WEBINAR
DRAFT GLOBAL ACTION PLAN ON PHYSICAL ACTIVITY

AUGUST 15 2017
COMMENCING: 11AM GENEVA TIME (60 MINS)

All participants are automatically on mute to avoid excessive background noise. Please use chat box for comments and questions. Any problems email GAPPA@who.int
OUTLINE

1. Background context - key milestones and current situation
3. Structure and contents of GAPPA
4. Feedback and consultation process Aug-Sept 2017

Global Action Plan on Physical Activity 2018-2030
KEY MILESTONES IN PHYSICAL ACTIVITY AND GLOBAL HEALTH

1996

2004

2006-8

2010

2011

2013

2013

2015

2017/8

Global PA Action Plan

Global PA Tool Kit

Global PA Movement
KEY MILESTONES IN PHYSICAL ACTIVITY AND GLOBAL HEALTH

The Toronto Charter for Physical Activity: A Global Call for Action

Physical activity is central to better health and longer lives. It improves the quality of life and reduces the disability burden in a variety of ways, including prevention, treatment, and management of chronic diseases such as diabetes, cancer, cardiovascular diseases, and mental health conditions. Physical activity is also a key determinant of health equity and social justice. The Charter is a call to action for all stakeholders, including governments, civil society, and the private sector, to take concrete steps to promote physical activity and ensure that all people have access to opportunities to be physically active.

2010

2011

Source: International Society for Physical Activity and Health (ISPAH) - www.ISPAH.org
KEY MILESTONES IN PHYSICAL ACTIVITY AND GLOBAL HEALTH

2004

Comparative Quantification of Health Risks

Global and Regional Burden of Disease Attributable to Selected Major Risk Factors

Volume 1

2012

THE LANCET

“…in view of the prevalence, global reach, and health effect of physical inactivity, the issue should be appropriately described as pandemic, with far-reaching health, economic, environmental, and social consequences.”

Physical Activity

2016

THE LANCET

Physical Activity 2016: Progress and Challenges

“We urge all sectors of government and society to take immediate, bold actions to help make active living a more desired, affordable, and accessible choice for all population groups.”

A Series by The Lancet

2016

THE LANCET

Urban design, transport, and health

“…systematic designing of cities to enhance health through active transport promises to be a powerful strategy for improvements in population health on a permanent basis.”

A Series by The Lancet
KEY MILESTONES IN PHYSICAL ACTIVITY AND GLOBAL HEALTH

2016

THE BANGKOK DECLARATION
ON PHYSICAL ACTIVITY
FOR GLOBAL HEALTH AND
SUSTAINABLE DEVELOPMENT

THE 6TH ISPAH INTERNATIONAL
CONGRESS ON PHYSICAL ACTIVITY
AND PUBLIC HEALTH
Bangkok, Thailand
16-19 November 2016

Source: International Society for Physical Activity and Health (ISPAH) - www.ISPAH.org
KEY MILESTONES IN PHYSICAL ACTIVITY AND GLOBAL HEALTH

2013

Policy Recommendations Page 33-34

Global Target 2025

GLOBAL ACTION PLAN
FOR THE PREVENTION & CONTROL
OF NONCOMMUNICABLE DISEASES
2013–2020

GLOBAL ACTION PLAN
FOR THE PREVENTION & CONTROL
OF NONCOMMUNICABLE DISEASES
2013–2020
Global accountability framework for NCDs


25 outcome indicators
9 process indicators
10 progress indicators
2 indicators
GETTING TO 2018: PROGRESS MONITOR ON NCDs
PREPARING FOR THE THIRD UN HIGH-LEVEL MEETING ON NCDs

The WHO Director-General will use the following 10 progress indicators to report, by the end of 2017, to the United Nations General Assembly on the progress achieved in the implementation of the four time-bound commitments included in the 2014 UN Outcome Document on noncommunicable diseases (NCDs):

