World Health Organization

WHO Discussion Paper (December 2017)

Physical activity for health
More active people for a healthier world: draft global action plan on physical activity 2018–2030

BACKGROUND

1. Regular physical activity is a well-established risk factor for the prevention and treatment of the leading noncommunicable diseases (NCD), 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, delay in the onset of dementia[2] and improved quality of life and well-being[3].

2. In 2015, all countries committed to investing in health in Transforming our World: The 2030 Agenda for Sustainable Development, 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.

MANDATE

3. In 2013, the World Health Assembly endorsed a Global Action Plan on the Prevention and Control of NCDs[4] and agreed on 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[5]. A recent review of global progress towards these targets concluded that progress has been slow and uneven across high, middle and low income countries[6]. Although the NCD Global Action Plan 2013-2020 provided Member States with a set of broad policy recommendations to increase physical activity[7], implementation and engagement with the necessary sectors outside of health has remained a significant challenge to progress in most countries.

---

[1] World Health Organization. *Global Recommendations on Physical Activity for Health.* 2010.
[2] Livingston G, Sommerlad A, Orgeta V, Costafreda SG, Huntley J, Ames D, et al, Dementia prevention, intervention, and care. *The Lancet Commission*. 2017.
[3] Das P and Horton R, Rethinking our approach to physical activity. The Lancet. 2012; 380(9838): 189-190.
[4] World Health Organization. *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020.*
[5] Page 5 of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020, World Health Organization.
[6] World Health Organization. *Montevideo roadmap 2018-2030 on NCDs as a sustainable development priority*. 2017.
[7] Page 33-34 of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020, World Health Organization.

4. At its 140th session, the Executive Board agreed to endorse a proposal for the Secretariat to prepare a draft 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[8] and physical activity strategies[9,10], guidelines, recommendations[11] and other relevant commitments endorsed by the World Health Assembly, and to link with the Sustainable Development Goals (SDG) 2030. Accordingly, this action plan on physical activity provides a framework for action and proposes a set of specific policy actions to guide Member States efforts to accelerate and scale activities towards achieving increased levels of physical activity. It also acknowledges Member States' requests 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

5. The draft global action plan on physical activity 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.

6. 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.

WHAT IS PHYSICAL ACTIVITY?

7. Physical activity is defined as any bodily movement produced by skeletal muscle that requires energy expenditure[12]. It can be undertaken in many different ways: walking, cycling, sports and active forms of recreation (e.g. dance, yoga, tai chi, weight training) are common types. Physical activity can also be undertaken as part of work (e.g. lifting, carrying or other active tasks) and as part of paid or unpaid domestic tasks around the home (e.g. cleaning, carrying

[8] World Health Organization. *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020.*
[9] World Health Organization. *Global strategy on diet, physical activity and health.* 2004.
[10] World Health Organization Regional Office for Europe. *Physical activity strategy for the WHO European Region 2016-2025.*
[11] World Health Organization. *Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable disease.* 2017.
[12] World Health Organization. *Global Recommendations on Physical Activity for Health.* 2010.

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 as 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[12].

8. Sedentary behaviour is defined as any waking behaviour characterised 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 cardio-metabolic morbidity, as well as overall mortality[14]. Reducing sedentary behaviour through promotion of incidental physical activity (e.g. standing, climbing stairs, short walks) can support individuals to incrementally increase their levels of physical activity towards achieving the recommended levels for optimal health.

9. 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[15] and collaboration with relevant sectors to address wider socio-environmental risks are recommended policy actions within this action plan.

CURRENT LEVELS OF PHYSICAL INACTIVITY

10. 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[16]. 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 SE Asia Region. These rates increase with economic development, owing to the influence of changing patterns of transportation, use of technology, urbanization and cultural values[17].

[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, and Dunstan DW. Too much sitting: the population-health science of sedentary behaviour. *Exerc Sport Sci Rev*. 2010; 38(3): 105-113.
[15] World Health Organization. *Global Recommendations on Physical Activity for Health.* 2010.
[16] WHO's global recommendations 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) and for adolescents is 60 mins of moderate to vigorous activity daily.
[17] 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. Differences in levels of physical activity are also explained by significant inequities in the opportunities for physical activity by gender and social position, as well as between countries[18]. 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.

12. Updated global comparable estimates on physical inactivity in adolescents and adults are under preparation by WHO and will be available in 2018[19].

THE COST OF PHYSICAL INACTIVITY: TO HEALTH SYSTEMS AND SOCIETY

13. Globally, physical inactivity is estimated to cost INT$54 billion in direct health care, of which 57% is incurred by the public sector and an additional $14 billion is attributable to lost productivity[20]. Estimates from high and low and middle income countries (LMIC) indicate that between 2-3% of national health care expenditures are attributable to physical inactivity[21]. This is recognised to be a conservative estimate 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.

14. 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 HEALTH BENEFITS AND CO-BENEFITS

15. 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 LMIC, as large numbers of people switch from walking and cycling to personal motorized transport[22]. 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

[18] World Health Organization. *Global Status Report on Noncommunicable Diseases 2014*.
[19] The relevant data will be made available in the forthcoming document, WHO Country comparable estimates on physical inactivity, 2016, which is being prepared for publication in 2018.
[20] 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. *The Lancet.* 2016; 388(10051): 1311-24.
[21] 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. (eds.) *Cardiovascular, respiratory, and related disorders*. 3rd edition Vol.5. Washington DC: World Bank; 2017. P.79-99.
[22] 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.

green and blue[23] spaces, sports and leisure facilities, can reduce use of personal motorized transportation, carbon emissions, traffic congestion and health care costs[24], whilst boosting the micro economies in local neighbourhoods and improving health, community wellbeing and quality of life[25,26]. Given the increasingly urbanized world, with over 70% of the population living in urban centres, cities have a particular responsibility and opportunity to contribute to this agenda[27,28].

