MEETING SUMMARY REPORT


2. The objective of the Dialogue was to further discuss emerging areas of shared interest as identified during the first Dialogue in relation to supporting the global dissemination and country level implementation of the policy recommendations outlined in the WHO Global Action Plan on Physical Activity 2018-2030, namely:
   i. Building knowledge and insights (through evaluation and market research);
   ii. Global communications on physical activity;
   iii. Joint initiatives to reduce inequalities and promote and support physical activity in priority sub populations, including youth, girls, women, older adults, disadvantaged communities and people living with disabilities; and
   iv. Joint initiatives to demonstrate whole-of-community approach to implementation of the policy recommendation in a set of target countries/cities/communities.

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.

4. WHO provided an introductory briefing on the current levels of physical inactivity globally and regionally and introduced the WHO Global Action Plan on Physical Activity 2018-2030 (GAPPA)\(^1\), which was endorsed by WHO Member States in 2018.

5. WHO outlined the 4 strategic policy objectives and the set of 20 evidence-based policy recommendations of GAPPA which, if adopted, tailored and implemented, would result in increased population levels of physical activity in all countries, and the targets set for reducing physical inactivity, namely a relative reduction of 10% by 2025, and 15% by 2030, through concerted and coordinated multisectoral action, including the important role of the sports industry.

6. WHO summarised the main discussion points arising during the first Dialogue on 4 December 2018 and outlined the five areas that were collectively identified for further follow-up discussion. These were: 1) Digital technologies to support people becoming (more) active; 2) Knowledge building and

\(^1\) https://www.who.int/ncds/prevention/physical-activity/gappa.
sharing to inform GAPPA implementation in countries; 3) Communications campaigns to promote physical activity; 4) Demonstration of GAPPA implementation through focused action in ‘fast-track’ countries; and 5) Joint initiatives to address inequalities and priority sub population groups.

7. WHO provided an update on the status of development of the WHO Register of commitments, a mandated action from the World Health Assembly, which aims to provide a transparent accountability mechanism for stakeholders to publish and track the voluntary commitments made in support of achieving Sustainable Development Goal (SDG) 3.4 and specifically GAPPA implementation at global, regional or national levels. It is envisaged that the global register for commitments relevant to GAPPA will be established by mid-2019.

8. WHO shared actions and ideas for moving forward in each of the five areas of shared interest. On the issue of digital technologies, WHO updated on the intention to hold a specific meeting with this sub sector of the sports / digital industry as it has immense potential to support promoting physical activity and GAPPA implementation. This agenda was also noted to be highly aligned with the WHO agenda to scale digital applications to promote health and strengthen health systems. Two particular applications of ‘wearables’ were highlighted: for the monitoring of population levels of activity, and for behaviour change programs and support.

9. Regarding the building of knowledge and insights (Session III), WHO pointed out significant knowledge gaps between the ‘Know’, ‘How’ and ‘Do’ elements of implementation. Actions to address these knowledge -practice gaps would facilitate better decision making and resource allocation.

10. In the areas of communications (Session IV), the potential scope of actions ranged from scaling efforts already initiated by WHO under ‘Let’s Be Active: Everywhere, Everyone, Everyday’ through to regional and even country focussed campaign development. Other audiences and communications channels were noted as needed to achieve a paradigm shift in societal understanding of the multiple benefits of sport, recreation and physical activity and motivating communities to access those benefits.

11. Actions to prioritize and address inequalities (Session V) scoped current initiatives, gaps and needs in the areas of increasing the opportunities, access, programmes and services, to support people living with disabilities, older adults, women and girls and disadvantaged communities to be more active.

12. Demonstration of GAPPA implementation at country level, was proposed as an ‘Accelerator Initiative’ (Session VI). This demonstration in a selected set of countries, could show success, provide leadership, catalyse others, and provide learning and sharing of successful (and not successful) approaches to GAPPA policy implementation.

13. WHO notes that a sports and health workforce ready and able to meet the challenges and opportunities of promoting and increasing participation in sport, exercise and physical activity was needed, and that significant capacity building among the workforce was required (Session VII).

