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## **Health-enhancing physical activity (HEPA) Policy Audit Tool (PAT)**

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

Version 2





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April 2015

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# Abstract

The promotion of physical activity across the life-course requires the development of a multifaceted strategy across multiple sectors. There is much to be learnt from sharing information and experiences about what policy levers can be used and how to develop and implement a national intersectoral strategy.

This health-enhancing physical activity policy audit tool provides a protocol and method for the detailed compilation and communication of country-level policy responses on physical inactivity. This document contains an introduction and user guide for the policy audit tool (along with the tool itself, for completing the assessment), including sections on background information and context; key policy documents and the development process; scope and content of relevant policies; experience of policy implementation; progress and remaining challenges; and a summary of the assessment completion process.

Completing the assessment using the policy audit tool will provide a comprehensive overview of the breadth of current policies related to health-enhancing physical activity and can identify synergies and discrepancies between policy documents, as well as possible gaps. Using the tool to complete the assessment can also foster collaboration between government departments and organizations interested in health-enhancing physical activity. It can provide a catalyst for greater communication and joint strategic planning and actions, as well as fostering improved collaboration across sectors for future policy development and implementation.

## Keywords

HEALTH PROMOTION

HEALTH PLANNING

PHYSICAL FITNESS

EXERCISE

HEALTH POLICY

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## 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 WHO.

# Abbreviations

EU	European Union
HEPA	health enhancing physical activity
PAT	policy audit tool
NCD	noncommunicable disease
NGO	nongovernmental organization

# Introduction

Physical inactivity has been identified as one of the leading risk factors for global mortality and is associated with many noncommunicable diseases (NCDs), such as coronary heart disease, stroke, some cancers, diabetes and obesity (1, 2). In addition, regular activity is associated with healthy growth and development in young people and positive mental health across the life-course (1, 2). The promotion and support of physical activity across the life-course requires a comprehensive response across multiple sectors. While there are many health benefits to leading an active lifestyle, many of the determinants of the opportunities and support for physical activity lie in sectors outside of health and require these sectors to be fully engaged (2, 3). These include sport and recreation, education, transport, environment, urban design and planning, as well as the structured health system working together towards the implementation of policies and programmes that support physical activity opportunities, thus enabling people to be active through recreation and sport, as well as transport, both at work and in and around their local neighbourhoods.

National policy and its implementation has been a key area for development since the launch of WHO's *Global strategy on diet, physical activity and health* in 2004 (2). Recently, both the United Nations' *Political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases* (3) and WHO's *Global action plan for the prevention and control of noncommunicable diseases 2013–2020* (4) reinforced the central role of physical activity in a comprehensive approach to treatment and prevention of NCDs, and the concept of a European physical activity strategy was articulated, in the *Vienna declaration on nutrition and noncommunicable diseases in the context of Health 2020* (5). Formulating a national policy on health-enhancing physical activity (HEPA) will provide support, coherence and visibility at the political level, and at the same time it will help national government sectors, regional and local authorities, as well as other stakeholders and actors in the private sector to be more coherent and consistent by following common objectives and strategies. Such a policy can also increase accountability and foster allocation of resources. Thus, action on policy development, content and implementation among countries is of great importance, and there is much to be learnt from sharing information, experiences and best practices on how to engage and implement action plans across multiple sectors (6).

Several reports have compared experiences in different countries (7–9), identifying key features of country-level action and highlighting the similarities and differences between countries and their progress on increasing participation in regular physical activity, as well as the need to systematically compile and compare these differences. To address this need, in 2011 the WHO Regional Office for Europe developed a method and first protocol for compiling and communicating

country-level policy responses on physical inactivity, called the policy audit tool (PAT) (10). This is the second, updated version of the PAT (the tool is itself presented in full at the end of this brief report); it is a modified, improved version of the tool, encompassing similar aims.

