International Union for Health Promotion and Education (IUHPE)


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Summary

1. The IUHPE welcomes the forthright action of the World Health Organization in developing a Global Action Plan for Physical Activity (GAPPA). If embraced by member states and implemented at appropriate scale the GAPPA will significantly contribute to achievement of the Global NCD Target to reduce inactivity by 10% by 2025. In addition, well implemented physical activity plans will make important contributions to at least eight of the SDGs; achieving co-benefits beyond health.

2. The GAPPA is a fitting recognition of the importance of physical inactivity as a risk factor for ill health and death, and its contribution to global burden of disease attributable to NCDs.

3. To date, physical activity has been under-recognized and under-prioritized as a key risk factor and health promotion issue. The IUHPE welcomes the GAPPA is a key initiative that can lead to greater priority being afforded to this health issue.

4. The Draft WHO Global Action Plan on Physical Activity 2018-2030 (GAPPA) is a most comprehensive, evidence-informed and helpful draft.

5. The IUHPE commends the structure of the GAPPA, its cross-cutting principles and the structure of the proposed actions across active society, active environment, active lives and active systems.

6. The IUHPE is pleased to see the ambitious goal of 100 million people more active by 2030. We feel this could be further strengthened with more clarity around the quantum or
threshold for increased activity i.e.: “An additional one hundred million people sufficiently active for good health”.

7. The IUHPE acknowledges the evidence which shows that increasing population levels of physical activity will require a cross-community and cross-government approach. Therefore, the IUHPE commends the focus of the GAPPA on cross-sector approaches and the co-benefits and win-wins for areas such as education, climate, social policy, transportation, urban planning and economy.

8. Within this ‘cross-sector’ approach it is important to agree specific leadership roles for the health sector and Health Departments. These include, but are not limited to:
   - Convening cross-community mechanisms for physical activity policy and implementation
   - Leading public education and social marketing
   - Leading professional education, related to the health sector workforce, and collaborating with others in relation to the broader workforce
   - Physical activity in primary care – patient assessment and provision of brief advice
   - Supporting population monitoring, measurement and evaluation
   - Leading and supporting guideline development

9. The IUHPE welcomes and supports the focus on systems, and system supports to enable Physical Activity Plans. The IUHPE suggests examples are cited and specific reference is made to:
   a. “High level commitment and political Leadership at Head of Government or Ministerial level
   b. A high-level coordination Committee, mechanism or taskforce that is cross sector
   c. A funded National Physical Activity Action Plan
   d. Professional development support for a skilled physical activity workforce across sectors and disciplines
   e. Well mobilized advocacy (picked up in part by the notion of ‘champions of change’) accompanied by appropriate training
   f. Developing and reporting national targets and indictors
   g. Population monitoring and surveillance
   h. National physical activity guidelines”

10. The IUHPE notes that many effective interventions in physical activity can be achieved with reorientation of existing resources and priorities, and are therefore affordable in low- and middle-income contexts. This reorientation of existing systems also affords the opportunity to consider disparities in need, geography and cultural contexts that exist within and between countries.

11. The IUHPE welcomes future opportunities to work with the WHO in supporting capacity and advocacy around physical activity. We note the numerous references where the Secretariat is to develop manuals or technical packages. This is a major undertaking, and their implementation even more so. This will require support and partnership. It also relates to a broader goal of developing and strengthening competencies in the physical activity workforce and also for health promotion approaches to physical activity. This will require some expansion on Proposed Action Area 4.6. (See below).

12. The IUHPE remains committed and willing to assist in future development of the important processes for the GAPPA, particularly in relation to advocacy, translation and implementation.
The numerous comments that follow in this submission relate to points of detail and are referenced to the paragraphs/points in the Draft GAPPA. Nevertheless, some of these are substantive, and where appropriate we have provided suggestions regarding alternative wording or text.