**SESSION III: BUILDING KNOWLEDGE AND UNDERSTANDING PATTERNS OF AND MOTIVATIONS FOR PHYSICAL ACTIVITY**
14. Industry representatives provided overviews of the trends in physical activity in two regions. Key highlights included: members of generation X were the least active, while generation Z was the most active; there is great variety of interests in physical activities between generations with the millennial generation more likely to participate in a broader range of activities and less structured and formal activities; non-active individuals were more likely to be interested in non-traditional activities (e.g. outdoor activities); the positive growth of the health clubs sector in 2018 and the over 55 age group being the fastest growing age group in the health club market; increasing participation can be achieved by making exercise fun; attracting population segments such as those with obesity and people with disabilities are challenges that need to be addressed. Industry representatives also gave an overview of the steps they are taking to increase levels of physical activity and sport participation, especially among children.

15. Despite the diversity of data sources, the lack of consistency in measurement, definitions, and metrics of physical activity was highlighted as well as the overall lack of good data, making cross-country and regional comparisons difficult and inaccurate. Participants discussed the need for the disaggregation of data to the region and country level, as data at that level would be the most useful in practice. The utilization of data was also flagged as an issue. Data is abundant but converting the data into meaningful information and insight is vital.

16. WHO outlined their perspective on the value of good data to help countries select and prioritize their actions. Relevant, quality information was needed to support and tailor good advocacy, communication campaigns, program design, priority issues, populations and geographical areas, and track trends and changes over time. Yet there is a wide discrepancy in the data available across countries and particularly in many countries with high levels of inactivity. Tools used in other countries (mostly high income) could be easily adapted and used to rapidly increase the information available and address gaps. Good evaluation of actions is needed also to enhance and progressively strengthen the evidence base on how to implement.

17. All participants agreed that economic data and analysis was a paramount need for advocacy and physical activity promotion. Strong economic data and calculations on the Return on Investment (ROI) would be highly beneficial.

18. Across all discussions over the two days there were repeated observations of data gaps, including: absence of any data on PA and sport in some countries; gaps in certain types of data, such as qualitative insights on why the levels and patterns of physical activity existed in certain groups in certain countries and cultures; and the global gap in data on the provision of quality appropriate physical education in schools and on other school policy actions to promote physical activity.

SESSION IV: DEVELOPING A JOINT COMMUNICATIONS CAMPAIGN TO PROMOTE PHYSICAL ACTIVITY

19. The session discussed a range of communication needs and possibilities, and potential target audiences (the consumer, Governments at all levels). There was a recognised need to enhance communications with Governments, to encourage a higher policy priority to physical activity, and to catalyze investing in PA for its multiple and wider policy benefits, especially through health and education settings.
20. The need for guidance and tools for ROI analysis (at state or city) was discussed using local data. Developing such tools was well supported and particularly helpful if the benefits could be expressed in terms that policy makers in the relevant areas could relate to, for example, improved educational outcomes, additional years of healthy life, etc.

21. There was also strong support for leveraging WHO’s existing communication assets, for example the ‘Let’s Be Active’ materials, and for them to be used and promoted and tailored where needed, so that they would be even more relevant in particular regions, either through translation into the relevant language or appropriate imagery/cultural references being added.

**SESSION V: ADDRESSING INEQUALITIES AND PRIORITY POPULATIONS**

22. This session focused on promoting participation in sport, exercise and physical activity in people living with disability. The concept of the continuum of disability was introduced and this helped set a common and broader understanding than segmenting populations by specific disabilities. In keeping with that, the area of double and multiple discrimination was addressed while intersectional inclusion approaches emphasizing disability gender and age were referenced.

23. The human rights aspect of providing for people with different impairments was highlighted, and how the obligations in the various UN treaties on, for example, the rights of women and the rights of the child, could be used to promote action on physical activity across the relevant priority groups.

24. The principle of designing every aspect of the physical activity system for *universal use* was strongly endorsed. Relevant aspects of the system included: facilities; programmes; training and skills, especially building the relevant skills into pre-service training, as well as ‘retro-fitting’ of skill sets as well as facilities. A detailed discussion was held on a current scheme underway developed by UNESCO in partnership with others - the UFIT Initiative. The possibilities of supporting the scaling and dissemination of this UFIT Initiative met with strong interest.

