GLOBAL ACTION PLAN ON PHYSICAL ACTIVITY 2018-2030

MORE ACTIVE PEOPLE FOR A HEALTHIER WORLD



LET'S Be active
Everyone Everywhere Everyday

World Health Organization

GLOBAL ACTION PLAN ON PHYSICAL ACTIVITY 2018-2030

MORE ACTIVE PEOPLE FOR A HEALTHIER WORLD

LET'S Be active
Everyone
Everywhere
Everyday

World Health Organization

Global action plan on physical activity 2018–2030: more active people for a healthier world

ISBN 978-92-4-151418-7

© **World Health Organization 2018**

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Global action plan on physical activity 2018–2030: more active people for a healthier world. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in Switzerland

CONTENTS

EXECUTIVE SUMMARY 6

01. INTRODUCTION 12

Background 12
Mandate 13
Development process 13

02. WHAT IS PHYSICAL ACTIVITY? 14

Current levels of physical inactivity 15
The cost of physical inactivity to health systems and society 16
Multiple ways to be active – multiple policy choices – multiple benefits 16
Physical activity and the Sustainable Development Goals 2018–2030 18
Moving forward – scaling national action 19

03. THE GLOBAL ACTION PLAN ON PHYSICAL ACTIVITY 2018–2030 20

Vision 20
Mission 20
Target 21
GUIDING PRINCIPLES **22**
PARTNERSHIPS FOR ACTION **24**
FRAMEWORK FOR ACTION: 4 STRATEGIC OBJECTIVES, 20 POLICY ACTIONS **25**
IMPLEMENTATION **42**
MONITORING AND EVALUATION **46**
References 48

APPENDIX 1: PHYSICAL ACTIVITY AND THE SUSTAINABLE DEVELOPMENT GOALS **51**
References 61
APPENDIX 2: RECOMMENDED POLICY ACTIONS - ROLES FOR STAKEHOLDERS **62**
References 95
APPENDIX 3: GLOSSARY **96**

EXECUTIVE SUMMARY

Background

Regular physical activity is proven to help prevent and treat noncommunicable diseases (NCDs) such as heart disease, stroke, diabetes and breast and colon cancer. It also helps to prevent hypertension, overweight and obesity and can improve mental health, quality of life and well-being.

In addition to the multiple health benefits of physical activity, societies that are more active can generate additional returns on investment including a reduced use of fossil fuels, cleaner air and less congested, safer roads. These outcomes are interconnected with achieving the shared goals, political priorities and ambition of the Sustainable Development Agenda 2030.[1]

The new WHO global action plan to promote physical activity responds to the requests by countries for updated guidance, and a framework of effective and feasible policy actions to increase physical activity at all levels. It also responds to requests for global leadership and stronger regional and national coordination, and the need for a whole-of-society response to achieve a paradigm shift in both supporting and valuing all people being regularly active, according to ability and across the life course.

The action plan was developed through a worldwide consultation process involving governments and key stakeholders across multiple sectors including health, sports, transport, urban design, civil society, academia and the private sector.

What is physical activity?

Physical activity can be undertaken in many different ways: walking, cycling, sports and active forms of recreation (for example, dance, yoga, tai chi). Physical activity can also be undertaken at work and around the home. All forms of physical activity can provide health benefits if undertaken regularly and of sufficient duration and intensity.

The current situation

Global progress to increase physical activity has been slow, largely due to lack of awareness and investment.

Worldwide, 1 in 4 adults, and 3 in 4 adolescents (aged 11–17 years), do not currently meet the global recommendations for physical activity set by WHO. As countries develop

[1] At the seventieth session of the United Nations General Assembly 2015, all countries adopted resolution A/RES/70/1, Transforming our world: the 2030 Agenda for Sustainable Development.

economically, levels of inactivity increase. In some countries, levels of inactivity can be as high as 70%, due to changing patterns of transportation, increased use of technology and urbanization.

Physical activity levels are also influenced by cultural values. In most countries, girls, women, older adults, underprivileged groups, and people with disabilities and chronic diseases, all have fewer opportunities to access safe, affordable and appropriate programmes and places in which to be physically active.

The global cost of physical inactivity is estimated to be INT$ 54 billion per year in direct health care, in 2013, with an additional INT$ 14 billion attributable to lost productivity. Inactivity accounts for 1–3% of national health care costs, although this excludes costs associated with mental health and musculoskeletal conditions.

Multiple opportunities: multiple benefits

Physical activity can and should be integrated into the settings in which people live, work and play. Walking and cycling are key means of transportation and enable engagement in regular physical activity on a daily basis, but their role and popularity is declining in many countries. Sport and active recreation can help promote physical activity for people of all ages and abilities. Globally it can be a key driver of tourism, employment and infrastructure, and can also help in humanitarian programmes, fostering community development and social integration.

Physical activity is important across all ages. Active play and recreation is important for early childhood as well as for healthy growth and development in children and adolescents. Quality physical education and supportive school environments can provide physical and health literacy for long-lasting healthy, active lifestyles.

It is also important that adults can be physically active and less sedentary at work. Whether working or not, older adults, in particular, can benefit from regular physical activity to maintain physical, mental and social health and enable healthy ageing. Primary and secondary health and social care providers can help individuals of all ages become more active and prevent NCDs, while also using physical activity as a means to increase rates of rehabilitation and recovery.

Across all settings there are opportunities for digital innovations to promote and support people of all ages to be more active and to build upon the rapidly growing practice of mHealth to harness the potential of data to help promote, support and monitor physical activity.

Physical activity and the Sustainable Development Goals 2030

Investing in policies to promote walking, cycling, sport, active recreation and play can contribute directly to achieving many of the 2030 Sustainable Development Goals (SDGs). Policy actions on physical activity have multiplicative health, social and economic benefits, and will directly contribute to achieving SDG3 (good health and well-being), as well as other Goals including SDG2 (ending all forms of malnutrition); SDG4 (quality education); SDG5 (gender equality); SDG8 (decent work and economic growth), SDG9 (industry, innovation and infrastructure);

SDG10 (reduced inequalities); SDG11 (sustainable cities and communities); SDG12 (responsible production and consumption); SDG13 (climate action); SDG15 (life on land); SDG16 (peace, justice and strong institutions) and SDG17 (partnerships).

Framework for action

Effective national action to reverse current trends and reduce disparities in physical activity requires a "systems-based" approach with a strategic combination of "upstream" policy actions aimed at improving the social, cultural, economic and environmental factors that support physical activity, combined with "downstream", individually focused (educational and informational) approaches.

This global action plan sets out four strategic objectives achievable through 20 policy actions that are universally applicable to all countries, recognizing that each country is at a different starting point in their efforts to reduce levels of physical inactivity and sedentary behaviour.

Increasing physical activity requires a systems-based approach – there is no single policy solution

Vision



More active people for a healthier world.

Mission



To ensure that all people have access to safe and enabling environments and to diverse opportunities to be physically active in their daily lives, as a means of improving individual and community health and contributing to the social, cultural and economic development of all nations.

Target



A 15% relative reduction in the global prevalence of physical inactivity in adults and in adolescents by 2030.

OBJECTIVE 1:

CREATE ACTIVE SOCIETIES

Four policy actions are proposed which aim to create positive social norms and attitudes and a paradigm shift in all of society by enhancing knowledge and understanding of, and appreciation for, the multiple benefits of regular physical activity, according to ability and at all ages.



OBJECTIVE 2:

CREATE ACTIVE ENVIRONMENTS

Five policy actions address the need to create supportive spaces and places that promote and safeguard the rights of all people, of all ages and abilities, to have equitable access to safe places and spaces in their cities and communities in which they can engage in regular physical activity.



OBJECTIVE 3:

CREATE ACTIVE PEOPLE

Six policy actions outline the multiple settings in which an increase in programmes and opportunities can help people of all ages and abilities to engage in regular physical activity as individuals, families and communities.



OBJECTIVE 4:

CREATE ACTIVE SYSTEMS

Five policy actions outline the investments needed to strengthen the systems necessary to implement effective and coordinated international, national and subnational action to increase physical activity and reduce sedentary behaviour. These actions address governance, leadership, multisectoral partnerships, workforce capabilities, advocacy, information systems and financing mechanisms across all relevant sectors.



Implementation

National implementation of a "systems-based" approach will require each country to identify a strategic combination of policy responses for implementation over the short term (2–3 years), medium term (3–6 years), and longer-term (7–12 years). Policy actions should be selected according to country context and tailored to meet the needs of different subnational jurisdictions and subpopulations. Prioritization and feasibility will vary according to context; therefore it is recommended that each country assess their own current situation to identify existing policy which can be strengthened, as well as policy opportunities and gaps.

Cross-government and multisectoral partnerships, as well meaningful community engagement, will be needed to achieve a coordinated, whole-of-system response which can deliver multiple benefits for health, the environment and the economy.

Implementation of this action plan should be guided by the principle of proportional universality with the greatest efforts directed towards the least active populations.

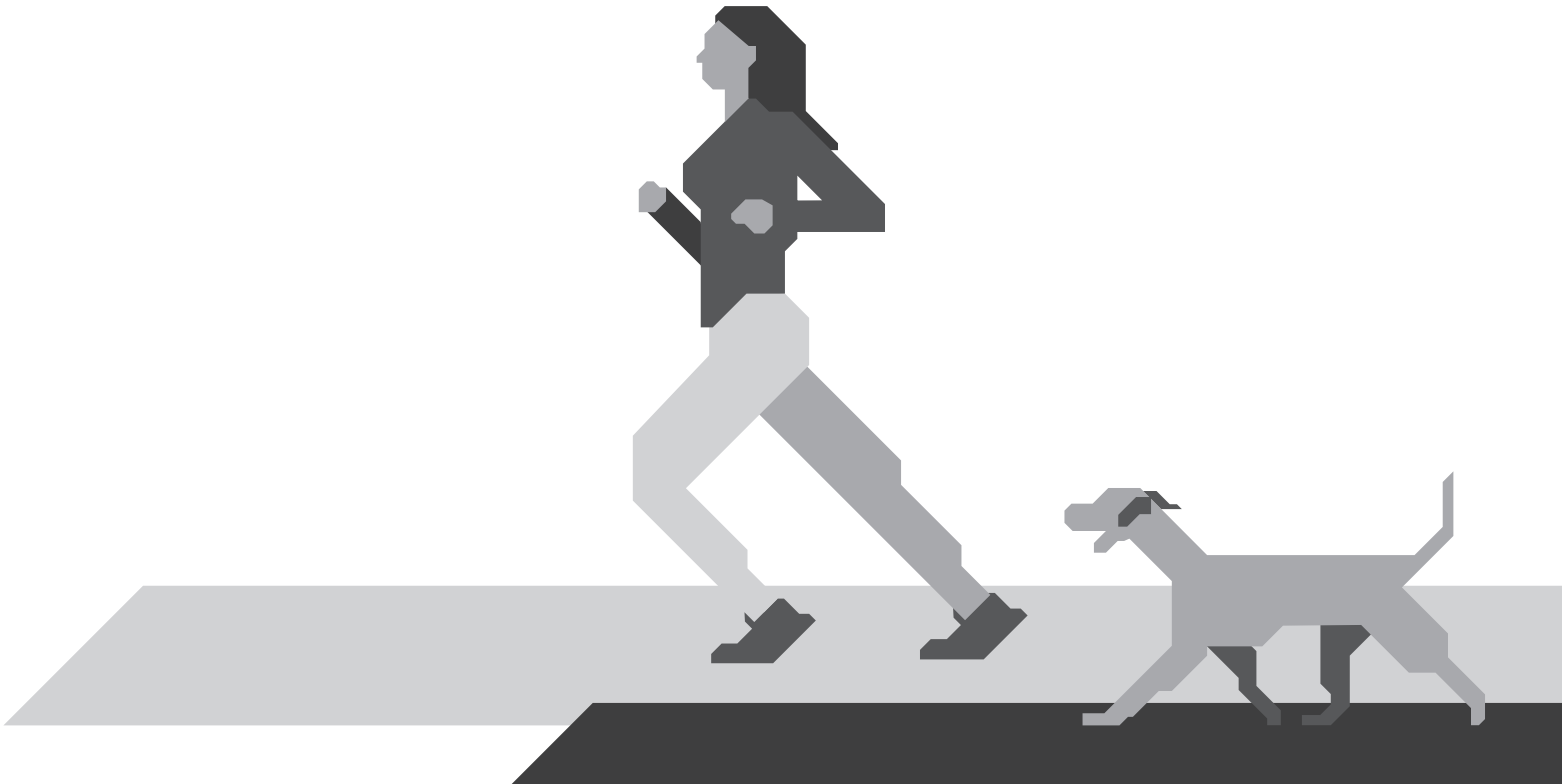
Monitoring and reporting

Progress towards the 2030 global targets will be monitored using the two existing indicators: the prevalence of insufficient physical activity among persons aged 18 years and over, and among adolescents (aged 11–17 years).

All countries are encouraged to strengthen reporting of disaggregated data to reflect the dual priorities of this action plan: to decrease overall level of physical inactivity; and to reduce within-country disparities and levels of physical inactivity in the least active populations, as identified by each country.

A new global monitoring framework will support countries and monitor progress on policy implementation.

Progress reports on implementation and impact will be presented to the World Health Assembly in 2021, 2026, and 2030.



01. INTRODUCTION

Background

Regular physical activity is a well-established protective factor for the prevention and treatment of the leading noncommunicable diseases (NCDs), namely heart disease, stroke, diabetes and breast and colon cancer *(1)*. It also contributes to the prevention of other important NCD risk factors such as hypertension, overweight and obesity, and is associated with improved mental health *(2, 3)*, delay in the onset of dementia *(4)* and improved quality of life and well-being *(5)*.

In 2015, at the seventieth session of the United Nations (UN) General Assembly, all countries committed to investing in health in the resolution, "Transforming our world: the 2030 Agenda for Sustainable Development"[1] (hereafter referred to as "the 2030 Agenda"), and to ensuring universal health coverage and reducing health inequities for people of all ages. Policy actions aimed at increasing physical activity for all people, of all ages and abilities, are consistent with valuing health as a universal right and an essential resource for everyday living, and not merely the absence of disease or infirmity. Further, the multiple benefits from increasing population levels of physical activity through, for example, walking, cycling, active recreation, sports and play, are interconnected with, and contribute to, achieving the shared goals, political priorities and ambition of the 2030 Agenda.

[1] See: United Nations Sustainable Development Knowledge Platform (https://sustainabledevelopment.un.org/post2015/transformingourworld, accessed April 2018).

Mandate

In 2013, the World Health Assembly endorsed a global action plan on the prevention and control of NCDs *(6)*, and agreed a set of nine global voluntary targets, which include a 25% reduction of premature mortality from NCDs and a 10% relative reduction in the prevalence of insufficient physical activity by 2025 *(7)*. A recent review of global progress towards these targets concluded that progress has been slow and uneven across high-, middle-, and low-income countries *(8)*. Although the 2013 NCD global action plan provided World Health Organization (WHO) Member States with a set of broad policy recommendations to increase physical activity *(9)*, implementation and engagement with the necessary sectors outside of health has remained a significant challenge to progress in most countries.

At its 140th session in 2017, the WHO Executive Board agreed to endorse a proposal for the Secretariat to prepare an action plan on physical activity to be submitted for consideration by the Board at its 142nd session. It was requested to build upon existing NCD *(6)* and physical activity strategies *(10, 11)*, guidelines *(1)*, policy recommendations *(12)* and other relevant commitments endorsed by the World Health Assembly, and to link with the Sustainable Development Goals (SDGs) set for 2030. Accordingly, this Global Action Plan on Physical Activity 2018–2030 (hereafter referred to as the "action plan" or "global action plan") provides a framework for action, and proposes a set of specific policy actions to guide Member States to accelerate and scale activities towards achieving increased levels of physical activity. It also acknowledges the requests of Member States for stronger global, regional and national coordination, and the need for a whole-of-society paradigm shift in respect to both supporting and valuing all people being regularly active, according to ability and across the life course.

Development process

The global action plan was developed through a worldwide consultation process and involved establishing a WHO internal steering committee comprising multiple departments across relevant clusters and representatives from WHO Regional Offices, as well as with guidance from a multisectoral and a multidisciplinary global expert advisory group which met during July 2017. Following publication of Draft 1 of the action plan, six regional consultations were conducted with Member States, as well as eight public webinars, information sessions with United Nations agencies and permanent missions, awareness-raising through social and professional society media and a seven-week period of open online public consultation.

The process engaged with 83 Member States (including representatives from ministries of health, education, sports, transport and planning) as well as international sports associations, health and sport medicine organizations, institutes of public health, civil society and professional organizations across health, transport, urban planning and sports, the research and academic community, and the private sector. A total of 125 written submissions were received from interested stakeholders. Input from all the consultation processes informed the drafting and preparation of Draft 2. Following discussion of Draft 2 at the 142nd session of the Executive Board, comments and suggestions informed the development of this final action plan.

02. WHAT IS PHYSICAL ACTIVITY?

Physical activity is defined as any bodily movement produced by skeletal muscle that requires energy expenditure *(1)*. It can be undertaken in many different ways: walking, cycling, sports and active forms of recreation (such as dance, yoga, tai chi). Physical activity can also be undertaken as part of work (lifting, carrying or other active tasks), and as part of paid or unpaid domestic tasks around the home (cleaning, carrying and care duties). While some activities are done by choice and can provide enjoyment, other work or domestic-related physical activities may be necessary, or even mandatory, and may not provide the same mental or social health benefits compared with, for example, active recreation. However, all forms of physical activity can provide health benefits if undertaken regularly and of sufficient duration and intensity. In 2010, WHO produced recommendations on the type and frequency of physical activity for optimal health benefits for youth, adults and older adults *(1)*.

Sedentary behaviour is defined as any waking behaviour characterized by an energy expenditure ≤ 1.5 metabolic equivalents, such as sitting, reclining or lying down *(13)*. Recent evidence indicates that high levels of continuous sedentary behaviour (such as sitting for long periods of time) are associated with abnormal glucose metabolism and cardiometabolic morbidity, as well as overall mortality *(14)*. Reducing sedentary behaviour through the promotion of incidental physical activity (for example, standing, climbing stairs, short walks) can support individuals to increase incrementally their levels of physical activity towards achieving the recommended levels for optimal health.

