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STATE OF THE ART ANALYSIS REPORT

June 30th 2025

COORDINATOR: SURPASS SPORT SYSTEMS

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Overview

This report, an integral part of the EHLA project, aims not only to summarize the state of physical inactivity in the countries involved in the project within the context of the broader EU context data emerging from the latest WHO studies, but also to offer a civil society perspective in its monitoring and advocacy role, urging national public institutions and other stakeholders to each play their active role in promoting health enhancing physical activity.

This is, in fact, one of the objectives of the EHLA project: to provide an update on the background and needs analysis presented in the project application, which referred to the data available at the time.

As envisioned by the project, partner organizations contributed to the report by providing information and perspectives from their associations on the current state of physical activity promotion in their countries and the advocacy initiatives they have promoted, urging institutions and other stakeholders to develop more effective actions.

For this reason, this report also provides a selection of good practices identified and proposed by partner organizations to propose more effective models for physically activating European citizens.

We hope that the report will contribute to the development of integrated, cross-cutting, and multi-sectoral initiatives and actions to promote the implementation of measures to promote physical activity in Europe in our countries and more generally in the European Union, supporting the EU and the World Health Organization (WHO).

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Table of Contents

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Revision History

Version	Date	Author(s)	Comment
1.0	31 July 2025	RCK, AG	Initial document version

Background and General Objectives

Project Objectives

The project will conduct three pilot tests to replicate the three most innovative measures to boost physical activity among children of 6-12 years old. Primary Schools will be the scenario where the pilot test will be conducted.

The project is based on a holistic approach, promoting links with families and the wider community. EHLA project combines activities towards children at school and also intervene outside the school: parents, medical centres, sports organisations, children organisations, SMEs, public administration, etc.

The core objective of this project is to connect with children and their families, for a positive experience through being active combined with education on eating well and avoiding heavily processed foods and drinks, all for a healthier and more active lifestyle.

Measurement Frameworks

In addition to the important indications that emerged from previous guidelines of the European Commission and the World Health Organization regarding the promotion of Health Enhancing physical activity for the psycho physical and social well-being of European citizens, including the Global Action Plan on Physical Activity (2018-2030) and the WHO Guidelines on physical activity and sedentary behavior (2020), another significant reference tool have been recently realized. It is an important tool to get the picture of the state of the art in Europe and possibly adopt consequent measures to tackle physical inactivity.

This new reference tool for all stakeholders involved in promoting physical activity is described in the recent report: "Healthy Physical Activity in the European Union, 2024", published by the WHO Office for Europe in collaboration with the European Commission. It provides the latest data on physical activity in the EU and analyses the progress made in making healthy physical activity an integral part of people's lives.

The report presents the results of the Health-Related Physical Activity Monitoring Framework conducted in the European Union Member States in 2024, updating information published in 2015, 2018, and 2021, and reveals an improvement in the implementation of physical activity policies in the EU between 2015 and 2024.

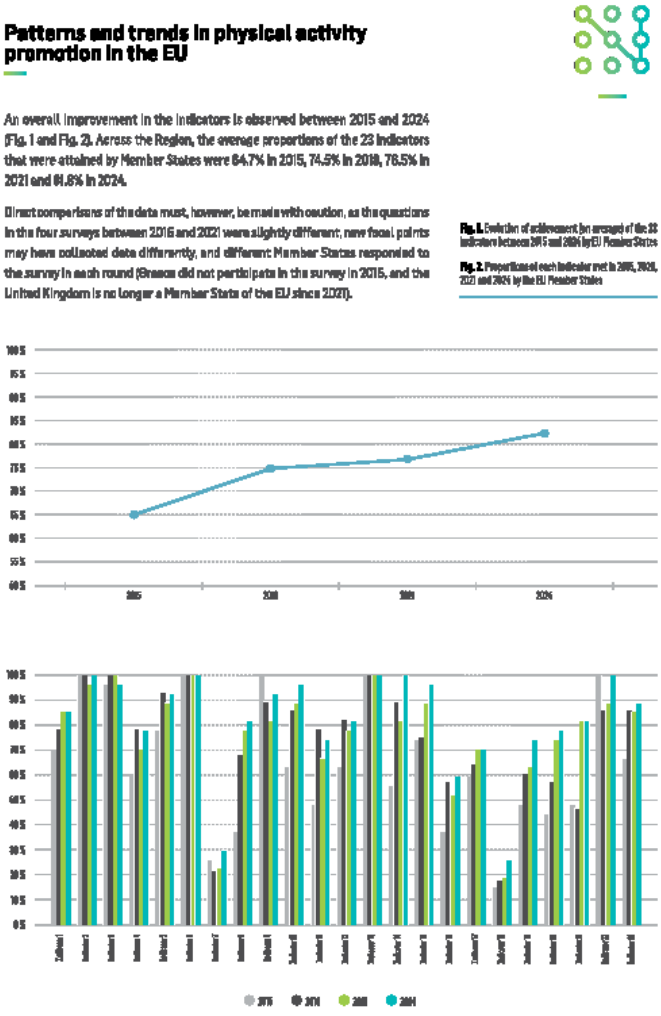
The study also provides aggregate information on 23 indicators that reflect a comprehensive approach to promoting physical activity at the national level and monitor the implementation of the European Union Physical Activity Guidelines.

Between 2015 and 2024, there was an overall improvement in the implementation of indicators. For example, the average percentages of the 23 indicators achieved by Member States increased from 64.7% (in 2015) to 81.8% in 2024. This progress indicates a growing

global commitment to promoting physical activity as a fundamental component of public health.

Despite this, however, and increased policy development and implementation, the latest available WHO data on physical activity levels show that the global prevalence of insufficient physical activity is 31.3%. If these trends continue, the WHO Global Action Plan on Physical Activity 2018–2030 target of a 15% reduction in physical inactivity will not be achieved in most countries.

The WHO report includes a summary of national policies and action plans to promote physical activity in the EU and reiterates the statements made in the Global Action Plan for Physical Activity, emphasising the importance of adopting approaches that involve different sectors, such as health, education, sport, urban planning, and transport.



World Health Organisation (WHO) report

From the last WHO report Health-enhancing physical activity in the European Union, 2024:

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

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

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

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

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

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

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

Project Motivation

From the project application:

In Europe 50% of adults are overweight and 20% are obese. Sedentary lifestyle and dietary changes play an undeniable role in the emergence of obesity. This condition leads to Type 2 diabetes, cardiovascular disease, some form of cancers and cognitive dysfunction. These are societal chronic diseases a real public health problem at the European level. The World Health Organization (WHO) (2019) recommends at least 150 min of moderate activity or 70 min of vigorous activity per week to provide health benefits. Several studies stress that physical activity contributes to improve body composition, image, metabolic level, and cardio respiratory capacity, helping to prevent diseases such as morbidity, hypertension, etc. (González-Carcelen et al., 2018; Jodra et al., 2019) and it also produces positive psychological effect contributing to reduce the levels of anxiety and depression (Chan et al., 2019).

Overweight and obesity among children remain one of the major public health challenges. This is especially worrying as several studies expose that "unhealthy bodyweight in early life can increase the risk of obesity and noncommunicable diseases later in life" (WHO, 2008). Sedentary behaviour is associated with a wide range of negative physical, psychological and socioemotional health outcomes. Obese children are at greater risk of type 2 diabetes, asthma, sleep difficulties, musculoskeletal problems and future cardiovascular disease, as well as school absence, psychological problems and social isolation. Preventive action is therefore needed to reverse current trends (WHO, 2017). Thus, Physical activity can contribute to preventing and managing diseases and reduces symptoms of depression and anxiety, improving overall well-being.

Sedentary lifestyle is also related to environmental features and exposes a gender bias. It is relevant to highlight that boys continue to be significantly more active than girls in most European countries, suggesting a gender biased in favour of boys. The time girls spent being physically active declines through adolescence. In addition, several studies underline that overweight and obesity among children has a direct relation with various socioeconomic indicators such as financial resources, professional situations and living in economically deprived areas (INCA 2 survey (2006/2007). Feur et al. (31) showed that obesity among young people aged 10–18 is more frequent when the parents' professional situation is precarious and when the food budget is limited.

Physical inactivity has been increased as consequences of the COVID-19. Despite that mobility restrictions have been eliminated in the European countries and that sports centres are opened; the level of inactivity is lower than previous to the pandemic. Experts remarks that the COVID-19 is contributing to increase persons inactivity, mental health risks linked to

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loneliness and anxiety. In these conditions, the need to guarantee a healthy active lifestyle is a priority

The European Commission affirms that "Sports represent an integral part of the lives of millions of Europeans" and "Sport is therefore a vital part of what it means to be European". Different studies agree that there is evidence that the practice of sport is associated with improved social and psychological health independent of the type of team sport, age, somatic, or mental health problems. In addition, Youth Sport Trust affirms that "Taking part in physical activity and sport provides an opportunity to build social connections, in real life, with the opportunity to work as part of a team and meet people outside of our usual social circles. It can help children and young people develop social skills, self-esteem, and pro-social behaviours".

In addition, promote physical activity as a tool for health and well-being is key for the achievement of the Sustainable Development Goals and for implementation of the WHO European Programme of Work 2020–2025 " –United Action for Better Health".

Despite several general health campaigns about the benefits of physical activity, these campaigns have had a limited impact and success and evidence a gap between the discourse (theory) and the practice (increase physical activity). The Project aims to overcome this gap by raising awareness from a practical perspective, helping the health and sport community to incorporate successful initiatives . Thus, the Project aims to identify and analyse three most innovative measures to boost physical activity and define a methodology to facilitate the incorporation of these measures into the activities and strategies of relevant stakeholder. This method and innovative measures will be tested and disseminated through the organisation of a learning awareness campaign with the aim to rise concerning about physical activity. Thus, the campaign aims to present evidences and explore experiences gained through different initiatives and best practices.

The project will conduct three pilot tests to replicate the three most innovative measures to boost physical activity among children of 6-12 years old. Primary Schools will be the scenario where the pilot test will be conducted. The project is based on a comprehensible approach, promoting links with families and the wider community. EHLA project combines activities towards children at school and also intervene outside the school: parents, medical centres, sports organisations, children organisations, SMEs, public administration, etc.

Establishing healthy physical activity patterns in childhood helps shape habits throughout adolescence and into adulthood. In this context, schools are a key setting for encouraging physical activity. Furthermore, the environment in which children grow up has a crucial impact on their lives as adult and can promote sedentary or active lifestyle. School plays an important role in help children to develop into adults and health education is part of the learning process. According to WHO "Health education is the combination of planned social actions and learning experiences designed to enable people to gain control over the determinants of health and health behaviours, and the conditions that affect their health status and the status of others" (WHO, 2022).

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EHLA project aims to develop a comprehensive multisectoral and transnational approach to boost physical activity among children in the most effective way contributing to achieve a more active and healthy European population.

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Survey of Innovative Measures

Identification Methodology

A key task for this project is to catalog innovative measures by project partners to better understand different approaches, often regional, with a view to sharing practices and approaches to encouraging physical activity.

The second purpose of this task is to apply the knowledge and experience of the partners in selecting max. 3 such measures which can be adapted for use in the pilot phase of the project.

The catalog of innovative measures was compiled using a structured template, completed online, in which partners could enter details relating to the measure.

