

## Joint Submission on the Draft global action plan on physical activity 2018-2030

This joint submission collates inputs on the GAPPa from the following international organisations (further details on each can be found in the annex):

- The UNESCO Chair “Transforming the lives of people with disabilities their families and communities through physical education, sport, recreation and fitness” at the Institute of Technology Tralee, Ireland,
- The Global Partnership for Children with Disabilities - Physical Activity and Sport Taskforce,
- The International Federation for Adapted Physical Activity (IFAPA),
- Disability Inclusive and Accessible Urban Development (DIAUD) Network,
- Global Alliance on Accessible Technologies and Environments (GAATES).

### Summary (*references in core text*)

1. Physical Activity is a critical tool in the development and maintenance of health and wellbeing and in the prevention and treatment of disease at individual and societal levels. Its relevance and impact for people with disabilities is even more critical considering the individual and societal fiscal and human benefits of activity and cost of inactivity.
2. The definitions of ‘health’ and ‘physical activity’ and their interrelationship could be more definitively stated, most especially as ‘health’ has become synonymous with ‘illness’ in much discourse and physical activity has too frequently been trivialised as a ‘nice to do’ not ‘need to do’ health intervention.
3. People with disabilities are three times less active than the general population, despite having more to gain in terms of prevention and treatment of secondary conditions, biopsychosocial health and social inclusion. It is imperative that an ‘inclusion in all policies approach’ be adopted to ensure crosscutting actions address disparities for marginalised groups in terms of awareness, access and opportunity.
4. Preservice vocational programmes preparing people to work in the area of physical activity (health, physical education, sport, urban planning, community development) need to embed inclusion (of people with disabilities and other marginalised groups) as a core curricular area for all professionals. This needs to be supplemented with in-service programmes to address current knowledge and skills deficits reported across the sector. More people with disabilities need to be enabled to take up employment and leadership roles in the sector.
5. The data gap in relation to comparative physical activity levels research across the globe is magnified in the area of disability inclusion. The Washington questions and related constructs developed by the Washington Group on Disability Statistics established under the UN Statistical Commission should be put forward as part of GAPPa to ensure that the existing data gap is addressed within the timeframe of GAPPa at a country level.
6. Communication campaigns, mass participation campaigns, champions, coalitions, case studies developed and promoted as part of GAPPa need to mainstream diversity and embrace inclusion from the outset.
7. Settings for physical activity need to be lifelong and lifewide addressing all individuals, leaving no one behind and starting with the most vulnerable.
8. Universality/ universability should be embraced in planning, design, implementation and evaluation. A ‘pathway to inclusion’ from recognising the rights of all, to inclusivizing practice and mainstreaming diversity could be implemented on a global level across the timeframe of GAPPa.
9. Assistive technologies and devices can support active lifestyles and active transportation for many people with disabilities, yet only 10% of people who would benefit from them can avail of them. The New Urban Agenda and Habitat III aligned with GAPPa creates an opportunity to bridge this gap.
10. Many UN and international bodies, NGOs, DPO’s, CSO’s, and Federations representing the public and private sector can support the implementation of GAPPa. Many normative instruments, policy agendas and resources address some of the aspirations of GAPPa. Crosscutting actions, collaborations and resources could be identified for efficiency and effectiveness.

## Comments on WHO Discussion Paper version Dated 1<sup>st</sup> August 2017 by section:

**The approach we have taken in this submission is varied. On the background and context elements of the Draft GAPPa submission we have taken the opportunity to use a predominantly discursive approach highlighting some of our overarching comments on GAPPa and the opportunity it presents. In keeping with SDG 17 Partnership we welcome the opportunity to input on this document and to be available for any required follow up. On the Action Plan component of GAPPa we have taken a more editorial approach.**

### Background:

1. We welcome the decision of the Executive Board to work towards a Global Action Plan on Physical Activity 2018-2030.
2. **a)** Contextually, the alignment of GAPPa definitively within a health agenda is very welcome and is critical for effective resourcing and implementation of the policy actions. The connection with the 2030 Agenda for Sustainable Development is also critical, as is the 'health in all policies' approach. Inclusive Physical Activity is critical to the sustainable development agenda<sup>1</sup>. The fact that people with disabilities, in general, are three times less active than the general population<sup>2</sup> supports the need for the Sustainable Development Agenda to 'leaving no one behind' 'starting with the most vulnerable' first. Despite the evidence advocating for regular physical activity participation by people with disabilities, fitness facilities remain inaccessible<sup>3</sup>. Beyond the facilities themselves, barriers to participation include access to transportation, information about programs and staff who are trained in delivering inclusive programs<sup>4</sup>. Programmes such as UFIT, ([www.justdoufit.com](http://www.justdoufit.com)) Universal Fitness Innovation and Transformation have been developed to fit this need. It is currently being piloted in the US, Canada, Peru, Spain, Ireland and shortly in the UK.

This affirms the need for GAPPa to redouble policy efforts for this population and any other groups facing marginalisation, discrimination and prejudice. Physical activity is a critical contributor to the biopsychosocial health and wellbeing of people with disabilities. Further expansion of this connection would be welcome in this section in order to affirm the position of physical activity as a critical mechanism for health and wellbeing at an individual and societal level. While those who work in the area of physical activity recognise this, it is not always a position appreciated in broader health spheres. This is especially pertinent as the term 'health' has become to some degree synonymous with 'illness' most especially in the context of political priorities, associated funding allocations and policy actions.

**b) The definition of physical activity** provided in the glossary may not fully embrace the intended scope and function of physical activity as outlined in this document. The definition provided states '*Physical Activity: is any bodily movement performed by skeletal muscles that result in an increase in energy expenditure. Walking, running, dancing, swimming, yoga, and gardening are a few examples of physical activity being forms of movement that work muscles and require more energy than resting.*' It may be worth expanding upon this definition prior to the publication of this document to ensure the definition encapsulates activities that have the capacity to bring about changes to the biopsychosocial health of the individual in terms of development, maintenance, treatment and prevention of hypokinetic states. Physical activity is defined as any bodily movement produced by skeletal muscles that requires energy expenditure (WHO), (for the purposes of GAPPa) at a level required to maintain or improve biopsychosocial health and wellbeing (UNESCO Chair ITtralee 2015).

