategy-2016-2019.html</p> <p>The first 2008-2011 Action Plan included a goal to increase the proportion of physically active transport stages, and the federal administration was called upon to develop an Action Plan on Human Powered Mobility (Massnahmenplan Langsamverkehr) until the end of 2011. The evaluation report stated that physically active transport could be introduced as 3rd pillar of the transport system and that several implementation aids had been published.</p> <p>The second Action Plan (2012-2015) foresaw the full establishment of physically active transport as 3rd pillar of the transport system and the implementation of the Action Plan Human Powered Mobility.</p> <p>In the Action Plan of the current (third) 2016-2019 version of the strategy, 107 federal laws, strategies, action plans and concepts are listed. Among them are the NCD-strategy, NPDPA and Health 2020 and the draft of a concept for Sports for All (Federal Office of Sports) (see above). It also contains an action plan with goals in 9 “action areas” including health and transport. For each area, a long-term vision, medium-term challenges up to 2030 and the Federal Council’s goals for up to 2030 as well as foreseen action towards their achievement between 2016 and 2019 are described. This chapter also contain goals to reduce physical inactivity (see Q18) and to increase the proportion of non-motorised transport and announces that the Action Plan on Human Powered Mobility (Massnahmenkatalog Langsamverkehr) is foreseen to be published in spring 2017; it will also be part of the first ever Strategy of the Federal Roads Office FEDRO.</p>	



8. During the development of the most important policies/action plans listed in Question 7, was a **consultative process** used, involving relevant stakeholders?

If **yes**, please briefly outline the steps of this consultation processes and which organizations were involved. Please also mention any challenges in recent years in engaging government ministries or other agencies through such processes.

There are specific consultation procedures for Switzerland ("Vernehmlassungsverfahren") as a standard, before a draft of a law or document goes into parliamentary debate. The purpose of this procedure is to include stakeholders and their expertise in order to increase the chances of getting the issues on debate successfully through parliament and a possible public poll.

Usually a very broad audience is invited to comment on these drafts, be it bodies such as other sectors, other levels of government, NGOs or the private sector. Even organizations not specifically invited can send in their comments. For the development of action plans, usually stakeholder workshops are held and/or expert panels are set up.

However, there are no defined procedures on how comments and inputs from the different sources should be taken up. Usually, the office in charge prepares an overview report of all comments received but then it is up to the responsible body to incorporate comments and suggestions or not.

9. In your appraisal of the policy documents listed in Question 7, is there evidence of **cross-referencing and alignment within and between policies, with genuine connections between different policy areas**, or do the policies present separate, sector-specific strategies without evidence of links and consistency across sectors and documents with relevant policy? For example: in the health sector, does a national obesity prevention strategy refer to an existing physical activity promotion plan, thus demonstrating an integrated overarching national approach to addressing physical activity? Does a transport policy recognize links with other policies that promote walking and cycling in the health sector (or sport field)? Does a sport promotion policy cross-reference HEPA promotion activities contained in a health promotion policy? **If yes**, please briefly explain and give examples of such cross-referencing. Please state which of the policy documents presented in Question 7 you are referring to.

The most recent strategy documents were checked for cross-referencing:

[Strategy Sustainable Development and its Action Plan, 2016-2019:](#)

In the health section, this overarching [strategy refers to the NCD-Strategy 2017-2024, the National Program Diet and Physical Activity 2013-2016 and Health 2020 \(all described in question 7\), as well as Youth+Sports \(described in question 16\)](#) The [action plan](#) contains a thorough collection of all federal laws, strategies and concepts that have some connection to sustainable development (in total 107). Among them are the NCD-Strategy, the National Program Diet and Physical Activity and Health 2020 already mentioned above and a draft of a Sports for All concept (2015, Federal Office of Sports (described in question 7)). . For every measure, the leading institution is named; measures are not prioritized any further.

[NCD-strategy and its Action Plan, 2017-2024:](#)

The [strategy](#) lists a number of other strategies where some coordination takes place, among them the Strategy for Sustainable Development (see above); no further details are given. There are no other references to other documents. The [action plan](#) references Health 2020 ([described in question 7](#)).

10. In your country, are any mechanisms in place to ensure that the key policy documents listed in Question 7 are **based on the best-available scientific evidence on HEPA**? For example, are specific mechanisms or agencies dedicated to reviewing evidence and ensuring that the latest evidence is used to inform national policy development? Do any formal committees or institutions exist that are responsible for reviewing evidence and providing guidance to national policy-making bodies, or any formal links between government and academic institutions for this purpose?

If yes, please briefly describe these.

There are no such mechanisms.

11. Please indicate how useful the following international documents have been in the development of physical activity- related policy in your country, e.g. by serving as a basis, input or inspiration (whether having been specifically quoted or not in a policy document). Please rate the documents below on the scale from 1 (= “not at all useful”) to 5 (= “very useful”). Please add any other international documents which have been important in the development of physical activity-related policy in your country, as necessary.						
	Not at all useful				Very useful	
	1	2	3	4	5	Don't know
Global strategy on diet, physical activity and health (2)				x		quoted in the previous National program nutrition and physical activity (2008-2016)
Global recommendations on physical activity for health (3)				x		
2008–2013 action plan for the global strategy for the prevention and control of noncommunicable diseases (4)				x		
Global status report on noncommunicable diseases 2010 (5)				x		quoted in NCD strategy (p.16)
Global action plan for the prevention and control of noncommunicable diseases 2013–2020 (6)				x		quoted in NCD strategy (p.23)
Steps to health. A European framework to promote physical activity for health (7)						x
Action plan for implementation of the European strategy for the prevention and control of noncommunicable diseases 2012–2016 (8)				x		quoted in NCD strategy (p.23)
The Toronto Charter for physical activity: a global call for action (9)						x
Noncommunicable disease prevention: investments that work for physical activity (10)						x
Lancet series on Physical Activity (11)	x					
Other document (please specify): European Physical Activity Strategy				x		quoted in NCD strategy (p.24)
Other document (please specify): Vienna Declaration on NCDs			x			quoted in NCD strategy (p.23)
Other document (please specify): WHOWEF (2008). Preventing Noncommunicable Diseases in the Workplace through Diet and Physical Activity				x		quoted in NCD strategy (p. 21)

- There are no references to any documents in the Health 2020 Report (p. 10), in the Sports for all Concept (p. 11), or in the Sustainable Development Strategy (p. 14)
- Several of the older documents were mentioned in the NPEB 2008-2012 (p. 9; its development is dating back more than 10 years now).

