

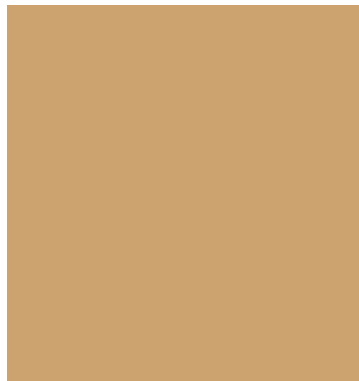
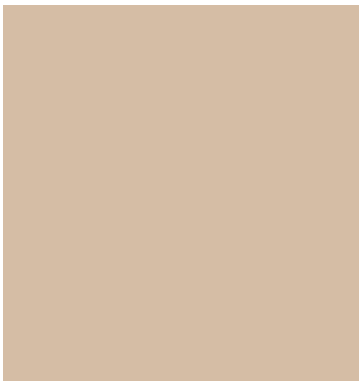


Sports and Society
Accelerator

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India's progress on WHO's GAPPA

Issue Brief #1



What is GAPPa and why does it matter?

The World Health Organization's 'Global Action Plan on Physical Activity 2018-2030' provides a clear framework to develop plans and targets as well as assess a country's progress on physical activity. In India, there's a growing recognition of the broader value of physical activity, moving beyond just elite sports. Still, we are in the early stages of understanding the nuances and gaps within our policy landscape. This brief offers an initial mapping of India's policies with the WHO's guidelines. While it's a good starting point, further detailed analysis is recommended.

In 2018, the World Health Organization (WHO) introduced the 'Global Action Plan on Physical Activity 2018-2030' (GAPPa) to enhance global physical activity (PA).¹ It distilled its mission into four strategic objectives, branching into 20 action plans. Four years later, in 2022, WHO assessed global progress through a report, outlining five pivotal recommendations.² Notably, the second recommendation urged nations to weave PA into pertinent policies, bolstered by pragmatic tools and guidelines for implementation.

Table 1: WHO's Global Action Plan for Physical Activity (GAPPa)

Strategic objectives	Description	Selected actions
Active societies – social norms and attitudes	Create a paradigm shift in all of society by enhancing knowledge and understanding of, and appreciation for, the multiple benefits of regular PA, according to ability and at all ages.	<ul style="list-style-type: none"> National and community-level communications campaigns Tech-based initiatives Training of health and sports professionals using tech
Active environments – spaces and places	Create supportive spaces and places that promote and safeguard the rights of all people, of all ages and abilities, to have equitable access to safe places and spaces in their cities and communities in which they can engage in regular PA.	<ul style="list-style-type: none"> Integrated urban and transport planning Walking and cycling infrastructure Road networks and safety Access to green, open spaces
Active people – programs and opportunities	Create and promote access to opportunities and programs, across multiple settings, to help people of all ages and abilities to engage in regular PA as individuals, families, and communities.	<ul style="list-style-type: none"> Quality physical education Digital counseling and training PA programs in public, community spaces Targeting elderly and excluded segments (women, girls, PwDs)

¹ World Health Organization, *Global Action Plan on Physical Activity 2018 - 2030* (Switzerland: World Health Organization, 2018), <https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf>.

² World Health Organization, "Global Status Report on Physical Activity 2022" (World Health Organization, 2022), <https://iris.who.int/bitstream/handle/10665/363607/9789240059153-eng.pdf?sequence=1>.

Strategic objectives	Description	Selected actions
Active systems – governance and policy enablers	Create and strengthen leadership, governance, multisectoral partnerships, workforce capabilities, advocacy, and information systems across sectors, to achieve excellence in resource mobilization and implementation of coordinated international, national, and subnational action to increase PA and reduce sedentary behavior.	<ul style="list-style-type: none"> • Policy frameworks, leadership, and governance systems • Data systems • Research and evaluation • Advocacy • Tailored and innovative financing

The GAPPA is a significant framework, especially for a diverse and rapidly evolving country like India. Here are five reasons why benchmarking to GAPPA is crucial for India:



Public health and mental well-being

The repercussions of chronic non-communicable diseases (NCDs) are alarmingly evident in India, making the promotion of PA a cornerstone for public health strategies. Physically active individuals often have lower risks of diseases like hypertension, heart ailments, type 2 diabetes, and certain types of cancers. Regular PA strengthens cardiovascular and musculoskeletal systems, improves metabolic function, and boosts immunity. Additionally, it aids in weight management, reducing the burden of obesity-related issues.

