EUROPEAN
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2013/0291 (NLE)

Proposal for a

COUNCIL RECOMMENDATION

on promoting health-enhancing physical activity across sectors

{SWD(2013) 310 final}
{SWD(2013) 311 final}
{SWD(2013) 312 final}

EXPLANATORY MEMORANDUM

1. CONTEXT OF THE PROPOSAL

Physical activity, including regular sporting practice and exercise, is one of the most effective ways of staying physically and mentally fit, combating overweight and obesity and preventing related conditions. In addition, participation in sport and physical activity is correlated with other factors such as social interaction and inclusion. Physical activity is one of the most important health determinants in modern society and sport constitutes a fundamental part of any public policy approach aimed at improving levels of physical activity.

The many benefits of physical activity and exercise across the life course are well recorded[1] and more generally add to quality of life, as confirmed by the World Health Organization (WHO). Research supports the role that sport and physical activity has in child and adolescent development[2] and suggests that participation in sport and physical activity in adolescence is positively associated with physical activity levels in adulthood. There is also a growing body of evidence on the positive correlation between exercise and mental health, mental development and cognitive processes.[3] In the Union, physical activity levels are positively correlated with life expectancy, meaning that those countries with higher levels of physical activity tend to have a higher life expectancy.[4]

Conversely, a number of detriments are caused by the lack of physical activity, including premature mortality, rising overweight and obesity levels, breast and colon cancers, diabetes, and ischaemic heart disease. In 2009, physical inactivity was identified as the fourth leading risk factor for premature mortality and disease in high-income countries world-wide, accounting for more than 1 million deaths in the European region alone.[5] Available evidence shows that health problems caused by the lack of physical activity have significant direct and indirect economic costs due to illness and morbidity, sick leave and premature death, especially also in view of Europe's rapidly ageing societies.[6] Studies have attempted to monetise these. For instance, one study carried out for the British government identified costs to England of just over € 3bn per year, or € 63 per inhabitant[7]. Considering these facts, physical activity has been included in the goals for global action on the control of non-communicable diseases.[8]

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1 They include lowered risk of cardiovascular disease, some cancers and type-2 diabetes, improvements in musculoskeletal health and body weight control. See for instance: The Lancet, Volume 380, Issue 9838, p. 219-229, 21 July 2012.

2 Health at a glance, Europe 2012, OECD.

3 Physical Activity Guidelines Advisory Committee Report 2008, U.S. Department of Health and Human Services.

4 Global Health Risks, Mortality and Burden of Disease Attributable to Selected Major Risks, WHO 2009.

5 http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/physical-activity/facts-and-figures/10-key-facts-on-physical-activity-in-the-who-european-region

6 Evidence from studies carried out in Member States has been included in the Impact Assessment accompanying this proposal.

7 Game Plan: a strategy for delivering Government's sport and physical activity objectives, http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/game_plan_report.pdf. A more recent scientific publication referred to higher annual direct health-care costs and indirect costs per head (in AUS, CH, USA) due to physical inactivity, while also noting that the magnitude of economic implications of physical activity is difficult to compare at present. The Lancet series: "The pandemic of physical inactivity: global action for public health"; Volume 380, Issue 9838, p. 219-229, 21 July 2012.

8 UN Political Declaration of the High level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2), 2011, and follow up action agreed at the 66th World Health Assembly, May 2013, Geneva.

In the Union, the promotion of health-enhancing physical activity (HEPA) is a matter primarily for Member States. In light of the increasing awareness of the importance and beneficial effects of physical activity and the growing financial burden of physical inactivity, many public authorities have stepped up efforts to promote HEPA. As of 2010, a large majority of Member States reported to have at least some form of recommendations in place for physical activity, and many have also developed specific strategies to enable and encourage their populations to become more physically active.[9] Specific measures for this purpose have been launched in different policy areas or sectors, in particular sport, health, transport and education and there are many examples of good practice involving relevant stakeholders.

In an effort to support the Member States, the Union has been promoting physical activity through its policies and financial instruments in particular in the fields of sport and health, and has provided evidence-based guidance to policy makers in the form of the EU Physical Activity Guidelines[10]. These guidelines, drafted by a group of 22 experts from around Europe representing various disciplines and broadly representative of informed scientific opinion, were confirmed by EU Sport Ministers in 2008. They reiterate WHO Recommendations on the minimum level of physical activity, emphasise the importance of a cross-sectoral approach to HEPA and provide 41 concrete guidelines for action. Already the 2007 White Paper on Sport[11] and the 2007 White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity-related Health issues[12] underlined the importance of HEPA and have helped strengthen policy debate and the exchange of good practice.

Despite the growing profile given to HEPA promotion and the available tools at national, European and international level, the rates of physical inactivity in the Union remain unacceptably high (e.g. in 2010, 60% of Europeans responded that they exercised or played sport seldom or never[13]). According to the WHO, two-thirds of the adult population in the Union does not reach recommended levels of activity. As a result, physical inactivity is estimated to deprive Europeans of over 8 million days of healthy life every year, on average.[14] While evidence demonstrates vast discrepancies between individual Member States, most countries have not achieved the principal policy objective, namely to increase the proportion of citizens who reach the HEPA levels recommended by the WHO and reiterated in the EU Physical Activity Guidelines. For the Union as a whole, the HEPA promotion policies of Member States have not been effective. This situation runs not only counter to the Europe 2020 Strategy[15], which acknowledges the need to fight health inequalities as a prerequisite for growth and competitiveness, but is also incompatible with the Union's stated policy ambitions in the fields of sport and health. Research indeed confirms the "evidence-policy gap for action" in addressing physical inactivity and has led to urgent calls for policy action on physical activity as a standalone public health priority.[16]

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9 Working document: Table to track the implementation of the EU Physical Activity Guidelines: http://ec.europa.eu/health/nutrition_physical_activity/docs/implementation_report_a6_en.pdf.

