Health-enhancing physical activity in the European Union, 2024

World Health Organization
European Region

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Abstract

This report presents the results of the Health-Enhancing Physical Activity Monitoring Framework conducted in the European Union Member States in 2024, updating the information published in 2015, 2018 and 2021. It provides aggregated information collected on 23 indicators that reflect a comprehensive approach to national physical activity promotion and monitor implementation of the European Union Physical Activity Guidelines. An overall improvement in implementation of the indicators is observed between 2015 and 2024. Across the European Union, the average proportions of the 23 indicators that were achieved by Member States were 64.7% in 2015, 74.5% in 2018, 76.5% in 2021 and 81.8% in 2024.

Keywords

PHYSICAL ACTIVITY
POLICY
SURVEILLANCE
EUROPEAN UNION

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Corrigendum

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In the acknowledgments section, on page V:
In the third paragraph, an addition was made: Wanda Wendel-Vos (Netherlands [Kingdom of the]).

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Contents

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Abbreviations

EU	European Union
GDP	gross domestic product
HEPA	Health-enhancing physical activity
IMPALA	Improving infrastructure for leisure-time physical activity in the local arena
SDG	Sustainable Development Goal
WHO	World Health Organization

Introduction

The latest available data published by the World Health Organization (WHO) on physical activity surveillance in adults showed that the global age-standardized prevalence of insufficient physical activity was 31.3% in 2022, an increase from 23.4% in 2000 *(1)*. If the trends continue, the global target of a 15% relative reduction between 2010 and 2030 will not be met *(2)*.

Data on engagement in sports and physical activity by the EU Member States *(3)* showed that 45% of Europeans (≥15 years) reported that they never exercised or played sports – an increase from 39% in 2009. A further 31% reported that they never engaged in other physical activity (i.e. recreational or non-sport-related physical activity). The data are, however, heterogeneous among countries; 12 countries in the EU appear to be on track (with high certainty) to reduce insufficient physical activity levels by 2030 *(1)*, indicating that investments in policies to promote physical activity can be effective.

A number of global and regional policy initiatives have been established to counter insufficient physical activity, including the WHO Global Action Plan for the Prevention and Control of NCDs 2023–2030 *(2)*, the EU Physical Activity Guidelines *(4)*, the Council of the EU Recommendation on promoting health-enhancing physical activity (HEPA) across sectors *(5)*, the Physical Activity Strategy for the WHO European Region 2016–2025 *(6)* and the WHO Global Action Plan on Physical Activity 2018–2030 *(7)*.

The European Commission Directorate-General for Education, Youth, Sport and Culture and the WHO Regional Office for Europe have been supporting a collaborative project to establish and extend monitoring and surveillance of HEPA in the EU Member States of the WHO European Region. As part of that collaboration, focal points have been appointed in all EU Member States since 2014 to provide and validate national data on physical activity. The EU Physical Activity Focal Points Network meets at least twice per year to share best practices and to plan activities to promote physical activity in the EU.

The Physical Activity Strategy for the WHO European Region 2016–2025 *(6)* was designed to support countries to increase population levels of physical activity. It provides inspiration to governments and stakeholders on policy in four areas: (i) providing leadership and coordination; (ii) supporting the development of children and adolescents; (iii) promoting physical activity among adults and older people; and (iv) supporting action through monitoring, surveillance, the provision of tools, enabling platforms, evaluation and research.

Collaboration between the WHO Regional Office for Europe, the European Commission and EU Member States facilitates monitoring of implementation of these strategies.

Investment in policies to promote walking, cycling, sports, active recreation and play can contribute directly to achieving many of the 2030 Sustainable Development Goals (SDGs) *(8)*, such as SDG3 (good health and well-being), SDG2 (ending all forms of malnutrition), SDG4 (quality education), SDG5 (gender equality), SDG8 (decent work and economic growth), SDG9 (industry, innovation and infrastructure), SDG10 (less inequality), SDG11 (sustainable cities and communities), SDG12 (responsible production and consumption), SDG13 (climate action), SDG15 (life on land), SDG16 (peace, justice and strong institutions) and SDG17 (partnerships).

This report presents a summary of the results of the EU HEPA Monitoring Framework in 2024 *(9)* allowing analysis of trends in policy implementation in the EU from 2015 *(10)*, 2018 (11) and 2021 *(12)*.

Methods

The report provides an overview of the indicators reported in the country factsheets *(9)* (Table 1), including definitions, methods and data collection. More detailed information on the definitions used and operationalization of and data sources on indicators can be found in the Commission staff working document on the HEPA monitoring framework *(13)*, which is based on the EU Physical Activity Guidelines *(4)* and on the recommendation of the Council of the European Union on promoting HEPA across sectors *(5)*. The questions in the survey were designed to elicit action by Member States to build capacity in certain thematic areas.

