Austria welcomes the proposed global action plan as it has a huge potential to contribute to better health and reduced NCDs through ensuring that physical activity will be formally acknowledged as part of the WHO’s working agenda on health promotion and prevention.

Generally, the GAPPA is well structured and based on currently available scientific evidence on the health benefits of physical activity, on the health risks of physical inactivity and how to best promote physical activity on population level.

The goal “1 Mio. more people active by 2030” is a global challenge and responsibility to achieve the Sustainable Development Goals which Austria very much supports. Active mobility also helps to create more equal rights and improve societal cultures globally. To develop this goal it seems necessary to discuss on “starter”, “climber” and “champion” countries requiring different approaches.

We strongly agree with the eight cross cutting guiding principles, the four strategic objectives of the action plan and the general outline of the paper which looks very clear and comprehensive. However, we would also like to make the following comments for further consideration:

➢ **Strategic objective 1, action 1.1:**
  We would like to emphasize the role of health literacy for awareness and behavior change and strongly recommend including health literacy-supporting strategies such as making information on physical activity easily available in easily comprehensive formats for different target groups, including by new technologies.

➢ **Strategic objective 1, action 1.2:**
  As sports are typically associated with moderate-to-vigorous intensity physical activities their potential impact on population health is enormous. At the same time the sports movement is globally, nationally and locally extremely well organized and has access to effective settings for the promotion of health-enhancing physical activity. This potential is currently insufficiently realized in a number of countries, resulting in an emphasis on performance orientation rather than health orientation of sports. Putting more emphasis on the health-enhancing and disease-preventing effects of sports within the health and the sports sectors itselfs would add to achieving the targets of the drafted WHO plan on physical activity, and would also strengthen a health in all policies approach.

➢ **Strategic objective 1, action 1.3:**
  The promotion of activity and exercise through professionals needs more than teaching and training. It is most relevant to create the practice environments where trained experts can exert their skills through some form of organizational development. Otherwise, there will be a theory practice gap that will hinder the necessary change. To avoid this problem, tools should be developed to assess the exercise-friendliness of healthcare and other organizations, and organizational certification and audit programs should support organizations to become activity-friendly. It might be helpful here to do this in cooperation with health-promoting settings such as schools, workplaces, and healthcare organizations.
➢ **Strategic objective 2, action 2.1:**
Active mobility for sustainable transport solutions is more attractive in urban areas, but it is necessary to consider the surroundings of cities from where people commute, still mostly by cars. Solutions for transport from rural areas to cities (such as combining diverse types of mobility) are therefore relevant as well.

➢ **Strategic objective 3:**
The strategic objectives propose standard pathways for making people more physically active: through walking, cycling, active recreation, sport, dance and play. This suggests that being physically active is bound to fixed forms and settings. While all these physical activity domains form plausible routes to be more active, an even more basic route is to reduce sedentariness. In other words: in this document, there is a missing point to the increasing life-long sedentary behavior of the people, from the very beginning of early childhood. It is important so simply make people sit less and move more as part of their everyday routines.

It is also necessary to anticipate that digitalization and automatization processes may very well further reduce active mobility, e.g. because there is no more need for walking for consumption reasons in times of online shopping. There is growing evidence that the level of sedentariness as such is related to more illness, even if people are physically active in their spare time (Ekelund et al., 2016). Therefore, any activity beyond being sedentary is likely to benefit health and contribute to better population wellbeing. This aspect of increasing physical activity should be given clear visibility in the document.

In this context, early childhood and adolescent measures for physical activity are even more important and should be stronger focused in this document, as behavioral patterns that influence the rest of one’s life are formed during this period.

➢ **Strategic objective 3, action 3.2:**
Exercise prescribing as a relevant means to prevent the onset of NCDs, or mitigate already existing NCDs, should also be taken into account here as a means how healthcare staff can motivate patients / community members to actually engage in a more active lifestyle.

➢ **Strategic objective 3, action 3.3:**
The document correctly considers active mobility (walking and cycling for any purpose) as important ways to achieve more physically active lifestyles. In fact, there is good evidence to show that active transport in the form of walking or cycling has major economic impact through their effect on reducing mortality and morbidity (see Health Economic Assessment Tools (HEAT) for walking and for cycling, methodology and user guide. Economic assessment of transport infrastructure and policies. 2014 Update.) However, as walking remains globally the main form of mobility it should be given the key focus as a way to increase population physical activity. Cycling, on the other hand, has to overcome many cultural, ethnic, economic and environmental barriers before it can become a major activity form. This should be acknowledged in the document.

➢ **Strategic objective 4, action 4.1:**
On a systems level, beside the Health Economic Assessment Tools (HEAT), health impact assessment should be considered as a tool that can support divers sectors to assess, and improve, the impact of their activities on the activity level of the population and to implement good-governance.

➢ **Strategic objective 4, action 4.4:**
   Financing mechanisms should also cover some incentive systems or the prescription of exercise for those who need it (e.g., as part of health insurance schemes).