Introduction:

We welcome the Global Action Plan on Physical Activity, which will play a very important role in providing leadership and guidance for actions to be taken by member states to increase participation in physical activity.

Given the morbidity and mortality associated with inactivity, and its role as a significant risk factor for non-communicable diseases, the support provided for accelerated action with regard to this public health and wellbeing issue will be very helpful in providing support for initiatives designed to increase participation in physical activity.

Therefore, we welcome, with enthusiasm, the opportunity to support this initiative and to respond to the initial draft.

Physical inactivity is a risk factor for premature death, cardiovascular disease, high blood pressure, stroke, osteoporosis, diabetes, depression and colon and breast cancer, amongst other diseases. Moreover, inactivity is on the rise in many countries. Many parts of the world, including Ireland, are reporting ageing populations, with an increasing proportion of people suffering from chronic conditions for which physical inactivity is a significant risk factor.

Recognising the importance of improving population health, Healthy Ireland, a Framework for Improved Health and Wellbeing, 2013-2025, was approved and launched by the Government in 2013. Prevention, early intervention and empowering people to look after their own health and wellbeing are essential elements of our Healthy Ireland strategy – the ‘whole of Government’ framework for improving health and wellbeing and the quality of people’s lives.

This is particularly important in tackling the rise of chronic disease in Ireland, addressing health inequalities and mental health issues. Significant progress has been made in recent years in promoting population health and tackling a variety of public health challenges. The policy direction on these major challenges is now largely clear, and set out in published plans and policies. These include: Tobacco Free Ireland, Obesity Policy and Action Plan, National Physical Activity Plan, National Sexual Health Strategy, National Substance Misuse Strategy, and the National Positive Ageing Strategy. The focus is now shifting to implementation of these policies; cross-sectoral approaches are considered critically important to effective implementation and are being taken.

Get Ireland Active! - the National Physical Activity Plan for Ireland, was launched in January, 2016, by the Departments of Health and Transport, Tourism and Sport, in consultation with the Departments of Education and Skills, and Children and Youth Affairs. Recognising that no single organisation can get the country more active working alone, cross-sectoral partnerships have been built between

1 available at http://health.gov.ie/healthy-ireland/
Government and State Agencies, local authorities, universities, schools, sporting organisations, the business community and voluntary sector, as well as the rest of the community, to support implementation of this Plan.

The aims and actions of both Healthy Ireland and the National Physical Activity Plan have many parallels in the draft GAPPA Plan; we look forward to collaborating and contributing to the WHO GAPPA Plan and to synchronously implementing our national Plans in the years to come.

Feedback; general points:

1) Our experience with implementation of our own National Physical Activity Plan highlights the importance of involving and securing the active engagement of the crucial sectors of Government and civil society as a whole in order to deliver key goals. Health and non-health sectors both have important roles to play in achieving outcomes designed to raise physical activity levels. Moreover, the existing contribution and potential of grassroots community organisations, many of which are in the sports sector, needs to be recognised and fostered.

Work on implementing our Healthy Ireland Framework and the National Physical Activity Plan has involved cross-sectoral collaboration between the Departments of Health, Transport, Tourism and Sport, and Education and Skills, with the involvement of the Health Service Executive, Sport Ireland, local authorities and structures, the university based research community and a number of other relevant stakeholders. We have found this collaborative approach to be both necessary and effective.

While the GAPPA section on p4 (General Structure of the Action Plan) does discuss the involvement of sectors other than health, including urban planning, transport, education, recreation and sports, and suggests the implementation of national multi-sectoral implementation plans, it might be useful to emphasise the necessity of this further to member States. Again the role and contribution of civil society organisations needs to be appropriately reflected.

Inclusion of the university sector and other research bodies, and departments with a mandate to regulate conditions in workplaces might also be useful. It is crucial to achieve cross-sectoral implementation; in our experience, health sectors cannot do this alone

2) The GAPPA draft contains an emphasis with regard to non-communicable diseases. This is necessary; increased rates of physical activity will act to reduce the incidence of NCDs. However, the Plan may also benefit from additional emphasis on the positive effects of boosting physical activity rates, particularly in terms of mental health and wellbeing, but also with regard to community participation and quality of life.

