



World Health
Organization

REGIONAL OFFICE FOR

Europe



Promoting sport and enhancing health in European Union countries:



a policy content analysis to support action

Promoting sport and enhancing health in European Union countries: a policy content analysis to support action



Abstract

Sport promotion plays a very important role in supporting the achievement of the recommended levels of physical activity in the European population. The aim of this document is to support advances in policy-making for physical activity promotion by highlighting recent national policy developments in the area of sports promotion, with a focus on synergies and discrepancies with the promotion of health-enhancing physical activity. The document presents and discusses the main results of a content analysis of the most recent national sports strategies in the Member States of the European Union and suggests ten key points for policy-makers.

The policies and documents collected in connection with the development of this document are available in the WHO database on nutrition, obesity and physical activity (NOPA database). The database provides Member States with information about existing policy documents, legislation and other approaches to sport and physical activity as well as diet, nutrition and obesity in the European Region.

4

This document was developed in the framework of a project on “Promoting networking, exchange and greater synergy between sport and health-enhancing physical activity sectors” (NET-SPORT-HEALTH), co-financed by the European Commission, Directorate-General for Education and Culture under the Preparatory Action in the Field of Sport 2009.

Keywords:

SPORTS

EXERCISE

HEALTH PROMOTION

HEALTH POLICY

EUROPEAN UNION

Address requests about publications of the WHO Regional Office for Europe to:

Publications

WHO Regional Office for Europe

Scherfigsvej 8

DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the WHO/Europe web site at <http://www.euro.who.int/pubrequest>.

© World Health Organization 2011

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Acknowledgements

This policy brief was developed by the WHO Regional Office for Europe in the framework of the project “Promoting networking, exchange and greater synergy between sport and health-enhancing physical activity sectors” (NET-SPORT-HEALTH). The project was co-financed by the European Commission, Directorate-General for Education and Culture under the Preparatory Action in the Field of Sport 2009. Responsibility for the content of this report lies with the authors, and the content does not represent the views of the European Commission; nor is the Commission responsible for any use that may be made of the information contained herein.

The WHO Regional Office for Europe would like to express sincere appreciation to the Sport Directors and their staff who supported and contributed to this work by providing information on existing national policy documents on sport and health-enhancing physical activity. Without their collaboration, the extensive compilation of policy documents would not have been possible.

6

Gratitude is furthermore extended to the participants in the NET-SPORT-HEALTH International Workshop in Copenhagen on 17 March 2011 for their active participation and valuable comments and contributions, which informed the present policy brief. Special thanks go to: Malgorzata Szukalska-Wrona, Ministry of Sport and Tourism, Poland; Nick Cavill, Cavill Associates; Henrik Brandt, Danish Institute for Sport Studies; and Mogens Kirkeby, International Sport and Culture Association for their interesting presentations. Comments and contributions were also provided by international experts throughout the work process of the content analysis.

This publication was authored by Nina Vestmark Christiansen, WHO Regional Office for Europe, Copenhagen and Sonja Kahlmeier, University of Zurich. Francesca Racioppi, WHO European Centre for Environment and Health, Rome office, contributed with comments, technical input and overall coordination. Grateful thanks are extended to Signe Daugbjerg, Research Centre for Prevention and Health, Capital Region of Denmark, and Lideke Middelbeek, formerly WHO Regional

Office for Europe for technical input and comments; to Cristina Fumo, WHO European Centre for Environment and Health, Rome office for administrative support; to Nicoletta di Tanno, WHO European Centre for Environment and Health, Rome office for providing photographs; to Lars Møller, Møller & Kompagni for the layout and typesetting; and to Frank Theakston for the text editing.



The European framework for this publication

The funding provided for the project should be seen as part of efforts undertaken by the European Commission and Member States in the field of sport and physical activity. While the implementation of the sports article in the Lisbon Treaty¹ (Article 165 TFEU) points to various new formal roles, as spelled out in the Commission's 2011 Communication,² the commitment of the European Union (EU) to making joint advances in this important field was already obvious in the pre-Lisbon context, where it led to the publication of non-binding EU physical activity guidelines.³

8

Prepared under the auspices of the EU Working Group Sport and Health comprising representatives of Member States, the EU physical activity guidelines were drafted with the help of 22 leading academics from across the EU. Crucially, the guidelines state, inter alia:

Change can be brought about through widespread innovation in policy and practice, and notably through increased cross-sectoral cooperation and the adoption of new roles by diverse actors who are already well-established and respected in their fields of competence. Big solutions and comprehensive, global strategies cannot and should not be provided. It is rather on the basis of a large number of small changes in policy and practice across the board that our societies may become more movement-friendly.

¹ Treaty of Lisbon amending the Treaty on European Union and the Treaty establishing the European Community (2007/C 306/01). Official Journal of the European Union, 2007, C 306/2.

² Developing the European dimension in sport. Brussels, European Commission, 2011 (COM(2011) 12 final).

³ EU physical activity guidelines – recommended policy actions in support of health-enhancing physical activity. Brussels, European Commission, 2008.

Among the 41 numbered guidelines, the following may be of particular pertinence in this context:

Guideline 1 – In accordance with the guidance documents of the World Health Organisation, the European Union and its Member States recommend a minimum of 60 minutes of daily moderate-intensity physical activity for children and young people and a minimum of 30 minutes of daily moderate-intensity physical activity for adults including seniors.

Guideline 2 – All relevant actors should refer to the guidance documents of the World Health Organisation regarding obesity and physical activity and seek ways to implement them.

Guideline 3 – Public authorities responsible for different sectors should support each other through cross-sectoral cooperation to implement policies that can make it easier and more attractive for individuals to increase their level of physical activity.

Table of Contents

Glossary	12
Introduction	14
Physical activity and health	14
Sport and health-enhancing physical activity	14
Major international developments in the promotion of sport and health-enhancing physical activity	16
National sports policies in the EU	18
Aim of the document	18
Results of the policy content analysis	19
Documents included in the analysis	19
Publication date	22
Issuing and/or leading body	23
Time frame	24
Stakeholder involvement in the development of strategies	25
Reference to other national or international documents	26
Reference to recommendations on physical activity	27
Goals and targets on participation in sport and health-enhancing physical activity	27
Elite sport and Sport for All	30
Infrastructure	30
Target groups	31
Settings	33
Implementation	34
Evaluation	37
Discussion and conclusions	38
Appendix: methods	50
Collection of the documents	50
Selection of documents for the content analysis	51
Content analysis grid	52
WHO database on nutrition, obesity and physical activity	55
References	56
Annex 1. Further reading	63

Glossary

Physical activity. Any bodily movement produced by skeletal muscles that results in energy expenditure above resting level (1).

Physical activity guidelines and recommendations. Guidelines are documents that contain recommendations about physical activity intervention, whether they be clinical, public health or policy interventions. Recommendations provide information about what policy-makers, health care providers, or patients should do. They imply a choice between different interventions that have an impact on health and that have ramifications for resource use (2).

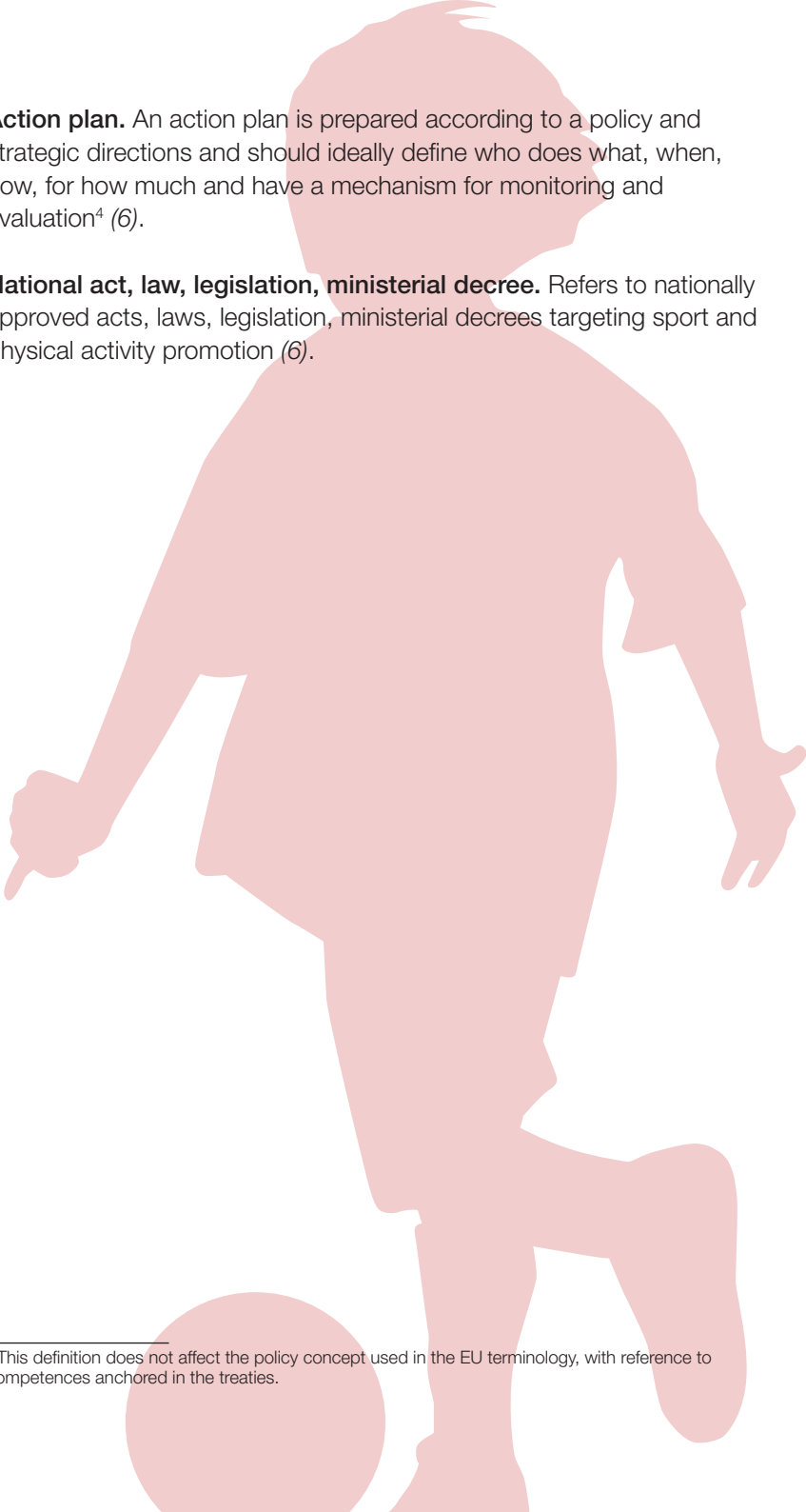
Health-enhancing physical activity. Activity that, when added to baseline activity, produces health benefits. Brisk walking, jumping rope, dancing, playing tennis or soccer, lifting weights, climbing on playground equipment at recess, and doing yoga are all examples of health-enhancing physical activity (3).

