

Physical activity in country: key facts and policies



The WHO's Global Action Plan for the Prevention and Control of Noncommunicable Diseases calls for a 10% reduction in physical inactivity by 2025. To achieve this target, the Physical activity strategy for the WHO European Region (2016–2025) calls upon all countries to develop intersectoral strategies to address physical inactivity across the life course.

This document presents key information on the physical activity policy situation in [Country]. It is based on a wider policy audit using the HEPA Policy Audit Tool (PAT) of the WHO/Europe.

www.euro.who.int/hepat

The promotion of physical activity is beneficial for noncommunicable diseases such as type 2 diabetes, stroke, cardiovascular diseases, cancers, and poor mental health. It also has positive effects in many other policy areas, for example: by promoting social; by contributing to reducing air pollution and greenhouse gas emissions; reducing congestion; by promoting a healthy workforce; and through effective return on investments in sectors such as transport and tourism.

Summary (Placeholder): *This country has been following the physical activity strategy and established an intersectoral strategy.*

NOTE: This field is designed to hold only two lines of text.

Authors and institutions

John Doe (*Institute*), Richard Roe (*Another Organization*), Joanna Doe (*Institute*),
Martin Placeholder (*Another Organization*), Thomas Toe (*Organization*)

A full version of this PAT is available at:
www.someurl.com/placeholder

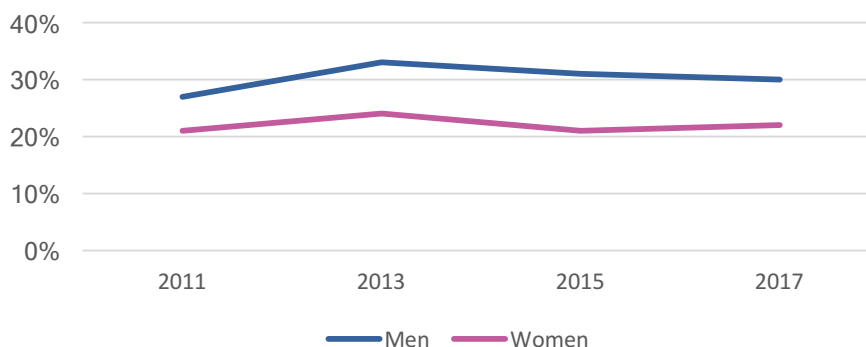
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To find out more about HEPA promotion in [Country], please visit www.someurl.com.

Population levels of physical activity

Levels of physical activity in Example Country

Adults (at least moderate physical activity for at least 150 minutes per week)



In country x, in 2017 only 30% of adult men and 22% of women reached the recommended levels of physical activity, and there has been a slight decrease since 2013. (Source: National health survey, Method: telephone interviews, Sample: adults >18 years of age)

1. Institutions

The main government ministries with an active role in the promotion of Health-Enhancing Physical Activity

Federal

Mobility and Transport FPS: prepares and implements federal policy on mobility.

Social security FPS: sits at the crossroads of all legislation that contributes to the social protection of citizens.

French-speaking community

General Administration of Sport (ADEPS): promotes, organises and delivers physical activity and sport to the [Placeholder]-Region population.

General Administration of Education

(Administration générale de l'enseignement obligatoire): responsible of the elementary to higher education, including the curricula, organisation and management of school.

Birth and child office (Office de la Naissance et de l'Enfance): supports children's development, support pregnant women, parents and families medically and socially in order to ensure the global wellbeing of their children.

German-speaking community

Department of health and elderly (Fachbereich Gesundheit und Senioren): responsible for health promotion and elderly.

Department of sport, medias and tourism (Fachbereich Sport, Medien und Tourismus): works on the development of sport in terms of infrastructures, services, for amateur as well as high level, in leisure time as well as in school.















Department of pedagogy (Fachbereich Pädagogik): works on the curricula of physical education

	Agencies providing leadership for HEPA promotion	Mechanisms to ensure cross-sector collaboration regarding the delivery of HEPA policy
On the national level	In [region] there is no agency assuming officially the HEPA leadership. The HEPA policies are centered either on sport (without health risks), mobility or on physical activity among the multiple determinants of health. We note principally policies having an indirect effect on HEPA, but not this purpose.	There is no mechanism or agency organizing the collaboration of each sector to HEPA, despite a will of [community] to gather the different actors of sport together (declaration of intentions 2014-2019). Nevertheless, some cross-sectional collaboration takes place temporary either formal, for policy planning or specific questions, either informal through working group or informal discussions.
On the sub-national level	At the provincial and commune level, there is no agency playing a leadership role on HEPA. In the same way than at national level, the leadership varies between sectors and policies. Depending on the sector, the administrative subdivisions are not the same (e.g., between the health and youth aid), complicating the implementation of inter-sectorial approach.	There is no mechanism or agency organizing the collaboration of each sector to HEPA, rather some temporary collaboration.

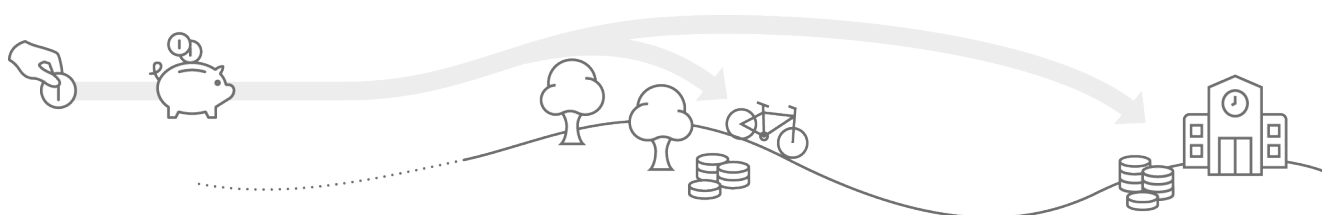
Professional network or system linking and/or supporting professionals interested or currently working in physical activity or related areas

Nowadays, in [country], no specific network of system links professional working on physical activity. There are some networks or associations (1) on specific aims of HEPA, like slow mobility, health promotion, disabled integration... or (2) of old certificated of universities or (3) federations regrouping a profession.