Although achieving the recommended levels of physical activity for optimal health for the general population carries low levels of risk, there are higher risks associated with participation in certain types of physical activity and for some subpopulation groups. Notable activities with higher risk of injury include contact sports (such as rugby, ice hockey) and walking and cycling, where road safety and or personal violence may present higher risks in some contexts. WHO recommendations on physical activity provide guidance on risk reduction *(1)* and this action plan recommends policy actions to address the wider socioenvironmental risks such as road safety for cycling.

Current levels of physical inactivity

The most recent available global comparative estimates from 2010 indicate that worldwide, 23% of adults and 81% of adolescents (aged 11–17 years) do not meet the WHO global recommendations on physical activity for health[1] *(6)*. Notably, the prevalence of inactivity varies considerably within and between countries, and can be as high as 80% in some adult subpopulations. Physical inactivity in adults is highest in the Eastern Mediterranean, the Americas, Europe and Western Pacific regions, and is lowest in the South-East Asia Region *(15)*. These rates increase with economic development, owing to the influence of changing patterns of transportation, use of technology, urbanization and cultural values *(16)*.

> Globally, 23% of adults and 81% of adolescents (aged 11–17 years) do not meet the WHO global recommendations on physical activity for health.[2]

Differences in levels of physical activity are also explained by significant inequities in the opportunities for physical activity by gender and social position, within as well as between countries *(15)*. Girls, women, older adults, people of low socioeconomic position, people with disabilities and chronic diseases, marginalized populations, indigenous people and the inhabitants of rural communities often have less access to safe, accessible, affordable and appropriate spaces and places in which to be physically active. Addressing these disparities in participation is a policy priority and underlying principle of this global action plan.

Updated global comparable estimates on physical inactivity in adolescents and adults are being prepared by WHO and will be available in 2018.[2]

[1] The WHO global recommendation on physical activity for health for adults is 150 minutes of moderate-intensity activity (or equivalent) per week, measured as a composite of physical activity undertaken across multiple domains: for work (paid and unpaid, including domestic work); for travel (walking and cycling); and for recreation (including sports). For adolescents, the recommendation is 60 minutes of moderate- to vigorous-intensity activity daily.
[2] These data are from 2010 *(6)*. Updated estimates will be forthcoming in 2018 in the document "WHO country comparable estimates on physical inactivity, 2016".

The cost of physical inactivity to health systems and society

Globally, physical inactivity is estimated to cost INT$ 54 billion in direct health care, in 2013, of which 57% is incurred by the public sector and an additional INT$ 14 billion is attributable to lost productivity *(17)*. Estimates from both high-income, as well as low- and middle-income countries (LMICs) indicate that between 1–3% of national health care expenditures are attributable to physical inactivity *(18)*. These estimates are recognized to be conservative due to limitations in available data and the exclusion of costs associated with mental health and musculoskeletal conditions. Further, the costs to society outside of the health system, such as potential environmental benefits from increased walking, cycling and use of public transport, and associated reduction in use of fossil fuel, are not yet included in a total impact assessment.

Failure to recognize and invest in physical activity as a priority within NCD prevention and treatment represents a missed opportunity. Ongoing inaction will see the costs of physical inactivity continue to rise, contributing to further negative impact on health systems, the environment, economic development, community well-being and quality of life for all.

Multiple ways to be active – multiple policy opportunities – multiple benefits

Across its many different forms, physical activity has multiplicative health, social and economic benefits. Walking and cycling are key means of transportation, enabling people to engage in regular physical activity on a daily basis, but their role and popularity is declining in many countries. The greatest changes are occurring in LMICs where, for example, large numbers of people are switching from walking and cycling to personal motorized transport *(19)*. Policies that improve road safety, promote compact urban design



and prioritize access by pedestrians, cyclists and users of public transport to destinations and services, particularly educational, public open and green and "blue" spaces,[1] sports and leisure facilities, can reduce use of personal motorized transportation, carbon emissions, traffic congestion as well as health-care costs *(20)*, whilst also boosting the micro-economies in local neighbourhoods and improving health, community well-being and quality of life *(21, 22)*. Given the increasingly urbanized world, with more than 70% of the global population living in urban centres, cities have a particular responsibility and opportunity to contribute to this agenda through improving urban design and sustainable transport systems *(23)*.[2]

Sport is an underutilized yet important contributor to physical activity for people of all ages, in addition to providing significant social, cultural and economic benefits to communities and nations *(24, 25)*.[3] While sport can be a catalyst and inspiration for participation in physical activity *(26)*, the sports sector is also a significant employer and a key driver of tourism and infrastructure globally. Sport and active recreation can also contribute in emergency and crisis situations as part of humanitarian programmes aimed at health and social needs, as well as community development and integration *(27)*. Strengthening access to, and the promotion of participation in, sports and active recreation, across all ages and abilities, is an important element of increasing population levels of physical activity.

The General Conference of UNESCO observed in the International Charter of Physical Education, Physical Activity and Sport that "the practice of physical activity and sports is a fundamental right for all" *(28)* and the 2017 Kazan Action Plan endorsed at MINEPS VI *(29)* as well as the Commission on Ending Childhood Obesity *(30)*, identified active play and recreation as important elements of healthy growth and development in children, including those aged less than 5 years. Further, provision of quality physical education and supportive school environments can impart physical and health literacy for lifelong healthy, active lifestyles, prevention of NCDs and mental health disorders as well as strengthen academic outcomes. School-based policy initiatives are an essential component of endeavors to create a more active society.

Physical activity is important across all ages, and should be integrated into multiple settings.

Physical activity is important across all ages, and should be integrated into multiple daily settings. For many adults, the workplace is a key setting to be physically active and reduce sedentary behaviour. The trip to and from work, activity breaks, workplace programmes and incidental activity all offer opportunities for increased physical activity throughout the working day, and can contribute to increased productivity and reduction in injuries and absenteeism *(31)*. Whether working or not, older adults, in particular, can benefit from regular physical activity to maintain physical, social and mental health (including prevention or

[1] "Blue space" refers to space near rivers, lakes and oceans.
[2] Such as Partnerships for Healthy Cities (https://partnershipforhealthycities.bloomberg.org/, accessed April 2018).
[3] See: The Association for Sports for All (http://www.tafisa.org/, accessed April 2018).

delay of dementia) *(4)*, prevent falls and realize healthy ageing *(32)*. Strengthening the provision of, and access to appropriate opportunities and programmes can enable all older adults to maintain an active lifestyle according to capacity.

Importantly, primary and secondary health- and social-care providers can help patients of all ages become more active and prevent the increasing burden of NCDs *(12)*, while also using physical activity as a means to increase rates of rehabilitation and recovery *(33)*. Strengthening patient counselling on physical activity has been identified as a cost-effective intervention *(12)*.

Furthermore, within health care settings, as well as the workplace and other domains, there are opportunities for digital innovations to promote and support participation in physical activity and reduce sedentary time, and to build upon the rapidly growing practice of mHealth to harness the potential of data to help promote, support and monitor physical activity to improve the health and well-being of all individuals *(34, 35)*.



Physical activity and the sustainable development goals 2030

Investment in policy actions to increase physical activity through, for example, more walking, cycling, active recreation, sport and play, can contribute to achieving many of the SDGs as identified in the Bangkok declaration in 2016.[1] Increasing physical activity will directly contribute to SDG3 (good health and well-being) as well as other Goals, including, but not limited to, SDG2.2 (ending all forms of malnutrition); SDGs 4.1 and 4.2 (quality education); SDG5.1 (gender equality); SDG8 (decent work and economic growth); SDG9.1 (industry, innovation and infrastructure); SDGs 10.2 and 10.3 (reduced inequalities); SDGs 11.2, 11.3, 11.6 and 11.7 (sustainable cities and communities); SDGs 12.8 and 12c (responsible production and consumption); SDGs 13.1 and 13.2 (climate action); SDGs 15.1 and 15.5 (life on land); SDGs 16.1 and 16b (peace, justice and strong institutions), and SDG 17 (partnerships). An overview of the specific pathways and the associated policy actions by which increasing levels of physical activity can contribute to the SDGs are outlined in Appendix 1.

Given the contribution of physical activity towards the 2030 Agenda, it is time to invest in physical activity, not only for its direct health benefits, but for how increasing walking, cycling, active recreation, sports and play can lead to realizing a more equitable, sustainable and prosperous world *(36)*.

[1] The Bangkok declaration on physical activity for global health and sustainable development is a consensus statement from the 6th Congress of the International Society for Physical Activity and Health (ISPAH) on 19th November 2016 (http://www.ispah.org/resources, accessed May 2018).

The policy responses proposed in the global action plan are not only interconnected with achieving the SDGs, but also intersect with, and complement achieving, the goals and ambitions of other closely related strategies and plans endorsed by the World Health Assembly, including:

- **Commission on Ending Childhood Obesity *(30)***
- **Global Strategy and Action Plan on Ageing and Health 2016–2020 *(32)***
- **Global Plan for the Decade of Action for Road Safety 2011–2020 *(37)***
- **WHO Public Health & Environment Global Strategy *(38)***
- **The New Urban Agenda *(39)***
- **Mental Health Action Plan 2013–2020 *(40)***
- **Global Action Plan on the Public Response to Dementia 2017–2025 *(41)***
- **Global Strategy for Women's, Children and Adolescents' Health 2016–2030 *(42)***
- **Every Newborn Action Plan to End Preventable Deaths 2014 *(43)***
- **WHO Global Disability Action Plan 2014–2021 *(44)***
- **Global Nutrition Report 2017: Nourishing the SDGs *(45)***
- **United Nations Decade of Action on Nutrition 2016-2025 *(46)***

Moving forward – scaling national action

Given the diversity of ways to be active, and the multiple settings in which it is possible to increase participation, there are multiple policy opportunities across different sectors. National policy responses must address the multiple factors which determine participation; some of these are individual characteristics, knowledge and personal preferences, while others are related to the wider sociocultural contexts, such as family context, societal values, traditions, and economic and physical environments *(47)*. These, so called, "upstream" determinants of physical activity shape the equity of opportunities for participation and can further contribute to reducing inequalities in physical activity, health status and well-being *(48)*.

Effective national responses must include actions to address factors that impinge on the opportunities and abilities of all people to be active, as well as policy actions to protect and enhance those factors that enable and encourage participation. Accordingly, "upstream" population-based policy approaches to promote physical activity must be prioritized and interlinked with policy actions focused on "downstream" individually-centred interventions.

Effective implementation will require Member States to select a strategic combination of the recommended policy responses provided in this action plan, adapted and executed at national scale according to country context, cognizant of different needs and abilities of subpopulations.

However, despite strong evidence on effective solutions *(12)*, progress will remain an aspiration unless reliable dedicated resources, both human and fiscal, are secured to support promoting physical activity as a priority within NCD treatment and prevention, as well as establishing the strategic connections between key government departments, stakeholders and related policy priorities to enable sustained implementation at national and subnational levels.

03.
THE GLOBAL ACTION PLAN
ON PHYSICAL ACTIVITY 2018–2030





Vision

More active people for a healthier world.

Mission

To ensure that all people have access to safe and enabling environments and to diverse opportunities to be physically active in their daily lives, as a means of improving individual and community health and contributing to the social, cultural and economic development of all nations.



The target for the action plan is a 15% relative reduction, using a baseline of 2016,[2] in the global prevalence of physical inactivity in adults and in adolescents.

Target

In 2013, Member States agreed to a set of nine voluntary targets set out in the global monitoring framework *(7)* to enable global tracking of progress in preventing and controlling major NCDs and their key risk factors. The target set for physical inactivity was a 10% relative reduction in prevalence of insufficient physical activity[1] in adults and in adolescents, using the baseline of 2010 data. This action plan proposes an extension by five years of the target set for 2025, to align with the 2030 Agenda and provide Member States with a period of 12 years (2018–2030) for policy action and implementation.

The additional 5% increment reflects the additional five years available for action (i.e. from 2025 and 2030) and is consistent with existing commitments for 2025 by using the same indicators that are already available in most countries using existing instruments.[3] Furthermore, the target presents a realistic ambition as it was calculated to reflect the magnitude of change seen in the top performing countries that have made progress in reducing physical inactivity in recent years. The baseline will be 2016, and new global comparable estimates for 2016 on physical inactivity for adults and adolescents are being prepared and will be published in early 2018.

[1] Definition provided in Glossary.
[2] The relevant data will be made available in the forthcoming document, "WHO country comparable estimates on physical inactivity, 2016", due for publication in 2018.
[3] For adults through the Global Physical Activity Questionnaire (GPAQ) as recommended in the WHO STEPwise approach to noncommunicable disease risk factor surveillance, or similar multiple domain instruments used by Member States. For adolescents, measurement instruments exist and are in use, for example through the Global school-based Student Health Survey (GSHS).

GUIDING PRINCIPLES

The action plan is informed by the following guiding principles that should underpin implementation of actions at every level as Member States, partners and WHO work towards achieving the shared vision of a more active world.

Human rights approach

The WHO Constitution[1] enshrines that the highest attainable standard of health is a fundamental right of every human being. As an essential resource for everyday living, health is a shared social and political priority for all countries. In the 2030 Agenda, countries committed to invest in health, achieve universal health coverage and reduce health inequalities for people of all ages and abilities. Implementation of this action plan should employ a rights-based approach and incorporate a commitment to engaging and empowering individuals and communities to actively participate in the development of solutions.

Equity across the life course

Disparities in physical activity participation by age, gender, disability, pregnancy, socioeconomic status, and geography reflect limitations and inequities in the socioeconomic determinants and opportunities for physical activity for different groups and different abilities. Implementation of this action plan should explicitly consider the needs at different stages of the life course (including childhood, adolescence, adulthood and older age), different levels of current activity and ability with a priority towards addressing disparities and reducing inequalities.

Evidence-based practice

The recommended policy actions are informed by a robust scientific evidence base, as well as practice-based evidence from active evaluation and demonstration of impact. The cost-effectiveness for many interventions is already established; implementation of the plan should continue to build and develop this evidence base, especially in LMICs.

[1] See Constitution of the World Health Organization: http://www.who.int/governance/eb/who_constitution_en.pdf, accessed April 2018.

Proportional universality

Proportional universality describes an approach to the resourcing and delivery of services at a scale and intensity proportionate to the degree of need. At a global, national and subnational level, there is a need to focus efforts on reducing inequity in the opportunities for physical activity. Therefore, proportional allocation of the resources to the actions needed to engage the least active and those who face the greatest barriers to increasing participation should be a priority.

Policy coherence and health in all policies

Physical activity can deliver benefits for individuals, communities and Member States across a range of SDGs, and therefore action is required across and between a wide range of policies and partners to achieve sustained change and impact. The SDGs recognize that people's health and the health of the planet are not mutually exclusive, and that environmental sustainability is critical to health improvement.

Engagement and empowerment of policy-makers, peoples, families and communities

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 reduce barriers and to provide motivation. Active engagement to mobilize communities is one of the most powerful ways to change behaviour and change social norms.

Multisectoral partnerships

A comprehensive, integrated and intersectoral approach consistent with SDG17 is essential to increase population levels of physical activity and reduce sedentary behaviour. Implementation of this action plan should foster collaboration across and between all stakeholders at all levels, guided by a shared vision to realize the multiplicative benefits of a more active world.



PARTNERSHIPS FOR ACTION

Given that the agenda of the action plan is beyond the scope of any single agency, implementation demands partnership. By working together to achieve the vision of the action plan and improve health for all, partners can also accelerate progress to achieve their own respective goals.

These partners include, but are not limited to:

Member States

ministries of health, transport, education, sports, youth, urban planning, environment, tourism, finance, and labour

Development agencies

international financial institutions such as the World Bank, regional development banks, subregional intergovernmental organizations and development aid agencies

Intergovernmental organizations

UN agencies, UN Interagency Taskforce on NCDs (UNIATF) and others

International organizations

global health initiatives and agencies

Nongovernmental organizations

civil society, community-based organizations, human rights-based organizations, faith-based organizations

Professional associations

in medical and allied health areas, such as sports medicine, physical therapy, general practice, nursing, exercise and sports science, physical activity and public health and other relevant disciplines, including transport, sport, and education

Philanthropic foundations

that are committed to promoting global health and achievement of the SDGs

Academic and research institutions

across multiple disciplines including implementation science and the network of WHO collaborating centres

Industry leaders and private sector

committed to improving the health of employees, their families and communities

Media

journalists and media outlets, including both traditional and new media

City leaders and local government

mayors, governors and local officials

Community

representatives of faith-based, social and cultural groups

WHO

at all levels, headquarters, regional and country offices

FRAMEWORK FOR ACTION:

4 STRATEGIC OBJECTIVES
20 POLICY ACTIONS

Four strategic objectives provide a universally applicable framework for the 20 multidimensional policy actions, each identified as an important and effective component of a population-based response to increasing physical activity and reducing sedentary behaviour. In combination, they capture the whole-of-system approach required to create a society that intrinsically values and prioritizes policy investments in physical activity as a regular part of everyday life. The four strategic objectives are:

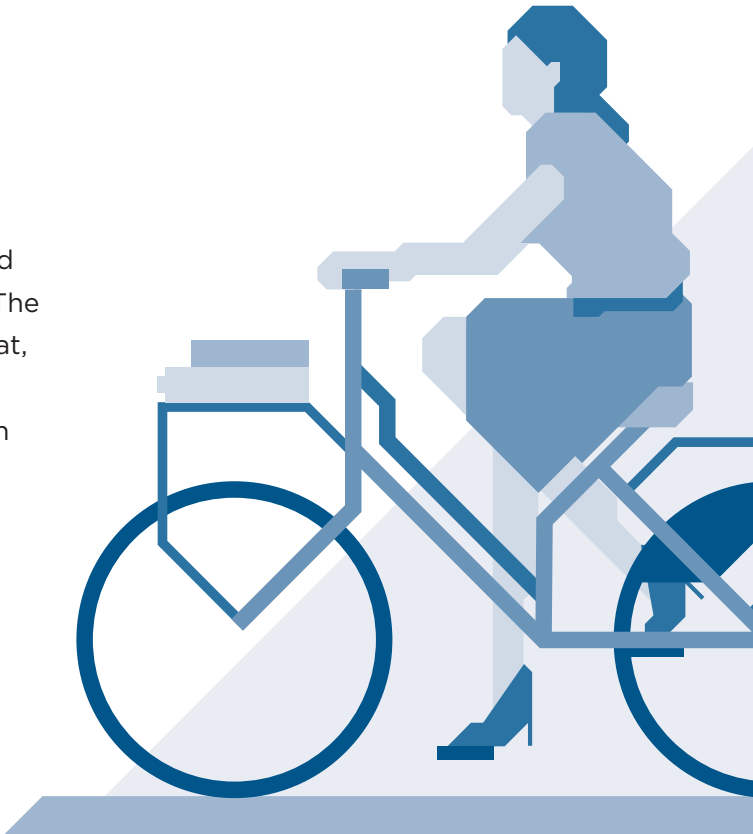
1. Create active societies

2. Create active environments

3. Create active people

4. Create active systems

To achieve these four objectives, 20 evidence-based policy actions are recommended and listed below. The recommended specific roles for the WHO Secretariat, WHO Member States and other stakeholders to support implementation are outlined for each action in Appendix 2.



