BALTIC JOURNAL OF SPORT & HEALTH SCIENCES
5(Supplement); 2025; pp. 8–27; eISSN 2538-8347
DOI: https://doi.org/10.33607/bjshs.v5iSupplement.1775

# Two Decades of HEPA Europe: Advancing Physical Activity Promotion Across the European Region

**Alexis Lion[1]*, Anja Frei[2], Peter Gelius[3], Aurélie Van Hoye[4], Johan de Jong[5, 6], Sonja Kahlmeier[7], Kelly A. Mackintosh[8], Marie Murphy[9, 10], Elaine Murtagh[11], Adriana Isabel Pinedo Carrillo[12], Suzana Pustivšek[13], Francesca Racioppi[14], Jan Seghers[15], Wanda Wendel-Vos[16], Stephen Whiting[12], Kremlin Wickramasinghe[12], Gundo Weiler[12], Anna Chalkley[17, 18]**

[1] Luxembourg Federation of Health Sport Associations (FLASS), Strassen, Luxembourg
[2] Epidemiology, Biostatistics and Prevention Institute, University of Zurich, Zurich, Switzerland
[3] Institute of Sport Sciences, University of Lausanne, Lausanne, Switzerland
[4] UMR1319 INSPIIRE, University of Lorraine, Nancy, France
[5] School of Sports Studies, Hanze University of Applied Sciences, Groningen, The Netherlands
[6] Department of Human Movement Sciences, University of Groningen/University Medical Center Groningen, Groningen, The Netherlands
[7] Department of Health, Swiss Distance University of Applied Sciences (FFHS), Zurich, Switzerland
[8] Applied Sports, Technology, Exercise and Medicine (A-STEM) Research Centre, Swansea University, Swansea, United Kingdom
[9] Physical Activity for Health Research Centre, University of Edinburgh, Edinburgh, United Kingdom
[10] Centre for Exercise Medicine, Physical Activity and Health, Ulster University, Belfast, United Kingdom
[11] Department of Physical Education and Sport Sciences, University of Limerick, Limerick, Ireland
[12] World Health Organization Regional Office for Europe, Copenhagen, Denmark
[13] National institute of Public Health Slovenia, Ljubljana, Slovenia
[14] World Health Organization European Centre for Environment and Health, Bonn, Germany
[15] Department of Movement Sciences, KU Leuven, Leuven, Belgium
[16] National Institute for Public Health and the Environment (RIVM), Bilthoven, The Netherlands
[17] University of Bradford, Bradford, United Kingdom
[18] Center for Applied Education Research, Wolfson Center for Applied Health Research, Bradford Royal Infirmary, Bradford, United Kingdom
* Correspondence: hepaeurope@who.int

## ABSTRACT

**Background:** The Health-Enhancing Physical Activity (HEPA) Europe network was established in 2005 to promote physical activity (PA) related research, policy, and practice across the World Health Organization (WHO) European Region. It was founded on early recognition of the essential role of regular PA for health, contributing to the prevention of non-communicable diseases and the promotion of mental, physical, and social wellbeing but before related European policy frameworks emerged.

**Nature of the Network:** Formally launched under the auspices of the WHO Regional Office for Europe (WHO/Europe), HEPA Europe has grown into a multidisciplinary and cross-sectoral network of over 250 member institutions from 41 WHO European member states. These include governmental bodies, academic institutions, and non-governmental organisations working in fields such as PA, sport, health, education, urban planning, and transport. The network supports collaboration through working groups, an annual conference, and meetings that facilitate the exchange of knowledge, best practices, consortia building for European Union (EU) funded projects, and policy development. It provides tools and evidence for policy and practice to address the insufficient levels of PA and increasing sedentary behaviour across the WHO European Region.

**Recent Developments:** In the recent years, HEPA Europe has strengthened its position by creating an early career devel-

opment section to support young scientists and professionals at the beginning of their careers in the field of PA promotion. In addition, HEPA Europe worked actively to collaborate with the EU PA Focal Points network, created in 2014, to support implementation of the HEPA Monitoring Framework, established to monitor the implementation of the EU PA Guidelines. HEPA Europe must broaden engagement across sectors and regions, improve sustainability, and strengthen the research–policy–practice link to maintain its impact.

**Keywords:** Network, exercise, public health, governance

## 1. INTRODUCTION

The health effects of regular physical activity (PA) are well known (Tipton, 2015), but it was during the 20th century that research began to systematically address the topic. Indeed, PA has long been identified as a determinant of physical, mental, and social health (Carron, 1982; Morgan, 1979; Morris et al., 1953). It is a cornerstone of public health, playing a crucial role in preventing non-communicable diseases (NCDs), such as cardiovascular diseases, type 2 diabetes, and certain cancers (Strain et al., 2024; World Health Organization, 2020). Despite overwhelming scientific evidence for its benefits and strong international recommendations (World Health Organization, 2019, 2020; World Health Organization Regional Office for Europe, 2016), a significant portion of the European population remains insufficiently active and is also becoming increasingly sedentary, spending more and more time sitting and in front of screens (European Commission, 2022; World Health Organization Regional Office for Europe, 2024c). To address this challenge, the promotion of health-enhancing physical activity (HEPA) has become a priority for health policies in Europe (Whiting et al., 2021, 2025).

The HEPA Europe network was initially funded in 1996 by the Directorate-General Health and Consumer Protection[1] of the European Commission as a visionary initiative even before the widespread recognition of the importance of promoting physical activity for public health across Europe and the emergence of related European policy frameworks (Martin et al., 2006; Martin-Diener et al., 2014; Oja & Wendel-Vos, 2022). The network was initiated by a small circle of forward-looking experts and institutions from countries historically leading PA field and started with three partners: the UKK Institute for Health Promotion and Research (UKK-I), The Netherlands Olympic Committee and The Netherlands Sports Confederation, and the Finnish Rheumatism Association. It aimed to: 1) foster national HEPA policy and strategy development through advocacy, consultation, and exchange of information; 2) provide a forum for informal networking and information exchange through electronic and printed media; and 3) promote walking as a safe and easily accessible form of HEPA. A first meeting, organised in Tampere (Finland), was attended by 26 national delegates from 14 EU countries (plus six European delegates).

While the initial network was linked to a specific time-bound project that was completed in 2001, it created the base for the current form of the HEPA Europe network, which was re-initiated in 2004 and officially launched in 2005 with a founding meeting in Gerlev (Denmark) under the auspices of the World Health Organization (WHO) Regional Office for Europe (WHO/Europe). Since then, HEPA Europe has progressively emerged as a central player in promoting PA-related research, advocacy, policy, and practice across the WHO European Region. The network, which brings together experts, researchers, policymakers, and practitioners from a broad

[1] *DG SANCO has been changed in 2015 by the Directorate-General for Health and Food Safety – DG SANTE*

range of disciplines and sectors, plays a key role in coordinating and promoting transnational efforts and trans-disciplinary collaboration, disseminating best practices, and developing and advocating for evidence-based policies. This article goes beyond providing a descriptive account – it offers a critical reflection on the first 20 years of HEPA Europe, assessing its achievements, challenges, and future priorities. In doing so, it provides unique insights into how regional health promotion networks can evolve to remain effective in a changing policy and public health landscape.

