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IMproving Physical Activity policies and their impact on health eQuiTy (IMPAQT)

Physical Activity Environment Policy Index (PA-EPI) – Evidence Document for the Republic of Ireland

2026

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Contact: Dr Kevin Volf, kevin.volf@ul.ie
Project Web Address: https://www.ul.ie/research/impaqt

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Authorship:

Dr Kevin Volf
Department of Physical Education and Sport Sciences, University of Limerick, Ireland

Dr Enrique García Bengoechea
Department of Physical Education and Sport Sciences, University of Limerick, Ireland

Professor Catherine Woods
Department of Physical Education and Sport Sciences, University of Limerick, Ireland

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Contact Details:

Any questions regarding this document can be directed to Dr Kevin Volf (kevin.volf@ul.ie)

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LIST OF ABBREVIATIONS

ASF	Active School Flag
BPEs	Best Practice Exemplars
CAP21	Climate Action Plan 2021
CAP23	Climate Action Plan 2023
CAP24	Climate Action Plan 2024
CAP25	Climate Action Plan 2025
CBA	Classroom Based Assessment
CDM	Cycle Design Manual
CCMA	City and County Managers Association
CMO	Chief Medical Officer
COSI	Childhood Obesity Surveillance Initiative
CSPE	Civic, Social and Political Education
CSPPA	Children's Sport Participation and Physical Activity
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DoE	Department of Education and Youth
DEIS	Delivering Equality of Opportunity in Schools
DHLGH	Department of Housing, Local Government and Heritage
DMURS	Design Manual for Urban Roads and Streets
DRCD	Department of Rural and Community Development and the Gaeltacht
DoT	Department of Transport
DTAGSM	Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media
ED	Evidence Document
EPAS	European Physical Activity Strategy
ERA4HEALTH	European Research Area for Health
EU	European Union
FIS	Federation of Irish Sport
GDA	Greater Dublin Area
GPSs	Good Practice Statements
GUI	Growing Up in Ireland
HBSC	Health Behaviour of School Aged Children
HEAL	Healthy Eating and Active Living
HI	Healthy Ireland
HSE	Health Service Executive
IHF	Irish Heart Foundation
IMPAQT	IMproving Physical Activity policies and their impact on health eQuiTy
INFORMAS	International Network for Food and Obesity / Non-communicable Diseases

I-PARC	Irish Physical Activity Research Collaboration
IPAQ	International Physical Activity Questionnaire
ISM	Irish Sports Monitor
ISPAH	International Society for Physical Activity and Health
Km/h	Kilometres per hour
LSP	Local Sports Partnership
MECC	Making Every Contact Count
MVPA	Moderate-to-Vigorous Physical Activity
NCCA	National Council for Curriculum and Assessment
NCD	Non-Communicable Disease
NDMS	National Demand Management Strategy
NDP	National Development Plan
NEPS	National Education Psychological Service
NGB	National Governing Bodies
NGO	Non-governmental organisation
NPAAP	National Physical Activity Action Plan
NPAF	National Physical Activity Framework
NPAP	National Physical Activity Plan
NPAP IG	National Physical Activity Plan Implementation Group
NPF	National Planning Framework
NPO	National Policy Objective
NSMP	National Sustainable Mobility Policy
NSO	National Strategic Outcome
NSMP	National Sustainable Mobility Policy
NTA	National Transport Authority
OPAP	Obesity Policy and Action Plan
PA	Physical Activity
PAGLs	Physical Activity Guidelines
PA-EPI	Physical Activity Environment Policy Index
PDST	Professional Development Service for Teachers
PE	Physical Education
PEN	Policy Evaluation Network
PRSI	Pay Related Social Insurance
RSA	Road Safety Authority
RSS	Road Safety Strategy
SCEP	Sports Capital and Equipment Programme
SIPO	Standards in Public Office Commission
SPHE	Social, Personal and Health Education
SRTS	Safe Routes to School
STEM	Science, Technology, Engineering and Mathematics

TEU	Treaty on European Union
TFEU	Treaty on the Functioning of the European Union
TfL	Transport for Ireland
TII	Transport Infrastructure Ireland
TILDA	The Irish LongituDinal Study on Ageing
RSA	Road Safety Authority
USC	Universal Social Charge
WHO	World Health Organisation
WHOROE	World Health Organisation Regional Office for Europe
Y-PATH	Youth Physical Activity Towards Health

DEFINITIONS

Active Travel Walking, wheeling, or cycling as a means of transport (Department of Transport, 2022) page 8).

County and City Management Association The County and City Management Association is a network of local government chief executives (Local Government Management Agency, n.d.). Local government in Ireland consists of 31 local authorities in Ireland each with a chief executive responsible for day-to-day operations of the government (Local Government Ireland, n.d.).

County Council see *local government*

City Council see *local government*

City and County Council see *local government*

[School] Board of Management The Governance Manual for Primary Schools 2023 – 2027 defines the board of management as "the body of persons or the person(s) appointed by the patron to manage the school on behalf of the patron" (Department of Education and Youth, 2019). The Manual specifies how school boards of management shall be composed. All schools have a patron and a board of management.

Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation) (World Health Organisation, n.d.)

(An) Garda Síochána The police force of Ireland. 'Garda' can refer to a single police officer or be used as a shorten form of Garda Síochána. 'Gardaí' is the collective noun.

Greenway A greenway is a "recreational or pedestrian corridor for non-motorised journeys" (Department of Transport, Tourism and Sport; 2018). Standards for greenway design in Ireland, including width, visibility and surface requirements, have been specified by TII (Transport Infrastructure Ireland, 2025).

[Policy] Implementation In line with the definition of Kelly and colleagues (2022) policy should be understood as "An iterative process […] in which policy decisions are translated into practice (page iv14)". Pressman and Wildavsky (1984) notes that "Lack of implementation should not refer to failure to get going but (…) inability to follow through (page xxii)".

Local Government Local government in Ireland consists of 31 separate 'local authorities' with territorially defined jurisdictions (Local Government Ireland, n.d.). These 31 entities include three 'city councils', 26 'county councils' and two 'city and county councils'.

Ministers of State Ministers of state, (sometimes called junior ministers) are members of the Irish Parliament (the Oireachtas) appointed by the government to assist in running a government department. A minister of state is not to be confused with a government minister. Government ministers are members of the cabinet whose role is set out in article 28 of the Constitution of Ireland while the role of Minister of State is set out in Ministers and Secretaries (Amendment) (No. 2) Act of 1977.

[School] Patron The Governance Manual for Primary Schools 2023 – 2027 defines the school patron in the following way "The patron is the person recognised as such by the Minister [of Education] in accordance with section 8 of the Education Act 1998. Where two or more persons exercise the functions of a patron they may be registered as joint patrons. It is the duty of the patron, in accordance with section 14 of the Education Act 1998 to appoint, where practicable, a board of management" (Department of Education and Youth, 2019).

Post Primary school Also called 'secondary' schools, post primary schools provide second-level education to children aged 12 or older. Second-level education in Ireland consists of a three-year Junior Cycle and two-year Senior with an optional transition year (Citizens Information, n.d.).

Primary school Schools providing first-level education. In Ireland first-level education consists of an eight-year cycle and children typically begin primary education at the age of four or five (Citizens Information, n.d.).

[Public] Policy/Policies Broadly, public policy is "what governments choose to do or not to do" (page 1) (Dye, 2017). These government decisions on what to do determine whether (and how) physical activity interventions are "tendered, developed, financed, or implemented" (Gelius *et al.,* 2020).

Policy documents Written statements published by governments declaring proposed actions and /or ambitions. Policy documents provide evidence of "what governments choose to do not to do".

Sustainable Mobility In line with a definition provided in the National Sustainable Mobility Policy sustainable mobility can refer to active travel and/or public transport (Department of Transport, 2022).

Trustees The Governance Manual for Primary Schools 2023 – 2027 defines the school trustees in the following way "In general, the trustees are the persons who are parties to the lease of the school premises and are normally nominated by the patron as trustees of the school. The trustees undertake that the buildings shall continue to be used as a (…) school for the term of the lease and guarantee that the premises and contents are insured against fire and tempest" (Department of Education and Youth, 2019).

INTRODUCTION

The Challenge of Inactivity

Physical activity (PA) is a lifestyle behaviour linked with numerous health and social benefits. PA was established as a protective factor against mortality due to coronary heart disease in the 1950s (Morris *et al.,* 1953) and, since then, active lifestyles have been linked to health improvements on a variety of conditions including anxiety (McDowell *et al.,* 2018; 2019), depression (Choi *et al.,* 2019; Heissel *et al.,* 2023), type two diabetes (Aune *et al.,* 2015) and cancer (Fong et al., 2012; McTiernan et al., 2019). Uptake of physically active forms of travel can ease pressure on transport systems helping to ameliorate traffic congestion and contributing to the realisation of sectoral emissions targets (de Nazelle *et al.,* 2010). Participation in active recreation can support social cohesion and civic engagement (Putnam, 2000), as individuals involved in community sports clubs or walking groups often become more active in local decision-making and volunteer efforts.

Despite these well-documented benefits, encouraging people to engage in regular PA is a challenge. To address physical inactivity, a 'healthy' PA environment is paramount. The PA environment is defined for the purpose of this document, as the collective physical, economic, political, and sociocultural contexts, opportunities, and conditions that influence one's PA choices and behaviours. An unhealthy PA environment may be caused by a lack of 'upstream' policy progress in domains known to have a positive impact on PA behaviour, and when combined with a lack of effective infrastructure support for policy implementation (Swinburn *et al.,* 2013), then the inactivity pandemic (Kohl *et al.,* 2012) is likely to sustain, as the 'system' or environment remains unchanged despite best 'downstream' or programmatic efforts. We selected eight policy domains, representing multiple sectors, based on the International Society for Physical Activity and Health's (ISPAH) Eight Investments that work for PA (2020). These are transport, urban design, education, healthcare, community-wide programmes, sport and recreation for all, workplaces, and public education. ISPAH provides good evidence of effectiveness for each of these domains, and a rationale for investment in these areas due to their worldwide applicability and their potential to tackle inactivity if addressed comprehensively through a systems approach. Public policy interventions can help with the creation of a supportive environment for PA (Swinburn *et al.,* 2013). Government policy action can use a systems approach to leverage and integrate multiple sectors -such as those listed above - in partnership to create a healthy PA environment with sustainable effects.

Rationale for Assessment

A robust, systemic, policy response is required to foster the development of healthy PA environments. Policies should be evidence based and there is a growing literature indicating which policies effectiveness. Equally important, however, is ensuring that policy is properly implemented as even well-designed policies will only achieve meaningful impact when they are put into practice y. Further, an effective policy approach should consider whether the effects and uptake of policy actions are equitable. This Evidence Document (ED) provides a comprehensive overview of the current extent of PA policy implementation in Ireland. It has been prepared by researchers in Ireland working alongside partners in five other European countries as part of the IMPAQT consortium. This ED is intended to be utilised for benchmarking the implementation of PA policies in Ireland as part of an eight-step process

of policy assessment using the PA-EPI framework. Participation of diverse stakeholder groups in this process is required to ensure that policy implementation supports the goal of health equity.

PA-EPI Background and Overview

The PA-EPI, or Physical Activity Environment Policy Index, is a framework developed to assess and benchmark how well governments are implementing policies that create environments supportive of PA. The PA-EPI framework reflects a whole of government approach to the prevention of inactivity. The framework is divided into two main components: *Policy* and *Infrastructure Support*. The policy domains align with ISPAH's "Eight investments that work for physical activity" (ISPAH, 2020), and are education, transport, urban design, healthcare, public education (including mass media), sport-for-all, workplaces, and community.

The seven *Infrastructure Support* domains of the PA-EPI align with those of the INFORMAS Food-EPI (Swinburn *et al.,* 2013), and are leadership, governance, monitoring and intelligence, funding and resources, platforms for interaction, workforce development, and health-in-all-policies. The Infrastructure Support domains were based on the existing WHO system-building blocks (World Health Organisation, 2007), with an additional 'health in- all-policies' (or 'policy alignment') domain added to emphasize the importance of considering health in the development of non-health policies. Each of the 15 PA-EPI domains contains an 'ideal good practice', as well as examples of 'good practice statements' (GPS) or indicators of this ideal good practice.

There are 45 GPSs across the 15 PA-EPI domains. The components, domains and indicators (GPSs) of the PA-EPI framework are depicted in figure 1 below. The full list of policy indicators is laid out in figure 2 (for the GPSs in the Policy domains) and figure 3 (for the GPSs in the Infrastructure Support domains).

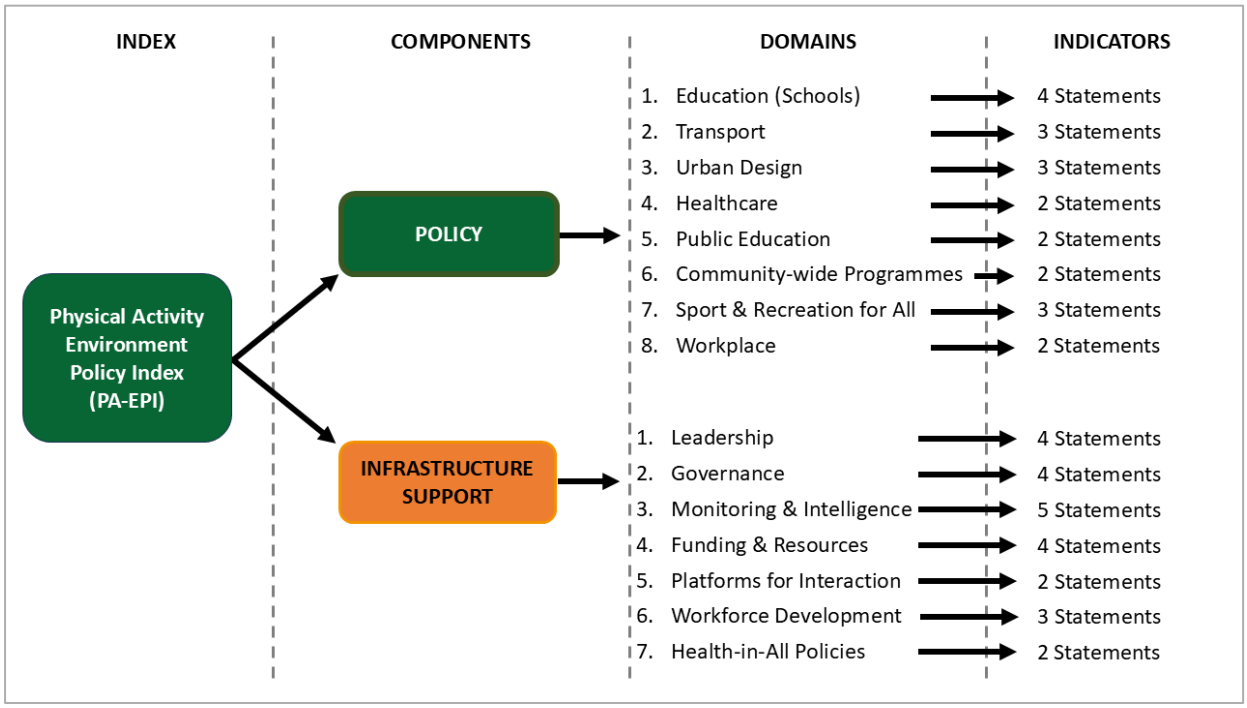


Figure 1 The Physical Activity Environment Policy Index (PA-EPI) Framework

Education (Schools) **There are public policies implemented that aim to impact on healthy physical activity environments and promote and support physical activity within the school setting.**		
1	**E01**	Evidence informed, quality, mandatory physical education that promotes and supports the ideals of equity, diversity and inclusion and adheres to defined standards is part of the curricula in all schools.
2	**E02**	National and/or subnational initiatives are in place to promote and support school-related physical activity both at school and in other settings. These initiatives should employ an inter-sectoral approach and collaborative multi-agency partnerships (e.g., links with out-of-school sports clubs, active breaks/recess, walking clubs).
3	**E03**	There are shared-use agreements that utilise school spaces. Community access is supported by initiatives to promote and support opportunities for physical activity for all persons outside of normal school hours.
4	**E04**	National and/or sub-national policies are in place to promote and support safe active travel to and from school.
Transport **There are public policies to promote and support active mobility for people of all ages and abilities.**		
5	**T01**	Regulations are in place that provide a variety of infrastructures to support safe walking and/or cycling and/or wheeling, including measures to calm speed, reduce vehicle traffic and enhance active mobility.
6	**T02**	There is a funded implementation plan, led by the appropriate level/s of government, to achieve improvements in active travel and increased use of public transport.
7	**T03**	Guidelines and tools to support infrastructure for active mobility and/or transport plans and systems that encourage physical activity are promoted and disseminated.
Urban Design **There are public policies enacted at appropriate level(s) of government to ensure that evidence-informed urban design principles are implemented to promote and support physical activity and active mobility for people of all ages and abilities.**		
8	**UD01**	Policies or regulations that take a "health in all" approach are adopted to reallocate space from motorised transport to active travel and/or recreation purposes.
9	**UD02**	Governments adopt land use policies and planning processes, consistent with principles of mixed land use, compact urban design, and/or provision of green open spaces to support physical activity and reduce motorised transport.
10	**UD03**	There are guidelines and/or regulations that improve universal and equitable access to safe outdoor and indoor spaces and facilities where people can be physically active.
Healthcare **Public policies are implemented within healthcare settings to promote and support physical activity, e.g., by providing guidelines and regulations, applying digital health technologies, and targeting at-risk groups like older adults.**		
11	**H01**	Guidelines and regulations in healthcare include routine screening for physical activity and, for all insufficiently active patients' brief advice, and referral to appropriately trained practitioners and/or physical activity opportunities.
12	**H02**	There are consistent policies for promoting and supporting physical activity in primary and secondary healthcare settings among at-risk groups, such as people with type 2 diabetes and older adults (e.g., protocols for the assessment of the physical activity capacity; accessible, affordable, and tailored physical activity programmes; and training for caregivers for delivering physical activity programmes within residential aged care).
Mass Media / Public Education **There are national and/or subnational public policies implemented to ensure enactment of media/education campaigns that actively promote and support increasing physical activity levels for all ages and abilities.**		
13	**MM01**	There are national and/or subnational public policies in place that ensure media and education campaigns that promote, and support physical activity are sustained and monitored (e.g., by making them part of, or aligning them with, a national action plan on physical activity and the physical activity guidelines).
14	**MM02**	There are clear, consistent policies to ensure that multiple media modes/channels (e.g., via posters, social media, radio as well as TV) combined with complementary community initiatives

		are used to promote the benefits of physical activity and disseminate guidelines which align with the WHO physical activity recommendations.
Community **There are policies and programmes that promote and support physical activity for all ages and abilities, consistent with relevant recommendations, e.g. by supporting the implementation of whole-of-community events and approaches and promoting the shared-use of public spaces and facilities.**		
15	**C01**	Public policies are in place to support the implementation of whole-of-community approaches to promote physical activity and networking to strengthen resources and exchange experiences (e.g., WHO Healthy Cities, Active Cities, Partnerships for Healthy Cities).
16	**C02**	There are public policies in place to foster partnerships for shared-use of public spaces and facilities for community-based and community-led physical activity programmes.
Sport **There are evidence-informed public policies implemented to promote and support sport and recreation for all.**		
17	**SP01**	There are national and/or subnational evidence informed 'Sport and Recreation for All' policies that prioritise investment in initiatives that target the least active, as well as disadvantaged groups.
18	**SP02**	There are national and/or subnational evidence informed policies or action plans in place that ensure equitable access to sport and recreation spaces and places for all.
19	**SP03**	There is government support for programs designed to encourage sports clubs to promote health-enhancing physical activity and other health behaviours (e.g., 'sports clubs for health' and 'health promoting sport clubs').
Workplace **There are national and/or sub-national policies implemented related to the workplace that promote and support increasing physical activity (e.g., cycle to work initiatives, physically active workplaces) and promote a culture of health for all employees.**		
20	**W01**	There are national and/or sub-national policy initiatives and infrastructure development programmes in place to promote and support safe active travel to and from the workplace.
21	**W02**	There are concepts and regulations for buildings, plots and the environment in place that promote and support employers to create physically active workplace environments through building design and provision of adequate facilities (both indoor and outdoor).

Figure 2 PA-EPI Good Practice Indicators (Policy Domains)

Leadership **The political leadership ensures that there is strong support for the vision, planning, communication, implementation, and evaluation of policies to create health-promoting policy environments to improve population physical activity and reduce related inequalities.**		
1	**L01**	There is strong, visible, political support (at the head of state/cabinet level) for creating health-promoting policy environments to improve population levels of physical activity and reduce inactivity related non-communicable diseases and their related inequalities. Political responsibility for health-related physical activity is clearly allocated within the governmental structures.
2	**L02**	There is a comprehensive up-to-date plan (including timeline, targets, funding, priority policy and programme strategies) linked to national needs and priorities to increase population physical activity.
3	**L03**	Priorities are given to reduce inequalities in relation to inactivity related non-communicable diseases in the comprehensive plan (above).
4	**L04**	There are clearly defined, evidenced informed population physical activity guidelines for all age groups and for people living with non-communicable diseases, pregnant women, and people with disabilities.
Governance **There are government structures in place to ensure transparency, accountability and encourage broad community participation when developing and implementing policies and actions to create healthy physical activity environments and improve population physical activity.**		
5	**G01**	There are reliable procedures to restrict commercial influences related to physical activity environments where there are conflicts of interest with improving population physical activity levels (e.g., restricting lobbying influences that limit physical activity opportunities).
6	**G02**	There are procedures in place for using evidence in the development of physical activity policies.
7	**G03**	The government ensures access to, and regular dissemination of, physical activity guidelines and key documents to the public.
8	**G04**	The government fosters the cooperation and coordination of all sectors to align with strategic plans to improve the physical activity environment, and where appropriate, promotes civil society participation to develop and implement these plans.
Monitoring and Intelligence **There is regular monitoring of population physical activity levels and physical activity environments, systematically linked to the regular monitoring of physical inactivity related non-communicable diseases. Ideally, monitoring should be consistent over time, integrated and occur annually, with more extensive surveys at least every five years (e.g., to allow data analysis across all jurisdictions, priority groups). Additionally, policies and major programmes should be evaluated regularly.**		
9	**MI01**	There is regular monitoring of physical activity levels across the life-course based on representative samples, against guidelines/standards/targets.
10	**MI02**	There is regular monitoring of physical activity environments across all 8 policy domains (e.g., walkability, built environment).
11	**MI03**	Physical activity monitoring is systematically linked to the regular monitoring of non-communicable diseases and their related inequalities.
12	**MI04**	There are regular research and evaluation of policies and major programmes to assess their effectiveness, process, and impact on achieving the goals of the physical activity and health plans.
13	**MI05**	Progress towards reducing health inequalities related to social and economic determinants of physical activity is regularly monitored.
Funding and Resources **Government funding to support physical activity promotion and research is clearly identified, monitored and sufficient. It is aimed at improving population physical activity levels, creating active environments, counteracting non-communicable diseases and reducing inequalities.**		
14	**FR01**	The budget spend on physical activity promotion across all policy domains is clearly identified and periodically monitored.
15	**FR02**	There is a sufficient proportion of total health spending assigned to population physical activity promotion.

16	**FR03**	A sufficient proportion of total research spending is assigned to population physical activity promotion.
17	**FR04**	A secure funding stream is available for at least one statutory health promotion agency with an objective to improve population physical activity.
Platforms for Interaction **There are coordination platforms and opportunities for synergies across government departments, levels of government and other sectors (e.g., non-governmental organisations, private sector, academia) such that policies and actions in physical activity are coherent, efficient, and effective in improving environments, population physical activity, reducing inactivity related non-communicable diseases and their related inequities**		
18	**PI01**	There are robust coordination mechanisms across departments and levels of government to ensure policy coherence, alignment and integration of physical activity, and inactivity related non-communicable disease prevention policies across governments.
19	**PI02**	There are structures and mechanisms for regular, meaningful, and inclusive interactions between government and civil society (academia, professional organizations, public-interest, non-governmental organisations, and citizens) on physical activity policies and other strategies to improve population physical activity and health.
Workforce Development **Governments have set up systems that provide a platform for population physical activity expertise to ensure that the formulation, implementation and evaluation of physical activity policies and programmes meet population needs.**		
20	**WD01**	To address the challenge of population physical inactivity, there are sufficient resources and people with necessary skills within the government's workforce (across all 8 policy domains).
21	**WD02**	Opportunities for training and professional development are provided to relevant individuals across multiple sectors (e.g., the 8 'Policy' domains) regarding the fundamentals of physical activity, its role in public health and effective strategies for physical activity promotion.
22	**WD03**	Support and training systems are in place for relevant professionals (e.g., guidelines, toolkits, training workshops/modules/courses). To ensure uptake, accrediting agencies for professional education, and professional licensing entities should include minimum requirements for initial and continuing education in this domain.
Health-in-All Policies **There are processes in place to ensure policy coherence and alignment, and that population health impacts are explicitly considered in the development of all relevant government policies.**		
23	**HIAP01**	There are processes in place to ensure that population physical activity and related health outcomes are explicitly and transparently considered and prioritised in the development of all government policies.
24	**HIAP02**	There are processes (e.g., health impact assessments) to assess and consider health impacts during the development of policies indirectly related to physical activity.

Figure 3 PA-EPI Good Practice Indicators (Infrastructure Support Domains)

To perform a policy assessment using GPSs of the PA-EPI framework an eight-step process is being utilised (see figure 4). The first four steps of the process culminated in the development of the evidence document presented below. In turn, this document will support the next four steps whereby the implementation of the 45 GPSs will be assessed by independent stakeholders resulting in a scorecard displaying the extent of implementation of all indicators, and recommendations for advancing policy implementation will be formulated, equity proofed and prioritised.

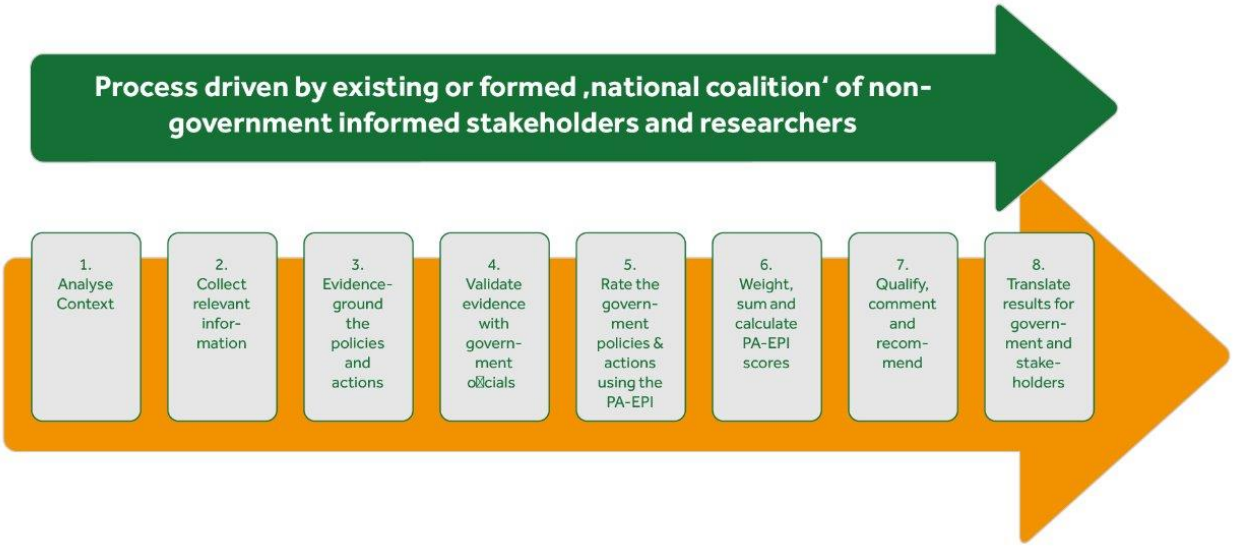


Figure 4 Eight-step process for utilising the PA-EPI framework

PEN

Policy Evaluation Network (PEN) was established in 2019 to research effective policies for promoting healthy lifestyles. As part of its research PEN developed the Physical Activity Environment Policy Index (PA EPI), for assessing and benchmarking the implementation of physical activity policies. The PEN consortium was funded for three years and concluded its work in 2022.

IMPAQT

IMPAQT stands for 'IMproving Physical Activity policies and their impact on health eQuiTy' and it is set to generate groundbreaking knowledge and action in physical activity and public health. IMPAQT will develop, test and promote policy benchmarking as a tool to make PA policy more effective and equitable. By utilizing cutting-edge methodologies, including the Physical Activity-Environment Policy Index (PA-EPI) and engaging diverse stakeholders including policymakers, non-governmental experts and citizens, IMPAQT seeks to create country-specific policy implementation scores and actionable recommendations to bridge implementation gaps. IMPAQT is based on scientific research as well as the involvement of policymakers, experts and citizens through a co-production approach in six European countries Germany, Lithuania, Netherlands, Poland, Romania and Ireland. Transnational comparisons will provide international benchmarks for healthy and equitable PA policy environments. IMPAQT received funding from the Health Research Board (Ireland) under the umbrella of the Partnership Fostering a European Research Area for Health (ERA4Health) (GA N° 101095426 of the EU Horizon Europe Research and Innovation Programme.

LAYOUT & METHODS

Understanding the structure of the evidence document

Below are 45 tables, one for each PA-EPI GPS. Each table contains the following elements:

- **Good Practice Statement (GPS)** The wording of the GPS is in a green box. Each GPS is preceded by a unique code consisting of letters and numbers. The letters indicate the PA-EPI domain and the numbers order the GPS within that domain. For example, the document begins with 'Education' domain, so the code of the first GPS is E01 indicating the first indicator of this domain. The second GPS presented in this evidence document is E02 as it is the second indicator in this domain.
- **Definitions and Scope** Each GPS is followed by one or more bullet points that outline the definition and scope. This is intended to reduce ambiguity when assessing whether the GPS was implemented successfully.
- **Equity** Under the Definitions and Scope are statements stating how health equity can be safeguarded in the implementation of the GPS.
- **Best Practice Exemplars (BPEs)** Provide examples of international best practice that demonstrate successful implementation of policies that promote PA. They serve as benchmarks for the evidence of implementation. These BPEs were selected by the IMPAQT consortium using criteria for evidence of fit to GPS, reach, equity, sustained budget and impact (see more details below). It is envisaged that BPEs will evolve over time as research in this area
- **Context** Information on context includes the activities and policy recommendations of major transnational organisations and international stakeholders. These stakeholders may operate at a Global or European level. Organisations with an interest in PA policy include ISPAH (https://ispah.org/) and the WHO. European level actors include the is institutions of the European Union (EU) and WHO's Regional Office for Europe (WHOROE). Any other information that the research team deemed relevant when interpreting the extent of implementation of the GPS in Ireland is also included in this row.
- **Evidence of Policy Implementation in Ireland** The final row of the table contains the actions which the Government of Ireland have taken that map onto the GPS. This policy information is supplemented with publicly available evidence speaking to the extent to which these policies have been implemented.

Notes on the scope of this document

References to the 'Government of Ireland' or 'Ireland' made throughout this document should be understood as referring to the government of the Republic of Ireland (*Rialtas na hÉireann* in the Irish language) and its territories respectively. Evidence collection for this document did not extend to policies enacted by the Northern Ireland Executive or the government of the United Kingdom of Great Britain and Northern Ireland. Only policy documents and programmes in place between August 2022 to August 2025 and only the most recent versions of policy documents are included.

Notes on reading the *Evidence of Policy Implementation in Ireland* subsections of the document

Headings in bold represent the titles of policies or initiatives that are planned or in place or the title of a source of evidence. In line with the definition of implementation in the definitions section, policies and initiatives are frequently accompanied by an italicised '*implementation*' subheading followed by evidence that action has been taken to put the actions set out in policy documents into practice.

Headings which are both bold and underlined (for example: Primary School PE Curriculum (eight-year cycle) indicate a new topic within the Evidence of Policy Implementation in Ireland subsection. This division of the subsection into parts may be necessary when action has been taken in multiple settings (for example primary and post primary schools) or when different actions under a GPs affect different professions (e.g. physical education teachers and physiotherapists).

Process of Development

BPEs, Definitions and Scope

The PA-EPI framework and process, including the GPSs and their Definitions and Scope were developed by a European research consortium called Policy Evaluation Network (PEN). The development of the PA-EPI is described elsewhere (Woods *et al.,* 2022).

Equity

The Equity statements were developed by IMPAQT to ensure that equity-related aspects are systematically considered when using the PA-EPI. These statements were developed based on a literature review which identified policy characteristics that reduce inequities and consultation with equity experts.

Best Practice Exemplars (BPEs)

The BPEs in this document were prepared by the IMPAQT consortium. The IMPAQT consortium consists of research teams from six different European universities with expertise in different physical activity policy areas and a scientific advisory board including experienced policymakers and researchers eminent in the fields of physical activity and health equity. The research team sought examples of public policies that might serve as BPEs through searches of scientific literature and policy literature, internet keyword searches, consultation with relevant experts, or accessing targeted websites (for example, websites of professional associations or advocacy groups). This strategy was supplemented with appeals for best practice exemplars from the broader physical activity research community. BPE candidates proposed by the research teams were then standardised using IMPAQT's reporting guidelines, with supplementary searches conducted to ensure key implementation details were captured. The reporting guidelines included the following specifications:

- Report information that makes clear the BPEs fit to the GPS,
- Report any available evidence of equity consideration,
- Report any available evidence of reach or adoption,
- Report any available evidence of sustained budget,
- Report any available evidence of impact.

The reporting of the BPE candidates was appraised by the IMPAQT steering committee and the IMPAQT Scientific Advisory Board using an online questionnaire. Each BPE was appraised independently by two reviewers. Based on consideration of the information provided and the reporting guidelines, the reviewers indicated whether a BPE candidate should be included in the final list of BPEs. If the two reviewers did not agree whether the BPE candidate should be included, the BPE was debated in a workshop format by the IMPAQT steering committee and a decision made based on a simple majority vote. Please note that the BPEs are limited by the evidence that could retrieved using these methods and should not be considered examples of perfectly implemented public policy.

Evidence of Implementation

The Evidence of Policy Implementation in Ireland sections of this document were written by Dr Kevin Volf and Dr Enrique García Bengoechea at University of Limerick. An iterative research process was undertaken to ensure the comprehensiveness of the information provided. For each GPS, searches were undertaken for publicly available policy resources including documents, press releases and websites. The research team consulted with persons with domain-specific policy expertise and utilised snowballing techniques to find additional information from previously identified resources. The evidence document was reviewed in draft format by 15 civil servants and a final version was created based on their feedback.

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PA-EPI EVIDENCE DOCUMENT: POLICY DOMAINS

DOMAIN 1 – EDUCATION

There are public policies implemented that aim to impact on healthy physical activity environments and promote and support physical activity within the school setting.

E01 Evidence informed, quality mandatory physical education that promotes and supports the ideals of equity, diversity and inclusion and adheres to defined standards is part of the curricula in all schools.

Definitions and scope

- Schools includes government and non-government primary and secondary schools (up to age 18 years).
- Schools excludes early childhood education and care services (0-5 years).
- Physical education Includes policies that relate to school PA programmes, where the programme is partly or fully funded, managed or overseen by the government.
- Excludes programmes in schools that are targeted to children of low socioeconomic groups only.

Equity

- School-related physical activity policies should ensure PE curricula are inclusive and should strive to combat all forms of disadvantage and discrimination related to factors such as socioeconomic status, gender, geography, ethnicity, sexual identity and special needs; this requires adequate resources for disadvantaged communities as well as accessible and flexible learning materials and equipment (UNESCO, 2015, 2021).
- Well designed and implemented PE policies have the potential to reduce inequities (Hobin et al., 2014) and may include adoption of an inclusive, child-centred pedagogy which embraces more diverse learning styles, and the promotion of culturally responsive teaching, gender-inclusive practices, and adapted physical education for students with disabilities (UNESCO, 2015, 2021).

Best Practice Examples (BPEs)

Physical education curriculum in Denmark

Denmark (National)

Physical Education (PE) is mandatory in Danish primary and lower secondary schools (Folkeskole) and remains compulsory in upper secondary education, though with greater flexibility. It is recommended that students receive 60 hours of PE instruction per year in grades 1–3, 90 hours in grades 4–6, and 60 hours in grades 7–9. However, actual hours may vary by municipality and school. Primary and lower secondary schools must assess students in PE to promote physical activity, highlight the subject's importance, and support learning and healthy habits. Lessons also emphasize personal well-being, health, and social responsibility through active living. The quality of PE teaching is maintained through rigorous teacher education, certification requirements, and continuous professional development.

In 2014, a reform was introduced requiring 45 minutes of physical activity during the school day (including PE but excluding recess). Research shows that many schools responded by integrating more PE within their schedules, having four or six weekly lessons of PE compared to the norm of two lessons and that daily physical activity increased after the policy change. The 2014 reform also encouraged schools to adapt activities to ensure participation from all students, including those with physical or learning disabilities, with a significant emphasis on co-teaching within PE to foster inclusive practices.

The Sport and Physical Activity Policy of New South Wales

Australia (Subnational level)

The New South Wales (NSW) Department of Education requires all students from Kindergarten to Year 10 to participate in at least 150 minutes of planned moderate to vigorous physical activity (PA) weekly. This includes both sport and Personal Development, Health, and Physical Education (PDHPE) lessons. Specific requirements vary by stage:

• Kindergarten–Year 2 (ages 5–8): Daily PA through PDHPE. Incorporate active lessons in various subjects to ensure students remain active throughout the day

• Years 3–6 (ages 8–12): At least 60 minutes of structured sport weekly, plus regular PDHPE and active lessons to promote daily movement.

• Years 7–10 (ages 12–16): Weekly sport, PDHPE involving moderate to vigorous PA, and opportunities to be physically active on at least three days per week.

• Years 11–12 (ages 16–18): Not mandatory, but schools are encouraged to offer PA opportunities for senior students.

The Department of Education distributes funds to public schools using a needs-based approach. Beyond general allocations, the department invests in school sports infrastructure and targeted initiatives to enhance PE and PA among students.

Physical education policy in Sweden

Sweden (National level)

Sweden's physical education and health (PEH) policy promotes holistic well-being, lifelong activity, and inclusivity. Compulsory from age 6 to 18, PEH focuses on physical, mental, and social health, aiming to foster physical literacy in all students, regardless of background or ability. The time allocated to physical activity and health in the Swedish school curriculum has been expanded, with an increase of 100 hours in compulsory education starting in 2019. This translates to roughly one extra lesson per week. Schools have also the option of reallocating up to 20% of instruction time for other subjects, (excluding mathematics, Swedish and English) to PEH.

The Swedish Schools Inspectorate (Skolinspektionen) conducts audits of the quality of PE including curriculum implementation, teaching quality, and student engagement. Audits findings are published as reports accessible on the Inspectorate's official website. PE is continually evaluated to ensure that the curriculum meets the needs of students and the goals of the educational system. Research findings indicate that pupils have similar perceptions of what they learn in PE regardless of gender or migration background. However, girls with a foreign background (14%) are twice as likely to report that they 'Do not learn in PE' compared to girls from Swedish background (7%).

Context

WHO

Global Action Plan on Physical Activity

GAPPA contains 20 evidence-based policy actions for increasing rates of PA. Each action is associated with a list of sub actions, to be carried out by member states, the WHO secretariat, or other stakeholders. Action 3.1 of GAPPA states that member states should "strengthen provision of good-quality physical education". The sub action 3.1.1 proposes that member states should ensure the provision of inclusive, quality, PE in primary and secondary schools

WHOROE

Physical activity strategy for the WHO European Region 2016–2025

The European Physical Activity Strategy (EPAS) was developed by WHOROE as a strategy to promote PA amongst European citizens. The strategy suggests 14 objectives for European governments categorised into 5 priority areas. In the priority area 'Supporting the development of children and adolescents', Objective 2.2 of EPAS ('Promote physical activity in preschools and schools') exhorts WHO member states in the European region to promote PA in schools. The activities that WHOROE recommends to fulfil this objective include providing an 'adequate number' of PE lessons. Furthermore, the lessons should be in accordance with the best scientific evidence and incorporate a wide variety of activities.

EU

2013 Council recommendations

In 2013, the European Council requested that the European Commission establish a HEPA monitoring framework based on a list of indicators provided by the council. Indicators 13 was developed to gather information about PE in schools at both primary and secondary level. Information sought by the indicator was the number of hours of PE at both levels, whether PE is mandatory or optional and whether it is regulated at a national or sub-national level.

Eurydice

Eurydice is a network supports cooperation in matters of education amongst European countries. It is part of the European Commission's Erasmus+ initiative. Eurydice publishes reports that compares the educational systems of its 38 member states.

Evidence of Policy Implementation

Primary School Physical Education Curriculum (eight-year cycle)

Curriculum reforms: Primary Curriculum Framework for Primary and Special Schools (2023)

The Department of Education and Youth is working to update the primary school curriculum. A new policy document, the Primary Curriculum Framework for Primary and Special Schools, was launched in 2023 (1). The Framework outlines the structure of a redeveloped primary curriculum, specifying five broad areas of instruction:

1. Science, Technology, Engineering and Mathematics (STEM) Education
2. Arts Education
3. Social and Environmental Education
4. Language Education
5. Wellbeing.

The Wellbeing area consists of two subjects: Physical Education (PE) and Social, Personal and Health Education (SPHE). There is flexibility in time allocations but suggested weekly time allocations for Wellbeing are 2 and a half hours in the first two years of primary schooling ("Junior and Senior infants") and three hours thereafter (1).

Updated Physical Education Curriculum (2025)

Within the Primary Curriculum Framework, new curriculum specifications for each primary school level subject area were launched in September 2025, building on the curriculum and teacher guidelines introduced in 1999 (2-4). The new *Wellbeing* specification is delivered by a generalist teacher along with the rest of the primary school curriculum (5). The ratio of time used for PE versus time used for SPHE is recommended to be 2:1. Learning outcomes are organised around four strands (Movement Competence, Emotional and Relational Education, Health Education and Community and Belonging) and Seven PE activity areas are specified (Active living, Aquatics Athletics, Dance, Games, Gymnastics and Outdoor and adventure education) (5). Consideration for inclusion and diversity is embedded in the eight principles which includes a principle of "Inclusive Education

and Diversity". The following examples of how this principle is actualised within the Wellbeing specification are given:

- "Fostering a culture based on human rights, democracy, equity, equality and social justice" (5; page 4)
- "Challenging stereotypes, prejudice, discrimination and bias and promoting empathy, mutual respect and multi-perspectivity" (5; page 4)
- "Recognising and affirming the diversity present within the classroom and in wider society" (5; page 4).

A departmental press release states that for six years, starting in the 2026/2027 school year, schools will be able to avail themselves of focused support in one curriculum area each year, with the Wellbeing specification being required as one of the first three areas selected (6).

Implementation

A minimum of one hour of PE per week has been recommended at primary school level (7). According to the Children's Sport Participation and Physical Activity Study (CSPPA), conducted in 2022, 75% of primary school pupils reported meeting the department's recommendations of 60 minutes of PE per week (8).

School inspections

The Department of Education and Youth has a division called the Inspectorate that evaluates the quality of education provisions in both primary and post primary schools (9). Inspections can include subject inspections, including PE, or whole school evaluations. Reports of school evaluations are published on Department of Education and Youth websites and are publicly available at: https://www.gov.ie/en/school-reports/.

Ministerial Appointment

In 2022, a Minister of State was appointed for Sport and Physical Education (10). The Minister of State was attached to the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media and the Department of Education and Youth. The Minister of State remained in post until the 2024 general election whereafter a Minister of State for Culture, Communications and Sport was appointed (11).

Post Primary School PE Curricula (two cycles of three and two years with an optional 'transition' year in between)

Physical Education and Wellbeing (Junior Cycle, three-year cycle)

135 hours of timetabled PE are required over the three years of the Junior Cycle. The focus of Junior Cycle PE is to develop "a physically literate young person in relation to knowledge, understanding, skills and values to facilitate informed, confident and competent participation in physical activity and a commitment to lifelong engagement" (12; page 10). Learning outcomes are organised around three strands: Competence, participation and appreciation. The curriculum has seven physical activity areas: Gymnastics, Athletics, Aquatics, Adventure, Health Related Activity, Games and Dance.

Junior Cycle PE is assessed by two "Classroom Based Assessments" (CBAs). CBA1 ("Physical activity for health and Enjoyment") is completed in second year. Students are required to give a presentation on a six-week programme, which they have designed and implemented to improve their PA engagement. CBA2 ("My Performance") is completed in third year and requires students to complete a performance they choose from one of the physical activity areas.

Junior Cycle PE contributes to the Wellbeing programme. Wellbeing is an integral part of the Junior Cycle and 400 hours of instruction are required across the 3-year cycle (13). Guidelines for schools to provide a Wellbeing programme were issued by the National Council for Curriculum and Assessment (NCCA) in 2017 (14) and updated in 2021 (13). Three subjects are described as the pillars of Wellbeing: PE, SPHE and Civic, Social and Political Education (CSPE) (13). The guidelines indicate that a minimum threshold of 135 hours should be allocated for PE, 100 for SPHE and 100 for CSPE across the three years of instruction (13). Instruction is conducted by a specialist PE teacher (15).

Physical Education Framework (*Non-examinable* Physical Education) (Senior cycle, two-year cycle)

The senior cycle physical education (SCPE) framework is a tool to assist teachers in planning Physical Education for all pupils at senior cycle. The framework introduces six 'models' or philosophies of Physical Education with different learning objectives which teachers can utilise to teach PE. The titles of these learning models are: Health-related physical activity, Sport education, Contemporary issues in physical activity, Adventure education, Personal and social responsibility and Teaching games for understanding (16). A 2023 Department of Education and Youth circular sets out the time allocation for senior cycle PE "schools are required to ensure that a double class period (totalling 80 minutes per week), or its equivalent, of Physical Education is timetabled for all senior cycle students. Schools operating a one-hour timetable must ensure that the time allocation is provided" (17; page 4).