**SESSION VI: ACCELERATING COUNTRY ACTION**

25. WHO presented a proposal of an ‘Accelerator Initiative’, involving implementation of GAPPA in a set of countries with specified resources and technical assistance to assist countries for a period of time. Countries would implement the recommended actions in the WHO ACTIVE toolkit and selected policy interventions such as: communication campaigns, integration of PA in primary health care, and strengthening provision of PE and other sports and opportunities in school and community settings. The initiative would invest in supporting implementation and capacity building to deliver and evaluate the work in countries over a number of years (e.g. 3 years to up to 5 years).

26. The overall feedback from the group discussions showed strong support for this proposed initiative although noting flexibility would be needed when implementing in different places, and it might be more appropriate in some places to work with an individual state (in countries with a federal structure) or with a city, as agreed with the respective government.
SESSION VII: BUILDING WORKFORCE CAPACITY

27. ICREPS introduced the current global situation of training and accreditation in exercise and health professionals. It was noted that stronger development of a professional career track, portable qualifications, and independent accreditation methods and institutions exist in western and high income countries. The work of ICREPS – with its international scope and agenda - demonstrated that it was possible to develop a global approach to setting standards for the training of exercise professionals.

28. Discussion noted that in some countries, there was a lack of qualified exercise professionals and this resulted in inexperienced and unqualified professionals which can have negative impact on the customer/participant and viewed as undesirable for a growing industry.

29. During the discussion, the role and potential of members of the community also being part of the workforce was discussed, and their role as ‘champions’, activity leaders or ‘activators’ if provided with a basic level of training was emphasised, especially as they can often relate to, inspire and support people from different backgrounds and ability. The impact of seeing ‘someone like me’ in that environment, especially as a trainer or leader, could be particularly powerful. Examples were shared.

30. It was noted that the training and accreditation system requires a degree of flexibility to deal with the context and constraints in different countries, but the desire to have national standards that were ‘portable’ from country to country was a powerful incentive to drive up quality.

31. Also raised were the concepts of ‘exercise as medicine’ and ‘social prescribing’ as they are becoming more common, and it would be particularly important for medical and other health professionals to be able to refer, where relevant, patients to trusted exercise professionals with appropriate qualifications.

32. WHO noted there was a need for training outside of the exercise and sports disciplines. For example, there was a need to educate both within the health professions (doctors, nurses, health care workers, etc.) on the impact and desirable amounts of physical activity. Beyond the health sector, the training needs included upskilling in urban and transport planners (especially in the context of walking and cycling), education (including pre-service and in-service PE and other school teachers) and in other areas of public policy.

CONCLUSIONS AND ACTIONS

33. WHO was asked to convene two future meetings as a follow up to the 2nd Dialogue

- To establish a smaller ‘working group’ to meet in June to develop proposals around some of the discussed initiatives;
- To convene a 3rd Dialogue in September 2019.

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### Annex 1

## PROGRAMME

### DAY 1

**Monday, 25 February 2019**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
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<tbody>
<tr>
<td>10:30 – 11:00</td>
<td>Registration</td>
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<tr>
<td><strong>SESSION I</strong></td>
<td>Welcome and GAPPA overview</td>
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<tr>
<td>11:00 – 12:15</td>
<td>Welcome: Dr Etienne Krug, Director, Management of NCDs, Disability, Violence &amp; Injury Prevention</td>
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<tr>
<td>12:15 – 12:55</td>
<td><strong>SESSION II</strong> Recap of the first Dialogue (4 December 2018) and looking forward</td>
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<tr>
<td>13:00 – 14:00</td>
<td>Roundtable Discussion</td>
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<tr>
<td>14:00 – 15:15</td>
<td><strong>SESSION III</strong> Building knowledge and understanding patterns of and motivations for physical activity</td>
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<tr>
<td>14:00 – 15:15</td>
<td><strong>Presentation 1</strong>: WHO perspective – why we need insights research: Dr Fiona Bull, acting Director, Prevention of Noncommunicable Diseases (8 min)</td>
</tr>
<tr>
<td>14:00 – 15:15</td>
<td><strong>Presentation 2</strong>: The sporting goods manufacturing - trends, forecasts and perspectives of the market: Emma Mason, WFSGI (8 Min)</td>
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*Lunch will be available at the WHO cafeteria.*
Presentation 3: The sports, health and fitness industry - trends, forecasts and perspectives of the market: Kilian Fisher, IHRSA (8 min)

Roundtable Discussion

Intended outcome:
1) Level of interest in moving forward insights research;
2) Interested Parties;
3) Next steps.

