World Health Organization

WHO Discussion Paper (version dated 1 August 2017)

Draft **WHO global action plan on physical activity 2018 - 2030**

INTRODUCTION

Background

1. In response to the decision at the 140th session of the Executive Board in January 2017, the secretariat has prepared this WHO discussion paper (version dated 1 August 2017) which includes the 'zero draft' of the global action plan on physical activity 2018-2030. During August and September 2017 this WHO Discussion Paper will be used as the basis for informal consultations to seek comments from Member States and views from non-State actors on the proposed draft action plan set out below. This will, in turn, enable the Secretariat to submit a final draft action plan for consideration by Member States at the 142nd Executive Board session in January 2018.

2. Health is a universal right, an essential resource for everyday living, a shared social goal and a political priority for all countries. The UN Sustainable Development Goals (SDGs) establish a duty to invest in health, ensure universal health coverage and reduce health inequities for people of all ages. The SDGs also recognise that people's health can no longer be separated from the health of the planet and that environmental sustainability is critical to health improvement.

3. Insufficient physical activity[1] is one of the leading risk factors for death worldwide.[2] Adults who do not meet the global guidelines on physical activity have a higher risk of all-cause mortality compared with those who do.[3] Globally, physical inactivity is estimated to account for between 6-10% of ischaemic heart disease, stroke, diabetes, and breast and colon cancer.[4]

Mandate

4. Following the Political Declaration of the High-level Meeting on the prevention and control of non-communicable diseases 2011,[5] WHO developed the Global Action Plan for the Prevention

[1] A glossary of terms is provided at the back of this document

[2] World Health Organization. Global Status Report on Noncommunicable Diseases 2014. Geneva: World Health Organization; 2014 (http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf?ua=1)

[3] Adults are recommended to do at least 150 minutes of moderate-intensity physical activity per week, or equivalent. WHO Global Guidelines on Physical Activity and Health, 2010 http://www.who.int/dietphysicalactivity/factsheet_recommendations/en/

[4] I-Min Lee, Eric J Shiroma, Felipe Lobelo, Pekka Puska, Steven N Blair, Peter T Katzmarzyk. Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. Lancet 2012; 380: 219–29

[5] UN General Assembly. Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable diseases. New York: United Nations, General Assembly, 2011 (http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1)

and Control of Noncommunicable Diseases 2013-2020.[6] In 2013, the World Health Assembly agreed on a set of global voluntary targets which includes a 25% reduction of premature mortality from NCDS, and a 10% reduction in the prevalence of insufficient physical activity by 2025. A review of actions towards achieving these targets concluded that progress has been slow and uneven across countries. In 2015, NCDs were responsible for 40 million deaths with over 15 million people being premature (defined as between the ages of 30 and 70) with 85% of these occurring in developing countries, where the probability of dying prematurely from an NCD is up to four times higher than in developed countries. Most of these 15 million premature deaths from NCDs could have been prevented or delayed if decisive policy actions were taken to address the four main risk factors of physical inactivity, unhealthy diet, harmful use of alcohol and tobacco use, and to empower individual, families and communities to act.

5. Recognising the established health benefits of physical activity, the slow progress of policy responses, as well as the new window of policy opportunity offered by the Sustainable Development Goals (Agenda 2030) with the call for accelerated action, the 140th session of the Executive Board in January 2017 endorsed the proposal by the delegation of Thailand for the Secretariat to prepare a report and a draft global action plan on physical activity. The draft global action plan is to be considered by the World Health Assembly in May 2018 through the 142nd Executive Board session in January 2018.

6. The proposed global action plan builds on previous NCD strategies and plans endorsed by the World Health Assembly including: Global strategy on diet, physical activity and health 2004[7]; the Political Declaration of the High-level Meeting on the Prevention and control of non-communicable diseases 2011[8] , and the policy recommendations outlined in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020.[9] The plan also draws on regional action plans including the Physical activity strategy for the WHO European Region 2016–2025.[10]

7. The plan has identified strategic links with other priority agendas, including: Global Plan for the Decade of Action for Road Safety 2011-2020[11]; WHO Public Health & Environment Global Strategy[12]; The New Urban Agenda;[13] Mental Health Action Plan 2013-2020;[14] Global Action Plan

[6] World Health Organization. Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1)

[7] World Health Organization. Global Strategy on Diet, Physical Activity and Health. Geneva: World Health Organization; 2004 (http://apps.who.int/iris/bitstream/10665/43035/1/9241592222_eng.pdf?ua=1)

[8] UN General Assembly. Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable diseases. New York: United Nations, General Assembly, 2011 (http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1)

[9] World Health Organization. Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1)

[10] World Health Organization. Physical Activity Strategy for the WHO European Region 2016-2025. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0014/311360/Physical-activity-strategy-2016-2025.pdf?ua=1)

[11] World Health Organization Global Plan for the Decade of Action for Road Safety 2011-2020. Geneva: World Health Organization; 2011 (http://www.who.int/roadsafety/decade_of_action/plan/plan_english.pdf?ua=1)

[12] World Health Organization. WHO Public Health & Environment Global Strategy (http://www.who.int/phe/en/)

on the Public Health Response to Dementia 2017-2025; Global Strategy and Action Plan on Ageing and Health 2016-2020;[15] Global Strategy for Women's, Children and Adolescents' Health 2016-2030;[16] Every Newborn Action Plan to End Preventable Deaths 2014[17]; WHO Global Disability Action Plan 2014 -2021;[18] and UN Decade of Action on Nutrition 2016 -2025.[19]

8. Some of the actions within these identified strategies and plans would deliver directly, or facilitate indirectly, improved opportunities for the population to be more active. Conversely, actions set out in this global action plan on physical activity, could work reciprocally to support delivery of the intended outcomes of the 'linked' strategies. Harnessing these synergies and building coherence between different but related policy agendas is critical for maximising the opportunities for joint action and effective, efficient use of limited resources.

9. The 2030 Agenda for Sustainable Development, and the commitment for its 17 goals made in 2016 by world leaders, provide a golden opportunity to refocus, renew and combine collective efforts to promote physical activity. It provides opportunities for urgent prioritization and scaling of efforts in implementation of effective actions so that increased levels of physical activity can contribute to achieving an improvement in health and wellbeing and support specific Sustainable Development Goals (SDGs). These SDGs include: food and nutrition security, through ending all forms of malnutrition including obesity (SDG2.2); improved health and well-being through reduction of NCDs; reduced road traffic accidents and improved air quality (SDG3.4, 3.6 and 3.9); quality education through enhanced readiness for primary education and improved educational outcomes (SDG 4.2, 4.1); gender equity contributing to ending discrimination (SDG 5.1); reduced inequalities through empowerment and promoting equal opportunity (SDG 10.2, 10.3); safe, sustainable cities and communities though sustainable transport and urbanization and universal access to green spaces (SDG 11.2. 11.3, 11.6, 11.7); mitigation of climate change through reduction of fossil fuel use and other mitigation measures (SDG13.1, 13.2); protection of life on land through sustainable land use (SDG 15.1, 15.5); and peaceful and inclusive societies through reduction of violence and promotion of non-discriminatory policies (SDG 16.1, 16.5, 16.6). These policy connections can provide important reciprocal opportunities for health and other sectors to engage, to link policies and to prioritise investments in more considered and potentially more synergistic ways.

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[13] World Health Organization. Health as the pulse of the new urban agenda: United Nations conference on housing and sustainable urban development, Quito, October 2016. (http://apps.who.int/iris/bitstream/10665/250367/1/9789241511445-eng.pdf)

[14] World Health Organization. Mental Health Action Plan 2013-2020. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf?ua=1)

[15] Main Document A69/17. Multisectoral Action for a Life Course Approach to Healthy Ageing: Draft Global Strategy and Plan of Action on Ageing and Health. In: Sixty-ninth World Health Assembly, Geneva, 23-28 May 2016 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_17-en.pdf?ua=1)

[16] Every Women Every Child. The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): 2015 (http://www.who.int/life-course/partners/global-strategy/ewec-globalstrategyreport-200915.pdf?ua=1)

[17] World Health Organization. Every Newborn An Action Plan to End Preventable Deaths. Geneva: World Health Organization; 2014 (http://www.healthynewbornnetwork.org/hnn-content/uploads/Every_Newborn_Action_Plan-ENGLISH_updated_July2014.pdf)

[18] World Health Organization. WHO Global Disability Action Plan 2014-2021. Geneva: World Health Organization; 2015 (http://apps.who.int/iris/bitstream/10665/199544/1/9789241509619_eng.pdf?ua=1)

[19] UN Decade of Action on Nutrition 2016 -2025 (http://www.who.int/nutrition/decade-of-action/en/)

General Structure of the action plan

10. The action plan is global in its scope and developed through consultation with WHO Member States, organizations of the United Nations system, and non-State actors including nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions, with a particular focus on engagement with and seeking contributions from, all relevant sectors outside of health.

11. The action plan takes a comprehensive and multisectoral approach, and aims to build and reinforce the interconnections and cross-cutting elements of the proposed actions with sectors other than health, in particular but not limited to, urban planning, transport, education, recreation and sports.

12. Using a structure of four strategic objectives, it provides a set of clear actions for Member States, international, regional and national level partners, and the WHO Secretariat; it proposes key indicators of success that can be used to evaluate levels of implementation, progress and impact.

13. The global action plan is designed to provide further and more specific guidance to Member States to accelerate to the development and support the implementation of national multisectoral physical activity action plans which leverage the links and benefits to sectors beyond health and to national economic and sustainable development priorities and aspirations.

14. The global action plan aims to address, the response of health and other sectors for all resource settings. It envisions the provision of equitable access to supportive environments that enable appropriate and effective programs, events and services. By working together, these sectors can provide safe opportunities for participation in physical activity by people of all ages and abilities, appropriate to local context, through diverse ways of moving, including walking, cycling, active recreation, sports, dance and play.

OVERVIEW OF THE GLOBAL SITUATION

15. Globally 23% or one in four adults, and 81% or 4 out of 5 adolescents (aged 11-17 years), do not do enough regular physical activity to meet the global recommendations.[20] In most countries levels of inactivity are higher in girls and women compared with boys and men across all ages, and inactivity increases with age. For example, British adults aged over 55 years are approximately twice as likely to be inactive compared with younger adults aged 25-54 years)[21].

