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From:	Secretary-General of the European Commission, signed by Mr Jordi AYET PUIGARNAU, Director
To:	Mr Uwe CORSEPIUS, Secretary-General of the Council of the European Union
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Subject:	COMMISSION STAFF WORKING DOCUMENT EXECUTIVE SUMMARY OF THE IMPACT ASSESSMENT Accompanying the document Proposal for a Council Recommendation on promoting health- enhancing physical activity across sectors

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**COMMISSION STAFF WORKING DOCUMENT**  
**EXECUTIVE SUMMARY OF THE IMPACT ASSESSMENT**

*Accompanying the document*

**Proposal for a**

**Council Recommendation on promoting health-enhancing physical activity across  
sectors**

{ COM(2013) 603 final }  
{ SWD(2013) 310 final }  
{ SWD(2013) 311 final }

This impact assessment accompanies the Commission's proposal for a Council Recommendation on promoting health-enhancing physical activity across sectors. A summary of the main aspects of the impact assessment is presented hereafter.

## **1. INTRODUCTION**

The 2011 Communication "Developing the European dimension in sport" confirms that physical activity is one of the most important health determinants in modern society and that sport constitutes a fundamental part of any public policy approach aiming at improving physical activity. It invites the Commission and Member States (MS) to "*based on the EU Physical Activity Guidelines, continue progress toward the establishment of national guidelines, including a review and coordination process*". These guidelines, drafted by a group of 22 experts from around Europe representing various disciplines and broadly representative of informed scientific opinion, were confirmed by the EU policy level in 2008. They reiterate WHO Recommendations on the minimum level of physical activity, emphasise the importance of a cross-sectoral approach and provide 41 concrete guidelines for action. This Impact Assessment identifies and analyses the underlying determinants for the planned EU policy initiative in the field of health-enhancing physical activity (HEPA), building on the EU Physical Activity Guidelines (EU PA GL).

## **2. PROBLEM DEFINITION**

Physical activity, regular sporting practice and exercise is one of the most effective ways of staying physically and mentally fit, combating overweight and obesity and preventing related conditions. In addition, participation in sport and physical activity is correlated with other factors such as social interaction and inclusion. The many benefits of physical activity are well recorded and evidenced. Conversely, a number of detriments are caused by a lack of physical activity, including premature mortality, rising overweight and obesity levels, breast and colon cancers, diabetes, ischaemic heart disease. Health problems caused by a lack of physical activity have significant direct and indirect costs for Europe's economy due to illness and morbidity, sick leave and pre-mature death, especially also in view of Europe's rapidly ageing societies.

The concept of HEPA is a relatively new discipline undergoing rapid scientific development, combining physical activity, which is closely related to sport and exercise, on the one hand, and public health on the other. HEPA has been addressed by the WHO in particular as part of the 2004 Global Strategy on Diet, Physical Activity and Health. Successful HEPA promotion depends primarily on efforts in the MS. As awareness of the importance of HEPA has grown, many public authorities have stepped up their efforts to promote HEPA. Likewise, the EU has addressed physical activity through policies and actions in the field of sport (e.g. White Paper on Sport, EU PA GL, Communication on sport) and health (e.g. White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity-related Health issues) and by using the relevant EU level structures for policy coordination, in particular the Expert Group on Sport, Health and Participation (XG SHP), set up by the Council through the EU Work Plan for Sport 2011-2014, and the High Level Group on Nutrition and Physical Activity (HLG) set up in the framework of the above 2007 Strategy to help MS engage in coordinated activities and to share information on policies, policy ideas and practices.

However, despite the growing profile given to physical activity promotion and available tools to promote HEPA, the *rates of physical inactivity in the EU remain unacceptably high* (e.g. in 2010, 60% of Europeans responded that they exercised or played sport seldom or never). Evidence also demonstrates vast discrepancies between individual MS. Most countries have not achieved the principal policy objective, namely to increase the proportion of citizens who reach the physical activity levels recommended by the WHO, and reiterated in the EU PA GL. The main problem to be addressed by the initiative therefore is that, in general, the *HEPA promotion policies of EU Member States have not been effective*.

