



THE GLOBAL OBSERVATORY
FOR
PHYSICAL ACTIVITY – GoPA!

DETAILED INDICATORS APPENDIX FOR THE SECOND SET OF COUNTRY
CARDS



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GoPA! Country Contacts



SOURCES, COLLECTION AND ANALYSIS OF DATA

1. PHASE 1 - DATA COLLECTION (April 2017 – May 2020)

The data for the Second Set of Country Cards were obtained following the standardized methods used for data collection of the First Set of Country Cards (Varela, Andrea Ramirez, et al. "Worldwide surveillance, policy, and research on physical activity and health: the Global Observatory for Physical Activity." *Journal of Physical Activity and Health* 14.9 (2017): 701-709). Specific adjustments were conducted for research and policy indicators. The sedentary behavior indicator is new in the Second Set of Cards.

All data were updated with the most recent available information. Data were gathered from secondary data sources and by conducting a systematic review to obtain information in each of the countries of the GoPA! countries list (217 in total). Data for physical activity prevalence, research, surveillance and policy indicators were included, in addition to sedentary behavior and demographic country specific data.

2. PHASE 2 - DATA COMPLETION, REVIEW AND APPROVAL (October 2019– December 2020)

With the data obtained in phase 1, all GoPA! Country Contacts were contacted and asked to complete, review and approve the data included in their Country Card. By December 2020 all Countries had approved information. The cards were launched in 2021 as the Second Set of GoPA! Country Cards and the Second GoPA! Physical Activity Almanac.



INDICATORS

DEMOGRAPHIC

1. Country name

We used the World Bank list of 215 countries, with the exceptions that we divided the United Kingdom into England, Scotland, Wales and Northern Ireland. Also, we combined information from China and Taiwan as the Greater China Area, and merged Palestine and West Bank and Gaza as requested by the contact persons from these countries. Our list therefore had 217 countries. For further analyses, countries were grouped by region, following the World Health Organization regional classification (EURO - Europe; AFRO - Africa; PAHO - The Americas and the Caribbean; EMRO - Eastern Mediterranean; WPRO - Western Pacific; SEARO - South-East Asia) and country income level following the World Bank classification (HICs - high income, UMICs - upper middle income; LMICs - lower middle income; and LICs - low income).

2. Capital = World Bank, Geography country data

<https://geographyfieldwork.com/WorldCapitalCities.htm>

3. Total population = World Bank, our world in data and national statistics sources in the case of England, Northern Ireland, Scotland and Wales.

<http://data.worldbank.org/indicator/SP.POP.TOTL/countries/CO?display=default>



<https://ourworldindata.org/>

4. Urban Population = World Bank, our world in data and country data; CIA's World Factbook

<http://data.worldbank.org/indicator/SP.POP.TOTL/countries/CO?display=default>

<https://ourworldindata.org/>

5. Life expectancy = World Bank, our world in data and country specific data

<http://data.worldbank.org/indicator/SP.POP.TOTL/countries/CO?display=default>

<https://ourworldindata.org/>

6. GINI inequality index = World Bank, our world in data, country specific data and the CIA's World Factbook

<http://data.worldbank.org/indicator/SI.POV.GINI?page=1>

<https://ourworldindata.org/>

7. Human development index = International Human Development Indicators, United Nations

<http://hdr.undp.org/en/countries>

<https://ourworldindata.org/>

8. Literacy rate = World Bank, our world in data, country specific data, the CIA's World Factbook and WHO Global

Health Observatory Data <http://data.worldbank.org/indicator/SP.POP.TOTL/countries/CO?display=default>



https://www.cia.gov/Library/publications/the-world-factbook/fields/print_2103.html

<https://ourworldindata.org/>

9. Deaths due to non-communicable diseases = World Bank

Non-communicable diseases including cancer, diabetes mellitus, cardiovascular diseases, digestive diseases, skin diseases, musculoskeletal diseases, and congenital anomalies.

<http://data.worldbank.org/indicator/SH.DTH.NCOM.ZS>

<https://ourworldindata.org/>

<http://apps.who.int/gho/data/?theme=main AND>

<http://apps.who.int/gho/data/node.main.A860?lang=en>



PHYSICAL ACTIVITY PREVALENCE

10. Physical activity prevalence estimates for adults

Unless otherwise stated, the physical activity prevalence estimate was based on the prevalence of insufficient physical activity age standardized to the WHO Standard Population 2016 and estimated in the paper by Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. Lancet Global Health 2018; [http://dx.doi.org/10.1016/S2214-109X\(18\)30357-7](http://dx.doi.org/10.1016/S2214-109X(18)30357-7).