16. Similar to transportation, 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[29,30,31]. While sport can be a catalyst and inspiration for participation in physical activity[32], 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[33].

17. Access to sport and quality physical education is a fundamental right for all[34]. As recognized by UNESCO[35], the Kazan Action Plan[36] and the Commission on Ending Childhood Obesity[37], active play and recreation are important elements of healthy growth and development in children, including those under 5, and physical education and the school environment can impart physical and health literacy for lifelong healthy, active lifestyles and prevention of NCDs and mental health disorders.

18. 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

[23] 'Blue space' refers to space near rivers lakes and oceans.
[24] 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.
[25] 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. *The Lancet*. 2016; 287 (10034): 2207-2217.
[26] Giles-Corti B, Vernez-Moudon A, Reis R, Turrell G, Dannerberg AL, Badland H, et al. City planning and population health: a global challenge. *The Lancet*. 2016; 388: 2912-24.
[27] 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.
[28] For example Partnerships for Healthy Cities https://partnershipforhealthycities.bloomberg.org/
[29] The Association for Sports for All (http://www.tafisa.org/)
[30] Lindsey I. and Chapman, T. Enhancing the Contribution of Sport to the Sustainable Development Goals. London: Commonwealth Secretariat; 2017.
[31] International Olympic Committee. *Olympic Agenda 2020 20+20 Recommendations* and Sport and Active Society (https://www.olympic.org/sport-and-active-society)
[32] 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. *The Lancet*. 2012; 380: 59-64.
[33] "Women's refugee commission, UNHCR, and GRYC. *We believe in youth" global refugee youth consultations final report.*
[34] See International Charter of Physical Education, Physical Activity and Sport.
[35] United Nations Educational, Scientific and Cultural Organization. *Quality physical education guidelines for policy-makers.*2015.
[36] 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.
[37] World Health Organization. *Report of the Ending Childhood Obesity implementation plan: executive summary*. 2017.

day, and can contribute to increased productivity and reduction in injuries and absenteeism[38]. Whether working or not, older adults in particular can benefit from regular physical activity to maintain physical, social and mental health (including dementia)[39], prevent falls and realize healthy ageing[40].

19. 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[41], while also utilising physical activity as a means to increase rates of rehabilitation and recovery[42]. Within health care, the workplace and other domains, there are opportunities for digital innovation 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 wellbeing of all individuals[43].

PHYSICAL ACTIVITY AND THE SUSTAINABLE DEVELOPMENT GOALS

20. Investment in policies to increase physical activity through, for example, more walking, cycling, active recreation, sport and play, can contribute to achieving many of the SDGs[44]. Increasing physical activity will directly contribute to SDG3 (Good Health and Well-being) but also other SDGs, including but not limited to Goals: 2 (Zero Hunger); 4 (Quality Education); 5 (Gender Equality); 9 (Industry, Innovation and Infrastructure); 10 (Reduced Inequalities); 11 (Sustainable Cities and Communities); 13 (Climate Action); 15 (Life on Land); and 16 (Peace, Justice and Strong Institutions). An overview of the pathways and the associated policy actions by which increasing levels of physical activity can contribute to the SDGs are outlined in Appendix 1.

21. Given physical activity's contribution 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 and sport leads to realising a more equitable, sustainable and prosperous world[45].

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

[38] 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.

[39] Livingston G, Sommerlad A, Orgeta V, Costafreda SG, Huntley J, Ames D, et al, Dementia prevention, intervention, and care. *The Lancet Commission*. 2017.

[40] World Health Organization. *Global Strategy and action plan on ageing and health (2016-2020)*.

[41] World Health Organization. *Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable disease.* 2017.

[42] World Health Organization. *HEARTS Technical package for cardiovascular disease management in primary health care*. 2016.

[43] World Health Organization. mHealth new horizons for health through mobile technologies, 2011 and; 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.

[44] The Bangkok declaration on physical activity for global health and sustainable development is a consensus statement from the 6th International Congress on Physical Activity and Health on 19 November 2016.

[45] Adopted 25 September 2015 at the Seventieth General Assembly (Resolution A/RES/70/1)Transforming our World: The 2030 Agenda for Sustainable Development.

- Global Plan for the Decade of Action for Road Safety 2011-2020[46]
- WHO Public Health & Environment Global Strategy[47]
- The New Urban Agenda[48]
- Mental Health Action Plan 2013-2020[49]
- Global Action Plan on the Public Response to Dementia 2017-2025[50]
- Global Strategy and Action Plan on Ageing and Health 2016-2020[51]
- Global Strategy for Women's, Children and Adolescents' Health 2016-2030[52]
- Every Newborn Action Plan to End Preventable Deaths 2014[53]
- WHO Global Disability Action Plan 2014 – 2021[54]
- Global Nutrition Report 2017: Nourishing the SDGs[55]
- Commission on Ending Childhood Obesity[56]

MOVING FORWARD - SCALING NATIONAL ACTION

23. Given the diversity of ways to be active and multiple settings in which it is possible to increase participation, there are multiple policy options across many different sectors. Policy implementation must address the multiple factors which determine participation: some of which are individual characteristics, knowledge and personal preferences, while others are related to the wider socio-cultural contexts, such as family context, societal values, traditions, and economic and physical environments[57]. These so called 'upstream' determinants of physical activity shape the equity of opportunities for participation and consequently further contribute to inequalities in physical activity, health status and well-being[58].