12. Do any **national documents or guidelines** exist that **support implementation of HEPA activities at the subnational level**? For example, does national policy determine what is delivered at the subnational level and, if so, is this national guidance strongly adhered to? Such guidance could include programmes, structures or funding. Or is subnational policy and activity developed and implemented largely independently from the national government?
Please note: please be brief here (about 300–500 words) and include cross-references to other questions (e.g. Question 7) where relevant, to avoid repetition.

Overall, there are many activities in HEPA promotion at the local and the regional level, often not based on a national action plan. There are some very successful private initiatives that are usually not based on national policies either, but that are contributing to their development and that often integrate public partners only at a later stage (see for example Switzerland Mobility, Q19).

An example of a national strategy guiding action at sub-national level are the cantonal action programmes “healthy body weight” promoted and coordinated by Health Promotion Switzerland (see Q 16); these cantonal programmes will continue also under the new NCD strategy (see p. 9); it is foreseen that they will allow separate activities for nutrition and physical activity and will be less focused on promoting only a healthy body weight.

Other examples are the national laws that define the actions that have to be implemented by the cantons. Examples are the Federal Law on the Promotion of Gymnastics and Sport defining the mandatory number of PE lessons (see, p. 11), or the Federal Law on Walking and Hiking Paths (see p. 11).

Otherwise, cantons or municipalities have a high autonomy and are usually free to choose their own activities and priorities.

SECTION 4

Policy scope, content and implementation

13. Considering all the physical activity policy documents listed in Question 7, please indicate which **settings are included for the delivery of specific HEPA actions**.
Please only tick those settings in which dedicated programmes or interventions are foreseen or already under way.

Preschools/kindergarten	<input checked="" type="checkbox"/>	Sport and recreation	<input checked="" type="checkbox"/>
Primary schools	<input checked="" type="checkbox"/>	Transport	<input checked="" type="checkbox"/>
Secondary/high schools	<input checked="" type="checkbox"/>	Tourism	
Colleges/universities	<input checked="" type="checkbox"/>	Environment	
Primary health care	<input checked="" type="checkbox"/>	Urban design and planning	
Clinical health care (e.g. hospitals)		Community	
Workplace	<input checked="" type="checkbox"/>	Other (please specify):	
Older adult/senior services	<input checked="" type="checkbox"/>		

14. Considering all the physical activity policy documents listed in Question 7, please indicate which **population groups are targeted by specific HEPA actions**.
Please only tick those groups for which dedicated programmes or interventions are foreseen or already under way.

Early years	<input checked="" type="checkbox"/>	Sedentary/the least active	
Children/young people	<input checked="" type="checkbox"/>	People from low socio-economic status	
Older adults	<input checked="" type="checkbox"/>	Families	
Workforce/employees	<input checked="" type="checkbox"/>	Indigenous people	
Women		Migrant populations	
People with disabilities		General population	<input checked="" type="checkbox"/>
Clinical populations/chronic disease patients		Other (please specify):	

15. Does your country have a current **national communication strategy (using mass media)** aimed at raising awareness and promoting physical activity?
If yes, please provide details of the communication activities (e.g. posters, website, television or radio advertising, etc.) and whether these activities have a common branding or slogan (e.g. "Agita Sao Paulo" or "Find 30").
If no, has your country conducted any national communication activities in the past?

In the past, there have been some isolated media campaigns. Mainly Health Promotion Switzerland had several media campaigns also addressing physical activity (www.gesundheitsfoerderung.ch). There is no current national communication strategy or mass media campaign. In Switzerland, the awareness of the importance of physical activity is very high, and the issue has also been taken up by the private industry already since a number of years (e.g. several health insurance campaigns promoting physical activity or tourism regions promoting active holidays). Even though the lack of a communication strategy has been mentioned in the evaluation of the National Programme on Diet and Physical Activity (see p. 9) as one of its weaknesses, it is questionable whether a national mass media campaign would be a wise and efficient allocation of resources.

Hepa.ch provides communication materials (e.g. a standard slide set, graphics, leaflets on the national recommendations, a video, etc.), which are used by practitioners or for teaching purposes (<http://www.hepa.ch/de/dokumentation.html>, mostly in German/French/Italian, some documents in English). Additionally, the FOPH provides communication materials regarding a sedentary lifestyle - <https://www.bag.admin.ch/bag/de/home/themen/mensch-gesundheit/koerpergewicht-bewegung/bewegungsfoerderung/auf-stehen.html> in German/French/Italian, few documents in English.

16. To illustrate the types of policy actions in your country, please provide one or two **examples** (if available) of large-scale (preferably national) programmes or interventions in each of the settings listed.

Please provide a brief description of each programme or intervention (about 100 words, including, for example: name, lead organization, approach, participants, results.) and a source where further information can be obtained.

Suggestion: You could also consider developing these examples into more detailed case studies to complement your national PAT assessment.

