Meeting Report

1. The World Health Organization held a Dialogue with representatives of the sports industry at WHO headquarters in Geneva on 4 December 2018.

2. The objective of the Dialogue was to explore the potential contributions of the sports industry to the attainment of the 2030 Agenda on Sustainable Development, and in particular Sustainable Development Goals (SDG) target 3.4 on noncommunicable diseases (NCDs) and mental health by:
   1) exploring opportunities for ongoing structured dialogue between WHO and the sports industry on the global agenda of physical activity;
   2) identifying specific areas of synergy and mechanisms for the sports industry to contribute to the implementation of the Global Action Plan on Physical Activity 2018-2030; and
   3) exploring options for a larger forum for a Dialogue with the sports industry in the first quarter of 2019.

3. The programme of the Dialogue is provided in Annex 1, the concept note in Annex 2 and the list of participants in Annex 3.

SESSION I: WELCOME AND SETTING THE SCENE
Presentation: Global Action Plan on Physical Activity 2018-2030

4. WHO provided an introductory briefing on the current global status of physical inactivity and introduced the Global Action Plan on Physical Activity 2018-2030 (GAPPA)¹, which was endorsed by WHO Member States in 2018. The presentation highlighted: (i) the importance of tackling physical inactivity as one of the key risk factors for NCDs which currently accounts for 71% of global deaths; (ii) results from the recent global study that was published in September 2018 which documented that globally, 28% of adults do not meet recommended levels of physical activity, with widespread variations between regions, countries, and within countries; and (iii) the lack of progress in decreasing physical inactivity in the past 15 years despite a well-established evidence base that consistently shows that regular physical activity can substantially contribute to preventing and treating NCDs.

¹ http://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf.
5. GAPPA sets out 4 strategic objectives and provides countries with a set of 20 evidence-based policy recommendations which if implemented would result in increased population levels of physical activity. WHO underlined that in order to reach the targets set for reducing physical inactivity, namely a relative reduction of 10% by 2025, and 15% by 2030, concerted and coordinated multisectoral action is required, including the private sports industry.

**Presentations: Sports industry introductions**

6. The World Federation of the Sporting Goods Industry (WFSGI), the International Health, Racquet and Sportsclub Association (IHRSA) and the American Council on Exercise (ACE) described their work, interests and opportunity for partnership across GAPPA.

7. Speakers identified one of the main challenges would be to translate the comprehensive breadth of GAPPA recommendations into practical tools and action. One participant inquired whether governments viewed the effort to increase physical activity as the responsibility of individuals or of government. WHO pointed out while the majority of countries consider that responsibilities lie with both individuals and government, there was ongoing need to advocate and shift thinking that government intervention are critical in tackling the wider determinants of physical inactivity and that the sports industry could make a significant contribution in this area.

8. WFSGI outlined its structure, including a Physical Activity Committee with a mandate under the WFSGI By-Laws to foster and encourage the participation of citizens of all countries in healthy sporting activities and which contributed comments to the draft version of the GAPPA. The Committee has most recently published its Position Paper on physical activity and carried out a survey on the activities of its members related to promotion of physical activity that it will consider further in 2019. WFSGI also has an active Bicycle Committee and in 2019 will be running the World Cycling Forum that includes topics relating to the UN’s Sustainable Development Goals and the cycling agenda and urban environments under GAPPA.

9. IHRSA described their activities and partnerships with UN agencies, including UNESCO (with the International Conference of Ministers and Senior Officials Responsible for Physical Education and Sport) and OECD (‘Fit not Fat’). IHRSA’s activities include their ‘CEO pledge’, and they stressed their enthusiasm to collaborate on projects with a global reach.

10. ACE introduced its work in certifying exercise professional and health coaches in the United States and in over 65 countries, as well as its strong interest in sponsoring original research to support better practice in training and coaching. ACE partners with a variety of institutions and advocates for improving practice and policies to get people moving. ACE has a target to get 50% of individuals reaching the 50% recommended amount of physical activity by 2035. One success story is the physician-referred gym membership programme (60 days for USD 60), which includes 60 days of a supervised membership, and often turns into a “regular” gym membership.
SESSION II: ROUNDTABLE DISCUSSION:
How can the sports and recreation industry contribute to accelerating the implementation of GAPPA?