Sport. All forms of physical activity which, through casual or organized participation, aim at expressing or improving physical fitness and mental well-being, forming social relationships or obtaining results in competition at all levels (4).

Sport for All. Refers to the systematic provision of physical activities which are accessible for everybody (5).

Strategy. Refers to the national strategy that includes a long-term plan of action designed to achieve the goal of promoting sport (6).

Policy. A policy was defined as a written document, which has been endorsed, including statements and decisions defining goals, priorities and main directions for attaining these goals. It may also include an action plan on implementation (6).



Action plan. An action plan is prepared according to a policy and strategic directions and should ideally define who does what, when, how, for how much and have a mechanism for monitoring and evaluation⁴ (6).

National act, law, legislation, ministerial decree. Refers to nationally approved acts, laws, legislation, ministerial decrees targeting sport and physical activity promotion (6).

⁴ This definition does not affect the policy concept used in the EU terminology, with reference to competences anchored in the treaties.

Introduction

Physical activity and health

WHO defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (7). To achieve the highest possible level of health, several risk factors can be addressed. Physical inactivity is the fourth leading risk factor for death globally and is responsible for 6% of deaths worldwide (8) and for 5–10% in the WHO European Region, depending on the country (9). Every year in the European Region, over 8 million disability-adjusted life years (DALYs) are lost due to insufficient physical activity and nearly one million deaths are attributed to physical inactivity (8).

Scientific evidence shows major beneficial effects of physical activity on health. Physical activity reduces the risk of most chronic diseases (10,11), including cardiovascular disease, overweight and obesity, type 2 diabetes and several cancers. Furthermore, physical activity improves musculoskeletal health and psychological well-being. Despite the evidence and knowledge about the links between physical activity and health, however, many Europeans are inactive or insufficiently active. The 2006 Eurobarometer survey on health and food showed that people spend on average more than six hours a day sitting (12), while the 2010 Eurobarometer survey on sport and physical activity showed that 34% of the respondents reported that they seldom or never do any physical exercise or engage in sport (13).

Physical activity is not only a good means of increasing the health and well-being of individuals. On a national level, increasing physical activity is an effective way of promoting public health and preventing disease across the population (14,15). In addition, there are substantial savings to be made in health care costs, and even greater savings on indirect costs such as economic value lost because of illness, disease-related work disabilities and premature death (16,17).

Sport and health-enhancing physical activity

Patterns of physical activity have changed in high-income countries, from being mainly work- or transport-related to being leisure-time

activities. In low-income countries, physical activity still mainly occurs during work, doing chores or transport (10). In both high- and low-income countries, sport is one of the ways of being physically active. It also contributes to, for example, cultural and social life for both the individual and society as a whole (18).

Sport is often mistakenly used as synonym for physical activity but this is not the case. Sport has been defined as “all forms of physical activity which, through casual or organized participation, aim at expressing or improving physical fitness and mental wellbeing, forming social relationships or obtaining results in competition at all levels” (4).

Physical activity, on the other hand, has been defined as “any bodily movement produced by skeletal muscles that results in energy expenditure above resting level” (1).

Thus, engaging in sport is one of the ways of being physically active and the sports movement has a great influence on the level of health-enhancing physical activity in the general population. It has been shown that individuals who do sport are more likely to meet the recommendations for physical activity related to health than those who are not active in sport (19).

Some 40% of EU citizens say that they exercise or engage in sport at least once a week (13). When analysing the sociodemographic data, there seem to be strong differences according to the characteristics of the respondent groups. Men exercise or play sport more than women; the amount of sports activity decreases with age; those with higher levels of education have increased levels of physical activity; people who live alone are less engaged in sport; and people with financial problems are more likely to be insufficiently active.

The ability of the sports sector to affect physical activity levels still often tends to be underutilized, and it is recommended that support be provided to local authorities and nongovernmental organizations that promote and organize sport (18). They should be encouraged to create motivating local environments and to develop a broader set of activities to reach different groups of the population (20).

Major international developments in the promotion of sport and health-enhancing physical activity

This section summarizes, in chronological order, the major international developments in the promotion of sport and health-enhancing physical activity.

European Sports Charter

The European Sports Charter was adopted by the Committee of Ministers of the Council of Europe in 1992 and it was revised in 2001 (4). The Charter defines principles for sport on a number of different areas and provides guidance for policy development in Europe.

Global Strategy on Diet, Physical Activity and Health

In 2004, the World Health Assembly endorsed the Global Strategy on Diet, Physical Activity and Health (21). The Strategy provides principles for action and outlines the responsibilities of Member States, WHO, international partners, civil society, nongovernmental organizations and the private sector in the promotion of physical activity and healthy diets.

European Charter on Counteracting Obesity

Member States of the WHO European Region adopted the European Charter on Counteracting Obesity at the Ministerial Conference on Counteracting Obesity in Istanbul in 2006 (22). In signing the Charter, Member States committed themselves to undertake action against obesity and place physical activity and healthy diets high on the political agenda.

EU White Paper on Sport

The EU White Paper on Sport (23) was adopted by the European Commission in 2007. The White Paper is a strategy paper setting out policy guidelines in the field of sport. It is accompanied by the Pierre de Coubertin Action Plan, with 53 proposed actions to be implemented or supported by the Commission. Three actions focus specifically on public health and physical activity.

EU Physical Activity Guidelines

The EU Physical Activity Guidelines (24) were approved in 2008. They serve mainly as “inspiration for the formulation and adoption of action-oriented national Physical Activity Guidelines” for policy-makers in the EU Member States. The Guidelines state that, from a physical activity perspective, the

overall aim of sports policy should be to increase participation in quality sports by the whole population.

2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases

This WHO Action Plan (25) was endorsed in 2008 at the Health Assembly and calls for urgent action to tackle the global burden of noncommunicable diseases. One of the objectives focuses specifically on the promotion of physical activity for public health.

Lisbon Treaty

The Lisbon Treaty entered into force in 2009 and gave the EU competence in sports policy for the first time (Article 165) (26). The article gave the Commission a mandate to develop a specific EU sports programme, which can be supported by a budget. Furthermore, the sports ministers of the EU Member States now discuss sport in official Sports Council meetings.

Toronto Charter for Physical Activity

The Toronto Charter for Physical Activity (27) was launched in 2010 and is a call for action for greater commitment to support health-enhancing physical activity for all. It is an advocacy tool outlining areas for action, based on guiding principles, which can be used to create greater political and social commitment by organizations and individuals.

Global Recommendations on Physical Activity for Health

WHO published the Global Recommendations on Physical Activity for Health in 2010 (10). The main focus is to prevent noncommunicable diseases through physical activity at the population level and to provide a tool for policy-makers at national level.

The European Commission's Communication on sport

In 2011, the European Commission published *Developing the European dimension in sport* (28), which proposed action at EU level in the thematic areas of the societal role, the economic dimension and the organization of sport, which earlier had also provided the structure for the White Paper on Sport (23). The communication recognizes physical activity as one of the most important health determinants and emphasizes the fundamental role of sport in physical activity promotion.

National sports policies in the EU

In 2006, an online inventory on physical activity promotion was developed within the framework of the European network for the promotion of health-enhancing physical activity (HEPA Europe) in close collaboration with the Regional Office (29,30). The inventory contains about 400 documents, including policies, legislation, guidelines, programmes, activities and case studies. Some of the documents from the inventory were on sports, but no comprehensive mapping of sports policies had been made.

This report presents the results of a collection and analysis of national sports policies in the Member States of the WHO European Region. The work was conducted as a part of the project “Promoting networking, exchange and greater synergy between sport and health-enhancing physical activity sectors” (NET-SPORT-HEALTH) under the 2009 Preparatory actions in the field of sport of the European Commission’s Directorate-General for Education and Culture (31).

Aim of the document

The main aim of the collection and analysis of national sports policies was to provide WHO Member States with information about how existing national sports strategies promote health-enhancing physical activity in different European countries, and where synergies between health and sport already existed and where they could be strengthened.

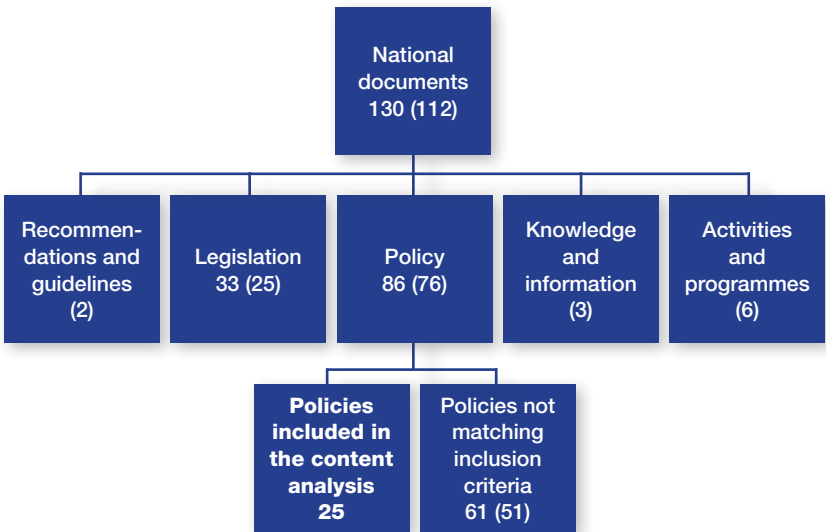
The collection and analysis of the documents will hopefully facilitate exchange and cooperation among policy-makers in sport and physical activity in Member States. By reviewing the breadth and characterizing features of national approaches to sports development and promotion, the aim is to ensure that the great potential of sport to promote health-enhancing physical activity in the broader population is fully realized. The policies and documents collected in connection with the NET-SPORT-HEALTH project are available in the WHO database on nutrition, obesity and physical activity (NOPA database) (32). The database provides Member States with information about existing policy documents, legislation and other approaches to sport and physical activity as well as diet, nutrition and obesity in the European Region.

Results of the policy content analysis

Documents included in the analysis

The methodology for identifying the national documents is described in detail in the Appendix. An overview of all the collected national documents is presented in Fig. 1. In total, 130 national documents were identified for the European Region, of which 112 were from the 27 EU Member States. The largest groups of documents identified were concerned with policies and legislation. Of these, 86 were national policy documents related to physical activity or sport.

Fig. 1. Overview of documents collected from the European Region (numbers of EU documents in parentheses) and documents included in the content analysis



Four criteria were established for the inclusion of documents in the content analysis.

- The documents should focus mainly on sport or sport/physical activity at national level. Subnational documents were included if possible in the case of Member States with a decentralized or federal structure.
- The documents should be strategies, policies or action plans with a clear link to an overall policy. The action plans were included only if they were available in English and were clearly linked to a policy or strategy document.
- Only the most recent documents were included.
- As the content analysis was carried out as part of an EU-funded project, only documents from EU countries were included.

