

Summary report on the

Consultation of the Regional Steering Committee on Physical Activity and the Regional Technical Working Group on Physical Activity

WHO-EM/HLP/086/E

Cairo, Egypt
28–29 September 2014



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

Physical inactivity has been recognized as a major public health issue and in September 2011, Heads of States and Governments at the United Nations (UN) called for Member States to take concrete actions to reduce physical inactivity in the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases. In 2012, the World Health Assembly endorsed a voluntary global target of a 10% reduction in physical inactivity by 2025. Following this, in 2013, the Sixty-sixth World Health Assembly adopted the Global action plan for the prevention and control of noncommunicable diseases 2013–2020, including a global monitoring framework with specific global targets, in which countries committed to take actions to reduce by 10% (a relative reduction) the prevalence of insufficient physical activity (resolution WHA 66.10).

In October 2012, at the Fifty-ninth session of the World Health Organization (WHO) Regional Committee for the Eastern Mediterranean, Member States adopted a framework for action to implement the UN Political Declaration (resolution EM/RC59/R2). This included the implementation of the global recommendations on physical activity and conducting mass media campaigns on the importance of a healthy diet and the benefits of physical activity. In October 2013, at the sixtieth WHO Regional Committee for the Eastern Mediterranean, Member States called for the development of tools, including specific guidance for Member States on the roles of different ministries and other relevant physical activity partners.

The results of an assessment of country capacities to develop and implement effective policies and programmes for physical activity revealed that very few countries of the Region have the basic

requirements to support and increase participation in physical activity. This is mainly due to a lack of awareness of the adverse health implications of physical inactivity, insufficient data related to levels of physical activity, lack of national leadership/commitment and insufficient engagement by governmental multisectoral coordination mechanisms.

At the High-level regional forum on a life course approach to promoting physical activity held in Dubai, United Arab Emirates, on 24–25 February 2014, senior officials from the health, education, urban planning, youth and sports sectors issued a regional call to action, recommending key actions to be taken by countries and WHO. One of the recommended actions for WHO was the establishment of a regional physical activity advisory committee to provide countries with guidance and to monitor progress.

Originally the plan was to have two committees, one focusing on strategic guidance and another focusing on technical aspects. However, the members of the two groups agreed to have only one advisory committee for physical activity.

As a result, WHO established the Regional Advisory Committee on Physical Activity in September 2014 to:

- provide strategic guidance to WHO on actions to support Member States in their efforts to promote physical activity, including the development of national multisectoral policies and plans
- advise on technical support, capacity-building needs and the tools required to support country action on physical activity
- conduct and support advocacy at regional events related to noncommunicable diseases prevention and physical activity

- promote and facilitate the engagement of relevant regional and international organizations in the physical activity agenda at national and regional levels
- provide guidance for research, evidence generation and experience sharing, including the monitoring and evaluation of progress.

Members of the Regional Advisory Committee on Physical Activity are senior officials and experts from the health, education, urban planning, youth and sports sectors.

The first consultation of the Regional Advisory Committee on Physical Activity was held on 28–29 September 2014 in Cairo, Egypt, to agree on a roadmap with priority actions for the implementation of the regional call to action on physical activity. Thirteen members of the Committee attended the consultation.

2. Summary of discussions

After an initial overview by WHO on global and regional commitments on physical activity, each of the action areas recommended in the regional call to action and the results of policy audits conducted in 11 countries were presented followed by discussions. The main areas from the call to action discussed were:

- providing leadership and financing for physical activity, emphasizing the life-course approach
- establishing a high-level multisectoral forum (committee) at the national level to develop and coordinate a national response to promote physical activity
- developing and implementing a national multisectoral plan of action for physical activity

- developing workforce capacity across relevant sectors for the promotion of physical activity, including through resources, guidelines and toolkits
- establishing partnerships with academic and other partners to develop and implement an evaluation system and report on progress at national, regional and international forums
- strengthening and ensuring regular monitoring of population levels of physical inactivity
- supporting research on physical inactivity to further knowledge and evidence of practices in the Region.

Committee members reviewed country commitments and needs, based on these areas, towards achieving the global target of a 10% reduction in physical inactivity by 2025 and interventions from the regional call to actions together with the recommendations.

Suggested actions included: generating data on surveillance and response capacity; developing national plans of action with set targets; developing policy/legal tools to support physical activity; and conducting campaigns to create a demand for physical activity.

Commonly, needs expressed by countries included:

- support for advocacy activities with non-health sectors
- tools to assist the development of national plans of action
- event platforms to share experiences
- support in generating evidence, such as on prevalence and the cost–benefit of interventions
- advocacy materials
- a need to document and report on progress.

There was consensus that in order to ensure action at country level, there needs to be a solid and supportive infrastructure. In the policy audit analysis of 11 countries, gaps were identified in both infrastructure and actions.

Out of these discussions, key themes emerged as described below.

Leadership, coordination and commitment for physical activity

Committee members expressed concern with regards to the lower profile of physical inactivity compared to other noncommunicable disease risk factors. This was felt to be mainly due to confusion between physical activity and sport. It was agreed that more advocacy is required in order to raise the profile of, and awareness about, physical activity.

In order to mobilize interest and action from various sectors there should be a package of key messages for regional and country level advocacy actions (a “menu of issues”), which should include addressing the root causes of non-action, such as impediments to practice, misconceptions about what physical activity is, the difference and links with sports, the benefits of physical activity, and a cost–benefit analysis based on new economic impact data and return on investment data. It was suggested that WHO could create a central clearing house for data/information to support advocacy and training.

