Meeting Report


2. The objectives of WHO Dialogues with industry are threefold: 1) share information on the global health agenda and WHO priorities and workplans on promoting physical activity; 2) exchange information on industry directions and developments related to promoting physical activity and develop understanding of the industry’s opportunities and trends; and 3) identify potential areas of common interest and synergy that align with the implementation of recommendations in the Global Action Plan on Physical Activity 2018-2030 (GAPPA).

3. The objective of this third Dialogue with industries related to sports and physical activity was to explore how digital technologies and use of large data sets can be leveraged to measure, monitor and support behavior change and thereby increase effectiveness and reach of policy recommendations as outlined in the Global Action Plan on Physical Activity (GAPPA) 2018-2030.

4. The programme of the Dialogue is provided in Annex 1 and the list of participants in Annex 2.

SESSION I: WELCOME AND OVERVIEW

Presentation: Update on activities in 2019 on WHO’s Global Action Plan on Physical Activity and summary of Dialogues 1 & 2

5. Dr Naoko Yamamoto, WHO Assistant Director-General for the Healthier Populations Division, welcomed the participants and thanked them for their time to meet with WHO. Physical inactivity is a problem in all countries and the latest data on inactivity levels among both adults and adolescents are of great concern for WHO and its Member States. It is noted that the private sector has a wealth of knowledge and its capacity for innovation was indispensable in providing support to countries and to WHO in making people more active.

6. Under the leadership of Director-General Dr Tedros Ghebreyesus, WHO has recently undergone an organizational restructure. As a result, new divisions and departments have been established. A new
Unit on Physical Activity has been established within the new Department of Health Promotion in the ‘Healthier Populations’ Division, and is looking to increase its global reach through external collaborations, including with non-State actors.

7. WHO provided an introductory briefing on the current levels of physical inactivity and the WHO Global Action Plan on Physical Activity 2018-2030 (GAPPA). The global inactivity level among adults was 28% (latest global data, published in Oct. 2018), with variations between regions, countries, and within countries. For adolescents (11-17 years), the recent global study published in November 2019 documented that globally, 81% do not meet recommended levels of physical activity. Unfortunately, these data show overall a lack of progress in decreasing physical inactivity in the past 15 years despite strong and well-established evidence that consistently shows the multiple benefits afforded by regular physical activity and its substantial contribution to preventing and treating NCDs and promoting health and wellbeing.

8. WHO restated its priorities were to increase physical activity in the least active regions and countries, and within countries in the least active populations which were often girls, women, older adults and people living with chronic diseases and disabilities.

9. WHO highlighted areas of work and achievements across 2019 including noting the following: launch of the first guidelines on physical activity, sedentary behaviors and sleep in children under the age of 5 years in April 2019; the commencement of the development of new guidelines for older age groups scheduled for publication in Oct 2020; the plans under development for a WHO Global Status Report on Physical Activity, scheduled for launch in Dec 2020; ongoing progress developing ACTIVE, the WHO technical toolkit and guidance to countries on implementation of GAPPA policy recommendations; advancement of the GAPPA monitoring and indicators framework and alignment with Kazan Action Plan indicators framework being led by UNESCO; and other ongoing collaborations such as with IOC, FIFA and Paris 2024 Olympics Legacy team. WHO noted that the WHO secretariat would be submitting a report on global progress of GAPPA implementation to the World Health Assembly held in May 2021.

10. WHO summarised the objectives and outcomes arising from the first and second Dialogues, held on 4 December 2018 and 25-26 February 2019 and noted reports are publicly available on WHO website.

Presentations: Update from the industry associations and perspective from industry representative

World Federation of the Sporting Goods Industry (WFSGI)

11. The representative of WFSGI provided an overview of the mandate, structure and key areas of work of WFSGI. WFSGI has 300 direct and 5000 indirect members. The Physical Activity Committee (PAC) of WFSGI is committed to (1) raising awareness of the benefits of physical activity and sport and (2) increasing participation levels, particularly among young children. WFSGI work in four key areas:

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1 See full document at https://www.who.int/ncds/prevention/physical-activity/gappa.
2 https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30357-7/fulltext
3 https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(19)30323-2/fulltext
4 The meeting documentation is available at https://www.who.int/ncds/governance/private-sector/en/.
Advocacy, public policy, networking, and information. An overview of recent key activities and engagements across 2019 was presented, noting WFSGI is currently preparing a Best Practice Physical Activity Toolkit jointly with IOC. WFSGI summarized a number of ways in which GAPPA and the work of WHO on physical activity had been promoted at key WFSGI events and in publications.