Coupled with these physical health advantages, the mental health benefits are profound. Regular engagement in physical activities can act as a buffer against conditions such as depression, anxiety, and stress by triggering the release of endorphins, the body's natural mood enhancers. In the face of rapid urbanization and its associated stresses, prioritizing PA can serve not only as a health-enhancing tool but also as a therapeutic outlet for our population.

GAPPA's guidelines, in this context, provide a structured approach to addressing health holistically, marrying the benefits for both the body and the mind. Given that more than 50% of India's population is currently under 30 years old, addressing their PA levels now is crucial to prevent the negative ripple effects of poor physical and mental health across future generations.³

³ Express News Service, "Telling Numbers: Over Half of India's Population Is Still under Age 30, Slight Dip in Last 5 Years," *The Indian Express*, May 2022, <https://indianexpress.com/article/explained/half-indias-population-under-age-30-nfhs-explained-7910458/>.



The potential for holistic development

GAPPA's multifaceted approach to PA emphasizes not just sports but also everyday activities, transportation choices, and recreation. By adopting this approach, India can ensure all-encompassing development, encouraging PA across different facets of daily life – from walking and cycling infrastructure to workplace wellness programs.



Economic implications

Physical inactivity is not just a health issue but also an economic one. The economic burden of healthcare due to ailments stemming from inactivity is significant. By adhering to GAPPA's guidelines, India can potentially save on long-term healthcare costs, ensuring a healthier and more productive workforce. In a previous study, Dalberg Advisors and Sports and Society Accelerator estimated that the elimination of adult inactivity by 2047 could increase India's GDP by up to \$50 billion annually.⁴ Of this, about \$17 billion annually could come from improved health and about \$28 billion annually from increased workforce productivity. On the flip side, if current activity levels don't improve, we risk facing a dual economic challenge – managing the health expenditures of increasing numbers of inactive older people (the UN projects that by 2050, India will have about 20% of the total population over the age of 60, up from approximately 9% in 2019), combined with expenditures on addressing lifestyle-induced diseases in younger generations.

⁴ Sports and Society Accelerator and Dalberg Advisors, "The State of Play in India Initiative: Discussion Brief," February 2023, [https://www.sports-society.org/public/images/pdf/The%20State%20of%20Play%20in%20India%20outward%20facing%20not%20e%20\(final\).pdf](https://www.sports-society.org/public/images/pdf/The%20State%20of%20Play%20in%20India%20outward%20facing%20not%20e%20(final).pdf).



Bringing social cohesion and inclusivity

GAPPA's approach to PA extends beyond individual health to community well-being. By promoting communal activities, public spaces, and inclusive programs, India can foster greater social cohesion, bridging divides, and ensuring that all segments of the population, regardless of age, gender, or socio-economic status, have equal opportunities to lead active lives.

Tackling the issue of PA regulation is challenging due to its vast and intricate dimensions. However, GAPPA offers India a clear and structured guide, highlighting primary areas of focus. It also sheds light on the current advancements and necessary next steps. Essentially, GAPPA serves as a valuable tool for PA policy, much like the "ease of doing business." In essence, just as the "ease of doing business" index has been transformative in streamlining compliance by identifying regulatory bottlenecks, offering clear benchmarks for performance, and fostering a competitive environment among nations to improve business regulations, GAPPA could play a similar role for PA policy.

By establishing clear guidelines, highlighting best practices, and setting measurable targets, GAPPA has the potential to simplify adherence, promote policy consistency across regions, and inspire a more proactive approach toward enhancing public health through PA.

What is our methodology for mapping?

This brief showcases a heatmap assessing the presence and effectiveness of policy actions for each strategic objective and related action plans. Here's a simplified breakdown of our method:

1 Existence

This involves checking the presence of the policy instrument and how easily it can be located. At the action plan level, we used a scale of 0 to 1 as follows:

- 0 if no policy exists;
- 0.5 if a policy exists but is hard to find;
- 1 if a policy is easily accessible (through an online search).

