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(Resolutions, recommendations and opinions)

RECOMMENDATIONS

COUNCIL

COUNCIL RECOMMENDATION

of 26 November 2013

on promoting health-enhancing physical activity across sectors

(2013/C 354/01)

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty on the Functioning of the European Union, and in particular Article 292, in conjunction with Articles 165 and 168 thereof,

Having regard to the proposal from the European Commission,

Whereas:

- (1) The benefits of physical activity, including regular sporting activity and exercise, across the life course are paramount and include lowered risk of cardiovascular disease and of some types of cancers and diabetes, improvements in musculoskeletal health and body weight control, as well as positive effects on mental health development and cognitive processes. Physical activity, as recommended by the World Health Organization (WHO), is important for all age groups, and has particular relevance for children, the working population and the elderly.
- (2) Physical activity, being a prerequisite for a healthy lifestyle and a healthy workforce, contributes to the achievement of key objectives defined in the Europe 2020 Strategy notably with regard to growth, productivity and health.
- (3) While efforts to promote health-enhancing physical activity (HEPA) have been stepped up by public authorities in some Member States over the past years, rates of physical inactivity in the Union remain unacceptably high. The majority of European citizens do not engage in sufficient physical activity, with 60 % never or seldom playing sport or exercising. The lack of leisure-time physical activity tends to be more common

in the lower socio-economic groups. There are currently no indications that those negative trends are being reversed for the Union as a whole.

- (4) Physical inactivity has been identified as a leading risk factor for premature mortality and disease in high-income countries world-wide, being responsible for about 1 million deaths per year in the WHO European Region alone. The detriments caused by the lack of physical activity in the Union are well recorded, as are the significant direct and indirect economic costs associated with the lack of physical activity and related health problems, especially in view of the fact that most European societies are ageing rapidly.
- (5) Recent research indicates that sedentary behaviour might be a risk factor for health outcomes, independent of the influence of physical activity. In the Union, these findings should be taken into account when considering further actions in this area.
- (6) As regards physical activity levels, there are vast discrepancies between Member States. While some have made considerable progress in increasing the proportion of citizens who meet the minimum level of recommended physical activity, many others have made none or even regressed. Current policies have so far not had a decisive impact in reducing the physical inactivity levels for the Union as a whole. There is considerable potential to learn from successful approaches to develop and implement HEPA policies.
- (7) Physical education at school has the potential to be an effective tool to increase awareness of the importance of HEPA, and schools can be easily and effectively targeted to implement activities in this regard.

(8) A number of policy areas, in particular sport and health, can contribute to the promotion of physical activity and can provide new opportunities for Union citizens to become physically active. For this potential to be fully exploited, and therefore for physical activity levels to increase, a strategic cross-sectoral approach in the field of HEPA promotion, including involvement at all levels of all relevant Ministries, bodies and organisations, in particular the sport movement, and taking into account existing and on-going policy work, is indispensable. The availability of more information and better data on physical activity levels and HEPA promotion policies is an essential element to underpin this process and a requirement for policy evaluation aimed at leading to more effective future policy development and implementation.

(9) The EU Physical Activity Guidelines (EU PA GL) ⁽¹⁾, as referred to by the Council and by the Representatives of the Governments of the Member States, meeting within the Council, in their conclusions of 27 November 2012 ⁽²⁾ on promoting HEPA, and by the Council in its conclusions entitled 'Healthy Ageing across the Life-cycle' ⁽³⁾, advocate a cross-sectoral approach covering all thematic areas responsible for HEPA promotion.

(10) The 2011 Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of Regions entitled 'Developing the European Dimension in Sport' invited the Commission and the Member States to continue progress, based on the EU PA GL, towards the establishment of national guidelines, including a review and coordination process, and to consider a Council Recommendation in that field.

(11) The Resolution of the Council and of the Representatives of the Governments of the Member States, meeting within the Council, on a European Union Work Plan for Sport for 2011-2014 ⁽⁴⁾ recognised the need to strengthen cooperation between the Commission and the Member States in sport in a few priority areas, including the promotion of HEPA. In July 2012, the Expert Group 'Sport, Health and Participation', established in mid-2011 in the context of that Work Plan, expressed support for a new Union initiative to promote HEPA.