Key fields included in this data capture process are:

- Practice Name, Summary, Organiser and Website
- Practice Type, Duration, Environment and Sport(s)
- Country / Region
- Target Participants, Target Outcome, Experience Level and Inclusivities
- Number of Participants, Volunteers and Staff
- Registration Cost, Participation Incentive
- Barriers to Engagement, Success Rating, Likelihood to Repeat

Appendix 1 includes all innovative measures identified by this process, which in turn were assessed using the selection methodology described in the next section. An additional measure was recorded after the scoring process was completed.

Selection Methodology

The challenge of selecting three (3x) innovative measures for potential inclusion in the project pilot begins with collecting a representative sample of measures from across Europe. These measures are cataloged in detail in Appendix 1: Identified Innovative Measures.

The selection methodology invites nominated personnel from project partners to review the collection of innovative measures in preparation to scoring each measure across 4x rating values, described below.

a) Applicability

An assessment of how applicable the innovative measure can be adapted to the project pilot target of ‘primary school’-age children.

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In particular, this assessment should consider technical complexity, duration and equipment requirements.

b) Innovation

A gauge of the novelty and innovation within the identified measure.

This assessment should consider delivery framework, inventiveness, scale of adoption, accessibility and inclusion and, in general, how the measure is structured and delivered.

c) Barriers

Potential barriers of the measure in reaching 'primary school' children.

The assessment should score by also considering funding, participant motivation, coach / volunteer training and specialist equipment or facilities requirements.

d) Practicality

To establish how suitable the measure is for inclusion within the pilot project.

The considerations are to ensure that the scale and ambition of the measure can be adapted for the project's pilot programme, with specific reference to preparation time, teacher training and impact evaluation.

e) Preference

In addition, a score of Preference is included to aid in resolving a potential tie-break situation.

Each rating operates as a 5-point linear scale, with 1 representing the poorest score and 5 representing the strongest.

The scores were collected from each partner using a private online questionnaire, with the responses subsequently transferred to a spreadsheet to facilitate the calculation of a score for each of the rating values., distributed around the numeric value 3 representing the average.

The formula used to determine the scores is

$$s_r = \frac{(n_1 \times 1) + (n_2 \times 2) + (n_3 \times 3) + (n_4 \times 4) + (n_5 \times 5)}{n}$$

where

s_r is the score for rating value 'r'

n_x is the number of responses for the rating response value 'x'

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The rating value scores are combined using the following formula:

$$s_{Applicability} + s_{Innovation} - 1.5 * s_{Barriers} + 1.5 * s_{Practicality}$$

with the intent to positively bias for practicality and negatively adjust for barriers.

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Results

The results of the rating and scoring of the innovative measures identified yielded the following top-three, will now progress to preparation of the pilot programme:

M04 - Finnish Schools on the Move

M07 - BASE

M17 - Parchi in movimento

The overall and combined scores for each measure is presented in the following table:

Scoring Summary

Measure	Total	Preference
M04 - Finnish Schools on the Move	10.93	3.86
M07 - BASE	9.07	3.43
M17 - Parchi in movimento	8.655	3.57
M13 - Outdoor Exercises	8.57	3.29
M02 - Jump In	8.515	3
M03 - AHWA	7.645	3.14
M09 - Drenthe Bewegt	7.435	3.29
M08 - Start to Move	7.28	2.71
M01 - Parkrun	6.72	3
M12 - Rebel Run a Mile	6.645	2.71
M16 - Students get 50% off sport	5.995	2.14
M05 - Bicibús	5.575	2.71
M14 - Home Exercise Programme	5.57	2.71
M06 - National Action Against Childhood Obesity	5.14	2.43
M15 - Exercise for just 1	5.135	2.75
M10 - Outdoor Activator Programme	4.21	2.57
M11 - The Banner Challenge	4.005	2.14

The following tables report the scores for each measure across the rating values.

Scoring Summary - Applicability

Measure	Applicability					
	1	2	3	4	5	Score
M04 - Finnish Schools on the Move				4	3	4.43
M02 - Jump In			1	2	4	4.43
M03 - AHWA			1	2	4	4.43
M01 - Parkrun	1		1	2	3	3.86
M07 - BASE			2	5		3.71
M05 - Bicibús		1	2	3	1	3.57
M17 - Parchi in movimento		1	2	4		3.43
M09 - Drenthe Bewegt		1	2	4		3.43
M06 - National Action Against Childhood Obesity	1		2	3	1	3.43
M13 - Outdoor Exercises	1		3	2	1	3.29
M16 - Students get 50% off sport		3	2		2	3.14
M08 - Start to Move		1	5	1		3
M12 - Rebel Run a Mile	1	1	1	3		3
M14 - Home Exercise Programme	1	1	4		1	2.86
M11 - The Banner Challenge	1	2	2	2		2.71
M15 - Exercise for just 1	3	1	1	1	1	2.43
M10 - Outdoor Activator Programme	1	2	4			2.43

Scoring Summary - Innovation

Measure	Innovation					
	1	2	3	4	5	Score
M02 - Jump In			3	2	2	3.86
M03 - AHWA		1	2	1	3	3.86
M07 - BASE			2	4	1	3.86
M08 - Start to Move			3	2	2	3.86
M04 - Finnish Schools on the Move			3	3	1	3.71
M09 - Drenthe Bewegt			4	2	1	3.57
M13 - Outdoor Exercises		1	2	3	1	3.57
M17 - Parchi in movimento		2	2	2	1	3.29
M15 - Exercise for just 1		2	2	3		3.14
M06 - National Action Against Childhood Obesity	1	1	3	1	1	3
M12 - Rebel Run a Mile		1	5	1		3
M01 - Parkrun		3	2	2		2.86
M05 - Bicibús		1	6			2.86
M14 - Home Exercise Programme	1	2	3		1	2.71
M10 - Outdoor Activator Programme	1		6			2.71
M16 - Students get 50% off sport		4	2	1		2.57
M11 - The Banner Challenge	1	2	3	1		2.57

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Scoring Summary - Barriers

Measure	Barriers					
	5	4	3	2	1	Score
M05 - Bicibús	1	2	3	1		3.43
M06 - National Action Against Childhood Obesity	1	3	2		1	3.43
M03 - AHWA		3	3	1		3.29
M01 - Parkrun	1	3		3		3.29
M14 - Home Exercise Programme	1	1	4	1		3.29
M10 - Outdoor Activator Programme	1	1	4	1		3.29
M02 - Jump In		4	1	1	1	3.14
M11 - The Banner Challenge	2		2	3		3.14
M12 - Rebel Run a Mile	1		4	2		3
M07 - BASE		1	4	2		2.86
M08 - Start to Move		1	4	2		2.86
M15 - Exercise for just 1	1	1	2	2	1	2.86
M17 - Parchi in movimento		1	3	2	1	2.57
M09 - Drenthe Bewegt		1	3	2	1	2.57
M13 - Outdoor Exercises			4	3		2.57
M16 - Students get 50% off sport		2	1	3	2	2.38
M04 - Finnish Schools on the Move		1	1	2	3	2

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Scoring Summary - Practicality

Measure	Practicality					
	1	2	3	4	5	Score
M04 - Finnish Schools on the Move			3	2	2	3.86
M07 - BASE			2	4	1	3.86
M17 - Parchi in movimento		1	1	3	2	3.86
M13 - Outdoor Exercises			4	1	2	3.71
M12 - Rebel Run a Mile	1		2	3	1	3.43
M02 - Jump In		2	2	2	1	3.29
M01 - Parkrun	1		2	4		3.29
M14 - Home Exercise Programme		1	4	1	1	3.29
M08 - Start to Move		1	5		1	3.14
M03 - AHWA	1	1	3	2		2.86
M05 - Bicibús	1	1	3	2		2.86
M09 - Drenthe Bewegt		2	4	1		2.86
M10 - Outdoor Activator Programme	1	1	3	1		2.67
M06 - National Action Against Childhood Obesity	1	3	1	2		2.57
M16 - Students get 50% off sport		4	2	1		2.57
M15 - Exercise for just 1	1	2	3	1		2.57
M11 - The Banner Challenge	1	3	3			2.29

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State of the Art

This section includes a subjective assessment of the present-day situation in each of the member countries / regions.

Ireland

The Irish Government through it's state agencies promotes physical activity and healthy lifestyles for all citizens, especially children.

Primary school curricula include physical education, but the main provider of activities are community-based grassroots sports organisations, the most notable of which is the Gaelic Games Association ("GAA"), which maintains close links with primary schools, especially in rural areas, to promote the traditional games of Gaelic Football and Hurling, but also Irish music and culture.

In general, sports facilities are mainly tied to organisations, although municipal parklands in urban areas offer additional open spaces for recreational use.

Research (1,2) indicates an increase in participation in sport and physical activity in Ireland in recent years, validating the investment and focus on offering more opportunities for being active.

Integration of minorities and migrant communities, while improving, continues to offer challenges.

(1) Children's Sport Participation and Physical Activity (CSPPA) https://csppa.ie/

(2) Irish Sports Monitor (Sport Ireland) https://www.sportireland.ie/ism-2024

Italy

In Italy, although the adult obesity rate is one of the lowest in OECD countries, rates of child obesity are among the highest in Europe. Data from WHO underline an increasing childhood obesity problem.

About 1 in 10 people is obese in Italy, significantly less than the OECD average of 1 in 6. More than 1 in 2 men and 1 in 3 women are overweight. OECD projections indicate that overweight rates will increase by a further 5% within ten years.

Women with poor education in Italy are 3 times more likely to be overweight than more educated women.

Disparities are smaller in men, but still higher than in many other OECD countries. In Italy, 1 in 3 children is overweight, one of the highest rates in the OECD. (WHO, 2022).

"Guidelines for the Prevention and Control of Overweight and Obesity," approved in July 2022 at the State-Regions Conference, provide system policy elements and guidance on the necessary actions to be undertaken with the aim of:

Providing professionals and institutional decision-makers with a tool for consistent organisational choices and professional behaviour

Identifying an integrated and shared path between the preventive and clinical areas for early, synergistic, and simultaneous preventive and clinical-nutritional assessment. This path also represents a link between primary care, the Food Hygiene and Nutrition Services (SIAN) of the Local Health Authority Prevention Departments, and the various specialist outpatient/ hospital care settings

Defining the scope of the etiological and phenotypic classification of obesity, and the diagnostic criteria through the use of biochemical tests and reference methods.

The document is based on a strategic, cross-sectoral approach that addresses all the sociocultural, environmental, relational, and emotional determinants that influence eating habits and lifestyle, as well as life-course and setting. The priority areas for intervention, identified based on the recommendations of the World Health Organization (WHO), include:

- parenting support interventions
- interventions aimed at increasing health literacy related to nutrition (nutritional literacy) and general lifestyle
- social marketing campaigns
- promotion of breastfeeding
- implementation of the Health Promoting Schools approach and networks
- dissemination of "health promoting workplaces" with implementation of interventions for healthy eating and physical activity (according to the Workplace Health Promotion (WHP) model
- interventions to modify the urban environment to promote physical activity
- interventions on nutritional quality in collective catering and food and beverage distributors
- interventions to reduce the impact of food and beverage marketing, particularly for children, adopted by industries.