INTRODUCTION

The IUHPE supports the three excellent points on page 1. These require a complementary fourth point that links point 2 (on health as a universal right) and point 3 (which addresses the health benefits of PA) with a more explicit description of the non-health benefits of physical activity and active communities – describing the relationship and contribution of PA to the other SDGs, and non-health aspirations of member states. Much of this is described in the ISPAH Bangkok Declaration, 2016 (endorsed as a position of the IUHPE). We have provided some potential text below.

... Actions to reduce physical inactivity through public education, accessible programs and supportive environments can also provide important co-benefits for society. Increasing physical activity can reduce health-care costs, contribute to increased economic productivity and provide effective return on investment in sectors such as transport and tourism, as well as reduce traffic congestion and traffic accidents and improve air quality.

Active cities and communities are healthy cities, but they are also more efficient, economically successful and sustainable.

Conversely the drivers of physical inactivity are linked to societal and environmental changes including technology, globalisation and urbanisation, which are transforming how people live, work, travel and play.

The IUHPE recognizes the above points are covered to a degree in point 9 p3 of 36 but they need to be raised in the context of background and introduction.

Mandate, pp1-4 of 36

To reinforce its mandate the Draft GAPPA makes appropriate reference to the UN Political Declaration on NCDs, WHO NCD Action Plan 2013-2020, a range of other WHO documents relating to women’s health, child health, disability and nutrition (points 4-7) and very nicely describes the links to the 2030 Sustainable Development Agenda (point 9) and the reciprocal opportunities therein for health, and co-benefits in other sectors. Reference could also be made to the WHO Commission on Ending Childhood Obesity.

Perhaps here (end of point 9, p3of 36, the point could be made more directly that ....................

active communities and cities are healthier and they are also more efficient, less congested, safer, more economically successful and sustainable.

General structure, p 4 of 36

Point 11. In addition to urban planning, transport, education, recreation and sport, the IUHPE encourages reference here to the links between physical activity and culture. This is particularly pertinent to low-and middle-income countries and indigenous cultures where the cultural and artistic contexts and settings for physical activity are vital.

Point 13. Note typographic error in sentence structure. Alternative text could read.
“The Global Action Plan is designed to provide further and more specific guidance for Member States to accelerate the development of national multi-sector physical activity action plans and to support their implementation”. New sentence; “...These plans and their implementation can leverage the links and benefits .....etc.”.

After point 14. This is an appropriate place to raise Governance matters, e.g. picking up on one of the physical activity ‘Policy Options for Member States’ on p33 of the WHO Global Action Plan for NCDs, i.e. The IUHPE suggests insertion of the following text:

“Member States should consider establishing a multisectoral committee or similar body to provide strategic leadership and coordination”, and to, “.... Develop appropriate partnerships and engage all stakeholders, across government, non-government organizations and civil society and economic operators, etc. ....”

OVERVIEW OF THE GLOBAL SITUATION, p 4 of 36

The IUHPE commends this section in providing important global and regional contexts for the GAPPA. However, it would benefit from a forthright opening statement of what the problem is, what the challenges and issues are and how the GAPPA and its actions will address them.

Efforts to shorten this section, without weakening its focus, would enhance its readability.

The focus is on physical activity levels and this is appropriate. However, the IUHPE suggests reference is made to the 24 hour cycle and the balance within this of physical activity, sedentary behaviour, sleep and rest. This in turn recognizes global diversity and important differences within and between countries and in different cultural, economic, occupational and life-cycle contexts of the balance within the 24 hour cycle.

The IUHPE requests insertion of the text: that...

“.... despite differences across regions and contexts and across the age-span, physical inactivity is unacceptably high across the world, across cultures, in both genders and across the life course”.

Point 25. The IUHPE suggests that, in discussing physical education, the text makes explicit reference to fundamental movement skill development, physical literacy and game skill development. For example:

“..... in keeping with formal curricula that includes fundamental movement skill development, physical literacy and game skill development”.

