

“Move it - some is better than none”: Stepping up initiatives to increase physical activity in Europe

European Chronic Disease Alliance position on the need for
EU action to boost regular physical activity and ensure a fitter, more active European population

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Summary

Latest data for the European Union show worrying trends of physical inactivity amongst the European population, while it is a leading risk factor for chronic diseases and for mortality. In 2014 almost half (49.8%) of EU citizens aged 18 or older did not do any sport¹. Less than a third (29.9%) spent at least two and a half hours per week of leisure time doing physical activities, which is the minimum level of moderate physical activity per week (including leisure and non-leisure time) recommended by the World Health Organisation (WHO) for adults aged 18 or over². The levels of physical inactivity reported by EU citizens have steadily increased by three percentage points since 2009³, in parallel to the rising rates of overweight and obesity in children, adolescents and adults in many countries of the WHO European Region, with over half of the adult population being overweight or obese in 46 countries (87% of the Region)⁴.

Yet, universally accepted WHO recommendations advise people of all ages to adopt regular physical activity as a lifetime routine⁵ throughout the lifespan. It is recommended that early childhood education in physical activity and movement start at preschool⁶, children and adolescents (aged 5-17) should exercise at least 60 minutes of moderate to vigorous-intensity physical activity daily, while adults aged 18–64 should perform at least 150 min/week (five times 30 minutes) of moderate activity or 75 min/week (three times 20 minutes) of vigorous aerobic physical activity⁷.

In order to be beneficial for cardio-respiratory health, all activity should be performed in sessions of at least 10 minutes throughout the week, at least 4-5 days a week, though the benefits of exercising daily are even greater⁸ contributing to general health by strengthening the body and muscle and to psychological health⁹. This recommendation can be valid for adults with disease limitations, disabilities, as well as for inactive or older adults who will feel the additional health benefits of increased physical activity. Some of them and for instance persons with cardiac events may need to take extra precautions and seek medical advice before aiming to meet the recommended levels of physical activity. In all age and population groups, the amount of time spent being sedentary should be minimized by active travelling (cycling or walking), taking breaks from extended periods of sitting and reducing screen time¹⁰.

¹ <http://ec.europa.eu/eurostat/web/products-eurostat-news/-/DDN-20170302-1>

² http://www.who.int/dietphysicalactivity/factsheet_adults/en/

³ Eurobarometer on Sport and Physical Activity http://europa.eu/rapid/press-release_MEMO-14-207_en.htm

⁴ Physical activity strategy for the WHO European Region 2016–2025

http://www.euro.who.int/__data/assets/pdf_file/0010/282961/65wd09e_PhysicalActivityStrategy_150474.pdf

⁵ http://www.who.int/dietphysicalactivity/factsheet_recommendations/en/

⁶ Idem source 4

⁷ Idem source 4

⁸ <http://eurheartj.oxfordjournals.org/content/ehj/early/2016/06/08/eurheartj.ehw106.full.pdf>

⁹ Idem source 4

¹⁰ https://www.sportengland.org/media/388152/dh_128210.pdf

The European Chronic Disease Alliance (ECDA) calls on the EU and Member States to take comprehensive action to encourage all Europeans to be physically active, following WHO recommendations.

I. Introduction: the scale of the problem

Physical inactivity is associated with an increased risk of poor health, major chronic diseases - including cancer, cardiovascular diseases, chronic respiratory diseases and diabetes- early death due to chronic diseases¹¹, mood and anxiety disorders, and social discomfort. Personal, social, economic and environmental factors (i.e. insufficient participation in physical activity during leisure time, increased sedentary behaviour during occupational and domestic activities, and increased use of "passive" modes of transportation) all strongly affect physical activity levels and are thus at the forefront of the public health challenge¹².