CREATE ACTIVE SOCIETIES

SOCIAL NORMS AND ATTITUDES

Create a paradigm shift in all of society by enhancing knowledge and understanding of, and appreciation for, the multiple benefits of regular physical activity, according to ability and at all ages.



STRATEGIC OBJECTIVE 1

CREATE ACTIVE SOCIETIES

ACTION 1.1.

Implement best practice communication campaigns, linked with community-based programmes, to heighten awareness, knowledge and understanding of, and appreciation for, the multiple health benefits of regular physical activity and less sedentary behaviour, according to ability, for individual, family and community well-being.

ACTION 1.2.

Conduct national and community-based campaigns to enhance awareness and understanding of, and appreciation for, the social, economic, and environmental co-benefits of physical activity, and particularly more walking, cycling and other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and thereby make a significant contribution to achievement of the 2030 Agenda for Sustainable Development (SDG2; SDG3; SDG4; SDG5; SDG8; SDG9; SDG10; SDG11; SDG13; SDG15; SDG16; SDG 17).

ACTION 1.3.

Implement regular mass participation initiatives in public spaces, engaging entire communities, to provide free access to enjoyable and affordable, socially- and culturally-appropriate experiences of physical activity.

ACTION 1.4.

Strengthen pre- and in-service training of professionals, within and outside the health sector, to increase knowledge and skills related to their roles and contributions in creating inclusive, equitable opportunities for an active society including, but not limited to, the sectors of: transport, urban planning, education, tourism and recreation, sports and fitness, as well as in grassroots community groups and civil society organizations.

CREATE ACTIVE ENVIRONME

SPACES AND PLACES

Create and maintain environments that promote and safeguard the rights of all people, of all ages, to have equitable access to safe places and spaces, in their cities and communities, in which to engage in regular physical activity, according to ability.

ENTS



STRATEGIC OBJECTIVE 2

CREATE ACTIVE ENVIRONMENTS

ACTION 2.1.

Strengthen the integration of urban and transport planning policies to prioritize the principles of compact, mixed-land use, at all levels of government as appropriate, to deliver highly connected neighbourhoods to enable and promote walking, cycling, other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, peri-urban and rural communities.

ACTION 2.2.

Improve the level of service[1] provided by walking and cycling network infrastructure, to enable and promote walking, cycling, other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, peri-urban and rural communities, with due regard for the principles of safe, universal and equitable access by people of all ages and abilities, and in alignment with other commitments *(37, 39, 49–53).*

[1] "Level of service" refers to the attributes of safety, quality, connectedness and completeness; assessment instruments for walking and cycling are available in many countries.

ACTION 2.3.

Accelerate implementation of policy actions to improve road safety and the personal safety of pedestrians, cyclists, people engaged in other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and public transport passengers, with priority given to actions that reduce risk for the most vulnerable road users in accordance with the safe systems approach to road safety, and in alignment with other commitments *(37, 49-54)*.

ACTION 2.4.

Strengthen access to good-quality public and green open spaces, green networks, recreational spaces (including river and coastal areas) and sports amenities by all people, of all ages and of diverse abilities in urban, peri-urban and rural communities, ensuring design is consistent with these principles of safe, universal, age-friendly and equitable access with a priority being to reduce inequalities and in alignment with other commitments *(39)*.

ACTION 2.5.

Strengthen the policy, regulatory and design guidelines and frameworks, at the national and subnational levels, as appropriate, to promote public amenities, schools, health care, sports and recreation facilities, workplaces and social housing that are designed to enable occupants and visitors with diverse abilities to be physically active in and around the buildings, and prioritize universal access by pedestrians, cyclists and public transport.

CREATE ACTIVE PEOPLE

PROGRAMMES AND OPPORTUNITIES

Create and promote access to opportunities and programmes, across multiple settings, to help people of all ages and abilities to engage in regular physical activity as individuals, families and communities.



STRATEGIC OBJECTIVE 3

CREATE ACTIVE PEOPLE

ACTION 3.1.

Strengthen provision of good-quality physical education and more positive experiences and opportunities for active recreation, sports and play for girls and boys, applying the principles of the whole-of-school approach in all pre-primary, primary, secondary and tertiary educational institutions, to establish and reinforce lifelong health and physical literacy, and promote the enjoyment of, and participation in, physical activity, according to capacity and ability.

ACTION 3.2.

Implement and strengthen systems of patient assessment and counselling on increasing physical activity and reducing sedentary behaviour, by appropriately trained health, community and social care providers, as appropriate, in primary and secondary health care and social services, as part of universal health care, ensuring community and patient involvement and coordinated links with community resources, where appropriate.

ACTION 3.3.

Enhance provision of, and opportunities for, more physical activity programmes and promotion in parks and other natural environments (such as beach, rivers and foreshores) as well as in private and public workplaces, community centres, recreation and sports facilities and faith-based centres, to support participation in physical activity, by all people of diverse abilities.

ACTION 3.4.

Enhance the provision of, and opportunities for, appropriately tailored programmes and services aimed at increasing physical activity and reducing sedentary behaviour in older adults, according to ability, in key settings such as local and community venues, health, social and long-term care settings, assisted living facilities and family environments, to support healthy ageing.

ACTION 3.5.

Strengthen the development and implementation of programmes and services, across various community settings, to engage with, and increase the opportunities for, physical activity in the least active groups, as identified by each country, such as girls, women, older adults, rural and indigenous communities, and vulnerable or marginalized populations, embracing positive contributions by all people.

ACTION 3.6.

Implement whole-of-community initiatives, at the city, town or community levels, that stimulate engagement by all stakeholders and optimize a combination of policy approaches, across different settings, to promote increased participation in physical activity and reduced sedentary behaviour by people of all ages and diverse abilities, focusing on grassroots community engagement, co-development and ownership.

CREATE ACTIVE SYSTEMS

GOVERNANCE AND POLICY ENABLERS

Create and strengthen leadership, governance, multisectoral partnerships, workforce capabilities, advocacy and information systems across sectors to achieve excellence in resource mobilization and implementation of coordinated international, national and subnational action to increase physical activity and reduce sedentary behaviour.



STRATEGIC OBJECTIVE 4

CREATE ACTIVE SYSTEMS

ACTION 4.1.

Strengthen policy frameworks, leadership and governance systems, at the national and subnational levels, to support implementation of actions aimed at increasing physical activity and reducing sedentary behaviours, including multisectoral engagement and coordination mechanisms; policy coherence across sectors; guidelines, recommendations and actions plans on physical activity and sedentary behaviour for all ages; and progress monitoring and evaluation to strengthen accountability.

ACTION 4.2.

Enhance data systems and capabilities at the national and, where appropriate, subnational levels, to support: regular population surveillance of physical activity and sedentary behaviour, across all ages and multiple domains; development and testing of new digital technologies to strengthen surveillance systems; development of monitoring systems of wider sociocultural and environmental determinants of physical inactivity; and regular multisectoral monitoring and reporting on policy implementation to ensure accountability and inform policy and practice.

ACTION 4.3.

Strengthen the national and institutional research and evaluation capacity and stimulate the application of digital technologies and innovation to accelerate the development and implementation of effective policy solutions aimed at increasing physical activity and reducing sedentary behaviour.

ACTION 4.4.

Escalate advocacy efforts to increase awareness and knowledge of, and engagement in, joint action at the global, regional and national levels, targeting key audiences, including but not limited to high-level leaders, policy-makers across multiple sectors, the media, the private sector, city and community leaders, and the wider community.

ACTION 4.5.

Strengthen financing mechanisms to secure sustained implementation of national and subnational action and the development of the enabling systems that support the development and implementation of policies aimed at increasing physical activity and reducing sedentary behaviour.

IMPLEMENTATION

This global action plan has been developed with full recognition that countries are at different starting points in their efforts to reduce levels of physical inactivity and sedentary behaviour. Furthermore, it recognizes that the priorities and preferences for different types of physical activities, across different settings, and by different subpopulation groups, vary according to culture, context and resources. There is therefore no single policy solution. Rather, this action plan provides four strategic objectives achievable through 20 policy actions that are universally applicable to all Member States.

Prioritization, feasibility, and speed of implementation will vary according to context *(55)*. Therefore, it is recommended that each country assess their own current situation to identify existing areas of progress which can be strengthened, as well as the policy opportunities and practice gaps.

All countries should implement "upstream" policy actions aimed at improving the social, cultural, economic and environmental factors that support physical activity combined with "downstream", individually focused (educational and informational) approaches that should be implemented consistent with the principle of proportional universality. This systems-based approach should enable countries to identify a strategic combination of recommended policy solutions tailored to context for implementation over the short- (2–3 years), medium- (3–6 years) and longer-term (7–12 years) (See Figure 1).

Achieving full implementation at national scale is a long-term agenda for most Member States. However, countries may commence policy initiatives at subnational and city level, as appropriate, to demonstrate effectiveness and build momentum towards national coverage. Successful impact of policy initiatives can, and should be, celebrated and promoted to raise political, stakeholder and community awareness and support. Mobilizing communities to engage in planning and implementation of solutions is critical to success. As such, this action plan provides policy actions consistent with a whole-of-society approach that aims to empower communities.

Given that the policy agenda is beyond the scope of any single agency, implementation will require effective partnerships. All stakeholders can and should contribute to the implementation of this global action plan at the national level, individually and in partnership in seven key areas:

There is no single solution. This action plan provides a systems-based approach, universally applicable to all countries.

Leadership

Strong and visible leadership and commitment are needed to set a national vision which prioritizes the promotion of physical activity and

reduction of sedentary behaviour, and secures the active engagement of multiple sectors at all levels. Stakeholders can provide leadership by acting as exemplars, actively championing the recommended policy actions and change required.

Policy and governance

All partners should assess and strengthen their policy and governance to include and maximize the synergies with the agenda to promote physical activity and reduce sedentary behaviour. This includes developing or updating relevant policy and position statements, guidelines and guidance as relevant to each agency, setting or constituents, in alignment with recommendations in this action plan.

Coordination

Coordination of national planning, implementation, evaluation and monitoring of progress and contributions from all stakeholders is a key task. There is a clear role for the health sector to lead and convene partners, and it is desirable for others to contribute towards establishing and sustaining effective national and subnational (including where appropriate city and community level) coordination mechanisms.

Resource mobilization

Governments should strengthen their investment in the promotion of physical activity within programmes of NCD prevention and treatment, as well as in other key government portfolios identified in the action areas, such as transport, urban planning, sport, and education. While an increase in resources is often required, it is also possible to accelerate and scale implementation by a reallocation of existing resources towards prioritized actions that support increasing physical activity. Other stakeholders should look for opportunities to resource implementation, particularly in low-resourced contexts and countries, and support training opportunities, research and development.

Community engagement

Creating an active society will require the full engagement and ownership by all stakeholders to ensure solutions that are tailored, valued, sustainable and effective. Actions to engage all parts of the community, civil society, private and philanthropic entities and others, can generate joint benefits and contribute to the building of capacity and achievement of shared goals with other sectors and stakeholders. Engagement should start with widespread dissemination of the global action plan and communication of each country's commitment to implement the shared vision to create a more active society, complete with more equitable, accessible, affordable and enjoyable opportunities for all.

Promotion and advocacy

All stakeholders should actively promote and advocate for the implementation of the policy actions required according to country contexts and priorities. Promotion of the need and opportunities to increase physical activity and reduce sedentary behaviour and the associated benefits to all sectors is necessary at all levels. Civil society and nongovernment organizations have a central role in leading advocacy and monitoring accountability.

Evidence-based practice

National and subnational policy planning, implementation and evaluation must be informed and supported by robust and reliable data and information systems. Research and innovation is needed to inform both new policy and strengthen practice, and surveillance systems and policy evaluation are core components of national monitoring and accountability. All stakeholders should support strengthening of the evidence and data systems, particularly in LMICs.

To assist Member States in implementing the 20 recommended policy actions at national and subnational levels, WHO will prioritize the following: *(i)* completion of a monitoring and evaluation framework for this action plan and support countries to adopt, adapt and tailor to national context; *(ii)* support Member States to assess their current progress on physical activity and to develop or update (as needed) national policy and action plans on physical activity; *(iii)* strengthen engagement with non-health sectors at global, regional and national levels; *(iv)* lead and support high-level advocacy efforts to raise awareness of the importance of physical activity within the 2030 Agenda and resource mobilization; and *(v)* in partnership with stakeholders, develop (where needed), promote and disseminate guidance, tools and training resources to support implementation of the 20 policy actions on physical activity and sedentary behaviour.

A detailed list of the recommended roles and responsibilities of Member States, the WHO Secretariat and other stakeholders for each policy action is outlined in Appendix 2.

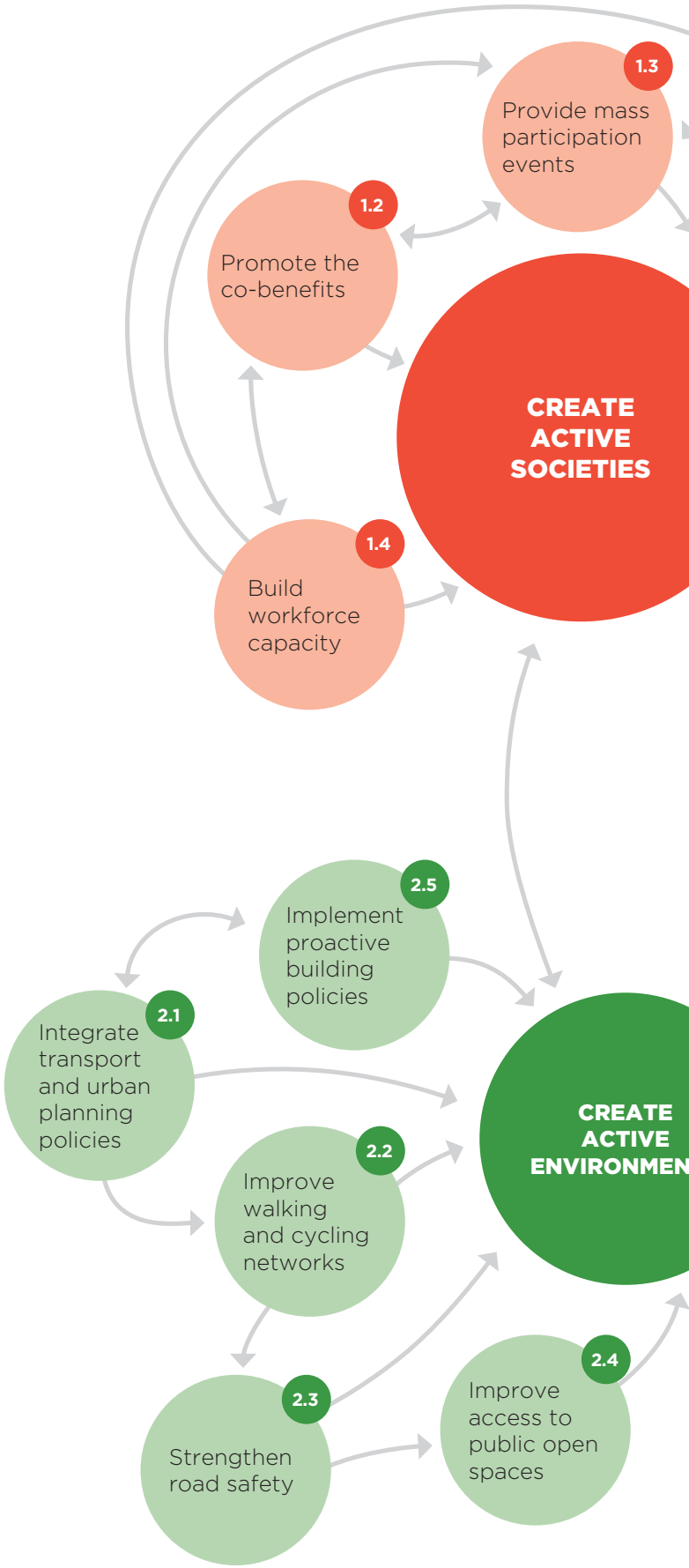


FIGURE 1: Whole-of-Government solutions for Physical Inactivity



Numbers shown refer to the recommended policy actions. For full details refer to the main report.

MONITORING AND EVALUATION

The progress towards achieving the target of 15% relative reduction in the prevalence of insufficient physical activity in adults and adolescents by 2030 will be monitored using the two outcome indicators adopted by the World Health Assembly in the monitoring framework for the prevention and control of NCDs, namely:

- prevalence of insufficient physical activity among persons aged 18 years and over;
- prevalence of insufficient physical activity among adolescents (aged 11–17 years).[1]

Member States are encouraged to strengthen reporting of disaggregated data in accordance with agreed recommendations *(6, 28, 56, 57)*, and to reflect the dual priorities of this action plan, namely to: *(i)* decrease overall level of physical inactivity in the population, and *(ii)* reduce within-country disparities and levels of physical inactivity in the least active populations, as identified by each country. The disaggregated data should include domain specific measures of physical activity (work-related, walking and cycling, and leisure time) as well as presentation by sociodemographic, cultural, economic and geographical factors.

Strengthen reporting of disaggregated data to show progress in reducing disparities.

Monitoring framework and indicators

In order to monitor global and national implementation of this action plan, WHO is committed to finalizing a monitoring and evaluation framework and recommended set of process and impact indicators by December 2018 when it will publish a technical note on its website, outlining how WHO will monitor progress and evaluate country implementation at the global and regional levels.

