The NCD Alliance welcomes the opportunity to comment on the Discussion Paper for *Draft Global Action Plan on Physical Activity (GAPPA)*. We thank and commend the WHO secretariat both for making the draft GAPPA available for comment, and for inviting NCD Alliance and other diverse stakeholders, including civil society, to engage in the development of GAPPA.

Physical *Inactivity* is well recognised as a risk factor in the development of NCDs. Physical *Activity*, on the other hand, does not only reduce NCD risk, but also improves health and mitigates the effects of existing NCDs and comorbidities. Its incorporation into the Global Action Plan for NCDs with a target of a 10% reduction in inactivity by 2025, and the associated physical activity Best Buys for NCDs illustrate its significance to NCDs, and what must be done in order to achieve the global NCD targets.

Promotion of physical activity and creation of enabling environments brings benefits that extend to a range of sectors beyond health, contributing to environmental sustainability, education and others. Implementing Best Buys to promote physical activity will not only reduce NCDs, but also considerably boost progress across the Sustainable Development agenda. Yet implementation of Physical Activity Best Buys is lacking, and progress on the target to reduce physical inactivity by 10% by 2015 is severely off track. The NCD Alliance therefore welcomes GAPPA as an opportunity for renewed momentum toward action to reduce physical inactivity, and commends WHO for recognising the co-benefits of physical activity across development and health. We also commend WHO for engaging both health and non-health sectors in the drafting of the Action Plan, which has helped to produce actionable recommendations that can be championed by a variety of actors.

**Contributors and overview of NCDA’s Comments on GAPPA**

The NCD Alliance sought input for this submission from its network of civil society organisations and partners, with comments integrated from organisations including World Cancer Research Fund International (WCRFI), Union for International Cancer Control (UICC), Vital Strategies; Institute of Leadership and Development (INSLA), Ghana; Lina and Green Hands Society, Jordan, Journalists Association Against AIDS, Malawi; Saudi Diabetes & Endocrine Association. Individual submissions were also received from physiotherapists and pharmacy students.

These consolidated comments focus on specific questions about GAPPA, in addition to gathering some broad points. Contextual questions or points are provided before each section in *bold*. 
Are actions sufficient and comprehensive for promoting physical activity to achieve a 10% reduction in insufficient physical activity by 2025 and relevant SDG targets?

GAPPA’s thoroughness is welcome. The plan sets out a useful framework for a whole-of-government approach to improving physical activity through multisectoral engagement, and also empowers civil society and other stakeholders as part of the Plan.

Urban Planning
GAPPA has a disproportionate emphasis on urban settings in high income countries and communities and does not incorporate urban planning sufficiently in the context of rapid urbanisation and population growth of LMICs. Additional guidance and call to action to governments to consider health and physical activity in the context of urban planning would be needed.

Equity, Access and Priority Populations
The disproportionate focus on urban settings raises questions about equity in access to the proposed programmes and plans. While we understand the focus on urban areas, given issues around levels of activity and the potential for stimulating changes and particularly where mayors are on board, the report (paragraph 22) recognises that women in rural areas have the lowest levels of physical activity. As such we would recommend highlighting rural populations and women as priority groups.

This ties into the importance of improving equity in access to NCD prevention strategies, and we would emphasise the need for stronger evidence on how to improve the reach of impactful interventions for rural communities and women.

Given the critical importance of adolescence in forming long-term health behaviours, it would be worth highlighting this as a particularly important group that could be reached through schools.

Financing
The discussion of financing options is quite high-level, and we would welcome the inclusion of opportunities related to GAPPA to share best practices around financing, given competing financial demands on health related commodity taxation and levies, and transport budgets. This could explore innovative approaches, some of which are identified e.g. % contribution from congestion charging. This could perhaps be referencing an supplementary resource or appendix on the topic return on investment of taking the recommended actions to assist with advocating implementation. WHO should help countries make business cases for physical activity within technical assistance on NCDs more broadly.