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

[46] World Health Organization. *Global Plan for the Decade of Action for Road Safety 2011-2020.*
[47] World Health Organization. *WHO Public Health & Environment Global Strategy Overview 2011.*
[48] 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).
[49] World Health Organization. *Mental Health action plan 2013-2020*.
[50] Decision on 30 May 2017 at the Seventieth World Health Assembly (WHA70(17)).
[51] World Health Organization. *Global Strategy and action plan on ageing and health (2016-2020)*.
[52] Every Women Every Child. *The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).*
[53] Every Women Every Child. *Every Newborn: an action plan to end preventable deaths.* 2014.
[54] World Health Organization. *WHO global disability action plan 2014-2021. Better health for all people with disability*
[55] Development Initiatives. *Global Nutrition Report 2017: Nourishing the SDGs.*
[56] World Health Organization. *Report of the Ending Childhood Obesity implementation plan: executive summary*. 2017.
[57] 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? *The Lancet.* 2012; (380): 258-71.
[58] Marmot M. *The health gap the challenge of an unequal world*. Bloomsbury Publishing, 2015.

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

26. However, despite strong evidence on effective solutions[59], 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.

GLOBAL ACTION PLAN ON PHYSICAL ACTIVITY 2018 - 2030

VISION

27. More active people for a healthier world.

MISSION

28. 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

29. In 2013, Member States agreed to a set of nine voluntary targets set out in the Global Monitoring Framework[60] 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 in adults[61] and in adolescents, [62] using the baseline of 2010 data[63]. This draft global action plan proposes an extension of the target set for 2025 by 5 years to align with the 2030 Agenda and provide Member States with a period of 12 years (2018-2030) for policy action and implementation.

[59] World Health Organization. *Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable disease.* 2017.

[60] Page 5 of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020, World Health Organization.

[61] Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week.

[62] Prevalence of insufficiently physically active adolescents, defined as less than 60 minutes of moderate to vigorous intensity activity daily.

[63] Although this suggests a 15 year period (2010-2025) in practice the targets were set based on expected performance over a 10 year period, allowing a period for Member States to first scale up their surveillance systems; therefore the effective period for policy implementation at the national level is generally taken to be 2015-2025 (a 10 year period).

30. The target for this global action plan is a 15% relative reduction, using a baseline of 2016[64], in the global prevalence of physical inactivity in adults and in adolescents.

The additional 5% increment reflects the additional years available for action (i.e. an additional 5 years) and is consistent with existing commitments for 2025 in using the same indicators that are already available in the majority of countries using existing instruments[65]. 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 under preparation and will be published in early 2018.

GUIDING PRINCIPLES

31. 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 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. Countries' commitments to the 2030 SDGs also established a duty to invest in health, ensure universal health coverage and reduce health inequalities for people of all ages and abilities. Implementation of the 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 LMIC.
- **Proportional Universality**: Proportional universality describes an approach to the resourcing and delivering of services at a scale and intensity proportionate to the degree of need. At a

[64] The relevant data will be made available in the forthcoming document, WHO Country comparable estimates on physical inactivity, 2016, which is being prepared for publication in 2018.

[65] 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 Student Health Survey.

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 recognise that people's health and health of the planet are not mutually exclusive, and that environmental sustainability is critical to health improvement.
- **Engagement and Empowerment of Policymakers, 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 inter-sectoral approach consistent with SDG 17 is essential to increase population levels of physical activity and reduce sedentary behaviour. Implementation of this plan should foster collaboration across and between all stakeholders at all levels, guided by a shared vision to realise the multiplicative benefits of a more active world.

PARTNERSHIPS FOR ACTION

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

33. 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
- **Non-governmental 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 such as transport, sport, 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
- **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 AND 20 POLICY ACTIONS

34. 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 strategic objectives are:

1. **CREATE AN ACTIVE SOCIETY**

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.

2. **CREATE ACTIVE ENVIRONMENTS**

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.

3. **CREATE ACTIVE PEOPLE**

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

4. **CREATE ACTIVE SYSTEMS**

Create 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.

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

Strategic objective 1: Create an active society – 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.

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 (SDGs 2, 3, 4, 5, 9, 10, 11, 13, 15 and 16).

Action 1.3. Implement regular mass-participation initiatives in public spaces, engaging entire communities, and 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, 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, to increase knowledge and skills related to their roles and contributions in creating inclusive, equitable opportunities for an active society.

Strategic objective 2: Create active environments – 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.

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 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. Increase the delivery of improvements in 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, with due regard for the principles of safe, universal and equitable access by people of all ages and abilities, in urban, peri-urban and rural communities, and in alignment with other commitments[66].

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[67].

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.

[66] 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). See also 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.

[67] See the United Nations' Global Plan for the Decade of Action on Road Safety 2011–2020; the United Nations Convention on the Rights of Child; the United Nations Convention on the Rights of Persons with Disabilities; 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; and the Global Status Report on Violence Prevention 2014.

Action 2.5. Strengthen the policy, regulatory and design guidelines and frameworks at national and subnational level, 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.

Strategic objective 3: 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 engage in regular physical activity as individuals, families and communities.