(12) The Council conclusions of 27 November 2012 on promoting HEPA acknowledged the need for further action at Union level and called on the Commission to

present a proposal for a Council Recommendation, including a light monitoring framework based on a set of indicators covering the thematic areas of the EU PA GL,

HEREBY RECOMMENDS that Member States:

1. Work towards effective HEPA policies by developing a cross-sectoral approach involving policy areas including sport, health, education, environment and transport, taking into account the EU PA GL, as well as other relevant sectors and in accordance with national specificities. This should include:

(a) the progressive development and implementation of national strategies and cross-sectoral policies aimed at HEPA promotion in line with national legislation and practice;

(b) identification of concrete actions for the delivery of those strategies or policies, in an action plan, where considered appropriate.

2. Monitor physical activity levels and HEPA policies by making use of the light monitoring framework ⁽⁵⁾ and indicators set out in the Annex, according to national circumstances.

3. Within six months from the adoption of this Recommendation, appoint national HEPA focal points ⁽⁶⁾, in accordance with national legislation and practice, to support the above-mentioned monitoring framework, and inform the Commission of their appointment.

The national HEPA focal points will, in particular, be tasked to coordinate the process of making data on physical activity available for the monitoring framework; those data should feed into the existing WHO European database on nutrition, obesity and physical activity (NOPA); they should also facilitate interdepartmental cooperation on HEPA policies.

4. Cooperate closely among themselves and with the Commission by engaging in a process of regular exchange of information and best practices on HEPA promotion in the relevant Union level structures for sport and for health as a basis for strengthened policy coordination,

⁽¹⁾ EU Physical Activity Guidelines, welcomed in the Presidency Conclusions of the Informal meeting of the EU Ministers, responsible for sport, in November 2008.

⁽²⁾ OJ C 393, 19.12.2012, p. 22.

⁽³⁾ OJ C 396, 21.12.2012, p. 8.

⁽⁴⁾ OJ C 162, 1.6.2011, p. 1.

⁽⁵⁾ The monitoring framework will set out a minimal set of reporting requirements on general aspects of HEPA promotion that can be addressed by all Member States. It will be implemented in close synergy and cooperation with the WHO, thereby avoiding duplication of data collection.

⁽⁶⁾ The focal point will be the main contact person in the Member State for providing information and data corresponding to the indicators table in the Annex, which will form part of the questionnaire to be addressed to the focal points by the WHO.

HEREBY INVITES the Commission to:

1. Assist Member States in adopting national strategies, developing cross-sectoral HEPA policy approaches and implementing corresponding action plans by facilitating the exchange of information and good practice, effective peer-learning, networking and identification of successful approaches to HEPA promotion.
 2. Promote the establishment and functioning of the HEPA monitoring framework, in line with the indicators listed in the Annex, based on existing forms of monitoring and data collection in this field, and using to the largest extent possible existing information and data, by:
 - (a) providing, with the help of scientific experts, targeted support for capacity building and training to national HEPA focal points, including with a view to the data collection process, and, as appropriate, to other representatives from relevant public authorities;
 - (b) examining the possibility to use data collected in the context of this monitoring framework to potentially produce European statistics on physical activity levels every three years;
 - (c) supporting the WHO in further developing the physical activity aspects of the NOPA database by adapting it to the monitoring framework set out in the Annex;
 - (d) supporting and closely cooperating with the WHO in the preparation and issuing of country-specific overviews on HEPA and analysis of HEPA trends.
3. Report every three years on progress in implementing this Recommendation, on the basis of information provided within the reporting arrangements set out in the monitoring framework and of other relevant information about HEPA policy development and implementation provided by Member States, and evaluate the added value of this Recommendation.

Done at Brussels, 26 November 2013.

For the Council
The President
D. A. BARAKAUSKAS

ANNEX

Proposed indicators to evaluate HEPA levels and HEPA policies in the EU, taking into account the EU Physical Activity Guidelines (EU PA GL) ⁽¹⁾