10 EU Physical Activity Guidelines, Recommended Policy Actions in support of Health-Enhancing Physical Activity, October 2008; http://ec.europa.eu/sport/library/documents/c1/eu-physical-activity-guidelines-2008_en.pdf

11 European Commission: White Paper on Sport, COM(2007) 391 final, 11.7.2007.

12 European Commission: White Paper on a Strategy for Europe on Nutrition, Obesity and Overweight-related Health issues, COM(2007) 279 final, 30.5.2007.

13 European Commission: Special Eurobarometer 334 Sport and Physical Activity, March 2010.

14 http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/physical-activity/facts-and-figures/is-physical-activity-a-reality-for-all

15 European Commission: Europe 2020 - A strategy for smart, sustainable and inclusive growth, COM(2010) 2020 final, 3.3. 2010.

16 The Lancet, Volume 380, Issue 9838, p. 219-229, 21 July 2012.

The reasons for the inability to reverse physical inactivity trends consist primarily in shortcomings in the way HEPA promotion policies are developed and implemented. Taking account of the criteria for effective HEPA policy laid down in scientific tools, the following shortcomings are confirmed by evidence, expert opinion and consultation outcomes: the lack of sufficiently cross-sectoral approaches to HEPA (incl. collaboration among different ministries and bodies responsible for HEPA); unclear objectives and goals of HEPA policies; and insufficient provisions for monitoring and evaluation of HEPA rates and policies. Robust data is indeed seldom available, despite its value for formulating and refining policy.

HEPA is only starting to become a policy field on its own and to get recognition as a complex policy area that requires multi-sectoral interventions, such as those provided for in the EU Physical Activity Guidelines. Physical activity has so far been lacking advocacy power to ensure that it receives the appropriate political recognition.[17] Since HEPA as a policy field is a rather new topic on the agenda of governments[18], there is a need for improved understanding of the determinants of HEPA, which is essential for designing interventions to change physical activity levels, as well as for institutional capacity to promote HEPA.

To address this situation, and following expert work in the context of the implementation of the European Union Work Plan for Sport 2011-2014[19] and input from other fields and levels of expertise (e.g. health and transport), the Council in its conclusions on the promotion of HEPA of November 2012 called on the Commission to present a proposal for a Council Recommendation promoting a cross-sectoral approach based on the EU Physical Activity Guidelines, including a light monitoring framework.

The success of the initiative will ultimately depend to a considerable extent on mobilising stakeholders, especially the ones most directly related to physical activity and with strong assets to reach out to citizens. The sport sector, in particular through its activities at grassroots level and with a sport-for-all focus, is therefore a key player in any successful effort to promote HEPA.

2. RESULTS OF CONSULTATIONS WITH THE INTERESTED PARTIES AND IMPACT ASSESSMENTS

The proposal is based on the work of the Commission and Member States in the framework of the implementation of the Work Plan for Sport 2011-2014. The substance of the proposal, including the monitoring framework, has been the subject of extensive consultations with Member States, experts, stakeholders and the general public from different backgrounds, including sport, health, education and transport. Interested parties have been consulted at different levels on their views regarding the need for and scope of the promotion of physical activity in a Union context. Following the Communication on sport in January 2011[20], which

[17] "For physical activity the science of how to change individual behaviours has overshadowed efforts to understand true population change. Because of this unbalanced focus, the structural and systemic changes necessary to promote physical activity in populations (…) across various sectors have not yet been addressed systematically. (…) A similar experience occurred in tobacco control, where initially the burden of responsibility was put solely on individuals. Once that view expanded to include recognition of societal responsibility as well, population-level action and changes in smoking prevalence followed." The Lancet, Volume 380, Issue 9838, p. 219-229, 21 July 2012.

[18] This is inter alia confirmed by a recent review which suggested that, with a few notable exceptions, the development of national policy documents on physical activity in Europe has only started in recent years. See Daugbjerg 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.

[19] Council Resolution on a European Union Work Plan for Sport 2011-2014, OJ C 162 of 1.6.2011.

[20] European Commission: Communication on developing the European dimension in Sport, COM(2011) 12 final, 18.1.2011.

included an action point to consider such a proposal, the Commission has regularly presented its plans and the work in progress for this initiative to policymakers and stakeholders and sought feedback in different fora. In its Resolution on the European dimension in sport of 2 February 2012, the European Parliament called on the Union and on Member States to facilitate engagement in sport and to promote a healthy lifestyle, fully exploiting the opportunities of sport, thereby reducing spending on healthcare.[21]

Member States have underlined the need for further exchanges of experience and good practice at Union level on HEPA and have been supportive of a new Union policy initiative. Member States have confirmed the difficulties in involving relevant sectors at national level and the lack of solid data, while also highlighting the need to keep the burden of data collection limited. Sport stakeholders, including the sport movement but also sport-related organisations, such as the sporting goods industry, have strongly encouraged further Union action on HEPA. The view that the Union has a role to play in promoting HEPA is shared not only by the Union institutions, existing Union level cooperation structures for sport and health, the expert level and sport stakeholders, but also by a large segment of Union citizens, as confirmed in an online consultation in 2010.

The Impact Assessment Board provided its positive opinion on the draft Impact Assessment on 7 December 2012. The Board's comments are taken into account in the final version of the Impact Assessment Report.