The reasons for the low effectiveness of MS policy are manifold, but above all consist in shortcomings in the way HEPA promotion policies are developed and implemented. Taking account of the criteria for effective HEPA policy laid down in the reference framework of the EU PA GL and other scientific tools, evidence and consultation outcomes confirm the existence of *shortcomings in at least three aspects of HEPA policy*: a) a sufficiently cross-sectoral approach to HEPA, including collaboration among different ministries and bodies responsible for HEPA promotion, is lacking, b) objectives and goals of HEPA policies are not defined clearly enough and c) provisions for monitoring and evaluation of HEPA rates and policies are insufficient.

The underlying drivers of these shortcomings are related to the fact that HEPA is a relatively new topic on the agenda of governments (if at all) and understanding of the determinants of HEPA, which is essential for designing interventions to change physical activity levels, is even younger. HEPA has not yet got recognition as a complex policy area that requires multi-sectoral interventions, as outlined in the EU PA GL, inter alia due to a lacking advocacy power. HEPA has so far been coupled with other public health agendas (e.g. "diet"), but not been considered a focused policy field, despite evidence for many independent health and other effects. The above situation is also reflected in the EU's activities and structures dealing with physical activity. There is considerable scope in EU policy making to encourage the implementation of the EU PA GL as a means for effective HEPA promotion and to improve existing forms of policy cooperation between the MS at EU level to help reverse the trend regarding physical inactivity. To date, no policy coordination, neither within the EU's approach nor between MS at EU level, exists that would sufficiently reflect the complexity of the HEPA topic as a differentiated (focused) policy area.

The planned initiative will first and foremost target *public authorities* in EU MS responsible for HEPA promotion and, more specifically, the thematic areas covered by the EU PA GL. The initiative should help improve capacity to promote HEPA more effectively across sectors and will at least concern authorities in charge of the following areas: sport, health, education, transport environment, urban planning, public safety, working environment and services for senior citizens. It will in particular focus on those MS that have been less successful in raising HEPA levels of their citizens (generally these are countries in southern and eastern Europe) and thereby address regional disparities within the EU-28. Ultimately, the proposed initiative aims at reaching out to *EU citizens at large* (e.g. children, working population, seniors) by providing new opportunities to engage in physical activity in accordance with WHO recommendations. Since the lack of physical activity is particularly pronounced among *specific at-risk-groups* of the population (socio-economically disadvantaged groups, women, children and the elderly), the benefits of the initiative would accrue to these groups to a greater degree than to Europeans as a whole.

### 3. ANALYSIS OF SUBSIDIARITY

The EU has the *right to act* in the field of HEPA based on two Articles of the TFEU, both of which assign a supporting competence to the EU. Article 165 stipulates that the Union shall ‘contribute to the promotion of European sporting issues’ and that action shall be aimed at ‘developing the European dimension in sport’. Article 168 stipulates that ‘Union action [...] shall be directed towards improving public health [...] and obviating sources of danger to physical and mental health’. In both areas, the TFEU states that the Council (on a proposal from the Commission) may adopt recommendations and authorises the Commission to promote policy co-ordination among the MS. In the field of public health, initiatives to promote policy co-ordination should in particular be ‘aimed at the establishment of guidelines and indicators, the organisation of exchange of best practice, and the preparation of the necessary elements for periodic monitoring and evaluation’.

As regards the application of the *subsidiarity principle*, the main responsibility for promoting HEPA and for the definition of sport and health policies lies with the MS. EU action can *add significant value* over and above what MS would be able to achieve on their own. In line with the international framework and actions to promote physical activity, the EU can provide political momentum to focused action on HEPA in the EU-28 and raise awareness of the need to act now. Thereby, on a general level, EU support for more effective HEPA promotion policies can help reduce the significant social and economic costs of physical inactivity, and thus strengthen MS' ability to achieve the growth objectives set in the Europe 2020 Strategy.