Table 1. The 23 indicators in the EU HEPA monitoring framework

Thematic area	Indicator	
International physical activity recommendations and guidelines	**1**	National recommendation on physical activity for health
	2	Adults reaching the minimum WHO recommendation on physical activity for health
	3	Children and adolescents reaching the minimum WHO recommendation on physical activity for health
Cross-sectoral approach	**4**	National government coordination mechanism and leadership on HEPA promotion
	5	Funding allocated specifically to HEPA promotion
Sport	**6**	National Sport for All policy or action plan
	7	Sport Clubs for Health Programme
	8	Framework to support offers to increase access to exercise facilities for socially disadvantaged groups
	9	Target groups addressed by the national HEPA policy
Health	**10**	Monitoring and surveillance of physical activity
	11	Counselling on physical activity
	12	Training in physical activity in the curriculum of health professionals
Education	**13**	Physical education in primary and secondary schools
	14	Schemes for school-related physical activity promotion
	15	HEPA in training of physical education teachers
	16	Schemes promoting active travel to school
Environment, urban planning, and public safety	**17**	Extent of cycling and walking
	18	European guidelines for improving infrastructure for leisure-time physical activity
Working environment	**19**	Schemes to promote active travel to work
	20	Schemes to promote physical activity at the workplace
Senior citizens	**21**	Schemes for community interventions to promote physical activity in older adults
Indicators evaluation	**22**	National HEPA policies that include a plan for evaluation
Public awareness	**23**	National awareness raising campaign on physical activity

During the meetings organized by WHO Regional Office for Europe and the European Commission with physical activity focal points to prepare the HEPA factsheets published in 2015, it was decided that data would be collected every 2–3 years to ensure up-to-date summaries of promotion of physical activity in each country and monitoring of progress towards implementing the EU Physical Activity Guidelines *(4)*. In response to that request, data collection was repeated in 2018, 2021 and now in 2024 to provide an updated set of country factsheets on physical activity *(9)*.

Demographic data

Data for the most recent available year on demographic indicators for all the EU Member States factsheets *(9)* were extracted from Eurostat, the Statistical Office of the European Commission. The data collected were on:

- total population;
- population, males and females;
- median age;
- life expectancy, males and females;
- gross domestic product (GDP) per capita;
- GDP for health;
- GDP for education;
- GDP for sports.

Data collection and analysis

Data were collected on the 23 indicators (Table 1) of the monitoring framework developed by the Council of the EU to monitor adherence to the EU Physical activity Guidelines *(4)*. An online survey was prepared with *LimeSurvey* software in January 2024 (previously designed for the 2021 data collection) for collection of data on the indicators and the information necessary for the country physical activity factsheets *(9)*.

The survey was distributed to the 27 EU Member States in the WHO European Region at the beginning of March 2024 through the EU Physical Activity Focal Points Network, which was requested to collect data from national colleagues and complete the questionnaire within 2 months. The WHO Regional Office for Europe maintained a help desk and held one webinar (which was recorded) before the data collection to provide guidance on data sources and how best to answer specific questions. During the webinar, the 23 indicators were discussed and clarified, and the discussions were summarized and distributed to all focal points.

All 27 EU Member States responded to the survey. The Regional Office reviewed the responses and provided feedback to ensure data quality and to elicit further information. The submissions were also checked manually for responses that required clarification, and links to source documents were opened to validate some responses. This process resulted in updated country factsheets on physical activity *(9)* and an analysis of physical activity promotion in the EU.

The country factsheets were prepared and sent to the Member States in September 2024 for final review before publication.

Monitoring and surveillance

National recommendations on physical activity

National recommendations on the amount of physical activity necessary to benefit health are an important element of promoting physical activity and serve as a benchmark for measuring progress in promoting physical activity. A national recommendation on physical activity and health is an official statement on the duration, intensity and frequency of physical activity for the population. Recommendations issued by nongovernmental bodies that have not been officially endorsed by a national government are not considered national recommendations for the purposes of this survey.

One question was whether the country had officially adopted a national recommendation on physical activity for health (Indicator 1) and, if so, on which international recommendation(s) (if any) they were based (e.g. the WHO Guidelines on Physical Activity and Sedentary Behaviour *(14)* and/or the WHO Guidelines on Physical Activity, Sedentary Behaviour and Sleep for Children under 5 years of age) *(15)*, the population groups targeted (children < 5 years, children and adolescents aged 5–17 years, adults aged 18–64 years and older adults (≥ 65 years) and whether they applied to special populations (e.g. frail or very elderly people [≥ 85 years], pregnant and breastfeeding women, people with disabilities and people with chronic diseases).

Physical activity surveillance

Data on the extent of and trends in physical activity over time are essential for designing a comprehensive, targeted national strategy to increase physical activity.

A national monitoring and surveillance system on physical activity is defined as systematic collection, consolidation, analysis and dissemination of data on the physical activity of the population for use in public health action. Integration of physical activity into the national health monitoring and surveillance system indicates its importance as a health determinant and policy area.

The survey determined whether a surveillance or monitoring system for physical activity was established in the health sector (Indicator 10), whether other sectors had such systems, the items measured and the instruments used.

Level of engagement in physical activity

Extensive scientific research has shown that reaching the minimum recommendations for physical activity for health *(14)* has certain health benefits. Thus, the proportion of individuals who meet the recommendations indicates the proportion of the population that is sufficiently physically active to have a low risk of negative health consequences.