3. LEGAL ELEMENTS OF THE PROPOSAL

Legal basis

The proposed initiative takes a focused approach on HEPA, a relatively new discipline under rapid scientific development, combining physical activity, which is closely related to sport and exercise, on the one hand, and public health on the other. To reach the objectives of the proposal and to support the Member States in their efforts to promote HEPA, the Union can act by making use of two legal bases: Articles 165 and 168 of the Treaty on the Functioning of the European Union (TFEU), both of which assign a supporting competence to the Union. Article 165 stipulates that the Union shall ‘contribute to the promotion of European sporting issues’ and that action shall be aimed at ‘developing the European dimension in sport’. Article 168 stipulates that ‘Union action [...] shall be directed towards improving public health [...] and obviating sources of danger to physical and mental health’.

In both areas (sport and public health) the Treaty states that, in pursuit of these objectives, the Council, on a proposal from the Commission, may adopt recommendations. In addition, the Treaty explicitly authorises the Commission to take ‘any useful initiative’ to promote policy co-ordination among the Member States in the area of public health, in particular ‘initiatives aimed at the establishment of guidelines and indicators, the organisation of exchange of best practice, and the preparation of the necessary elements for periodic monitoring and evaluation’. The proposed Recommendation aims to strengthen Member States' efforts in the field of promoting HEPA and to support them by providing a framework for monitoring their policies. The Recommendation aims at strengthening cooperation and policy coordination between the Member States and at providing for further exchanges of good practice within the relevant Union level structures for sport and for health.

This Recommendation respects fundamental rights and observes the principles which are recognised by the Charter of Fundamental Rights of the European Union.

[21] European Parliament resolution of 2 February 2012 on the European dimension in sport (2011/2087(INI)).

Summary of the proposed initiative

Following the request from the Council, this Recommendation sets out the main elements for coherent, cross-sectoral and evidence-based policies to promote HEPA and thereby aims to help Member States in their efforts to enable citizens to become (more) physically active.

The Recommendation reflects the clear evidence that HEPA promotion policies, to be successful, need to be based on a cross-sectoral approach. It takes into account that Member States, while sharing common objectives and respecting fundamental rights, set different priorities with regard to HEPA due to different social, economic and cultural contexts and therefore take different policy approaches. Provisions for policy coordination at Union level are intended to support Member States in their efforts to develop and implement effective HEPA policies. The monitoring framework, including its indicators developed by HEPA experts, is designed as a sufficiently flexible tool to inform policy making in this context. A detailed description of the operationalization of indicators and data sources is set out in the attached Commission Staff Working Document.

The Recommendation invites Member States:

- to develop a national strategy and a corresponding action plan as well as adequate instruments for promoting HEPA across sectors, reflecting the EU Physical Activity Guidelines;
- to monitor physical activity levels and the implementation of HEPA policies by making use of the monitoring framework and indicators set out in the Annex to the Recommendation, according to their national circumstances;
- to cooperate closely among themselves and with the Commission by engaging in a process of regular exchange of information and good practice on HEPA promotion within relevant Union level structures;

The Recommendation invites the Commission:

- to assist Member States in their efforts to effectively promote HEPA and in developing and implementing policies consistent with the EU Physical Activity Guidelines;
- to provide support for the establishment and functioning of the monitoring framework, based on existing forms of monitoring and data collection in this field;
- based on the information provided by Member States, to regularly report on progress in implementing this Recommendation.

While the Recommendation will first and foremost target public authorities in the Member States responsible for HEPA promotion, it will ultimately help reaching out to Union citizens at large (e.g. children, working population, seniors) by encouraging the implementation of cross-sectoral policies providing for opportunities to engage in physical activity. The initiative will also rely on mobilising stakeholders, including the ones most directly related to physical activity, such as sport organisations.

Subsidiarity

While the main responsibility for promoting HEPA and for the definition of sport and health policies lies with the Member States, Union action can add significant value over and above what Member States can achieve on their own. The Union can provide renewed political momentum toward focused action on HEPA. More effective HEPA policies will help

contribute to other policy areas where Member States have agreed to set common objectives. By helping to reduce the significant social and economic costs of physical inactivity, and by addressing key factors contributing to active and healthy ageing, a healthy workforce and ultimately higher productivity they will strengthen Member States' ability to achieve the growth objectives set in the Europe 2020 Strategy. They will also address the determinants of health inequities outlined in the Strategy as a prerequisite for growth and competitiveness. Better HEPA policies will also respond to recent calls from the Council and the Parliament for action to support healthy lifestyle behaviours, including physical activity and engagement in sport, as a means to address premature mortality, morbidity and disability in the Union. The Council conclusions on HEPA adopted in November 2012 make these requests even more explicit. The recent Evaluation of the implementation of the Strategy for Europe on Nutrition, Obesity and Overweight-related Health issues also supports a policy initiative at European level, as it encourages the Commission to raise the profile of nascent initiatives focussing on physical activity.[22]

The Recommendation's focus on enhanced policy coordination between Member States – in the form of sharing of experience, peer learning and dissemination of good practice - seems particularly useful given the vast differences that currently exist between the Member States in the priority afforded to HEPA, the approaches chosen and the national policy co-ordination mechanisms. Union support and coordination will contribute to improving Member States' capacity to promote HEPA across sectors and to shape policies that ensure better interventions. The Union is well situated to enhance provisions for monitoring and evaluation of HEPA and HEPA policies and thereby to help Member States track developments over time. The monitoring framework will deliver the evidence to Member States to justify more focused approaches to HEPA promotion.