Public Transport and Urban Design
The frequent acknowledgement of the importance of public transportation is welcome, although the connection of public transport to physical activity, health and environmental sustainability could be could be stated more clearly; efficient, affordable public transportation (including for travel within cities, from surrounding per-urban communities
to cities and between cities) is essential for creating enabling environments for active, sustainable mobility in urban areas.

Using public transit for commuting as an alternative to private motorised transit contributes to habitual physical activity through walking or cycling for travel between home, destination and transit stops. A recent study found that switching from car to “active” commuting was associated with changes in BMI; 90% of the non-car commuters were using public transit\(^1\). Proximity to public transit is an important component of neighbourhood walkability\(^2\).

For mitigation of climate change and of urban sprawl impacts on planetary health domains of forests, farmland, watersheds and habitat, integrated land use and transportation planning that includes public transportation can be a powerful lever. The potential for reducing energy intensity of urbanisation through this spatial approach is noted\(^3\).

Without public transit access, many long commutes within large and between urban areas or between cities are impractical for cycling or walking, creating a strong incentive for switching to private motorised transport where an affordable option. The competition for street space by private and for hire cars and motorised two and three wheelers makes it more politically difficult to create safe cycling and pedestrian infrastructure.

GAPPA should also note that a potential adverse side effect of compact urbanisation is increasing air pollution exposure (even while decreasing overall emissions) by increasing the density of air pollution emissions near pedestrians and cyclists\(^4\). The importance of improving air quality to ensure environments are more conducive to being active should be noted. The need for countermeasures in terms of land use and transportation planning to distance motor vehicles from people should also be noted.

**Our specific recommendations for strengthening actions**

- **Paragraph 34**: It’s important to note that road safety is also achieved by public transport, and evidence demonstrates that people who rely on public transport for work/leisure also walk more than those who use automobiles or powered cycles. Public transit gets cars off the road, improves road safety, especially with designs that commit lanes and routes to public transit only, and reduce emissions. Improved air quality increases the likelihood, frequency and safety, of physical activity.
- **Paragraph 70**: Add support for allied health students, such as pharmaceutical students, to be trained in recommending physical activity for health benefits ie. physical activity prescriptions (as alternatives to medicines).

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\(^3\) eg. Seto et al here.

• **Paragraph 74:** Promote and support implementation of programmes that encourage, facilitate and sustain walking and cycling, including that carried out as part of public transport trips for travel to local destinations, from peri-urban areas to cities and between cities, including travel to school and travel to work initiatives, and may include city and community cycle hire schemes.

• **Paragraph 75:** Add: Develop tools to promote awareness of the contribution of active travel (cycling & walking, including that enabled through public transportation) into economic and environmental sustainability including actions through the United Nations Framework Convention on Climate Change.

• **Paragraph 81:** This action is very welcome as SDG 11.2 does not technically define public transport as *including* walking and cycling, thus it is particularly important to not only include these here but also to prioritise active transport options ahead of public powered vehicle assisted transport, indeed where possible ‘preferred’ and complemented by public transport networks.

• **Paragraph 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, loss of forests, farmland and habitat to urban sprawl, and death and disability) in order to inform decisions and investments, with a health in all policies approach and focus on equity.

• Is there an opportunity to link to measures to decrease CO2 emissions and other pollutants from factories and industries, to improve air quality and facilitate the implementation of physical activities in green and conducive spaces?

• **Paragraph 83:** Mandate and implement urban design policy, at all levels of government, that prioritises the principles of compact, mixed land use *neighbourhoods at a density that supports cost-effective public transit*, 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).

• **Paragraph 84:** Develop and implement planning guidelines and regulations that redistribute urban space from private motorised transport to walking, cycling and public transport, as well as public and green spaces, including measures to distance pedestrians and cyclists from traffic pollution, such as car free zones and regulations to limit car parking options for private vehicles.

• Tax incentives can encourage workplaces to implement active travel policies that provide incentives for staff to use alternative forms of transport\(^5\).

• **Paragraph 90:** add cyclability after walkability.