Physical Education Curriculum Specification (*Examinable* Physical Education) (Senior cycle, two-year cycle)

Senior cycle students have the option of studying PE as an examinable subject (18). The curriculum for students who avail of this option consists of two strands. Strand 1 consists of learning about optimising performance. Strand 2 introduces contemporary issues in physical activity. The curriculum for PE as an examinable subject is designed to be delivered over 180 hours of instruction, with a recommendation of devoting 5 hours a week, incorporating a double period (19). A revised leaving certificate will be launched in 2026 (20).

Implementation

According to the 2022 CSPPA study, 72% of post primary schools pupils meet PE recommendations for their year (9).

<u>Other supporting policy documents</u>

Programme for Government 2025: Securing Ireland's Future

The 2025 Programme for Government states that the Government will "Continue to increase the number of schools offering PE as a Leaving Certificate exam subject" (20) (page 67).

National Sport Policy 2018 – 2027

Action 2 of the *National Sports Policy* (NSP) states that the Department of Education and Youth and other stakeholders will ensure that PE supports the physical literacy of children (21).

Participation Plan 2021-2024 Increasing Participation in a Changing Ireland

In 2021, the Participation Unit of Sport Ireland published the participation plan. The participation plan builds on NSP and its 54 actions are linked to actions in NSP. Action 34 states that Sport Ireland and its partners will "Support for the development of Secondary School PE Curriculum resource material in line with the new PE Curriculum" (22).

Get Ireland Active! National Physical Activity Plan for Ireland

Get Ireland Active was the national physical activity plan for Ireland from 2016 to 2022 (23). At the end of this period an independent review of the implementation of *Get Ireland Active* was commissioned. The review reported that 32 of the 60 actions in *Get Ireland Active* had been fully completed (53%), 23 (39%) had been partially completed, 3 actions had been changed and 2 (8%) had not been completed (24) (see indicator L02). Action 11 of *Get Ireland Active* states that the PE curriculum will be fully implemented, in accordance with department guidelines, in all primary and post-primary schools. Action 12 of the NPAP states that an annual evaluation of the quality of PE will be conducted in a sample of primary and post primary schools. The independent report marked action 11 and 12 as 'complete' citing the public consultation exercise being undertaken for Junior cycle physical education, the phased implementation of the Senior Cycle Physical Education Framework and the inclusion of PE in "the national programme of subject inspections […], curriculum evaluations, and whole school evaluations" (24, page 25).

National Physical Activity Framework (NPAF) (2024 – 2040) and the National Physical Activity Action Plan (NPAAP) (2024 – 2029)

The new National Physical Activity Framework (NPAF) is a policy document that lays out the Department of Health's plan for a more physically active population by 2040 (25). NAPF is to be accompanied by three multi annual action plans which lay out intermediate aims and objectives for the periods 2024 to 2029, 2030 to 2034 and 2035 to 2040 (25). The first of these three action plans, the National Physical Activity Action Plan 2024 – 2029 (NPAAP), sets out 59 actions to make Ireland more physically active structured around the eight best investments for physical activity (26). The plan states that the Department of Education and Youth will promote the *Looking at Physical Education* guidance document "which will support post primary PE teachers to assess the effectiveness of current practice". It also states that the Department of Education and Youth will "Develop greater understanding on the reasons behind the gender gaps reported in participation rates in physical education in schools".

Looking at Physical Education (PE)

Looking at Physical Education is part of a series of subject-specific guidance documents prepared by the Inspectorate of the Department of Education and Youth. *Looking at Physical Education guides* are available for both primary and post primary level (27,28). The *Looking at…* guides are designed to help teachers and school leaders to perform self-evaluation and thereby improve the effectiveness of teaching practice. The guides are based around a quality framework consisting of four domains: *learner outcomes, learner experiences, teachers' individual practice* and *teachers' collective/collaborative practice*. Within each domain, the guides set out several prompt questions to support self-review. For example, the *Looking at Physical Education* guide for post primary level contains the following questions in the *learner outcomes* domain: "How effectively can students demonstrate fundamental movement skills?" and "To what extent can students demonstrate sport-specific skills and tactical awareness?". The *learner experiences* domain contains the following questions, amongst others: "Does the study of PE foster motivation and interest in being physically active in day-to-day life?" and "To what degree is assessment-task design providing students with meaningful learning activities?".

<u>Other supporting initiatives</u>

Youth Physical Activity Towards Health (Y-PATH)

Y-PATH is a post-primary whole-of-school programme that aims to stop or ameliorate the declines in physical activity that occur in the teenage years. Though programme centres around the Y-PATH PE4ME component where PE teachers are supported to deliver the Junior cycle PE curriculum by providing them with training and resources (29). Other school stakeholders including teachers, parents and guardians are recruited as 'change agents' in participating schools as part of a whole-school approach to PA promotion (29). The programme is an initiative of the Irish Heart Foundation (IHF), an independent charity, but is supported by Sport Ireland and the Professional Development Service for Teachers (PDST) (30). The target of the programme is to recruit 2 PE teachers in every post primary school in Ireland (29).

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Equity

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PE curriculum in Denmark

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E02 National and/or subnational initiatives are in place to promote and support school-related physical activity both at school and in other settings. These initiatives should employ an inter-sectoral approach and collaborative multi-agency partnerships (e.g., links with out-of-school sports clubs, active breaks/recess, walking clubs).

Definitions and scope

- initiatives, in this context, refers to a particular type of policy that supports school-related PA programmes (through for example funding, materials, additional staff, interventions)
- School-related physical activity (PA) includes activities both at school and outside of the school grounds
- Includes standards for public sector school settings that promote school-related PA both inside and outside of classrooms.
- Includes partnerships with private companies.
- Includes partnerships with voluntary and for-profit sport organizations and extends to non-government organisations (NGOs).

Equity

- School-related physical activity policies should prioritize deprived neighborhoods, ensuring initiatives provide teacher training combining participation in PA with time in class, health education, and environmental changes to foster equitable access to physical activity resources (Barbosa Filho et al., 2019; Vander Ploeg et al., 2014).
- Collaborative partnerships of schools should incorporate inclusive design principles for programs, ensuring that physical activity initiatives address barriers such as gender disparities (e.g. by not reinforcing stereotypes that inhibit girls' physical development) (UNESCO, 2015, 2017).

Best Practice Examples (BPEs)

Finnish Schools on the Move Programme (FSM)
Finland (National level)

Finnish Schools on the Move (FSM) is a project of the Ministry of Education and Culture (MEC) and the Finnish National Agency for Education (EDUFI) in collaboration with the Ministry of Social Affairs and Health, and the Finnish Defence Forces. It was launched in 2010 to promote PA in schools outside of traditional PE classes and is coordinated by the LIKES Research Centre at the University of Jyväskylä. FSM employs a whole-of-school approach to support structured and unstructured PA throughout the day, promoting inclusivity and participation among all students. A bottom-up approach is utilised, based on cooperation with ministries though its status as a key government project guarantees political legitimacy.

FSM has grown from a pilot of 45 schools into a programme that covers more than 90 per cent of Finnish schools in basic education, becoming a national programme in 2013. Between 2016 and 2018, €21 million was allocated by MEC to FSM to operate in municipalities. The project funding has come directly from the state budget since 2018. Research shows that FSM increases PA and reduces sedentary time during recess and throughout the school day, encourages active commuting to school during winter, and fosters greater student involvement in the planning of school activities. FSM explicitly aims to increase PA levels across the entire student population, including groups traditionally less active, such as girls, students from lower socioeconomic backgrounds, and those with lower initial PA levels. However, some research highlights that gender disparities in PA persist despite the program's implementation.

Children Healthy Moving 2.0
Austria (National level)

This initiative aims to promote physical activity among children aged 2 to 10 by fostering cooperation between sports clubs and primary schools. The program offers enjoyable physical activities to children and targets educators, teachers, and parents, recognizing their significant influence on children's activity levels and behaviours. The program is coordinated by the non-profit organization Fit Sport Austria and funded by the Austrian Federal Ministry for Arts, Culture, the Civil Service, and Sport. According to the Austrian Federal Ministry for Arts, Culture, the Civil Service, and Sport, in the 2022/23 school year, approximately 27 per cent of kindergartens and 69 per cent of primary schools in Austria participated in the program.
During 2022/23, the program facilitated over 3.7 million 'children's movement hours', using either a FIX model (at least 30 movement units per school year per group/class) or a FLEX model (at least 15 movement units per school year per group/class) that offers greater implementation flexibility. The latter model was more widely adopted across Austria in this period, likely due to its adaptability and lower minimum requirements. Research provides evidence of an increase in PA among participating children and in the reach of the program within the country's educational institutions since the program launch in 2009. The program measures activity through movement units of 45-60 minutes. Since its launch in 2009 to date, the number of movement hours (from 479,217 to 4,372,138), movement units (from 19,760 to 250,492), and participating institutions (from 1,845 to 3,521) have increased significantly.

Sporting Schools Programme (SSP)
Australia (National level)
The Sporting Schools Programme (SSP) is an Australian Government initiative designed to help schools increase children's participation in sport and connect them with community sport opportunities. SSP is provided free to children and their families. There is a program for primary schools, and a targeted program for Year 7 and 8 students in secondary schools. SSP was launched by the Australian federal government in 2015. The policy initiative is administered by the Australian Sports Commission (ASC) in collaboration with over 35 National Sporting Organisations (NSOs) and national sporting organisations for people with disability (NSODs).
The Australian government has invested $320 million in SSP. Analysis of SSP funding highlights that a greater amount has been given to schools in regional and remote areas, and those with higher levels of disadvantage. Participating schools decide what sport(s) they want to deliver and make appropriate arrangements with the relevant NSO or NSOD. SSP received significant engagement from schools and students, with over half of schools reporting a participation rate of above 90 per cent and has extensive reach across the country. Since 2015, the number of registrations has almost doubled, and the proportion of all eligible schools registered has risen from approximately half to three-fifths. Both schools and NSOs reported that the program is positively affecting overall in-school sport participation levels, with more than 90 per cent of principals, teachers and coordinators rating SSP as 'effective' or 'very effective'.

Context

WHO
Global Action Plan on Physical Activity
As well as advocating for good quality PE, action 3.1 of GAPPA advocates the adoption of a whole-of-school approach to PA promotion. Sub action 3.1.2 recommends to member states to implement whole of school programmes guided by the WHO's "Health Promoting Schools" resource (WHO, 2007).
WHOROE
Physical activity strategy for the WHO European Region 2016–2025
Objective 2.2 of EPAS recommends to member states to employ an intersectoral approach to promoting PA in schools and preschools. Further, it recommends various measures to ensure implementation of PA promotion programmes in schools, including legislation.
EU

2013 Council recommendations

Indicator 14 of the EU HEPA monitoring network seeks information on whether member states have implemented a national or subnational scheme for school-related PA promotion.

Size of the Education System in Ireland

The Department of Education and Youth and the Department of Further and Higher Education, Research, Innovation and Science prepare periodic reports on education indicators in Ireland. These figures contextualise the reach and adoption of the policies and initiatives described in this document. According to the most recent report there were 3 229 primary schools in Ireland in 2023 (Department of Education and Youth and the Department of Further Education, Research, Innovation and Science; 2025). This number is composed of 963 Delivering Equality of Opportunity in Schools (DEIS) and 2 266 were non-DEIS schools. DEIS schools are schools that cater to areas with high levels of disadvantage (Department of Education and Youth, 2017). The number of post primary schools in Ireland in 2023 was 722, of which 233 DEIS and 490 were non-DEIS (Department of Education and Youth and the Department of Further Education, Research, Innovation and Science; 2025).

Evidence of Policy Implementation

Active School Flag

Active School Flag (ASF) is an initiative developed by the Department of Education and Youth and supported by the Department of Health (1,2). Established in 2009, ASF aims to create more physically active school environments utilising a multicomponent whole-school approach. The possibility of achieving 'active school' status incentivises schools to engage in a process of ensuring the school environment is conducive to daily physical activity. Important features of the programme include seeking out consultation with children and young people as part of the decision-making and implementation processes and encouragement of schools to collaborate with parents and local organisations. Once awarded to a school, 'active school' status remains valid for three years.

Implementation

By 2020, ASF had been adopted by more than 2000 primary schools (1). Presently 673 schools have 'active school' status (2). For context, the Department of Education and Youth counted 3241 primary schools in Ireland in 2020 (3). A new ASF programme for post primary schools was launched on the 5th of November 2025 (4). Fifty post primary schools will be selected to participate in the ASF Post Primary in September 2026.

Physical Activity in Teaching and Learning - Pilot Programme 2025

The Physical Activity in Teaching and Learning programme is designed to integrate physical activity into teaching and learning (5) and to "provide an opportunity for schools to be innovative and creative in integrating physical activity into the teaching and learning of a subject" (6). Schools apply to take part in the programme with a project proposal and applications are assessed based on criteria including "how the project will support the school in integrating physical activity in teaching and learning in the chosen curricular or cross-curricular area" and "the extent to which the project will sustain a long-term cultural change in physical activity in teaching and learning in the school" (page 2). Both Primary and Post Primary schools can apply for up to €10 000 of funding (7). The selection process is informed by several considerations including school type (large / small, DEIS/ non-DEIS), inclusion and diversity and impact on learning and PA levels (7).

Implementation

The Physical Activity in Teaching and Learning programme is in its second year of piloting. €200 000 was made available for applications in the first year of the programme (7) and 24 schools were funded. In year 2, €300 000 of funding has been made available (8).

Other supporting policy documents

Programme for Government 2025: Securing Ireland's Future
Page 66 of the Programme for Government states that the Government will: "Expand the Active School Flag to a greater number of schools, especially secondary schools" (9).

National Physical Activity Action Plan 2024– 2029
The *Whole of School Programmes* section of NPAAP contains the following actions:

- "Develop partnerships and strategic alliances between the education sector, the sports sector, the outdoor recreation sector and other stakeholders in order to provide diverse, relevant and meaningful pathways to remain physically active from child and youth into adulthood".
- "Continue to grow and develop the Active School Flag programme at primary and post-primary levels, increasing the number of schools actively participating in the programme."
- "Support and evaluate the Physical Activity in Teaching and Learning Pilot Programme over the school year 2024-2025 and, on conclusion of the pilot, promote exemplars of good practice"
- "Provide support to the LSPs and NGBs to enable them to provide physical activity opportunities before school, during lunchtimes and after school, in addition to PE lessons." (10; all page 11).

National Sport Policy (NSP) 2018 – 2027 Sports Action Plan 2024 - 2027
Action 25, 26 and 28 of the Sports Action Plan commit to:

- "Support the growth and development of the Active School Flag programme at primary and post-primary levels" (11, pages 14 and 38).
- "Encourage LSPs and NGBs to work collaboratively with all schools, including those engaging with the Active School Flag programme" (11, pages 14 and 38).
- "Identify a lead co-ordinator within Sport Ireland who can engage with, and assist, LSPs and NGBs in their communications with schools regarding physical activity initiatives, to include communication with Active School Flag and schools engaging with that programme" (11, page 14 and 38).

Initiatives supporting the school 'Wellbeing' Agenda
Physical activity promotion considerations are incorporated into a more general 'wellbeing' agenda. The Wellbeing Policy Statement and Framework for Practice (12) asserts that student wellbeing is considered both an outcome and an enabler of other target outcomes. Schools are requested to include wellbeing promotion as a focus in School Self Evaluation. To support wellbeing support there are several support initiatives. The Health Service Executive's (HSE's) Education Programme supports teachers to "promote wellbeing, physical activity and healthy eating in school" and the National Education Psychological Service (NEPS) assists schools to promote wellbeing (13).

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Equity

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E03 There are shared use agreements that utilise school spaces. Community access is supported by initiatives to promote and support opportunities for physical activity for all persons outside of normal school hours.

Definitions and scope

- Includes policies and PA standards to provide and promote the use of facilities (both public and private companies) for physical activity.
- Includes partnerships with private companies.
- Includes partnerships with voluntary and for-profit sport organizations and extends to non-government organisations (NGOs).

Equity

- Policies should ensure that shared-use agreements are implemented in underserved communities by providing financial and logistical support for equitable access to school facilities outside of school hours; in this context, community needs should be assessed (Health Improvement Partnership [HIP], 2015).

Best Practice Examples (BPEs)

Los Angeles County Joint/Shared-Use Moving People to Play Task Force (JUMPP).
State of California, United States (Subnational level)
Following a report identifying a lack of park space as a problem in areas experiencing economic hardship, Los Angeles County Department of Public Health established the Joint Use Moving People to Play (JUMPP) Task Force. The JUMPP task force collaborates with the various school districts in Los Angeles County to address the lack of community physical activity resources through implementing shared-use agreements with schools.
Studies describe JUMPPs activities in facilitating the development of 18 shared use agreement in seven Los Angeles County school districts with disproportionate levels of child and adult obesity. Shared used agreements facilitated by JUMPP were estimated to provide physical activity opportunities for 29 035 children and 89 155 adults in the surrounding communities based on census data. A study of 12 sites concluded that physical activity programmes provided on site where effective in promoting community physical activity.

North Carolina General Statutes
North Carolina, United States (Subnational level)
The US state of North Carolina has legislated to promote the use of school facilities by the community. North Carolina General Statute (NCGS) § 115C-524 provided clarity on the use of school facilities by the community for non-school purposes. The statute protects the Boards of Education from liability for injuries sustained through use of school property, provided that the school property is in proper condition for use. NCGS § 115C-12(35) states that the state board of education shall encourage shared use of facilities for physical activity. A 2014 survey of North Carolina public schools reported that 88.9% of schools allow use of their facilities by non-school groups or organisations.

Context

WHO
Global Action Plan on Physical Activity
The WHO's GAPPA document recognises that access to recreational spaces and sports amenities is necessary by people of all ages and abilities to reduce inequalities. Action 2.4.1 recommends to member states to increase the availability of playing fields by encouraging a policy of shared use of school facilities.

Evidence of Policy Implementation

Procedures on the use of school property and school sports facilities outside of school hours
Decisions to allow school property to be used outside of school hours lies with a school's property owners (which may or may not be the state), the school's board of management and its trustees. To encourage schools to make their property and sport facilities available outside of school hours,

the Department of Education and Youth published guidance on the 12th of June 2024 on the procedures that schools can utilise to make their school premises available to the local community (1). These guidelines replace older guidelines on the use of buildings from 2017 and 2005 (2,3). The procedures document describes the necessary legal arrangements in making school facilities alongside actions for dealing with general concerns like insurance arrangements and health and safety. Checklists for using school facilities are included in the appendices of this document. The press release announcing the updated guidelines assures schools that income accruing from after-school use of their facilities will not affect their entitlement to state grants or any other form of departmental funding (1).

Implementation

In response to a parliamentary question on the use of school buildings outside of school hours, submitted on the 23rd of July 2024, the Minister for Education reported that a survey on the use of school facilities had been distributed to school patrons. Based on 200 responses, it was reported that over 50% of primary schools and 70% of post primary schools had external organisations using their facilities (4). The main usages of school facilities were categorised as "educational, recreational, community and sport activities".

Other supporting policy documents

Participation Plan 2021-2024 Increasing Participation in a Changing Ireland

Action 31 of the participation plan states that Sport Ireland will seek to promote access to school facilities through local collaboration and action 32 states that the sport sector will be supported to access school infrastructure. This action includes provision of the necessary insurance cover (5).

National Sports Policy 2018 – 2027

Action 6 of the National Sports Policy (NSP) states that schools and sports clubs will be encouraged to cooperate to make better use of their facilities (6).

National Sport Policy (NSP) 2018 – 2027 Sports Action Plan 2024 - 2027

Action 27 of the Sports Action Plan commits to:

- "Increase use of school sports facilities through the promotion of the Procedures on the use of School Buildings and School Sports Facilities outside of School Hours document" (7, pages 14 and 38).

National Physical Activity Action Plan 2024– 2029

The *Whole of School Programmes* section of NPAAP contains the following actions:

- "Appropriately scaling up the support from LSPs and NGBs to promote physical activity in school settings" (8).

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E04 National and/or sub-national policies are in place to promote and support safe active travel to and from school.

Definitions and scope

- Includes government-funded or managed services where the government is responsible for safe travel to and from school.
- Includes private companies that are under contract by the government to provide safe travel to and from school. For the purpose of this indicator, 'private companies' includes for profit companies and extends to non-government organisations (NGOs).
- Includes policies and guidelines to provide and promote safe active travel to and from school.
- Includes the strategic placement of active travel infrastructure.
- Includes the use of signage to highlight the benefits of active travel, as well as signage outlining safety.

Equity

- Active travel policies to and from schools should include targeted support for all children and eliminate barriers that hinder adoption of active modes of commuting (OECD, 2019; UNESCO, 2015). This may include the support of school-related programs such as "walking school buses", e.g. by securing funding for program coordinators in underserved areas where pedestrian safety may be a concern (Mendoza *et al.,* 2009).

Best Practice Examples (BPEs)

Japan (National level)

Over 85% of children in Japan go to school actively (walking or cycling), which is a result of various societal, infrastructural, and policy-driven factors. Despite there being no Japanese government recommendations for active transportation and/or specifically funded programs, school-based and infrastructure planning policies include:

1. Japanese elementary and middle school students are required to walk to school. This is part of an official policy in many local governments, with exceptions only for long distances or special circumstances. Many schools organize students into walking groups led by older students, ensuring safety and social cohesion.
2. Local governments designate official school routes with pedestrian paths, crossings, and school zones to protect children. Volunteers, often elderly citizens or parents, assist children at key intersections. First-graders receive bright yellow hats, and rain covers for their backpacks to increase visibility to drivers.
3. The Ministry of Education (MEXT) ensures that elementary schools are placed within walking distance of students' homes, reducing reliance on cars or public transportation. Many urban areas in Japan are designed with narrow streets, lower speed limits, and pedestrian-priority roads to encourage walking and cycling.
4. Walking to school alone or in groups is considered a major step in childhood independence in Japan. Unlike Western countries, Japanese schools discourage parents from driving their children.
5. The Japanese MEXT has policies ensuring safe walking routes, community involvement, and physical activity in school commutes. Schools provide formal traffic safety education to teach children how to navigate roads safely.

Active Commuting to School Policy
Finland (National level)

Finland promotes active commuting to school—such as walking and cycling—through initiatives like the Finnish Schools on the Move (FSM) program. The FSM program is primarily funded by the Ministry of Education and Culture. The promotion of active transportation by schools is based on the cooperation between municipalities and the national government. Encouraging walking and biking and teaching the skills needed in traffic are addressed through cooperation between the school and parents.

Research shows that over 80% of 10- to 16-year-old students walk or cycle to school. Active transportation is less common in the winter than in spring and autumn. Many pupils and students also switch from biking to walking, and this is especially the case with girls. The corresponding active commuting shares for pupils with disabilities are 77% for 11-year-olds (75% of boys, 80% of girls), 78% for 13-year-olds (82% of boys, 76% of girls), and 65% for 15-year-olds (61% of boys, 68% of girls).

Netherlands (National level)

The Netherlands has implemented several policies to promote active transportation among schoolchildren, focusing on cycling and walking.

1. Safe and accessible infrastructure, including extensive networks of bicycle paths, traffic-calmed zones around schools, and the development of child-friendly school zones to ensure that active modes of transport are available and accessible to everyone, regardless of income or age.
2. The partnership "Tour de Force Bike agenda (Schaalsprong Fiets)" involves governments, businesses, social organizations, and education institutions seeking to create more spaces for cycling, support municipalities in modernizing bicycle parking standards and show that cycling is attractive, safe, and beneficial for individual well-being and the environment.
3. Community support and accessibility. To ensure all children have access to bicycles, several Dutch municipalities have established bicycle bank to provide affordable bikes to low-income families, ensuring that economic barriers do not hinder active transportation to school.
4. Cycling education. Dutch children receive structured cycling lessons during primary school. This training culminates in a practical traffic exam, after which students are awarded a traffic certificate, ensuring that by the age of 12 students are prepared to navigate roads safely, fostering independence and confidence in cycling.

The effectiveness of these policies is evident in the high percentages of children engaging in active transportation: Primary school children (ages 5-12): approximately 37% cycle to school 30% walk, and 30% are driven by car. Secondary school students (ages 12-18): around 75% cycle to school, with the rate increasing to 84% for those living within 5 kilometres of their school.

Context

WHO

Global Action Plan on Physical Activity

Action 3.1.3 of GAPPA requests WHO member states to "promote walk and cycle to school programmes".

WHOROE

Physical activity strategy for the WHO European Region 2016–2025

One of the various measures listed under objective 2.2 'Promote physical activity in preschools and schools' is the action that member states should provide for safe active commuting by bicycle or 'walking bus'.

EU

2013 Council recommendations

Indicator 17 of the EU HEPA monitoring network seeks information on whether EU member states have implemented national or sub-national schemes to promote active travel to travel.

Size of the Education System in Ireland

In 2023, there were 556 084 children enrolled in primary schools in Ireland, 153 605 in DEIS schools and 402 479 non-DEIS. There were 416 575 pupils enrolled in post primary schools, 107 228 in DEIS schools and 309 347 in non DEIS schools (Department of Education and Youth and the Department of Further Education, Research, Innovation and Science, 2025).

Evidence of Policy Implementation

Safe Routes to School Programme

The *Safe Routes to School* (SRTS) Programme is an initiative of the Department of Transport, supported by the Department of Education and Youth (1). Launched in 2021, it is operated by the environmental non-governmental organisation (NGO) *An Taisce* as part of its *Green Schools* Initiative. An Taisce runs the programme in collaboration with local authorities and the NTA. The aims of the SRTS programme are to:

- "Improve safety at the school gate by providing 'front of school' treatments to alleviate congestion and improve access;"
- "Improve access routes to school by improving walking and cycling infrastructure; and"
- "Increase the number of students who cycle to school by expanding the amount of cycle parking" (2).

SRTS engages in a collaborative process with schools that applied successfully the programme. Initially all schools were eligible to apply to the programme which is now at capacity. There have been three rounds of inclusion of schools into the programme so far.

Implementation

An Taisce issues annual reports tracking key performance indicators of the SRTS programme. According to the 2024 report, there are presently 412 schools on the programme, 826 schools have received cycle and scooter parking through the programme (of which 144 were delivered in 2024) (3). The cost of running SRTS in 2024 was €752 244.43 and the capital costs of delivering cycle and scooter parking schools €515 914.85 leading to a total cost of €1 268 159.28 (3).

Cycle Right

Cycle Right is a programme designed to teach practical cycling skills delivered by Cycling Ireland in collaboration with the Road Safety Authority (RSA) and the Department of Transport (4). By providing these skills the programme aims to make cyclists safer and more confident while sharing roads with other road users. Cycle Right has three stages: stage one provides introductory training to primary school pupils aged from 3rd to 6th class, stage two instructs in more advanced cycling skills to post primary school pupils and stage three is for adults (4). Cycle Right providers are accredited by Cycling Ireland and must fulfil various requirements including Garda vetting and first aid certification (5).

Implementation

Oireachtas Questions

In 2023, in response to a parliamentary question, the Minister for Transport stated that 30 000 school pupils had received training under the Cycle Right Programme in 2022, exceeding the target of 28 000 (6).

<u>Other supporting policy documents</u>

Programme for Government 2025: Securing Ireland's Future

On page 77, in the *Active Travel* section, the Programme for Government document states that the government will "Expand the Safe Routes to School initiative, in consultation with communities and people of all abilities including the elderly and people with disabilities" (7).

National Development Plan 2021-2030

The National Development Plan (NDP) states that "Delivery of dedicated infrastructure schemes such as the Safe Routes to School Programme will also continue [...], as well as behavioural change programmes such as Green Schools Travel and Smarter Travel Workplaces and Campuses" (8; page 62) .

Climate Action Plan 2021

One of the actions of the 2021 Climate Action Plan (CAP21) is to: "Accelerate sustainable mobility plans for schools" (Action 235) (10, page 154). The action is repeated in the 2024 Climate Action Plan (CAP24) (10).

National Physical Activity Action Plan 2024– 2029

One of the 15 actions specified in the *Whole of School Programmes* section of NPAAP is "Continued implementation of the Safe Routes to School and Green School Travel programmes" (11, page 11).

The Road Safety Strategy 2021-2030 and its action plans

Action 1 D of the Road Safety Strategy Phase two Action Plan 2025-2027: "Deliver 150 additional front-of-school treatments through the Safe Routes to School Programme" (12, page 12).

National Sustainable Mobility Policy & the National Sustainable Mobility Policy Action Plan 2022-2025

The National Sustainable Mobility Policy (NSMP) states that safe and green mobility will be supported by "Rolling out the Safe Routes to School programme" (13, page 5). The NSMP Action Plan (2022 - 2025) contains, as part of action 46 commitments to: "Expansion of Cycle Right Training in primary and post-primary schools" and "Rollout (…) [the] Safe Routes to Schools Infrastructure Programme" (both page ten). The outputs of these actions is envisaged as an "Additional 5,000 pupils per year trained under Cycle Right programme" and "Safe Routes to School Infrastructure Programme commenced in 170 schools" (both page ten) and the timelines are "annually" and "2022" respectively.

Implementation

NSMP Progress reports

Three NSMP progress reports are available online corresponding to year one to three of the policy (14-16). The year one report lists action 46 as "Delayed" though it states "The Cycle Right and SRTS Infrastructure elements of this action were delivered successfully in 2022 (page 31)" (14). The year two report lists action 46 as "Ongoing" and states "The Cycle Right element of this action was delivered successfully in 2023 and is continuing in 2024" and "Rollout of the SRTS Infrastructure programme continued in 2023 and to date in 2024" (15, both page 54) The year three report action 46 is marked as "complete" with the notes: "Additional 5,000 pupils per year [were] trained under Cycle Right programme" and "Safe Routes to School Infrastructure Programme commenced in 170 Schools" (16, both page 32).

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DOMAIN 2 – TRANSPORT

There are public policies to promote and support active mobility for people of all ages and abilities.

T01 Regulations are in place that provide a variety of infrastructures to support safe walking and/or cycling and/or wheeling, including measures to calm speed, reduce vehicle traffic and enhance active mobility.

Definitions and scope

- Includes policies and guidelines to provide and promote safe active travel.
- Includes the strategic placement of active travel infrastructure.
- Includes government-funded or managed services where the government is responsible for the promotion of active travel.
- Includes the use of signage to highlight the benefits of active travel, as well as signage outlining safety.

Equity

- Policies should prioritize equitable access to walking, cycling, and wheeling infrastructure by strategically expanding and improving routes in underserved and low-income communities, e.g. through land use plans (Aytur et al., 2008). This includes seamless connectivity, safe streetscapes, and pedestrian-friendly designs that enhance accessibility for all, including individuals with disabilities and reduced mobility (Brownson et al., 2000; European Commission, 2024; Fitzhugh et al., 2010; Panter & Ogilvie, 2017).
- Active mobility policies should integrate affordability measures such as subsidized memberships for bike-sharing schemes (Goodman & Cheshire, 2014).

Best Practice Examples (BPEs)

London Cycling Design Standards
England (Subnational)
As part of its Encouraging Cycling & Walking initiative, the city of London first introduced the London Cycling Design Standards (LCDS) in 2005, which set out key principles and guidelines for designing safe, accessible, and attractive cycling infrastructure. The LCDS are grounded in six core design principles:

- Safety – Minimising risks to provide a secure cycling environment.
- Directness – Offering efficient, uninterrupted routes for cyclists.
- Comfort – Ensuring smooth, well-maintained surfaces.
- Coherence – Developing a logical and connected cycling network.
- Attractiveness – Enhancing public spaces to support cycling.
- Adaptability – Designing for future travel demands.

These principles help shape a cycling network that aligns with London's broader goals for sustainable transport and urban mobility, such as the Mayor's Vision for Cycling (2013) and The London Plan (2011), advocating for infrastructure investment to boost active travel. They provide strategies for placing cycling infrastructure based on street classification and function, recommending solutions such as separated cycle lanes, shared spaces, and route continuity across the city. Since policy implementation, cycling mode shares have increased: Greater London: 1.6% (2005/06) → 2.9% (2023/24), Inner London: 2.5% (2005/06) → 4.1% (2023/24), Outer London: 1.1% (2005/06) → 2.0% (20233-24).

Walking Action Plan
England, London (Subnational level)
The City of London, under the Encouraging Cycling & Walking policy and the Mayor's Transport Strategy (2018), promotes walking as an efficient, healthy, zero-emission mode of travel. The Walking Action Plan: Making London the World's Most Walkable City outlines actions to increase walkability. Key strategies include:

- Speed calming: Vision Zero and 20mph zones reduce road danger. Street design changes like narrowed carriageways, wider pavements, traffic filtering, and features like pocket parks and play streets naturally calm traffic.
- Smart management: Tools like Pedestrian SCOOT, which adjusts traffic lights based on foot traffic, and timed streets enhance safety and pedestrian priority.

To reduce vehicle traffic, boroughs are urged to implement local traffic reduction strategies. Enhancing active mobility includes investments in infrastructure: cleaner, well-lit streets, wider pavements, and pedestrian-friendly public spaces. Initiatives like Walk to School and school street closures support daily walking habits. Equity-focused measures ensure access for all:

- Streets are designed to be accessible and intuitive, especially for people deterred from walking.
- Pavement hazards are removed, footways adapted for people with disabilities.
- Walking access to bus stops is improved, with a target that 95% of bus stops are wheelchair accessible by 2025.
- School walking programs target participation from children in low-income areas.

Since policy implementation, "active, efficient and sustainable" mode share of travel in London i.e., the proportion of all trips made by walking, cycling, or public transport) have increased: Greater London: 30.7% (2005/06) → 37.1% (2023/24); Inner London: 34.4% (2005/06) → 43.3% (2023/24); Outer London: 28.7% (2005/06) → 32.6% (20233-24).

Plan Vélo

France (Subnational level)

Since 2001, the city of Paris has committed to various social and environmental reforms and investments to encourage active travel and public transport use. In 2015 Mayor Anne Hidalgo announced her 'Plan Vélo 2015', whose main goals are:

- Creating an Express Bike Network with 1,000 km of cycling lanes between 2015-2020, as well as 180 km of additional lanes by 2026.
- Widening and expanding existing cycling lanes and incorporating them into existing roads and public spaces to enable safer and more accessible cycling.
- Becoming 100% cycling-friendly by 2026 through street redesigns, safety measures, and bike parking facilities everywhere in the city.
- Implementing School Streets as car-free open spaces to provide extra playgrounds for children, space for pedestrians and cyclists, and passage for emergency and service vehicles.

By 2022, cycling traffic on Paris's bike lanes was up 71% compared to 2019, reflecting a very large uptick in bike use. Over the longer term, car traffic inside Paris fell by 50% between 2002 and 2022, while public transit use grew, indicating a shift toward active and sustainable travel modes. Between 2001 and 2019, the number of daily cycling trips increased from 325,000 to 840,000, an increase of more than 2.5 times. An even greater increase was recorded for the modal split in cycling trips, 2010: 1.6%; 2024: 11.2%, an increase of 600%. Conversely, a large decrease in the share of vehicle traffic was observed, modal split 2001: 21%; 2025: 4.3%, a decrease of almost 80%.

Context

WHO

Global Action Plan on Physical Activity

Action 2.2 of GAPPA requests WHO member states to "improve the level of service provided by walking and cycling network infrastructure, to enable and promote walking, cycling, other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, peri-urban and rural communities, with due regard for the principles of safe, universal and equitable access by people of all ages and abilities".

WHOROE

Physical activity strategy for the WHO European Region 2016–2025

Objective 3.1 requests reduction of car traffic and increase walking and cycling suitability. National governments and local decision-makers should establish a mix of accessible walking and cycling infrastructures appropriate to national geographic and cultural contexts.

Transport Policy Actors in Ireland

Transport policy is the responsibility of the Minister for Transport and the Department for Transport. The Department of Transport has several stage agencies under its aegis. The following state agencies have functions relevant to the promotion of active mobility.

- *Transport Infrastructure Ireland* (TII) is a state agency tasked with providing transport infrastructure and services. TII is charged with delivering light rails and metro, national roads and greenway projects (Transport Infrastructure Ireland, n.d.).
- The *National Transport Authority* (NTA) is a state agency that develops and implements transport strategies for Ireland (National Transport Authority, n.d.). The NTA also oversees the delivery of public transport in Ireland under its Transport for Ireland (TfL) brand (Transport for Ireland, n.d.)
- The *Road Safety Authority* (RSA) is tasked with ensuring that Ireland's roads are safe for all road users. Its functions include the implementation of the Road Safety Strategy and advising the Minister for Transport on road safety policy (Road Safety Authority, n.d.). The RSA also licenses drivers.

Evidence of Policy Implementation

The Road Safety Strategy 2021-2030 and its action plans

The target of Ireland's fifth Road Safety Strategy (RSS, see also indicator UD03) (*Our Journey Towards Vision Zero Ireland's Government Road Safety Strategy 2021–2030*) sets out targets and areas of intervention for road safety. The overarching goal is a halving of road deaths by 2030 (from a rate of 144 deaths per year reported for 2020) with a long term goal to eradicate road deaths by 2050 (1). As part of this strategy a "modal shift […] towards public and active travel" is advocated (page 13) (1). Seven areas of intervention are set out:

1. Safe roads and roadsides
2. Safe speeds
3. Safe vehicles
4. Safe road use
5. Post-crash response
6. Safe and healthy modes of travel
7. Safe work-related road use

To monitor the performance of the strategy 15 'Safety performance indicators' (SPIs) are proposed including:

- "7. Proportion of extra cycle and pedestrian infrastructure developed to make urban and interurban mobility healthy and sustainable" (1; appendix 1, page 78).
- "10. % of new passenger cars with autonomous emergency braking to prevent collisions with pedestrians and cyclists (pedestrian AEB)" (1; appendix 1, page 78).

Three action plans are proposed representing the three phases of the strategy with the second and third action plans developed following an evaluation of progress on the previous action plan. The phase one action plan runs from 2021 to 2024, phase two from 2025 to 2027 and phase three from 2028 to 2030.

RSS Phase One Action Plan

The phase one action plan has 50 "high impact actions" and 137 "supporting actions" with responsible departments or agencies and due dates. The actions were categorised using the seven implementation area framework set out in the RSS. The *Safe Roads and Roadsides* intervention area contains the following "high impact actions":

- "5. Over the period 2021 to 2025, 1,000km of segregated walking and cycling facilities will be constructed or under construction" (2; page 4).

The *Safe Speed* intervention area contains the following "high impact actions":

- "6. Establish a working group to examine and review the framework for the setting of speed limits. As part of this review there will be a specific consideration of the introduction of a 30kph default speed limit in urban areas" (2; page 5)

The Safe and Healthy Modes of Travel intervention area contains the following "high impact actions":

- "43. Conduct a review of road traffic policy and legislation to prioritise the safety of walking and cycling" (2; page 13).

Implementation

The phase two action plan contains updates on the trend status of the SPIs in 2024: eight are listed as having a 'positive' trend (including indicator 7, mentioned above), 5 are listed as 'unavailable' (including indicator 10 listed above), 1 is listed as 'mixed' and 1 as 'negative' (3).

A review group, with membership drawn from the department of transport, the RSA, the TII, the NTA, An Garda Síochána and the City and County Managers Association (CCMA), was formed for examining Ireland's speed limits in accordance with action 6 of RSS. A report was published with recommendations arising from the speed limit review undertaken by the group (4). The report recommended the introduction of "a default speed limit of 30km/h for built up and urban areas" with "pedestrian zones and shared zones/spaces where a 20km/h speed limit would apply" (page 25).

RSS Phase Two Action Plan

The phase two action plan has 12 "primary actions" and 77 "supporting actions". The primary actions include:

- "Invest in safety enhancements to sustainable transport infrastructure to support public transport usage and active travel modes". This action has several parts including A. "Implement 500 kilometres of new, or upgraded, segregated active travel infrastructure for pedestrians and cyclists" (3; page 12).
- "Progress implementation of the recommendations of the 2023 Speed Limit Review." (3; page 14) .

Speed limits

The speed limits in Ireland are set out in subsections four to eight of the Road Safety Act of 2004 (amended by the Road Safety Act of 2024): 50 kilometres per hour (km/h) for roads in "built-up areas" (section 5(1)), 80 km/h for "regional and local roads other than those in built up areas" (10; section 6(1)), 100 km/h on "national roads" (section 7(1)) and 120km/h on "motorways" (10; section 8(1)). The Minister for Transport may prescribe 'ordinary' speed limits but subsection nine of the 2004 act empowers local government (i.e. city and county councils) to designate particular roads as having a 'special speed limit' different the 'ordinary' speed limits listed above (5).

In 2015, the Department of Transport issued guidelines for the setting and managing of these special speed limits by city and county councils. Maps of roads where special speed limits are in effect are uploaded by city and county councils to the website speedlimits.ie.

Implementation

Road Traffic Act 2024

Section 5 of the Road Traffic Act (2024) revised the speed limit for *built-up areas* downwards from 50km/h to 30km/h and section 7 revised the speed limit for *local* roads was reduced downwards from 80km/h to 60km/h (6). A commencement order caused the reduction of speed limits for local

roads set out in section 7 to come into effect on the 7th of February 2025 (6). The speed limit for *regional* roads, which was also set at 80km/h by the 2004 act, was unaffected by the change. On October the 16th 2025 the Minister of Transport requested local authorities to review speed limits in built-up areas and to implement lower speed limits where appropriate by the 31st of March 2027 (7). The press release states that "Speed limit changes will be implemented by local authorities, through the adoption of 'special speed limit bye-laws', *rather than by changing default limits*. Making bye-laws is a 'reserved function' of local authorities". Section 5 of the Road Safety Act of 2024 has not commenced.

Other supporting policy documents

National Physical Activity Action Plan (2024 – 2029)

The *Active Travel* section of NPAAP states that active travel will be supported with the following actions:

- "Building on the 2021 Climate Action Plan target of 1 000km of active travel infrastructure which will be rolled out by 2025, over the period to 2029" (8; page 12).
- "Supporting a variety of infrastructures to support safe walking and/or cycling and/or wheeling, including measures to calm speed, reduce vehicle traffic and enhance active mobility" (8, page 12).

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T02 There is a funded implementation plan, led by the appropriate level/s of government, to achieve improvements in active travel and increased use of public transport.

Definitions and scope

- Includes plans for the strategic placement of active travel infrastructure.
- Includes plans for the use of signage to highlight the benefits of active travel, as well as signage outlining safety.

Equity

- Implementation plans should prioritize funding and resources for disadvantaged communities and ensure equitable access to active travel. Local residents should be actively involved in the planning and execution of transport solutions to address barriers to walking, cycling, and public transport (Norwood et al., 2014).

Best Practice Examples (BPEs)

Plan Director de la Bicicleta de Sevilla (Seville Bicycle Master Plan)
Spain (subnational level)

The policy that guided Seville's transformation into a cycling-friendly city, known as the Bicycle Plan of Seville (Plan Director de la Bicicleta de Sevilla) was approved by the City Council in 2007 as part of a broader urban mobility strategy aimed at promoting sustainable transportation options. The main goal of the bicycle plan was:

1. Increase in the number of bicycle users
2. Reduction in car usage
3. Reduction in bicycle accidents

Seville's Cycling Plan aimed to create a 142 km network of segregated bicycle lanes designed for everyday use by residents. The network was expanded to 180 km by 2024. A key feature of the system was its high visibility and accessibility: dedicated signage and clear markings ensured that the infrastructure was easily recognizable and user-friendly across the city. As a result, cycling became a realistic and attractive option for daily transportation, accessible not just to recreational cyclists but to the broader public. Construction of the cycleway network has contributed to notable changes in the city over 20 years, becoming an example for cities without previous tradition of utilitarian cycling:

- The length of the network increased by 1400% from 12 km in 2003 to 180 in 2024.
- The number of journeys increased by almost 1100% from 6,000 in 2003 to over 7,000,000, including e-scooters (an increase of 1750%).
- Cycling modal split increased by 20 times, from 0.5% to 10%.

Current investment for cycleways in Seville amounts to €6,871,310, covering cycleway infrastructure and parking.

Veturilo (Warsaw's Urban Bicycle System)
Poland (Subnational level)

The Warsaw 2030 Strategy outlines activities aimed at increasing the attractiveness of cycling transport, including urban cycling. Veturilo, Warsaw's urban bicycle system, has become an integral element of urban mobility since its launch in 2012. Thanks to an extensive network of stations and growing users, the system supports sustainable transport, reducing traffic jams and exhaust emissions. Over the years, Veturilo has evolved, introducing, among others, electric bicycles, modern rental technologies and integration with other means of public transport. Varsovians willingly use the city bicycles for daily commuting to work, school, and recreational purposes. The layout of Veturilo stations is closely linked to public transport hubs, providing convenient access to metro stations, bus stops, and areas with high pedestrian traffic. An important aspect is the development of cycling infrastructure in Warsaw to increase the accessibility and safety of active travel options.
In 2015-2019, the number of urban bicycle rentals increased from 2 million to 6 million (195%). In 2020, there was a significant decrease in rentals due to COVID-19 restrictions. Since the end of the

pandemic, there was again an increase in bike rentals in the Veturilo system. In 2024, Warsaw residents travelled 17 million kilometres using Veturilo bicycles. The Municipal Roads Authority has signed an agreement with Nextbike to operate the public bike system in the years 2023-2028. The value of the offer is nearly PLN 105 million (approx. €25 000 000).