For more information about the inclusion of documents, see the Appendix. After excluding documents not matching the inclusion criteria, 25 documents from 15 EU Member States were included in the content analysis. Subnational documents from Belgium and the United Kingdom were accepted (see Table 1) and action plans were included from Finland, Ireland, England, Northern Ireland, Scotland and Wales. Two policy documents were included from the Netherlands, since the most recent policy document, *The power of sport* (33), complemented (but did not replace) the older policy document, *Time for sport* (34).

Table 1. Documents included in the content analysis (n = 25)

Country	Level	Title and publication date (in brackets)
Belgium	Subnational	Policy brief: 2009–2014 sport: through teamwork we score – towards a healthy, sustainable, results-oriented sports policy [Beliedsnota: 2009–2014 Sport: Door samenspel scoren – Naar en gezond, duurzaam, resultaatgericht sportbelied] (2009)
Bulgaria	National	National strategy for the development of physical education and sports in the Republic of Bulgaria 2010–2020 [Национална стратегия за развитие на физическото възпитание и спорта в Република България 2010–2020] (2009)
Czech Republic	National	National programme for the development of sport for all [Národní program rozvoje sportu pro všechny] (2000)
Estonia	National	Strategic development plan sport for all 2006–2010 [Liikumisharrastuse strateegiline arengukava 2006–2010] (2006)
Finland	National	Government resolution on policies promoting sport and physical activity (2009)
	National	Government resolution on policies promoting sport and physical activity – action plan (2009)
Hungary	National	Sport XXI. National sports strategy 2007–2020 [Sport XXI. Nemzeti sportstratégia 2007–2020] (2007)
Ireland	National	Statement of Strategy 2008–2010, Department of Arts, Sport and Tourism (2008)
	National	Building sports for life: the next phase – the Irish Sports Council's strategy 2009–2011 (2008) [action plan]
Latvia	National	National sports development programme 2006–2012 [Nacionāla sporta attīstības programma 2006–2012] (2006)
Lithuania	National	The physical education and sports strategy 2005–2015 [Lietuvos Respublikos kūno kultūros ir sporto strategija 2005–2015 metams] (2005)
Malta	National	Re-Shaping sport – towards personal development, health and success 2007–2010 (2007)
Netherlands	National	Time for sport: exercise, participate, perform (2005)
	National	The power of sport (2008)
Poland	National	Strategy of sport development in Poland to 2015 [Strategia Rozwoju Sportu W Polsce Do Roku 2015] (2007)
Slovakia	National	National programme for the development of sport 2001–2010 (2001)

Country	Level	Title and publication date (in brackets)
Slovenia	National	National programme on sports [Nacionalni program športa v Republiki Sloveniji] (2000)
United Kingdom, England	Subnational	Play to win: a new era for sport (2008)
	Subnational	Sport England strategy 2008–2011 (2008) [action plan]
United Kingdom, Northern Ireland	Subnational	Sport matters: a culture of lifelong enjoyment and success in sport 2009–2019 (2009)
	Subnational	Sport Northern Ireland, Corporate plan 2008–2011 (2009) [action plan]
United Kingdom, Scotland	Subnational	Reaching higher – building on the success of sport 21 (2007)
	Subnational	Our plan: corporate plan 2009–2011, SportsScotland (2009) [action plan]
United Kingdom, Wales	Subnational	Climbing higher – Welsh Assembly strategy for sport and physical activity (2005)
	Subnational	Framework for the development of sport and physical activity, Sports Council Wales (2005) [action plan]

For the first part of the content analysis, looking at general elements such as publication date and issuing body, all 25 documents were considered individually. For the second part of the analysis, for those national strategies that had both a policy document and a separate action plan ($n = 6$) and for the Netherlands, where two complementing policy documents were included, information was collected from both documents. Thus, for this part, 18 national strategies are considered and not the 25 individual documents. Five strategies were from EU15 Member States (members before April 2004) and 10 were from EU12 Member States (members after April 2004).

Publication date

All of the included documents were published in the period 2000–2009 and a breakdown per year is shown in Table 2.

Table 2. Publication date of documents included in the content analysis (n = 25)

Year of publication	Documents published	
	No.	%
2000	2	8%
2001	1	4%
2005	4	16%
2006	2	8%
2007	4	16%
2008	5	20%
2009	7	28%

Only three documents were published before 2005 and the number of documents published was highest in 2009. However, only the most recent documents were included in the content analysis and the information collection did not aim at providing a complete historical picture of policy development in the countries. Therefore, it is not possible to draw final conclusions about the time trend in sports policy development. Nevertheless, a look at the full collection of 112 documents from the EU Member States (see Fig. 1) indicates that there has been an increasing trend to develop dedicated national sports strategies more recently, while sports legislation seems to have a longer history.

Issuing and/or leading body

In most cases, the body issuing the documents was a ministry. In some cases, the document was officially issued by the parliament or the government, but in these cases the leading body was also a ministry. For a few of the action plans (n = 5), the national sports council was the issuing body. Table 3 gives a summary of the issuing/leading bodies.

Table 3. Issuing and/or leading body (n = 25)

Body	Documents issued	
	No.	%
Ministry for:		
– education and sport	9	36%
– culture and sport	6	24%
– health, welfare and sport	2	8%
– finance, work, spatial planning and sport	1	4%
– local government affairs	1	4%
– sport	1	4%
National sports council	5	20%

In most cases, the issuing or leading body for sports policy was the ministry responsible for education. For example, in Lithuania, the Ministry of Education and Science is responsible for sport and the sports strategy also covers physical education (35). Poland (36) has a ministry dedicated to sport, while the Netherlands (33,34) is the only country in the analysis where sport and health are placed within the same ministry.

Time frame

Almost all of the documents (21 or 84%) mentioned an overall time frame. Three of the other four documents, which did not specify a time frame, provided a specific overall time frame in the linked action plan instead, leaving one country providing no time frame. The overall time frames ranged from 2 to 20 years, and the action plans had shorter time frames than the policy documents.

Some documents mentioned short-, medium- and long-term time frames such as, for example, the Latvian National Sports Programme and the Northern Irish strategy (37,38). The Latvian programme had an overall time frame of six years, and four main targets had been determined for each year of the programme. The Slovenian strategy outlined short-, medium- and long-term time frames with a focus for each area defined (39). Setting intermediate time frames can facilitate the monitoring of progress and allow implementers to adjust actions if needed.

Stakeholder involvement in the development of strategies

Only 12 strategies (67%) described the policy development process, and the level of detail provided was diverse. Some documents briefly mentioned that a consultation had taken place, while others listed all stakeholders consulted and described the approach taken. For example, the Statement of Strategy by the Irish Department of Arts, Sport and Tourism stated that both internal and external consultation had taken place involving the relevant government agencies, boards, key sectors and the public. One of the approaches mentioned was a public consultation to which all stakeholders were invited via press advertisements to submit their views (40). The Czech Republic national sports strategy stated that it had been presented to all departments and to the advisory body for the Minister of Sport and the Commission of Sport for All for discussion. It was noted that no comments on the content of the strategy were provided and corrections addressed only wording and grammar (41).

To summarize, the ministries mentioned as stakeholders in the various strategies were those concerned with, for example, social affairs, health, education, finance and defence. Other stakeholders mentioned as being part of a consultation process were internal staff, local government, civil society, universities, private industry, experts and the general public. An example of a consultation process overview is shown in Fig. 2.

As one third of the analysed strategies did not provide details on the development process, it is not possible to give a full picture of the degree of stakeholder involvement in the development of the national sports strategies.

Fig. 2. Example of a consultation process overview

Stakeholders group	Participants	Date/Venue
Community and voluntary sector	Various representatives from community and voluntary sectors and the (Community) Sports Development Network	November 2007, Kells
Local government	Society of Local Authority Chief Executives (SOLACE) Chief Leisure Officers Association (CLOA)	November 2007, Ballymena
Governing bodies of sport (administrators)	Northern Ireland Sports Forum (26 organisations represented)	November 2007, Lisburn
Performance sport	Sports Institute Northern Ireland Ulster Council GAA Ulster Branch IRFU (24 participants)	November 2007, Jordanstown
Government departments	Dept. of Health Dept. of Education Dept. of Employment and Learning Dept. of Finance and Personnel	January 2008, Belfast
Children and young people	Belfast Youth Forum (8 participants)	March 2008, Belfast

Source: Department of Culture, Arts and Leisure, Belfast (38). With permission.

Reference to other national or international documents

Almost all the strategies (17 or 95%) referred to national legislation and/or other national policy frameworks in various areas including, for example, sport, education and health. One example was the Finnish strategy, referring to the national policy framework described in a government resolution (42): “the Sports Act (1998), the Local Government Act (1995) and the Public Health Act (2004) emphasize the responsibility of local authorities for promoting physical activity, health and well-being”. This reference justified placing responsibility with the local authorities and supported policy coherence between sport, local policy and public health based on the Finnish policy framework.

A few strategies also mentioned how they built on previous sports policies. For example, the Northern Irish strategy was based on the review of the previous strategy and on a context analysis of the development of sport and physical recreation in the province (38). Other strategies referred to the way in which sport was integrated in the government programme.

International policy documents or frameworks were referred to in 14 strategies (78%). Most of these were references to documents from the Council of Europe, mainly the European Sports Charter (4). Other examples were the Anti-Doping Convention (43), the Code of Sports Ethics (44) and the European Convention on Spectator Violence and Misbehaviour at Sports Events and in particular at Football Matches (45). Five strategies mentioned other EU documents such as the White Paper on Sport (23) and one referred to the WHO Global Strategy on Diet, Physical Activity and Health (21). In most cases, the documents were just briefly mentioned without clear links described in detail.

Reference to recommendations on physical activity

Recommendations on physical activity were mentioned in general in eight strategies (44%) but usually without referring to a specific source of information and often only mentioning recommendations for one target group. For example, one strategy considered 8–10 hours of physical exercise per week to be optimum for young people, but with no source reference and without providing any other recommendations for the other target groups in the strategy (41).

The Maltese strategy stated that the aim was to “increase the level of physical activity to that recommended by various health organizations including WHO i.e. at least one hour a day for children”, but provided no specific reference for the recommendations (46).

Three strategies (17%) mentioned specific national physical activity recommendations (34,38,47). For instance, Northern Ireland referred to recommendations of the Medical Officers of the United Kingdom in relation to the implementation of a research framework for participation rates. Furthermore, the recommendations were linked to the quantified targets for participation in sport by different population groups (38).

Goals and targets on participation in sport and health-enhancing physical activity

All the strategies analysed recognized and addressed the question of how sport can be beneficial for the health of populations or subgroups. For example, the Welsh strategy stated: “the essence of this strategy is to maximize the contribution that sport and physical activity can make to the well being in Wales and across its many dimensions” (48).

Furthermore, this strategy recognized that physically active people are central to the health of a nation.

All the strategies had overall goals on participation in sport, physical activity and/or health. The Bulgarian strategy explained that the main objective of the physical education and sports system was to improve “the health and physical fitness of the population as well as increasing the sporting image of the nation to world level by creating the required conditions for systematic participation in physical exercise and sports by all members of society” (49).⁵ This example revealed a dual objective: promoting sport for the general population while also strengthening elite sport.