<p><i>Example: sport/recreation</i></p>	<p>Youth and Sports is the Swiss national sports promotion programme for people aged 5–20 years. It offers courses in more than 70 disciplines and reaches more than half a million children and adolescents every year. More recently, it also offers sports promotion activities for children aged 5–10 years. Youth and Sports is based on the Federal Law on the Promotion of Gymnastics and Sport (described above). More information: Federal Office of Sport website (German, French, Italian) (http://www.jugendundsport.ch/) (12) and Kelly P, Cavill N, Foster C. An analysis of national approaches to promoting physical activity and sports in children and adolescents. Full report. Oxford: University of Oxford British Heart Foundation Health Promotion Research Group: 2009 (www.euro.who.int/_data/assets/pdf_file/0009/119295/HEPA_children_analysis_report.pdf).</p>
<p>Health</p>	<p>Cantonal action programmes coordinated by Health Promotion Switzerland The aim of the programme is to increase the proportion of youth with a healthy body weight. It started in 2007; currently 20 out of the 26 cantons participate. Health Promotion Switzerland (see p. 4) provides a theoretical framework, examples of good practice, tools, coordination platforms and coordinated evaluation efforts. The programmes are funded by Health Promotion Switzerland (based on health insurance law, see p. 7) and the cantons based on a 50:50 split. Health Promotion Switzerland defines the criteria that the cantons need to meet with their programmes in order to get financial support from the foundation. More information: https://gesundheitsfoerderung.ch/public-health/ernaehrung-und-bewegung-bei-kindern-und-jugendlichen/kantonale-aktionsprogramme.html (German, French, Italian)</p>
<p>Health</p>	<p>PAPRICA (Physical Activity Promotion in Primary Care) PAPRICA is a brief intervention aiming at improving physical activity in patients. It was developed particularly with the perspective of primary care physicians' needs for counseling practice and it is based on the principles of motivational interviewing. The programme offers physician training, a manual, a patient brochure and other material. The development of first precursor projects started already in 2000. In the canton of Vaud (French speaking part), PAPRICA has been implemented broadly since many years. Currently a national structure for broader dissemination also in the other regions is in preparation within the context of NCD-strategy, which has one pillar on prevention in the health care setting (see p. 10). The programme PAPRICA petite enfance (early years) educates health professional on the role of physical activity and health in young children and provides information material; so far it has been implemented in the French speaking region of Switzerland. More information: www.paprica.ch (German and French) Martin BW et al. [Goal: prevention of non-communicable diseases on the population level. Health counselling in primary care settings: part 2]. Swiss Medical Forum 2016; 16(44): 932–937. (German and French) Martin BW et al. [Approaches for non-communicable diseases and beyond. Health counselling in primary care settings: part 1]. Swiss Medical Forum 2016; 16(43): 916–920. (German and French).</p>

Sport/recreation	<p>Jugend + Sport (Youth and Sports)</p> <p>Youth + Sports is the Swiss national sports promotion programme for people aged 5–20 years. First versions of the programme have been in operation since 1974. Today, it offers courses in more than 70 disciplines and reaches more than half a million children and adolescents every year. More recently, it also offers sports promotion activities for children aged 5–10 years. Youth and Sports is based on the Federal Law on the Promotion of Gymnastics and Sport (see p. 10).</p> <p>More information: Federal Office of Sport website (German, French, Italian) (http://www.jugendundsport.ch/) (12) and Kelly P, Cavill N, Foster C. An analysis of national approaches to promoting physical activity and sports in children and adolescents. Full report. Oxford: University of Oxford British Heart Foundation Health Promotion Research Group: 2009 (www.euro.who.int/_data/assets/pdf_file/0009/119295/HEPA_children_analysis_report.pdf)</p>
Education	<p>schule.bewegt (Schools on the move)</p> <p>This national campaign aiming at promoting HEPA in schools was implemented from 2005 to 2016 by the Federal Office of Sports FOSPO. Its aim is to encourage classes to sign up for 20 minutes of HEPA during a school day (outside PE). Teachers were supported by card sets and other material. At the end of 2016, one quarter of all school classes in Switzerland had signed up. In 2016, the FOSPO decided to no longer support the campaign due to budget cuts. As of 2017, Swiss Olympic as a private donor took over the campaign; implementation continued.</p> <p>More information at: http://www.sport.admin.ch/schulebewegt/web/internet/Schulebewegt/de/home.html (German, French, Italian)</p> <p>Purzelbaum (sommersault)</p> <p>The development of this programme aiming at integrating physical activity and healthy nutrition into Kindergartens started in 2004 in the canton of Basle. Later, it was also adapted for daycare institutions and playgroups. Methods are teacher training and supervision, developing supportive environments in Kindergartens and parent involvement. Today the programme is hosted by Radix, a public health foundation, and 20 cantons implement some of the various modules.</p> <p>More information at: https://www.radix.ch/Gesunde-Schulen/Bewegung-und-Ernaehrung/Purzelbaum-Schweiz/P2uDQ/ (German, French)</p>
Transport	<p>Schweizer Wanderwege (Hiking in Switzerland / Swiss Hiking Federation)</p> <p>The Swiss hiking trails cover a network of 65'000 km of uniformly signaled paths. The Federation consists of the national as well as 26 cantonal organizations, its precursor was founded in 1934. Numerous private volunteers help taking care of the network. In addition to the signaled paths there are maps, guide books and other materials.</p> <p>The legal basis is the Federal Law on Walking and Hiking Paths (see p. 11). Since 2003, the hiking network is integrated into SwitzerlandMobility (see just below).</p> <p>More information: https://www.wandern.ch/de/home (German, French, Italian)</p>
Environment	<p>Bike4car (Swiss Energy programme / myblueplanet)</p> <p>The „Bike4Car“ project has been developed by the climate advocacy myblueplanet and was launched in 2010 in collaboration with bike shops. Since 2015, it is supported by the Swiss Energy programme (along with other public and private partners) and since then also includes the French and Italian speaking part of the country. Since 2010, more than 4000 car drivers participated by leaving their car at home to test an E-bike instead for 2 weeks between May and September. During those 2 weeks, they have to hand in the car keys, number plates or driver's license. The main goal is to reduce energy consumption and CO₂-emissions. According to the Swiss Energy website, one year after the last initiative, 54% of participants said they use their car less, 84% used E-bikes more often and 6% gave up their car completely.</p> <p>More information: http://www.myblueplanet.ch/en/bike4car-2016</p>

	https://www.energieschweiz.ch/page/de-ch/bike4car (German)
Urban design/ planning	---
Other: Tourism	<p>SchweizMobil (SwitzerlandMobility)</p> <p>This is a platform linking hiking, cycling, mountain biking, inline skating and canoeing as well as public transport both physically through integrated trail systems and uniform signalization, but also through a website and a mobile app with an interactive map at the heart. It also integrates touristic infrastructure such as restaurants, hotels. It started as a private initiative around the year 2000; today the platform is supported by the confederation, all the cantons, Switzerland Tourism and the principality of Lichtenstein and it is sponsored by several private partners.</p> <p>More information: www.switzerlandmobility.ch (available in English)</p>

SECTION 5

Recommendations, goals and targets

This section contains questions referring to national recommendations on physical activity (Question 17a) and sedentary behaviour (Question 17b).

