
Peer reviewed version

License (if available):
CC BY-NC-ND

Link to published version (if available):
10.1136/bjsports-2018-100099

Link to publication record in Explore Bristol Research
PDF-document

This is the author accepted manuscript (AAM). The final published version (version of record) is available online via BMJ Publishing at https://bjsm.bmj.com/content/early/2019/01/09/bjsports-2018-100099. Please refer to any applicable terms of use of the publisher.

**University of Bristol - Explore Bristol Research**

**General rights**

This document is made available in accordance with publisher policies. Please cite only the published version using the reference above. Full terms of use are available: http://www.bristol.ac.uk/pure/about/ebr-terms
Editorial


Andrew Murray$^{1,2}$, Charlie Foster$^{3,4}$, Emmanuel Stamatakis

1. Physical Activity for Health Research Centre, University of Edinburgh, Edinburgh, United Kingdom
2. Sport and Exercise, University of Edinburgh, Edinburgh, United Kingdom.
3. Centre for Exercise, Nutrition and Health Sciences, University of Bristol, Bristol, UK.
4. Charles Perkins Centre, Prevention Research Collaboration, School of Public Health, University of Sydney, Sydney, Australia

**Corresponding Author:** Dr Andrew Murray. <docandrewmurray@gmail.com>
The first Global Action Plan for Physical Activity (1) (GAPPA) has been launched by the World Health Organisation (WHO) and is available [here](#).

**INSERT FIGURE 1 here.**


**Why do we need it?**

Increasing physical activity (PA) will improve health. The science is strong on the benefits for people of all ages. The role PA plays in reducing the risk of non-communicable diseases, such as, cardiovascular disease, type 2 diabetes, and depression is well recognised (2,3). Increasing physical activity is a global health priority and can also contribute towards attaining many of the 17 United Nations Sustainable Development Goals set for 2030 (4).

Many countries have produced quality research and good policy frameworks on physical activity (2,3). However, in most countries there are but large gaps remain between what we know/advise and what we do. These gaps were neatly described by Brownson et. Al., as “parallel universes” (5).—What is needed is a coherent route-map to provide common direction for guide policy action and to support partnerships and help implementation of the effective approaches that work to increase physical activity across the globe.—The Global Action Plan for Physical Activity—GAPPA—now provides that common road map.

**The Global Action Plan on Physical Activity (GAPPA)**

GAPPA did not happen overnight. Over a decade of advocacy and key outputs including the Toronto Charter (6), Investments that Work (7), and the Bangkok Declaration (8) have contributed to building the momentum that culminated in countries asking WHO to develop this new Global Action Plan.
The World Health Organisation Secretariat developed draft plans based on the best available evidence, and conducted wide consultation with Member States, international experts, and interested stakeholders while also welcoming on line consultation. – A 15% relative reduction, in the global prevalence of physical inactivity in adults and in adolescents from the 2016 baseline is targeted (1). The final action plan and ACTIVE toolkit provides four strategic/objectives and 20 multi-dimensional specific policy actions. These include four policy actions areas shown in Figure 2.

**INSERT FIGURE 2 HERE.**

**Figure 2. Four Policy Action Areas.**

**GAPPA is a call to ACTION**

This is a pivotal opportunity to take, encourage, and support concrete actions that can lead to lasting change and improvement in physical activity levels, at community, local, national and international level. However, we will not hit the target unless we all play our role so here are some tangible actions individuals and groups can take in the next few months and years to contribute to the success:

We can

1) **Share the Global Action Plan on Physical Activity and associated digital resources** (available at the hyperlinks below) widely—particularly with the media, decision makers in Member States/government, city leaders and local government, industry leaders, philanthropic organisations, academic institutions, professional associations, non-governmental organisations, development agencies, and inter-governmental organisations.

These digital resources from WHO and other leading organisations related to the GAPPA can help spread knowledge and awareness:

i) Homepage for WHO resources

ii) This [90 second video](#) captures where society is now and where we want to be

iii) [“At A Glance” 8 page summary](#)

iv) **GAPPA – full document with appendix 2 outlining specific actions for policy makers**
2) Advocate for physical activity

For example you could send a letter to your local city council or mayor introducing the GAPPA and the important leadership role of cities to provide walkable environments and cycling facilities, or write to the public health minister highlighting GAPPA and examples of good practice.

Start a conversation- action will only come from all of us showing decision makers it is important and that we as health professionals, community members, and for some as parents, care about this issue. Share key resources with your professional colleagues at meetings, consultations, and conferences.

Social media (for example Twitter, Facebook and Instagram) can be effective and increase the reach and transfer knowledge. Figure 3 shows the hashtag #BeActive demonstrated 88 million impressions across 6 continents on twitter in the 12 days around the launch of GAPPA! Effective strategies to increase reach on social media, include tagging and encouraging people with large social media followings, and decision makers.

Figure 3. Twitter activity #BeActive captured around launch of GAPPA

3) Share your work and learn from others, visit the Bright Spots (9) good news stories and submit your work.

Here are two recent examples i) Choose to Move, a community-based physical activity intervention aimed at older adults in British Columbia (10), and ii) parkrun, a global network of 5km and 2km runs for people of any age and fitness level across 20 countries (11).
Conclusion

The Global Action Plan for Physical Activity (1) can be, a guiding light to secure increased implementation of the actions needed to secure lasting change and improvement across the globe. Sharing key resources regarding how together we can help get more people, more active, more often is critical to the success of the plan, and for the health, happiness and sustainability of our world.—The time is now but we cannot lose momentum following the initial excitement around the plan - we need to continue to promote GAPPA 6 months, a year, five years and even ten years from now.

References


