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World Heart Federation Comments
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The World Heart Federation (WHF) is a global advocacy and leadership organization dedicated to leading the fight against cardiovascular disease - the world’s number one killer and cause of noncommunicable disease (NCD) deaths. Insufficient physical activity is one of the leading – and importantly, modifiable – risk factors for cardiovascular disease, and as such, the WHF is dedicated to increasing physical activity to improve heart health and overall health outcomes. We welcome the creation of the WHO Global Action Plan on Physical Activity 2018 – 2030 (GAPPA) and are grateful for the opportunity to provide our comments on this draft.

We would like to congratulate the authors for their work to date in creating an action plan that clearly aims to be widely inclusive and pragmatically comprehensive. In consultation with our member organizations, all those who provided comments generally agreed that the strategic objectives and indicators of the Plan are realistic and achievable, and in line with the guiding principles stated at its outset.

The structure of the document is intuitive and clear, and we agree with the designation and use of the four strategic objectives outlined, as well as the focus on walk, cycle, active recreation, sport, dance and play. We also commend the efforts to create proposed actions across the main settings of daily life, with a view to promote physical activity within workplaces, schools, homes, and communities.

The link to the SDG Agenda is clearly and consistently made throughout the action plan, though we feel that a stronger connection should be made between the SDG Agenda and the NCD Global Monitoring Framework 2025 targets, described further below. The authors have also given great consideration to the roles and contributions of other sectors outside of health through their proposed policy actions, though the exhaustive range of their possible actions and collaborations cannot be summarised within an intentionally concise action plan.

In terms of clarity and usefulness, we offer several suggestions to improve understanding and uptake of the action plan for the end reader, listed as both general and specific comments below.

General comments:

1. Role of regional bodies
   - In addition to the WHO Secretariat, we believe that the action plan should further detail the role of WHO Regional offices, who can work closely within their constituencies to address regional disparities in physical inactivity.
   - We further recommend that the WHO Secretariat support WHO Regions to promote initiatives that make physical activity literacy materials available in the languages of member countries.

2. Gender
   - While we commend the authors use of an equity lens throughout the GAPPA, we do feel that more must be done to highlight the gender disparity in physical activity between men and women and better address issues of access and safety. We note the reference in paragraph 44 to the multiplicity of factors that influence participation in physical activity, as well as access and provision of safe opportunities for walking, cycling, active recreation, sports and play. In order to adequately address increased sedentary behaviour, Member
States must demonstrate greater commitment to addressing factors within their societies that limit female participation, access, and safety in physical activity.

- Within the objective of creating an active society, we suggest that Member States work to better understand and control for the gender dimensions of physical activity within society, and promote physical activity as being highly advantageous for both women and men equally throughout the life course.

- Several specific suggestions related to further incorporating the gendered dimension of physical activity are included below.

3. Safety
- The issue of safety follows closely from the above question of gender. The action plan repeatedly emphasises the need for safety in walking and cycling as well as in public spaces and facilities. We note paragraph 80, which encourages governments to “increase the level of service of dedicated, well connected footpaths and cycle networks to support safe walking and cycling and enable equitable, safe and universal, local access to destinations and services including, schools, public space, sports facilities and public transport.” However, there is an assumption on the part of the authors that the end reader has the same definition of what can be described as ‘safe’. For greater clarity and impact of the recommended actions, Member States in particular must have a clear description of what the provision of safety entails and the WHO Secretariat should work with Member States to provide technical assistance in creating safe spaces for people to be physically active. Once again, an equity lens should be applied when considering issues of safety at the societal level.

- We suggest that indicators for safety be developed and proposed within Strategic Objective II to provide stakeholders with tangible actions that can be taken to improve safety in places and spaces in their cities and communities.

4. Opportunities for engagement
- We note and applaud the consistent references to physical activity as part of both the prevention and management of cardiovascular disease and other NCDs. The action plan could be further improved by making a stronger connection to patient engagement opportunities within disease prevention and management, and the interlinkages between promoting physical activity alongside tobacco cessation, diabetes prevention and management, and hypertension control. Great emphasis should therefore be placed on joint and coordinated strategies in promoting healthy lifestyles including physical activity.