Context

WHO

Global Action Plan on Physical Activity

Action 2.3 of GAPPA requests WHO member states to "accelerate implementation of policy actions to improve road safety and the personal safety of pedestrians, cyclists, people engaged in other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and public transport passengers.

Evidence of Policy Implementation

National Sustainable Mobility Policy & the National Sustainable Mobility Policy Action Plan 2022-2025

The National Sustainable Mobility Policy (NSMP) was published in 2022 in the context of Ireland's 2021 Climate Action Plan (CAP21, see below) (1,2). Its overarching target, first set out in the CAP21, is an additional 500 000 active travel and public transport journeys daily and a 10% reduction in kilometres driven by fossil fuelled cars by 2030. The policy is guided by three key principles: 'Safe and Green Mobility', 'People Focused Mobility' and 'Better Integrated Mobility' (1). NSMP describes structures that will be put in place to ensure funding and implementation of the policy: a leadership team is to be established consisting of key stakeholders to oversee implementation (Implement, monitoring and review section, page 26) and funding will be provided "through the capital expenditure allocations provided by the NDP [National Development Plan] and through the current expenditure allocations provided through the annual budgetary process" (funding section, page 27) (1). A leadership team is to be established under NSMP and their first task is to agree a programme of local "pathfinder" projects to be delivered at a local level over the first 3 years of the policy. The Pathfinder Programme was launched with the announcement of 35 exemplar transport projects and activities in 19 counties in October 2022 (3).

The NSMP is accompanied by an action plan with a timeframe of 2022 to 2025 (4). When this time has elapsed, the action plan will be reviewed and a new action plan published which will run from 2026 to 2030. The 2022 – 2025 action plan has ninety-one actions. Each action has a 'owner', responsible for delivery a timeline and output specified. For example:

- The owners of Action 17 "Develop pedestrian enhancement plans for the five metropolitan areas" (page 5) are local authorities and the NTA, the output is the plans are delivered the timeline for this action is 2023 (4).
- The owner of Action 18 "Expand the operation of bike share schemes (including electric bikes) in cities" (page 5) is the NTA the outputs are a new Bike Share Scheme in Waterford and scheme extensions in the other regional cities. The timelines for these outputs are 2022 and 2024 respectively (4).
- The owners of Action 19 "Deliver additional cycling infrastructure projects in the five cities" are the local authorities and the NTA, the outputs are "400 km GDA Network completed or under construction" (page 5) and "200 km Regional Cities Network completed or under construction" (page 5) and the timeline is 2025 (4).

Implementation

In 2023, the NTA reported that €290 million was allocated to local authorities for walking and cycling infrastructure (5,6). Active Travel teams have been established in every Local Authority. The NSMP year two progress report stated that two pathfinder projects had been completed (7). According to the NSMP year three progress report: 46 of the 91 actions outlined in the NSMP action plan are completed (50.5%), 6 (6.6%) are on schedule, 5 (5.5%) had been modified and 29 (31.9%) were delayed or anticipated to be delayed (8). The year three report does not specify

how many of the Pathfinder Projects have been delivered. The Pathfinder Project is scheduled to be completed by 2025.

National Cycle Network Plan

The National Cycle Network (NCN) is a TII plan for a network of cycling infrastructure that links all urban centres over 5 000 inhabitants (9). The planned network requires 3 500 kilometres of cycling infrastructure at a cost of between €1 490 million and €1 910 million. This infrastructure to be delivered in three phases with 330 km to be delivered between 2023 and 2025, 660 km between 2026 and 2030 and 2 510 to be delivered between 2031 and 2040.

Implementation

An implementation review for the first phase of NCN is due at the end of 2025. The National Transport Authority has an Active Travel Investment page on its website. According to this webpage 20 000 bicycle parking stands, along with 71 km of new or upgraded cycle infrastructure and 123 km of pedestrian infrastructure, were delivered in 2023 (10). According to the NTAs annual financial report, €341.3 million was invested in active travel in 2023 across 1 000 active travel projects across the country (6).

Lists of greenways are available on the Sport Ireland webpage at https://www.sportireland.ie/outdoors/find-your-trails and at https://greenwaysireland.org/. The latter provides information on six greenways in Ireland (11). In December 2024, TII published a list of transport projects outlining, inter alia, their phase of progression (12). TII utilises a framework whereby an infrastructure project's lifecycle is conceptualised in the following phases: *Phase 0: Scope & Pre-appraisal*, *Phase 1: Concept & Feasibility*, *Phase 2: Options Selection, Phase 3: Design and Environmental Evaluation, Phase 4: Statutory Process, Phase 5: Enabling & Procurement* and *Phase 6: Construction and Implementation* (12, page 16). Fifty-five greenway projects are listed across the phases of development, with nine projects in the final *Construction and Implementation* phase. An implementation review for the first phase of NCN is due at the end of 2025.

CycleConnects Ireland's Cycle Network

CycleConnects is a NTA plan for individual cycle networks in the 22 counties outside of the Greater Dublin Area (GDA). These networks, alongside cycle networks within the GDA, are intended to form a comprehensive cycle network across Ireland (13). The proposed CycleConnects Networks are informed by a consultation that received 259 submissions and maps of the proposed networks are available on the CycleConnects webpage (14).

BusConnects

BusConnects is a NTA-managed programme to improve bus services in five major urban centres: Dublin, Cork, Limerick, Galway, and Waterford. The BusConnects programme seeks to realise the following eight outcomes: redesign of bus networks, new bus corridors and cycle lanes, implementation of a state-of-the-art ticketing system and a cashless payment system, a simpler fare structure, new bus livery, new bus stops and shelters and a transition to a new zero emissions bus fleet (15). Pages on the busconnects.ie website provide information on the proposed updates to bus services in the five cities. BusConnects initatives are different levels of realisation across the five cities. BusConnects is most advanced in Dublin. A December 2025 publication reports progress in various initiatives in Dublin including a new fare structure, introduced in April 2025, planning consent for 12 core bus corridors from An Coimisiún Pleanála and 567 Real-Time Passenger Information (RTPI) units installed (16). BusConnects initiatives in the other cities are at various stages of planning and consultation.

Other supporting policy documents

Road Safety Strategy Action Plans

The *Road Safety Strategy Phase One Action Plan* contains the following actions relating to safe and healthy modes of travel:

- "39. Develop a National Cycle Network plan for interurban rural cycling and walking, providing connections to active travel networks and Greenways. Develop an implementation plan for delivery in Phases 2 & 3 of the Road Safety Strategy" (17, page 13).
- "40. Continue to implement an active travel infrastructure scheme where Local Authorities can apply for funding to develop improved active travel infrastructure" (17, page 13).
- "41. Encourage modal shift to support Environmental, Safety and Health objectives by promoting the use of sustainable and active modes of travel" (17, page 13)
- "42. Promote and support an expanded Cycle Right training programme which includes online theory and practical skills for children and adults" (17, page 13).
- "43. Conduct a review of road traffic policy and legislation to prioritise the safety of walking and cycling" (17, page 13).

Due dates and responsible departments and agencies are specified for all actions.

Programme for Government (2020) and National Development Plan 2021-2030

The NDP states that "€360 million per annum will be invested in walking and cycling infrastructure over the next 10 years" (18). A target of 700 km of improved walking and cycling infrastructure in the five cities is put forward. The 2020 Programme for Government, *Our Shared Future*, also committed to the €360 million walking and cycling infrastructure budget figure (19).

National Physical Activity Action Plan (2024 – 2029)

The *Sport and Recreation for all* section of NPAAP contains the following actions:
"Support the objectives of the GDA Cycle Network Plan, National Cycling Network Plan and CycleConnects in enhancing connections with other sustainable transport modes, enabling further onward travel using bus, rail and by walking, to enable access to outdoor recreation opportunities" (20, page 16).

Climate Action Plans

To realise Ireland's climate mitigation objective, the Climate Action and Low Carbon Development (Amendment) of Act 2021 requires the publication of annual climate action plans (21). At a local level, the act also requires all authorities in Ireland to prepare five-year Local Authority Climate Action Plans. These plans specify the climate action measures which the local authority will adopted. CAP21 sets out sectoral targets to be achieved as part of an overall plan to reduce greenhouse gas (GHG) emissions by 51% by 2030 (2). The transport sector, which accounts for 19.6% of GHG emissions according to the policy, needs to achieve a reduction of 42 – 50% in emissions by 2030 relative in 2018 levels. Several targets are proposed to achieve this reduction, including the 500 000 additional active travel and public transport journeys daily mentioned above, and several actions are proposed. These include:

- "Continue the improvement and expansion of the Active Travel and Greenway Network" (Action 231)
- "Development of a coherent and connected National Cycle Network Strategy" (Action 232)
- "Construct an additional 1,000km of cycling and walking infrastructure" (Action 233)
- "Encourage an increased level of modal shift towards Active Travel (walking and cycling) and away from private car use" (Action 234)
- "Accelerate sustainable mobility plans for schools" (Action 235)
- "Legislate to improve the Active Travel environment in urban centres" (Action 236)
- "Publish the new Sustainable Mobility Policy" (Action 238)
- "Expand Smarter Travel Workplaces Programme" (Action 249) (2, all page 154).

Subsequent Climate Action Plans also include active travel related provisions. For example: Climate Action Plan 2023 (CAP23) proposes a National Demand Management Strategy (NDMS) to be

published in 2023 and implemented in 2024 and 2025 to alleviate car dependency (22) and Climate Action Plan 2024 (CAP24) pledges to advance the roll out of the National Cycle Network and CycleConnects plans (23). This action is repeated in Climate Action Plan 2025 (CAP25) (24).

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T03 Guidelines and tools to support infrastructure for active mobility and/or transport plans and systems that encourage physical activity are promoted and disseminated.

Definitions and scope

- Includes policies that influence change of people behaviour by different mechanisms to enhance their shift from motor-power transport to active transportation.

Equity

- Active mobility guidelines and tools should support the implementation of policies – such as land use plans that include non-automobile transportation improvements – particularly in low-income communities (Aytur et al., 2008). They may include the promotion of walking and cycling by providing clear, user-friendly information, such as pedestrian signage displaying travel times and distances (Buscail et al., 2016).

Best Practice Examples (BPEs)

The National Cycling Plan (NCP) 3.0
Germany (National level)
The National Cycling Plan (NCP) 3.0 is the Federal Government's strategy for promoting cycling in Germany until 2030. The overarching goal of the NCP 3.0 is to make cycling more attractive and safer and to significantly increase the number of kilometres travelled by bicycle by defining four key areas for cycling promotion: politics, which focuses on creating policies and frameworks that support cycling at all levels of government; infrastructure, which involves building and enhancing bike lanes and parking facilities to ensure safe and accessible cycling; people, which aims to encourage more individuals to cycle by promoting awareness and facilitating opportunities for cycling; and business, which supports companies in promoting cycling, for example, by incentivizing employees to cycle.
As a result, it is expected that by 2030 the number of miles travelled by bicycle will have doubled compared to 2017, driven by a significant increase in both the frequency and length of trips, with the number of trips per person per year rising from approximately 120 in 2017 to 180 in 2030 and the average length of bicycle trips growing from 3.7 kilometres in 2017 to 6 kilometres. Financial support for cycling from the Federal Government, federal states and local authorities will be approximately €30 per person per year during the lifetime of the NCP 3.0.

Context

WHO
Global Action Plan on Physical Activity
Action 2.2 of GAPPA requests WHO member states to "improve the level of service provided by walking and cycling network infrastructure, to promote walking, cycling, other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, peri-urban and rural communities, with due regard for the principles of safe, universal and equitable access by people of all ages and abilities"

Physical activity strategy for the WHO European Region 2016–2020
Objective 3.1 requests reduction of car traffic and increase walking and cycling suitability. National governments and local decision-makers should promote human-powered transport

Evidence of Policy Implementation

Cycle Design Manual
The Cycle Design Manual (CDM), was published in September 2023 by NTA, replacing the previous National Cycle Manual, published in 2011 (1). CDM is intended as a guide for local authorities assisting them in the design of cycle facilities (1). CDM has an increased emphasis on segregating cyclists from motorised traffic and designing for less confident cyclists compared to the older manual (1, 2) and showcases international best practice for urban cycle infrastructure (for example: Dutch style cycle-friendly roundabouts and parallel road crossings for cyclists and pedestrians (1, 3).

Design Manual for Urban Roads and Streets (DMURS)
The Design Manual for Urban Roads and Streets (DMURS) was prepared by the Department of Transport, Tourism and Sport and the Department of Housing, Planning and Local Government and provides guidance to "professionals associated with street design" on the design of urban roads and streets (4). DMURS encourages a shift away from car-centric design towards street designs that give priority to pedestrians, cyclists and public transport users and applies to roads and streets with a speed limit of 60 km/h or less. DMURS advocates design principles like a sense of place ("Streets should contribute to the creation of attractive and lively mixed-use places" [4, page 19]) connectivity (as opposed to 'dendritic' street layouts and cul-de-sacs that increase walking distances), permeability, pedestrian safety and legibility ("it should be should be easy for both residents and visitors to find their way in the area" [4, page 19]).

How to Guide on Area Based Transport Assessment Plans
The *How to Guide on Area Based Transport Assessment Plans*, published by TII and the NTA, is a guidance document for local authorities to enable a consistent approach to the preparation of transport assessments in the preparation of Development Plans and Local Area Plans. It promotes the concept of 15-mnute neighbourhoods and provides a 'step-by-step' guide to undertaking transport assessments including practical advice on the appropriate use of transport planning tools and datasets (5).

Permeability Best Practice Guide
Permeability Best Practice Guide was published by the NTA in 2015 and is provides guidance on how best to facilitate demand for walking and cycling in existing built-up areas. The guide highlights the importance of interconnected, secure, well-lit and overlooked pedestrian and cycle networks (6).

NTA Active Travel Publications
The NTA has various active travel investment publications on its website (7). These publications include, for example, a document providing advice on rapid build walking and cycling infrastructure (schemes that deliver such infrastructure faster than traditional "full build" methods) (8) and a document on designing draining systems that prevent paved active travel infrastructure from becoming flooded with rainwater (9).

Guidance on Rural Cycleways and Greenways
The *Greenways and Cycle Routes Ancillary Infrastructure Guidelines*, published by the Department of Transport, Tourism and Sport (Updated 2020) provides comprehensive guidance on the design and implementation of ancillary infrastructure that enhances the usability, safety, and attractiveness of greenways and cycle routes (10). The *Code of Best Practice – National and Regional Greenways* provides information to ensure that landowners are treated fairly in the acquisition of land for greenway development (11). The *Rural Cycleway Design* (Offline & Greenway) document, published by TII provides design standards for Greenways which apply to projects where TII is the funder or approving authority (12).

<u>Other supporting policy documents</u>
National Physical Activity Action Plan (2024 – 2029)
The *Active Travel* section of NPAAP states that active travel will be supported with the following action:

- "Continued implementation of the GDA Cycle Network Plan, CycleConnects and National Cycle Network plans" (13; page 12).

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DOMAIN 3 – URBAN DESIGN

There are public policies enacted at appropriate level/s of government to ensure that evidence-informed urban design principles are implemented to promote and support physical activity and active mobility for people of all ages and abilities.

UD01 Policies or regulations that take a "health in all" approach are adopted to reallocate space from motorised transport to active travel and/or recreation purposes.

Definitions and scope

- Includes policies and guidelines that promote a holistic approach to infrastructure planning and mixed-land use.
- Includes the strategic placement of active travel infrastructure.
- Includes the use of signage to highlight the benefits of active travel, as well as signage outlining safety.

Equity

- Support and encourage for "physical activity for all" initiatives, especially for people with disabilities or from minority ethnic groups, including community schemes to improve access to appropriate local options for PA (World Health Organization. Regional Office for Europe [WHO], 2014).
- Public policies that modify environments to encourage physical activity are important, but the more deprived groups may require additional measures to benefit from these policies. These measures may include interventions to build self-esteem, develop necessary skills and address the specific needs and perceptions of disadvantaged women (WHO, 2014).
- Adopt community planning, land use, development, and zoning policies and plans that support walking for people of all ages and abilities. Support safe, efficient, and easy-to-use public transit systems and transit-oriented development (U.S. Department of Health and Human Services, 2015).

Best Practice Examples (BPEs)

Pontevedra pedestrianisation strategy
Pontevedra, Spain (Subnational level)
In 1999, the historic city centre of the Galician city of Pontevedra (approx. population 85 000) was pedestrianised. Since then, the city has continued its policies of promoting pedestrian access over motorised transport. So far, 1.3 million square meters of Pontevedra have been pedestrianized. The city has also eliminated parking spaces and introduced a 30 km/h speed limit on all municipal roads. The approach seeks the transformation of urban public spaces into an inclusive, integrated area
where social, physical, or disability barriers can be mitigated or eliminated.
Since the implementation of the measures began, the city has achieved some notable successes. In Pontevedra, 80% of children aged 6-12 walk to school by themselves. Furthermore, three-quarters of the former motorised individual trips are made on foot or by bicycle. Between 1999 and 2014, reduction in traffic of 56% has been reported across the whole city, and CO2 emissions were cut by 66 %. The increased attractiveness of the city centre and the denial of building permits for large shopping centres in the periphery also had a positive impact on the local economy. Since 1999, there have been no fatal traffic casualties in the pedestrianised area, and only three across the city since 2007. Among other awards, in 2020 the city of Pontevedra won the European Union's first urban road safety prize.

Barcelona Superblocks
Barcelona, Spain (Subnational level)
Barcelona's Superblocks are a pioneering urban mobility and public space policy aimed at reclaiming streets for pedestrians and cyclists while reducing car dominance. A superblock consists of closing four road junctions in a grid of nine apartment blocks, allowing for a proposal of 503

superblocks in the city. The concept of the Superblock has evolved from a city block approach to a street network approach applied to an entire neighbourhood or district. This initiative, which uses an inclusive participatory process, is part of the city's broader Urban Mobility Plan and aligns with goals to cut pollution, improve public health, promote sustainable mobility, provide urban greening, and mitigate the effects of climate change. The Superblock programme is financed with municipal own-source revenues; transfers from the national government; European Union (EU) resources; and borrowing from international financial institutions.

The Superblock programme was first implemented in five city neighbourhoods selected because they provided the opportunity to leverage and exploit synergies with other investments in the areas. The plan is expected to be later expanded, arriving at a network of 21 green streets in the district by 2030. Initial evaluation conducted in three neighbourhoods indicates that this initiative has been successful in increasing active travel and improving the quality of urban life. Furthermore, simulations suggest that 16,545 life years would be gained between 2022-50 by scaling-up Superblocks to all eligible populations in Spain.

Context

WHO

Global Action Plan on Physical Activity

Action 2.1: Strengthen the integration of urban and transport planning policies that prioritize the principles of compact, mixed land use, at all levels of government as appropriate, to deliver highly connected neighbourhoods that enable and promote walking, cycling, other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, peri-urban and rural communities.

Proposed sub action for member states 2.1.3: Support the development and implementation of planning and transport policy, guidelines and regulations that redistribute, as appropriate, urban space from private motorized transport to support increased walking, cycling and use of public transport, as well as provision of public open and green spaces, including regulations to limit car parking options for singular occupancy private vehicles.

Evidence of Policy Implementation

Project 2040 and the National Planning Framework

Project 2040 is a long-term government strategy, intended to shape and accommodate the future growth and development of Ireland up to the year 2040. The strategy is based on a projected population increase up to 6.1 million people (an increase of 1 million from 2022). *Project 2040*, is based around ten overarching goals which the Government has set out called "National Strategic Outcomes" or NSOs.

A key *Project 2040* document is the National Planning Framework (NPF). The NPF is the Government's spatial strategy and sets out 108 "National Policy Objectives" (NPOs) for structuring policy action (2). NSO 5 is titled "Sustainable Transport" and is to be achieved by aligning with Ireland's Climate Action Plan 2024 (3) and NSMP (4) and increasing the number of journeys taken by walking, cycling and public transport (amongst other measures). The following NPOs in the NPF relate to active travel:

- NPO 37: "Ensure the integration of safe and convenient alternatives to the car into the design of our communities, by prioritising walking and cycling accessibility to both existing and proposed developments, and integrating physical activity facilities for all ages" (2; pages 80 and 178)
- NPO 60: "[…] enhanced sustainable transport connectivity between Ireland and Northern Ireland, to include cross-border road and rail, electric vehicle infrastructure, cycling and walking routes" (2; pages 115 and 181).
- NPO 93: "Improve air quality […] through integrated land use and spatial planning that supports public transport, walking and cycling as more favourable modes of transport to the private car" (2; pages 146 and 185).

NSO 7 ("Enhanced Amenity and Heritage") is to be achieved through investment in the public realm, including, parks, streets and recreational infrastructure. The following NPOs in the NPF relate to development of recreational facilities:

- NPO 34: "Continue to facilitate tourism development and in particular the Strategy for the Future Development of National and Regional Greenways, and a Blueways and Peatways Strategy which prioritises […] a coordinated approach to the sustainable management of outdoor recreation sites" (2; pages 74 and 178).

NSO 10 ("Access to Quality Childcare, Education and Health Services") relates to the health and education needs of increased population in 2040. NPF states that "a nationally overarching priority for the health of the population is achieving the objectives of Healthy Ireland and the implementation of the successor to the National Physical Activity Plan, to support active mobility and equitable access to physical activity opportunities, and Healthy Cities and Counties programme, delivered through local authorities" (1, page 171). This priority is reflected in NPO 36 which states:

- "Support the objectives of public health policy including the Healthy Ireland Framework and the National Physical Activity Plan, though integrating such policies, where appropriate and at the applicable scale, with planning policy (1; pages 80 and 178)"

National Development Plan 2021-2030: Enhanced Regional Accessibility Strategic Priorities

Another *Project 2040* document is the National Development Plan or the Government's investment strategy (5). The Government' commitment to encouraging the use of walking, cycling and other active travel methods, as part of the National Active Travel Programme, has been signalled by the recent increase in the active travel budget. Whole-of-Government funding equivalent to 20% of the 2020 transport capital budget, or €360 million, has been committed annually for the period 2021-2025. This investment is dedicated to supporting the delivery new and improved walking and cycling infrastructure by 2025, as well as additional investment in Greenways and additional staff resources to increase the capacity to roll-out these active travel infrastructure projects (5; page 62).

At the same time, as stated in the Plan (5; page 62), investment in the regional and commuter bus fleet will continue with the purchase of up to 400 new low emission vehicles. Likewise, investment in bus stops including upgraded poles and live timetable information and provision of wheelchair accessible bus stops, including on interurban routes, is expected to continue to improve the accessibility of the bus network for all users, and especially for persons with disabilities, reduced mobility and older people.

National Demand Management Strategy

In recognition of the need to reduce the fuel usage as well as the total number of kilometres travelled by vehicle, an action was put forward in Climate Action Plan 2023 (CAP23) to publish a National Demand Management Strategy (NDMS). The NDMS was scheduled to be published in 2023 and the actions of the strategy implemented in collaboration with local authorities in 2024 and 2025. A NDMS, *Moving Together*, was drafted in 2023 (6). For local authorities, these are areas in which they have the capacity to directly influence in the short to medium term, and which are strongly recommended for consideration in the development of their 5-year Local Authority Climate Action Plans, i.e., setting out sustainable approaches to on-street and non-residential parking and to road space reallocation (3; page 250).

'Optimal use of space' is one of six ''key areas of focus' in the draft NDMS. A NDMS implementation is also in draft phase (7). The following recommendations, regarding space reallocation are put forward in the draft NDMS:

- "Recommendation 3: Develop local area Demand Management […] and integrating them with, the roll-out of public transport service delivery plans" (page 86 and 119)
- "Recommendation 4: Prepare […] supports for Local Authorities on the development of tailored Demand Management Schemes, […]" (page 86 and 119).

- "Recommendation 5: Update national guidelines and standards in support of demand management measures in relation to parking and road space reallocation and strengthen supporting oversight and co-ordination structures" (page 86 and 119).
- "Recommendation 34: Establish a fund to pilot demand management measures" (page 86 and 123).

National Cycle Network Plan

The NCN (see indicator T02) plan sets out how the country will be criss-crossed with 3,500 km of safe, high quality and inviting cycle routes, linking over 200 cities, towns and villages and up to 2.8 million people nationally (8). The NCN is composed of 85 corridors, integrating existing and planned greenways and other cycling infrastructure such as the Eurovelo routes, as well as an extensive new network of safe cycle routes along existing roads. It will also link to destinations such as transport hubs, centres of education, employment, leisure and tourist destinations, making it easier and safer for people throughout the country to choose cycling as part of their daily activities. The aim is that 80% of households and nearly 90% of jobs will be located within 5 km of the network.

Delivery of the NCN is expected to take place across three phases from 2023 to 2040, with approximately 330km (Phase 1, 2023-2025), 660km (Phase 2, 2026-2030), and 2,510km (Phase 3, 2031-2040) delivered. A single organisation or dedicated programme management office will be responsible for providing the oversight and management required for delivery (9; page 12).

Cycle Design Manual

The CDM (see indicator T03) has been prepared by the National Transport Authority (NTA) and overseen by the Department of Transport. It replaces the previous National Cycle Manual, published by the NTA in 2011, which is now withdrawn (10).

The CDM draws on the experience of delivering cycling infrastructure across Ireland over the last decade, as well as learning from international best practice, and has been guided by the need to deliver safe cycle facilities for people of all ages and abilities.

The new manual places more emphasis on the range of cycles that cycle infrastructure will have to accommodate and the recommendations focus on segregating cyclists from traffic where speeds and volumes make roads unsuitable for sharing. There is also a general presumption towards segregating pedestrians and cyclists where possible.

The manual is intended to be a live document, accessed through the NTA website, which will be updated and expanded as required to reflect emerging best practice and feedback from user experience of the manual.

Evidence of Implementation

OECD Report

In 2022, the OECD, in collaboration with Irish stakeholders (such as Irish Climate Change Advisory Council) published a report titled Redesigning Ireland's Transport for Net Zero: Towards Systems that Work for People and the Planet. The report states that Ireland's transport system fosters growing car ownership and emissions by making cars the most convenient mode of transport. The report highlighted induced demand, urban sprawl and a 'Sustainable modes low-attractiveness trap' (caused by the prioritisation of investment in roads) as the key factors underlying Ireland's car-dependent transport system. A policy assessment undertaken as part of the report concluded that policies with a high 'transformative potential'.

The report group Ireland's policies for the surface passenger transport sector into eight categories: "EV [Electric Vehicle] incentives for private cars; budget reallocation in favour of public transport and active modes relative to car; brownfield/infill targets; efforts to improve public transport and active modes; carbon and road pricing; road space reallocation; mainstreaming of on demand shared services; and communication efforts." (11; page 58). According to the report, policies with low transformative potential, such as EV incentives, have received funding and attention while policies with the highest potential for transformation, such as road space reallocation need to be

scaled up. The report argues that large scale road space reallocations and street redesign must become a priority to shift Ireland away from a car dependent system.

Other supporting policy documents

National Physical Activity Action Plan (2024 – 2029)

The Active Urban Design section of NPAAP contains the following actions:

- "Ensure that the planning, development and design of towns, cities and schools promotes cycling and walking with the aim of delivering a network of cycle routes and footpaths" (12, page 14).

Get Ireland Active! National Physical Activity Plan for Ireland

The previous national physical activity plan, in force until 2022, had the following actions:

- Action 33: "Ensure that the planning, development and design of towns and cities promotes cycling and walking with the aim of delivering a network of cycle routes and footpaths" (13; page 38).
- Action 34: "Ensure that the planning, development and design of towns and cities promotes the development of local and regional parks and recreational spaces that encourage physical activity" (13; page 38).
- Action 36: "Prioritise the planning and development of walking and cycling and general recreational / physical activity infrastructure" (13; page 38).

An independent implementation review marked actions 33, 34 and 36 as "partially complete", "partially complete" and "complete" respectively (14). In support of these assessements the report cited a survey that indicated that 23 of the 31 local authorities had developed walking and cycling strategies. The launch of the DMURS website and trainings on the development of walking, cycling and outdoor infrastructure delivered by Sport Ireland.

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UD02 Governments adopt land use policies, and planning processes, consistent with principles of mixed land use, compact urban design, and/or provision of green open spaces to support physical activity and reduce motorised transport.

Definitions and scope

- Appropriate consultation processes are in place to encourage active participation and engagement of community members and transparent mechanisms exist for use of consultations to inform policy development.

Equity

- Land use policies and planning processes should actively involve marginalized and vulnerable communities to foster a sense of ownership and ensure spaces meet diverse needs (Slater et al., 2016). This may include inclusive public consultations that amplify the voices of underrepresented groups, particularly in underserved areas (UN Habitat) and policies that set minimum green space requirements in residential developments, along with adequate lighting, footpaths and cycle ways (WHO, 2014).

Best Practice Examples (BPEs)

Liveable Neighbourhoods

Western Australia (Subnational level)

Liveable Neighbourhoods (LN) is a development control policy developed by the Western Australian Planning Commission and the Department for Planning and Infrastructure with input from local government, state agencies, and industry stakeholders. Initiated in 1998, LN aims to create walkable, mixed-use communities with safe, interconnected streets, diverse housing, and good access to services, public transport, and open space. The policy follows a performance-based approach, where the many requirements of the LN planning guidelines can be met in different ways depending on site-specific conditions.

LN has been evaluated by the RESIDE study which reported significant positive associations between physical activity outcomes and implementation of LN guidelines, especially walking for transport. The LN development guidelines include provisions that may contribute to more equitable outcomes, such as encouraging a mix of housing types to support affordability and diversity and requiring pedestrian and cycling networks to be universally accessible for people with disabilities. The policy also seeks to improve employment access for low-income and part-time workers by promoting local job opportunities and enhancing public transport connections.

Healthy Streets for London

London, United Kingdom (Subnational level)

The overarching target of the Mayor of London's 2018 Transport strategy is for 80% of trips in London to be made on foot, by bicycle or using public transport ('sustainable modes') by 2041. The strategy uses the *Healthy Streets Approach* as a concept that seeks to ensure that streets are attractive places to experience. The strategy is to be delivered by the boroughs of London and the body responsible for implementing London's transport policies, Transport for London (TfL). TfL uses ten indicators of a Healthy Street, including: the street is easy to cross, there are places to stop and rest and people are choosing to walk, cycle, or use public transport.

According to the most recent strategy updates, sustainable modes of transport accounted for 64.2% of trips in London in 2023, an increase from 62.3% in 2022. In 2023/24, £86 million was allocated to London's boroughs to implement *Healthy Streets*. Outcomes of the investment include a quadrupling of London's cycle strategic cycle network (from 90km in 2016 to 390km in 2024) and an expansion of London's Ultra Low Emissions Zones (ULEZ). Several further action plans have been developed to support the strategy. These include the Vision Zero action plan (aimed at eliminating deaths and serious injuries on London's transport system), the cycling action plan, the bus action plan, and the action on inclusion.

Context

WHO

Global Action Plan on Physical Activity

Proposed sub action for member states 2.4.1: Promote and enforce urban planning, land use and spatial policy at all levels of government, as appropriate, that requires the provision of a connected network of green infrastructure that enables equitable access to quality, safe public space, blue space and green open spaces, natural spaces, recreational areas and sports facilities.

Evidence of Policy Implementation

Project 2040 National Planning Framework

NSO 1 of *Project 2040* is titled "Compact Growth". The NPF states that the governments approach will seek to promote "effective density and consolidation, rather than more sprawl of urban development" (1; page 14). Relevant NPOs include

- NPO 3 "Deliver at least 40% of all new homes nationally, within the built-up footprint of existing settlements" (1; pages 29 and 159)
- NPO 35 "Increase residential density in settlements, through a range of measures including […] infill development schemes, area or site-based regeneration and increased building heights" (1; pages 93 and 164).
- NPO 68 "A Metropolitan Area Strategic Plan may enable up to 20% of the phased population growth targeted in the principal city and suburban area, to be accommodated in the wider metropolitan area i.e. outside the city and suburbs or contiguous zoned area, in addition to growth identified for the Metropolitan area" (1; pages 136 and 168).

Implementation

The Living City Initiative provides tax relief to people spending money refurbishing homes or upgrading commercial properties. It is intended to encourage people to live in historic inner city areas (2). In Budget 2026, the initiative was expanded from the designated Special Regeneration Areas Cork, Dublin, Galway Kilkenny, Limerick and Waterford to include Sligo, Letterkenny, Dundalk, Drogheda and Athlone (3).

Sustainable Residential Development and Compact Settlements Guidelines for Planning Authorities

Published in 2024, in response to commitments under the Climate Action Plan, the *Sustainable Residential Development and Compact Settlements Guidelines for Planning Authorities* guidelines set out a policy framework for the creation of sustainable and compact settlements comprising an integrated network of mixed-use neighbourhoods that offer improved access to services, amenities, and public transport in support of Ireland's transition to lower carbon living (4).

The Guidelines replace the *Sustainable Residential Developments in Urban Areas-Guidelines for Planning Authorities* guidelines (5) issued under Section 28 of the Act in 2009 (now revoked). They build on and update previous guidance to take account of current Government policy and economic, social and environmental considerations. The Guidelines expand on higher-level policies of the NPF, setting policy and guidance in relation to the growth priorities for settlements, residential density, urban design and placemaking and introduce development standards for housing.

Town Centre First Policy

The Department of Housing, Local Government and Heritage, jointly with the Department of Rural and Community Development and the Gaeltacht (DRCD), is supporting capacity building in local authorities by funding two dedicated staff in each non-city local authority to lead implementation of the Government's Town Centre First (TCF), with a focus on tackling vacancy, promoting compact growth and urban regeneration, in line with the principles of sustainable development. In particular, securing compact and sustainable growth is a key objective. This is evident in Action 16

of the *Town Centre First* Plan: "Promote and assist towns to develop a TCF Plan which will also align with the National Planning Framework approach to compact urban growth" (6; page 47)

Implementation
Following a Town Centre Living Pilot Initiative, in December 2021 the Government announced €2.6m in funding for 26 towns to develop Town Centre First Plans. These 26 towns were nominated by Local Authorities and approved by the Minister for Rural and Community Development and the Gaeltacht. All 26 supported plans under this pilot initiative have now been completed. The Department launched a new Town Centre First Suite of Supports in February 2024 that will provide an additional investment of €4.56 million for rural communities across Ireland.

National Sustainable Mobility Policy: 10-Minute Towns initiative
The Southern Regional Assembly's (SRA) Regional Spatial and Economic Strategy (RSES) and Metropolitan Area Strategic Plans for Cork, Limerick-Shannon, and Waterford, set a vision for the Southern Region to become one of Europe's most creative, innovative, liveable and greenest regions. Through Interreg Europe's MATCH-UP Project, the SRA with the firm ARUP developed a "10 Minute Towns Framework" to implement the RSES's Regional Policy 176 "10-Minute Cities and Towns". The concept promotes permeable mobility where access to all essential services is within a 10-minute walk/cycle or public transport connection from people's homes with benefits including lower emissions, improved health, placemaking and quality of life (7; page 61).

Derelict Property Tax
In 2025 new Derelict Property Tax was announced to encourage property owners to 'activate' derelict properties (8). The tax is to be collected and administered by Revenue Commissioners, the Government agency responsible for taxation-related matters and replaces the pre-existing Derelict Site Levy which was collected by local authorities (9). Legislation providing for the tax is scheduled to be introduced in 2026 and the rate of taxation will be at least 7% of the property's value.

Other supporting policy documents
National Physical Activity Action Plan (2024 – 2029)
The *Active Urban Design* section of NPAAP contains the following actions:

- Encourage adoption of land use policies, and planning processes, consistent with principles of mixed land use, compact urban design and/or provision of green open spaces to support physical activity and reduce motorized transport (10, page 14).

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UD03 There are guidelines and/or regulations that improve universal and equitable access to safe outdoor and indoor spaces and facilities where people can be physically active.

Definitions and scope

- Includes policies and guidelines to provide and improve access to quality open spaces.
- Includes the strategic placement of quality open spaces.
- Includes policies and regulations to ensure universal access to buildings by all people.
- Frameworks, strategies, or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health.
- Frameworks, strategies, or implementation plans identify vulnerable populations or priority groups.
- Implementation plans specify policies or programmes that aim to reduce inequalities for specific population groups.

Equity

- Includes policies and guidelines to provide and improve access to quality open spaces.
- Includes the strategic placement of quality open spaces.
- Includes policies and regulations to ensure universal access to buildings by all people.
- Frameworks, strategies, or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health.
- Frameworks, strategies, or implementation plans identify vulnerable populations or priority groups.
- Implementation plans specify policies or programmes that aim to reduce inequalities for specific population groups.

Best Practice Examples (BPEs)

Urumqi, China (Subnational level)

To join the ranks of National Garden Cities, the Urumqi municipal government has carried out a series of greening projects to improve the Urban Green Space (UGS) coverage in built-up areas since 1992, and these projects are divided into three stages: 1992–2000, 2001–2010, and 2011-2020. Over this period, UGS policies included *Regulations on Urban Greening* (1992, resulting in UGS coverage rate reaching 23.3%, with 5.5 m2 of public green space per capita in 1999); Opinions on *Urumqi Garden City Building I* (2001, resulting in Urumqi having added 100 new garden parks and establishing a garden city in 2010); and *Opinions on Urumqi Garden City Building II* (2011, resulting in the completion of the Green Corridor Project of River Beach, UGS coverage rate in built-up areas reaching 35.35%, and successfully establishing the National Garden City in 2014). According to an independent study, with the implementation of the UGS policies in Urumqi, the accessibility to urban green space areas has been greatly improved.

According to this research, the amount of UGS in the built-up areas increased rapidly from 1999 to 2019, reflecting the fairness of the UGS policy overall. However, the distribution and different UGS categories show the spatial imbalance of UGS resources, as well as a mismatch between UGS and population distribution, and need to be improved.

Context

WHO

Global Action Plan on Physical Activity

Action 2.4: Strengthen access to good-quality public and green open spaces, green networks, recreational spaces (including river and coastal areas) and sports amenities by all people, of all ages, and of diverse abilities in urban, peri-urban and rural communities, ensuring design is consistent with these principles of safe, universal, age-friendly and equitable access with a priority being to reduce inequalities.

Evidence of Policy Implementation

Design Manual for Urban Roads and Streets
DMURS (see indicator T03) provides guidance for urban street design. It is mandatory that local authorities consider the DMURS in their urban planning. The DMURS encourages designers to consider a 'user hierarchy with pedestrians and cyclists at the top public transport below and private motor vehicles at the bottom. The DMURS and related documents are available online on the dedicated website: https://www.dmurs.ie/.

Ready, Steady, Play! A National Play Policy
The National Play Policy was published in 2004 to ensure that all Irish children have opportunities to participate in play (2). Emphasis is placed on ensuring that children have access to playgrounds and recreational facilities. An aim of the policy is to ensure that all playgrounds provided by public authorities conform to standards specified in the Irish Standards for play equipment and surfacing. Another aim of the policy is to bring the supply of playgrounds up to 1 per 10 000 population.

Implementation
A 2024 report commissioned by the Department of Children, Disability and Equality, titled *Outdoor Play and Recreation - Provision for Children and Adolescents: A National Review for Ireland*, provides a national review of outdoor play and recreation provisions for children and adolescents in Ireland, highlighting policies, practices, and recommendations for improvement (3).
At the time *Ready, Steady, Play! A National Play Policy* was published, there were 168 public playgrounds (National Children's Office, 2003). This figure increased to 904 in 2018. As of March 2024, there were 960 playgrounds across the country, an increase of 6 per cent since 2018. The ratio of playgrounds to children aged 0-11 years improved from 1:903 in 2018 to 1:820 in 2024. 25 out of 30 city and county councils saw a welcome drop in their playground to child ratios. 5 county councils saw increase in their playground to child ratios and figures were not available for one county council.

TeenSpace: National Recreation Policy for Young People
Publication of *Ready, Steady, Play! A National Play Policy* in 2004, was followed by *Teenspace: The National Recreation Policy for Young People* in 2007 (4). The national review of outdoor play and recreation provisions for children and adolescents in Ireland provide also information on resources for young people 12-18 years (5).
Multi-Use Games Areas (MUGAs) and skate parks: the use of available space, allowing for multiple sports activities on a single area e.g. a pitch that can be used for football and basketball, increased from 171 in 2018 to 232 in 2024 (increase of 35.7%, improving the ratio from 1:2,549 to 1:2,146 for adolescents aged 12-18 years. Total skate parks in 2024: 59, up from 51 in 2018 (increase of 15.7%).

National Development Plan 2020-2031: The Sports Capital and Equipment Programme
The Sports Capital and Equipment Programme (SCEP), one of the Strategic Investment Priorities of the Department of Tourism, Culture, Arts, Gaeltacht, Sports and Media, is the primary vehicle for Government support for the development of sports and physical recreation facilities and the purchase of non-personal sports equipment throughout the country (6). Under the Programme, sports clubs, community groups, National Governing Bodies of Sport, local authorities and schools receive support for their projects. The SCEP targets areas of disadvantage in particular, while also focusing on improving female participation and supporting projects utilised by people with a disability and/ or minority groups. In addition, sports clubs based in Irish speaking areas will also benefit from the Department's Community and Language Supports Programme through the availability of supports for the development of community-based sports facilities.

Places for People - the National Policy on Architecture
Published in 2022, *Places for People* is Ireland's new national policy on architecture. It outlines ways to promote and embed quality in architecture and the built and natural environment over the coming years in Ireland (7). The aim of Objective 2 is "to deliver quality architecture and places, planned and designed with wide engagement and accessible to all, in rural areas and villages, towns, cities and suburbia as an essential element of social sustainability" (7; page 33).

Heritage Ireland 2030
Heritage Ireland 2030 is Ireland's new national heritage plan. It is built around a vision of our heritage – in all its forms – being at very centre of local and national discourse, valued by all and cared for and protected for future generations. The framework recognises explicitly the positive effects of heritage on community and individual wellbeing (8; p. 28), acknowledging that heritage sites provide opportunities for people to improve their physical and mental health, helping to alleviate pressures brought about by, among other circumstances, increasingly sedentary lifestyles and lack of physical activity (p.34). As part of Theme 1 -Communities and Heritage- the plan commits to enabling communities and individuals "to exercise their rights and responsibilities towards their heritage and to celebrate it through improved access" (p. 43).

National Disability Authority
The National Disability Authority (NDA) is a statutory agency with around 40 staff established in 2000 to provide advice to the government on policy relevant to people with disabilities (9). The activities of the NDA include advising the government on the European Accessibility Act, an EU directive that sets out accessibility requirements for a range of products and services, and working to ensure the accessibility of the built environment. Guidelines for auditing the accessibility of the built environment are available on the NDAs website (10).

Cycle Design Manual
The CDM (see T03, UD01) is a guide for local authorities, assisting them in the design of cycle facilities (11). CDM informs readers about the concept of Universal Design Cycle and how cycle facilities can be made accessible to all cycle vehicles (including, for example, cargo bicycles, wheelchair bicycles and child trailer bicycles). It also informs readers how to design cycle networks based on a typology of cycle routes (e.g. primary routes, secondary routes, greenways) and which cycle facilities are appropriate for different roads and spaces.

Universal Design Walkability Audit Tool
The NTA, in collaboration with Age Friendly Ireland, Green-Schools and the NDA's Centre for Excellence, has published a tool for accessing the walkability of routes. The tool, which is available on the NTAs website, can be carried out independently allowing individuals to make submissions to their local authority (12).

Safe Routes to School Design Guide
NTAs *Safe Routes to School Design Guide* provides technical guidance to local authorities helping them create safer and more attractive routes to school. Design considerations for the 1km radius of a school include space for pedestrians (e.g. footpaths no less than 1.8 metres in width), safe places to cross (toucan / zebra crossings) and permeability shortcuts (e.g. open back entrances behind sport fields). The guide references the National Cycle Manual and DMURS (13).

<u>Other supporting policy documents</u>
National Physical Activity Action Plan (2024 – 2029)
The *Active Urban Design* section of NPAAP contains the following actions:

- "Ensure that the planning, development and design of towns and cities promotes the development of local and regional parks and recreational spaces that encourage physical activity and are accessible by all" (14, page 14)

Climate Action Plans

Climate Action Plan 2024 contains the following actions:

- TR/24/11(TF): "Advance roll-out of walking/cycling infrastructure in line with National Cycle Network and CycleConnects plans" (15; page 271)
- LG/24/1: "Adopt the Local Authority Climate Action Plans" (page 354).

Road Safety Strategy

The RSS (see indicator T01) includes as one of its 15 'safety performance indicators' the following statement "[...] extra cycle and pedestrian infrastructure developed to make urban and interurban mobility healthy and sustainable" (16, page 78). To realise the ambition of this indicator, the RSS phase 2 action plan states that the department of transport will: "Revise secondary legislation to incorporate amendments required as a result of the new Cycle Design Manual" (17, page 19) and "Continue to provide training to designers, project managers, engineers and local authorities on the delivery of safe designs based on documents including the Design Manual for Urban Roads and Streets (DMURS) and the Cycle Design Manual (CDM)" (17, page 25).

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DOMAIN 4 – HEALTHCARE

Public policies implemented within healthcare settings promote and support physical activity, e.g., by providing guidelines and regulations, applying digital health technologies, and targeting at-risk groups like older adults.

H01 Guidelines and regulations in healthcare include routine screening for physical activity and, for all insufficiently active patients, brief advice, and referral to appropriately trained practitioners and/or physical activity opportunities.

Definitions and scope

- Ensures policies and guidelines are in place that encourage and promote PA in the rehabilitation pathways for patients.
- Excludes pre-and in-service training on the importance of physical activity promotion within healthcare (which is covered under Workforce Development 03).