It was also suggested that actions for advocacy should include engaging high-profile (interested) persons such as sports personalities, leading doctors, media figures, politicians and business people, and creating “physical activity ambassadors” to increase the profile of physical activity.

Building collaboration and partnership across sectors

Advocacy with non-health sectors can be conducted through reaching out to other sectors and ministers by attending their meetings and platforms, and through regional organizations, such as the Gulf Cooperation Council and the League of Arab States, to gain commitment for the regional Move4Health initiative. Civil society groups should also be encouraged to contribute and action should be taken to mobilize them.

The Committee proposed support for the development of a package of sector-specific toolkits, including a media tool kit and a primary health care toolkit. The package should be responsive to its audience and the design and content need to be short, practical and focused. Its dissemination could be done by involving high-profile personalities.

Building workforce capacity and development across relevant sectors

Members of the Committee suggested various formats for building capacity for physical activity, including a peer mentoring scheme (at different levels, from ministerial level downwards), a training course (possibly lasting several months or a 3–5 day introductory course) and a regional physical activity conference to share experiences and progress (with invited and submitted papers and a rotating host country). It was noted that any course curriculum should be based on sound research, including needs assessment and research on the impediments to implementation.

Training could be supported by materials related to regional initiatives, a regional physical activity day/week, video and web-based content, and a mass media initiative.

Implementation and evaluation

Committee members discussed the need to gather more data on the prevalence of physical activity among various age groups. Research should also include study of the impediments to action on physical activity (to inform the training programme) and studies on the economic impact and return on investment of action on physical activity (to inform advocacy messaging). Research priorities need to be identified and the research disseminated, such as through a newsletter and the regional physical activity network.

Members of the Committee agreed to an outline of a regional framework for action on physical activity, called “ACTioN for all”, with a set of action areas to support its implementation. The four action areas are advocacy, capacity-building, tracking progress and networking/partnership. The four action areas/components are described below.

Advocacy

This component refers mainly to the process by which the multisectoral group organizes actions to influence decisions within political, economic and social systems and institutions in regards to raising the profile of physical activity both within health (noncommunicable diseases), and across sectors and populations. The main areas of focus are: political advocacy, primarily targeting senior decision-makers and parliamentarians to increase commitment, awareness, partnerships and funding for action on physical activity; mobilization of corporate and administrative stakeholders to promote physical activity; and mass media communication.

Capacity-building

In order for physical activity to be improved in countries, there is need for human and institutional capacity to carry out activities. This includes: the training of exercise providers in dealing with inactive people; establishment of peer-mentoring schemes from ministerial level downwards; convening of regional physical activity conferences to share experiences and progress; and the conducting of training on population-based approaches to promoting physical activity, as well as national surveys and data analysis. The main areas of focus for this component are: human resource capacity; institutional capacity; and research capacity.

Tracking progress

This component seeks to develop a knowledge base to inform policy and support programme development, monitor progress, and share experiences and lessons learnt. Many countries need to strengthen their surveillance system to track progress. Training and skill development is needed across three key areas: monitoring; evaluation; and research.

Networking and partnership

Physical activity promotion thrives on networking and partnership. This component seeks to synergize action and promote and share information on best practice for mass participation events, such as global physical activity days. The main areas of focus are: network revitalisation; and joint action across the Region. The latter might include: increased engagement and promotion of Agita Mundo World Day for Physical Activity (usually in April); agreeing on a timeframe

for celebration of a regional annual Move4Health physical activity day; using common promotional and public education resources; and conducting other events to raise awareness and change physical activity using a variety of media (television, radio, internet, social media) and targeting the whole community.

Move4Health

Participants also proposed the creation of a regional initiative called Move4Health (M4H) to create a movement across the Eastern Mediterranean Region to increase regional and country capacity and actions to promote and support physical activity. The initiative will operate through the four connected action areas/components of support to countries in the context of the ACTioN framework for physical activity.

3. Recommendations

To the Regional Advisory Committee on Physical Activity

1. Conduct advocacy to raise awareness of the importance of physical activity in the Region and propose a draft resolution on physical activity to be considered for the next session of the Regional Committee for the Eastern Mediterranean in 2015.
2. Promote and share information on best practice in creating mass participation events and global physical activity days.
3. Promote participation among the general public in Agita Mundo World Days for Physical Activity.
4. Agree on a date to mark a regional physical activity day and produce advocacy materials for this event.

5. Develop a package of key messages for regional and country level advocacy actions and a cost–benefit analysis based on new economic data and return on investment data.
6. Support research on the impediments to action for sector-specific toolkits and to inform training.
7. Identify research priorities related to physical activity for the Region.
8. Develop/distribute a research newsletter in collaboration with the Eastern Mediterranean Physical Activity Network (EM-PAN).
9. Encourage greater participation in the Eastern Mediterranean Physical Activity Network

To WHO

10. Establish a listserv for physical activity for the members of the Advisory Committee on Physical Activity.
11. Conduct a follow-up meeting of the Advisory Committee to report progress.
12. Propose establishment of a regional annual Move4Health Day and corresponding events.
13. Advocate for the convening of a regional conference on physical activity in 2015–2016 and suggest an appropriate host.
14. Link the regional initiative with the upcoming international conference on physical activity and health to be hosted by Bangkok (ThaiHealth) in November 2016.



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