

Commentary Response on WHO Disability Guidelines

1 Response to Commentary by

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3 On

4 The first global physical activity and sedentary behaviour guidelines

5 for people living with disability

6 by

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38 We thank Dr Martin Ginis and colleagues for their commentary on the 2020 World Health Organization (WHO)
39 Guidelines on physical activity and sedentary behaviour ('2020 Guidelines') for people living with disability¹, and
40 our associated paper.² We respond here by clarifying the purpose of the guidelines, justifying the use of
41 available evidence, and highlighting how the guidelines can advance disability inclusion.

42 The 2020 Guidelines set out evidence-based recommendations on the amount and types of physical activity that
43 offer health benefits and mitigate health risks.¹ These guidelines have a public health focus and, like all WHO
44 guidelines, have a dual aim of improving population health and reducing inequity.³ The 2020 Guidelines include
45 specific recommendations for people living with disability, recognising this population as a key part of the global
46 community and one which has too often been omitted in national and global recommendations. Recognising the
47 serious impact of such exclusion, and to advance implementation of the Convention on the Rights of Persons
48 with Disabilities, the WHO now mandates the inclusion of disability in policy and guideline development.⁴
49 Moreover, in accordance with WHO protocols and best practice, people with disability were involved in the
50 2020 guideline development process.

51 We agree with Dr Martin Ginis and colleagues that there is a concerning lack of direct evidence on physical
52 activity and sedentary behaviour specific to people living with disabilities, especially on the risks of developing
53 chronic diseases with a large population burden (e.g. cardiovascular disease, cancers, diabetes). However, in
54 accordance with the WHO Handbook for Guideline Development, lack of specific evidence is not sufficient
55 justification to delay guideline development, given the known health risks of physical inactivity and sedentary
56 behaviour. Therefore, despite gaps in direct evidence, it was deemed important and necessary to use best
57 available evidence and expert opinion to develop specific recommendations to end exclusion and to guide
58 action to reduce harms of physical inactivity and sedentary behaviour.

59 The available direct evidence came from studies of people with disability relating to eight health conditions and
60 demonstrated the benefits of physical activity for clinical health outcomes such as a reduction in pain, and
61 improved function, cognition, and quality of life.^{1,2,5} While there was limited evidence on the optimal type,
62 frequency, or duration of physical activity from studies focused on people with disability, there were no
63 indications that ‘undertaking regular physical activity’ would not benefit most, if not all, people living with
64 disabilities. Furthermore, there was insufficient evidence to suggest that a different threshold was more
65 appropriate than that recommended for the general population.

66 Recognising the need to extrapolate evidence from general population studies, the guidelines clearly state that
67 the strength of the evidence was downgraded due to indirectness. Furthermore, in recognition of the diversity
68 across the population living with disability, the WHO Guidelines included ‘best practice statements’ to clearly
69 direct individuals, and where relevant care givers, to tailor the recommendations to functional ability, health
70 status and current level of activity. These statements support the management of risk and clearly acknowledge
71 that people living with disability “may need to consult a health-care professional or other physical activity and
72 disability specialist to help determine the type and amount of activity appropriate for them”.^{1 p13}

73 We disagree with Dr Martin Ginis and colleagues that the guidelines may inadvertently perpetuate ‘ableist
74 ideals’. The WHO Guidelines specifically highlight that any amount of physical activity is beneficial and that the
75 recommendations should be adapted by individuals and healthcare providers, as appropriate. Careful
76 consideration was given to the language used across the WHO Guidelines to avoid terminology that may be
77 considered ‘ableist’. For example, too frequently in literature, guidelines, and health promotion materials,
78 ‘sitting’ is used in place of ‘sedentary’. The WHO recommendations avoided this for reasons that are obvious to
79 those with restricted ambulatory movement. As Dr Martin Ginis and colleagues point out, communication of the
80 recommendations is critical, and needs to avoid ableist ideals, language, and sentiment. Done well, the
81 communication and adoption of the WHO Guidelines can empower communities, including those living with
82 disability, to be agents of structural and systemic change enabling their right to physical activity in supportive
83 environments.

84 Inclusion of people living with disability in the WHO Guidelines brings global attention to disability inclusion in
85 physical activity. Continuing to exclude this population from global public health policy may perpetuate false
86 and dangerous notions such as: physical activity is not important for people with disability; people with disability
87 are too fragile to undertake physical activity; or their needs are too specific for practitioners to address. Thus
88 the inclusivity of these new WHO Guidelines positions people living with disability as active contributors in
89 global efforts to #BeActive,⁶ and highlights that #EveryMoveCounts⁶- for everybody.

90 We concur that the provision and opportunity for physical activity is not equal across population groups and
91 that significant inequities exist, particularly for people living with disability. The 2020 WHO Guidelines can be
92 used to engage stakeholders in identifying and mitigating the social and environmental determinants of health
93 that contribute to the discrimination and frequent exclusion experienced by people living with disability. Our
94 paper recommends ten areas for action to advance this agenda (see Carty et al., 2021).

95 The new WHO Guidelines form part of a broader integrated suite of policy guidance for countries to implement
96 interventions to reduce inequality and improve health.⁷ As a dynamic and iterative process, the development of
97 global guidelines relies on the best available evidence at a given point in time. It enables gaps in knowledge to
98 be highlighted and for priorities in research to be identified; and in no other area is it more evident that further
99 research is needed than in the field of physical activity and disability, in both children and adult populations.^{8,9}

100 We hope that these guidelines stimulate investment in research so that future guidelines will have more
101 evidence to draw on to advance the recommendations on physical activity and sedentary behaviour for people
102 living with disability. In the meantime, we believe that the inclusion of recommendations for people living with
103 disability in the WHO Guidelines is a powerful call to the physical activity and sports communities, and beyond,
104 that people living with disability have an equal right to physical activity and health.

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