**International Health, Racquet & Sportsclub Association (IHRSA)**

12. The IHRSA representative introduced the association’s organizational structure and work areas. As a trade association, IHRSA is serving the health and fitness club industry worldwide. IHRSA members represent health and fitness facilities, gyms, spas, sports clubs, and industry suppliers worldwide. IHRSA and its members are dedicated to making the world healthier through regular exercise and physical activity promotion.

13. An update was provided on the UFIT program (Universal Fitness Innovation and Transformation)\(^5\) — an initiative designed to improve the opportunities and experiences for people living with disabilities who wish to become more physically active. IHRSA is expanding the promotion and implementation of UFIT and members delivering the UFIT program would contribute and align with GAPPA recommendations which calls for increased efforts to increase physical activity opportunities in key priority populations groups.

14. IHRSA noted their forthcoming plans to promote the ‘UFIT 2020 Get active for All Pledge’\(^6\) at its global annual conference in San Diego, California in March 2020. WHO had been invited to present and this would contribute to increasing dissemination of GAPPA related information.

**Perspective from industry representative: Technogym**

15. A representative of equipment manufacturer Technogym\(^7\) provided an introduction to the company and its vision and showed a corporate video outing the key areas of work related to promotion of exercise and physical activity. Technogym’s current focus is on three areas of human development: engaging physical activity, the importance of correct nutrition, and having a positive mindset to assist in mental health.

16. The company has a strong scientific commitment centered around the areas of physiology, biomechanics and public health. Worldwide, over 50 million people use Technogym equipment, in over 80’000 clubs and in 100 countries.

**Discussion**

17. Following these contributions, participants discussed the varied terminology commonly used by the different parties within the room and across the sports sector. On the one hand, “physical activity” is a term used extensively by WHO and governments to include all movement and activity that increases energy expenditure beyond sedentary levels that provides health benefits. On the other hand, many members of the industry that supply customers and consumers with products and services are more likely to use terms such as ‘exercise’, ‘fitness’ and often ‘sport’ where their interests align with the structured and more competitive participation in formal sports including

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\(^5\) [https://justdoufit.com/about-ufit/](https://justdoufit.com/about-ufit/)

\(^6\) [https://www.ihrsa.org/improve-your-club/programs-for-members/inclusive-fitness/](https://www.ihrsa.org/improve-your-club/programs-for-members/inclusive-fitness/)

\(^7\) [https://www.technogym.com/ch/de/](https://www.technogym.com/ch/de/)
competition. In addition, individual companies use terms such as “wellness”, “everyday athletes”, “get active” or “get rewarded”.

18. Regarding the terms ‘sport’ or ‘exercise’, WHO reminded participants that these terms could be negative triggers for the least active people and may not engage organizations that do not see sport as the primary focus of their organization or its members.

19. This discussion identified that there are specific terminologies that represent government language, business market language and consumer language and that all parties must become familiar and comfortable with their respective use in order to be inclusive.

SESSION II:
GLOBAL REGISTER OF CONTRIBUTIONS TO GAPPA – STRUCTURE AND AREAS OF CONTRIBUTIONS

20. WHO provided an update on the status of development of the WHO Register of contributions 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.

21. WHO presented current draft protocols including on which entities would be eligible to submit proposals, and exclusion criteria, gave an overview of the mechanism of the Register, identified the areas of priority for Register contributions, and outlined the intention to establish the Register in a stepwise manner commencing with a pilot phase in 2020.

22. It was also identified that eligible entries must align to other WHO public health policy including in the areas of food safety, chemical safety, ethical promotion of medicinal drug products, and WHO policy recommendations related to tobacco control and other non-communicable diseases risk actors and health and safety at work.

23. Priority areas (or “asks”) WHO had identified for the Register contributions: 1. Sharing resources; 2. Increase opportunities for priority populations; 3. Scale awareness campaigns; 4. Create innovative digital solutions; 5. Strengthen health in the workplace; and 6. Build workforce capabilities. While there are 6 priority areas, discussion time was spent on Areas 1-3 and expanding on what type of commitments might be eligible.

24. Discussion highlights included recommendation that WHO provide examples of the areas of commitments to assist those wishing to submit contributions to the Register and for WHO to allow sufficient timelines for industry to process their own internal clearance processes, particularly where there were resource implications. It was noted that different industry would be able to respond in different timeframes and across different areas.