Equity

- Policies on routine screening, brief advice, and referral should take all populations into account by reducing barriers for girls, women, older adults, people of low socioeconomic status, people living with disability and chronic diseases and marginalized populations (World Health Organization [WHO], 2021). This may include the training of health professionals, e.g. to increase their knowledge on community social support programs for physical activity (CDC).

Best Practice Examples (BPEs)

"Physical activity on prescription" (Fysisk aktivitet på recept - FaR®)
Sweden (National level)
"Physical activity on prescription" (Fysisk aktivitet på recept - FaR®) is an individualized, patient-centred initiative in the Swedish health care system. Health professionals in primary care (such as general practitioners, physiotherapists and nurses) and specialists can write a prescription for physical activity (PA) for disease prevention and treatment. The prescription includes the type and dose of PA, which is performed outside the health care setting potential contraindications and a plan for follow-up, which are documented in the patient's clinical record. An essential component is integration of PA into everyday life and behaviour change. Therefore, collaboration with community-based PA providers is central to the model. To support health professionals in prescribing PA, a handbook entitled "Physical activity in the prevention and treatment of disease" is used, which summarizes scientific knowledge on preventing and treating various diseases and conditions with PA.
The European Union has chosen the FaR® model as best practice for use in other European Union countries. FaR® has also been implemented in Iceland, Norway and Vietnam. FaR® has been shown to increase PA levels and lead to positive health effects among inactive Swedish patients. Sustained effects have been shown on PA level, metabolic health, and health-related quality of life five years after a FaR® intervention in Swedish primary care. Patients with metabolic risk factors have described increased motivation for PA and reported many health benefits after having received a tailored prescription for PA. In Sweden, the FaR® model has been implemented, to various degrees, in all 21 Swedish regions/counties.

Green prescription
New Zealand (National level)
Established in 1998, the Green Prescription (GRx) initiative involves a health professional providing written advice to a patient or their family to encourage and support them in becoming more physically active and to eat more healthily as part of a holistic health plan. A primary care physician or nurse can prescribe a GRx primarily for low-activity and sedentary patients who have a stable medical condition, or for disease-free patients who are low-activity or sedentary. A GRx lasts for a 3-month period, during which the patient receives a monthly phone call with a patient support counsellor (a trained PA specialist) that helps the patient set realistic goals for PA and address their

main barriers. The patient's progress is reported back to the referring health professional. In general, the free support service includes an initial consultation and then 3–6 months of fitness workshops that include nutrition advice, ongoing support via phone and text, and subsidized entry to community facilities and programmes.
In July 2012, the Ministry of Health devolved GRx funding and management to District Health Boards (DHBs); in 2017, the Ministry of Health allocated US$ 2.1 million to 10 DHBs to provide Before School Checks (B4SC) and the Active Families programmes. Research evidence indicates that, in the short-term (6–12 months), the GRx is effective in increasing PA and improving indicators of health. Compared to patients who drop out of the programme, those who completed the programme report an additional 64 minutes of total PA per week.

Context

WHO Global Action Plan on Physical Activity

Implement and strengthen systems of patient assessment and counselling on increasing physical activity and reducing sedentary behaviour, by appropriately trained health, community and social care providers, as appropriate, in primary and secondary health care and social services, as part of universal health care, ensuring community and patient involvement and coordinated links with community resources, where appropriate (action 3.2).

Physical activity strategy for the WHO European Region

Member States should work towards making the promotion of physical activity by health professionals the norm. Early identification, counselling and referral at the primary care level should be integrated into standard practice and should respond to the different needs of patients. For the general population, a simple assessment of the level of physical activity could be integrated into the ongoing risk factor assessment, followed by brief advice, if required, about recommended levels. For patients requiring more support, the counselling may take the form of an intervention using motivational techniques and goal setting, with referral to specialists and other health and allied professionals, where necessary. While the promotion of physical activity should be seen as a core competence for all primary health-care professionals, governments could also consider ways to continuously provide incentives for its full integration into daily practice. Physical activity programmes or sports classes and physical activity-based prevention or rehabilitation offers may be considered, according to national circumstances, for the purpose of reimbursement by health insurance companies or national health systems when and where appropriate, with clear guidance for health professionals (objective 3.3).

EU

2013 Council Recommendations

Counselling on physical activity performed by health professionals (indicator 11).

Evidence of Policy Implementation

National Exercise Referral Framework (NERF)

The National Exercise Referral Framework (NERF) document provides guidance for embedding PA promotion into healthcare settings, particularly for patients living with an established NCD or mental illness (1). Within the 2016 NERF guiding document a five-stage model is laid out called the 'Physical Activity Pathways in Healthcare Model'. This model describes how patients are recruited, screened for exercise referral suitability (based on PA status, clinical inclusion/exclusion guidelines and readiness to engage in behaviour change) and potentially referred to programmes with appropriate levels of patient supervision. The NERF document recommends establishing an 'Exercise Referral Unit' for managing the system and connecting patients, referring practitioners and PA service providers.

Making Every Contact Count (MECC)

Making Every Contact Count (MECC) is a Health Service Executive (HSE) framework for supporting 'lifestyle behaviour change', including PA, in persons who access health services. A pyramid-shaped model for behaviour change intervention is proposed. The lowest tier of the pyramid recommends providing brief advice to everyone accessing the health system. Higher tiers include a recommendations to provide brief interventions for persons with diagnosed lifestyle risk factors and specialist services for those who require the greatest level of support (2).

Implementation

See Workforce Development 03 (WD03).

Physical Activity Pathways in Healthcare Model

A Physical Activity Pathway in Healthcare (PAPH) is "a set of steps a healthcare professional can take to encourage people to be more physically active" (3, page 7). These steps include: screening, intervention, participation and review. The Physical Activity Pathways in Healthcare Model (PAPHM) is a series of ten recommendations for the HSE to help build the capacity of healthcare professionals promote PA, implementing the PAPH (3). These recommendations have associated actions which will be implemented over the period between 2024 and 2029. The ten recommendations are:

1. "Increase awareness of Every Move Counts" (3, page 8) (see indicator L04).
2. "Provide all healthcare professionals with Brief Intervention training via the MECC-BI e-learning modules and skills-to-practice sessions" (3, page 8).
3. "Provide healthcare professionals with the opportunity to avail of further training & education in physical activity and behaviour change" (3, page 8).
4. "Embed delivery of MECC-BI and physical activity behaviour change training into curriculum for undergraduate health care professional training" (3, page 9)
5. "Integrate the promotion of physical activity with sign-posting / referral to community physical activity supports into health promotion services including in delivery of Smoking Cessation and Social Prescribing services" (3, page 9).
6. "Integrate physical activity promotion into the curricula and delivery of nationally agreed structured patient education and self-management support programmes" (3, page 9).
7. "Provide physical activity information and behaviour change support via HSE.ie and HSE App" (3, page 10).
8. "Develop national specifications and a funding model to support commissioning of local Exercise Referral Schemes (ERS) or programmes" (3, page 10).
9. "Support implementation of the Competency, Qualification and Accreditation Framework for LongTerm Conditions Exercise Instructors" (3, page 10).
10. "Continue collaboration with Sport Ireland to develop and evaluate the Physical Activity for Health Officers (PAfHO) initiative" (3, page 10).

The recommendations in the PAPHM document are being progressed. A 10-week physical activity behaviour change programme offering has been developed and will be launched in March 2026 (recommendation 7). This programme, *Get Active*, will be delivered initially via HSE App and will be to members of the public through self-referral or clinician signposting.

Self-Management Support Framework

The Self-Management Support Framework (SMSF) contains 44 recommendations for patients managing chronic conditions.

Recommendation 4 states that "exercise-based programmes and supports for disease self-management, such as cardiac and pulmonary rehabilitation, should be standardised nationally" (4; page 8). Furthermore recommendation 11 states that referral to behaviour change interventions, including exercise interventions should be available to patients through contact with "regular healthcare professionals" (4; page 9).

The framework also includes a list of implementation actions to be carried out by various healthcare partners. Actions 7.19 (a) and 7.19 (c) relate to resourcing, scaling and standardising cardiac and pulmonary rehabilitation, respectively.

Other supporting policy documents

National Physical Activity Action Plan (2024 – 2029)

The *Healthcare* section of NPAAP contains the following actions:

- "Develop guidance for health service managers on commissioning local physical activity referral programmes".
- "Publish and implement the Physical Activity Pathways in Healthcare Model, to support the integration and promotion of physical activity into routine clinical practice in primary care" (5, page 15).

The *Workplaces* section of NPAAP contains the following actions:

- "Identification of physical activity supports in line with the forthcoming National Mental Health Promotion Plan. In particular, ensuring leadership and connectivity of mental health promotion at both national and local levels" (5, page 18)

Health Services Healthy Ireland Implementation Plan 2023 – 2027

Health Services Healthy Ireland Implementation Plan contains the following actions to be completed in 2023 and 2024:

- "Scale up the implementation of Making Every Contact Count (MECC) in the health service, including prioritisation in the Sláintecare Healthy Community areas".
- "Ensure that behaviour change interventions are fully integrated with the proposed Integrated Community Case Management System (ICCMS) in primary care in order to support the embedding of Making Every Contact Count (MECC) in patient management systems for recording brief interventions, referrals, and patient outcomes" (6, page 20).

Get Ireland Active! National Physical Activity Plan for Ireland

The previous national physical activity plan contained the following actions related to screening and referral in the healthcare system:

- Action 23: "Develop and implement a brief intervention model for delivery of physical activity advice" (7; page 37).
- Action 25: "Develop and implement a pilot programme for the National Exercise Referral Framework" (7; page 37).
- Action 26: "Include questions on physical activity levels in risk factor screening and brief intervention/patient education" (7; page 37).

A 2022 independent implementation review marked actions 23, 25, and 26 as "complete", "subject to a change of the original identified action" and "complete" respectively (8). The review cited the establishment of the MECC implementation working group, a communication campaign to promote awareness of the training programme and the integration of a MECC dataset for physical activity with GP Patient Management Systems as evidence of implementation.

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H02 There are consistent policies for promoting and supporting physical activity in primary and secondary healthcare settings among at-risk groups, such as people with type 2 diabetes and older adults (e.g., protocols for the assessment of the physical activity capacity; accessible, affordable, and tailored physical activity programmes; and training for caregivers for delivering physical activity programmes within residential aged care).

Definitions and scope

- Includes policies that relate to healthy ageing programmes, where the programme is partly or fully funded, managed or overseen by the government.

Equity

- Policies for the above-mentioned at-risk groups should be tailored to the needs of the respective population groups and consider their unique health conditions and capabilities (WHO, 2021).

Best Practice Examples (BPEs)

National program for the promotion of physical activity on prescription France (National level)
In 2016, prescription of PA for patients was first incorporated in French legislation. Article D1172-2 of the public health code ("Code de la santé publique") states that a physician may refer a patient to a health professional for PA prescription if the health professional holds the appropriate qualifications (e.g., physical therapists, adapted physical activity specialists, qualified physical activity, sport professionals). In 2022, the scope of the legislation was extended to allow all physicians to prescribe physical activity and to refer patients to qualified physical activity professionals while expanding the range of beneficiaries to include not only patients with long-term illnesses but also those with chronic diseases, risk factors (e.g., obesity, hypertension), or loss of autonomy.

Since 2018, the French National Authority for Health (Haute Autorité de Santé) has published a series of guides, fact sheets, summary sheets, and patient information sheets for adults and children to support healthcare consultations, prescriptions, and the delivery of physical activity for health purposes. The guides define the procedures for prescribing physical activity or an adapted physical activity program. The fact sheets to assist in prescribing physical activity by pathology and their summary sheet define, as precisely as possible, the indications for physical activity and adapted physical activity according to the targeted pathology and its stage of progression.

Context

EU

Physical activity strategy for the WHO European Region
Member States should ensure that health professionals are in a position to provide simple and timely advice to older patients on the specific benefits of a physically active lifestyle that is tailored to their individual health needs, capacity and preferences; where needed, more in-depth counselling and support for change should be offered. They should also be able to provide linkages to tailored community services and resources to support physical activity among older people (objective 4.1).

WHO Global Action Plan on Physical Activity
Enhance the provision of, and opportunities for, appropriately tailored programmes and services aimed at increasing physical activity and reducing sedentary behaviour in older adults, according to ability, in key settings such as local and community venues, health, social and long-term care settings, assisted living facilities and family environments, to support healthy ageing (action 3.4).

Evidence of Policy Implementation

Sláintecare Healthcare Reform

In 2017, Sláintecare, a major reform of healthcare in Ireland was announced. The first of ten key recommendations of the report drafted by legislatures was to expand Health and Wellbeing, in essence the services that support people to protect their own health, to achieve a better integrated system (Houses of the Oireachtas, 2017).

Sláintecare Integration Fund
The Sláintecare Integration Fund was established to support and evaluate innovative services with a focus on "prevention, community care and integration of all health and social care settings" (2; page 7). Projects can transition from the integration fund to mainstream funding by providing proof of concept (3). These supported projects can included physical activity interventions. For example, round one of the Integration Fund supported a project called Active Neuro designed to deliver physical activity programmes to people with neurological conditions in the community (2).

Let's Get Active to improve Health and Wellbeing
In 2018 the HSE Mental Health Services, in collaboration with the Healthy Eating Active Living Programme, issued guidelines to support staff in promoting the awareness of the benefits of PA to patients. This document contains information on the physical and mental health benefits of PA, how much PA is advised and how staff can help service users to be more active. The advice for discussions with patients include suggestions on how users can overcome common barriers and goal setting advice (4).

Age & Opportunity – CarePALs
Age & Opportunity Active is a national organisation seeking to increase the quality of life of Irish people as they age. Age and Opportunity train 'physical activity leaders', known as CarePALs to deliver physical activity in residential and day care institutions (5).

Active Disability Ireland – Active Healthy Me programme
Active Disability Ireland is a national organisation seeking to improve participation in physical activity by people living with disability. Active Disability Ireland and HSE provide training to staff working in adult disability day services to deliver the Active Healthy Me programme which promotes participation in physical activity (6).

Physical Activity for Health Officer pilot programme
Sport Ireland, Dept of Health and HSE have collaborated to roll-out a pilot programme – Physical Activity for Health Officers – in 6 areas (7). The pilot programme involves resource to appoint a Physical Activity for Health Officer who has a remit to work with health and community sport stakeholders to increase sign-posting and referral of people living with chronic conditions from health services to community sport and physical activity. In addition the HSE provides an annual grant to support operation of programmes specifically for this target group.

<u>Other supporting policy documents</u>
National Physical Activity Action Plan (2024 – 2029)
The *Healthcare* section of NPAAP contains the following action:

- "Rollout of a digital platform to support the integration of physical activity promotion and behaviour change through the HSE App" (8, page 15).

HSE Climate Action Strategy 2023 – 2050
The HSE have published a climate action strategy that contains the following action:

- "SO2 – Develop a HSE green space framework and supporting implementation plan to optimise the use of green space for the promotion of the health and wellbeing of patients, staff and the local communities." (9; pages 6, 13, 19 and 42).

Get Ireland Active! National Physical Activity Plan for Ireland

Get Ireland Active contains the following actions to promote physical activity in healthcare settings:

- Action 29: "Develop guidelines, support materials and referral pathways to promote physical activity for organisations providing mental health services and disability services" (10; page 35).
- Action 30: "Develop guidelines to integrate physical activity into long-term care planning and practice" (10; page 35).

An independent 2022 implementation review marked these two actions as: "complete" (11). The publication of *Let's Get Active*, the introduction of PA-related questions into Physical Health Assessment procedures for those accessing mental health services, the CarePALs programme and the national campaign *Get Up, Get Dressed, Get Moving (*which promoted PA in community, hospital and residential care settings) where cited as evidence of implementation.

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DOMAIN 5 – MASS MEDIA / PUBLIC EDUCATION

There are national and/or subnational public policies implemented to ensure enactment of media/education campaigns that actively promote and support increasing physical activity levels for all ages and abilities.

MM01 There are national and/or subnational public policies in place that ensure media and education campaigns that promote and support physical activity are sustained and monitored (e.g., by making them part of, or aligning them with, a national action plan on physical activity and the physical activity guidelines).

Definitions and scope

- Includes mandatory policy (i.e. legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in promoting PA and associated benefits.
- Includes free-to-air and subscription television and radio only.

Equity

- Mass media and education campaigns promoting physical activity should be targeted and tailored to disadvantaged groups (Braver et al., 2022; Kohler et al., 2023).

Best Practice Examples (BPEs)

Nederland Beweegt (Netherlands Moves) 2022 - 2025 and CommunicatieRijk platform Netherlands (National level)

In 2022, the "Fit in Your Own Way" campaign was launched to encourage a healthier lifestyle. The campaign aimed to provide accessible, practical guidance and motivate individuals to make small, incremental behavioural changes. The primary target group was overweight adults. An evaluation of the campaign indicated that it contributed to increased awareness of healthy lifestyle choices and a greater intention to adopt the suggested behavioural changes. The campaign continued in 2023, incorporating insights from the evaluation to improve its focus and effectiveness. In 2024, a potential follow-up was explored, with a focus on groups where the greatest health benefits can be achieved, as identified within the Nederland Beweegt framework.

CommunicatieRijk is a platform for sharing expertise in government communication, developed by the Public and Communication Service (Dienst Publiek en Communicatie, or DPC). DPC assists other government departments, including the Ministry of Health, Welfare, and Sport, in communicating with the public. This support includes linking with communication professionals across various government sectors and guiding the implementation of strategic campaigns. The Government of the Netherlands evaluates the effectiveness and communicative impact of its public campaigns and publishes detailed reports on these assessments on its website. The government website also provides an overview of ongoing campaigns. Additionally, the Annual Evaluation of Campaigns is a report submitted to the Dutch House of Representatives, offering insights into all government campaigns conducted during the year with a media budget exceeding €150,000. The report includes data on media expenditures.

Sport England Campaigns - Get Moving 2025
England (National level)

Each year, Sport England invests over £250 million from the National Lottery and government funding to support sport and physical activity in England. This funding is allocated to physical activity campaigns, which are regularly evaluated to assess their effectiveness (evaluations are published on the Sport England website). These campaigns are also aligned with the government's broader national action plan (2023) for physical activity. For example, the national action plan

states the following, which also highlights the equity focus of both the action plan and associated campaigns: “Focus on the least active: attention and investment was directed at those who faced the biggest barriers to getting active. Sport England’s Local Delivery Pilots focused on areas of need around the country. Its pioneering ‘This Girl Can’ and ‘We Are Undefeatable’ campaigns aimed to address practical and social barriers for women and girls and people living with long-term health conditions, respectively.”
Current physical activity promoting campaigns include:
- Get Moving
- We Are Undefeatable
- This Girl Can Play
- Their Way
Sport England has separate evaluations for the mentioned campaigns, that run alongside the campaigns in order to understand the impact of the campaigns. These evaluations measure campaign awareness and claimed action in response to a campaign. For This Girl Can and We Are Undefeatable also physical activity behaviour and attitudes are measured.

Context

WHO

Global Action Plan on Physical Activity

Action 1.1: Implement best practice communication campaigns, linked with community-based programmes, to heighten awareness, knowledge and understanding of, and appreciation for, the multiple health benefits of regular physical activity and less sedentary behaviour, according to ability, for individual, family and community well-being.
Proposed sub action for member states 1.1.1: Develop a national communication strategy for physical activity as part of, or aligned with, a national action plan on physical activity to raise awareness and knowledge of the health benefits of physical activity, promote behaviour change and increase health and physical literacy.

EU

2013 Council recommendations

Indicator 23: Existence of a national awareness raising campaign on PA.

Evidence of Policy Implementation

National Physical Activity Action Plan (2024 – 2029)

The Public Education, Including Mass Media section of NPAAP contains the following actions:

- “Develop a long-term communication strategy. This will begin with the identification of stakeholders and the development of Terms of Reference for a strategy” (1, page 15).
- “Develop and deliver a multi-annual national evidence based physical activity promotion campaign. This should be carried out in tandem with the development of a long term communication strategy but should be informed by cross-sectoral discussions on the content of a campaign for 2024/2025” (1, page 15).

Sport Policy: National Sports Policy 2018 – 2027, Women in Sport Policy and Participation Plan 2021-2024

The Department of Sport and Sport Ireland have issued various documents which set out ambitions for media campaigns to promote sport and PA.

- Action 4 of the *Nationals Sports Policy* promises an educational campaign for parents and guardians to help them improve children’s physical literacy and attitudes towards sport and physical activity. The campaign is to be delivered in collaboration with the Department of Children and Youth Affairs, LSPs, NGBs, and the HSE (2; page 29).
- An action of Sport Ireland’s *Women in Sport* policy commits to “Develop and implement a Women in Sport Communications Plan” (3; page 15).

- Action 11 of Sport Ireland's participation plan (*Participation Plan 2021-2024 Increasing Participation in a Changing Ireland*) states that Sport Ireland will develop a communications plan to promote sport participation.
- Action 12 states that Sport Ireland will work with sport governing bodies and local sport partnerships to deliver 'active' national campaigns at a local level (4).

Implementation

The *Find Your Team* was launched in 2022 to encourage university students to join sports clubs and engage in physical activities at universities. Sport Ireland have launched campaigns targeted at women including *It's My Time*, launched in 2022 which encourages PA in women over 40, and *Her Moves* which was launched in 2023 and is designed to encourage teenage girls to participate in sport. The *Changing the Game* campaign was launched by Sport Ireland in 2022 to support Diversity and Inclusion.

National Sustainable Mobility Policy Action Plan 2022-2025

The second action of the NSMP action plan (2022-2025) states that the NTA will: "Continue awareness campaigns with the aim of promoting inclusivity, courtesy and respect for all when travelling on public transport" (5; page 1).

Implementation

The third NSMP states that action 2 is "on schedule" (6). A series of campaigns are listed as contributing to the realisation of this action: 2022 campaigns included an anti-racism campaign and a campaign to "to support people with hidden disabilities" (page 40), 2023 included another anti racism campaign, a campaign to support users with disabilities and a wheelchair priority campaign and 2024 saw the launch of a campaign called "Transport for Ireland is Transport for you, transport for everyone" an inclusivity campaign designed to acknowledge and celebrate the diversity of public transport users. Campaign materials were displayed on buses and trains.

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MM02 There are clear, consistent policies to ensure that multiple media modes/channels (e.g., via posters, social media, radio as well as TV) combined with complementary community initiatives are used to promote the benefits of physical activity and disseminate guidelines which align with the WHO physical activity recommendations.

Definitions and scope

- Includes policies that are aligned with the WHO physical activity recommendations and are targeted at promoting the benefits of physical activity.
- Includes frameworks, strategies or implementation plans targeted at promoting community PA initiatives that are partly or fully funded, managed or overseen by the government.

Equity

- Community initiatives that complement media and education campaigns should work together with disadvantaged communities and actively involve them in the development and implementation process (Buscail et al., 2016; Cheadle et al., 2018). Such initiatives should also address structural barriers, such as limited access to resources, transportation challenges, or low health literacy, that may prevent meaningful participation (Bantham et al., 2021; Mendoza et al., 2009).

Best Practice Examples (BPEs)

10.000 steps Ghent project 2005
Belgium (subnational level)

The Department of Movement and Sport Sciences of Ghent University, in collaboration with local city and provincial governments, three health insurance companies, and the local health promotion service developed the project '10.000 steps Ghent'. This project was used to promote physical activity to all adults in the city of Ghent, by encouraging 10,000 steps/day. The tagline used was "Every step counts." Moreover, the accumulation of at least 30 minutes of moderate-intensity physical activity on most, preferably all, days of the week, and participation in more-vigorous activity or sport for a minimum of 20 minutes 3 days each week were also promoted. The Australian "10,000 Steps Rockhampton" project was used as the basis for this European pilot. Press conferences were held, and the project was featured in local newspapers, a town magazine, and on local newscasts. It was also promoted through billboards. In this project multiple concurrent community-based strategies to promote physical activity to less at-risk adults were used. This whole community intervention used strategies targeting the individual (e.g., pedometer sale), social (e.g., workplace projects), and environmental (e.g., walking circuits) levels.
After 1 year of intervention, the "10,000 steps/day" message reached the Ghent population, and the project succeeded in increasing pedometer-determined physical activity levels.

This Girl Can Victoria Campaign
Victoria, Australia (Subnational level)

VicHealth (health promotion agency of the state of Victoria) ran the This Girl Can Victoria campaign - based on Sport England's highly successful This Girl Can campaign- from 2018 to 2024. The aim of This Girl Can Victoria was to bring together women and the physical activity sector in breaking down the barriers that keep too many women from enjoying the physical and mental benefits of being active. Between 2018 and 2024, the campaign inspired Victorian women to get active in ways that suit them, year-round. This included an annual This Girl Can week with a focus on free and low-cost activities available to women. Other campaign elements consisted of advertising, ambassadors, media engagement, social media, campaign supporter program, digital contents, and Federation Square (Melbourne) activation.

The campaign used a systems-based approach. Designers worked directly with sporting clubs, physical activity providers, local councils, and sporting organisations to make the environment as welcoming to women as possible. Data from 2021 (Year 4) reveal that just over 340,000 women were inspired to get active because of the campaign. That's approximately 1 in 6 Victorian women aged 18–65. Four months after the campaign, 81% of women who did something active had kept it up. In 2025, the campaign is transitioning from a VicHealth-led campaign to a community-led movement.

Context

WHO

Global Action Plan on Physical Activity

Proposed sub action for member states 1.1.2: Implement sustained public education, awareness and behaviour-change campaigns using traditional, social and digital mass reach communication channels, combined with complementing community initiatives, to increase the understanding of and positive attitudes towards physical activity, and promote the different ways everyone can increase physical activity and reduce sedentary behaviour.

Evidence of Policy Implementation

National Physical Activity Action Plan (2024 – 2029)

The Public Education, Including Mass Media section of NPAAP contains the following actions:

- "Develop a long-term communication strategy. This will begin with the identification of stakeholders and the development of Terms of Reference for a strategy"
- "Develop and deliver a multi-annual national evidence based physical activity promotion campaign. This should be carried out in tandem with the development of a long term communication strategy but should be informed by cross-sectoral discussions on the content of a campaign for 2024/2025" (1, both page 15).

Physical Activity Campaigns

Healthy Ireland, A Framework for Improved Health and Wellbeing 2013- 2025

The Healthy Ireland campaign ran advertisements promoting PA on national TV and radio, as well as online video players, cinema, and social and digital media. There was also outdoor advertising in areas of high footfall.

Sport Ireland: *It's My Time, #HerMoves* and HER Outdoors

In 2022, Sport Ireland launched a new campaign called *It's My Time* intended to encourage women over 40 to participate in physical activity (2). The campaign featured videos of women exercising on digital and social media with the message "you're worth making time for" and directed viewers to the Sport Ireland website for more information. In 2023, Sport Ireland launched the *Her Moves* campaign to encourage teenager girls to be active (3). The *Her Moves* brand promotes physical activity on various social media platforms including Instagram, Tik Tok, X and Facebook. The annual *Her Moves* festival is held in May at the National Sport Campus, which features talks from sporting role models and activities to encourage attendees to try new sports. Sport Ireland also promotes HER Outdoors Week. In 2025, HER Outdoors Week took place from the 11th to the 17th of August with events around the country listed on Sport Ireland's website (4). According to Sport Ireland's annual reports €50 000 was allocated from Sport Ireland's budget for HER Outdoors Week in 2023 with "8 000 females participating in over 500 outdoor events across Ireland" (5).

Smarter Travel campaigns

The National Transport Authority has several seasonal initiatives under its *Smarter Travel* Programme intended to promote active travel (6). Step challenges, like *Marchathon* and *Walktober,* encourage people to form teams and compete against other

teams by logging their steps on the NTAs active travel website. *Ready, Set, Cycle* is a four-week cycling challenge which takes place at the end of April and encourages staff and students of participating workplaces to cycle on their compute. The *Your Journey Counts* campaign aims to encourage people to reduce their transport-related GHG emissions by walking, cycling or using public transport (7). *Bike Week* is an annual cycling promotion initiative that takes place in May. In 2025, *Bike Week* ran from May 10th to May 18th with cycling events organised by LSPs (8).

Other Physical Activity Policies

Get Ireland Active! National Physical Activity Plan for Ireland

Action 1 of *Get Ireland Active*, Ireland's national physical activity policy active from 2016 to 2022 stated that "Develop a three-year communication strategy including the development of print, online and social media resources" (9; page 16 and 35). The 2022 independent Crowe report marked that action as "partially complete" citing effort "in the development of print, online and social media resources , but […] a lack of evidence of an actual agreed communication strategy" (10; page 20).

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DOMAIN 6 – COMMUNITY

There are policies and programmes that promote and support physical activity for all ages and abilities, consistent with relevant recommendations, e.g. by supporting the implementation of whole-of-community events and approaches, and promoting the shared use of public spaces and facilities.

C01 Public policies are in place to support the implementation of whole-of-community approaches to promote physical activity and networking to strengthen resources and exchange experiences (e.g., WHO Healthy Cities, Active Cities, Partnerships for Healthy Cities).

Definitions and scope

- Includes frameworks, strategies or implementation plans aimed at providing PA opportunities in local public spaces.
- Includes approaches that collaborate with voluntary and for-profit organizations and non-government organisations (NGOs).

Equity

- Public policies should include the implementation of whole-of-community approaches in low-income and underserved communities, integrating accessible, low-threshold activities to ensure participation from disadvantaged populations (Buscail et al., 2016; Cheadle et al., 2018).
- Public policies should ensure that equity is one of the guiding values for community programs and initiatives, e.g. by involving representatives of low-income communities (WHO, 2023; WHO, 2014, 2019).

Best Practice Examples (BPEs)

"For Health, I Move in My Neighborhood!"
France (Subnational level)
From 2013-2015, the city of Saint-Denis, located in the Île-de-France region, implemented a community-based intervention titled "For Health, I Move in My Neighborhood!" in the Floréal-La Saussaie-La Courtille (FSC) neighborhood. This initiative was led by the French National Health and Nutrition Program (PNNS) in collaboration with local government agencies, community health organizations, and the Sport & Health Association of Saint-Denis. The intervention aimed to increase physical activity among residents by addressing barriers to participation through infrastructure improvements, expanded PA opportunities, and community engagement.
The intervention reached a population of 6,622 residents, with specific programs targeting children, single-parent families, and lower-income groups. The initiative led to a 32% increase in residents meeting WHO physical activity guidelines, with a notable improvement in moderate-to-vigorous physical activity (MVPA) levels among women. The program also increased local awareness, with 40.6% of residents able to name a local sports facility post-intervention, compared to 21.9% before. Equity considerations were embedded in the intervention through affordable and free access to physical activities, gender-sensitive programming, and urban redevelopment efforts such as wider sidewalks, new pedestrian paths, and outdoor fitness equipment. The initiative was sustained through national and municipal funding as part of long-term urban renewal and health promotion strategies, ensuring its continued impact beyond the initial two-year period.

The Change Project
Australia (subnational level)
The CHANGE Project is a community health program led by Toowoomba Regional Council, designed to increase physical activity (PA), improve health, and support social connection across the Toowoomba region (Queensland, Australia). Operating since 2012, the program aims to create accessible and sustainable opportunities for community members to engage in healthy

behaviours, particularly those at higher risk of physical inactivity or social isolation. The program is funded and coordinated by the Council through its Parks and Recreation Services Branch, with day-to-day delivery led by the Healthy Living and Active Recreation Officer. It is delivered in partnership with approximately 50 community-based health and fitness providers and volunteers. Strategic support is provided by several adopted Council policies, including the Corporate Plan, the Toowoomba Region Sport, Active Recreation and Healthy Living Plan, and the Open Space Strategy.
The program includes over 100 regular classes and activities, such as group fitness, yoga, gentle exercise, tai chi, walking groups, Parkrun, and children's sessions, delivered at multiple locations across the region. The program is underpinned by principles of accessibility, equity, and sustainability, as reflected in its focus on affordability ($0–$5 per session), beginner-friendly formats, and targeted support for delivery in smaller, regional towns. In 2023–24, The CHANGE Project delivered 3,858 sessions across the Toowoomba region, with more than 81,000 attendances recorded. Findings from the 2023-24 evaluation indicate that The CHANGE Project has had a meaningful impact on participants' PA levels, mental wellbeing, attitudes, and confidence to engage in healthy behaviours.

Uniting the Movement
United Kingdom (National level)
One of Sport England's five priorities outlined in their 10-year *Uniting the Movement* strategy is "Connecting Communities". A place-based, ground-up, approach is utilised to physical activity promotion. Funding is made available for local authorities seeking to develop physical activity programmes. Sport England supports programmes that give opportunities to people who haven't had as many chances to be active (for example: people on low incomes or people with disabilities). Priority is given to projects in areas with the greatest need. Assessment of need is based on the Place Needs Classification (PNC) which combines physical activity data from the Active living Survey with measures of deprivation and health inequalities data.
A successful example is the bid led by Blackburn upon Darwen local authority. The bid, which includes Blackburn and five neighbouring local authority areas, allowed local health promoters to set up a hotline in each district for referring people to different physical activity programmes run in collaboration with the local community partners. Local authorities are reporting that the programmes are becoming self-sustaining and will not need further Sport England funding in the future.

Context

WHO
Global Action Plan on Physical Activity
Action 3.6: Implement whole-of-community initiatives, at the city, town or community levels, that stimulate engagement by all stakeholders and optimize a combination of policy approaches, across different settings, to promote increased participation in physical activity and reduced sedentary behaviour by people of all ages and diverse abilities, focusing on grassroots community engagement, co- development and ownership.
Proposed sub action for member states 3.6.1: Strengthen or establish national and/or subnational (municipality or local authority) networks of cities and communities implementing whole-of-community approaches to promote physical activity and share guidelines, resources and experiences (e.g., WHO Healthy Cities, Active Cities, Partnerships for Healthy Cities).

Healthy Cities
The Healthy Cities Movement is an initiative of the World Health Organisation (WHO). It is an example of promoting health through a settings-based approach, as advocated by the 1986 Ottawa Charter (WHO, 2025). For the past 30 years, the WHO's Regional Office for Europe (WHOROE) has coordinated a WHO European Healthy Cities Network which is now in its seventh

phase (WHOROE, 2025). Cities and 'national networks' can apply to become members of the European Healthy Cities network and may become accredited by the WHO if they fulfil the 13 requirements (WHOROE, 2019). These requirements include appointing a coordinator and establishing a steering committee, preparing an 'city health profile' providing information on health and health determinants, planning to implement the goals and themes of phase seven of the Healthy Cities Network and having monitoring and evaluation mechanisms (WHOROE, 2019). The themes and issues identified as priority in the phase seven implementation plan include increased PA.

Active cities

The Active Cities movement is an initiative of the Active Well-being Initiative (AWI) a Swiss NGO supported by the International Olympic Committee (IOC) (4). Participating cities strive to gain recognition for their efforts through receipt of the Global Active Cities (GAC) label.

Evidence of Policy Implementation

Healthy Ireland Cities & Counties (HICC)

The *Healthy Ireland Cities & Counties* (HICC) programme is funded by the Department of Health and supported by Health Ireland Local Government (1) (HILG, see Platforms for Interaction) to realise ambitions set out in the Healthy Ireland (HI) outcomes framework (1,2). Each local authority in Ireland has a coordinator responsible for delivering the programme in their constituency.

National Healthy Cities and Counties of Ireland Network

National Healthy Cities and Counties of Ireland Network was set up to help local authorities in implement the HI Framework (2). The HILG National Office supports the cities of Dublin, Galway, Limerick and Waterford to become WHO credited Healthy Cities.

Implementation

The National Healthy Cities and Counties of Ireland Network is recognised as a 'National Network' of Healthy Cities by the WHO (2,3). The city of Cork has been designated as a Healthy City several times (4), while the cities of Limerick, Galway and Waterford were designated as Healthy Cities in June 2025 (5).

Sport Ireland's Active Cities

Since 2020, Sport Ireland has allocated more than €5m of funding for an 'Active Cities' project based on principles of the WHO's Global Action Plan on Physical Activity (GAPPA) (6). Eight urban local sports partnerships (LSPs) facilitate this project, which is being delivered across Ireland's five largest cities (Dublin, Cork, Limerick, Galway and Waterford). The Active Cities fund is designed to invest in initiatives which create "social norms around the benefits of sport and physical activity" (7; page 4) The project seeks to foster cross-sector buy-in to the need for Active Cities, to ensure that the voices of the most inactive are heard, and that there is strategic input from all relevant stakeholders in the development of local physical activity strategies and plans. Sport Ireland's Active Cities project is set to be the foundation and stepping stone for these 5 cities to potentially achieve Global Active City recognition in the future.

Implementation

A National Active Cities Officer has been appointed. Local active cities officers have also been appointed in each of the eight LSPs (6). In collaboration with I-PARC (see Platforms for Interaction) the active cities officers support the implementation of various evidence-based physical activity programmes. An evaluation of year 1 of the initiative reported some progress in the GAPPA areas of Active Systems and Environments in four of the five cities (Cork, Limerick, Waterford and Dublin) and progress in Active Societies and Active People in two cities (Dublin and Cork) (6).

Community Sports and Physical Activity Hubs.
Community Sports and Physical Activity Hubs (CSHs) are groups of sports clubs and other local organisations that "work together to improve the sport offered in their local community" (8, page 6). The Hubs provide information, support and advice on a wide range of sports and physical activities to make it easier for people in disadvantaged areas to engage in a more active lifestyle. According to a Departmental press release there were 29 existing CSHs in 2025 with an additional 4 to be established (9). Funding of €1 320 000 was allocated this year to support the CSHs (9).

Other supporting policy documents
National Sport Policy 2018 – 2027
Action 8 of the National Sport Policy is "to establish, through Sport Ireland, an initiative to support Local Authorities in developing Local Sports Plans consistent with the overall vision and objectives of this National Sports Policy. The Local Plans will review needs and set out actions to increase participation locally. It will be developed and implemented in cooperation with LSPs, clubs, communities and partners within and beyond sport" (10, page 35).

Bike Week
This annual event celebrates the many benefits of cycling with well over 600 events scheduled nationwide. Bike Week 2025 ran from the May 10th to May 18th, with events organised in collaboration with Local Sports Partnerships, from family-friendly activities to heritage cycles, maintenance workshops, and learn-to-cycle events (11).

European Week of Sport
The European Week of Sport is an initiative of the European Commission, co-ordinated in Ireland by Sport Ireland. In 2024, European Week of Sport ran from the 23rd to the 30th of September with a focus on inclusion, well-being and belonging (12). Sport Ireland reports that more than 650 events were organised nationwide, which were attended by approximately 1 200 000 participants of all ages who enjoyed over 50 diverse sports and activities, and 250+ schools across the country took part in European School Sports Day (13).

National Physical Activity Action Plan (2024 – 2029)
The *Community Wide Programmes* section of NPAAP contains the following actions:
- "Continue to support and develop the role of Sport Ireland's network of LSPs to work with communities to identify and respond to local needs and priorities"
- "Expand the Urban Outdoor Adventure initiative"
- "Develop an evidence-based, peer led, community based physical activity intervention for adolescents, aligned with the objectives of Our Rural Future, NORS [National Outdoor Recreation Strategy], and other policies led by the Department of Rural and Community Development" (14; all page 18).

The *Healthcare* section of NPAAP contains the following actions:
- "Evaluate and expand the Physical Activity for Health Officer pilot to all LSPs" (14, both page 15).
- "Collaborate with sport and higher education sectors to build capacity of the sport and exercise workforce to provide community based physical activity for people with long-term/chronic conditions" (14, both page 15).

The *Sport and Recreation for all* section of NPAAP contains the following actions:
- "Support community wide mass participation events aimed at all levels and abilities" (14, page 16).

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C02 There are public policies in place to foster partnerships for shared use of public spaces and facilities for community-based and community-led physical activity programmes.

Definitions and scope

- Includes partnerships with voluntary and for-profit organizations and non-government organisations (NGOs).

Equity

- Policies should establish shared-use agreements that allow community access to existing facilities. These agreements should maximize resources and provide safe, convenient, and low-cost opportunities for physical activity, particularly in areas with the fewest resources (ChangeLabSolutions, 2018).
- To further enhance the use of public spaces and facilities, shared use agreements should be combined with physical activity programs, especially in disadvantaged communities (Carlton et al., 2017; Lafleur et al., 2013; Woods et al., 2021). In addition, community members may be represented in processes to maintain and further develop these spaces to ensure they meet diverse needs (Gehl Institute, 2018).

Best Practice Examples (BPEs)

Ciclovía Bogotá
Bogotá, Colombia (local level)
The Ciclovía program is a community-based program in which streets are temporarily closed to motorized vehicles to allow for active recreation and outdoor play among children and adults. The Ciclovía of Bogotá was introduced in 1974 and since then has been considered an international model program for best practices. Currently, Bogotá's Ciclovía is the longest in the world at over 120 km in length. The number of participants ranges between 600,000 and 1,400,000 per event. The Ciclovía occurs on Sundays and holidays, with approximately 72 events per year with an average duration of 7 hours each. This program has several complementary activities for children and families, such as "the bicycle school", in which children and their families are taught how to ride bikes, and "the Recreovía program", which offers physical activity classes for children and their families in parks close to the Ciclovía circuit.
Although socioeconomic disparities in geographic access to ciclovías have been reported, the Ciclovía program is deemed to represent a policy and environmental approach that has the potential to equitably promote physical activity for adults in complex urban settings such as Bogotá. In addition, the Ciclovía program provides opportunities to increase moderate-to-vigorous physical activity and reduce sedentary time among children 9-13 years. Furthermore, the Ciclovía program was found to be cost-beneficial for the city of Bogotá.

Programa Academia da Cidade
Recife, Brazil (local level)
In the late 1990's a new physical activity promotion model emerged in Brazil: *Academia da Cidade*, a community intervention that started in the city of Recife, a state capital in the Northeast state of Pernambuco in Brazil. *Academia da Cidade* is characterized by free daily physical activity classes in early mornings and late afternoons led by trained physical activity professionals. An important environmental component of the program is the re-engineering of public parks or plazas, often in poor and dangerous neighbourhoods. This creates safe public space for physical activity with good equipment and supervision.
Evaluations of Academia da Cidade in the city of Recife revealed that both current and former participants were more likely to be active than community members who had never participated in the program and indicated a high-level of satisfaction of both users and instructors with the intervention. Based on the evaluation of the program in Recife and public demand, the state government of Pernambuco decided to expand the program to all 185 municipalities in the state. Furthermore, several cities in Brazil adapted the model and its popularity and success helped lay the groundwork for the nationally funded and implemented Academia da Saúde program. As part

of this broader program, Academia da Cidade has currently 28 activity poles in Recife alone and more than 60,000 registered participants in this city.

Context

WHO

Global Action Plan on Physical Activity

GAPPA Action 3.3: Enhance provision of, and opportunities for, more physical activity programmes and promotion in parks and other natural environments (such as beaches, rivers and foreshores) as well as in private and public workplaces, community centres, recreation and sports facilities, and faith- based centres, to support participation in physical activity, by all people of diverse abilities.

Proposed sub action for member states 3.3.3: Partner and support the development of national sports policies that prioritize investment in active recreation and sports programmes which target the least active, disadvantaged, marginalized, stigmatized, and indigenous communities and populations, including people with mental and/or physical disabilities.

Evidence of Policy Implementation

Comhairle na Tuaithe (The Countryside Council) and the Walks Scheme

Comhairle na Tuaithe is as a non-statutory body made up of representatives from farming organisations, recreational users of the countryside, and state bodies with a responsibility or interest in the countryside. DRCD acts as Secretariat to *Comhairle na Tuaithe*. *Comhairle na Tuaithe'* vision is "To be an effective collaborative body which supports the development of outdoor recreation activities for social, health and economic benefits, and which promotes sustainable and responsible use of the outdoors where the rights and responsibilities of both landowners and recreational users are recognised and respected" (1).

Comhairle na Tuaithe has an advisory role in relation to the sustainable development of the outdoor recreation sector in Ireland. Access to the countryside has been progressed through the efforts of *Comhairle na Tuaithe* and the introduction of the Walks Scheme, an initiative to develop walking trails, in 2008 (2).

Implementation

The rollout of the Walking Scheme is supported by a network of Rural Recreation Officers who work with local stakeholders and landowners to develop and maintain walking trails (3). Information on Walking Trails developed as part of the *Walking Scheme* is available on the DRCD's website and Sport Ireland's Trail Register (4, 5). The Occupiers' Liability Act was introduced in 1995, and amended in 2023, to address concerns amongst landowners that they might be liable if people engaged in recreation activity were injured on their land (6).

Our Rural Future: Rural Development Policy 2021-2025

Our Rural Future contains 152 actions including the following:

35: "Publish and implement a new National Outdoor Recreation Strategy,
through *Comhairle na Tuaithe*, to support access to, and responsible use of, outdoor recreational and leisure facilities for people of all ages [...]" (7, pages 47 and 103).

36: "Invest in greenways, blueways, walking trails and other outdoor recreation infrastructure to support the growth in outdoor recreational tourism" (7, pages 47 and 103).

38: Expand the Walks Scheme to achieve a target of at least 80 trails, doubling the number from 2018 (7, pages 47 and 103).

81: "Provide investment for multipurpose spaces in the community (e.g. community centres, libraries, and sports clubs) for a variety of activities, including leisure, community, cultural and services provision" (7, pages 13, 59 and 108).