<sup>1</sup>[http://www.gpcwd.org/uploads/2/6/0/9/26097656/gpcwd\\_thematic\\_paper\\_on\\_physical\\_activity.pdf](http://www.gpcwd.org/uploads/2/6/0/9/26097656/gpcwd_thematic_paper_on_physical_activity.pdf)

<sup>2</sup> Rimmer, J., Yamaki, K., Davis Lowry B., Wang, E. and Vogel, L., (2010), 'Obesity and obesity-related secondary conditions in adolescents with intellectual/developmental disabilities', *Journal of Intellectual Disability Research*, 54, 9, 787-794

<sup>3</sup> Rimmer, J. H., Padalabalanarayanan, S., & Malone, L. (2017). Fitness facilities still lack accessibility for people with disabilities. *Disability and Health Journal*, 10, 214-221. doi: 10.1016/j.dhjo.2016.12.011

<sup>4</sup> Rimmer, J. H., Riley, B., Wang, E., Rauworth, A., & Jurkowski, J. (2004). Physical activity participation among persons with disabilities: Barriers and facilitators. *American Journal of Preventive Medicine*, 26, 419-425. doi: 10.1016/j.amepre.2004.02.002

c) The GAPPa Webinar (August 15th, 2017) examined background context, milestones and the current situation. It started its reflection with the 1996 Surgeon General Report on Physical Activity and Health. There is merit in considering an earlier point in time. GAPPa presents an opportunity to revisit or restate the WHO definition of Health (1948), and its inherent connection with physical activity and other lifestyle parameters.

Health and wellbeing are core areas of importance to those involved in the promotion of physical activity for all people including those with disabilities. A spectrum construct may help clarify the concepts and shift the discussion on how we view and provide for health in line with the GAPPa vision for physical activity. The Sustainable Health Spectrum illustrated below (SHS, UNESCO Chair, 2016), may help serve this purpose. This may help deconstruct current common perspectives that blur the lines between health and illness, enabling the rebuilding of a fresh vision for policy and practice. There is widespread recognition that we need to change how we provide for and understand health. In 2015, the OECD reported that healthcare costs are rising so rapidly that without reform, they will be unaffordable in economically developed countries by 2050<sup>5</sup>. They are calling for a new healthcare vision, embracing new policy and practice; enabling people to take a more active role in their health across the full health spectrum. A broader vision that encompasses new stakeholders is essential and a range of biopsychosocial elements and truly enabling environments for all.

Arguably, the spectrum and reflects the original WHO definition constructs while also building in elements of the Ottawa Charter and in this context the Toronto Charter. In 1948, the World Health Organisation (WHO) defined health as "**a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity**". Furthermore, the Ottawa Charter (WHO, 1986) identified health as a positive construct and resource for life for which responsibility for development extends **beyond the individual to include the socioeconomic context and enabling environment**. The Spectrum illustrates the treatment paradigm scope of action while allowing us to conceive the further steps that are required to co-create optimal wellbeing. Too often, however, historically the immediacy of requirements in relation to treating disease and infirmity has led to sacrifice on the side of building physical, mental and social well-being and attaining the highest attainable standards. Resultantly the enabling environment has emphasised contexts of relevance to a treatment paradigm. The emergence of the SDGs enables reflection and reorientation of health discourse and action to take into account the full breath of the WHO definition and its inherent aspirations.

Sustainable health involves a paradigm shift that facilitates empowerment and capacity building at the individual and societal level. The Sustainable Health Spectrum is relevant at both levels and applicable across all dimensions of health, including the physical, mental, social, and indeed environmental. This is wholly in keeping with WHO's International Classification of Function and the biopsychosocial model. This establishes a sustainable health system for communities that helps make the 'healthier choice the easier choice' (WHO, Ottawa Charter 1986) facilitating better health outcomes for all while delivering cost savings to the exchequer. Like the UN 2030 Agenda for Sustainable Development and associated Goals, we view the constructs of the Spectrum as 'integrated and indivisible' requiring aligned economic, social and environmental action for the betterment of 'people, the planet and prosperity'. The Spectrum is currently in the process of expert validation.

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<sup>5</sup> OECD (2015), Fiscal Sustainability of Health Systems: Bridging Health and Finance Perspectives, OECD Publishing, Paris. <http://dx.doi.org/10.1787/9789264233386-en>

## Sustainable Health Spectrum

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adapted with permission, from *Illness-Wellness Continuum*, ©1975-2004 by John W. Travis

3. d) (Page 1 of 36) Physical Activity contributes to the development of many positive health outcomes. Prior to addressing the impact of inactivity on disease, it would be worth addressing the positive impact of physically active lifestyles for all people with specific reference to the positive impact for people with disabilities. Physical activity and physical education and sport can contribute to the development of good health for all people and is particularly critical in the case of people with disabilities who experience social isolation and marginalisation. The positive value of physical activity could be addressed in this section prior to examining the relationship between disease and mortality. In effect, physical activity has a major role to play in the development and maintenance of health and in the prevention and treatment of disease and can impact simultaneously on multiple hypokinetic disease factors.

### Mandate:

4. The interconnection between the four lifestyle risk factors identified in this section namely; physical inactivity, unhealthy diet, harmful use of alcohol and tobacco use would be worth emphasising. In the case of children, whose nutrition is under the control of others (e.g. school meals, institutional care, parental choices) poor diets, lacking in micronutrients, can result in children lacking the energy or will to be physically active at levels that support health. This has implications for disease markers and obesity which further add to the inertia around physical activity. As inactivity tracks from childhood to adulthood, it is critical to address this matter at an early age and have strategies to inform guardians, parents, teachers, caregivers etc.
  5. Line 1- Replace benefits of 'physical inactivity' with 'physical activity'.
- 7 & 8. On strategic links with other priority action agendas, the following international instruments are of critical relevance to the GAPPA objectives and we would welcome their inclusion:
- a) UNESCO's Quality Physical Education Guidelines for Government.
  - b) UNESCO's International Charter for Physical Education, Physical Activity and Sport.
  - c) Kazan Action Plan 2017 (This is the output from MINEPSVI, UNESCO's intergovernmental gathering of Ministers and senior officials with responsibility for physical education and sport. In 2017 MINEPS shifted its focus from one of policy intent to that of measurable action. 120 countries were represented. The Action Plan is aligned with the SDGs, the Berlin Declaration and UNESCO's International Charter. Inclusion of people with disabilities and other marginalised groups feature strongly across two of the three themes of MINEPSVI and also as part of the governance section of theme 3. <http://en.unesco.org/mineps6/kazan-action-plan>)
  - d) The UN Convention on the CRPD Article 30.5 plus Article 24, 25, 27, (education, health, jobs...)
  - e) The Convention on the Rights of the Child.