EU action has the potential to render national efforts to promote HEPA both more effective and more cost-effective than would be possible otherwise, which is particularly relevant in the current economic context. The EU can facilitate and strengthen policy co-ordination by helping MS to share information and experience, engage in peer learning, disseminate good practice and work together to develop common approaches, and thereby contribute to improving capacity to promote HEPA across sectors and to shape policies that ensure better interventions. Such co-ordination in the area of HEPA seems particularly useful given the vast differences that currently exist between MS in terms of the amount of priority afforded to HEPA, the approaches chosen, and the cultural and economic differences between MS that have an effect on HEPA rates, and can point to measures that may be most promising. Moreover, exchange of best practices is significantly strengthened when there is actual evidence as to the effectiveness of different measures and policies. Robust data is seldom available, despite its value for formulating and refining policy. The EU is well situated to enhance provisions for monitoring and evaluation of HEPA policies and thereby help the MS to track developments over time.

### 4. OBJECTIVES

Overall the initiative aims *to contribute to a healthier and more productive society through increased levels of health-enhancing physical activity in the EU*.

The initiative seeks to increase the effectiveness of MS' HEPA policies by enabling them to develop and implement policies based on the EU PA GL that will help them address the main shortcomings (lack of cross-sectoral approach, unclear objectives, insufficient monitoring). The development of policies and their implementation will mainly take place in the MS. Therefore, the single specific objective is *to ensure Member States develop and implement*

*effective policies for HEPA by improving the uptake and implementation of the EU PA GL. To address this specific objective, two operational objectives have been formulated that are directly linked to the drivers of the problem and parameters of the proposed initiative, namely to enhance policy coordination between the Member States and to facilitate the collection of comprehensive data on HEPA and HEPA policies.*

## 5. POLICY OPTIONS

This IA considers several policy options to support MS in their endeavours to develop and implement effective HEPA promotion policies, three of which have been discarded, i.e. a complete cessation of EU policy coordination on HEPA, a focus solely on a revision of the EU PA GL, and a focus solely on the adoption of new incentive measures in the area of HEPA. Four policy options were elaborated to address the identified problems and to meet the defined objectives: a baseline scenario (option A), one option without a monitoring framework (option B), one option with a light monitoring framework (option C) and one with a more comprehensive monitoring mechanism as well as benchmarks and targets (option D).

Option		Brief description
A	Baseline scenario (continuation of status quo)	<ul style="list-style-type: none"> <li>▪ Continued policy coordination with the involvement of the Expert Group on Sport, Health and Participation (XG SHP), and the High Level Group (HLG), underpinned by the EU Physical Activity Guidelines (EU PA GL), but no new policy initiative.</li> </ul>
B	Push for increased policy coordination  (Tool: Commission Communication)	<ul style="list-style-type: none"> <li>▪ Policy document (with no mandatory authority) setting out a strategic approach for focused HEPA promotion across sectors;</li> <li>▪ Enhanced policy coordination at EU level with the involvement of the XG SHP, and the HLG, facilitated by the COM;</li> <li>▪ Actions to encourage MS to commit themselves to the principles embodied in the EU PA GL;</li> <li>▪ Call on MS to report on progress in implementing the EU PA GL taking account of existing reporting tools and structures.</li> </ul>
C	Push for increased policy coordination and monitoring, based on a limited set of indicators on the implementation of the EU PA GL  (Tool: Proposal for a Council Recommendation)	<ul style="list-style-type: none"> <li>▪ Policy document with legal effect (establishing non-binding rules) recommending focused HEPA promotion across sectors;</li> <li>▪ Enhanced policy coordination at EU level with the involvement of the XG SHP, and the HLG, facilitated by the COM;</li> <li>▪ MS (meeting in the Council) reaffirm and commit themselves to the principles embodied in the EU PA GL;</li> <li>▪ MS agree to monitor HEPA policy development and implementation using a limited set of high-level and aggregate indicators relating to the EU PA GL and to report back to the EU level;</li> <li>▪ COM supports the monitoring framework and assists MS in their implementation efforts.</li> </ul>
D	Push for increased policy coordination and monitoring, based on a comprehensive set of indicators covering each of the 41 EU PA GL and evaluation against targets/benchmarks.  (Tool: Proposal for a Council Recommendation)	<ul style="list-style-type: none"> <li>▪ Policy document with legal effect (establishing non-binding rules) recommending focused HEPA promotion across sectors;</li> <li>▪ Enhanced policy coordination at EU level with the involvement of the XG SHP, and the HLG, facilitated by the COM;</li> <li>▪ MS (meeting in the Council) reaffirm and commit themselves to the implementation of all 41 EU PA GL;</li> <li>▪ MS agree to monitor HEPA policy development and implementation by using a comprehensive set of quantitative and qualitative indicators relating to the EU PA GL and to report back to the EU level;</li> <li>▪ MS agree on benchmarks and targets for the implementation of the GL;</li> <li>▪ COM supports the monitoring framework, assists MS in their implementation efforts and evaluates MS' performances against benchmarks and in achieving targets.</li> </ul>