11. Gympass described their business model in which they provide a consolidated service between gyms, clubs and recreation centers and large companies (i.e., employers) through their human resource departments and/or wellness programs, to offer worldwide gym memberships to the employee base. Employers benefit from having heathier employees, and therefore have an incentive to promote increased participation in physical activity by enabling access to gyms and other recreation facilities to their employees. Gympass is also focused on improving the quality of the experience of gym users to increase retention and health benefits. They have a large database and monitor the employee participation in the programme. Results to date already show benefits; for example, one company had seen the average number of sick days per year drop from 16 to 8. Gympass indicated willingness to share access and use of its database to help build knowledge upon consent from the companies concerned, and also agreed that the principles of their new business model could be shared to drive change in the sector. Gympass also emphasized their willingness to support GAPPA implementation in areas such as advocacy and mass participation events.

12. During the discussion WHO highlighted that data collected and generated by the sports industry could be of considerable use and help inform knowledge on patterns of behavior change and inform the global GAPPA agenda and policy responses. WHO noted that the activities described by industry representatives had significant alignment with GAPPA. In particular with policy action 3.3 which aims to ‘Enhance provision of, and opportunities for, more physical activity programmes and promotion in ... in private and public workplaces, community centres, recreation and sports facilities ..., to support participation in physical activity, by all people of diverse abilities’.

13. Fitness Network Italia outlined its experiences from a local and national perspective. This overview stimulated a discussion on levels of gym membership in countries and the data tracking systems as well as trends in the gym and fitness sector. The use of various promotion channels to increase recruitment was shared as well as the results on which channels were more and less successful. These insights can inform ways of promoting physical activity among inactive groups.

14. Wearable Technologies introduced the current and future directions in related areas of digital technologies, health and physical activity and emphasized the size of the market and rapid adoption of use. For example, there are currently over 150 million users of smart watches (one of the many wearable products) and this directly led to a wealth of health and behaviour data that can inform efforts to promote physical activity and how to help people track their health and make informed decisions. It was noted that many health professionals are not aware of the potential of wearables and the health data available to help patients. Although the industry recognises that the grade of sensors may not yet be of ‘medical grade’ there remains significant potential to use this resource and support health care and health practitioners. India and China were considered huge markets for technological devices. WHO invited the technology industry to share their learning on what works to improve global efforts.
15. Participants discussed the main challenges to increasing global physical activity and the alignment of the issue being similar to the industry challenge of increasing attraction and retention of new members (participants) from the inactive population. The nature of the gym, club and recreation center environments was discussed and IHRSA echoed this concern and proposed a three-part solution: (i) to market to the target audience; (ii) to run adapted programmes to this clientele; (iii) to create a culture whereby physical activity is a component of daily routine.

16. WFSGI highlighted the value of building positive behaviours at the start of life, by campaigns focused on youth which has wide WFSGI member interest and is part of the commitments contained in the Physical Activity Committee’s Position Paper.

17. ACE indicated that many sports clubs still do not know how to target adult audiences who do not engage in regular physical activity but that involving physicians may be an effective entry point.

18. IHRSA outlined that gyms also serve as a ‘social environment’, particularly for older adults not just as physical fitness facilities and catering for the social interactions led to better retention and participation rates.

19. Fitness Network Italia highlighted the need to attract new people by making physical activity more entertaining, referring to projects that bring fun, humor and music to the agenda such as the promotional activities which involved a giant piano keyboard painted on to staircases with music playing when stepping on the ‘keys’, and the example of providing free metro train ticket for people who complete 15 squats in front of a scanning machine.

20. IHRSA raised the concern that businesses do not have the resources to spend on research, and it is hard to prove the success of programmes without data. The issue of strengthening the research and evaluation agenda was noted by WHO as one of the 20 GAPPA policy recommendation (4.3) and the large academic community interested in partnerships on research and evaluation.