## 2. VISION, MISSION, AND GUIDING PRINCIPLES

The founders of the HEPA Europe network hypothesised that the most effective approach to tackling physical inactivity was to empower indirect stakeholders, such as non-governmental organisations (NGOs) and government ministries, which can, in turn, influence those with the mandates and authority to shape environments and implement the systemic changes that are needed to integrate PA into daily life and make it accessible across contexts, settings, and the life course (Martin et al., 2006; Martin-Diener et al., 2014; Oja & Wendel-Vos, 2022).

Therefore, HEPA Europe's mission is to provide a platform for advancing HEPA research, advocacy, policy, and practice to improve health and wellbeing across the WHO European Region. Its goals include fostering interdisciplinary, multidisciplinary, and transdisciplinary communication and knowledge-sharing among researchers, practitioners, and policymakers, as well as documenting and facilitating the exchange of experiences and best practices in HEPA promotion. HEPA Europe works to contribute to the development of multisectoral and intersectoral policies and strategies for HEPA, enhancing cross-sector collaboration to advance research, practice, and policy. It also prioritises capacity-building opportunities for the HEPA workforce and supports advocacy actions to create and sustain supportive social, physical, and policy environments for HEPA. The network aims to offer a strong voice for the HEPA agenda. The guiding principles emphasise population-based approaches informed by the best available scientific evidence and encourage the sharing and dissemination of knowledge. Additionally, HEPA Europe fosters cooperation and collaboration with related sectors, networks, and approaches. Over the years, HEPA Europe has strengthened its position as a valuable collaborative platform, particularly through its alignment with global public health objectives, such as those outlined in the WHO's Global Action Plan on Physical Activity 2018–2030 (World Health Organization, 2018) or several UN sustainable development goals (e.g. Good Health and Wellbeing; Sustainable Cities and Communities).

## 3. NATURE OF THE NETWORK

HEPA Europe functions as an informal collaborative network under the WHO European Regional Office's institutional umbrella, facilitating knowledge exchange without existing as a self-standing organisation. The network's development is based on the voluntary participation of its members and shaped by them through working groups and annual meetings, with the support of a Steering Committee. The network's activities are facilitated by working groups, established with a bottom-up approach by members interested in working together around specific topics and further enriched by the early career section that promotes the engagement of emerging young scientists and professionals, in turn supporting a lively intergenerational exchange. The network cannot hold a bank account, apply for financial support, or recruit personnel.

### a. Members

Membership is open to both public and private non-profit organisations and institutions operating at sub-national, national, or international levels, provided they are committed to supporting the network's goals and objectives. Eligible entities include government bodies, research, education, and scientific institutions, and NGOs. In the earlier years of the network, interested individuals were able to join by invitation from the Steering Committee. In the same way, organisations from outside the WHO European Region were granted the possibility to become observers. The status of observer was abolished, and individual membership was discontinued in 2022.

To become a member, organisations must follow several steps. Organisations must submit a letter of intent, complete an application questionnaire, appoint a contact person, and adhere to the responsibilities outlined in the terms of reference. Once these materials are submitted, WHO/Europe conducts due diligence by reviewing the application of non-state actors to ensure compliance with the WHO Framework of Engagement With Non-State Actors (World Health Organization, 2016). If deemed suitable, the Steering Committee of the HEPA Europe network reviews the applications and cast a vote to take final decision on whether membership will be granted. During the HEPA Europe annual meeting, the members are informed about the outcome of the membership procedure of the preceding year.

The network does not charge a membership fee. Member organisations are expected to actively contribute to the network's objectives by participating in its activities and engaging in one or more of HEPA Europe's thematic working groups. HEPA Europe members have voting rights (one vote per organisation) and are eligible for reduced participation fees at HEPA Europe conferences.

In 2006, the first year the network accepted memberships, it started with 34 members from 19 countries, two individual members, and one observer from Mexico. According to the annual meeting reports (and the Minutes of the Steering Committee meetings in 2024), a total of 252 institutions (or individual members) have been granted membership of the network since 2006. Among these, 16 members dropped out (e.g. contact details no longer existed, organisational changes; Figure 1). The members represented 41 countries of the WHO European Region (Table 1). Membership is higher in north-western parts of Europe with multiple members (>10) per country (e.g. United Kingdom, Spain, Finland, Italy, Germany, Ireland, Switzerland, and the Netherlands). In the other countries, the total number of members per country is below 10 and, in some cases, only one or two. The network brings together researchers, policymakers, and practitioners with expertise in PA, public health, transportation, healthcare settings, education, and sport sciences. Most members are academic institutions (n = 141, 55.9%), mainly focusing on sport, PA, and/or public health. Forty (15.9%) members were from institutions from sport or PA, and 40 (15.9%) others were from health sector. Among the members are 17 (6.7%) ministries of health (or related departments) but only five (1.9%) ministries of sport (or related departments). Finally, the nine remaining members were from other sectors (e.g. environmental organisations).

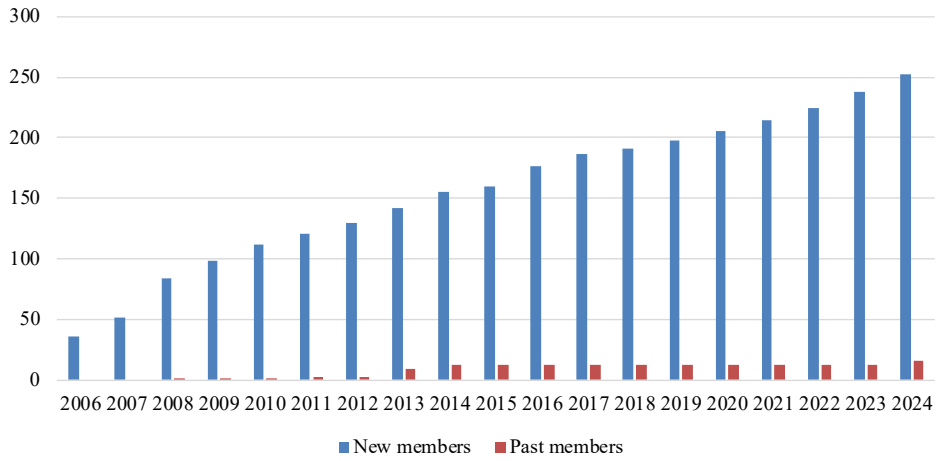



Figure 1. **Cumulative number of new members and cumulative number of members which stopped their membership per year**