SESSION III: USING ‘BIG DATA’ IN THE HEALTH AND FITNESS INDUSTRY
Presentation: Paul Bedford, Retention Guru Ltd (WHO temporary consultant)

25. Dr Bedford provided a presentation on the use of “big data” within the sports sector, with a specific focus on the data use within the health, sports and recreation club industry (both private and public
sector). He provided examples of the application and potential future uses of ‘big data’ to improve practice and service.

26. Dr Bedford outlined the different types of data collected by different operators and the types of analyses and translation into actionable outcomes. Noting that the term ‘big data’ is often used to describe large data sets, of traditional rows and columns, it actually means the use and analyses of combinations of traditional and non-traditional datasets, such as social media posts, written feedback and unstructured data sources.

27. The health club industry has large amounts of data held within its businesses. This data is sometimes used to uncover customer behaviours that can inform business practice which includes identifying ways to change behaviour to increase participation and retention rates of customers and clients at gyms, fitness and health clubs.

28. Dr Bedford gave examples of the 10 most impactful areas that operators can change to increase the lifetime value of a customer. It was also noted that if customers were retained and supported to continue and sustain their behaviour of physical activity within a club setting, not only would the club increase revenue, but the person was more likely to attain greater health and fitness benefits. The top 10 areas included: 1. Visits 2. Interaction 3. Programming 4. Group exercise 5. Social factors 6. Goals 7. Contracts 8. Age 9. Inductions 10. Discontent.

29. Dr Bedford concluded by identifying the opportunities in emerging markets, where levels of recreational physical activity through clubs is quite low, to adopt best practices with data collection and use to inform programs and service learned by operators in more mature markets. He noted using data analytic approaches would enable them to leapfrog 20-30 years, of poor practices and failed interventions. It was also identified that data collection and analyses from mature markets could help greatly inform rapid adoption and deployment of appropriate services to reach and retain more people being more active. This would also occur with reduced costs, and benefits to all parties.

30. A representative of Vitality Health Insurance provided a short overview of the Vitality Awards program which incentivises clients to increase and maintain levels of physical activity. Key components include use of device base monitoring of activity levels, club access and incentives, regular feedback and rewards. These principles work well and could be applied by others. The ‘Vitality Rewards’ program was developed in collaboration with health club operators and is now expanding to 12 markets across all geographic regions.

Presentation: Killian Fisher, IRHSA. Report on recommendations on employment trends and workforce development priorities: Findings from European Sector Skills Alliance Project

31. The IHRSA representative provided an overview of key conclusions of the recently released skills survey by ‘The European Sector Skills Alliance for Sport and Physical Activity (ESSA-Sport)’. According to the EU employer skills survey, the weakest skills in Sports Coaches were (according to their employers):

1. Ability to work with people with disabilities,
2. Information communication technology skills,
3. Marketing and selling skills,
4. Organise activities and events,
5. Ability to work with different participants.

This led to a discussion around staff not being trained appropriately to perform the activities required. Many sports coaches were – less well trained in physiology, bio medical and soft skills than they were in the past. It was generally agreed that all sectors should push for improved staff training.

32. The key findings of the survey regarding senior and middle management skills revealed that the weakest skills are:
   1. Strategic thinking,
   2. Leading change,
   3. Business development skills,
   4. Marketing and selling skills,
   5. Facilitating innovation.

While the fitness market was intentionally designed to be attractive to the inactive, the findings of this report suggest more needs to be done and can be done to change the culture and appeal to the needs of the inactive and those new to physical activity.

33. While the study was as comprehensive as possible, it was recognised that there are several issues with the report. Some countries have a large informal economy where labour size and worked hour cannot be accurately identified. There are also issues with definitions overlap and terminology discrepancies. For example, in Turkey, while a ‘health club’ would be a spa with sauna and steam rooms and would predominantly be used for relaxation, a ‘sports club’ would be a place where health and fitness activities take place, such as gym workouts, group exercise classes as well as spa activities and traditional sports. The term sports in one country means something different in other countries.

SESSION IV: Advances and Opportunities
Presentation: Developments in digital technologies to support behaviour change on physical activity

34. A representative of a multinational technology company provided an overview of the company’s Eco System of work in the health sector and specifically focused on the R&D work supporting wearable products which has a number of health-related applications. It was pointed out that some existing applications were currently underutilized and further product development and promotion would follow. It was also highlighted that ensuring the products were accessible to all users was a priority and work was underway to further enhance the voice activation (instead of by accessing the device itself) across applications.