*Option A* would see a continuation of existing structures and processes to coordinate policies on HEPA at EU level, as provided for in particular through the activities in the EU policy fields of sport and health.

*Option B* would introduce a renewed strategic vision for the EU for a focused approach on HEPA promotion across sectors and coordinated policies in the MS in the form of a policy document with no legal effect (i.e. a Commission Communication). Building on the already existing policy documents in the field of HEPA, such an initiative would express a renewed political commitment to HEPA in line with the EU PA GL, and would outline key actions involving the MS, the Commission and other relevant actors.

Under *options C and D*, in addition to enhanced policy coordination (as already foreseen under option B), a monitoring framework is proposed as a key element. The intention is that a reaffirmation of the EU PA GL coupled with a specific mechanism to monitor their implementation would lead to a more systematic and constructive form of coordination and peer learning, and as a consequence, a greater focus on effective HEPA policies at the national and sub-national levels. Principally, an initiative under these options would invite the MS a) to develop a national strategy and action plan for promoting HEPA across sectors, in line with the EU PA GL; b) to monitor the implementation of the EU PA GL at national level, based on an agreed set of indicators to measure changes in physical activity and in HEPA policy; and c) to report back at regular intervals on progress made. To support these activities MS would be asked to set up "national focal points for physical activity" charged with collecting data for the monitoring framework and with providing country-specific information on relevant national policies and action plans. The Commission would facilitate this process by providing support for the set up and running of the monitoring mechanism and for capacity building in the MS regarding the development and implementation of policies consistent with the EU PA GL. The HEPA monitoring framework would thereby develop further existing forms of monitoring and data collection in this field in synergy with the WHO. Based on the data, country-specific overviews on HEPA and analysis about HEPA trends would be prepared and, together with other relevant information about HEPA policy development and implementation form the basis for periodic reports for the relevant EU fora (i.e. XG SHP and HLG). The key *difference between options C and D* relates to the policy coordination (option D: benchmarks, targets) and the comprehensiveness of monitoring.

## 6. ASSESSMENT OF IMPACTS

This section of the IA analyses first the *general (social, economic and environmental) impacts* of the initiative. The types of impacts that could be expected from a new EU initiative in the field of HEPA are similar for all policy options, but are likely to vary in scale as a function of each option's effectiveness. The IA addresses the *effectiveness* as a second step, before the analysis of *impacts per option*. The latter is summarised in a table at the end of that section.

The *social benefits* would stem from increased HEPA among Europeans as a result of more effective HEPA policy in the MS and implementation of the EU PA GL. Engaging in the recommended amount of physical activity has beneficial effects on many chronic diseases and health problems. Increased rates of physical activity among Europeans would result in a commensurate drop in the number of people suffering from an increased mortality risk. In the EU, physical activity levels are positively correlated with life expectancy, meaning that those countries with higher levels of physical activity tend to have a higher life expectancy. Since

the lack of physical activity is particularly pronounced among certain countries and regions (southern and eastern Europe), in addition to specific at-risk-groups of the population (socioeconomically disadvantaged groups, women, children and the aged), the benefits of the initiative would accrue to these countries, regions and groups to a greater degree than to Europeans as a whole. The initiative would also comply with the Charter of Fundamental Rights (articles 21, 23-26, 35). Regarding the extent to which effective policy and decisive action can lead to increased physical activity levels over the medium and long term, calculations based on a best-case scenario suggest a sustained increase of about 1% per year over a period of 25 years.