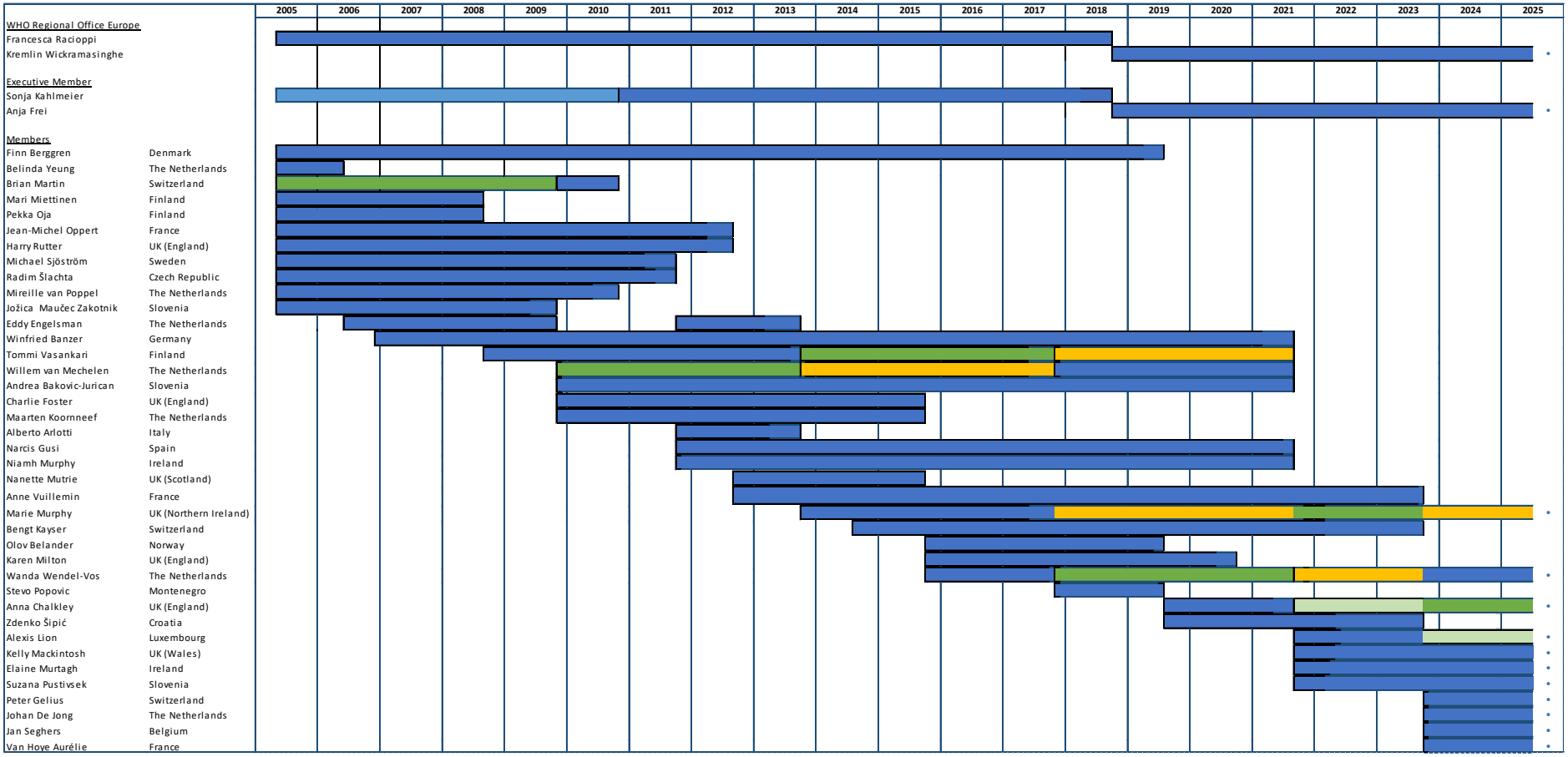
Table 1. **Number of new members of the network and number of members which dropped out per country**

| Country | New members | Past members |
|---|---|---|
| United Kingdom of Great Britain and Northern Ireland | 50 | 6 |
| Spain | 16 | |
| Finland | 15 | 6 |
| Italy | 15 | |
| Germany | 14 | 1 |
| Ireland | 13 | |
| Switzerland | 12 | 1 |
| The Netherlands | 11 | |
| Slovenia | 8 | |
| France | 7 | |
| Greece | 7 | |
| Sweden | 7 | |
| Belgium | 6 | |
| Denmark | 6 | |
| Portugal | 6 | 1 |
| Austria | 5 | 1 |
| Croatia | 5 | |
| Hungary | 4 | |
| Luxembourg | 4 | |
| Turkey | 4 | |
| Czech Republic | 3 | |
| Israel | 3 | |
| Lithuania | 3 | |
| Norway | 3 | |
| Ukraine | 3 | |
| Bosnia and Herzegovina | 2 | |
| Iceland | 2 | |

| Country | New members | Past members |
|---|---|---|
| Montenegro | 2 | |
| Poland | 2 | |
| Republic of North Macedonia | 2 | |
| Romania | 2 | |
| Bulgaria | 1 | |
| Cyprus | 1 | |
| Estonia | 1 | |
| Georgia | 1 | |
| Kazakhstan | 1 | |
| Malta | 1 | |
| Monaco | 1 | |
| Russian Federation | 1 | |
| Serbia | 1 | |
| Slovakia | 1 | |

### b. Steering Committee

According to the current Terms of the Reference (version adopted in 2020), the Steering Committee shall be composed of a minimum of ten, and a maximum of 15, representatives. Members are elected for a two-year term and may be re-elected without restriction, while the chair serves a two-year term and can be re-elected once. The first Steering Committee was established in 2005 and consisted of one chair and ten members. Since 2005, a total of 39 individuals from 18 countries have participated in the Steering Committee (Figure 2). Most members represented institutions from the Netherlands (n = 7) and United Kingdom (n = 7), followed by Finland (n = 3), France (n = 3), Slovenia (n = 3), and Switzerland (n = 3; Figure 3). Since 2005, six Steering Committee members from four countries (Finland, the Netherlands, United Kingdom, and Switzerland) have been elected as Chairpersons of HEPA Europe. At the end of their term, Chairpersons were often nominated as Vice-Chairpersons to share their experience with the new Chairperson and the Steering Committee. Stricter timeframes and new roles for membership and leadership were implemented to ensure greater turnover and opportunities for new ideas, organisations, and individuals to become involved in the leadership of the network. For example, the position of Chair-Elect was introduced in 2020 to facilitate leadership transition. One of the Steering Committee seats is permanently occupied by a designated representative of the WHO/Europe. Since 2010, another seat has been occupied by an Executive Member who supports the Committee's work (e.g. by taking meeting Minutes, managing communication). Except for the representative of the WHO/Europe and until recently the Executive Member, who is a member of the WHO Collaborating Centre on Physical Activity as part of the agreed programme of work with WHO, all members of the Steering Committee are volunteers, often supported by their own institutions to contribute to the network.




**Note:** Blue: Steering Committee members. Light blue: Secretary. Green: Chairperson. Orange: Vice-Chairperson. Light green: Chair-Elect Person.