Implementation

The DRCD administers various funding streams that may be utilised to develop recreational public space. The Outdoor Recreation Infrastructure Scheme (ORIS) funds the development and maintenance of outdoor recreational infrastructure (8). Examples of projects that are typically funded by ORIS include walkways, cycleways and open water amenities. The Town and Village Renewal Scheme (TVRS) is designed to rejuvenate rural towns and villages and may be used to develop green spaces or recreational amenities in town or village centres (9). The Rural Regeneration and Development Fund (RRDF) is for projects that promote the sustainable and economic development of towns of fewer than 10 000 inhabitants (10). Projects that "create a focal point of activity in a town or village" (such as a sport or recreational facility) are eligible for funding from RRDF (10). Applications for funding under these schemes are made by local authorities or local development companies.
In 2024-2025, 163 projects were approved for ORIS funding through 'Measure 1' (for small projects) (11). The combine funding allocated under Measure 1 was €6 005 273. Fifty-eight projects shared €2 763 953 in 'Project Development Measure' funding (12) and €16 501 103 was approved for 'Measure 2' or Measure 3' funding (13). In 2025, 77 projects shared €24 356 000 allocated under TVRS (14).

Embracing Ireland's Outdoors - National Outdoor Recreation Strategy 2023-2027
The National Outdoor Recreation Strategy (NORS) was developed by DRCD in collaboration with *Comhairle na Tuaithe.* As noted by the Minister in the foreword to the document, NORS "acknowledges the essential role that landowners play in facilitating access to their lands and also acknowledges that this goodwill must be respected by users" (15; page 4).

Sport Ireland Policy on Sport and Physical Activity in the Outdoors (2020)
Sport Ireland's policy position on access to the outdoors states that "Sport Ireland supports the permissive access approach endorsed by *Comhairle na Tuaithe (The Countryside Council)* in Ireland. Sport Ireland respects the support of landowners (public and private) in permitting sport and recreation activities to happen on their lands" (16; page 21).

World Car Free Day – European Mobility Week
European Mobility Week is the European Commission's flagship awareness-raising campaign on sustainable urban mobility. Held annually from the 16th-22nd September, it promotes behavioural change in favour of active mobility, public transport, and other clean, intelligent transport solutions. The week culminates in World Car Free Day on the 22nd September, when cities and towns around the world (including Ireland) celebrate by opening their streets to active and sustainable modes of transport. According to data from the National Transport Authority (NTA), 4 towns and cities (Cork, Dublin City, Fingal, Waterford) participated in Ireland in 2025 (17).

Play Streets Initiative
Play streets are neighbourhood-led initiatives to create opportunities for children to play freely together on their own streets, often closing a street to through traffic at an agreed time. The Dublin City Council launched 26 Play Streets in September 2025 to mark the 25th anniversary of Car Free Day, with the goal of reviving street play and fostering community connection (18). In addition, local authorities in Fingal and Waterford are currently working with the social enterprise A Playful City to see how this process could be simplified for local communities.

Other supporting policy documents
Get Ireland Active! National Physical Activity Plan for Ireland
Action 41 of Get Ireland Active (Ireland's National Physical Activity Plan in force between 2016 and 2022) was: "Continue to support the Community Sport and Physical Activity Hubs in disadvantaged areas" (19; pages 29 and 38). The Crowe report (2022) marked this action

as “complete” (20) stating: “The number of CSPAHs has now increased to approximately 59, with two evaluations providing evidence of their positive impact” (20; page 41).

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DOMAIN 7 – SPORT

There are evidence-informed public policies implemented to promote and support sport and recreation for all.

SP01 There are national and/or subnational evidence informed 'Sport and Recreation for All' policies that prioritise investment in initiatives that target the least active, as well as disadvantaged groups.

Definitions and scope

- Includes frameworks, strategies or implementation plans that specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health.
- Implementation plans specify policies or programmes that aim to reduce inequalities for specific population groups.

Equity

- Policies should support sport and recreation programs that address barriers faced by disadvantaged groups to increase participation rates. In addition, policies should prioritize equal access for all, regardless of social class, age, gender, race, ethnicity, or physical ability (European Commission, 2008; European Commission,2022).

Best Practice Examples (BPEs)

Uniting the Movement (2021-2031), Sport England (National level)

Sport England's "Uniting the Movement" strategy is a 10-year vision aimed at transforming lives and communities through sport and physical activity. The strategy is implemented by Sport England, in collaboration with Active Partnerships, local authorities, National Lottery Fund, and various **c**ommunity organizations**.** The action targets the least active and disadvantaged groups, aiming to reduce inequalities by addressing social and environmental determinants of health through evidence-informed policies.

The main aim is to reach over 2 million individuals (approximately 40% of the eligible population) and increase **m**oderate to vigorous physical activity (MVPA) by 15% among participants. The strategy ensures equity by focusing on age, gender, disability, socioeconomic status, and geography, with sustained funding from the National Lottery and government grants. Additionally, Sport England has transformed its funding application process to make it easier for organizations to apply for money, rolled out a £25 million universal offer to support Active Partnerships, and unveiled an environmental sustainability strategy with £45 millions of new National Lottery funding.

Sport For Life: A Vision for Sport in Scotland (2021-2031), Sport Scotland Scotland (National level)

Sport For Life: A Vision for Sport in Scotland is Sport Scotland's corporate strategy aimed at creating an active Scotland where everyone benefits from sport. This strategy is implemented by Sport Scotland, which is the national agency for sport, in collaboration with the Scottish Government, local authorities, National Lottery Fund, and various **c**ommunity organizations. The initiative aims to create an active Scotland where everyone benefits from sport by prioritizing investment in programs that target the least active and disadvantaged groups. The policy focuses on inclusivity, striving to remove barriers and make sport accessible to all, regardless of age, gender, socioeconomic status, or disability.

The policy emphasizes equity by proactively addressing barriers faced by underrepresented populations, ensuring that programs are tailored to meet diverse needs. Sustained funding is provided through allocations from the Scottish Government and the National Lottery, ensuring the continuous support and expansion of sport and physical activity.

re:fresh Scheme (2008 – ongoing), Blackburn with Darwen Borough Council
England (Subnational level)
The re:fresh Scheme was launched in July 2008 by Blackburn with Darwen Borough Council, in partnership with the NHS and the Healthy Communities Partnership, to increase physical activity among residents, particularly in disadvantaged groups. The initiative provided free access to nine local leisure facilities (including swimming pools and gyms) for individuals living, working, or registered with a general practitioner in Blackburn with Darwen. Initially available to individuals over 50, the scheme was expanded in phases to include younger age groups. The programme also employed five full-time Health Trainers who delivered one-on-one and group behaviour change sessions using motivational interviewing and goal setting. Additionally, two full-time community workers facilitated community engagement through outreach and volunteer-led activities to improve participation and awareness. The scheme was supported by extensive marketing and promotional activities.
Between 2008 and 2014, approximately £6 million was contributed by the NHS on top of the £22 million core funding provided by the council for leisure facilities. Outreach activities cost an additional £2 million during this period. By offering free access for 90% of facility operating hours, the initiative resulted in a 20% increase in swimming and gym participation and an 8% overall increase in physical activity levels. Notably, participation increased in the most among socioeconomically disadvantaged groups, helping to reduce health inequalities. The impact on gym participation was greater than on swimming, with a limited effect on affluent groups. In 2016, due to budget constraints, a flat fee of £1 was introduced for activities previously free of charge. Despite financial challenges, the programme continues to operate, demonstrating a sustained investment in increasing physical activity levels among underserved populations.

Context

WHO
Global Action Plan for Physical Activity
Action 3.5.3 of GAPPA requests member states develop national sports policies that prioritise the least active and marginalised.

EU
2013 Council Recommendations
Indicators 6 was developed to gather information about the presence of a national sport for all policy or action plan.

Evidence of Policy Implementation

National Sports Policy 2018 - 2027
The targets for Irish sport are set out in the Department of Sport's National Sport Policy 2018 – 2027 (NSP). The NSP has three 'high level goals': *Increased Participation*, *More Excellence* and *Improved Capacity*. Each originally had 4 or 5 key performance indicators (KPIs) associated with it. The five original KPIs for *Increased Participation* were:

- "Increased number of adults regularly playing sport" (from a 2017 baseline of 43% to a 2027 target of 50%). This target was changed to 60% in the 2020 Programme for government.
- "Elimination of active sport participation gradient between men and women" (from 4.5% to 0%)
- "Reduced levels of adult sedentarism" (from 22% to 15%)
- "Increased numbers of children regularly playing sport"
- "Increased number of adults regularly involved socially in sport through volunteering, club membership and/or attendance" (from 45% to 55%) (4, all page 20).

Further KPIs were later added including:

- "Increased number of adults from the lowest income quartile regularly participating in sport" (from 27% to 33%)

- "Increased participation in sport among those with a long term illness or disability" (from 29% to 40%) (5, both page 21).

To realise these targets the NSP proposes 57 actions to be undertaken over the life of the policy, 17 mention participation. These include:

- Action 9: "We will redouble our efforts to address inequalities in sports participation as part of the Local Sports Plans development process. Resources will be directed to promote the broadest possible participation, ensuring quality and accessibility for all groups. *Funding will be prioritised on programmes which focus on those groups with lower levels of participation* [emphasis added], particularly those in lower socio-economic groups, persons with a disability and older people […] (4, pages 36 and 102).
- Action 10: "In prioritising initiatives and programmes to engage groups with lower participation levels we will use behavioural insights and other research to better understand issues around non-participation" (4, pages 36 and 102).
- Action 12: "In addressing the disability gradients in participation we will explore the possibility of introducing a national network of Sports Inclusion Disability Officers (SIDOs) aligned to the LSP network […]" (4, pages 37 and 102).
- Action 48: "Sport Ireland and its partners will continue to develop pilot programmes aimed at *addressing participation gradients in sport around disadvantage and disability* [emphasis added] [...]" (4, pages 92 and 105).

Implementation

According to National Sport Policy 2018 – 2027 Sports Action Plan (NSP SAP), there was an investment of €910 000 to encourage people living with disabilities to participate in PA and Sport in 2023 (5).

The role of SIDO has been established and SIDOs can be identified through LSPs website.

National Sport Policy 2018 – 2027 Sports Action Plan 2024 - 2027

The NSP SAP has 47 actions across eight sections: 'Investment in Sport'; 'Active and Social Participation'; 'Equality, Diversity and Inclusion'; 'Facilities and Events'; 'Sport and Education'; 'Sport and Sustainability'; 'Governance and Capacity-Building' and 'International'. The 'Active and Social Participation' section includes the action

- "Implement measures and initiatives to address the significant participation gradients persisting amongst those from disadvantaged backgrounds, persons with a disability, the LGBTI+ community, the Traveller community and other ethnic minorities" (5, action 10, pages 8 and 36).

The 'Equality, Diversity and Inclusion' section includes the action:

- "Appoint a Disability in Sport Lead within Sport Ireland to provide focused leadership and directed investment to address the NSP targets for increased participation among those with a long-term illness or disability" (5, action 13, pages 10 and 37).

Implementation

The position of 'Disability in Sport Lead' for Sport Ireland was advertised in November 2024 and an appointment was made in February 2025 (6-8).

National Swimming Strategy 2024–2027

The National Swimming Strategy (NSS) has five sections: "Access, Inclusion and Disability"; "Infrastructure & Facilities"; "Education – Lessons & Coaching"; "Open Water Swimming" and "Pathways and Performance" (9). The "Access, Inclusion and Disability" section contains the following actions:

1.3 “Explore the potential for further funding streams to support and develop swimming and aquatics projects, specifically targeted at minority and disadvantaged groups or communities, similar to the Dormant Accounts Fund”.
1.7 “Work to strengthen the relationship between LSPs […] and other organisations that have a focus on specific areas of disability to ensure that a […] strategic approach is developed for establishing […] measurable outcomes for those with disabilities who wish to partake in swimming.
1.8 “Continue to develop and promote initiatives to help integrate asylum seekers and refugees into communities via open water swimming” (9, all pages 14 and 46).
1.10 “Gather […] insights into the experiences, challenges and needs of people with disabilities in participating in swimming”
1.11 “Advance gender equality by increasing women’s sustained involvement as active participants […]” (9, all pages 15 and 47).

Other supporting policy documents

National Physical Activity Action Plan (2024 – 2029)

The *Sport and Recreation for all* section of NPAAP contains the following actions:

- “Support the development and implementation of Local Sports Action Plans as the key mechanism for the delivery of tailored programmes meeting local needs across the country” (10, page 16).

Sport Ireland Policies

Sport Ireland (SI) has policies and action plans to support sport and physical activity participation in particular groups. These include: the *Women in Sport Policy* (11), and the *Policy on Participation in Sport by People with Disabilities* (12).

Other supporting initiatives

Dormant Accounts Fund (DAF) Sports Programme

SI operates the Dormant Accounts Fund (DAF) Sports Programme (5). DAF Sport Programme investments support PA in disadvantaged groups and are typically made in biannual tranches. Tranche 1 for 2025 invested €4 170 000 in total (13). Initiatives that have been funded through DAF include:

- *Urban Outdoor Adventure Initiative* a Sport Ireland project that funds community organisations to developed adventure sport programmes in disadvantaged urban areas (14)
- *Active cities* a project in the five largest cities targeting the least active (see indicator C01)
- *Her Moves* An initiative to promote PA in teenager girls (see indicator MM02)
- Equality Diversity and Inclusion
- Sports Inclusion Disability Projects
- Disability training
- *CSHs* (see indicator C01)

Sláintecare Healthy Communities programme

Sláintecare Healthy Communities (SHC) is a programme to improve health and wellbeing in communities in Ireland where there are health inequalities (15). The programme follows a place-based approach to try to understand issues within a community. Implementation is supported by Local Development Officers with a targeted focus on inequality and disadvantage.

Sport Ireland Sport 4 Empowerment programme

The Sport Ireland ESF+ programme "Sport 4 Empowerment" (S4E) implements socially innovative programmes, using sport and physical activity, to foster social inclusion and enhance the wellbeing, education, and economic prospects of people at risk of social exclusion. This project is co-funded by the Government of Ireland and the European Union (16).

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SP02 There are national and/or subnational evidence informed policies or action plans in place that ensure equitable access to sport and recreation spaces and places for all.

Definitions and scope

- Evidence informed means the best available research evidence is used to inform decision-making. It is characterized by systematic and transparent access to and appraisal of evidence as an input into the policy-making process.
- Equitable entails the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.

Equity

- To ensure equitable access for all, policies should focus on the needs of disadvantaged groups and gender equity and involve respective groups in decision-making (European Commission, 2022)
- Policies may include free or subsidized access to leisure facilities and programs for individuals in disadvantaged communities (Higgerson *et al.,* 2018; Rabiee *et al.,* 2015).

Best Practice Examples (BPEs)

National Sport Policy 2018 – 2027

Ireland (National level)

The National Sport Policy of Ireland, and its follow up action plans, include various actions that promote access to the recreational spaces by groups that are less likely to be active. These include the development of a web-based database of facilities in Ireland with information on accessibility, research into the barriers faced by less active groups in accessing facilities and prioritisation of projects with a focus on disability in funding applications. Actions that have been implemented include the publishing of the national database of sport facilities which includes lists the locations of over 2 000 'accessible' facilities around the country.

Context

Council of Europe

Members of the Council of Europe committed to implement the Sport for All Charter (Council of Europe, 1976). Article I stipulate that every individual has the right to participate in sport. Article VI recognises that participation in sport is dependent on access to facilities and stipulates that planning of sports facilities is a matter for public authorities.

EU

Nice Declaration of 2000

The European Council met in Nice in 2000 in the context of the negotiation of the Treaty of Nice. The council, which provides the European Union with its agreed policy direction, issued its conclusions the annexes of which make clear that the primary responsibility for the conduct of sporting affairs lies with member states and sporting organisations. The European Council recommends that sporting activity should be accessible to every man and woman with due regard for aspiration and ability (European Council, 2000). The European Commission White Paper on Sport reiterates that primary responsibility for sporting affairs is with member states (European Commission, 2007).

2013 Council Recommendations

Indicator 8 of the proposed framework seeks information on whether there is a framework to increase access to sport and recreation facilities for persons of low socio-economic status.

Evidence of Policy Implementation

National Sport Policy 2018 – 2027

The NSP contains the following actions:

18: "[…] we will work with relevant stakeholders to develop and maintain a fully-accessible, comprehensive and up-to-date national database of sports facilities which will also be translated into a web-based portal […]" (1, pages 45 and 103)
20: "we will review swimming pool provision to identify where gaps exist and how these can be met" (1, pages 46 and 103)
23: "We will aim to secure a new stream of annual funding for a targeted sports scheme to subvent Local Authorities in the operation of loss-making facilities where these have a key role in increasing participation, as well as to support programmes to increase active participation" (1, pages 49 and 103).

National Sport Policy 2018 – 2027 Sports Action Plan 2024 – 2027
The 'Equality, Diversity and Inclusion' section of NSP SAP contains the following action: "Deploy, through multiple communication platforms tailored for ethnic groups and communities, the Get Ireland Active Database of sporting and recreational facilities and amenities to increase the profile and visibility of inclusive participation opportunities […]" (2, pages 10 and 37). The 'Facilities and Events section contains the action: "To better understand the specific needs and requirements of women and girls in sporting facilities and spaces, undertake research on the scope for introducing design enhancements" (2, pages 12 and 39).

Implementation
The Sport Ireland *Get Ireland Active* database was launched in 2023 and is available at: https://www.getirelandactive.ie/. Searches of the database can be limited using various themes including 'Accessible Activities', 'Family Friendly' or 'Walking'. As of the 14th of August 2025, the database provides the location of 2 038 'accessible activities' around the country.

National Swimming Strategy 2024–2027
The "Access, Inclusion and Disability" of NSS contains the following actions:
- 1.1 "Carry out an audit of all swimming facilities […] to establish ease of access and use for those with a disability".
- 1.2 "Prioritise applications with a focus on disability under the Sports Capital and Equipment Programme […]".
- 1.4 "Develop tailored resources and toolkits to assist swimming facilities […] and facility managers to improve the culture of inclusion and increase access for people with disabilities at all swimming sites".
- 1.5 "Promote the availability of funding for projects to improve access for all at beaches and/or open water sites […]".
- 1.6 "Ensure that the National Digital Database developed by Sport Ireland provides all information in relation to accessibility at all swimming pools" (3, all pages 14 and 46).

The following KPIs have been proposed for measuring success on access, inclusion and disability
- "Decrease the participation gap of those with a disability" (from a baseline of 3% on 2023 to 2.5% in 2027).
- "Decrease the participation gap of those of disadvantaged socio-economic status" (from 3% to 2.5%).
- "Decrease the participation gap of ethnic minorities" (from 5% to 4.5%).

Community Sport Facilities Fund and Large Scale Sport Infrastructure Fund
The Department of Sport is responsible for a couple of grant programmes which can be used to develop or maintain sports facilities and equipment: the Community Sport Facilities Fund (CSFF) and the Large Scale Sport Infrastructure Fund (LSSIF) (4).
The CSFF (formerly the Sports Capital and Equipment Programme or SCEP) funds facilities targeted at increased participation. Sports organisations, including local authorities, can apply for CSFF funding. A periodically reviewed scoring system is in place to ensure that the CSFF funding is

contributing to the objectives of NSP (1). In 2023, CSFF applications were assessed based on 6 (differently weighted) criteria:

1. "Likelihood of increasing participation and/or improving performance" (42.4% of marks) (5, page 2).
2. "Sharing of facilities" (8.2% of marks) (5, page 2).
3. "Level of socio-economic disadvantage in the area or in the area served or project focused on people with disabilities" (19%) (5, page 5).
4. "Technical merits/Sustainability" (13%) (5, page 2).
5. "Level of own funding available" (3.3%) (5, page 2).
6. "Level of Sports Capital and Equipment Programme funding received" (14.1%) (5, page 2)

The LSSIF, established under action 19 of the NSP, supports sports facility projects that require a larger amount than is available under the CSFF, (for example, reconstruction of stadia) (6). In some cases, however, this includes projects that increase participation (for example, development of a running track). LSSIF funds are scored using 14 differently weighted criteria:

1. "Likelihood of increasing active participation in Sport for all users" (10% weighting).
2. "Likelihood of improving the quality of active participation in sport for all users" (3%).
3. "[…] likelihood of the project improving the quality and quantity of active participation in Sport for people with a disability" (4%).
4. "Likelihood of improving the quantity and quality of Social Participation in Sport" (4%).
5. "Improving high performance and the quantity of high performers" (7%).
6. "Sharing with Communities and clubs" (8%).
7. "Sharing of facilities between NGBs and LA's" (5%).
8. "Level of socio-economic disadvantage & population growth" (6%).
9. "Technical Merits of the Project & Infrastructure Guidelines" (10%).
10. "Capacity to Deliver" [evidence that the project will commence shortly] (7%).
11. "Level of own funding" (8%).
12. "Local Authority Priority" (9%).
13. "NGB ['National Governing Body'] Priority" (9%)
14. "Sustainability – Environment & Climate" (10%) (7, all page 11)

Implementation

In 2023, 3 210 applications were received for SCEP funding (8). €256 835 635 was allocated to 3 048 different projects around the country under CSFF (9, 10). The next round of funding allocations is expected to be announced in 2026 (11). Two rounds of LSSIF funding have been allocated so far totalling €297 000 000 for 68 projects (6). In 2024, €173 250 000 was allocated to 35 different projects under LSSIF (7).

Other supporting policy documents

National Physical Activity Action Plan (2024 – 2029)

The *Sport and Recreation for all* section of NPAAP contains the following actions:

- "Support the provision of exercise and sport equipment in public spaces" (12, page 16).

Strategic Vision for Our Future Forest Estate

Coillte's vision for Irish forestry includes the following action:

- Double the number of Recreation Areas to 500, to benefit local communities and people's wellbeing (13, page 39).

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SP03 There is government support for programs designed to encourage sports clubs to promote health-enhancing physical activity and other health behaviours (e.g., 'sports clubs for health' and 'health promoting sport clubs').

Definitions and scope

- Sports clubs refers to organisations whose primary activity is to enable members to participate in sport, whether for competitive or recreational purposes.
- Sports clubs for health is an approach to sports club management which aims to increase the availability and quality of health-enhancing sports activities.
- Health-enhancing sports activities are defined as any 'sports activities that are beneficial to health and that present no or only minimal health and safety risks.' (Sports club for Health, 2020).
- Health promoting sports club is an approach whereby sports clubs support health promotion in their activities.
- Support includes guidelines, toolkits, templates (e.g. policy/guidelines or contracts), PA sessions planning tools/equipment, expert advice, online training modules, and training workshops or courses.

Equity

- Policies should promote tailored, accessible programs that engage disadvantaged groups and encourage regular physical activity participation. Sports clubs should be required to allocate part of their budget to activities that foster social inclusion as well as gender equity (Andrade et al., 2018; European Commission, 2008; European Commission, 2022).

Best Practice Examples (BPEs)

GAA National Healthy Club Project

Ireland (National level)

The Gaelic Athletic Association (GAA) is a sporting organisation which promotes traditional Irish sports such as Hurling and Gaelic Football. The GAA's Healthy Clubs Project, aims to support local GAA clubs in promoting health and wellbeing in their members and communities. In the Republic of Ireland, the programme is recognised and supported by the HSE, a statutory agency responsible for health service provision. Participating clubs engage in a seven-step process whereby health-related priority areas for action are identified and activities for supporting health are proposed, delivered and reported upon. Participating clubs can achieve three levels of accreditation: foundation, silver and gold.

Healthy Clubs is in its sixth phase having expanded from a pilot phase of 18 clubs in 2013. In 2025 222 clubs achieved foundation level accreditation, 104 received silver level and 49 gold. Independent research has concluded that Healthy Clubs has been effective in placing health promotion on the agenda of GAA clubs and in promoting health behaviour change including in PA behaviours. A study commissioned by the GAA estimated the social return on investment of the programme (the ratio of social and economic value generated by the programme relative to its costs) to be 20:1.

Context

EU

European Council

Indicator 7 of the HEPA monitoring framework requests implementation of the guidelines for health-oriented sports clubs developed by the Sports Clubs for Health Programme.
The European Council recommends that sporting activity should be accessible to every man and woman with due regard for aspiration and ability. The European Council supports the independence of sports organisations and their right to organise themselves.

Sports Clubs for Health (project)

The third international Sports Club for Health (SCforH) project promotes the adoption of the SCforH approach. The SCforH project hosts an online training course on the principles of the SCforH approach on its website as well as information on how to apply them in a sports organisation. The SCforH approach is also laid out in a textbook available at the same location.

The GAA

The Gaelic Athletic Association (GAA) is an independent sporting organisation which promotes traditional Irish sports such as Camogie, Hurling and Gaelic Football. The GAA has clubs in Northern Ireland and across the globe.

Evidence of Policy Implementation

National Sport Policy 2018 – 2027

A KPI of the NSP is to increase the number of adults involved socially in sport from 45% to 55% (1). A further target of increasing club membership from 34% to 40% was later added (1). Action 14 of NSP is to use funding to promote social participation and volunteering in Sport.

GAA National Healthy Club Project (partnered with HSE)

The GAA's Healthy Clubs Project (HCP) aims to assist GAA clubs to support the health of their members and communities. Participating clubs engage in a seven-step process whereby health-related priority areas for action are identified and activities for supporting health are proposed, delivered and reported upon. Participating clubs can achieve three levels of accreditation: foundation, silver and gold (2). The growth of the HCP programme has been supported by the HSE. HCP was expanded as part of the Sláintecare reforms in 2021 (3, 4) and actions of the Healthy Ireland Strategic Action Plan include recruitment of more clubs and the potential of extending the programme to other sporting organisations is to be investigated (5).

Other supporting policy documents

National Physical Activity Action Plan (2024 – 2029)

The *Sport and Recreation for all* section of NPAAP contains the following actions:

- "Strengthen the capacity of the sports sector to provide universally accessible participation programmes".
- "Encourage the development of multi-sport programmes and opportunities, aimed at providing young people with the opportunity to experience a range of different sports in one setting".
- "Develop the capacity of sporting organisations to provide lifelong active participation opportunities both within the sport concerned and through links with other sports".
- "Develop capacity of sporting organisations to expand family-based and inter-generational participation opportunities" (6, all page 16).

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DOMAIN 8 – WORKPLACE

There are national and/or sub-national policies implemented related to the workplace that promote and support increasing physical activity (e.g. cycle to work initiatives, physically active workplaces) and promote a culture of health for all employees.

W01 There are national and/or sub-national policy initiatives and infrastructure development programmes in place to promote and support safe active travel to and from the workplace.

Definitions and scope

- Includes standards for the public sector which promote and support safe active commuting to and from the workplace.
- Includes both public and private sector workplace settings.

Equity

- Policies promoting safe active travel to and from the workplace should accommodate diverse mobility needs by providing inclusive infrastructure, facilities, and programs. This includes considerations for people with disabilities, as well as differences related to gender, age, and socioeconomic status (Goodman et al., 2013).

Best Practice Examples (BPEs)

Cycle to Work Scheme
United Kingdom (National level)
The UKs cycle to work scheme was introduced in the 1999 Finance Act. It is overseen by His Majesty's Revenue & Customs (HMRC; the government department responsible for tax collection) and the Department for Transport. Employees of participating businesses can apply for a voucher from their employer up to a value of £1000, which allows them to obtain a bicycle and cycling equipment from a retailer. The cost of this purchase is repaid to the employer by the employee through salary deductions. By participating in the scheme, the employer receives a tax break on purchases made under the scheme, while the employee can spread the cost of the purchase of a bicycle over an extend period of time.
According to an independent evaluation, the number of people participating in the scheme is increasing with 183 423 employees participating in 2014, an increase of 11.6% on 2013. Surveys undertaken as part of the evaluation (n = 12 542) indicate that 9% of respondents started cycling to work because of the scheme and 57% were cycling to work more often. Of the 35% who did not report behaviour change as a result of the scheme 33% were cyclists and 2% remained non-cyclists. The social benefits of the scheme were estimated to be worth £72 million a year while the cost of the scheme to the treasury were estimated to be £190 per user or £35 million indicating a benefit-cost ratio of 2:1.

The Cycling Kilometric Allowance
France (National level)
The Cycling Kilometric Allowance was introduced by the French Ministry of the Environment and promoted by the Club des Villes et Territoires Cyclables, a French network of bike-friendly cities. Following a year-long pilot phase in 2014–2015, implementation began in early 2016. Employees (of both public and private sector) using their own bicycles receive €0.25 per kilometre cycled, up to a maximum of €200 per year. This allowance is exempt from both employers' social security contributions and taxes.
The pilot phase, in which 18 companies were involved, showed a 50% increase in the number of active cyclists. The programme has since been rolled out beyond private companies to the public sector as well.

Bicycle Allowances
Belgium (National level)

A bicycle allowance is paid by the employer to an employee who cycles to work. Bicycle allowances are calculated per kilometre cycled. In 1999, the Belgian Ministry for Finance provided notice of a tax exemption for bicycle allowances (up to a maximum allowance of 6 Belgian francs per kilometre). As of January 2024, bicycle allowances up to a rate of €0.35 per kilometre are exempted from income tax (up to a limit of €2500 per year).
Bicycle allowance schemes have been adopted by various companies and sectors since exemptions were first introduced in 1999. In 2023, the National Labour Council (Conseil national du Travail, CNT) announced an agreement between unions and employers which entitles employees to a bicycle allowance at a rate of €0.27 per kilometre (with exemptions for existing agreements). The number of commuters availing of the bicycle allowance schemes has grown from 7% in 2017 to 14% in 2022 and 15% in 2024. Employees on bicycle allowances earned an average of €460 compensation per year. In Belgium, bicycles were used in 41% of commuting trips in 2024 (up from 35% in 2019).

Context

WHO

Physical activity strategy for the WHO European Region 2016–2025

Objective 3.2: "Provide opportunities and counselling for physical activity at the workplace. Member States should consider adopting appropriate measures to promote active commuting and the use of public transport to travel to work. The measures could include regulations, guidelines or financial incentives for companies with regard to cycle racks, changing rooms, showers and adequate public transport options" […].

EU

2013 Council recommendations

Indicator 19: Schemes to promote active travel to work. Existence of a national or sub-national (where relevant) incentive scheme for companies to promote physical activity at the workplace (e.g. gyms, showers, walking stairs etc.).

Evidence of Policy Implementation

Cycle to work scheme

The Cycle to Work scheme was introduced in the 2009 budget in the context of the 2009-2020 *Smarter Travel* Policy (1,2). Under the scheme, an employer can purchase a new bicycle and cycling accessories for their employee (3). The value of the bicycle purchased under the scheme can be up €1250 for a regular bicycle, €3000 for a cargo bike or cargo e-bike (3, 4). The employee repays the employer for the cost of the equipment in instalments deducted from their salary. Tax, Universal Social Care (USC) and Pay Related Social Insurance (PRSI) are applied to an employee's salary *after* the salary deductions have been made providing a tax reduction to employees and employers who avail of the scheme (5).

Implementation

A 2021 departmental examination of the Cycle to Work scheme reported the following issues: limited eligibility (as the scheme can only be applied in the context of an employer-employee relationship), equity concerns (as participation in the scheme provides greater benefit for people on higher incomes) and a lack of data on scheme cost and uptake (5).
The same document reports that the number of cycle-commuters increased from 36 306 in 2006 to 56 837 in 2016 representing an increase in modal share from 2 to 3%. The report concludes that the impact of the scheme is difficult to assess with insufficient evidence to conclude either that the scheme had a substantial impact on cycle commuting or that the scheme did not substantial impact cycle-commuting. However, it suggested a risk of 'deadweight' associated with the scheme (where participation in the scheme does not change the commuting behaviour of a participant).

TFI Smarter Travel Programme and Smarter Travel Mark

The TFI Smarter Travel Programme (6) takes the name of the Smarter Travel Policy which was published 2009 and set out national policy for sustainable transport from 2009 to 2020. It remains a foundational framework for Ireland's sustainable mobility efforts. This national, voluntary behaviour change programme supports workplaces and third-level institutions in developing and implementing sustainable travel plans for staff, students, and visitors. A Workplace Travel Plan consists of a set of measures aimed at reducing the need for individuals to travel alone by car. The plan comprises actions to promote walking, cycling, public transport, carpooling, car sharing, and the use of technology instead of travel or flexible working practices. The Smarter Travel Mark is a "three-tier introduced in 2023 that recognises and celebrates organisations that support active and sustainable travel on the commute and beyond for their workforce, students and visitors, resulting in a reduction in single-person car usage" (7).

Implementation

According to a TFI Smarter Travel report published by NTA in 2024, 35 organisations joined the programme in 2024 while 53 organisations undertook travel surveys. The total number of organisations in the programme reached 282 comprising of 251 workplaces and 31 campuses with a reach amongst active organisations of approximately 246 305 staff and 292 523 students. An evaluation of the programme showed that "over 80% of respondents rated both the Smarter Travel Programme and the Smarter Travel Mark as 'strong' or 'very strong' in promoting sustainable travel. This positive perception was consistent across all audiences. 82% reported that they were 'very' or 'fairly engaged' with the TFI Smarter Travel Programme with higher levels among Smarter Travel Mark holders" (8).

Other supporting policy documents

National Physical Activity Action Plan (2024 – 2029)

The *Active Travel* section of NPAAP contains the following action:

- "Explore avenues to make cycling as a form of transport or exercise more financially accessible to those who cannot avail of current incentives" (9, page 12).

The *Workplaces* section of NPAAP contains the following action:

- "Implementation of actions identified through the Healthy Ireland Workplace Framework"
- "Continued implementation of the Smarter Travel Mark Pathfinder Project including through the Healthy Campus programme along with advocacy for public sector bodies to apply for the Smarter Travel Mark" (9, page 18).

Programme for Government 2025 Securing Ireland's Future

The Programme for Government states that the Government will:

- Offer a bike scheme specifically for third level students, mirroring the bike-to-work scheme […] (10; page 88).

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Equity

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W02 There are concepts and regulations for buildings, plots and the environment in place that promote and support employers to create physically active workplace environments through building design and provision of adequate facilities (both indoor and outdoor).

Definitions and scope

- Includes policies and regulations which promote and support employers (both public and private) to create a physically active environment.
- Facilities includes building features that support physical activity (e.g. showers, bicycle rakes).

Equity

- Policies should ensure that active workplace environments are inclusive and accessible to all employees, considering diverse needs related to age, gender, health conditions, disabilities, ethnicity, and religion. This may include the use of tools for assessing the impact of policies on different population groups (such as Equality Impact Assessments) to identify and address potential barriers (Royal Institute of British Architects [RIBA], 2014).

Best Practice Examples (BPEs)

Tax free allowance for health promotion

Germany (National level)

In Germany, a tax exemption introduced in 2008 provides employers with an exemption for health and well-being expenditures up to EUR 600 per employee yearly. Measures can be wide-ranging and go beyond the provision of medical treatments. They can be used for expenditures related to the implementation of programmes to facilitate physical activity, healthy diets, addiction treatments and stress management.

Context

WHO

Global Action Plan on Physical Activity

Action 2.5: Strengthen the policy, regulatory and design guidelines and frameworks at the national and subnational levels, as appropriate, to promote public amenities, schools, health-care, sports and recreation facilities, workplaces and social housing, that are designed to enable occupants and visitors with diverse abilities to be physically active in and around the buildings, and prioritize universal access by pedestrians, cyclists and public transport.

Proposed sub action for member states 2.5.6: Industry, Guilds, Labour, Unions, Occupational Health and Safety and other related organizations should develop and implement guidance to support employers create healthy workplaces that support physical activity and reduced extended periods of sedentary behaviour during the working day, and encourage active lifestyles of their employees and families.

WHOROE

Physical activity strategy for the WHO European Region 2016–2025

Objective 3.2: “Provide opportunities and counselling for physical activity at the workplace […] Member States may consider adopting appropriate measures, such as regulations and guidelines concerning health at the workplace, to enable more physical activity during the working day. The measures could include action to address the workplace layout, such as the provision of adjustable desks, prominent and promotional signs on staircases encouraging their use […].”

Evidence of Policy Implementation

Finance Act 2018

Section 19 of the Finance Act of 2018 creates a capital allowance for buildings used by employers for the purposes of providing childcare services or a fitness centre to employees. A fitness centre is described in the act as “a gymnasium used exclusively in providing a range of facilities designed to improve and maintain the physical fitness and health of participants” (1).

Other supporting policy documents

National Physical Activity Action Plan (2024 – 2029)

The *Workplaces* section of NPAAP contains the following action:

- "Increase focus on evidence-based workplace interventions to promote movement and physical activity" (2, page 18).

Healthy Ireland Healthy Workplaces Initiative

The Healthy Workplace Framework aims to support the growth of effective approaches to enhance health and wellbeing in the workplace. As per the corresponding government's website, the Framework is currently being developed following a public consultation with interested stakeholders. It will enable the Department of Health to recognise and enhance existing initiatives, to facilitate the sharing of experience and learning, and provide the necessary supports and tools for organisations or companies who have not yet developed their own resources (2).

Sources and References

Equity

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PA-EPI EVIDENCE DOCUMENT: INFRASTRUCTURE SUPPORT DOMAINS

DOMAIN 9 – LEADERSHIP

The political leadership ensures that there is strong support for the vision, planning, communication, implementation and evaluation of policies to create health-promoting policy environments to improve population physical activity and reduce related inequalities.

L01 There is strong, visible, political support (at the head of state/cabinet level) for creating health-promoting policy environments to improve population levels of physical activity and reduce inactivity related non-communicable diseases and their related inequalities. Political responsibility for health-related physical activity is clearly allocated within the governmental structures.

Definitions and scope

- Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy.
- Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators.

Equity

- Political support includes the support for actions to reduce inequities at the highest level of government and its coherent consideration across all policies (WHO Commission on Social Determinants of Health & WHO, 2008).
- Support can be facilitated by establishing equity as an indicator of government performance (WHO Commission on Social Determinants of Health & WHO, 2008), and by creating strong accountability mechanisms to ensure that regulations that advance health equity are enacted and implemented (WHO, 2019).

Best Practice Examples (BPEs)

Ministry of Education and Culture
Finland (National level)
In Finland, the Ministry of Education and Culture (Opetus- ja kulttuuriministeriö - OKM) is responsible for establishing conditions favourable for sport and physical activity. OKM collaborates with other government actors to achieve its PA-related aims notably the Ministry of Social Affairs and Health.
The 2023 Programme for Government (section 5.3 Culture, Sport, Physical Activity and Youth) commits to preventing social exclusion in young people, ensuring that children and young people can pursue 'at least one' leisure activity of their choice and promoting 'inclusion and regional equity for young people'. OKM uses budget appropriations and national lottery revenues to fund sport and physical activity in Finland. In the 2025 budget, €154.8 million was allocated to sport and physical activity.

Context

WHO
Global Action Plan on Physical Activity
Action 4.1: Strengthen policy frameworks, leadership and governance systems, at the national and subnational levels, to support implementation of actions aimed at increasing physical activity and reducing sedentary behaviours, including multisectoral engagement and coordination mechanisms; policy coherence across sectors; guidelines, recommendations and actions plans on

physical activity and sedentary behaviour for all ages; and progress monitoring and evaluation to strengthen accountability.
Proposed sub action for member states 4.1.1: Initiate or strengthen, as appropriate, a high-level national multisectoral coordination committee to provide leadership, strategic planning and oversight of implementation and monitoring of national policy actions on physical activity and sedentary behaviour, ensuring appropriate representation from all relevant areas and levels of government, as well as nongovernmental stakeholders and the community.

Evidence of Policy Implementation

Programme for Government: *Securing Ireland's Future*

The 2025 Programme for Government, *Securing Ireland's Future*, (1) contains the following commitments with regards to physical activity in the *Sport* section:

- "Promote at least 60 minutes of daily physical activity for children of all abilities.
- Maintain sports funding to get more people participating in all levels of sport, particularly targeting cohorts in society where there are lower than average participation levels including people with disabilities and older people.
- Work with […] sporting organisations to drive increased participation in sport.
- Continue to support participation in all sports from grassroots to elite level.
- Consider measures, in conjunction with the Department of Finance, to encourage gym membership and active participation in sport and exercise.
- Implement the New National Swimming Strategy by investing in pools […].
- Appoint a Sport Ireland Disability Lead.
- Expand support for para-sports and special needs programmes by providing grants to clubs that demonstrate inclusive policies and facilities.
- Work with all sporting organisations to promote a 'one club' ethos, […] promoting equality of access to sporting facilities.
- Expand cross-border sport opportunities" (1; page 132).

Within the *Education* subsection the Programme for Government commits to:

- "Prioritise the development of physical education halls and sporting facilities (including yards and play areas) for schools in conjunction with the Sports Capital Fund to deliver for both schools and communities.
- Increase the number of schools offering PE as a Leaving Certificate exam subject (see indicator E01).
- Expand the Active School Flag […] (see indicator E02).
- Mandate the Local Sports Partnerships to collaborate with schools to promote inter-school competitions, sports festivals, and collaboration with parents, local sports clubs, and national sporting organisations to create a dynamic, inclusive approach to physical activity" (1; page 132).

Within the *Active Travel* section the Programme for Government commits to:

- "Invest in dedicated infrastructure for walking and cycling […]
- Increase investment in greenways, blueways and pedestrian-friendly infrastructure […]
- Expand the Safe Routes to School initiative […] (see indicator E04)
- Provide a dedicated maintenance budget to each local authority to maintain active travel infrastructure […]
- Promote a universal design approach in active travel projects to ensure accessibility for everyone, including people with disabilities […]
- Offer a bike scheme specifically for third level students, mirroring the bike-to-work scheme […]" (1; page 77) (see indicator W02)

Within the *Public Health* section the Programme for Government commits to:

- "Create a new Obesity Policy and Action Plan.
- Publish the National Physical Activity Framework and Action Plan.

- Place a greater focus on exercise and wellbeing as a preventative […] measure, and examine ways to support the provision of community based clinical exercise programmes nationwide (1; page 88)".

Under the 'Older people' heading, the Programme for Government states that the Government will:

- "Continue to support and enhance the Go for Life national programme for sport and physical activity for older people in partnership with the HSE and the Local Sports Partnerships" (1; page 97).

Healthy Ireland, A Framework for Improved Health and Wellbeing 2013- 2025

HI is the national plan for improving health and wellbeing. The original HI framework was published in 2013 and runs until 2025 (2). The HI Framework is overseen by the Cabinet Committee on Social Policy which is chaired by the Taoiseach. The Health and Wellbeing Programme, in the Department of Health, is responsible for strategic planning and implementation of the framework actions. A multi-stakeholder body, the Healthy Ireland Council, was established to provide a national advisory forum supporting the implementation of the framework across sectors. The framework was accompanied later in 2013 by a high-level implementation plan and an outcomes framework. The 'Healthy Ireland' framework was later updated by the 'Healthy Ireland Strategic Action Plan 2021–2025' (3).

National Physical Activity Framework 2024-2040

Building on the earlier "Get Ireland Active" National Physical Activity Plan, Ireland's National Physical Activity Framework was launched in late 2025 with the aim to make Ireland Europe's most physically active nation by 2040 (4). The framework focuses on integrating movement into daily life through actions plans to encourage physical activity through transport, urban design, healthcare, education (e.g., schools), sport, workplaces, and community programs (see L02 for more detail).

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Evidence of Implementation in Ireland

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L02 There is a comprehensive up-to-date plan (including timeline, targets, funding, priority policy and programme strategies) linked to national needs and priorities to increase population physical activity.

Definitions and scope

- Includes documented plans with specific actions and interventions (i.e. policies, programs, partnerships).
- Plans should be current (i.e. maintain endorsement by the current government and/or are being reported against).
- Plans should refer to actions to improve physical activity environments (as defined in the policy domains above) and should include both policy and program strategies.
- Excludes overarching frameworks that provide general guidance and direction.

Equity

- The plan should give priorities to reduce inequalities (see indicator L03).

Best Practice Examples (BPEs)

Get Finland Moving
Finland (National level)
The sport and physical activity policy objectives in Finland are specified in the Act on the Promotion of Sports and Physical Activity and key policies for development are proposed and adopted in accordance with the Programme for Government. Within this *Get Finland Moving, framework,* published in 2024*,* is a cross-departmental plan, to be coordinated by the Ministry of Education and Culture (Opetus- ja kulttuuriministeriön or OKM). The plan seeks to integrate physical activity into daily life by improving societal structures and encouraging behavioural changes. The plan outlines 35 different actions (called 'measures') to be implemented divided into five thematic areas (called 'sets'): *Physically active operating cultures, Physical activity counselling, Conditions of physical activity, Physical activity competence* and *Taxation that encourages physical activity*. Each action has a designated responsible ministry and a preliminary schedule. A monitoring and assessment plan is specified with indicators designed to assess implementation qualitative success and performance of the measures.
To carry out its work under the Programme for Government OKM has proposed various budget appropriations including €155 million for sports activities, and an annual budget of €20 million to increase physical activity. Linked to the Get Finland Moving initiative is the National Health and Wellbeing Programme (*Terveydeksi*, 'To Your Health', coordinated by the Ministry of Social Affairs and Health), which has a non-recurrent appropriation of €9 million allocated for its implementation over the duration of the government term.

National Physical Activity Plan for Ireland
Ireland (National level)
Get Ireland Active was Ireland's plan for promoting physical activity. It was initially intended to run from 2016 to 2020 but was extended until 2022 due to the outbreak of the COVID pandemic. The plan specified physical activity targets for children (people aged 0 – 18), adults (people aged 18 – 64 and older adults (people aged 65 and older). The plan had 60 cross-sectoral actions for promoting physical activity in eight thematic areas: *P*ublic Awareness, Education and Communication; Children and Young People; Health; Environment; Workplaces, Sport and Physical Activity in the Community; Research, Monitoring and Evaluation and Implementation through Partnership. An Implementation Group for supervising the implementation of the plan was appointed, co-chaired by the department of health and the department of sport. An evaluation of NPAP implementation was conducted by an external agency, independent of Government. Results revealed that 54% of actions were completed, 38% partially completed, 5% changed, and 3% not completed.