Schools may also afford opportunities or provide catalysts for developing new answers, including family and community engagement through a whole-of-school approach, as well as empowering children to develop, test and implement their new solutions.

Point 26. In reference to SDG 4. This text touches on health benefits associated with being active, cognitive and academic benefits. It ignores the fact that physical education has legitimate benefits relating to physical literacy, skill development, game skills and social skills. This needs to be reflected in the text. The IUHPE suggest insertion of:

“In addition to any fitness benefit from school physical education, good quality physical education develops physical literacy, fundamental movement skills, game skills and social skills, and can contribute to mental health”.
Point 27. Cross-reference could be strengthened here to the WHO Commission on Ending Childhood Obesity.

Point 30. The IUHPE commends the Important examples of success cited here. These could be further supported with reference to recent systematic reviews from Barnett et al., IJNPA 2017 and Cerin et al., IJNPA 2017.

Point 32. Could reference economic benefit of falls prevention e.g. Beard et al., 2006; and supplement what’s there re economic ROI for built environment change with Guo et al., Prev Med. 2010. Good, recent general article on ROI of pub health interventions is Maters et al., JECH online, March 2017, showing a median 14/1 ROI for public health interventions.

Point 34. See also Peters et al 2013. Cost effectiveness of mandatory 20mph zones, J Pub H (Oxf).

Points 38 and 39. The IUHPE strongly supports the excellent remarks here regarding little progress with implementation and the important acknowledgement of constraints to progress. Perhaps these can be re-stated on p 14 as a lead-in to proposed actions; also the important point in 41., re requests for technical assistance.

This GAPPA is, above all else, a robust call to action to increase focus on implementation and the IUHPE applauds this focus.

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

Point 44. The IUHPE supports this very nice overview

**Vision Point 45.**

The IUHPE suggest alternative wording:

“A world where all countries provide and strengthen enabling policies, environments, education and opportunities for all citizens to be physically active, and through this, enhance health, social, cultural, and economic development and wellbeing”.

“Enabling environments and opportunities” is good but not enough, and also open to interpretation. We have therefore explicitly included “policies, environments, education and opportunities” above to better reflect comprehensiveness.

**Goal Point 46.**

The IUHPE is pleased to see the ambitious goal of 100 million people more active by 2030. We feel this could be further strengthened with more clarity around the quantum of activity; noting that the current wording doesn’t convey a standard? The IUHPE suggest the following wording:

- “An additional one hundred million people sufficiently active for good health”. i.e. an additional one hundred million people meeting physical activity guidelines.
- We feel this could be further strengthened with more clarity around the quantum or threshold for increased activity i.e.: “An additional one hundred million people sufficiently active for good health”.

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Cross cutting guiding principles

The existing principles are excellent. Perhaps one could be added on:

“valuing and appreciating the richness and opportunities afforded by diversity”.

Guiding principle e) evidence based practice: It is understating things to say additional evidence is drawn from ‘practice-based experience’. This plan has drawn on robust peer-reviewed literature and is able to be well referenced beyond the two policy actions assessed by the WHO CHOICE model. Much of this evidence goes well beyond ‘practice based’. The IUHPE suggests rewording to include:

“Additional evidence is drawn from robust peer-reviewed literature and practice based experience......etc.”

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

Does WHO Need to be added to this heading? (See bolded above)

Point 49. This is Inclusive and appropriate

Point 50. Strategic Objectives

The IUHPE suggests the inclusion of a heading ‘Strategic Objectives’ would be useful here. The IUHPE has received some feedback that the use of the word ‘creating’ implies starting from scratch. Alternative words that has been suggested include ‘strengthening’, ‘reinforcing’ or ‘enabling’. This applies also when discussing capacity – where our feedback has been that countries require capacity ‘strengthening’ not capacity ‘building’. We suggest this language also reinforces that member states will have very different starting points when choosing to engage with the GAPP.

