

Monitoring Global Progress of Physical Activity: The Role and Progress of Civil Society in Holding Governments to Account

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The International Society of Physical Activity and Health (ISPAH), the leading professional society on physical activity, launched in December 2015 a major advocacy initiative aimed at advancing global action on physical activity.¹ Led by our new Global Observatory for Physical Activity (GoPA),¹ a Council of ISPAH, we released more than 125 Country Cards that provide a country by country stock-take on the status of national actions underway to promote and support improving levels of physical activity in all populations. This commentary provides some background to the Country Card initiative, global advocacy efforts, and reflections on progress of global efforts in this field.

Physical inactivity is recognized as an important contributor to the growing global burden of chronic disease, notably cardiovascular disease, diabetes, and several cancers.² Its contribution to the prevention and treatment of other chronic diseases, such as Alzheimer's, depression, and anxiety, is becoming better understood. The significance of these new relationships is profound as rates of these conditions are increasing worldwide.

Global prevalence estimates reveal that 1 in 3 adults do not undertake the minimum level of weekly physical activity recommended to achieve the protective health benefits.³ On a global scale, this equates to 1.5 billion adults who could improve their health and reduce their risk and consequences of chronic diseases by becoming more active. Physical inactivity is a problem in both developed and developing countries but is not evenly distributed between or within countries. Certain populations are less likely to be active. We know that where you live, within countries and within cities; your income; family situation; employment status; and education level are all predictors of levels of inactivity. The opportunities, environments, cultural norms, as well as an individual's values, motivations, and experiences, shape the patterns of this behavior. We also know that key policy and program actions can encourage and support higher levels of participation. Research efforts during the past 3 decades and more have established sufficient knowledge for national and global guidelines on what actions should be taken to increase population levels of physical activity, and who should be engaged in implementing these solutions.⁴

In 2004, the World Health Organization (WHO) released the first global policy on physical activity⁵ and set out the case for action, which included a set of programs and policies needed within each country to 'turn the tide' of inactivity.⁶ Back then, just over

a decade ago, the problem of inactivity was described as *urgent*; 8 years later, over which time we have experienced ever increasing pressures from the drivers of *inactivity*, the problem was pronounced as a *global pandemic* in a special issue of *The Lancet*.⁷ An important question for us all to ask is why has (apparently) so little progress been made given the weight of the available evidence? And, more importantly, what actions should be undertaken and by whom to redress this inertia?

Readers will be well aware of the landmark meeting of the United Nations General Assembly in New York on noncommunicable disease (NCD) in 2011. It was notable for being only the second time that the General Assembly has met on a health issue (the first being in 2001 on AIDS/HIV) and for the outcome of a Political Declaration endorsed by all UN members. The Declaration outlined actions required to address the current and forecasted future burden to societies of NCDs and a central focus was placed on addressing the modifiable risk factors, including physical inactivity. Subsequent global developments include a global action plan,⁸ a set of targets for 2025 including a reduction of physical activity by 10%,⁹ and a global coordination mechanism and partnerships.¹⁰ But is this enough?

The answer is no. The above developments and global health governance structures are essential but remain only part of the infrastructure required to see improvements. On their own, they will have limited impact on NCD risk factor behaviors, such as physical activity. Additional actions to support and execute the content of the above 3 pillars of a systematic and global agenda are required. Notably, each individual country must respond and develop their own infrastructure, systems, and tailored strategies and these each require adequate and sustained resourcing to support their implementation and evaluation. Civil society has a key role to play in the development and monitoring of both the international- and national-level responses. Being outside of government, civil society can observe, direct, support, deliver, advocate, and *hold accountable* national governments for their commitment and actions. In the area of physical activity this is all the more vital a role because of the too frequent absence of capacity and leadership within governments on physical activity.

ISPAH, through the work of its Councils, has contributed to raising the level of recognition of physical activity within the global NCD agenda, including the 2010 "Toronto Charter: A global call to action on physical activity," a consensus document aimed at all national governments calling for a multisectorial response through policy, partnerships, and programs.¹¹ A companion follow-up report, "NCD Prevention: 7 Investment that Work," provides national governments with a rubric of evidence-based actions across 7 settings (or sectors) outlining what can and should be implemented.¹²

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The launch of this latest initiative by the ISPAH Council GoPA is another major contribution. This new advocacy tool provides an externally developed stock-take on progress within countries in selected key areas, namely national policy, population monitoring systems and prevalence of inactivity, and research productivity.¹³ The Country Cards aim to track and highlight where progress is, and is not, being made and to serve as an advocacy tool that will build transparency and accountability for improving and increasing the promotion of physical activity. Key findings from this first set of Country Cards shows that physical activity levels vary substantially around the world; that good progress has been made with more than half of the participating countries with at least 1 national survey on physical activity; that over 100 countries have some form of national planning for physical activity, although the content and implementation of policy is unknown and likely to vary; and that while many countries may be engaged in research on physical activity, almost one-half of scientific publications came from a handful of high-income countries.