Figure 2. **Steering Committee members from 2005 to 2025**

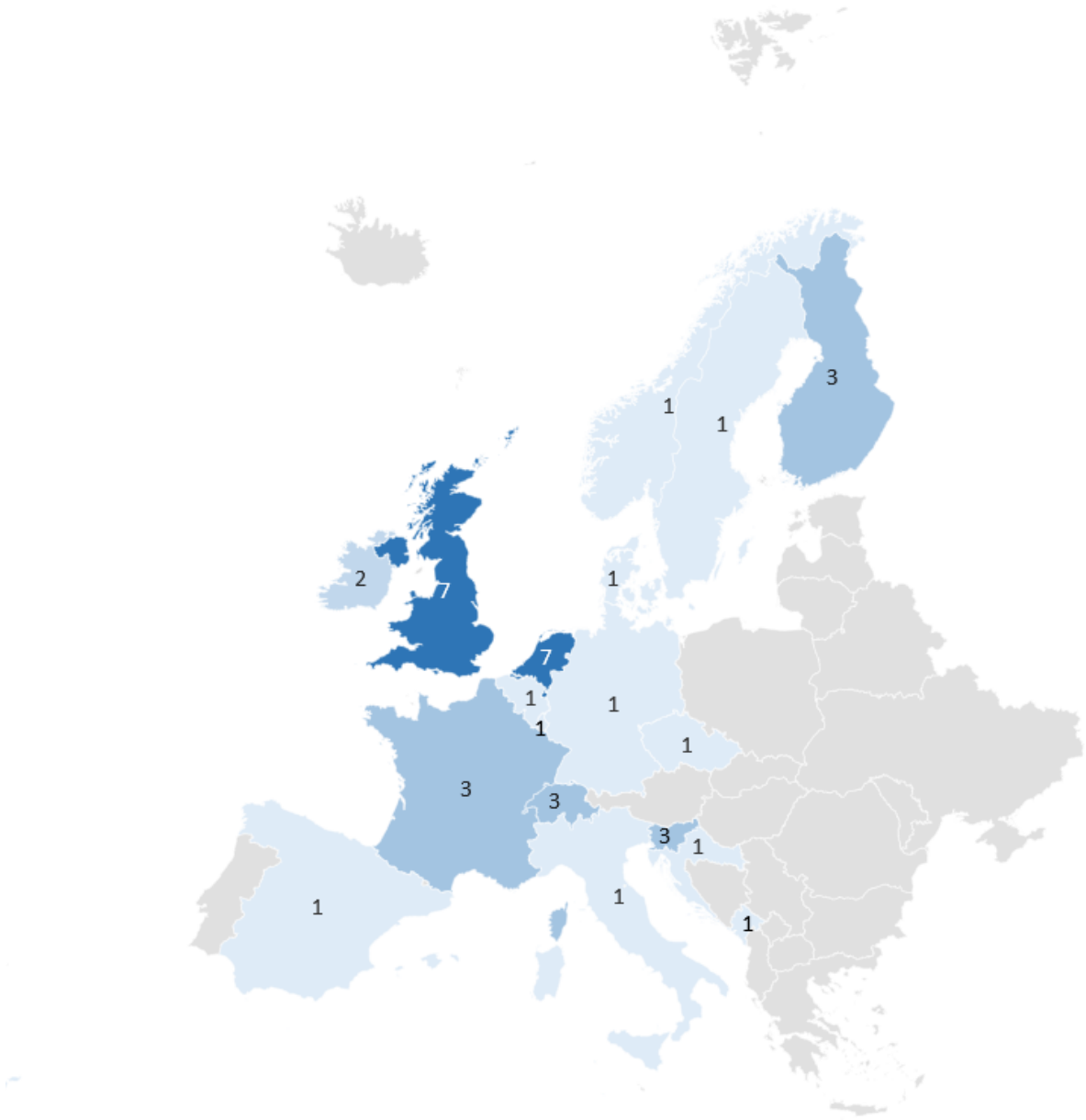



Figure 3. **Number of Steering Committee members by country since 2005**

The Steering Committee meets bimonthly to organise elections, review and validate member applications, manage memberships, develop strategic documents, make strategic and operational decisions, support working groups and the early career section, select and assist the host of the annual conference, and oversee communication management. Some of these tasks are also supported by technical officers from WHO/Europe.

### c. Working groups

A central mechanism that drives the network's mission forwards is the system of working groups. These working groups function as collaborative platforms for knowledge exchange, policy development, and practical guidance on a wide array of topics relevant to PA and health. The current working groups (see Table 2) are designed to address specific themes or population segments and are established based on the interests and needs of HEPA Europe members. Three working groups are targeting age or social groups: active ageing, children and adolescents, and HEPA promotion in socially disadvantaged groups. Three working groups are focused on promoting HEPA in particular settings: HEPA promotion in healthcare settings, workplace HEPA promotion, and promoting PA and health in sports clubs (which merged with the previous working group 'sports club for health'). Four working groups are focused on cross-cutting themes: environmental approaches to HEPA promotion, injury prevention, monitoring and surveillance of PA, and policy approaches to physical activity promotion. Participation in these groups is voluntary and open to any member willing to contribute their time and expertise. In addition, non-members may also participate in the working groups. The members come from various sectors, such as public health, education, transport, PA, sport, and urban planning, fostering an interdisciplinary approach that is essential for effective PA promotion. Their contributions range from scientific publications, methodological innovations, policy audits, practical toolkits, and advocacy resources. Several collaborations have been established between the working groups and WHO/Europe.

Table 2. **Working Groups of HEPA Europe**

| Working Groups | Summary of activities | Selected projects, reports, related-publications |
|---|---|---|
| HEPA promotion in age or social groups | | |
| Active ageing | Encourages physical activity for healthy ageing, fall prevention, and improved quality of life among seniors | Declaration:<br>- Active ageing through preventing falls: "Falls prevention is everyone's business" (European Stakeholders Alliance for Active Ageing through Falls Prevention (ESA on Falls), 2015) |
| Children and adolescents | Promotes physical activity in school and community settings; focuses on creating active lifestyles from early age | Projects:<br>- Keep Youngsters Involved<br>- Active Healthy Kids Spanish network<br>- European Children and Youth Fitness Landscape<br><br>Related-publications:<br>- Global Matrix 3.0 physical activity Report Card for children and youth: A comparison across Europe (Coppinger et al., 2020) |
| HEPA promotion in socially disadvantaged groups | Develops a greater understanding of ways to work with disadvantaged communities to encourage HEPA | Report:<br>- Physical activity promotion in socially disadvantaged groups: Principles for action: PHAN Work Package 4: Final report (World Health Organization Regional Office for Europe, 2013) |
| HEPA promotion in particular environments | | |
| HEPA promotion in healthcare settings | Focuses on increasing physical activity levels of patients by using the healthcare settings as media | Reports:<br>- Health Enhancing Physical Activity (HEPA) promotion in health care settings – Policy, practice & evidence (Ward, 2015b)<br>- A survey of physical activity in medical curricula (Ward, 2015a)<br><br>Related-publications:<br>- Physical activity promotion in primary care: A Utopian quest? (Lion et al., 2019) |