Physical inactivity in facts and figures

Insufficient physical activity, defined following WHO physical activity guidelines as less than five times 30 minutes of moderate aerobic activity per week, or five times 15 minutes of vigorous aerobic activity per week for adults aged 18 or over, is the third most important contributor to Disability-Adjusted-Life-Years (DALYs) lost to chronic diseases in the EU as well as in the WHO European Region¹³. 8.3 million DALYs lost per year in the WHO European Region are attributable to physical inactivity¹⁴, while physical inactivity is estimated to account for over 500,000 all-cause mortality deaths per year in Europe¹⁵. Sedentary behaviour is one of the major risk factor for cardiovascular disease, independent of physical activity¹⁶.

It is universally accepted that regular, moderate physical activity provides significant health benefits and considerably reduces the risk of mortality for severe chronic diseases¹⁷, such as cardiovascular disease (20 – 30%) (for coronary heart disease alone the risk reduction is 5%), type II diabetes (7%), breast cancer (9%) and colon cancer (10%)¹⁸. Regular physical activity is also extremely important for secondary prevention (prevention of complications) of chronic diseases. It additionally helps to combat obesity by aiding weight loss and preventing weight regain. This is even more crucial as 30-70% of European adults are considered overweight, 10-30% are estimated to be obese, and as overweight and obesity are critical risk factors for many chronic diseases including diabetes, hypertension, hypercholesterolemia, stroke, heart disease and certain types of cancers¹⁹.

Data on levels of physical activity of the European population measured against recommendations (see above) indicate that six out of ten people over the age of 15 in the EU are insufficiently active: they never or seldom exercise nor play any sport²⁰. The scenario is nearly as dire in European adolescents

¹¹ <http://www.who.int/mediacentre/factsheets/fs355/en/>

¹² <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2960646-1/abstract>

¹³ <http://thelancet.com/gbd>

¹⁴ <http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/news/news/2015/11/physical-inactivity-and-diabetes>

¹⁵ [http://inactivity-time-bomb.nowwemove.com/download-report/The%20Economic%20Costs%20of%20Physical%20Inactivity%20in%20Europe%20\(June%202015\).pdf](http://inactivity-time-bomb.nowwemove.com/download-report/The%20Economic%20Costs%20of%20Physical%20Inactivity%20in%20Europe%20(June%202015).pdf)

¹⁶ Lee IM, Shiroma EJ, Lobelo F, Puska P, Blair SN, Katzmarzyk PT. Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *Lancet* 2012;380:219 – 229

¹⁷ Idem source 4

¹⁸ Steps to health. A European framework to promote physical activity for health. Copenhagen. WHO Europe. 2007

¹⁹ <http://www.euro.who.int/en/health-topics/noncommunicable-diseases/obesity/data-and-statistics>

²⁰ <http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/data-and-statistics/infographic-make-physical-activity-a-part-of-daily-life-during-all-stages-of-life>

aged 13–15 years as only 34% of them are active enough according to current recommendations²¹. In most European countries, physical activity levels begin to decline significantly amongst young people aged 11–15 years.

Notable disparities exist in the prevalence of physical inactivity according to gender and age group, and social factors play a consequent role. Data show that men are overall more active than women, and physical activity declines with age in both sexes^{22 23}. In addition, findings indicate that people from low socio-economic backgrounds, some minority ethnic groups, people living in urbanised areas and people with disabilities engage in less physical activity and are less exposed to physical activity promotion²⁴. In 2014, 40.5% of higher-educated people spent the minimum recommended time on physical activities, compared to less than a quarter of those with a lower education level²⁵. Significant disparities in physical activity levels are also observed among Member States of the WHO European Region, especially between the north and south and the east and west²⁶.

A major reason for the rise in physical inactivity levels is a significant change in the European population's daily environment. Systemic and environmental factors have contributed to sedentary lifestyles²⁷. The decline in physical activity including walking and cycling, with greater use of cars is a consequence of longer distances between homes, workplaces, shops and places for leisure activities, as well as of increasingly sedentary working environments and forms of entertainment²⁸.

