
Under the auspices of HEPA Europe, the European network for the promotion of health-enhancing physical activity, in coordination with ISPAH

On behalf of the WHO Collaborating Centers:

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Sample

The web-survey was put online on August 11, 2017. The link was circulated to the HEPA Europe member organisations (including 156 national member institutions, 2 international member institutions and 3 individual members) from 36 countries, as well as 7 observers. In addition it was shared with related divisions of WHO/Europe and the European Commissions DG Education and Culture (Sport Unit), with the invitation to forward in their respective networks. The survey was also disseminated by HEPA Europe on Twitter (ca. 1400 followers).

16 People responded to the survey, 11 of them gave us information on the nature of their role:

Q21 Please indicate the nature of your role by ticking one of the boxes below.

Respondents came from the following nations:

Iceland, Italy, UK, Norway, Portugal, Ireland, Germany, Finland, Romania, Greece, France

Summary Report: Based on the answers of respondents, the below summary report was drafted by the WHO Collaborating Centers who set up the survey.
Summary

Q1 Overview of Global Situation (page 4-12). In this section, do you feel that the draft GAPPDA has missed any critical context, information, or sources of evidence? If yes, please provide comments below.

Respondents had different suggestions for this section:

- Including a bullet point that deals with prevalences of sedentary behaviour and screen time
- Referencing information on school programmes and physical activity
- Stating more clearly that a paradigm shift is needed to combat sedentary lifestyles. The PA Strategy of the WHO European Region Strategy contains such a statement.
- Bullet point #40 is highly relevant and should be moved up
- State clearer that there is a need to reduce sitting time
- The bullet point structure is difficult to read.
- WHO PA recommendations and physical inactivity might need to be defined at the beginning of this section. Also rationale for the WHO PA recommendations should be presented.
Summary

Q2 GAPPA Goal (page 13, Point 46) GAPPA presents a goal ‘to have one hundred million people more active by 2030’. Do you think this goal is clear, realistic and achievable? If not, please provide comments below.

Several respondents had the following comment:

- What does "more active" mean? Compared to what? Does this refer to the WHO physical activity recommendations?
- 100 million is not ambitious enough, since this figure represents only about 1.4% of the global population.

There were additional the following comments:

- Does this figure include adults and/or children?
- Would it be possible to measure this change? It might be a goal that is difficult to measure.
- Should there be a secondary goal to about developing policies?
- It might need differing goals for the WHO Regions.
- It would be better with goals that describe incremental changes.
- The goal puts the focus on individuals rather than populations
- It is not clear how the goal was derived
Q3 Cross Cutting Principles (page 13, Point 47). GAPPA is informed by eight Cross Cutting Guiding Principles. These are: Life course approach, Equity, Empowerment of peoples, families and communities, Human rights-based approach, Evidence based practice, Cross-sectorial engagement and partnership for joint action, Policy coherence, Universal health coverage. Do you disagree with any of the eight principles and are there any others which should be considered?

In general, respondents agreed to the objectives and had very little additions.

The following was suggested:

- The HEPA PAT tool could be mentioned in this section
- State the need for more research and the collection of data to strengthen the evidence-base
- Add that shared interest and benefits of actors are highly relevant
- Replace "policy coherence" with "physical activity in all policies"
- Could setting based approaches be tied into this section?
Q4 GAPPA Strategic Areas (page 15, Point 50) GAPPA presents four strategic areas: Creating an Active Society, Creating Active Environments, Creating Active Lives, Creating Active Systems. Do you have any comments or suggested improvements for the four strategic areas?

Several respondents had the following comment:

- The titles should be more descriptive
- Agreement with the objectives

There were additional the following comments:

- These objectives sound more like visions
- Would it be possible to phrase an objective stressing the social aspects and enjoyment of physical activity
Do you have any comments or suggested improvements on the indicators and proposed actions relating to the different objectives: If yes, please provide comments.

Strategic objective 1: Creating an active society

Indicators:

There were the following comments:

- The indicators capture attitudes, knowledge, and values only in a limited way
- Teaching health professionals: The draft could also include that consistency in teaching this is achieved through international curricular
- Indicator 53.II Will this be measurable?
- Indicator 53.II This should also include knowing the risks of sedentary lifestyles
- Indicator 53.III Would need to be refined. Mass events might not build capacity and might only reach those who are already active. It should be paid more attention to reach inactive populations to such events.
- Indicator 53. IV While it is good to link the promotion of walking and cycling to the wider environmental agenda, including air pollution, it is uncertain to which extent an increase in walking and cycling would contribute to cities/countries meeting the WHO air quality guidelines, due to the highly complex determinants and interactions. Adding instead an indicator on safety of cycling and walking would be more directly linked, and would put a focus on an often neglected policy area.
- The objectives are focused on awareness raising and education, but this might be insufficient if environments for PA are unsafe or missing.