### 9. On the 2030 Agenda for Sustainable Development:

Please refer also to the Kazan Action Plan, which is aligned with the SDGs and the following publication from the GPCWD Physical Activity and Sport Taskforce on the alignment with the SDGs. [http://www.gpcwd.org/uploads/2/6/0/9/26097656/gpcwd\\_thematic\\_paper\\_on\\_physical\\_activity.pdf](http://www.gpcwd.org/uploads/2/6/0/9/26097656/gpcwd_thematic_paper_on_physical_activity.pdf)

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**10-14.** General Structure of the Action Plan section. The area of disability inclusion needs to be specifically addressed at all levels of GAPP design and implementation. Representation from DPO's and/or people with disabilities themselves needs to be sought and should be covered across the four strategic objectives of the plan. Section 11 should mention employment, jobs and enterprise as a specific sector. The full realisation of this plan may require further jobs growth in the physical activity sector. Furthermore supporting the requirements of UNCRPD article 27 and 30.5 persons with disabilities should be enabled to gain employment in the physical activity sector, which will further the impetus of others with disabilities to engage in physical activity in participation and/or leadership roles.

**15-44 Overview of the Global Situation.** The global situation in relation to participation rates of people with disabilities (*in as much as we know them*) is alarming. As stated earlier in this document available statistics report that people with disabilities are three times less active than the general population. There have been multiple calls for global action to collect disaggregated data relating to the participation of people with disabilities in physical activity and sport at participation, employment and leadership levels. The UNCRPD, the Kazan Action Plan, the Global Partnership for Children with Disabilities physical activity and sport taskforce, UNESCO, the UNESCO Chair, IFAPA, ICSSPE, TAFISA, EFAPA, EOSE have all issued this call. This needs to be done as part of existing country-level statistics and monitoring instruments. The Washington questions and related constructs developed by the Washington Group on Disability Statistics established under the UN Statistical Commission should be put forward as part of GAPP to ensure that the existing data gap is addressed within the timeframe of GAPP.

This section may also address parallel developments that may support a change in participation rates over the coming years by supporting policy actions on the development of habitats that encourage physical activity for all people such as the New Urban Agenda and the Kazan Action Plan.

**Point 18** in this section introduces walking and cycling and leisure activities as two of the four classification systems for policy actions. In the case of walking and cycling, it may be useful to **broaden this classification** to include, skating, scooting, wheeling (<https://hqlo.biomedcentral.com/articles/10.1186/s12955-016-0565-9>) and other inclusive modes of active transportation. In terms of the four broad domains should work be expanded to **work/education** settings to include preschool, school & university. Home-based activity represents a category that is very important for many beginner exercisers or those who may have disabilities or be in carer roles. An increasing number of telehealth and remote real-time programming options are being offered to people for engagement in their homes e.g. <http://.vas-i.fr/> Such offers would not necessarily fit as 'leisure' activities and it may well be worth adding **an additional category 'health'** to encompass these and other programmes such as GP Exercise Referral options and related options.

**Point 21** on policy actions to support active transportation should include the need for **Assistive Technologies and ICT** to support accessibility thereby enabling people with a range of disabilities to engage with transportation systems in their environment. This is in keeping with UN Smart Cities initiative and its Urban Mobility agenda encompassing inclusive sustainable urbanisation.

**Point 22, 23,24** need to address the inclusion of people with disabilities and the importance of preservice preparation of professionals preparing to work in the domains of physical education, physical activity and sport to develop competence in these fields. Resources\* are available to support this competence development in preservice and in-service contexts. These resources are also available for development and humanitarian contexts. (\*UNESCO, UNESCO Chair and Kazan Action Framework)

**Point 25 -28** should reference the Kazan Action Plan.

**Point 30** could link with OECD Future of Health Agenda <sup>6</sup>

**Point 35** again requires reference to improvements to the urban infrastructure to enable the participation of people with a range of disabilities. This will require multiple design elements complemented with assistive technologies and ICT as enabling factors. More and more options are becoming available to facilitate inclusion in this context and networks such as DIAUD and GAATES are well placed to advise on same.

**Point 40. This is a critical point and will be a central tenant in the realisation of GAPP.** As per the introductory part of this document pertaining to the definition of health as well as the sustainable health spectrum physical activity and related lifestyle parameters offer the capacity to deliver not only on NCD prevention and treatment but also in health development and maintenance. The inevitable focus on communicable diseases that prevailed in the mid-late 20<sup>th</sup> century need to now be reoriented and health systems need to take the ‘bold and transformative steps’ referenced in the 2030 Agenda for Sustainable Development to enable physical activity and related lifestyle initiatives to be fully and effectively resourced and enabled to deliver the positive health results they have the power to do. This is all the more important for people with disabilities from whom the secondary conditions resulting from inactivity (hypokinetic conditions) can negatively impact upon quality of life more than the presenting disability<sup>7</sup>. Social isolation can also be addressed through opportunities for inclusion in physical activity programmes at a community level. In essence, physical activity has the capacity to offers opportunities for the improvement of the biopsychosocial health of people with and without disabilities of all ages.

Greater advocacy and recognition for physical activity within health involves considerably changing and expanding our perspectives on who constitutes ‘health professionals’. Broadening from a medical model of health to a biopsychosocial model such as that advocated by WHO ICF (<http://www.who.int/classifications/icf/en/>) allows us to conceive physical activity specialists, adapted physical activity professionals, physical educationalists, fitness instructors and personal trainers as potential health professionals. The definition of health allows for this and more. Existing opinion on health professional is stuck in a treatment paradigm that does not embrace the full spectrum of sustainable health.

**41.** Many cost-effective mechanisms can be mobilised when we review our perceptions around health and health professionals. Approaches to the treatment paradigm can be delivered in more cost-efficient ways by broadening out the range of professionals who can deliver proven results at lower costs than existing actions.

**42/ 43** People with disabilities need to be involved in planning and implementation. This should be explicitly referenced and not left to chance. Perhaps through reference to the concept of *Nihil de nobis, sine nobis* or *nothing about us without us*. Tools and training need to cover the specific needs of people with disabilities.

**Point 44.** The fitness sector, gyms, health clubs, represents 185,000 clubs and millions of staff and represents a vast underutilised infrastructure and personnel that can be used to deliver more health outcomes for more people. This could alleviate critical points for OTs and PTs in primary care or hospital settings. Expansion of more referral programmes to these settings should be explored. Reference to the role of the media in point 41 should as well as designing, tailoring and implementing solutions should reference ‘inclusive physical activity’ or ‘physical activity for all’. All campaigns need to use imagery, language and approaches that reflect the target population in the area in terms of disability and other areas of discrimination and prejudice.