Building on the previous 2016 plan, Ireland has launched the National Physical Activity Framework 2024–2040, a new plan with the goal of becoming the most physically active nation in Europe by 2040. This framework focuses on creating enabling environments and includes an initial action plan that addresses eight priority areas: Active Travel, Active Urban Design, Healthcare, Public Education, Sport and Recreation for All, Workplaces, and Community-Wide programmes.

Sportakkoord / Sportakkoord II
Netherlands (National level)
The National Sports Agreement (Sportakkoord) sets out the policy ambitions for sport in the Netherlands. The Agreement was initiated by the national government in collaboration with municipalities and NOC*NSF, an organisation for sports in the Netherlands. The Agreement focuses on six topics: *Inclusive sports, Sustainable sports infrastructure, Vital sports providers, Positive sports culture, Enjoying physical activity from an early age* and *Elite sports*. In 2023, the second Sports Agreement (Sportakkoord II) was launched with a focus on: *Inclusion and diversity, Socially safe sport, Vital sports providers, Skilled in movement, Space for sports and exercise* and *Social value of top-level sport*.
Monitoring of the program is planned. The targets for 2026 are: 1) the percentage of people in the Netherlands for whom finance is a barrier to exercise and sport has visibly decreased; 2) approaches have been developed and applied locally to the accessibility of financial schemes (e.g. by bundling schemes); 3) all municipalities and sports providers know about the support options available and refer people to them.

Context

WHO
Global Action Plan on Physical Activity
Proposed sub action for member states 4.1.2: Strengthen current, and where necessary develop new, national and subnational action plans on physical activity and sedentary behaviour which align with recommendations in global and regional guidance, and maximize policy coherence and synergies with relevant priorities across key sectors including, but not limited to, transport, urban planning, health, social care, education, tourism, and sports and recreation.

EU Action
Council Recommendation of 26 November 2013 on promoting health-enhancing physical activity across sectors
In 2013, the Council of the European Union issued four recommendations to member states. The first recommendation extorts member states to utilise a cross sectoral approach in developing HEPA policies.

European Commission
The Directorate General for Health and Food Safety (Sante) within the European Commission has as an objective to promote cost effective health promotion and disease prevention. Indicator 1.3.A of the Directorate's Strategic plan for 2016 to 2020 was that every member state was to have a national Plan in place targeting WHO NCD targets

Evidence of Policy Implementation

Healthy Ireland, A Framework for Improved Health and Wellbeing 2013- 2025
HI is the national plan for improving health and wellbeing. The original HI framework was published in 2013 and runs until 2025 (1). Action 2.11 of the framework stipulates that government departments will develop a plan to increase PA.

National Physical Activity Framework 2024 – 2040 and National Physical Activity Action Plan 2024 - 2029

The National Physical Activity Action Plan (NPAAP) 2024 – 2029 is the first of three multiannual action plans proposed under the overarching National Physical Activity Framework 2024 – 2040 (NAPF). The NAPF identifies three cohorts for whom specific targets will be developed: people aged 12 to 25, people aged 42 to 50 and people aged over 65. NPAF and NPAAP are due to be published. NPAAP and NAPF replace and build upon the previous national physical activity plan for Ireland *Get Ireland Active* (2). *Get Ireland Active* was a plan that ran from 2016 to 2022. It had 60 actions. A summary report by the consultancy agency Crowe reported that, of the 60 actions in *Get Ireland Active*, 32 (53%) had been completed, 23 (39%) had been partially completed, 3 actions had been changed and 2 (8%) had not been completed (3).

National Sports Policy

The *National Sports Policy* has three overriding 'High Level Goals': 'increased participation', 'more excellence' and 'improved capacity'. There are several targets, or 'Key Performance Indicators' listed for gauging success in achieving these goals. Indicators of success for the first goal include increasing the proportion of adults actively participating in recreational sport for 43% to 50% over the lifetime of the policy and increasing the number of children regularly playing sport (4). This target was subsequently made more ambitious by the 2020 Programme for Government which targets 60% participation (5).

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L03 Priorities are given to reduce inequalities in relation to inactivity related non-communicable diseases in the comprehensive plan (above).

Definitions and scope

- Frameworks, strategies or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health.
- Frameworks, strategies or implementation plans identify vulnerable populations or priority groups.
- Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups.
- Excludes priorities to reduce inequalities in secondary or tertiary prevention.

Best Practice Examples (BPEs)

National Physical Activity Plan for Ireland
Ireland (National level)
Ireland's National Physical Activity Plan (NPAP) prioritizes reducing inequalities in physical inactivity and inactivity-related non-communicable diseases (NCDs) through a comprehensive, preventive approach. The NPAP sets aims, objectives, and measurable targets to reduce health inequalities, particularly by addressing social and environmental determinants of health. The NPAP explicitly outlines objectives focused on equitable access to PA opportunities, aiming to reduce barriers for disadvantaged and vulnerable populations. It identifies and addresses determinants such as socioeconomic status, physical environments, and community resources, acknowledging their significant impact on PA levels. Vulnerable and priority populations identified within the NPAP include socioeconomically disadvantaged groups, older adults, individuals with disabilities, and those living in rural or isolated communities.
Tailored initiatives are detailed within the implementation framework, targeting marginalized populations. These include community-based interventions, enhancements of physical infrastructure in underserved areas, and promotion of inclusive sport and recreational opportunities. Emphasis is placed on primary prevention strategies to proactively reduce inequalities, rather than secondary or tertiary interventions. Actions include creating enabling environments for active transportation, school-based PA programs, and community engagement strategies designed specifically to increase participation among less active groups.
Research highlights that Ireland's NPAP closely aligns with GAPPA recommendations, particularly in creating active systems. An independent evaluation of the NPAP from 2016 to 2022 found that 53% of the defined actions were completed, 39% partially completed, and 8% not realized, indicating significant progress and areas needing further attention.

National Sports Agreement
Netherlands (National level)
Inclusivity (ensuring that all groups, including people with disabilities or from marginalized backgrounds, have access to sports) is a key theme in both the National Sports Agreement and its successor National Sports Agreement (Sportakkoord) II. The work plan of the National Sports Agreements includes themes such as inclusion and diversity (financial increase accessibility (p.4) and effective guidance and referral). Also, within the theme Space for sports and exercise, improved accessibility is included (p.11). As part of the Agreement, the Netherlands Moves (2022-2025) programme gives special attention to people who are overweight. Three lines of action are developed in the programme: 1) increasing attention and awareness of the importance of exercise and an exercise-friendly environment; 2) creating more social initiative for exercise through the Exercise Alliance; 3) increasing commitment to a local/regional approach to exercise.

Context

WHO
Global Action Plan on Physical Activity

Proposed sub action for member states 4.1.2: Strengthen current, and where necessary develop new, national and subnational action plans on physical activity and sedentary behaviour which align with recommendations in global and regional guidance, and maximize policy coherence and synergies with relevant priorities across key sectors including, but not limited to, transport, urban planning, health, social care, education, tourism, and sports and recreation.

EU Action

Council Recommendation of 26 November 2013 on promoting health-enhancing physical activity across sectors

In 2013, the Council of the European Union issued four recommendations to member states. The first recommendation extorts member states to utilise a cross sectoral approach in developing HEPA policies.

Evidence of Policy Implementation

Healthy Ireland, A Framework for Improved Health and Wellbeing 2013- 2025

The 'Healthy Ireland' Framework (1) identifies the following groups as priority targets for funding:

- Disadvantaged communities
- Disadvantaged men and women
- Disadvantaged families, including one parent families
- Children and young people
- People with disabilities, including people mental health issues
- Unemployed young people and adults
- Traveller and Roma communities
- New communities, asylum seekers and refugees
- LGBTI communities
- Homeless people
- Older people
- People with chronic health conditions

The document 'Healthy Ireland Strategic Action Plan 2021–2025' updates the 'Healthy Ireland' Framework (2). The actions of the original 'Healthy Ireland' Framework are organised into six 'themes' titled "Governance and Policy", "Partnerships and Cross-Sectoral Work", "Empowering People and Communities", "Health and Health Reform", "Research and Evidence" and "Monitoring, reporting and evaluation". In the Strategic Action Plan, themes four, five and six are revised to "Sláintecare Health Reform", "Research, Evidence, Monitoring, Reporting and Evaluation" and "Reducing Health Inequalities". The revisions to themes five and six were introduced to attend to "pressing need to address health inequalities and place a greater emphasis on promoting Healthy Ireland amongst disadvantaged and harder to reach communities" (2; page 5). Theme six contains six "strategic actions" and nine "Implementation actions".

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L04 There are clearly defined, evidenced informed population physical activity guidelines for all age groups and for people living with non-communicable diseases, pregnant women, and people with disabilities.

Definitions and scope

- Evidence-informed includes extensive review of up-to-date research and mechanisms to seek expert input (see definitions above).
- Evidence includes ways physical activity guidelines have been used to develop/implement policies to improve physical activity

Equity

- PA guidelines refer to the goal of increasing equity in health (WHO, 2019) and ideally include or refer to recommendations on how to promote PA in an equitable way.

Best Practice Examples (BPEs)

National physical activity recommendations
Finland (National level)
The Get Finland Moving programme includes a short version of national physical activity (PA) recommendations for early childhood, children and adolescents, working age adults and older adults. As part of the national program Joy in Motion, national recommendations for early childhood were developed by the Ministry of Education and Culture (Joy, play and doing together) in 2016, incorporating recommendations for implementation for grandparents, health care professionals, and municipal decision makers. Scientifically based recommendations on PA for children and adolescents aged 7 to 17 years (2021) is also a part of the national PA strategy. The UKK Institute for Health Promotion Research developed Weekly Physical Activity Recommendations for 18–64-year-olds (2018), including a tool for providing professional PA counselling to people of working age. In 2019, the UKK Institute provided Weekly Physical Activity Recommendations for over 65-year-olds, including a tool for PA counselling with elderly people. The UKK Institute also developed Weekly Physical Activity Recommendations for Adults with Functional Limitations, which includes adults walking with an assistive device and those using a wheelchair, plus a tool for PA counselling of working-age adults with functional limitations. The UKK also developed Weekly Physical Activity Recommendations during Pregnancy and Weekly Physical Activity Recommendation After Delivery, available in various languages including those of ethnic minorities, which incorporate materials provided for personal and professional use. Various personal tools and fitness tests are also available for public use in the official UKK Institute website together with recommendations.

National PA recommendations
Denmark (National level)
The Danish Health Authority provides comprehensive guidelines addressing physical activity (PA) for different segments of the population: children and adolescents (5-17 years), adults (18-64 years), older adults (65 years and older), pregnant and postpartum women, and disadvantaged groups. For pregnant women, at least 30 minutes of moderate-intensity daily activity is recommended, including aerobic exercises, muscle-strengthening, stretching, and yoga, avoiding activities with risks of falling or trauma. Postpartum women are encouraged to gradually resume activity, aiming for at least 150 minutes of moderate-intensity aerobic activity weekly.
Danish national policies integrate these recommendations into strategic frameworks, promoting physical activity broadly across all population groups. The “Health Promotion Package on Physical Activity” by the Danish Health Authority (2020) guides municipalities and stakeholders in creating supportive environments for physical activity, aiming to enhance public health and reduce sedentary behaviours across the population. The Danish government’s strategy emphasizes inclusion through programs such as “Funding for Inclusion in Local Communities through Sports”, explicitly designed to increase participation among socially disadvantaged groups, including those

with disabilities, through collaboration among sports organizations, municipalities, and non-governmental actors.

Context

WHO

Global Action Plan on Physical Activity

Proposed sub action for member states 4.1.4: Review and, where needed, adopt or update national physical activity and sedentary behaviour guidelines for all ages, and disseminate through tailored resources adapted to target audiences, settings and local context.

EU

2013 Council recommendations

Indicator 1: National recommendation on physical activity for health (yes/no).

Evidence of Policy Implementation

Every Move Counts National Physical Activity and Sedentary Behaviour Guidelines for Ireland

Ireland's physical activity guidelines (PAGLs), *Every Move Counts*, were published in 2024 (1). These guidelines updated the original PAGLs, published in 2009 (2). The guidelines are based on a research project commissioned by the HSEs Healthy Eating and Active Living Programme. The project for updating the PAGLs was undertaken by a team of nine researchers affiliated with universities in Ireland and the United Kingdom in consultation with other stakeholders. The process of updating the guidelines was undertaken in three stages: Desk-top review, Review meeting and Stakeholder Consultation. A report detailing the research process, and the evidence used to underpin PAGL recommendations, was published on the University of Limerick's institutional repository (1-3).

Every Move Counts contains activity recommendations for the following groups:

- Children under five years (including specific recommendations for children under 1 year ['infants'], children, children 1 – 2 years of age, and children 3 – 4 years of age).
- Children and adolescents (5 – 17 years) (including specific recommendations for children and adolescents living with disability).
- Adults (18 - 64 years) (including specific recommendations for adults living with disabilities)
- Older Adults (65+ years)

The recommendations specify the frequency, intensity, time and type of PA that the various groups should be undertaking. For example, the guidelines set out the following recommendations for adults (18 – 64).

• All adults should undertake regular physical activity.

• Adults should do at least 2 hours and 30 minutes to 5 hours of moderate-intensity aerobic physical activity; or at least 1 hour and 15 minutes to 2 hours and 30 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week, for substantial health benefits.

• Adults should also do muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week, as these provide additional health benefits.

• Adults may increase moderate-intensity or vigorous-intensity aerobic physical activity to do more than the recommended amount* for additional health benefits.

*i.e., more than 5 hours of moderate-intensity aerobic physical activity; or more than 2 hours and 30 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week.

It is recommended that:

• Adults should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits.

• To help reduce the detrimental effects of high levels of sedentary behaviour on health, adults should aim to do more than the recommended levels of moderate- to vigorous-intensity physical activity. (1, page 9)

Recently, the 'Expand Every Move Counts' to chronic conditions and pregnancy/postpartum has been completed and both guideline documents published. The Physical Activity Guidelines for Chronic Conditions cover adults living with chronic conditions including heart disease, cancer, diabetes, obesity and others (4). The Physical Activity Guidelines for Pregnant and Postpartum Women cover women during pregnancy, and during the time from birth up to eight weeks and beyond, while their body recovers from pregnancy (5).

Other supporting policy documents

National Physical Activity Action Plan (2024 – 2029)

The *Healthcare* section of NPAAP contains the following actions:

- "Expand Every Move Counts – National Guidelines on Physical Activity and Sedentary Behaviour to include guidelines for people living with long-term / chronic conditions, pregnancy and postpartum" (6, page 14).

National Maternity Strategy 2016-2026

The Strategy acknowledges that pregnancy and birth represent a unique opportunity for women to focus on their health and wellbeing, while positive lifestyle choices can have a significant impact on giving each baby the best start in life (4, page 5). More specifically, the document outlining the strategy states that "By providing appropriate information and supports, maternity services can make 'every contact count' to support behaviour change, in particular around reducing lifestyle behaviours with harmful effects such as smoking, as well as increasing protective measures such as immunisation, improved nutrition and physical activity" (7, page 5).

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DOMAIN 10 – GOVERNANCE

There are government structures in place to ensure transparency and accountability, and encourage broad community participation when developing and implementing policies and actions to create healthy physical activity environments and improve population physical activity.

G01 There are reliable procedures to restrict commercial influences related to physical activity environments where there are conflicts of interest with improving population physical activity levels (e.g., restricting lobbying influences that limit physical activity opportunities).

Definitions and scope

- Includes government policies, guidelines, codes of conduct or other mechanisms to guide actions and decision-making by government employees, for example conflict of interest declaration procedures.
- Includes procedures to manage partnerships with private companies or peak bodies representing industries that are consulted for the purpose of developing policy, for examples committee procedural guidelines or terms of reference.
- Includes publicly available, up-to-date registers of lobbyist and/or their activities.

Equity

- Regulations and procedures to restrict negative commercial influences, and/or related conflicts of interest, should prioritize population groups which are particularly vulnerable to such influences, for example children (Dillman Carpentier et al., 2020).

Best Practice Examples (BPEs)

Regulation of Lobbying Act 2015 and amendment
Ireland (National level)

The Regulation of Lobbying Act 2015 directed a government agency, the Standards in Public Office Commission (SIPO), to establish a web-based register of lobbying activities in the Republic of Ireland. The register, which is available at www.lobbying.ie, provides information to the public on the identities of those communicating with public officials, including Government ministers and designated civil servants, on matters of public policy, legislation or prospective decisions. The act authorises SIPO to produce a code of conduct to govern the behaviour of persons carrying out lobbying activities. Section 19 of the act also empowers SIPO to carry out investigations into contraventions of lobbying rules. Investigations may ultimately result in fines or imprisonment for up to 2 years. An amendment to the Lobbying Act came into force in 2023. The 2023 amendment extents the number of persons to whom the act applies inter alia.
SIPO publishes annual reports under the Regulation of Lobbying act. The 2023 reports 2 538 registered lobbyists and 12 000 'returns' documenting lobbying activity. 455 fixed payment notices were issued for late returns of lobbying activities. And two investigations were launched into unreported lobbying activity.

The Lobbying Disclosure Act
United States (National level)

The Lobbying Disclosure Act of 1995, as amended (LDA), is a federal lobbying statute administered by Congress that applies to legislative and executive branch contacts. It mandates that all lobbying activities be publicly accessible. This transparency is achieved through several types of reports:

- Lobbying Registrations: Lobbyists must register with the Clerk of the U.S. House of Representatives and the Secretary of the U.S. Senate. Registration includes details about the lobbyist, their clients, and the issues they are lobbying on.
- Quarterly Activity Reports: Registered lobbyists must file quarterly reports detailing their lobbying activities. These reports include information on the specific issues lobbied, the agencies contacted, and the amount of money spent on lobbying activities
- Contributions Reports: Lobbyists are required to file semi-annual reports on certain contributions. These include contributions to federal candidates, political action committees

(PACs), and other political entities. The reports also include certifications that the filer understands the gift and travel rules of both the House and Senate

LDA violations are subject to fines of up to $200,000 per violation and, in some cases, up to 5 years in prison. OpenSecrets compiles and analyzes data from official sources, providing comprehensive insights into lobbying spending. According to their analysis, lobbying spending reached a record-breaking $4.4 billion in 2024.

Context

WHO

Global Action Plan on Physical Activity

Proposed sub action for member states 2.4.5: Strengthen the implementation of market restrictions on unhealthy food and non-alcoholic beverages in and around parks, other open public spaces, schools and sports facilities to reduce exposure to the marketing of foods high in fat, salt and sugar, consistent with previous commitments and recommendations of the Commission on Ending Childhood Obesity.

EU Transparency Register (European Commission)

The European Commission has set up a database of special interest groups whose goal is to influence policy and law making at the European institutions. Registrants are bound by a Code of Conduct which set out rules for all registrants and establishes the underlying principles for standards of behaviour in all relations with the EU institutions.

Commissioners, their cabinet members and Directors-General publish information on meetings held with organisations or self-employed individuals (European Commission). Meetings related to policy-making and implementation in the EU can only take place if the interest representatives are registered in the EU Transparency Register.

Evidence of Policy Implementation

Regulation of Lobbying Act 2015 and amendments

The Regulation of Lobbying Act 2015 directed a government agency, the Standards in Public Office Commission (SIPO), to establish a web-based register of lobbying activities in the Republic of Ireland (1). The register, which is available at www.lobbying.ie, provides information to the public on the identities of those communicating with public officials, including Government ministers and designated civil servants, on matters of public policy, legislation or prospective decisions. The act authorises SIPO to produce a conduct of conduct to govern the behaviour of persons carrying out lobbying activities. Section 19 of the act also empowers SIPO to carry out investigations into contraventions of lobbying rules (2). Investigations may ultimately result in fines or imprisonment for up to 2 years.

An amendment to the Lobbying Act came into force in 2023 (3). The 2023 amendment extends the number of persons to whom the act applies (to include certain bodies that do not have full-time employees and placed restrictions on 'designated public officials' (including politicians and senior civil servants) preventing them from acting as lobbyists for a period of time after leaving office.

Implementation

SIPO publishes annual reports under the Regulation of Lobbying act (3). The 2023 reports 2 538 registered lobbyists and 12 000 'returns' documenting lobbying activity (3). 455 fixed payment notices were issued for late returns of lobbying activities. Two investigations were launched into unreported lobbying activity (4).

Public Health (Alcohol) Act 2018

The Public Health (Alcohol) Act of 2018 places restrictions on the advertising of alcoholic products. Section 14 of the Act prohibits the advertising of alcohol at certain locations including parks or playgrounds owned by local authorities and schools. Section 15 of the Act prohibits the advertising

of alcohol products at sports events. Section 16 of the Act prohibits the sponsorship of certain events, including events aimed at children, by alcohol brands (5).

Sources and References

Equity

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G02 There are procedures in place for using evidence in the development of physical activity policies.

Definitions and scope

- Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risk or harms of inaction are great).
- Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development.
- Includes the use of evidence-based models, algorithms and tools to guide policy development or implementation.
- Includes government resourcing of evidence and research by specific units, either within or across government departments.

Equity

- Includes the use of relevant evidence in policy development, e.g. regarding the influence of PA policy on equity.

Best Practice Examples (BPEs)

The Policy Compass

The Netherlands (National level)

The Policy Compass is the central working method for policy making in the Central Government and replaces the Integrated Assessment Framework for Policy and Regulation (IAK). Everything that is essential for good policy development is included in the Policy Compass. The Policy Compass offers an improved structure with five steps for developing policy. At each step, it is determined which stakeholders need to be involved for co-creation purposes. The Policy Compass also offers practical guidelines, best practices and points out contact people who can help at each step. By following the structure from the start of the policy development, officials involved in policy formulation can do the process carefully, involve all relevant stakeholders, take into account all quality requirements and consider different policy options.

Among other provisions, the Policy Compass includes guidance on making knowledge- driven policy. This guidance attempts to help government officials address the question of how they can make optimal use of knowledge when formulating policy. In particular, guidance is available to help officials determine who has valuable knowledge about the proposed policy process and how they can use relevant knowledge in the different phases of the process.

Evidence of Policy Implementation

Healthy Ireland, A Framework for Improved Health and Wellbeing 2013- 2025

The 'Healthy Ireland' Framework (1) sets out 'Better use of evidence' as one of its seven 'Guiding Principles for Implementation'. The desire to ensure that actions within the framework are based on robust evidence is alluded to throughout the framework document.

The Framework for action section consists of six 'themes'. Theme 5 is titled 'Research and Evidence'. It contains six actions to build capacity for health and wellbeing research.

Appendix 1 of the document consist of an "Overview of Literature on Health, its Determinants and Evidence to Address the Risks".

A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025

The Obesity Policy and Action Plan (OPAP) contains ten steps (2). Step ten is: "Develop a multi-annual research programme that is closely allied to policy actions". Contained within step ten are 11 actions.

- Action 10.3 is "Develop and implement a national physical activity surveillance system" (2; page 53).

- Action 10.7 is "Enhance the research capabilities, training and capacity to provide for knowledge translation" (2; page 53).
- Action 10.8 is "Develop an obesity 'knowledge translation' programme to inform the Action Plan" (2; page 53).

National Sport Policy 2018 – 2027
The "Values Statement" of NSP lists being "evidence-led and outcomes-focused" as a core value underpinning the policy (3; page 19). Scientific studies are cited in the text of the policy document. For example: the CSPPA study (see indicator E01, and Monitoring and Intelligence domain) is cited as support for the statement that there is "scope for improvement in our PE system around the time allocation, facility availability and monitoring of outcomes for children" (3; page 28).

Participation Plan 2021-2024 Increasing Participation in a Changing Ireland
The participation plan, which builds on NSP, contains a theme with five actions titled 'Evidence Informed' (4). The plan pledges to use research to use research to develop investment strategies for participation initiatives (action 13), understand the market for participation in sport (action 14), use behavioural research to understand non-participation (action 15), to develop tools for the assessment of impact of publicly funded facilities and initiatives (action 16) and grow Sport Ireland's Evaluation function (action 17) (4).

National Sports Policy 2018 – 2027 Sports Action Plans
Section 7 of the Sport Action Plan 2021 - 2023 was titled 'Research and Evaluation' (5). Action 7.1 stated that a research strategy, and research data repository will be developed (5). The Sport Action Plan 2024 – 2027 has the following actions:
- Action 15: "Develop and strengthen the uptake by NGBs and LSPs of the Get Ireland Active Database and promote a cross-sectoral approach to information- sharing" (6; pages 10 and 37)
- Action 20: "To better understand the specific needs and requirements of women and girls in sporting facilities and spaces, undertake research on the scope for introducing design enhancements" (6; pages 12 38).

Sport Ireland's Research Strategy 2021 – 2027
Fulfilling action 7.1 of the Sport Action Plan 2021 – 2023, Sport Ireland's Research Strategy 2021 – 2027 was published in 2021 (7). The Sport Ireland research strategy contains 26 actions. The first action commits to monitoring rates and types of sport participation to inform policy decisions (7).

<u>Other supporting policy documents</u>
National Physical Activity Action Plan (2024 – 2029)
The *Sport and Recreation for all* section of NPAAP contains the following actions:
- "Ensure that the local level initiatives promoted by Local Sports Plans are informed by the recommendations of Every Move Counts" (8, page 16).

Get Ireland Active! National Physical Activity Plan for Ireland
Action 51 of Get Ireland Active (Ireland's National Physical Activity Plan in force between 2016 and 2022) was: "Establish a set of baseline figures on physical activity and sedentary levels for each of the target groups" (9; pages 32 and 40) and Action 52 was: "Establish a research programme to inform policies aimed at improving physical activity levels in each of the target groups".
The Crowe report marked action 51 as "partially complete" with baseline information on target groups established but with further clarification of results required (10). Action 52 was marked as complete citing the establishment of Get Ireland Active Research Subgroup, the I-PARC research

grant, the Move for Life Programme, The Healthy and Positive Ageing Initiative (HaPAI) and the Healthy Ireland Demonstration Project (HIDP).

Sources and References

The Policy Compass (Netherlands)

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Evidence of Implementation in Ireland

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10. Crowe (2022) *Final Report to Department of Health re Review of NPAP Implementation* [online], available: https://assets.gov.ie/static/documents/review-of-the-national-physical-activity-plan-implementation-report.pdf [08 Aug 2025].

G03 The government ensures access to and regular dissemination of physical activity guidelines and key documents to the public.

Definitions and scope

- Includes policies and procedures to guide the timely, online publishing of government budgets, performance reviews, audits, evaluation reports or the findings of other reviews or inquiries.
- Includes 'freedom of information' legislation and related processes to enable the public access to government information on request, with minimal restrictions and exemptions.
- Includes policies or procedures to guide the timely, online publishing of population health data captured /owned by government.

Equity

- Includes the accessibility of physical activity guidelines in multiple formats (e.g., plain language, Easy Read, Braille, and audiovisual materials) and languages to reach diverse populations, including people with disabilities and low literacy levels (WHO, 2019) .
- Includes the distribution of guidelines through various channels, including community organizations, healthcare providers, and digital platforms, to ensure that disadvantaged and marginalized groups receive relevant information in a way that is easy to understand and act upon (Scottish Intercollegiate Guidelines Network [SIGN], 2019).

Best Practice Examples (BPEs)

Dissemination of the 2017 Dutch Physical Activity Guidelines
Netherlands (National level)

The guidelines were issued by the Health Council of the Netherlands, in collaboration with the National Institute for Public Health and the Environment; Dutch Ministry of Health, Welfare, and Sport along with several academic institutions. Public-private partnerships were also established. Targeted groups were children (4-18 years), adults, and older adults, especially those with high levels of sedentary behaviour, and individuals at risk for chronic diseases. Regarding the mechanism of action, the official guidelines encourage the increase in PA through evidence-based recommendations. Systematic reviews and meta-analyses of international research were first integrated and, subsequently, recommendations were formulated for increasing MVPA and reducing sedentary time.

The dissemination of the 2017 Dutch Physical Activity Guidelines was structured to ensure that the guidelines reached the general population, healthcare professionals, policymakers, and researchers. The process involved a multi-channel strategy that integrated governmental publications, media outreach, educational programs, and stakeholder engagement. By using mass media, educational initiatives, healthcare integration, and policy-driven approaches, the Health Council ensured that the guidelines reached broad segments of society while promoting equitable access to physical activity opportunities. Access to the guidelines was ensured through different channels and levels: 1) governmental and institutional dissemination channels (official government publications & reports; legislative and policy integration; public health agencies and local government element); 2) public awareness campaigns & mass media outreach (a national media campaign; digital outreach/social media strategy; printed and distributed educational materials; mobile health & apps); 3) professional training/stakeholder engagement (via healthcare professionals; integration of schools/sports clubs/fitness and workforce).

The Chief Medical Officers' Expert Panel for Communication
United Kingdom (National level)

The Chief Medical Officers' (CMO's) Expert Panel for Communication is an initiative by the UK government to create and implement a communication strategy for promoting the CMOs physical activity guidelines. Among the implementing bodies, there are national-level institutions led by the Department of Health and Social Care in England, Public Health England along with several universities and NGOs. The initiative targets the UK population, including specific demographics:

young people, adults, older adults, pregnant/postpartum women, people with chronic diseases, and people with disabilities. The mechanism centres on designing and deploying effective communication strategies (e.g., mass media campaigns leveraging existing media platforms, infographics to simplify and visually convey key elements of the guidelines, tailored messaging across demographics and targeting underrepresented groups, point-of-decision prompts and environmental nudges in urban spaces) to disseminate the physical activity guidelines.
The guidelines have been adopted in the UK for all major demographic groups. The UK is one of only six countries that have evaluated the effectiveness of their communication strategies. Mass media campaigns, especially those incorporating social marketing techniques aiming to influence social norms and health behaviours through storytelling, persuasive messaging, and culturally relevant media content, have shown the strongest evidence of effectiveness in raising awareness and promoting physical activity. A crucial part of the approach involves first targeting health professionals, policymakers, and stakeholders with the official policy documents. These groups then act as intermediaries, translating the technical content into digestible messages for their specific communities (e.g., clinical advice).

Context

WHO

Global Action Plan on Physical Activity

Action 4.3: Strengthen the national and institutional research and evaluation capacity and stimulate the application of digital technologies and innovation to accelerate the development and implementation of effective policy solutions aimed at increasing

Proposed sub action for member states 4.3.2: Identify and disseminate a set of national research priorities for physical inactivity and sedentary behaviour to strengthen the evidence base and inform national planning and implementation of policy actions.

Proposed sub action for member states 4.3.4: Within all government departments, strengthen a culture of innovation, evaluation and knowledge-sharing to ensure that research and practice-based evidence on physical activity and sedentary behaviour are widely accessible and can advance global, regional, national and subnational level policy implementation and effective use of limited resources.

Evidence of Policy Implementation

National Physical Activity Action Plan (2024 – 2029)

The *Healthcare* section of NPAAP contains the following action:

- "Promotion of Every Move Counts – Ireland's National Guidelines on Physical Activity and Sedentary Behaviour, including through stakeholder engagement and advocacy" (1, page 14)

The *Public Education, Including Mass Media* section of NPAAP contains the following action:

- "Raising awareness across relevant stakeholder groups of Every Move Counts – National Physical Activity and Sedentary Behaviour Guidelines for Ireland, and in particular the guidelines for physical activity for early childhood and school age children" (1, page 15)

The *Workplaces* section of NPAAP contains the following action:

- "Promote the inclusion of Every Move Counts messaging into workplace initiatives and guidance supporting the transition towards retirement" (1, page 18).

Working on behalf of the Department of Health, the HSE have established an online hub for the national physical activity guidelines and developed a suite of resources that can be used to communicate and promote the guidelines (2).

Sources and References

Equity

Scottish Intercollegiate Guidelines Network. (2019). A guideline developer's handbook [online] available: https://www.sign.ac.uk/guidelines/sign-50-a-guideline-developers-handbook/ [Accessed 12 Dec 2025].

World Health Organisation Regional Office for Europe (2019) Healthy, prosperous lives for all: the European Health Equity Status Report. [online] available: https://www.who.int/europe/publications/i/item/9789289054256 [Accessed 12 Dec 2025].

Dutch Physical Activity Guidelines 2017 (Netherlands)

Weggemans, R. M., Backx, F. J., Borghouts, L., Chinapaw, M., Hopman, M. T., Koster, A., Kremers, S., van Loon, L.J.C., May, A., Mosterd, A., van der Ploeg, H., Takken, T., Visser, M., Wendel-Vos, G.C.W., de Geus, E.J.C. & Committee Dutch Physical Activity Guidelines 2017. (2018). The 2017 Dutch physical activity guidelines. International journal of behavioral nutrition and physical activity, 15(1), 58.

Chief Medical Officers' Expert Panel for Communication (United Kingdom)

Budzynski-Seymour, E., Milton, K., Mills, H., Wade, M., Foster, C., Vishnubala, D., ... & Steele, J. (2021). A rapid review of communication strategies for physical activity guidelines and physical activity promotion: a review of worldwide strategies. *Journal of Physical Activity and Health*, *18*(8), 1014-1027

Context

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G04 The government fosters the cooperation and coordination of all sectors to align with strategic plans to improve the physical activity environment, and where appropriate, promotes civil society participation to develop and implement these plans.

Definitions and scope

- Excludes structures for cross-departmental governance (covered by Platforms for Interaction 01).

Equity

- The cooperation of all sectors includes representatives from disadvantaged groups (Kohler et al., 2023) and aims to create equal opportunities for all. Health policies can have a greater impact and tackle unintended negative effects on health equity by other sectors if they are combined and coordinated across actors, institutions and levels of governance (WHO, 2019).

Best Practice Examples (BPEs)

Movement Alliance 2022-2025
Netherlands (National level)
One of the three key components of the current physical activity policy in the Netherlands (Action Plan Nederland Beweegt 2023-2025) focuses on enhancing collaboration between organizations and professionals through the 'Movement Alliance'. The Ministry of Health is fully committed to shaping the Movement Alliance, which serves as a follow-up to the National Prevention Agreement. The Ministry of Health subsidizes this Alliance since 2023. The Alliance involves cooperation between various ministries and civil society organizations to set shared goals and objectives relevant to physical activity, as well as to develop actions and interventions aimed at making physical activity a natural part of everyday life.
In just one year, the number of participants in the Movement Alliance has grown significantly, with membership expanding threefold to over 400 parties. The Alliance has fostered 20 partnerships, and various local initiatives promoting physical activity in different sectors have been supported. The Movement Alliance operates within several domains and spheres, such as schools, healthcare, workplace, leisure time, living environment and active mobility.

Context

WHO
Global Action Plan on Physical Activity
Proposed sub action for member states 4.1.1: Initiate or strengthen, as appropriate, a high-level national multisectoral coordination committee to provide leadership, strategic planning and oversight of implementation and monitoring of national policy actions on physical activity and sedentary behaviour, ensuring appropriate representation from all relevant areas and levels of government, as well as nongovernmental stakeholders and the community.

Evidence of Policy Implementation

Participation Plan 2021-2024 Increasing Participation in a Changing Ireland
The Sport Ireland Participation Plan goals are built on six pillars which underpin the delivery of the plan's actions. One of these pillars, 'Active Partners' commits Sport Ireland to develop strategic partnerships to deliver a whole system and whole community approach to promoting and developing sport and physical activity. As specified in the document, LSPs and NGBs will be "at the centre of Sport Irelands strategy of engaging with national and local partners in the areas of community, education, health, planning, natural resources, culture, tourism, transport, social services, enterprise and business" (1; page 10).

National Sports Policy 2018 – 2027 Sports Action Plan 2021 - 2023
Action 5.1 of the Sports Action Plan commits to "Convene a youth-centred stakeholder forum to guide the adoption of the strategic framework recommended in the Children's Sport Participation and Physical Activity Study 2018".

Action 6.2 of the Sports Action Plan states that: “Sport Ireland will work with Local Authorities nationally to develop a framework to support the development and implementation of Local Sports Plans, ensuring in particular collaboration with LSPs and NGBs.” (2; page 25).

National Sports Policy 2018 – 2027 Sports Action Plan 2024 - 2027

Sports Action Plan 2024-2027 includes a progress report on Sports Action Plan 2021 – 2023 (3).
Regarding Action 5.1, The progress report states that: “This event was held in May 2022 and a report published in December 2022.”
Regarding Action 6.2, the document states that: “Significant progress has been made in the development of Local Sports Plans, with plans beginning to roll out and to be fully in place over 2024 and 2025. In 2023, Sport Ireland worked with Local Authorities to develop a national framework to support the development and implementation of these Local Sports Plans, ensuring collaboration with LSPs and NGBs in the process” (3; page 33).
Additionally, Sports Action Plan 2024 – 2027, contains the following actions, which are relevant to G04:
Under thematic area ‘Sport, Equality and Inclusion’, Action 15 proposes to: “Develop and strengthen the uptake by NGBs and LSPs of the Get Ireland Active Database and promote a cross-sectoral approach to information-sharing, for the benefit of all with an interest to participate in sport and physical activity” (3; page 37).
Under thematic area ‘Sport and Sustainability’, Action 31 states: “Building on work already undertaken on the mapping of the NSP to the UN SDGs, establish a cross-sectoral Sport and Environmental Sustainability Working Group to assist, guide and optimise the sector’s development and contribution to reducing the climate impact of active sport participation and fan travel” (3; page 39).

National Physical Activity Plan Implementation Group

The National Physical Activity Plan (NPAP) aims to deliver aspects of the overarching Healthy Ireland Framework for Improved Health and Wellbeing in Ireland 2013 – 2025. Responsibility for the delivery of the Plan is led by the NPAP Implementation Group (NPAP IG), co-chaired by the Departments of Health, and Tourism, Culture, Arts, Gaeltacht, Sport and Media. The NPAP IG is a cross-sectoral body established to drive the implementation of the NPAP across all relevant sectors. The membership of the Implementation Group includes the Departments of Children, Equality, Disability, Integration and Youth (DCEDIY); Education; Rural and Community Development; and of Housing, Local Government and Heritage (DHLGH) which are joined by representatives of the Health Service Executive (HSE), Sport Ireland, the Federation of Irish Sport (FIS), the County and City Management Association (CCMA), and the academic sector (4).

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DOMAIN 11 – MONITORING AND INTELLIGENCE

There is regular monitoring of population physical activity levels and physical activity environments, systematically linked to the regular monitoring of physical inactivity related non-communicable diseases. Ideally, monitoring should be consistent over time, integrated and occur annually, with more extensive surveys at least every five years (e.g. to allow data analysis across all jurisdictions, priority groups). Additionally, policies and major programmes should be evaluated regularly.

MI01 There is regular monitoring of physical activity levels across the life-course based on representative samples, against guidelines/standards/targets.

Definitions and scope

- 'Regular' is considered to be every five years or more frequently.

Equity

- Ensure that surveillance systems collect data both from the overall population but also from disadvantaged groups to accurately reflect disparities in physical activity levels (Pate et al., 2020); see also indicator MI03.

Best Practice Examples (BPEs)

Core Indicators of Sports and Exercise
Netherlands (National levels)

The Dutch Core Indicators of Sports and Exercise initially consisted of 20 Core Indicators developed by the Dutch Minister of Health, Welfare and Sport (VWS) in 2014 to monitor the state of the field of sport and physical activity (PA) in the Netherlands. Data on the indicators is collected in collaboration with a network of partners including Statistics Netherlands (CBS), the Mulier institute, which provides independent research on sporting activity, and National Institute for Public Health and the Environment (RIVM) who acts as a coordinator for the network. The 20 indicators include indicators of weekly sport participation, sports volunteering and club membership as well as indicators of satisfaction with the sports 'offer', physical education in primary and secondary schools and the proportion of people meeting the PA guidelines.
Data on the proportion of people meeting the PA guidelines comes from the annual health survey administered by CBS, which applies statistical corrections to account for any differences between the sample and the total Dutch population based on "gender, age, migration background, marital status, urbanisation, province, region, household size, income [and] assets". An evaluation of the Core Indicators was published by RIVM in 2024, advising to increase the number of indicators to 25. Among the new indicators to be introduced were an indicator on inclusion ("The extent to which sports and exercise are accessible to everyone") and an indicator on diversity ("the degree to which athletes and persons who meet the PA guidelines are a reflection of [Dutch] society").

Swedish Research Council for Sport Science
Sweden (National level)

The Swedish Research Council for Sport Science (Centrum för Idrottsforskning – CIF) coordinates, finances and disseminates sport research in Sweden as well as monitoring state support for sport. CIF publishes an annual report based on indicators spread across 5 goal areas: Sport as a popular movement; The importance of sport for public health; Equal opportunities for participation for all girls and boys, women and men; Education in democracy, responsibility and ethics; and International competitiveness of sport. These are based on objectives set out in a 1999 Directive on State support for sport.
The most recent figure published by CIF indicate that 3 213 000 Swedes (35% of the population aged 6 to 80) are members of a sports club and 52% of individuals aged 6 to 80 participated in leisure time sport or exercise at least 3 times a week.

SLOfit

Slovenia (National level)

Since 1983, Slovenia has had a national fitness surveillance system, called SLOfit, to monitor the physical and motor development of about 90% of children and adolescents aged 6–19 years. Recently, the system was further extended and integrated with systematic medical examinations, with an algorithm to identify and assist children whose health is at risk. Health-care professionals who are treating at-risk children can access SLOfit reports, with parental consent. SLOfit enables lifelong monitoring of physical fitness and facilitates connection with qualified exercise providers. SLOfit is the world's first national lifelong physical fitness monitoring and surveillance system and is a pioneering initiative to promote health and wellness across generations. SLOfit received the E+ SPORT 2022 – #BeActive–Across Generations award.

The SLOfit system nowadays consists of a school-based SLOfit Students programme, and a SLOfit Adults programme which can be performed in the educational, sport, occupational or health sector. Currently, more than half of the entire population of Slovenia are involved in the measurements, with over 200,000 children and adolescents tested annually and 46 birth cohorts included in the database. SLOfit's long-term surveillance capability provides important information for researchers and policymakers alike in the country.

Context

WHO Global Action Plan on Physical Activity

Enhance data systems and capabilities at the national and, where appropriate, subnational level, to support: regular population surveillance of physical activity and sedentary behaviour, across all ages and multiple domains; development and testing of new digital technologies to strengthen surveillance systems; (…) (action 4.2).

WHOROE

Physical activity strategy for the WHO European Region 2016–2025

Member States should work towards consolidating, adjusting and extending existing national and international systems for the surveillance of physical activity with the adequate levels of disaggregation. Member States recall the commitment to the WHO global monitoring framework for the prevention and control of noncommunicable diseases, which contains specific physical activity indicators and a related target (…). (objective 5.1)

EU Council recommendations

Monitoring and surveillance of physical activity and sedentary behaviour (indicator 10).

Evidence of Policy Implementation

Surveys monitoring the PA levels of children and adolescents

CSPPA

Children's Sport Participation and Physical Activity Study (CSPPA) (see indicator E01) is a cross-sectional all-Ireland survey to provide information on the PA, PE and sport participation of children and young people. Three CSPPA studies have been completed and released in 2010, 2018 and 2022 (1). CSPPA 2022 collected data from 153 schools resulting in a sample of 8 881 students (1 758 primary school students and 7 123 post-primary school students) (2).

Health Behaviour of School Aged Children (HBSC)

Ireland participates in the WHO's Health Behaviour in School-aged Children (HBSC) research study. The HBSC study (n = 9 071 participants from 191 schools in 2022) aims to provide insight into the health behaviours of young people (aged between 8 and 18 years). Measurements are taken every four years from a nationally representative sample and the most recent survey was conducted in 2022 (3). The HBSC study reports the following PA-related information: Vigorous exercise four or

more times per week, participating in vigorous exercise less than weekly and physically active on seven days in the last week.

Growing up in Ireland

The Growing Up in Ireland (GUI) survey is a longitudinal interview study of children in Ireland. GUI follows two cohorts of children (the 'child' cohort of 8 500 subjects born in 1998 and the 'infant' cohort of 11 000 subjects born in 2008). It is funded by the department with responsibility for children and young people and is managed by that department in association with the Central Statistics Office (CSO). The research examines a wide variety of issues concerning children's development, including physical exercise (4).

For the child cohort, data is available for 4 waves of data collection: initial data collection at 9 years of age then subsequent waves at 13 years, 17 or 18 years and 20 years.

For the 'infant' cohort, data is available for 5 waves of data collection: initial data collection at 9 months of age, then subsequent waves at 3 years, 5 years, 7 or 8 years and 9 years (5).

Childhood Obesity Surveillance Initiative

Ireland participates in the Childhood Obesity Surveillance Initiative (COSI). COSI is a collaborative study with 35 participating countries. COSI measures trends related to overweight and obesity in children aged 6 to 10 years via their schools. Measurements are taken every three years. Measures reported in COSI include participation in structured physical activities outside of schools (stratified by hours per week) and vigorous physical activity reported by family (stratified by hours per day) (6).

Surveys monitoring the PA levels of adults or the general population

Irish Sports Monitor

The Irish Sports Monitor (ISM) is a nationally representative survey that collects data on the proportion of Irish people who are regularly involved in sporting activity. It is utilised to track progress towards the NSP target of 60% sport participation. The ISM includes questions on sport participation, volunteering and club membership and identifies the most popular sports. The frequency of ISM has varied since it was first initiated in 2007, but it currently reports annually. The 2024 ISM collected data from 8 515 people aged 16 and older (7) and included new questions to measure walking and cycling for transport.

European Health Interview Survey / Irish Health Survey

The European Health Interview Survey is conducted in Ireland as the Irish Health Survey. The survey collects data on the physical activity of persons aged 18 years and over amongst other health behaviours. The indicators measuring physical activity behaviours are the following: The proportion of persons who walk to get to and from places, the proportion of persons who cycle to get to and from places, the proportion of persons who do sports, fitness or recreational physical activities, the proportion of persons who do muscle strengthening activities. In 2024, 5 101 people responded to this survey (8).