Another question sought information on population physical activity levels and the numbers of children and adolescents (Indicator 3), adults (Indicator 2) and people in other age groups who reached the minimum levels of physical activity for health recommended by WHO *(14)* or a cut-off defined by the country. Adults are

often defined as people aged 18–64 years, but the age ranges differ. For example, in some countries, older adults (≥ 65 years) are included with adults, whereas they are reported separately in others. Children and adolescents are defined as aged 5–17 years in the WHO guidelines on physical activity and sedentary behaviour *(14)*, but the age range differed by country.

Cycling and walking are increasingly recognized as important contributions to overall physical activity, as they are accessible to almost everybody and can easily be integrated into a busy day (e.g. for commuting, shopping or social activities) and require minimal personal financial investment. The prevalence of cycling and walking, therefore, reflects the degree of development of a country and can indicate potential for increasing the promotion of physical activity.

Data on the levels of cycling and walking can be collected in various ways, including objective measurements [e.g. Global Positioning System (GPS) tracking], national travel surveys (from detailed individual travel diaries) or as part of other national surveys. In national surveys, data are usually collected as distance and/or time spent cycling or walking per day for all purposes (commuting, shopping, leisure, work).

The survey determined whether a country conducted a national travel survey (Indicator 17) and the distance (kilometres) and/or time (minutes) spent walking and/or cycling per person per day for all travel purposes (commuting, shopping, leisure, work).

Policy response

Coordination and funding

Physical activity promotion requires a multisectoral approach. Coordinated, concerted action by all relevant sectors avoids duplication and contradictory actions. A national coordination mechanism ensures that steps have been taken to promote concerted action among sectors.

The survey elicited information on whether countries had established a national coordination mechanism for HEPA promotion (Indicator 4), such as an informal working group, an advisory body or a formal intersectoral government body. In order to meet the requirements for this indicator, the body had to have a clear mandate to promote physical activity and not noncommunicable diseases, obesity or other conditions.

The financial resources allocated specifically to HEPA promotion are a strong indicator of the importance a country attaches to this topic on its policy agenda. The sources of funding can indicate the sectors that have prioritized physical activity and whether a multisectoral approach has been taken. The survey determined whether countries had allocated funding specifically for HEPA promotion (Indicator 5) and from which sectors. HEPA promotion includes all forms of physical activity that are beneficial for health without undue harm or risk, such as sports, transport, environment and leisure time activity. Funding for the promotion of local sports was included, but funding for elite sports (competitive sports involving professional athletes) was not.

Policy implementation

National policies and action plans guide the promotion of physical activity and participation in sports in various sectors. As socioeconomic and cultural subgroups of populations in the European countries differ widely in their levels of physical activity and participation in sports, subgroup-specific activities may be organized, in addition to those for the majority of the population and sedentary individuals, in a national HEPA promotion policy. Evaluation is necessary for accountability and for adapting programmes to address weaknesses and make them more effective.

A policy is defined as written documentation of strategies and priorities with defined goals and objectives that is issued by part of an administration. It may include an action plan, usually prepared according to the policy, strategic directions defining who does what, when, how and for how much and a mechanism for monitoring and evaluation.

In one of the survey questions, countries were asked to report whether they had a national "sports-for-all" policy (Indicator 6) and/or other national HEPA policies or action plans, the sectors involved, the target groups addressed (including groups with particular needs, such as children < 5 years, older adults (≥ 65), frail or very elderly people (≥ 85), pregnant and breastfeeding women, people in low socioeconomic groups, people with a disability or chronic disease, ethnic minorities, people deprived of liberty, migrants and unemployed people (Indicator 9), and whether they included a plan for evaluation (Indicator 22).

Sports settings

Sports promotion is an essential part of a comprehensive HEPA promotion strategy. Sports clubs, the backbone of the sports movement, make an important contribution to increasing levels of physical activity in many countries. Analysis of current approaches, however, showed that the link between sports and health promotion could be further strengthened. The Sports clubs for health programme was designed to provide support for sports clubs in delivering programmes with a stronger focus on health and to encourage them to invest in health-related activities and/or health promotion within sports. Health-oriented sports clubs specifically include health in their activities. In a Sports club for health, health promotion is one of the main principles, even if it is not its main orientation.

Guidelines for sports clubs for health programmes were prepared by a working group of HEPA Europe and the Association for International Sport for All, supported by a grant from the European Commission. Countries were asked in the survey whether their sports clubs followed these specific guidelines (Indicator 7).

Health settings

Individual counselling on physical activity and exercise prescription can increase individual activity. Therefore, promotion of a more physically active lifestyle in primary health care can target groups who are otherwise difficult to reach. As health-care providers may be loath to include further topics in their general counselling, financial incentives might increase provision of such counselling. For example, physicians in primary health care could be financially rewarded for encouraging patients to move more. Reimbursement for counselling or prescription of physical

activity within, for example, insurance schemes would provide an opportunity to define and monitor the quality and outcome of counselling programmes.

Member States were asked whether they had a national programme or scheme to promote counselling on physical activity by health professionals (Indicator 11). A health professional was defined as an individual who provides preventive, curative, promotional or rehabilitative health care services in a systematic way to people, families or communities; they include medical doctors, nurses and physiotherapists.