## Development process of the HEPA PAT

The HEPA PAT is structured around key attributes identified as essential for successful implementation of a population-wide approach to the promotion of physical activity across the life course (2, 6, 11). Using the experiences from several previous guidelines and comparisons of physical activity policy, a set of 17 criteria (see Box 1) were used as an initial framework for the development of an audit tool (12). Each criterion was developed into a question-and-answer format, to structure the first draft of the PAT. Within the framework of the working group on “National approaches to physical activity promotion” of the European network for HEPA promotion (HEPA Europe) (13), pilot work was undertaken in 2009–2010 by experts from seven countries in order to test the feasibility and applicability of the draft tool: Finland, Italy, the Netherlands, Norway, Portugal, Slovenia and Switzerland. One or several lead individuals in each country volunteered to lead the work and coordinate country-level engagement from multiple sectors. Based on their feedback, the tool was modified and refined to produce the first HEPA PAT, published in 2011 (10).

In 2012, following the analysis of the data from the seven pilot countries (14) and discussion of the results at a WHO workshop hosted in Zurich, several modifications and improvements to the PAT were identified. These were implemented and in spring 2014, validity testing was conducted with three countries Belgium, England and France. After final modifications, this second, updated version of the PAT is now ready to use.

## Aim of the HEPA PAT (version 2)

The updated HEPA PAT (version 2) is designed to help interested agencies, institutes or other relevant groups working on the promotion of physical activity to assess the scope of policy actions aimed at promoting and increasing HEPA and reducing physical inactivity within their own country. Completing the PAT assessment will provide a comprehensive overview of the breadth of current policies related to HEPA and can be used to identify synergies and discrepancies

## Box 1. Identified elements for a successful national policy approach to physical activity promotion

1. Consultative approach in development
2. Evidence based
3. Integration across other sectors and policies
4. National recommendations on physical activity levels
5. National goals and targets
6. Implementation plan with a specified time frame for implementation
7. Multiple strategies
8. Evaluation
9. Surveillance or health monitoring systems
10. Political commitment
11. Ongoing funding
12. Leadership and coordination
13. Working in partnership
14. Links between policy and practice
15. Communication strategy
16. Identity (branding/logo/slogan)
17. Network supporting professionals

Note. For further information, see Bull, Milton & Kahlmeier, 2014 (12).

Sources: adapted from Bull et al., 2004 (7), Bellew et al., 2008 (8), Daugbjerg et al., 2009 (9), WHO, 2007 (11), Shilton, 2010 (15).

between policy documents, within and between sectors, as well as possible policy gaps. It does not provide a quantified assessment or scoring of a national HEPA policy approach. Experience from extensive pilot testing showed that the process of completing the tool can foster collaboration between different government departments and other organizations interested in HEPA. It can provide a catalyst for greater communication and joint strategic planning and actions. Specifically, the output of the HEPA PAT can lead to improved collaboration across sectors for future policy development and implementation. At the international level, using this standardized methodology also facilitates comparing approaches from different countries and sharing lessons and experiences.

## Structure and scope of the HEPA PAT

The PAT is divided into the following sections:

- Section 1** Background information and country context, including government structure
- Section 2** Leadership and partnerships for HEPA promotion

- Section 3** Key policy documents and their development process, including country history of physical activity policy
- Section 4** Scope and content of relevant policies and examples of implementation
- Section 5** Recommendations, goals and targets
- Section 6** Surveillance systems and use of surveillance data
- Section 7** Evaluation of relevant policies
- Section 8** Funding and political commitment
- Section 9** Capacity-building through a national network
- Section 10** Experience of policy implementation, progress and remaining challenges
- Section 11** Summary of the process undertaken to complete an assessment using the HEPA PAT

The PAT is designed to produce a comprehensive overview of the scope of policy actions within a country that directly or indirectly address physical activity and its determinants. Although the tool includes questions that capture examples of policies, HEPA projects and related initiatives, it is not intended to provide a very detailed or complete collection of all ongoing HEPA activities in a country. Where additional details on a specific HEPA initiative are of interest, the PAT summary could be complemented with a more in-depth case study or project description. These local examples and case studies can be very useful for sharing experiences within and between countries.