- Behaviour change is also an important aspect that all stakeholders must address, and proposed communications campaigns should encourage regular physical activity as part of one’s daily, healthy lifestyle. While we acknowledge the definition recommending “150 minutes of moderate-intensity physical activity per week, or equivalent” included in footnote 3, we think that the action plan could be clearer and more prescriptive in outlining physical activity goals, including daily targets. We suggest the use of digestible formulations such as “at least 30 minutes a day” to improve uptake of the recommendations.
5. Additional Examples to Include

Secondary Incentives

- The action plan could be further strengthened using additional examples of existing and proposed incentivisation programs for increased physical activity. For instance, private sector incentive programs such as MyStep from CSS Insurance1, or opportunities for technological innovation (e.g. working not only with wearables but also with developers for programs like Google Maps) to suggest routes that incorporate a certain percentage of physical activity. International and National Partners, with the support of WHO, should be encouraged to devise further means of introducing reward systems into physical activity participation as a form of secondary incentive.

- Further examples of secondary incentive programs could also be suggested to Member States, who could provide federal tax break incentives for: parents and caretakers enrolling their children in extra-curricular physical activity programs (i.e. active recreation, sport, dance and play); school boards who invest in infrastructural facilities for physical activity alongside adequate physical activity education; or to employers who have implemented policies to encourage physical activity in the workplace.

Children in the City

Lastly, we would like to note our own example of a community initiative as an international or national partner. The Children in the City programme2 was developed to encourage children (7-12 years old) living in low-income urban neighbourhoods to be more physically active and improve their perceptions and understanding of physical activity.

Together with our national members, the WHF piloted the programme in cities across five countries in the WHO European Region (Romania, Slovenia, Spain, Turkey, UK) following the same approach, which starts with the needs of children and parents in a specific setting. The main barriers to physical activity, as well as potential triggers, were identified through surveys, research, and insight from local partners. Based on the data collected, several simple, cost-effective and easily replicable interventions were designed to address those barriers, and then piloted and evaluated in each country.

Certain countries prioritised practical aspects, for example improving access to places to exercise with the opening of school playgrounds after class, while others focused on perceptions, trying to make physical activity accessible and attractive to all children. Raising awareness about the importance of active children was also key in all countries, with communications activities including movies, press conferences, workshops, publications and advocacy work targeted at children, their parents, teachers, the media and authorities.

Evaluation of the project demonstrate the positive impact of Children in the City on the knowledge, attitude and level of physical activity in children and people around them. Most of the organizations involved also used the data and success stories from the project as an opportunity to contact their authorities and advocate for policies in favour of physical activity.

2 http://www.worldheart.org/childreninthecity
We invite you to consider the attached summary and case studies of the Children in the City programme as an example of an initiative that can be implemented at scale and across settings to improve physical activity within urban communities.

Specific Comments:
* Recommended alternative text is in bold

**PARAGRAPH 4:**

- The 2030 Agenda, and the Sustainable Development Goal (SDG) 3.4 of reducing premature NCD deaths by one third by 2030, is referenced consistently throughout the GAPPA and the overall goal of “One hundred million people more active by 2030” uses this as a reference as well; we would therefore recommend that the SDGs, and specifically target 3.4, be introduced earlier in this document, potentially in this paragraph, so that there is consistency and connection demonstrated between the 2025 and the 2030 goals.

- We suggest referring to the achievement of the 2025 NCD reduction goal as a key milestone in reaching the target of a reduction of premature NCD deaths by one third by 2030. In this way, the long-term goal can consistently remain the 2030 goals without losing the near-term goal of 25 by 25, or specifically a 10% relative reduction in insufficient physical activity by 2025.

- For clarity, we would suggest rephrasing the following sentence accordingly: “In 2015, NCDs were responsible for 40 million deaths worldwide, with over of which 15 million people were premature (defined as between the ages of 30 and 70), with and 85% of these occurred in developing countries, where the probability of dying prematurely from an NCD is up to four times higher than in developed countries.”

**PARAGRAPH 9:**

- Given the importance of reaching global physical inactivity reduction goals as part of achieving SDG target 3.4, we believe it is important to clearly define this goal independently or with the use of a footnote. We echo our earlier comment in advising that this paragraph be used as an opportunity to reference WHO’s 25 by 25 goals as a key milestone to achieving the 2030 health goal.

