18 September 2017

To: The World Health Organization


From: The GoPA! Steering Committee

Summary comments on the WHO Global Action Plan for Physical Activity (GAPPA) for 2018 to 2030 from the Global Observatory for Physical Activity (GoPA!)

This is an excellent document and a comprehensive and contemporary approach to physical activity in the 21st century. It builds on much of the work of recent years, particularly on the DPAS 2004 WHO diet and physical activity strategy. It also links politically to the SDGs, and although this is sometimes a substantial stretch, it is politically essential in the ways that WHO and other UN agencies work. One SDG example that is slightly more difficult to relate to PA is "health as a human right", which really has traditional public health measures, reductions in interpersonal violence and victimisation at its core (although the case is made here in physical activity as the freedom to participate). We have seen the value to physical activity promotion of explicitly recognizing this right in two countries in Latin America (Brazil and Colombia) that base their successful government health and physical activity promotion programs upon constitutional rights to health.

The key challenge is that the physical activity position, relative to other NCD risk factors remains relatively low, the concept of "the Cinderella risk factor". This is not brought out in the GAPPA plan clearly enough. This means that although many countries report having physical activity plans, there is no enforcement and low levels of implementation of these plans, suggesting that there is a small likelihood that most countries will achieve the Global Monitoring Framework target of 10% reduction in physical inactivity by 2025.

This GAPPA is one of the first international physical activity strategies grounded in the concepts of cross-sectoral consultation and multi-sectoral action for global physical activity. This is a major advance, and outstanding work by WHO to be working outside of the health sector as transparently and clearly as is articulated here. This leads to the implications that active travel, walkable environments, sport in some countries, and active recreation and leisure are all different
(outside Health) ways in which physical activity goals can be realised at the national level.

The principles are also generic, but are sensible in focusing on a life course approach, an equity approach, safety for all activity, evidence-based interventions, mandatory cross sectoral action, and policy coherence. One of the challenges to the latter is that physical activity is often subsumed under obesity or other NCD prevention plans, and implementing cross-sectoral actions is therefore hampered.

The concept of an active society involves changing social norms, which is seldom actually targeted in most mass media and social marketing communications, and may be politically difficult to do in many countries. This is a caveat in the action plan elements around communications strategies.

Generic statements around active environments, active lives and active systems are all sensible, and although well recognised and accepted in the PA literature, will still be innovative approaches in many countries and settings.

One area of great promise, but yet to be realised is the concept of health professionals as change agents in the physical activity and exercise area. Despite much potential, movements such as "Exercise is Medicine" have not realised population wide reach in many countries, but the concept remains relevant that primary health care professionals, most physicians, nurses, dietitians, physiotherapists and others all having a role in physical activity promotion.

Another excellent innovation is the concept of cross-sectoral benefit, with active commuting, active environments, green space and walkability linked to themes around urban planning, transport systems and air quality. The life course approach is also very clear, as physical activity needs to occur from preschool ages through to adults and senior citizens to promote healthy activity in different ways with differing outcomes and effects.

Additional specific comments on several of the proposed actions and overall issues of resources and capacity:

50. The four strategic areas are a solid frame for organizing the action plan, but are very general and will only become useful as more detailed steps are developed and supported for each.
51. This point is essential – allowing sufficient flexibility to adapt the action plan to country, culture and context and should be reinforced throughout the document.

53. IV. The air quality indicator seems out of place here in the section on “Creating an Active Society” and better placed in 79. Indicators for “Creating Active Environments”

54 and 55. Implementing and conducting campaigns to increase awareness and change behavior for physical activity are appropriate for inclusion in the plan. However, not enough emphasis is placed on having these campaigns directly linked to community programs for physical activity promotion. Evidence is clear that isolated media campaigns are much less effective than those well linked with local programmatic initiatives. In addition there is a long and unfortunate history of countries devoting substantial resources to media campaigns poorly integrated with other programs and sustained over an insufficient time to lead to population change. It is very tempting to devote limited resources to a media campaign as an “initial” step, but this is usually a poor investment. More emphasis is needed on integration across multiple forms of media, linkages to community programs, and sustained implementation to clearly make the point that when done well mass media is a key part of a comprehensive physical activity promotion program, but that it can all too easily be done poorly with little effect.

62, 78, 79. Very important point as free programs in public spaces should be a central part of most national programs and transportation collaboration and links are crucial.

108-112. Schools and physical education seem as if they should be a central part of any national or local program for increasing physical activity among youth. However, the remarkable lack of success in this sector over the past 30 years should raise warning flags that making the same recommendations again may not be productive. This may be an area that requires significant investment in national or large regional pilot programs with high quality evaluation.

Roles of the Secretariat, member states, and partners:
It is worth critically discussing the steps required for successful implementation of the plan. This plan brings together many policy and programmatic strategies in a very useful format. However, all have appeared in numerous guidance documents over the past decade. The increased emphasis on multi-sectoral action and collaboration is a step forward, but one is left wondering why this
plan with components very similar to previous guidance should be successful when previous efforts have not. Obviously, the key is commitment of sufficient and sustained resources, human and financial, at national and global levels. Almost every proposed action includes the Secretariat developing manuals, tools, guidance, and supporting implementation. With current resources at WHO HQ and Regional Offices this will simply not happen. While a handful of upper and middle-income countries are taking concrete and substantive actions as suggested by the plan, and a few more will be able to do so with modest guidance, most countries will need significant technical support, guidance, and assistance with evaluation. This suggests large roles for the WHO Secretariat and Regional Offices, which in turns means staff and funding. Some of the burden on WHO itself might be reduced if the number and strength of WHO Collaborating Centers that focus on physical activity can be enhanced. NGOs might also play a significant technical support role in many parts of the world. Networking some combination of organizations and institutions that can develop tools and guidance and support implementation of the GAPPA will be essential for success. These are critical issues for discussion at the WHO Executive Board and World Health Assembly.

Conclusion:
In summary this is a well-researched and presented overview of the rationale for and steps required to improve the state of physical activity promotion at global and country levels. We commend WHO and those who have contributed to the GAPPA for their strategic innovation and foresightedness. Challenges for implementation remain, but setting this agenda for change is a definite step forwards in a world that mostly steps backwards or sideways when it comes to physical activity and health.