Regarding *economic impacts*, enhanced health and well-being can be expected to lead to significant economic benefits as health care costs go down and the amount of economic output forgone due to illness and morbidity, sick leave and pre-mature death decreases – however, this depends on the extent to which MS implement measures at all relevant levels. In an attempt to monetise the costs of lacking physical activity, one study identified costs to England of just over €3bn per year, or €63 per inhabitant – a figure which was found to be similar in calculations for other countries as well. Extrapolated across the EU at the same cost per inhabitant, the lack of physical activity in the EU can be calculated as costing over €1bn per year. Based on this simplified scenario, with regard to these costs of physical inactivity, improved HEPA promotion policies developed and implemented in line with the planned initiative would be expected to increase the proportion of EU citizens meeting recommended physical activity thresholds by up to about 1% per year, gradually chipping away at the cost of physical inactivity over time. Taking the latest Eurobarometer figures from 2010 as a starting point, implementing effective HEPA policy could theoretically see about 65% of Europeans meeting physical activity recommendations in 25 years, with the cost of inadequate amounts of physical activity gradually heading downwards. While much depends on the capacity and willingness of the MS to prioritise and implement effective HEPA policy over the long term, economic benefits would be huge in terms of avoiding the costs of physical inactivity, adding up to nearly €7bn after 5 years, €2bn over 10 years and €3bn over 20 years.

Regarding the *costs of each option*, MS would ultimately bear the costs relating to the *implementation of HEPA policies* following the proposed initiative. It is difficult to calculate the budget currently allocated to HEPA because the costs of HEPA promotion are spread around government ministries and authorities, as well as various NGOs and the private sector. In addition, spending on HEPA is not recorded comprehensively across the EU. This is exacerbated by the fact that HEPA is by nature cross-sectoral, that many policies are tangentially related to HEPA and that policies which promote HEPA often do not include HEPA promotion as a primary objective. *Administrative costs* for the MS would stem from the reporting requirements to the EU level (as foreseen under Option B, and in particular related to the monitoring mechanism under Options C and D) and would be relatively low in the first year, with further reductions once the mechanism is fully operational, as staff become familiar with the monitoring and because of better data availability over time. The costs that would fall on the *EU budget* relate to, the establishment and functioning of the monitoring mechanism, and the provision of support to MS in the form of capacity building. It is proposed that these costs would be covered by the Sport Chapter of the Erasmus+ during the period 2014-2020. Other costs would relate to the organisation of Expert Group meetings at EU level covered by the general budget.

Regarding *environmental impacts*, policies aimed at implementing the section of the EU PA GL that addresses transport, environment, urban planning and public safety could result in



significant environmental benefits and thereby contribute to a high level of environmental protection, enshrined in Article 37 of the EU Charter of Fundamental Rights. While it is extremely difficult to make accurate predictions, recent scientific research can provide some insight into what can be considered the optimum scenario in terms of the environmental benefits of the initiative. In an effort to demonstrate the scale of potential environmental benefits of active transport policies, a recent study sought to predict the extent to which a reorientation towards active transport in London would affect carbon emissions over 20 years in comparison with an evolution of the baseline. The study calculated that the per person transport CO<sub>2</sub> emissions would be 62% lower under the sustainable transport scenario, at 0.46 tonnes per year, than under the continuation of the baseline scenario, at 1.17 tonnes.