**PARAGRAPH 14:**

- For greater impact, we would ask that the following sentence be clarified: “The global action plan aims to address, the response of health and other sectors for all resource settings.” A suggestion could be: “The global action plan aims to address the response of the health sector and other relevant sectors to physical inactivity across all resource settings.”

**PARAGRAPH 23:**

- We welcome the use of practical examples from Member States and, while recognising the potential lack of data, would recommend using an additional example from an LMIC to demonstrate policy options across all resource settings.
PARAGRAPH 27:
- We believe that the above-referenced Children in the City programme could serve as a fitting example of a quality, age-appropriate program aimed at children, families and communities within safe and movement-conducive environments.

PARAGRAPH 30:
- To strengthen the evidence-based nature of the document, we advise adding references to the examples given in the following sentence: “For example in Canada a whole of community approach led to a 20 percentage point increase in physical activity over a twenty year period, similarly in Finland, and more recently in England and in Brazil.” We also suggest explaining the whole-of-community approach in greater detail for a clearer understanding of this potential best practice.

PARAGRAPH 44:
- In keeping with previous paragraphs, we would suggest providing examples of possible roles played by the private sector, such as the aforementioned use of incentive programs by insurance companies to promote increased physical activity.3

PARAGRAPH 46:
- We believe that this goal must be defined in greater detail, including further explanation on how it is calculated. This goal also represents a departure from the NCD global monitoring framework targets and the risk-factor approach of a 10% relative reduction in prevalence of insufficient physical activity. A clear rationale for this shift would prove useful for the global community to rally around a new type of target. To this end, an absolute goal of 100 million people may not necessarily reflect the global nature of the goal, as this number could be imbalanced within and between countries. Though the footnote suggests that a 10% increase would equate to the proposed 100 million, a clear expression of this goal in a percentage would present an opportunity for each Member State to take ownership of a concrete country-level target. We would therefore suggest the use of a prevalence-based goal representing both continuity and progression from the 2025 NCD global monitoring framework targets to the realisation of SDG 3.4.

PARAGRAPH 47 (A):
- We would suggest removing the term “infancy” or otherwise defining this age or suggested level of physical activity. In keeping with the sentence tense, the term “adolescence” should also be used in lieu of “adolescents”.

PARAGRAPH 53:
- In keeping with our general comment on the greater inclusion of a gender perspective, we would suggest the addition of a sub-indicator measuring the proportion of community-based events focused on the inclusion of women.

PARAGRAPH 69:

- For clarity and impact, we suggest rephrasing and further defining the following proposed policy action: “Strengthen the integration and joint programming to include the promotion of physical activity in policy areas across WHO”.

PARAGRAPH 71:

- Advise amending the following policy action as follows: “Develop and disseminate an exemplar teaching and learning resources on physical activity that are suitable for adoption and adaptation by medical and allied health professionals, as well as teaching and learning providers.”

PROPOSED ACTION 1.4:

- For greater impact, we propose rephrasing this action accordingly: “Conduct community-wide awareness campaigns on the co-benefits walking and cycling have on the following: cleaner air, local economies, sustainable development, mitigation of the impact of climate change, and the reduction of inequalities. These campaigns should also emphasise the improved sense of community and well-being that increased physical activity promotes, as well as its role in enabling the achievement of the 2030 Sustainable Development Goals including SDGs 3, 11 and 15.”

PARAGRAPH 76:

- As this paragraph calls for the development of tools to promote awareness of the contribution of active travel (cycling & walking) into economic and environmental sustainability, we would strongly recommend referencing WHO’s HEAT (health economic assessment tool) for walking and cycling as an example of an existing tool that can be immediately employed for this purpose.

PARAGRAPH 79:

- We suggest the addition of an indicator measuring the percentage of arterial roads (by kilometer or mile) with protected bike lanes.

PARAGRAPH 90:

- Advise rephrasing this paragraph for improved understanding. The following amendment may serve: “Development agencies, city leaders and other stakeholders to integrate walkability assessment into new city investment and in business and investment cases for development, in order to inform city planning priorities and sustainable resource division.”

- It is worth noting the importance of policy diffusion and the role of research and academic institutions in distilling policy developments and recommendations for civil servants, as city and development leaders may not be aware of these types of proposed actions.