This document also outlines the measures to be implemented in all Regions and Autonomous Provinces to prevent and combat overweight and obesity and identifies monitoring indicators to verify their implementation in local contexts. The objective, in line with the National

Prevention Plan (PNP) 2020-2025, is also to address gender and social inequalities in obesity prevention and management and reduce or avoid heterogeneous and fragmented interventions. This provides practitioners and decision-makers with a support tool for consistent organisational and professional decisions. This does not affect the autonomy of the Regions and Autonomous Provinces to adopt organisational measures in line with their own planning needs.

Italy is involved in the European Joint Action Health4EUKids through the National Center for Disease Prevention and Health Promotion (CNaPPS) of the Istituto Superiore di Sanità, coordinating the "Transferability and Sustainability" component of the Action. In order to focus particular attention on the role of governance and systems, i.e., on health and equity in all policies at the local, regional, national, and community levels, taking into account society at large. Regarding the most recent data for Italy, the prevalence of obesity in men and women is18%, while in boys and girls it is 12% and 8%, respectively. Data are from the OKkio alla SALUTE Surveillance System and those collected by the CUORE project of the Italian

National Institute of Health (ISS).

Netherlands

The Netherlands boasts a robust sports culture and active-transport ethos: about 64 % of children (6–12 y) and 77 % of adolescents (13–17 y) participate in organized sports weekly, while over 90 % of teens cycle or walk to school, reflecting extensive infrastructure and social norms favoring daily movement. [https://www.activehealthykids.org/netherlands/]

Several national initiatives, like AHWA (Amsterdam Healthy Weight Approach), Jump-In, and JOGG (Jongeren Op Gezond Gewicht), implemented in over one-third of Dutch municipalities, bring together schools, local authorities, businesses, and community groups to create healthy environments—from nutritious school canteens to safe playgrounds—using coordinated policies, stakeholder engagement, and clear targets to reduce childhood overweight and promote activity.

https://youthhealthcommunity.com/meet-our-community/cursus-vehicula-quam

https://cdn.who.int/media/docs/librariesprovider2/country-sites/physical-activity-factsheet---netherlands-2021.pdf?sfvrsn=babe061f_1&download=true https://elisinnovationhub.com/nieuws/encouraging-children-towards-a-healthy-active-lifestyle/

Innovation networks further advance practice: regions like Brainport Eindhoven host Sports & Technology Hubs and “vitality living labs” that pilot sensor-enabled play equipment, gamified fitness apps, and AI coaching. Nationwide, “buurtsportcoaches” (neighborhood sports coaches) operate in nearly every municipality, organizing free after-school programs and outreach in under-served areas to address socioeconomic and geographic disparities. https://sportsandtechnology.com/en/innovationhub/

Nevertheless, activity declines sharply in adolescence: only 33 % of Dutch 12–17 year-olds meet WHO guidelines for 60 min of daily moderate-to-vigorous activity, down from 57 % of 4–11 year-olds. In response, many schools now integrate “active lessons” and short movement breaks into curricula, and municipalities fund inclusive sport programs tailored for girls and youth with disabilities. Yet research shows only about half of children with disabilities achieve daily active play.

https://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-021-02827-5

Across the country, cross-sector collaborations are the norm: health services partner with schools on “active school” models, while community coalitions link sports clubs to social services. This blend of strong infrastructure, innovative technology trials, and multi-stakeholder frameworks defines the current state of the art. However, sustaining adolescent engagement, closing equity gaps, and embedding activity into everyday routines remain key challenges for the Netherlands.

https://www.oecd.org/content/dam/oecd/en/publications/reports/2023/02/step-up-tackling-the-burden-of-insufficient-physical-activity-in-europe_20fba4c9/500a9601-en.pdf

Türkiye

Istanbul, with a population of approximately 16 million, is Türkiye’s most populous metropolis, and it also has special dynamics in terms of participation in physical activity. According to Spor Istanbul’s annual “Istanbul Physical Activity Reports,” although the rate of regular participation in physical activity in the city increases every year, it has still not reached the desired levels. If we look at the rate of people in Istanbul who do sports or exercise regularly; it is 25.2% for 2021, 29.6% for 2022 and 34.9% for 2023.

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Opinion, Perspective and Outlook

This section allows partners to contribute an opinion, generally on a policy environments and based on their experience, on the situation in their region / country as it relates to promoting healthier lifestyles through activity and nutrition.

On a more general level, sedentary behaviour is a growing trend across the EU with long-term health implications, compounded by technology and media consumption, for which we hope that this project can demonstrate a means to reverse this trend for the next generation.

Ireland

The top reasons offered by post-primary age children in stopping sport include:

1) Lack of Interest

2) Taking too much time

3) School commitments

Other reasons cited indicate a breakdown on the enjoyment of sport, perhaps as a result of sport becoming more competition focused, with increased pressure to perform. Combined, this interpretation could become the primary reason for ceasing sport.

Outside urban areas, transport presents a significant challenge, perhaps linked to affordability, and limiting choice in cases where the social connections are weakened.

The Irish climate is temperate, but there is an impression that poor weather is a barrier to accessing nature-based amenities requiring better planning and appropriate clothing.

Belgium

The link between a sedentary lifestyle, poor nutritional habits, overconsumption of sugar-sweetened beverages and obesity and type 2 diabetes should be emphasized at the clinical and public health levels.

It is important, so measure it! Waist circumference should be routinely measured as a vital sign during medical visits.

Overconsumption of sugar-sweetened beverages is a major risk factor for obesity, type 2 diabetes and CVD. Such link between hydration quality and clinical outcomes should be emphasized among health professionals and in public health education campaigns.

Regular physical activity/exercise can substantially reduce the dangerous visceral adiposity/ ectopic fat depots even in the absence of weight loss in response to a lifestyle modification

program. The importance of tackling inactivity and promoting regular physical activity has to be considered in EU policies to address the obesity epidemic which is a lifestyle epidemic.

Italy

Health is a quantum leap: we need a vision of welfare that also embodies imagination and a utopian vision, if this means circulating as many ideas as possible and transforming them into choices that impact people's prospects and lives. For many years, UISP has deployed energy, passion, and expertise on issues of citizenship rights and has promoted a large number of qualified best practices that have cut across themes and age groups. Along the paths toward individual and collective health, the association has engaged in ongoing dialogue with stakeholders in the healthcare system, institutional representatives, and other associations and private individuals. Thanks also to the impetus provided by the approval of the 2020/2025 National and Regional Prevention Plans, the Istituto Superiore della Sanità report "Physical Activity as a Support in the Prevention of Chronic-Degenerative Diseases" (2017), and the WHO-sponsored "Every Movement Counts toward better health" campaign (2020) and the relative Guidelines on physical activity and sedentary behaviour , we have built a platform for lifestyle and health policies that can be shared and implemented by the entire association, its leaders, educators, and sports clubs. UISP as a grassroots sport association is working our identity and training, for a common denominator of strategies, processes, and objectives that are consistently implemented throughout our membership system—a single entity with a defined and comprehensive approach, to first and foremost spread awareness of these issues. UISP aim to be a qualified partner for Italian Regions, including for the development of the next PRP (Regional Prevention Plans) as social and sports promotion association. For example this process is developed through signing of memoranda of understanding; UISP has joined the Italian Regions and the Ministry of Health in several National Projects (PNPs) by holding national workshops and broughting together a variety of stakeholders in their respective and various capacities, contribute to the social construction of health, to strengthen mutual contamination, coordinate strategies and actions, and become agents of change together. We navigated the pandemic together, seeking to play an active and proactive role in placing intersectoral and multisectoral approaches, as also suggested by the WHO in its Global Action Plan on Physical Activity (2018-2030), at the heart of policies at various decision-making levels. This approach aims to build critical mass and foster the convergence of the two worlds of healthcare and social and sports promotion. This opens the door to mutual understanding and harmony of purpose, with extreme clarity regarding our identities, distinct roles, and defined responsibilities. UISP aims to continue to be a cultured, clear, and intellectually honest partner for institutional stakeholders and a socially useful and reliable point of reference for citizens and communities. UISP strives to expand networks and alliances with all stakeholders, and to ensure the reproducibility of the results achieved thus far across all regions. We are convinced that the most effective approach to lifestyle and health issues lies in social actions that are grounded in individual rights, motivations, and free choices, and that can lead to changes that translate into lasting behaviours. We want to bring physical activity within the scope of citizenship rights, where an active and healthy life can

become a goal achievable by all, within the framework of public policies and urban spaces redesigned for this purpose. This is a major goal of equity, especially in a situation where these rights are being jeopardized by the welfare crisis, which is increasing health inequalities in terms of access to services and opportunities. Our vision is to promote health for all and at all ages, through policies for children, adolescents, and adults, in the area of mental health, and for active aging, benefiting the citizens we meet every day, especially those who have not yet had the opportunity to engage. UISP hope that health promotion can be translated into guidelines capable of generating policies and government initiatives. UISP aims to contribute to building broad, purposeful alliances that can help achieve this ambitious goal.

Advocacy Initiative toward the European Economic and Social Committee (EESC)

In collaboration with the Third Sector Forum (the main representative body of the Italian Third Sector, a group of private entities pursuing civic, solidarity, and socially beneficial objectives on a non-profit basis), UISP has promoted a process of concrete recognition of the social value of sport. Specifically, this involved obtaining approval of an own-initiative opinion, entitled "EU action for the post-COVID-19 period: enhancing recovery through sport," by the European Economic and Social Committee (EESC). The opinion urges the European Union to make the values represented by sport and physical activity more visible in EU policy, ensuring their full dignity on a par with other European policies. This means not just cohesion policies, but a true path of emancipation, namely the vision of a true "sports transition" that significantly enhances the impact on health, well-being, and quality of life. This achievement has taken on particular importance following the pandemic, which has severely impacted the entire sports sector and grassroots sports associations in particular. A new strategic approach is needed to revitalize and enhance the role of sport and physical activity in building a more resilient and sustainable society, fully integrated into economic and social development strategies, and forging broader intersectoral links, particularly with public health, education, and social inclusion.

About National and international policies

In the current context, both at the Italian national level and internationally, UISP believes there is a general decline in health promotion policies. In the post-COVID era and with the current international situation marked by conflicts and difficulties in systemic policies, the work of analysing data and processes on sedentary lifestyles, promoting physical activity, and promoting health prevention through the creation and dissemination of research, studies, and international reports (WHO and EU) aimed at stimulating the necessary action by national institutions is even more important.