Health professionals can advocate physical activity and serve as facilitators between health insurance providers, their members or clients and providers of physical activity programmes. To fulfil this role, they must be appropriately trained in physical activity and health. Countries were also asked if physical activity and health (e.g. health effects, determinants, effective interventions) were taught in the curricula of health professionals (Indicator 12), at which level (undergraduate or postgraduate) and whether this was mandatory or optional.

School settings

Schools are an important setting for encouraging physical activity among young people. Physical education in school increases physical activity and improves motor skills. It should be compulsory and the quantity and quality regulated on the basis of evidence.

Countries were asked in the survey to report the total number of hours of physical education provided in primary and secondary schools per week (Indicator 13), how many hours were mandatory and whether the quality of physical education was monitored.

Physical education teachers play an important role in promoting physical activity and sports among young people and act as role models. They must therefore be fully trained in the concept of HEPA, which covers all forms of physical activity that are beneficial for health without undue harm or risk, including sports, dance, fitness activities, active commuting and active play. Countries were therefore asked whether the curriculum of physical education teachers included HEPA as part of undergraduate or postgraduate studies and if it was mandatory or optional (Indicator 15).

Various schemes are effective in increasing the physical activity of young people in school settings. While physical education at school makes an important contribution, it is provided only a few times a week, and additional schemes are necessary to help children and adolescents in reaching the recommended 60 min/day of moderate-to-vigorous intensity physical activity.

Active school breaks include opportunities for physical activity, such as adequate playground facilities and access to sports equipment and infrastructure. Active breaks during school lessons consist of brief, structured physical activity during lessons to break up long periods of sitting.

After-school physical activity for health promotion programmes (at school, in sports clubs or in communities) include opportunities, infrastructure and access to structures such as fitness centres, aquatic centres or cycling arenas to support young people in being physically active after school. This can also include “sports homework”.

"Active travel" refers to any non-motorized form of travel, including walking, cycling, roller-blading and skate-boarding. Active travel is increasingly recognized as a means of augmenting overall physical activity. Data from a number of countries showed that young people who travel to school in an active way are more physically active overall. In most countries, the most common forms of travel are walking and cycling. Schemes to promote active travel to school include structured programmes such as "Safe routes to school" and "Walking bus" projects and a focus on the topic in national transport or school policy.

Countries were asked whether they had national schemes for active school breaks, active breaks during school lessons and after-school physical activity for health promotion programmes (Indicator 14) and also national schemes to promote active travel to school (Indicator 16).

Workplace settings

Adults who commute to work actively are also more physically active and, for example, less likely to be overweight. Schemes to promote active travel to work may be directed either to employers (e.g. a requirement for mobility plans for staff above a certain number of hours or a financial incentive) or led by a nongovernmental organization (e.g. incentives or subsidies to employees who use active forms of commuting). The survey included questions on whether countries had national schemes to promote active travel to work (Indicator 19). The workplace is increasingly recognized as a settings for promoting physical activity.

Schemes to promote physical activity at work may include structured sports or walking programmes at lunchtime, provision of appropriate infrastructure (e.g. gym, showers, walking tracks), systematic inclusion in all work processes (e.g. stand-up desks, walking meetings) and incentives or subsidies for employees who take up such offers. It is vital to ensure that all employees are reached and not, for example, mostly those who are already physically active. Countries were asked about the existence of national schemes to promote physical activity at the workplace (Indicator 20).

Urban planning

Leisure-time is the most common time for physical activity of all types, including traditional sports. All population groups should have access to infrastructure conducive to active leisure time. Guidelines have been prepared within the European Commission-funded project Improving infrastructure for leisure-time physical activity in the local arena (IMPALA), including sports facilities, infrastructure and urban "green" and "blue" spaces. Improvement of infrastructure requires appropriate policies for planning, building, financing and management.

Member States were asked whether the IMPALA guidelines were applied systematically in planning leisure-time infrastructure (Indicator 18).

Special populations

While low levels of physical activity are found throughout Europe, they are particularly prevalent in groups of society who are disadvantaged with regard to income, socioeconomic status, education, employment, age, gender, ethnicity, culture or religion. This is a particular concern, as these groups often have detrimental health behaviour, including unhealthy nutrition, physical inactivity, alcohol consumption and smoking. Such groups require targeted approaches, as the usual approaches for promoting sports or health are often insufficient.

Specific means to increase access to recreational or exercise facilities for socially disadvantaged groups can increase their opportunities for physical activity. The means might be a specific national policy or programme, an incentive scheme, specific outreach programmes or financial incentives to increase access and use. Countries were asked whether they had a framework to increase the access of socially disadvantaged groups to recreational sports or exercise facilities (Indicator 8).

Remaining physically active is of particular importance for older adults in order to maintain their mental and functional capacity and their independence and to prevent falls. As most European societies are ageing, this will be of increasing importance. Schemes for community interventions to promote physical activity among older adults may be government programmes with specific opportunities for older adults, investment in suitable leisure-time infrastructure or increasing access to existing infrastructure (including transport) or projects and programmes run by nongovernmental organizations in the community or in settings such as nursing homes. The survey included questions about national guidance or a programme for community interventions to promote physical activity among older adults (Indicator 21).