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, so as to establish and reinforce lifelong health and physical literacy, and promote the enjoyment of, and participation in, physical activity, according to ability.

Action 3.2. Implement systems of patient assessment and counselling on increasing physical activity and reducing sedentary behaviour, by appropriately trained health 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 private and public workplaces, community centres, recreation and sports facilities, faith-based centres, nature and other public spaces and places, 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, 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.

Action 3.6. Implement whole-of-community initiatives, at the city, town or community level, 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.

Strategic objective 4: Create active systems – governance and policy enablers

Create 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.

Action 4.1. Strengthen leadership and governance systems, at national and subnational level, including multisectoral engagement and coordination; policy coherence; physical activity action plans; recommendations on physical activity and sedentary behaviour for all ages; and implementation and monitoring of actions aimed at increasing physical activity and reducing sedentary behaviour.

Action 4.2. Enhance data systems and capabilities at national and, where appropriate, subnational level, to support monitoring and accountability and ensure regular population surveillance of physical activity and sedentary behaviour, across all ages and multiple domains; the development and testing of new digital technologies to strengthen surveillance systems by including wider sociocultural and environmental determinants; and regular multisectoral reporting on implementation to 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

36. 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 behavior. 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.

37. 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[68]. 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.

38. 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) plans.

39. 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.

40. Given 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:

[68] 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.

- **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 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 promotion of physical activity within programs 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-resources-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 behavior 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 LMIC.

41. To assist Member States implement 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 behavior.

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

MONITORING AND EVALUATION FRAMEWORK AND INDICATORS

42. 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)[69].

43. Member States are encouraged to strengthen reporting of disaggregated data in accordance with agreed recommendations[70] and to reflect the dual priorities of this action plan, namely to: (1) decrease overall level of physical inactivity in the population, and (2) reduce within-

[69] No indicators are proposed for those under 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.

[70] See the global action plan and global monitoring framework for the prevention and control of noncommunicable diseases (resolution WHA66.10 and document WHA66/2013/REC/1, Annex 10); 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; and the Convention on the Rights of Persons with Disabilities, Article 31, Statistics and data collection (point 2).

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 socio-demographic, cultural, economic and geographical factors.

44. 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.

45. The development of the monitoring and evaluation framework will apply the principles of economy, efficiency and flexibility[71]. As such, the focus will be on identifying relevant impact and process indicators that are feasible and potentially available in the all countries. Where possible, for 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 WHO ambient air pollution in cities database and public space area as part of the UN-Habitat's city prosperity initiative which is aligned to SDG 11.7. 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.

46. 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 MECHANISM AND TIMEFRAME

47. Reporting global progress on the implementation of the draft global action plan on physical activity will be submitted to the World Health Assembly in line with paragraph 3.9 of resolution WHA66.10 (2013). 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 Health Assembly in 2030 as part of the reporting on the health-related goals and targets of the 2030 Agenda for Sustainable Development.

[71] Where possible, the evaluation framework should 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.

GLOSSARY

Active People	Individual and/or group who integrates 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 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.
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.
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	A city or community that promotes and fosters the concept of “Healthy and Active Ageing”.
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 gasses into the atmosphere over a specific area and period of time.
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, women-rights associations, labour unions, and including NGOs.
Champions of change	An individual and/or a group 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.
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 policy	Approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.
Health 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. In other words, they are neither naturally predetermined nor inevitable. Inequities typically arise when social issues such as household wealth, education, and housing location overshadow biological differences like age and gender. Though biological and predetermined differences do 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 equality 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 marginalised groups.
Intrinsic capacity	The composite of all the physical and mental capacities of a person.
In-service training	A professional training or staff development given to employee s during the course of employment.
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 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., newspaper), 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.
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.
Partnership	Arrangement of people or organisations 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.
Public Space	An area or place that is open and accessible to all people, regardless of gender, race, ethnicity, age or socio-economic level. These are public gathering spaces such as parks, plazas, squares, and beaches. Connecting spaces, such as sidewalks and streets, are also public spaces.
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 of walking, biking, and use of public transport.
Preservice training	Education and training provided to student teachers before they have undertaken any teaching.
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 (collective 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 organisations; 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	Means that all people and communities can use, and the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality

Coverage/care	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 friendly an area is to walking.
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.

APPENDIX 1 PHYSICAL ACTIVITY AND THE 2030 AGENDA: PATHWAYS BY WHICH PHYSICAL ACTIVITY DIRECT OR INDIRECTLY CONTRIBUTES TO ACHIEVING THE SDGS

	SDG	Target	Pathway
2	*Zero Hunger*	**2.2** End all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, 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[72,73].
3	*Good Health and Well-being*	**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[74]. 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[75].
		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[76]. Physical activity is a core risk factor for NCDs. Quality essential health care services should include physical activity, through counselling/brief advice, which is recognised as a 'NCD Best Buy'[77].
		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[78], thereby reducing the numbers of deaths and illnesses from air pollution.

[72] Development Initiatives. *Global Nutrition Report 2017: Nourishing the SDGs.*
[73] World Health Organization. *Report of the Ending Childhood Obesity implementation plan: executive summary*. 2017.
[74] World Health Organization. *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020*.
[75] World Health Organization. *Global Plan for the Decade of Action for Road Safety 2011-2020*.
[76] World Health Organization and The World Bank. *Tracking Universal Health Coverage: 2017 Global Monitoring Report*
[77] World Health Organization. *Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable disease.*
[78] Macmillan A and Woodcock J. Understanding bicycling in cities using system dynamics modelling. *Journal of Transport& Health*. 2017; 7: 269-279.