The proposed Recommendation builds on existing strategies and tools developed at the international level, in particular the WHO Global Strategy on Diet, Physical Activity and Health of May 2004[23], the 2010 Global Recommendations which recommend at least 150 minutes per week of moderate-intensity physical activity for adults[24], and the global consensus achieved by the World Health Assembly on 27 May 2013 laid down in the "Omnibus Resolution on Non-communicable Diseases"[25]. It takes account of the cooperation developed with the WHO Regional Office for Europe in the framework of the Strategy for Europe on Nutrition, Overweight and Obesity-related Health issues and the 2013 evaluation of the latter[26]. It aims to improve further the tools developed with regard to the monitoring of physical activity, in particular the WHO European database on nutrition, obesity and physical activity (NOPA)[27]. The information and data to be provided by the Member States in this context is to a large extent already available and collected as part of existing surveys or projects; a number of indicators are already in use. Collection of data will require more efforts only in the case of a very limited number of indicators, in particular in the early phase of the monitoring framework. It is expected to improve over time and with increasing capacity in the Member States. The monitoring framework should be implemented in close cooperation with the WHO and with support from HEPA experts.

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22 http://ec.europa.eu/health/nutrition_physical_activity/docs/pheiac_nutrition_strategy_evaluation_en.pdf

23 WHO Global Strategy on Diet, Physical Activity and Health, URL: http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

24 WHO Global Recommendations on Physical Activity for Health. URL: http://www.who.int/dietphysicalactivity/factsheet_recommendations/en/index.html

25 http://ncdalliance.org/sites/default/files/rfiles/A66_WHA%20Final%20Resolution.pdf.

26 see fn.22.

27 WHO NOPA database; URL: http://data.euro.who.int/nopa/

4. BUDGETARY IMPLICATION

It is difficult to calculate the budget currently allocated to HEPA policies because the costs of HEPA promotion are spread around government ministries and authorities, as well as various NGOs and the private sector. In addition, spending on HEPA is not recorded comprehensively across the Union. This is exacerbated by the fact that HEPA is by nature cross-sectoral, that many policies are tangentially related to HEPA and that policies which promote HEPA often do not include HEPA promotion as a primary objective. Member States would ultimately bear the costs relating to the implementation of HEPA policies following this initiative.

Administrative costs for the Member States would mainly stem from the reporting requirements in the context of the light monitoring framework. They would already be low in the first year, with further reductions once the mechanism is fully operational, as staff becomes familiar with the monitoring and because of better data availability over time.[28]

The costs that would fall on the Union budget relate to the establishment and functioning of the monitoring mechanism; and to the provision of support to Member States for monitoring activities in the form of capacity building. These costs would be covered by the Sport Chapter of the Erasmus+ programme for the period 2014-2020.[29] In addition, the Union budget would cover the organisation of Expert Group meetings at Union level.

[28] The Impact Assessment (Annex V) has calculated the average cost per Member State.

[29] The Impact Assessment (Annex V) has calculated the combined costs for the Union budget. As part of the Preparatory Action in the field of sport for 2013, the Commission, in cooperation with the WHO, is testing ways to support Member States' activities relating to the monitoring of HEPA policy development and implementation.

2013/0291 (NLE)

Proposal for a

COUNCIL RECOMMENDATION

on promoting health-enhancing physical activity across sectors

THE COUNCIL OF THE EUROPEAN UNION,

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

Having regard to the proposal from the European Commission,

Whereas:

(1) The benefits of physical activity and exercise across the life course are paramount and include lowered risk of cardiovascular disease, some types of cancers and diabetes, improvements in musculoskeletal health and body weight control, as well as positive effects on mental health development and cognitive processes. Physical activity, as recommended by the World Health Organization (WHO), is important for all age groups, and has particular relevance for children, the working population and the elderly.

(2) Physical activity being a prerequisite for a healthy lifestyle and a healthy workforce, contributes to the achievement of key objectives defined in the Europe 2020 Strategy[30], notably with regard to growth, productivity and health.

(3) While efforts to promote health-enhancing physical activity (henceforth: HEPA) have been stepped up by public authorities in some Member States over the past years, rates of physical inactivity in the European Union remain unacceptably high. The majority of Europeans do not engage in sufficient physical activity with 60% never or seldom playing sport or exercising[31]. The lack of leisure-time physical activity tends to be more common in the lower socio-economic groups. There are currently no indications that the negative trends are being reversed for the Union as a whole.

(4) Insufficient physical activity has been identified as a leading risk factor for premature mortality and disease in high-income countries world-wide, being responsible for about 1 million deaths per year in the European Region alone[32]. The detriments caused by the lack of physical activity in the European Union are well recorded, as are the significant direct and indirect economic costs associated to the lack of physical activity and related health problems, especially in view of the fact that most European societies are ageing rapidly.

(5) Regarding physical activity levels, there are vast discrepancies between Member States. While some have made considerable progress in increasing the proportion of citizens who meet the minimum level of recommended physical activity, many others have made none or even regressed. Current policies have proved ineffective in reducing the physical inactivity levels for the Union as a whole. There is considerable potential to learn from successful approaches to develop and implement HEPA policies.

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30 COM(2010) 2020.

31 European Commission: Special Eurobarometer 334 Sport and Physical Activity, March 2010.

32 http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/physical-activity/facts-and-figures/10-key-facts-on-physical-activity-in-the-who-european-region

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

(7) The EU Physical Activity Guidelines[33], confirmed by EU Sport Ministers meeting informally in December 2008 and by the Council in November and December 2012[34], advocate a cross-sectoral approach covering all thematic areas responsible for HEPA promotion. The implementation of these Guidelines in the Member States has so far remained patchy.