2 Efficacy

We consider three dimensions:

- **Design:** This considers the policy's relevance, scope (both depth and breadth), accessibility, and reliability.
- **Enforcement:** Key points include the policy's binding nature, frequency of action, clarity of ownership and accountability, specificity of focus, funding provisions, and collaborative elements.
- **Monitoring:** Covers data collection, reporting, surveying, and goal setting.

Policies earn up to 1 point for design, 6 for enforcement, and 1 for monitoring, totaling a maximum of 8 points for efficacy.

Merging existence and efficacy results in a combined score of 1 to 4:

- 1: "Attention needed across nearly all areas"
- 2: "Attention is needed in many areas"
- 3: "Focused/moderate attention is needed"
- 4: "Ahead of the curve"

Finally, the average of these combined scores offers an overall rating for each strategic objective.

There's a qualitative exploration of the performance encapsulating each strategic objective in the 'brief rationale' section below.

There are a few important limitations:

- A comparative study with best practices from other regions wasn't conducted when assessing most of India's action plans. Consequently, a comparison of India with other jurisdictions is challenging.
- The assessment predominantly hinges on qualitative parameters; an in-depth quantitative analysis wasn't pursued.

The review focuses exclusively on central government actions, and state-level or union territory-level initiatives or performances have not been examined.

The result of our high-level assessment is shown in the heat map below. A brief rationale for the ratings as well as global case studies follow.



Societies



- Implement social marketing campaigns
- Promote the co-benefits
- Mass participation events
- Build workforce capacity



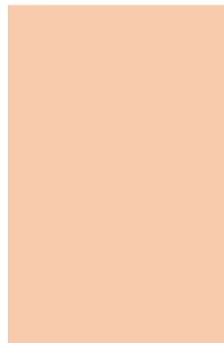
Environments



- Integrate transport, urban planning policies
- Improve walking, cycling networks
- Improve public open spaces
- Strengthen road safety
- Implement proactive building policies



People



- Enhance physical education in schools
- PA in health and social services
- Provide programs across multiple settings
- Improve provisions for older adults
- Programs for the least active
- Community wide initiatives



Systems



- Strengthen policy leadership, governance
- Improve and integrate data systems
- Build research and development
- Expand advocacy
- Develop innovative finance mechanisms

Figure 1: The framework for the GAPPA assessment

Legend

- attention needed across nearly all areas
- attention is needed in many areas
- focused/moderate attention is needed
- ahead of the curve

Rationale for the ratings



Active societies

A social marketing campaign exists to highlight the health benefits of physical activity, complemented by mass-participation events. While there's an emphasis on enhancing workforce capacity across various sectors, these initiatives remain sporadic and lack legal enforcement. Furthermore, they suffer from limited funding, accountability, and oversight.

Case study 1: Social marketing campaign and mass participation activities for promoting physical activity – USA's VERB™ campaign.

The VERB™ campaign, launched in 2002 by the Center for Disease Control and Prevention, aimed to boost physical activity among 'tweens' (9-13 years old) in the USA. This multicultural initiative was widely promoted through print, online, and TV ads on popular children's platforms, projecting physical activity as cool and fun. Beyond its powerful brand and communication strategy, the five-year campaign offered:

- Community activity events
- Activity start-up kits
- Innovative educational resources
- 'Street teams' for tween engagement
- Grants for school physical activity initiatives
- Contests and competitions

Results indicated a strong link between VERB™ exposure and increased physical activity. Of the exposed tweens, 96% understood a key campaign message. Children aware of VERB engaged in almost 4 weekly activity sessions, compared to 3 by those unaware, marking a 22% difference.



Active environments

Policies exist detailing elements of walking, cycling, urban transportation, road safety, and open spaces. Collaborations among key stakeholders in these areas are evident. In many instances, there are proposals to establish monitoring mechanisms. However, these policies are sporadic and lack binding commitments. They are underfunded and missing robust accountability and oversight structures.

Case study 2: Impact of Active Transportation (walking and cycling) on Physical Activity – the Netherlands.