Raising awareness

A national awareness-raising campaign is a mass media approach to influence a community's attitudes, behaviour and beliefs. It is a frequent element of national strategies to promote physical activity and can contribute to dissemination of knowledge and change attitudes. If complemented by specific programmes, it can also support behaviour change.

Member States were asked whether they had clearly formulated national campaigns for education and public awareness about physical activity and the type of media used in the campaigns (Indicator 23).

Results

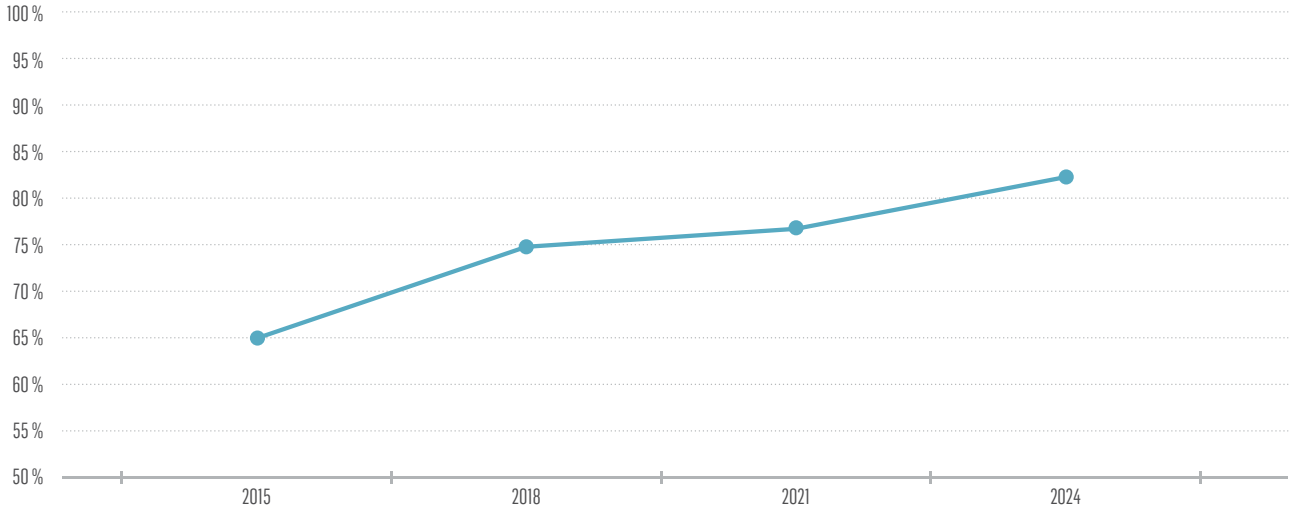
Patterns and trends in physical activity promotion in the EU

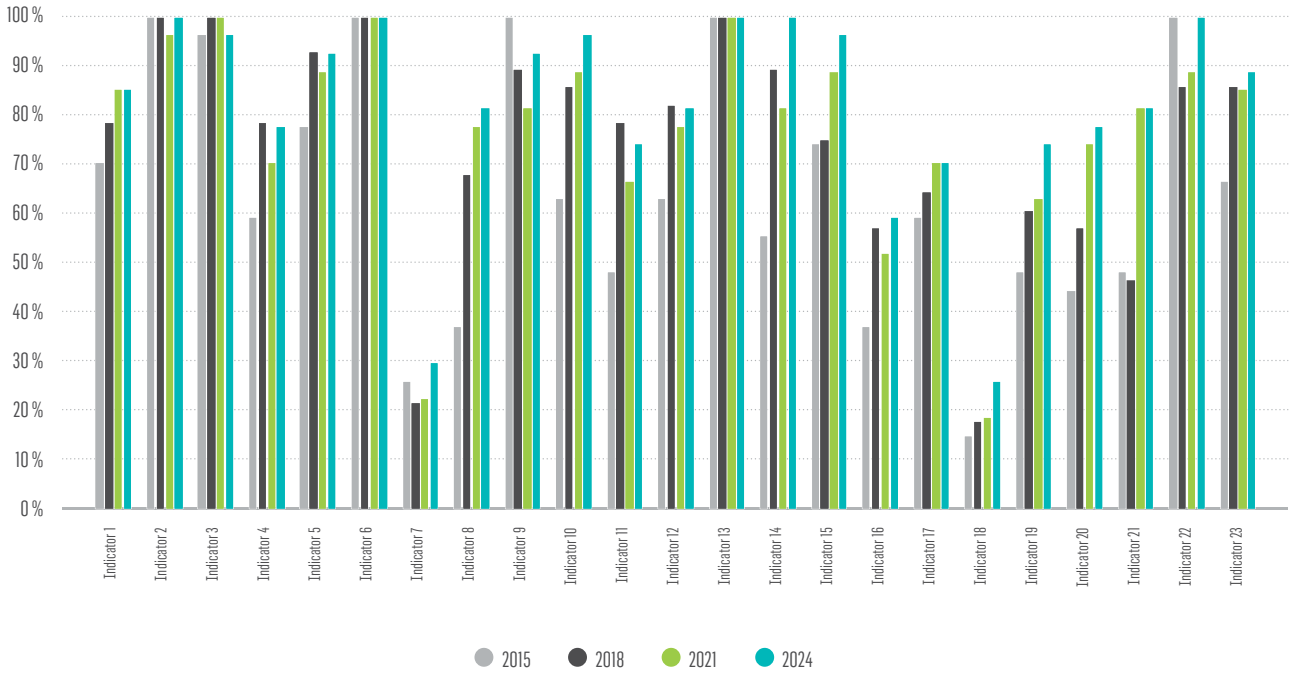
An overall improvement in the indicators is observed between 2015 and 2024 (Fig. 1 and Fig. 2). Across the Region, the average proportions of the 23 indicators that were attained by Member States were 64.7% in 2015, 74.5% in 2018, 76.5% in 2021 and 81.8% in 2024.