(8) The 2011 Communication on Developing the European Dimension in Sport[35] invited the Commission and the Member States to, based on the EU Physical Activity Guidelines, continue progress towards the establishment of national guidelines, including a review and coordination process, and to consider a Council Recommendation in that field.

(9) The Resolution of the Council on a European Union Work Plan for Sport 2011-2014[36] recognised the need to strengthen cooperation between the Commission and the Member States in sport in a few priority areas, including the promotion of HEPA. In July 2012, the Expert Group on Sport, Health and Participation expressed support for a new Union initiative to promote HEPA.

(10) The Council conclusions of 27 November 2012 on promoting HEPA acknowledged the need for further action at Union level and called on the Commission to present a proposal for a Council Recommendation, including a light monitoring framework based on a set of indicators covering the thematic areas of the EU Physical Activity Guidelines.

HAS ADOPTED THIS RECOMMENDATION:

(1) Member States should:

- Work towards effective HEPA policies by developing a cross-sectoral approach involving policy areas including sport, health, education, environment and transport, as described in the EU Physical Activity Guidelines, and in accordance with national specificities. This should include:
  - the adoption of a national strategy on HEPA promotion, taking into account different groups of society and respecting the principles of non-discrimination and equality between men and women;
  - the adoption of a corresponding action plan;

[33] http://ec.europa.eu/sport/library/documents/c1/eu-physical-activity-guidelines-2008_en.pdf

[34] Council conclusions on promoting health-enhancing physical activity, URL: http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/educ/133870.pdf; Council conclusions on Healthy Ageing across the Lifecycle, URL: http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/134097.pdf

[35] COM(2011) 12 final.

[36] OJ C 162 of 1.6.2011.

– Monitor physical activity levels and HEPA policies by making use of the light monitoring framework[37] and indicators set out in the Annex to this Recommendation according to national circumstances;

– Within six months from the adoption of this Recommendation, appoint national HEPA focal points who will support the abovementioned monitoring framework, and inform the Commission of their appointment.
The national HEPA focal points will in particular be tasked to coordinate the process of making data on physical activity available for the monitoring framework; data should feed into the existing WHO database on nutrition and physical activity (NOPA); they should also facilitate interdepartmental cooperation on HEPA policies;

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

(2) The Commission should take the following measures:

– Assist Member States in adopting national strategies, developing cross-sectoral HEPA policy approaches and implementing corresponding action plans by facilitating the exchange of information and good practice, effective peer-learning, networking and identification of successful approaches to HEPA promotion;

– Promote the establishment and functioning of the HEPA monitoring framework, based on existing forms of monitoring and data collection in this field, by:

  – providing, with the help of scientific experts, targeted support for capacity building and training to national HEPA focal points, and, as appropriate, to other representatives from relevant public authorities;

  – examining the possibility to use data collected to potentially produce European statistics[38] on physical activity levels every two years;

  – supporting the WHO in further developing the physical activity aspects of the NOPA database by adapting it to the monitoring framework set out in the Annex to this Recommendation;

  – supporting and closely cooperating with the WHO in the preparation and issuing of country-specific overviews on HEPA and analysis of HEPA trends;

– Report every three years on progress in implementing this Recommendation, on the basis of information provided within the reporting arrangements set out in the monitoring framework and of other relevant information about HEPA policy development and implementation provided by Member States;

– Carry out an evaluation of the implementation of the Council Recommendation after six years.

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[37] The monitoring framework sets out a minimal set of reporting requirements on general aspects of HEPA promotion that can be addressed by all Member States. The monitoring framework is further described in the Commission Staff Working Document accompanying this Recommendation.

[38] See Commission decision on Eurostat of 17 September 2012 (2012/504/EU): http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2012:251:0049:0052:EN:PDF.

Done at Brussels,

For the Council
The President

ANNEX

Proposed indicators to evaluate the implementation of the EU Physical Activity Guidelines (GL)

Thematic areas of the GL	Proposed indicators
International PA recommendations and guidelines (GL 1-2)	1. National recommendation on physical activity for health
	2. Adults reaching the minimum WHO recommendation on physical activity for health
	3. Children and adolescents reaching the minimum WHO recommendation on physical activity for health
Cross-sectoral approach (GL 3-5)	4. National coordination mechanism on HEPA promotion
	5. Funding allocated specifically to HEPA promotion
"Sport" (GL 6-13)	6. National sport for all policy and/or action plan
	7. Sport Clubs for Health Programme
	8. Framework to support opportunities to increase access to recreational or exercise facilities for low socio-economic groups
	9. Target groups addressed by the national HEPA policy
"Health" (GL 14-20)	10. Monitoring and surveillance of physical activity
	11. Counselling on physical activity
	12. Training on physical activity in curriculum for health professionals
"Education" (GL 21-24)	13. Physical education in primary and secondary schools
	14. Schemes for school-related physical activity promotion
	15. HEPA in training of physical education teachers
	16. Schemes promoting active travel to school
"Environment, urban planning, public safety" (GL 25-32)	17. Level of cycling / walking
	18. European Guidelines for improving Infrastructures for Leisure-Time Physical Activity
"Working environment" (GL 33-34)	19. Schemes to promote active travel to work
	20. Schemes to promote physical activity at the work place
"Senior citizens" (GL 35-37)	21. Schemes for community interventions to promote PA in elderly people
"Indicators / evaluation" (GL 38)	22. National HEPA policies that include a plan for evaluation
"Public awareness (GL 39)	23. Existence of a national awareness raising campaign on physical activity