<p>17a. Does your country have any national recommendations on physical activity and health? National recommendations refer to a consensus statement on how much activity is required for health benefits.</p> <p>If recommendations exist for any of the target groups listed, please provide details for the population subgroups (where applicable), including issuing body, year of publication, title of the document, and provide a web link if available (please also specify whether the document is available in English).</p> <p>If no recommendations exist, please mark the “no” column for the respective target group. If your country has officially adopted or endorsed international recommendations (e.g. of WHO or the United States Department of Health), this should be mentioned as part of the description of the respective recommendations.</p>		
		No
Early years (pre-school age)	<p>Document/policy title and date: 2016</p> <p>Issuing body: Network hepa.ch, Health Promotion Switzerland, Federal Office of Sports</p> <p>Web link: http://www.hepa.ch/de/bewegungsempfehlungen.html (in German and French).</p> <p>Briefly state the recommendations and specify age range: Pre-school age: From 1 year until start of schooling: physical activity for at least three hours per day: several times per day, alone or with other children, varying types of activities and environment, supported and accompanied Babies up to 1 year: interactive games, age-appropriate environment, supported and accompanied</p>	
Children and	Document/policy title and date: 2013	

young people (school-age)	<p>Issuing body: Network hepa.ch, Federal Office of Sports Web link: http://www.hepa.ch/de/bewegungsempfehlungen.html (English version available in the “core document”).</p> <p>Briefly state the recommendations and specify age range: The recommendations are for youth until the end of school age.</p> <p>In addition to activities of daily living youth should be active with moderate to vigorous intensity:</p> <ul style="list-style-type: none"> - Adolescents at the end of school age for at least an hour per day - Younger children significantly longer <p>Activities should vary, including bone and muscle strengthening activities, stimulation cardio-respiratory fitness, improving coordination and maintaining flexibility. Long bouts of sitting should be interrupted with activity breaks after about two hours.</p>	
Adults	<p>Document/policy title and date: 2013 Issuing body: Network hepa.ch, Federal Office of Sports Web link: http://www.hepa.ch/de/bewegungsempfehlungen.html (English version available in the “core document”).</p> <p>Briefly state the recommendations and specify age range: The recommendations are for men and women at working age.</p> <p>Basic recommendations:</p> <ul style="list-style-type: none"> - At least two and a half hours per week of physical activity in the form of routine activities or moderate-intensity sport. - Or one and a quarter hours per week of high-intensity sport or physical activity. - Combinations of physical activity of varying intensity are also possible. <p>Ideally, physical activity should be spread over a number of days during the week. Bouts of at least 10 minutes can be added up over the course of the day.</p> <p>Additional recommendations: For men and women who already meet the basic recommendations:</p> <ul style="list-style-type: none"> - Training of cardio-respiratory fitness: at least three high-intensity training sessions per week. - Strength training: at least twice a week particularly for people aged around 50 and older. <p>It is also mentioned that extended periods of sitting should be avoided but no specific related recommendations exist.</p>	
Older adults/seniors	<p>Document/policy title and date: 2013 Issuing body: Network hepa.ch, Federal Office of Sports Web link: http://www.hepa.ch/de/bewegungsempfehlungen.html (English version available in the “core document”).</p> <p>Briefly state the recommendations and specify age range: The recommendations men and women at retirement age with robust health are the same as for adults with one exceptions: Strength training is recommended at least three and not only two times per week.</p> <p>For older adults with functional impairment or other limiting health conditions the recommendations need to be adapted. Older adults should be as active as possible, even if they are not able any more to meet the basic recommendations.</p> <p>It is also mentioned that extended periods of sitting should be avoided but no specific related recommendations exist</p>	

People with disabilities	Document/policy title and date: Issuing body: Web link (English version available?): Briefly state the recommendations and specify age range:	X
Other (please specify):	Document/policy title and date: Issuing body: Web link (English version available?): Briefly state the recommendations and specify age range:	X

<p>17b. Does your country have any national recommendations on reducing sedentary behaviour? If recommendations exist for any of the target groups listed, please provide details for each of the population subgroups (where applicable), including the issuing body, year of publication, title of the document, and provide a web link if available (please also specify whether the document is available in English). If no recommendations exist, please mark the “no” column for the respective target group.</p>		
		No
Early years (pre-school age)	Document/policy title and date: Issuing body: Web link (English version available?): Briefly state the recommendations and specify age range:	X
Children and young people (school-age)	Document/policy title and date: Issuing body: Web link (English version available?): Briefly state the recommendations and specify age range:	X
Adults	Document/policy title and date: Issuing body: Web link (English version available?): Briefly state the recommendations and specify age range:	X
Older adults/seniors	Document/policy title and date: Issuing body: Web link (English version available?): Briefly state the recommendations and specify age range:	X
People with disabilities	Document/policy title and date: Issuing body: Web link (English version available?): Briefly state the recommendations and specify age range:	X
Other (please specify):	Document/policy title and date: Issuing body: Web link (English version available?): Briefly state the recommendations and specify age range:	X

18. Does your country have any **national goals (or national targets) for population prevalence of physical activity**? If **yes**, please provide details of each target and the time frame. Please specify in which policy document(s) listed in Question 7 these goals are stated. Please start with the most specific and measurable targets, followed by a listing or summary statement of any more general targets and goals for physical activity-related behaviours.

Examples:

“By 2010, 65% (2004: 60%) of the adult population will meet the international exercise standard.”

“An increase in the number of children and youth who are physically active for at least 60 minutes per day.”