## VISION

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<sup>6</sup> OECD (2015), Fiscal Sustainability of Health Systems: Bridging Health and Finance Perspectives, OECD Publishing, Paris. <http://dx.doi.org/10.1787/9789264233386-en>

<sup>7</sup> Rimmer, J., Yamaki, K., Davis Lowry B., Wang, E. and Vogel, L., (2010), ‘Obesity and obe-sity-related secondary conditions in adolescents with intellectual/developmental disabilities’, Journal of Intellectual Disability Research, 54, 9, 787-794

The reference to 'all citizens' is welcome. In terms of the social, cultural and economic and wellbeing enrichment opportunities mentioned, it would be in line with the New Urban Agenda, Habitat III, Smart Cities, the Kazan Action Plan and the SDG's to add in 'environmental' enrichment.

In keeping with the 2030 Agenda for Sustainable Development pledging that 'no one will be left behind' and 'reaching the furthest behind first' the vision statement might be expanded to reflect these critical components. Planning and design for those with disabilities will open up possibilities for all, as opposed to planning for those without disabilities, which will invariably, omit opportunities for many people with disabilities. Universal design is a concept that might be well placed in the glossary and text of this document. This would represent a 'transformation' as called for in the Agenda.

## Goal

'One hundred million people more active by 2030.' Is this conservative? Perhaps it could be a general overarching goal, however, there are 1 billion people with disabilities in the world, and they are three times less active than the general population. Multiple calls for disaggregated data on participation of people with disabilities in physical activity and sport have been made by many international organisations including those represented herein. GAPPa has the opportunity to influence universally designing the data gathering instruments and monitors used at country levels to gather data. Please consider the Washington Questions as previously mentioned in this document. This would enable us to identify how many of the 'most vulnerable first' and 'no-one left behind' populations are included in the 'one hundred million target'.

## Cross-Cutting Principles

**a) Life Course Approach.** Making this a reality will require adequately trained professionals at all levels of delivery; available of universally designed or appropriately designed physical activity environments to enable the full and effective inclusion of people with disabilities; availability of assistive technologies and ICT supports to enable and encourage participation of people with disabilities through the life course.

**b) Equity.** Reinforces the need for disaggregated data collection as part of GAPPa (**Washington Group on Disability Statistics Questions and related constructs including the child functioning modules**).

**c) Empowerment of families and communities.** Additional advocacy and empowerment efforts are required to reach those with disabilities who heretofore do not see participation in physical activity as a priority health opportunity for them. Positive messages to inspire and motivate should include those with disabilities of all age group. Large international sports organisations such as Paralympics, Special Olympics can offer examples of activities in this domain.

**d) Human Rights based approach.** Health is a universal right as is access to Physical education, physical activity sport and play which are human rights contributing to biopsychosocial health and wellbeing.

While appreciating the nuances involved does the definition of 'Physical Activity' as outlined in the glossary reflect levels of physical activity that can impact health? Is it worth possibly revisiting this definition at this critical point of GAPPa development? As stated earlier consider: *Physical activity is defined as any bodily movement produced by skeletal muscles that requires energy expenditure (WHO), at a level required to maintain or improve biopsychosocial health and wellbeing (UNESCO Chair IT Tralee 2015)*

**e) Evidence-based practice:** Clearly evidence is a critical basis for policy action. Considerable evidence exists in relation to the impact of physical activity and other lifestyle variables on health. The requirements for evidence-based research methodologies placed on medical interventions or pharmaceutical interventions should not be

expected to be replicated in relation to lifestyle interventions. The vested interests referenced in section G below have historically tended to avoid or be highly critical of research in the area of lifestyle intervention. A pragmatic approach needs to be adopted in relation to physical activity, especially given the abundance of available evidence accrued since the 1950s and earlier. That said, the research gaps specifically in the area of disability inclusion need to be filled, and while we accept that the benefits of physical activity extend to this population also, few large-scale population studies exist and the benefits for people with disaggregated disabilities should be further explored.

**f) Cross-sectoral Engagement and Partnership for joint action.** This is a critical point that also requires reflection on evidence and efficacy of other policy actions. Cross-sectoral should include health, education, environment, urban planning, justice, technology, employment matters at local national and international levels.

**g) Policy Coherence.** This is also critical and very welcome. On the policy coherence matter please consider the inclusion of DPOs and CSOs (disabled persons organisations and civil society organisations). On the influence of vested interests, this should also be incorporated into point 'e' above. As 2030 Agenda states 'bold and transformative' steps are needed and the vested interests have been very strong influences in the past. Many vested interests have huge lobbying budgets and power. A morally and ethically sound path forward needs to be agreed. Perhaps this principle could be rephrased as 'Policy Coherence and Ethics'?

**g) Universal Health Coverage.** Please recall the sustainable health spectrum (earlier in this document) and how physical activity intervention has a role to play in prevention and treatment of illness and development and maintenance of health. Traditional 'treatment paradigm' approaches or medical model perspectives on health do not support lifestyle interventions that can deliver great cost-effective results. This section needs to explicitly reference 'disability' alongside age, gender, socioeconomic status, race and ethnicity.

**48-49 Proposed Actions for Member States, Secretariat and International and National Partners.** It would be worth specifically mentioning UN agencies who are involved in promoting disability inclusion in physical activity in sport such as UNESCO, UNCRPD, UNICEF, CRC, ILO, DIAUD network, GPc wd. In addition, the OECD are engaging in many activities on the Future of Health, the Business Industry advisory Council to the OECD has a place for Physical Activity, which is represented by IHRSA the Global Health & Fitness Industry representing an 83 Billion Industry revenue and 180,000 sites across the globe. The OECD BIAC Forum 2016 focused on Physical Activity and Wellbeing. The OECD Health Ministerial Forums 2016 and 2017 also referenced Physical Activity interventions as being important to the future of health.

**50. One hundred million more people more active.** Please refer to earlier points on Washington Group on Disability Statistics Questions and related constructs that are internationally accepted and that could be of significant use to GAPPA implementation and monitoring. <http://www.washingtongroup-disability.com/> Disaggregated data collection and monitoring should be documented as priority areas given the existing data gap.

#### **GAPPA Discussion Papers Four Strategic Objectives and Draft Indicators**

**I Creating Active Societies.** Consider adding multiple benefits of physical activity 'for all'. In relation to this objective consider starting with the 'most vulnerable' and 'leaving no one behind'. This will support a universal approach to planning, design, promoting, monitoring and evaluating success and will support accessing population groups least frequently targeted by such interventions, least likely to naturally select active lifestyles and with much to gain from physical activity. Additional modes of active transportation such as wheeling should be included as could scooting, skating which are popular modes of urban transportation. Attitudinal change campaigns may be needed to support the adoption of universal design principles and practices.