The Netherlands stands at the forefront of promoting active mobility on a global scale. The country boasts an impressive statistic: with 23 million bicycles, there are more bikes than its 17.5 million residents. The country's infrastructure, from expansive bike lanes to pedestrian-friendly zones, is meticulously designed to ensure safety, accessibility, and convenience for its citizens. Recent research underscores the health benefits of this approach. Dutch men and women clock in 24 and 28 minutes of daily physical activity, respectively, just from walking and cycling. These figures represent a striking 41% and 55% increase over the minimum recommended activity levels. An even deeper dive into the travel behaviors of the Dutch population reveals an encouraging trend: nearly one in three adults in the Netherlands meets the standard benchmark of 150 minutes of weekly physical activity merely by commuting or traveling via bicycles, e-bikes, or by foot. This showcases the effectiveness of the country's active mobility strategies and serves as an inspiration for other nations aiming to improve public health and reduce vehicular traffic.



Active people

Physical activity is emphasized in schools, hospitals, and other environments, especially targeting the least active. A designated ministry oversees regulation, and collaboration among relevant stakeholders is evident. Yet, the policy interventions are sporadic and lack legal enforceability. Funding is constrained, and there's an absence of robust accountability and oversight. Moreover, community-wide initiatives are notably missing.

Case study 3: Enhancing physical education and school-based programs – Hungary.

Hungary mandates 5 weekly physical education lessons in primary and secondary schools, allowing flexibility for 2 hours of organized sports club activities. Teachers undergo comprehensive training and regular evaluations to ensure quality integration into the curriculum.

The Hungarian School Sport Federation's "Do60" campaign, launched in 2018, advocates for 60 minutes of daily physical activity. It uniquely frames activities as social games, emphasizing enjoyment and relatability for students. This approach aims not only to enhance athletic prowess but also to create a safe, positive sports environment, fostering teamwork, communication, self-confidence, and resilience in young individuals.



Active systems

Most of the focus for this component has been in the health context. A national policy on NCDs exists, accompanied by a survey that includes data on physical activity levels. Moreover, the capacity for research, advocacy, and funding has been developed. However, the intervention remains intermittent and lacks binding commitments. Physical activity receives only tangential attention, rather than a dedicated focus within the overarching NCD strategy.

Case study 4: Monitoring and assessment of physical activity – Belgium.

Physical activity levels are monitored across health, education, sports, and transport. This is operationalized through 4 mechanisms: (1) the Health Interview Survey, established in 1997 and coordinated by the Scientific Institute of Public Health; (2) the Belgian Food Consumption Survey, coordinated by the Scientific Institute of Public Health; (3) a questionnaire developed in the context of the European ToyBox study, which also includes the use of accelerometers to measure the physical activity of children and adolescents; and (4) the Health Behavior in School-aged Children study.

What are the emerging findings and lessons from our preliminary exercise?

Following GAPP, India has made notable regulatory strides. Evidence of this is seen in the presence of at least some national policies addressing each strategic objective. For instance, the National Multisectoral Action Plan for Prevention and Control of NCDs, 2017-2022, and the National Non-Communicable Disease Monitoring Survey establish a health policy and monitoring structure for physical activity.

Meanwhile, the Urban and Regional Development Plans Guidelines detail aspects of public transport, walking, cycling, and open spaces. In addition, each strategic objective has an assigned government department. Health-related matters fall under the Ministry of Health and Family Welfare, while education-related concerns are overseen by the Ministry of Human Resource Development. Finally, some policy interventions, like those from the Ministry of Road Transport and Highways regarding road safety, are robustly designed, executed, and monitored, even by international measures.

Among all strategic objectives, India's record is best in creating active environments. The policies under this objective, relative to others, have sufficient depth and width in addressing all relevant aspects. There is also collaboration with various stakeholders as well as proposals for establishing a monitoring mechanism. Creating active societies is where most attention is required because of the importance of prioritizing societies and also since the policy design will need attention on key aspects. Moreover, intervention can be

increased, with attention on collaboration as well as adding monitoring mechanisms.