## Analysis of impacts per option:

	Option A (Baseline scenario)	Option B (Push for increased policy coordination)	Option C (Push for increased policy coordination and monitoring, based on a limited set of indicators)	Option D (Push for increased policy coordination and monitoring, based on a comprehensive set of indicators and evaluation against targets)
<b>Outputs</b>	<ul style="list-style-type: none"> <li>Continued policy co-ordination and promotion of EU PA GL under existing structures at EU level.</li> <li>Continued work on physical activity through EU-supported initiatives and projects.</li> <li>Continued provision of fragmented data</li> </ul>	<ul style="list-style-type: none"> <li>Minimally enhanced policy co-ordination and promotion of EU PA GL under existing structures at EU level.</li> <li>Continued work on physical activity through EU-supported initiatives and projects within a new strategic EU approach to HEPA.</li> <li>Continued provision of fragmented data</li> </ul>	<ul style="list-style-type: none"> <li>Significantly enhanced policy co-ordination and promotion of EU PA GL under existing structures at EU level.</li> <li>Provision of accurate and comparable monitoring data against limited set of physical activity and policy indicators.</li> </ul>	<ul style="list-style-type: none"> <li>Potential for strongly enhanced policy-coordination and promotion of EU PA GL under existing structures, but risk of lack of participation.</li> <li>Potential for provision of comprehensive monitoring data against a set of qualitative and quantitative indicators + reporting on benchmarks and targets.</li> </ul>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Gradually improving physical activity policies and uptake of (principles of) EU PA GL in a limited number of MS, but un-changing policies in most others.</li> </ul>	<ul style="list-style-type: none"> <li>Gradually improving physical activity policies and uptake of (principles of) EU PA GL in a limited but larger number of MS than under option A, but un-changing policies in many others.</li> </ul>	<ul style="list-style-type: none"> <li>Significantly improved physical activity policies and uptake of main themes of EU AP GL in the majority of MS.</li> </ul>	<ul style="list-style-type: none"> <li>Significantly improved physical activity policies and uptake of EU PA GL in some MS (but risk of many MS not implementing the initiative).</li> </ul>
<b>Impacts</b>				
<b>Social</b>	<ul style="list-style-type: none"> <li>Stagnant or falling physical activity levels in most countries and persistence of social detriments of insufficient physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>Small improvements in physical activity levels in some MS, but stagnant or falling levels in many others leading to only a slight reduction in social detriments of insufficient physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>Physical activity levels increase at up to 1% / year leading to a significant reduction in social detriments of physical inactivity.</li> </ul>	<ul style="list-style-type: none"> <li>Physical activity levels increase at up to 1% / year (but risk of MS not implementing the initiative) potentially leading to significant reduction in social detriments of physical inactivity.</li> </ul>
<b>Economic</b> (Annex V provides a detailed assessment of costs to the EU and administrative costs in the MS)	<ul style="list-style-type: none"> <li>Persistence of costs of insufficient physical activity (estimated at €31bn / year)</li> </ul>	<ul style="list-style-type: none"> <li>Slight reduction in economic costs of physical inactivity and some economic benefits but significantly less than €6.7bn over five years that would be foreseen from effective policy.</li> <li>Some (difficult to quantify) costs to MS that dedicate resources to improving physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>Significant reduction in economic costs of physical inactivity.</li> <li>Economic benefits of up to €6.7bn over five years.</li> <li>Some (difficult to quantify) costs to MS that dedicate increased resources to improving physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>Significant reduction in economic costs of physical inactivity, but only in the MS implementing the initiative</li> <li>Significant (but difficult to quantify) economic benefits in the MS implementing the initiative.</li> <li>Some (difficult to quantify) costs to MS that dedicate increased resources to improving physical activity.</li> </ul>
<b>Environmental</b>	<ul style="list-style-type: none"> <li>Some benefits in MS that improve physical activity policy with regard to active transport.</li> </ul>	<ul style="list-style-type: none"> <li>Limited but notable benefits in MS that improve physical activity policy with regard to active transport.</li> </ul>	<ul style="list-style-type: none"> <li>Potentially significant benefits in MS that improve physical activity policy with regard to active transport.</li> </ul>	<ul style="list-style-type: none"> <li>Potentially significant benefits in MS that improve physical activity policy with regard to active transport.</li> </ul>

## 7. COMPARISON OF OPTIONS AND PREFERRED OPTION

The IA compares the different options based on their likely effectiveness, efficiency, coherence with overarching EU policy objectives as well as feasibility of implementation and sustainability.

The *effectiveness* of the four options relies on action by the MS, all of which would be voluntary in nature. However, the options vary in the extent to which the EU calls for specific actions and / or policies and they are closely linked to the instrument chosen to implement the initiative. While all of the options could be expected to achieve some progress towards the two operational objectives and thereby the specific objective, the degree of success each option could be expected to attain varies, option A being as ineffective as the current situation, and option B being less effective than options C and D.

The options vary considerably in their *feasibility* of implementation (extent to which each option would attain buy-in from the MS, essential for a voluntary initiative) and sustainability (extent to which momentum attained in the short term would be maintained over a longer period of time). In particular, the complex monitoring and reporting arrangements proposed under option D led to a low score for feasibility.