15:15 – 15:30 Stretch and coffee break

SESSION IV Developing a joint communications campaign to promote physical activity – global, regional and national
15:30 – 17:00

Presentation: Opportunities and needs to create positive values and culture towards physical activity: Dr Fiona Bull, acting Director, Prevention of Noncommunicable Diseases

Roundtable Discussion

Intended outcome:
1) Level of interest in developing a joint communications campaign;
2) Interested Parties;
3) Next steps.

17:30 – 19:00 RECEPTION (WHO main cafeteria)

DAY 2
Tuesday, 26 February 2019

09:00 – 09:10 Recap of Day 1

SESSION V Addressing inequalities and priority populations
09.00 – 10:45

Presentation 1: Disability and physical activity: Lindsay Lee, Technical Officer, WHO Disability Programme

Presentation 2: Progress and opportunities to increase levels of physical activity in people living with disabilities: Prof Catherine Carty, UNESCO Chair Project Manager, Institute of Technology Tralee, Co Kerry, Ireland (15 min)

Roundtable Discussion

Intended outcome:
1) Identified areas of need and opportunity to promote and increase physical activity participation by people with disabilities;
2) sharing of current action of the industry in this area;
3) identified possible collaborations for joint action for next steps.

10:45 – 11:15  Stretch and coffee break

SESSION VI  Accelerating country action
11:15 – 12:50  Presentation: Proposal for a six-country demonstration of GAPPA implementation: Dr Fiona Bull, acting Director, Prevention of Noncommunicable Diseases (10 min)
Roundtable Discussion
Intended outcome:
1) Level of interest in moving forward this initiative;
2) Interested Parties;
3) Next steps.

13:00 – 14:00  Lunch

SESSION VII  Building workforce capacity
14:00 – 15:15  Presentation: Strengthening and scaling industry training and standards for exercise professionals: Richard Beddie, CEO, Exercise New Zealand and Chief of Staff, ICREPS Board (15 min)
Roundtable Discussion
Intended outcome:
1) Level of interest in moving forward this initiative;
2) Interested Parties;
3) Next steps.

SESSION VIII  Meeting summary, next steps and closure
15:15 – 15:55  Presentation: Summary of the meeting and next steps: Jennie Price, expert consultant
Roundtable Discussion
16:00  Closure of the meeting

* Lunch will be available at the WHO cafeteria.
CONCEPT NOTE

On 4 December 2018, the World Health Organization held its first Dialogue with representatives of the sports industry to identify areas of interest and synergy in supporting the implementation of the new Global Action Plan on Physical Activity 2018-2030 (GAPPA): More Active People for a Healthier World. The Dialogue is part of a series being conducted by the World Health Organization consistent with the United Nation’s Political Declarations on Noncommunicable Diseases (NCD) which recognize the need for, and roles of many stakeholders, including the private sector, in the attainment of the 2030 Sustainable Development Goals (SDG), and SDG Target 3.4 on NCDs and mental health in particular. This first Dialogue with the sport industry scoped areas of interest and opportunity to promote physical activity across the sports sector, including manufacturing, health, recreation and sports clubs, wearable technologies, and related sports, exercise and fitness training and accreditation entities.

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 2018, WHO launched GAPPA, which sets out four policy action areas that are applicable to all countries and address the cultural, environmental and individual determinants of physical inactivity. At the World Health Assembly 2018, countries called for assistance to help tailor and adapt policy actions to local contexts. Successful implementation will require the involvement of all sectors, including the sports sector to support 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 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.
Objectives of the Dialogue

The objective of the second Dialogue is to further discuss emerging areas of shared interest as identified during the first Dialogue: 1) building knowledge (through evaluation and market research); 2) global communications campaign on physical activity; 3) joint initiatives to address priority issues and population such as inequalities in participation by girls, women, disadvantaged communities and people living with disabilities; and 4) joint initiatives to demonstrate whole of community approach to GAPPA implementation in a set of target countries.

Hosting and participation

The second Dialogue will be hosted by WHO. Participation at the Dialogue is through invitation only. Participants will include about 20 representatives from the sports industry, including apparel, equipment, fitness and gym industries, and senior WHO officials.

Language

The dialogue will be held in English.