In GoPA! we presented physical activity prevalence instead of insufficient physical activity. Therefore, the estimate was calculated as = 100 - prevalence of insufficient physical activity age-standardized.

In GoPA! we focus on prioritizing and ensuring comparability of data between GoPA! network countries. However, if the Country Contact decided and strongly suggested to include other data source for the physical activity prevalence estimate, the following requirements had to be:

a. Physical activity definition

Meeting the physical activity recommendation defined as: at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity.



b. Physical activity instruments

Based on self-reported physical activity assessed using the Global Physical Activity Questionnaire (GPAQ), the International Physical Activity Questionnaire (IPAQ) or a similar questionnaire covering activity at work/in the household, in transport, and during leisure time.

c. National or subnational representativeness

The prevalence of physical activity has been estimated with a national or subnational sample.



DEATHS RELATED TO PHYSICAL INACTIVITY

11. Deaths related to physical inactivity are the estimated population attributable fractions for all-cause mortality associated with physical inactivity by country.

Deaths related to physical inactivity were estimated using the semi-adjusted population attributable factor-PAF (partial population attributable risk), described by [Wong, Benedict HW, Sarah B. Peskoe, and Donna Spiegelman](#). "The effect of risk factor misclassification on the partial population attributable risk." *Statistics in medicine* 37.8 (2018): 1259-1275.

Partial population attributable risk equation

$$par_{semi} = 1 - \frac{1}{(1 - p_1) + p_1 \cdot rr_1^{(a)}}$$

In the partial population attributable risk equation:

rr= 1.28 and corresponds to the adjusted relative risk of all-cause mortality due to physical inactivity, estimated in the paper by [Lee IM, Shiroma EJ, Lobelo F, et al](#). Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *Lancet* 2012; 380: 219-29.



p1= the prevalence of insufficient physical activity age-standardized to the WHO Standard Population 2016 in the country, estimated in the paper by [Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. Lancet Global Health 2018](#), or in more recent WHO STEPS or national surveys recommended by the country contacts.



PHYSICAL ACTIVITY SURVEILLANCE

12. National survey including physical activity questions = An internet search was conducted to determine whether each of the 217 world countries had a national survey including physical activity questions or a physical activity surveillance system. From April to August 2019, we followed a stepwise methodology to search for national physical activity surveys or physical activity surveillance systems. The steps were:

1. The Demographic & Health Survey (DHS) website was reviewed to determine which countries had a national survey that included physical activity questions. The country's survey characteristics section was reviewed.
2. If step 1 did not provide the information for a specific country, the website <http://www.who.int/chp/steps/reports/en/> was reviewed to complete the information.
3. If the prior step retrieved no results, a Google search was conducted including the terms "national survey" and "physical activity" and "*name of each country*".
4. The fourth step was to search in Google for the information on the countries from which no data was obtained. Terms were "ncd" and "risk factors" and "national survey".
5. For the missing data, a fifth search was done with the terms "*name of each country*" and "national survey" and "ncd".
6. A search was conducted also in the WHO Multi-Country Studies Data Archive and the World Health survey (WHS) Catalog.



7. The following documents were examined:

7.1. http://www.univie.ac.at/enhr/downloads/enhrii_book.pdf

7.2. <file:///C:/Users/COORTE15/Downloads/NCD%20Indicator%20sources-%20final.pdf>

The information in the WHO website (STEPS) was reviewed: <http://www.who.int/chp/steps/reports/en/>

8. Finally, information was also collected from the supplement of the article [prevalence of insufficient physical activity age-standardized to the WHO Standard Population 2016 and estimated in Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. Lancet Global Health 2018.](#)

12.1 National survey including physical activity first year

12.2 National survey including physical activity most recent year

12.3 National survey including physical activity next year



PHYSICAL ACTIVITY POLICY

Step 1

13. Physical activity plan/policy and year = An internet search was conducted to determine whether each of the 217 world countries had a physical activity plan. We searched the WHO MiNDbank database of resources covering mental health, substance abuse, disability, general health, human rights and development, (<http://www.mindbank.info/collection/country>, <http://www.who.int/nmh/countries> and <http://hiip.wpro.who.int/portal/Dashboards/Noncommunicablediseases/NCDdashboards/TabId/210/ArtMID/1088/ArticleID/202/Default>), Google and PubMed from April to August 2019. The search was conducted including the terms “physical activity”, “national policy”, “national plan”, and the country name as search words. All data and files that were found are included as attachments.