• For assessment tools / criteria re cyclability and walkability, see footnote references\(^6\):

• **Paragraph 147 & Paragraph 149:** There is a proposed action for the Secretariat to develop and disseminate global guidelines for physical activity and sedentary behaviours for children under 5 years of age (para 147), and an action to update and disseminate global guidelines for physical activity and sedentary behaviours for young people adults and

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\(^5\) *ie. consider this reference, and this reference*

\(^6\) IPA Walkability Assessment Tool, Cycling Embassy Cycle Mapping Standard (see table on p5), Location based analytics to assess walkability/cyclability in Singapore.
older adults, including special populations (para 149). There doesn’t seem to be a comparable action for Member States to adopt/implement age-appropriate national guidelines for physical activity and sedentary behaviour based on global guidelines - these could also be promoted in communication campaigns (under Action 1.1).

- **Paragraph 149**: Important to note that sedentary behaviours in workplaces are rising, and is an independent risk factor for NCDs. Mention should be made that ILO should update guidelines for healthy workplaces that enable more active behaviours.

- **Paragraph 156**: Consider specifically adding “strengthen population surveillance of physical activity and transit modes…”

- Around **Paragraphs 166-167**: Development partners should be required to evaluate what impact infrastructure, transportation, school construction funding will have on population physical activity, and strive to ensure that it improves it.

**Are the relevance and importance of physical activity to SDGs, and benefits, sufficiently articulated?**

- The links to the SDGs (other than SDG 3) are highlighted well within the body of the text. To reinforce them, it would be useful to link more through to relevant SDG indicators where possible as done in paragraph 79 e.g. paragraph 53 part 4 with 11.6.2.

- It would be worth signposting, where available, where information could be found on the financial co-benefits or successful case studies to support action across sectors.

- While overall, GAPPA makes good reference to the SDGs throughout the Plan. However, the importance of physical activity doesn’t come through. A stronger case needs to be built into the action plan as to why it’s critical that physical activity levels increase globally.

- **Paragraph 7**: WHO roadmap for an enhanced global response to the adverse health effects of air pollution should be noted as a strategic link for GAPPA.

**How can the accessibility and achievability of GAPPA be improved?**

**Structure**

- We understand that it is intended that the content will be displayed differently to that in the draft, which is important as the document’s density and length is currently a detractor. Ensuring that actions are specific and succinct is important. There is also potential to improve accessibility of GAPPA by displaying actions in a graphic matrix / table to give an overview of the proposed actions under each of the strategic objectives.

- We also understand that the structure of the Action Plan will allow for clearer distinction between the strategic objectives, however we note that the strategic objective definitions currently overlap. If this is intentional, a ‘Venn’ diagram of the intersections would be a possible visual representation of the similarities and differences.

**Amalgamations**

- Each point is important in its own right, so possibilities to condense are limited.

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**WHO roadmap for an enhanced global response to the adverse health effects of air pollution, May 2016**
• Proposed actions 1.1 and 1.4 could be combined to develop a clear communications action line which supports existing programmes. Proposed actions 4.2 and 4.3 would seem to be mutually dependent and so could explore combining these.

• It may be worth noting that member states might choose to agree on a set of priority actions from GAPPA, rather than to take all on at once.

Further evidence reinforcing co-benefits of actions to different sectors to help Member States to recognise the added value in investing in such actions

• In paragraph 21, could percentage of polluting emissions due to private motorised transport be incorporated? This isn’t a readily available number – e.g. all transport is responsible for 20% CO2 emissions including aeroplanes (which cannot be replaced by walking or cycling and, lorry transport which is not personal transport), and CO2 emissions are not what is harmful to health⁸. This may warrant addition of an action under ‘creating active systems’ with engaged environmental sector representative asked to Generate useful data on pollutant emission reduction relating to personal / local transport and mobility.

Are the actions proposed for civil society partners feasible to support the implementation of GAPPA?