Economic impact

The economic costs due to increased periods of sick leave, work disabilities and premature deaths deriving from physical inactivity are substantial, in addition to the direct health-care cost. For a population of 10 million people, of which half is insufficiently active, the overall cost is estimated to be €910 million per year²⁹. Inactivity imposes annual economic costs of €80.4 billion to the EU-28 in terms of direct and indirect costs for several major chronic diseases: coronary heart disease (€23.5 billion), type II diabetes (€13.9 billion), colorectal (€11.4 billion) and breast cancer (€8.5 billion), while inactivity-related mood and anxiety disorders account for €23.1 billion³⁰.

Estimates indicate that €16.1 billion could be saved yearly if only one out of five currently inactive Europeans started to exercise regularly³¹.

II. Current policy initiatives on physical activity in the EU

In 2008, the European Commission published EU Physical Activity Guidelines³² with recommended policy actions to support health-enhancing physical activity (HEPA) and guide the formulation and adoption of action-oriented national guidelines, which were approved by EU Member States' Sport Ministers. The guidelines placed emphasis on the importance of cross-sectoral collaboration with the relevant public and private actors in the fields of sport, health, education, transportation, urban

²¹ Idem source 4

²² Idem source 2

²³ <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2960646-1/abstract>

²⁴ Idem source 13

²⁵ Idem source 1

²⁶ Idem source 4

²⁷ Idem source 4

²⁸ Idem source 4

²⁹ <http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/data-and-statistics/10-key-facts-on-physical-activity-in-the-who-european-region>

³⁰ Idem source 15

³¹ Idem source 11

³² http://ec.europa.eu/assets/eac/sport/library/policy_documents/eu-physical-activity-guidelines-2008_en.pdf

planning, and working environment to ensure the integration of policies which translate into increased physical activity in everyday life. The Commission published in 2016 an evaluation on the implementation of the Guidelines. Based on answers to a survey amongst EU Member States, the analysis indicates that 18 out of 27 EU countries reported the existence of a national recommendation on physical activity, but a main finding of the evaluation was that in many Member States, relevant practical initiatives are neither devised nor implemented by the national authority but rather at regional and local level, which may lead to inconsistencies in the country.

In 2013, the Council of the EU adopted a Recommendation on promoting health-enhancing physical activity across sectors³³ and in 2014 Conclusions on Nutrition and Physical Activity³⁴, again encouraging Member States to step up efforts to promote a healthy diet and physical activity in order to reduce the burden of chronic diseases.

Also 2014, the EU High Level Group on Nutrition and Physical Activity adopted the Action Plan on Childhood Obesity 2014-2020 aiming to halt the rise of childhood obesity by 2020. A three-year Joint Action on Nutrition and Physical Activity started in September 2015, in the scope of the Third EU Health Programme. In parallel, the EU platform for action on diet, physical activity and health, gathers stakeholders to work on the improvement of diet and physical activity of European citizens, on the basis of annual voluntary commitments by members.

Two EU Work Plans for Sport were implemented from 2011 to 2017. Under the second EU Work Plan for Sport (2014-2017), the Expert Group on health-enhancing physical activity (XG HEPA) delivered “recommendations to encourage physical education in schools, including motor skills in early childhood, and to create valuable interactions with the sport sector, local authorities and the private sector”³⁵. The Council of the EU adopted in May 2017 the third EU Work Plan for Sport (2017-2020), recognising the positive role of sport in helping to “tackle the overarching socio-economic and security-related challenges facing the EU”, including unhealthy lifestyles and obesity³⁶. The Work Plan builds on three priorities with one on “sport and society”, including actions for the exchange of best practices promoting health enhancing physical activity, and the development of a report on sport and physical activity at the work place³⁷.