LEGISLATIVE FINANCIAL STATEMENT

1. FRAMEWORK OF THE PROPOSAL/INITIATIVE

1.1. *Title of the proposal/initiative: P*roposal for a Council Recommendation on promoting health-enhancing physical activity across sectors

1.2. Policy area(s) concerned in the ABM/ABB structure[39]

Education and Culture: Sport / Budget line 15 01 02 11

1.3. Nature of the proposal/initiative

■ The proposal/initiative relates to **a new action**

☐ The proposal/initiative relates to **a new action following a pilot project/preparatory action**[40]

☐ The proposal/initiative relates to **the extension of an existing action**

☐ The proposal/initiative relates to **an action redirected towards a new action**

1.4. Objective(s)

1.4.1. The Commission's multiannual strategic objective(s) targeted by the proposal/initiative

The overall aim of this proposal is to contribute to a healthier and more productive society through increased levels of health-enhancing physical activity (HEPA) in the EU.

The operational costs resulting from the proposed Council Recommendation will be covered by the Sport Chapter of the Erasmus+ Programme (see the respective LFS). This LFS relates only to the cost of the proposed expert group, i.e. administrative expenditure.

1.4.2. Specific objective(s) and ABM/ABB activity(ies) concerned

Specific objective: the objective of the expert group is to:

- provide targeted support for capacity building and training to national HEPA focal points, and, as appropriate, to other representatives from relevant public authorities;

- support the WHO in further developing the physical aspects of the NOPA database by adapting it to the monitoring framework set out in the Annex of the Recommendation;

- support and closely cooperate with the WHO in the preparation and issuing of country-specific overviews on HEPA and analysis of HEPA trends.

ABM/ABB activity(ies) concerned:

ABB Activity 15.05: Encouraging and promoting cooperation in the field of youth and sports

1.4.3. Expected result(s) and impact

Specify the effects which the proposal/initiative should have on the beneficiaries/groups targeted.

The activities of the expert group will result in:

[39] ABM: activity-based management – ABB: activity-based budgeting.

[40] As referred to in Article 54(2)(a) or (b) of the Financial Regulation.

- support for capacity building and training to national HEPA focal points and other relevant public authorities;

- support to the WHO in further developing the physical aspects of the NOPA database;

- support to the WHO in the preparation and issuing of country-specific overviews on HEPA and analysis of HEPA trends.

The expenses being subject of this LFS cover the costs of the meetings of the expert group related to the recommendation, therefore they constitute only administrative expenditure. The operational expenditure is covered by the Sport Chapter of the Erasmus+ Programme.

1.4.4. Indicators of results and impact

- Establishment and functioning of a HEPA monitoring framework at EU level;

- Regular reporting on HEPA to the Member States.

1.5. Grounds for the proposal/initiative

1.5.1. Requirement(s) to be met in the short or long term?

As regards the expert group, there are no particular requirements to be met.

1.5.2. Added value of EU involvement

Without EU involvement such an expert group could not be constituted. As is explained in the Impact Assessment for the initiative, EU action can add significant value over and above what Member States can achieve on their own.

The expert group will be the main body to discuss and steer the implementation of the Recommendation and the forum where policy coordination on HEPA promotion policies takes place.

1.5.3. Lessons learned from similar experiences in the past

The first EU Work Plan for Sport, which was adopted by the EU Council in May 2011 and covers the period 2011-2014, established 6 expert groups in the field of sport. One of these groups, the Expert Group on Sport, Health and Participation, has played an active role to produce the ideas which underpin the Commission's proposal for a Council Recommendation in the field of HEPA. This initiative thus builds directly upon this experience.

1.5.4. Compatibility and possible synergy with other appropriate instruments

The proposal is fully in line with the Erasmus+ Programme and the EU Work Plan for Sport, both of which include HEPA as a priority field of action.

1.6. Duration and financial impact

■ Proposal/initiative of **limited duration**

– ☐ Proposal/initiative in effect from [DD/MM]YYYY to [DD/MM]YYYY

– ■ Financial impact from 2014 to 2020

☐ Proposal/initiative of **unlimited duration**

– Implementation with a start-up period from YYYY to YYYY,

– followed by full-scale operation.

1.7. Management mode(s) planned[41]

From the 2014 budget

■ **Direct management** by the Commission

– ■ by its departments (DG EAC)

– ☐ by the executive agencies;

☐ **Shared management** with the Member States

☐ **Indirect management** by delegating implementation tasks to:

– ☐ third countries or the bodies they have designated;

– ☐ international organisations and their agencies (to be specified);

– ☐the EIB and the European Investment Fund;

– ☐ bodies referred to in Articles 208 and 209 of the Financial Regulation;

– ☐ public law bodies;

– ☐ bodies governed by private law with a public service mission to the extent that they provide adequate financial guarantees;

– ☐ bodies governed by the private law of a Member State that are entrusted with the implementation of a public-private partnership and that provide adequate financial guarantees;

– ☐ persons entrusted with the implementation of specific actions in the CFSP pursuant to Title V of the TEU, and identified in the relevant basic act.

– *If more than one management mode is indicated, please provide details in the "Comments" section.*

Comments

2. MANAGEMENT MEASURES

2.1. Monitoring and reporting rules

The experts will meet three times a year; after each meeting a report will be established.

2.2. Management and control system

2.2.1. Risk(s) identified – standard Commission rules for management of expert groups will apply.

2.2.2. Information concerning the internal control system set up – standard Commission rules for management of expert groups will apply.