35. The multinational technology company identified areas that are key to the success of increased physical activity include reaching new users, increasing retention and ensuring engagement.
36. The company commented on several examples of successful cooperation on behaviour change programmes on physical activity, including with an international health insurance company which have achieved concrete results in getting people more active.

SESSION V: Digital technology to measure, monitor and drive behaviour change

Presentation: Christian Stammel, CEO, Wearable Technologies

Developments in digital technologies to measure and monitor physical activity

37. The CEO of Wearable delivered a presentation on the state of the industry and developments in the use of sensors in tracking physiological change and behavioural change. Initiatives run by Wearable Technologies like the ‘Innovation World Cup Challenge’, encourage technology companies to compete in new product development challenges in order to demonstrate how to solve a specific challenge. ‘Wearables’ were defined as ‘technologies that are worn close to, on the or in the body’. These included traditional wearable devices attached to the wrist, ankle chest, as eyewear or around the ear.

38. The challenge for most wearable solutions providers was to maintain engagement with the device for extended periods of time, i.e., beyond three months. This interface, usually through an app, must continue to provide some type of feedback and information beyond providing only numbers. More devices are cloud-connected and intelligent and learn from the wearer’s co-united use and give some type of direction or advice on how to maintain or continue to make improvements. As these devices become smarter and learn the behaviours of the user, it was suggested that it would be possible to get personal prediction of behaviours using predicative analytics. The challenge remains on how to maintain user engagement.

39. Traditional wearable technology was described as reaching a limit on human ‘real-estate’ for wearables on the human body, namely they are usually worn on the wrist, ankle chest, as eyewear or around the ear. The new developments in wearable sensors are in the form of patches, which increase the potential for placement to almost anywhere on the body. Patch sensors could assist with identifying the effect of physical activity, exercise and sport has on physiology and disease, however it is not yet clear how patches (and the data provided) could be used for routine behaviour change support outside of controlled research environments.

Discussion

40. Discussion initially explored the level of sports industry (particularly health club) interest, adoption and integration of wearable technologies. Next, the discussion explored issues related to the accuracy and industry standardization of the measures and metrics produced by wearables and the level of variation across currently available consumer products. It was noted that there is no global guidelines or industry standards of acceptable measurement ranges for many measures, including heart rate variability (HRV).

41. Further discussion noted that WHO would be in a unique and important position to convene and even lead processes to define and set guidelines related to validity, accuracy and reproducibility of measures that the technology companies could then work towards. It was noted that this would benefit both parties as technology companies would have standards to work towards and WHO
could provide recommendations or guidance that would help identify products that provide accurate methods for physical activity surveillance, programs and research purposes.

42. Discussion continued around the differences between measuring ‘activity’ and measuring structured exercise and/or fitness performance, noting that each placed a different set of requirements on a product; and also the some might require verification through clinical trials.

43. WHO noted that government representatives are asking WHO to provide advice and even recommendations regarding technology and apps that help monitor physical activity and those that help physical activity behaviour change. Various participants described documents which were now publicly accessible for similar purposes, such as NHS in the UK which has a list of expert reviewed Apps, and a similar list was noted from VicHealth in Australia. The need for more practical Apps to attract new users to start being more active was also discussed such as, ‘find a friend to train with’, which had functionality similar to current ‘dating’ apps.

SESSION VI: Global Register of contributions to GAPPA

44. This session reviewed the areas identified as potential priorities by WHO for the pilot phase of the Global Register of contributions to GAPPA. WHO clarified that final details of the protocols would be developed by WHO in early 2020 with a view to launch in first quarter. WHO also noted that the pilot phase would restrict the number of submissions so that WHO can develop and manage the new processes. WHO noted that an independent review panel would be established to support reviewing submissions against established criteria. The pilot phase timelines were likely to be across 2020-2021 allowing for a review of the pilot phase before revision and expansion.

Overview of WHO Strategy on engagement with the private sector

45. Dr Gaudenz Silberschmidt, Director, Health and Multilateral Partnerships/WHO, provided an introduction to the wider work of WHO in engagement with partners including the private sector. He noted that WHO (as well as its Member States) was historically risk averse regarding its engagement with private sector entities, in particular, because of experiences with the tobacco industry. In response, the Framework for Engagement with Non-State Actors (FENSA) had been adopted by Member States, which now serves as guidance for engagement with private sector. It was also stressed that WHO retains a level of competitive neutrality.

