IANPHI Response to Draft WHO Global Action Plan on Physical Activity

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Organisational context
The International Association of National Public Health Institutes links and strengthens the government agencies responsible for public health. IANPHI improves the world’s health by leveraging the experience and expertise of its member institutes to build robust public health systems.

IANPHI has 108 members from 93 countries (and growing), benefiting more than 5 billion people on 4 continents.

NPHIs focus on the major public health problems affecting the country. They use scientific evidence as the basis for policy implementation and resource allocation and are accountable to national governments and the public. Their key functions—including disease surveillance, detection, and monitoring; outbreak investigation and control; health information analysis for policy development; research; training; health promotion and health education; and laboratory science—are particularly critical in low-resource nations.

General Comments
IANPHI welcomes the Draft Global Action Plan and the WHO aspiration to mobilise greater emphasis on addressing physical activity through member state and civic societal action.

The National Public Health Institutes have an important contribution to make in supporting these actions and ensuring that evidence based practice delivers impact and change across the life course in every country where they are active to reduce inequalities and maximise the contribution of physical activity to individual, community and population health and sustainability.

In consolidating this response IANPHI have gathered perspectives from the members through an online survey on activity on physical activity, a desktop review of member website content on physical activity and direct engagement with the IANPHI executive and specific member organisations.

Feedback from the Survey
21 countries NPHIs took part in the online survey, the sample included responses from NPHIs from all six WHO regions, 11 High income, 5 Upper Middle income, 4 Lower Middle Income Countries and 1 Low Income Country.

86% of responding NPHIs are actively undertaking work to promote physical activity in their countries and five currently had national campaigns on physical activity. However a third of respondents have no dedicated programme working in this area. In those NPHI who have dedicated
programmes of work there were on average 3 specific programmes mentioned, and targeting was most commonly at older people, ethnic minority communities and deprived communities.

Only two NPHI reported that there was no national commitment to population physical activity, both of these were low/low middle income countries. 61% of responding NPHIs reported that at the national level there was a clear connection made between the Global Sustainable Development Goals and population physical activity.

Just of half of respondents actively collect population level data on physical activity and nine made this data publically available, but only three were using any of the WHO international data collection resources on physical activity.

The survey asked respondents to identify the top national barriers to addressing population level physical activity; the barriers identified were prioritised as follows:

1. Political commitment
2. Too broad an agenda on PA
3. Advocacy & champions for PA
4. Policy coherence on PA
5. Cross-government joined up action
6. Resource mobilisation
7. Evidence on cost of inaction
8. Physical activity not linked to primary causes of death
9. Implementation gap
10. Workforce capacity in health & other sectors
11. Research, evaluation & monitoring issues

The NPHIs highlighted there were additional barriers for low and middle income countries which were not in the survey, particularly the issue of violence as a barrier to physical activity and the lack of infrastructure both for safe active travel and for sport and recreational physical activity.

The survey asked NPHI to identify from a list the top enablers that would support national action on physical activity; these were prioritised as follows:

1. Guidance on monitoring of national evidence-based action
2. Resources to support cross government coordination mechanisms
3. Research frameworks for physical activity
4. Training and capacity building resources for planning and built environment sector
5. Co-production resources for engaging communities
6. Guidance on surveillance of physical activity
7. Training and capacity building resources for healthcare sector
8. Financial modelling resource
9. Guidance on national/global accountability
10. Resources to support community and NGO advocacy for physical activity resources
11. Communication materials/resources
12. Financial business case core documents for different sectors
13. Guidance on enabling and evaluating innovation
14. Resources to support development of national leadership/champions
15. Training and capacity building resources for transport sector
16. Co-production resources for engaging across sectors
17. Evaluation toolkits/resources
18. Toolkits for enabling public private NGO partnerships

There were opportunities highlighted where HIC could better support LMIC through sharing of best practice, communication and marketing resources and materials and at global level by more explicit inclusion of physical activity into sustainable development plans for LMIC.

It was also highlighted that in many LMIC utility based activity and physical labour through employment is significant for much of the population and the narrative around recreation based physical activity is less established and less developed.

The survey of members highlighted that across National Public Health Institutes there is some variation in the focus and leadership role in relation to physical activity but some common narratives around shared barriers and opportunities for action to overcome these barriers to improve national level action.

We hope that the survey provides useful context for the Global Action Plan development and especially to inform the development of the regional toolkits to support implementation.

**Feedback specifically on the Draft Global Action Plan**

A sub-group of National Public Health Institute provided specific comments on the draft global action plan using an adapted template based on the ISPAH survey.

1. **Overview of Global Situation (pages 4-12)**

In this section, do you feel that the draft global action plan on physical activity has missed any critical context, information, or sources of evidence?

IANPHI does not feel any critical information or evidence sources have been missed, however there is potential for this section to be enhanced.

However there is potential for the Action Plan to be clearer in the definition of physical activity and physical inactivity to ensure that the targets and indicators are achieving the levels of health enhancing physical activity required to impact on health outcomes. Also it needs to encompass both aerobic and muscle strengthening physical activity across the life course and across both utility and recreational domains of activity for all levels of ability.