There is scope for enhancing each strategic objective and almost all action plans have an opportunity for enhancement. These are some cross-cutting issues:



Common policy gaps

First, while India's overarching policy framework reflects a commitment to physical activity, there are opportunities to match it more closely to GAPP's specifics. For instance, certain policies may advocate for increased PA in general terms but also require clear guidelines or actionable steps to achieve these goals. Second, GAPP emphasizes targeted interventions for different demographics, such as children, working professionals, the elderly, etc. India's policies touch upon these groups, and could benefit from more detailed, segmented strategies that cater to the unique needs and challenges of each demographic. Third, adopting a global framework like GAPP necessitates a thorough mapping of local policies against it. This process has highlighted areas where India's policies can be more closely aligned with recommended standards or introduced. Recognizing these areas is the first step toward policy refinement and enhancement.



Creating a coherent framework

There may be a requirement to introduce a centralized system coordinating the actions of

various government departments. Policies could then be applied and enforced more regularly, according to a consistent plan. For instance, surveys monitoring PA are good starting points but not necessarily specific policies. Many regulations touch on relevant topics without going into depth, which is another opportunity to bring focus into. Notably, the opportunity exists for a universal policy to be introduced that addresses walking and cycling in detail.



Establishing enforceable regulations

Within the sports and PA (SAPA) policy sphere in India, a recurring observation is the need for enforceable or binding regulations. Predominantly, many directives, while visionary, often take the form of recommendations or guidelines rather than mandatory regulations. Take, for instance, the National Multisectoral Action Plan for Prevention and Control of NCDs, 2017-2022. While this plan is comprehensive in addressing health aspects of physical activity, it would benefit significantly from enforceable mandates. The significance of having enforceable standards cannot be overstated. First and foremost, binding regulations ensure uniformity of approach and practice across states and regions, ensuring that no area lags due to local variations.

For instance, if there were consistent and universal enforceable standards for physical infrastructure like playgrounds or sports facilities in schools, it would guarantee that children, irrespective of their location, have equitable access to quality sports amenities. Similarly, setting mandatory fitness or training standards for sports coaches or trainers can ensure that athletes and

enthusiasts receive consistent and quality guidance, bolstering their skills and safeguarding their well-being. Additionally, the presence of such enforceable standards can not only enhance the overall quality of sports and PA initiatives but also foster public trust, as they witness tangible outcomes stemming from policy mandates.



Ownership and accountability

India's sports and PA policy framework showcases a commitment to fostering a more active and sports-inclusive nation. For this to be optimized, we would benefit from further coordination. One area is the delineation of responsibilities among various ministries and departments. While the Ministry of Youth Affairs and Sports primarily addresses sports promotion, other aspects of PA might intersect with the objectives of the Health or Urban Development Ministries, among others. A clearer specification of roles could further streamline efforts and minimize potential overlaps.

There are mechanisms in place to oversee policy implementation, and these can be further fortified to ensure more consistent accountability and tracking of outcomes. Another observation is the potential for enhanced centralized coordination. With an array of stakeholders, from national sports federations to state governments and NGOs, involved in the sports and PA domain, a central coordinating body or mechanism could provide additional synergy.



Streamlining and structuring monitoring

A structured mechanism to track and evaluate goals will be a significant asset. A dynamic

review conducting process is critical. Physical activity, its societal importance, and the methods to promote it are ever evolving. Therefore, a static policy, even if comprehensive at inception, may not be able to take into account the fast-evolving changes. An established, periodic review process ensures that policies remain responsive to current challenges and opportunities. Second, 360-degree feedback loops will need to be developed. An effective policy evaluation mechanism for PA should incorporate feedback from various stakeholders, including policy implementers, the public, and experts in the field. This feedback can offer valuable insights into the on-ground efficacy of policies and highlight areas for improvement.

Third, there is a need to blend quantitative and qualitative metrics. While quantitative metrics such as the percentage of population engaging in regular PA are essential, qualitative metrics, like the public perception of physical activity's importance, are equally crucial. A balanced evaluation approach, factoring in both quantitative and qualitative data, provides a fuller picture of policy impact and areas of growth. Finally, collecting consistent data on policies related to PA remains a challenge. Notably, the Central Board for Secondary Education (CBSE) could consider establishing a comprehensive process to monitor the

implementation of the physical education curriculum.