<table>
<thead>
<tr>
<th>Time-bound commitments</th>
<th>Indicators</th>
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<tbody>
<tr>
<td><strong>BY 2015</strong></td>
<td>(1) Member State has set time-bound national targets and indicators based on WHO guidance</td>
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<tr>
<td></td>
<td>(2) Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis</td>
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<td>(3) Member State has a STEPS survey or a comprehensive health examination survey every 5 years</td>
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<td><strong>BY 2016</strong></td>
<td>(4) Member State has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors</td>
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<td>(5) Member State has implemented the following four demand-reduction measures of the WHO FCTC at the highest level of achievement:</td>
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<tr>
<td></td>
<td>a. Reduce affordability of tobacco products by increasing tobacco excise taxes</td>
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<td></td>
<td>b. Create by law completely smoke-free environments in all indoor workplaces, public places and public transport</td>
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<tr>
<td></td>
<td>c. Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns</td>
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<tr>
<td></td>
<td>d. Ban all forms of tobacco advertising, promotion and sponsorship</td>
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<tr>
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<td>(6) Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol:</td>
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<tr>
<td></td>
<td>a. Regulations over commercial and public availability of alcohol</td>
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<td></td>
<td>b. Comprehensive restrictions or bans on alcohol advertising and promotions</td>
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<tr>
<td></td>
<td>c. Pricing policies such as excise tax increases on alcoholic beverages</td>
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<td>(7) Member State has implemented the following four measures to reduce unhealthy diets:</td>
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<tr>
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<td>a. Adopted national policies to reduce population salt/sodium consumption</td>
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<td></td>
<td>b. Adopted national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids in the food supply</td>
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<td></td>
<td>c. WHO set of recommendations on marketing of foods and nonalcoholic beverages to children</td>
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<td></td>
<td>d. Legislation/regulations fully implementing the International Code of Marketing of Breastmilk Substitutes</td>
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<td></td>
<td>(8) Member State has implemented at least one recent national public awareness programme on diet and/or physical activity</td>
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<td></td>
<td>(9) Member State has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities</td>
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<tr>
<td></td>
<td>(10) Member State has provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level</td>
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Prevalence of physical inactivity by WHO Region and WB income group

New global comparable estimates on physical inactivity for 2017 due soon

Source: WHO Health Status Report 2014
PHYSICAL INACTIVITY: REGIONAL EXAMPLE

PROGRESS MADE BUT SLOW

Presence of National Policy on Physical Activity

A New Global Physical Activity Action Plan

• Decision at the 140th session of the Executive Board in Jan 2017

• Requested to submit draft global action plan to be considered by the World Health Assembly in May 2018 through the 142nd Executive Board session in January 2018

• Build on previous NCD strategies and strategic links Sustainable Development Goals 2030

• Widely seen as new opportunity to provide countries with guidance on how to tackle inactivity especially around areas where the evidence has advanced most in recent years
TIME LINES AND PROCESS FOR DEVELOPMENT PROCESS

Establish and Commence Internal Steering Group (ISG) - Meetings held monthly

Convene Expert Technical Advisory Meeting

- Regional consultations led by WHO
- Stakeholder led consultations
- Open on-line consultations
- Briefing for Permanent Missions and UN Agencies

Webinars

Submit Draft to GBS

Revised Draft submit to GBS

EB142 Jan 2018

WHA 71 May 2018
1. To increase political interest, action and investment

2. To engage all relevant sectors in joint actions and the national response to SDG Agenda 2030

3. Secure the multiple benefits of active living for health, environment, economy and society

4. To provide (short) set of effective feasible policy actions to accelerate implementation - relevant and useable!

5. To strengthen the supporting systems at national level (e.g. surveillance, research, capacity building, advocacy and innovation)

6. To create a global social movement to support all countries reach the vision and goal of GAPPA
GLOBAL STRATEGY: OUTLINE STRUCTURE

1. Context & Mandate
   - Global Situation
   - Costs of Inaction
   - Benefits of Action
   - Opportunities for Action

2. Guiding Principles
   - Identify all Stakeholders
   - Vision and Goal

3. 4 Strategic Objectives
   - 19 Key Actions
   - Roles of Key Stakeholders

4. Links to Global Physical Activity Toolkit which will contain more ‘how to’ and links to resources & tools to guide implementation relevant to all sectors
GLOBAL ACTION PLAN ON PHYSICAL ACTIVITY

Background (Para 1-3)
A short summary of the background to the development of GAPPA

Mandate (Para 4-9)
Request for the Action Plan with contextual links to other global priorities and strategies across a wide number of areas including road safety, urban planning, transport, education, recreation and sports.