Neither the NCD strategy (p. 9) nor the draft of the Sports for all Concept (p. 11) contain a national target on physical activity. According to the corresponding NCD Action Plan, required preliminary studies for the definition of quantified prevention targets will be realized by 2020 (p. 38).

However, the Sustainable Development Strategy 2016-2019 (p. 14) lists the goals of the Federal Council until 2030. Among them is a quantified physical activity target (Field 9 – Health, goal 9.2): “The proportion of the resident population which does not take enough exercise is 10% lower than in 2015”. It is not indicated whether this is an absolute or a relative decrease.

19. Aside from any national goals and targets for population prevalence of physical activity or sedentary behaviour (already provided in previous questions), does your country have **any other goals and targets that directly or indirectly relate to physical activity promotion**?

For example, a goal for health professionals to screen more patients for physical activity, or a target to replace a percentage of car trips by cycling and walking.

If **so**, please give examples, indicate the time period for the desired change, if available, and state in which of the policy documents presented in Question 7 these appear.

There are no such targets on the national level so far. The Sustainable Development strategy mentions under Goal no.2.7 that “Increasing the proportion of total traffic accounted for by non-motorised transport is a major factor in managing current and future travel needs as efficiently and ecologically as possible, both as an independent means of transport and in combination with other forms (‘combined mobility’).” The Sustainability Strategy 2012-2015 contained two indicators regarding Human Powered Mobility: The share of walking and cycling stages in agglomerations (to be increased), and a share of injured pedestrians and cyclists among all victims of traffic accidents (to be substantially reduced). The quantification of the targets was foreseen for the following version of the Strategy which now foresees an Action Plan on Human Powered Mobility to be published in 2017 (see p. 14).

However, there are a number of cities that implement “city initiatives” (Städteinitiativen), initiated by “umverkehrR”, an independent association committed to more sustainable transport. The initiatives in the cities set targets for transport modes: some a reduction of motorized transport, some an increase in walking and cycling. The city of Zurich for example voted for the initiative in a public poll in 2011. The adopted target is an absolute reduction of car traffic by 10% by 2021 (and related increase of the mode share of public transport, walking and cycling); it is legally binding.

More information: <http://www.umverkehr.ch/staedte-initiativen> (German and French)

SECTION 6

Surveillance

20. Does your country have a **health surveillance or monitoring system** that includes measures of physical activity or sedentary behaviour?

If yes, please provide details according to age group (you may copy and paste as many response sections as needed). Please describe long-term general population surveys in: Question 20a (children and young people); Question 20b (adults) and Question 20c (older adults/seniors).

Please add more boxes if needed.

20a. Children and young people

Name of survey 1: [Health Behaviour in School-aged Children Survey \(HBSC\)](#)

Methods used (please tick as relevant)	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
	<input checked="" type="checkbox"/>					

Please complete either row A or row B below, as relevant

A	Part of repeated surveillance system	Start year	Frequency	Latest year of data collection
		2001/02	4 years	2013/14
B	Single survey(s)	Year(s)	Meant as start of repeated surveillance system (yes/no or add comment)	

Name of survey 2: [SOPHYA \(Swiss children's Objectively measured PHYSical Activity\) in combination with the "Sports Switzerland 2014" survey](#)

Methods used (please tick as relevant)	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
				<input checked="" type="checkbox"/>		

Please complete either row A or row B below, as relevant

A	Part of repeated surveillance system Sports Switzerland	Start year	Frequency	Latest year of data collection
		2008	6 years	2014/15
B	Single survey(s) SOPHYA	Year(s)	Meant as start of repeated surveillance system (yes/no or add comment)	
		2014/15	ideally yes; but no mechanism for repetition	

* E.g. fitness, accelerometers

20b. Adults						
Name of survey 1: <i>Swiss Health Survey</i>						
Methods used (please tick as relevant)	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
		x		x		
Please complete <u>either</u> row A or row B below, as relevant						
A	Part of repeated surveillance system		Start year	Frequency	Latest year of data collection	
			1992	5 years	2012	
B	Single survey(s)		Year(s)	Meant as start of repeated surveillance system (yes/no or add comment)		
Name of survey 2: <i>Sport Schweiz (Sport Switzerland) Survey</i>						
Methods used (please tick as relevant)	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
				x		
Please complete <u>either</u> row A or row B below, as relevant						
A	Part of repeated surveillance system		Start year	Frequency	Latest year of data collection	
			2000	6-8 years	2014	
B	Single survey(s)		Year(s)	Meant as start of repeated surveillance system (yes/no or add comment)		

* E.g. fitness, accelerometers

20c. Older adults						
Name of survey 1: <i>Swiss Health Survey, see above for adults</i>						
Method used (please tick as relevant)	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
Please complete <u>either</u> row A or row B below, as relevant						
A	Part of repeated surveillance system		Start year	Frequency	Latest year of data collection	
B	Single survey(s)		Year(s)	Meant as start of repeated surveillance system (yes/no or add comment)		

Name of survey 2: Sport Schweiz (Sports Switzerland) Survey, see above for adults						
Method used (please tick as relevant)	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
Please complete <u>either</u> row A or row B below, as relevant						
A	Part of repeated surveillance system		Start year	Frequency	Latest year of data collection	
B	Single survey(s)		Year(s)	Meant as start of repeated surveillance system (yes/no or add comment)		

* E.g. fitness, accelerometers

21a. Have **data on the prevalence of physical activity or sedentary behaviour** or other related factors **influenced policy development** in your country?

For example, have surveillance data been used to define national goals and targets, or to assess progress towards achieving national goals and targets? **If yes**, please explain briefly and give examples.

If no, please briefly explain why. For example, is the frequency of data collection not in line with the timeline of formulated policy goals, or do the questions asked in the survey not provide information on the effectiveness of national policy implementation?

Quantified goals are very rarely formulated in Swiss policies.