SESSION THREE: EXPERIENCES OF ENGAGEMENT WITH THE PRIVATE SECTOR

21. WHO provided an overview of the joint initiative of WHO and the International Telecommunications Union (ITU) ‘Be He@lthy, Be Mobile’ (BHBM)². Created in 2012, it aims to scale effective interventions using mobile technology for health objectives and support capacity building in the use of IT in health systems currently in 11 countries. The essential features of the programme include using the established evidence on successful interventions to change behaviour by using IT, developing a global handbook (containing a template of a program) and engaging countries to adopt and adapt. The BHBM initiative works across multiple platforms and aims to be a free service to end users. A BHBM programme on physical activity, ‘mActive’, is under development. WHO invited the industry to share their learning on what works to improve this product.

WHO highlighted two key lessons from the BHBM initiative: (i) the importance of UN agencies and governments developing sustainable partnerships with the private sector beyond CSR; and (ii) that private companies are willing to provide data, knowledge and content to support innovation.

22. The experience of the UK government agency for sport, Sport England, was described by an expert consultant and focused on two areas: how a sports agency has engaged with the ‘sport for all’ agenda and physical activity; and how they developed a successful national mass media campaign ('This Girl Can') and its success in targeting and reaching a priority population group (namely women). Three main challenges in setting up partnerships were identified; (i) to find genuine alignment of objectives which meets both business and policy needs; (ii) to keep an open attitude about different ways that businesses and policy makers operate and their expectations; and (iii) to effectively communicate the aspirations about how to keep the partnership sustainable.

23. WHO described the very practical challenges that many governments face in implementing GAPPA. This included outlining that many governments have limited human and financial resources with very few Ministries of Health having staff specifically trained in population-based methods to promote physical activity. In addition, there was a hesitation to engage with the private sector because of lack of experience with such engagement, lack of familiarity with potential contacts and apparent difference in focus and language despite the obvious potential of partnerships and shared goals. A third example of a very practical issue highlighted that in many countries the physical environment did not support being active with unsafe roads, poor access to public open spaces and parks, and, in many low- and middle-income countries, there was often a lack of the necessary basic equipment to provide adequate experiences of physical education for children.

SESSION IV: Looking forward - Potential for engagement with WHO

24. WHO presented opportunities for private sector involvement in GAPPA implementation, including: 1) strengthening the promotion and provision of physical activity in the workplace; 2) supporting enhancing the provision of quality physical education, and development of physical literacy, confidence and enjoyment of physical activity in children of all ages; 3) support the equipping of schools in need with equipment and staff training; 4) strengthening links between schools, after-school programmes and other opportunities in the community to develop active lifestyles; 5) supporting actions that promote a shift in the cultural norms and positive valuing of everyone, being active every day by choice; 6) supporting advocacy actions to secure and ensure adequate funding of sports for all and grassroots community opportunities for all ages; and 7) to scope business alignment and opportunities to extend provision and services outside of formal gym and club environments and new business models that can provide a win win-win for business, health and economy.

25. Participants discussed three possible ways of supporting GAPPA implementation: (i) to select an underrepresented group in society and address the message to them; (ii) to choose a few countries where the private sector is particularly influential and focus on improving physical activity; and (iii) to pick key areas of focus and address them. WHO identified the potential to invest in interested ‘fast track countries’ for GAPPA implementation as well as focusing on specific population groups in priority regions/countries based on the 2018 data. These could include Latin America (for example Argentina and Brazil) high-income Western countries (such as USA, Eastern and Southern Europe), the Caribbean and some countries in Africa such as Nigeria and South Africa.
26. The importance of establishing criteria for choosing relevant and appropriate partners was stressed and one representative indicated that, as a global member-driven organization, it would be difficult for them to pick individual countries and preferred a focus on youth and establishing healthy active behaviours. Future collaboration and industry contributions could be across a hybrid of the three possible approaches proposed.