| Working Groups | Summary of activities | Selected projects, reports, related-publications |
|---|---|---|
| Promoting physical activity and health in sports clubs | Enhances the health promotion role of sports clubs | Projects:<br>- Sports Club for Health (2009–2011)<br>- Promoting National Implementation for Sports Club for Health Programmes in EU Member States (2015–2017)<br>- Creating Mechanisms for Continuous Implementation of the Sports Club for Health Guidelines in the European Union (2020–2022)<br>- HPSCoach-EDU. Health Promoting Sports Organisations: Capacity Building for Coach Education Across Europe (2025–2028)<br>- GAA Healthy Clubs<br><br>Reports:<br>- Health-promoting sports clubs National Audit Tool (World Health Organization Regional Office for Europe, 2022)<br>- Be an empowering and supportive coach: Health promoting sports coach implementation guide (World Health Organization Regional Office for Europe, 2024a)<br><br>Related-publications:<br>- Sports Club for Health (SCforH) textbook (Pedišić et al., 2022)<br>- Does sports club participation contribute to physical activity among children and adolescents? A comparison across six European countries (Kokko et al., 2019)<br>- Health promotion interventions in sports clubs: Can we talk about a setting-based approach? A systematic mapping review (Geidne et al., 2019)<br>- Measuring health promotion in sports club settings: A modified Delphi study (Johnson et al., 2020) |
| Workplace physical activity | Develops strategies to reduce sedentary behaviour at work and integrate activity into daily job routines | Report:<br>- Promotion of health-enhancing physical activity in small-to-medium-sized enterprises (World Health Organization Regional Office for Europe, 2023) |

| Working Groups | Summary of activities | Selected projects, reports, related-publications |
|---|---|---|
| Cross-cutting approaches | | |
| Environmental approaches to HEPA promotion | Examines the impact of built and natural environments on physical activity behaviour | Report:<br>- Health Economic Assessment Tools (HEAT) for walking and for cycling: Methodology and user guide: Economic assessment of transport infrastructure and policies (World Health Organization Regional Office for Europe, 2011, 2024b)<br><br>Related-publications:<br>- The Health Economic Assessment Tool (HEAT) for walking and cycling – Experiences from 10 years of application of a health impact assessment tool in policy and practice (Kahlmeier et al., 2023)<br>- Integrated impact assessment of active travel: Expanding the scope of the Health Economic Assessment Tool (HEAT) for walking and cycling (Götschi et al., 2020) |
| Injury prevention | Focuses on reducing injury risks associated with physical activity and sport | Project:<br>- Move Healthy (2019–2022) |
| Monitoring and surveillance of physical activity | Supports harmonised data collection and evaluation of physical activity across Europe | Project:<br>- European Union Physical Activity and Sport Monitoring System (EUPASMOS) (2018–2020)<br>- JA PreventNCD – Joint Action Prevent Non-Communicable Diseases and Cancer<br><br>Related-publications:<br>- Reliability and validity of the ONAPS physical activity questionnaire in assessing physical activity and sedentary behaviour in French adults (Charles et al., 2021)<br>- Physical activity, sedentary behaviour, and time in bed among Finnish adults measured 24/7 by triaxial accelerometry (Husu et al., 2021)<br>- Reliability and validity of self-reported questionnaires assessing physical activity and sedentary behaviour in Finland (Husu et al., 2024) |

| Working Groups | Summary of activities | Selected projects, reports, related-publications |
|---|---|---|
| Policy approaches to physical activity promotion | Supports collection and dissemination of policies promoting physical activity | Report:<br>- Health-enhancing physical activity (HEPA) Policy Audit Tool (PAT): Version 2 (Bull et al., 2015)<br><br>Related-publications:<br>- Turning the tide: National policy approaches to increasing physical activity in seven European countries (Bull et al., 2015)<br>- National policy on physical activity: The development of a Policy Audit Tool (Bull et al., 2014)<br>- Auditing national HEPA policies – Applications, dissemination and lessons learned from the HEPA PAT project (Kahlmeier et al., 2017)<br>- The added value of using the HEPA PAT for physical activity policy monitoring: A four-country comparison (Gelius et al., 2021)<br>- Analysis of national physical activity and sedentary behaviour policies in China (Chen et al., 2023)<br>- Development of a local health-enhancing physical activity Policy Analysis Tool in France: CAPLA-Santé. (Noël Racine et al., 2021) |

### d. Early career section

The idea of an early career section within HEPA Europe was first discussed in 2015, and following a membership survey in 2018, it was formally launched in 2020. Its purpose is to strengthen the participation of students and professionals at the beginning of their careers, recognising that sustaining PA promotion requires active engagement of the next generation. HEPA Europe deliberately interprets 'early career' broadly. Beyond researchers within five years of their first academic post, this includes postgraduate students, postdoctoral researchers, practitioners, and policymakers who are developing expertise in HEPA. This inclusive definition reflects the diverse routes into the field and ensures that voices from research, practice, and policy are represented. The section provides a platform for intergenerational exchange, enabling early career professionals to bring fresh perspectives while learning from more experienced members. Dedicated activities at the annual conference include awards, workshops, mentoring sessions, and career development panels. Early career members are also encouraged to contribute to working groups and joint publications, fostering integration across the network. A major innovation has been the HEPA Europe Early Career Development Programme, launched in 2022 with WHO/Europe. This competitive six-month programme supports participants' professional growth through leadership development, skills training, and mentorship. To date, 16 participants from 13 countries have completed the programme. By investing in capacity building and nurturing new leaders, the early career section plays a critical role in ensuring the network's long-term vitality and sustainability.

### e. Annual meetings

Since the inception of the network, annual meetings have been held. Between 2005 and 2025, 21 annual meetings were organised (Table 3). The annual meeting is the moment to provide feedback of the activities of the Steering Committee. In addition, the different working groups are invited to highlight their annual achievements. Members are informed about the outcome of the membership procedure of the preceding year (e.g. the new members). Reports of the meetings are published by the WHO/Europe (please visit https://iris.who.int/ to consult the reports).