I CREATING AN ACTIVE SOCIETY:

The current text reads .... “... 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”.

This may under-state the importance of physical literacy and skills – especially in the young. The point could be more explicit by highlighting the strategies to achieve the increases in knowledge etc. Some suggested text.

“Implement strategies across the life-span, including:
- Strengthening public education to appreciate and understand the multiple benefits of physical activity
- Strengthening public education to enable access and participation through the many pathways to being active, including through walking, cycling active recreation, sport, dance and play
- Strengthening physical literacy, skill development to enable participation
- Strengthening awareness and skills in professionals to enable education, awareness raising and referral to pathways/opportunities”.

II CREATING (Supportive) ACTIVE ENVIRONMENTS. This reads well and is appropriately inclusive. The title could be improved with reference to ‘supportive’ environments.
II CREATING ACTIVE LIVES. This reads well and is appropriately inclusive.

IV CREATING ACTIVE SYSTEMS. This is also good

The text in these paragraphs (under point 50) is good. However, the IUHPE has an overarching concern about the wording of the headings of the four strategic objectives. They appear to be conveying four simple concepts that relate to:

- PUBLIC AND PROFESSIONAL EDUCATION
- ACTIVE ENVIRONMENTS
- PROGRAM OPPORTUNITIES, and
- ACTIVE SYSTEMS

However, because they don’t explicitly say this in their headings, especially I and III, they may be ambiguous, perceived as jargon, or open to misinterpretation. This may be further exacerbated or present further challenges when the plan in translated into languages other than English. The IUHPE suggest that this can be addressed with clarifying sub-headings for the four strategic areas as follows.

- “CREATING AN ACTIVE SOCIETY: public and professional education
- CREATING ACTIVE ENVIRONMENTS: places and spaces
- CREATING ACTIVE LIVES: program opportunities, and
- CREATING ACTIVE SYSTEMS: Governance and policy”

STRATEGIC OBJECTIVE 1: CREATING AN ACTIVE SOCIETY: public and professional education

The IUHPE suggest that it be explicitly stated that the funding of robust, evidence-based public education and media is a key role for the health sector.

52 As stated earlier key words needed here are attitudes, values, knowledge, understanding and literacy. This needs also to include skills/physical literacy.

Therefore, this also needs to extend beyond understanding the multiple benefits of physical activity and many pathways to being active, and include the skills and competencies to engage and participate.

The listing of walking, cycling, active recreation, sport, dance and play is appropriately inclusive.

Point 53. Indicators of success

- It is important to add X % of schools with quality and mandatory physical education that includes and equips children with the skills and physical literacy for lifelong participation.
- We suggest that IV (air quality) belongs in Strategic Objective 2

Proposed action 1.1. Best practice communication campaigns

PROPOSED ACTION FOR MEMBER STATES

Point 56. This could be broadened to ‘sport, cultural and participation events’.
Point 57: The IUHPE commends the inclusion of actions and technical support from the WHO Secretariat, especially given the expressed demand for technical assistance. We note however, given the magnitude of the global task, that member states, non-government organizations and civil society are will often also provide technical assistance and capacity building. Perhaps the secretariat role, can be in providing guidance as a developer, disseminator, facilitator and supporter/collaborator with others that build collective capacity.

Point 54. Makes reference to education, awareness and behaviour change needing to be sustained. The IUHPE suggests this is expanded to include reference to public education and mass media evidence. For example:

“Public education messages also need to be well researched and audience-tested, evidence based, theory based and delivered through the channels, and at a dose, that will make optimal difference to community attitudes, knowledge, intentions and behaviours”.

There is a solid evidence base for this and new references could be included, e.g. Leavy et al 2012, HE&Beh., and Wakefield, The Lancet.

PROPOSED ACTIONS FOR THE SECRETARIAT
Point 57. Noting the language in 57 is different to 54. ‘Mass-reach behaviour change communication’ could be terminology used at 54 and 53.