27. To assist discussions, WHO outlined the existing models of engagement with the private sector in other areas of NCD prevention, and in particular from other dialogues, with for example the food industry and health insurance industry. These models included establishment of:

1. an ongoing cycle of dialogues with industry representatives;
2. a global Register and the publication and tracking of industry commitments;
3. mechanisms to support joint projects;
4. ad-hoc technical collaboration on specific initiatives;

28. Participants were invited to share their expectations of WHO which included a list of concrete challenges and practical actions with short term and long-term strategies. Specific implementation activities for potential collaboration arising from discussions were: mACTIVE; collaboration on research and knowledge to improve the marketing and messaging of physical activity; strengthening physician prescribing of physical activity and supporting patients follow the advice; supporting advocacy to governments. WHO also clarified that it brings visibility, reach and reputation to initiatives as well as technical collaboration and accountability mechanisms.

CONCLUSIONS

The closing session of the meeting focussed on consolidating the emerging areas of shared interest that warrant further discussion and a future meeting. The five areas of interest were:

1. Applying Technology
There was general agreement that digital technology presented significant opportunities to encourage people to become more active. Different forms of wearable technology were becoming much more widely available and more affordable, and the ability of mobile phones to collect and store health and activity data presented an opportunity, particularly in developing countries. Future collaboration should explore supporting the work underway to develop, test and evaluate mACTIVE.

2. Building Knowledge (through data and market research)
There was general agreement that exploiting available datasets could inform all stakeholders and support planning and priorities. Also that more market research on promoting physical activity across both the public and private sectors presented a significant opportunity of mutual benefit. There was also merit in establishing recommended indicators and metrics to industry to support measurement of their contribution towards the GAPPA target of reducing inactivity by 15% by 2030.

3. Global communications campaign on physical activity
There was general agreement on the need to raise the visibility of physical activity agenda, and the need for a global campaign. There was acknowledgement of the opportunity to capitalise on the existing WHO assets of the Let’s Be Active campaign brand and the video produced for the GAPPA
launch. For example, they could be used as the basis for a B2B (business to business) campaign to highlight the role of physical activity in tackling non-communicable diseases and to encourage both Governments and non-state actors to include physical activity in their policy thinking and programmes. It was noted that a campaign needed a clear call to action, for example the group discussed a Global Physical Activity Day to act as a focus for action and to increase profile and media coverage.

4. **Demonstration of GAPP A implementation in a set of countries**
   There was some support for the possibility of focussing on a set of countries to provide intensive support and demonstrate the impact of a whole system approach to increasing physical activity. This would accelerate learning in selected countries, improve the evidence base, and provide visible catalyst to the GAPP A agenda and other countries. However, concerns raised included the time required to recruit and potential time taken to before learning could be transferred beyond the demonstration countries.

5. **Focussed initiatives to addressing inequalities in key groups**
   There was some support for the proposal to invest joint effort in reducing the significant inequalities in levels of physical activity between different groups in society, notably those based on gender, income levels and disability. There was general agreement that any joint programmes which were developed should take account of these inequalities and avoid focussing on getting the already active more active. There was interest in further exploring opportunities to focus on particular groups, for example women or people with disabilities.

**Next steps**

29. **WHO was asked to convene a second Dialogue with a larger group of representatives of the sport industry to expand the discussion. Dates were discussed for late February/early March 2019 with approximately 20 sports sector participants. The main objective of the meeting would be to advance the development of specific areas of joint action to support implementation of GAPP A by the sports sector. The potential for a subsequent meeting of an even larger gathering of the sports industry was explored for mid or later 2019 with possible objectives being to: (i) launch concrete actions in which the sports industry can participate, and (ii) to solicit formal endorsement from the sports industry on a sustainable partnership for the implementation of GAPP A.**

30. **Meeting dates are being consolidated with constituents of WFSGI and IHRSA and WHO will coordinate and finalise.**

31. **WHO will continue the development of the Register to publish and track industry commitments and contributions. An update on the process will be provided at the second dialogue.**

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Annex 1

PROGRAMME

08:30 – 09:00 Registration

SESSION I Welcome

09:00 – 11:00 (Moderator: Dr Nicholas Banatvala, WHO Secretariat of the United Nations Interagency Task Force on the Prevention and Control of NCDs)

09:00 – 09:05 Opening: Dr Svetlana Akselrod, WHO Assistant Director-General for Noncommunicable Diseases and Mental Health