4	*Quality Education*	**4.1** Ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes **4.2** Ensure that all girls and boys have access to quality early childhood development, care and preprimary education so that they are ready for primary education **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	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[79]. 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[79]. 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[80].
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[81]. 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[82]. Equally, sport can be the vehicle in which to combat these ideas, promoting the need to end gender discrimination in all forms.
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[83].
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

[79] United Nations Educational, Scientific and Cultural Organization. *Quality physical education guidelines for policy-makers.*

[80] 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.

[81] Brown WJ, Mielke G, Alexandar TLK. Gender equality in sport for improved public health. *The Lancet*. 2016; 388 (10051): 1257-1258.

[82] See International Charter of Physical Education, Physical Activity and Sport.

[83] 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).

			domains.
		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	*Sustainable Cities and Communities*	**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 prioritise 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[84].
		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[85].
		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[86]. 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[87].
		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[88], which can also generate more demand for similar spaces and preservation of existing spaces.
		11a 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[89].

[84] Pucher J and Dijkstra L. Promoting safe walking and cycling to improve public health: lessons from the Netherlands and Germany. *American Journal of Public Health*. 2003; 93 (9): 1509-16.

[85] 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. *The Lancet*. 2016; 287 (10034): 2207-2217.

[86] 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).

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

[88] World Health Organization Regional Office for Europe. *Urban green spaces: a brief for action*. 2017.

[89] 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. The Lancet ,388 , 10062, 2936- 2947.

12	*Responsible Production and Consumption*	**12.8** Ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature **12c** 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	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 prioritised. Increased rates of walking and cycling can contribute to the sustainability and preservation of nature through reduced automobile use and heightened awareness of individuals' environmental impact. Likewise, exposure to nature (green and blue spaces[90]) through physical activity can foster appreciation for these spaces[91], 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[92]. 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.
15	*Life on Land*	**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	*Peace, Justice and Strong Institutions*	**16.1** Significantly reduce all forms of violence and related death rates everywhere **16.b** Promote and enforce non-discriminatory laws and policies for sustainable development	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

[90] Blue space refers to space near rivers lakes and oceans.
[91] 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.
[92] Sustainable Mobility for All. *Global mobility report 2017: tracking sector performance*.

			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)[93].
17	*Partnership for the Goals*	**17.6** Enhance the global partnership for sustainable development complemented by multi-stakeholder 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.

[93] 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. *International Journal of Behavioral Nutrition and Physical Activity*. 2016; (13) 22.

APPENDIX 2 RECOMMENDED ROLES AND RESPONSIBILITIES OF MEMBER STATES, WHO AND OTHER STAKEHOLDERS

OBJECTIVE 1 - CREATING AN ACTIVE SOCIETY

STRATEGIC 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	PROPOSED ACTIONS FOR: WHO SECRETARIAT	PROPOSED ACTIONS FOR STAKEHOLDERS*
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 complimenting 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[94] 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 car-free day, national fitness day, bike to work day/week, physical activity and sports celebration days, or similar	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 etc. 7. Facilitate the establishment of mechanism to enable sharing of effective media materials and expertise to strengthen the efficiency and effectiveness of campaign development and implementation, particularly in LMIC 8. Support Member States develop and implement 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	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, etc. 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 groups, private sector entities including city and municipalities

[94] 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

STRATEGIC ACTION 1.2. Conduct national and community-based campaigns to enhance awareness and understanding of, and appreciation for, the social, economic, and environmental cobenefits 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 2, 3, 4, 5, 9, 10, 11, 13, 15 and 16).		
PROPOSED ACTIONS FOR: MEMBER STATES	**PROPOSED ACTIONS FOR: WHO SECRETARIAT**	**PROPOSED ACTIONS FOR OTHER STAKEHOLDERS***
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), [95] Vision Zero (road safety) [96], Transport Delivers (sustainable transport) [97], and Trees for Cities[98]	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	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 method 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 groups, private sector entities including city and municipalities

[95] http://breathelife2030.org/
[96] http://visionzeronetwork.org/resources/
[97] http://www.slocat.net/transport-delivers-campaign
[98] https://treesforcities.org/

STRATEGIC ACTION 1.3. Implement regular mass-participation initiatives in public spaces, engaging whole communities, and provide free access to enjoyable and affordable, socially and culturally appropriate experiences of physical activity.		
PROPOSED ACTIONS FOR: MEMBER STATES	**PROPOSED ACTIONS FOR: WHO SECRETARIAT**	**PROPOSED ACTIONS FOR OTHER STAKEHOLDERS***
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 road network to motorized vehicles for use for walking, cycling and other recreational activities (such as Ciclovia[99] or Street Play) [100]; 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	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	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[101] 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 groups, private sector entities including city and municipalities

[99] Ciclovia is a Spanish term that means 'cycleway', either a permanent or the closing of certain streets to automobiles for cyclists and pedestrians.
[100] Street Play is an initiative that closes streets to traffic for short periods to enable children to play. http://www.playengland.org.uk/what-we-do/street-play/
[101] See document http://apps.who.int/iris/bitstream/10665/44416/1/9789241500210_eng.pdf

STRATEGIC ACTION 1.4. Strengthen pre- and in-service training of professionals, within and outside the health sector, 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, to increase knowledge and skills related to their roles and contributions in creating inclusive, equitable opportunities for an active society.