To date, international comparison of progress in physical activity has been limited while other global and regional databases already exist for monitoring actions on nutrition and smoking.^{14,15} The Country Card initiative plans a biannual update to monitor and provide a stock-take of global progress. This first round of the Country Cards was developed and coordinated centrally by the Council with country engagement in the data verification steps. Future rounds will build on the initiative and integrate a collaborative process; potential new items might be added to the Country Card rubric. For example, there is known to be much interest in the level of country capacity in areas such as the financial and human resourcing directed specifically toward physical inactivity. There is also interest in appraising progress on policy implementation across different settings, the progress on environmental changes and the use of fiscal and regulatory levers across countries, as well as engagements and commitment across different sectors (such as education, transport, environment, and health).

Efforts to capture the diverse components of a comprehensive national population-based response to the inactivity pandemic are underway. The Physical Activity Policy Appraisal Tool (PAT) has been developed and tested in 7 European countries¹⁶ and 22 countries in the Arab Region,¹⁷ and has provided a detailed within-country audit. The results of this audit provide each country with evidence of their own situation, progress as well as gaps, and, like the Country Cards, useful information to direct advocacy efforts by civil society.

It is necessary to hold governments accountable for delivering on their international commitments, such as those ratified within the United Nations Declaration on NCDs, the WHO NCD Action Plan and, most recently, the Sustainable Development Goals 2030. Assessing and then publically showcasing national progress can be very successful. A decade ago, Active Healthy Kids Canada released an annual Report Card on the Physical Activity of Children and Youth in Canada (see www.participation.com/ahk-splash/). Each year since, the Report Card has provided a comprehensive overview on how Canada is progressing in providing physical activity opportunities for children and youth. In 2015, Active Healthy Kids Canada celebrated its 10th anniversary and launched the 1st Global Matrix and Report Card from 15 other cooperating countries (Australia, Canada, Columbia, England, Finland, Ghana, Ireland, Kenya, Mexico, Mozambique, New Zealand, Nigeria, Scotland, South Africa, United States of America). Each country prepared their respective reports using their best available evidence and following harmonized procedures across 9 common indicators.¹⁸

International and national media coverage was enormous and provided a platform for further advocacy. The Kids Report Card and the GoPA Country Card initiatives, focused on youth and adults respectively, identify areas of country-specific strength, as well as gaps, and can highlight international differences and disparities in global progress. Although they differ in their approach and methods, taken together they represent a major channel through which national and international efforts can rally and offer a shared and consistent voice—an essential feature of successful advocacy action in other fields of public health.

As the leading society on physical activity, ISPAH aims to facilitate international collaboration, build capacity, support global and national advocacy, and develop the fields of research and practice on physical activity. Given the modest progress made since the 2004 WHO Global Policy on Physical Activity, both the Country Card and Report Card initiatives are major platforms from which we collectively can monitor and challenge the rate of progress in our own country and region, as well as globally. ISPAH is pleased to facilitate the launch of the Global Matrix 2.0, which involves the development of Report Cards from approximately 40 countries (www.activehealthykids.org), at the 6th ISPAH biannual conference in Bangkok, Thailand in November 2016 (www.ispah2016.org). The GoPA Council has plans for the biannual updating of the Country Cards and details of this process and celebration at the ISPAH 2016 Congress will be forthcoming.

In my opening, I asked what actions and by whom are needed to address the slow progress in global action on physical inactivity. My views are that civil society is an essential actor in this field, and that the research and academic community in particular has been, and must continue to be, the backbone of this work. Working in partnership and across diverse disciplines, we can collectively help inform and shape national and international responses. We should develop and sustain mechanisms that seek to hold others, particularly governments, accountable. ISPAH invites the global community to engage with GoPA Country Cards and the Global Kids Alliance Report Card initiatives. I invite you to become an active member of the ISPAH society so our collective unified voice and actions can develop coherent responses that will lead to consensus. Working together we can continue to influence, shape, and scale global progress toward a more active and healthy life for all.

Notes

¹ Although this commentary appears in the September issue of the *Journal of Physical Activity and Health*, the actual timing of publication followed that of The Global Observatory for Physical Activity's release of Country Cards in December 2015.

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