PARAGRAPH 94:

- We agree with this proposed action and believe it could equally be proposed for Member States to mandate the integration of road safety and accessibility into transport.

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4 [http://www.heatwalkingcycling.org/]
infrastructure investment criteria. We suggest mirroring this recommendation at the country/ministerial level.

PARAGRAPH 98:
- This indicator will need to be rephrased for greater clarity. Suggested revision: “Develop and disseminate guidance on **practical measures to ensure** equitable access to **quality, safe, public, and green** open spaces, recreational areas and sports facilities. **Develop a toolkit** including case studies for **the** provision of quality, safe, **public**, and green open spaces.”

PARAGRAPH 106:
- This paragraph supports the earlier suggestion that further examples be provided earlier in the document of existing public-private partnerships and private-third sector partnerships to maximise the contributions and capabilities of different sectors.

PARAGRAPH 107:
- We advise adding an indicator measuring the percentage of schools with adequate (indoor or outdoor) play space and outdoor physical education facilities. Please note that where such a definition of ‘adequate’ does not exist, this could be defined in further technical guidance provided by the WHO Secretariat. We acknowledge that this too would require the modification of data collection instruments to address this proposed indicator.

- We further suggest the inclusion of an indicator to provide information on workplace physical activity opportunities, for example, the percentage of workplaces (with a minimum of 20 employees) with an existing and implemented workplace physical activity programme or policy.

PARAGRAPH 112:
- We agree with this proposed action and suggest specifying further policy options Member States can use to support parents and caregivers in promoting physical activity in the family environment. In reference to our above-mentioned example, Member States could provide federal tax break incentives for parents and caretakers enrolling their children in extra-curricular physical activity programs (i.e. active recreation, sport, dance and play), which would incentivise and increase accessibility to these activities.

PARAGRAPH 127:
- Suggest elaborating on this proposed policy action as it appears the sentence is cut short after “culturally appropriate”.

PARAGRAPH 129:
- Suggest refining this proposed action, as there is ambiguity related to “incorporating a physical literacy across the life course across the ability range”.

PARAGRAPH 134:
- In keeping with our general comment on gender and the application of an equity lens, we would suggest mirroring this proposed action for other disadvantaged, marginalised or stigmatised communities or populations to have supervised, group-based classes that address their specific needs.
PARAGRAPH 136:
- For greater uptake, we suggest that this proposed action be expanded upon and more tangibly defined.

PARAGRAPH 141:
- In addition to the indicator measuring the number of countries with national, multisectoral action plans on physical activity, we propose adding the further measurement of the number of countries with a national budget allocated to the financing of this plan and the number of countries with a designated, financed unit responsible for its implementation. It may be the case that many countries technically have national plans on physical activity but they remain at the theoretical level without adequate financing and resourcing for its implementation.

PARAGRAPH 144:
- This paragraph may be an opportunity to connect both the global NCD monitoring framework targets and the SDG targets, for countries to see one as a stepping stone to the other and develop indicators in accordance with both.

PARAGRAPH 147:
- Advise elaborating upon this proposed action as it appears the sentence is cut short after “early”.

PARAGRAPH 153:
- Agree strongly with this indicator as it echoes the call for the distillation and dissemination of knowledge for it to reach all relevant stakeholders. We would advise the following addition: “Develop a knowledge management and dissemination system to ensure that the latest evidence is widely accessible by all stakeholders at national and sub national level”.

PARAGRAPH 154:
- We propose the following specification: “Engage WHO Collaborating Centers, academic institutions, research organizations and alliances to strengthen capacity for research on physical activity”.

PARAGRAPH 157:
- Suggest detailing where the learnings on impact and implementation would be disseminated.

PARAGRAPH 163:
- Further examples of policy prescription could be made here, including for countries to work to provide, if not subsidise, a given percentage of community health courses to improve accessibility of active recreation, sports, dance, and play.

PARAGRAPH 164:
- This action would benefit from greater clarity as its current formulation allows for a wide margin of interpretation.
PARAGRAPH 173:

- Suggest the following amendment: “Establish and strengthen the capacity, knowledge and skills on physical activity within appropriate levels of government responsible for delivery of health services and health promotion, as well as others impacting on physical activity”.