# How to complete an assessment using the HEPA PAT

The PAT assessment process should be a **collaborative effort**, requiring knowledge and input from a range of sectors and stakeholders. To facilitate and coordinate the process and tasks required to use the PAT, a **project team** with a nominated **lead person or coordinator** should be identified. The leader could be a government representative or from a nongovernmental sector.

Key attributes of the PAT project team include:

- knowledge of relevant (ideally recent past and present) policies on physical activity across a range of sectors (e.g. health, sports, education, transport, environment, planning);
- ability to access and engage other relevant stakeholders;
- the necessary status and institutional support to:
  - conduct and lead a comprehensive policy assessment across multiple sectors;
  - integrate different views from stakeholders; and
  - lead a process that aims to learn from both successful and less successful experiences in national efforts to promote HEPA.

Other relevant stakeholders from all related sectors should be included in a **collaborative process** to access the information needed across multiple sectors, agencies and interested partners. Experience has shown that involving too many stakeholders can lead to a large amount of information that is difficult to summarize; conversely, involving too few can lead to gaps in information and insufficient breadth across key sectors. Ideally, about 8–12 stakeholders should be chosen: these could include government departments or organizations as well as nongovernmental organizations (NGOs) that have been involved in the development or implementation of HEPA-related policy and programmes. Involving individuals or agencies from across multiple sectors will help to identify missing information and can also facilitate access to relevant materials and help in sharing the workload. These contributions could also create new contacts and establish new partnerships.

To guide the identification of stakeholders, all sectors covered in the PAT should be considered: health, sport/recreation, education, transport, environment and urban design and planning. Becoming familiar with other sectors' relevant policies ahead of contacting them was found to be helpful in gaining their support and engagement.

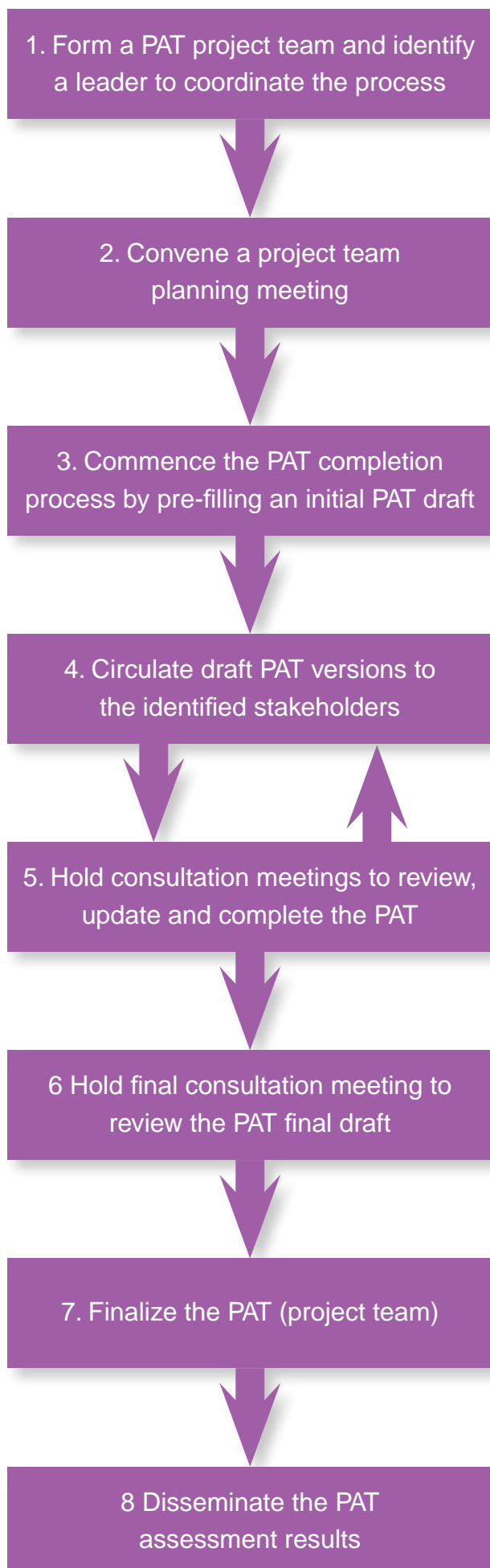
Although the primary focus of the PAT is to appraise national-level policy, it may also be necessary to consider policies at different administrative levels (national, subnational)

and the implementation of these policies. It is also strongly recommended to consult existing examples of completed PAT assessments for guidance and illustration of the type, breadth and depth of information required across these areas (13, 16). Previous experience shows that the PAT completion process should consist of eight main steps, listed here, and illustrated in Fig. 1.