IANPHI also feels that the single focus on 150 minute threshold could be undermining efforts to engage those who are not achieving even 30 minutes of moderate physical activity a week (i.e inactive) and there is a need for greater granularity in the consideration of the definition of inactivity. This is particularly important when considering moving those who experience most inequalities in physical activity e.g. those with chronic health conditions and those with disabilities, where the gap between nothing and 150mins a week is perceived as insurmountable.

The survey of IANPHI member organisations highlighted the issue of safety and violence as a significant barrier to physical activity for both recreational and utility based activity, this goes beyond road safety and needs to be explored in more detail for low and middle income countries.
through the regional implementation support and the toolkit mechanisms. Within the context of health benefits of active travel it may be helpful to reference the work by Tanio et al (2016) that the health benefits of more active travel significantly outweigh the health risks in most urban settings.

The section may also be strengthened by more emphasis on non-health outcomes for individuals, communities and populations i.e. education, productivity, social inclusion and the concurrent benefits with some of common challenges across member states around demographic change and economic sustainability.

Paragraph 24 could be extended to highlight the depth and breadth of some of the inequalities particularly those affecting people with a disability and the decline in activity levels associated with age.

We would welcome a more explicit inclusion of aquatic/water based physical activity and context throughout the document, this is a crucial aspect for communities who lives and environment are dominated by the sea, rivers and lake environments. This is an area which should be explicitly considered in the regional/implementation resources alongside consideration of the similarly unique challenges facing extreme temperature climates where the physical climate may be a significant barrier to active lives.

Finally IANPHI suggests that it is important that the Global Action plan draws on the role of culturally embedded forms of physical activity such as dance and gardening which are not very visible in the current recommended actions, this may be possible to resolve through the supporting toolkits but there is evidence to support these forms of physical activity as both interventions and physiologically relevant forms of physical activity, particularly for older adults.

2. Global Action Plan Goal (page 13, point 46)

The Global Action plan presents a goal ‘to have one hundred million people more active by 2030’ Do you think this goal is clear, realistic and achievable?

IANPHI would suggest that the goal is defined more clearly as ‘One hundred million people, currently inactive, move into regular activity by 2030’. We encourage this to focus on those who are least active, i.e. not achieving even 30 minutes of moderate physical activity a week rather than just those not achieving the 150 minute threshold.

It may be further strengthened by being clearer on the definition of regular activity and whether this means achieving the 150 minutes of moderate physical activity each week, or equivalent vigorous activity. Also there should be explicit inclusion within the recommendations and indicators for muscle strengthening and reductions in sedentary behaviour.

We suggest that the vision could be strengthened by reiterating the need to act at individual, community and national level and the relevant benefits at all three levels of populations as this will reinforce the need for whole system approaches to the challenge.

The Global Action Plan is informed by eight Cross Cutting Guiding Principles. These are:

- a. Life course approach
- b. Equity
- c. Empowerment of peoples, families and communities
- d. Human rights-based approach
- e. Evidence based practice
- f. Cross-sectorial engagement and partnership for joint action
- g. Policy coherence
- h. Universal health coverage

Do you disagree with any of the eight principles?

No, IANPHI supports these eight principles. Although we wish to highlight that the cross-cutting principle of equity should explicitly consider the impact of poverty on access to physical activity, for both utility and recreational physical activity, the social aspirational narratives that relate to this and the complexity of it, i.e. in some cultures a car is a significantly aspirational form of transport and walking or cycling is associated with poverty and has negative social status, and there is some concern that in others interventions focused on increasing active travel disproportionately benefit high and middle income populations and not those who are most disadvantaged.

Are there any other cross-cutting principles which should be considered?

Consistent monitoring and evaluation – all nations should embed a consistent approach to the monitoring and evaluation of their programmes of work, especially for publicly funded interventions.

4. Global Action Plan Strategic Areas (p15, point 50)

The Global Action Plan presents four strategic areas: Creating an Active Society, Creating Active Environments, Creating Active Lives and Creating Active Systems. Do you agree with these four strategic areas:

Yes, IANPHI supports the four strategic areas.

5. Strategic Objective 1: Creating an Active Society (page 16-19)

Do you have any comments or suggested improvements on the indicators relating to this Objective?

Yes, we feel that this indicator I could be strengthened by referring to ‘insight-based’ communication campaigns to encourage a shift from health education to more social marketing and co-production community based approaches for communication.

Indicator III could be strengthened by being specific in focusing on a mass physical activity participation event with some supporting descriptive footnote to provide an example of the type of event being suggested.

Although we welcome Indicator IV we would raise a query about how much of a reduction is delivered through active travel interventions and how much may be achieved through other action on domestic fuel for example.
Do you have any comments or suggested improvements on the proposed actions relating to this Objective?

No, however the phrase ‘according to ability’ could be strengthened by changing to ‘irrespective of personal circumstances/characteristics’ as there is often misunderstanding of ability and there are significant barriers associated with other aspects of identity such as gender, sexual orientation and age as well as disability.