Proposed actions:

There were the following comments:

- #56 Sport is important, but active transport might be more important
- Events outside sport (e.g. culture, arts festivals, charity) might also be promising

Proposed specific actions for Member States/ the Secretariat/ international and national partners:

There were the following comments:

- #Action 1.1: Include that the Secretariat provides templates for info graphics and other promotional material that can be adapted by member states
- The actions are formulated a bit vague. For each action/stakeholder there should be an example of good practice
- "The FSEM (UK) welcomes a community and locally based approach to creating an active society driven by international and national initiatives. The FSEM (UK) supports the specific actions on teaching and learning on physical activity (66 & 71) and can offer exemplar teaching and learning
resources on physical activity, which are suitable for adoption by medical and allied health professionals. The FSEM (UK) would also like to see Exercise Medicine and Musculoskeletal Medicine, two key areas of medicine which can prevent and manage NCDs, be more available across global health services. Raising awareness of these two key medical areas and the workforce needed to deliver them to member states, the secretariat, international and national partners should be considered in the draft plan. Commissioners of health services should start commissioning to prevent disease. In the UK Sport & Exercise Medicine led multidisciplinary healthcare teams are already available and can help make this happen. The FSEM (UK) welcomes the proposed action for public education, awareness and behaviour change campaigns (54 & 55). It is important to educate, empower and have empathy. People will not become more active because we tell them to. We need to look at what barriers the inactive face, whether they are physical, mental or emotional barriers. Many obese and inactive people will not attend gyms or go swimming. We need to show understanding and identify why they are inactive.

Strategic objective 2: Creating an active environment

Indicators:

There were the following comments:

- This objective will require co-ordination among many government departments, e.g. urban planning, transport, infrastructure. The involvement of health professionals in decision-making processes of urban planning should be made mandatory. It is important to educate town planners on the risks of sedentary lifestyles and the opportunities presented by urban design to stimulate physical activity.
- Indicator #78 ignores outdoor areas and nature for PA.
- It is not clear how public transport can stimulate active transport. Walking/Cycling should be prioritised and public transport should be a second tier indicator.
- Include one more indicator: Length of cycling/walking path built in the last 5 years.

Proposed actions:

There were the following comments:

- #85 Operational manuals should be evidence-based
- #80-106 "Improved planning and infrastructure to encourage physical activity should be accompanied by addressing the pre-requisites for behavioural change. Improving confidence to cycle and walk, offering choice and addressing the cultural norms which preclude it. Government and local authority initiatives to create active environments should be joined up with local healthcare, GPs and healthcare professionals who can help to address behaviour change and encourage the use of these active environments."

Proposed specific actions for Member States/ the Secretariat/ international and national partners:

There were the following comments:

- Operational manuals should be based on evidence-base
- "Proposed actions 80-106. Improved planning and infrastructure to encourage physical activity should be accompanied by addressing the pre-requisites for behavioural change. Improving confidence to cycle and walk, offering choice and addressing the cultural norms which preclude it. Government and local authority initiatives to create active environments should be joined up with local healthcare, GPs and healthcare professionals who can help to address behaviour change and encourage the use of these active environments."
Summary

Strategic objective 3: Creating active lives

Indicators:

There were the following comments:

- There should be an indicator on the availability and access to sports, also on vulnerable groups. See here: http://localsportprofile.sportengland.org/Indicators.aspx
- Add an indicator: % of countries supporting basic and translational research on PA and PE
- Include an indicator on the inclusion of disadvantaged/marginalised groups
- Include and indicator: % of countries having encouraged gree prescription schemes
- #107 The FSEM (UK) supports the indicators of success based around the quality and availability of physical education in schools. The FSEM (UK) would like to see an indicator which would give physical education equal prominence to academic subjects in schools, with attainment measured alongside other subjects and the CMO physical activity guidelines for children and young people. The FSEM (UK) supports the indicator IV for brief counselling at primary and secondary healthcare services and can offer exemplar teaching and learning resources on physical activity, which can be adopted through primary and secondary healthcare. Alongside indicator V for whole of community physical activity programmes, the plan may also want to consider if/how there could be an indicator for hard to reach groups. Generation Games is an example of a physical activity programme targeting hard to reach groups in the UK. http://www.ageuk.org.uk/oxfordshire/our-services/generation-games/

Proposed actions:

There were the following comments:

- "Proposed action 3.1 - The FSEM (UK) would recommend the proposed action includes taking steps to give physical education equal prominence to academic subjects in schools. Proposed action 3.2 – The FSEM (UK) fully supports this and is designing programmes for the provision of advice on physical activity across healthcare. Proposed action 3.3 – Alongside increased provision of physical activity opportunities for all, the FSEM welcomes proposed actions to address the reduction of barriers to physical activity in the community due to disability, culture and social issues. Patients with health barriers to exercise should also have access to expert medical advice to participate in physical activity. Proposed Action 3.4 – The FSEM (UK) welcomes proposed actions to ensure affordable and equitable access to physical activity in hard to reach and vulnerable groups. The FSEM (UK) recommends that the proposed actions include analysis of the factors which influence people’s exercise behaviour in order to design effective services for those hard to reach groups or those who have barriers to physical activity through illness or disease. (Reference: The PPI project. What are the Factors that Influence People with Multi-Morbidity’s Exercise Behaviour?)"
- Action3.1 is vital
- Action 3.2 is important but very hard to implement. There is some literature on the systemic barriers for implementation
- For actions 3.3 and 3.4 public private partnerships would work best and should be explored