PROPOSED ACTIONS FOR: MEMBER STATES	PROPOSED ACTIONS FOR: WHO SECRETARIAT	PROPOSED ACTIONS FOR OTHER STAKEHOLDERS*
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 aging, 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[102]	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 programs of medical and other allied health professionals, and in the professional development and qualifications in other relevant sectors	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 programs and opportunities, such as conferences, webinars, seminars, workshops, online learning, newsletters, websites, fact sheets, MOOCs, 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 less 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 groups, private sector entities including city and municipalities

[102] See WHA69.7 resolution http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R7-en.pdf?ua=1

STRATEGIC 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 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.

PROPOSED ACTIONS FOR: MEMBER STATES	PROPOSED ACTIONS FOR: WHO SECRETARIAT	PROPOSED ACTIONS FOR OTHER STAKEHOLDERS*
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[103] 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[104] and SDG 11 (Target 11.3.2)	6. Promote the use and further development of the WHO HEAT[103], 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	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 LMIC 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 groups, private sector entities including city and municipalities

[103] WHO Health Economic Assessment Tool (HEAT) assesses the economic value of the health benefits of walking and cycling. See www.heatwalkingcycling.org

[104] Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development and Shanghai Consensus on Healthy Cities 2016, which contains principle of Healthy Cities, were adopted in the 9th Global Conference on Health Promotion, 21-24 November 2016. See http://www.who.int/healthpromotion/conferences/9gchp/en/

STRATEGIC ACTION 2.2. Increase the delivery of improvements in 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, with due regard for the principles of safe, universal and equitable access by people of all ages and abilities, in urban, peri-urban and rural communities, and in alignment with other commitments[105].

PROPOSED ACTIONS FOR: MEMBER STATES	PROPOSED ACTIONS FOR: WHO SECRETARIAT	PROPOSED ACTIONS FOR OTHER STAKEHOLDERS*
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 and green and blue[106] spaces, 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 neighborhoods 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 education 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 school, residential care homes near parks etc.)	4. Promote and support implementation of policies and programs 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 LMIC	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 groups, private sector entities including city and municipalities

[105] 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). See also 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.

[106] 'Blue space' refers to space near rivers lakes and oceans.

STRATEGIC 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[107,108].		
PROPOSED ACTIONS FOR: MEMBER STATES	**PROPOSED ACTIONS FOR: WHO SECRETARIAT**	**PROPOSED ACTIONS FOR OTHER STAKEHOLDERS***
1. Support the strengthening, where appropriate, of national road safety legislation and action plans, consistent with the Decade of Action on Road Safety[109] and the global road safety targets 1 and 2[110] 2. Collaborate and support the strengthening, as appropriate, of road transport systems in accordance with principles of safe systems[111] 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[112] 3. Support the implementation and strengthening of the enforcement of traffic speed restrictions (e.g. 30km/hr in all residential neighbourhoods and 50km/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	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	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[21]

[107] See the United Nations' Global Plan for the Decade of Action on Road Safety 2011–2020.

[108] See the United Nations Convention on the Rights of Child; the United Nations Convention on the Rights of Persons with Disabilities; 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; and the Global Status Report on Violence Prevention 2014. Geneva: WHO; 2014 (published jointly by WHO, UNDP and UNODC).

[109] See WHA69.7 resolution http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R7-en.pdf?ua=1

[110] **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 more information see: http://www.who.int/violence_ injury_prevention/road_traffic/road-safety-targets/en/

[111] 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.

[112] **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 more information: http://www.who.int/violence_ injury_prevention/road_traffic/road-safety-targets/en/

reduce speed, and reduce the use of mobile devices and consistent with Vision Zero[113] 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		

[113] Vision Zero is a systems approach to road safety that originated in Sweden. See http://www.visionzeroinitiative.com/

STRATEGIC 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	PROPOSED ACTIONS FOR: WHO SECRETARIAT	PROPOSED ACTIONS FOR OTHER STAKEHOLDERS*
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, blue[114] 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 programs 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 marketing of foods high in fat, salt, sugar consistent with previous commitments[115] and recommendations of the Commission on Ending Childhood Obesity[116]	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	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, particularly

*such as NGOs, civil society organizations, academic groups, private sector entities including city and municipalities

[114] 'Blue space' refers to space near rivers lakes and oceans.

[115] Endorsed on 21 May 2010 at the Sixty-third Session of World Health Assembly (WHA63.14) Marketing of food and non-alcoholic beverages to children.

[116] Welcomed on 31 May 2017 at the Seventieth session of World Health Assembly Agenda item 15.5 Report of the Commission on Ending Childhood Obesity: implementation plan.

STRATEGIC ACTION 2.5. Strengthen the policy, regulatory and design guidelines and frameworks at national and subnational level, 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	PROPOSED ACTIONS FOR: WHO SECRETARIAT	PROPOSED ACTIONS FOR OTHER STAKEHOLDERS*
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 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	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 behavior 5. Promote and share existing resources on building designs that promote physical activity to support Member States and build capacity	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 groups, private sector entities including city and municipalities

OBJECTIVE 3 - CREATING ACTIVE PEOPLE

STRATEGIC 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, so as to establish and reinforce lifelong health and physical literacy, and promote the enjoyment of, and participation in, physical activity, according to ability.