Boosting institutional collaboration

Presently, the mechanisms that foster ongoing engagement between diverse stakeholders to achieve mutual PA goals is an area that needs to be bolstered. One aspect in which this is felt is the lack of institutionalization and collaboration for proactive building policies, where there is not enough engagement between stakeholders like the government, builders, schools, workplaces, and health institutions. This collaboration is particularly crucial for physical activity, given its multifaceted nature. PA intersects with numerous sectors, including health, education, urban planning, and transportation. Effective policymaking in this area requires alignment among varied decision-makers and organizations to ensure holistic and impactful outcomes. Without this collaboration, efforts will not be optimized, and the potential benefits of cohesive action might be lost.

Recognizing these nuances not only does not diminish the significant strides India has made in this domain, but offers a constructive lens through which the policy landscape can be further refined regularly.

What are some initial recommendations?

In addition to the aforementioned tweaks and interventions, the following recommendations are intended to serve as initial considerations for identifying key and immediate actions needed to improve India's existing policy framework concerning PA promotion, using the GAPPA as a fundamental reference point. They follow from the prevailing analysis of the gaps in the current policy landscape vis-à-vis the GAPPA.



Centralized coordination framework

Establishing a centralized system to coordinate the actions of various government departments involved in promoting PA will be beneficial to society. This system could ensure consistent application and enforcement of policies and regular monitoring of PA levels across different regions. A possible step might be the creation of a high-level inter-ministerial committee or a dedicated agency to oversee policy coordination, implementation, and enforcement across the Ministries of Health, Education, Urban Development, and other relevant departments.



Policy enhancement and granularity

To address the identified policy opportunities, it's advisable to refine existing policies to ensure alignment with the GAPPA's standards. However, it's crucial to recognize that while the GAPPA provides a solid framework, there is an opportunity to customize this framework to fit the unique socio-cultural, economic, and demographic context of India, for India as the lighthouse nation in this regard. The diverse nature of India's population, with varying

levels of access to resources and differing regional health care access, necessitates a tailored approach in the adoption of the GAPPA's guidelines. Policymakers could engage with experts in PA, public health, and cultural studies to develop a nuanced understanding of local needs and constraints. This will enable the design of more targeted interventions for different demographic groups. Engaging in a thorough mapping of local policies against the GAPPA's recommendations while integrating insights about India's specific needs will foster the development of more effective and culturally resonant policies.

For example, specific guidelines and actionable steps could be delineated for promoting PA among various demographic groups including children, working professionals, and the elderly, with a keen understanding of their unique circumstances and challenges. This customization should extend to creating more detailed, segmented strategies that consider regional disparities in infrastructure, cultural attitudes towards PA, and other localized factors that could impact the effectiveness of PA promotion initiatives.



Monitoring and evaluation mechanism

Designing a robust, structured monitoring and evaluation mechanism to track and evaluate the goals related to PA promotion is also critical. This mechanism should ideally entail a dynamic review process, 360-degree feedback loops from various stakeholders, and a balanced evaluation approach incorporating both quantitative and qualitative metrics. Establishing a dedicated unit within the

Ministry of Youth Affairs and Sports or other relevant ministries, and leveraging technology for data collection, analysis, and dissemination, could enhance these efforts.



Institutional collaboration and capacity building

Establishing and encouraging deep engagement among stakeholders is necessary for mutual PA promotion. A significant part of this should focus on capacity building of policy actors, especially at the state level, to ensure they have the necessary knowledge, skills, and resources for effective design, implementation, management, and monitoring of initiatives. This could entail training programs, workshops, and resource

materials tailored to different states and regions. A centralized body could facilitate this, establishing platforms for cross-sectoral dialogue among the health, education, urban planning, and transportation sectors. These forums can share best practices, discuss challenges, and ensure alignment of efforts across sectors and government levels. Leveraging partnerships with non-governmental organizations, international agencies, and the private sector can enhance capacity-building efforts by bringing additional expertise and resources. These collaborations can foster a culture of continuous learning and improvement among state-level policy actors, promoting a coordinated approach towards PA promotion in India.



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