16. Levels of inactivity vary by region and are highest in the Eastern Mediterranean, the Americas, Europe and Western Pacific regions and lowest in SE Asia Region.[22] Population levels of adult inactivity increase with economic development (as measured by GDP using World Bank Classifications) and this trend reflects the influence of changing economies, technologies, urban

[20] World Health Organization. Global Status Report on Noncommunicable Diseases 2014. Geneva: World Health Organization; 2014 (http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf?ua=1)
[21] Sport England. Active Lives Survey 2015-2016. UK Government (https://www.sportengland.org/media/11498/active-lives-survey-yr-1-report.pdf).
[22] World Health Organization. Global Status Report on Noncommunicable Diseases 2014. Geneva: World Health Organization; 2014 (http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf?ua=1)

development and transport systems, as well as socio-cultural impacts on the level of physical activity undertaken in daily lives.[14]

17. Within countries, levels of inactivity vary by geography, urbanization, income and education, and often show large differences between sub populations, although the direction of social patterning varies by level of economic development. In the UK, adults in the lowest socioeconomic group were most likely to be inactive (37%) compared with the highest economic group (17%),[23] whilst in India, where 54% of population is inactive (41% male), levels of inactivity increase with income, SES and urbanization.[24] These contrasting data illustrate the complex nature of physical inactivity within different contexts and highlight the significant influence of socio-cultural and economic determinants.

18. Physical activity can be undertaken in a variety of ways and in different settings, however three broad domains provide a useful classification system for policy actions: (i) work; (ii) active transport (including walking, cycling and use of public transport); and (iii) leisure (comprising of diverse recreational activity including sport, exercise, dance and active play

19. Comparable global data on physical activity specific to these domains (work, transport and leisure) are not, as yet, available. Nonetheless the datasets from countries and specific regions reveal sharp declines over time in the levels of walking and cycling as a mode of transport. For example in middle income countries experiencing rapid economic development, such as Brazil, rates of walking and cycling for transport show a decline among men and women, from 17% in 2009 to 12% in 2013 (approximate 30% reduction).[25] Similar declines are seen among Brazilian children (6-11 years old), with walking and cycling to school dropping from 70% in 1997 to 50% in 2012[26] and private motorized transport surpassed other modes for the first time in 2012.[27] Elsewhere, similar patterns are observed, such as in China, where bicycle mode share has decreased by 3% per year between 2002 and 2017[28] and walking and cycling to school has declined from 96% in 1997 down to 69% in 2011.[29] However, the situation in high income countries is somewhat different, with levels of walking and cycling relatively stable but at much lower levels over the last fifteen years, as seen in Finland.[30] Similarly, in the UK, walking and cycling as the main modes of commuting reported by only 11% and 3% of adults, respectively.[31]

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[23] Sport England. Active Lives Survey 2015-2016. UK Government (https://www.sportengland.org/media/11498/active-lives-survey-yr-1-report.pdf).

[24] Anjana, RM., Pradeepa, R., Das, AK., and et al. Physical activity and inactivity patterns in India- results from the ICMR-INDIAB study (Phase-1) [ICMR-INDIAB-5]. *International Journal on Behaviour Nutrition and Physical Activity*. 2014. 26 11(1): 26. https://www.ncbi.nlm.nih.gov/pubmed/24571915

[25] Sá TH, Rezende LF, Rabacow FM, Monteiro CA. [Use of private motor vehicle Transportation for taking children to school in São Paulo Metropolitan Area, Brazil, 1997-2012. Cad Saude Publica. 2016 May 31;32(5).

[26] Sá TH, Rezende LF, Rabacow FM, Monteiro CA. Use of private motor vehicle Transportation for taking children to school in São Paulo Metropolitan Area, Brazil, 1997-2012. Cad Saude Publica. 2016 May 31;32(5).

[27] SA, TH., Borges, MC., Garcia, IM. et al., (2015) Atividade física: andando de lado (2009-2013) In: MONTEIRO, Carlos Augusto; LEVY, Renata Bertazzi (Org.). Velhos e Novos Males da Saúde no Brasil: de Geisel a Dilma. São Paulo.

[28] Li, Zhibin, et al. Bicycle mode share in China: a city-level analysis of long term trends. *Transportation* 44.4 (2017): 773-788.

[29] Yong Y., Hong, X., Gurney, J.G., and Wang, F.(2017), Active travel to and from school among school age children during 1997-2011 and associated factors in China. *Human Kinetics Journals*; 1-25. (http://journals.humankinetics.com/doi/abs/10.1123/jpah.2016-0590)

[30] Borodulin K, Harald K, Jousilahti P, Laatikainen T, Männistö S, Vartiainen E. Time trends in physical activity from 1982 to 2012 in Finland. Scand J Med Sci Sports. 2016 Jan;26(1):93-100.

[31] Goodman, A.(2013) Walking, Cycling and Driving to Work in the English and Welsh2011 Census: Trends, Socio-Economic Patterning and Relevance to Travel Behaviour in General. *Plos One*. 8(8); 1-11.

20. Country-level trends data on walking and cycling in most low and middle income countries (LMIC) are scarce, yet are much needed to inform appropriate planning particularly since these settings concentrate a very large share of commuters for whom walking and cycling is a necessity rather than a choice. It is also in LMIC that the greatest changes are taking place as large numbers of people switch from walking and cycling to personalized motorized transport, initially motorbikes and then cars.

21. Policy actions to support walking and cycling as part of meeting daily needs and contributing to public life, from fetching water and food, to accessing the city opportunities of work and education, must be accompanied by measures to create a safe and healthy environment.[32] This would include: actions to reduce air pollution levels since 92% of the world's population live in places with air quality levels exceeding WHO limits;[33] the appropriate provision of adequate infrastructure and traffic regulations to prevent road injuries; and policy measures to prevent and protect walkers and cyclists against other forms of violence. Recognition of the close interactions between these policy agendas and efforts to increase physical activity is essential because coherent policy alignment is central to establishing joint agendas and accelerating implementation of actions.

22. Sport remains universally popular and is an important contributor to health, social, cultural and economic development as well as national character and values.[34] Whilst global data on overall sports participation are, to date, very limited, individual sports can attract global participation in very large numbers (e.g. 260 million registered football players). Although various high income countries report around half the adult population participating in at least one sport (e.g. U.K. and Australia),[35] in LMIC reported participation in *any* exercise, recreation or sport can be very low. In India, for example, less than 10% of adults reported participation in any sports or recreation with lowest levels in rural areas and in women compared with men. The UN Sport for Peace and Development programme demonstrates the potential for sport, and other forms of recreational physical activity, to be a core part of community development, particularly with vulnerable communities.[36]

23. Given the popularity of sports, there is considerable potential to increase participation in physical activity through stronger policy actions on the promotion and provision of recreation and sports programmes aimed at reaching those not currently participating. This however will require a significant shift in current sports policy towards community sports and recreation as well as new models of sports financing and accountability for outcomes. Such steps are already underway in some Member States, for example by Sport England with a new investment of £250 million over five years[37],[38] and in Australia by the NSW State[39] and Federal Governments.[40]

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[32] World Health Organization. Global Status report on Road safety 2015. Geneva: World Health Organization (http://www.who.int/violence_injury_prevention/road_safety_status/2015/en/)

[33] World Health Organization. WHO Global Urban Ambient Air Pollution Database (update 2016). Geneva: World Health Organization (http://www.who.int/phe/health_topics/outdoorair/databases/cities/en/)

[34] Khan K, Thompsom A, Blaire S, Sallis J, Powell K, Bull F, et al. Physical activity, exercise and sport: their role in the health of nations. *The Lancet*. 2012;380:59-64

[35] Khan, K., Good Sport. *The Lancet.* 2012; 380: 20

[36] https://www.un.org/sport/

[37] HM Government. Sporting Future: A New Strategy for an Active Nation 2015 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486622/Sporting_Future_ACCESSIBLE.pdf)

[38] Sport England. Tackling Inactivity A Guide To Sport England's Approach And Investment. 2016 (https://www.sportengland.org/media/11411/tackling-inactivity-approach-and-investment-guide.pdf)

Actions are also underway through the leadership of international sporting organisations such the IOC[41,42] and others.[43]

24. There are notable inequities in the level of sports participation between countries and within sub population groups reflecting the consequences of economic contexts as well as socio-cultural norms and values, particularly towards female participation, and unequal access to opportunities and appropriate sports and recreation programs, particularly for people living with disabilities.[44] Addressing these disparities in participation by gender, age, disability, economic status, geography and other socio-demographic characteristics, is a policy priority and underlying principle of the global action plan and consistent with achieving SDG 5 which seeks to reduce inequalities, particularly due to gender, and aspires to leave no person behind as the countries commit to achieving sustainable economic development and improvement of wellbeing for all.