The Latvian strategy stated that the main result of implementing the programme would be “an increase in the number of people involved in physical activity, a decline in physical inactivity indicators in the population and an improvement in the general state of health in society” (37).⁶

More than half of the strategies (11) had quantified targets on participation in physical activity or sport and/or on health. Only three strategies (16%) had quantified targets that related to health. For example, the Dutch strategy (34) stated:

- “in 2012, at least 70% of adults (18+) do the recommended amount of exercise (2005: 63%)”; and
- “in 2012, no more than 5% of adults in the Netherlands are inactive”.

The Welsh strategy (48) is an example of good practice in the formulation of quantified targets (see Fig. 3). As the targets are time-bound, they fully adhere to the requirements of SMART targets (i.e. being specific, measurable, achievable, relevant and time-bound) (50).

⁵ Citation from unofficial translation.

⁶ Citation from unofficial translation.

Fig. 3. An example showing SMART target formulation

Health	
Target 1	In the next 20 years Wales will match the best global standards for levels of sport and physical activity, defined, for adults, as at least 5x30 minutes of moderate intensity physical activity per week. To achieve this we need an annual increase in overall adult physical activity levels of at least one percentage point per annum.
Target 2	All children of primary school age will participate in sport and physical activity for at least 60 minutes, five times a week. All primary schools will provide a minimum of 2 hours of curricular based sport and physical activity per week.
Target 3	At least 90% of boys and girls of secondary school age will participate in sport and physical activity for 60 minutes, five times a week. All secondary schools will provide a minimum of 2 hours of curricular based and 1 hour of extra curricular sport and physical activity per week.

Source: Welsh Assembly Government (48). With permission.

The strategy referred to recommended levels of physical activity based on health considerations, so these targets can be seen as related to health. No strategy included directly health-related, quantified targets. The other eight strategies with quantified targets referred to an increase in participation in physical activity ($n = 4$) or sport ($n = 4$). England declared the ambition of having 2 million more people active by 2012 (51). At the same time, this strategy mentioned that “sport bodies will focus their investment on sport, while other bodies will lead on the delivery of physical activity”. The Slovenian strategy aimed at increasing the number of people regularly engaging in sport by 2.5%, with a 1% increase annually (39).

It is also noteworthy that the terms sport and physical activity seemed often to be used interchangeably in the strategy documents and it was not always clear what they implied. Physical activity could be interpreted as physical activity in general, as health-related physical activity or as a synonym for sport.

Elite sport and Sport for All

The majority of the strategies (16 or 89%) had a combined focus on elite sport and Sport for All. Some had a stronger focus on one or the other, although most seemed to have an equal emphasis on both aspects. The Netherlands, for instance, expressed ambitions to being among the top ten countries at the international level and “Top-class Sport” was one of three focus areas, the two others being “Healthy through Sport” and “Participation through Sport” (34).

Two strategies (11%) were dedicated to Sport for All: the Czech National Programme for the Development of Sport for All and the Estonian Strategic Development Sport for All Programme 2006–2010 (41,52). The Estonian strategy emphasized that Sport for All should not be considered simply a by-product of professional sport and that a specific approach was needed to create the optimum circumstances for every citizen to participate in sport. The two strategies focused on aspects such as using campaigns and media outreach for health education and ensuring the availability of sports facilities and infrastructure in nature, such as cycle lanes and paths.

Some strategies contained statements indicating that supporting elite sport would have a positive effect on the broader participation in sport. One strategy suggests that general sport participation would decrease if the national professional athletes did not achieve good results (35). In many cases, winning medals and top placements at the larger international sport events, such as the Olympic Games, were considered attractive ways of promoting a country (34).

Infrastructure

All 18 strategies addressed infrastructure as an important focus area. The Scottish strategy mentioned quality facilities as one of the four national priorities. The strategy established an “agenda for change”

with a set of recommendations to follow, such as using best practice to meet needs for equity, environment and aesthetics (53).

Often the focus was on ensuring that people would have the opportunity to engage in sport close to their home and to make better use of existing facilities. Some strategies emphasized the natural environment and non-organized sport and mentioned, for example, cycle lanes, walking paths and cross-country skiing (41). The Czech strategy referred to “barrier-free sports facilities”, meaning that the facilities should be easily accessible to all (41). The Estonian strategy addressed the need for sports facilities to be within a short distance of users to improve access and mentioned examples such as infrastructure to encourage active transport and indoor sports facilities due to the cold climate. Furthermore, other urban planning aspects such as maintenance, quality, security and lighting were mentioned as important (52).

In most strategies, the focus was on facilities both for the general public and for covering the needs of elite sport. Northern Ireland aimed at ensuring that 90% of the population would have access to sports facilities meeting their demands within 20 minutes travel time by 2019. Another aim was that, by 2014, Northern Ireland would have a minimum of ten new or upgraded facilities to support athlete development in Olympic and Paralympic sports (38). Slovenia addressed the standardization of sports facilities and the need to ensure that young people could use public sports facilities on a non-profit basis. Furthermore, the strategy aims at constructing or reconstructing 25 000 m² of covered space annually (39). Another strategy aiming at improving the sports infrastructure was that of Poland (36). It emphasized in particular the needs of disabled people and the necessity of balancing disparities in the availability of sports infrastructures in the regions of the country. For instance, according to the strategy, each commune (*gmina*) should have a gymnastics hall and each county (*powiat*) should have a swimming pool.

Target groups

All 18 strategies targeted the whole population and all targeted one or more subgroups, as shown in Table 4. In general, there were large

differences in the level of detail regarding the subgroups addressed by the individual strategies.

Children were targeted in all strategies, mostly in relation to physical education in schools. For example, the Lithuanian strategy addressed physical education and sport in preschool children, primary- and secondary-school pupils and university students, all of whom were targeted with a specific set of objectives. An example of the objectives for lower-primary-school children was “to broaden children’s understanding about the biological and social needs of a human being and to develop their ability to realize the consequences of their lifestyle choices for their health” (35). The Maltese strategy aims, in relation to sport and education, that children do at least one hour of physical activity a day (46). Four strategies (22%) had quantifiable targets for children but their focus and level and their detail differed. One policy stated that, by 2003, a third hour of physical education in schools should be fully implemented at the second level of elementary school and in secondary schools (41). An expected result of another strategy was that 40% of 12–17-year-olds would meet the exercise standard by 2010 (34).

Disabled people were also targeted by all strategies. In many of them, sport is mentioned as a means to the general social integration of people with disabilities in society. Disabled people were also targeted in relation to the Paralympics and elite sport. For example, the Hungarian strategy mentioned that emphasis should be put on leisure sport for disabled people, and that for the development of competitive sport for the disabled it is crucial that “as many people [as possible] with disabilities commence sporting regularly” (54).

Inactive people or those with low levels of physical activity were targeted in half of the strategies ($n = 9$) but only two strategies provided specific targets for this group. In the Dutch strategy, elderly, disabled or chronically ill people, immigrants and residents of deprived neighbourhoods were identified as vulnerable groups with low levels of activity, and the importance of physical activity and sport for their health and social integration was emphasized. Furthermore, a quantified goal was set, stating that the number of inactive people in the Netherlands in 2012 should not exceed 5%. Other quantified goals were set to increase the number of people doing the recommended amount of exercise (34).

Disadvantaged groups were addressed in most of the documents ($n = 15$). For instance, Poland described the importance of equal access to physical activity and sports opportunities, especially for people living in rural and deprived areas. Furthermore, the strategy mentions in one of its areas of activity that the needs of people with existing health problems, such as overweight and obesity, need to be taken into consideration. (36).

Fourteen documents mentioned gender, but only one strategy had a quantified target addressing gender, stating that there should be an increase of six percentage points in women's participation in sport and physical recreation by 2019 (38). The same strategy also had targets for children, adults, socioeconomically disadvantaged groups and the elderly, but this was more the exception than the rule.

In general, the strategies addressed many different target groups but they rarely stated specific, quantifiable goals for the different groups. In most cases, the groups were addressed with general value statements such as "this is a vision for everyone ... regardless of age, sex, disability, social background, race, religion or sexual orientation (53).

Table 4. Summary of target groups addressed in the sports strategies

Target group	No.	%
Whole population	18	100%
Children and young people	18	100%
Disabled people	18	100%
Elderly people	15	83%
Disadvantaged groups (ethnic minorities, low socioeconomic status)	15	83%
Gender	14	78%
People with low levels of activity	9	50%

Settings

All strategies addressed schools as an important setting for promoting sport and physical activity in children and young people. Physical education (PE) is often demanded by law and is therefore included in school curricula. Thus PE was addressed in some form in all documents, but again, the focus and the level of detail varied. Sport in school settings is mentioned in relation to various aspects such as

increasing hours of PE in the curriculum, offering extracurricular sports activities, talent development, health promotion in schools, ensuring facilities and equipment, and the training of teachers.

The English strategy outlined the vision that competition and coaching should be at the heart of the school sports system and the strategy sets the target to offer all 5–16-year-olds five hours of PE and sport per week (51). Scotland mentioned the “Active Schools” programme as a way of reaching the otherwise hard-to-reach groups such as girls and disabled and inactive children (53), while Bulgaria mentioned PE and sport for all as a means of strengthening the health of the nation (49). Slovakia identified PE as one of the seven focus areas of its strategy and mentioned a range of actions in relation to, for example, the inclusion of disadvantaged pupils, ensuring PE lessons and exploring the opportunity having three such lessons a week, ensuring quality standards and training of teachers, and ensuring access to facilities (55).

The work setting was addressed in several documents as an essential means of reaching the adult population. The action plan for the Finish strategy proposed that physical activity, supported by employers, should be an established part of human resources policy (56).

Implementation

Delegation of responsibilities

In all 18 strategies, the main responsibility for their implementation lay within the ministry responsible for sport. In some cases, responsibility was shared between the ministry in charge of sport and other state administrative bodies or ministries, especially when an action plan existed to implement an overall policy. For example, the Scottish Executive and Sportscotland were jointly responsible for leading the strategy set out for Scotland up to 2020 (53,57). The strategy of the Czech Republic was an example of shared responsibility among several ministries, while implementation was assigned to four different ministries concerned with education, youth and sport; industry and trade; local development; and the interior (41).

All the strategies mentioned the responsibilities of other stakeholders in relation to implementation. Examples of such responsible stakeholders included ministries, regional and local authorities, universities and

other educational institutions, research and development institutions, nongovernmental organizations such as sports bodies, the private sector and employers. One strategy, for instance, described the management roles of the ministries and the Olympic Committee and furthermore outlined the responsibilities of the national sports associations for covering different population groups, such as employees in large and small cities and students (52). Another strategy described the roles of different ministries and public sports organizations (36).

Local level implementation

All strategies emphasized the importance of local level involvement with regard to different aspects. An example is the Finnish strategy (42), which stated that: “sport is included as a basic service in the welfare policy of municipalities. The government contributes towards this end by means of statutory state aid, construction subsidies and various development programmes”.