Furthermore, the timeframes of policies and the periodicity of surveys are often not aligned, making it difficult to bring policy making and surveillance together (e.g. the physical activity related goal of the Sustainable Development Strategy (see Qu18) has been formulated for 2030 but the related Swiss health survey is only carried out every 5 years and data will be available for 2027 or 2032). Thus, it seems that physical activity data has little influence on the policy agenda.

21b. In your opinion, have **surveillance data helped to progress the national promotion of physical activity** in your country in any other ways?

For example, has a decline of physical activity levels helped to increase political attention, or created media attention?

If yes, please explain briefly, giving examples.

Surveillance data from health or sports surveys along with data from other sources are systematically collated, updated and made publically available in the two interlinked platforms www.moseb.ch (Monitoring System Ernährung und Bewegung – monitoring system diet and physical activity) and www.sportobs.ch (sports observatory). This has shown to be useful for different user groups.

Data on walking and cycling from the Swiss Travel Survey (every 5 years, starting at age 6 yrs) has helped to sensitize different stakeholders on the decline of cycling in children and adolescents in the past 10 to 15 years.

According to the latest health survey, in Switzerland, physical activity has not declined but increased since 2002!

More information: http://www.sportobs.ch/ind1_100.html?&L=2 (German)

When new survey data are available, they are generally briefly communicated in the media. Despite the encouraging data it is often stressed in the media and by institutions or organizations that “people are not active enough” or even that “physical activity is declining”.

SECTION 7

Evaluation

22a. Has your country undertaken **evaluation of any of the national policies or action plans listed in Question 7?**

If yes, please state the title of the report, publisher and year published. Where available, please also provide a web link and indicate whether an English version/summary is available. Please provide brief details of the evaluation undertaken, what has been evaluated, the data collection methods, a summary of the results and how these were used (or not) to define new policy.

Evaluation of the national programme diet and physical activity 2008-2012. Final report

Publisher and date: INFRAS/IUMSP/Maud Krafft Consulting, 2011

Web link: <https://www.bag.admin.ch/dam/bag/de/dokumente/e-f/evalber-ncd-sucht/2011-evaluation-npeb-2008-2012-schlussbericht.pdf.download.pdf/2011-schlussbericht-evaluation-npeb-111128-d.pdf> (executive summary in English)

Brief description of the approaches, results and their use:

An evaluation was carried out by an external consortium of institutions, including a university institute and a policy consultancy firm. Methodologies included interviews, document analysis and an online survey with relevant stakeholders, and interviews with international experts and programme leaders. The evaluation had 3 main goals: 1) to give an account of programme implementation, activities and achievements, 2) to provide a basis for the proposal to the Federal Council to extend the programme, and 3) to develop proposals to improve the strategic direction and implementation of the programme. The evaluation concluded that the programme has contributed to a better overview of activities and to clarifying roles and responsibilities of the actors involved. It also had first successes in some areas, including for example the MOSEB system www.moseb.ch (see Q 21b) and in promoting multisectoral exchange. However, it was also stated that in particular regarding physical activity promotion, the implementation needed to be specified further. It was also recommended to develop specific and measurable goals and an action plan for implementation as well as an interagency steering mechanism and a joint communication strategy to create a common programme identity across all involved partners and activities.

Evaluation of the national programme diet and physical activity 2013-2016.

<https://www.bag.admin.ch/dam/bag/de/dokumente/e-f/evalber-ncd-sucht/2015-evaluation-npa-npt-npeb-2013-2016-kurzfassung.pdf.download.pdf/2015-eval-npp-synthese-d.pdf>

<https://www.bag.admin.ch/bag/de/home/service/publikationen/evaluationsberichte/evalber-ncd-sucht.html>

Observatory Sport and Physical Activity Switzerland

Publisher and date: continuously

Web link: www.sportobs.ch (German and French; some overview in English)

Brief description of the approaches, results and their use:

The observatory contains a whole series of indicators which are also being used to follow the development and the success of the Swiss Sport Policy.

22b. Has any **evaluation** of physical activity projects or interventions taken place **at the subnational level** (coordinated with or independent from the national level)?

If yes, please give a brief general overview of relevant processes. It is not expected to cover the whole range of activities but rather to give an indication and overview of the general approach taken at the subnational level.

The overall strategy of Health Promotion Switzerland for a healthy body weight has been and is being evaluated by different monitoring and evaluation projects. For example, the cantonal action programmes (see p. 19) for a healthy body weight are accompanied by a formative evaluation.

23. Has any **economic evaluation** of interventions or **physical inactivity** (i.e. not reaching the minimum recommended level of physical activity) at national level been undertaken in your country? **If yes**, please state the title of the report, publisher and year published. Where available, please also provide a web link and indicate whether an English version/summary is available. Please provide a brief description of the results of the assessment (about 50–100 words).

Kosten der körperlichen Inaktivität in der Schweiz (Costs of Physical Inactivity in Switzerland)

Publisher and date: ZHAW – Zurich University of Applied Sciences, 2014

Web link: https://www.zhaw.ch/storage/sml/institute-zentren/wig/upload/Schlussbericht_COI_inactivity.pdf (executive summary in English)

This study estimated direct medical costs and indirect costs of mortality and morbidity attributable to physical inactivity. Inactivity was defined as not being active for at least 2.5 hours with moderate intensity per week or 1.25 hours of sports with high intensity per week. Prevalence of physical inactivity was estimated based on the Swiss Health Survey (see p. 25). Risk ratios were extracted from the literature and population attributable fractions (PAFs) were calculated.

In 2011, 326'310 cases of disease and 1'153 deaths were caused by physical inactivity. The related direct medical costs were estimated at CHF 1.165 billion or at 1.8% of total health care expenditures.