Direct comparisons of the data must, however, be made with caution, as the questions in the four surveys between 2015 and 2021 were slightly different, new focal points may have collected data differently, and different Member States responded to the survey in each round (Greece did not participate in the survey in 2015, and the United Kingdom is no longer a Member State of the EU since 2021).

Fig. 1. Evolution of achievement (on average) of the 23 indicators between 2015 and 2024 by EU Member States

Fig. 2. Proportions of each indicator met in 2015, 2028, 2021 and 2024 by the EU Member States

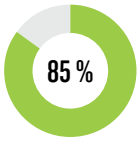




Monitoring and surveillance

National recommendations on physical activity

Twenty-three countries (85%) reported that they had national recommendations on physical activity for health (Indicator 1, Infographic 1). Several countries had used the WHO recommendations on physical activity to establish their national recommendations (Table 2).



Infographic 1. Proportion of countries with national recommendations on physical activity for health **(Indicator 1).**

Table 2. WHO sources for national recommendations on physical activity for health

Source	No. of countries
WHO Global Recommendations on Physical Activity for Health (2010) *(16)*	**12**
WHO Guidelines on Physical Activity, Sedentary Behaviour and Sleep for Children under 5 years of age (2019) *(15)*	**11**
WHO Guidelines on Physical Activity and Sedentary Behaviour (2020) *(14)*	**15**

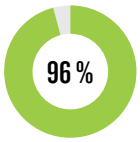
Table 3 shows the different target groups (by age and special group) included in national recommendations on physical activity for health.

Table 3. Target groups covered by national recommendations on physical activity for health

Target group	No. of countries
Children < 5 years	**20**
Children and adolescents (5–17 years)	**22**
Adults (18–64 years)	**22**
Older adults (≥ 65 years)	**22**
Frail and very elderly people (≥ 85 years)	**5**
During pregnancy	**16**
During breastfeeding	**13**
People with disabilities	**15**
People with chronic diseases	**15**

Surveillance of physical activity

All countries reported that they had at least one established physical activity surveillance system in one sector (Table 4). Twenty-six countries (96%) reported an established physical activity surveillance system in the health sector (Indicator 10; Infographic 2).



Infographic 2. Proportion of countries with a physical activity surveillance system in the health sector **(Indicator 10).**

Table 4. Other sectors with surveillance systems for physical activity

Sector	No. of countries
Education	**21**
Sports	**19**
Transport	**7**
Other	**7**

Levels of engagement in physical activity

All countries (100%) reported estimates of physical activity levels in adults (Indicator 2, Infographic 3) and 26 countries (96%) also reported estimates for children and adolescents (Indicator 3, Infographic 4).

Table 5 shows other age groups for which physical activity prevalence is monitored in EU Member States.

Table 5. Other age groups for which data were available on the prevalence of physical activity

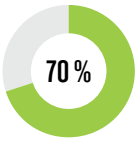
Age group	No. of countries
Children < 5 years	**8**
Older adults	**24**

Data on national physical activity levels are reported on the country factsheets for several age groups *(9)*. The data were not compared, as the results of surveys depend on the methods used: sampling methods, statistical modelling, instruments (such as the Global Physical Activity Questionnaire, the International Physical Activity Questionnaire and accelerometers) and definitions of "physically active". National surveys allow monitoring of trends over time only if the same methods and instruments are used in each.

Nineteen countries (70%) reported that they had conducted a national travel survey (Indicator 17, Infographic 5). Data on national levels of walking and cycling are presented in the country factsheets *(9)*.

Infographic 3. Proportion of countries with estimates for physical activity levels in adults **(Indicator 2).**

Infographic 4. Proportion of countries with estimates for physical activity levels in children and adolescents **(Indicator 3).**



Infographic 5. Proportion of countries with a national travel survey **(Indicator 17).**

Policy response

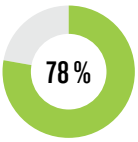
Coordination and funding

As the promotion of physical activity requires action in several sectors, such as health, sports, education, urban planning and transport, a national coordination mechanism is necessary to ensure concerted action.

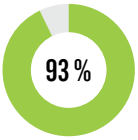
Twenty-one countries (78%) reported that they had a national coordination mechanism to promote HEPA (Indicator 4, Infographic 6). The mechanism ranged from small working groups for coordinating the physical activity component of a national noncommunicable disease action plan to high-level ministerial councils.

Allocation of specific funding for the promotion of HEPA is a strong indicator of action to promote physical activity by governments and government sectors.