Table 3. **Conferences and annual meetings of HEPA Europe**

| Year | Conference dates | Annual meeting dates | City, Country | Number of annual meeting/ conference delegates |
|---|---|---|---|---|
| 2005 | None | 26 May | Gerlev, Denmark | 26 (annual meeting) |
| 2006 | None | 14 June | Tampere, Finland | 39 (annual meeting) |
| 2007 | None | 16 May | Graz, Austria | 77 (annual meeting) |
| 2008 | 8–9 Sept. | 10 Sept. | Glasgow, United Kingdom | 222 |
| 2009 | None | 12 Nov. | Bologna, Italy | 151* |
| 2010 | 24–25 Nov. | 26 Nov. | Olomouc, Czechia | 170 |
| 2011 | 11 Nov. | 13 Nov. | Amsterdam, The Netherlands | 200 |
| 2012 | 26 Sept. | 27 Sept. | Cardiff, United Kingdom | 174 |
| 2013 | 22–23 Oct. | 24 Oct. | Helsinki, Finland | 228 |
| 2014 | 27–28 Aug. | 29 Aug. | Zurich, Switzerland | 199 |
| 2015 | 7–8 Oct. | 9 Oct. | Istanbul, Turkey | 131 |

| Year | Conference dates | Annual meeting dates | City, Country | Number of annual meeting/ conference delegates |
|---|---|---|---|---|
| 2016 | 28–29 Sept. | 30 Sept. | Belfast, United Kingdom | 289 |
| 2017 | 15–17 Nov. | 17 Nov. | Zagreb, Croatia | 187 |
| 2018 | 15–17 Oct. | 17 Oct. | London, United Kingdom | 47** (annual meeting) |
| 2019 | 28–30 Aug. | 30 Aug. | Odense, Denmark | 250 |
| 2020 | None | 4 Sept. | Online meeting | 49 (annual meeting) |
| 2021 | None | 3 Sept. | Online meeting | 33 (annual meeting) |
| 2022 | 31 Aug.–2 Sept. | 31 Aug. | Nice, France | 400 |
| 2023 | 11–13 Sept. | 12 Sept. | Leuven, Belgium | 419 |
| 2024 | 19–21 Sept. | 20 Aug. | Dublin, Ireland | 479 |

**Notes:** * A symposium was held in place of the standalone conference. ** The conference took place as part of the International Society for Physical Activity and Health (ISPAH) congress.

## 4. CONFERENCE

Since 2008, HEPA Europe organises (in addition to the annual meeting each year) a conference (exceptions: 2009, a symposium was organised; 2019, a session was organised during ISPAH congress; 2020 and 2021, COVID-19 outbreak) that brings together members, experts, policymakers, and practitioners to discuss the promotion of PA. The annual conference attracts participants from across Europe and beyond. The number of delegates doubled from 222 in Glasgow in 2008 to 479 in Dublin in 2024. Conferences are organised in close collaboration between the host institution and the HEPA Europe Steering Committee. The host establishes three main committees: a Leadership Committee for overall coordination, a Scientific Committee to design the programme, and an Organising Committee to manage logistics, sponsorship, and social events. The host is responsible for securing funding (which must align with the WHO/Europe's values) and selecting a venue with suitable facilities for plenary and parallel sessions, exhibitions, and meetings. The two-to-three-day conference includes keynote speeches, scientific sessions, working group meetings, and networking activities and is designed to promote evidence-based practice for PA promotion across Europe. Usually, the European Commission (Sport Unit of the Directorate-General for Education, Youth, Sport and Culture – DG EAC) and WHO/Europe provide an update on their activities during the conference.

The annual meeting of HEPA Europe is organised during the conference. Between 2005 and 2025, 16 conferences were organised by the HEPA Europe and the different host organisations (Table 3). The proceedings of the annual conference have been published since 2022 (HEPA Europe, 2022, 2023, 2024).

## 5. INTERACTIONS WITH THE WHO/ EUROPE

While HEPA Europe has always worked under the auspices of WHO/Europe, in June 2019, following changes in staffing structure and personnel, a new working relationship was agreed to provide ongoing administrative and technical support for the network. This includes maintaining the membership database of the network, attending the Steering Committee meetings to provide updates on WHO/ Europe's work, providing financial support for projects on an ad hoc basis, supporting the early career development programme, maintaining the HEPA

Europe webpages, disseminating information to the members, and providing administrative support to working groups regarding the use of the network's online platform.

WHO/Europe reviews the eligibility of potential new members and promotes the network via the WHO/Europe website, including the collation and distribution of newsletters. WHO/Europe publishes reports of the annual conferences and annual meetings as well as topic-specific reports and guidelines elaborated by/or in collaboration with the working groups of the HEPA Europe networks. Depending on the financial resources available at the time, WHO/Europe also supported the organisation of several past HEPA Europe conferences.

WHO/Europe also supports the organisation of the biannual meetings of the European Union Physical Activity Focal Points network. This network, which is distinct from HEPA Europe network, was created in 2014, following a Council Recommendation published in 2013 by the European Commission (Council of the European Union, 2013) which invites the European Union member states to coordinate the national collection of information for the HEPA Monitoring Framework. To collect and report the data, each member state is invited to nominate one Focal Point. Focal Points meet regularly to share experiences and discuss PA policy monitoring, new projects, and collaborative activities. As both networks have partially common goals, HEPA Europe advocated for the organisation of one of the Focal Points' meetings to take place during, or immediately before or after, the HEPA Europe conference. This provides the opportunity to the Focal Points to participate in the HEPA Europe conference. The first Focal Points organised concomitantly with HEPA Europe conference took place in 2017 in Zagreb. A recent addition (2022) has been the organisation of a 'marketplace' with the Focal Points during the HEPA Europe conference. Delegates can identify their country's Focal Points and discuss current issues of PA promotion, allowing both sides to benefit from each other's expertise. It helps to bridge the gap between policy and implementation and brings academics and policy makers together to learn from each other and strengthen collaboration.

## 6. CONCLUSIONS

Established as a visionary initiative in the early days of PA promotion, HEPA Europe has grown to become a key platform for promoting PA-related research, advocacy, collaboration, policy, and practice across the WHO European Region. Through its network of experts, institutions, working groups, and early career development network, it has supported evidence-based policies, interdisciplinary collaboration, and knowledge sharing for over two decades.

To remain effective, HEPA Europe must continue adapting, broaden its engagement, and strengthen interactions with other networks, particularly those with expertise or responsibilities beyond the public health domain. The sectoral gap could be reduced through stronger involvement of institutions in health, physical activity, sport, transport, and environment. Another key priority is to attract more members from governments and NGOs to reinforce the research–policy–practice link. Addressing the current geographical imbalance will also require targeted expansion in Central and Eastern Europe. In parallel, HEPA Europe should develop innovative solutions to ensure long-term sustainability. By pursuing these strategies, the network can remain at the forefront of PA-related research, advocacy, collaboration, policy, and practice, enhance its impact on public health and contribute meaningfully to global priorities such as the Sustainable Development Goals.

**Author Contributions:** All authors have read and agreed to the published version of the manuscript.

**Funding:** This research received no external funding.

**Informed Consent Statement:** Not applicable.

**Acknowledgements:** The authors thank past and current members, working group leaders, Steering Committee members, and chairs who have shaped the network.