Netherlands

The Netherlands boasts a robust sports culture and active-transport ethos: about 64 % of children (6–12 y) and 77 % of adolescents (13–17 y) participate in organized sports weekly,

while over 90 % of teens cycle or walk to school, reflecting extensive infrastructure and social norms favoring daily movement. [https://www.activehealthykids.org/netherlands/]

Several national initiatives, like AHWA (Amsterdam Healthy Weight Approach), Jump-In, and JOGG (Jongeren Op Gezond Gewicht), implemented in over one-third of Dutch municipalities, bring together schools, local authorities, businesses, and community groups to create healthy environments—from nutritious school canteens to safe playgrounds—using coordinated policies, stakeholder engagement, and clear targets to reduce childhood overweight and promote activity.

https://youthhealthcommunity.com/meet-our-community/cursus-vehicula-quam

https://cdn.who.int/media/docs/librariesprovider2/country-sites/physical-activity-factsheet---netherlands-2021.pdf?sfvrsn=babe061f_1&download=true https://elisinnovationhub.com/nieuws/encouraging-children-towards-a-healthy-active-lifestyle/

Innovation networks further advance practice: regions like Brainport Eindhoven host Sports & Technology Hubs and "vitality living labs" that pilot sensor-enabled play equipment, gamified fitness apps, and AI coaching. Nationwide, "buurtsportcoaches" (neighborhood sports coaches) operate in nearly every municipality, organizing free after-school programs and outreach in under-served areas to address socioeconomic and geographic disparities. https://sportsandtechnology.com/en/innovationhub/

Nevertheless, activity declines sharply in adolescence: only 33 % of Dutch 12–17 year-olds meet WHO guidelines for 60 min of daily moderate-to-vigorous activity, down from 57 % of 4–11 year-olds. In response, many schools now integrate "active lessons" and short movement breaks into curricula, and municipalities fund inclusive sport programs tailored for girls and youth with disabilities. Yet research shows only about half of children with disabilities achieve daily active play.

https://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-021-02827-5

Across the country, cross-sector collaborations are the norm: health services partner with schools on "active school" models, while community coalitions link sports clubs to social services. This blend of strong infrastructure, innovative technology trials, and multi-stakeholder frameworks defines the current state of the art. However, sustaining adolescent engagement, closing equity gaps, and embedding activity into everyday routines remain key challenges for the Netherlands.

https://www.oecd.org/content/dam/oecd/en/publications/reports/2023/02/step-up-tackling-the-burden-of-insufficient-physical-activity-in-europe_20fba4c9/500a9601-en.pdf

Türkiye

The Ministry of Health's "Learn Your Ideal Weight, Live Healthy" project is being carried out simultaneously throughout Turkey between May 10 and July 10, 2025.

🧭 Main Objectives and Scope of the Project: To raise awareness of overweight and obesity t: society.

To measure the height, weight and BMI of citizens and to direct individuals in the risk group to Healthy Life Centers, Family Health Centers and Community Health Centers according to the results.

A total of 4.9 million people (men: 2,985,025) participated in the program in the first 6 weeks; however, the number of people measured at the end of 7 weeks reached 6.5 million.

📊 Initial Data and Findings

According to the first 6 weeks of data:

- 6.1% underweight
- 33% normal weight
- 35% overweight
- 26% obese

Out of 1,336,589 people measured in the 7th week:

- 6.7% underweight
- 32.9% normal
- 35.4% overweight
- 25% obese

Therefore, the rate of those whose BMI was above the "normal" limit was determined to be around 64%-65%.

🏥 Referral & Follow-up

Individuals with a BMI of ≥25 are directed to health centers for free consultancy and nutrition/exercise programs.

Experts such as healthcare personnel, family physicians, dieticians, and physiotherapists are included in the application; individual blood tests are also evaluated.

In addition, as Spor Istanbul, we have identified health measurement points in various parts of Istanbul and have conducted many tests free of charge, ranging from body fat percentage to shoulder girdle flexibility, from body mass index to trunk and lower body flexibility.

Related Projects

hl4EU Healthy Lifestyles for Europe. HL4EU brings together a wide network of organisations and stakeholders united around our Call for Action. This network supports policy makers in fostering dialogue on cross-sectoral healthy lifestyle initiatives. Whether you're a policymaker, organisation, or individual, there's a place for you here.

The online HL4EU platform will serve as a tool to collect and disseminate information and to foster collaboration. The platform will be continuously updated throughout the project and will be a hub for all project related activities. It will also play a key role in attracting organisations outside of the consortium who want to work on promoting healthy lifestyles.

https://www.healthylifestyles-project.eu/platform

HLNE Healthy Lifestyle Network Europe New Health Foundation is partner of the Sport4HealthNet project. This project addresses the topic: encourage participation in sport and physical activity especially by supporting Council Recommendations on HEPA and EU Physical Activity Guidelines.

Many working people sit too much and suffer health disadvantage. Sitting for long periods is not only harmful, our muscles and bones also become less fit and strong, our immune system deteriorates and the risk of chronic diseases increases significantly. Within the Sport 4 Health program, 6 European countries are jointly developing a practical prevention and activity program for people who do sedentary work and people who sit for a long time at all. This program offers an exercise program with exercises that can be performed in the workplace in between. Agility, balance and muscle strength are discussed and there is a focus on the prevention of neck and shoulder complaints.

https://new-health.eu/nl/projecten/sport4healthnet

Terre de Santé EHLA in collaboration with the municipality of Ville d'Avray (France) a city programme entitled "Terre de Santé " ,this programme starting in 2021 is developed in 2022 is an ongoing

complete programme around the main EHLA theme ; "Eat well, drink, well, move" .
In this programme we want to embark the Villa d'Avray population (11.00 inhabitants) to a large regular extensive prevention programme focusing on children the to the all population.

PLAYS: Practical Learning to Advance Youngsters in Sport – Erasmus+ project, 2024–2026. Aimed at children aged 6–12, PLAYS is developing a science-based, step-by-step program to involve kids in fun, playful physical activities. It provides toolkits for trainers, educators, and parents to encourage regular exercise for children's physical and social well-

ACTIVEFORHEALTH.EU EHLA Surpass Sport Systems UISP sportpertutti Kinetic Analysis İSTANBUL BÜYÜKŞEHİR BELEDİYESİ SPOR İSTANBUL SportDrenthe

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being. The program is being piloted in sports clubs across different EU countries, integrating physical, mental, and even digital skill aspects (e.g. promoting digital literacy alongside active play).

https://www.playsproject.eu/

Icehearts Europe – EU4Health funded, 2023–2026. Based on a successful Finnish model, Icehearts Europe is a partnership of 10 organizations (led by ISCA) focused on supporting vulnerable children through sport and mentorship. It addresses both mental and physical well-being: acknowledging post-pandemic mental health issues (20–25% of youth with problems) and very low physical activity levels (only ~20% of adolescents meet recommendations). The project establishes long-term sport-based social intervention teams. Mentors engage at-risk children (often those facing social exclusion or difficult home lives) in team sports and stay with the same cohort of kids for years, providing consistent support at school, after-school, and home. Icehearts is being expanded from Finland to various European communities to promote social inclusion, regular physical activity, and better life prospects for vulnerable youth.

https://icehearts.eu

EUMOVE – Erasmus+ project, 2022–2024. A school-based intervention to promote healthy lifestyles and prevent obesity in children 8–16 years old. EUMOVE develops a comprehensive set of strategies and resources for schools: for example, a Physically Active Lessons Toolkit (integrating movement into classroom learning), a real-time "active breaks" platform for short activity breaks during school days, and an "Active School Environment" framework. The project is implemented in several EU countries, testing how combining physical activity with educational settings can improve children's overall activity levels, reduce sedentary time, and involve teachers and families in the process. (References: EUMOVE consortium publications, 2024.

https://academic.oup.com/eurpub/article/34/5/955/7723658

HEPAS (Healthy and Physically Active Schools) – Erasmus+ project that produced a model and modules for integrating physical activity into European school systems (physical education, active breaks, and healthy lifestyle education in schools). This provides a framework to make "active schools" a norm across regions.

https://eupea.com/portfolio/hepa/

Sport4All is an Erasmus+ project managed by Spor İstanbul and supported by the EU Commission, with partner institutions from Croatia, Serbia and Malta. The overall aim of the project is to support the participation of children and youth with disabilities in sports and physical activity. Within the scope of the project, training modules and a goalball information

guide were prepared for families, coaches and sports managers of children and youth with disabilities. Online and face-to-face training was provided to families, coaches and sports managers consisting of a total of 1598 people. In addition, international swimming and goal-ball events were organized with the participation of children and youth with disabilities.

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Additional References

Global Action Plan on Physical Activity (WHO 2018-2030), https://iris.who.int/handle/10665/272722

"Every Movement Counts toward better health" campaign (WHO 2020) https://www.who.int/news/item/25-11-2020-every-move-counts-towards-better-health-says-who

Recommendations on HEPA and EU Physical Activity Guidelines http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32013H1204(01):EN:NOT

Guidelines on physical activity and sedentary behaviour https://www.who.int/publications/i/item/9789240015128

EUROBAROMETR special edition on Sport and physical activity (2022) https://europa.eu/eurobarometer/surveys/detail/2668

Health-enhancing physical activity in the European Union, 2024 https://mcusercontent.com/212c104b1703f2cd17fd4b360/files/df1ce09c-b355-bace-a5db-21bd6c05e2ef/181_WHO_EURO_2024_10606_50378_76030_eng.pdf

Netherlands Physical Activity Report Card (2018) – The Dutch Report Card from the Active Healthy Kids Global Alliance gave mixed grades for youth activity: Overall Physical Activity: "C" (mediocre), Active Play: "B", Organized Sport: "B", but Sedentary Behavior: "C-" and School: "C". It identified key priorities for improvement: (1) develop a more comprehensive national PA promotion framework beyond just sports (including reducing sedentary time and promoting active play and transport), (2) focus on groups often neglected – such as young children (pre-schoolers) and adolescent girls – as one-size-fits-all approaches were missing these groups, and (3) implement family- and community-based programs (getting entire families active in local neighborhoods, utilizing parks, bike paths, outdoor gyms). These insights underscore the importance of a cross-sector, life-course approach.

https://pubmed.ncbi.nlm.nih.gov/32634607/

OECD/WHO "Step Up!" Report (2023) – A recent joint report on insufficient physical activity in Europe quantifies the huge benefits of increasing population activity. It projects that if Europeans achieve WHO-recommended activity levels, it would increase life expectancy of insufficiently active people by ~7.5 months, prevent over 10,000 premature deaths per year, and save about €8 billion in healthcare costs per year by 2050. This economic and health evidence can support our advocacy: investing in physical activity (play facilities, sports programs, active travel infrastructure) yields significant returns in health outcomes. For every euro spent on promoting activity, countries see an average return of about €1.7 in economic benefits (due to reduced healthcare expenditure and productivity gains). Such data might bolster the case for sustained funding and political commitment to healthy lifestyle initiatives.

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https://www.oecd.org/content/dam/oecd/en/publications/reports/2023/02/step-up-tackling-the-burden-of-insufficient-physical-activity-in-europe_20fba4c9/500a9601-en.pdf

Gender and Inclusion Research: Studies consistently show that tailored interventions are needed to engage certain groups. For example, research on girls' participation finds that programs focusing on social fun, confidence-building, and friendships (rather than competition) are effective in keeping adolescent girls active. The EU-funded PAPA project (mentioned above) also noted that engaging parents is crucial – parents' attitudes can be a major barrier or facilitator in youth sport motivation. Another area, children with disabilities, benefits from "inclusive play" design – e.g. BMC Pediatrics 2020 study on inclusive playgrounds noted that accessible equipment and organized inclusive activities can significantly increase active play time for children with disabilities. We should incorporate these research insights: e.g., ensure our project's guidelines address the need for empowering coaching, parental involvement, and inclusive opportunities for all abilities. https://onlinelibrary.wiley.com/doi/10.1111/ijpo.12779,

https://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-021-02827-5

Frameworks and Best Practices: At the policy level, we have the EU Council Recommendation on HEPA (2013) which advocates integrating physical activity promotion across sectors – health, education, sport, urban planning]. Many of our regional strategies (like the National Sport Agreement, etc.) follow this principle. Additionally, the WHO Global Action Plan on Physical Activity 2018-2030 provides a blueprint ("Active Society, Active Environments, Active People, Active Systems") which can inform the structure of our benchmarking study. It emphasizes creating active environments (infrastructure, safe spaces), increasing activity in schools and workplaces, and mass communication campaigns to change social norms. Our report can draw on these frameworks to ensure recommendations are in line with international standards.

https://cdn.who.int/media/docs/librariesprovider2/country-sites/physical-activity-factsheet---netherlands-2021.pdf?sfvrsn=babe061f_1&download=true

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Appendix 1: Identified Innovative Measures

The following initiatives to engage in public participation in physical activity have been recorded by consortium partners following their research in their countries.