Date and venue

The dialogue will be held on 25 February (11am-5pm) – 26 February 2019 (9am-4pm) at the World Health Organization, Avenue Appia 20, Geneva, Switzerland.
Annex 3

LIST OF PARTICIPANTS

Representatives of the sports industry

World Federation of the Sporting Goods Industry (WFSGI)

Ms Sarah Cannon
Senior Director, Communications and Partnerships
Global Community Impact
NIKE, Inc.
USA

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

Ms Emma P. Mason
Vice President, Strategic and External Affairs
WFSGI
Switzerland

Ms Caitlin Morris
General Manager of Global Community Impact
NIKE, Inc.
USA

Ms Kathleen Tullie
Physical Activity Committee Vice-Chair, WFSGI
Senior Director of Social Responsibility, Reebok International
Founder & Executive Director of BOKS, adidas Group
USA

International Health, Racquet and Sportsclub Association (IHRSA)

Ms Jana Borges
Global Head, Brand Purpose and Engagement
Gympass
USA

Mr Mike Downing
Vice President of Operations
Fitness Time
Saudi Arabia
Mr Kilian Fisher  
International Public Policy Advisor  
UFIT Global Industry Lead  
IHRSA

Mr Walter MacDonald  
Director of Operations  
Shenzhen Catic Wellness / Physicalclub China  
China

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

Mr Greg Oliver  
CEO, Fitness & Lifestyle Group  
Goodlife / Fitness First Australia  
Australia

Mr Andrea Pambianchi  
Founder & CEO  
Fitness Network Italia  
Italy

Ms Loni Wang  
CEO, Shenzhen Catic Wellness / Physicalclub China  
China

**Representatives of Professional Training and Accredition Bodies**

Mr Richard Beddie  
CEO, Exercise New Zealand  
Chief of Staff to Board, ICREPS  
New Zealand

Mr Patrick Bejjani  
Founder and Director  
Inspire Fitness Academy  
Lebanon

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

Mr Joel Perricone  
National Manager Advocacy and Partnerships  
Fitness Australia  
Australia

Ms Jacqueline Yue  
Director Marketing and Communications  
Asian Academy for Sports & Fitness Professionals  
Hong Kong, China
International Olympic Committee (IOC)

Dr Richard Budgett
Medical and Scientific Director
Switzerland

United Nations International Children's Emergency Fund (UNICEF)

Dr Nasir Yusuf
Senior Health Specialist
Representative of UNICEF at WHO
Expanded Programme on Immunization Plus (IVB/EPI)
WHO, Geneva

Expert Consultants

Prof. Catherine Carty
UNESCO Chair Project Manager
"Transforming the Lives of People with Disabilities, their Families and Communities, Through Physical Education, Sport, Recreation and Fitness"
Institute of Technology Tralee
Co Kerry
Ireland

Ms Jennie Price
Ex-Chief Executive Officer
Sport England
United Kingdom

World Health Organization

Dr Nicholas Banatvala
Manager
WHO Secretariat of the United Nations Interagency Task Force on the Prevention and Control of NCDs

Dr Fiona Bull
Programme Manager
Surveillance and Population-based Prevention
Department of Prevention of Noncommunicable Diseases

Dr Shelly Chadha
Technical Officer
Blindness and Deafness Prevention, Disability and Rehabilitation

Dr Guy Fones
Acting Director
Global Coordination Mechanism for NCDs
Dr Etienne Krug
Director
Management of NCDs, Disability, Violence & Injury Prevention

Ms Lindsay Lee
Technical Officer
Blindness and Deafness Prevention, Disability and Rehabilitation

Mr Graham McNeill
Coordinator
Coordinated Resource Mobilization

Ms Karen Reyes
Consultant
Blindness Deafness Prevention, Disability and Rehabilitation

Ms Ulrike Schwerdtfeger
Technical Officer (Legal)
Department of Prevention of Noncommunicable Diseases

Dr Gaudenz Silberschmidt
Director
Partnerships and Non-State Actors

Mr Menno van Hilten
Senior External Relations Officer
Office of the Assistant Director-General for Noncommunicable Diseases and Mental Health
Apologies

International Paralympic Committee (IPC)

Dr Peter Van de Vliet
Medical & Scientific Director

United Nations Educational, Scientific and Cultural Organization (UNESCO)

Mr Alexander Schischlik
Chief of Section, Youth and Sport
France