The development of the monitoring and evaluation framework will apply the principles of economy, efficiency and flexibility. Where possible, the evaluation framework will aim to minimize the burden of data collection by using existing data-collection systems and to seek efficiencies and synergies by aligning with the monitoring systems established for other relevant health, social and environmental indicators within, for example, the Sustainable Development Goals. As such, the focus will be on identifying relevant impact and process indicators that are feasible and potentially available in all countries. Where possible, for

[1] No indicators are proposed for those aged < 11 years owing to the absence of global baseline data and of a global consensus on self-reported or objective measurement instruments or cut points.

the identified indicators, assessment should be possible using existing data collection tools and systems to minimize the burden on countries, such as NCD country capacity survey, country survey on global road safety, global school-based student health survey, global school health policy survey, and age-friendly cities database. Relevant global data can also be available through databases such as the WHO ambient air pollution in cities database *(58)* and public space area as part of the UN-Habitat's city prosperity initiative *(59)* which is aligned to SDG11.7. Technical consultations will be required to obtain experts opinion from health and other sectors so that the indicators reflect progress in both impact and process of country implementation towards reaching the global target.

Member States will be supported with recommendations on methodological approaches to policy evaluation and tools for use at the subnational level and it is envisaged that countries will publish regular national reports.

Reporting on global progress

Reporting global progress on the implementation of the global action plan on physical activity will be in line with paragraph 3.9 of resolution WHA66.10 (2013).[1] The first report will be presented in 2021 (using data from 2020), with the second report issued in 2026 (using data from 2025). The final report will be submitted to the World Health Assembly in 2030 as part of the reporting on the health-related goals and targets of the 2030 Agenda for Sustainable Development.



[1] See: World Health Assembly resolution 66.10 (2013) (http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R10-en.pdf, accessed April 2018).

References

1. WHO. Global recommendations on physical activity for health. Geneva: World Health Organization; 2010.
2. Schuch F, Vancampfort D, Richards J, Rosenbaum S, Ward PB, Stubbs B. Exercise as a treatment for depression: a meta-analysis adjusting for publication bias. J Psychiatr Res. 2016;77:42–51.
3. Mammen G, Faulkner G. Physical activity and the prevention of depression: a systematic review of prospective studies. Am J Prev Med. 2013;45(5):649–657.
4. Livingston G, Sommerlad A, Orgeta V, Costafreda SG, Huntley J, Ames D, et al. Dementia prevention, intervention, and care. Lancet. 2017;16;390(10113):2673–2734.
5. Das P and Horton R. Rethinking our approach to physical activity. Lancet. 2012;380(9838):189–190.
6. WHO. Global action plan for the prevention and control of noncommunicable diseases 2013–2020. Geneva: World Health Organization; 2013.
7. Page 5 of the Global action plan for the prevention and control of noncommunicable diseases 2013–2020. Geneva: World Health Organization; 2013.
8. WHO. Montevideo roadmap 2018–2030 on NCDs as a sustainable development priority. Geneva: World Health Organization; 2017.
9. Pages 33–34 of the Global action plan for the prevention and control of noncommunicable diseases 2013–2020. Geneva: World Health Organization; 2013.
10. WHO. Global strategy on diet, physical activity and health. Geneva: World Health Organization; 2004.
11. WHO Regional Office for Europe. Physical activity strategy for the WHO European Region 2016–2025. Copenhagen: World Health Organization; 2016.
12. WHO. Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable disease. Geneva: World Health Organization; 2017.
13. Tremblay M, Aubert S, Barnes JD, Saunders TJ, Carson V, Latimer-Cheung AE, et al. Sedentary Behaviour Research Network (SBRN)-terminology consensus project process and outcome. Int J Behav Nutr Phys Act. 2017;14:75.
14. Owen N, Healy GN, Matthews CE, Dunstan DW. Too much sitting: the population-health science of sedentary behaviour. Exerc Sport Sci Rev. 2010;38(3):105–113.
15. WHO. Global status report on noncommunicable diseases. Geneva: World Health Organization; 2014.
16. Sallis J, Bull F, Guthold R, Heath GW, Inoue S, Kelly P, et al. Progress in physical activity over the Olympic quadrennium. Lancet. 2016;388:1325–36.
17. Ding D, Lawson KD, Kolbe-Alexandar TL, Finkelstein EA, Katzmarzyk PT, Mechelen W. et al. The economic burden of physical inactivity: a global analysis of major non-communicable diseases. Lancet. 2016;388(10051):1311–24.
18. Bull F, Goenka S, Lambert V, Pratt M. Physical activity for the prevention of cardiometabolic disease. In: Prabhakaran D, Anand S, Gaziano TA, Mbanya J, Wu Y, Nugent R. editors. Disease Control Priorities. 3rd edition, Vol.5 Cardiovascular, respiratory, and related disorders (DCP3). Washington DC: World Bank. 2017;79–99.
19. Li Z, Wang W, Yang C, Ding H. Bicycle mode share in China: a city-level analysis of long term trends. Transportation. 2017;(44):773–788.
20. Woodward A, Lindsay G. Changing modes of travel in New Zealand cities. In: Howden-Chapman P, Stuart K, Chapman R, editors. Sizing up the city – Urban form and transport in New Zealand. Wellington: New Zealand Centre for Sustainable Cities centred at University of Otago; 2010.
21. Sallis J, Cerin E, Conway T, Adams M, Frank L, Pratt M, et al. Physical activity in relation to urban environments in 14 cities worldwide: a cross-sectional study. Lancet. 2016;287(10034):2207–2217.
22. Giles-Corti B, Vernez-Moudon A, Reis R, Turrell G, Dannerberg AL, Badland H, et al. City planning and population health: a global challenge. Lancet. 2016;388:2912–24.
23. The Shanghai Consensus on Healthy Cities 2016. Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development, adopted in the 9th Global Conference on Health Promotion, Shanghai, 2016 (http://www.who.int/

healthpromotion/conferences/9gchp/healthy-city-pledge/en/).

24. Lindsey I, Chapman T. Enhancing the contribution of sport to the Sustainable Development Goals. London: Commonwealth Secretariat; 2017.

25. International Olympic Committee. Olympic Agenda 2020: 20+20 Recommendations and Sport and Active Society (https://www.olympic.org/news/olympic-agenda-2020-discussions-culminate-in-20-20-recommendations).

26. Khan KM, Thompsom AM, Blaire SN, Sallis JF, Powell KE, Bull FC, Bauman AE. Physical activity, exercise and sport: their role in the health of nations. Lancet. 2012;380:59–64.

27. Women's Refugee Commission, UNHCR, and GRYC. "We believe in youth": global refugee youth consultations final report (https://www.womensrefugeecommission.org/youth/resources/1385-gryc-final-report-sept-2016).

28. UNESCO: International Charter of Physical Education, Physical Activity and Sport (revised 2015). (http://www.unesco.org/new/en/social-and-human-sciences/themes/physical-education-and-sport/sport-charter/, accessed April 2018).

29. UNESCO, Report of the Sixth international conference of ministers and senior officials responsible for physical education and sport (MINEPS VI). Annex 1 Kazan Action Plan. SHS/2017/5 REV Paris, September 2017; adopted on 14–15 July 2017 (http://unesdoc.unesco.org/images/0025/002527/252725E.pdf).

30. WHO. Report of the Commission on Ending Childhood Obesity: implementation plan: executive summary. Geneva: World Health Organization; 2017 (http://www.who.int/end-childhood-obesity/publications/echo-plan-executive-summary/en/).

31. Van Dongen JM, Proper KI, van Wier MF, Van der Beek AJ, Bongers PM, Mechelen W, et al. Systematic review on the financial return of worksite health promotion programmes aimed at improving nutrition and/or increasing physical activity. Obes Rev. 2011;(12):1031–49.

32. WHO. Global strategy and action plan on ageing and health (2016–2020). Geneva: World Health Organization; 2016.

33. WHO. HEARTS Technical package for cardiovascular disease management in primary health care. Geneva: World Health Organization; 2016.

34. WHO. mHealth: new horizons for health through mobile technologies. Geneva: World Health Organization; 2011 (http://www.who.int/goe/publications/goe_mhealth_web.pdf).

35. Labrique AB, Vasudevan L, Kochi E, Fabricant R, Mehl G. mHealth innovations as health system strengthening tools: 12 common applications and a visual framework. Global Health: Science and Practice. 2013;1(2):160–71.

36. United Nations Resolution A/RES/70/1: Transforming our world: the 2030 Agenda for Sustainable Development; adopted by the United Nations Seventieth General Assembly, 25 September 2015 (http://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_70_1_E.pdf).

37. WHO and United Nations. 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/en/).

38. WHO. WHO public health & environment global strategy overview 2011. (http://www.who.int/phe/publications/PHE_2011_global_strategy_overview_2011.pdf).

39. New Urban Agenda adopted by the United Nations Conference on Housing and Sustainable Urban Development (Habitat III), 2016; endorsed by the United Nations General Assembly in Resolution 71/256 (http://www.unorg/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_71_256.pdf).

40. WHO. Mental health action plan 2013–2020. Geneva: World Health Organization; 2013.

41. Decision WHA70(17) of WHA70/2017/REC/1: Resolutions, Decisions and Annexes. Seventieth World Health Assembly, 22–31 May 2017 (http://apps.who.int/gb/ebwha/pdf_files/WHA70-REC1/A70_2017_REC1-en.pdf#page=1).

42. Every Woman Every Child. The global strategy for women's, children's and adolescents' health (2016–

2030) (http://www.everywomaneverychild.org/wp-content/uploads/2017/10/EWEC_GSUpdate_Brochure_EN_2017_web.pdf).

43. WHO/UNICEF. Every Woman Every Child. Every newborn: an action plan to end preventable deaths. Geneva: World Health Organization; 2014.

44. WHO. WHO global disability action plan 2014–2021. Better health for all people with disability. Geneva: World Health Organization; 2015.

45. Development Initiatives. Global nutrition report 2017: nourishing the SDGs. Bristol: United Kingdom of Great Britain and Northern Ireland; 2017.

46. United Nations Decade of Action on Nutrition 2016–2025 (https://www.un.org/nutrition/home).

47. Bauman AE, Reis RS, Sallis JF, Wells JC, Loos RJ, Martin BW. Correlates of physical activity: why are some people physically active and others not? Lancet. 2012;(380):258–71.

48. Marmot M. The health gap: the challenge of an unequal world. Bloomsbury Publishing, 2015.

49. Planning and design for sustainable urban mobility: global report on human settlements 2013. Oxford, United Kingdom of Great Britain and Northern Ireland: United Nations Human Settlements Programme (UN-Habitat); 2013 (https://unhabitat.org/planning-and-design-for-sustainable-urban-mobility-global-report-on-human-settlements-2013/).

50. United Nations General Assembly resolution 64/255 (2010) on improving global road safety (http://www.who.int/violence_injury_prevention/publications/road_traffic/UN_GA_resolution-54-255-en.pdf

51. United Nations Convention on the Rights of the Child (https://www.savethechildren.org.uk/what-we-do/childrens-rights/united-nations-convention-of-the-rights-of-the-child).

52. United Nations Convention on the Rights of Persons with Disabilities

53. Open-ended Working Group on Ageing for the purpose of strengthening the protection of the human rights of older persons; report of the eighth working session (https://social.un.org/ageing-working-group/eighthsession.shtml).

54. Global status report on violence prevention 2014. Geneva: World Health Organization; 2014, cosponsored by UNDP and UNODC (http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/).

55. Reis RS, Salvo D, Ogilvie D, Lambert EV, Goenka S, Brownson RC. Scaling up physical activity interventions worldwide: stepping up to larger and smarter approaches to get people moving. Lancet. 2016;388(10051):1337–48.

56. WHO. NCD Global Monitoring Framework: ensuring progress on noncommunicable diseases in countries (http://www.who.int/nmh/global_monitoring_framework/en/).

57. United Nations Convention on the Rights of Persons with Disabilities, Article 31, Statistics and data collection (point 2) (https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html).

58. WHO Global Urban Ambient Air Pollution Database (update 2016) (http://www.who.int/phe/health_topics/outdoorair/databases/cities/en/).

59. UN-Habitat for a Better Urban Future: City Prosperity Initiative (https://unhabitat.org/urban-initiatives/initiatives-programmes/city-prosperity-initiative/).

APPENDIX 1

PHYSICAL ACTIVITY AND THE SUSTAINABLE DEVELOPMENT GOALS

Physical activity has multiplicative health, social and economic benefits, and investment in policy actions to increase physical activity can contribute to achieving the Sustainable Development Goals (SDGs).

There are multiple direct and indirect pathways by which policies to promote physical activity through walking, cycling, sport, active recreation and play support 13 SDGs.

SDG	Target	Pathway
	**2.2** End all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children aged < 5 years, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.	Overweight and obesity are forms of malnutrition. Physical activity can assist with maintaining a healthy weight and can contribute to weight loss *(1, 2)*.
	**3.4** Reduce one third premature mortality from NCDs through prevention and treatment to promote mental health and well-being.	Physical activity and sedentary behaviour are primary risk factors for NCDs. Increased participation in physical activity contributes to the prevention and treatment of NCDs in the general population and at-risk individuals *(3)*. Increased rates of physical activity will reduce the subsequent disease burden and overall mortality, promoting well-being and mental health for all.
	3.6 Halve the number of global deaths and injuries from road traffic accidents.	Half of road fatalities involve pedestrians and cyclists. Reducing traffic volumes and speeds and improving infrastructure that enables equitable access to safe walking, cycling and use of public transport contributes to a reduction in road traffic accidents while promoting increased physical activity participation *(4)*.

SDG	Target	Pathway
	3.8 Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.	UHC includes essential health-care services that aim to prevent and treat NCDs *(5)*. Physical activity is a core risk factor for NCDs. Quality essential health-care services should include physical activity, through counselling/brief advice, which is recognized as an NCD "Best Buy" *(6)*.
	3.9 Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination.	Encouraging a shift from car use to walking, cycling and use of public transport contributes to a reduction in emissions and improved air quality *(7)*, thereby reducing the numbers of deaths and illnesses from air pollution.
	**4.1** Ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.	Quality physical education and physical activity opportunities in schools contribute to increased physical activity participation. Increased physical activity participation in all girls and boys can lead to greater ability to concentrate and improved cognitive function, thereby resulting in better academic outcomes *(8)*.
	4.2 Ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.	Physical activity programmes in schools help all girls and boys develop physical activity and health literacy, motor skills, and positive attitudes and habits. Together, these assets can contribute to enhancing children's readiness for primary education and enhance their overall enjoyment of physical activity *(6)*.
	4.A Build and upgrade education facilities that are child, disability and gender sensitive and provide safe non-violent, inclusive and effective learning environments for all.	Education facilities should include safe, inclusive and accessible places (indoors and outdoors) for children to be physically active and reduce sedentary behaviour, to create better learning environments for all *(9)*.

SDG	Target	Pathway
5 GENDER EQUALITY 	**5.1** End all forms of discrimination against all women and girls everywhere.	In most countries there is a gender bias in physical activity participation, with males more likely to be active than females *(10)*. Increased access and opportunities for physical activity in women and girls across the life course contribute to ending discrimination, and aim to enable women and girls to develop transferable skills that enable a more self-reliant life and lead to income-generating activities as well as economic participation. Sport can be responsible for propagating ideas and imagery that invite discrimination *(11)*. Equally, sport can be the vehicle in which to combat these ideas, promoting the need to end gender discrimination in all forms.
8 DECENT WORK AND ECONOMIC GROWTH 	**8.3** Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services. **8.5** Achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.	Increasing participation in physical activity through provision of more opportunities to participate in programmes or services that encourage walking, cycling (for transport or recreation), sports, play and active recreation can create new jobs for service and programme providers as well as for those involved in training and professional development services. Job creation supporting the implementation of policy recommendations, in health and non-health sectors, can contribute to reducing unemployment by providing opportunities for young people, older adults, and persons with disabilities, and for those in employment, physical activity can contribute to increased productivity in the workplace as well as reduced injuries and absenteeism.

SDG	Target	Pathway
	8.6 Substantially reduce the proportion of youth not in employment, education or training. **8.9** Devise and implement policies to promote sustainable tourism that creates jobs and promotes local culture and products.	National and subnational promotion of walking, cycling and mass participation events, suitable for all ages and abilities, can promote tourism and attract both national and international visitors, thereby strengthening local economies by boosting employment and contributing to economic growth.
9 INDUSTRY, INNOVATION AND INFRASTRUCTURE 	**9.1** Develop quality, reliable, sustainable and resilient infrastructure, including regional and trans-border infrastructure to support economic development and human wellbeing with a focus on affordable and equitable access for all.	Sustainable infrastructure to support well-being should include walking and cycling networks. Improved walking and cycling networks can contribute to increased physical activity participation, which contributes to sustainable transport and human well-being, including both physical and mental health. Sustainable infrastructure development for walking and cycling can also offer employment opportunities and economic development *(12)*.
10 REDUCED INEQUALITIES 	**10.2** Empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.	Physical activity programmes and sports promote values such as fairness and inclusion. These activities can empower participants, regardless of their individual traits. A greater sense of empowerment can encourage greater contribution to the social, economic and political domains.

SDG	Target	Pathway
	10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promote appropriate legislation, policies and action in this regard.	By offering opportunities to reduce inequality, sport can be a vehicle to create inclusive societies that are free from discriminatory laws and practices that precipitate and perpetuate avoidable exclusion.
	**11.2** Provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.	Safe, affordable, accessible and sustainable transport systems for all, particularly for those in vulnerable situations, should prioritize walking and cycling networks and improved public transport. Improved transport infrastructure that contributes to increasing physical activity participation can also improve road safety for all users *(13)*.
	11.3 Enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries.	Sustainable town planning policies tend to support physical activity, as people are more physically active in dense connected urban areas *(14)*.
	11.6 Reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management.	Improved transport infrastructure contributes to increased walking, cycling and use of public transport *(12)*. Increased walking, cycling and public transport use leads to reduced automobile use and therefore fewer emissions, thereby reducing the adverse per capita environmental impact of cities.[1]

[1] See city examples such as Bogota, Colombia (https://www.theguardian.com/sustainable-business/blog/bogota-empowering-citizens-to-cycle).

SDG	Target	Pathway
	11.7 Provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.	Achieving universal and safe access to open green and public spaces facilitates increased use of these spaces for physical activity *(15)*, which can also generate more demand for similar spaces and preservation of existing spaces.
	11.A Support economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional developmental planning.	Urban development and regional planning which is designed to enable increased participation in physical activity, particularly through the location of community and regional sports and use of compact local neighbourhood design which increases walking and cycling, contributes to the establishment of community links within and between different urban areas through coordination and collaboration *(16)*.
	**12.8** Ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature.	The health of the planet and health of the individual are not mutually exclusive. In order to live harmoniously with the planet and others, sustainable development and lifestyles must be prioritized. Increased rates of walking and cycling can contribute to the sustainability and preservation of nature through reduced automobile use and heightened awareness of the environmental impact of individuals.