46. Dr Silberschmidt noted that WHO was in the process of developing an WHO engagement strategy for the private sector. He also outlined five areas in which WHO plays a role in its engagement with private sector and other partners. These were to ensure and support: 1) Industry knowledge of WHO and global health priorities; 2) areas where innovation is needed; 3) to convene parties that do not always meet; 4) to raise standards and address market failures; and 5) to engage to reach global health and SDG goals.

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SESSION VII: Meeting Summary, Next Steps and Closure

47. Dr Naoko Yamamoto, WHO Assistant Director-General for the Healthier Populations Division, and Dr Ruediger Krech, Director, Department of Health Promotion, provided brief closing remarks and thanked participants for their commitment and contributions to this third Dialogue.

NEXT STEPS

1. WHO will convene Dialogues #4 and #5 in 2020 and dates will be identified as soon as possible in order to allow for notification to all relevant stakeholders as soon as possible. The thematic focus areas and agenda for the Dialogues will also be identified and communicated as early as possible in 2020.

2. WHO will notify on the pilot phase of the global register in early Q2 of 2020. WHO will continue to work on clarifying outstanding issues and protocols regarding the pilot phase of the Register and will consult with industry associations and other stakeholders as appropriate. WHO will prepare a project plan for the pilot phase to serve as a guidance document.

3. WHO noted the potential value and call for setting up a mechanism for the “safe sharing” of data for analyses and sharing knowledge derived from different approaches to industry data analytics to enable best practice; there were two areas of interest: 1) application in developing markets of the gym and recreation club industry, as well as strengthening the use within established markets; and 2) application of analytics to understand wearable technology user adoption, interaction, and effectiveness. Potential mechanisms and resources to advance this agenda need to be identified. All parties were invited to consider possible ways to forward this agenda.

4. Recognising the potential of wearable technology, WHO will pursue discussion of the opportunity to conduct a Global Innovation Challenge to invite the wearable technology industry to advance the applications and devices to assist in improving population level monitoring of levels of physical activity.

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Annex 1

PROGRAMME

DAY 1

Wednesday, 18 December 2019

Registration
08:30 – 09:00

Session I  Welcome and overview
09:00 – 11:00

1. Welcome, tour de table

2. Update on activities in 2019 on WHO´s Global Action Plan on Physical Activity and summary of Dialogues 1 & 2 (WHO)

3. Update from the industry associations (15 min each)
   a. World Federation of the Sporting Goods Industry (WFSGI)
   b. International Health, Racquet and Sportsclub Association (IHRSA)

4. Introductions and perspective from Industry representative
   a. Technogym (10 mins)

5. Q&A

11:00 – 11:30 Stretch and coffee/tea break

Session II  Global Register of contributions to GAPPA – structure and areas of contributions

11:30 – 12:50

1. Introduction to the global register (WHO)

2. Q&A
12:50 – 14:00 *Lunch*

Session III  Using ‘big data’ in the health and fitness industry

14:00 – 15:45

1. Using ‘big data’ to identify best practices in the health and fitness industry to engage, recruit and sustain individuals in regular physical activity (Paul Bedford, WHO consultant)

   Q&A

2. Recommendations on employment trends and workforce development priorities: Findings from European Sector Skills Alliance Project (Killian Fisher, IHRSA)

   Q&A

15:45 – 16:00 *Stretch and coffee/tea break*

Session IV  Advances and opportunities

16:00 – 17:30

1. Developments in digital technologies to support behaviour change on physical activity (Representative, multinational technology company)

2. Roundtable discussion

DAY 2

Thursday, 19 December 2019

09:00 – 09:10 Recap of Day 1

SESSION V  Digital technology to measure, monitor and drive behaviour change

09:10 – 10:30

1. Developments in digital technologies to measure and monitor physical activity (Christian Stammel, Wearable Technologies)

2. Discussion

10:30 – 10:45 *Stretch and coffee/tea break*

*Lunch will be available at the WHO cafeteria.*
SESSION VI  Global Register of contributions to GAPPA

10:45 – 12:00

1. Overview of WHO Strategy on engagement with the private sector
   (Dr Gaudenz Silberschmidt, Director, Health and Multilateral Partnerships)

2. Continuation of discussion on the Global Register

SESSION VII  Meeting summary, next steps and closure

12:00 – 12:45

1. Summary of meeting and proposed next steps

2. Discussion

12:45  Closure of the meeting
Annex 3

LIST OF PARTICIPANTS

Representatives of the sports industry

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Representatives of other related industries

Representative
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Apologies

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