Step 2

14. Policy inventory

GoPA! and a team of physical activity policy researchers developed a policy inventory, to include more detailed information about physical activity policy in the Country Cards.

Link to the questionnaire: https://vuau.qualtrics.com/jfe/form/SV_8wu7si78YfaexBb

QR code



The development of the *GoPA! Policy Inventory version 3.0*

The *GoPA! Policy Inventory version 3.0* (August 2019) was developed in three stages: (1) a critical assessment of the *GoPA! Policy Inventory version 1.0* (July 2017); (2) three rounds of open discussion among seven physical activity policy experts to develop *GoPA! Policy Inventory version 2.0*; and (3) one round of consultation with ten GoPA! Country Contacts (Figure 1).



Stage 1

The critical assessment of the *GoPA! Policy Inventory version 1.0* (10 items) was based on a review of other policy instruments/frameworks including: the Health Enhancing Physical Activity Policy Audit Tool (HEPA PAT, version 2.0); the monitoring framework from the EU Recommendation on Health-Enhancing Physical Activity Across Sectors; and the Comprehensive Analysis of Policy on Physical Activity (CAPPA) framework. In addition, the assessment was based on the feedback received in 2017 from 14 GoPA! Country Contacts. The critical assessment was conducted from February to May 2019.

Based on the assessment, four physical activity policy experts drafted the *GoPA! Policy Inventory version 2.0* (13 items).

Stage 2

Open discussions about the draft *GoPA! Policy Inventory version 2.0* between seven physical activity policy experts took place between May and August 2019. The discussions were held via multiple Skype conference calls, emails, and a face-to-face meeting at the ISBNPA conference in Prague in June 2019. Based on the discussions, the draft questionnaire was revised three times to produce the *GoPA! Policy Inventory version 2.0* (20 items).

Stage 3

Ten GoPA! Country Contacts provided their feedback on the *GoPA! Policy Inventory version 2.0* and suggestions for its improvement. The GoPA! Country Contacts provided a total of 27 suggestions. The expert team from Stage 2 reviewed the suggestions and incorporated most of them into the *GoPA! Policy Inventory version 3.0*.

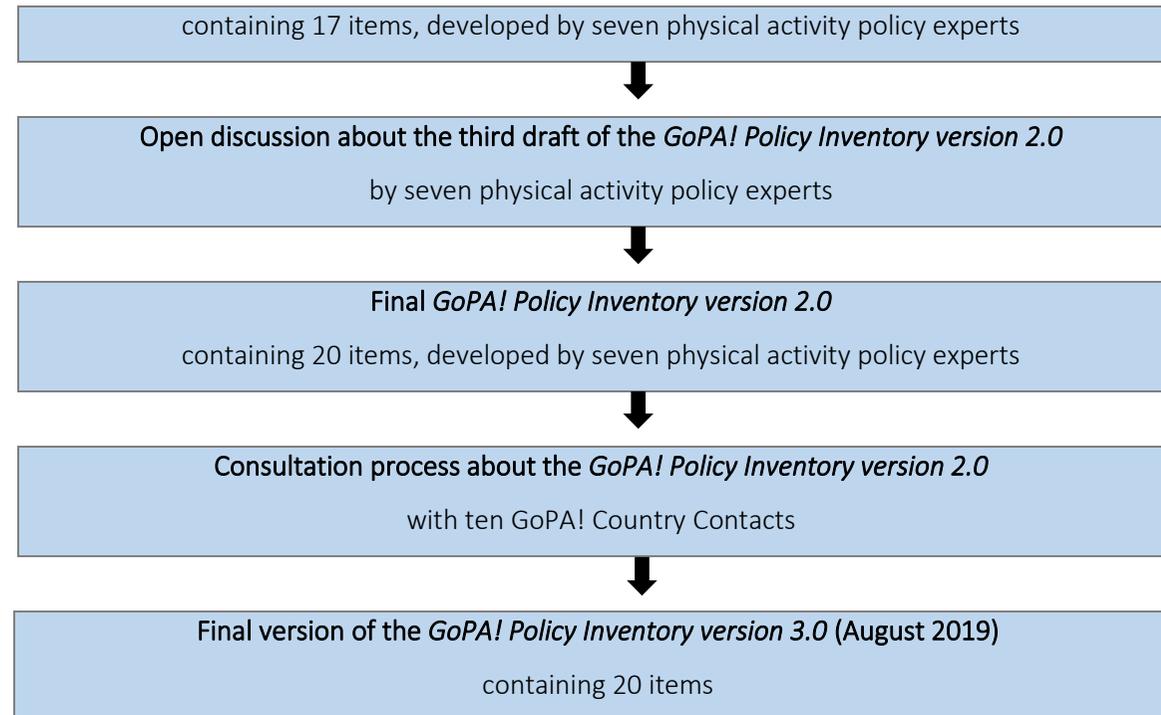
The *GoPA! Policy Inventory version 3.0* contains: (i) a consent form; (ii) three questions about the respondent; and (iii) 20 questions about physical activity and sedentary behaviour policy.