SDG	Target	Pathway
	12.C Rationalize inefficient fossil fuel subsidies that encourage wasteful consumption by removing market distortions, in accordance with national circumstances, including by restructuring taxation and phasing out those harmful subsidies, where they exist, to reflect their environmental impacts, taking fully into account the specific needs and conditions of developing countries and minimizing the possible adverse impacts on their development in a manner that protects the poor and the affected communities.	Likewise, exposure to nature (green and blue spaces[2]) through physical activity can foster appreciation for these spaces *(17)*, promoting more demand for similar spaces and preservation of existing spaces.
13 CLIMATE ACTION 	**13.1** Strengthen resilience and adaptive capacity to climate related hazards and natural disasters in all countries. **13.2** Integrate climate change measures into national policies, strategies, and planning.	Land use and transport policy, combined with fiscal, environmental and educational interventions that support walking, cycling and use of public transport can contribute to less automobile use for transport *(18)*. Reduced automobile use and increased walking and cycling can contribute to less use of fossil fuels and the consequent emissions, thereby helping to mitigate climate change.

[2] "Blue space" refers to space near rivers, lakes and oceans.

SDG	Target	Pathway
	**15.1** Ensure the conservation, restoration and sustainable use of terrestrial and inland freshwater ecosystems and their services, in particular, forests, wetlands, mountains and drylands, in line with obligations under international agreements. **15.5** Take urgent and significant action to reduce the degradation of natural habitats, halt the loss of biodiversity and, by 2020, protect and prevent the extinction of threatened species.	Increased physical activity participation in natural environments encourages sustainable use, appreciation, conservation and restoration of land, and biodiversity. Increased appreciation for these spaces increases demand for the preservation of natural environments, enabling sustainable physical activity, active recreation and leisure. The preservation of these natural habitats can also halt the loss of biodiversity and help protect/prevent the extinction of threatened species.
	**16.1** Significantly reduce all forms of violence and related death rates everywhere.	Walking and cycling within and outside of a community setting nurtures positive social values such as inclusion, cooperation and communion, uniting people of different age, gender, socioeconomic status, nationality and political beliefs. An increased sense of community through physical activity can help reduce violence, conflicts, corruption and bribery, while promoting non-discriminatory laws and policies.
	16.B Promote and enforce non-discriminatory laws and policies for sustainable development.	Improved community design which encourages increased walking, cycling and use of public transport contributes to heightened community surveillance due to public presence that would not exist otherwise. Increased surveillance through physical activity can therefore contribute to reduction of violence (and related deaths) *(19)*.

SDG	Target	Pathway
	**17.6** Enhance the global partnership for sustainable development complemented by multistakeholder partnerships that mobilize and share knowledge, expertise, technologies and financial resources to support the achievement of sustainable development goals in all countries, particularly developing countries.	Working together to implement effective national population-based approaches that promote physical activity can demonstrate and strengthen partnerships between all stakeholders, government, the private sector and civil society to support the achievement of SDGs.

References: appendix 1

1. Development Initiatives. Global nutrition report 2017: nourishing the SDGs. Bristol: United Kingdom; 2107.
2. WHO. Report of the Commission on Ending Childhood Obesity: implementation plan: executive summary. Geneva: World Health Organization; 2017 (http://apps.who.int/iris/bitstream/10665/259349/1/WHO-NMH-PND-ECHO-17.1-eng.pdf?ua=1).
3. WHO. Global action plan for the prevention and control of noncommunicable diseases 2013–2020. Geneva: World Health Organization; 2013.
4. WHO. Global plan for the decade of action for road safety 2011–2020. Geneva: World Health Organization; 2011
5. WHO/World Bank. Tracking universal health coverage: 2017 Global Monitoring Report. World Health Organization and International Bank for Reconstruction and Development/The World Bank; 2017
6. WHO. Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable disease. Geneva: World Health Organization; 2017.
7. Macmillan A and Woodcock J. Understanding bicycling in cities using system dynamics modelling. J Transp Health. 2017;7:269–279.
8. UNESCO. Social and Human Science Sector. Quality physical education guidelines for policy-makers. Paris: UNESCO; 2015 (http://unesdoc.unesco.org/images/0023/002311/231101E.pdf).
9. UNESCO, Report of the Sixth international conference of ministers and senior officials responsible for physical education and sport (MINEPS VI). Annex 1 Kazan Action Plan. SHS/2017/5 REV Paris, September 2017; adopted on 14–15 July 2017 (http://unesdoc.unesco.org/images/0025/002527/252725E.pdf).
10. Sallis J, Bull F, Guthold R, Heath GW, Inoue S, Kelly P, et al. Progress in physical activity over the Olympic quadrennium. Lancet. 2016;388:1325–36.
11. UNESCO. International Charter of Physical Education, Physical Activity and Sport (revised 2015) (http://www.unesco.org/new/en/social-and-human-sciences/themes/physical-education-and-sport/sport-charter/).
12. New Urban Agenda adopted in 2016 by the United Nations Conference on Housing and Sustainable Urban Development (Habitat III) and endorsed by the United Nations General Assembly in resolution 71/256 (2016).
13. Pucher J and Dijkstra L. Promoting safe walking and cycling to improve public health: lessons from the Netherlands and Germany. Am J Public Health. 2003;93(9):1509–16.
14. Sallis J, Cerin E, Conway T, Adams M, Frank L, Pratt M, et al. Physical activity in relation to urban environments in 14 cities worldwide: a cross-sectional study. Lancet. 2016;287(10034):2207–2217.
15. WHO Regional Office for Europe. Urban green spaces: a brief for action. Copenhagen: World Health Organization; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0010/342289/Urban-Green-Spaces_EN_WHO_web.pdf?ua=1).
16. Sallis JF, Bull F, Burdett R, Frank L, Griffiths P, Giles-Corti B, Stevenson, M. Use of science to guide city planning policy and practice: how to achieve healthy and sustainable future cities. Lancet. 2016;388(10062):2936–2947.
17. Ward CD, Parker CM, Shackleton M. The use and appreciation of botanical gardens as urban green spaces in South Africa. Urban Forestry & Urban Greening. 2009;9:49–55.
18. Sustainable mobility for all. Global mobility report 2017: tracking sector performance. Washington, DC; 2017 (https://openknowledge.worldbank.org/bitstream/handle/10986/28542/120500.pdf?sequence=6&isAllowed=y).
19. Foster S, Hooper P, Knuiman M, Christian H, Bull F, Giles-Corti B. Safe RESIDential Environments? A longitudinal analysis of the influence of crime-related safety on walking. Int J Behav Nutr Phys Act. 2016;(13)22.

APPENDIX 2

RECOMMENDED ACTIONS IN DETAIL

Recommended actions for WHO member states, the WHO secretariat and other stakeholders to achieve implementation of the Global Action Plan on Physical Activity 2018-2030.

CREATE ACTIVE SOCIETIES

ACTION 1.1

Implement best practice communication campaigns, linked with community-based programmes, to heighten awareness, knowledge and understanding of, and appreciation for, the multiple health benefits of regular physical activity and less sedentary behaviour, according to ability, for individual, family and community well-being.

PROPOSED ACTIONS FOR MEMBER STATES

1. Develop a national communication strategy for physical activity as part of, or aligned with, a national action plan on physical activity to raise awareness and knowledge of the health benefits of physical activity, promote behaviour change and increase health and physical literacy.

2. Implement sustained public education, awareness and behaviour-change campaigns using traditional, social and digital mass reach communication channels, combined with complementing community initiatives, to increase the understanding of and positive attitudes towards physical activity, and promote the different ways everyone can increase physical activity and reduce sedentary behaviour.[1]

3. Use sport, arts, cultural, health and other participatory events as opportunities to raise awareness and promote participation in physical activity and reduction of sedentary behaviour to the spectator, fan base and wider community.

4. Support and mobilize partnerships between health and other sectors to engage in national, regional and global promotion days/weeks/months to raise awareness of physical activity and sedentary behaviour across multiple sectors, policy-makers, and the community. Examples include a car-free day, national fitness day, bike to work day/week, physical activity and sports celebration days, or similar.

PROPOSED ACTIONS FOR WHO SECRETARIAT

5. Support and partner, where appropriate, with Member States to implement national, regional and international physical activity campaigns to amplify campaign reach and impact.

6. Promote UN and Member State engagement in global and regional awareness-raising campaigns, particularly those linked with International UN Days to raise awareness of physical activity and sedentary behaviour across multiple sectors, policy-makers, and the international community. Examples include World Health Day, International Day of Older Persons, International Day of Yoga, International Day of Sport for Development and Peace, International Day of Families, World Environment Day, and World Cities Day.

7. Facilitate the establishment of a mechanism to enable sharing of effective media materials and expertise to strengthen the efficiency and effectiveness of campaign development and implementation, particularly in LMICs.

8. Support Member States in developing and implementing the WHO NCD “Best Buy” communication campaigns with tools and resources on best practice approaches to mass-reach awareness and behaviour change communication campaigns focused on physical activity.

PROPOSED ACTIONS FOR STAKEHOLDERS*

9. All stakeholders should lead and or contribute to scaling up of regular national, regional and global promotional campaigns aimed at promoting physical activity and reducing sedentary behaviour, including but not limited to walking, cycling, active recreation, sports, play and traditional sports.

10. International and national NGOs and others should identify opportunities to include or align the promotion of physical activity with their campaigns and other advocacy work. Examples include World Heart Day, World Diabetes Day, Cycle City.

11. Professional bodies, including but not limited to medical, sports medicine and allied health organizations, teachers, sports organizations, walking, cycling and play associations, should lead or partner with national and subnational campaigns and programmes on physical activity to raise awareness among their members and constituents.

12. Research funding agencies and researchers should partner to evaluate the effectiveness of different communication campaign strategies, aimed at different population groups, particularly those targeting the least active (as identified in each country) to increase the knowledge and evidence base on cost-effective approaches.

---

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

[1] This action is recommended by WHO as a "Best Buy" intervention for the prevention and control of noncommunicable disease (source: http://apps.who.int/iris/bitstream/10665/259232/1/WHO-NMH-NVI-17.9-eng.pdf).

CREATE ACTIVE SOCIETIES

ACTION 1.2

Conduct national and community-based campaigns to enhance awareness and understanding of, and appreciation for, the social, economic, and environmental co-benefits of physical activity, and particularly more walking, cycling and other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates), and thereby make a significant contribution to achievement of the 2030 Agenda for Sustainable Development (Sustainable Development Goals SDG2, SDG3, SDG4, SDG5, SDG9, SDG10, SDG11, SDG13, SDG15 and SDG16).

PROPOSED ACTIONS FOR MEMBER STATES

1. Conduct mass reach communication campaigns to increase knowledge of, and positive attitudes towards, the multiple co-benefits of physical activity, including but not limited to, the impact of increasing walking and cycling, and use of public transport on air quality and the environment, local economies, sustainable development, quality of life and well-being of societies.

2. Support and, where appropriate, partner with, national, regional and international campaigns on issues related to physical activity, such as Breathe Life (air quality),[1] Vision Zero (road safety),[2] Transport Delivers (sustainable transport),[3] and Trees for Cities.[4]

PROPOSED ACTIONS FOR WHO SECRETARIAT

3. Support Member States and other stakeholders, where appropriate, with national, regional and international campaigns on co-benefits of physical activity.

4. Develop and disseminate resources to promote awareness and understanding of the contribution of physical activity to achieving the 2030 Agenda and targets.

5. In consultation with UN agencies and the Secretariat of the United Nations Framework Convention on Climate Change, develop and disseminate resources to promote awareness and understanding of the value of increasing walking and cycling to economic and environmental sustainability.

PROPOSED ACTIONS FOR STAKEHOLDERS*

6. All stakeholders should lead and support national and subnational implementation of communications campaigns to promote awareness of the contribution that physical activity, and particularly walking, cycling and use of public transport, and the sports sector can contribute to social, economic, development and environmental sustainability agendas.

7. Researchers should develop and evaluate different communication methods and messages on the co-benefits of physical activity (e.g. cleaner air, safer roads, stronger local economies, improved educational outcomes) that are most effective at engaging policymakers, civil society and grassroots communities in different regions, countries and contexts.

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

[1] See: http://breathelife2030.org/
[2] See: http://visionzeronetwork.org/resources/
[3] See: http://www.slocat.net/transport-delivers-campaign
[4] See: https://treesforcities.org/

CREATE ACTIVE SOCIETIES

ACTION 1.3

Implement regular mass-participation initiatives in public spaces, engaging whole communities, to provide free access to enjoyable and affordable, socially and culturally appropriate experiences of physical activity.

PROPOSED ACTIONS FOR MEMBER STATES

1. Implement free, universally accessible, whole-of-community events that provide opportunities to be active in local public spaces and which aim to cultivate positive experiences and build competencies, particularly in the least active. Examples include temporary or permanent closure of the road network to motorized vehicles for use for walking, cycling and other recreational activities (such as Ciclovia,[1] or Street Play[2]); free activities in local parks, beaches and other public open spaces (e.g. ParkRun, community walks); mass participation in events in sports, traditional, culturally important activities (e.g. yoga, tai chi, dance, fun runs), as well as other innovative activities.
2. Develop and disseminate national guidance and examples on how to implement mass participation initiatives on physical activity in public open spaces for subnational authorities, NGOs, grassroots organizations and local communities.

PROPOSED ACTIONS FOR WHO SECRETARIAT

3. Partner with stakeholders to support the development of tools and resources to assist Member States implement mass participation initiatives in public open, green and blue spaces, and include the sharing of case studies and a menu of cost-effective options, suitable for adaptation in all regions.

PROPOSED ACTIONS FOR STAKEHOLDERS*

4. All stakeholders should engage and partner with civil society, grassroots community organizations, sports and recreation providers and other stakeholders to organize and or support free whole-of-community events promoting physical activity in public spaces in cities and local communities.
5. The private sector should partner and support community-led initiatives to promote physical activity in parks and other public open spaces, provided that the promotion of any brand or product is consistent with WHO recommendations on the restrictions of marketing of unhealthy foods and non-alcoholic beverages *(1)*.
6. Research and development agencies and academics should partner to conduct evaluations of mass participation events to assess impact, including economic impact.

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

[1] Ciclovia is a Spanish term that means "cycleway", either a permanent or the closing of certain streets to automobiles for cyclists and pedestrians.
[2] Street Play is an initiative that closes streets to traffic for short periods to enable children to play. See: http://www.playengland.org.uk/what-we-do/street-play/.

CREATE ACTIVE SOCIETIES

ACTION 1.4

Strengthen pre- and in-service training of professionals, within and outside the health sector, to increase knowledge and skills related to their roles and contributions in creating inclusive, equitable, opportunities for an active society including but not limited to, the transport, urban planning, education, tourism and recreation, sports and fitness sectors as well as in grassroots community groups and civil society organizations.

PROPOSED ACTIONS FOR MEMBER STATES

1. Strengthen the preservice and in-service curricula of all medical and allied health professionals to ensure effective integration of the health benefits of physical inactivity into the formal training on prevention and management of noncommunicable diseases, mental health, healthy ageing, child health and development, and wider promotion of community health and well-being.

2. Partner with the education sector to strengthen formal preservice and in-service training for preschool, primary and secondary school teaching staff and administrators to strengthen knowledge and teaching skills on the value of active play, physical education, adaptive physical activity, fundamental movement skills and physical literacy, and on how to include people with disabilities and the least active.

3. Partner to secure the inclusion of physical activity in the professional education of relevant sectors outside of health to understand the value of promoting physical activity, including, but not limited to, transport, urban planning, education, social care, tourism, recreation, and sports and fitness.

4. Partner with road safety experts to strengthen stakeholders' understanding of safe systems approaches to improving road safety for pedestrians, cyclists and public transport users, in alignment with The Decade of Road Safety.*(6)*

PROPOSED ACTIONS FOR WHO SECRETARIAT

5. Strengthen capacity and capabilities at all levels of WHO to provide technical assistance to Member States on physical activity and sedentary behaviour.

6. Strengthen the integration and joint programming efforts across WHO and other UN bodies (e.g. UN-Habitat, UNESCO, UNDP, UNECE, ILO) on the promotion of physical activity and reduction of sedentary behaviour and inclusion, where appropriate, in other policy and programme areas (such as, tobacco control, malnutrition, road safety, and transport and urban health, air quality, education, emergency health).

7. Support and promote the inclusion of physical activity in the formal training programmes of medical and other allied health professionals, and in the professional development and qualifications in other relevant sectors.

PROPOSED ACTIONS FOR STAKEHOLDERS*

8. All stakeholders should strengthen knowledge, capacity and skills in the promotion of physical activity and reduction of sedentary behaviour to their members and constituents by implementing training programmes and opportunities, such as conferences, webinars, seminars, workshops, online learning, newsletters, websites, factsheets, MOOCs,[a] podcasts etc.

9. Stakeholders should assess the needs of their members and partner to develop or adapt existing resources to support ongoing capacity building, leadership, and implementation of knowledge and approaches to promote physical activity and reduce sedentary behaviour within their respective fields of work.

10. All stakeholders – particularly those in education, training and curricular development – should identify and support mechanisms to facilitate sharing and adapting of existing teaching and learning resources for specific professional audiences, in particular, but not limited to, medical and health professionals, urban and transport, early child-care providers, teachers, sports sectors, particularly to those countries and contexts with fewer resources.

11. All stakeholders should promote awareness and use of existing resources, as appropriate, on universal and inclusive practice in the promotion of physical activity, sports and active recreation (e.g. resources available from UNESCO, UNICEF, IFAPA, ICSSPE, TAFISA, Agitos Foundation, Special Olympics, IOC, and others).

---

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

[a] MOOCs (Massive Open Online Courses) are freely accessible and open-licensed short courses, delivered to large cohorts of learners fully online.
Abbreviations: **ICSSPE:** International Council of Sport Science and Physical Education; **IFAPA:** International Federation for Adapted Physical Activity; **ILO:** International Labour Organization; **IOC:** International Olympic Committee; **TAFISA:** The Association For International Sport for All; **UNDP:** United Nations Development Programme; **UNECE:** United Nations Economic Commission for Europe; **UNESCO:** United Nations Educational, Scientific and Cultural Organisation; **UNICEF:** United Nations Children's Fund.