These measures are scored according to the methodology describe, which in turn yielded the three measures selected for the pilot phase of the project.

M01	Parkrun
Region	Ireland / Kildare
Summary	Parkrun is a volunteer-led free timed 5K run that takes place in parks and public spaces every Saturday morning at 100+ locations across Ireland, and many more across the world.
Website	https://www.parkrun.ie/naas/
Target Outcome	To encourage people to undertake at least on physical activity per week in a friendly and welcoming environment
Practice Type Duration	Continuous, weekly - no pressure attendance 1 hour / week
Staff / Volunteers / Participants	0 / 8 / 150
Activity / Experience	Walking, Running / Beginner, Improver, Veteran
Inclusivity	Disability - wheelchair users, Disability - mobility impaired, Disability - Autism Spectrum Disorder (ASD), Disability - Deafness, Disadvantage - Economic Barriers, Social - Loneliness, Social - Isolation, Discrimination - Migrants, Cancer Survivors
Suitability	Children (6-10 years), Children (11-13 years), Youths (14-20 years), Young Adults (21 - 34 years), Adults (34 - 69 years), Elderly (70+)
Cost / Incentives	Free / None
Success Rating	Good return on investment / Definitely
Barriers to engagement	None

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M01	Parkrun
Notes	This model originates in the UK and has been replicated globally, catering for everyone from slow walkers to youths seeking athletics scholarships. The recording and tracking of times and locations brings soft gamification to each participants expectation, but never a comparison. Participants are encouraged to volunteer 1 weekend for every 10 runs they complete. The event has been successfully adapted as Junior Parkrun catering to younger kids on a 2K course.

M02	Jump-In
Region	Netherlands / Amsterdam
Summary	Jump-in is a comprehensive school-based initiative developed by the City of Amsterdam to promote physical activity and healthy habits among primary school children, particularly in socioeconomically disadvantaged neighborhoods. Launched in 2002, it is part of the broader Amsterdam Healthy Weight Approach. The program integrates structured physical education led by trained teachers, active recess, and nutritional policies that encourage healthy snacks and water consumption. Schools receive support from municipal health and sports advisors to implement a “Jump-in” checklist of requirements. The initiative also involves parental engagement and tracks children’s weight and motor development over time. Jump-in has shown measurable success in increasing physical activity levels, improving motor skills, and reducing obesity rates among children. Its scalability and sustainability are evidenced by adoption in over 130 schools across the city and its integration into long-term municipal policy.
Website	https://www.amsterdam.nl/sport/jump-in/
Target Outcome	Increase physical activity, improve motor skills, promote healthy eating, and reduce childhood overweight/obesity. Children and Parents

M02	Jump-In
Practice Type Duration	Multi-week participation programme 50 hours
Staff / Volunteers / Participants	80 / 50 / 25000
Activity / Experience	Physical education, active play, walking, sports games / Beginner
Inclusivity	Disadvantage - Economic Barriers, Disadvantage - Educational Poverty, Discrimination - Migrants
Suitability	Children (6-10 years), Children (11-13 years)
Cost / Incentives	Free / Jump-in provides tangible resources and recognition. Schools receive materials like water bottles, lunchboxes, healthy recipe booklets, posters and playground sports equipment as support . Schools that meet all program criteria are awarded Jump-in Healthy School status, which confers prestige and signals a healthy environment . Children benefit from extra physical education lessons and links to sports clubs, gaining skills and enjoyment rather than formal prizes.
Success Rating	Good return on investment / Definitely
Barriers to engagement	Initial parental resistance to new nutrition rules (e.g. no sugary treats or drinks) required significant persuasion and education . Some schools tried partial adoption (e.g. active play but not healthy eating), indicating staff apprehension about comprehensive change . The program's multi-component nature demands teacher time and coordination, and addressing cultural preferences around food took effort. Consistent support (e.g. advisors' guidance and parent meetings) has been critical to overcoming these barriers .
Notes	Jump-in is a multi-level intervention (combining curriculum, extra PE, sports clubs, parental engagement, and health monitoring) . Its whole-school approach was recognized by the WHO as part of Amsterdam's award-winning obesity strategy . Researchers note that Jump-in's success is partly due to its social equity focus – it narrowed gaps by targeting support to low-SES communities . While it achieved marked increases in organized activity, overall daily physical activity and BMI outcomes showed smaller changes, suggesting that sustained, comprehensive efforts (and healthy diet components) are key to longterm impact. Please note that number of volunteers and number of staff is a rough estimate of the whole program in Amsterdam, volunteers: Approx. 50–100 (school and community level), staff(paid): 80+ city lifestyle advisors, PE specialists

M03	Amsterdam Healthy Weight Approach (AHWA)
Region	Netherlands / Amsterdam
Summary	The Amsterdam Healthy Weight Approach (AHWA) is a long-term, city-wide strategy initiated in 2013 to prevent and reduce childhood overweight and obesity by 2033. Led by the municipality's Public Health Service, AHWA takes a whole-systems approach, integrating health, education, urban planning, food environments, and social services. It prioritizes children living in disadvantaged neighborhoods, aiming to reduce health inequalities by addressing the broader determinants of health. The program includes initiatives such as Jump-in (for school-based physical activity and nutrition), healthy food policies in schools and stores, safe outdoor play areas, and clinical pathways for children with obesity. AHWA has been credited with reducing childhood overweight prevalence from 21% to under 19% city-wide, with even stronger results in low-SES districts. Recognized by the WHO and the EU, AHWA serves as a scalable, evidence-based model for municipal health innovation. It demonstrates strong political commitment, cross-sector coordination, and sustainable funding, making it one of Europe's leading examples of integrated public health policy for promoting active and healthy lifestyles among youth.
Website	https://www.amsterdam.nl/publish/pages/905501/amsterdam_healthy_weight_programme_summary.pdf
Target Outcome	Achieve healthy weight for all children in Amsterdam by 2033, with interim goals to reduce overweight/obesity among youth through behavioral and environmental change.
Practice Type **Duration**	Multi-week participation programme 75 hours
Staff / Volunteers / Participants	100 / 100 / 15000
Activity / Experience	Walking, cycling, physical education, active play / Beginner, Improver
Inclusivity	Disadvantage - Economic Barriers, Disadvantage - Educational Poverty, Discrimination - Migrants
Suitability	Children (6-10 years), Children (11-13 years), Youths (14-20 years)

M03	Amsterdam Healthy Weight Approach (AHWA)
Cost / Incentives	Free / AHWA employs systemic incentives and support rather than direct rewards. It focuses on making "the healthy choice the easy choice" . For instance, the city has incentivized schools to join efforts like Jump-in by providing extra physical education teachers and teaching resources. Families in at-risk categories are offered free or low-cost access to dietitians, exercise programs, and even intensive family coaching if needed. One incentive used is positive recognition: neighborhoods or schools that make progress are highlighted as "Healthy Weight" success stories, fostering pride. Children themselves get to enjoy new playgrounds, water fountains, and active after-school options that the city invested in – these environmental changes act as incentives by default (they nudge and facilitate healthy behavior). The approach also included innovative ideas like rewarding supermarkets that create healthier checkout displays, and giving out free fruit and healthy snacks at community centers. In summary, rather than gamified rewards, AHWA's incentives are built into the environment and services – the program creates opportunities and provides resources (e.g. free sports equipment loan schemes, cooking lessons), making healthy living more appealing and attainable for everyone.
Success Rating	Excellent return on investment / Definitely
Barriers to engagement	The AHWA faced complex societal challenges, including poverty, language barriers, and low institutional trust. Sustaining momentum over a 20-year horizon required strong leadership, cross-sector coordination, and adaptation to issues like screen time and junk food marketing. Although early obesity reductions plateaued by 2015, the program responded by evolving strategies and engaging communities. Pushback from industry was managed by framing health as a shared responsibility and grounding actions in evidence.

M03	Amsterdam Healthy Weight Approach (AHWA)
Notes	Please note that the number of volunteers is difficult to determine, number of staff (paid): about 25 fulltime staff plus ~75 linked staff across departments. AHWA stands out for using a "Whole System Approach" (WSA) to obesity – meaning it doesn't consist of one program or policy, but rather a network of actions and policies working synergistically. For example, Amsterdam simultaneously improved the food environment (banning sugary drinks from school premises, offering healthy cooking classes to parents), boosted physical activity (Jump-in in schools, playground investments, free sports lessons), and addressed underlying determinants (poverty and social support). They also put strong emphasis on monitoring and data: the city can track trends by neighborhood and adjust accordingly. An interesting component is the focus on early childhood (0–5 years) – recognizing habits form early, they met their first milestone of all 0–5 year olds at a healthy weight by 2018, partly by working through maternity clinics and toddler programs. AHWA explicitly frames childhood healthy weight as everyone's responsibility, not the child's "fault". This reframing helped mobilize a broad coalition. The approach has been documented in a logic model to help other cities emulate it . One challenge has been sustaining the decline; the plateau since 2015 indicates that new strategies (perhaps tackling the obesogenic environment at a higher level) might be needed to see further drops. Nonetheless, Amsterdam's initiative remains a gold standard in municipal public health: a long-term, well-resourced strategy that achieved measurable impact and narrowed health inequalities. It underscores that reversing childhood obesity is difficult but possible with political will, sufficient resources, and a persistent, adaptive game plan.

M04	Finnish Schools on the Move
Region	Finland / Nationwide

M04	Finnish Schools on the Move
Summary	Finnish Schools on the Move is a nationwide government-supported initiative that aims to build a physically active school culture by integrating movement throughout the school day. Initiated in 2010, the program now includes over 90% of Finland's comprehensive schools. Schools voluntarily design their own action plans, which typically include active recess, movement breaks during lessons, physically active teaching methods, and promotion of active travel. The approach is inclusive and adaptable, engaging teachers, students, and municipalities. Evaluations indicate that the initiative has led to reduced sedentary time, improved physical activity levels, and enhanced student engagement and school climate. Notably, the proportion of children meeting physical activity recommendations has increased, particularly among girls. The program has become a central component of Finland's education and public health strategy and serves as an international model for active school environments.
Website	https://schoolsonthemove.fi/
Target Outcome	Increase daily physical activity among students and reduce sedentary behavior during the school day.
Practice Type Duration	Multi-week participation programme 80 hours
Staff / Volunteers / Participants	1000 / 0 / 80000
Activity / Experience	Walking, games, active classroom breaks, outdoor play / Beginner, Improver
Inclusivity	Disability - Learning Difficulty, Disadvantage - Educational Poverty, Discrimination - Gender
Suitability	Children (6-10 years), Children (11-13 years), Youths (14-20 years)
Cost / Incentives	Free / The program relies on intrinsic and social incentives more than extrinsic rewards. Students are given a voice in planning fun activities – for example, they might introduce "active recess" games or movement breaks in class, which in itself motivates participation through enjoyment . Some schools have informal incentives like activity challenges, recess sports tournaments, or sticker charts, but these are locally determined. The broader incentive is creating a joyful school culture: children get to play and move more (which they love), and schools see improved concentration and behavior as a result . In Finland, being a Schools on the Move participant can also bolster a school's reputation; it aligns with national education quality goals. However, there aren't competitive awards or monetary prizes – the focus is on making movement a normal part of the day rather than a special achievement.
Success Rating	Excellent return on investment / Definitely

M04	Finnish Schools on the Move
Barriers to engagement	Early on, some teachers feared that adding physical activity would detract from academic time. This has been addressed by research showing no harm to academics – in fact, exercise can improve learning prerequisites like concentration . Another barrier was the need for mindset shift: traditionally, lessons were sedentary, so teachers had to adapt to methods like physically active learning and frequent breaks. Teacher training and sharing of best practices helped overcome this.
Notes	Finnish Schools on the Move is often highlighted as a best practice in implementing the WHO Health Promoting Schools model. Key to its success is the "whole-ofschool" approach: integrating physical activity into curricula, recess, school facilities design, and commute routines . Innovations include physically active lessons (teachers incorporate movement into math, language, etc.), use of standing desks or movement cushions in classrooms, and student-led clubs during recess. The program's emphasis on student agency (students help plan activities and even policies) has been cited as a factor in its high acceptance . By making the school day more active, Finland has not observed any decline in academic performance; on the contrary, teachers report better on-task behavior. This initiative underscores that large-scale behavior change is possible in an educational setting, especially when it aligns with educational goals and is backed by strong policy commitment.