PROPOSED ACTIONS FOR INTERNATIONAL AND NATIONAL PARTNERS

Point 59. See my point above at 57 above re a role for NGOs and civil society providing technical assistance and capacity building in collaboration with the WHO Secretariat. E.g. ISPAH Conferences, IUHPE Conferences, webinars, seminars, workshops, online learning etc.

Proposed action 1.2. Mass participation initiatives

Point 62. The IUHPE supports the solid evidence base for this including Ciclovia, especially given the low- and middle income country source of this evidence.

Point 63. The IUHPE supports this as an important and appropriate role for the Secretariat

The IUHPE suggests inclusion of the suggestion that mass participation can also be generated and motivated through online and digital communication, through social media and through utilising new technologies such as wearable devices. E.g. virtual walks and online challenges.

Proposed action 1.3. Strengthen awareness etc in professionals

Point 66. The IUHPE strongly supports this focus on professional capacity building. To achieve the goal of this being mandated will require the active engagement of training institutions, accreditation bodies and professional societies.

After point 73. Add a role for non-government partners and professional societies in advocacy

Proposed Action 1.4. Community-wide awareness re walking and cycling

The IUHPE strongly supports the focus on walking, cycling and public transport, noting that access to active transport is both a right and a social determinant of health as well as health enhancing. All actions 74, 75, 76, 77 supported.
It is evident that a number of actions allocated to the secretariat will require resourcing well beyond current capacity. This issue will need to be addressed for some of the Secretariat actions to be fully realized and implemented. See also at 87 where the suggestion is that this occur in partnership with key agencies.

**STRATEGIC OBJECTIVE 2: CREATING ACTIVE ENVIRONMENTS: Places and Spaces**

Point 78. The IUHPE strongly supports the expression of access to safe places and spaces as a ‘right’. Point 79. Should there be an indicator around cycling and walking infrastructure provision; to measure the proposed increase in the level of service referred to in point 80.

**Proposed action 2.1. improve the urban design and transport in all cities and communities**

The IUHPE commends all of the actions 80-84. However, some re-ordering is suggested. It would appear logical that action 81 should be first, followed by 84, then 80 then 83 and 82. In relation to walking and cycling infrastructure the IUHPE would recommend use of the terminology ‘safe and separated infrastructure for walking and cycling’.

Action 87. The idea to produce and disseminate guidance in collaboration with existing agencies is supported. See related point above under action 1.4.

Actions 80-84. These actions, collectively, cover the content of healthy urban planning. The IUHPE suggests it would be beneficial to have an overarching action following number 80 which identifies the particular aspects of the built environment where evidence suggests implementation action should be focused. The IUHPE suggests insertion of the following more explicit text:

- “Access to a diverse range of destinations and focal points in walkable distance
- Accessible, connected, and easily-and-safely navigable integrated network of walking, cycling and public transport
- A safe and accessible range of public open spaces and places that cater for physical activity and cultural needs across the life-course
- Buildings (schools, workplaces, facilities, public and private) that afford opportunities for physical activity and better health. This also includes housing needs of a diverse community.
- Co-location of facilities to ensure access, easy movement
- Building social capital and sense of place through design that promotes interaction of people, highlight point of interest, history and culture and connect large numbers of people with their place”.

**Proposed action 2.2: safety and vulnerable road users**

The IUHPE supports this inclusion due to its relevance to rapidly developing cities and rapidly urbanising low- and middle-income countries, and its relevance to the SDGs.

Action 91. In addition to traffic speed and management, this could also refer to “…. separated spaces for walkers and cyclists”. We suggest reference to reorientation of priorities reflecting priority being afforded to the walker, the cyclist, public transport, freight and cars (in that order) – so ‘traffic management’ is only part of what is needed. The main game is the priority afforded to safe movement by active means.
Action 92. This is supported. Perhaps explicit mention could be made of safe routes to schools and education and environmental supports promoting biking and walking to school.