09:05 – 09:30 Tour de table: Introduction of delegates

09:30 – 10:00 Presentation: The Global Action Plan on Physical Activity: Opportunities and synergies: Dr Fiona Bull, Programme Manager, Department of Prevention of Noncommunicable Diseases

Q&A

10:00 – 10:55 Presentations to introduce the work of:

1. World Federation of Sporting Goods Industry (WFSGI) – 10 min,
2. International Health, Racquet and Sportsclub Association (IHSRA) – 10 min,
3. American Council on Exercise (ACE) – 10 min, and

Q&A

10:55 – 11:10 Break

SESSION II Roundtable Discussion

11:10 – 13:00 (Moderator: Ms Jennie Price, Ex-CEO, Sport England)

How can the sports and recreation industry contribute to accelerating the implementation of GAPPA?

13:00 – 14:00 Lunch

SESSION III Experiences of engagement with the private sector

14:00 – 15:45 (Moderator: Dr Fiona Bull, Programme Manager, Department of Prevention of Noncommunicable Diseases)

14:00 – 14:30 Presentation: Reflections on the UK experience of working with the sports sector: Jennie Price, Ex-CEO, Sport England (10 min)

Q&A
14:30 – 15:00 Presentation: Examples of engagement with the private sector in other NCD areas: Mr Menno van Hilten, Senior External Relations Officer, Office of the Assistant Director-General (10 min)

Q&A

15:00 – 15:45 Roundtable Discussion: Identify agenda, actions and mechanisms for ongoing dialogue

15:45 – 16:00 Stretch and coffee break

SESSION IV Looking forward

16:00 – 17:00 (Moderator: Dr Nicholas Banatvala, WHO Secretariat of the United Nations Interagency Task Force on the Prevention and Control of NCDs)

16:00 – 16:45 Future dialogue with the sports sector

17:00 Summary and closure of meeting

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Annex 2

CONCEPT NOTE

Noncommunicable diseases (NCDs) constitute one of the major public health challenges for development in the 21st century. Every year, 41 million deaths are attributable to NCDs, and of those, 15 million deaths are in people aged between 30 and 69 years. In addition, NCDs are associated with considerable morbidity, loss of quality of life and wellbeing and financial hardship. The burden of NCDs on health, society and development can be prevented by addressing modifiable behavioural risk factors of NCDs, such as physical inactivity.

Regular physical activity is proven to help prevent and treat NCDs such as heart disease, stroke, diabetes and breast and colon cancer. It also helps to prevent hypertension, overweight and obesity and can improve mental health, quality of life and well-being.

In May 2018, the Seventy-First World Health Assembly endorsed a new Global Action Plan on Physical Activity 2018-2030 (GAPPA). GAPPA sets out four objectives and provides countries with a set of 20 evidence-based policy recommendations that are applicable to all countries and address the cultural, environmental and individual determinants of physical inactivity. All countries committed to implementation of GAPPA and called for assistance and support from the World Health Organization (WHO) to help tailor and adapt policy actions to local contexts. Successful implementation will require the involvement of all sectors, including the sports sector to help support the implementation of actions to promote and increase levels of physical activity.

The importance of sport towards achieving the 2030 Agenda and the Sustainable Development Goals (SDGs) is outlined in Paragraph 37 of the 2030 Agenda which recognizes the growing contribution of sport to the realization of development and peace in its promotion of tolerance and respect and the contributions it makes to the empowerment of women and of young people, individuals and communities as well as to health, education and social inclusion objectives.

Furthermore, the WHO Global NCD Action Plan 2013-2020 and the Political Declarations of the High-level meetings on NCDs held at the UN General Assembly emphasize the contributions and engagement of the private sector as essential to success. The innovative approach and creative solutions of the private sector are essential to achieving the GAPPA target of a 15% relative reduction in the global prevalence of physical inactivity in adults and adolescents.