The local authorities in Finland were mentioned as responsible for the sports service structure. Each local authority should have a cross-sectoral sports and physical activity strategy, either an individual one or as part of a local well-being strategy.

Budget

Most of the strategies mentioned national financing structures for certain activities and more than half (66%) provided information on the budget for implementing the strategy. In some cases, however, the budgets provided were only for one year or even for one specific action and not for the strategy as a whole. The Czech Republic, for example, had budgeted four million koruny (some €164 629) over a two-year period to promote physical activity and sport for healthy lifestyles, but the strategy presented no budget for other activities and no overall budget (41).

A few strategies had specific budgets for the time frame of the strategy. One of the examples of good practice from the Dutch strategy “Time for Sport” can be seen in Fig. 4. There are specified amounts earmarked for different parts of the strategy, defined for each year. Other examples of countries providing specific budget estimations are Estonia (52), Latvia (37), Slovakia (55), Slovenia (39), England (58), Northern Ireland (38) and Scotland (53).

In the strategies where budgets were mentioned, the funding was stated as coming from different sources, including the ministry responsible for implementing the policy, municipal budgets, national lottery funds, the private sector, EU funding sources, donations and sponsorship.

Fig. 4. Example of a specified budget

Table 3 Budgets for the Sports Programme 2006-2010 Sport policy budgets within the Draft Budget for 2006 (amounts in millions)						
	2005	2006	2007	2008	2009	2010
Spearhead 'Healthy through Sport'						
National Action Plan for Sport & Exercise		€ 3,7	€ 5,9	€ 9,4	€ 12,7	€ 13,7
Practising Sport in a Healthy Manner		€ 2,4	€ 2,8	€ 2,8	€ 2,8	€ 2,8
Knowledge and information		€ 1,2	€ 2,3	€ 2,6	€ 2,6	€ 2,6
'Healthy through Sport' Total	€ 4,5	€ 7,3	€ 11,0	€ 14,8	€ 18,1	€ 19,1
Spearhead 'Participation through Sport'						
Education through sport and school ¹		€ 1,0	€ 1,5	€ 1,5	€ 1,5	€ 1,5
Modernising the range of local sports activities		€ 10,4	€ 13,5	€ 13,5	€ 13,5	€ 13,5
Participation amongst immigrant youths		€ 11,5	€ 11,5	€ 14,0	€ 14,0	€ 14,0
Strengthening norms and values		€ 5,2	€ 5,3	€ 5,3	€ 5,3	€ 5,3
Integral community approach and sport ²		€ 29,8	€ 26,5	€ 22,7	€ 19,7	€ 18,7
Knowledge and information		€ 4,8	€ 4,8	€ 4,8	€ 4,8	€ 4,8
'Participation through Sport' Total	€ 39,9	€ 62,7	€ 63,1	€ 61,8	€ 58,8	€ 57,8
Spearhead 'Top-Class Sport'						
Talent recognition and development		€ 4,8	€ 4,8	€ 4,8	€ 4,8	€ 4,8
Grants for top-class athletes		€ 4,9	€ 5,3	€ 5,3	€ 5,3	€ 5,3
Top-class coaches		€ 4,5	€ 4,5	€ 4,5	€ 4,5	€ 4,5
Tackling doping		€ 1,6	€ 1,6	€ 1,6	€ 1,6	€ 1,6
Events & Facilities		€ 9,0	€ 4,7	€ 4,7	€ 4,7	€ 4,7
Knowledge and innovation		€ 0,9	€ 0,9	€ 0,9	€ 0,9	€ 0,9
'Top-Class Sport' Total	€ 20,5	€ 25,7	€ 21,8	€ 21,8	€ 21,8	€ 21,8
Equipment costs	€ 2,5	€ 2,5	€ 2,5	€ 2,5	€ 2,2	€ 2,2
Sport Policy item Total	€ 67,4	€ 98,2	€ 98,4	€ 100,9	€ 100,9	€ 100,9

¹ Within the budget of the Ministry of Education, Culture and Science, the same series of amounts will be made available as an additional investment for this programme line.

² Budgets for this programme line will decrease due to the end of the Sports for All Incentives Policy (Breedtesportimpuls).

Evaluation

Most strategies mentioned the importance of evaluation in general. Twelve strategies (67%) described a clear intention or requirement for evaluation, but there was wide variation in the level of detail of the evaluation plans. Some strategies mentioned regular progress reports to monitor and follow up implementation, which should be completed within a specific time frame (36). Outcome indicators were described in other strategies, although in most cases measurable outcome indicators were not provided.

Northern Ireland described the establishment of a Strategy Monitoring Group comprising senior representatives of departments, agencies and organizations responsible for different sectors, such as sport, recreation, health, education, employment, the natural and built environments and social development, which would be responsible for the evaluation of the strategy. Furthermore, clear targets were described and baseline measurements, rationale, measurement and future data availability were outlined. Fig. 5 gives an example of how this was structured for the target to “deliver at least a 3 percentage points increase in adult participation rates in sport and physical recreation (from the 2011 baseline)” (38). The importance of evaluation was emphasized in order to inform strategy development and to ensure that the delivery responded to changing needs and environments.

Fig. 5. Example from Northern Ireland on rationale and measurement source for strategy targets

REF	BASILINE	BACKGROUND/RATIONALE	MEASUREMENT	FUTURE DATA AVAILABILITY
PA7	Recent data indicates that only 29% of the population (aged 16 or over) claim some level of participation in sport and physical recreation in the last week.	The reasoning behind this target is that participation has been in a steady state of decline over the last 10 years and efforts must now be made to avert the decline by 2011 and then drive up participation levels by 2019. The current baseline of 29% contrasts with the recommendation of the Chief Medical Officers in the UK that “all adults should take part in a minimum of 30 minutes moderate intensity physical activity at least 5 times per week. However, it is the best proxy measure available at present.	By the Continuous Household Survey (conducted by NISRA) By the commission of a bespoke Large-scale Adult Sports Participation Survey (conducted on behalf of SNI, DCAL and others)	Annually Repeat surveys as appropriate.

Source: Department of Culture, Arts and leisure, Belfast (38).

Discussion and conclusions

This policy brief presents a comprehensive and systematic collection of national policy documents and action plans related to sport and health-enhancing physical activity in the WHO European Region. Furthermore, to our knowledge, it presents the first content analysis of national sports strategies from the EU Member States, aimed at identifying synergies and discrepancies between the sport and health sectors.

The initial collection resulted in 130 documents on physical activity and sport from Member States in the European Region. Most policy documents originated from EU Member States, which indicates that there is a greater trend for policy development on sport and physical activity in the western part of the Region. However, since the scope of the project was an EU one, only an Internet-based search was done for non-EU Member States of WHO, while an additional call for contributions with national sport directors was done for EU countries. Thus the search was more comprehensive for the EU Member States. Translation and content analysis also focused on EU Member States only.

A total of 25 documents from 15 EU Member States were included in the content analysis according to the established inclusion criteria, and non-English documents were translated where possible to include additional results. This allowed the inclusion of non-English documents from six Member States, and thus more comprehensive information than included in previous analyses (30,59).

The document collection and analysis focused on dedicated sport strategies. Some countries, such as Germany (60), have a combined diet and physical activity strategy, where sport is addressed as a subtopic. This type of document was not included in the analysis. While it was beyond the scope of this project, it would be interesting to map how Member States promote sport in general and expand the focus to other types of documents addressing sport.

The main findings of the analysis are summarized and discussed below.

The 25 documents in the content analysis represented 18 national strategies, including 5 subnational ones from Belgium and the United Kingdom. The tendency showed that the newer Member States were more likely to have a recent strategy dedicated to sport promotion, while this was the case for only one third of the older Member States.

Some of the new Member States had a strong sports tradition, which could have led to specific policies being developed on sport, while the older Member States might have been more likely to combine their sports strategies with other areas such as physical activity or nutrition.

All 25 documents included in the analysis were published in 2000 or later; 7 were published in 2009. As no historic overview of policy development was done, it is not possible to draw final conclusions about the time trend in sports policy development, but there seemed to be an indication of a more recent trend to develop dedicated national sports policies whereas sports legislation seemed to have existed already longer and often served as the context for the sport policies.

The great diversity of the ministries responsible for sport, reflecting the historical, political and cultural nature of the countries, is interesting. In most cases, the ministry responsible for sport was also that responsible

for education or physical education and in some cases also for youth. The second most frequent combination was that of sport and culture, sometimes combined with other areas such as tourism. Other combinations were health, welfare and sport; local government and sport; and finance, work, spatial planning and sport. The diversity can be assumed to have a bearing on the capacity of a policy to address certain aspects such as health, education and social aspects, and it would be relevant to investigate whether the priorities differ according to the body responsible and the areas of work involved, for example education ministries focusing more on education in sport and culture ministries focusing more on the cultural dimension of sport.

All the national strategies except one provided an overall time frame for their implementation ranging from 2 to 20 years, while a few countries had additionally developed short-, medium- and long-term time frames to inform about progress and to set stepping stones. So it seems that the majority of the strategies follow the guidance on good policy-making to establish clear time frames (20,24,50,59).

Two thirds of the strategies mentioned the development process but the level of detail differed: some strategies described the development process very briefly while others provided an annex describing the process and consultation with stakeholders in detail. In those strategies describing the process, the range of stakeholders involved was quite wide, ranging from government agencies to academia, nongovernmental organizations and the public, but not all documents addressed this issue. Thus it is not possible to fully appraise the development processes and the degree of stakeholder involvement. It is recommended that the development process be made transparent in a policy document to facilitate analysis and comparison. The promotion of sport and physical activity is relevant to many different sectors and it is therefore important to include all stakeholders in a consultation process. In addition, to successfully reach the vision, mission and targets of the documents, intersectoral collaboration is often crucial, so collaboration should take place not only among ministries but also across government levels (national, regional and local) and with civil society and the private sector. Especially in relation to sport, it is important to include the voluntary sports sector as well, which is an important driver providing a large part of sporting opportunities for the general population (20,24,50,61).



Furthermore, the inclusion of stakeholders in the development process supports coordinated efforts to promote sport and public health across different sectors and to capitalize on synergies with other public health efforts, such as strategies to combat overweight, obesity and noncommunicable diseases (25).

Recommendations on physical activity were mentioned in general terms in less than half of the strategies, and most often without providing a clear source or addressing specific target groups. Only three strategies mentioned specific national physical activity recommendations. Just recently, in 2010, WHO's *Global recommendations on physical activity for health* (10) were published and they can now serve as a tool for policy-makers at national level, specifically addressing young people, adults and older adults.

All strategies mentioned health-enhancing physical activity and contained overall goals on participation in sport and physical activity and/or on health promotion. There was a general recognition of the role of sport and physical activity in health promotion and the benefits of having a healthy and fit population, which can be seen as positive from a public health perspective (50). About half of the strategies had set quantified objectives for participation in sport and/or physical activity; only three had measurable objectives related to health. To comply with good policy-making, more strategies should formulate specific objectives, preferably using the SMART approach (50).