3) The education of healthcare professionals with regard to the beneficial effects of physical activity is considered particularly significant and should be emphasised further. This is listed on p17 (paragraph 66), but may benefit from inclusion as a stand-alone action. The Health Service Executive here in Ireland is currently rolling out undergraduate modules and continuous professional development with regard to chronic disease prevention, which will
include education regarding the benefits of physical activity. With regard to proposed action 3.2 (patient assessment and advice on physical activity levels, p23), the inclusion of inactivity as a risk factor on medical records should also be considered.

Detailed Feedback:

Disability: Proposed Actions 2.3 (p21), 2.4 (p21) and 3.4 (p25) refer to levels of safe access to quality public green and open space, recreational areas and sports amenities, design of buildings with physical activity in mind, and physical activity programmes targeted towards inactive, vulnerable or marginalised communities. None of these sections mention the specific needs of those with disabilities. Increased activity levels amongst this group could significantly reduce hospitalisation rates. We would recommend a more specific focus on their needs.

Disadvantage: Proposed Action 3.4 (p25): This Action discusses “vulnerable, marginalised and stigmatised populations”; we would suggest adding socially and economically disadvantaged to that list. The initial paragraphs of the GAPPA draft clearly note that levels of inactivity vary by income; quoting UK figures that (similar to Ireland’s) indicate highest levels of inactivity in the lowest socioeconomic groupings.

Not all of those from more disadvantaged backgrounds can be described as vulnerable, stigmatised or marginalised; many are an active part of mainstream society. Disadvantage appears to be a significant impediment to participation in physical activity, at least in developed countries, and therefore merits inclusion.

Residential Care: Paragraph 28 (p8) discusses physical activity in later life. Inclusion of a section addressing provision of opportunities for physical activity for older adults in residential care settings may be useful. Any degree of physical activity can be helpful and there may also be social benefits to such a policy. The same point would apply to any children or younger adults with disabilities in residential care settings. Similarly, inclusion of opportunities for physical activity for those in receipt of home help/home care/social care packages may be useful in maintaining a degree of health and independence for longer.

Such measures will improve quality of life for those in care. Moreover, such measures may assist in decreasing the frequency of need for acute care, which would be useful, given that ageing demographics are putting hospital systems in many countries (including Ireland) under increasing pressure.

Demographic change and targets: Paragraph 46 (Goal, p13) sets a target of One hundred million people more active by 2030. The world population was estimated to have reached 7.5 billion by April, 2017, with projected increases to 8.5 billion by 2030\(^2\). Given an approximate increase in population of up to 1 billion people over this timeframe, the above target seems significantly understated and may need to be revised to account for projected population increase. It is perhaps pertinent to observe that measurement of a global target will inevitably present considerable

methodological challenges. Localised target-setting may be more in keeping with the general principles espoused in the draft document.

**Action 163 (p29):** We welcome the proposal to “develop innovative and dedicated financing mechanisms to support a multi-sectoral approach and joint actions to increase levels of physical activity”. Ireland’s National Physical Activity Plan and the Obesity Policy and Action Plan 2016-2025, a Healthy Weight for Ireland, include the development of proposals on the rollout of evidence-based fiscal measures to support sport and physical activity, healthy eating and lifestyles.

**Appendix 1: Minor Corrections:**

**General point:** From P14 onwards, a number of sections are missing final full stops.

**Title:** Should “WHO global action plan on physical activity” be amended slightly to “WHO Global Action Plan for Physical Activity”?

**Paragraph 52 (p16):** Typos/grammatical errors, lines 3-4; this sentence would read better if it was phrased as follows: …increasing community-wide knowledge, understanding and literacy amongst the public and professionals alike, with regard to the numerous benefits of physical activity and multiple pathways to being active; for example, through walking, cycling, active recreation, sport, dance and play.

**Paragraph 54 (p16):** Spacing error, last line, missing full stop.

**Paragraph 56 (p16):** “Use sport events...” would read better if altered to “Use sporting events..”

**Proposed Action 3.4 (p25):** Provisions should be provision; there is no need for a “the” between provide and opportunities

---

*Health and Wellbeing Programme, Department of Health, Ireland*

*Sports Policy Division, Department of Transport, Tourism and Sport, Ireland*