Economic assessment of societal health benefits from active transport in Switzerland

(Ökonomische Abschätzung der volkswirtschaftlichen Gesundheitsnutzen des Langsamverkehrs in der Schweiz)

Publisher and date: Epidemiology, Biostatistics and Prevention Institute, University of Zurich, 2012

Web link:

https://www.astra.admin.ch/dam/astra/de/dokumente/langsamverkehr/oekonomische_abschaetzungdervolkswirtschaftlichengesundheitsnutz.pdf.download.pdf/oekonomische_abschaetzungdervolkswirtschaftlichengesundheitsnutz.pdf with English executive summary

This study applied the WHO's Health Economic Assessment Tools (HEAT) for walking and cycling for Switzerland, using data from the 2005 Swiss Travel Survey, a 5-yearly detailed national transport survey. It calculated different scenarios and found, for example, that a doubling of time spent cycling in Switzerland would result in an economic benefit of about CHF 2 billion per year. This would be equivalent to raising the national modal split of cycling (5.3%) to the level of the most cycling-friendly cities of Winterthur (10%) or Basel (11%). Increasing cycling on a national level by 10% would result in additional economic health benefits of CHF 1.5 billion per year, compared to the situation in 2005. This is within the same order of magnitude as the approximately CHF 2 billion in external health costs from air pollution or the estimated CHF 1.3 billion in transport-related costs of climate change.

Achieving the target of the popular initiative to reduce motorized transport in the city of Zurich by ten percentage points within 10 years ("Städteinitiative", see p. 24) would lead to estimated annual economic benefits of CHF 40 million from the positive health effects of cycling and walking.

The results of this study have not been widely communicated. However, they contributed to the inclusion of cycling and walking into the official Transport Calculation of Switzerland for the first time in 2010. The finding that the 1.3 billion of external health benefits of cycling and walking were higher than the direct costs of these modes of transport was only mentioned in passing in the related press release. The calculation is currently being updated.

More information:

https://www.astra.admin.ch/dam/astra/de/dokumente/langsamverkehr/oekonomische_abschaetzungdervolkswirtschaftlichengesundheitsnutz.pdf.download.pdf/oekonomische_abschaetzungdervolkswirtschaftlichengesundheitsnutz.pdf

<https://www.bfs.admin.ch/bfs/de/home/statistiken/mobilitaet-verkehr/kosten-finanzierung.assetdetail.349597.html> (German, English Executive summary)

SECTION 8

Funding and commitments

24a. Within each of the sectors listed, is funding specifically allocated or “ring-fenced” for the delivery of physical activity- related policy or action plans at the national level ? Please tick yes/no, and provide the amount (and currency), if known. Please also indicate whether this funding is recurrent; that is, provided on a regular basis (e.g. annually).							
Sector	National				Recurrent		
	Yes	Amount per year	No	Don't know	Yes	No	Don't know
Health	x	€6.2 mio. ¹ €0.92 mio. plus health insurance premium ²			x		
Sport/recreation	x	€92 mio. for Y&S			x		
Education			x				
Transport	x	at least €54 mio. ³			x		
Environment			x				
Urban design/planning			x				
Other (please specify)							
Remarks or comments	<p>Note: A conversion rate of 0.92 was used for EUR – CHF.</p> <p>¹ Support of Health Promotion Switzerland to the cantonal action programs (2014, source: www.admin.ch/ch/d/gg/pc/documents/2775/Krankheitsverhuetung_Erl.-Bericht_de.pdf)</p> <p>² It was assumed about 1 mio. of the budget foreseen in the NDC Action Plan for measures (see p. 10) will be used for activities on physical activity (and 1 mio. for nutrition, as alcohol and tobacco have their own funding sources). At the finalization of this document, it had not yet been decided how much of the additional about CHF 22 mio. from the increased health insurance premium for the NCD Action Plan (see p. 8) will be spent on activities related to physical activity.</p> <p>³ Assumption based on the annual average investments (2011-2018) for pure cycling and walking infrastructure measures in the agglomeration programmes (see p. 11). This is only covering large infrastructure programs that cantons submit for support from this national fund, and there is no overview of other investments into cycling and walking measures.</p>						

24b. Within each of the sectors listed, is funding specifically allocated or “ring-fenced” for the delivery of physical activity- related policy or action plans at the subnational level ? Please tick yes/no, and provide the amount (and currency), if known. Please also indicate whether this funding is recurrent; that is, provided on a regular basis (e.g. annually).							
Sector	Sub-national				Recurrent		
	Yes	Amount	No	Don't know	Yes	No	Don't know
Health	x	At least €6.2 mio. ¹					
Sport /recreation	x	ca. €460 mio. ²					
Education	x			x			
Transport	x			x			
Environment			x				
Urban design / planning			x				
Other (please specify)							
Other (please specify)							
Remarks or comments	<p>Note: A conversion rate of 0.92 was used for EUR – CHF.</p> <p>¹ Based on the assumption of a 50:50 split of national and cantonal funds for the cantonal action programs (p. 18). No overview of other funding invested on the cantonal level for physical activity promotion measures or campaigns is available.</p> <p>² Estimation, see p. 10</p>						

<p>25. In your opinion, does evidence exist of political commitment to the national agenda to promote physical activity? This might include, for example: recognition of physical activity as an important policy topic; increased funding; inclusion of physical activity in official speeches; political discussions about physical activity promotion in parliament; visible engagement by politicians in HEPA-related events, or their personal participation in HEPA.</p> <p>If yes, please describe, giving examples, and also comment on whether you think there is greater or less political commitment to physical activity promotion in your country than in the recent past.</p> <p>In Switzerland, there have been different historical phases and events:</p> <ul style="list-style-type: none"> - The Youth and Sport programme (p. 18) has had very strong political support on different political levels (cantons and national) since the 1970s. Usually, additional funding is granted by the national parliament, be it for an extension of the programme or for covering budget shortages. - The “Strategy of the Federal Council for a Sports Policy in Switzerland” (p. 6) has had strong political support during its development in the late 1990s, but only limited additional resources have materialised for the concrete measures (about 3% of the overall budget of the Federal Office of Sport). - There was some political support for the (first ever) proposed national prevention law but the discussions of the law in the federal parliament showed that in some political parties and also in some cantons there is opposition to more federal responsibility in this field even when no additional funding was foreseen. The law was narrowly rejected by federal parliament in 2012. - At the same time, there has been growing interest and support for all aspects of physical activity promotion at the level of cities and cantons, as it can be seen with the cantonal action programmes (p. 18). - After a decline after the late 1990s, there is again growing interest and political support for the promotion of walking and cycling also under the aspects of transport and spatial planning (agglomeration programs (p. 11) as well as environmental protection (sustainable development / CO₂ reduction (p. 13&19). - Many figures of public life like to present themselves as physically active or active in sports. However, this does not imply any particular position towards physical activity promotion as a public task.