The *GoPA! Policy Inventory version 3.0* is available in two formats: (i) an online survey in *Qualtrics* software; and (ii) an interactive Word document.

Figure 1. The development process of the *GoPA! Policy Inventory version 3.0* (August 2019)





The development of the *GoPA! Policy Inventory version 3.0* and the policy inventory implementation are described in:

Reference: Klepac Pogrmilovic, B., Ramirez Varela, A., Pratt, M. *et al.* National physical activity and sedentary behaviour policies in 76 countries: availability, comprehensiveness, implementation, and effectiveness. *Int J Behav Nutr Phys Act* **17**, 116 (2020). <https://doi.org/10.1186/s12966-020-01022-6>



PHYSICAL ACTIVITY RESEARCH

A systematic review was conducted to collect data for the research indicators.

Articles related to physical activity and public health

To estimate the quantity of physical activity-related research conducted using country-specific data and to determine the characteristics of these publications, a systematic review was conducted from June 2017 to December 2018. The databases used for the search included PubMed, Scopus and WoS. Data extraction and review took place between May 2017 and November 2018. These methods have been previously used as part of the GoPA! standardized methodology followed to collect data for the first set of physical activity profiles called the “Country Cards”.

This systematic review followed PRISMA guidelines and was registered with the number CRD42017070153 at the PROSPERO website (crd-register@york.ac.uk). EndNoteX8 was used to manage country-specific reference libraries.

Search terms

The search terms for physical activity (in title or abstract) and country name in English (anywhere in the title, abstract, text or affiliation) were used. ‘Physical activity’ terms included both those referring to physical movement, as well as those encompassing the concept of sedentary behaviors different than TV viewing. The ‘physical activity’ search terms used were as follows: *physical activity OR physically active OR physical inactivity OR physically inactive OR fitness OR exercis* OR walk OR walking OR sedentary OR active transport* OR active transit*



OR active travel OR commut OR active commuting OR bicycle OR bicycling OR bike OR biking OR active living OR active-living.*

Inclusion and exclusion criteria

The publications included in this study were those described in the titles and abstracts as physical activity studies, either observational studies or experimental studies, as well as physical activity interventions. Reviews, meta-analyses, case reports, editorials, commentaries, national plans, surveillance papers, discussions or letters to the editor were included if they appeared in the search and if they were country-specific and the author's affiliation was from the country of interest. Studies on exercise physiology, conducted among athlete or military populations were excluded. Dates of publication were restricted to 01/01/1950-31/12/2016. There was no age, study design or language restrictions, however articles written in languages other than English, Spanish and Portuguese. To be considered as part of the country's research production, the article had to explicitly describe that the research was conducted in the country. All titles and abstracts identified in the search were read by couples of authors, and in case of doubts, a senior author was consulted.



Indicators

15. Total number of articles per country from 1950 to 2019

Each country had a list of total publications that resulted from the final selection of articles for the systematic review. In addition, if the article included multiple countries, a list with the names of the study's participating countries was created and it was verified that the article was a part of the list of each of the other participating countries. If it was not included in the list, it was added to the final country's list. After completing these steps, the total number of publications per country was estimated. After conducting the multicountry adjustment to each of the country's number of articles, the total number of articles was 25,965 coming from 216 of the 217 countries in the world.

16. Contribution to physical activity and health research worldwide from 1950-2016

The country's contribution to worldwide physical activity and health research from 1950 to 2016 was estimated as the percentage of publications per country (total articles per country / total of articles worldwide)*100.