M05	Bicibús (Bike Bus)
Region	Spain / Barcelona and Catalonia
Summary	Bicibús is a community-driven initiative that organizes supervised group bike rides to school along fixed routes, akin to a school bus but on bicycles. Originating in Catalonia in 2021, it has grown rapidly in Barcelona and across Spain, with dozens of routes and over 1,200 children participating weekly. The rides are coordinated by parent and teacher volunteers and supported by municipal police for road safety. The initiative aims to make school commuting fun, safe, and sustainable, encouraging children and their families to cycle instead of drive. Bicibús promotes physical activity, reduces traffic congestion, and fosters a strong sense of community. Its festive atmosphere—often accompanied by music and decorations—has made it popular among children, with many expressing enthusiasm for biking to school. The model is easily replicable, and similar movements have emerged internationally, showcasing its potential as a scalable and environmentally conscious active mobility intervention.
Website	https://bicibus.cat/
Target Outcome	Encourage cycling, reduce car use, and promote active school commuting and community cohesion.
Practice Type **Duration**	Multi-week participation programme 40 hours
Staff / Volunteers / Participants	0 / 150 / 1200
Activity / Experience	Cycling / Beginner
Inclusivity	Disadvantage - Economic Barriers, Discrimination - Migrants
Suitability	Children (6-10 years), Children (11-13 years)
Cost / Incentives	Free / The bicibús turns the mundane school run into a fun, social event, which is its own incentive. Children love the experience – many describe it as the highlight of their day, feeling like a “party on wheels” . Music is often played (in Barcelona, a cargo bike with speakers leads the way, playing upbeat songs chosen by the kids). There’s a sense of camaraderie and freedom in taking over the street with dozens of other kids. This positive peer experience motivates kids to beg their parents to let them bike each week. Some bicibús groups celebrate milestones (like the 100th ride) with treats or media coverage, giving kids a feeling of pride. Additionally, families see practical incentives: parents get exercise and save time by not dealing with car drop-off lines. Importantly, safety in numbers is an incentive – parents who might be uneasy letting a child cycle alone feel much more confident when riding in a large, marshalled group. The collective nature of the bike bus provides a sense of security and encouragement that few would have biking solo.

M05	Bicibús (Bike Bus)
Success Rating	Excellent return on investment / Definitely
Barriers to engagement	Safety and logistics are the primary concerns. Organizing a safe route requires coordination with traffic authorities, especially in busy cities. In the early stages, the Barcelona bicibús needed heavy police escort because of the heavy traffic . Over time they negotiated down to one patrol car, but this indicates the challenge of navigating real traffic – not every city can spare police units regularly. In areas without bike lanes, taking a lane with a group of children can be daunting; volunteer adults must act as human shields at the front, back, and sides of the pack . Weather can be another barrier: rain or cold can reduce turnout, so consistency might dip in winter months (though dedicated groups still ride with raincoats). There's also the issue of sustaining volunteer engagement – a bicibús often relies on a core few parents; if their children graduate or they move away, continuity depends on others stepping up. Additionally, not all families have bikes or can participate (distance or other commitments), so bicibús works best as part of a menu of options. Cultural mindset is a factor too –in communities where driving to school is deeply ingrained, it takes effort to initiate a bike bus. However, the rapid growth in Catalonia (from 1 route to 90+ routes in a couple years) suggests that once a small group starts and shows it's possible, others eagerly overcome these barriers.
Notes	Safety and logistics are the primary concerns. Organizing a safe route requires coordination with traffic authorities, especially in busy cities. In the early stages, the Barcelona bicibús needed heavy police escort because of the heavy traffic . Over time they negotiated down to one patrol car, but this indicates the challenge of navigating real traffic – not every city can spare police units regularly. In areas without bike lanes, taking a lane with a group of children can be daunting; volunteer adults must act as human shields at the front, back, and sides of the pack . Weather can be another barrier: rain or cold can reduce turnout, so consistency might dip in winter months (though dedicated groups still ride with raincoats). There's also the issue of sustaining volunteer engagement – a bicibús often relies on a core few parents; if their children graduate or they move away, continuity depends on others stepping up. Additionally, not all families have bikes or can participate (distance or other commitments), so bicibús works best as part of a menu of options. Cultural mindset is a factor too – in communities where driving to school is deeply ingrained, it takes effort to initiate a bike bus. However, the rapid growth in Catalonia (from 1 route to 90+ routes in a couple years) suggests that once a small group starts and shows it's possible, others eagerly overcome these barriers.

M06	National Action Against Childhood Obesity
Region	Greece / Nationwide
Summary	The National Action Against Childhood Obesity is a comprehensive, government-led initiative launched in 2023 by the Hellenic Ministry of Health in partnership with UNICEF. It aims to reduce childhood obesity by promoting healthy eating and physical activity among children aged 0–17. The program includes telehealth services offering free counseling by pediatricians, dietitians, and psychologists; school-based education using tailored toolkits; and large-scale public events combining physical activities with nutrition awareness. Community events, such as the "Great Celebration for Exercise and Nutrition," attract thousands of children and families, offering interactive sports and healthy snacks. The initiative is part of Greece's EU-funded Recovery and Resilience Plan and seeks to lower national childhood obesity rates from 37.5% in 2019 to 24.5% by 2030. It integrates primary care, school education, and community engagement, ensuring inclusivity across socioeconomic groups. Early responses show strong engagement, with broad stakeholder involvement and early signs of improved awareness and behavior change. The initiative's scalability, public health integration, and cross-sector support make it a promising model for national-level obesity prevention through physical activity and healthy lifestyle promotion.
Website	https://paxisarkiakaipaidi.gov.gr/
Target Outcome	Promote healthy eating and increase physical activity among children (0–17 years) to combat childhood obesity.
Practice Type **Duration**	Multi-week participation programme 30 hours
Staff / Volunteers / Participants	100 / 100 / 2000
Activity / Experience	General physical activity, sports demos (e.g. basketball, obstacle course, climbing) / Beginner
Inclusivity	Disadvantage - Economic Barriers, Disadvantage - Educational Poverty, Discrimination - Migrants
Suitability	Children (6-10 years), Children (11-13 years), Youths (14-20 years)

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M06	National Action Against Childhood Obesity
Cost / Incentives	Free / The initiative takes a holistic, health-focused approach rather than using rewards. Key incentives include offering families and children free resources and support to achieve a healthy lifestyle. For example, the plan is introducing a digital app for early detection of overweight – when a child's measurements indicate excess weight, the family will be offered prompt, free guidance from a multidisciplinary team (nutritionists, psychologists, etc.) . This effectively acts as an incentive by removing barriers (cost, access) to expert help. In schools, the program is enriching curricula with fun nutrition and physical activity education, aiming to engage students through enjoyable learning (like healthy cooking classes or active games). Some local pilot projects have given out pedometers or healthy snack samples to spark interest, but these are demonstration efforts. Overall, the "incentive" is improved health and quality of life – the program's messaging appeals to parents' desire for their children's well-being. High-level recognition is also implied: schools that implement the program's components (e.g. improving their canteen offerings) may be acknowledged as health-promoting schools, and communities might gain recognition for participation.
Success Rating	Fair return on investment / Likely
Barriers to engagement	"Greece faces a cultural and systemic challenge with childhood obesity. Barriers include ingrained dietary habits (e.g. high consumption of sugary snacks and beverages despite the Mediterranean diet heritage) and limited physical activity opportunities for youth. The program must overcome potential resistance to change in home and school environments. On an implementation level, coordination across multiple sectors (health, education, agriculture, sports) is complex – aligning school meal improvements with local food providers, or training both healthcare workers and teachers simultaneously, requires strong project management. Another barrier is the sheer scale: reaching a goal of reducing obesity prevalence from 37.5% (2019 level) to 24.5% by 2025 is ambitious . The timeline is short, meaning interventions have to be rolled out rapidly and effectively. Ensuring consistency and quality of program delivery across hundreds of schools and clinics, and in urban vs rural areas, is a challenge. However, the involvement of UNICEF and use of EU funds bring additional expertise and resources. Socio-economic factors also play a role – families in poverty may struggle with access to healthy food or safe play spaces, so the program needs to address those broader issues (which it aims to do through cross-sector reforms). Finally, evaluation in such a short frame could be difficult: changing behaviors can take time, and there may be skepticism if quick results aren't visible. The program's designers acknowledge these barriers and emphasize building a "cross-sectoral, multidisciplinary" framework to tackle them."

M06	National Action Against Childhood Obesity
Notes	"This Greek initiative is notable for its whole-system design at a national level. It simultaneously addresses diet (e.g. improving school canteen menus, public awareness campaigns on healthy eating), physical activity (integrating daily exercise into school schedules, promoting sports participation), and even emerging issues like food waste (teaching children not to waste healthy food) . An interesting component is the use of digital health tools – parents will have access to an app/online platform that can track their child's BMI and lifestyle metrics, and connect them with healthcare providers for personalized advice . This e-health approach could create a feedback loop empowering families with information. The program also explicitly aims to reduce health disparities: it's targeting "children in need," meaning interventions are tailored for communities with higher poverty or obesity rates, including perhaps subsidized healthy meals or free sports programs in those areas . This equity focus is critical in Greece, where economic crises have impacted nutrition. The National Action has put Greece in the spotlight in WHO/Europe discussions – Greek officials are sharing lessons with other Southern European countries facing similar issues . If successful, it could become a model for other nations. Monitoring and evaluation plans are in place (with academic partners), and early results (like improved knowledge or small BMI reductions in pilot schools) will likely be published in coming years. In essence, Greece is undertaking a bold, multi-pronged effort; while it is too early to judge outcomes, the plan represents a decisive policy acknowledgment of childhood obesity as a urgent public health priority. Implementation spans multiple settings: schools (with teachers and school nurses training on nutrition/PA), healthcare (pediatricians monitoring growth and advising families), and community organizations. Harokopio University and other research institutions are involved in monitoring and evaluation of the program's rollout."