CREATE ACTIVE ENVIRONMENTS

ACTION 2.1

Strengthen the integration of urban and transport planning policies that prioritize the principles of compact, mixed land use, at all levels of government as appropriate, to deliver highly connected neighbourhoods that enable and promote walking, cycling, other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, peri-urban and rural communities.

PROPOSED ACTIONS FOR MEMBER STATES

1. All levels of government should, as appropriate, prioritize walking, cycling and public transport as preferred modes of travel in relevant transport, spatial and urban planning policies, especially those related to urban centres.

2. Support implementation of comprehensive health and economic assessments of transport and urban planning policies and interventions to assess their impact on health and physical activity as well their environmental impacts (such as air and noise pollution, carbon emissions) to inform decisions, which are consistent with a health in all policies approach. Use of the WHO HEAT tool (2) is recommended to support economic assessment of investment in walking and cycling networks and new infrastructure.

3. Support the development and implementation of planning and transport policy, guidelines and regulations that redistribute, as appropriate, urban space from private motorized transport to support increased walking, cycling and use of public transport, as well as provision of public open and green spaces, including regulations to limit car parking options for singular occupancy private vehicles.

4. Strengthen and support implementation of health in all policies at the national and subnational level, with a focus on inclusion of issues related to physical activity in relevant policies across key sectors such as planning, transport, social housing, education and sports.

5. Support the effective engagement of communities in direct participation in urban and transport planning processes, consistent with commitments made in the Shanghai Declaration (2016), the principles of Healthy Cities *(3)* and SDG11 (Target 11.3.2).

PROPOSED ACTIONS FOR WHO SECRETARIAT

6. Promote the use and further development of the WHO HEAT *(2)*, particularly in contexts outside of the European Region to enable assessment of the full range of health, environment and climate benefits that can be achieved from sustainable transport and urban design policies.

7. Promote and share existing and new resources and guidelines on integrated transport, planning policy and guidance which aims to deliver compact walkable city design and transport systems that aim to increase walking and cycling.

PROPOSED ACTIONS FOR STAKEHOLDERS*

8. Funders should commission research to evaluate national, subnational, city and local scale transport and urban planning interventions that promote compact urban design and aim to increase walking and cycling to strengthen the evidence base and knowledge of best practice.

9. City leaders and other stakeholders should integrate the promotion of walking, cycling and public transport into relevant planning and transport policy and their economic and development modelling and business cases, particularly in high growth urban centres in LMICs.

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

11. International and regional development banks and other agencies should prioritize investments that ensure adequate provision and preservation (where appropriate) of safe connected walking and cycling networks in urban and peri-urban development.

12. Academic institutes and civil and professional societies should develop and support annual training for urban planners and civil engineers on the latest approaches to improved road transport systems to support provision of safe well-connected walking and cycling networks, infrastructure and end of trip facilities.

13. Stakeholders should support and promote the use of health in all policies approaches and the sharing of best practice to promote integrated policy approaches on urban design and physical activity for health.

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

CREATE ACTIVE ENVIRONMENTS

ACTION 2.2

Improve the level of service provided by walking and cycling network infrastructure, to enable and promote walking, cycling, other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, peri-urban and rural communities, with due regard for the principles of safe, universal and equitable access by people of all ages and abilities, and in alignment with other commitments *(4, 5)*.

PROPOSED ACTIONS FOR MEMBER STATES

1. All levels of government should, as appropriate, increase the level of service of well-connected walking and cycling networks to support walking, cycling and safe universal access to destinations and services, particularly around educational facilities, public open space, and green and blue spaces,[1] sports and leisure facilities and public transport hubs. Where possible, these should be dedicated networks, such as pedestrianized areas and cycle paths separated from motor traffic.

2. Promote and implement integrated urban design and land-use policies at all levels of government, that prioritize the principles of compact, mixed-land use to create highly connected, walkable neighbourhoods, with equitable and inclusive public space, as well as pedestrian access to a diversity of local amenities for daily living (for example, local shops, services, green areas, and educational facilities).

3. Develop policies to support schools, workplaces and other public and private destinations to "co-locate" (namely the location and integration of facilities with others to enable efficient access by walking, cycling and public transport, such as locating parks near schools, residential care homes near parks etc.).

PROPOSED ACTIONS FOR WHO SECRETARIAT

4. Promote and support implementation of policies and programmes that encourage and facilitate 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.

5. Partner and facilitate the development and dissemination of relevant assessment tools of urban and transport planning and other design interventions which aim to strengthen pedestrian and bicycle infrastructure and facilities.

6. Promote existing and new resources, guidelines and case studies, on compact walkable city design and transport systems that aim to increase walking and cycling, particularly at city and community scale and appropriate for LMICs.

PROPOSED ACTIONS FOR STAKEHOLDERS*

7. Stakeholders at national and international levels should build on existing partnerships, and where needed create new ones, between health, transport and other organizations that share the objectives of improving conditions for walking and cycling and use of public transport.

8. International and regional development banks and other agencies should prioritize, as appropriate, investments that ensure adequate provision and preservation of improved road transport systems to support provision of safe well connected walking and cycling networks, infrastructure and end of trip facilities.

---

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

[1] "Blue space" refers to space near rivers, lakes and oceans.

CREATE ACTIVE ENVIRONMENTS

ACTION 2.3

Accelerate implementation of policy actions to improve road safety and the personal safety of pedestrians, cyclists, people engaged in other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and public transport passengers, with priority given to actions that reduce risk for the most vulnerable road users in accordance with the safe systems approach to road safety, and in alignment with other commitments *(6–10)*.

PROPOSED ACTIONS FOR MEMBER STATES

1. Support the strengthening, where appropriate, of national road safety legislation and action plans, consistent with the Decade of Action on Road Safety[1] and the global road safety targets 1 and 2.[2]

2. Collaborate and support the strengthening, as appropriate, of road transport systems in accordance with principles of safe systems[3] as recommended in the Decade of Action on Road Safety to enable achievement of global road safety targets, specifically targets 3, 4, 6, 9 and 10.[4]

3. Support the implementation and strengthening of the enforcement of traffic speed restrictions (e.g. 30 km/hr in all residential neighbourhoods and 50 km/hr on urban roads), as well as other traffic calming interventions and demand management strategies, with a priority focus on travel routes around education facilities.

4. Partner and implement effective sustained education and social marketing campaigns aimed at increasing safe behaviours among all road users, notably driver behaviour to reduce speed, and reduce the use of mobile devices and consistent with Vision Zero.[5]

5. Encourage urban planning policies, building design, and crime prevention and enforcement strategies that reduce crime and the fear of crime, to facilitate increased active use of open public and private spaces.

PROPOSED ACTIONS FOR WHO SECRETARIAT

6. Support the development of guidance and technical support for Member States to implement actions to improve the safety of pedestrians and cyclists and the creation of road transport systems where cycling and walking are actively encouraged.

7. Partner with other UN agencies and international stakeholders to raise awareness of the global Decade of Action Road Safety targets, support the development of relevant monitoring indicators and reinforce the links and importance of providing safe walking and cycling environments for all people of all ages and abilities.

PROPOSED ACTIONS FOR STAKEHOLDERS*

8. International and regional development banks and other agencies should prioritize investments that ensure adequate integration of road safety and accessibility into transport infrastructure investment criteria.

9. Stakeholders and community leaders should mobilize local communities to engage in discussion and advocacy for involvement in transport and urban planning processes at national, city and local levels, and to promote the design of compact walkable communities.

10. All stakeholders should partner to promote, implement and evaluate education and social marketing campaigns aimed at increasing safe behaviours among all road users, notably driver behaviour to reduced speed, and use of mobile devices and consistent with Vision Zero.[5]

---

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

[1] See World Health Assembly resolution WHA69.7: http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R7-en.pdf?ua=1.
[2] **Target 1:** By 2020, all countries establish a comprehensive multisectoral national road safety action plan with time-bound targets; **Target 2:** By 2030, all countries accede to one or more of the core road safety-related UN legal instruments. For further information see: http://www.who.int/violence_ injury_prevention/road_traffic/road-safety-targets/en/.
[3] Principle of safe system is developed based on the Dutch Sustainable Safety Vision to achieve sustainably safe road traffic. See: https://roadsafety.piarc.org/en/road-safety-management-safe-system-approach/safe-system-principles.
[4] **Target 3:** By 2030, all new roads achieve technical standards for all road users that take into account road safety, or meet a three star rating or better; **Target 4:** By 2030, more than 75% of travel on existing roads is on roads that meet technical standards for all road users that take into account road safety; **Target 6:** By 2030, halve the proportion of vehicles travelling over the posted speed limit and achieve a reduction in speed-related injuries and fatalities; **Target 9:** By 2030, halve the number of road traffic injuries and fatalities related to drivers using alcohol, and/or achieve a reduction in those related to other psychoactive substances; **Target 10:** By 2030, all countries have national laws to restrict or prohibit the use of mobile phones while driving. For further information see: http://www.who.int/violence_ injury_prevention/road_traffic/road-safety-targets/en/.
[5] Vision Zero is a systems approach to road safety that originated in Sweden. See: https://visionzeronetwork.org/about/what-is-vision-zero/ and http://www.visionzeroinitiative.com.

CREATE ACTIVE ENVIRONMENTS

ACTION 2.4

Strengthen access to good-quality public and green open spaces, green networks, recreational spaces (including river and coastal areas) and sports amenities by all people, of all ages, and of diverse abilities in urban, peri-urban and rural communities, ensuring design is consistent with these principles of safe, universal, age-friendly and equitable access with a priority being to reduce inequalities.

PROPOSED ACTIONS FOR MEMBER STATES

1. Promote and enforce urban planning, land use and spatial policy at all levels of government, as appropriate, that requires the provision of a connected network of green infrastructure that enables equitable access to quality, safe public space, blue space[1] and green open spaces, natural spaces, recreational areas and sports facilities.
2. Implement comprehensive health and economic assessments of public and green open spaces and natural spaces to evaluate the full range of health, climate and environmental benefits of urban ecosystems, including their impact on physical activity participation.
3. Facilitate the active engagement of community members in the location, design and improvement of public, green, natural, open and recreational spaces, including for example in urban gardening/agriculture projects, initiatives to enhance biodiversity, and the development of "open streets" programmes.
4. Encourage and strengthen the policy of shared use of school facilities, as appropriate, to increase the provision of playing fields and other open public spaces for utilization by the community.
5. Strengthen the implementation of market restrictions on unhealthy food and non-alcoholic beverages in and around parks, other open public spaces, schools and sports facilities to reduce exposure to the marketing of foods high in fat, salt and sugar, consistent with previous commitments[2] and recommendations of the Commission on Ending Childhood Obesity.[3]

PROPOSED ACTIONS FOR WHO SECRETARIAT

6. Partner to develop and support dissemination of existing resources and case study examples of interventions that aim to strengthen and ensure equitable access to quality, safe public and green open spaces, recreational areas and sports facilities.

PROPOSED ACTIONS FOR STAKEHOLDERS*

7. 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.
8. Stakeholders should form partnerships and coalitions to advocate for improved access to quality open spaces.

---

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities

[1] "Blue space" refers to space near rivers, lakes and oceans.
[2] See World Health Assembly resolution WHA63.14, endorsed 21 May 2010: "Marketing of food and non-alcoholic beverages to children" (http://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-en.pdf).
[3] Welcomed on 31 May 2017 at the Seventieth session of World Health Assembly Agenda item 15.5. Implementation Plan for the Report of the Commission on Ending Childhood Obesity (https://ncdalliance.org/sites/default/files/resource_files/201705_Joint%20Statement_WHA_Agenda%20Item%2015.5%20ECHO.pdf).

CREATE ACTIVE ENVIRONMENTS

ACTION 2.5

Strengthen the policy, regulatory and design guidelines and frameworks at the national and subnational levels, as appropriate, to promote public amenities, schools, health-care, sports and recreation facilities, workplaces and social housing, that are designed to enable occupants and visitors with diverse abilities to be physically active in and around the buildings, and prioritize universal access by pedestrians, cyclists and public transport.

PROPOSED ACTIONS FOR MEMBER STATES

1. Collaborate and support the development and implementation of design guidelines and regulations for buildings that prioritize equitable, safe, and universal access by all people, of all ages and abilities; and encourage occupants and visitors to be physically active and to reduce sitting – 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, including end of trip facilities.
2. 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.
3. Develop and implement design guidelines for recreational and sports facilities that optimize location to ensure equitable, safe and universal access by all people, of all ages and abilities, and access by walking and cycling with provision of appropriate end of trip facilities.

PROPOSED ACTIONS FOR WHO SECRETARIAT

4. In partnership with other UN agencies and stakeholders, support the development and dissemination of building design guidelines that aim to encourage occupants and visitors to be physically active and reduce sedentary behaviour.
5. Promote and share existing resources on building designs that promote physical activity to support Member States and build capacity.

PROPOSED ACTIONS FOR STAKEHOLDERS*

6. Industry, Guilds, Labour, Unions, Occupational Health and Safety and other related organizations should develop and implement guidance to support employers create healthy workplaces that support physical activity and reduced extended periods of sedentary behaviour during the working day, and encourage active lifestyles of their employees and families.
7. Child health regulatory bodies and other stakeholders interested in child health and child-care settings should collaborate to develop design guidelines for child-care settings that enable opportunities for physical activity and reduced sedentary behaviour throughout the day.
8. Foster public–private partnerships and networks to maximize the contributions and capabilities of different sectors, and share success stories and examples of best practice of interventions across all key settings.

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities

CREATE ACTIVE PEOPLE

ACTION 3.1

Strengthen provision of good-quality physical education and more positive experiences and opportunities for active recreation, sports and play for girls and boys, applying the principles of the whole-of-school approach in all pre-primary, primary, secondary and tertiary educational institutions, to establish and reinforce lifelong health and physical literacy, and promote the enjoyment of, and participation in, physical activity, according to capacity and ability.

PROPOSED ACTIONS FOR MEMBER STATES

1. Strengthen national education policy, implementation and monitoring to ensure provision of quality, inclusive physical education in primary and secondary school-aged boys and girls, in accordance with commitments made to implement the Kazan Action Plan *(11)*.

2. Strengthen national implementation of whole-of-school programmes in all preprimary, primary, secondary education institutions, guided by the principles of WHO "Health Promoting Schools" *(12)* or similar initiatives.

3. Promote walk and cycle to school programmes which include actions to improve access by walking, cycling and public transport, and strengthen the promotion of walking; cycle training; and teaching road safety skills to children of all ages and abilities.

4. Develop and disseminate guidance for childcare regulators and providers on how to promote physical activity and reduce sedentary behaviour in childcare settings through the day, including guidance on facility design, equipment and use of outdoor space which is in alignment with recommendations of the Commission on Ending Childhood Obesity.*(13)*

5. Collaborate with higher education sector and institutions to develop leadership and engagement in strengthening the provision of opportunities for students, staff and visitors to increase physical activity and reduce sedentary behaviour, including by promoting and prioritizing access to campuses by walking, cycling and public transport.

PROPOSED ACTIONS FOR WHO SECRETARIAT

6. Promote and support Member States to implement walk and cycle to school programmes which include actions to improve access by walking, cycling and public transport, strengthen the promotion of walking; cycle training; and teaching road safety skills to children of all ages and abilities.

7. Support Member States to strengthen the national implementation of whole-of-school approaches to promoting physical activity, including walk and cycle to school programmes, and share experiences in collaboration and alignment with other WHO school-based initiatives.

8. Engage with high level leaders and decision makers to promote the importance of quality physical education, regular active recreation and play, and reduction in sedentary behaviour for all children (aged 0–17 years) in alignment with the Commission on Ending Childhood Obesity *(13)*.

9. Partner with UNESCO, other UN agencies and stakeholders to support implementation and evaluation of progress on the provision of quality physical education, sports and physical activity as outlined in the Kazan Action Plan *(11)*.

PROPOSED ACTIONS FOR STAKEHOLDERS*

10. Stakeholders should partner and support the strengthening of implementation and evaluation of effective evidence-based quality physical education and whole-of-school approaches to promote physical activity and reduce sedentary behaviour in school-aged children, particularly targeting the least active and those in LMICs.

11. Higher education institutions should strengthen implementation of initiatives such as WHO's "Health Promoting Universities" *(14)* or similar, to demonstrate a whole-of-campus approaches to the promotion of physical activity and reduction of sedentary behaviour to all students, staff and visitors.

12. Stakeholders should partner and support initiatives that increase the opportunities for physical activity before and after school hours, for children of all abilities, ensuring that partnerships with the private sector are informed by WHO recommendations on the restrictions of marketing of unhealthy foods and non-alcoholic beverages *(1)* and recommendations of the Commission on Ending Childhood Obesity *(13)*.

13. Academia and research institutions should conduct research and evaluation on the policy, implementation and impact of physical education and whole-of-school approaches to strengthen the evidence base and share best practice.

14. All stakeholders should conduct evidence-based advocacy to strengthen parental and community-wide understanding of the importance of daily physical activity, physical education and the reduction of sedentary behaviour in children, particularly in low-resource countries and contexts.

15. Child-care services, pediatricians, public health nurses and other relevant stakeholders should advocate for and support strenghtening of opportunities for physical activity in early years settings (such as preschool and child-care) in alignment with recommendations of the Commission on Ending Childhood Obesity *(13)*.

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

CREATE ACTIVE PEOPLE

ACTION 3.2

Implement and strengthen systems of patient assessment and counselling on increasing physical activity and reducing sedentary behaviour, by appropriately trained health, community and social care providers, as appropriate, in primary and secondary health care and social services, as part of universal health care, ensuring community and patient involvement and coordinated links with community resources, where appropriate.[1]

PROPOSED ACTIONS FOR MEMBER STATES

1. Develop and implement national standardized protocols on patient assessment and brief advice on physical activity in primary health and social care settings, adapted to local context and culture and resource constraints, and, where appropriate, include systems of referral to counselling and/or community-based opportunities for physical activity.

2. Integrate patient assessment, brief advice and, when needed, referral to opportunities for appropriate supervised support for physical activity as part of treatment and rehabilitation pathways for patients diagnosed with long term conditions e.g. heart disease, stroke, diabetes, cancer, disabilities and mental health conditions, as well as into the care and services for pregnant women and older patients.

PROPOSED ACTIONS FOR WHO SECRETARIAT

3. Support the development and dissemination of global guidance, relevant tools and national examples of how to integrate the promotion of physical activity to different patient populations in primary and secondary health care and social and community-based health services. Promotion should include recommendations on physical activity as part of disease prevention and health promotion services within universal health coverage (UHC).