Regarding the extent to which each option would be expected to contribute to the objectives for a given level of resources (*cost-effectiveness*), the principal costs of all the options would consist of those associated with developing and implementing policies to promote physical activity. A number of recent studies examined the costs of various interventions to promote physical activity in terms of their effectiveness either in quality-adjusted life years (QALY) or savings on health care costs. While the studies found highly variable levels of cost effectiveness, all of the interventions examined were proven cost effective i.e. they justified their costs, especially in light of the vast costs for the economy of physical inactivity. Evidence on both a micro and macro level demonstrates that the benefits outweigh the costs for a variety of types of government investment in physical activity promotion. In addition, the economic benefits of such policies, in terms of increased productivity and reduced health care costs are likely to be very large, thus justifying the even substantial costs. In addition to implementation costs, the cost-effectiveness of each of the options as related to administrative costs for the MS and costs to the EU budget shows that options B, C and D can all be considered cost-effective, option C ranking highest.

Regarding *coherence* action to promote HEPA contributes to the Europe 2020 strategy. More specifically, options B, C and D are all coherent with EU policies in the field of health, transport, social inclusion and research.

The analysis of options based on these four criteria has led to the choice of *option C as the preferred option* which poses the most appropriate and proportionate response to address the problems identified.

- Effectiveness: It contributes significantly to both operational objectives while allowing MS to prioritise effectively. A policy document with legal effect would be expected to add considerable weight to HEPA promotion in general and the EU PA GL in particular. The key difference with option B is the inclusion of a monitoring mechanism, which makes it very likely that the effectiveness of this option would be

significantly greater, especially but not limited to progress towards the second operational objective.

- Feasibility / Sustainability: The 'pragmatic' nature of this option, reflected by the support of MS, experts and stakeholders for a monitoring mechanism based on a limited set of high-level and aggregate indicators, is likely to result in few implementation problems due to its relatively low costs and ability to fit national circumstances. Moreover, the framework for collecting data and recording progress engendered by the monitoring mechanism and the reporting to the Council is likely to ensure the long-term sustainability of the initiative.
- Efficiency: This option would entail some costs for MS budgets, but the largest benefits, as the MS collect data to feed into the monitoring mechanism, allocate resources to new physical activity promotion policies and then benefit from increased HEPA rates. While the majority of the costs would stem from policy changes, some expenditure from the EU budget would be required in order to set up, administer and maintain the data from the monitoring mechanism; the EU would also be expected to play some role in helping the MS to collect relevant data.
- Coherence: If only because option C is likely to be the most effective, it can be described as contributing more to EU policy goals than the other options. It is likely to result in the greatest economic benefits and productivity gains, in addition to the largest steps towards improving health, tackling health inequalities, encouraging active commuting and facilitating social inclusions. In addition, the coherence of options C and D strongly aligns with the policy tool proposed for their implementation. The choice of a Council Recommendation appears to be a coherent approach given that a) several "softer" EU policy documents expressing a commitment to HEPA already exist or are in the pipeline and that b) the need for action exists primarily at MS level.

## **8. MONITORING AND EVALUATION**

In the framework of this Impact Assessment and in preparation of the planned initiative, a monitoring framework was developed by experts and consulted with MS and stakeholders. It includes a table with 23 high-level, aggregate indicators against which the evolution of HEPA rates and HEPA policies and the implementation of the EU PA GL can be measured. Data on these indicators will be collected as part of the EU monitoring mechanism foreseen in the preferred option (option C) and will also provide the lion's share of information needed to monitor and evaluate the initiative as a whole.

Progress in implementing the Council Recommendation will take the form of regular reports from the Commission to the Council, i.e. every three years, by involving the working structures for sport (e.g. XG SHP) and in coordination with other relevant fora (e.g. HLG, Platform for Action on Diet, Physical Activity and Health). Such reports would include in particular an assessment/evaluation of the progress made based on the data collected via the monitoring mechanism on the one hand, and, on the other, wider information regarding HEPA policy development and implementation of the EU PA GL in the MS. A full evaluation of the implementation of the Council Recommendation should be made after 6 years, involving an external contractor.