25. Participation in regular recreation, exercise and sport is influenced in childhood and adolescence, at least in part, by positive experiences provided through quality physical education (PE) taught by qualified educational professionals in keeping with formal curricula.[45] Despite the existence in many countries of regulation for the inclusion of PE in primary and secondary schools, the evidence[46] suggests that compliance with this mandate is poor. There is a significant need to secure and improve both the provision and the delivery quality of PE in primary and secondary schools, particularly in LMIC.[47]

26. Investments in PE and increasing physical activity during school is an investment in better child development and better educational outcomes and the attainment of SDG 4. Over and above the health benefits of physical activity for the children, being active is associated with improved cognition, and academic achievement.[48, 49, 50]

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[39] Active Kids Rebate announced in NSW Government in 2017-18 Budget Speech https://www.parliament.nsw.gov.au/lc/papers/DBAssets/tabledpaper/WebAttachments/71275/Budget%20Speech.pdf

[40] NationalSports Plan. Australian Sports Commission https://www.ausport.gov.au/nationalsportsplan

[41] The International Olympic Committee. Sport and Active Society. (https://www.olympic.org/sport-and-active-society)

[42] International Olympic Committee. Go Girl Go program. (www.olympic.org/news/gogirlgo)

[43] The Association for Sports for All (http://www.tafisa.org/)

[44] Brown W.J, Mielke, G., and Alexandar, TLK, Gender equality in sport for improved public health. *The Lancet*. http://dx.doi.org/10.1016/ S0140-6736(16)30881-9

[45] United Nations Educational, Scientific and Cultural Organization. Promoting Quality Physical Education Policy Putting the *Quality* in Physical Education. **(**http://www.unesco.org/new/en/social-and-human-sciences/themes/physical-education-and-sport/policy-project/)

[46] Hardman, K. Physical Education in Schools: A Global Perspective. *Kinesiology.* 40 (2008) 1:5-28. 6

[47] United Nations Educational, Scientific and Cultural Organization. International Charter of Physical Education, Physical Activity and Sport (http://www.unesco.org/new/en/social-and-human-sciences/themes/physical-education-and-sport/sport-charter/)

[48] Donnelly, J.E., Hillman, C.H., Castelli, D., Etnier, J.L., Tompowski, P., Lambourne, K., Szabo-Reed, A.N. (2016) Physical activity, fitness, cognitive function, and academic achievement in children: a systematic review. Medicine and Science in Sport and Exercise 48(6): 1197-1222

[49] Álvarez-Bueno, C., Pesce, C., Cavero-Redondo, I., Sanchez-Lopez, M., Martinez-Hortelano, J.A., Martinez-Vizcaino, V. (2017). The Effect of Physical Activity Interventions on Children's Cognition and Metacognition: A Systematic Review and Meta-Analysis. Journal of the American Academy of Child & Adolescent Psychiatry.https://doi.org/10.1016/j.jaac.2017.06.012

[50] Santana, C. C. A., et al. (2017). Physical fitness and academic performance in youth: A systematic review. Scandinavian journal of medicine & science in sports 27(6): 579-603.

27. Given the strong evidence of the importance of physical activity as part of healthy child growth and development, especially in the early years,[51,52] there is a need to secure and improve provision for toddlers and children under 5 years of age, ensuring positive early interactions and stimulating experiences of play and movement, within the family context, in child care settings and in the community.[53] This global action plan includes a priority focus on the development of positive attitudes and active lifestyles for the benefit of all people, including individuals, parents, families and communities, consistent with recommendations made by the WHO Ending Childhood Obesity Commission.[54] This can be achieved by strengthening relevant policy and by scaling up the implementation of quality, age appropriate programs and opportunities for children, families and communities within safe and movement-conducive environments.

28. Physical activity is important at every age and this includes in later life and for healthy aging and specific activities such as muscle strengthening, and balance and stability exercises are important for the prevention of falls and maintenance of independent living. New evidence also indicates physical activity as a modifiable risk factor for dementia[55] and the global gains in life expectancy require that programmes and interventions to increase physical activity explicitly include older people, and through action on working age adults help individuals build physical capacity for healthy ageing.

29. Given the complex interaction of social, cultural, economic and contextual factors that influence levels of physical activity in a population, it is clear that no single policy action will be sufficient and it is also clear that the construction of the necessary comprehensive approach, spanning the key sectors, will be different according to the specific country context. Because there are multiple ways to be physically active, there are multiple effective policy options available. Identifying and aligning the most salient policy actions, appropriate to context and resources, and developing a comprehensive approach, will provide the most effective response.

30. This success has been demonstrated in some countries with significant results. For example in Canada a whole of community approach led to a 20 percentage point increase in physical activity over a twenty year period, similarly in Finland, and more recently in England and in Brazil. Policy action at the citywide scale has also demonstrated that considerable change and positive impact is possible in quite short time frames. New York has been transformed by multiple policy actions supporting an increase in active transport and recreational activity.[56] The city of Bogotá (Columbia), implemented a transformative transportation agenda, whilst the cities of Amsterdam, Copenhagen, and Vancouver provide published examples demonstrating that coordinated sustained policy measures can shift walking and cycling behaviours and increase physical activity.[57] More recent examples of cities initiating this approach in the LMIC context

[51] Richter LM, Daelmans B, Lombardi J, Heymann J, Boo FL, Behrman JR, et al. Investing in the foundation of sustainable development: pathways to scale up for early childhood development. Lancet. 2017;389(10064):103-18

[52] Britto PR, Lye SJ, Proulx K, Yousafzai AK, Matthews SG, Vaivada T, et al. Nurturing care: promoting early childhood development. Lancet. 2017;389(10064):91-102

[53] UN Secretary General Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). http://www.who.int/life-course/partners/global-strategy/ewec-globalstrategyreport-200915.pdf?ua=1

[54] Ending Childhood Obesity Commission, http://www.who.int/end-childhood-obesity/en/

[55] Sallis J, Bull F, Guthold R, Heath GW, Inoue S, Kelly P, Oyeyemi AL, Perez A, Richards J. Progress in physical activity over the Olympic quadrennium. Lancet 2016; 388: 1325–36

[56] http://www1.nyc.gov/site/planning/plans/active-design-guidelines/active-design-guidelines.page

[57] Pucher J (2003) Promoting safe walking and cycling to improve public health: Lessons from the Netherlands and Germany. American Journal of Public Health 93: 1509-16.

include: Bangkok (Thailand), Cape Town (South Africa), Dakar (Senegal), Luanda (Angola), Mexico City (Mexico) and Receife (Brazil).[58]

31. The cost of not acting on physical activity is high and consequences will be in terms of health care costs (direct and indirect) to individuals and health systems, and the negative impact on the environment, economic development, community well-being and attainment of a higher quality of life for all. Already stressed health care systems are facing the increasing burden of NCDs, which due to the demographic tidal wave of an aging and growing population will face burgeoning costs and many will be unable to meet future demands. China and India alone are projected to face 163.5 million individuals with diabetes,[59] and in India alone, the number of people with diabetes is expected to increase by 7% from 69.2 million to 123.5 million by 2040 and is rising rapidly due to the incidence of obesity occurring at younger ages.

32. Globally physical inactivity is estimated to cost INT$54 billion in direct health care of which 57% is incurred by the public sector and an additional $14 billion is attributable to lost productivity due to physical inactivity.[60] These are conservative estimates as they exclude health costs due to falls and mental disorders amongst other conditions. Estimates from high and LMIC indicate that between 2-3%[61,62] of national health care expenditures are attributable to physical inactivity. This could be reduced by increasing levels of participation in physical activity, particularly amongst those who are the least active and have the most health to gain from behaviour change and are also more likely to have multiple conditions that could benefit from more active lifestyles. For example, increasing physical activity through more walking and cycling can avert health care costs. It has been estimated that a 5% increase of bicycle trips of less than 7 km would save around $200million annually, or around 1.6% of the New Zealand annual health budget, the comparable model in Australia would save around $1.7 billion on health expenditure.[63]

33. Beyond the significant health impacts, promoting physical activity has numerous other social, environmental and economic benefits[64] and is intrinsically linked with the achievement of the Agenda 2030 targets.[65] Policy action to increase safe walking and cycling and reduce use of personalised motorized transportation for short trips within urban areas can also reduce carbon emissions, reduce traffic congestion and boost the micro economies. For example, in the USA it is estimated that if 60% of new housing was developed using transit-oriented approach,

[58] Rodrigo S Reis, Deborah Salvo, David Ogilvie, Estelle V Lambert, Shifalika Goenka, Ross C Brownson. Scaling up physical activity interventions worldwide: stepping up to larger and smarter approaches to get people moving. *Lancet* 2016; 388: 1337–48

[59] Anjana, RM., Pradeepa, R., Das, AK., and et al. Physical activity and inactivity patterns in India- results from the ICMR-INDIAB study (Phase-1) [ICMR-INDIAB-5]. *International Journal on Behaviour Nutrition and Physical Activity*. 2014. 26 11(1): 26. (https://www.ncbi.nlm.nih.gov/pubmed/24571915)

[60] Ding, D., Lawson, KD., Kolbe-Alexandar,TL, and et al. (2016). The economic burden of physical inactivity: a global analysis of major non-communicable diseases. The Lancet 2016; 388-1311-24.

[61] Bull, F., Goenka, S., Lambert, V. and Pratt, M. ,Physical activity for the prevention of cadiometabolic disease. (http://dcp-3.org/chapter/2275/physical-activity-prevention-cardiometabolic-disease)

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[64] Giles-Corti, B., Foster, S., Shilton, T., and Falconer, R. (2010) The co-benefits for health of investing in active transportation. *NSW Public Health Bulletin*. Vol. 21(5–6).

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encouraging more walking and cycling, the country would save about 85 million metric tonnes of CO2 annually by 2030[66]. In London, the congestion charge reduced traffic by 30% and air pollution by 20%.[67] In New York, a high quality cycle lane was built on 9th Avenue and retail sales increased by up to 49%, compared to 3% borough-wide.[68] These examples demonstrate that partnerships between health, urban planning and transport have significant potential for delivering multiple positive outcomes and that increasing policy alignment and using a whole of government, and less siloed, response can support progress towards the sustainable development goals.

34. Efforts to increase walking and cycling, both for recreation and transportation, requires safer roads. In 2013, road traffic accidents caused 1.2 million deaths globally, 90% occurred in LMIC and cost an estimated 5% of GDP.[69] Globally, almost half of all deaths were among those with the least protection (motorcyclists (23%), cyclists (4%) and pedestrians (22%) with the African Region having the highest proportion of pedestrian and cyclist deaths (43%). Despite these data, road infrastructure remains mainly constructed with the needs of motorists, rather than pedestrians and cyclists, in mind. A change in priorities is needed to increase investment towards implementation of the known effective actions to improve road safety and compliance. Road safety improvements are essential if public health is to be improved by encouraging active forms of travel.[70]

35. Increasing participation in physical activity will also require improved urban infrastructure. Strong evidence supports the importance of compact urban design and access to public and green open spaces[71] in providing the positive enabling environments for higher levels of physical activity.[72,73] We can double the levels of walking through the use of liveable neighbourhood design principles[74] and this is also supported by evidence for LMICs.[75] These same design principles, when applied to new brown site developments, as well as city regeneration projects, not only provide multiple potential health benefits but can also benefit the environment and contribute to delivering on the New Urban Agenda[76] and sustainable development.