PROPOSED ACTIONS FOR: MEMBER STATES	PROPOSED ACTIONS FOR: WHO SECRETARIAT	PROPOSED ACTIONS FOR OTHER STAKEHOLDERS*
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[117] 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'[118] 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[119] 5. Collaborate with higher education sector and institutions to	6. Promote and support Members 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 (0-17 years) in alignment with the Commission on Ending Childhood[120] 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[121]	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 LMIC 11. Higher education institutions should strengthen implementation of initiatives such as WHO 'Health Promoting Universities'[122] or similar, to demonstrate 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[123] and recommendations of the Commission on Ending Childhood Obesity[124] 13. Academia and research institutions should conduct research and evaluation on the policy, implementation and

[117] Adopted on 14-15 July 2017 at the Sixth International Conference of Ministers and Senior Officials Responsible for Physical Education and Sport (MINEPS VI) (See http://unesdoc.unesco.org/images/0025/002527/252725E.pdf)

[118] See document http://www.who.int/school_youth_health/resources/information_series/FINAL%20Final.pdf

[119] Welcomed on 31 May 2017 at the Seventieth session of World Health Assembly Agenda item 15.5 Report of the Commission on Ending Childhood Obesity: implementation plan.

[120] World Health Organization. *Report of the Ending Childhood Obesity implementation plan: executive summary*.

[121] Annex 1 Kazan Action Plan. SHS/2017/5 REV Paris, September 2017

[122] See document http://www.euro.who.int/__data/assets/pdf_file/0012/101640/E60163.pdf

[123] See document http://apps.who.int/iris/bitstream/10665/44416/1/9789241500210_eng.pdf

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 prioritising access to campuses by walking, cycling and public transport		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 parents and community-wide understanding of the importance of daily physical activity, physical education and the reduction of sedentary behaviour in children, in particular in low resource countries and contexts 15. Child care services, paediatricians, public health nurses and other relevant stakeholders should advocate and support strengthening 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[125]

*****such as NGOs, civil society organizations, academic groups, private sector entities including city and municipalities

[124] See document http://apps.who.int/iris/bitstream/10665/259349/1/WHO-NMH-PND-ECHO-17.1-eng.pdf?ua=1
[125] See document http://apps.who.int/iris/bitstream/10665/259349/1/WHO-NMH-PND-ECHO-17.1-eng.pdf?ua=1

STRATEGIC ACTION 3.2. Implement systems of patient assessment and counselling on increasing physical activity and reducing sedentary behaviour, by appropriately trained health 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[126].

PROPOSED ACTIONS FOR: MEMBER STATES	PROPOSED ACTIONS FOR: WHO SECRETARIAT	PROPOSED ACTIONS FOR OTHER STAKEHOLDERS*
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	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 WHO mHealth[127] 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	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 LMIC 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 groups, private sector entities including city and municipalities

[126] This action is recommended by WHO as good 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

[127] See document http://www.who.int/goe/publications/goe_mhealth_web.pdf and http://www.ghspjournal.org/content/ghsp/early/2013/08/06/GHSP-D-13-00031.full.pdf

STRATEGIC ACTION 3.3. Enhance provision of, and opportunities for, more physical activity programmes and promotion in private and public workplaces, community centres, recreation and sports facilities, faith-based centres, nature and other public spaces and places, to support participation in physical activity, by all people of diverse abilities.

PROPOSED ACTIONS FOR: MEMBER STATES	PROPOSED ACTIONS FOR: WHO SECRETARIAT	PROPOSED ACTIONS FOR OTHER STAKEHOLDERS*
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 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 childcare 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 extra-curricular physical activity programmes etc.)	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 mechanism 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 LMIC 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 LMIC	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 LMIC 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 extra-curricular physical activity programmes etc.)

*such as NGOs, civil society organizations, academic groups, private sector entities including city and municipalities

STRATEGIC 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	PROPOSED ACTIONS FOR: WHO SECRETARIAT	PROPOSED ACTIONS FOR OTHER STAKEHOLDERS*
1. Strengthen implementation of national standardized protocols for the assessment of 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[128] 2. Develop and implement national policy to strengthen 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 aging 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	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 LMIC	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 people 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. Inter-Generational Games)[129] 7. The care community should promote the importance of physical activity (including strength and balance activities) as part of healthy aging and should provide care givers 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 groups, private sector entities including city and municipalities

[128] This action is line with WHO guideline on 'integrated care for older people; WHO good buy intervention for the prevention and control of noncommunicable disease; Hearts technical package for cardiovascular diseases management in primary health care, Physical activity for patients with hypertension.

[129] Intergenerational games are innovative approach to promote physical activity and other healthy lifestyle through fun and fitness activities. It fosters intergenerational relationship in the family especially older adults and children.

STRATEGIC 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	PROPOSED ACTIONS FOR: WHO SECRETARIAT	PROPOSED ACTIONS FOR OTHER STAKEHOLDERS*
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 or stigmatized, and indigenous communities and populations, including those with mental and or physical disabilities 3. Partner and support development of national sports policies that prioritise 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)[130]	5. Collaborate with UN agencies and 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, marginalised and stigmatized populations (as defined by each country), and the sharing of knowledge and experiences	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 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 UNHCR, in the design/development and in the evaluation of programmes to promote physical activity to marginalised, 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 groups, private sector entities including city and municipalities

[130] http://www.companioncard.org.au/

STRATEGIC ACTION 3.6. Implement whole-of-community initiatives, at the city, town or community level, 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	PROPOSED ACTIONS FOR: WHO SECRETARIAT	PROPOSED ACTIONS FOR OTHER STAKEHOLDERS*
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[131], Active Cities[132]) 2. Promote implementation of city scale and whole-of community, multi-component approaches to promoting adequate physical activity aimed at all ages and abilities, using principles of community engagement. Such approaches should include, but not be limited to, public and professional communication campaigns, community programmes across multiple settings (schools, healthcare, 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	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	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 groups, private sector entities including city and municipalities

[131] http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/activities/healthy-cities
[132] http://activecities.com/

OBJECTIVE 4 - CREATING ACTIVE SYSTEMS

STRATEGIC ACTION 4.1. Strengthen leadership and governance systems, at national and subnational level, including multisectoral engagement and coordination; policy coherence; physical activity action plans; recommendations on physical activity and sedentary behaviour for all ages; and implementation and monitoring of actions aimed at increasing physical activity and reducing sedentary behaviour.