**Conflicts of Interest:** The authors declare no conflict of interest.

## REFERENCES

Bull, F. C., Milton, K., & Kahlmeier, S. (2014). National policy on physical activity: The development of a Policy Audit Tool. *Journal of Physical Activity and Health*, *11*(2), 233–240. https://doi.org/10.1123/JPAH.2012-0083

Bull, F. C., Milton, K., Kahlmeier, S., Arlotti, A., Juričan, A. B., Belander, O., Martin, B., Martin-Diener, E., Marques, A., Mota, J., Vasankari, T., & Vlasveld, A. (2015). Turning the tide: National policy approaches to increasing physical activity in seven European countries. *British Journal of Sports Medicine*, *49*(11), 749–756. https://doi.org/10.1136/BJSPORTS-2013-093200

Bull, F., Milton, K., & Kahlmeier, S. (2015). *Health-enhancing physical activity (HEPA) Policy Audit Tool (PAT): Version 2*. https://iris.who.int/handle/10665/369593

Carron, A. V. (1982). Cohesiveness in sport groups: Interpretations ani considerations. *Journal of Sport Psychology*, *4*(2), 123. https://doi.org/10.1123/JSP.4.2.123

Charles, M., Thivel, D., Verney, J., Isacco, L., Husu, P., Vähä-Ypyä, H., Vasankari, T., Tardieu, M., Fillon, A., Genin, P., Larras, B., Chabanas, B., Pereira, B., & Duclos, M. (2021). Reliability and validity of the ONAPS physical activity questionnaire in assessing physical activity and sedentary behaviour in French adults. *International Journal of Environmental Research and Public Health*, *18*(11). https://doi.org/10.3390/IJERPH18115643

Chen, S., Hong, J., Milton, K., Klepac, B., Ma, J., & Pedisic, Z. (2023). Analysis of national physical activity and sedentary behaviour policies in China. *BMC Public Health*, *23*(1), 1–12. https://doi.org/10.1186/s12889-023-15865-8

Coppinger, T., Milton, K., Murtagh, E., Harrington, D., Johansen, D., Seghers, J., Skovgaard, T., & Chalkley, A. (2020). Global Matrix 3.0 physical activity Report Card for children and youth: A comparison across Europe. *Public Health*, *187*, 150–156. https://doi.org/10.1016/J.PUHE.2020.07.025

Council of the European Union. (2013). Council recommendation of 26 November 2013 on promoting health-enhancing physical activity across sectors. *Official Journal of European Union*, C 354/1.

European Commission. (2022). *Special Eurobarometer 525 – Sport and physical activity*. Publications Office of the European Union. https://doi.org/10.2766/356346

European Stakeholders Alliance for Active Ageing through Falls Prevention (ESA on Falls). (2015, September). *Active ageing through preventing falls: "Falls prevention is everyone's business"*. Prevention of Falls Network for Dissemination (ProFouND). https://db.eupha.org/repository/sections/ipsp/Joint_Declaration_Sept_2015.pdf

Geidne, S., Kokko, S., Lane, A., Ooms, L., Vuillemin, A., Seghers, J., Koski, P., Kudlacek, M., Johnson, S., & Van Hoye, A. (2019). Health promotion interventions in sports clubs: Can we talk about a setting-based approach? A systematic mapping review. *Health Education and Behaviour*, *46*(4), 592–601. https://doi.org/10.1177/1090198119831749

Gelius, P., Messing, S., Forberger, S., Lakerveld, J., Mansergh, F., Wendel-Vos, W., Zukowska, J., & Woods, C. (2021). The added value of using the HEPA PAT for physical activity policy monitoring: A four-country comparison. *Health Research Policy and Systems*, *19*(1), 1–12. https://doi.org/10.1186/S12961-021-00681-6

Götschi, T., Kahlmeier, S., Castro, A., Brand, C., Cavill, N., Kelly, P., Lieb, C., Rojas-Rueda, D.,

Woodcock, J., & Racioppi, F. (2020). Integrated impact assessment of active travel: Expanding the scope of the Health Economic Assessment Tool (HEAT) for walking and cycling. *International Journal of Environmental Research and Public Health*, *17*(20), 1–21. https://doi.org/10.3390/IJERPH17207361

HEPA Europe. (2022). 2022 HEPA Europe conference: An ecosystem approach to health-enhancing physical activity promotion. *European Journal of Public Health*, *32*(Issue Supplement 2), ii1–ii120. https://academic.oup.com/eurpub/issue/32/Supplement_2

HEPA Europe. (2023). 2023 HEPA Europe conference: Implementing health-enhancing physical activity research: From science to policy and practice. *European Journal of Public Health*, *33*(Issue Supplement 1), i1–i117. https://academic.oup.com/eurpub/issue/33/Supplement_1

HEPA Europe. (2024). 2024 HEPA Europe Conference: Optimising health-enhancing physical activity: The importance of inclusion. *European Journal of Public Health*, *34*(Issue Supplement 2), i1–i111. https://academic.oup.com/eurpub/issue/34/Supplement_2

Husu, P., Tokola, K., Vähä-Ypyä, H., Sievänen, H., Suni, J., Kaikkonen, K. M., Heinonen, O. J., Savonen, K., Heiskanen, J., Kokko, S., & Vasankari, T. (2021). Physical activity, sedentary behaviour, and time in bed among Finnish adults measured 24/7 by triaxial accelerometry. *Journal for the Measurement of Physical Behaviour*, *4*(2), 163–173. https://doi.org/10.1123/JMPB.2020-0056

Husu, P., Vähä-Ypyä, H., Tokola, K., Sievänen, H., Rocha, P., & Vasankari, T. (2024). Reliability and validity of self-reported questionnaires assessing physical activity and sedentary behaviour in Finland. *International Journal of Environmental Research and Public Health*, *21*(6), 686. https://doi.org/10.3390/IJERPH21060686

Johnson, S., Vuillemin, A., Geidne, S., Kokko, S., Epstein, J., & Van Hoye, A. (2020). Measuring health promotion in sports club settings: A modified Delphi study. *Health Education and Behaviour*, *47*(1), 78–90. https://doi.org/10.1177/1090198119889098

Kahlmeier, S., Cavill, N., Thondoo, M., Rutter, H., de Sa, T. H., Racioppi, F., & Gotschi, T. (2023). The Health Economic Assessment Tool (HEAT) for walking and cycling – experiences from 10 years of application of a health impact assessment tool in policy and practice. *Frontiers in Sports and Active Living*, *5*. https://doi.org/10.3389/FSPOR.2023.1146761

Kahlmeier, S., Milton, K., Cavill, N., Giné-Garriga, M., Galán-Mercant, A., Ley, V., Krtalic, S., Martin-Diener, E., Mota, J., Valente, A., Van Hoye, A., Vuillemin, A., Lombrail, P., Lecomte, F., Wendel-Vos, G. C. W., Storm, I., & Bull, F. C. (2017). *Auditing national physical activity policies: Applications, dissemination and lessons learned from the HEPA Policy Audit Tool (PAT)*. EPHEPA. https://doi.org/10.5167/uzh-152006

Kokko, S., Martin, L., Geidne, S., Van Hoye, A., Lane, A., Meganck, J., Scheerder, J., Seghers, J., Villberg, J., Kudlacek, M., Badura, P., Mononen, K., Blomqvist, M., De Clercq, B., & Koski, P. (2019). Does sports club participation contribute to physical activity among children and adolescents? A comparison across six European countries. *Scandinavian Journal of Public Health*, *47*(8), 851–858. https://doi.org/10.1177/1403494818786110