17. Physical activity research quintiles

Research articles quintiles were calculated to display a comparison between countries on the country cards. The quintiles were labelled 1- high; 2-upper-middle; 3-middle; 4-lower-middle; and, 5-low.



The development of the GoPA! research indicators are described in:

Ramírez Varela, A., Cruz, G.I.N., Hallal, P. et al. Global, regional, and national trends and patterns in physical activity research since 1950: a systematic review. *Int J Behav Nutr Phys Act* 18, 5 (2021). <http://scihub.tw/10.1186/s12966-020-01071-x>



SEDENTARY BEHAVIOR

18. Total sitting time = multistage literature and grey literature search

Description of the indicator

This metric reflects the total daily duration of sitting accumulated across all domains, including occupation, leisure, domestic and travel. Data were obtained from self-report questionnaires and published in the last 10 years. Data obtained through device-based measurement of sitting time were excluded, to improve comparability between countries.

Search Strategy

The search strategy consisted of six stages. It was devised and overseen by the Global Sedentary Behavior Monitoring Initiative team. A working group, comprising 25 ISPAH members was convened to assist with stages 1-4. Stages 5-6 were completed by three researchers from the Global Sedentary Behavior Monitoring Initiative.

Stages 1-4: Completed by the Working Group

Stage 1 was to review the current GoPA! Country Cards sources of physical activity prevalence data and screen the source to see if sitting time data were also reported.

Stage 2 was to conduct country specific PubMed searches for all 217 countries, using the following search strategy entered into PubMed.



("sedentary behaviour"[All Fields] OR "sedentary behaviours"[All Fields]) OR "sedentary behavior"[All Fields]) OR "sedentary behaviors"[All Fields]) OR "sedentary time"[All Fields]) OR "sitting"[All Fields]) OR "television viewing"[All Fields]) OR "TV viewing"[All Fields]) OR "television time"[All Fields]) OR "TV time"[All Fields]) OR "television watching"[All Fields]) OR "TV watching"[All Fields]) OR "screen time"[All Fields]) OR "computer use"[All Fields] AND ("country"[MeSH Terms] OR "country"[All Fields]) AND "humans"[MeSH Terms] AND "adult"[MeSH Terms] AND ("2007/XX/XX"[PDat] : "2017/XX/XX"[PDat])"

- Country: replace country as appropriate in each search
- Date limits: insert current date and corresponding day/month from 10 years ago.
- All hits were screened for relevance by a member of the Working Group.

Stage 3 was to conduct 90 country specific searches on the Demographic and Health Survey website for relevant data. This website contains representative data from 400 surveys across 90 countries.

Stage 4 was to conduct a country specific grey literature search for all 217 countries. "Google.com/NCR" was searched with the following terms: "national survey" AND "*Name of relevant country*" and each of the following terms sequentially: "sedentary behaviour" OR "sedentary behaviour" OR "sedentary time" OR "sitting" OR "television" OR "TV" OR "screen". The first 20 hits were reviewed for relevance.

Stages 5-6: Completed by three researchers from the Global Sedentary Behavior Monitoring Initiative.



Stage 5 was an analysis of the Eurobarometer 88.4 (2017) data for 28 European countries[1]. Eurobarometer surveys cover the adult populations (15yrs or more) from 28 EU member states. Sitting time is assessed using IPAQ-short [2], which is a single-item self-report tool. Data were reported on a categorical response scale. For each survey in respective countries, multi-stage random sampling designs were used.

The number of sampling points was drawn with probability proportional to population size and density, for a total coverage of the country. Samples sizes ranged from $n=302$ to $n=1545$. Raw data are available on the Eurobarometer website[1].

Using these raw data, estimates of mean sitting time were derived as a mean of the category mid-points.

Stage 6 was a review of the STEPwise World Health Organization website, to screen the country reports for each country for relevance.

Data management (stages 1-4)

Data identified as potentially relevant through stages 1-4 were collated into a single EndNote file for each country by each member of the working group. Recommendations of relevant sources were then made by the working group, using a Microsoft Word Document form, based on three hierarchical criteria: (1) sample representativeness, (2) quality of measurement and (3) date of data collection. These forms were then collated, and re-screened by a single member of the author team for relevance. Relevant data identified through stages 1-6 were then compared for inclusion as below.



Identifying the most suitable data source

Where multiple studies were identified, the most suitable study was selected based on three hierarchical criteria (1) sample representativeness, (2) quality of measurement and (3) date of data collection.