1. A PAT project team should be formed, including a **lead coordinator** and **collaborators**. The amount of time the lead coordinator can dedicate to the project should be defined, along with the amount of support needed from collaborators.
2. A project **team planning meeting** should be convened, in order to: (1) agree on team members and check no-one is missing; (2) review the PAT steps and requirements; (3) familiarize all collaborators with completed PAT assessment examples from other countries; (4) agree on a project timeline and allocate tasks; (5) collate a list of stakeholders to be contacted as part of the process (agencies, institutions and individuals); (6) define potential audiences and outline the dissemination strategy.
3. The **PAT assessment process** then commences with the data and information collection phase. It is recommended that a pre-filled draft of the HEPA PAT (with already available information inserted) is circulated to the identified relevant stakeholders for comment and input, rather than asking them to start from scratch.
4. The draft of the **completed PAT assessment should be circulated** to the identified stakeholders for input and completion of any missing information.
5. One or more **consultation meetings** should be undertaken, in order to review, update and complete the PAT responses. This can involve the PAT project team, with one or more stakeholders, or it can be conducted bilaterally, with individual agencies and sectors. This step should be flexible to allow the frequency and approach to change, in order to include others as needed and as interest grows.
6. A **final consultation meeting** should be conducted to review the completed draft of PAT and discuss the experiences and challenges of national approaches in the country, identifying the successes as well as lessons learnt from less successful actions. The foreseen dissemination approach should also be discussed; that is, to whom, how and when the PAT results will be disseminated.
7. The project team should **edit and finalize the PAT assessment**. A summary of the process undertaken should be included, along with a list of all contributors (section 11 of the PAT).
8. The **finalized PAT assessment should be disseminated**. Potential interest in publishing the PAT should be considered, if agreed by the stakeholders involved.

For illustration of these points and further guidance, examples of completed PAT assessments from other countries can be found on the WHO website (16).

**Fig. 1. HEPA PAT completion process**



### How long does it take?

Experience has shown that the time taken to complete the PAT process can vary between three and six months, differing considerably among countries, depending on the history of HEPA promotion, the role and capacity of those who lead the PAT assessment process, and the level of engagement and support from other stakeholders.

### When should the HEPA PAT assessment be carried out?

There is no “right” time to complete the HEPA PAT assessment. Different countries are at various stages of development regarding their HEPA promotion strategy. For some, this is a relatively new policy area, whereas others have a longer history of HEPA-related activity. It does not matter where a country is along this continuum, as completing the PAT assessment allows a country to develop a comprehensive overview of how HEPA policy has developed over time and where it currently stands, and ultimately it can help future policy development and planning. Some countries may wish to use the PAT as a starting point to develop a national HEPA agenda. It is worth noting that, while the PAT can have some utility in this case, it has not been specifically developed for this purpose.

In view of the natural progression of a countries’ HEPA promotion situation, a HEPA PAT assessment should be completed periodically to reflect the current situation; ideally, this updating process should be carried out about every three to five years, or following any major policy changes.

## How to use the HEPA PAT results

Completion of the PAT assessment provides a systematic and comprehensive overview of the policies and key actions in support of HEPA. It also identifies barriers that potentially hinder progress in promoting and supporting healthy active lifestyles. The process of undertaking the review of policies across multiple sectors (health, sport, education, transport, environment, urban planning) will build a solid knowledge base from which to strengthen existing work, and identify gaps and opportunities for action as well as future policy needs.