**II Creating Active Environments.** Please include all options for new and existing settings for physical activity including brown, green and blue spaces. Assisted Technologies and ICT tools can support people with disabilities to be active in their environments. A plethora of options are available right now to support people with physical,

sensory and intellectual disabilities to navigate their environment more readily using available technologies, GAATES and DUAID are advancing practice internationally in keeping with New urban Agenda and Habitat III. In addition, technologies are available to support inclusion in many physical activities. The 12<sup>th</sup> European Congress of FIEP in Luxembourg 2017 presented many options. Broader options to support the enabling environments are also available via DIAUD and GAATES. In the lifespan of GAPPA these technologies will be more widely available and affordable than at present. Building and urban design standards that embrace universal design principles facilitate the creation of accessible active environments. The minimum design standards currently embraced in many countries will not facilitate this end.

**III Creating Active Lives.** The preservice qualifications of all those preparing to enter careers in the field of physical activity, urban design, etc. need to embed the knowledge, skills and competence to emerge as inclusive practitioners. In addition programmes to inclusivize existing practice should be incentivized.

**IV Creating Active Systems.** Again the inclusion of DPOs will be essential in the delivery of this objective across the full inclusion spectrum, offering options for inclusive and segregated engagement. DPOs and CSOs need to work together on this agenda. Similarly, the embedding of the Washington Group on Disability Statistics Questions and related constructs into monitoring instruments will facilitate tracking progress for all.

51. The technical package in development should refer to the Kazan Action Plan produced by UNESCO for complementarity, efficiency and avoidance of duplication. Many technical resources are available as practical guides to support action, such as those with UNESCO's QPE guidelines for government and related resources, the Inclusive Physical Education, Physical Activity and Sport (iPEPAS) blended learning resource by the UNESCO Chair or UNICEF's Guide for Children with Disabilities in Humanitarian Action, UNESCO Chair Universal Fitness Innovation and Transformation Programme, or Plan 2 Inclusivize programme for Sport in Development and Humanitarian programmes etc. They will not be taken up by chance and need to be highlighted in a resource repository of technical packages. Funding supports to roll out these critical areas in multiple language versions should also be prioritised.

**Comments on Strategic Objectives:** NOTE: In this section, we have made edits/suggestions to the existing text of the document. Many of the points made in earlier parts of this document if taken on board may result in changes to the text beyond the changes identified below.

## STRATEGIC OBJECTIVE 1: CREATING AN ACTIVE SOCIETY

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

### 53. Objective I: Indicators of success

I. X % of countries that have implemented **an inclusive** communication campaign on physical activity # (**Consider Impact monitoring of the above campaign**)

II. X % of countries with the inclusion of physical activity **for all** in professional training of sectors in health and X% including in training beyond health. **X % of Countries with dedicated inclusive physical activity support staff to actively support the inclusion of people with disabilities in physical activity, and to support families and other professionals to address the challenges of disability inclusion. Consider earlier arguments and position on expanding understanding of health professionals to include those in the broad physical activity sector, i.e. including adapted physical activity specialists, physical educationalists, personal trainers, fitness instructors etc.**

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

IV. X % of cities/countries meeting the WHO air quality guidelines for PM10 (20 micrograms per cubic metre (µg/m<sup>3</sup>) as an annual average#

# data already collected in existing instrument

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

#### **PROPOSED ACTIONS FOR MEMBER STATES:**

54. Implement sustained **inclusive** education and awareness and behaviour change campaigns using traditional and social media and new mass-reach communication media channels to promote and increase understanding of the diverse ways everyone can be active, according to ability, with a focus on reducing inequalities in health literacy and inclusive of vulnerable and marginalized communities.
55. Conduct campaigns to increase community-wide knowledge of the multiple benefits of physical activity for health, environment, sustainable development and society, optimizing the links and synergies and resourcing with new and existing related campaigns such as Breathe Free, Vision Zero<sup>2</sup>, and New Urban Agenda<sup>3</sup>.
56. Use sport events as a catalyst to educate and promote physical activity participation to the spectator, fan base and wider community.

#### **PROPOSED ACTIONS FOR THE SECRETARIAT:**

57. Develop and disseminate an operational guide on best practice **inclusive** approaches to mass-reach behaviour change communication campaigns focused on physical activity
58. Align and/or integrate physical activity into international campaigns led by WHO and, as appropriate, by other organisations e.g. International day of older people<sup>4</sup>, Agita Mundo<sup>5</sup> and walk 216.

#### **PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

59. Support and amplify campaigns and work with Member States to find synergies between campaigns and explore the establishment of a global media resource sharing centre to improve efficiency and effectiveness. **This is especially relevant given the gap in high-quality inclusive resources reflecting different disabilities, ages, gender, ethnicity, socioeconomic status etc.**
60. Partner to conduct and support national, regional and international **inclusive** physical activity campaigns
61. Support and mobilise partnerships between health and other sectors around annual global promotion days such as "Move for Health Day" conducted since 2002 World Health Day, Car Free Day.

**Proposed Action 1.2: Implement **inclusive** 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, wheeling, active recreation, sports and play, dance.**

#### **PROPOSED ACTIONS FOR MEMBER STATES:**

62. Implement free whole of community events that provide opportunities to be active in local public spaces and are open and accessible. Examples include:
  - initiatives that temporarily or permanently close the road network to motorized vehicles for use by pedestrians, cyclists and other recreational activities such as Ciclovía<sup>8</sup>
  - free activities in local parks; e.g. **Park Run/ Wheel**
  - recreational facilities that promote traditional, culturally important sports; and

– innovative recreational activities to prompt popular and new ways of becoming more active

#### **PROPOSED ACTIONS FOR THE SECRETARIAT:**

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

#### **PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

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

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

**Proposed Action 1.3: Strengthen inclusive occupational standards 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. Changes to registration to professional occupation standards for PE teachers, fitness professionals, sports coaches and other involved in regulated sectors providing physical activity should embed 'inclusion of people with disabilities' as part of the core curricula. Intersectional issues should also be addressed and general human rights issues pertaining to 2030 Agenda. The structural and systemic issues faced by people with disabilities and the skill set to effectively embrace the inclusion of this population group warrants attention at undergraduate and lifelong learning levels for in-service professionals and volunteers. Effectively embracing inclusion requires a practical programme engaging with people with and without disabilities in order to develop competence. The resulting emergence of a generation of inclusively minded practitioners could significantly change the landscape within the timeframe of GAPP.**