(1) Sample representativeness: Samples that provided nationally representative data were prioritized over non-nationally representative samples. Subsequently, where samples were not nationally representative, larger samples were given preference to smaller samples. We excluded sources which restricted samples by gender, sampled from non-population based settings (e.g. hospitals, workplaces or other specific settings) or that restricted samples to narrow age ranges (<40-year range). Samples restricted to certain geographic regions but otherwise demographically representative were included, but not preferred.

(2) Quality of measurement: Studies using validated and reliable measurement tools were preferred. In order to facilitate comparisons between countries, studies reporting sitting time using a single item measure were preferred over multiple-item measures.

Single item measures included the IPAQ-short, IPAQ-long and GPAQ (amongst others) according to the TASST framework [3].

(3) Recency: More recent studies were preferred over older studies. Studies older than 10 years were excluded.

Data extraction

Mean minutes of daily sitting time, the tool used, the sample size and details of representativeness were then extracted from the chosen data source into a Microsoft Excel File for each country respectively.



References

1. Special Eurobarometer 472/Wave 88.4 - Sport and Physical Activity [<https://www.gesis.org/eurobarometer-data-service/survey-series/standard-special-eb/study-overview/eurobarometer-884-za6939-december-2017/>]
2. Craig CL, Marshall AL, Sjostrom M, Bauman AE, Booth ML, Ainsworth BE, Pratt M, Ekelund U, Yngve A, Sallis JF *et al*: International physical activity questionnaire: 12-country reliability and validity. *Med Sci Sports Exerc* 2003, 35(8):1381-1395.10.1249/01.Mss.0000078924.61453.Fb
3. Dall P, Coulter E, Fitzsimons C, Skelton D, Chastin S: TAxonomy of Self-reported Sedentary behaviour Tools (TASST) framework for development, comparison and evaluation of self-report tools: content analysis and systematic review. *BMJ Open* 2017, 7(4):e013844.<http://dx.doi.org/10.1136/bmjopen-2016-013844>

18.1 Sitting time tertiles

Sitting time tertiles were calculated to display a sitting time comparison between countries on the country cards. The tertiles were labelled low, medium and high sitting time (with low sitting time being preferable). Depending on the country, sitting time may have been derived from a multi-item questionnaire, rather than a single-item questionnaire (e.g. IPAQ, GPAQ). Therefore, this global indicator was created using the best and most recent data available.

The development of the *GoPA!* sitting time indicator is described in:

Mclaughlin, M; Atkin, AJ; Starr, L ; Hall, A; Wolfenden, L; Sutherland, R; Wiggers, J; Ramirez, A; Hallal, P; Pratt, M; Lynch, BM ; Wijndaele, K ; on behalf of the Sedentary Behaviour Council Global Monitoring Initiative Working Group. Worldwide surveillance of sitting time: a scoping review. <http://sci-hub.tw/10.1186/s12966-020-01008-4>



COUNTRY CAPACITY FOR PHYSICAL ACTIVITY PROMOTION

The policy, surveillance and research triangles of the pyramid would be all green if:

- The country has a standalone plan/policy for physical activity
- The country has periodic physical activity surveillance (data for first, most recent and next surveys)
- Research is in the Q1 and Q2 quintiles of productivity (based on the systematic review)

The policy, surveillance and research triangles of the pyramid would be yellow if:

- The country has a NCDs plan that includes physical activity
- The country has physical activity surveillance but not with a clear periodicity (data for first OR most recent OR next surveys)
- Research is in the Q3 or Q4 quintiles of productivity (based on the systematic review)

The policy, surveillance and research triangles of the pyramid would be red if:

- The country does not have a physical activity plan/policy
- The country does not have physical activity surveillance
- The country is in the Q5 quintile of productivity or does not have physical activity research (based on the systematic review)



The development of the *GoPA! country capacity for physical activity promotion indicator* is described in:

Varela, Andrea Ramirez, et al. "Worldwide use of the first set of physical activity Country Cards: The Global Observatory for Physical Activity-GoPA!." *international journal of behavioral nutrition and physical activity* 15.1 (2018): 29.