The European Commission initiative “the European Week of Sport”, which started with the first week in 2015, promotes sport and physical activity across Europe for everyone regardless of age, background or fitness level³⁸. During the European Week of Sport 2017, EU Commissioner for Education, Culture, Youth and Sport Tibor Navracsics, EU Health and Food Safety Commissioner Vytenis Andriukaitis and EU Commissioner for Agriculture and Rural Development Phil Hogan adopted the Tartu Call for a Healthy Lifestyle³⁹, agreeing on a roadmap with fifteen joint actions to promote healthy lifestyles in the EU, including among children, older people, and people from disadvantaged backgrounds.

The WHO Global Action Plan for the prevention and control of non-communicable diseases 2013-2020 targets a 10% reduction in the prevalence of insufficient physical activity by 2020⁴⁰. In 2015, WHO Europe adopted a Physical Activity Strategy for the WHO European Region 2016–2025, providing guiding principles and priority areas to encourage governments and stakeholders to work towards

³³ <http://eur-lex.europa.eu/legal-content/GA/TXT/?uri=celex%3A32013H1204%2801%29>

³⁴ http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/143285.pdf

³⁵ <http://ec.europa.eu/transparency/regexpert/index.cfm?do=groupDetail.groupDetailDoc&id=19860&no=1>

³⁶ <http://data.consilium.europa.eu/doc/document/ST-9639-2017-INIT/en/pdf>

³⁷ Idem source 36

³⁸ https://ec.europa.eu/sport/week_en

³⁹ https://ec.europa.eu/health/sites/health/files/nutrition_physical_activity/docs/2017_tartucall_en.pdf

⁴⁰ http://www.euro.who.int/__data/assets/pdf_file/0011/87545/E89490.pdf

increasing the level of physical activity amongst EU citizens. It focuses on physical activity as a leading factor in health and wellbeing in the European Region, with particular attention to the burden of chronic diseases associated with insufficient physical activity levels and sedentary behaviour.

In addition, the WHO European Food and Nutrition Action Plan 2015–2020 clearly points at the importance of encouraging healthier diets and physical activity to combat chronic diseases and the obesity epidemic, reversing the current trend in the Region.

The consequences deriving from the fact that 60% of Europeans over the age of 15 and 66% of youth aged 13-15 years in the EU are insufficiently active⁴¹ call for increased efforts to address the issue.

III. ECDA recommendations

In order to reduce physical inactivity in the European population and based on the universally accepted recommendations for physical activity in the different age groups (see above), ECDA calls on the EU and its Member States to implement the following measures by 2020:

European Commission:

- Greater **support for Member States in their actions to encourage regular exercise** via specific grants for Health-Enhancing Physical Activity
- Further **promote collaboration between sectors, for instance, connecting EU policies from transport to health to increase physical activity**, in line with the “Health in all policies” principle, by fostering regular and structured dialogue between the European Commission expert groups and advisory groups in policy areas concerned by the issue (e.g High Level Group on Nutrition and Physical Activity, the Expert Group on Social Determinants and Health Inequalities, the Expert Group on Urban Mobility, Expert Group in charge of implementation of the EU Work Plan for Sport)
- **Encourage exchange of ideas and approaches among EU countries** within the above mentioned structures, enhancing mutual sharing of experiences and learning, so that the average level of physical activity in the population becomes more harmonized throughout Europe towards the recommended target level.
- **Identify good practices in promoting physical activity at the workplace** based on the European Agency for Safety and Health at Work (EU OSHA)’s workplace health promotion campaigns⁴², to be discussed and evaluated within the Steering Group on Promotion and Prevention, in view of promoting uptake and implementation in other EU Member States
- **Finance initiatives and projects promoting physical activity and sport in school and at the workplace** as part of the Employment and Social innovation programme
- **Strengthen EU-level cooperation and dialogue in sport and health-enhancing physical activity in collaboration with upcoming EU Council Presidencies**

Member States:

- Urgently **develop national action plans on physical activity**, in collaboration with concerned parties and in a cross-sectoral approach involving the health, transport, urban planning, sport, education sectors