#### **PROPOSED ACTIONS FOR MEMBER STATES:**

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

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

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

#### **PROPOSED ACTIONS FOR THE SECRETARIAT:**

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

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

#### **PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

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

repository of existing resources for teaching and learning about inclusive practice from existing resources from UNESCO, UNICEF, UNESCO Chair, IFAPA, ICSSPE, TAFISA, EVALEO IPC, Agitos Foundation, Special Olympics, IOC, and many others. Examine Kazan Outcome Framework for reference. **e.g. Universal Fitness Innovation and Transformation, inclusive Physical Education Physical Activity and Sport (iPEPAS).**

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

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

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

#### **PROPOSED ACTIONS FOR MEMBER STATES:**

74. Promote and support implementation of programs that encourage facilitate and sustain walking, cycling (**consider expansion e.g. wheeling, kayaking etc.**) and use of public transport for trips to local destinations, including travel to school and travel to work initiatives, and may include city and community cycle hire schemes

#### **PROPOSED ACTIONS FOR THE SECRETARIAT:**

75. Develop and disseminate an operation manual including case studies and a menu of options to increase physical activity through public transport, travel to school, travel to work and cycle hire schemes. **Include reference to Assistive Technologies and ICT solutions to support the engagement of people with disabilities seeking information on best suits and easy read maps etc.**

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

#### **PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

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

#### **STRATEGIC OBJECTIVE 2: CREATING ACTIVE ENVIRONMENTS**

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

79. Proposed indicators for Strategic Objective II are:

I. Average share of the built-up area of cities that is open space for public use for all, by sex, age and persons with disabilities + (SDG 11.7.1)

II. Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities +( SDG 11.2.1)

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

**Proposed Action 2.1: Improve the urban design, transport, and use of technologies in all cities and communities to enable and increase levels of safe walking, cycling, wheeling and use of public transport,**

ensuring the principles of equitable, safe and universal, access by all populations, of all ages and abilities, and with a priority focus on reducing inequalities.

#### **PROPOSED ACTIONS FOR MEMBER STATES:**

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

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

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

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

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

#### **PROPOSED ACTIONS FOR THE SECRETARIAT:**

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

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

87. In partnership with other key agencies, and building on existing resources, disseminate guidelines on **universal** city design **to increase active transportation for all** walking and cycling, including relevant assessment tools **capable of addressing disaggregated data based on disability type.**

#### **PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

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

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

90. Development agencies, city leaders and other stakeholders to integrate accessible and safe walkability / **wheelability** assessment into **new city investment and development business and investment cases investment to inform and priorities and resources ????**

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

**PROPOSED ACTIONS FOR MEMBER STATES:**

91. Implement and enforce effective traffic management policies and programmes, including but not limited to: traffic speed restrictions including 30km/hr in all residential neighbourhoods and 50km/hr on urban road<sup>12</sup>; traffic calming interventions and other demand management strategies as recommended in the Decade of Action on Road Safety and Vision Zero and agreed by member States in WHA69.713

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

**PROPOSED ACTIONS FOR THE SECRETARIAT:**

93. Provide technical support for implementation of actions to improve safety of pedestrians and cyclists in the Decade of Action on Road Safety<sup>14</sup>

**PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

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

**Proposed Action 2.3: Improve the level of safe access to quality public and green open space, recreational spaces and sports amenities by people of all ages and abilities, in all cities and communities, with a priority focus on reducing inequalities. **Examine the submission to GAPPA incorporating reference to the Global Active Cities ISO Standard by Evaleo, TAFISA, IOC with inclusion assured by UNESCO Chair.****

**PROPOSED ACTIONS FOR MEMBER STATES:**

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

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

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

**PROPOSED ACTIONS FOR THE SECRETARIAT:**

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

**PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

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

**Proposed Action 2.4: Ensure the design of new, and refurbishment of older buildings and public amenities, including educational, healthcare, sports, offices and all social housing, enables **all** occupants and visitors to be**

physically active in and around the buildings, including prioritizing access by pedestrians, cyclists, **wheelchair users** and public transit

#### **PROPOSED ACTIONS FOR MEMBER STATES:**

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

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

102. Develop and implement design guidelines for recreational and sports facilities that optimize location to ensure equitable, safe and universal, access by all populations, of all ages and abilities, and provision of accessible and safe access by walking and cycling with provision of appropriate end of trip facilities

#### **PROPOSED ACTIONS FOR THE SECRETARIAT:**

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

#### **PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

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

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

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

#### **STRATEGIC OBJECTIVE 3: CREATING ACTIVE LIVES**

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

Indicators of success Means of Verification

**Address the area of institutionalisation of people with disabilities from birth and acknowledge and seek to reduce the number of children who do not have access to mainstream schools environments. Many parts of the world have special schools, healthcare facilities, workplaces that have remained outside many largescale research studies. Encourage inclusion of these settings in research monitoring.**

I. % of countries where **quality inclusive** physical education is mandatory and taught G-SHPPS\*

II. % of schools where students are taught basic motor skills and movement patterns needed to perform a variety of physical activities G-SHPPS\*

III. % of schools where physical education to students is taught by a physical education teacher or specialist G-SHPPS\*

IV. % of countries with brief counselling at primary and secondary health care services NCD CCS\*

V. No. of countries with whole of community Physical Activity programs

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

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

**PROPOSED ACTIONS FOR MEMBER STATES:**

108. Strengthen, assess and annually report on the implementation and adherence of mandated national policy on the provision of quality, inclusive, physical education curricula in primary and secondary schools for all boys and girls<sup>17</sup>. **Use a common inclusive monitoring tool across all countries.**

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

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

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

112. Promote and implement initiatives that support parents and caregivers promoting physical activity in the family environment<sup>20</sup>

**PROPOSED ACTIONS FOR THE SECRETARIAT:**

113. Partner with UNESCO 21 and other relevant agencies to disseminate and support implementation of the Quality Physical Education Policy package **and the Kazan Action Plan** in country (UNESCO Chair, GPCwd, ICSSPE, IFAPA, EFAPA, IOC..)