Healthy Ireland Survey

The annual Healthy Ireland Survey monitors the proportion of the Irish population achieving the national physical activity guidelines. The survey is an annual interview, administered face-to-face, commissioned by the Department of Health. The sample is representative of the population aged 15 and older living in Ireland. Survey data plays a number of roles, including supporting the Department in on-going engagement and awareness-raising activities in the various policy areas and supporting better understanding of policy priorities. In 2024, 7 398 people were interviewed. Data weighting on known demographic factors (age by gender, education, work status, and region) was applied to correct for non-response bias (9).

Surveys monitoring the PA levels of older adults

The Irish LongituDinal Study on Ageing (TILDA)

The Irish Longitudinal Study on Ageing (TILDA) is a longitudinal study which draws data from a nationally representative sample of people over the age of 50 residing in Ireland. Initiated in 2009, TILDA involves interviews, taken on a biennial basis, with a cohort of over 8 000 people generating information on many aspects of older adults lives including social aspects, income and health (10). Six waves of TILDA interviews have been undertaken so far. Data on health behaviours are collected as part of TILDA. Health behaviours measured include PA, which is measured using the short form of the International Physical Activity Questionnaire (IPAQ).

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MI02 There is regular monitoring of physical activity environments across all 8 policy domains (e.g., walkability, built environment).

Definitions and scope

- 'Regular' is considered to be every five years or more frequently.
- Physical activity environments are "places where people are, or can be, physically active". They include spaces created or modified by people such as schools, parks, workplaces and transportation systems.

Equity

- The monitoring should include equity aspects such as the accessibility of spaces, barriers and facilitators experienced by vulnerable populations, and the physical activity environment in low-income areas (Giuffrida *et al.,* 2024; Shareck *et al.,* 2023)

Best Practice Examples (BPEs)

National Preventive Health Monitoring Dashboard
Australia (National Level)
Australia has established the National Preventive Health Monitoring Dashboard as a cornerstone of its efforts to systematically monitor and promote physical activity across the population. This initiative, developed by the Australian Institute of Health and Welfare (AIHW), supports the National Preventive Health Strategy 2021–2030, which aims to reduce modifiable risk factors for chronic diseases, including physical inactivity. The dashboard tracks national progress against specific targets, such as achieving a 15% reduction in insufficient physical activity by 2030. It serves as a dynamic tool that brings together a wide range of datasets to monitor behaviours, environments, and outcomes related to physical activity across various policy domains. Data is primarily drawn from national sources like the National Health Survey and other government reporting systems, ensuring high quality and comprehensive coverage.
One of the key strengths of the initiative is its multi-sectoral approach. The dashboard monitors indicators related to education (such as physical education in schools), the built environment (such as access to parks and walkable communities), healthcare (including the promotion of physical activity in clinical settings), and community-based initiatives. The dashboard is updated regularly and is publicly available, promoting transparency and accountability. Policymakers, researchers, and community stakeholders can easily access and interpret the data, facilitating evidence-based decision-making. By highlighting gaps and progress, the system enables more targeted policy interventions and resource allocation to areas most in need. The insights from the dashboard directly inform national programs and campaigns that promote active transport, community sports, workplace wellness, and healthier urban design.

Context

WHO
WHO Global Action Plan on Physical Activity
Enhance data systems and capabilities at the national and, where appropriate, subnational level, to support: (…) development of monitoring systems of wider sociocultural and environmental determinants of physical activity (…) (action 4.2).

The Health Behaviour in School-aged Children (HBSC) survey
The WHO HBSC surveys, which collect data every four years on 11-, 13- and 15-year olds in 49 countries and regions, include questions around areas like eating behaviours, obesity and the socio-economic environment (Food EPI Evidence Document – MONIT2).

Evidence of Policy Implementation

Childhood Obesity Surveillance Initiative (Education)
COSI collects information on the physical activity environment in schools every three years. Statistics reported in the latest COSI report state that in Ireland: 100% of reporting schools had outdoor play areas, 84.7% had an indoor gym, 100% had a school curriculum which included PE

lessons, with an average weekly accumulated physical education duration of just over 60 minutes for each class (1; pages 20-21).

Sport Ireland's National Trails Register (Community)
Sport Ireland maintains a register of trails in Ireland with over 920 listed trails across Ireland (see indicator C02). Trails on the register are assessed for safety issues and assigned a rating for safety on a five-category rating scale. According to the Sport Ireland website ratings are:
1. Accredited: trails which meet the Management Standards for Recreational Trails
2. Partially Accredited: trails that may have some safety issues and /or other work to complete in order to fully meet the standard
3. Non-Accredited Trails: trails that meet basic requirements in relation to access and safety, but otherwise do not meet the requirements of the Management Standards for Recreational Trails
4. Closed: trails that do not meet the basic requirements for access and safety, or have other significant issues
5. Under Development: new trails which are under development, or existing trails which are being extensively re-redeveloped
The register is searchable via the Sport Ireland website (2). Lower tier trails are not displayed in the search results.

National Sports Policy 2018 – 2027 (Sport)
Action 18 of NSP states that period reviews of sport facilities will be conducted and that an up-to-date national database of sports facilities will be maintained and will be made accessible to the public via the web (3).

National Sports Policy 2018 – 2027 Sports Action Plan 2021 - 2023
Action 2.4 of Sports Action Plan states that a publicly accessible database of sport facilities and recreational amenities will be developed. Elsewhere in the action plan it states that work has commenced on developing a database of sport facilities (4).

National Sports Policy 2018-2027 Sports Action Plan 2024-2027
In response to the previous commitments, Sport Ireland developed a National Digital Database for Sport & Recreation Amenities – Get Ireland Active (GIA) – which was launched in October 2023. According to Sports Action Plan 2024-2027; "It is Ireland's most comprehensive activity, sport and recreation website, including every type of activity, recreational, and sporting facility" (5).

Other supporting policy documents
National Physical Activity Action Plan (2024 – 2029)
The *Public Education, Including Mass Media* section of NPAAP contains the following action:
- "Ongoing support of Get Ireland Active, the National Database of Sport and Recreation Amenities. This will include the development of a long-term approach to the maintenance, updating and promotion of Get Ireland Active, the development of a mobile app, and ensuring that the role of Get Ireland Active is recognised and promoted on an ongoing basis within relevant local and national strategies" (6, page 15).

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Evidence of Implementation in Ireland

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MI03 Physical activity monitoring is systematically linked to the regular monitoring of non-communicable diseases and their related inequalities.

Definitions and scope

- 'Regular' is considered to be every five years or more frequently.

Equity

- Ensure that surveillance systems collect data both from the overall population but also from disadvantaged groups to accurately reflect disparities in non-communicable diseases (Pate et al., 2020); see also indicator MI01.

Best Practice Examples (BPEs)

Canadian Health Measures Survey (CHMS)
Canada (National level)

The Canadian Health Measures Survey (CHMS), initiated in 2007 by Statistics Canada, collects data relevant to the health of the Canadian population through direct physical measurements, including blood pressure, height, weight, and physical fitness. It also involves the collection of blood and urine samples for the analysis of chronic and infectious disease markers. The CHMS includes household interviews to collect information on current health status, medical history, physical activity, and demographic and socioeconomic characteristics. Physical activity is also objectively measured using accelerometers. The CHMS allows for the examination of associations between health behaviours, such as physical activity, and indicators of health status and disease risk. It also provides a basis for monitoring selected public health trends over time. Data collection occurs on a biennial cycle. The data supports research on physical activity and its relationship to chronic diseases.

The National Institute for Public Health and the Environment (RIVM)
Netherlands (National level)

In 2014, the former Minister of Health, Welfare and Sport (VWS) designated a set Key Indicators to monitor long-term trends in sports and physical activity. These indicators offer insights into statistics regarding sports and physical activity behaviours in the Netherlands. Both physical activity levels (as part of these indicators) and non-communicable diseases (NCDs) are monitored annually in the Netherlands. The National Institute for Public Health and the Environment (RIVM) provides data on adherence to physical activity guidelines across different population groups. For example, the website presents insights into physical activity guideline adherence based on specific health conditions such as diabetes, chronic obstructive pulmonary disease (COPD), and cardiovascular diseases (CVD).

Context

EU

The European Health Interview Survey (EHIS)

The European Health Interview Survey (EHIS) includes questions on physical activity and other health determinants such as height and weight, fruit and vegetable consumption, smoking and alcohol consumption. Besides this module on health determinants, it includes three other modules on background variables on demography and socio-economic status (e.g., sex, age, education, labour status), the health status (e.g., self-perceived health, chronic conditions, limitation in usual activities, disease-specific morbidity, physical and sensory function limitations) and health-care use (e.g., hospitalisation, consultation, unmet needs, use of medicines, preventive actions). EHIS is run every five years and targets the population aged at least 15 and living in private households.

WHO

The WHO database on Nutrition, Obesity and Physical Activity (NOPA) compiles information to monitor progress on physical activity and obesity, as well as nutrition and diet. The Country Information contains surveillance data, policy documents, action to implement policy and examples of good practice in programmes and interventions.

OECD

Health at a Glance

A collaboration with the European Commission's Directorate General for Health and Food Safety (DG Sante) the Organisation for Economic Co-operation and Development's (OECD's) biennial publication (even years) Health at a Glance contains information on a range of indicators including indicators reflecting health status (for example: indicators reflecting life expectancy across EU member states), risk factors (for example: indicators reflecting smoking levels), health expenditure (for example; indicators reflecting expenditure per capita), quality of care (for example: indicators reflecting survival for lung cancer) and accessibility (for example: indicators reflecting Unmet health care need).

Physical activity-related indicators are classified under risk factors. The 2020 Health at a glance report displays national data on "Share of 11- and 15-year-olds meeting WHO recommended daily physical activity 2018" and "Trends in physical activity among 11-, 13- and 15-year-olds 2006 – 2018".

Evidence of Policy Implementation

Healthy Ireland Survey

The annual Healthy Ireland Survey contains a physical activity module every 3 to 4 years. The physical activity component monitors the proportion of the Irish population achieving the national physical activity guidelines. The data reported from the survey is stratified by age and sex. The most recent iteration of the Healthy Ireland Survey that included a physical activity component was published in 2024 (1).

The Irish Longitudinal Study on Ageing (TILDA)

In addition to data on personal health behaviours, such as physical activity, TILDA collects General health-related data, such as disease history and chronic pain. In addition, measures of physical function, cardiovascular status and strength and bone density are taken as part of health assessments. Detailed demographic and socioeconomic data allow for examination of existing inequalities in relevant variables of interest.

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MI04 There is regular research and evaluation of policies and major programmes to assess their effectiveness, process, and impact on achieving the goals of the physical activity and health plans.

Definitions and scope

- Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required.
- Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or physical activity implementation plans.
- The definition of major programs and policies is to be defined by the relevant government department.
- Evaluation should be in addition to routine monitoring of progress against a project plan or program logic.

Equity

- Research and evaluation should incorporate an equity lens by considering contextual factors (e.g., socioeconomic status, gender, geography) in participation and outcomes. This includes identifying barriers and assessing whether interventions reduce inequities, as well as reviewing programme documentation for explicit equity considerations (Kosowan et al., 2022; Lehne et al., 2019).

Best Practice Examples (BPEs)

2018 Montgomery County Bicycle Master Plan
United States (Subnational level)
The 2018 Montgomery County Bicycle Master Plan outlines the policies, guidelines, and tools used for evaluation, ensuring transparency and accountability in implementation. The plan mandates the Planning Department to produce a biennial monitoring report, incorporating programmatic and policy recommendations such as updating road design standards, revising bicycle parking provisions in zoning laws, and developing a Neighbourhood Greenway Design Toolkit to facilitate neighbourhood bikeway projects. The definition of major programs and policies is determined by relevant government departments, including the Montgomery County Planning Department, the Montgomery County Department of Transportation (MCDOT), and the Maryland-National Capital Park and Planning Commission. Key programs evaluated in the report include the Bike Montgomery Outreach Program, aimed at encouraging cycling, and the Public School Bicycle Education Program, which has been piloted in local schools.
The evaluation framework aligns with key implementation plans by assessing progress in infrastructure development, bicycle parking availability, supportive programs, and legal and policy measures. Equity-focused metrics play a crucial role, including low-stress bicycle accessibility to public schools in Equity Focus Areas (EFA) and connectivity comparisons between EFAs and non-EFAs. The report also references the Vision Zero 2030 Action Plan to enhance bicycle safety.
Beyond routine monitoring of project plans and program logic, the evaluation process recommends additional measures such as conducting a biennial travel survey to track bicycle travel patterns, establishing bicycle parking targets for public schools, libraries, and recreation centres, and implementing permanent bicycle counters to monitor cycling trends.

Context

WHOROE
Physical activity strategy in the WHO European Region
Member States may make supporting research a priority in order to strengthen the evidence base on effective and efficient interventions to promote physical activity and appropriate government policy instruments on physical activity, including intersectoral approaches (objective 5.2).

WHO Global Action Plan on Physical Activity
Enhance data systems and capabilities at the national and, where appropriate, subnational level, to support: (…) regular multisectoral monitoring and reporting on policy implementation to ensure accountability and inform policy and practice (action 4.2).

Evidence of Policy Implementation

Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025

A Healthy Weight for Ireland, the national Obesity Policy and Action Plan (OPAP) 2016-2025, was developed to address policy and intervention options in the context of promoting healthy eating and the prevention and management of overweight and obesity (1). Progress reports, reporting on each recommendation of the OPAP, were published annually (2-4) In addition, an independent evaluation of the OPAP's implementation, along with a Department of Health review of OPAP, has been published (5) and is available on a Department of Health webpage alongside minutes from the Obesity Policy Implementation Oversight Group meetings (6).

National Sport Policy 2018 - 2027

The National Sport Policy (NSP) proposes that "Sport Ireland will develop standardised evaluation frameworks which will allow for the robust assessment of the impact of publicly funded facilities, programmes and interventions" (7; page 104). Sport Ireland is currently evaluating the impact on physical activity of programmes offered by LSPs and of initiatives such as Sport Ireland "Active Cities Project".

National Sports Policy 2018 – 2027 Sports Action Plans

Section 7 of the Sport Action Plan is titled 'Research and Evaluation' (see indicator G02). Action 7.2 states that Sport Ireland shall use the Irish Sport Monitor to "refine our understanding of the issues around participation / non-participation in sport among marginalised groups" (8; pages 16 and 26). Further action 7.3 states that Sport Ireland will "Undertake a Value for Money Review of the Sports Capital and Equipment Programme" (8; page 16 and 26).

Regarding Action 7.2, the Sport Action Plan 2024 – 2027 concludes that "Sport Ireland expanded the reach of national research tools to refine our understanding of the issues around participation / non-participation in sport among marginalised groups such as persons with a disability, ethnic minorities, members of the LGBTI+ community, etc." (9; page 35). In addition, it provides examples of such tools. As for Action 7.3, the Action Plan states that "A Spending Review of the SCEP was undertaken and published in 2022" (9; page 35).

Irish Physical Activity Research Collaboration

The Irish Physical Activity Research Collaboration (I-PARC) is a collaboration between physical activity researchers and knowledge users (policymakers and physical activity practitioners). I-PARC has developed three toolkits for promoting sport and physical activity including an evaluation toolkit (10). The I-PARC website is available at: https://i-parc.ie.

Climate Action Plan 2024

In line with commitments under the Sustainable Mobility Policy and Climate Action Plan 2023, the Department of Transport is currently finalising a Climate Action and Sustainable Mobility Public Engagement and Communications Strategy. This follows a key recommendation of the OECD Report on Redesigning Ireland's Transport System for Net Zero (published October 2022) in relation to a communication strategy in support of the transport system's transformation away from car dependence. One of the four key workstreams underpinning the Strategy is "Evaluation Framework and Research Support", which includes a long-term behaviour and attitudes study to measure changing attitudes to sustainable mobility as the strategy is implemented.

Get Ireland Active! National Physical Activity Plan for Ireland

Action 54 of *Get Ireland Active!* pledges to "Develop a standardised evaluation framework for publicly funded programmes designed to increase physical activity levels" (11, pages 33 and 40). The Crowe report marked this action as "partially complete" noting that "Sport Ireland expects to be able to integrate the I-PARC SEF into its existing evaluation systems" 12, page 49).

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MI05 Progress towards reducing health inequalities related to social and economic determinants of physical activity is regularly monitored.

Definitions and scope

- Monitoring of overweight and obesity and main physical activity related non-communicable diseases includes stratification or analysis of population groups where there are the greatest health inequalities including Indigenous peoples and socio-economic strata.
- Includes reporting against targets or key performance indicators related to health inequalities.

Equity

- Progress monitoring may refer to the proportion of the population meeting physical activity guidelines, cumulative activity levels, and inequality indices (e.g., Gini coefficient) (Widyastari *et al.,* 2022)

Best Practice Examples (BPEs)

New Zealand Health Survey

New Zealand (National level)

The New Zealand Health Survey (NZHS), which includes relevant physical activity indicators (e.g., the frequency and duration of physical activity, types of activities performed, and adherence to physical activity guidelines among adults and children), reports results by gender, age group, ethnic group, neighbourhood deprivation, disability status, and the four New Zealand health regions. Information collected through the NZHS supports the development of health services, policy and strategy. Survey data is collected continuously but findings are reported annually. The NZHS provides information about the health and wellbeing of adults and children in New Zealand. The NZHS became a continuous survey in 2011, enabling the publication of annual updates on the health of New Zealanders.

Disaggregated Data Action Plan

Canada (National level)

Building on work started in 2021/2022, the Disaggregated Data Action Plan (DDAP) was launched with $172 million in funding over five years. A whole-of-government approach led by Statistics Canada, DDAP aims to increase and improve statistics on diverse populations, and to support more representative data collection methods. The DDAP targets the four employment equity groups in Canada: Indigenous peoples, women, visible minorities, racialized populations, and persons with disabilities. However, where relevant and possible, disaggregation is extended to other groups (e.g., sexual orientation, children and youth, seniors, official language, immigrants, low-income Canadians).

In 2023-2024, nearly half (49%) of analytical products released on economic, social, and health (including physical activity and other health behaviours) domains incorporated disaggregated data. Statistics Canada has enhanced its disaggregated data by adding new survey questions and increasing sample sizes. To enhance policy analysis, Statistics Canada developed online courses focused on utilizing disaggregated data effectively in public policy. Support for further geographic analysis has been developed through a methodological article.

Context

Irish Medical Organisation – Position Paper on Health Inequalities

- The Irish Medical Organisation (IMO) highlights the social, economic and environmental factors affecting the health of their patients, factors recognised by all IMO doctor, whether working in a hospital, general practice, or public or community health setting.
- Analysis of The All-Ireland Traveller Health Study as well as the Prevalence of Chronic Conditions Ireland, including the prevalence of chronic conditions in more deprived areas, were outlined in the Paper (Irish Medical Organisation, 2012).

Evidence of Policy Implementation

Demographics modules of Surveys

Surveys mentioned in Monitoring and Intelligence 01 contain demographics modules with different methods for measuring social determinant of health. For example, CSPPA stratifies the outcome "Percentage meeting the PE guidelines" by gender (Boy/Girl/Other), disability status (No disabilities/With disabilities), School location (Urban / Rural), free school meals (%) (low/medium/high) and nationality (Northern Irish, Irish or British/Other nationality) (1; page 76). Also, CSPPA contains measures of family socioeconomic status. The Family Affluence Scale II which categories respondents into families of low, medium or high affluence was utilised in the most recent version of this survey (1).
The Irish Sports Monitor (ISM) contains spotlights on age, gender, socio-economic status, disability, ethnicity, LGBTQI+ and differences between urban and rural communities. The ISM also reports upon the sport participation gap between men and women (as it is a goal of NSP to close this gap) (2).
The GUI survey collects information on parental income, parental social class and parental education (3). Likewise, TILDA collects detailed demographic and socioeconomic information relevant to the aims of the survey.

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DOMAIN 12 – FUNDING AND RESOURCES

Government funding to support PA promotion and research is clearly identified, monitored and sufficient. It is aimed at improving population PA levels, creating active environments, counteracting non-communicable diseases and reducing inequalities.

FR01 The budget spent on physical activity promotion across all policy domains is clearly identified and periodically monitored.

Definitions and scope

- Includes allocations to higher education.
- Includes research by government departments.

Equity

- Includes a dedicated budget for equitable physical activity promotion (OECD & WHO, 2023) and/or the prioritization of socio-economically disadvantaged groups within the available funding streams (Owen *et al.,* 2022) (Public Health Agency of Canada, 2023).
- The monitoring may also include the impact of financing models, subsidies, and funding procedures on equitable access to leisure-time physical activity infrastructure and programmes (OECD and World Health Organization, 2023).

Best Practice Examples (BPEs)

Ministry of Education and Culture in Finland
Finland (National level)
The Ministry of Education and Culture in Finland is responsible for creating favourable conditions for sports and physical activity. The appropriations for sports and physical activity included in the 2025 budget amount to approximately 150 million euros. The Ministry allocates funds as discretionary government grants and central government transfers, which include allocations to higher education institutions for research and development in physical activity promotion.
The Finnish government supports research and development in physical activity through various initiatives, including the Government's analysis, assessment, and research activities.

Context

EU
2013 Council recommendations
Indicator 5: Finding allocated specifically to HEPA promotion (Total funding / per capita / by gross domestic product at PPP per capita in Euros).

Evidence of Policy Implementation

Health-Enhancing Physical Activity Policy Audit Tool (HEPA PAT)
The Health-Enhancing Physical Activity Policy Audit Tool (HEPA PAT) is an assessment that describes country-level policy responses on physical inactivity. Policymakers in the Republic of Ireland have reported on the funding allocated on physical activity policy delivery in the Republic.
According to the HEPA PAT report, €5 million of recurrent funding was ringfenced for physical activity in the health sector, €94 million in the sport sector, €0.4 million in the education sector, €2.65 million in the transport sector, €185 million in the environmental sector, and €35 million in other sectors. The report notes that funding for physical activity is difficult to calculate for a variety of reasons.

Sport Ireland Sport Investment 2025
The National Governing Bodies of Sport (NGBs) are the delivery agents of Sport Ireland's strategic objectives and wider Government policy at a community level. A key focus of Sport Ireland is to assist NGBs to develop effective structures to facilitate increased numbers of participants and volunteers in sport. Investment is made with the specific aim of ensuring the long-term sustainability of NGBs. 2025 sees a continued increase in financial support to NGBs. Since the publication of the National Sports Policy in 2018, the overall Core investment into NGBs has grown from €10.8m to €18.3m for 2025, representing a 69% increase (1). When investing in NGBs, Sport

Ireland considers the national significance of each sport, quality of programmes and operations, levels of participation, membership, volunteerism and social capital.
In addition to supporting NGBs, the Sport has invested €11 945 000 in its local sport partnership network. This represents a 98.3% increase since 2018 (€6 074 333). The LSPs enact the Sport Ireland Participation Plan (2) and provide Sport Ireland with a mechanism to enable the ongoing development of quality sport and physical activity opportunities in communities throughout the country. Specifically, financial support in 2025 to the LSPs is distributed across the following categories: 1) programmes and development (€982 938); 2) programme managers (€1 302 521); 3) sports inclusion disability officers (€1 217 000); 4) community sports development officers (€1 174 000); 5) additional LSP officers/other LSP staff (€1 260 000), 6) women in sport (€415 000); and 7) operational costs and marketing (€1 260 000) (1).

Healthy Ireland Fund
The Healthy Ireland Fund (HIF) was launched in October 2017 with an annual budget of €5 million, which was increased to €10 million in 2021 and nearly €16 million in 2023. It is an innovative mechanism to stimulate and support intersectoral action and partnership to increase participation and ownership of the Healthy Ireland agenda in sectors beyond health. It supports evidence-based initiatives for implementation of policies and strategies within the Healthy Ireland Framework, including the National Physical Activity Plan. Many of the Fund's projects, at both national and local levels, have supported initiatives for physical activity. Over the years, the Department of Health has approved four HIF rounds. Rounds 1-3 focused on the implementation of project activities or actions delivered locally by Local Authorities, Children and Young People's Services Committees and their local partner organisations, and administered funding for national actions. In contrast, round 4 (2022-2026) is an outcome-based approach delivered by Local Authorities only. The total budget for Round 4 is €15,681,955.07 with the sum of €8,291,799.05 available for the Healthy City/County Coordinator post and €7,390,156.02 for HIF Activities/Planning (2022) & Outcomes (2023-2025) (3). Funds are distributed to local authorities by Pobal, a company established by the Irish government in 1992 to manage grants for local developments (4).

Implementation
The analysis of progress status of the HIF on Round 4 (Year One) shows that 15 (50%) of the Local Authorities are on track to deliver the overall work programme in the first reporting year. In comparison, 13 (43%) were delayed, and 2 (7%) were significantly delayed within year 1. Despite the delay, the Local Authorities, with their delivery partners, plan to roll over outstanding programmes into 2024 while implementing all planned activities for the second year (3).

Climate Action Plan - Infrastructure, Climate and Nature Fund
The Government recently agreed to establish new mechanisms to save windfall corporation tax receipts in a way that mitigates future economic, demographic and environmental risks. Part of this approach is the establishment of a €14 billion Infrastructure, Climate and Nature Fund (ICNF) to support the continued delivery of the National Development Plan (5,6). This would include the delivery of critical climate projects such as the National Sustainable Mobility Policy (NSMP, see transport domain) and major public transport infrastructure.

Climate Action Plan – Local Authority Climate Action Plans 2024-2029
The Climate Action Plan requirement to prepare Local Authority Climate Action Plans has given local authorities an expanded mandate in reducing local greenhouse gas emissions. Delivering on national climate obligations and remaining within the statutory carbon budgets will require strengthened activity by Local Authorities. In recognition of this, the Government has invested significantly in funding climate-related programmes and roles in each Local Authority to increase

their capacity to respond. Notably, the Department of Transport provides funding to local authorities for an Active Travel Programme via the National Transport Authority (7; page 349).

National Development Plan 2021-2030

As part of Project Ireland 2040 the National Development Plan (NDP) sets out the Government's over-arching investment strategy and budget for the period 2021-2030. The NDP Investment Framework specifies that although the Plan is not intended to be a comprehensive list of all the public investment projects that will take place over ten years, it contains a range of expenditure commitments where sufficient planning and evaluation has already taken place (8). In this regard, the NDP is mentioned in this document in the context of T02 (National Sustainable Mobility Policy, p. 22), UD01 (Enhanced Regional Accessibility Strategic Priorities, p.30), UD03 (The Sports Capital and Equipment Programme, p. 37), and FR01 (Climate Action Plan –Infrastructure, Climate and Nature Fund, p. 98).

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FR02 There is a sufficient proportion of total health spending assigned to population physical activity promotion.

Definitions and scope

- The definition excludes all one-on-one and group-based promotion (primary care, nursing services etc.).
- Includes estimates for the budget allocated to the unit within the Department of Health that has primary responsibility for physical activity.

Best Practice Examples (BPEs)

Recreational and Sporting Services Expenditure 2022 and 2023
Iceland (National level)
In 2022 and 2023, the highest share of general government expenditure on recreational and sporting services among countries in the European Economic Area (European Union + Iceland, Norway, and Switzerland) were recorded in Iceland (3.3 % of total expenditure, more than double the average of the Area). Recreational and sporting services include: administration of sporting and recreational affairs, supervision and regulation of sporting facilities, operation or support of facilities for active sporting pursuits or events (playing fields, tennis courts, squash courts, running tracks, golf courses, boxing rings, skating rinks, gymnasia, etc.), operation or support of facilities for passive sporting pursuits or events (chiefly specially equipped venues for playing cards, board games, etc.), operation or support of facilities for recreational pursuits (parks, beaches, camping grounds and associated lodging places furnished on a non-commercial basis, swimming pools, public baths for washing, etc.) and grants, loans or subsidies to support teams or individual competitors or players.

Sport England
England (National level)
Sport England is a statutory health promotion agency that plays a key role in supporting and improving population physical activity levels across England. Established by legislation, it is funded through a secure funding stream from The National Lottery and central government. The mechanism of action involves funding local projects, running national campaigns, and partnering with community organizations to create inclusive and accessible opportunities for physical activity. Since its inception in 1994, Sport England has invested over £5.7 billion into community sport initiatives, promoting active lifestyles for people of all ages, backgrounds, and abilities.
Sport England's initiatives have reached millions of people across the country. For instance, the "This Girl Can" campaign has inspired over 3 million women to get active since its launch. The "We Are Undefeatable" campaign, aimed at people with long-term health conditions, has also seen significant uptake, with thousands of participants reporting increased physical activity levels. Each year, the agency invests more than £250 million to foster greater participation in sport and physical activity. One of its key initiatives, The Movement Fund, provides crowdfunding, grants, and resources to enhance physical activity opportunities, particularly for underserved communities, making an impact on health and wellbeing.

Context

WHO
Global Action Plan on Physical Activity
Action 4.5: Strengthen financing mechanisms to secure sustained implementation of national and subnational action and the development of the enabling systems that support the development and implementation of policies aimed at increasing physical activity and reducing sedentary behaviour.
Proposed sub action for member states 4.5.1: Allocate long term budgets for physical activity (including for sustained national communications) by taking into account national targets and priorities set by the national strategy and action plan.

EU Action

In addition to the Public Health Programme, the EU provides other funds to promote investing in health as a broader means of achieving smart and inclusive growth. These funds are the European and Structural Investment Funds (ESIF) and the European Fund for Strategic Investments (EFSI) (European Commission). The health sector receives ESIF for investments through the European Regional Development Fund and the European Social Fund. From 2014-2020 more than €9 billion was foreseen in all Member States for health-related investments (European Commission, 2020). The EFSI in partnership between the Commission and the European Investment Bank, will provide a financial guarantee to the value of €315 billion over a three year period and with an extension up to €500 billion until 2020.

For the next Multiannual Financial Framework 2021-2027, the European Social Fund Plus Programme will be the main investment fund for investing in Health (European Commission). This programme merges existing funds like the Health Programme, the European Social Fund (ESF), the Youth Employment Initiative (YEI), the Fund for European Aid to the Most Deprived (FEAD) and the Employment and Social Innovation (EaSI) programme. For the Health strand, an amount of €413 billion will be available.

Evidence of Policy Implementation

Total Budget and Government Expenditure Report

According to the resources provided online by the Department of Finance total government expenditure was €120 billion in 2025, €116.1 billion in 2024, €107.5 billion in 2023 and €77 billion in 2022 (1).

The 2025 allocation to the Department health is €25.76 billion (2). The allocation to the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media is €1.27 billion of which €230.7 million will go to Sport and Recreation. The Department of Transport will receive a total of €3.9 billion of which €358.9 will be allocated to Sustainable Mobility – Active Travel and Greenways (2).

Local Government Expenditure

According to local authority budget reports, local authorities collectively spent €689 million on recreation and amenities (receiving €86 million in income from Recreation and Amenity). Local authorities spent €7.8 billion in total in 2025 (3). Therefore, recreation and amenities accounted for approximately 8.8% of local government spending in 2025. Included in the recreation and amenities subtotal there was €49 million spent on “Leisure Facilities Operations”, €201 million was spent on “Outdoor Leisure Areas Operations” and €98 million was spent on “Community Sport and Recreational Development”. The other item in recreation and amenities was “Operation of Library and Archival Service” (3).

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FR03 A sufficient proportion of total research spending is assigned to population physical activity promotion.

Definitions and scope

- Includes allocations to higher education.
- Includes research by government departments.

Equity

- Includes funding for research related to equity in PA promotion (Kohler et al., 2023).

Best Practice Examples (BPEs)

Budget for Public Health, Welfare and Sports
Netherlands (National level)
In the Netherlands departmental budget statements are prepared annually to conform with legal requirements (article 2.1 of the 2016 Accountability Act). The Ministry for Health, Welfare and Sport (Ministerie van Volksgezondheid, Welzijn en Sport – VWS) publishes its budget statements on the central government website (https://www.rijksoverheid.nl/). Within the budget statement's 'knowledge and innovation' subsection, information is provided on investment into 'mission-driven' research. These funds are distributed in collaboration with ZonMw (the Dutch research funding agency) and NSF*NSF (the Dutch Olympic Committee). Recipients of funding include the Mulier Instituut which provides independent research.
The 2025 budget statement states that €15 million is to be made available to subsidise research. The amount made available for research was €15.6 million in 2024 and €22.1 million in 2023. Budget statement 2025 notes that the Mulier Instituut and National Institute for Public Health and the Environment (Rijksinstituut voor Volksgezondheid en Milieu – RIVM) are responsible for monitoring progress on the objectives of "Sportakkoord II", an agreement for improving sport in the Netherlands. One of the themes of the Sportakkoord II is Diversity and Inclusion. As part of its activities in monitoring Sportakkoord II, the Mulier Instituut conducts in-depth research into five population groups: people with a disability and/or chronic illness; LGBTI+ people and transgender people; the elderly; people with a low socio-economic status and people with a migration background.

Context

WHO
Global Action Plan on Physical Activity
GAPPA Action 4.3: Strengthen the national and institutional research and evaluation capacity and stimulate the application of digital technologies and innovation to accelerate the development and implementation of effective policy solutions aimed at increasing physical activity and reducing sedentary behaviour.
Proposed sub action for member states 4.3.1: Strengthen government and nongovernment funding support for research on physical inactivity and sedentary behaviour with a priority to generate evidence to inform and accelerate the scaling up of national and subnational implementation and addressing identified research priorities.
Proposed sub action for member states 4.3.2: Identify and disseminate a set of national research priorities for physical inactivity and sedentary behaviour to strengthen the evidence base and inform national planning and implementation of policy actions.

EU
Governments are required to disclose data on Government Budget Allocation on Research and Development (GBARD) by the commission regulation no 995/2012, a regulation for implementing Decision No 1608/2003/EC.

Evidence of Policy Implementation

Healthy Ireland, A Framework for Improved Health and Wellbeing 2013- 2025
The Healthy Ireland document contains six themes or categories of policy activity. Theme five is titled "Research and Evidence". The "Research and Evidence" theme includes six actions including

action 5.1 which promises a Healthy Ireland Research Plan. It also contains an action, 5.2, which promises that Healthy Ireland partners will collaborate with the Health Research Board (HRB) to implement a plan to increase health and wellbeing research capacity. The plan is to include actions addressing knowledge gaps and improving dissemination and implementation in the Republic (1).
A second document Healthy Ireland Strategic Action Plan 2021–2025 was later published (2). Theme five ("Research and Evidence") and theme six ("Monitoring, Reporting and Evaluation") were reconfigured to place greater emphasis on health inequalities. Themes five and six were combined into a single theme in Strategic Action Plan 2021-2025 ("Theme five: Research, Evidence, Monitoring, Reporting and Evaluation") and a new theme was added ("Theme six: Reducing Health Inequalities").
The six actions of theme five and the nine actions of theme six have been replaced by eight actions (with sub actions) in the new theme five. These actions no longer include references to a research plan or to a collaboration with the HRB to increase research capacity in the area of health and wellbeing.

Health Research Board
The HRB is an agency responsible for funding health research in Ireland (3). The HRB invested €64.3 million in research awards in 2024 (4).

Sport Ireland and Sport Ireland Research Funding Scheme
In 2021, Sport Ireland piloted a research funding scheme. This is in line with an action in its Research Strategy which committed "Pilot and evaluate a partnerships research fund to support applied research projects between sports bodies and academic" (5; pages 17 and 27). A total of €250 000 was distributed between 17 successful applications in 2021 (6). The research scheme supported 15 projects in 2025 (7), 13 in 2024 (8), 14 in 2023 (9) and 18 in 2022 (10).
According to Sport Ireland's 2023 Annual Report, €804 337 was spent on research projects in 2023, including €251 179 on NGB-related projects and €552 913 on participation-related research projects (11).

Transport Research Network
The Department of Transport and its agencies are engaging in various research programmes in the area of sustainable mobility and climate with increased funding of research and a dedicated climate research function established within the department, as well as agencies' engagement with academia and industry. The Department of Transport has identified a need to develop a transport research network which brings together those entities involved in commissioning and conducting research to strategically determine priorities to support the Sustainable Mobility Policy and optimise funding accordingly. This will support existing research programmes and draw on the expertise available across academia and industry, both in Ireland and internationally.

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FR04 A secure funding stream is available for at least one statutory health promotion agency with an objective to improve population physical activity.

Definitions and scope

- Agency was established through legislation.
- Includes objective to improve population physical activity levels in relevant legislation, strategic plans or on agency website.
- Secure funding stream involves the use of a hypothecated tax or secure source.

Equity

- Includes funding dedicated to the objective to promote physical activity for disadvantaged groups.

Best Practice Examples (BPEs)

Flanders Institute for Healthy Living (Vlaams Instituut Gezond Leven)
Belgium (Subnational level).
The Flanders Institute for Healthy Living receives funds specifically for developing and supporting policy instruments, strategies and projects for health-enhancing physical activity (HEPA) promotion and reducing sedentary behaviour. It was established in 1991. The Flemish government appointed the Institute as an expertise centre for support on various themes, for which they receive operating resources. In addition, Institute resources come from management agreements and from projects.
Local and regional health organizations receive funding to disseminate instruments, strategies and projects. They also receive funds to support intersectoral partnerships for HEPA and health in all policies. The Move Along (MOEV) strategy, for example, supports schools in developing high-quality, dynamic exercise policies that are incorporated into health policy to create a "movement-rich" school culture.

Context

EU
Statutory health promotion agency
At EU level there is a Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (NCDs), which was set up in July 2018. This Steering Group assists and advises the Commission on the coordination between Member States in addressing challenges caused by NCD's, the selection of best practices regarding health promotion, disease prevention and management of NCDs and monitoring progress towards reducing mortality due to NCD's.

Evidence of Policy Implementation

HSE Health and Wellbeing and Health Promotion Services
The HSE is funded by Government to delivery health and social care services under the Health Act 2004. This includes Health and Wellbeing and Health Promotion services. The objectives of these services are to help people to stay healthy and well outside of health care settings, reduce health inequalities and protect people from threats to their health and wellbeing. The priority and focus of these services is guided by Sláintecare and Healthy Ireland Framework (1).
The Healthy Eating Active Living (HEAL) Programme, established in 2016, is one of a number of Policy 'Priority Programmes' established by HSE Health & Wellbeing in the context of Healthy Ireland (other programmes include, for example, the Tobacco Free Ireland Programme, the Alcohol-Reducing Harms Programme, the Sexual Health programme and the Mental Health and Wellbeing Programme) (2). The key policies the programme was set up to carry out two policies: *Healthy Weight for Ireland: Obesity Policy and Action Plan* (3) and *Get Ireland Active: National Physical Activity Plan* (4-6). The HEAL programme has a remit "to mobilise the health services to improve health and wellbeing by increasing the levels of physical activity, healthy diet and healthier weight across service users, staff and the population as a whole" (7).

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DOMAIN 13 – PLATFORMS FOR INTERACTION

There are coordination platforms and opportunities for synergies across government departments, levels of government and other sectors (e.g. National Government Organisations, private sector, academia) such that policies and actions in physical activity are coherent, efficient and effective in improving environments, population physical activity, reducing inactivity related non-communicable diseases and their related inequities.

PI01 There are robust coordination mechanisms across departments and levels of government to ensure policy coherence, alignment, and integration of physical activity and inactivity related non-communicable disease prevention policies across governments.

Definitions and scope

- Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc.
- Includes cross-government or cross-departmental shared priorities, targets or objectives.
- Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments.
- Includes cross-government or cross-departmental collaborative planning, implementation or reporting processes, consultation processes for the development of new policy or review of existing policy.

Equity

- The coordination mechanism explicitly addresses equity and ideally includes the assignment of statutory roles with formal duties to reduce inequities (WHO, 2023).

Best Practice Examples (BPEs)

National Strategy for the Promotion of Physical Activity, Health and Well-being (ENPAF) Portugal (National level)

Under the National Strategy for the Promotion of Physical Activity, Health and Well-being (2016-2025), the public policies for the promotion and implementation of measures in physical activity, health and well-being work in an intersectoral and inter-ministerial cooperation logic, according to the programmes and measures typology and their scopes of action. The cooperation involves a wide range of public bodies and national and international non-governmental entities, in order to create synergies and joint projects, boosting the capabilities and resources of each one of them. In 2017, the Government led a process conducive to the formation of an Intersectoral Commission for the Promotion of Physical Activity, whose objective is to elaborate, operationalize and monitor a National Action Plan for Physical Activity, comprised of representatives from the field of Science and Higher Education, Education, Sport, Employment, Inclusion and Health.

Context

WHO

Global Action Plan on Physical Activity

GAPPA Action 4.1: Strengthen policy frameworks, leadership and governance systems, at the national and subnational levels, to support implementation of actions aimed at increasing physical activity and reducing sedentary behaviours, including multisectoral engagement and coordination mechanisms; policy coherence across sectors; guidelines, recommendations and actions plans on physical activity and sedentary behaviour for all ages; and progress monitoring and evaluation to strengthen accountability.

Proposed sub action for member states 4.1.1: Initiate or strengthen, as appropriate, a high-level national multisectoral coordination committee to provide leadership, strategic planning and oversight of implementation and monitoring of national policy actions on physical activity and sedentary behaviour, ensuring appropriate representation from all relevant areas and levels of government, as well as nongovernmental stakeholders and the community.

Proposed sub action for member states 4.1.3: Partner with other sectors to review and, where needed, strengthen the position of physical activity within respective policy frameworks, including but not limited to community and grass roots sports within sports policy, walking and cycling within transport policy, physical education within education policy, and physical activity within integrated NCD and mental health policies.

WHOROE

Physical activity strategy for the WHO European Region 2016–2025

Objective 1.2: Establish coordination mechanisms and promote alliances. Member States should set up coordinating mechanisms among sectors, such as health, sports, education, transport, urban planning, environment and social affairs, and levels of government, for example, regional, national and local, with a view to identifying common objectives and mutual gains […].

EU

2013 Council recommendations

Indicator 4: National coordination mechanism on HEPA promotion (yes/no).
There are mechanisms at EU level, which aim to ensure co-operation and coordination at the level of the European Commission, the European Parliament, the Council, between the EU and the Member States, between Member States, and with subnational governments and social partners.

Evidence of Policy Implementation

Healthy Ireland, A Framework for Improved Health and Wellbeing 2013- 2025

The Health and Wellbeing Division (see indicator F04) is tasked with planning and coordinating a national framework for improving health, is required to work with policy units within the various different government departments to produce integrated, intersectoral plans (1, page 19). The WHO selected the Healthy Ireland Framework as an example of good practice at the 69th session of the WHO Regional Committee for Europe, as it is one of the flagship whole-of-government approaches from across the European Region.

National Sport Policy 2018 – 2027

Action 20 of NSP calls for inter-departmental collaboration in establishing a national swimming strategy: "We will work closely with relevant Government Departments, Local Authorities, sporting bodies and other stakeholders to agree a coherent national strategy for swimming. As part of this, we will review swimming pool provision to identify where gaps exist and how these can be met" (2; page 46).
Action 39 states: "We will establish a Sports Leadership Group within three months of the publication of this policy to agree an Action Plan and to oversee its implementation once approved by Government" (see Leadership 01) (2; page 83).

National Sports Policy 2018 – 2027 Sports Action Plan

In accordance with action 39 of NSP Sports Action Plans have been published. The Sports Action Plan 2021-2023 lists the membership of the Sports Leadership Group (SLG) as: representatives from the Departments of Education (DoE); Health (DoH); Children, Equality, Disability, Integration and Youth (DCEDIY) and Tourism, Culture, Arts, Gaeltacht, Sport and Media (DTCAGSM), Ireland Active, CARA, Volunteer Ireland, the Olympic Federation of Ireland, the Olympic Federation of Ireland's Athletes Commission, Sligo Local Sports Partnership, Paralympics Ireland, South Dublin County Council, the Federation of Irish Sport, Broadcasters and Sport Ireland (3).

A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 - 2025

The Obesity Policy and Action Plan (4) is a cross-sectoral and whole-of-government approach towards tackling the causes of obesity in Ireland. It is overseen by the Obesity Policy Implementation Oversight Group (OPIOG), which is comprised of representatives from a range of

Government departments and agencies. The Obesity Policy and Action Plan was developed under the Healthy Ireland Framework (1).

Health Services Healthy Ireland Implementation Plan 2023 – 2027

The Health Services Healthy Ireland Implementation Plan 2023 – 2027 has four 'Strategic Priority' Areas each with a list of associated actions (5).

Action 10 in Priority Area 1 ("Strengthening partnership and community working") calls for "continued work in partnership with community organisations and Local Authorities to support the roll-out of Sláintecare Healthy Communities in order to address health inequalities" (5; page 18). Action 11 calls for "[continued] support for the implementation of the Healthy Cities and Counties programme working in partnership with the Department of Health, the Department of Rural and Community Development, and Local Authorities" (5; page 18).

Priority Area 3 ("Supporting healthy behaviours from childhood through to healthy ageing") includes several actions for promoting healthy eating and physical activity, such as "Support the implementation of the Healthy Weight for Children HSE Action Plan at HSE Health Region level" (5; page 21).

Action Area 4 of this Plan focuses on working "with a range of partners and sectors to support a population approach to creating healthy lifestyles including delivery of sustainable, effective, community based healthy lifestyle interventions".

Healthy Ireland Local Government

Healthy Ireland Local Government (HILG) is an initiative, funded by the Department of Health, integrated into Ireland's local government structure to encourage joined up efforts in improving health and wellbeing (6). The main initiatives that are support by HILG are the Healthy Ireland Cities and Counties Programme (see the community domain) and the Sláintecare Healthy Communities Programme (6).