Additional roles for CSOs
• We commend integration of civil society stakeholders as key partners is welcome and commended. However, GAPPA focuses on CSOs’ roles in advocacy work and provision of advice. CSOs have the potential to fulfil more varied roles, for example in terms of:
  • Supporting programme implementation and evaluation,
  • Drawing on national expertise and context,
  • Independent reporting alongside official reporting may assist with ensuring accountability for actions and address barriers and bottlenecks for action.

Funding
• For optimal activation, civil society needs to be strengthened with financial resourcing to assist CSOs with achieving goals and contributing to the successful implementation of GAPPA. This may need to be integrated into an action area regarding resource raising.
• National Physical Activity Multi-Sectoral Coordinating Mechanisms including stakeholders outside the health-sector may be a structure which could help address gaps
• Bundling “international and national partners” into one group seems to diminish the specificity of how the plan is seeking to engage with various actors. While less neat, it would be better to disaggregate this section into more discrete stakeholder groups.

⁸ See World Bank
Are there any stakeholders and potential action opportunities missing?

- Ministries of Labour, Commerce, Finance, Telecommunications, Media, Arts and Leisure.
- Carefully considered engagement of private sector partners such as those in sporting, insurance, banking, apparel could strengthen adoption and implementation of GAPPA.
- In terms of private sector partnerships, we welcome the inclusion of paragraph 47.g on Policy Coherence and feel that the need for caution needs to be not only retained but emphasised, to protect from conflicts of interest with some private sector entities. The importance of all stakeholders being mindful of the need for partnerships to be compatible with broad sustainable development objectives cannot be understated.
- Other funding organisations (in addition to philanthropic foundations).
- The opportunity to engage and mobilise training and higher education of diverse allied and related health, development, design and environment students could be emphasised added more specifically.

Are the overarching goal of GAPPA and the proposed indicators of success appropriate?

- How the ambitious goal is calculated needs to be more clearly articulated (ie where does the number come from?), and how it translates to national level goals should be distilled down - to help countries and stakeholders understand how progress will be measured.
- For the indicators of success, we would like to know what percentage for each will be considered a “success”? Also, when will baseline data be collected and reported, and how will reporting be coordinated and disseminated between adoption of GAPPA until 2030?

Are there any additional data collection instruments or indicators you can suggest to increase accountability and improve reporting of implementation progress?

- NCD CCS; G-SHPPS seem sufficient and appropriate for each indicator of success.
- GoPA country cards may be helpful for monitoring indicators, and could be integrated or adapted for this purpose. The network of GoPA contacts could also be mobilised as potential GAPPA implementation focal points at country level. National and regional NCD Alliances may also provide opportunities to lead on advocacy and implementation.

Does the plan give sufficient guidance to the health sector on how to engage non health sectors in the achievement of objectives to bring about co-benefits?

- Throughout Proposed Actions 4.1, it is not clear who is providing leadership and driving the change, although it is assumed that it is the health sector. Lead and coordinating agencies and sectors will need to steer the adoption and implementation of GAPPA and it should be explicitly articulated that this is a role of WHO.
Do CSOs see opportunities to engage in the implementation of GAPPA?

• Yes, for example. proposed actions for international and national partners, advocating and supporting action are listed in 115 (early years), 136 (for policies focused on vulnerable populations), 150 & 155 (mobilise resources), 165 (SSB tax revenues be put towards PA).

• Advocacy and action for other critical policy areas to create environments conducive to physical activity are not highlighted throughout GAPPA, and could be clearer.

• National civil society partners may establish GAPPA civil society platforms which mobilise CSOs and work with government, private sector and other key stakeholders in countries.

Other comments on the Draft Global Action Plan on Physical Activity

• **Paragraph 3:** The links between insufficient physical activity and NCDs could be strengthened. Eg. it should be noted that there is also strong evidence that physical activity decreases the risk of endometrial cancer⁹

• The opportunity that physical activity provides in terms of protecting from and addressing overweight and obesity is not as clearly expressed through the document as it should be, given the strength of the links and pertinence of both global challenges.

Typing errors:

**Paragraph 5:** Recognizing the established health benefits of physical ACTIVITy (not inactivity)

**Paragraph 30:** Colombia (not Columbia)

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