2.2.3. Estimate of the costs and benefits of the controls and assessment of the expected level of risk of error – ***standard Commission rules for management of expert groups will apply.***

2.3. Measures to prevent fraud and irregularities

Specify existing or envisaged prevention and protection measures – **standard Commission rules for management of expert groups will apply.**

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[41] Details of management modes and references to the Financial Regulation may be found on the BudgWeb site: http://www.cc.cec/budg/man/budgmanag/budgmanag_en.html

3. ESTIMATED FINANCIAL IMPACT OF THE PROPOSAL/INITIATIVE

3.1. Heading(s) of the multiannual financial framework and expenditure budget line(s) affected

- Existing budget lines

In order of multiannual financial framework headings and budget lines.

Heading of multiannual financial framework	Budget line	Type of expenditure	Contribution			
	Number […]Heading……..…….]	Diff./non-diff. (42)	from EFTA countries 43	from candidate countries[44]	from third countries	within the meaning of Article 21(2)(b) of the Financial Regulation
	Global envelope DG EAC 15.01.02.11 (meetings of experts)	Non-diff.	NO	NO	NO	NO

- New budget lines requested – **not applicable**

In order of multiannual financial framework headings and budget lines.

Heading of multiannual financial framework	Budget line	Type of expenditure	Contribution			
	Number […]Heading……..…….]	Diff./non-diff.	from EFTA countries	from candidate countries	from third countries	within the meaning of Article 21(2)(b) of the Financial Regulation
	[…][XX.YY.YY.YY]		NO	NO	NO	NO

42 Diff. = Differentiated appropriations / Non-Diff. = Non-differentiated appropriations.

43 EFTA: European Free Trade Association.

44 Candidate countries and, where applicable, potential candidate countries from the Western Balkans.

3.2. Estimated impact on expenditure

The costs of the operational part of the iniative are covered by the Sport Chapter of the Eramus+ Programme (budget line 15.02.03); this LFS refers exclusively to the administrative expenditure.

3.2.1. Summary of estimated impact on expenditure

EUR million (to three decimal places)

Heading of multiannual financial framework	Number	[…][Heading……..…… ……]

DG			Year **2014**	Year **2015**	Year **2016**	Year **2017**	**2018 2019 2020**			**TOTAL**
• Operational appropriations										
Number of budget line 15.	Commitments	(1)	0	0	0	0	0	0	**0**	**0**
	Payments	(2)	0	0	0	0	0	0	**0**	**0**
	Payments	(2a)								
Appropriations of an administrative nature financed from the envelope of specific programmes[45]										
Number of budget line		(3)								
TOTAL appropriations for DG <….>	Commitments	=1+1a +3	0	0	0	0	0	0	**0**	**0**
	Payments	=2+2a +3	0	0	0	0	0	0	**0**	

[45] Technical and/or administrative assistance and expenditure in support of the implementation of EU programmes and/or actions (former "BA" lines), indirect research, direct research.

• TOTAL operational appropriations	Commitments	(4)								
	Payments	(5)								
• TOTAL appropriations of an administrative nature financed from the envelope for specific programmes		(6)								
TOTAL appropriations for HEADING <….> of the multiannual financial framework	Commitments	=4+ 6	0	0	0	0	0	0	**0**	**0**
	Payments	=5+ 6	0	0	0	0	0	0	**0**	**0**

If more than one heading is affected by the proposal / initiative: not applicable

• TOTAL operational appropriations	Commitments	(4)								
	Payments	(5)								
• TOTAL appropriations of an administrative nature financed from the envelope for specific programmes		(6)								
TOTAL appropriations under HEADINGS 1 to 4 of the multiannual financial framework (Reference amount)	Commitments	=4+ 6	0	0	0	0	0	0	**0**	**0**
	Payments	=5+ 6	0	0	0	0	0	0	**0**	**0**

Heading of multiannual financial framework	**5**	" Administrative expenditure "

EUR million (to three decimal places)

		Year **2014**	Year **2015**	Year **2016**	Year **2017**	**2018 2019 2020**			**TOTAL**
DG EAC									
• Human resources		0	0	0	0	0	0	0	0
• Other administrative expenditure		0,028	0,084	0,084	0,084	0,084	0,084	0,084	0,532
TOTAL DG EAC	Appropriations	0,028	0,084	0,084	0,084	0,084	0,084	0,084	0,532

TOTAL appropriations for HEADING 5 of the multiannual financial framework	(Total commitments = Total payments)	0,028	0,084	0,084	0,084	0,084	0,084	0,084	0,532

EUR million (to three decimal places)

		Year **2014**	Year **2015**	Year **2016**	Year **2017**	**2018 2019 2020**			**TOTAL**
TOTAL appropriations under HEADINGS 1 to 5 of the multiannual financial framework	Commitments	0,028	0,084	0,084	0,084	0,084	0,084	0,084	0,532
	Payments	0,028	0,084	0,084	0,084	0,084	0,084	0,084	0,532

3.2.2. Estimated impact on operational appropriations

– ■ The part of the proposal/initiative which is covered by this LFS does not require the use of operational appropriations. Operational appropriations resulting from the proposed Recommendation are covered by the LFS for the Erasmus+ Programme (see above).