The PAT involves assessing policy implementation and what can be learnt and shared from the experiences to date. This information is vital to scaling up national and subnational commitment and resourcing for physical activity-related programmes and policy. Drawing lessons from what has been attempted, including successes and failures – as well as identifying what challenges and supporting factors countries have been faced with while trying to implement national actions to promote physical activity – are all very useful to guide future actions.

Dissemination of the PAT results can include short reports, more detailed technical reports, workshops or conferences, and discussion forums at both national and subnational levels, and within as well as between sectors. The final PAT report on national approaches to HEPA promotion can encourage discussion and represent a tool for strategic planning. Further potential interests in carrying out a HEPA policy audit include input into international reporting mechanisms, sharing internationally the lessons identified and comparisons between countries.

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

Version 2

<Insert COUNTRY>

**Draft number:** <X>

**Date:** <insert date>

**Completed by:**

<insert name(s)> <insert organization/affiliation>

<name> <organization/affiliation>

<name> <organization/affiliation>

**Lead author:** <insert name>

**Contact details:** <insert phone number> <insert email address>

# Glossary

The following definitions are proposed in order to support the collection of relevant information for the PAT (based partly on the *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 another a similar document could be known as an action plan or strategy.

Action plan	An action plan should identify <b>who does what</b> (type of activities and people responsible for implementation), <b>when</b> (time frame), <b>how</b> (approaches, activities and interventions) and for <b>how much</b> (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.

# SECTION I

## 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](http://www.euro.who.int/hepapat)).*

1b. Please briefly describe the governance at subnational level (about 200–400 words) (e.g. at regional/provincial/cantonal/municipal level).

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.*

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).

Organization (please specify) .....	Description
Organization (please specify) .....	Description
Organization (please specify) .....	Description

# 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.

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.

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.

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.

## 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.

### **Key past legislation**

Title and date:

Issuing body:

Web link (English version available?):

*Brief* description (about 50–100 words):

### **Key past documents**

Title and date:

Issuing body:

Web link (English version available?):

*Brief* description (about 50–100 words):

### **Key past events**

*Brief* description (about 50–100 words):



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.

Sector	Policy	Indicate (X) the most important documents
Example: health	<p><i>Policy title: Resolution on the development of health enhancing physical activity and diet (Valtioneuvoston periaatepäätös terveyttä edistävän liikunnan ja ravinnon kehittämislinoista)</i>  <i>Publication date: 2008</i>  <i>Time frame covered (if specified): 2008–2011</i>  <i>Issuing body: Ministry of Health and Social Affairs</i>  <i>Web link: English version available at <a href="http://www.stm.fi/c/document_library/get_file?folderId=39503&amp;name=DLFE-6412.pdf">www.stm.fi/c/document_library/get_file?folderId=39503&amp;name=DLFE-6412.pdf</a></i>  <i>Description: The statement is the main current political document on HEPA, providing the political and government strategy for physical activity in Finland. This resolution is multisectoral in nature, and was developed mainly by the Finnish Ministry of Health and Social Affairs in collaboration with the Ministry Education and Culture. It contains specific population targets and proposes principal methods for enhancing HEPA and healthy diet:</i></p> <ul style="list-style-type: none"> <li>- <i>within different populations (children, young people, families, students, workers, older people);</i></li> <li>- <i>through the local environment (including equal access)</i></li> <li>- <i>through political decisions at the local level</i></li> <li>- <i>through education (doctors, nurses, teachers, etc.)</i></li> <li>- <i>through national surveys and follow-up.</i></li> </ul> <p><i>The last chapter emphasizes how the resolution is translated into action, and how it will be followed up.</i></p>	X
Health	<p>Policy title:            Publication date:            Time frame covered (if specified):            Issuing body:            Web link (English version available?):  <i>Brief description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):</i></p>	
Health	<p>Policy title:            Publication date:            Time frame covered (if specified):            Issuing body:            Web link (English version available?):  <i>Brief description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):</i></p>	

Sector	Policy	Indicate (X) the most important documents
Health (contd)	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
Sport and recreation	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
Education	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	

Sector	Policy	Indicate (X) the most important documents
Transport	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
Environment	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	

Sector	Policy	Indicate (X) the most important documents
Urban design and planning	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
Other sector (please specify) .....	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
Other sector (please specify) .....	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	
Other sector (please specify) .....	Policy title: Publication date: Time frame covered (if specified): Issuing body: Web link (English version available?): <i>Brief</i> description of the content (and, if ticked, explanation of why it is deemed to be among the most important documents):	

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.