**Proposed action 2.3: safe access to quality public and green spaces.**

95. The IUHPE notes that the terms ‘mandate and enforce’ are used here. This is appropriate! However, it is also appropriate to the provision of walking and cycling infrastructure and health urban planning regulation.

**Proposed action 2.4: Buildings and public amenities**

Action 100. In this context is child-care facilities inclusive of schools. In some country contexts it is not, and refers to 0-5 year-olds. The IUHPE suggests use of the term ‘child care facilities and schools’.

The IUHPE suggests the inclusion of an additional action in relation to buildings. We suggest inclusion of text that includes:

“.... the desirability of co-location of facilities and amenities to enable efficiency of access by walking, cycling and public transport. This can also enhance service access and reduce time in transit, especially for women and the poor who have no or limited access to a car”.

**STRATEGIC OBJECTIVE 3: CREATING ACTIVE LIVES – program opportunities**

Action 107: The IUHPE supports these indictors. We recommend the addition of ‘game skills’ as well as fundamental movement skills.

**Proposed action 3.1: Enhance positive experience in PE etc**

The IUHPE is concerned that there is little recognition in this Action Area of the importance of physical education occurring within the context of a ‘whole-of-school’ approach to physical activity and in keeping with the health-promoting school model.

Action 108. The IUHPE commends this action as fundamental and essential.

Action 109. In the 0-5 y.o. setting this should also include reference to spending time outdoors, using movement and play as priority educational methodologies.

Action 114. See our previous notes re the development of a large number of manuals, technical documents etc by the secretariat. This necessitates additional capacity and funding. It will require partnership, and in the implementation of these resources even more so. This also relates to an important broader goal of developing competencies in the physical active workforce.

**Proposed action 3.2: Integration of patient assessment and provision of advice etc**

The IUHPE commends this as a key role for the health sector!
Point 118. This point could be expanded to incorporate three additional concepts

- “Referral by doctors and health professionals to specialist services such as exercise physiology or physiotherapy
- Referral by health professionals into community programs
- For those with existing noncommunicable conditions, referral into cardiac rehabilitation and other secondary and tertiary prevention services”.

Proposed action 3.3: Provision of PA in community settings etc.

The IUHPE suggest adding to the proposed action:

....”and in nature, public spaces and places”.

Noting that the provision of programs does not always have to be in formal facilities. This is important for low- and middle-income countries, low-resource settings and indigenous communities.

There is important recognition in 123 and 124 of inclusivity of ages and abilities as well as cultural diversity.

It may be pedantic but the IUHPE would suggest “active recreation and sports” rather than “sports and active recreation”.

In relation to sport, the GAPP does not address the vexing issue of sport sponsorship by tobacco, alcohol, junk food and sugary beverage companies, as well as unhealthy catering in stadia and other physical activity/sport settings. In achieving policy coherence across NCD risk factors and the SDGs, active environments need also be health promoting environments that are smoke-free, alcohol-free and free of other unhealthy influences, especially for children. The GAPP needs to be bold in this area with an accent on protecting children and vulnerable populations.

Proposed action 3.4: Inactive, vulnerable and marginalised communities

There is insufficient description of ‘vulnerable or marginalised’ populations. This is important to describe so that we can ensure such groups are not omitted (a fundamental principle).

The frail and aged are mentioned at Action 134. The IUHPE considers that the GAPP has insufficient focus on disability, mental illness and indigenous populations. The IUHPE suggests that each of these three vulnerable or marginalised groups requires a separate action, tailored to these groups.

Proposed action 3.5: Community-wide initiatives

Action 138. The key aspect of this that needs to be emphasised is “.. the ‘integration’ of these approaches into a cohesive and comprehensive initiative with an identity or brand”.