Most strategies contained Sport for All and elite sports aspects; two strategies were dedicated solely to Sport for All. In general, the focus on Sport for All in the strategies can be seen as positive from a public health perspective. However, it would be important to investigate in more detail how the budgets for the strategies were allocated. Several strategies claimed that supporting elite sport and attracting large international sports events to the countries will increase general participation in sport, but the supporting evidence is sparse (62–64). If the aim is to support and increase Sport for All, the investments should be clearly focused on this area (65).

Infrastructure was a recurring theme in all strategies, and the focus was often to provide quality sport facilities for elite sports as well as

the broader population. Several strategies mentioned making sports facilities easily accessible and improving outdoor infrastructure, such as cycle lanes and walking paths. Some strategies established quantifiable objectives for the time people took to travel to the nearest sport facilities and for the requirements of local areas to provide certain types of facilities such as swimming pools. From a public health point of view, such aspirations are to be supported; in order to increase participation and reach disadvantaged population groups, it is important to place emphasis on providing a supportive environment for sport and physical activity by making facilities and infrastructure accessible to all and supporting other forms of physical activity such as active transport (66). A recent study also showed that there is a greater need for individual training opportunities, more flexible opening hours, and spaces encouraging spontaneous and non-organized physical activity (66). In view of the need to increase physical activity levels in all sections of the population, it is crucial that from the point of view of economic investment, elite sport facilities are not prioritized at the expense of facilities for the general public and that the planning of recreational sports facilities is considered in urban planning (18). A recent EU-funded project proposed guidelines and points of good practice with regard to improving infrastructures for leisure-time physical activity. The guidelines are structured around the five key areas of policy-making, planning, building, financing and management (67).

Taking a life course approach is essential to the promotion of sport and physical activity, as it is crucial to encourage regular physical activity for the whole population in all age groups (21,50). The groups that need special attention in order to reduce inequalities in participation in sport and physical activity can differ from country to country, but they are usually structured around socioeconomic class, gender, disability, ethnicity and geographical location (68,69). The content analysis showed that all strategies addressed children, young people and disabled people specifically, and described overall objectives related to these groups. Furthermore, the strategies addressed other important target groups such as the elderly, gender groups, people with low levels of physical activity and disadvantaged groups (albeit mostly without stating SMART objectives). The analysis showed that all target groups can be addressed by sports policies, but that the challenge to establish specific targets and actions to address the subgroups of the population specifically is still to be addressed (30).

Sports policies can also address important settings, such as schools and workplaces, which are especially important in reaching otherwise hard-to-reach population groups (70). Schools, for instance, provide an excellent setting for providing children in general and those who are inactive in their leisure time with physical activity; in fact, all strategies contained school-related items. Some studies suggest that increasing the number of PE lessons does not adversely impact the academic performance of children and in some cases it even improved the grades of the children (71–73). Nevertheless, PE lessons are under threat in many countries in view of increasing academic demands and economic constraints, as a recent study showed (74).

All the strategies placed the main responsibility for their implementation with the ministry concerned with sport. Responsibilities of other stakeholders were also outlined but with a different levels of detail. Some described roles and responsibilities thoroughly and assigned specific actions to specific stakeholders, while others described the responsibilities in more generic terms. Ensuring a process for intersectoral collaboration is seen as an important element of a successful physical activity promotion strategy, so addressing it more specifically with regard to implementation could further increase the impact of policies (20,27,50).

All strategies emphasized the importance of local-level implementation. The recognition of the key role of local environments is crucial in promoting sport and physical activity, since it is mainly in the local setting that the opportunities to be physically active are provided (20,70). At the same time, it is of the greatest importance to ensure that effective institutional mechanisms exist to enhance consistency and coherence in policy implementation between the national and local levels, such as through the establishment of enabling policy frameworks and financing schemes.

Good policy-making suggests that countries develop an overall policy document with a plan of action to guide the implementation of the policy (50). Both a policy document and an action plan were included for Finland, Ireland, England, Northern Ireland, Scotland and Wales;⁷ other countries such as the Netherlands incorporated detailed

⁷ Potentially eligible second documents from Hungary and Latvia could not be included owing to limited resources for translation. The more directly relevant documents were translated and included.

information on foreseen implementation into the main policy document. Information on budgets for implementation were provided in more than half of the strategies, but sometimes only for one specific action and rarely for the entire implementation of the strategy. Funding for sports policies was stated to come from a variety of different sources such as the public budget on both national and local level, national lottery funds, the private sector, sponsorships and donations.

This content analysis has been based on information available in the documents and did not investigate the actual implementation of the strategies. However, the specificity of information provided on the plans for implementation can be seen as an indication of the level of commitment. Therefore, the relative low number of specific action plans and the often sparse information on implementation mechanisms could be seen as a sign that often the level of political commitment does not yet match the importance of the topic in view of the low levels of physical activity in Europe and the related burden of disease.

Almost 70% of the strategies ($n = 12$) addressed evaluation and expressed a clear intention or requirement to monitor and evaluate the implementation. However, SMART objectives to measure against and specific evaluation plans were rare. Ideally, monitoring and evaluation should be an inbuilt feature of sport promotion strategies to ensure that the outcomes of the implementation can be assessed and, if necessary, that the strategy can be adjusted during implementation to reach the intended goals. It is essential that future sports policy-making is evidence-based and that it builds on evaluation and experience from previous strategies (75). Guidance for monitoring and evaluation of physical-activity-related policies can be found in the WHO publication *A framework to monitor and evaluate the implementation of the WHO Global Strategy on Diet, Physical Activity and Health* (76).

In general, the present analysis confirmed the findings of a previous one, which focused on physical activity promotion policies (30). Principles for good policy-making were mainly followed, but there was a lack of detailed information on aspects such as budgets and evaluation plans. Furthermore, the mechanisms for implementation were not always clear. Concerning budgets, an interesting finding in the present analysis was that funding for sports promotion policies

could come from a variety of different mechanisms, suggesting that the availability of resources can increase significantly when compared to the more restricted set of funding sources that are normally available to physical activity promotion policies. Children and young people were a target group addressed in both physical activity and sport promotion policies, but there were also some noteworthy differences in the results of this content analysis. For example, quantified targets were more frequent in the analysed sports than in physical activity promotion strategies. The sports strategies all had overall health-related goals, while sport was not mentioned frequently in the physical activity policies. Sports strategies addressed a wider range of target groups in general and more often formulated specific targets for subgroups such as disabled people, gender groups, disadvantaged people and the elderly. Furthermore, more sports strategies addressed people with low levels of physical activity. It is difficult to say whether this represents a trend in following principles of “good policy-making” more



closely more recently (the analysed sports policies being more recent than the physical activity policies) or whether this is a stronger culture in the sports sector. To our knowledge, there is no similar analysis of dedicated sports policies to which the results of the present analysis could be compared.

Detailed information about the documents collected in the NET-SPORT-HEALTH project has been made available through the WHO database on nutrition, obesity and physical activity (32), providing an excellent source of reference for policy-makers, researchers and other experts involved in the planning, implementation and evaluation of national policies in the areas of physical activity and sport. The findings of the in-depth content analysis will provide professionals with valuable information about existing sports policy approaches from various EU Member States and can inform future policy-making.

There is a great opportunity for the health sector to work closer with the sports sector to promote health-enhancing physical activity and sport for all in the future. The sports sector seems to be recognizing the important link between health and sport and there are many common focus areas encouraging intersectoral cooperation, such as activating disadvantaged groups, the elderly and people with low physical activity levels, and combating inequalities in participation in sport and physical activity. Furthermore, there are common interests in improving urban planning and the active transportation infrastructure. Sport, together with other forms of physical activity such as other types of leisure-time activity, active transport and work-related activity, can make an important contribution to combating physical inactivity and thus play a crucial role in the prevention of noncommunicable diseases.

Ten key points for policy-makers

1. There is a great opportunity for the health and sport sectors to work together to promote health-enhancing physical activity and Sport for All. Cooperation can be particularly advantageous in areas such as activating disadvantaged groups, the elderly and people with low physical activity levels, and combating inequalities in participation in sport and physical activity. Sport can play a crucial role in the prevention of noncommunicable diseases.
2. Intersectoral collaboration is an important element of successful sport and physical activity promotion strategies, and addressing this aspect more specifically with regard to implementation could further increase the impact of policies.
3. The promotion of sport and physical activity is relevant to many different sectors. It is therefore important to include all stakeholders in a consultation process to support coordinated efforts to promote sport and public health across different sectors and to capitalize on synergies with other public health efforts.
4. Collaboration should take place not only among ministries but also across government levels (national, regional and local), with civil society and the voluntary and private sectors.
5. Local environments have a crucial role in promoting sport and physical activity, since it is mainly in the local setting that the opportunities to be physically active are provided.
6. Taking a life course approach and offering physical activity in different settings, including schools and work places, is essential to the promotion of sport and physical activity.

7. Targets should be specific, measurable, achievable, realistic and time-bound (SMART) and different subgroups of the population need to be addressed by specific targets and actions related to the promotion of sport and health-enhancing physical activity.
8. An overview of financial resources to implement and monitor the sport and physical activity policies should be provided to ensure the allocation of resources and to create a solid basis for action.
9. Elite sports facilities should not be prioritized at the expense of facilities for the general public and the planning of recreational sports facilities should be considered as an integral part of urban planning.
10. Process and outcome evaluation should always be a planned and integrated part of sport and physical activity policies in order to assess whether goals are reached and if possible how they are reached and to assess whether allocated resources are effectively used.

Appendix: methods

Collection of the documents

Different methods were used to gather the national sports strategies in order to identify as many relevant documents as possible.

First of all, documents on health-enhancing physical activity and sport already available at the Regional Office were reviewed. This included a search in the “International inventory of documents on physical activity promotion”, which had also employed a variety of methods to collect information (29,30), and information provided in the country templates of the Joint WHO/European Commission project “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union” (77). This project aims at developing an information and reporting system in Europe that:

- describes progress in strengthening the promotion of healthy nutrition and physical activity to reduce obesity; and
- illustrates good practices in Europe.

The project established information focal points in all EU Member States responsible for assisting WHO in implementing the project and collecting the information relevant for the project. The Regional Office developed templates to collect information, which were disseminated to the information focal points in EU countries and to other counterparts in the non-EU countries of the European Region in 2009. The templates included a section on policy documents. Completed templates were available from 27 countries and could be used for the NET-SPORT-HEALTH project as well.

Furthermore, an Internet-based search was carried out, looking particularly at the web sites of relevant ministries in each Member State. These included ministries of sport, youth, culture, health and education. This search was guided by publications on sport in the EU (78,79) and by the country profiles of Member States on the Sport in Europe web site (80). Subsequently, a search on the Google search engine was

conducted with the following keywords in different combinations: sport, physical activity, health-enhancing physical activity, national, policy, guideline, strategy, program, action plan. The Google translation tool was used to search web sites not available in English.