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.

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.

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)						
Global recommendations on physical activity for health (3)						
2008–2013 action plan for the global strategy for the prevention and control of noncommunicable diseases (4)						
Global status report on noncommunicable diseases 2010 (5)						
Global action plan for the prevention and control of noncommunicable diseases 2013–2020 (6)						
Steps to health. A European framework to promote physical activity for health (7)						
Action plan for implementation of the European strategy for the prevention and control of noncommunicable diseases 2012–2016 (8)						
The Toronto Charter for physical activity: a global call for action (9)						
Noncommunicable disease prevention: investments that work for physical activity (10)						
Lancet series on physical activity (11)						
Other document (please specify) .....						
Other document (please specify) .....						
Other document (please specify) .....						

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.

# SECTION 4

## Policy scope, content and implementation

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

14. Considering all the key 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 type="checkbox"/>	Sedentary/the least active	<input type="checkbox"/>
Children/young people	<input type="checkbox"/>	People from groups with low socioeconomic status	<input type="checkbox"/>
Older adults	<input type="checkbox"/>	Families	<input type="checkbox"/>
Workforce/employees	<input type="checkbox"/>	Indigenous people	<input type="checkbox"/>
Women	<input type="checkbox"/>	Migrant populations	<input type="checkbox"/>
People with disabilities	<input type="checkbox"/>	General population	<input type="checkbox"/>
Clinical populations/chronic disease patients	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>

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?

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>Example: sport/recreation</p>	<p><i>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).</i></p> <p><i>More information: Federal Office of Sport website (German, French, Italian) (<a href="http://www.jugendundsport.ch">http://www.jugendundsport.ch</a>) (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 (<a href="http://www.euro.who.int/_data/assets/pdf_file/0009/119295/HEPA_children_analysis_report.pdf?ua=1">http://www.euro.who.int/_data/assets/pdf_file/0009/119295/HEPA_children_analysis_report.pdf?ua=1</a>) (13).</i></p>
Health	
Sport/recreation	
Education	
Transport	
Environment	
Urban design/ planning	
Other (please specify) .....	



# SECTION 5

## Recommendations, goals and targets

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

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.

**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).

**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.

		No
Early years (preschool age)	Document/policy title and date: Issuing body: Web link (English version available?): <i>Briefly state the recommendations and specify age range:</i>	
Children and young people (school age)	Document/policy title and date: Issuing body: Web link (English version available?): <i>Briefly state the recommendations and specify age range:</i>	
Adults	Document/policy title and date: Issuing body: Web link (English version available?): <i>Briefly state the recommendations and specify age range:</i>	
Older adults/seniors	Document/policy title and date: Issuing body: Web link (English version available?): <i>Briefly state the recommendations and specify age range:</i>	
People with disabilities	Document/policy title and date: Issuing body: Web link (English version available?): <i>Briefly state the recommendations and specify age range:</i>	
Other (please specify) .....	Document/policy title and date: Issuing body: Web link (English version available?): <i>Briefly state the recommendations and specify age range:</i>	

17b. Does your country have any <b>national recommendations on reducing sedentary behaviour?</b> <b>If recommendations exists for any of the target groups listed</b> , 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). <b>If no recommendations exist, please mark the “no” column for the respective target group.</b>		No
Early years (preschool age)	Document/policy title and date: Issuing body: Web link (English version available?): Briefly state the recommendations:	
Children and young people (school age)	Document/policy title and date: Issuing body: Web link (English version available?): Briefly state the recommendations:	
Adults	Document/policy title and date: Issuing body: Web link (English version available?): Briefly state the recommendations:	
Older adults/seniors	Document/policy title and date: Issuing body: Web link (English version available?): Briefly state the recommendations:	
People with disabilities	Document/policy title and date: Issuing body: Web link (English version available?): Briefly state the recommendations:	
Other (please specify) .....	Document/policy title and date: Issuing body: Web link (English version available?): Briefly state the recommendations:	

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.”