⁴¹ Idem source 20

⁴² <https://osha.europa.eu/en/healthy-workplaces-campaigns>

- **Increase public awareness and understanding** of the health benefits of physical activity and links between sedentary lifestyles and main chronic diseases, e.g via broad awareness-raising campaigns
- **Encourage uptake of recreational sport** at all ages in practice, e.g. by ensuring that citizens are informed of and encouraged to join sport options and infrastructure in their localities
- **Encourage and support the development of targeted community physical activity programmes** at regional/local levels, adapted to local specificities and population needs, in collaboration with regional Governments/Councils and Mayors
- **Promote, support and enhance the development of non-motorised transportation**, ensuring that appropriate strategies and infrastructures to create favourable conditions for non-motorised transport are put in place at local level with the involvement of local/regional governments, urban planning, public/private transportation and other concerned sectors (e.g sidewalks and bicycle lanes, bicycle sharing programmes, public automated renting systems, bicycle parking, vehicle restrictions and road space reallocation)
- **Ensure the integration of physical activity schemes and sport activities in the educational curricula at all grade levels for children and adolescents**, taking into consideration the recommendations of the EU Expert Group on health-enhancing physical activity when designing measures to increase physical education in schools
- Ensure the **integration of physical activity into multi-disciplinary care across the patient pathway including prevention, treatment and rehabilitation** with reimbursement by health insurance companies or/and national health systems as appropriate
- Ensure that **regular assessment and counselling on physical activity** is provided to everyone and especially to people at risk of developing conditions for which physical activity is encouraged and to adults with low levels of physical activity to promote engagement and an increase in physical activity over time
- **Encourage initiatives and participation in initiatives reducing sedentary time and integrating physical activity into every day working life and promoting sport at the workplace**, e.g the UK Workplace Sport Challenge, the Good Practice Awards⁴³ of the EU OSHA's Healthy Workplaces Campaigns

By developing such initiatives, the European Commission and EU Member States will contribute to deliver on their commitments to the UN Sustainable Development Goals and help achieve WHO Europe goals on reducing physical inactivity, supporting the implementation of WHO recommendations on regular exercise.

Physical activity contributes to good physical and mental health, wellbeing, and is a driver of self-confidence/self-esteem and capacity-building. Improving levels of physical activity amongst Europeans, young and old, should be made a top priority of EU policy action for the coming years. Reducing physical inactivity levels in Europe will ultimately lead to a healthier, fitter population and productive workforce and help reduce the rising tide of costly chronic conditions in the EU.

⁴³ <https://osha.europa.eu/en/healthy-workplaces-campaigns/awards/good-practice-awards>

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United to reverse the rise in chronic disease

European
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disease
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ECCO
European
Cancer
Organisation

ESMO
EUROPEAN SOCIETY
OF MATHEMATICAL
ONCOLOGY

ehp
European Heart
Partnership

fighting heart disease
and stroke
European Heart Network

ESC
European Society
of Cardiology

ERS
EUROPEAN
RESPIRATORY
SOCIETY
every breath counts

EAACI
EUROPEAN ALLERGY
ASSOCIATION
EUROPEAN SOCIETY OF
ALLERGOLOGISTS

EKHA
EUROPEAN KIDNEY
HEALTH ALLIANCE

International
Diabetes Federation
Europe

ECC
European COPD
Coalition

ESH
European
Society of
Hypertension

About the European Chronic Disease Alliance (ECDA) www.alliancechronicdiseases.org

The European Chronic Disease Alliance (ECDA) is a coalition of 11 European health organisations sharing the same interests in combating preventable chronic diseases through European policies that impact health. ECDA represents millions of chronic disease patients and over 200 000 health professionals.

ECDA's mission is to reverse the alarming rise in chronic diseases by providing leadership and [policy recommendations](#) based on contemporary evidence.

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