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[76] World Health Organization. Health as the pulse of the new urban agenda: United Nations conference on housing and sustainable urban development, Quito, October 2016. (http://apps.who.int/iris/bitstream/10665/250367/1/9789241511445-eng.pdf)

36. Improvements in the walking and cycling environment have the potential to increase the economic value and activity in local areas, as reflected in the sale price of residential properties and the rental price of retail properties.[77] Creating a more walking and cycling friendly environment can also strengthen local economies as pedestrians and cyclists visit more shops more frequently, and more people walking and cycling encourages more people to follow.[7879] However to achieve these system wide changes in city planning will require legal, administrative, and technical frameworks that integrate planning for land use, transport, housing, infrastructure, and the economy with urban design, contextualised to local conditions and implemented at regional and local scale.[80]

37. Given the increasingly urbanized world, with over 70% of the population living in urban centers, cities have a particular responsibility and opportunity to contribute to this agenda.[81] The Shanghai Declaration,[82] WHO Healthy Cities,[83] The Bloomberg Healthy Cities Partnership[84] and other related initiatives[85,86] provide important openings for collaboration. City leaders have an unparalleled opportunity to take bold steps towards increasing physical activity and can use the city governance structures to implement comprehensive whole of community initiatives that can reach large numbers of people, deliver results and demonstrate the benefits of joint actions.

38. Despite the strong evidence that increasing population levels of physical activity, especially through increasing walking, can provide multiple benefits, there has been little headway in many countries in implementing the policy actions recommended in 2013 in the Global Action Plan on NCDs[3]. Although there has been an increase in the number of countries reporting they have developed a physical activity plan from 44% in 2010 to 79% in 2017,[87] only two thirds report their plans are being implemented, and within these, the scale of implementation is not known but based on the limited evidence of impact on population levels of physical activity, progress is slow and mostly small scale.

39. Several recognised constraints to progress are acknowledged in this global action plan; accordingly, solutions via joint action by all stakeholders are proposed. A lack of security in resources (human and fiscal) dedicated to the sustainable implementation of national actions to increase physical activity is a fundamental road block to countries achieving the 2025 target on

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[81] http://www.ipenproject.org/documents/conferences_docs/active-cities-full-report.pdf
[82] The Shanghai Consensus on Healthy Cities 2016. http://www.who.int/healthpromotion/conferences/9gchp/9gchp-mayors-consensus-healthy-cities.pdf?ua=1
[83] http://www.who.int/healthpromotion/conferences/9gchp/healthy-cities/en/
[84] https://partnershipforhealthycities.bloomberg.org/
[85] A guide for city leaders: Designed to move active cities http://www.ipenproject.org/documents/conferences_docs/active-cities-full-report.pdf
[86] http://www.tafisa.org/
[87] World Health Organization. Assessing National Capacity for the Prevention and Control of Noncommunicable Diseases Global Survey. 2017 data are review and are not yet published. Geneva: World Health Organization

reducing physical inactivity; this roadblock must be overcome. Where there are limitations to the full engagement of stakeholders in supporting and nurturing the partnerships and coordination necessary to implement actions outside of health, the likelihood of success is critically compromised; the key stakeholders must be fully engaged. The significant gaps in capacity and resourcing of the data and knowledge systems hinder capabilities to inform and drive progress in key areas such as research, capacity building, evaluation, and surveillance and monitoring; these gaps in data and knowledge systems require addressing which should include stimulating innovation and use of mobile and wearable technologies.

40. Failure to locate physical activity as a priority health issue within NCD prevention, limited connections between key government departments, and the lack of strategic linkages with other related policy priorities at a national and sub national level, represent missed opportunities which are stalling progress. There is a clear need for greater advocacy on physical activity within health, other sectors, in the community and media and a stronger engagement with non-state actors, to undertake joint and coordinated actions. Developing leadership for this agenda, at all levels and both inside and outside of government, is important for mobilising systems change and working in new ways on joint policy actions that can achieve shared goals.

41. Member States are aware of these constraints and 145 countries have requested WHO for technical assistance to tackling NCD prevention and management and the associated risk factors. Effective solutions are known and WHO provides guidance on cost effective interventions for increasing physical activity (known as Best Buys)[88] on two cost effective actions on physical activity as well as recommendations on others in the NCD Action Plan. This action plan on physical activity builds on these recommended measures within a comprehensive approach that takes account of advances in the knowledge base on best practice approaches.

42. Community involvement in planning and implementation is critical to success, yet is largely underutilised and is an approach that should be strengthened.[89] Efforts are needed to engage all members of the community to be involved at local and national levels. There is also a need, both globally and regionally, for a stronger, more coordinated social movement on promoting physical activity. Increasing the voice of the community, and widespread advocacy on the multiple benefits of policy action and investment in physical activity to all sectors, is necessary to build support and understanding for the changes needed to create more active societies.

43. Universal health care is a central focus of Agenda 2030 and includes the integration of cost effective NCD preventive strategies. The promotion of physical activity is part of this agenda in settings providing child and maternal health care, child development and community health and social services and in primary and secondary care settings. This agenda requires the strengthening of health systems and the provision of appropriate tools and training suitable for different resource contexts.

[88] Updated Appendix 3 endorsed at the World Health Assembly in May 2017 http://who.int/ncds/management/WHO_Appendix_BestBuys.pdf?ua=1

[89] Rodrigo S Reis, Deborah Salvo, David Ogilvie, Estelle V Lambert, Shifalika Goenka, Ross C Brownson. Physical Activity 2016: Progress and Challenges Scaling up physical activity interventions worldwide: stepping up to larger and smarter approaches to get people moving. Lancet 2016; 388: 1337–48

STRUCTURE OF THE GLOBAL ACTION PLAN ON PHYSICAL ACTIVITY 2018 - 2030

44. Participation in physical activity is influenced by multiple factors, some of which are personal characteristics and preferences, while others are related to the family, cultural, economic and physical environments, that shape the availability, access and provision of safe opportunities for walking, cycling, active recreation, sports and play. Policies and practices in sectors outside of health play a large role in the provision of the relevant infrastructure and programs, particularly in sectors such as education, transport, environment, urban planning, parks and recreation, and sports. The media and private sector can also play a key role, so multiple stakeholders and sectors across government and society need to be involved in designing, tailoring and implementing the solutions which will increase levels of physical activity.

Vision

45. A world where all countries provide the enabling environments and opportunities for all citizens to be physically active and through this enhance the social, cultural, economic development and wellbeing of nations

Goal

46. One hundred million people more active by 2030 [90]

Cross Cutting Guiding Principles

47. The action plan is informed by the following principles:
    a) **Life course approach:** Opportunities for benefits and enjoyment of physical activity should be available to all people at all ages, according to ability and the different needs should be considered at all stages of the life course, including infancy, childhood, adolescents, adult hood and older age.

    b) **Equity:** Recognizing that there are disparities in physical activity participation by age, disability, gender, economic status, geography and socio-demographic characteristics, all efforts to create an active society must seek to address the disparities, reduce inequalities and leaving no one behind as countries commit to implement the action plan for the improvement of wellbeing and achieving sustainable economic development.

    c) **Empowerment of peoples, families and communities:** Safe and engaging environments for active transport and physical activity in daily life can be one of the most powerful ways to reach all people and to change social norms and behavior in the longer term. People and communities should be empowered to take control of the determinants of their health through active participation in the development of policies and interventions that affect them in order to remove barriers and to provide inspiration and motivation.

    d) **Human Rights-based approach:** Health is and should be embraced as a universal right, an essential resource for everyday living, a shared social goal and a political priority for all countries. Policies, plans, programmes, interventions and actions on promotion of physical activity should be designed with the objective of progressively improving the enjoyment of all people to the right to health.

[90] Calculated using 2010 adult population estimates as a baseline and computing at 10% change

e) **Evidence based practice:** Policy actions must stem from a robust evidence base with demonstrated effectiveness in a variety of regions and contexts. Evidence on cost effectiveness for interventions in the health sector is desirable and two policy actions have been assessed by the WHO CHOICE model.[91] Additional evidence are drawn from practice based experience to inform the global action plan, particularly where this informs the specification of what works in different local contexts and more specific details on how to implement effectively.

f) **Cross-sectoral Engagement and Partnership for Joint Action:** National policies in sectors other than health have a major bearing on premature mortality from NCDs. Health gains can be achieved much more readily by influencing public policies in sectors like agriculture, food production, environment, trade, transport and urban development than by making changes in health policy alone. A comprehensive, integrated and intersectoral approach is required to reduce the prevalence of physical inactivity introduced at the individual, community, cultural, political and environmental level including non-state actors

g) **Policy coherence**: Enhancing policy coherence across areas that impact the governance, prevention, management and surveillance of NCDs and health is important. Policies to promote opportunities for physical activity must be protected from interference by the influence of vested interests whose products and services are counter to health and sustainable development objectives.

h) Universal health coverage: There needs to be equitable access to a full range of safe, effective, quality and affordable health and social care services that incorporate physical activity and NCD prevention measures needed for all people regardless of age, gender, socioeconomic status, race and ethnicity.

PROPOSED ACTIONS FOR MEMBER STATES, SECRETARIAT AND INTERNATIONAL AND NATIONAL PARTNERS

48. There are multiple opportunities to increase physical activity through policy actions implemented across multiple settings – in schools, workplaces, health care settings, and local communities. No one single policy action will be sufficient to increasing physical activity.

49. Effective implementation of the global action plan on physical activity will require actions by Member States, the WHO Secretariat as well as international, regional and national partners. These partners include but are not limited to:

- Development agencies including international financial institutions such as the World Bank and regional development banks, sub-regional intergovernmental agencies and bilateral development aid agencies;
- Intergovernmental organizations including UN agencies and global health initiatives
- Academic and research institutions including the network of WHO collaborating centres for physical activity, nutrition, obesity, ageing and social determinants of health and other related networks;

[91] World Health Organization. Cost Effectiveness and Strategic Planning (WHO-CHOICE). (http://www.who.int/choice/en/)

- Non-governmental organizations including civil society, community-based organizations, human rights-based organizations, faith-based organizations and associations of health care professionals and service providers.
- Philanthropic foundations that are committed to promoting public health
- Selected private sector entities that commit to the objectives of the action plan

50. To achieve the goal of one hundred million people more active will require joint action across multiple sectors and stakeholders to implement a combination of effective policy actions organised around four strategic areas and presented as four strategic objectives with draft indicators:

I CREATING AN ACTIVE SOCIETY

This strategic objective aims to create societies with positive attitudes and values towards everyone being active, according to ability and across the life course, through increasing community-wide knowledge, understanding and literacy among public and professionals alike, on the multiple benefits of physically activity and many pathways to being active through walking, cycling, active recreation, sport, dance and play.