Funding specifically allocated or “ring-fenced” for the delivery of physical activity related policy or action plans








Sector	At national level (recurring)	Amount (€)	At sub-national level (recurring)	Amount (€)
Health	Placeholder 	unknown	Placeholder 	unknown
Sport/Recreation	Placeholder 	unknown	Placeholder 	unknown
Education	Placeholder 	unknown	Placeholder 	unknown
Transport	Placeholder 	unknown	Placeholder 	unknown
Environment	Placeholder 	unknown	Placeholder 	unknown
Urban Design/Planning	Placeholder 	unknown	Placeholder 	unknown
Social cohesion	Placeholder 	unknown	Placeholder 	unknown

Possible answers:  Recurring  Not Recurring  Don't know



2. Policies & key actions

Current [key policy documents](#), legislation, strategies or action plans which outline the intention to increase national levels of physical activity

Sector	Key policies*	Web-Link
 Sport/Recreation	Decree on Sport Published in 2004 by the placeholder community	 Web-Link
	Decree regarding the subsidization to some investment in the matter of sports infra-structures Published in 1999 by the Government of Placeholder Region	 Web-Link
	Decree targeting the organization and subsidization of sport in French speaking community Published in 2007 by the placeholder community	 Web-Link
 Transport	Regional Cycling Plan Published in 2010 by the Government of Region	Introduction:  Web-Link Table of actions:  Web-Link

* A detailed version of the policy list can be found in the corresponding PAT at www.euro.who.int/hepapat

Settings that are included for the delivery of specific HEPA actions *



Kindergarten



Primary Schools



High Schools



Colleges, Universities



Primary Health Care



Clinical Health Care



Workplace



Older adult/
senior services



Sport, Recreation



Transport



Tourism



Environment



Urban design and planning



Community

Other (please specify):
Social Affairs

Included Not included

Referring to the full list of policy documents which can be found in the corresponding PAT at www.someurl.com/placeholder

Population groups that are included for the delivery of specific HEPA actions

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

3. Recommendations, goals and surveillance

National recommendations on physical activity and health and on reducing sedentary behaviour *

	Early years (pre-school age)	Children and young people (school-age)	Adults	Older adults	People with disabilities
Physical activity and health	<i>not existing</i>	Web-Link	<i>not existing</i>	<i>not existing</i>	<i>not existing</i>
Reducing sedentary behaviour	<i>not existing</i>	<i>not existing</i>	<i>not existing</i>	<i>not existing</i>	<i>not existing</i>

* For more information on the content of the recommendations see the full version of the PAT at www.someurl.com/placeholder.

National goals and targets for population prevalence of physical activity

Decrees have in most cases no specific deadlines or timeframes, as well as specific indicators and objectives. We found mostly prevalence in plan/program, with specific timeframe, but not always measurable targets. Only the Master Plan of [Region] spacial development include **measurable targets for 2020**:



Increase walking and secure the walking path

80 %

... of traveling below 700m done on foot)



Pursue the development of a secure and connected cycling network

10 %

... of short and medium distance on bike, with or without electric help

Other goals and targets that relate to physical activity promotion

The different decree or declarations of intentions are documents instituting the objectives and indirect goals for HEPA, but no deadline and concrete measurable indicators have been listed aside of those already presented.

For example, the Regional Cycling Plan has two main aims: strongly enhance the condition of cycling and increase

significantly its use in [Region] until 2020. The quinquennial program on health promotion targets the promotion of regular physical activity and good sport practices, but do not mention any measurable indicators.

Main surveillance and monitoring systems

Age Group	Type	Details of main surveys
Early years (pre-school age)	<i>none</i>	<i>none</i>
Children and young people (school-age)	Self-report	Health Behavior in school-aged children (HBSC) Frequency: every 4 years, starting 1986
	Self-report	Youth health in Region and Placeholder Frequency: every 7 years, starting 1997
	Objective measure	Barometer of physical condition Frequency: every 2 years, starting 2004
Adults	Self-report	Eurobarometer 412 Frequency: every 5 years, starting 2003
	Self-report	Diagnostic of travel between house-work Frequency: every 3 years, starting 2005
	Self-report	Health interviews survey Frequency: every 5 years, starting 2001
Older adults	<i>none</i>	<i>none</i>

4. Successes and challenges

Areas of greatest progress and greatest challenge in national HEPA promotion in recent years

Successes

- 1. The creation and integration of training** in existing education of HEPA (benefits of PA for health, adapted physical activity, awareness on health for sport coaches).
- 2. The liberalization of the sport practice** with an increased number of participants practicing outside sport clubs/structures.
- 3. A better awareness from the population** of the benefits of physical activity and about the difference between sport and physical activity.

Challenges

- 1. To define HEPA** in primary, secondary and tertiary prevention and promote it in different sectors and among actors (sports federations, communes, general practitioners, ...).
- 2. To create an intersectorial group/associations of actors** involved in HEPA.
- 3. Encourage and better support** the education and research on HEPA.