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.

## 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).

#### 20a. Children and young people

##### Name of survey 1:

Methods used (please tick as relevant)	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		

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

A	Part of a repeating surveillance system	Start year	Frequency	Latest year of data collection		
B	Single survey(s)	Year(s)	Meant as start of repeating surveillance system (yes/no or add comment)			

##### Name of survey 2:

Methods used (please tick as relevant)	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		

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

A	Part of a repeating surveillance system	Start year	Frequency	Latest year of data collection		
B	Single survey(s)	Year(s)	Meant as start of repeating surveillance system (yes/no or add comment)			

\*E.g. fitness, accelerometers.

<b>20b. Adults</b>						
<b>Name of survey 1:</b>						
Methods used <i>(please tick as relevant)</i>	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
Please complete either row A or row B below, as relevant						
A	Part of a repeating surveillance system	Start year	Frequency	Latest year of data collection		
B	Single survey(s)	Year(s)	Meant as start of repeating surveillance system (yes/no or add comment)			
<b>Name of survey 2:</b>						
Methods used <i>(please tick as relevant)</i>	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
Please complete either row A or row B below, as relevant						
A	Part of a repeating surveillance system	Start year	Frequency	Latest year of data collection		
B	Single survey(s)	Year(s)	Meant as start of repeating surveillance system (yes/no or add comment)			

\*E.g. fitness, accelerometers.

<b>20c. Older adults</b>						
<b>Name of survey 1:</b>						
Methods used <i>(please tick as relevant)</i>	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
Please complete either row A or row B below, as relevant						
A	Part of a repeating surveillance system	Start year	Frequency	Latest year of data collection		
B	Single survey(s)	Year(s)	Meant as start of repeating surveillance system (yes/no or add comment)			
<b>Name of survey 2:</b>						
Methods used <i>(please tick as relevant)</i>	Survey		Interview		Objective measures*	Other method (please state)
	Paper	Online	Phone	Personal		
Please complete either row A or row B below, as relevant						
A	Part of a repeating surveillance system	Start year	Frequency	Latest year of data collection		
B	Single survey(s)	Year(s)	Meant as start of repeating 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?

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.

## 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.

Title:

Publisher and date:

Web link (English version available?):

*Brief* description of the approaches, results and their use:

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.

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).

Title:  
 Publisher and date:  
 Web link (English version available?):  
 Brief description of the results:

## 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						
	National				Recurrent		
	Yes	Amount	No	Don't know	Yes	No	Don't know
Health							
Sport/recreation							
Education							
Transport							
Environment							
Urban design/planning							
Other (please specify) .....							
Other (please specify) .....							

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).

	Subnational						
					Recurrent		
Sector	Yes	Amount	No	Don't know	Yes	No	Don't know
Health							
Sport/recreation							
Education							
Transport							
Environment							
Urban design/planning							
Other (please specify) .....							
Other (please specify) .....							

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.  
**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.

## 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.

# 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.

2.

3.

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.

2.

3.



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.

2.

3.

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 II

## 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.

<b>Leader of PAT assessment completion process</b>
Name: Institution: Contact details:
<b>PAT completion team members <i>(please add as necessary)</i></b>
Name: Institution:

<b>Overview of process and timelines</b>	
<b>Month/year</b>	<b>Main steps</b>

<b>List of experts consulted for input</b>	
<b>Institution/organization</b>	<b>Contact person</b>

# References

1. Report of the global survey on the progress in national chronic diseases prevention and control. Geneva: World Health Organization; 2007 (<http://www.who.int/chp/about/Report-Global-Survey-09.pdf>, accessed 24 June 2015).
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## The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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