II CREATING ACTIVE ENVIRONMENTS

This strategic objective aims to create environments that promote and safeguard the rights of people of all ages and abilities to have equitable access to safe places and spaces in their cities and communities to be physically active through walking, cycling, active recreation, sports, dance and play.

III CREATING ACTIVE LIVES

This strategic objective aims to increase provision and access to opportunities and programmes that support people of all ages, abilities and diverse identities in multiple settings, to be physically active in their community through walking, cycling, active recreation, sports, dance and play.

IV CREATING ACTIVE SYSTEMS

This strategic objective aims to deliver the leadership and systems that provide the necessary governance, coordination and joint action at national and sub-national levels; the data systems for surveillance, monitoring and accountability; the research and development to build capacity, and leadership to mobilise resources and implement actions to increase participation in walk, cycle, active recreation, sports, dance and play

51. The action plan recognizes that each Member State faces specific challenges in the pursuit of implementing these action areas and therefore provides a suggested range of proposed actions that each Member State can adapt, taking into account national circumstances. The Secretariat is currently developing a technical package to provide a practical guide to delivering these interventions to increase physical activity across different settings, taking into account the context and resources available within a country.

STRATEGIC OBJECTIVE 1: CREATING AN ACTIVE SOCIETY

52. The objective is to create societies with positive attitudes and values towards everyone being active, according to ability and across the life course. This will be achieved through increasing community-wide knowledge, understanding and literacy among public and professionals alike, on the multiple benefits of physically activity and many pathways to being active through walking, cycling, active recreation, sport, dance and play.

53. **Objective I: Indicators of success**

I. X % of countries that have implemented a communication campaign on physical activity #

II. X % of countries with inclusion of physical activity in professional training of sectors in health and X% including in training beyond health

III. X % of countries conducting a least one community based mass participation event annually

IV. X % of cities/countries meeting the WHO air quality guidelines for PM10 (20 micrograms per cubic metre (µg/m3) as an annual average[#]

[#] data already collected in existing instrument

Proposed Action 1.1: Implement best practice communication campaigns to increase awareness, knowledge, understanding of physical activity and the multiple benefits of being regularly active, according to ability, for health and society

PROPOSED ACTIONS FOR MEMBER STATES:

54. Implement sustained education and awareness and behaviour change campaigns using traditional and social media and new mass-reach communication media channels to promote and increase understanding of the diverse ways everyone can be active, according to ability, with a focus on reducing inequalities in health literacy and inclusive of vulnerable and marginalized communities [i]

55. Conduct campaigns to increase community wide knowledge of the multiple benefits of physical activity for health, environment, sustainable development and society, optimizing the links and synergies and resourcing with new and existing related campaigns such as Breathe Free, Vision Zero[2], and New Urban Agenda[3]

56. Use sport events as a catalyst to educate and promote physical activity participation to the spectator, fan base and wider community

PROPOSED ACTIONS FOR THE SECRETARIAT:

57. Develop and disseminate an operational guide on best practice approaches to mass-reach behaviour change communication campaigns focused on physical activity

58. Align and/or integrate physical activity into international campaigns led by WHO and, as appropriate, by other organisations e.g. International day of older people[4], Agita Mundo[5], and walk 21[6]

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

59. Support and amplify campaigns and work with Member States to find synergies between campaigns and explore the establishment of a global media resource sharing centre to improve efficiency and effectiveness

60. Partner to conduct and support national, regional and international physical activity campaigns

61. Support and mobilise partnerships between health and other sectors around annual global promotion days such as "Move for Health Day" conducted since 2002 World Health Day[7], Car Free Day

Proposed Action 1.2: Implement mass participation initiatives in public spaces to engage whole of community and provide access to enjoyable, affordable, culturally appropriate and social experiences of being physically active through walking, cycling, active recreation, sports and play

PROPOSED ACTIONS FOR MEMBER STATES:

62. Implement free whole of community events that provide opportunities to be active in local public spaces and are open and accessible. Examples include:

- initiatives that temporarily or permanently close the road network to motorized vehicles for use by pedestrians, cyclists and other recreational activities such as Ciclovia[8];
- free activities in local parks;
- recreational facilities that promote traditional, culturally important sports; and
- innovative recreational activities to prompt popular and new ways of becoming more active

PROPOSED ACTIONS FOR THE SECRETARIAT:

63. Develop and disseminate an operational manual including case studies and a menu of options to increase physical activity through initiatives in public spaces

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

64. Create partnerships between NGO, sports and recreation providers and other stakeholders to provide free or affordable opportunities to be active in public spaces and or in paid facilities

65. NGO and private sector sports and recreation providers could lead or partner on the provision of free or affordable opportunities to be active in public spaces and or in paid facilities

Proposed Action 1.3: Strengthen awareness, knowledge and capabilities of professionals, within and outside the health sector including but not limited to transport, urban planning, education and sports sectors, on their roles and its contribution to creating an active society

PROPOSED ACTIONS FOR MEMBER STATES:

66. Mandate the integration of teaching and learning on physical activity into the formal curriculum of all medical and allied health professional qualifications as part of training on prevention and management of noncommunicable diseases, mental health and promotion of wellbeing and health equity

67. Strengthen the provision of professional development and education of current medical and health professionals on physical activity as part of training on prevention and management of noncommunicable diseases, mental health and promotion of wellbeing and health equity

68. Develop and implement policy that will integrate teaching and learning on physical activity into the professional education of other relevant sectors, including but not limited to: sports, education, transport and urban planning to develop knowledge, skills and innovative practice in creating environments and programmes that support active society

PROPOSED ACTIONS FOR THE SECRETARIAT:

69. Strengthen the integration and joint programming to include the promotion of physical activity in policy areas across WHO

70. Advocate and provide technical input and support for the inclusion of physical activity training for health, other allied health professionals and professionals other professionals sectors

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

71. Develop and disseminate an exemplar teaching and learning resources on physical activity that are suitable for adoption and adaptation by medical and allied health professional teaching and learning providers.

72. Provide resources and support capacity building to enable both Member States and practitioners to expand take up of knowledge, awareness and skills.

73. Build, strengthen and participate in broad coalitions to ensure collaborative cross sectoral grassroots approach to change environments and behaviour, improving efficiency and efficacy by leveraging each other efforts to promote physical activity.

Proposed Action 1.4: Conduct community wide awareness of the contribution that promoting walking and cycling have to cleaner air, sustainable development, mitigation of the impact of climate change, local economies, reducing inequalities, and sense of community and well-being and is an enabler to achieving the 2030 Sustainable Development Goals including SDG 3, SDG 11 and SDG 15

PROPOSED ACTIONS FOR MEMBER STATES:

74. Promote and support implementation of programs that encourage facilitate and sustain walking, cycling and use of public transport for trips to local destinations, including travel to school and travel to work initiatives, and may include city and community cycle hire schemes

PROPOSED ACTIONS FOR THE SECRETARIAT:

75. Develop and disseminate an operation manual including case studies and a menu of options to increase physical activity through public transport, travel to school, travel to work and cycle hire schemes.

76. Develop tools to promote awareness of the contribution of active travel (cycling & walking) into economic and environmental sustainability including actions through the United Nations Framework Convention on Climate Change[9]

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

77. Lead and support communications campaigns to promote awareness of the contribution of active travel (cycling, walking, and public transport) into economic and environmental sustainability agendas

STRATEGIC OBJECTIVE 2: CREATING ACTIVE ENVIRONMENTS

78. The objective is to create environments that promote and safeguard the rights of people of all ages and abilities to have equitable access to safe, places and spaces in their cities and communities to be physically active through walking, cycling, active recreation, sports, dance and play.

79. Proposed indicators for Strategic Objective II are:

I. Average share of the built-up area of cities that is open space for public use for all, by sex, age and persons with disabilities + (SDG 11.7.1)
II. Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities +(SDG 11.2.1)

[+] these proposed indicators correspond with agreed indicators in the SDG Monitoring Framework

Proposed Action 2.1: Improve the urban design and transport in all cities and communities to enable and increase levels of safe walking, cycling and use of public transport, ensuring the principles of equitable, safe and universal, access by all populations, of all ages and abilities, and with a priority focus on reducing inequalities

PROPOSED ACTIONS FOR MEMBER STATES:

80. All levels of government should increase the level of service of dedicated, well connected footpaths and cycle networks to support safe walking and cycling and enable equitable, safe and universal, local access to destinations and services including, schools, public space, sports facilities and public transport.

81. All levels of government should prioritize walking, cycling and public transport, as preferred modes of travel in relevant transport, spatial and urban planning policies

82. Implement comprehensive health and economic assessments of transport and urban planning policies and interventions to assess their impact on physical activity as well as on other health and environment impacts (such as air and noise pollution, carbon emissions, and death and disability) in order to inform decisions and investments, with a health in all policies approach and focus on equity

83. Mandate and implement urban design policy, at all levels of government, that prioritises the principles of compact, mixed land use neighbourhoods to deliver highly connected neighbourhoods with equitable and inclusive public space and pedestrian access to local amenities for daily living (for example, local shops, services, green areas)[10]

84. Develop and implement planning guidelines and regulations that redistribute urban space from private motorized transport to walking, cycling and public transport, as well as public and green spaces, including regulations to limit car parking options for private vehicles[11]

PROPOSED ACTIONS FOR THE SECRETARIAT:

85. Develop and disseminate an operational manual including case studies, relevant assessment tools and a menu of options for built environment and land-use strategies and interventions to improve pedestrian or bicycle transportation systems

86. Provide technical support for implementation of actions to assess and demonstrate the full range of health, environment and climate benefits that can be achieved from sustainable transport and urban design policies

87. In partnership with other key agencies, and building on existing resources, disseminate guidelines on city design to increase walking and cycling, including relevant assessment tools

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

88. Development Banks should integrate evidence-based interventions to prioritize pedestrian and cyclist safety into core transport infrastructure investment and new city investment

89. Development banks and other agencies should conduct demonstration projects comparing current versus full cost modelling of private motorised travel on infrastructure and urban development business case investment