Do you have any comments or suggested improvements on the specific actions for member states, the secretariat, international and national partners for this objective?

Yes, we like to see an increased use of insight research underpinning marketing campaigns and development of member state responses and there may be a facilitating and sharing role for WHO regional secretariat and the core team to enable this.

We would also suggest that in para 62 after local parks ‘and other public spaces’ is included, and Para 68 should include ‘social care’ as a key enabling sector.

6. Strategic Objective 2: Creating Active Environments (page 19-22)

Do you have any comments or suggested improvements on the indicators relating to this Objective?

Yes, IANPHI suggests there is potential to add further indicators to this section such as:

- Total amount per capita of national infrastructure investment allocated to active travel infrastructure i.e. walking paths and cycle networks.
- Proportion of key trip destinations served by safe walking and cycling routes e.g. % hospitals, schools/universities, public transport hubs
- Proportion of population with convenient access to safe walking and cycling routes

We would also welcome the indicators and this section in general being more inclusive of aquatic/sea environments and increase access to these alongside green space to enable physical activity.

Do you have any comments or suggested improvements on the proposed actions relating to this Objective?

We would suggest the Secretariat consider encouraging more explicitly a hierarchy of travel modes to be adopted in policy for societal and health benefits i.e. 1. Active travel, 2. Accessible Public Transport, 3. Private motorised transport.

Do you have any comments or suggested improvements on the specific actions for member states, the secretariat, international and national partners for this objective?

No
7. Strategic Objective 3: Creating Active Lives (page 22-26)

*Do you have any comments or suggested improvements on the indicators relating to this Objective?*

Yes, IANPHI suggests that it would be reasonable to include an indicator related to the proportion of children achieving a minimum duration of physical education (including physical literacy education) during school hours for different age groups. We would also welcome a developmental indicator to include active play provision in schools and early years settings as this is an important compliment to structured physical education.

Indicator IV would benefit from a footnote or glossary definition of ‘brief counselling’ and Indicator V would also benefit from a similar definition footnote to clarify the criteria for a programme meeting this threshold.

Although potentially difficult to capture as an indicator there is a need to recognise the way that the system partners enable self-empowerment to participate in physical activity as an active and positive choice for individuals.

*Do you have any comments or suggested improvements on the proposed actions relating to this Objective?*

No

*Do you have any comments or suggested improvements on the specific actions for member states, the secretariat, international and national partners for this objective?*

Yes, IANPHI suggests that this actions could be strengthened through the following:

- Specific reference to the teaching of health literacy in schools as a supporting action to underpin health enhancing physical activity for children and young people
- Specific action for member states and national partners to promote community based behaviour change for utility based walking and cycling daily journeys. Although this is covered in Objective 2 in the context of infrastructure there is a gap around the promotion and engagement aspect for the least active populations at a community level.
- Para 138 should specifically reference insight-based communication campaigns and highlight the need for insight research to underpin community based responses.

8. Strategic Objective 4: Creating Active Systems (page 26-30)

*Do you have any comments or suggested improvements on the indicators relating to this Objective?*

No

*Do you have any comments or suggested improvements on the proposed actions relating to this Objective?*

Yes, IANPHI suggests that the section could be improvement with a strong emphasis on cross sector planning in action 4.1 and para 142.
Do you have any comments or suggested improvements on the specific actions for member states, the secretariat, international and national partners for this objective?

Yes, IANPHI suggests that action 172 could be extended to include formal childcare qualifications as well as teaching qualifications.

9. Glossary (page 31 & 32)

Do you feel the Glossary is clear and appropriate for the document?

Yes, however it may be helpful to expand the glossary with definition of inequalities, health inequalities, equity and some of the specific indicator terms such as ‘brief counselling’.

10. Relevance to your country

Do you feel that the Global Action Plan on Physical Activity will be useful in the specific context of your country?

Yes for many countries the Global Action Plan will be useful; however there will be a need to specifically consider the needs of low and middle income countries in more detail through the implementation resources and regional support from WHO regional offices and key international partners, especially those providing capital infrastructure investment and sustainable development support.

IANPHI members have highlighted the need for the Action Plan and supporting resources to consider the balance of utility/occupational physical activity and recreational based physical activity and support enabling approaches for both across a spectrum of modalities of physical activity including sport, dance, gardening, active play and active travel.

If Yes, can you please provide a few sentences about how the Global Action Plan will support your national approach to physical inactivity below:

The GAPPA will be a useful resource to benchmark against in terms of what is currently in place in countries, and to guide the approach taken to developing future national policy and strategy.

The GAPPA will serve as a guide to improve national public health policies in the field of HEPA. It will be useful for advocating for investments in HEPA in the national context.

The GAPPA will be a driver to help National Public Health Institutes to push for greater investment of effort and resource in areas where action is not being taken, or could be strengthened. It will be useful to take to national partners and government to highlight the need for strong leadership and collaboration.

IANPHI members highlighted several areas where the draft GAPPA aligned well with existing frameworks for national action on physical activity and would help accelerate action, such as the Wellbeing of Future Generations Act passed in Wales and Everybody Active, Every Day framework in England.