Twenty-five countries (93%) reported that they provided dedicated funding for HEPA promotion (Indicator 5, Infographic 7). The sports, health and education sectors provided the most funding for HEPA (Table 6).



Infographic 6. Proportion of countries with a national coordination mechanism for the promotion of HEPA **(Indicator 4).**



Infographic 7. Proportion of countries with allocated funding specifically to promotion of HEPA **(Indicator 5).**

Table 6. Sectors that received funding for the promotion of HEPA

Sector	No. of countries
Health	**22**
Education	**19**
Sports	**24**
Environment	**7**
Urban planning	**8**
Transport	**15**
Other	**7**

Policy implementation

National policies and action plans for HEPA promotion are essential to guide action. All countries (100%) reported at least one national sports-for-all policy or action plan for promoting HEPA (Indicator 6, Infographic 8). Overall, 204 national HEPA policies or action plans were reported in the EU countries, involving different sectors (Table 7).

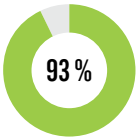
Infographic 8. Proportion of countries with at least one national sports-for-all policy or action plan for promoting HEPA **(Indicator 6).**

Table 7. Sectors involved in the 204 national HEPA policies or action plans reported

Sector	No. of policies
Health	**133**
Education	**110**
Sports	**139**
Environment	**78**
Urban planning	**67**
Transport	**69**

The sports sector was the most commonly involved in implementing national physical activity policies or action plans. Most policies were multisectoral, with good coverage of the sectors recognized as important for HEPA promotion, mainly health and education.

In 25 countries (93%), HEPA policies or action plans targeted groups with a particular need for physical activity (Indicator 9, Infographic 9), including children < 5 years, older adults (≥ 65 years), frail or very elderly people (≥ 85 years), pregnant and breastfeeding women, people in low socioeconomic groups, people with a disability or a chronic disease, ethnic minorities, people deprived of liberty, migrants and unemployed people (Table 8).



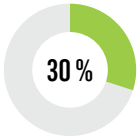
Infographic 9. Proportion of countries with HEPA policies or action plans targeting groups with a particular need for physical activity **(Indicator 9).**

Table 8. Target groups in the 204 national HEPA policies or action plans reported

Target group	No. of policies
General population	**128**
Children < 5 years	**61**
Children and adolescents (5–17 years)	**89**
Adults (18–64 years)	**71**
Older adults (≥ 65 years)	**53**
Frail and very elderly people (≥ 85 years)	**30**
People with a disability	**63**
People with a chronic disease	**41**
Pregnant women	**21**
Breastfeeding women	**19**
Low socioeconomic groups	**43**
Ethnic minorities	**33**
Deprived of liberty	**4**
Migrants	**19**
Unemployed people	**25**

Infographic 10. Proportion of countries with at least one reported policy or action plan with a plan for evaluation **(Indicator 22).**

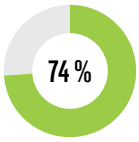
In all 27 countries (100%), at least one reported policy or action plan included a plan for evaluation (Indicator 22, Infographic 10).



Infographic 11. Proportion of countries in which the Guidelines for Sports Club for Health Programmes were implemented **(Indicator 7).**

Sports settings

Eight countries (30%) reported having used the Guidelines for Sports Club for Health Programmes developed by HEPA Europe and the Association for International Sport for All (Indicator 7, Infographic 11). Another nine countries reported having used similar national guidance or programmes designed to encourage sports clubs to promote health-related sport activities and/or health promotion.

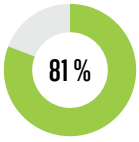


Infographic 12. Proportion of countries with a national guidance or programme to promote counselling on physical activity or exercise prescription by health professionals **(Indicator 11).**

Health settings

Twenty countries (74%) reported having national guidance or a programme to promote counselling on physical activity or exercise prescription by health professionals (Indicator 11, Infographic 12).

In three countries, financial incentives were provided to health professionals to encourage patients to be more active. In four countries, patients had to pay for counselling on physical activity by health professionals, but the cost was reimbursed in two countries.



Infographic 13. Proportion of countries that included training in physical activity in the curriculum of health professionals **(Indicator 12).**

Twenty-two countries (81%) reported that physical activity for health was included in the curricula of health professionals (Indicator 12, Infographic 13; Table 9).

Table 9. Health professionals who are trained in physical activity in their curricula

Health professional	No. of countries
Medical doctors	20
Physiotherapists	22
Nurses	16
Nutritionists/dietitians	13
Psychologists	9
Other	11

School settings

All Member States (100%) reported that physical education classes were held in schools (Indicator 13, Infographic 14). The number of hours provided in each country is presented in the country factsheets *(9)*.

Twenty-three countries (85%) reported that the quality of physical education classes was monitored.

Training of physical education teachers in HEPA was reported by 26 countries (96%) (Indicator 15, Infographic 15).

All countries (100%) reported at least one national guidance document or programme to promote physical activity in schools (Indicator 14; Infographic 16; Table 10).

Table 10. National guidance document or programme for promotion of physical activity in schools

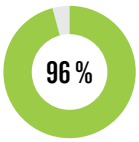
National guidance or programme	No.of countries
Active school breaks	21
Active breaks during school lessons	16
After-school physical activity for health promotion	22

Sixteen countries (59%) reported having a national guidance or programme for active travel to school (Indicator 16; Infographic 17).