90. Development agencies, city leaders and other stakeholders to integrate walkability assessment into new city investment and development business and investment cases investment to inform and priorities and resources

Proposed Action 2.2: Accelerate implementation of actions to improve the safety of pedestrians, cyclists and public transport passengers with priority given to actions that reduce risk for the most vulnerable road users including young people, older adults, and those people with physical or mental disability

PROPOSED ACTIONS FOR MEMBER STATES:

91. Implement and enforce effective traffic management policies and programmes, including but not limited to: traffic speed restrictions including 30km/hr in all residential neighbourhoods and 50km/hr on urban road[12]; traffic calming interventions and other demand management strategies as recommended in the Decade of Action on Road Safety and Vision Zero and agreed by member States in WHA69.7[13]

92. Implement effective education campaigns aimed at increasing knowledge and awareness of road injury risks factors and effective interventions for pedestrians, cyclists and other road users

PROPOSED ACTIONS FOR THE SECRETARIAT:

93. Provide of technical support for implementation of actions to improve safety of pedestrians and cyclists in the Decade of Action on Road Safety[14]

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

94. Investment agencies should mandate the integration of road safety and accessibility into transport infrastructure investment criteria

Proposed Action 2.3: Improve the level of safe access to quality public and green open space, recreational spaces and sports amenities by people of all ages and abilities, in all cities and communities, with a priority focus on reducing inequalities

PROPOSED ACTIONS FOR MEMBER STATES:

95. Mandate and enforce urban planning, land use and spatial policy guidelines, at all levels of government, that require provision and enhancement of equitable access to quality, safe public and green open spaces, recreational areas and sports facilities

96. Facilitate the active engagement of community members in the location, design and improvement of public and green open spaces and recreational spaces, including for example in urban gardening/agriculture projects, initiatives to enhance biodiversity, the development of open streets programs[15]

97. Implement comprehensive health and economic assessments of public and green open spaces interventions to address the full-range of health, climate and environmental benefits of urban ecosystems, including their impact on physical activity, with a health in all policies approach and focus on equity

PROPOSED ACTIONS FOR THE SECRETARIAT:

98. Develop and disseminate guidance on equitable access to quality, safe public and green open spaces, recreational areas and sports facilities toolkit including case studies for provision of quality, safe and green open spaces

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

99. Support development and dissemination of urban spatial design guidelines that promote the provision and enhancement of equitable access to quality, safe public and green open spaces, recreational areas and sports facilities

Proposed Action 2.4: Ensure the design of new, and refurbishment of older buildings and public amenities, including educational, health care, sports, offices and all social housing, enables occupants and visitors to be physically active in and around the buildings, including prioritizing access by pedestrians, cyclists and public transit

PROPOSED ACTIONS FOR MEMBER STATES:

100. Develop and implement design guidelines regulations for buildings (including all places of employment) that prioritizes design principles that encourage occupants and visitors to be physically active, including but not limited to, through use of stairs, office design, provision of open spaces and safe access by walking and cycling and limiting car parking options for private vehicles[16]

101. Develop and implement design guidelines for education and child care facilities that ensure adequate provision of accessible and safe environments for children and young people to be physically active (e.g., play areas, recreational spaces), reduce sitting (e.g., activity permissive classroom and internal design) and support walking and cycling to and from educational institutions with provision of appropriate end of trip facilities

102. Develop and implement design guidelines for recreational and sports facilities that optimize location to ensure equitable, safe and universal, access by all populations, of all ages and

abilities, and provision of accessible and safe access by walking and cycling with provision of appropriate end of trip facilities

PROPOSED ACTIONS FOR THE SECRETARIAT:

103. In partnership with other UN agencies and stakeholders support the development of design guidelines that encourage occupants and visitors to be physically active

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

104. Develop and implement guidance to support employers to create workplaces that support active lifestyles during the working day and enable active commuting.

105. Develop and implement mechanism for sharing within and between countries success stories and examples of best practice of interventions across all key settings

106. Foster public private partnerships and private-third sector partnerships to maximize the contributions and capabilities of different sectors

STRATEGIC OBJECTIVE 3: CREATING ACTIVE LIVES

107. The objective is to increase provision and access to opportunities and programmes that support people of all ages, abilities and diverse identities in multiple settings, to be physically active in their community through walking, cycling, active recreation, sports, dance and play

	Indicators of success	Means of Verification
I.	% of countries where physical education is mandatory and taught	G-SHPPS*
II.	% of schools where students are taught basic motor skills and movement patterns needed to perform a variety of physical activities	G-SHPPS*
III.	% of schools where physical education to students is taught by a physical education teacher or specialist	G-SHPPS*
IV.	% of countries with brief counselling at primary and secondary health care services	NCD CCS*
V.	No. of countries with whole of community Physical Activity programs	

*data collection instruments would require modification to address this proposed indicator

Proposed Action 3.1: Enhance the provision of positive experiences in physical education and physical activity for girls and boys, in all pre-primary, primary, secondary and tertiary educational institutions to establish and reinforce life-long skills, enjoyment and participation in physical activity according to abilities

PROPOSED ACTIONS FOR MEMBER STATES:

108. Strengthen, assess and annually report on the implementation and adherence of mandated national policy on the provision of quality, inclusive, physical education curricula in primary and secondary schools for all boys and girls[17]

109. Develop and implement policy guidelines on the provision of inclusive and diverse physical activity opportunities, and the limiting of time spent in sedentary activities, in public and private settings where children under 5 years and young people receive care or social services[18]

110. Develop and implement age appropriate programs and opportunities in all educational settings (from early years to tertiary level)[19] that encourage a variety of different forms of physical activity, in primary and secondary schools; this should include both opportunities inside the classroom and outside formal curriculum such as during recess and immediately before and after the formal school day

111. Integrate inclusive, diverse and adapted physical activity opportunities into programmes relating to children, young people and early year, particularly those at most risk of being excluded such as children and young people with disabilities

112. Promote and implement initiatives that support parents and caregivers promoting physical activity in the family environment[20]

PROPOSED ACTIONS FOR THE SECRETARIAT:

113. Partner with UNESCO [21] and other relevant agencies to disseminate and support implementation of the Quality Physical Education Policy package in country

114. Develop and disseminate an operational manual including a menu of options and case studies for the promotion of physical activity through physical education, school based physical activities and whole of school programmes[22]

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

115. Advocate and support action on providing opportunities for early years physical activity through partnership with Public Health Nursing, child care services, and other relevant public and private agencies.

116. Partner and support the development and implementation of programs and policies to improve and increase the opportunities for physically active in early years

Proposed Action 3.2: Implement the integration of patient assessment and provision of advice on physical activity by appropriately trained health and social care providers in primary and secondary healthcare and social services

PROPOSED ACTIONS FOR MEMBER STATES:

117. Develop and implement standardized protocols on assessment and brief advice on physical activity in primary health and social care settings and, where appropriate, include systems of

referral to community based opportunities for additional support for users to be physical activity, adapted to local context and culture[23]

118. Integrate into heath policy and patient services the assessment, brief advice and, when needed appropriate supervised support for physical activity as part of treatment and rehabilitation pathways for patients diagnosed with long term conditions e.g. CVD, diabetes, cancer, disabilities and mental health disorders[24] as well as into the care and services for pregnant women[25] and older patients[26]

PROPOSED ACTIONS FOR THE SECRETARIAT:

119. Develop and disseminate an operational manual including case studies and a menu of options for the promotion of physical activity through primary and secondary healthcare and social services including a focus on essential minimum standards for integration with Universal Healthcare Services

120. Integrate the assessment and brief advice on physical activity as a core skill and delivery aspect of WHO and programmes supporting healthcare workforce development in LMIC

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

121. Support development, dissemination and utilization of a toolkit including case studies and a menu of options for the promotion of physical activity through primary and secondary healthcare and social services including a focus on essential minimum standards for integration with Universal Healthcare Services

122. UN Agencies should integrate the assessment and brief advice on physical activity as a core skill and delivery aspect of WHO and programmes supporting healthcare workforce development in LMIC

Proposed Action 3.3: Increase the provision of physical activity programmes and opportunities in community and other relevant settings (such as workplace, early year child care, community centres, recreation and sports facilities) to encourage and engage people of all ages, and abilities to participate in physical activity through walking, cycling, active recreation, sports, dance and play

PROPOSED ACTIONS FOR MEMBER STATES:

123. Adopt the promotion and engagement of least active populations in active recreation and sports as a priority in national sports policy including through the conduct of equity analysis to identify barriers facing these populations

124. Enhance the provision of sports and active recreation and sports programmes that are appropriately designed, accessible and culturally appropriate and provide equitable access to opportunities for people of all ages and abilities, for example through modified sports, sports for all programmes, promotion of traditional sports, and dance

125. Promote within the public and private sector the implementation of workplace health programs that provide opportunities for physical activity for employees and provide leadership by implementing workplace initiatives in health and social care settings and all government agencies

126. Develop and implement relevant policy that facilitates the use of existing public community buildings and facilities for the provision of community based and community led physical activity programmes

127. Implement programmes that attract and engage the least active through for example "recreation and sports for all" initiatives provided in culturally appropriate

128. Develop and implement interventions through health and education sectors that support families, parents and caregivers to acquire the necessary skills and competencies to help their children to play and explore within the family environment.