4. Collaborate to expand the testing and application of innovative technologies (such as wearable devices), including ITU/WHO mHealth *(15, 16)* initiatives to identify cost-effective approaches suitable for primary and secondary health-care settings, and adaptable to country contexts, to help strengthen the counselling and assessment of physical activity and sedentary behaviour in different patient populations.

PROPOSED ACTIONS FOR STAKEHOLDERS*

5. Professional societies in the medical, sports medicine, and allied health community should promote the importance of physical activity and reduction of sedentary behaviour to their members to strengthen knowledge and engagement in the implementation of national action to increase levels of participation.

6. Medical and other health professional societies and other stakeholders should support the development and dissemination of resources and best practice guidance on the promotion of physical activity through primary and secondary health care and social services, adapted to different contexts and cultures and health-care providers.

7. Stakeholders in the government and private recreation, sports and leisure sector should assess potential, and where appropriate, develop partnerships with health-care providers to support the provision of appropriate physical activity opportunities and programmes for different patient populations.

8. Medical and other health professional societies and interested stakeholders should support the development and delivery of appropriate in-service training programmes on how to assess and counsel patients on physical activity, particularly focusing on LMICs and the least active patients.

9. Research and development agencies and technology companies should develop and test cost-effective approaches using mobile and wearable devices to promote physical activity within primary and secondary health care and social services (e.g. mHealth programmes).

---

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities

[1] This action is recommended by WHO as a "Good Buy " intervention for the prevention and control of noncommunicable disease (http://apps.who.int/iris/bitstream/10665/259232/1/WHO-NMH-NVI-17.9-eng.pdf).

CREATE ACTIVE PEOPLE

ACTION 3.3

Enhance provision of, and opportunities for, more physical activity programmes and promotion in parks and other natural environments (such as beaches, rivers and foreshores) as well as in private and public workplaces, community centres, recreation and sports facilities, and faith-based centres, to support participation in physical activity, by all people of diverse abilities.

PROPOSED ACTIONS FOR MEMBER STATES

1. Provide national leadership by implementing whole-of-government workplace health initiatives to support employees increase physical activity and reduce sedentary behaviour, particularly through increasing incidental physical activity during the work day.

2. Develop and disseminate national guidance, and promote implementation of workplace health programmes aimed at increasing physical activity, reducing sedentary behaviour and promoting incidental physical activity during the work day for employees, in different occupations and settings, with a priority focus on the least active, as identified by each country.

3. Partner with ministries of sport and the sports community to strengthen provision of universally accessible active recreation and sports programmes that are culturally appropriate and for people of all ages and abilities (e.g Sports for All, modified sports, and the promotion of traditional sports).

4. Partner with subnational and local governments, as appropriate, to promote and enable the use of existing public community buildings and facilities for community-based and community-led physical activity programmes.

5. In partnership with education, health and child-care sectors, implement programmes aimed at families, parents and caregivers to develop the necessary skills to help young children enjoy active play and explore within the family environment.

6. Partner with ministries of finance to review and evaluate the effectiveness of fiscal instruments to promote physical activity as a way of life (e.g. tax-free salary sacrifice schemes for bicycles, reduced tax on sporting goods, subsidies for extracurricular physical activity programmes etc.).

PROPOSED ACTIONS FOR WHO SECRETARIAT

7. Support and collaborate with UN agencies and other intergovernmental and international organizations to demonstrate leadership by adopting and implementing healthy workplace programmes, which include the promotion of physical activity and reduction of sedentary behaviour to employees, building on WHO HQ and Regional Office initiatives such as “Step Up”, “Walk the Talk”, and “Be The Change”.

8. Facilitate the establishment of mechanisms to enable sharing of effective country experiences and case studies of effective programmes across different settings in order to accelerate implementation and build country capacity, particularly in LMICs and those programmes aimed at the least active populations.

9. Partner with the sports sector, including international federations of sports, international and national Olympic committees, and other sports programme providers, to facilitate the development and dissemination of guidance and case studies on the promotion of physical activity through community sports, active recreation and Sports for All approaches, with a focus on reaching the least active populations, as identified by each country, and in LMICs.

PROPOSED ACTIONS FOR STAKEHOLDERS*

10. Employers in both public and private sector should implement workplace programmes that promote physical activity and a reduction in sedentary behaviour and increase incidental activity through the work day, adapted to culture and context.

11. Research funding organizations, academic and research institutes and other stakeholders should conduct further research on the effectiveness and return on investment of workplace health programmes aimed at promoting physical activity and reduction of sedentary behaviour to strengthen the evidence base and inform advocacy.

12. Research funding organizations, academic and research institutes and other stakeholders should support and encourage the testing of innovative approaches to increasing physical activity and reducing sedentary behaviour, including the testing of digital and other new approaches, in different subpopulations and across different key settings and cultures, particularly in LMICs.

13. Stakeholders should partner with government to develop the evidence base on the effectiveness of fiscal instruments to promote physical activity (e.g. tax-free salary sacrifice schemes for bicycles, activity tax credits, reduced tax on sporting goods, subsidies for extracurricular physical activity programmes etc.).

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

CREATE ACTIVE PEOPLE

ACTION 3.4

Enhance the provision of, and opportunities for, appropriately tailored programmes and services aimed at increasing physical activity and reducing sedentary behaviour in older adults, according to ability, in key settings such as local and community venues, health, social and long-term care settings, assisted living facilities and family environments, to support healthy ageing.

PROPOSED ACTIONS FOR MEMBER STATES

1. Strengthen implementation of national standardized protocols for the assessment of the physical activity capacity of older adults and the provision of brief advice in primary and secondary health-care settings, consistent with other commitments and recommendations.[1]

2. Develop and implement national policy to strengthen the provision of accessible, affordable and appropriately tailored programmes, aimed at increasing physical activity and reducing sedentary behaviour in older adults, including a focus on maintaining balance and muscular strength to support healthy ageing and independent living, using assessments of an individual's capacity, and providing individual or group-based programmes according to need and preference.

3. Develop and implement interventions that support families and caregivers to acquire the necessary skills, competencies and confidence to support healthy ageing in and outside of home settings.

PROPOSED ACTIONS FOR WHO SECRETARIAT

4. Support the collation and promotion of resources tailored to older adults and examples of good practice to accelerate implementation and develop country capacity, particularly in LMICs.

PROPOSED ACTIONS FOR STAKEHOLDERS*

5. Health, NGO and private sector recreation, sports and leisure providers should review current policy and services, and, where needed, strengthen to ensure they provide accessible, affordable and tailored programmes on physical activity, appropriate for older adults which are based on their needs and preferences.

6. Stakeholders should partner to promote and provide programmes that engage children and grandparents in culturally-appropriate physical activity in appropriate settings and according to abilities (e.g. Intergenerational Games).[2]

7. The care community should promote the importance of physical activity (including strength and balance activities) as part of healthy ageing and should provide caregivers with appropriate training to deliver programmes within residential aged care that promote physical activity and reduce sedentary behaviour, adapted to culture and context.

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

[1] This action is in line with the existing WHO guidelines on "integrated care for older people"; WHO "Best Buy" interventions for the prevention and control of noncommunicable disease; WHO HEARTS technical package for cardiovascular diseases management in primary health care. Physical activity for patients with hypertension.

[2] Intergenerational games are an innovative approach to promote physical activity and other healthy lifestyle through fun and fitness activities. The games foster intergenerational relationships within the family, especially between older adults and children.

CREATE ACTIVE PEOPLE

ACTION 3.5

Strengthen the development and implementation of programmes and services across various community settings, that engage with, and increase the opportunities for, physical activity in the least active groups, as identified by each country, such as girls, women, older adults, rural and indigenous communities, and vulnerable or marginalized populations, embracing positive contributions by all people.

PROPOSED ACTIONS FOR MEMBER STATES

1. Ensure that disaggregated national and subnational data are reported and used to identify the least active subpopulations, as well as to engage their representatives in the development of tailored programmes that aim to increase participation.
2. Support the development and implementation of programmes using a community-led approach to promoting physical activity in disadvantaged, marginalized, stigmatized, and indigenous communities and populations, including people with mental and/or physical disabilities.
3. Partner and support the development of national sports policies that prioritize investment in active recreation and sports programmes which target the least active, disadvantaged, marginalized, stigmatized, and indigenous communities and populations, including people with mental and/or physical disabilities.
4. Support partnerships with the sports sector to remove barriers and strengthen the provision of universal access to opportunities for physical activity, active recreation and sports for people with disabilities and their carers (e.g. the Companion Card initiative[1]).

PROPOSED ACTIONS FOR WHO SECRETARIAT

5. Collaborate with UN agencies and WHO Member States to strengthen the provision of physical activity opportunities to vulnerable populations, such as refugees, internally-displaced persons, and those living in identified fragile communities.
6. Promote and facilitate partnerships aimed at the development and testing of cost-effective programmes targeting the least active, including the most vulnerable, marginalized and stigmatized populations (as defined by each country), and the sharing of knowledge and experiences.

PROPOSED ACTIONS FOR STAKEHOLDERS*

7. Research development agencies and researchers should support and conduct research to identify barriers facing those communities identified as least active, to inform the development and implementation of programmes and approaches, to increase participation in physical activity in these subpopulations, including conducting equity analyses of current sports and other related policies, particularly in LMICs.

8. Research and development agencies and technology companies should develop and test the potential of digital technologies and other innovative approaches, to promote physical activity within the least active populations, as identified by each country.

9. Stakeholders should partner and support UN agencies, such as the UNHCR,[a] in the design, development and evaluation of programmes to promote physical activity to marginalized, vulnerable and displaced people, in order to strengthen the evidence base on impact.

10. All stakeholders should support the collation and promotion of resources tailored to the least active, including examples of good practice to accelerate implementation and develop country capacity.

11. City and community leaders, civil society and grassroots organizations should assist and engage in community-led approaches to promoting physical activity.

---

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

[1] See: http://www.companioncard.org.au/
[a] UNHCR: United Nations High Commissioner for Refugees.

CREATE ACTIVE PEOPLE

ACTION 3.6

Implement whole-of-community initiatives, at the city, town or community levels, that stimulate engagement by all stakeholders and optimize a combination of policy approaches, across different settings, to promote increased participation in physical activity and reduced sedentary behaviour by people of all ages and diverse abilities, focusing on grassroots community engagement, co-development and ownership.

PROPOSED ACTIONS FOR MEMBER STATES

1. Strengthen or establish national and/or subnational (municipality or local authority) networks of cities and communities implementing whole-of-community approaches to promote physical activity and share guidelines, resources and experiences (e.g. WHO Healthy Cities,[1] Active Cities[2], Partnerships for Healthy Cities[3]).
2. Promote implementation of city scale and whole-of community, multicomponent approaches to promoting adequate physical activity aimed at all ages and abilities, using the principles of community engagement. Such approaches should include, but not be limited to, public and professional communication campaigns, community programmes across multiple settings (e.g. schools, health-care, sports facilities, parks), and enhancement of the local urban environment to improve the safety, access and provision of spaces, places and facilities (including walking and cycling networks and end-of-trip facilities).
3. Disseminate implementation guidelines and incentives to encourage whole-of-community initiatives at subnational level.

PROPOSED ACTIONS FOR WHO SECRETARIAT

4. Disseminate global guidelines on the design, implementation and evaluation of city scale and whole-of community approaches to promoting physical activity, to support Member States and share best practice between countries and regions.
5. Promote the engagement and leadership from city and community leaders in implementing whole of community interventions.

PROPOSED ACTIONS FOR STAKEHOLDERS*

6. City and local government governors and mayors, local community leaders, civil society and grassroots organizations should partner to lead the implementation of city scale and whole-of-community approaches to promoting physical activity, health and well-being, including supporting the sharing of experiences and creation of national/regional networks to build capacity.
7. Academic and other stakeholders should partner with cities and local governments to support the evaluation of whole-of-community approaches to increasing physical activity to strengthen the evidence base on the effective components and the implementation process.

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

[1] See: http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/activities/healthy-cities
[2] See: http://www.tafisa.org/active-cities
[3] https://partnershipforhealthycities.bloomberg.org/

CREATE ACTIVE SYSTEMS

ACTION 4.1

Strengthen policy frameworks, leadership and governance systems, at the national and subnational levels, to support implementation of actions aimed at increasing physical activity and reducing sedentary behaviour, including: multisectoral engagement and coordination mechanisms; policy coherence across sectors; guidelines; recommendations and action plans on physical activity and sedentary behaviour for all ages; and progress monitoring and evaluation to strengthen accountability.

PROPOSED ACTIONS FOR MEMBER STATES

1. Initiate or strengthen, as appropriate, a high-level national multisectoral coordination committee to provide leadership, strategic planning and oversight of implementation and monitoring of national policy actions on physical activity and sedentary behaviour, ensuring appropriate representation from all relevant areas and levels of government, as well as nongovernmental stakeholders and the community.

2. Strengthen current, and where necessary develop new, national and subnational action plans on physical activity and sedentary behaviour which align with recommendations in global and regional guidance, and maximize policy coherence and synergies with relevant priorities across key sectors including, but not limited to, transport, urban planning, health, social care, education, tourism, and sports and recreation.

3. Partner with other sectors to review and, where needed, strengthen the position of physical activity within respective policy frameworks, including but not limited to community and grass roots sports within sports policy, walking and cycling within transport policy, physical education within education policy, and physical activity within integrated NCD and mental health policies.

4. Review and, where needed, adopt or update national physical activity and sedentary behaviour guidelines for all ages, and disseminate through tailored resources adapted to target audiences, settings and local context.

5. Identify and foster leadership and "champions of change" (or similar) to promote policy action on physical activity, and stimulate a professional and community-wide shift towards positively valuing creating an active society.

PROPOSED ACTIONS FOR WHO SECRETARIAT

6. Disseminate global recommendations for physical activity and sedentary behaviour for children aged < 5 years, young people (aged 6–18 years), adults (aged 18–64 years), older adults (aged ≥ 65 years) and specific subpopulations such as pregnant women, people with chronic conditions and people living with disabilities.

7. Support the development and dissemination of guidance on the provision of inclusive and diverse age-appropriate play, exploration and physical activity, and the limiting of sedentary behaviour in settings relating to children aged < 5 years and young people, in accordance with recommendation from ECHO *(13)*.

8. Provide global guidance and technical support, as requested, to assist Member States in strengthening national governance and multisectoral coordination, and updating of national policy and action plans on physical activity and sedentary behaviour.

9. Facilitate partnerships with the sports sector to support the development and dissemination of guidance for Member States on how to strengthen the provision of Sports for All, community sports and active recreation, for all ages and abilities, with a particular focus on reducing inequalities and targeting the least active, as identified by each country.

10. Develop and disseminate a monitoring and evaluation framework for global and national assessment and reporting of progress towards achieving the action plan's targets of reducing physical inactivity by 2025 and 2030.

PROPOSED ACTIONS FOR STAKEHOLDERS*

11. All stakeholders should identify leaders or "champions" within their organizations to provide representation, support, advocacy, and, where appropriate, resource mobilization, for national and subnational implementation of actions to promote physical activity and reduce sedentary behaviour.

12. Stakeholders should develop and strengthen, as appropriate, national and or subnational multisectoral partnerships to support policy implementation at the community level, prioritizing investments to reduce inequalities.

13. Stakeholders should support national and subnational monitoring of national policy implementation, using recommended tools such as WHO PAT *(17)* and NCD MaP *(18)*, or similar; and where appropriate, undertake independent validation and reporting to strengthen systems of accountability.

14. Stakeholders should provide leadership for national action through early adoption and demonstration of policy implementation and policy promotion to increase physical and reduce sedentary behaviours.

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

CREATE ACTIVE SYSTEMS

ACTION 4.2

Enhance data systems and capabilities at the national and, where appropriate, subnational level, to support: regular population surveillance of physical activity and sedentary behaviour, across all ages and multiple domains; development and testing of new digital technologies to strengthen surveillance systems; development of monitoring systems of wider sociocultural and environmental determinants of physical activity; and regular multisectoral monitoring and reporting on policy implementation to ensure accountability and inform policy and practice.

PROPOSED ACTIONS FOR MEMBER STATES

1. Strengthen population surveillance of physical activity ensuring coverage of all ages and domains of physical activity (including walking and cycling for transport) and the regular reporting of progress towards achieving targets set for reducing physical inactivity by 2025 and 2030.

2. Strengthen the analyses and dissemination of disaggregated data to inform priority setting in the national action plan and to support the monitoring of progress towards reducing inequalities in participation in physical activity, including but not limited to, by age, sex, and socioeconomic status, geographic locations and domain of physical activity.

3. Adopt a set of harmonized national and subnational targets and indicators as part of developing a national monitoring and evaluation framework based on recommendations provided in the global action plan on physical activity monitoring and evaluation framework (due for completion in 2018), to track progress towards targets set for reducing physical inactivity by 2025 and 2030.

4. Support and engage in partnerships to develop and test innovative and new digital technologies (including wearable devices) to strengthen surveillance of physical activity and sedentary behaviour, and their determinants, across all ages and abilities, with a focus on feasible and affordable solutions, particularly in LMICs.

PROPOSED ACTIONS FOR WHO SECRETARIAT

5. Strengthen capacity and skills within WHO Member States in population surveillance on physical activity and sedentary behaviour, and their wider determinants, in all age groups, and their wider determinants, through providing, training, guidance, resources and technical assistance, when requested.

6. Provide global leadership on population monitoring of physical inactivity, and ensure the latest scientific evidence, methods and technologies are harnessed to inform global guidance, surveillance tools and protocols, for different subpopulations, including methods for data harmonization and use of wearable devices in all ages.

7. Partner and support the development of new guidance and protocols on the monitoring of physical activity and sedentary behaviours in children aged < 5 years and 6–10 years, and adults aged ≥ 65 years.

8. Support Member States to develop a national monitoring and evaluation framework for their national action plans on physical activity, to enable tracking of progress and inform priorities and planning of national and subnational programmes.

9. Provide ongoing global reporting of progress towards targets set for 2025 and 2030 through actions such as: producing a global status report; updating and reporting of global comparable estimates on prevalence of physical inactivity as proposed in 2021, 2026, and 2031; collating and integrating data to monitor the social and environmental determinants (such as green space, air quality, pedestrians and cyclists fatalities) using available national and international sources; and collecting and reporting of country progress on policy implementation from relevant survey sources (such as the WHO NCD Country Capacity Survey [CCS], NCD STEPWise surveillance surveys [STEPS], and Global School Health Policy Survey [G-SHPS]).