SECTION 9

Capacity-building through a national network

26. Does any professional **network or system exist in your country that links and/or supports professionals** interested or currently working in physical activity or related areas?
If yes, please describe, providing a web link and contact person, where available.

The network hepa.ch was founded in 1999 and is still in operation. The hepa.ch-network has been hosted by the Federal Office of Sports since the beginning and is supported by FOSPO, Health Promotion Switzerland, SUVA and the Swiss Council for Accident Prevention (bfu).

Currently, it has 120 member institutions, mainly from the sports and health sectors, NGOs (health and sports) and the private (fitness) industry. One of the measures of the national NCD-strategy (see question 7) is to continue with the network hepa.ch (thus until 2024).

Main activities of the network are an annual meeting, issuing and disseminating the national recommendations on physical activity and health (together with other stakeholders, Q 17a) and the dissemination of reports and communication materials. It focuses on active living, reduction of sedentary behaviour, supportive environments, training & sports.

Weblink: www.hepa.ch (German and French).

SECTION 10

Experience of policy implementation, progress and remaining challenges

27a. What do you think are the areas of greatest progress in national HEPA promotion in your country in recent years?
1. There was an increase of physical activity in adults of about 1% per year (on average) between 2002 and 2012, according to the National Health Surveys (see question 20). One has to be aware that this is self-reported data, and some social desirability can thus not be excluded. However, it is not very likely that the entire increase is attributable to this phenomenon. We can thus be rather sure that Switzerland is one of the few countries where PA has actually increased in the past years.
2. The topic of HEPA promotion has been taken up not only by the cantonal and community level, but also by NGOs and the private sector, even without a strong lead of the national level.
3. Health as a co-benefit of the promotion of walking and cycling - and vice versa promoting walking and cycling as a means to improve health on the population level – is increasingly recognized as an argument with important stakeholders, including e.g. the National Roads Authority and the Federal Office for Energy / Program Energy Switzerland. However, the promotion of active transport is not yet part of the Energy Strategy of Switzerland.
27b. What do you think have been the biggest challenges faced by your country in the commencement or continuation of national-level approaches to HEPA promotion in recent years?
1. With the rejection of the national prevention law in 2012 by the national parliament Switzerland still faces the fact that there is no legal basis to act on the prevention of non-communicable diseases on the national level.
2. In contrast, sports has a legal basis for the promotion of physical activity on the national level. However, in recent years the Federal Office of Sports – apart from the legally binding investments into youth and sports – has mostly focused on classic sport and elite sport promotion and has invested little resources in HEPA promotion in a broader sense. The Federal Office of Sports is also not part of the lead of the NCD-Strategy (see Q3).
3. With few exceptions, there is a lack of sustained investment into action programmes and strategies, oftentimes regardless of encouraging evaluation results. Examples include the National Action Plan Environment and Health, which was abolished after 10 years of implementation despite at least partly positive evaluation results; the national physical activity promotion program Allez Hop, which was stopped after 10 years of implementation, despite indications for behavioural changes at the population level, and most recently the discontinuation of public funding of the Schools on the move campaign (see p. 20).
28. Based on your experience, please identify up to three suggestions you would offer to another country that is setting up a national HEPA policy.
1. Start with the development of base-document and national recommendations and involve all relevant stakeholders (including NGOs) to create ownership and a snowballing effect in dissemination.
2. Synchronize surveillance and policy timeframes (goal setting timeframe with periodicity of monitoring system)
3. Select a few large-scale interventions and programs for which good or promising evidence of effectiveness exists, and sustain them, rather than trying new things and small-scale projects every few years. Invest in good evaluation and ask supported activities to do the same. Adhere to evaluation results and share the lessons learnt so others can profit.

29. Please use this space to provide **any further details or comments** you were not able to provide in other sections of the tool.

SECTION 11

Summary of how the HEPA PAT was completed

It will be of interest to those who read this audit of HEPA policy to know how this review was undertaken and who was involved in the process. Please briefly outline the process used. This should include details of:

- who initiated the process
- who led the process
- who was involved
- how stakeholders were identified or selected
- the main steps of the consultation process.

In addition, please include a list of individuals and organizations that were contacted to provide feedback and indicate who responded. Please add/remove rows as needed.

Lead of PAT completion process
Name: Eva Martin-Diener Institution: Epidemiology, Biostatistics and Prevention Institute (EBPI), University of Zurich Contact details: eva.martin@ifspm.uzh.ch
PAT completion team members
Name: Sonja Kahlmeier (and for version 1, 2012: Brian Martin) Institution: Epidemiology, Biostatistics and Prevention Institute (EBPI), University of Zurich

The list of institutions consulted in the first completion process can be found here:
www.panh.ch/hepaeurope/materials/hepa_pat_files/HEPA_PAT_FINAL_Switzerland.pdf

Overview of process and timelines	
Month/year	Main steps
Dec 2016 – July 2017	Updating of PAT v.2, based on v.1, an intermediate update of 2013 and analyses done on behalf of the Swiss Federal Office of Public Health to identify action options for Switzerland to implement the European WHO Physical Activity Strategy
Sept 2017	Dissemination of final draft PAT version 2 to key stakeholders, informing them of main changes since version 1
Sept 2017	Responses to stakeholders and inclusion of comments received
Oct 2017	Finalization of PAT v.2

List of experts who were consulted for input	
Institution/organization	Contact person
Swiss Federal Office of Public Health	Katrin Favero
Swiss Federal Office of Sports	Nadja Mahler
Federal Office for the Environment	Roland Hohmann
Swiss Federal Roads Office	Heidi Meyer
Health Promotion Switzerland	Vincent Brügger
Conference of the cantonal health directors	Michael Jordi, Diana Müller