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1 http://apps.who.int/iris/bitstream/10665/272722/9789241514187-eng.pdf
3 https://www.who.int/nmh/events/ncd_action_plan/en/
4 Political declaration of the First High-level meeting: http://www.who.int/nmh/events/ncd_summit2011/political_declaration_en.pdf,
Objectives of the dialogue

The objective of this dialogue is to explore how the sports industry can strengthen its commitment and contribution to the attainment of 2030 Agenda on Sustainable Development, and in particular SDG target 3.4 on NCDs and mental health by:

1) exploring opportunities and possible mechanisms for a structured dialogue between WHO and the sports industry on the global agenda of physical activity;
2) understanding how the sports industry can contribute to the implementation of GAPPA;
3) engaging in preparatory discussions for a larger dialogue with the sports industry to be held in the first quarter of 2019.

Hosting and participation

The dialogue with the sports sector will be hosted by WHO. Participation at the dialogue is through invitation only. Participants will include:

- About 15 representatives from the sports industry, including apparel, equipment, fitness and gym industries; digital equipment and accessories for fitness;
- Senior WHO officials

Language

The dialogue will be held in English.

Date and venue

The dialogue will be held on 4 December 2018 from 9am-5pm at the World Health Organization (Indian Room), Avenue Appia 20, Geneva, Switzerland.
Annex 3

LIST OF PARTICIPANTS

Representatives of the sports industry

World Federation of the Sporting Goods Industry (WFSGI)

Ms Emma P. Mason
Head of Strategic and External Affairs
World Federation of the Sporting Goods Industry (WFSGI)

Mr Christian Stammel
CEO
Wearable Technologies

International Health, Racquet and Sportsclub Association (IHRSA)

Mr Kilian Fisher
International Public Policy Advisor
IHRSA

Ms Monica Marques
Board of Directors, IHRSA
Technical Director, Companhia Athletica

Mr Cesar Carvalho
Co-Founder & CEO
Gympass

Mr Andrea Pambianchi
Founder & CEO
Fitness Network Italia

American Council on Exercise

Dr Cedric Bryant
President & Chief Science Officer
American Council on Exercise

Expert Consultants

Ms Jennie Price
Ex-Chief Executive Officer
Sport England
World Health Organization

Dr Svetlana Akselrod  
Assistant Director-General for  
Noncommunicable Diseases and Mental Health

Ms Virginia Arnold  
Project Officer  
Department of Prevention of  
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Dr Nicholas Banatvala  
Manager  
WHO Secretariat of the United Nations Interagency  
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Dr Fiona Bull  
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Surveillance and Population-based Prevention  
Department of Prevention of  
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Mr Guy Fones  
Acting Director  
Global Coordination Mechanism for NCDs

Mr Paul Garwood  
Communications Officer  
Strategy Content and Outreach

Dr Vinayak Prasad  
Programme Manager  
Tobacco Control  
Department of Prevention of  
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Mr Sameer Pujari  
Technical Officer  
Department of Prevention of  
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Ms Ulrike Schwerdtfeger  
Technical Officer (Legal)  
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Dr Gaudenz Silberschmidt  
Director  
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Mr Menno van Hilten  
Senior External Relations Officer  
Office of the Assistant Director-General for  
Noncommunicable Diseases and Mental Health
Ms Tatiana Vorovchenko  
Technical Officer (Policy, Advocacy & Communications)  
Office of the Assistant Director-General for  
Noncommunicable Diseases and Mental Health

**Apologies**

Mr Toni Boitz  
Director, Advanced Concepts  
Adidas

Ms Nathalie Coulomb  
WFSGI Physical Activity Committee Vice-Chair  
CR Business Partner  
Pentland Brands Limited

Mr Robbert de Kock  
President & CEO  
World Federation of the Sporting Goods Industry

Ms Vanessa Garcia-Brito  
WFSGI Physical Activity Committee Chair  
Vice President of Global Communications Purpose  
Nike Inc.

Ms Jessica Johnston  
WFSGI Physical Activity Committee Member  
Director of Global Partnerships & Stakeholder Engagement  
Nike Inc.

Ms Katia Mascagni  
Head of Relations with International Organizations  
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Dr John Moore  
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Ms Natalie Smeeman  
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Ms Kathleen Tullie  
WFSGI Physical Activity Committee Vice-Chair  
Senior Director of Social Responsibility  
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Founder & Executive Director, BOKS

Mr Lars Wiskum  
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SportVenture Consulting