PROPOSED ACTIONS FOR THE SECRETARIAT:

129. Develop and disseminate an operational manual including case studies and a menu of options for the promotion of physical activity through recreation and sports sectors and incorporating a physical literacy across the life course across the ability range

130. Support UN agencies adopt and implement workplace health programs and promotion of physical activity to employees using example of WHO "Walk the Talk" initiative[27]

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

131. In partnership, develop mechanisms to enable the sharing of effective programs across different settings, and the life course, with a particular priority on sharing effective programs aimed at the least active populations in order to accelerate implementation and build capacity

132. Adopt and implement workplace health programs and promotion of physical activity to employees

Proposed Action 3.4: Increase the provisions of programmes that provide the opportunities for physical activity targeting inactive, vulnerable or marginalised populations in various settings

PROPOSED ACTIONS FOR MEMBER STATES:

133. Implement community-based approaches to physical activity to promote and increase participation by disadvantaged, marginalized or stigmatized communities and populations and to reduce social and health inequalities

134. Develop and implement policy and programs that ensure affordable and equitable access to supervised, group based classes for older people based on frailty assessment (not disease-specific) to increase and maintain muscular strength to support healthy active aging and independent living

PROPOSED ACTIONS FOR THE SECRETARIAT:

135. Develop and disseminate an operational manual including case studies on how to increase physical activity opportunities targeting vulnerable, marginalized and stigmatized populations

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

136. Advocate and support policy and programme development focussed on the vulnerable, marginalised and stigmatized populations

137. Support the collation and promotion of resources and examples of good practice to accelerate implementation and develop country capacity

Proposed Action 3.5: Implement whole-of community initiatives at the city, town or local community level, which combine multiple strategies across different settings to promote and increase participation by people of all ages and abilities

PROPOSED ACTIONS FOR MEMBER STATES:

138. Develop and implement sustained and coordinated, local level whole-of community multi-component initiatives that can include:

- Communication campaigns that promote physical activity through multiple channels including local television, radio, newspaper columns and inserts, and trailers in cinemas/DVDs;
- Community programs providing opportunities for sport, active recreation, cycling, walking, dance and play with social support and peer leadership self-help groups;
- Assessment and advise on physical activity through health checks and health awareness initiatives at worksites, schools, and/or community fairs and events; and
- Enhancement of the local urban environment to provide and improve the safety, access and provision of spaces and facilities where people ca be active (for example creation and improvement of walking and cycling trails and parks or open spaces[28]

PROPOSED ACTIONS FOR THE SECRETARIAT:

139. Develop and disseminate operational manual including case studies on how to increase physical activity through local level whole-of community multi-component initiatives

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

140. Disseminate implementation guidelines and incentives to encourage whole-of community multi-component initiatives at sub-national level

STRATEGIC OBJECTIVE 4: CREATING ACTIVE SYSTEMS

141. This objective will deliver the leadership and systems that provide the necessary governance, coordination and joint action at national and sub-national levels; the data systems for surveillance, monitoring and accountability; the research and development to build capacity, and leadership to mobilize resources and implement actions to increase participation in walk, cycle, active recreation, sports, dance and play.

Indicators of success	Means of Verification
X % of countries with National multisectoral Action Plan on PA [#] supported by named Ministerial champions	NCD CCS
X % of countries with a national research funding mechanism with physical activity as a stated priority *	
X % of countries with surveillance system providing monitoring of physical activity over time[#]	NCD CCS

X% of countries with annual public reporting of population physical activity by demographic groups	
X % of countries with dedicated financing directed towards walking and cycling infrastructure*	NCD CCS
X% countries with dedicated allocation of resources towards community wide participation in sports and recreation*	NCD CCS
X % of countries with National Physical Activity Guideline*	NCD CCS

*data collection instruments would require inclusion of new items to address this proposed indicator; #data already collected in existing instrument

Proposed Action 4.1: Establish and strengthen national governance mechanisms, policy, guidelines and leadership, at multiple levels, to support coordinated multisectoral joint action aimed at increasing levels of physical activity across all population groups

PROPOSED ACTIONS FOR MEMBER STATES:

142. Develop a cross government, jointly owned, national action plan on physical activity with appropriate governance and maximizing synergies and policy coherence with other sectors including but not limited to: transport, urban planning, health, social care, education and sports and recreation

143. Initiate and strengthen existing national and sub national coordination and reporting mechanisms to enable planning, implementation and monitoring of implementation of national actions on physical activity, ensuring involvement of key sectors across government as well as participation from non-state actors and the community, with accountability to the highest levels of government

144. Adopt national targets and indicators, based on the global NCD monitoring framework and related mandates

145. Develop and implement multisectoral leadership programmes on physical activity and promote 'champion of change' who support physical activity and stimulate policy, programmes and culture change in different settings towards action to create an Active Society

PROPOSED ACTIONS FOR THE SECRETARIAT:

146. Provide technical support to assist Member States in developing joint national action plans on physical activity and establish coordination mechanism

147. Develop and disseminate global guidelines for physical activity and sedentary behaviours for children under 5 years of age, including guidance on policy and practice in pre-primary and other settings aimed at early[29]

148. Develop and disseminate global guidelines on the provision of inclusive and diverse age-appropriate play, exploration and physical activity, and the limiting of sedentary time in settings relating to children under 5 years and young people

149. Update and disseminate global guidelines for physical activity and sedentary behaviours for young people, adults and older adults, including special populations like pregnant women, those with chronic conditions, frail older adults and people with disabilities

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

150. Identify network of champions to lead, advocate and mobilise resources for the implementation of national actions on physical activity in different settings

151. Develop and participate in partnerships that include government, NGOs, civil society and economic operators, to implement actions aimed at increasing physical activity across all ages, social groups and across multiple sectors

Proposed Action 4.2: Strengthen the research and development capabilities, and stimulate innovation and application of new technologies, to accelerate implementation of effective national actions aimed at increasing levels of physical activity

PROPOSED ACTIONS FOR MEMBER STATES:

152. Initiate and increase funding support for research on physical activity with a priority on: generating evidence to inform and accelerate the scaling up of implementation national actions on physical activity, particularly in LMIC and addressing research priorities

153. Develop a knowledge management system to ensure that the latest evidence is widely accessible by all stakeholders at national and sub national level

PROPOSED ACTIONS FOR THE SECRETARIAT:

154. Engage WHO Collaborating Centers, academic institutions, research organizations and alliances to strengthen capacity for research

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

155. Advocate and mobilise financial resources to support and increase in research and innovation, including the development of research and programme evaluation capabilities in health and other sectors

Proposed Action 4.3: Build and improve national data systems to inform action, including: population surveillance across all ages and multiple domains of physical activity; policy and program evaluation; and regular monitoring and reporting of progress on implementation of national actions

PROPOSED ACTIONS FOR MEMBER STATES:

156. Strengthen population surveillance of physical activity across all ages and domains and at regular intervals to track trends, and ensure timely reporting and wide dissemination

157. Conduct programme and policy evaluation to assess impact, including impact on equity and disseminate the learning on impact and the process of implementation

158. Develop and implement regular national reporting mechanisms on the implementation of the national action on physical activity and progress towards 2025 and 2030 goals

PROPOSED ACTIONS FOR THE SECRETARIAT:

159. Provide tools and technical support to establish data systems including health inequalities monitoring

160. Develop core set of indicators in line with this action plan and provide guidance, training and technical assistance on capturing information and facilitating use of the data to monitor outcomes.

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

161. Provision and input of data and information, including health inequalities monitoring into established data systems for coordinated surveillance, monitoring and accountability across sectors

162. Support the development and implementation of evaluation frameworks, policy and programme evaluation of national actions

Proposed Action 4.4: Strengthen financing mechanisms to secure sustained implementation of national actions, and the development of the enabling systems that support national and sub national action aimed at increasing physical activity through walking, cycling, active recreation, sports, dance and play

PROPOSED ACTIONS FOR MEMBER STATES:

163. Develop innovative and dedicated financing mechanisms to support a multisectoral approach and joint actions to increase levels of physical activity, for example implementation of a fixed proportion of total annual transport budgets (such as 15%) allocated to fund walking and cycling network infrastructure

PROPOSED ACTIONS FOR THE SECRETARIAT:

164. Develop guidance on innovative financing mechanisms to support national actions on physical activity, including through linking with financing mechanisms for universal health coverage

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

165. Advocate for percentage of funds from taxing unhealthy foods and beverages, alcohol, tobacco and other traffic management schemes (such as congestion charging, parking or road tolls) to be reinvested in physical activity promotion, emphasizing the co-benefits of investment in physical activity across social and development priorities.

166. Increase investment in research, innovations, and practices that can directly support evidence-based policies, programs, and plans

Proposed Action 4.5: Escalate advocacy efforts aimed at professional, community, media and political audiences, to increase awareness, knowledge and engagement in joint action at the national, regional to increase levels of physical activity

PROPOSED ACTIONS FOR MEMBER STATES:

167. Develop and implement an advocacy strategy to increase understanding of the role of increasing physical activity as a direct contributor and an enabler to achieve the SDGs and contribute to national economic and development priorities

PROPOSED ACTIONS FOR THE SECRETARIAT:

168. Provide guidance, tools and technical support on effective advocacy strategies on physical activity, including case studies

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

169. Create effective alliances and networks at global, regional and national levels to support policy and action on physical activity across multiple sectors

170. In partnership implement advocacy and awareness raising initiatives through schools, worksite and community based activities such as “Go Slow week” on road safety and “Walk and Bike to School Week”.

171. Integrate advocacy on physical activity into the work of stakeholders communications strategies to align and reinforce common messages and shared areas of interest

Proposed Action 4.6: Strengthen all relevant professional and institutional capacity, in health and other sector, as well as community capacity, to implement and sustain national and sub national actions aimed at increasing levels of physical activity

PROPOSED ACTIONS FOR MEMBER STATES:

172. Strengthen formal training on physical education, physical activity, fundamental movement skills and physical literacy, including the impact on healthy child growth and development and educational outcomes in all formal teaching qualifications

173. Establish and strengthen the capacity, knowledge and skills on physical activity within appropriate levels of government responsible for delivery of health services and health promotion

PROPOSED ACTIONS FOR THE SECRETARIAT:

174. Provide and disseminate guidance, tools, and technical support on physical activity, including case studies

PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:

175. Contribute and support human resource and institutional capacity strengthening programs through provision of materials & training opportunities.

Glossary

Active Recreation: Outdoor recreational activities, such as organized sports, playground activities, and the use of motorized vehicles, that require extensive facilities or development or that have a considerable environmental impact on the recreational site.

Active Play: active play among young children is defined as a form of gross motor or total body movement in which young children exert energy in a freely chosen, fun, and unstructured manner.

Biodiversity: the variety of plant and animal life in the world or in a particular habitat, a high level of which is usually considered to be important and desirable.

Carbon emission: Emission of carbon, especially into the atmosphere in the form of carbon dioxide as a contributor to global warming.

Child care facilities: Facilities for the care of children while parents are working e.g. a crèche, nursery, or childminder.

Frailty assessment: The evaluation of gait speed over a short distance as a tool with the capacity to identify frail older adults, and slow gait speed has been proven to be a strong predictor for frailty-adverse outcomes

Health in all policy: an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity`.