In September 2010, the overview of policy documents identified to date, arranged country by country, was distributed to the 27 sport directors in the EU Member States with a call for comments and further contributions by e-mail. The call was specifically aimed at collecting dedicated national sports promotion policies, but also for other national policy documents including specific targets on sport and health. The e-mail was followed up by a reminder and finally a telephone call to obtain a high response rate. This process resulted in 20 respondents and 7 non-respondents. The additional information obtained was included in the overview in October 2010.

The identified documents included different types, such as legislation, policies, strategies and action plans on sport as well as other documents on health and physical activity. Sport in national constitutions was not looked into. If more than one version of a document existed, the most recent was included in the overview. Six documents were translated into English for the content analysis.⁸

Selection of documents for the content analysis

To ensure comparability and to focus on the most recent developments, documents were selected for the detailed content analysis. Four criteria were defined for the inclusion of documents into the content analysis.

- Documents were included if they focused mainly on sport or sport/physical activity at national level. Subnational documents were included from Member States with a decentralized or federal structure.
- Documents were included if they were strategies, policies or action plans with a clear link to an overall policy. Action plans were included only if they were available in English. Therefore, legislation, ministerial decrees and programmes were not included in the content analysis.

⁸ Content analysis is defined as a systematic research method for analysing textual information in a standardized way that allows evaluators to make inferences about that information. A central idea in content analysis is that the many words of the text are classified into much fewer content categories (81).

- If more than one version of a document was available, only the most recent was included for each country. When there were doubts about which document to include in the content analysis, the selection was verified with sports directors or the contact person from the earlier call for contributions when possible. The project funding allowed translation of one document per country not available in English to allow inclusion in the analysis. Translations were made for six documents from Bulgarian, Czech, Latvian, Lithuanian, Polish and Slovakian.
- As the content analysis was carried out as part of an EU-funded project, only documents from EU countries were included.

Often, different terms for types of document are used interchangeably and there is no consistent use. For the purpose of the content analysis, a set of working definitions was established. A strategy referred to a longer-term plan of action designed to promote sport and physical activity. A policy was defined as a written document that had been endorsed, including statements and decisions defining goals, priorities and main directions for attaining these goals. It may also include an action plan on implementation. An action plan is prepared according to a policy and strategic directions and should ideally define “who does what, when, how and for how much” and have a mechanism for monitoring and evaluation (6).

Content analysis grid

A content analysis grid was developed to conduct standardized analysis and to allow comparisons between the documents. The grid formed a set of indicators of good practice for policy development. A particular focus was placed on highlighting synergy and potential issues of coherence and consistency with public health goals and approaches. This was in order to identify opportunities for synergy between sports promotion and public health objectives, as well as possible discrepancies.

The indicators forming the grid were derived from different sources: the grid developed for an analysis of physical activity policies in 2009 (30)

- policy analysis reports (6,50,82,83)
- relevant journal articles (59,84)
- political framework documents (21–24)
- consultations with selected experts (Signe Daugbjerg, author of a previous policy analysis, Research Centre for Prevention and Health, Capital Region of Denmark; Mogens Kirkeby and Jacob Schoenborg, International Sport and Culture Association; and Karen Petry, Deutsche Sporthochschule Köln).

In the content analysis, the focus was on health-enhancing physical activity and sport for health and not on elite sport, spectator violence or doping.

The following categories were selected for the content analysis of the policies:

- **general information** – information about country of origin, language, issuing body and publication year;
- **stakeholder involvement in the development phase** – the process of involving different stakeholders in the development of the strategies;
- **reference to other national/international documents or physical activity guidelines** – whether reference was made to other national or international documents;
- **sport participation and health-enhancing physical activity** – whether goals and targets were set for increasing sport participation and/or health-enhancing physical activity levels;
- **elite sport and sport for all** – whether elite sport and/or sport for all were addressed in the strategy;
- **infrastructure** – whether sport infrastructure was addressed in the strategy;

- **target groups** – which population groups were targeted by the strategy;
- **settings** – which settings are addressed (e.g. schools, workplaces);
- **implementation** – the body responsible for implementation, whether other roles and responsibilities were outlined, and whether local-level implementation was addressed;
- **timeframe** – was a clear timeframe specified for the implementation of the document;
- **budget** – whether a specified budget was allocated to implement the policy; and
- **evaluation** – whether the strategy had an evaluation plan and whether the main responsibility for evaluation was clarified.

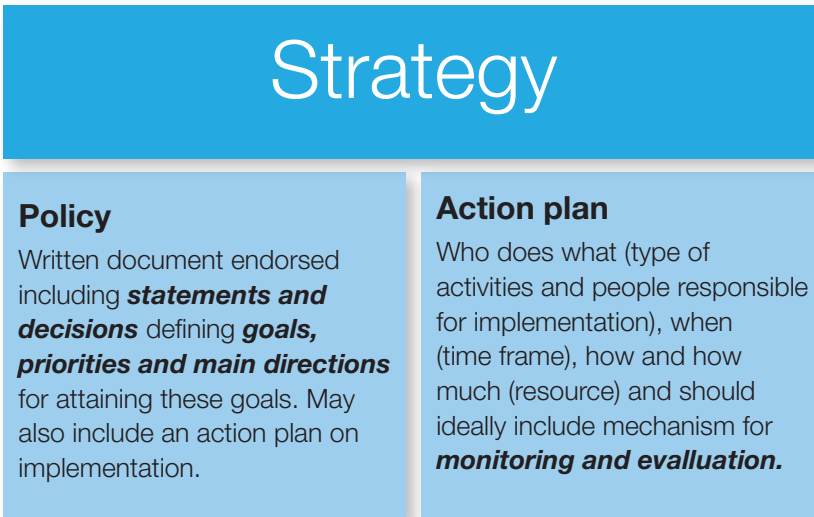
The selected documents were analysed according to these categories by creating an analysis table in MS Excel. Not all documents contained detailed information on certain aspects of interest, such as the consultative process during the development phase, whether a needs assessment had been carried out, or on budget or evaluation. Therefore, the Member States included in the analysis were invited to provide more information on these aspects through a short questionnaire, which was disseminated by e-mail.

Within the framework of the NET-SPORT-HEALTH project, an international workshop was conducted on 17 March 2011 to present and discuss the preliminary results of the policy analysis. The workshop was also meant to serve as a platform for discussion and exchange among the key European stakeholders and experts within the sport and health sectors. Feedback and input from the workshop have been taken into account for the present policy brief.

For the first part of the content analysis, looking at general elements such as publication date and issuing body, all 25 individual documents were considered separately. For the second part of the analysis,

for those national strategies that had both a policy document and a separate action plan (n = 6) and for the Netherlands, where two complementing policy documents were included, information was collected from both documents. Thus 18 national approaches to sports policies were considered rather than the 25 individual documents. For example, Finland has an overall policy document and a related action plan, but they were counted as one strategy for the specified categories (see Fig. 6).

Fig. 6. Working definitions for the content analysis



WHO database on nutrition, obesity and physical activity

Information about the collected documents was entered into the online WHO database on nutrition, obesity and physical activity (NOPA database) established for the joint WHO/EC project “Monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union” (32).

References

1. Caspersen CJ, Powell KE, Christensen GM. Physical activity, exercise, and physical fitness: definitions and distinctions for health-related research. *Public Health Reports*, 1985, 100:126–131.
2. *WHO handbook for guideline development*. Geneva, World Health Organization, 2010 (http://www.who.int/hiv/topics/mtct/grc_handbook_mar2010_1.pdf, accessed 12 May 2011).
3. *2008 physical activity guidelines for Americans*. Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, 2008.
4. *European Sports Charter (revised)*. Brussels, Council of Europe, 2001.
5. Bauman W. The global Sport for All movement: from vision to reality. In: Brown WJ et al. *Promoting Sport for All – benefits and strategies for the 21st century. Proceedings, plenary sessions of the XIII World Sport for All Congress, Jyväskylä, 14–17 June 2010*.
6. *Report of the Global Survey on the Progress in National Chronic Diseases Prevention and Control*. Geneva, World Health Organization, 2007.
7. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June 1946; signed on 22 July 1946 by the representatives of 61 States. *Official Records of the World Health Organization*, No. 2, p. 100.
8. *Global health risks: mortality and burden of disease attributable to selected major risks*. Geneva, World Health Organization, 2009.
9. *The world health report 2002: reducing risk, promoting healthy life*. Geneva, World Health Organization, 2002.
10. *Global recommendations on physical activity for health*. Geneva, World Health Organization, 2010.
11. Physical Activity Guidelines Advisory Committee (PAGAC). *Physical Activity Guidelines Advisory Committee Report 2008*. Washington, DC, US Department of Health and Human Services, 2008.
12. *Eurobarometer 64.3. Health and food*. Brussels, European Commission, 2006 (Special Eurobarometer 246) (http://ec.europa.eu/health/ph_publication/eb_food_en.pdf, accessed 13 May 2011).

13. *Eurobarometer 72.3. Sport and physical activity*. Brussels, European Commission, 2010 (Special Eurobarometer 334) (http://ec.europa.eu/public_opinion/archives/ebs/ebs_334_en.pdf, accessed 13 May 2011).
14. *Health and development through physical activity and sport*. Geneva, World Health Organization, 2003.
15. Pratt M, Macera CA, Wang G. Higher direct medical costs associated with physical inactivity. *Physician and Sportsmedicine*, 2000, 28:63–70.
16. Sørensen J, Horsted C, Andersen LB. *Modellering af potentielle sundhedsøkonomiske konsekvenser ved øget fysisk aktivitet i den voksne befolkning* [Models of potential health economic consequences by increased physical activity in the adult population]. Odense, Syddansk Universitet, 2005.
17. Cecchini M et al. Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness. *Lancet*, 2010, 376:1775–1784.
18. *Idræt for Alle – konklusioner og forslag* [Sport for All – conclusions and suggestions]. Copenhagen, Ministry of Culture, 2009 (http://kum.dk/Documents/Publikationer/2009/Idr%c3%a6t%20for%20alle/idraet_for_alle_pixi.pdf, accessed 6 May 2011).
19. Lamprecht M, Stamm HP. *Bewegung, Sport und Gesundheit in der Schweiz. Auswertung der Schweizerischen Gesundheitsbefragung 2002*. Zurich, L&S Sozialforschung und Beratung AG, 2005.
20. *Steps to health – a European framework to promote physical activity for health*. Copenhagen, WHO Regional Office for Europe, 2007.
21. *Global Strategy on Diet, Physical Activity and Health*. Geneva, World Health Organization, 2004.
22. *European Charter on Counteracting Obesity*. Copenhagen, WHO Regional Office for Europe, 2006.
23. *White Paper on sport*. Brussels, European Commission, 2007 (COM(2007) 391 final).
24. *EU physical activity guidelines – recommended policy actions in support of health-enhancing physical activity*. Brussels, European Commission, 2008.
25. *2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases*. Geneva, World Health Organization, 2008.

