Regional progress on developing national policy for physical activity

Bull, F; Kahlmeier, S; Lambert, E V; Ramadan, J; Baumann, A
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Fiona Bull, Sonja Kahlmeier, Estelle Vicki Lambert, Jasem Ramadan, and Adrian Bauman

Bull is with the School of Population Health, University of Western Australia. Kahlmeier is with the Physical Activity and Health Unit, Institute of Social and Preventive Medicine, University of Zurich, Switzerland. Lambert is with the MRC/UCT Exercise Science and Sports Medicine Research Unit, University of Cape Town, South Africa. Ramadan is with the Physical Activity & Exercise Physiology Unit, Faculty of Medicine, Kuwait University. Bauman is with the School of Public Health, University of Sydney, Australia.

National policies to support programs and actions aimed at increasing population levels of physical activity is a core focus of the Global Strategy for Diet, Physical Activity and Health. The aim of this symposium was to review progress across 4 regions (Europe, Africa, the Middle East, and Asia/Pacific) to share progress and experiences in developing national policy and identify challenges. Each region comprises a set of countries with diverse language, population and geographical size, political structure and economic development. In all but Africa, non-communicable diseases account for the majority of morbidity and mortality. National action on physical activity is most advanced in Europe and remains in a very early stage in the other regions. Surveillance data have been useful in providing the evidence base for action and global and regional reports present the supportive policy context and have been a catalyst for action. Regional professional networks were identified as having great potential to support countries as they develop policy and programs but are themselves insufficiently resourced to meet potential demands. In several regions projects are underway to collate policy examples and in all regions there remains a need for increased advocacy efforts to raise the importance of physical activity.

Keywords: national health policy, population surveillance, chronic disease prevention, workforce development

Implementation of national policy to support programs and actions on physical activity is a core focus of the Global Strategy for Diet, Physical Activity, and Health (DPAS). Until recently, there have been only a few countries with a history of progress on national policy and there is a keen interest in sharing experiences between countries at various stages of policy development. The aim of the symposium was to review across several regions progress, share experiences and identify challenges and lessons learned. Four presentations provided an overview of national policy development in Europe, Africa, the Middle East, and Asia/Pacific regions, respectively.

In Europe, several significant documents have been developed in the last 5 years, providing a strong supportive context for national policy development on physical activity (eg, WHO 2007). There has also been an increase in political commitment towards physical activity in recent years. A WHO European database...
including policy documents identified 49 relevant policies in 2007. By 2009, through a collaborative WHO/European Commission project 161 had been indentified from 37 countries with a notable increase from Central and Eastern European Countries. HEPA Europe is a well established professional network supporting and engaging interested stakeholders across research, practice and policy. It currently comprises 97 member institutions from 29 of the 53 European countries. One network project underway aims to capture the national policy development and implementation experiences from 6 case study countries using a standardized template. The findings will share lessons from different approaches and different political, cultural and development contexts. Europe has the advantage of a positive policy context and a strong professional network but countries still face the challenge of gaining long-term investment within the political demands of short-terms results.

The Eastern Mediterranean region is in the early stages of development of work aimed at behavioural risk factors and particularly physical activity. Over the last decade there have been a significant number of regional meetings on exercise and disease, nutrition, obesity, health promotion, and child health. Each has contributed to the increasing awareness of physical inactivity as an important public health issue within different sectors. An important catalyst in the region was the consultation and launch of DPAS in 2004. Most recently, the Gulf Cooperation Council (countries: Kuwait, Saudi Arabia, Bahrain, Qatar, UAE, and Oman) held a meeting on Cooperation Council (countries: Kuwait, Saudi Arabia, Bahrain, Qatar, UAE, and Oman) held a meeting on the development of national plans for physical activity. Kuwait is well advanced on this issue and provides regional leadership. It has established a national committee and a draft framework with a plan for physical activity is underdevelopment. High level support has been obtained (from the His Highness the Crown Prince] and collaboration between sectors and in multiple settings are core features of the plan. A key challenge for the region remains the lack of familiarity with the wider concept of physical activity (beyond ‘sports’/’exercise’) and multi sector engagement. Demonstration of successful collaborative projects is needed to build interest and showcase opportunities. There is no regional physical activity network for professionals and workforce development remains a high priority.

The African region is a large and extremely diverse set of countries in terms of socio-political, language, culture, religion, and economic development. Work on physical activity is relatively new and like elsewhere, DPAS was the major impetus. A notable feature of the region is the ‘double burden’ and epidemiological transition underway. Progress on physical activity should be contextualized around the competing health agendas of communicable diseases (eg, HIV AIDS) and under-nutrition. The widespread implementation of the WHO STEPS approach to surveillance of risk factors has provided an important evidence-base on domain-specific prevalence and moderators of physical activity. These data have focused attention on physical activity, placed inactivity on the national health agenda, helped develop workforce capacity, and will guide action. Opportunities exist within the region to frame physical activity within transport, education, and Sports for Development/Sports for All. As such, these sectors represent a potential wider workforce supporting physical activity. Capturing a regional perspective remains difficult due to the very early stage of development. However, there is a nascent regional network, an outcome of a workforce development workshop in 2007. One initial project aims to collate evidence of physical activity policies, plans and promising initiatives from across the region.

The last region described in this symposium is a grouping of 29 countries falling within Asia and the Western Pacific region which are very diverse in language, population and geographical size, political structure, and economic development. Although, as in other regions, non communicable disease accounts for many more deaths than communicable diseases, work on physical activity as a chronic disease risk factor is still in its infancy in these countries. Similar to other regions, the consultation process, launch of DPAS and the more recent WHO Action Plan for NCD 2008–2013 have been the main drivers to raising awareness and the commencement of some programs. DPAS also provided the platform for workforce development and training courses within the region. The implementation of WHO STEPS surveillance has been a mechanism for advancing national measurement of prevalence of inactivity, but to date these data have not been reported or used widely in national planning. A regional network for physical activity has been established but remains unfunded and in its infancy (www.ap-pan.org). Like other networks, it aims to provide support, develop the workforce, and share resources. Two recent projects include a set of case studies of large scale ‘best practice’ intervention programs and the collation of national prevalence estimates. The development of recommendations is quite well represented. Several individual countries have their own national guidelines and in 2008 regional guidelines were produced for the Pacific Island Countries. However, like elsewhere, limited evaluation on the dissemination and impact of guidelines has been undertaken. In summary, physical inactivity is still a low priority in this region and there is a limited workforce, often with limited resources. The APPAN network is well placed to deliver support but it needs greater country-level engagement and external funding if it is to meet the demands of this diverse region.

This symposium revealed in most regions significant progress on physical activity surveillance, a supportive international and regional policy context, and regional networks which require greater resourcing to reach their full potential. National policy is most advanced in Europe whilst other regions are in the early stage. Scoping projects are underway to allow sharing of experience in this unfolding area of public health. There remains is a need for increased advocacy efforts to raise the importance of physical activity in all regions.
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References