M07	BASE
Region	Drenthe, the Netherlands
Summary	Base is a community based buddy-programme. The nice thing is that it is originally a result of an European Erasmus project. In Drenthe we developed the result even into a national project. Key element is peer-to-peer inspiration, so you inspire your own peergroup to be active. Base provides a complete process with many tools. Base originally focussed on elderly people but extended to other groups, including teenagers and twins.

M07	BASE
Website	www.sportdrenthe.nl
Target Outcome	People being more active ('the next 10%')
Practice Type Duration	1-day event 2 hous
Staff / Volunteers / Participants	2 / 40 / 1000
Activity / Experience	Especially walking, hiking, cycling / Beginner
Inclusivity	Disability - wheelchair users, Disability - mobility impaired, Disability - Autism Spectrum Disorder (ASD), Disability - Learning Difficulty, Disability - Speech Impaired, Disability - Reading Difficulty, Disability - Deafness, Disability - Blind / Vision Impaired, Disability - Dwarfism, Disability - Heart Condition, Disadvantage - Economic Barriers, Disadvantage - Educational Poverty, Disadvantage - Barriers to facilities / open spaces, Social - Loneliness, Social - Isolation, Discrimination - Migrants, Discrimination - Gender
Suitability	Children (6-10 years), Children (11-13 years), Youths (14-20 years), Young Adults (21 - 34 years), Adults (34 - 69 years), Elderly (70+)
Cost / Incentives	Free / None
Success Rating	Excellent return on investment / Definitely
Barriers to engagement	Involving inactive people
Notes	

M08	Start to move
Region	Drenthe, the Netherlands

M08	Start to move
Summary	It is all about being or staying active. In our philosophy can't we start early enough with stimulating activity. So this program Start to Move focusses on women which a childwish, on pregnant women, the youngster mothers and fathers and children in their first 1000 days. We want to fill the BeActive-battery in this first 1000 days, so it can work all their lives. This could be the reason, why they stay active after life events or activity can even be a way to deal with life events. There are some phases during this first 1000 days; - during the pregnancy will activity be a subject during care visits - after delivery each new born kid will get a activity-bag with possibilities like free membership and try out sessions and some books with examples - each community has a young mothers activity-club - special training for neighborhood coaches on young kids activity - 'Nijntje beweegt'. training for workers in child-daycare and preschool
Website	www.sportdrenthe.nl
Target Outcome	Fully charged activity batteries
Practice Type Duration	1000 days program 250 hours
Staff / Volunteers / Participants	12 / 48 / 20000
Activity / Experience	Education, promotion, gym, balls, walking and cycling / Beginner
Inclusivity	Children -10 months till 6 years
Suitability	Children (6-10 years), Children (11-13 years), Youths (14-20 years), Young Adults (21 - 34 years), Adults (34 - 69 years), Elderly (70+)
Cost / Incentives	Free / Just contact moments
Success Rating	Excellent return on investment / Definitely
Barriers to engagement	Finding the right group
Notes	

M09	Drenthe beweegt samen - BeActive Drenthe
Region	Drenthe, the Netherlands
Summary	BeActive Drenthe is a daily program on the regional television that stimulates people to be active. In their own houses, during the presentation, but also with suggestions for the other moments in the week. Everyday 15 minutes with instruction on the screen by the educated BeActive-coach, while some participants are following the coach. The focus is on people that aren't active and it is health prevention.
Website	www.sportdrenthe.nl
Target Outcome	Less inactivity (the next 10%)
Practice Type **Duration**	All days of the week, all weeks of the year. 0.15 hours / day
Staff / Volunteers / Participants	5 / 8 / 10
Activity / Experience	Dancing, gym, yoga, / Beginner
Inclusivity	Disability - wheelchair users, Disability - mobility impaired, Disability - Autism Spectrum Disorder (ASD), Disability - Learning Difficulty, Disability - Speech Impaired, Disability - Reading Difficulty, Disability - Deafness, Disability - Blind / Vision Impaired, Disability - Dwarfism, Disability - Heart Condition, Disadvantage - Economic Barriers, Disadvantage - Educational Poverty, Disadvantage - Barriers to facilities / open spaces, Social - Loneliness, Social - Isolation, Discrimination - Migrants, Discrimination - Gender
Suitability	Adults (34 - 69 years), Elderly (70+)
Cost / Incentives	Free / None
Success Rating	Excellent return on investment / Definitely
Barriers to engagement	Money (Funding)
Notes	

M10	Outdoor Activator Programme
Region	Cavan , Ireland
Summary	A six week exercise programme using activator walking poles for people aged 50+ to help them return to exercise after Covid-19 lockdown measures
Website	-
Target Outcome	* Increase opportunities for older people in the county to participate in physical activity * Introduce a new activity that is suitable for older people * Promote local parks and walking facilities in the county which hosted the programme * Support people with balance and mobility issues
Practice Type Duration	Multi-week participation programme 12 hours
Staff / Volunteers / Participants	1 / 0 / 65
Activity / Experience	Walking / Beginner
Inclusivity	Disability - mobility impaired, Social - Loneliness
Suitability	Children (11-13 years), Adults (34 - 69 years), Elderly (70+)
Cost / Incentives	Free / None
Success Rating	Good return on investment / Likely
Barriers to engagement	
Notes	

M11	The Banner Challenge
Region	Clare, Ireland

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M11	The Banner Challenge
Summary	A physical activity event as part of European Week of Sport during Covid-19
Website	
Target Outcome	To engage participants across society to resume exercise and activity after Covid-19 - used Strava to measure distance
Practice Type Duration	Multi-day event 10 hours
Staff / Volunteers / Participants	10 / 0 / 1047
Activity / Experience	Walking / Beginner, Improver
Inclusivity	Social - Loneliness, Disability - general
Suitability	Children (6-10 years), Children (11-13 years), Youths (14-20 years), Young Adults (21 - 34 years)
Cost / Incentives	Free / A bespoke bronze cast medal was awarded to those who completed 10km during the challenge A certificate of achievement was given to each child in participating schools and the class received a medal
Success Rating	Fair return on investment / Probably
Barriers to engagement	Requires an account on Strava and compatible device
Notes	

M12	Rebel Run a Mile Challenge
Region	Cork, Ireland
Summary	Encouraging people in disability services to increase their physical activity levels by developing a structured 'run a mile' programme
Website	

M12	Rebel Run a Mile Challenge
Target Outcome	To provide participants with guidance, support and opportunities to remain active during Covid-19 restrictions and beyond To deliver a structured 'couch to 1 mile'' walk to jog programme for all abilities
Practice Type **Duration**	Multi-week participation programme 12 hours
Staff / Volunteers / Participants	2 / 0 / 30
Activity / Experience	Walking, Running / Beginner, Improver
Inclusivity	Disability - mobility impaired, Disability - Autism Spectrum Disorder (ASD), Disability - Learning Difficulty, Disability - Heart Condition, Disadvantage - Barriers to facilities / open spaces
Suitability	Children (6-10 years), Children (11-13 years), Youths (14-20 years)
Cost / Incentives	Free / None
Success Rating	Fair return on investment / Probably
Barriers to engagement	
Notes	

M13	Outdoor Exercises
Region	İstanbul/ Turkiye
Summary	As Spor Istanbul, we provided service to 18,000 people 240,000 times in 408 different locations in Istanbul, 7 days a week in 2024, and ensured that more people were physically active. Since people of all ages can participate in outdoor exercises, we were able to bring together individuals over 60 who have difficulty accessing sports facilities with physical activity. In this context, we can recommend outdoor exercises as the best practice. By applying the same exercise on city lines, we offered people traveling on ferries the opportunity to exercise, and we reached 9,420 people in 785 sessions.

M13	Outdoor Exercises
Website	
Target Outcome	
Practice Type Duration	Multi-week participation programme 1 hour / week
Staff / Volunteers / Participants	
Activity / Experience	Basic exercise movements / Beginner, Improver, Master, Veteran
Inclusivity	Disadvantage - Economic Barriers, Disadvantage - Barriers to facilities / open spaces, Social - Loneliness, Social - Isolation, Discrimination - Migrants, Discrimination - Gender
Suitability	Youths (14-20 years), Young Adults (21 - 34 years), Adults (34 - 69 years), Elderly (70+)
Cost / Incentives	Free / None
Success Rating	Good return on investment / Definitely
Barriers to engagement	
Notes	

M14	Home Exercise Program
Region	İstanbul/ Turkiye
Summary	As Spor İstanbul; we work tirelessly to make Istanbul a more active city. For this purpose, we bring regular exercise to individuals with our Home Exercise live broadcasts and videos for our citizens who cannot access the services we offer in our facilities or who cannot participate in our events. We also publish many more exercise videos such as Adults, Children, Individuals Over 60, Disabled Individuals and Exercises with Materials at Home on our Youtube channel. In this context, we support the physical activity participation of individuals who cannot access sports facilities with home exercise videos.
Website	https://youtu.be/rgxk1-O2LM8

M14	Home Exercise Program
Target Outcome	
Practice Type Duration	Multi-day event
Staff / Volunteers / Participants	
Activity / Experience	Fitness and basic exercise movements / Beginner, Improver, Master, Veteran
Inclusivity	Disability - Speech Impaired, Disability - Reading Difficulty, Disadvantage - Economic Barriers, Disadvantage - Educational Poverty, Disadvantage - Barriers to facilities / open spaces, Social - Loneliness, Social - Isolation, Discrimination - Migrants, Discrimination - Gender
Suitability	Youths (14-20 years), Young Adults (21 - 34 years), Adults (34 - 69 years), Elderly (70+)
Cost / Incentives	Free / None
Success Rating	Good return on investment / Definitely
Barriers to engagement	
Notes	

M15	Exercise for just 1₺
Region	İstanbul/ Turkiye
Summary	We set the facility usage fee for individuals over the age of 65 and retired individuals as 1₺ in 72 facilities belonging to Spor Istanbul, thus aiming to encourage individuals over the age of 65 to participate more in physical activity.
Website	
Target Outcome	
Practice Type Duration	Multi-day event
Staff / Volunteers / Participants	

M15	Exercise for just 1₺
Activity / Experience	Fitness and swimming / Beginner, Improver, Master, Veteran
Inclusivity	Disability - Heart Condition, Disadvantage - Economic Barriers, Disadvantage - Barriers to facilities / open spaces, Social - Loneliness, Social - Isolation
Suitability	Adults (34 - 69 years), Elderly (70+)
Cost / Incentives	Free / None
Success Rating	Excellent return on investment / Definitely
Barriers to engagement	
Notes	

M16	Students Get 50% Off Sport
Region	İstanbul/ Turkiye
Summary	Sports Istanbul's 72 sports facilities offer sports services at a 50% discount for students. In this context, it is aimed to increase the participation of young people in physical activity.
Website	
Target Outcome	Youths (14 - 20 years), Young Adults (21 - 25 years)
Practice Type Duration	Multi-day event
Staff / Volunteers / Participants	
Activity / Experience	Fitness, swimming, pilates, basketball, tennis / Beginner, Improver, Master, Veteran
Inclusivity	Disadvantage - Economic Barriers
Suitability	Youths (14-20 years), Young Adults (21 - 34 years)
Cost / Incentives	Free / Discount on facility fees

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M16	Students Get 50% Off Sport
Success Rating	Excellent return on investment / Definitely
Barriers to engagement	
Notes	