PROPOSED ACTIONS FOR: MEMBER STATES	PROPOSED ACTIONS FOR: WHO SECRETARIAT	PROPOSED ACTIONS FOR OTHER STAKEHOLDERS*
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 professional and community-wide shift towards positively valuing creating an Active Society	6. Disseminate global recommendations for physical activity and sedentary behaviour for children under 5 years, young people (6-18 years old) and adults (18-64 years old), older adults (65 years old and above) 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 under 5 years and young people, in accordance with recommendation from ECHO[133] 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 targets set to reduce physical inactivity by 2025 and 2030	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[134] and NCD MaP[135], 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 implementing promotion of increasing physical activity and reducing sedentary behaviour

*such as NGOs, civil society organizations, academic groups, private sector entities including city and municipalities

[133] Report of the Commission on Ending Childhood Obesity: implementation plan. 2017.
[134] See document http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/publications/2015/health-enhancing-physical-activity-hepa-policy-audit-tool-pat-version-2-2015
[135] See WHO Tools for developing, implementing and monitoring the National Multisectoral Action Plan (MAP) for NCD Prevention and Control http://www.who.int/nmh/action-plan-tools/en/

STRATEGIC ACTION 4.2. Enhance data systems and capabilities at national and, where appropriate, subnational level, to support monitoring and accountability and ensure regular population surveillance of physical activity and sedentary behaviour, across all ages and multiple domains; the development and testing of new digital technologies to strengthen surveillance systems by including wider sociocultural and environmental determinants; and regular multisectoral reporting on implementation to inform policy and practice.

PROPOSED ACTIONS FOR: MEMBER STATES	PROPOSED ACTIONS FOR: WHO SECRETARIAT	PROPOSED ACTIONS FOR OTHER STAKEHOLDERS*
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 harmonised 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	5. Strengthen capacity and skills within WHO and Member States in population surveillance on physical activity and sedentary behaviour, 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 under 5, children 6-10 and adults over 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)	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 harmonised 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 groups, private sector entities including city and municipalities

STRATEGIC 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	PROPOSED ACTIONS FOR: WHO SECRETARIAT	PROPOSED ACTIONS FOR OTHER STAKEHOLDERS*
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 behavior 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 program evaluation on physical activity and sedentary behaviour	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 LMIC 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 LMIC 8. Support and facilitate the dissemination of knowledge on physical activity and sedentary behaviour through national, regional and global conferences, or similar	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 impact on equity, to inform national and subnational planning 11. Funders and researchers should support collaborate with policymakers 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 LMIC 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, using innovative communication strategies and virtual technologies to enable remote engagement, particularly from LMIC 14. Funders and researchers should partner to build and transfer research capacity in all regions, particularly in LMIC, for example through North-South and South-South joint research collaborations, and between countries of similar socio-economic and cultural characteristics

*such as NGOs, civil society organizations, academic groups, private sector entities including city and municipalities

STRATEGIC 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	**PROPOSED ACTIONS FOR: WHO SECRETARIAT**	**PROPOSED ACTIONS FOR OTHER STAKEHOLDERS***
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 organisations, 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	3. Support actions to mobilize resources and collaborations to implement the recommendations in the ECHO[136], the Kazan Action Plan[137], the New Urban Agenda[138], sustainable transport[139] and the Sustainable Development Goals 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	6. All stakeholders should implement evidence-based advocacy that calls for acceleration and scaling up of investment to increase physical activity, prioritizing those actions that reduce inequalities in access and opportunity and use the 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 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 groups, private sector entities including city and municipalities

[136] Report of the Commission on Ending Childhood Obesity: implementation plan. 2017.
[137] Adopted on 14-15 July 2017 at the Sixth International Conference of Ministers and Senior Officials Responsible for Physical Education and Sport (MINEPS VI) (See http://unesdoc.unesco.org/images/0025/002527/252725E.pdf)
[138] 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).
[139] See document Mobilizing sustainable transport for development https://sustainabledevelopment.un.org/content/documents/2375Mobilizing%20Sustainable%20Transport.pdf

STRATEGIC 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	**PROPOSED ACTIONS FOR: WHO SECRETARIAT**	**PROPOSED ACTIONS FOR OTHER STAKEHOLDERS***
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 bonds'	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 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[140]	5. All stakeholders should advocate for increased investment in physical activity based on the strength of the evidence for the health benefits, the substantial cobenefits, 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 bonds

***such as NGOs, civil society organizations, academic groups, private sector entities including city and municipalities

[140] The WHO strategy on the use of fiscal policies for health aims to enhancing Secretariat's capacity to support Member States in using fiscal policies for health which meeting was held during 4-5 December 2017. The meeting report is underway.