Health Literacy: the cognitive and social skills which determine the motivation and ability of individuals to gain access to understand and use information in ways which promote and maintain good health

Mass-reach communication: communication interventions that target large audiences through television and radio broadcasts, print media (e.g., newspaper), out-of-home placements (e.g., billboards, movie theatres, point-of-sale), and digital media to change knowledge, beliefs, attitudes, and behaviours affecting tobacco use.

Mixed Land use: is a type of urban development that blends residential, commercial, cultural, institutional, or industrial uses, where those functions are physically and functionally integrated, and that provides pedestrian connections.

Physical Activity: is any bodily movement performed by skeletal muscles that result in an increase in energy expenditure. Walking, running, dancing, swimming, yoga, and gardening are a few examples of physical activity being forms of movement that work muscles and require more energy than resting.

Primary Health care service: health care provided in the community for people making an initial approach to a medical practitioner or clinic for advice on prevention and management of diseases. It is the first point of contact for someone when they contract an illness, suffer an injury or experience symptoms that are new to them.

Secondary health care service: health care that is provided by a specialist or facility upon referral by a primary care provider and that requires more specialized knowledge, skill, or equipment than the primary care practitioner can provide.

Spatial planning: Spatial planning refers to the methods used by the public sector to influence the distribution of people and activities in spaces of various scales.

Sport: is an activity involving physical exertion, skill and/or hand-eye coordination as the primary focus of the activity, with elements of competition where rules and patterns of behaviour governing the activity exist formally through organisations; and may be participated in either individually or as a team.

Universal Health Coverage/care: means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Urban ecosystem: any ecological system located within a city or other densely settled area or, in a broader sense, the greater ecological system that makes up an entire metropolitan area. The largest urban ecosystems are currently concentrated in Europe, India, Japan, eastern China, South America, and the United States, primarily on coasts with harbours, along rivers, and at intersections of transportation routes. (Britannica)

Walkability: is a measure of how friendly an area is to walking. Walkability has health, environmental, and economic benefits and is an important concept in sustainable urban design.

Whole of Community: a means by which residents, practitioners, organizational and community leaders, and government officials can collectively understand and assess the needs of their respective communities and determine the best ways to organize and strengthen their assets, capacities, and interests.

References (cited in proposed actions)

[i] This action is recommended in the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. Geneva: World Health Organization; 2013: 33. (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1)

[2] Vision zero Network is a collaborative campaign aimed at building the momentum and advancing toward safe, healthy, equitable mobility for all (http://visionzeronetwork.org/resources/); Belin, M.K., Tilgren, P., and Vedung, E. Vision Zero- a Road Safety Policy Innovation, *International Journal of Injury Control and Safety Promotion*, 2011: 171-179. (http://www.tandfonline.com/doi/full/10.1080/17457300.2011.635213)

[3] World Health Organization. Health as the pulse of the new urban agenda: United Nations conference on housing and sustainable urban development, Quito, October 2016. (http://apps.who.int/iris/bitstream/10665/250367/1/9789241511445-eng.pdf)

[4] The International Day of Older Persons is an example campaign to raise awareness for the Issues and challenges of ageing in today's world. http://www.who.int/ageing/events/idop_rationale/en/

[5] Agita Mundo is the Global Physical Activity Promotion Network to promote physical activity as a healthy behavior for people of all ages, nations, and characteristics. http://www.panh.ch/agitamundo/english/desktop/default.htm Matsudo, V.K.R and Lambert, E.V. Bright spots, physical activity investments that work: Agita Mundo Global Network. British Journal of Sports Medicine. http://bjsm.bmj.com/content/early/2017/07/24/bjsports-2016-097291

[6] Walk 21 is the international organization supporting and promoting walking (http://www.walk21.com/about)

[7] The campaign on annual Move for Health Day was launched in year 2002 as initiative to promote benefits of physical activity (http://www.who.int/mediacentre/news/releases/2003/pr15/en/)

[8] Zieff, S.G., Hipp, A., Eyler, A.A. and et al., Ciclovia initiatives: engaging communities, partners and policymakers along the route to success. J Public Health Manage. Pract. 2013; 19 (301): S74-S82. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4551419/)

[9] UN General Assembly. Framework Convention on Climate Change. New York: United Nations, General Assembly, 1992 (http://unfccc.int/files/essential_background/background_publications_htmlpdf/application/pdf/conveng.pdf)

[10] Resolution 64/255, requested the World Health Organization and the United Nations regional commissions, in cooperation with the United Nations Road Safety Collaboration and other stakeholders, to prepare a Plan of Action for the Decade as a guiding document to support the implementation of its objectives. In addition, Resolution 64/255 invited the World Health Organization and the United Nations regional commissions to coordinate regular monitoring, within the framework of the United Nations Road Safety Collaboration, of global progress towards meeting the targets identified in the plan of action through global status reports on road safety and other appropriate monitoring tools.
Therefore, the action is supported by Global Plan for the Decade of Action for Road Safety 2011-2020. (Pillar 4 Safer road users, Activity 2 set and seek compliance with speed limits). Geneva: World Health Organization; 2011: 16 (http://www.who.int/roadsafety/decade_of_action/plan/plan_english.pdf?ua=1)

[10] This action is recommended by WHA69.7 Addressing the challenges of the United Nations Decade of Action for Road Safety (2011-2020): outcome of the second Global High-level Conference on Road Safety- Time for Results, In: Sixty-ninth World Health Assembly, Geneva, 23-28 May 2016. (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R7-en.pdf?ua=1&ua=1)

[10] This action is supported by 'Make Walking Safe', the brief overview of pedestrian safety around the world page 6 under the Decade of Decade of Action for Road Safety 2011-2020. Geneva: World Health Organization http://www.who.int/violence_injury_prevention/publications/road_traffic/make_walking_safe.pdf?ua=1.

[10] This action is supported by a review of evidence from urban green spaces and health. Copenhagen: WHO Regional Office for Europe, 2016. (http://www.euro.who.int/__data/assets/pdf_file/0005/321971/Urban-green-spaces-and-health-review-evidence.pdf?ua=1)

[10] This action is supported by Global Report on Urban Health: Equitable, Healthier Cities for Sustainable Development. Geneva: World Health Organization; 2016 (http://www.who.int/kobe_centre/measuring/urban-global-report/en/)

[11] The action is supported by Global Plan for the Decade of Action for Road Safety 2011-2020. (Pillar 4 Safer road users, Activity 2 set and seek compliance with speed limits). Geneva: World Health Organization; 2011: 16 (http://www.who.int/roadsafety/decade_of_action/plan/plan_english.pdf?ua=1)

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[11] This action is supported by Global Report on Urban Health: Equitable, Healthier Cities for Sustainable Development. Geneva: World Health Organization; 2016 (http://www.who.int/kobe_centre/measuring/urban-global-report/en/)

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[12] This action is supported by 'Make Walking Safe', the brief overview of pedestrian safety around the world page 6 under the Decade of Decade of Action for Road Safety 2011-2020. Geneva: World Health Organization http://www.who.int/violence_injury_prevention/publications/road_traffic/make_walking_safe.pdf?ua=1.

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[13] This action is supported by Global Report on Urban Health: Equitable, Healthier Cities for Sustainable Development. Geneva: World Health Organization; 2016 (http://www.who.int/kobe_centre/measuring/urban-global-report/en/)

[14] The action is supported by Global Plan for the Decade of Action for Road Safety 2011-2020. Geneva: World Health Organization; 2011: 16 (http://www.who.int/roadsafety/decade_of_action/plan/plan_english.pdf?ua=1)

[15] This action is supported by a review of evidence from urban green spaces and health. Copenhagen: WHO Regional Office for Europe, 2016. (http://www.euro.who.int/__data/assets/pdf_file/0005/321971/Urban-green-spaces-and-health-review-evidence.pdf?ua=1)

[16] This action is supported by Global Report on Urban Health: Equitable, Healthier Cities for Sustainable Development. Geneva: World Health Organization; 2016 (http://www.who.int/kobe_centre/measuring/urban-global-report/en/)

[17] This action is line with International Charter of Physical Education, Physical Activity and Sport endorsed by the General Conference of UNESCO. It emphasizes o ethical and quality standards to foster participation by all (http://www.unesco.org/new/en/social-and-human-sciences/themes/physical-education-and-sport/sport-charter) In addition, it is also supplemented by the WHO report of the Commission on Ending Childhood Obesity to implement comprehensive programmes that promote physical activity and reduce sedentary behaviours (http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf)

[18] This action is recommended by Member States in Ending Childhood Obesity implementation plan that promote physical activity and reduce sedentary behaviours (http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_31-en.pdf?ua=1)

[19] This action is recommended by Member States in Ending Childhood Obesity implementation plan (http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_31-en.pdf?ua=1)

[20] This action is recommended by Member States in Ending Childhood Obesity implementation plan (http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_31-en.pdf?ua=1)

[21] This action is line with International Charter of Physical Education, Physical Activity and Sport endorsed by the General Conference of UNESCO. It emphasizes o ethical and quality standards to foster participation by all (http://www.unesco.org/new/en/social-and-human-sciences/themes/physical-education-and-sport/sport-charter)

[22] This action is recommended by Member States in A70/27 Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Disease, to be held in 2018. In: Seventieth World Health Assembly, Geneva, 22-31 May 2017, Annex 1; 17-18. (http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf?ua=1)

[23] This action is recommended in the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. Geneva: World Health Organization; 2013: 34. (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1)

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[25] This action is recommended by Member States in Ending Childhood Obesity implementation plan (http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_31-en.pdf?ua=1)

[26] "Healthy Work Place Initiative Walk the Talk" was launched at WHO headquarters and regional office to promoter healthy lifestyles in the workplace and reflects the commitment of WHO (http://www.who.int/dietphysicalactivity/walk-the-talk-who-healthy-work-place-initiative/en/)

[26] This action was agreed in the Shanghai Consensus on Healthy Cities 2016. In: the Ninth WHO Global Conference on Health Promotion Shanghai, 21-24 November 2016. (http://www.who.int/healthpromotion/conferences/9gchp/9gchp-mayors-consensus-healthy-cities.pdf?ua=1)

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