Lion, A., Vuillemin, A., Thornton, J. S., Theisen, D., Stranges, S., & Ward, M. (2019). Physical activity promotion in primary care: A Utopian quest? *Health Promotion International*, *34*(4), 877–886. https://doi.org/10.1093/heapro/day038

Martin, B. W., Kahlmeier, S., Racioppi, F., Berggren, F., Miettinen, M., Oppert, J. M., Rutter, H., Šlachta, R., Van Poppel, M., Zakotnik, J. M., Meusel, D., Oja, P., & Sjöström, M. (2006). Evidence-based physical activity promotion – HEPA Europe, the European network for the promotion of health-enhancing physical activity. *Journal of Public Health*, *14*(2), 53–57. https://doi.org/10.1007/s10389-006-0029-5

Martin-Diener, E., Kahlmeier, S., Vuillemin, A., van Mechelen, W., Vasankari, T., Racioppi, F., & Mar-

tin, B. W. (2014). 10 years of HEPA Europe: What made it possible and what is the way into the future? *Schweizerische Zeitschrift Für Sportmedizin Und Sporttraumatologie*, *62*(2), 6–12. https://doi.org/10.5167/uzh-98310

Morgan, W. P. (1979). Anxiety reduction following acute physical activity. *Psychiatric Annals*, *9*(3), 36–45. https://doi.org/10.3928/0048-5713-19790301-06

Morris, J. N., Heady, J. A., Raffle, P. A. B., Roberts, C. G., & Parks, J. W. (1953). Coronary heart-disease and physical activity of work. *The Lancet*, *262*(6796), 1111–1120. https://doi.org/10.1016/S0140-6736(53)91495-0

Noël Racine, A., Van Hoye, A., Baron, A., Lecomte, F., Garbarino, J. M., Massiera, B., Honta, M., & Vuillemin, A. (2021). Development of a local health-enhancing physical activity Policy Analysis Tool in France: CAPLA-Santé. *Health Promotion Practice*, *22*(4), 540–548. https://doi.org/10.1177/1524839920916462

Oja, P., & Wendel-Vos, W. (2022). The history of HEPA Europe: Growing from an EU-funded project towards a WHO-Europe network. In Ž. Pedišić (Ed.), *Sports Club for Health (SCforH) movement in the European Union* (pp. 58–70). University of Zagreb Faculty of Kinesiology.

Pedišić, Ž., Koski, P., Kokko, S., Oja, P., Savola, J., Lane, A., Hartmann, H., Geidne, S., Bělka, J., Rakovac, M., Livson, M., Bělka, J., Tomat, S. B., Broms, L., Chen, S.-T., De Grauwe, G., Em, S., Háp, P., Heimer, S., … Jurakić, D. (2022). *Sports Club for Health (SCforH) textbook.* University of Zagreb Faculty of Kinesiology. https://www.scforh.info/wp-content/uploads/2023/02/SCfoH-Textbook-2021.pdf

Strain, T., Flaxman, S., Guthold, R., Semenova, E., Cowan, M., Riley, L. M., Bull, F. C., Stevens, G. A., Raheem, R. A., Agoudavi, K., Anderssen, S. A., Alkhatib, W., Aly, E. A. H., Anjana, R. M., Bauman, A., Bovet, P., Moniz, T. B., Bulotait, G., Caixeta, R., … Zoma, L. R. (2024). National, regional, and global trends in insufficient physical activity among adults from 2000 to 2022: A pooled analysis of 507 population-based surveys with 5·7 million participants. *The Lancet Global Health*, *12*(8), e1232–e1243. https://doi.org/10.1016/S2214-109X(24)00150-5

Tipton, C. M. (2015). The history of "Exercise Is Medicine" in ancient civilizations. *Advances in Physiology Education*, *38*(2), 109–117. https://doi.org/10.1152/advan.00136.2013

Ward, M. (2015a). *A survey of physical activity in medical curricula: A report of the HEPA in health care settings HEPA Europe working group*.

Ward, M. (2015b). *Health enhancing physical activity (HEPA). Promotion in health care settings – Policy, practice & evidence*.

Whiting, S., Abu-Omar, K., Gelius, P., Firmino-Machado, J., Rakovac, I., & Mendes, R. (2025). Physical activity policy implementation and physical activity levels in the European Union: Are we on track to close the gap between policy and practice? *Health Policy*, *151*. https://doi.org/10.1016/j.healthpol.2024.105200

Whiting, S., Mendes, R., Morais, S. T., Gelius, P., Abu-Omar, K., Nash, L., Rakovac, I., & Breda, J. (2021). Promoting health-enhancing physical activity in Europe: Surveillance, policy development and implementation 2015–2018. *Health Policy*, *125*(8), 1023–1030. https://doi.org/10.1016/J.HEALTHPOL.2021.05.011

World Health Organization Regional Office for Europe. (2011). *Health Economic Assessment Tools (HEAT) for walking and for cycling*. https://www.who.int/europe/publications/i/item/9789289058377

World Health Organization Regional Office for Europe. (2016). *Physical activity strategy for the WHO European Region 2016–2025*. https://www.who.int/europe/publications/i/item/9789289051477

World Health Organization Regional Office for Europe. (2022). *Health-promoting sports clubs national audit tool*. https://iris.who.int/handle/10665/353076

World Health Organization Regional Office for Europe. (2023). *Promotion of health-enhancing phys-*

*ical activity in small-to medium-sized enterprises*. https://iris.who.int/handle/10665/373629

World Health Organization Regional Office for Europe. (2024a). *Be an empowering and supportive coach: Health promoting sports coach implementation guide*. https://iris.who.int/handle/10665/378473

World Health Organization Regional Office for Europe. (2024b). *Health Economic Assessment Tool (HEAT) for walking and for cycling: Methods and user guide on physical activity, air pollution, road fatalities and carbon impact assessments: 2024 update*. https://www.who.int/europe/publications/i/item/9789289058377

World Health Organization Regional Office for Europe. (2024c). *Health-enhancing physical activity in the European Union, 2024*. https://www.who.int/europe/publications/i/item/WHO-EURO-2024-10606-50378-76030

World Health Organization. (2016). *WHO's engagement with non-state actors*. https://apps.who.int/gb/ebwha/pdf_files/wha69/a69_r10-en.pdf

World Health Organization. (2018). *Global action plan on physical activity 2018–2030: More active people for a healthier world.* https://www.who.int/publications/i/item/9789241514187

World Health Organization. (2019). *Guidelines on physical activity, sedentary behaviour and sleep: For children under 5 years of age*. https://www.who.int/publications/i/item/9789241550536

World Health Organization. (2020). *WHO guidelines on physical activity and sedentary behaviour*. https://www.who.int/publications/i/item/9789240015128

Received on August 29, 2025
Accepted on September 8, 2025