Structure (Para 10-14)
The action plan takes a comprehensive and multisectoral approach, uses a structure of four strategic objectives with a set of actions for Member States, international, regional and national level partners, and WHO Secretariat, and proposes draft set of key indicators of success to evaluate levels of implementation, progress and impact.
Global Situation (Para 15-43)

- Global Prevalence, regional differences, patterns within different domains of physical activity, inequities by age, sex, SES and other (para 15-20)
- Policy links between physical activity and other key areas: road safety, transport and urban design (21), sport (22-24), PE and education (25-26), early childhood development (27), healthy aging (28)
- Multiple ways to be active – Multiple policy options (29-30)
- Cost of inaction (31-32)
- Multiple social, health, environmental and economic benefits of joint actions on increasing physical activity (33-37)
- Report on progress to date being too slow and not at scale (38) and critical barriers to progress (39-40)
- Solutions are known and critical success factor – community involvement and joint actions (41-44)
A broad term encompassing the many ways to be active

6 categories of activity are explicitly highlighted in GAPPA to help clearly connect with shared agendas across government and society.
Vision (para 45)
A world where all countries provide the enabling environments and opportunities for all citizens to be physically active and through this enhance the social, cultural, economic development and wellbeing of nations

Goal (para 46)
One hundred million people more active by 2030
Guiding Principles (Para 47)

1. Life course approach
2. Equity
3. Empowerment of peoples, families and communities
4. Human Rights-based approach
5. Evidence based practice
6. Cross-sectoral Engagement and Partnership for Joint Action
7. Policy coherence
8. Universal health coverage
Effective implementation will require actions by Member States, the WHO Secretariat as well as international, regional and national partners including but are not limited to:

- Development agencies including international financial institutions (WB and regional development banks, sub-regional intergovernmental agencies and bilateral development aid agencies;

- Intergovernmental organizations including UN agencies and global health initiatives;

- Academic and research institutions including the network of WHO collaborating centres and other related networks;

- Non-governmental organizations including civil society, community-based organizations, human rights-based organizations, faith-based organizations and associations of health care professionals and service providers.

- Philanthropic foundations that are committed to promoting public health

- Selected private sector entities that commit to the objectives of the action plan
4 STRATEGIC OBJECTIVES

I
ACTIVE SOCIETY

III
ACTIVE LIVES

IV
ACTIVE SYSTEMS

II
ACTIVE ENVIRONMENTS
## 4 Strategic Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>1. Creating an Active Society</strong></td>
<td>To create societies with positive attitudes and values towards everyone being active, according to ability and across the life course, through increasing community-wide knowledge, understanding and literacy among public and professionals alike, on the multiple benefits of physically activity and many pathways to being active through walking, cycling, active recreation, sport, dance and play.</td>
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<td><strong>2. Creating Active Environments</strong></td>
<td>To create environments that promote and safeguard the rights of people of all ages and abilities to have equitable access to safe places and spaces in their cities and communities to be physically active through walking, cycling, active recreation, sports, dance and play.</td>
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<tr>
<td><strong>3. Creating Active Lives</strong></td>
<td>To increase provision and access to opportunities and programmes that support people of all ages, abilities and diverse identities in multiple settings, to be physically active in their community through walking, cycling, active recreation, sports, dance and play.</td>
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<td><strong>4. Creating Active Systems</strong></td>
<td>To deliver the leadership and systems that provide the necessary governance, coordination and joint action at national and sub-national levels; the data systems for surveillance, monitoring and accountability; the research and development to build capacity, and leadership to mobilise resources and implement actions to increase participation in walk, cycle, active recreation, sports, dance and play.</td>
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4 Strategic Objectives and 19 Actions

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<th>Objective</th>
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<tr>
<td>1. Creating an Active Society</td>
<td>FOUR ACTIONS</td>
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<td>3. Creating Active Lives</td>
<td>FIVE ACTIONS</td>
</tr>
<tr>
<td>4. Creating Active Systems</td>
<td>SIX ACTIONS</td>
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1. Creating an Active Society

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

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

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

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

2. Creating Active Environments

3. Creating Active Lives

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

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

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

2.4 Ensure the design of new, and refurbishment of older buildings and public amenities, including educational, health care, sports, offices and all social housing, enables occupants and visitors to be physically active in and around the buildings, including prioritizing access by pedestrians, cyclists and public transit.
4 Strategic Objectives and 19 Actions

1. Creating an Active Society
   - Enhance the provision of positive experiences in physical education and physical activity for girls and boys, in all pre-primary, primary, secondary and tertiary educational institutions to establish and reinforce life-long skills, enjoyment and participation in physical activity according to abilities.