GoPA! Countries list	
1	Afghanistan
2	Albania
3	Algeria
4	American Samoa
5	Andorra
6	Angola
7	Antigua and Barbuda
8	Argentina
9	Armenia
10	Aruba
11	Australia
12	Austria
13	Azerbaijan



14	Bahamas, The
15	Bahrain
16	Bangladesh
17	Barbados
18	Belarus
19	Belgium
20	Belize
21	Benin
22	Bermuda
23	Bhutan
24	Bolivia
25	Bosnia and Herzegovina
26	Botswana
27	Brazil
28	Brunei Darussalam
29	Bulgaria
30	Burkina Faso
31	Burundi
32	Cambodia
33	Cameroon



34	Canada
35	Cape Verde
36	Cayman Islands
37	Central African Republic
38	Chad
39	Channel Islands
40	Chile
41	China
42	Colombia
43	Comoros
44	Congo, Dem. Rep.
45	Congo, Rep.
46	Costa Rica
47	Cote d'Ivoire
48	Croatia
49	Cuba
50	Curacao
51	Cyprus
52	Czech Republic
53	Denmark



54	Djibouti
55	Dominica
56	Dominican Republic
57	Ecuador
58	Egypt, Arab Rep.
59	El Salvador
60	England
61	Equatorial Guinea
62	Eritrea
63	Estonia
64	Ethiopia
65	Faeroe Islands
66	Fiji
67	Finland
68	France
69	French Polynesia
70	Gabon
71	Gambia, The
72	Georgia
73	Germany



74	Ghana
75	Greece
76	Greenland
77	Grenada
78	Guam
79	Guatemala
80	Guinea
81	Guinea-Bissau
82	Guyana
83	Haiti
84	Honduras
85	Hong Kong SAR, China
86	Hungary
87	Iceland
88	India
89	Indonesia
90	Iran, Islamic Rep.
91	Iraq
92	Ireland
93	Isle of Man



94	Israel
95	Italy
96	Jamaica
97	Japan
98	Jordan
99	Kazakhstan
100	Kenya
101	Kiribati
102	Korea, Dem. Rep.
103	Korea, Rep.
104	Kosovo
105	Kuwait
106	Kyrgyz Republic
107	Lao PDR
108	Latvia
109	Lebanon
110	Lesotho
111	Liberia
112	Libya
113	Liechtenstein



114	Lithuania
115	Luxembourg
116	Macao SAR, China
117	Macedonia, FYR
118	Madagascar
119	Malawi
120	Malaysia
121	Maldives
122	Mali
123	Malta
124	Marshall Islands
125	Mauritania
126	Mauritius
127	Mexico
128	Micronesia, Fed. Sts.
129	Moldova
130	Monaco
131	Mongolia
132	Montenegro
133	Morocco



134	Mozambique
135	Myanmar
136	Namibia
137	Nepal
138	Netherlands
139	New Caledonia
140	New Zealand
141	Nicaragua
142	Niger
143	Nigeria
144	Northern Ireland
145	Northern Mariana Islands
146	Norway
147	Oman
148	Pakistan
149	Palau
150	Palestine/West Bank and Gaza
151	Panama
152	Papua New Guinea
153	Paraguay



154	Peru
155	Philippines
156	Poland
157	Portugal
158	Puerto Rico
159	Qatar
160	Romania
161	Russian Federation
162	Rwanda
163	Samoa
164	San Marino
165	Sao Tome and Principe
166	Saudi Arabia
167	Scotland
168	Senegal
169	Serbia
170	Seychelles
171	Sierra Leone
172	Singapore
173	Sint Maarten (Dutch part)



174	Slovak Republic
175	Slovenia
176	Solomon Islands
177	Somalia
178	South Africa
179	South Sudan
180	Spain
181	Sri Lanka
182	St. Kitts and Nevis
183	St. Lucia
184	St. Martin (French part)
185	St. Vincent and the Grenadines
186	Sudan
187	Suriname
188	Swaziland
189	Sweden
190	Switzerland
191	Syrian Arab Republic
192	Tajikistan
193	Tanzania



194	Thailand
195	Timor-Leste
196	Togo
197	Tonga
198	Trinidad and Tobago
199	Tunisia
200	Turkey
201	Turkmenistan
202	Turks and Caicos Islands
203	Tuvalu
204	Uganda
205	Ukraine
206	United Arab Emirates
207	United States
208	Uruguay
209	Uzbekistan
210	Vanuatu
211	Venezuela, RB
212	Vietnam
213	Virgin Islands (U.S.)



214	Wales
215	Yemen, Rep.
216	Zambia
217	Zimbabwe



THANK YOU!