26. Treaty of Lisbon amending the Treaty on European Union and the Treaty establishing the European Community (2007/C 306/01). *Official Journal of the European Union*, 2007, C 306/2.
27. *The Toronto Charter for Physical Activity: a global call to action*. Global Advocacy for Physical Education, 2010 (<http://www.globalpa.org.uk/pdf/torontocharter-eng-20may2010.pdf>, accessed 19 May 2011).
28. *Developing the European dimension in sport*. Brussels, European Commission, 2011 (COM(2011) 12 final) (http://ec.europa.eu/sport/news/doc/communication/communication_en.pdf, accessed 13 May 2011).
29. International inventory of documents on physical activity [online database]. Copenhagen, WHO Regional Office for Europe, 2006 (<http://data.euro.who.int/PhysicalActivity/>, accessed 2 May 2011).
30. Daugbjerg SB et al. Promotion of physical activity in the European Region: content analysis of 27 national policy documents. *Journal of Physical Activity and Health*, 2009, 6:805–817.
31. *Preparatory actions in the field of sport: 2009 call for proposals*. Brussels, European Commission, 2010 (http://ec.europa.eu/sport/preparatory_actions/doc743_en.htm, accessed 6 May 2011).
32. WHO database on nutrition, obesity and physical activity [online database]. Copenhagen, WHO Regional Office for Europe, 2011 (<http://data.euro.who.int/nopa>, accessed 11 May 2011).
33. *The power of sport*. The Hague, Ministry of Health, Welfare and Sport, 2008.
34. *Time for sport*. The Hague, Ministry of Health, Welfare and Sport, 2005.
35. *Physical education and sports strategy 2005–2015*. Lithuania, Republic of Lithuania, 2005 [Unofficial English translation on behalf of the WHO Regional Office for Europe].
36. *Sport development strategy in Poland by the year 2015*. Warsaw, Ministry of Sport, 2007 [Unofficial English translation on behalf of the WHO Regional Office for Europe].
37. *National Sports Development Program 2006–2012*. Riga, Ministry of Education and Science, 2006 [Unofficial English translation on behalf of the WHO Regional Office for Europe].
38. *Sport matters – a culture of lifelong enjoyment and success in sport*. Belfast, Department of Culture, Arts and Leisure, 2009.

39. *National programme of sport, Republic of Slovenia*. Ljubljana, Ministry of Education and Sport, 2000.
40. *Statement of strategy 2008–2010*. Dublin, Department of Arts, Sport and Tourism, 2008.
41. *National programme for the development of Sport for All*. Prague, Government of the Czech Republic, 2000 [Unofficial English translation on behalf of the WHO Regional Office for Europe].
42. *Government resolution on policies promoting sport and physical activity*. Helsinki, Ministry of Education, 2009.
43. *Anti-Doping Convention*. Strasbourg, Council of Europe, 1989.
44. *Code of Sports Ethics (revised)*. Strasbourg, Council of Europe, 2001.
45. *European Convention on Spectator Violence and Misbehaviour at Sports Events and in particular at Football Matches*. Strasbourg, Council of Europe, 1985.
46. *Re-shaping sport – towards personal development, health and success*. Floriana, Ministry of Education, Youth and Employment, 2007.
47. *Building sport for life – the Irish Sports Council's Strategy 2009–2011*. Dublin, Irish Sports Council, 2009.
48. *Climbing higher – the Welsh Assembly Government strategy for sport and physical activity*. Cardiff, Welsh Assembly Government, 2005.
49. *National strategy for the development of physical education and sports in the Republic of Bulgaria 2010–2020*. Sofia, Council of Ministers and the Ministry of Physical Education and Sports, 2009 [Unofficial English translation on behalf of the WHO Regional Office for Europe].
50. *A guide for population-based approaches to increasing levels of physical activity – implementation of the WHO global strategy on diet, physical activity and health*. Geneva, World Health Organization, 2007.
51. *Playing to win: a new era for sports*. London, Department for Culture, Media and Sport, 2008.
52. *Estonian strategic development Sport for All Programme 2006–2010*. Tallinn, Ministry of Culture, 2006.
53. *Reaching higher – building on the success of sport 21*. Edinburgh, Scottish Executive, 2007.

54. *Sport XXI National Sports Strategy*. Budapest, Hungarian Parliament, 2007.
55. *National Sports Development Programme*. Bratislava, Ministry of Education, 2001 [Unofficial English translation on behalf of the WHO Regional Office for Europe].
56. *Government resolution on policies promoting physical activity – Ministry of Education and Culture plan for an action programme*. Finland, Ministry of Education and Culture, 2009.
57. *Our Plan – corporate plan 2009–2011*. Glasgow, SportScotland, 2009.
58. *Sport England strategy 2008–2011*. London, Sport England, 2008.
59. Bull FC et al. Developments in national physical activity policy: an international review and recommendations towards better practice. *Journal of Science and Medicine in Sport*, 2004, 7(1, Suppl.):93–104.
60. *In form – German national initiative to promote healthy diets and physical activity*. Berlin, Bundesministerium für Ernährung, Landwirtschaft und Verbraucherschutz and Bundesministerium für Gesundheit, 2008.
61. Shepard R et al. Physical activity policy development: a synopsis of the WHO/CDC Consultation, September 29 through October 2, 2002, Atlanta, Georgia. *Public Health Reports*, 2004, 119:346–351 (DPAS 30).
62. Hogan K, Norton K. The “price” of Olympic Gold. *Journal of Science and Medicine in Sport*, 2000, 3:2003–218.
63. Murphy N, Bauman A. Mass sporting and physical activity – are they “bread and circuses” or public health? *Journal of Physical Activity and Health*, 2007, 4:193–202.
64. Vigor A, Mean M, Tims C. After the gold rush: a sustainable Olympics for London. London, Institute for Public Policy Research/ Demos, 2004.
65. Cavill N. Sport for All – Is it a reality? In: Brown WJ et al. *Promoting Sport for All – benefits and strategies for the 21st century. Proceedings, plenary sessions of the XIII World Sport for All Congress, Jyväskylä, 14–17 June 2010*.
66. Foster C et al. *Understanding participation in sport: a systematic review*. London, Sport England, 2005.

67. *Proposed European guidelines. Improving infrastructures for leisure-time physical activity in the local arena – towards social equity, inter-sectoral collaboration and participation* [Final draft]. Erlangen-Nuremberg, Friedrich-Alexander-University, 2011.
68. *Physical activity and inequalities: a briefing paper*. London, Health Education Authority, 1999.
69. *Physical activity briefing paper: physical activity and inequalities*. Scotland, Health Scotland, 2007.
70. *Promoting physical activity and active living in urban environments – the role of local governments*. Copenhagen, WHO Regional Office for Europe, 2006.
71. Shephard, R. Curricular physical activity and academic performance. *Paediatric Exercise Science*, 1997, 9:113–125.
72. Trudeau F, Shephard RJ. Physical education, school physical activity, school sports and academic performance. *International Journal of Behavioral Nutrition and Physical Activity*, 2008, 5:10.
73. Trost SG. *Active education: physical education, physical activity and academic performance* [policy brief]. San Diego, Active Living Research, 2007.
74. Hardman K. *Current situation and prospects for physical education in the European Union*. Brussels, European Parliament, 2007 (<http://www.europarl.europa.eu/activities/committees/studies/download.do?file=16041>, accessed 18 May 2011).
75. Cavill N et al. An evidence-based approach to physical activity promotion and policy development in Europe: contrasting case studies. *IUHPE – Promotion and Education*, 2006, 13(2):20–27.
76. *A framework to monitor and evaluate the implementation of the WHO Global Strategy on Diet, Physical Activity and Health*. Geneva, World Health Organization, 2006.
77. *Report of the 1st Meeting of National Information Focal Points, Brussels, 23–24 September, 2008*. Copenhagen, WHO Regional Office for Europe, 2010.
78. Tokarski W et al. *Two players – one goal? Sport in the European Union*. Oxford, Meyer and Meyer Sport, 2004.
79. Chaker AN. *Good governance in sport – A European survey*. Strasbourg, Council of Europe Publishing, 2004.

80. Sport in Europe – Sport policy and systems in the European Union [web site]. Cologne, German Sport University, 2004 (http://www.sport-in-europe.eu/index.php?option=com_content&task=view&id=93&Itemid=134, accessed 2 May 2011).
81. *Content analysis: a methodology for structuring and analyzing written material*. Program Evaluation and Methodology Division (PEMD), Washington, DC, US General Accounting Office, 1996 (<http://archive.gao.gov/f0102/157490.pdf>, accessed 18 May 2011).
82. Yngve A et al. *National and multinational obesity prevention policies. Part 1. Narrative report*. Stockholm, Health promotion through Obesity Prevention across Europe (HOPE), 2009.
83. Yngve A et al. *National and multinational obesity prevention policies. Part 2. Inventory of policies in Europe*. Stockholm, Health promotion through Obesity Prevention across Europe (HOPE), 2009.
84. Schmid, TL, Pratt M, Witmer L. A framework for physical activity policy research. *Journal of Physical Activity and Health*, 2006, 3(Suppl.):S20–S29.

Annex 1.

Further reading

A guide for population-based approaches to increasing levels of physical activity – implementation of the WHO global strategy on diet, physical activity and health. Geneva, World Health Organization, 2007.

Global recommendations on physical activity for health. Geneva, World Health Organization, 2010.

Steps to health – a European framework to promote physical activity for health. Copenhagen, WHO Regional Office for Europe, 2007.

EU physical activity guidelines – recommended policy actions in support of health-enhancing physical activity. Brussels, European Commission, 2008.

School policy framework: implementation of the Global Strategy on Diet, Physical Activity and Health. Geneva, World Health Organization, 2008 (<http://www.who.int/dietphysicalactivity/schools/en/index.html>, accessed 19 May 2011).

Preventing noncommunicable diseases in the workplace through diet and physical activity. Geneva, World Health Organization/World Economic Forum, 2008 (<http://www.who.int/dietphysicalactivity/workplace/en/index.html>, accessed 19 May 2011).

Physical activity and health: evidence for action. Copenhagen, WHO Regional Office for Europe, 2006.

Promoting physical activity and active living in urban environments – the role of local governments. Copenhagen, WHO Regional Office for Europe, 2006.

The Toronto Charter for Physical Activity: a global call to action. Global Advocacy for Physical Education, 2010 (<http://www.globalpa.org/>)

pdf/torontocharter-eng-20may2010.pdf, accessed 19 May 2011).
Noncommunicable disease prevention: investments that work for physical activity. Global Advocacy for Physical Education, 2011 (<http://www.globalpa.org.uk/pdf/investments-work.pdf>, accessed 19 May 2011).

The Sport for All Committee: conclusions and proposals – summary of the Sport for All Committee Report. Copenhagen, Ministry of Culture, 2009.

WHO database on nutrition, obesity and physical activity [online database]. Copenhagen, WHO Regional Office for Europe, 2011 (<http://data.euro.who.int/nopa>, accessed 11 May 2011).

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.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav
Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan



World Health Organization
Regional Office for Europe
Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 39 17 17 18. Fax: +45 39 17 18 18.
E-mail: postmaster@euro.who.int
Web site: www.euro.who.int