Proposed specific actions for Member States/ the Secretariat/ international and national partners:

There were the following comments:

- #114: Add “evidences based on research and implementation of methods and tools to monitor progress of interventions"
- Older people have not been mentioned here. They are an important population
- A manual on how to promote PA among vulnerable/marginalised groups should be mentioned here: Several EU projects have done work in this area and existing reports/manuals that they produced could be collated
On behalf of the WHO Collaborating Centers:

Summary

- #129 the manual could draw on the Sports Clubs for Health manual of Erasmus+
- “The FSEM (UK) fully supports the specific actions for member states, the secretariat and international partners. 118. Addresses the use of physical activity in rehabilitation pathways for long term conditions, pregnant women and older patients. Graduated return-to-work (GroW) programmes are effective. Learning can be taken from sport and team medical care where a prescriptive period of appropriate goal-based rehab and a graduated return to performance/work is already being used. 119. There are existing and developing resources which could be made available to Member States and the Secretariat to provide an operational manual for the promotion of physical activity through primary and secondary care. 125. Musculoskeletal conditions are a leading cause of inability to work and working days lost, Physician led workplace wellness schemes are highly cost effective. (Source: Arthritis Research UK 2016 Working with Arthritis and Sport and Exercise Medicine A Fresh Approach NHS North West 2011”

Strategic objective 4: Creating active systems

Indicators:

There were the following comments:

- Also evidence that the action plan is implemented
- These indicators should be stated with "more energy". If those things are in place, member states can develop their national and local PA promotion strategy. Consider moving this section up.

Proposed actions:

There was one comment:

- "# The use of new technology. The traditional public health researchers and public health workers should be stimulated to collaborate with other research fields. The WHO Euro physical activity strategy (2015) is clearer in this area, “Collaboration with national experts, academic institutions and civil society, as well as with sectors beyond health, and at different levels, such as cities, should be promoted in this area in order to ensure timely and innovative sources of data.” (No 54 p.19) Consider. # No. 152. Researchers are mentioned, consider if the private sector also should be mentioned here. They can have a key role."

Proposed actions for the Secretariat:

There was one comment:

- #142. "The FSEM (UK) fully supports the development of a cross government, jointly owned, national action plan on physical activity including policy coherence across all sectors. Regional and local delivery is an important part of this. There has been a lack of coordinated action and clear goals in this area. A strategy for delivering the UK Government’s sport and physical activity objectives was set out in Game Plan (2002) and followed by Choosing Activity – a physical activity action plan (2005). This paper called for a national program for physical activity, health and wellness, driven by a clearly articulated national plan and supported by a national office. A national plan would set out clear goals and oversee regional delivery. The UK Government has since released Sporting Future: A New Strategy for an Active Nation (2015) to address participation in sport and physical activity on a national level, including local councils and the sport, voluntary, health education and private sectors connected to them."
Q17 Glossary (pages 31 & 32). Please use this space to provide any specific comments on the Glossary.

There were the following comments:

- Add the term "sedentary behaviour"
- Add the term "evidence-based"
- Add the term "policy"
- Add the term "physical inactivity"
- Specify here what you mean with the earlier utilised terminology "more active"
Summary

Q18 Relevance to your Country. Please comment on the extent to which you feel the draft GAPPA is useful in the specific context of your own country in the WHO European Region and how it could be improved?

There were the following comments:

- GAPPA can be useful
- There is little hope that it will influence policies of my nation
- It is a useful template to encourage a coherent policy in the UK
- It will be an important document
- Some of the content is too "advanced" for Romania. The creation of structures and databases is key for my nation
- The draft is very ambitious for my country. But it can serve as a good example.
Q19 Any other comments

Please use this space to comment on any other aspects of the draft GAPPA not already addressed by the previous questions. For example, resourcing, links with other sectors not yet well identified, opportunities to shorten the GAPPA / amalgamate actions etc

There were the following comments:

- The time to comment on this draft was unfortunately quite limited
- It could be noted that access to PE is a human right (UNESCO 1978)
- This would need to be translated to all European languages
- No. 49, page 14-15. "Increased activity requires concerted and integrated action from all sectors of society. Media's role is not mentioned in the draft, it could be specified. Media is mentioned to have a key role in no 44. Also in the Global Strategy on Diet, Physical Activity and Health from 2004 medias role was highlighted in a other way. Also in WCRF (2009) Policy and Action for Cancer Prevention Food, Nutrition, and Physical Activity: a Global Perspective, mentions medias role."
- "Global Strategy on Diet, Physical Activity and Health (2004) it was clear about the need that health are working together with sectors for example “and actively engage all sectors, including civil society, the private sector and the media;” (p. 4 in the 2004 report) The new Global Action plan, that will be launched 14 years after the previous one, has to take this work to a new level. # For good local implementation it will be important that the action plan supports and strengthens the countries local work."