– ☐ The proposal/initiative requires the use of operational appropriations, as explained below:

Commitment appropriations in EUR million (to three decimal places)

Indicate objectives and outputs ⇩			Year **N**		Year **N+1**		Year **N+2**		Year **N+3**		Enter as many years as necessary to show the duration of the impact (see point 1.6)						**TOTAL**	
	OUTPUTS																	
	Type[46]	Average cost	No	Cost	No	Cost	No	Cost	No	Cost	No	Cost	No	Cost	No	Cost	No total	Total cost
SPECIFIC OBJECTIVE No 1[47] ...																		
- Output																		
- Output																		
- Output																		
Subtotal for specific objective No 1																		
SPECIFIC OBJECTIVE NO 2 ...																		
- Output																		
Subtotal for specific objective No 2																		
TOTAL COST																		

46 Outputs are products and services to be supplied (e.g.: number of student exchanges financed, number of km of roads built, etc.).

47 As described in point 1.4.2. 'Specific objective(s)…'

3.2.3. Estimated impact on appropriations of an administrative nature

3.2.3.1. Summary

– ☐ The proposal/initiative does not require the use of appropriations of an administrative nature

– ■ The proposal/initiative requires the use of appropriations of an administrative nature, as explained below:

EUR million (to three decimal places)

	Year **2014**	Year **2015**	Year **2016**	Year **2017**	**2018 2019 2020**			**TOTAL**
HEADING 5 of the multiannual financial framework								
Human resources	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**N/A**
Other administrative expenditure	0,028	0,084	0,084	0,084	0,084	0,084	0,084	0,532
Subtotal HEADING 5 of the multiannual financial framework	0,028	0,084	0,084	0,084	0,084	0,084	0,084	0,532

Outside HEADING 5[48] of the multiannual financial framework								
Human resources	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other expenditure of an administrative nature	0	0	0	0	0	0	0	0
Subtotal outside HEADING 5 of the multiannual financial framework	0	0	0	0	0	0	0	0

TOTAL	0,028	0,084	0,084	0,084	0,084	0,084	0,084	0,532

The human resources appropriations required will be met by appropriations from the DG that are already assigned to management of the action and/or have been redeployed within the DG, together if necessary with any additional allocation which may be granted to the managing DG under the annual allocation procedure and in the light of budgetary constraints.

[48] Technical and/or administrative assistance and expenditure in support of the implementation of EU programmes and/or actions (former "BA" lines), indirect research, direct research.

3.2.3.2. Estimated requirements of human resources –

– ■ The proposal/initiative does not require the use of human resources.

– ☐ The proposal/initiative requires the use of human resources, as explained below:

Estimate to be expressed in full time equivalent units

	Year **N**	Year **N+1**	Year N+2	Year N+3	Enter as many years as necessary to show the duration of the impact (see point 1.6)		
• Establishment plan posts (officials and temporary staff)							
XX 01 01 01 (Headquarters and Commission's Representation Offices)							
XX 01 01 02 (Delegations)							
XX 01 05 01 (Indirect research)							
10 01 05 01 (Direct research)							
• External staff (in Full Time Equivalent unit: FTE)[49]							
XX 01 02 01 (CA, SNE, INT from the "global envelope")							
XX 01 02 02 (CA, LA, SNE, INT and JED in the delegations)							
XX 01 04 yy[50] - at Headquarters							
XX 01 04 yy[50] - Delegations							
XX 01 05 02 (CA, SNE, INT - Indirect research)							
10 01 05 02 (CA, INT, SNE - Direct research)							
Other budget lines (specify)							
TOTAL							

XX is the policy area or budget title concerned.

The human resources required will be met by staff from the DG who are already assigned to management of the action and/or have been redeployed within the DG, together if necessary with any additional allocation which may be granted to the managing DG under the annual allocation procedure and in the light of budgetary constraints.

Description of tasks to be carried out:

Officials and temporary staff	
External staff	

[49] CA= Contract Staff; LA = Local Staff; SNE= Seconded National Expert; INT = agency staff; JED= Junior Experts in Delegations).

[50] Sub-ceiling for external staff covered by operational appropriations (former "BA" lines).

3.2.4. Compatibility with the current multiannual financial framework

– ■ Proposal/initiative is compatible with the current multiannual financial framework.

– ☐ Proposal/initiative will entail reprogramming of the relevant heading in the multiannual financial framework.

Explain what reprogramming is required, specifying the budget lines concerned and the corresponding amounts.

– ☐ Proposal/initiative requires application of the flexibility instrument or revision of the multiannual financial framework[51].

Explain what is required, specifying the headings and budget lines concerned and the corresponding amounts.

3.2.5. Third-party contributions

– ■ The proposal/initiative does not provide for co-financing by third parties.

– The proposal/initiative provides for the co-financing estimated below:

Appropriations in EUR million (to 3 decimal places)

	Year **N**	Year **N+1**	Year **N+2**	Year **N+3**	Enter as many years as necessary to show the duration of the impact (see point 1.6)			Total
Specify the co-financing body								
TOTAL appropriations cofinanced								

[51] See points 19 and 24 of the Interinstitutional Agreement (for the period 2007-2013).

3.3. Estimated impact on revenue

– ■ Proposal/initiative has no financial impact on revenue.

– ☐ Proposal/initiative has the following financial impact:

– ☐ on own resources

– ☐ on miscellaneous revenue

EUR million (to three decimal places)

Budget revenue line:	Appropriations available for the current financial year	Impact of the proposal/initiative[52]						
		Year **N**	Year **N+1**	Year **N+2**	Year **N+3**	Enter as many years as necessary to show the duration of the impact (see point 1.6)		
Article …….								

For miscellaneous 'assigned' revenue, specify the budget expenditure line(s) affected.

Specify the method for calculating the impact on revenue.

[52] As regards traditional own resources (customs duties, sugar levies), the amounts indicated must be net amounts, i.e. gross amounts after deduction of 25% for collection costs.