STRATEGIC OBJECTIVE 4: CREATING ACTIVE SYSTEMS

Action 141. The IUHPE strongly supports the central importance of system supports to enable development and implementation of Physical Activity Plans. One element that needs greater focus in
the document is the development of competencies in the PA workforce – including identification of
the breadth of professions that constitute the PA workforce.

In the indicators consider including:

“... named Ministerial champions” and
“... cross-sector councils or coordination mechanisms”.
The champions and associated infrastructure need to be across sectors and within sectors.

The indicators of success, by default indicate what gets done, i.e. ‘what gets measured gets done’.

In terms of underlying infrastructure or systems determinants of successful implementation of
Physical Activity Plans the IUHPE suggest specific reference to:

1. “High level commitment and political Leadership at Head of Government or Ministerial level
2. A high-level coordination Committee, mechanism, taskforce that is cross sector (Chair by
3. Funded National Physical Activity Action Plan
4. Sustainable financing for implementation
5. A skilled physical activity workforce across sectors and disciplines
6. Well mobilized advocacy (picked up in part by the notion of ‘champions of change’)’
7. Developing and reporting national targets and indictors
8. Population monitoring and surveillance
9. National physical activity guidelines”

**Proposed action 4.1: National Governance mechanisms etc**

Action 142. Refer to ‘across sectors’ rather than ‘other sectors’ - none will want to be the ‘other’

As above, the IUHPE recommends adding and an action that explicitly mentions:

“... establishing high level commitment and political Leadership at Head of Government or
Ministerial level; and
“... establishing and supporting a high-level coordination Committee, mechanism or
taskforce that is cross sector (Chair by head of government or nominated minister)”.

The IUHPE suggest adding an action that explicitly speaks to building competency in the physical
activity workforce. Who will be the recipients and implementers of the many manuals, kits and
technical documents that are reflected in this Plan? How will we ensure they have the skills and
competencies to implement at scale? A skilled physical activity workforce across sectors and
disciplines is a key infrastructure plank of any attempt to create “Active Systems’.

**Proposed action 4.2: Strengthen research and development capabilities etc.**

The IUHPE strongly supports these actions. In addition, however, we suggest an explicit action
relating to building competencies and skills in the workforce charged with implementation. This is a
significant gap in the current GAPPA.

**Proposed action 4.3: National data systems etc.**

The IUHPE supports this action.
Proposed action 4.4: Strengthening financing mechanisms etc

Action 163: The IUHPE considers provision for sustainable financing as essential. Innovative and dedicated financing will be the critical enabler of much of what is in the GAPPA. This is especially important for low-resource economies and low- and middle-income countries. While a fixed proportion of total budgets is supported, further examples of ‘potential’ mechanisms could be provided, many of which are implemented in some member states or at sub-national level. For example:

- A levy on products that cause harm, earmarked for National Physical Activity Plan implementation (e.g. tobacco, alcohol, sugary drinks).
- A Physical Activity Lottery.

Proposed action 4.5: Escalate advocacy efforts

The IUHPE considers specific and explicit initiatives to build advocacy skills and competencies are an essential requirement if the scaling-up of implementation activity in member states is to be realised.

The IUHPE recommends that in addition to Action 169, this be extended to include a key new Action Area related to:

“... Advocacy skill development, advocacy-related professional education and capacity building – across sectors and at national and global scale, supported by the development of advocacy tools”.

Proposed action 4.6: Strengthen all relevant professional and institutional capacity etc.

This is limited somewhat by its specific and exclusive reference to children (172) and Government (173). Both of these are vital, but competency development is important across the non-government sector, civil society and the private sector (notably workplaces).

The IUHPE suggests undertaking a thorough scoping of the breadth and inclusive nature of the physical activity workforce, followed by prioritisation within this of the related professions and groups. The numerous guidance, tools, professional and technical support and case study activities referred to throughout the GAPPA can then also be repurposed to different contexts.

Glossary

Suggested additional terms to be added:

- Advocacy
- Fundamental movement skills
- Fundamental games skills
- Physical literacy.

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