M17	Parchi in movimento
Region	Verina City Veneto Region / Italy
Summary	Events and a list of activities in spring and summer time in the different Verona city's Parks in all ages groups of people.
Website	https://www.parchiemovimento.com
Target Outcome	More active participation to sport and physical activities but local citizens, especially those that are often not active due to different obstacles (economic, social, discrimination etc).
Practice Type Duration	Multi-week participation programme 120 hours
Staff / Volunteers / Participants	20 / 10 / 2000
Activity / Experience	Walking, hiking, yoga, physical activities / Beginner, Improver, Veteran,
Inclusivity	Disability - wheelchair users, Disability - mobility impaired, Disability - Autism Spectrum Disorder (ASD), Disability - Learning Difficulty, Disability - Speech Impaired, Disability - Reading Difficulty, Disability - Deafness, Disability - Blind / Vision Impaired, Disability - Dwarfism, Disability - Heart Condition, Disadvantage - Economic Barriers, Disadvantage - Educational Poverty, Disadvantage - Barriers to facilities / open spaces, Social - Loneliness, Social - Isolation, Discrimination - Migrants, Discrimination - Gender
Suitability	Children (6-10 years), Children (11-13 years), Youths (14-20 years), Young Adults (21 - 34 years), Adults (34 - 69 years), Elderly (70+)
Cost / Incentives	Free / Opportunity to continue practice in UISP facilities after the summer period

M17	Parchi in movimento
Success Rating	Fair return on investment / Likely
Barriers to engagement	Language, suffevient measures to reach nore disavantaged people
Notes	

M18	Progetto Integrato
Region	Rovigo Province -Veneto Region / Italy
Delivery Partner	UISP Local committee in collaboration with local Health Agency

M18	Progetto Integrato
Summary	The UISP Rovigo Integrated Project has been developed in 2023-2024 sports season is an initiative that has proven to be a virtuous model for health promotion, prevention, and social inclusion for the province's adult and senior population. The project is active in 29 municipalities, representing 58% of the province has involved approximately 1,400 people in over 75 with gentle gymnastics, AFA (Adapted Physical Activity), Fit&Walk, and specific post-stroke programs,. It has been realised thanks to the network built with the ULSS 5 Polesana (Local Health Authority as in Italy the Health System is structured at Regional level), participating municipalities, partner associations, and the crucial commitment of UISP teachers. In order to establish the reached quality and quantity level it was decided to develop an evaluation process assigned to an external subject. Useful results of the evaluation offer Significant data for public health for the analysis and better define future action. The ongoing three-year evaluation (2023–2026) aims to concretely measure the project's effects on the target population. The data collected in the 2023-24 sports year are very encouraging: • 45% of participants improved their motor skills, measured using the Short Physical Performance Battery; • 46% maintained their functional level, often already optimal; • Reduced depressive symptoms: from 12.8% at the start of the course to 7.5% at the end of the year; • Improved perception of health, daily mobility, and frequency of light physical activity (from 56.4% to 68.1%). There was also an increase in participation in volunteer activities, involving 1 in 5 people by the end of the course, and greater confidence in their motor skills, with positive effects also on reducing social isolation. UISP think that on this basis it could be a good model to be supported and replicated. Users declared themselves highly satisfied (average 9.4 out of 10) and expressed a desire to continue the program next year. The most common motivations include the need to "feel part of a group," "increase flexibility," "regain body confidence," and "improve quality of life." The UISP Rovigo Integrated Project thus confirms its status as a good local practice, supported by the Veneto Region with state resources from the Ministry of Labor and Social Policies, capable of generating positive impacts on multiple levels: individual, community, and healthcare.
Website	https://www.uisp.it/rovigo2/
Target Outcome	offrire attività fisica a persone anziane e molto anzione condizuioni sociali e organizzative persone in condizioni pensionati e disoccupati per affrontare l'ostacolo
Practice Type **Duration**	10 month+ minimum 85 hours
Staff / Volunteers / Participants	30 / 8 / 2000

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M18	Progetto Integrato
Activity / Experience	ginnastica dlce e posturale cammino AFA bBeginner, Improver
Inclusivity	Disability - mobility impaired, Disability - Heart Condition, Disadvantage - Economic Barriers, Disadvantage - Barriers to facilities / open spaces, Social - Loneliness, Social - Isolation, Elderly Pathologies
Suitability	Adults (34 - 69 years), Elderly (70+)
Cost / Incentives	10€ for all the year / events and museum visits and evaluation on personal health improvement
Success Rating	Excellent return on investment / Definitely
Barriers to engagement	To overcome first step
Notes	On the base of this experince UISP proposed to other local Committees to develop the same model of infrastructure to promote people involvement in physical activities

Appendix 2: Partner Organisations

Surpass Sport Systems Ltd. (Ireland)

Surpass Sport Systems Ltd. was founded in 2018 to develop and realise an individual-centric technology platform and apps supporting life-long participation, development and well-being though sport.

In sport, our TeamsApp encourages coaching best practices, particularly for youth athletes, providing a structured framework for long-term athlete development suitable for all standards and ambitions, integrated with streamlined administration and related processes.

Our Able Active app promotes trails, amenities and things to do for people with disabilities, capturing their feedback into an accessibility rating for 10+ categories of disability and generating data in support of investment impact and spatial planning.

Beyond sport and participation and leveraging our secure and scalable online platforms, we are technology provider to projects supporting addicts in recovery, breast-cancer survivors an promoting water safety, always through an individual-centred approach.

Surpass Sport Systems are the coordinator for the EHLA project.

European Healthy Lifestyle Alliance (Belgium)

EHLA was created in 2015 with the aim to promote physical activity and to fight obesity in Europe. EHLA main objective is to translate scientific data into education, communication massages toward policy makers, medical world, politicians and the public. To achieve this objective, EHLA promote a set of activities to raise awareness on physical activity through the organisation of meetings, scientific conferences, publications, etc.

EHLA works in collaboration with many NGO, politicians, academic societies, policy makers. In this sense, EHLA is linked to the ICCR, the International Chair on Cardiovascular Chair based at University Laval in Quebec City (Canada). The ICCR includes 30 international renewed experts in their respective disciplines.

Unione Italiana Sport Per Tutti (Italy)

UISP (Italian Sport For All Association) is a national sports promotion body operating in Italy since 1948 with the aim of encouraging and guaranteeing the right to physical activity for citizens of all ages, beyond any barrier of class, sex, origin, physical condition, also promoting the values of solidarity and environmental protection, social inclusion, health protection and the enhancement of artistic and cultural heritage.

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Over the years, UISP has brought sport and associationism in every place of Italy, becoming an organization that counts, according to the 2020 data, 1.000.000 members and 17.000 affiliated sports clubs. UISP is present in all regions, provinces and in many cities with 142 local branches, and 19 activity structures. UISP National Headquarters average annual manpower is 15 employees, 4 temporary workers, 4 volunteers. UISP is part of international level networks as ISCA (International Sport and Culture Association), FARE (Football Against Racism in Europe) and TAFISA – The Association for International Sport for All.

UISP is formally recognised by the Italian Olympic Committee (CONI) as a Sport Promotion Association and is enrolled in the National Register of the social promotion association of the Italian Ministry of Welfare (Labour and Social Policies). In addition, the UISP is enrolled in the Italian Ministry of Interior Register of bodies and associations that carry out activities in favour of immigrants and in the Register of bodies and associations that carry out activities in the field of the fight against discrimination.

The accreditation of the Association on the various themes of intervention is, finally, supported by a series of memoranda of understanding signed with the Italian Ministry of Welfare (Labour and Social Policies), with the Italian Ministry of the Environment, with the Italian Ministry of Justice (Departments of penitentiary and juvenile justice) to operate towards convict and under social control measures people, with the Italian Ministry of Education, University and Research, and with the Italian Ministry of Health in order to undertake Health Promotion initiatives.

Kinetic Analysis B.V. (Netherlands)

Kinetic Analysis® demonstrates the added value of technology in people's lives, altering the perception and the capabilities of the human body functions. Growing as an expertise-based company in the sports tech market and expanding rapidly into the health- and vitality sector. Founded in 2012, Kinetic Analysis® developed unique algorithms used in elite sports like soccer, hockey and golf. Furthermore, expanding to rehabilitation, the company provided a base for using motion data for more effective results. Gaining extensive experience in collecting data in large populations, the company focused on optimising the data collection process.

Kinetic Analysis® develops data capturing and storing devices like smart textiles and optical sensors combining datasets from different sources, creating impact in the vitality and healthcare sector. Further, build unique propositions for the sports market. The company is implementing new techniques for data analysis on physiological and biomechanical measurements combined with 3rd party data, to create useful applications.

Kinetic Analysis® provides full-service development monitoring devices and software that can adjust to people’s daily lives. An amalgam of data science, sports- and behavioral science.

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The goal is to capture and analyse human motion data in a non-invasive but natural way, e.g. by using smart garments.

Today, Kinetic Analysis is an active member of European innovation networks such as EIT Digital and the European Platform for Sports Innovation (EPSI). The company collaborates with leading universities and industry partners to stay at the forefront of human performance R&D. In summary, KA leverages human motion data and technology to empower healthier, more active lifestyles on both individual and community levels.

Spor Istanbul (Türkiye)

Spor İstanbul was founded in 1989 under the Istanbul Metropolitan Municipality and has shaped all of its activities with the vision of creating social impact through sports. The institution, which reaches approximately 1 million Istanbulites with 10 million times service presentations per year in more than 70 sport facilities, carries out its activities in line with the principles of inclusive sports services, social impact measurement and contribution to UN Sustainable Development Goals.

Operating within the framework of the "Theory of Change", Spor İstanbul offers sports opportunities in 27 different branches; contributes to physical development and character education with sports schools and academies for 132,000 children per year.

Spor İstanbul, which focuses on social impact in its corporate strategy, produces 101.05 TL of social benefit for every 1 TL investment, according to the Social Return Report it has prepared. In addition, the institution, which is a signatory to the UN Global Compact and Women's Empowerment Principles (WEPs), carries out projects based on volunteering, equality, health, inclusiveness and innovation.

Standing out with major sports organizations with international titles such as the Istanbul Marathon and the Istanbul Half Marathon, Spor Istanbul directs the future of urban sport life with its annual physical activity reports of İstanbul and social impact reports Sustainability reporting which is based on environmental, social and governance dimensions were publishing for last 3 years so on.

Sport Drenthe (Netherlands)

Since 1968 SportDrenthe has been an organisation that independently represents the interests of sport in the broadest sense of the word in the province of Drenthe (The Netherlands). On 16 November 2018, we celebrated our 50th anniversary. ‘Making Drenthe even better with sports’, is our guiding principle here. The office consists of 40 permanent employees. We work for and with the province of Drenthe, all municipalities and all social institutions in Drenthe. We support around 1,300 sports clubs in Drenthe.

One of the main programs of SportDrenthe is Drenthe Beweegt. Drenthe Beweegt is a program, realised by SportDrenthe, but financed by all 12 municipalities and the province of

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Drenthe. This program started 2009 and started the newest period in January 2025. Drenthe Beweegt will be responsible for the Drenthe-part of the European project. Drenthe beweegt aimed many special titles.

In 2016 they arranged that Drenthe was the first Bike Region of the World, In 2019 Drenthe became the European Community of Sport. Both title gave an big support to sport policy in general but also specifically.

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