PROPOSED ACTIONS FOR STAKEHOLDERS*

10. All stakeholders should support the development and implementation of national and subnational monitoring and evaluation frameworks on physical activity and the dissemination of progress reports towards achieving the targets set for reducing physical inactivity 2025 and 2030, including progress on reducing inequalities.

11. Stakeholders should support the strengthening of harmonized national and subnational data information and surveillance systems and regular reporting and accountability across all relevant sectors.

12. Research development agencies and researchers should support research which aims to improve global and national surveillance on physical activity across all ages, and abilities, including testing of new technologies and wearable devices, and methodologies for harmonization of data.

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

CREATE ACTIVE SYSTEMS

ACTION 4.3

Strengthen the national and institutional research and evaluation capacity and stimulate the application of digital technologies and innovation to accelerate the development and implementation of effective policy solutions aimed at increasing physical activity and reducing sedentary behaviour.

PROPOSED ACTIONS FOR MEMBER STATES

1. Strengthen government and nongovernment funding support for research on physical inactivity and sedentary behaviour with a priority to generate evidence to inform and accelerate the scaling up of national and subnational implementation, and addressing identified research priorities.
2. Identify and disseminate a set of national research priorities for physical inactivity and sedentary behaviour to strengthen the evidence base and inform national planning and implementation of policy actions.
3. Encourage and partner with relevant academic and research institutions to ensure appropriate level of evaluation of all national and subnational policy and programmes and disseminate findings to strengthen national, regional and global knowledge base and inform future planning.
4. Within all government departments, strengthen a culture of innovation, evaluation and knowledge-sharing to ensure that research and practice-based evidence on physical activity and sedentary behaviour are widely accessible and can advance global, regional, national and subnational level policy implementation and effective use of limited resources.
5. Collaborate with relevant WHO Collaborating Centres, academic institutions, research organizations and alliances to strengthen knowledge transfer and institutional capacity for research and programme evaluation on physical activity and sedentary behaviour.

PROPOSED ACTIONS FOR WHO SECRETARIAT

6. Partner with UN agencies, international development agencies, intergovernmental organizations, research funders and others to mobilize resources to support and strengthen research capacity on physical inactivity and sedentary behaviour, in all regions, and particularly in LMICs.
7. Strengthen networks of WHO Collaborating Centres, academic institutions and research organizations to build capacity for research and evaluation on policy and practice on physical activity and sedentary behaviour, particularly in LMICs.
8. Support and facilitate the dissemination of knowledge on physical activity and sedentary behaviour through national, regional and global conferences, or similar.

PROPOSED ACTIONS FOR STAKEHOLDERS*

9. All stakeholders should advocate for, and mobilize, financial resources to support an increase in research and innovation in the field of physical inactivity and sedentary behaviours, in health and other key sectors, particularly in areas of policy evaluation, large-scale interventions, economic evaluations, innovative fiscal instruments and effective approaches to address inequities.

10. All stakeholders should support national and subnational governments to develop and implement a monitoring and evaluation framework, and conduct appropriate policy and programme evaluations, including the impact on equity, to inform national and subnational planning.

11. Funders and researchers should support and collaborate with policy-makers and others to develop a prioritized research agenda on physical activity and sedentary behaviour to inform policy development.

12. Funders and researchers should support research to evaluate the application of innovations and technology to promote physical activity and reduce sedentary behaviour in different populations, settings and contexts, particularly in LMICs.

13. All stakeholders should support and accelerate the sharing of knowledge on physical activity and sedentary behaviour through national, regional and global conferences (or similar), and, where appropriate, use innovative communication strategies and virtual technologies to enable remote engagement, particularly from LMICs.

14. Funders and researchers should partner to build and transfer research capacity in all regions, particularly in LMICs, for example through North–South and South–South joint research collaborations, and between countries of similar socioeconomic and cultural characteristics.

---

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

CREATE ACTIVE SYSTEMS

ACTION 4.4

Escalate advocacy efforts to increase awareness and knowledge of, and engagement in, joint action at the global, regional and national levels, targeting key audiences, including, but not limited to, high-level leaders, policy-makers across multiple sectors, the media, the private sector, city and community leaders, and the wider community.

PROPOSED ACTIONS FOR MEMBER STATES

1. Support the creation of national and subnational networks and for collaborative actions to empower people and communities to be engaged with the agenda to create an active society.

2. Strengthen partnerships with civil society, community and grassroots organizations, the media and private sector to raise awareness and support engagement in the implementation of policy action to increase physical activity and reduce sedentary behaviour.

PROPOSED ACTIONS FOR WHO SECRETARIAT

3. Support actions to mobilize resources and collaborations to implement the recommendations in the Ending Childhood Obesity Commission (ECHO) *(13)* the Kazan Action Plan *(11)*, the New Urban Agenda *(4)*, sustainable transport *(19)*, and the Sustainable Development Goals (SDGs).

4. Support, facilitate and lead high-level engagement in the implementation of recommended actions in all Member States and inclusion within national assessments of the business case for NCD investments, and within national plans for development and SDGs.

5. Create effective alliances and networks at global, regional and national levels, to support resource mobilization, policy development and national implementation on physical activity and sedentary behaviour across multiple sectors.

PROPOSED ACTIONS FOR STAKEHOLDERS*

6. All stakeholders should implement evidence-based advocacy that calls for the acceleration and scaling-up of investment to increase physical activity, prioritizing those actions that reduce inequalities in access and opportunity and use rights-based arguments.

7. All stakeholders should conduct advocacy to increase understanding of the policy connections between physical activity as a direct contributor, and as an enabler, to the achievement of the SDGs, as well as a contributor to national economic and development priorities.

8. All stakeholders should support the development of advocacy skills, competencies and capacity through professional development, across sectors and at national and global scale, supported by the development of guidance, tools and technical support on effective advocacy strategies on physical activity and sedentary behaviour.

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities.

CREATE ACTIVE SYSTEMS

ACTION 4.5

Strengthen financing mechanisms to secure sustained implementation of national and subnational action and the development of the enabling systems that support the development and implementation of policies aimed at increasing physical activity and reducing sedentary behaviour.

PROPOSED ACTIONS FOR MEMBER STATES

1. Allocate long term budgets for physical activity (including for sustained national communications) by taking into account national targets and priorities set by the national strategy and action plan.

2. Collaborate across ministries to identify or develop dedicated financing mechanisms to support multisectoral approaches and policy actions on physical activity. For example, implementation of a fixed proportion of total annual transport budgets allocated to fund walking and cycling network infrastructure; implementation of a fixed proportion of the annual national sports budget allocated to community and grassroots sports participation; funding of a national physical activity lottery; and use of "social impact bonds".[1]

PROPOSED ACTIONS FOR WHO SECRETARIAT

3. Support the development of capacity and protocols to strengthen the evidence base, including providing examples of economic analyses such as return on investment calculations for the recommended policy actions in this action plan, across different countries and contexts.

4. Convene, facilitate and contribute to global and regional discussions on the potential financing mechanisms for national and subnational implementation of policy actions recommended in this action plan, in alignment with the WHO strategy on the use of fiscal policies for health.[1]

PROPOSED ACTIONS FOR STAKEHOLDERS*

5. All stakeholders should advocate for increased investment in physical activity, based on the strength of the evidence for the health benefits, the substantial co-benefits, and the likely return on investment.

6. All stakeholders should support mobilizing resources to increase investment in research, innovation and generating practice-based evidence across multiple settings that can directly support strengthening evidence-based policies, programmes and implementation, particularly in LMICs.

7. Researchers should partner with governments to conduct demonstration and comparative analyses to assess the potential of different financing instruments to support implementation of national actions on physical activity, including through linking with financing mechanisms for universal health coverage and the use of "social impact bonds".[a]

*such as NGOs, civil society organizations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities;

[1] WHO held a global expert meeting on the use of fiscal policies for health in Geneva on 4–5 December 2017. The meeting report "Strategy meeting on the use of fiscal policies for public health" will be available on WHO Health Systems and Financing website by mid 2018.

[a] "social impact bonds" refers to a new way to finance social service and health promotion programmes whereby different types of investors provide an upfront investment of capital.

References: appendix 2

1. Development Initiatives. Global nutrition report 2017: nourishing the SDGs. Bristol: United Kingdom; 2107.
2. WHO. Report of the Commission on Ending Childhood Obesity: implementation plan: executive summary. Geneva: World Health Organization; 2017 (http://apps.who.int/iris/bitstream/10665/259349/1/WHO-NMH-PND-ECHO-17.1-eng.pdf?ua=1).
3. WHO. Global action plan for the prevention and control of noncommunicable diseases 2013–2020. Geneva: World Health Organization; 2013.
4. WHO. Global plan for the decade of action for road safety 2011–2020. Geneva: World Health Organization; 2011
5. WHO/World Bank. Tracking universal health coverage: 2017 Global Monitoring Report. World Health Organization and International Bank for Reconstruction and Development/The World Bank; 2017
6. WHO. Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable disease. Geneva: World Health Organization; 2017.
7. Macmillan A and Woodcock J. Understanding bicycling in cities using system dynamics modelling. J Transp Health. 2017;7:269–279.
8. UNESCO. Social and Human Science Sector. Quality physical education guidelines for policy-makers. Paris: UNESCO; 2015 (http://unesdoc.unesco.org/images/0023/002311/231101E.pdf).
9. UNESCO, Report of the Sixth international conference of ministers and senior officials responsible for physical education and sport (MINEPS VI). Annex 1 Kazan Action Plan. SHS/2017/5 REV Paris, September 2017; adopted on 14–15 July 2017 (http://unesdoc.unesco.org/images/0025/002527/252725E.pdf).
10. Sallis J, Bull F, Guthold R, Heath GW, Inoue S, Kelly P, et al. Progress in physical activity over the Olympic quadrennium. Lancet. 2016;388:1325–36.
11. UNESCO. International Charter of Physical Education, Physical Activity and Sport (revised 2015) (http://www.unesco.org/new/en/social-and-human-sciences/themes/physical-education-and-sport/sport-charter/).
12. New Urban Agenda adopted in 2016 by the United Nations Conference on Housing and Sustainable Urban Development (Habitat III) and endorsed by the United Nations General Assembly in resolution 71/256 (2016).
13. Pucher J and Dijkstra L. Promoting safe walking and cycling to improve public health: lessons from the Netherlands and Germany. Am J Public Health. 2003;93(9):1509–16.
14. Sallis J, Cerin E, Conway T, Adams M, Frank L, Pratt M, et al. Physical activity in relation to urban environments in 14 cities worldwide: a cross-sectional study. Lancet. 2016;287(10034):2207–2217.
15. WHO Regional Office for Europe. Urban green spaces: a brief for action. Copenhagen: World Health Organization; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0010/342289/Urban-Green-Spaces_EN_WHO_web.pdf?ua=1).
16. Sallis JF, Bull F, Burdett R, Frank L, Griffiths P, Giles-Corti B, Stevenson, M. Use of science to guide city planning policy and practice: how to achieve healthy and sustainable future cities. Lancet. 2016;388(10062):2936–2947.
17. Ward CD, Parker CM, Shackleton M. The use and appreciation of botanical gardens as urban green spaces in South Africa. Urban Forestry & Urban Greening. 2009;9:49–55.
18. Sustainable mobility for all. Global mobility report 2017: tracking sector performance. Washington, DC; 2017 (https://openknowledge.worldbank.org/bitstream/handle/10986/28542/120500.pdf?sequence=6&isAllowed=y).
19. Foster S, Hooper P, Knuiman M, Christian H, Bull F, Giles-Corti B. Safe RESIDential Environments? A longitudinal analysis of the influence of crime-related safety on walking. Int J Behav Nutr Phys Act. 2016;(13)22.

APPENDIX 3

GLOSSARY

Active people	Individuals and/or groups who integrate physical activity into daily routines. The goal of active living is to at least meet the global recommendation of physical activity through different practices such as walking, cycling, playing, gardening and other activities that can be considered as physical activity.
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.
Active recreation	Outdoor recreational activities that can be considered as physical activity, including walking, sports, play, and dance. These activities usually take place in public spaces such as parks and plazas.
Advocacy	A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme.
Age-friendly cities and communities	Cities or communities that promote and foster the concept of "Healthy and Active Ageing".
Age-friendly environments	Environments (such as in the home or the community) fostering healthy and active ageing by building and maintaining intrinsic capacity across the life course and enabling greater functional ability in someone with a given level of capacity.
Biodiversity	The variety of plant and animal life in a particular habitat or ecosystem which is usually considered to be important and desirable.
Blue space	Space near rivers, lakes and oceans.
Brief counselling	Interaction offering an opportunity for a person to explore, discover and clarify ways of living with greater well-being, usually in a one-to-one discussion with a trained counsellor.
Carbon emission	The release of carbon dioxide (CO2) and other greenhouse gases into the atmosphere over a specific area and period of time.
Champions of change	Individuals and/or groups of individuals who lead by example and can inspire and influence others in integrating physical activity into daily lives at the global, regional, national, subnational or local level.

Childcare facilities	Facilities for the care of children while parents are working (e.g. a crèche, nursery, or childminder).
Civil society organization	Non-market and non-state organization in which people organize themselves to pursue shared interests in the public domain, such as environmental groups, womens-rights associations, labour unions, and including NGOs.
Equity	Fairness; people's needs guide the distribution of opportunities for well-being. All people have an equal opportunity to develop and maintain their health, through fair and just access to resources for health.
Exercise	A subcategory of physical activity that is planned, structured, repetitive, and purposive, in the sense that the improvement or maintenance of one or more components of physical fitness is the objective. "Exercise" and "exercise training" are frequently used interchangeably and generally refer to physical activity performed during leisure time with the primary purpose of improving or maintaining physical fitness, physical performance, or health.
Fitness	The ability to carry out daily tasks with vigour and alertness, without undue fatigue, and with ample energy to enjoy leisure-time pursuits and respond to emergencies. Physical fitness includes a number of components consisting of cardiorespiratory endurance (aerobic power), skeletal muscle endurance, skeletal muscle strength, skeletal muscle power, flexibility, balance, speed of movement, reaction time, and body composition.
Fundamental movement skills	Movement patterns that involve various body parts and provide the basis for complex skills used in physical activity and sports.
Grassroots sport	Physical leisure activity, organized and non-organized, practised regularly at non-professional level for health, educational or social purposes.
Health in all policies	Approach to public policy across sectors that systematically considers the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.
Health inequality	Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations, or differences in mortality rates between people from different social classes. Health inequalities are the differences between people or groups due to social, geographical, biological or other factors.

Health inequity	Health inequities are unnecessary, avoidable, unfair and unjust differences between groups of people within countries and between countries. Inequities result from circumstances stemming from socioeconomic status, living conditions and other social, geographical, and environmental determinants that can be improved upon by human actions. They are neither naturally predetermined nor inevitable. Inequities typically arise when social issues such as household wealth, education, and housing location overshadow biological differences, such as age and gender. Although biological and predetermined differences can cause inequalities, they are not considered inequities, as they are not caused by social or systematic factors, and are not inherently "unfair".
Healthy ageing	The process of developing and maintaining the functional ability that enables well-being in older age, which requires opportunities for health, participation and security to enhance quality of life as people age.
Inclusive	The process of including or covering everyone that reflects the willingness, intent, actions, and resources needed to increase accessibility for people with disabilities and other marginalized groups.
Intrinsic capacity	The composite of all the physical and mental capacities of a person.
In-service training	Professional training or staff development given to employees during the course of employment.
Insufficient physical activity	As defined in WHO recommendations on physical activity (2010): Adults aged ≥ 18 years: < 150 minutes of moderate-intensity activity per week; Adolescents: < 60 minutes of moderate- to vigorous-intensity activity daily.
Level of service	A composite measure describing the operational conditions for vehicle/cyclist/pedestrian traffic, based on service measures such as speed and travel time, freedom to manoeuvre; ease of mobility, traffic interruptions; comfort, safety, and convenience.
Literacy	The cognitive and social skills which determine the motivation and ability of individuals to gain access to understand and use information and to act upon 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. newspapers), out-of-home placements (e.g. billboards, movie theatres, point-of-sale), and digital media to change knowledge, beliefs, attitudes, and behaviours promoting physical activity.

Mixed land use	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.
Partnership	Arrangement of people or organizations to work together towards common interests.
Physical activity	Any form of bodily movement performed by skeletal muscles that result in an increase in energy expenditure. Examples of common types of activity are: walking, running, dancing, swimming, yoga, and gardening.
Physical inactivity	An absence or sufficient level of physical activity required to meet the current physical activity recommendations.
Preservice training	Education and training provided to student teachers before they have undertaken any teaching.
Primary health care	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.
Principles of compact, mixed-land use	Spatial planning and design approach that promotes higher density of built area and population, concentration of urban functions and cross section of residential, commercial and community infrastructure in neighbourhood while increasing the demand for walking, cycling, and use of public transport.
Public space	An area or place that is open and accessible to all people, regardless of gender, race, ethnicity, age or socioeconomic level. These are public gathering spaces such as parks, plazas, squares, and beaches. Connecting spaces, such as sidewalks and streets, are also public spaces.
Public open space	Open space in the city that can be equally accessed by the city inhabitants such as walkways, sidewalks, bicycle lanes, public parks, squares, recreational green areas, public playgrounds and open areas of public facilities.
Recreational physical activity	Physical activity performed by an individual that is not required as an essential activity of daily living, and is performed at the discretion of the individual. Such activities include sports participation, exercise conditioning or training, such as going for a walk, dancing, and gardening.
Secondary health care	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.

Sedentary behaviour	Any waking behaviour characterized by an energy expenditure less than 1.5 metabolic equivalents (METs), while in a sitting, reclining or lying posture. Common sedentary behaviours include TV viewing, video game playing, computer use (collectively termed "screen time"), driving automobiles, and reading.
Spatial and urban planning	The methods used by the public sector to influence the distribution of people and activities in spaces of various scales.
Sport	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 organizations; and may be participated in either individually or as a team.
Universal access	Environments, products and systems to be usable by all people to the greatest extent possible without the need for adaptation or specialized design.
Universal health coverage/ care	Means of care that all people and communities can use, and that the promotive, preventive, curative, rehabilitative and palliative health services needed are 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	An 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.
Walkability	A measure of how "user friendly" an area is to walking, and usually takes into consideration the infrastructure supporting walking, safety, and connectedness of (or distance) between amenities, retail, and other services and destinations.
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.





9 789241 514187