Get Ireland Active! National Physical Activity Plan for Ireland

Get Ireland Active (Ireland's National Physical Activity Plan in force between 2016 and 2022) was divided into eight sections or "action areas". Action area eight was titled "Implementation through Partnership" and had five actions including an action to "Establish a cross-sectoral group to oversee the implementation of this Plan" (action 56; 7, pages 34 and 40). In the Crowe report this action was marked as "complete" (8).

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Context

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PI02 There are structures and mechanisms for regular, meaningful, and inclusive interactions between government and civil society (academia, professional organizations, public-interest, non-governmental organisations, and citizens) on physical activity policies and other strategies to improve population physical activity and health.

Definitions and scope

- Civil society includes community groups and consumer representatives, NGOs, academia, professional associations, etc.
- Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, or seeking advice.
- Includes platforms for consultation on proposed plans, policy or public inquiries.
- Excludes policies or procedures that guide consultation in the development of physical activity policy.

Equity

- The structures and mechanisms explicitly address equity and ideally include the assignment of statutory roles with formal duties to reduce inequities (WHO, 2023)
- Ensure the meaningful inclusion of organizations representing diverse population groups in the development and implementation of physical activity policies. (American Institutes for Research, 2024)

Best Practice Examples (BPEs)

Irish Physical Activity Research Collaboration (I-PARC).
Ireland (national level)
To deliver on several actions from the National Physical Activity Plan (NPAP), the NPAP implementation group established the Irish Physical Activity Research Collaboration (I-PARC) in2018. I-PARC inspires the best use of evidence, effective delivery methods and supportive environments to increase physical activity levels throughout Ireland. One objective is to establish a mechanism by which researchers, practitioners and policymakers can share knowledge and experiences. I-PARC is co-chaired by academics working on physical activity in Ireland in collaboration with civil servants from various government departments and agencies.
The I-PARC Steering Group has representatives from the Departments of Health (for both Northern Ireland and the Republic), the Department of Education, the Department of Transport and the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media. It also has representation from the state agencies Sport Ireland and the Health Service Executive. The I-PARC 'Practitioner Advisory Group', which is scheduled to meet quarterly, has representation from civil society organisations with a stake in physical activity and/or sport. I-PARC has organised several physical activity-related research and dissemination events (e.g., symposia, conferences), and I-PARC workshops have been used to support physical activity research and promotion in Ireland. I-PARC has been highlighted as a "success story" in the 2024 WHO Country Physical Activity Factsheet for Ireland.

Swiss HEPA Network (2015–present)
Switzerland (National Level)
The Swiss HEPA Network (Health-Enhancing Physical Activity Network Switzerland) was established in 2015 as a collaborative effort to improve public health by promoting physical activity (PA) across Switzerland. The Swiss Federal Office of Public Health (FOPH) leads the initiative, with contributions from various government agencies, academia, professional organizations, non-governmental organizations (NGOs), and citizens. The Swiss HEPA Network aims to foster regular, meaningful, and inclusive interactions between government and civil society to develop and implement effective PA policies and strategies. This is done through a structured platform where stakeholders can collaborate on public health initiatives related to PA. It facilitates dialogues between diverse sectors, including academia, professional organizations, local

governments, and non-governmental actors. These interactions are essential in ensuring that PA policies are evidence-based, contextually appropriate, and inclusive, promoting equitable access for all segments of the population.
The Swiss HEPA Network has successfully engaged multiple stakeholders, including over 80 organizations from different sectors, creating a robust collaborative framework. The network has influenced the development of national guidelines on PA and health, contributing to policy changes that promote PA across Switzerland. The network works to ensure that its activities and policies are accessible to diverse population groups, including those with lower socioeconomic status, older adults, people with disabilities, and marginalized communities. The Swiss HEPA Network is financially supported through a combination of federal funding from the Swiss Federal Office of Public Health (FOPH), local government resources, and contributions from various partner organizations, contributing to the sustainability of the network and its activities.

Scottish Physical Activity Research Connections (SPARC)
Scotland (national level)
The Scottish Physical Activity Research Connections (SPARC), established in 2016, is a network of physical activity researchers, policymakers and practitioners in Scotland organised by the Physical Activity for Health Research Centre (PAHRC) at the University of Edinburgh and the Active Scotland Division at the Scottish Government.
Active Scotland Division is part of Population Health Directorate within the Scottish Government. It is responsible for leading activity to deliver the vision of a Scotland where more people are more active more often. SPARC's approach is guided by the Active Scotland Outcomes Framework which describes Scotland's ambitions for sport and physical activity.
The network has been established to:

- assist government with information for policy discussion in areas related to the six Active Scotland Outcomes
- increase the flow of information between research, policy and practice in relation to physical activity for health
- facilitate collaborations between researchers who are working on similar themes.

Context

WHOROE
Physical activity strategy for the WHO European Region 2016–2025
Objective 1.2: Establish coordination mechanisms and promote alliances […]. Member States should promote alliances between government, the media, civil society organizations and other stakeholders, including, but not limited to, public health and sports organizations, in order to promote physical activity for health across the life-course […]".

EU
2013 Council recommendations
Indicator 4: National coordination mechanism on HEPA promotion (yes/no).

European Health Policy Platform
The European Health Policy Platform is a collaborative initiative under the 3rd Health Programme to ease communication among health stakeholders and with the European Commission. DG SANTE acts as the secretary of the Platform.

European Economic and Social Committee
The European Economic and Social Committee (EESC) enables civil society organisations (350 members) from the Member States to express their views at European level. Its opinions are addressed to the European Commission, Parliament and Council. Consultation of the EESC is mandatory for public health policies (Article 168 of the TFEU). The EESC may also adopt opinions on its own initiative.

Evidence of Policy Implementation

Healthy Ireland Framework

Under the Healthy Ireland Framework, and through the Healthy Ireland Fund, the Healthy Counties and Cities programme is supporting existing cross-partnership groups that have been set up in each local authority (see Community domain) (1).

Irish Physical Activity Research Collaboration

Established in 2018, the Irish Physical Activity Research Collaboration (I-PARC) is a collaboration between physical activity researchers and knowledge users (policymakers and physical activity practitioners) (2). I-PARC's vision is to inspire the best use of evidence, effective delivery and supportive environments for improving activity levels in Ireland. The I-PARC Steering Group core team includes representatives from academia, state agencies (from both the Republic and Northern Ireland) and the government departments with responsibility for health, education, transport and sport (3). As part of its Knowledge Translation Strategy, I-PARC organises an annual conference bringing together various physical activity stakeholders. The I-PARC website is available at: https://i-parc.ie.

The National Sustainable Mobility Policy (NSMP)

Published in April 2022, the NSMP (see Transport domain) is a policy framework for supporting walking, cycling and public transport use in Ireland to 2030, laying the foundations for the required system change in transport that will help achieve net-zero emissions by 2050. Under "Implementation, monitoring and review" (4, page 26), SMPs states that "The Policy will be implemented in collaboration with other government departments, the NTA, Transport Infrastructure Ireland (TII), the regional assemblies, local authorities and other stakeholders" (4). To this end, a Leadership Group, chaired by the Department of Transport, will be established and will include representatives of the key stakeholders involved in leading and supporting implementation of the actions.

The National Sustainable Mobility Forum is an annual event which aims to engage with public, private, voluntary and industry stakeholders on progress related to NSMP in support of walking, cycling, public transport, and shared mobility in Ireland.

Get Ireland Active! National Physical Activity Plan for Ireland

Action area eight of *Get Ireland Active!* contained the following actions:

- Action 57 "Identify existing Resources Across All Sectors That Support Physical Activity" (5; pages 34 and 40).
- Action 58 "Explore New Funding Mechanisms, Both Public and Private, for Organisations Promoting Physical Activity and Sport" (5; pages 34 and 40)
- Action 59 "Develop a programme of ongoing stakeholder communication and engagement to ensure delivery of the Plan including an annual stakeholder engagement forum" (5; pages 34 and 40).

These actions were marked as "complete", "complete" and "partial complete" in the Crowe report (6). The establishment of I-PARC, the doubling of funding for sport promulgated in the National Sport Policy, investments by the HSE into the Age and Opportunity Programme and LSPs and Sport Ireland investments in Age and Opportunity, LSPs, the Go for Life Programme and CARA are all cited as evidence of implementation (6).

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Context

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DOMAIN 14 – WORKFORCE DEVELOPMENT

Governments have set up systems that provide a platform for population physical activity expertise to ensure that the formulation, implementation and evaluation of physical activity policies and programmes meet population needs.

WD01 To address the challenge of population physical inactivity, there are sufficient resources and people with necessary skills within the government's workforce (across all 8 policy domains).

Definitions and scope

- Includes professionals specialising in health promotion in the department with responsibility for health.
- Includes physical education teachers.
- Includes physiotherapists.

Equity

- Includes the representation of underrepresented groups (e.g., women, people of color, individuals with disabilities) in the workforce to facilitate the promotion of equity in physical activity (Ba et al., 2021; WHO, 2023)

Best Practice Examples (BPEs)

Broad Scheme for Combination Functions (BRC): Neighbourhood Sport Coaches
Netherlands (National level)

Since 2008 the Dutch government has been stimulating local physical activity and sport participation by co-funding the employment of so-called Neighbourhood Sport Coaches as part of a policy called *Broad Scheme for Combination Functions* (BRC, Dutch Ministry of Health, Welfare, and Sport). Since 2008, €433.7 has been invested in BRC. In 98 % of all municipalities in the Netherlands, almost 6000 neighbourhood sport coaches work with local and social organizations and strengthen intersectoral collaboration Their goal: motivating people of all ages to take up sport or become physically more active. They. Some of these coaches, called Care Sport Connectors (CSC), are employed specifically to connect the primary care sector and the PA sector. The implementation is coordinated on a national and local level, and the co-funding is innovative: the government funds 40%, municipalities or local sport organisations 60%. One of the success factors is the fact that the tasks can be locally customized, according to the needs on a local level. A large majority (82%) of municipalities want to use community sports coaches to ensure that more children, particularly those from vulnerable backgrounds, meet physical activity recommendations and that their motor skills improve. Furthermore, research shows that Neighbourhood Sport Coaches play an important role in achieving participation in sport and physical activity and inclusion in society for disabled people.

Local Sports Partnerships: Community Sports Development Officers
Ireland (National level)

The Community Sports Development Officer (CSDO) programme was established in 2016 to support the delivery of the National Physical Activity Plan Action aiming to strengthen and enhance capacity of the Local Sports Partnerships (LSPs) to further develop locally led plans and more long-term sustainable physical activity programmes. Funded by Sport Ireland, there was a nationwide roll out of the programme in 2019, with one CSDO now in each of the 29 LSPs spread across the country. In addition to 29 CSDOs, LSPs have a collective resource of 223 full time or part time staff. LSPs undertake a wide range of actions with the aim of increasing sport and physical activity participation levels in their local communities.
The number of people participating in Local Sports Partnerships initiatives has grown from 52,000 people in 2007 to 340,674 people (47% male; 51% female; 2% other) in 2020. In such year, 16,243 people with a disability took part in LSP initiatives with an additional 2,037 people participating in disability awareness and inclusion training programmes. In 2020, an evaluation was carried out to assess the extent to which the goals and actions of the CSDO programme have been implemented.

It found that the actions of the CSDO programme are being carried out to a great extent across the network of CSDOs, especially under the pillars of community activation, planning and relationship building and enable a conclusion that the programme is a positive investment across the LSP network.

Context

WHO

Global Action Plan on Physical Activity

GAPPA Action 1.4: Strengthen pre- and in-service training of professionals, within and outside the health sector, to increase knowledge and skills related to their roles and contributions in creating inclusive, equitable, opportunities for an active society including but not limited to, the transport, urban planning, education, tourism and recreation, sports and fitness sectors as well as in grassroots community groups and civil society organizations.

Proposed sub action for member states 1.4.1: Strengthen the preservice and in-service curricula of all medical and allied health professionals to ensure effective integration of the health benefits of physical activity into the formal training on prevention and management of noncommunicable diseases, mental health, healthy ageing, child health and development, and wider promotion of community health and well-being.

Evidence of Policy Implementation

Local Sports Partnerships (Sport)

Sport Ireland's Local Sports Partnerships (LSPs) founded in 2001, are a network of community-based organisations that work to increase participation in sport and physical activity across Ireland (1, 2). There are 29 LSPs across the country (1). Various initiatives to promote PA have been piloted or are operating through the infrastructure of the LSPs including the Active Cities initiative, Physical Activity for Health Officers and Physical Activity for People with Chronic Conditions (PACC) initiative. The PACC initiative is a multistakeholder collaboration, supported by the HSE's Healthy Eating and Active Living Programme, that was launched in 2021 in collaboration with three LSPs (Waterford, Carlow and Westmeath) utilising Dormant Accounts Funding (3, 4). The vision of the initiative is to support people with chronic health conditions to participate in "regular, appropriate, high quality and accessible physical activity in accordance with their needs, capacities and interests" (4).

Implementation

The Active Cities Project has recruited officers in eight LSPs (Cork, Dublin City, Dun Laoghaire-Rathdown, Fingal, Galway, Limerick South Dublin and Waterford). Physical Activity for Health Officers (PAFHOs) have been recruited in six LSPs (Waterford, Mayo, Longford, Limerick, Wexford, Wicklow) as part of a Sláintecare pilot Programme.

Healthy Ireland, A Framework for Improved Health and Wellbeing 2013- 2025 (Health)

The HI Framework contains the following actions for developing the public health workforce:

- "4.3 Conduct a baseline assessment of strengths and weaknesses of current health and wellbeing workforce capacity.
- 4.4 Develop a health, wellbeing human resource, and development plan with a view to building capacity for health and wellbeing activities" (5; page 26).

Physiotherapists - Physiotherapists Registration Board (Health)

The titles of "physiotherapist" and "physical therapist" are protected for the exclusive use of people registered with the Physiotherapists Registration Board - one of several 'competent authorities' established to regulate health and social care professions.

In 2015, immediately prior to the establishment of the registry, the number of practicing physiotherapists in the country was estimated at 3172 or 6.8 per 10 000 (6).

The registry of the board was opened in 2016. The number of physiotherapists registered with the board was reported by the board as being 5 927 in 2023, 5 610 in 2022 and 5 323 in 2021 (7-9).

Physical Education Teachers - Teaching Council of Ireland (Education)

There are five higher education institutions that provide initial training for primary school teachers in Ireland: Maynooth University, Mary Immaculate College Limerick, and Dublin City University, Marino Institute of Education, and Hibernia College in Dublin (10). Third-level institutions in Ireland that offer Physical Education (PE) pre-service training (degree programs that lead to teaching qualification) include the University of Limerick (UL), Dublin City University (DCU), and University College Cork (UCC). Other institutions offer relevant sports science degrees that can serve as a pathway to a PE teaching qualification, typically requiring a postgraduate qualification such as a Professional Master of Education (PME) afterwards. These include Technological University of the Shannon (TUS), South East Technological University (SETU), and Atlantic Technological University (ATU).

Other supporting policy documents

National Physical Activity Action Plan (2024 – 2029)

The *Healthcare* section of NPAAP contains the following actions:

- "Evaluate and expand the Physical Activity for Health Officer pilot to all LSPs"
- "Collaborate with sport and higher education sectors to build capacity of the sport and exercise workforce to provide community based physical activity for people with long-term/chronic conditions" (11, both page 15).

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WD02 Opportunities for training and professional development are provided to relevant individuals across multiple sectors (e.g., the 8 'Policy' domains) regarding the fundamentals of physical activity, its role in public health, and effective strategies for physical activity promotion.

Definitions and scope

- 'Relevant individuals' regards intermediaries who professionally work with the workforce with a focus on getting/keeping them healthy. These include professionals specialised in health promotion in the department with responsibility for health, physical education teachers, physiotherapists, sports development officers, etc.

Equity

- Includes training and professional development on equity-related initiatives in all sectors involved, to enhance awareness and competence in addressing physical activity inequities (WHO, 2023)
- Improve training and professional development systems by integrating evidence on the reach and effectiveness of physical activity policies and programs among vulnerable groups (WHO, 2023)

Best Practice Examples (BPEs)

Moving Healthcare Professionals programme 2017
United Kingdom (national level)
The national programme 'Moving Healthcare Professionals programme' started in 2017 and provides evidence-based physical activity training and support resources for health care professionals. It broadly targets medical education (ranging from undergraduate study to continuing professional development). This national programme is led by the Office for Health Improvement and Disparities and Sport England, to support healthcare professionals in order to increase their knowledge and skills and incorporate physical activity within routine care to support quality improvement and better patient outcomes.
To date, more than 157,000 professionals have engaged with the programme's assets and resources. Over 40,000 healthcare professionals have been trained to include physical activity conversation in their practice with patients by the network of physical activity clinical champions across England. More than 180,000 e-learning modules have been completed, and more than 225,000 people have used the Moving Medicine resource.

Making Every Contact Count (MECC) programme
Ireland (national level)
The Making Every Contact Count (MECC) programme is a national health behaviour change programme in 2017. MECC is a key element of the 'Healthy Ireland Framework' and the 'Integrated Framework for the Prevention and Management of Chronic Disease' policies. MECC includes standardised training for all frontline healthcare professionals to use brief interventions as part of routine care. Training consists of e-learning, and an additional half-day skills to practice workshop. The physical activity module provides information, knowledge, and skills to deliver a brief intervention. From 2018 to September 2025, 14,439 frontline staff completed the e-learning, with 5,080 completing the skills workshop. MECC activity is recognised as a KPI in the Health Service Executive's (HSEs) National Service Plan.
In 2024, a 3-month training 'Delivering Evidence-based Physical Activity Behaviour Change' was developed to further enhance skills of physical activity behaviour change among primary care HCPs. There has been >350 enrolments since January 2024. MECC e-learning is a prerequisite. An evidence-based implementation strategy to optimise and scale up MECC has been developed in collaboration with the Health Behaviour Change Research Group (HBCRG) at the University of Galway and the MECC team. MECC also supports the implementation of the national standard undergraduate curriculum of Chronic Disease Prevention and Management with research underway to support implementation across HEIs. MECC implementation is a key element of the Sláintecare Healthy Communities (SHC) programme which aims to improve health outcomes in

areas where health inequalities are most evident. Nine dedicated MECC posts have been created to lead the implementation of MECC locally in 24 SHC communities.

Professional registries in the Netherlands
Netherlands (National level)
The Dutch Ministry of Health Welfare and Sport maintains a publicly available registry of healthcare professionals named the BIG register. There are 11 healthcare professions that must register in the BIG registry to practice in the Netherland according to article 3 of the Individual Healthcare Professions Act. Physiotherapists are among the 11 recognised 'article 3' professions. Applications to register on the BIG registry must fulfil specific requirements including being in possession of a valid professional diploma. There are 10 institutions in the Netherlands that provide 4-year courses in physiotherapy. Applicants must also re-register every five years and provide evidence of sufficient work experience and education
The number of physiotherapists in the BIG registry is reported as 36 227 in 2025. The number of registered physiotherapists in the Netherlands has varied slightly over the last five years. In 2024 official figures indicated a ratio of approximately 1.97 registered physiotherapists per 1 000 individuals. Similar procedures for registration and accreditation exist for physical education teachers working within the school system.

Going out for Health 3 – Green spaces for active lifestyles, healthy cities and municipalities
Slovenia (National level)
The Going Out for Health 3 programme builds on Going Out for Health 2 and further develops and implements its content. The programme aims to provide municipalities with the most useful and practical expert support in the provision and planning of high-quality, equitably usable and accessible green spaces, of an adequate size and spatial distribution, that enable and encourage physical activity. The programme is aimed at several different audiences, including spatial planners and decision-makers in municipalities and regions across Slovenia, as well as other municipal services and organisations within local communities working in the field of public health, healthy environment and physical activity.
The programme seeks to provide training and advice workshops to provide expert support in finding practical solutions to the various problems and challenges faced by municipalities in planning green spaces for physical activity and healthy lifestyles. The programme also seeks to strengthen cross-sectoral cooperation to improve conditions and measures to facilitate and promote physical activity and health at a municipal level. The programme lifetime is 11/2022 – 10/2025, with funding available until 2025 by the Ministry of Health. Evaluation of the programme is carried out by the Urban Planning Institute of the Republic of Slovenia (UIRS).

Context

WHO
Global Action Plan on Physical Activity
Proposed sub action for member states 1.4.2: Partner with the education sector to strengthen formal preservice and in-service training for preschool, primary and secondary school teaching staff and administrators to strengthen knowledge and teaching skills on the value of active play, physical education, adaptive physical activity, fundamental movement skills and physical literacy, and on how to include people with disabilities and the least active.
Proposed sub action for member states 1.4.3: Partner to secure the inclusion of physical activity in the professional education of relevant sectors outside of health to understand the value of promoting physical activity, including, but not limited to, transport, urban planning, education, social care, tourism, recreation, and sports and fitness.
Proposed sub action for member states 1.4.4: Partner with road safety experts to strengthen stakeholders' understanding of safe systems approaches to improving road safety for pedestrians, cyclists and public transport users, in alignment with The Decade of Road Safety.

EU

2013 Council recommendations

Indicator 12: Training on physical activity in curriculum for health professionals (number of hours for nurses, doctors / mandatory or optional / clear assessment and accreditation structures to reflect the learning outcomes of the subject).

Indicator 15: HEPA in training of physical education teachers. HEPA being a module in training of PE teachers at bachelor's and/or master's degree level (Yes / no; Mandatory / optional).

Evidence of Policy Implementation

National Sport Policy 2018 - 2027

The National Sports Policy (NSP) states, in action 33, that "Sport Ireland will lead the development of a sports sector workforce strategy which includes provision of CPD" (1; page 102).

Physiotherapists

CPD is a professional requirement for physiotherapists (2). According to article 10.1 of the code of professional conduct and ethics, physiotherapists must:

- Ensure that their knowledge, skills and performance are of a high standard, up to date and relevant to their practice.
- Participate in CPD on an ongoing basis.

Furthermore, physiotherapists are advised to;

- Consider the support and guidance provided by their Registration Board regarding CPD.
- Keep a record of the activities they have completed (2).

Exercise professionals – REPS Ireland

The Register of Exercise Professionals in Ireland (REPs Ireland) maintains standards in the fitness industry. REPS Ireland maintains a list of recognised CPD providers. A recent requirement is that registered exercise professionals must earn 20 CPD 'points' every 2 years. (3).

Other supporting policy documents

National Physical Activity Action Plan (2024 – 2029)

The *Whole of School Programmes* section of NPAAP contains the following actions:

- "Continue to provide professional learning opportunities and resources to enable early years educators and teachers to integrate physical activity and movement into the daily routine and the pedagogical approaches to learning and teaching" (4, page 11).
- "Provide support to NGBs to develop coaching certificate pathways for primary and post-primary teachers, with a particular focus on female teachers, to enable them to act as coaches and umpires in the school setting" (4, page 12).
- "Explore avenues to strengthen outdoor and adventure play and learning in initial training and professional development for early years educators and teachers" (4, page 12).

The *Active Urban Design* section of NPAAP contains the following action:

- "Develop a programme of continuous professional development on the role of the built environment in promoting physical activity" (4, page 14).

The *Healthcare* section of NPAAP contains the following action:

- "Continue to provide training and resources to upskill healthcare professionals to deliver brief intervention and physical activity counselling" (4, page 15).

Get Ireland Active! National Physical Activity Plan for Ireland

Get Ireland Active! contained the actions related to training and professional development:

- Action 13: "Develop and provide a programme of continuous professional development in physical education" (5; pages 19 and 36)

- Action 22: “Incorporate training on the preventative and treatment role of physical activity as a core component of undergraduate and in-service training for all health professionals” (5; pages 22 and 37)
- Action 35: “Develop a programme of continuous professional development on the role of physical activity for those working in developing the built environment” (5; pages 24 and 38).

These actions were marked as “Complete”, “Complete” and “Partially Completely” respectively in the Crowe report (6). Continuing Professional Development (CPD) provided by the Professional Development Service for Teachers (PDST), the development and roll out of MECC in 14 higher education institutions and DMURS-related training events are cited as evidence supporting implementation of these actions (6). Currently, CPD is no longer offered by the PDST and is now provided by Oide.

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Making Every Contact Count (Ireland)

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Professional registries (Netherlands)

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Going out for Health 3 (Slovenia)

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WD03 Support and training systems are in place for relevant professionals (e.g., guidelines, toolkits, training workshops/modules/courses). To ensure uptake, accrediting agencies for professional education and professional licensing entities should include minimum requirements for initial and continuing education in this domain.

Definitions and scope

- Monitoring/ensuring education through standardisation of minimum requirements through an accrediting system.

Best Practice Examples (BPEs)

Green Prescription Programme: Professional Training
New Zealand (national level)

The Green Prescription Programme in New Zealand is a pioneering, government-funded initiative designed to integrate physical activity (PA) promotion into the healthcare system. Launched in the late 1990s, the programme trains primary care providers—such as general practitioners (GPs), nurses, and allied health professionals—to issue "green prescriptions" to patients. These prescriptions formally encourage individuals to increase their levels of PA as a strategy to improve their health and well-being.

The professional training component of the Green Prescription Programme plays a critical role in its success. Healthcare professionals undergo dedicated training workshops that focus on the benefits of PA, motivational interviewing techniques, and effective communication strategies to support behaviour change. These workshops ensure that providers are confident and competent in prescribing PA as part of routine healthcare. The training also emphasizes tailoring advice to individual patient needs, considering factors such as existing health conditions, fitness levels, and personal preferences. In addition, the programme offers ongoing professional support. Providers receive updated resources, refresher sessions, and access to coordinators who help integrate the Green Prescription approach within their practice settings. This continued engagement fosters a strong, supportive network among healthcare providers and ensures that PA promotion remains a consistent part of patient care.

Evaluations of the Green Prescription Programme have shown positive outcomes, including increased patient PA levels, improvements in health markers and enhanced patient motivation and confidence. Healthcare providers report high levels of satisfaction with the training and the ability to offer a non-pharmacological intervention that aligns with preventive health goals.

Context

EU

Treaty on the Functioning of the European Union (TFEU)

The Treaty of Rome was promulgated in 1957. The Treaty was amended by the Nice (2001) and Lisbon (2007) Treaties. On both occasions the name of the Treaty was changed (to "Treaty Establishing the European Community" or TEC and to "Treaty on the Functioning of the European Union" or TFEU respectively).

Article 40 of the treaty states that the relevant European Institutions shall "in accordance with the ordinary legislative procedure [...], issue directives or make regulations setting out the measures required to bring about freedom of movement for workers". These measures include "ensuring close cooperation between national employment services" and "abolishing those administrative procedures and practices [...], the maintenance of which would form an obstacle to liberalisation of the movement of workers

Article 47 (1) of the treaty states that the institutions shall "issue directives for the mutual recognition of diplomas, certificates and other evidence of formal qualifications".

Article 47 (2) of the treaty states that the institutions states "In the case of the medical and allied and pharmaceutical professions, the progressive abolition of restrictions shall be dependent upon coordination of the conditions for their exercise in the various Member States".

Due to the amendments to the Treaty mentioned above, Article 40 of the Treaty appears as Article 46 in the consolidated version of the Treaty and Article 47 of the Treaty appears as Article 53 in the consolidated version of the Treaty.

Directive 2005/36/EC
Directive 2005/36/EC "on the recognition of professional qualifications" actions the treaty articles mentioned above.

Evidence of Policy Implementation

Physiotherapists Training - Physiotherapist Registration Board
Through its bye laws, the Physiotherapists Registration Board recognises a short list of third level qualifications as evidence of the standard of proficiency required for registration in the register of physiotherapists (1). Professionals with qualifications awarded outside the Republic of Ireland may apply for recognition by the board.

Physical Education Teacher Training - Teaching Council of Ireland
There are two main routes whereby a person can become qualified as a teacher in Ireland according to the Teaching Council. The "consecutive" route requires an undergraduate degree which enables the holder to teach at least one approved curricular subject and a Professional Masters of Education (PME). The "concurrent" route requires a degree which combines the study of approved curricular subjects with school placement and other professional studies (2,3). Physical Education is a curriculum subject that one can specialise in at various institutions in the Republic. The teaching council specifies content that must be included in the degree to enable the holder to teach physical education. Teachers with qualifications from outside the Republic of Ireland may apply for recognition by the Teaching Council (4).

Coaches – Sport Ireland Coaching Development Programme
Sport Ireland works with the National Governing Bodies (NGBs) of sport and the wider sporting industry to operate the Coaching Development Programme for Ireland. There are two framework outlining coaching competencies: "Competition Coach Framework" and the "Adventure Sport Instructor Framework". The NGBs develop accreditation for coaches within the parameters set out in these syllabuses (5).

Exercise professionals – REPS Ireland
The Register of Exercise Professionals in Ireland (REPs Ireland) maintains standards in the fitness industry. REPS Ireland has an auditing process for recognising providers of quality fitness education and graduates of recognised courses are eligible to register with REPS Ireland. A list of approved education providers is available on the REPs Ireland website (available at: https://repsireland.ie/approved-education-providers/). This list includes courses provided by fitness industry academies and third level institutions in Ireland. Governance of REPS Ireland is undertaken by the REPs Ireland council established by Ireland Active, a non-profit trade body (6). The fitness industry in Ireland is therefore a self-regulating industry. In 2024, a nationally agreed Competency, Qualification and Accreditation Framework for Long-Term Conditions Instructors was published (7).

Active Disability Ireland training and education opportunities
Active Disability Ireland coordinates, develops and delivers inclusive training and education workshops across the Sport, Health, Education and Community sectors. Workshops are designed to equip participants with the knowledge, competence and skills necessary to include people with disabilities in sport and physical activity and increase quality provision. Active Disability Ireland's Tutor Team currently come from many different disabilities, sporting and physical activity professions and organisations. Active Disability Ireland recently launched an Online Learning Management System, the new home for all their workshops. Through the Online Platform,

organisations can access workshops and participants can access all the pre and post workshop recourses and attain their certificate of completion (8).

Making Every Contact Count

Making Every Contact Count (MECC) is the Health Service Executive (HSE) framework for supporting 'lifestyle behaviour change', including PA, in persons who access health services (9). In 2020, Cunningham and O'Sullivan (10) conducted a survey of healthcare professional's knowledge of PA promotion (specifically, general practitioners, nurses, physiotherapists and occupational therapists). Based on 347 eligible responses, 30% of healthcare professionals agree that they have received "suitable training to initiate conversations with patients about physical activity" (10, page 1).

A national MECC implementation team has been appointed supported by 9 local MECC leads (11). In 2022, a MECC implementation guide was published clarifying implementation roles and outlining two implementation KPIs:

- the number of frontline staff completing a MECC eLearning module and
- the number of staff completing MECC training workshops (12).

Eight MECC eLearning modules have been launched on the HSEs online learning and development portal HSeLanD. Upcoming MECC workshops are on the MECCs Training Programme webpage (13).

Other supporting policy documents

National Physical Activity Action Plan (2024 – 2029)

The *Healthcare* section of NPAAP contains the following action:

- "Publish an Education and Accreditation Framework for Exercise Professionals working with long-term / chronic conditions" (14, page 15).

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DOMAIN 15 – HEALTH-IN-ALL POLICIES

There are processes in place to ensure policy coherence and alignment, and that population health impacts are explicitly considered in the development of all relevant government policies.

HIAP01 There are processes in place to ensure that population physical activity and related health outcomes are explicitly and transparently considered and prioritised in the development of all government policies.

Definitions and scope

- Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of physical activity, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of physical activity-related policies.
- Includes the establishment of cross-department governance and coordination structures while developing physical activity-related policies.

Equity

- Includes equity as a principle in the development of governmental policies to promote physical activity and build respective institutional capacity and skills (WHO, 2014)

Best Practice Examples (BPEs)

Healthy Ireland
Ireland (National level)

In 2016, Ireland published its first standalone national physical activity policy (NPAP). This process began in 2008, with agenda-setting. Collective action by a coalition of academics, government and civil society stakeholders strove to put physical activity on the national policy agenda. Strategies used included highlighting via national surveillance data the very high prevalence of inactivity and its associated consequences (problem stream), and advocating for feasible, acceptable, and viable evidence-informed solutions to address the issue (policy stream; and Advocacy Coalition Framework). This resulted in action 2.11 of the Healthy Ireland framework, where physical activity policy development became embedded within a whole of Government and whole of society approach to improving population health and wellbeing.

An evaluation of NPAP implementation was conducted by an external agency, independent of Government. The evaluation identified several key achievements across sectors and domains, for example:

- Department of Education: Curriculum change in schools favouring physical education.
- Department of Health: Embedding brief advice/intervention for physical activity into healthcare professional training.
- Department of Planning/Transport: Update of planning guidelines for sustainable and active travel in urban areas.
- Workplaces: Initiation of “smarter”/active travel workplaces/campuses supported by Government.
- Funding: Establishment of the Healthy Ireland Fund with specific-purpose funding for physical activity and sports programmes and initiatives.
- Leadership: Appointment of an individual with responsibility for physical activity within the Department of Health.

Healthy Neighbourhoods – closing the gap in health inequality, City of Quito
Ecuador (subnational level)

The prevalence of NCDs in the city of Quito, Ecuador, which is characterized as being in epidemiological transition, is growing. In response, the Health Department of the Quito Municipality implemented a program to screen for NCD risk factors, provide nutritional education and counselling in physical activity (PA). In more than one year of implementation of the program, 12.8% of the population of the Metropolitan District of Quito (MDQ) was screened. Reduced

opportunities for PA were identified, especially in the neighbourhoods of the historic centre and in areas of greater poverty, affecting women in particular. The notion of common public policy across agencies in the Municipality was discussed with key partners, and programs were identified in different agencies to contribute to improving healthy lifestyles and risk reduction.
In coordination with local teams (zones, parishes and neighbourhoods) of the Municipality and other municipal agencies, intersectoral actions have been identified that positively influence the social determinants of health risks. The Department of Sports implements activities to promote PA in parks and public spaces targeted mainly at adult women, such as 'Bailoterapias' ('dance therapies'); the Department of Transport and Mobility promotes the use of bicycles to get around the city and has implemented safe cycle paths; the Department of Education in coordination with the Department of Health monitors the weight/height of students and promotes healthy eating in school cafeterias. These collaborative actions between the different departments of the municipality and civil society have the common goal of creating healthy living conditions in the city.

Context

WHO

Global Action Plan on Physical Activity

GAPPA Action 4.1: Strengthen policy frameworks, leadership and governance systems, at the national and subnational levels, to support implementation of actions aimed at increasing physical activity and reducing sedentary behaviours, including multisectoral engagement and coordination mechanisms; policy coherence across sectors; guidelines, recommendations and actions plans on physical activity and sedentary behaviour for all ages; and progress monitoring and evaluation to strengthen accountability.
Proposed sub action for member states 4.1.1: Initiate or strengthen, as appropriate, a high-level national multisectoral coordination committee to provide leadership, strategic planning and oversight of implementation and monitoring of national policy actions on physical activity and sedentary behaviour, ensuring appropriate representation from all relevant areas and levels of government, as well as nongovernmental stakeholders and the community.
Proposed sub action for member states 4.1.3: Partner with other sectors to review and, where needed, strengthen the position of physical activity within respective policy frameworks, including but not limited to community and grass roots sports within sports policy, walking and cycling within transport policy, physical education within education policy, and physical activity within integrated NCD and mental health policies.

EU

2013 Council recommendations

Indicator 22: National HEPA policies that include a plan for evaluation.

Evidence of Policy Implementation

Healthy Ireland, A Framework for Improved Health and Wellbeing 2013- 2025

The Taoiseach's foreword reflects the desires of the government of the day for *Healthy Ireland*. It states: "we want to make sure that all sectors appreciate that they have a role to play and that health and wellbeing is affected by a whole range of factors" (1; page 1). The statement makes clear that Healthy Ireland is intended to include "all sectors". Furthermore, in the section of the Framework on the characteristics of an effective response, it is stated that "The health sector must assume both a stewardship and advocacy role to support other sectors in pursuing health and wellbeing goals" (1; page 13). Healthy Ireland acknowledges the challenges involved in implementing Health in All Policies and seeks explicitly to address these challenges through its "vision, goals, structures and actions" (1; page 13).

Health Service Executive - Health Promotion Strategic Framework

The Health Service Executive (HSE) Health Promotion Strategic Framework (2) places the emphasis for health promotion activity on addressing the determinants of health and health inequalities, which will primarily be achieved through strong national leadership aimed at putting health on the agenda of all those involved in planning and decision-making. This includes advocating for a Health in All Policies approach (HiAP) as well as building and strengthening cross-sectoral and inter-departmental government partnerships (2).

Health Services Healthy Ireland Implementation Plan 2023 – 2027

As part of the Health Service Executive (HSE) response to the Government's Healthy Ireland Framework, the HSE released the 'Health Services Healthy Ireland Implementation Plan 2023 – 2027' (3). The Plan identifies four strategic priority areas and associated actions. Under the priority area "Strengthening partnership and community working", it identifies the following action: "Ensure HSE representation on Local Community Development Committees, capitalising on the opportunity to embed and deliver health and wellbeing in the implementation of Local Economic and Community Plans and other strategic plans" (3; page 18).

To monitor implementation of this action, the following measure of success is proposed (3; page 19): "Relationships and collaborative initiatives to embed health and wellbeing with local communities, Local Authorities, and other local organisations continue to be developed and strengthened." No information on the progress of this action is yet available.

The Sustainable Mobility Policy Pathfinder Programme

As a complement to the National Sustainable Mobility Policy (NSMP; see Transport domain), which was published in April 2022 as the Government's strategic policy framework for supporting walking, cycling and public transport use in Ireland to 2030, the Pathfinder Programme, which was launched later in the year (October 2022), consists of 35 exemplar transport projects and activities in 19 counties (4). The Programme has an emphasis on experimental and innovative approaches, to be delivered at pace by 2025. According to the overarching Climate Action Plan (2024) (6), in addition to incorporating aspects of road space reallocation, shared mobility, rural community-based transport solutions, behavioural change, and communications, many of the Pathfinder projects "will also meet key criteria on issues such as health, well-being, place-making, permeability, and universal design" (6; page 243).

Implementation

According to the NSMP Year 2 Progress Report (7), "To date, two projects have been fully completed, with good progress being made across all other pathfinder projects" (page 11).

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HIAP02 There are processes (e.g., health impact assessments) to assess and consider health impacts during the development of policies indirectly related to physical activity.

Definitions and scope

- Includes a government wide Health in all Policies (HiAP) strategy or plan with clear actions for non-health sectors.
- Includes policies, guidelines, tools and other resources that guide the consideration and assessment of health impacts prior to, during and following implementation of non-physical activity related policies (e.g., HIAs [Health Impact Assessments] or health lens analysis).
- Includes the establishment of cross-department or cross-sector governance and coordination structures to implement a HiAP approach.
- Includes monitoring or reporting requirements related to health impacts for non-health departments.

Best Practice Examples (BPEs)

Intersectoral Partnership to perform health impact assessment (HIA) in urban planning, 2013-2020
Canada (subnational level)
The Intersectional Partnership project on Urban Planning focusing on public spaces, transportation, developing green neighbourhoods, and housing projects with an indirect impact on physical activity, had an HIA component integrated into land use planning and development. During seven years, several partnerships were established to implement HIAs into the urban planning process in Quebec City, Canada, with many government and non-government actors (including academic institutions) involved in the process. The implementation process started with a pilot HIA project (on a green neighbourhood development) in 2013, followed by the formation of the Steering Committee on HIA (SC-HIA) with 4 core institutions. An inductive and adaptive approach was adapted to the local context. In sum, 10 HIA projects were completed over 7 years (2013–2020), at neighbourhood and block levels (selected by consensus among partners).
The outcomes targeted included healthier built environments (air quality, green spaces, walkability, housing quality), cross-sectoral integration of health issues into the urban design, positive influence on decision-making in planning processes, and increased community engagement and awareness.
Following the impact assessments, the experts observed that all 10 HIA reports produced specific, feasible, and actionable recommendations. The topics included: pedestrian safety, noise reduction, urban agriculture, lighting design, and social diversity. The municipality implemented the recommendations, including adjustments to speed limits, the inclusion of gardens, and revisions to lighting standards. The intersectoral interaction and dialogue improved across institutions and a private HIA consultancy office to improve population quality of life was created (‘Développement Santé’).

Health Lens Analysis of the Fourth Environmental Program (2020) in the Basque Country Spain (subnational level)
Consistent with the HiAP's strategy, in addition to focusing on preserving the environment, the Basque Government's environmental policy focuses on the well-being of the population. The analysis process of the potential impact on population health and health equity of the Fourth Environmental Framework Program 2020 used the Health Lens Analysis (HLA) methodology, adapted from South Australia. The HLA was developed over 5 stages: 1) engage, 2) gather evidence, 3) production of recommendations and final report, 4) navigation and 5) evaluation. To identify the impact on the social determinants of health, an instrument based on the model of the WHO Commission on Social Determinants of Health, previously validated in the Basque context, was used.
It was established that the impact of the Fourth Environmental Framework Program on most of the health social determinants, both structural and intermediary, would be positive. Among the

former, it was expected that there would be a decrease in inequalities due to age and functional diversity. With respect to intermediate level outcomes, the analysis showed that the impact would be positive for employment opportunities, environmental quality, natural environments, public transport and structures that promote active mobility. Ultimately, the outcome of this set of positive effects would have an impact at an individual level by increasing people's control over their lives and making it easier for them to adopt a healthy behaviour, including the practice of physical exercise and healthy eating.

Health in All Policies (HiAP) in South Australia
Australia (subnational level)
Established in 2007, the successful implementation of Health in All Policies (HiAP) in South Australia has been supported by a high-level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process. The government has established a dedicated HiAP team within South Australia Health to build workforce capacity and support Health Lens Analysis projects.
Since 2007, the South Australian HiAP approach has evolved to remain relevant in a changing context. However, the purpose and core principles of the approach remain unchanged. There have been five phases to the work of HiAP in South Australia between 2007 and 2016: 1) Prove concept and practice emerges (2007-2008), 2) Establish and apply methodology (2008-2009), 3) Consolidate and grow (2009-2013), 4) Adapt and review (2014) and 5) Strengthen and systematize (2015-2016).

Healthy Parks Healthy People South Australia
Australia (subnational level)
Benefitting from an emerging policy window to explore how health promotion and prevention approaches could be used to deliver nature-based strategies and help tackle policy challenges on issues such as chronic disease, climate change, child development, social exclusion and disadvantage and land degradation, the Healthy Parks Healthy People South Australia (HPHPSA) approach was launched in 2015 as a partnership between the health and environment sectors. It is guided by the vision of ensuring all South Australians experience the health and well-being benefits of being connected to nature. A HPHPSA Framework was developed in 2016 to guide policy action in seven key focus areas, and a Leadership Team consisting of the Health and Environment Departmental Chief Executives, distinguished academics and public health experts provides high-level governance oversight.
Policy work to date has mainly focused on two key focus areas: mental health benefits of contact with nature; and green infrastructure in urban settings. The work under the mental health focus area has informed a strengthened emphasis on nature-based health promotion as part of the consultation process on the South Australia Mental Health Strategic Plan, and the HPHPSA approach has been included in the South Australia Suicide Prevention Plan. The work being undertaken under the green infrastructure focus area is intending to influence the urban planning and design policy space to ensure that 'quality' dimensions of green public open space are incorporated into the planning system, especially as densification becomes more pronounced in Adelaide and its inner suburbs.

Context

WHO
Global Action Plan on Physical Activity
GAPPA Action 2.1: Strengthen the integration of urban and transport planning policies that prioritize the principles of compact, mixed land use, at all levels of government as appropriate, to deliver highly connected neighbourhoods that enable and promote walking, cycling, other forms

of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, peri-urban and rural communities.
Proposed sub action for member states 2.1.2: Support implementation of comprehensive health and economic assessments of transport and urban planning policies and interventions to assess their impact on health and physical activity as well their environmental impacts (such as air and noise pollution, carbon emissions) to inform decisions, which are consistent with a health in all policies approach. Use of the WHO HEAT tool (3) is recommended to support economic assessment of investment in walking and cycling networks and new infrastructure.

Evidence of Policy Implementation

Healthy Ireland, A Framework for Improved Health and Wellbeing 2013- 2025

The national framework to improve health and wellbeing 'Healthy Ireland' acknowledges that inter-sectoral working, or Health in All Policies, is a politically challenging strategy that requires deliberate efforts to be promoted (1). The inter-sectoral approach requires the use of validated tools and support mechanisms to drive this agenda, including for
example, Health Impact Assessment (HIA), inter-ministerial and inter-departmental committees, cross-sector action teams, joined-up workforce development, and legislative frameworks.
In Ireland, the government has committed to incorporating poverty impact assessment as part of an integrated social impact assessment. Health impacts will be a core feature of this new tool. The Healthy Ireland Outcomes Framework aims to provide a structured approach to collect and report relevant and appropriate data, which can be used to build awareness of these social determinants of health, to support assessment of the impact of policies on the agreed outcomes, and to monitor progress on the whole-of-government response needed to improve health and wellbeing (2).

Institute of Public Health in Ireland

The Institute of Public Health (IPH) is jointly funded by the Departments of Health in Ireland and Northern Ireland. Its mission is to provide support on public health policy to the respective Departments of Health and Chief Medical Officers in both jurisdictions. The IPH conducts training and advocacy on the use of Health Impacts Assessments (HIAs) and publishes documents providing information and guidance on utilising HIAs, which are available on the Institute's website (3). The Institute's 2024 Activity Report on Health Impact Assessment states that the HIA leadership team met five times in 2024 to coordinate the delivery of HIA work in line with the annual IPH Business Plan (4). Additionally, the Activity Report documents several outputs supporting the HIA on the island of Ireland, the development of skills in HIA, relevant research and related partnership work.

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