114. Develop and disseminate an operational manual including a menu of options and case studies for the promotion of physical activity through physical education, school-based physical activities and whole of school programmes<sup>22</sup> **(See QPE & iPEPAS. This point needs to consider children in special schools and also children in non-formal education settings)**

**PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

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

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

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

**PROPOSED ACTIONS FOR MEMBER STATES:**

117. Develop and implement standardized protocols on assessment **(including for those with disabilities)** and brief advice on physical activity in primary health and social care settings and, where appropriate, include systems of referral to community-based opportunities for additional support for users to be physical activity, adapted to local context and culture<sup>23</sup>. **Initiate 'Companion Card' initiatives for people with disabilities to enable free access for Carers - <http://www.companioncard.org.au/>**

118. Integrate into health policy and patient services the assessment, brief advice and, when needed appropriate supervised support for physical activity as part of treatment and rehabilitation pathways for patients diagnosed with long term conditions e.g. CVD, diabetes, cancer, disabilities and mental health disorders<sup>24</sup> as well as into the care and services for pregnant women<sup>25</sup> and older patients<sup>26</sup>. **Again, consider the broad base of professionals who are qualified to deliver such interventions as mentioned earlier in this document).**

#### **PROPOSED ACTIONS FOR THE SECRETARIAT:**

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

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

#### **PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

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

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

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

#### **PROPOSED ACTIONS FOR MEMBER STATES:**

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

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

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

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

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

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

#### **PROPOSED ACTIONS FOR THE SECRETARIAT:**

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

130. Support UN agencies adopt and implement workplace health programs and promotion of physical activity to employees using example of WHO “Walk the Talk” initiative<sup>27</sup>

#### **PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

131. In partnership, develop mechanisms to enable the sharing of effective programs across different settings, and the life course, with a particular priority on sharing effective programs aimed at the least active populations in order to accelerate implementation and build capacity (**Collaborate with UNESCO and partners on Kazan Action Plan implementation at country levels**)

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

**Proposed Action 3.4: Increase the provisions of programmes that provide the opportunities for physical activity targeting inactive, vulnerable or marginalised populations in various settings Remember 'no one left behind' putting the 'most vulnerable first'.**

#### **PROPOSED ACTIONS FOR MEMBER STATES:**

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

134. Develop and implement policy and programs that ensure affordable and equitable access to supervised, group-based classes for older people based on frailty assessment (**should this be linked to function – such as that referred to in ICF and addressed by the Washington Group on Disability Statistics Questions and related constructs**) (not disease specific) to increase and maintain muscular strength to support healthy active aging and independent living

#### **PROPOSED ACTIONS FOR THE SECRETARIAT:**

135. Develop and disseminate an operational manual including case studies on how to increase physical activity opportunities targeting vulnerable, marginalized and stigmatized populations (**consider technological solutions here also such as that offered by <http://.vas-i.fr/>**)

#### **PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

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

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

**Proposed Action 3.5: Implement whole-of community initiatives at the city, town or local community level, which combine multiple strategies across different settings to promote and increase participation by people of all ages and abilities (Consider Global Active Cities ISO Standard & the Role of Technology and assistive devices)**

#### **PROPOSED ACTIONS FOR MEMBER STATES:**

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

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

#### **PROPOSED ACTIONS FOR THE SECRETARIAT:**

139. Develop and disseminate operational manual including case studies on how to increase physical activity through local level whole-of community multi-component initiatives **(again seek a partnership approach (SDG 17) with agencies who may also be pursuing this Action)**

#### **PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

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

#### **STRATEGIC OBJECTIVE 4: CREATING ACTIVE SYSTEMS**

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

Indicators of success Means of Verification

X % of countries with National multisectoral Action Plan on PA # supported by named Ministerial champions NCD CCS **(Government and university /Higher Education Involvement)**

X % of countries with a national research funding mechanism with physical activity as a stated priority \*, \*\*

X % of countries with surveillance system providing monitoring of physical activity over time# NCD CCS

X% of countries with annual public reporting of population physical activity by demographic groups

X % of countries with dedicated financing directed towards walking, cycling and **wheeling** infrastructure\* NCD CCS

X% countries with dedicated allocation of resources towards community-wide participation in sports and recreation\* NCD CCS

X % of countries with National Physical Activity Guidelines\* NCD CCS

\*data collection instruments would require the inclusion of new items **(Washington Group on Disability Statistics Questions and related constructs)** to address this proposed indicator; # data already collected in existing instrument. **\*\*Common Global Monitoring Instruments will enable comparative research)**

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

#### **PROPOSED ACTIONS FOR MEMBER STATES:**

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

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

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

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

#### **PROPOSED ACTIONS FOR THE SECRETARIAT:**

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

147. Develop and disseminate global guidelines for physical activity and sedentary behaviours for children under 5 years of age, including guidance on policy and practice in pre-primary and other settings aimed at early29

148. Develop and disseminate global guidelines on the provision of inclusive and diverse age-appropriate play, exploration and physical activity, and the limiting of sedentary time in settings relating to children under 5 years and young people **(promoting brain breaks in schools to break up sedentary time in classroom settings, preschools, home-based settings, hospital and care settings etc)**

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

#### **PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

150. Identify network of champions **of all age and ability levels** to lead, advocate and mobilise resources for the implementation of national actions on physical activity in different settings. **(Resources need to be accessible and available in multiple formats and languages)**

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

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

#### **PROPOSED ACTIONS FOR MEMBER STATES:**

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

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

#### **PROPOSED ACTIONS FOR THE SECRETARIAT:**

154. Engage WHO Collaborating Centers, academic institutions, research organizations, **international federations** and alliances to strengthen capacity for research. **Examine how existing data gaps can best be filled including those on disaggregated disability and multiple discriminations.**

#### **PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

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

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

#### **PROPOSED ACTIONS FOR MEMBER STATES:**

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

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

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

#### **PROPOSED ACTIONS FOR THE SECRETARIAT:**

159. Provide tools and technical support to establish data systems including health inequalities monitoring **(ref Washington Group on Disability Statistics Questions and related constructs)**

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

**PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

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

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

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

**PROPOSED ACTIONS FOR MEMBER STATES:**

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

**PROPOSED ACTIONS FOR THE SECRETARIAT:**

164. Develop guidance on innovative financing mechanisms to support national actions on physical activity, including through linking with financing mechanisms for universal health coverage. **(This may require reorienting health from an emphasis on treatment paradigm to a sustainable health spectrum approach.)**

**PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

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

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

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

**PROPOSED ACTIONS FOR MEMBER STATES:**

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

**PROPOSED ACTIONS FOR THE SECRETARIAT:**

168. Provide guidance, tools and technical support on effective advocacy strategies on physical activity, including case studies **(See Kazan Action Plan)**

**PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

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

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

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

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

**PROPOSED ACTIONS FOR MEMBER STATES:**

172. Strengthen formal **initial and in-service training** on physical education, physical activity, fundamental movement skills and physical literacy, including the impact on healthy child growth and development and educational outcomes in all formal teaching qualifications. **The Inclusion of people with disabilities and human rights must be specifically addressed in training.**

173. Establish and strengthen the capacity, knowledge and skills on physical activity within appropriate levels of government responsible for delivery of health services and health promotion- consider **also values education in and through sport- to effectively impact intersectional inclusion agenda.**

**PROPOSED ACTIONS FOR THE SECRETARIAT:**

174. Provide and disseminate guidance, tools, and technical support on physical activity, including case studies. **Provide guidelines for the implementation or revision of initial criteria and in service training.**

**PROPOSED ACTIONS FOR THE INTERNATIONAL AND NATIONAL PARTNERS:**

175. Contribute and support human resource and institutional capacity strengthening programs through the provision of materials & training opportunities. **Note many agencies represented in Kazan Action Plan UNESCO Chair Partnership, Global Partnership for Children with Disabilities and DIAUD Network that can support training, materials provision and opportunities.**

**Glossary For Consideration:**

**Inclusivize.** The Process of making something inclusive, reflecting the **willingness, intent, actions, and resources needed to increase accessibility for people with disabilities and other marginalised groups. Let's inclusivize physical activity.**

**UniversAbility.** UniversAbility is the ability to take action towards universal access or inclusion. UniversAbility is a dynamic and continuous process and it indicates that a venue, product, service, activity, game, sport, fitness programme, teaching/ coaching style/ instruction demonstrates the ability to be Universally Accessible. UniversAbility recognises capacity, willingness and intention while encouraging action towards a more inclusive world in which diversity is mainstream.

**Mainstream diversity.** All policy, planning and implementation and evaluation needs to plan for the inclusion of all.

**Pathway to inclusion:** this reflects the journey towards full inclusion from 1. Recognise the rights of all, 2. inclusivize practice 3. mainstream diversity. (visual available)

**Physical Activity** Physical activity is defined as any bodily movement produced by skeletal muscles that requires energy expenditure (WHO), for the purposes of GAPPa **at a level required to maintain or improve biopsychosocial health and wellbeing (UNESCO Chair IT Tralee 2015)**

**Assistive Technology** "Assistive devices and technologies are those whose primary purpose is to maintain or improve an individual's functioning and independence to facilitate participation and to enhance overall well-being. They can also help prevent impairments and secondary health conditions. Examples of assistive devices and technologies include wheelchairs, prostheses, hearing aids, visual aids, and specialized computer software and hardware that increase mobility, hearing, vision, or communication capacities. In many low-income and middle-income countries, only 5-15% of people who require assistive devices and technologies have access to them" [.http://www.who.int/disabilities/technology/en/](http://www.who.int/disabilities/technology/en/)

**Universal Design** Universal Design is the design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability.  
<http://universaldesign.ie/What-is-Universal-Design/>

ANNEX



United Nations Educational, Scientific and Cultural Organization



UNESCO Chair "Transforming the Lives of People with Disabilities, their Families and Communities, Through Physical Education, Sport, Recreation and Fitness"



INSTITUTE OF TECHNOLOGY TRALEE

The UNESCO Chair is based in the Institute of Technology Tralee Ireland. We work closely with UNESCO and multiple international partners towards the full and effective inclusion of people with disabilities and other marginalised groups through physical education, sport, recreation and fitness. The UNESCO Chair works on a global platform to ‘transform the lives of people with disabilities their families and

communities through PE, sport, recreation and fitness’. The Chair views inclusion in PE, Sport, Recreation and Fitness as conduits towards the more active acceptance and engagement of people with disabilities in society. While social inclusion is at the core of our work, health, wellbeing and employment of people with disabilities are important outputs. The Chair engages in research, advocacy, capacity building, training & education, adopting a broad interdisciplinary approach with a view to effecting change and maximising social impact.

**Contact Chair Manager:** [Catherine.carty@ittralee.ie](mailto:Catherine.carty@ittralee.ie)



GLOBAL PARTNERSHIP ON CHILDREN WITH DISABILITIES

The Global Partnership on Children with Disabilities Physical Activity and Sport Taskforce promotes mechanisms for cooperation and collaboration to enhance policies and programmes that promote the

right for children with disabilities to inclusive physical activity, physical education, sport, recreation and play in line with the Convention on the Rights of the Child (CRC), Convention on the Rights of Persons with Disabilities (CRPD) and other relevant human rights legislation. UNICEF assume the secretariat role.

**Contact Secretariat:** Anna Burlyaeva [aburlyaeva@unicef.org](mailto:aburlyaeva@unicef.org)



INTERNATIONAL FEDERATION OF ADAPTED PHYSICAL ACTIVITY

IFAPA is an international scientific organization of higher education scholars, practitioners and students dedicated to promoting APA. The fundamental purposes of IFAPA are :  
to encourage international cooperation to promote, stimulate and support research and to make scientific knowledge of and practical experiences in adapted physical activity available to interested persons, organizations and institutions.

**Contact:** Professor Martin Block [meb7u@eservices.virginia.edu](mailto:meb7u@eservices.virginia.edu)

## DIAUD Network

The Global Network on Disability Inclusive and Accessible Urban Development (DIAUD) is a multistakeholder network focused on disability-inclusive contributions to the UN Habitat III process

and the New Urban Agenda. It aims to build and enhance networking among persons with disabilities and disability rights advocates; policymakers and government officials; urban development professionals; academia; foundations; the private sector; and development cooperation partners. Established in partnership with the United Nations Department of Economic and Social Affairs / Division of Social Policy and Development / Secretariat for the Convention on the Rights of Persons with Disabilities, the DIAUD Network enables concerted disability-inclusive efforts to Habitat III through its multistakeholder partners working on both disability and urban development issues. Contact Victor Pineda: [victor.pineda@gaates.org](mailto:victor.pineda@gaates.org)

The Global Alliance on Accessible Technologies and Environments (GAATES) is the leading international organization dedicated to the promotion of accessibility of the built and virtual environments. Registered in 2007 as a non-profit NGO in Canada with an international presence in 6 regions (Asia-Pacific, Arab, North America, South America, European and African Regions), GAATES’ mission is to promote the understanding and implementation of accessibility of the sustainable built, social, and virtual environments so that everyone, including people with disabilities and older persons, are able



to fully participate and contribute to society. Contact:  
[victor.pineda@gaates.org](mailto:victor.pineda@gaates.org)