2. Creating Active Environments
   - Implement the integration of patient assessment and provision of advice on physical activity by appropriately trained health and social care providers in primary and secondary healthcare and social services.

3. Creating Active Lives
   - Increase the provision of physical activity programmes and opportunities in community and other relevant settings (such as workplace, early year child care, community centres, recreation and sports facilities) to encourage and engage people of all ages, and abilities to participate in physical activity through walking, cycling, active recreation, sports, dance and play.
   - Increase the provisions of programmes that provide the opportunities for physical activity targeting inactive, vulnerable or marginalised populations in various settings.
   - Implement whole-of-community initiatives at the city, town or local community level, which combine multiple strategies across different settings to promote and increase participation by people of all ages and abilities.
4 Strategic Objectives and 19 Actions

1. Creating an Active Society
   - 4.1 Establish and strengthen national governance mechanisms, policy, guidelines and leadership, at multiple levels, to support coordinated multisectoral joint action aimed at increasing levels of physical activity across all population groups
   - 4.2 Strengthen the research and development capabilities, and stimulate innovation and application of new technologies, to accelerate implementation of effective national actions aimed at increasing levels of physical activity
   - 4.3 Build and improve national data systems to inform action, including: population surveillance across all ages and multiple domains of physical activity; policy and program evaluation; and regular monitoring and reporting of progress on implementation of national actions

2. Creating Active Environments
   - 4.4 Strengthen financing mechanisms to secure sustained implementation of national actions, and the development of the enabling systems that support national and sub-national action aimed at increasing physical activity through walking, cycling, active recreation, sports, dance & play
   - 4.5 Escalate advocacy efforts aimed at professional, community, media and political audiences, to increase awareness, knowledge and engagement in joint action at the national, regional to increase levels of physical activity

3. Creating Active Lives
   - 4.6 Strengthen all relevant professional and institutional capacity, in health and other sector, as well as community capacity, to implement and sustain national and sub-national actions aimed at increasing levels of physical activity

4. Creating Active Systems
   - 4.1 Establish and strengthen national governance mechanisms, policy, guidelines and leadership, at multiple levels, to support coordinated multisectoral joint action aimed at increasing levels of physical activity across all population groups
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<th>19 Actions</th>
<th>Indicators of Success</th>
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<td>1. Creating an Active Society</td>
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WHO Webinars: Open to all
- Tues 15th August: 11am Geneva time
- Wed 6th September: 4pm Geneva time

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- Eastern Mediterranean: 29-30 August - Cairo, Egypt
- Americas: 11-12 September - Washington DC, USA (tbc)
- Western Pacific: 12-15 September - Tokyo, Japan
- Africa: 18-19 September – Brazaville, Congo (tbc)

Briefing Session and Consultation with UN Agencies
- 8 September 2017: WHO HQ Geneva

Briefing Session with Permanent Missions
- 26 September 2017: WHO HQ Geneva

ADDITIONAL WEBINARS

1. NCDA Webinar: Open to all
   - 22 August 2017
   - 15:00-16:30 (UTC+00:00)
   For information see: http://bit.ly/NCDAAug17Webinar

2. ISPAH/ISBNPA Webinar: Open to all
   - 5th Sept 2017
   - 21.00-22.00 (UK time)
   For information see: www.ipsah.org

All formal feedback must be received at WHO via GAPPA@WHO.INT by Sept 22 2017

Submission for Executive Board 142 (Jan 2017)
Internal deadline at WHO: 1 October 2017
1. What is missing in argument, in examples, in policy actions, in roles?

2. Links to the SDG agenda and other sectors?

3. Structure of document:
   - Use of four objectives?
   - Listed policy actions - sufficient, comprehensive and feasible?
   - Focus on walk, cycle, active recreations, sport, dance and play?

4. Overall clarity and usefulness for end users to achieve intended impact

Comments on any other issues are welcome
THANK YOU

OPEN FOR QUESTIONS
PLEASE USE CHAT BOX TO ASK QUESTIONS

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