Workplace settings

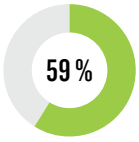
Twenty countries (77%) reported that they had national guidance or a programme to promote active travel to work (Indicator 19, Infographic 18), and 21 countries (78%) reported that they had national guidance or a programme to promote physical activity at the workplace (Indicator 20, Infographic 19).

Infographic 14. Proportion of countries with physical education classes in schools **(Indicator 13).**

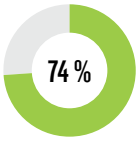


Infographic 15. Proportion of countries in which the curriculum of physical education teachers included training on HEPA **(Indicator 15).**

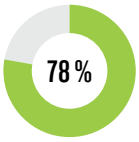
Infographic 16. Proportion of countries with at least one national guidance document or programme to promote physical activity in schools **(Indicator 14)**



Infographic 17. Proportion of countries with a national guidance or programme for active travel to school **(Indicator 16).**



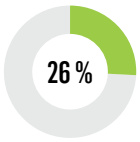
Infographic 18. Proportion of countries with national guidance or programmes to promote active travel to work **(Indicator 19).**



Infographic 19. Proportion of countries with national guidance or programmes to promote physical activity at the workplace **(Indicator 20).**

Urban planning

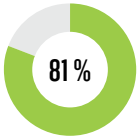
Seven countries (26%) reported that they applied the IMPALA guidelines systematically (Indicator 18, Infographic 20). Another 16 countries reported that they used similar national guidance or a programme to improve or develop infrastructure for leisure-time physical activity.



Infographic 20. Proportion of countries that applied the IMPALA guidelines **(Indicator 18).**

Special populations

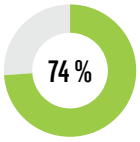
Twenty-two countries (81%) reported a specific framework to ensure access to recreational sports or exercise facilities for socially disadvantaged groups (Indicator 8, Infographic 21), and 22 (81%) reported national guidance or a programme for community interventions to promote physical activity among older adults (Indicator 21, Infographic 22).



Infographic 21. Proportion of countries with a framework to increase access to exercise facilities for socially disadvantaged groups **(Indicator 8).**

Raising awareness

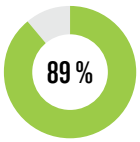
Twenty-four countries (89%) reported that they conducted an established, clearly formulated national campaign for education and raising public awareness on physical activity (Indicator 23, Infographic 23), through several types of media (Table 11).



Infographic 22. Proportion of countries with national guidance or programmes for community-based interventions to promote physical activity in older adults **(Indicator 21).**

Table 11. Types of media used in national awareness-raising campaigns on physical activity

Media	No. of countries
Television	**22**
Radio	**20**
Newspapers	**18**
Social media	**22**
Public events	**21**
Public figures	**16**



Infographic 23. Proportion of countries that conducted national awareness-raising campaigns on physical activity **(Indicator 23).**

Policy implications

The results of the 2024 round of data collection on EU HEPA indicators indicated that physical activity policy appeared to have overcome the impact of the coronavirus disease (COVID-19) pandemic, which had led to an apparent stagnation of progression in the indicators between 2019 and 2021. Between 2021 and 2024, a 5.3% improvement was observed in implementation of the EU Physical Activity Guidelines *(4)*.

Important increases in several indicators were registered, such as indicators 9 (Target groups addressed by the national HEPA policy), 14 (Schemes for school-related physical activity promotion), 19 (Schemes to promote active travel to work) and 22 (National HEPA policies that include a plan for evaluation).

For some indicators, there was a ceiling effect, as they had already been implemented in all countries. These were indicators 2 (Adults reaching the minimum WHO recommendation on physical activity for health), 6 (National Sports for All policy or action plan), 13 (Physical education in primary and secondary schools), 14 (Schemes for school-related physical activity promotion) and 22 (National HEPA policies that include a plan for evaluation). Seven other indicators (1, 3, 5, 9, 10, 15 and 23) have already been achieved by ≥ 85% of countries.

Notably low rates of accomplishment, however, were found for two indicators: Indicator 7 (Sports clubs for health programme) and Indicator 18 (European guidelines for improving infrastructure for leisure-time physical activity). These indicators assess adherence to very specific guidelines developed for projects funded by the European Commission. The HEPA Monitoring Framework could be adapted in future to better reflect progress by countries in promoting physical activity through sports and infrastructure for leisure-time physical activity.

The near future imposes important challenges to the promotion of physical activity. Climate change, natural disasters, armed conflict, migration, sedentary behaviour, artificial intelligence and mental health are some areas that may be addressed through the development and implementation of HEPA policies.

The collaboration between the WHO Regional Office for Europe, the European Commission and EU Member States is a unique opportunity to prepare future national and European strategies for physical activity. The next steps should be focused on attaining the goal of a 15% reduction in levels of insufficient physical activity by 2030 *(7)* in a scenario of permanent crisis while progressing toward the United Nations SDGs *(2,8)* by greater participation in physical activity, such as sports, exercise and active commuting.

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