Thematic areas of the EU PA GL	Proposed indicators and variables/units	Data availability
International PA recommendations and guidelines (EU PA GL 1-2)	1. National recommendation on physical activity for health Yes/no	(****)
	2. Adults reaching the minimum WHO recommendation on physical activity for health or equivalent national recommendations Percentage of adults reaching a minimum of 150 minutes of moderate-intensity physical activity per week, or 75 minutes of vigorous-intensity activity, or an equivalent combination	(****)
	3. Children and adolescents reaching the minimum WHO recommendation on physical activity for health or equivalent national recommendations Percentage of children and adolescents reaching at least 60 minutes of mode-rate- to vigorous-intensity physical activity daily or on at least five days/week	(****)
Cross-sectoral approach (EU PA GL 3-5)	4. National coordination mechanism on HEPA promotion Yes/no; if yes, further details	(****)
	5. Funding allocated specifically to HEPA promotion By sector (health, sport, transport etc.): — total funding, — per capita, — by gross domestic product at PPP per capita, in Euros.	(*)
'Sport' (EU PA GL 6-13)	6. National sport for all policy and/or action plan Yes/no; if yes, further details	(****)
	7. Health-oriented sport clubs (Sport Clubs for Health Programme) Implementation of the guidelines developed by HEPA Europe/TAFISA project: yes/no; if yes, description	(**)
	8. Framework to support opportunities to increase access to recreational or exercise facilities for low socio-economic groups Existence of a framework: yes/foreseen within the next two years/no; and, if yes, description	(***)
	9. Target groups addressed by the national HEPA policy By target group (groups in particular need of physical activity (e.g. low socio-economic groups, people with low levels of PA, elderly, ethnic minorities etc.))	(****)
'Health' (EU PA GL 14-20)	10. Monitoring and surveillance of physical activity and sedentary behaviour Physical activity and sedentary behaviour included in the national health monitoring system: yes/no; if yes, further details	(***)
	11. Counselling on physical activity performed by health professionals Counselling on physical activity: yes/no; if yes: reimbursed as part of primary health care services: yes/no	(***)

⁽¹⁾ The information and data that Member States are recommended to provide in the context of the light monitoring framework are expected to improve over time. Support for that framework is proposed to come from the cooperation and capacity building activities foreseen in this Recommendation.

Thematic areas of the EU PA GL	Proposed indicators and variables/units	Data availability
	12. Training on physical activity in curriculum for health professionals — number of hours for nurses, doctors, — mandatory or optional, — clear assessment and accreditation structures to reflect the learning outcomes of the subject.	(**)
'Education' (EU PA GL 21-24)	13. Physical education in primary and secondary schools — number of hours per school level, — mandatory or optional, — national or sub-national regulation.	(***)
	14. Schemes for school-related physical activity promotion Existence of a national or sub-national scheme: yes/no; if yes, further details	(**)
	15. HEPA in training of physical education teachers HEPA being a module in training of PE teachers at bachelor's and/or master's degree level: yes/no; mandatory/optional	(**)
	16. Schemes promoting active travel to school National or sub-national (where relevant) schemes to promote active travel to school (e.g. walking buses, cycling): yes/no, if yes: description	(***)
'Environment, urban planning, public safety' (EU PA GL 25-32)	17. Level of cycling/walking Main mode of transport used for your daily activities (car, motorbike, public transport, walking, cycling, other)	(****)
	18. European Guidelines for improving Infrastructures for Leisure-Time Physical Activity European Guidelines for improving Infrastructures for Leisure-Time Physical Activity being applied systematically to plan, build and manage infrastructures: Yes/not yet but foreseen within the next two years/no	(**)/(***)
'Working environment' (EU PA GL 33-34)	19. Schemes to promote active travel to work Existence of a national or sub-national (where relevant) incentive scheme for companies or employees to promote active travel to work (e.g. walking, cycling): yes/no, if yes: description	(***)
	20. Schemes to promote physical activity at the work place Existence of a national or sub-national (where relevant) incentive scheme for companies to promote physical activity at the work place (e.g. gyms, showers, walking stairs etc.): yes/no	(***)
'Senior citizens' (EU PA GL 35-37)	21. Schemes for community interventions to promote PA in elderly people Existence of a scheme for community interventions to promote PA in elderly people: yes/no; if yes: description	(***)
'Indicators/evaluation' (EU PA GL 38)	22. National HEPA policies that include a plan for evaluation x out of y national HEPA policies (sport, health, transport, environment, by sector) include a clear intention or plan for evaluation	(****)
'Public awareness' (EU PA GL 39)	23. Existence of a national awareness raising campaign on physical activity Yes/no, if yes: description	(***)

Data availability:

(*) data not yet collected.

(**) data not yet collected but planned within NOPA.

(***) data available (i.e. included in country templates or through other available source) but not yet validated, or needs updating.

(****) data available and validated within NOPA.