1 ## Abstract

2 Background: In 2011, physical inactivity was described as the Cinderella risk factor for
3 noncommunicable diseases (NCDs). This metaphor was used to highlight the disjunct between the
4 advancing evidence on physical inactivity as a risk factor for ill health, its high prevalence, and the
5 paucity of global policy response or priority afforded to physical activity. This paper describes the
6 strategic actions of the International Society for Physical Activity and Health (ISPAH) to raise the
7 profile of physical activity as a global public health priority. Methods: From 2008, ISPAH coordinated
8 a long-term advocacy strategy to advance the status of physical activity and promote its presence as
9 a priority within global health policy. The Society employed an advocacy mix that reflected
10 contemporary advocacy theory and models.

11 Results: Through six advocacy deliverables, aligned to the global calendar of United Nations and
12 World Health Organization policy developments, ISPAH seized the opportunity to advance physical
13 activity policy and strategies to inform global NCD action planning and align with the Sustainable
14 Development Goals. ISPAH's successful execution of global advocacy for physical activity highlights
15 the importance of leadership, clear objectives, progressive action, timeliness, partnerships, and
16 persistence.

17 Conclusion: As a result of strategic global advocacy since 2008, the field in 2024 is better positioned
18 in relation to global professional mobilization, policy, and technical support for physical activity.
19 However, despite impressive progress across more than twelve years, and the innovation of the
20 Global Action Plan on Physical Activity, the work of global advocacy for physical activity is far from
21 complete.

22 ## Context

23 In 2011 physical inactivity was described as the Cinderella risk factor for noncommunicable diseases
24 (NCDs), defined as *''poverty of policy attention and resourcing proportionate to its importance''* (Bull

25 and Bauman, 2011). There was increasing recognition of the need for all countries to invest in
26 policies, strategies and supportive environments that inform, motivate and support individuals and
27 communities to be active in ways that are safe, accessible, and enjoyable.

28 At the time, other areas of public health were well ahead of physical activity in efforts to secure
29 policy recognition and action, in particular advocacy for tobacco control measures. Such progress
30 was hard won, achieved through sophisticated application of advocacy strategies, notably:
31 identification and recruitment of key leaders; forming of coalitions; consensus regarding actions; and
32 the need for comprehensive action across political, professional, and public domains, including the
33 media. It was learned that successful high-level advocacy requires global coordination and
34 leadership, persistence with agreed actions and a longer-term outlook, and astute analysis of global
35 policy developments. The consistent high-level advocacy of the tobacco control movement resulted
36 in the World Health Organization (WHO) Framework Convention on Tobacco Control (WHO, 2004). It
37 was apparent that similar global coordination and commitment to advocacy was a primary avenue
38 for advancing the physical activity agenda.

39 Commencing from 2008, a coordinated and long-term advocacy strategy was implemented to
40 advance the status of physical activity and promote its presence as a priority within global health
41 policy. This was initially led by the Global Alliance for Physical Activity (GAPA), which later became
42 the Advocacy Council of the International Society for Physical Activity and Health (ISPAH). This paper
43 details, chronologically, the strategic actions taken over the past twelve years to mobilize physical
44 activity advocacy to achieve unprecedented developments in global health policy.

45

46 Advocacy concepts and models

47 The WHO defines advocacy as "*a combination of individual and social actions designed to gain*
48 *political commitment, policy support, social acceptance and systems support for a particular health*

49 *goal or programme"* (WHO, 1998). Advocacy is not focused on individual behaviour change, but
50 more on the systems, policy and political elements of gaining support for a particular agenda, as
51 emphasised in the WHO definition.

52 Successful advocacy requires a combination of competencies that incorporate both 'science' and
53 'art' (Shilton et al., 2013). The science of advocacy requires competencies such as: understanding
54 and applying health content, data, and evidence – including evidence of effectiveness and cost
55 effectiveness; understanding health care and other systems; and understanding and navigating the
56 policy environment and levers (Shilton et al., 2013). The art of advocacy requires competencies such
57 as the ability to develop relationships, build trust, and influence those in power (the media, decision
58 makers etc.). This also includes communication skills such as creating a convincing narrative,
59 message framing, and presentation of information in persuasive ways and through multiple
60 channels.

61 Shilton (2006; 2008) developed a universal model for advancing advocacy, which identifies a mix of
62 strategies with proven efficacy. The model conceptualises advocacy actions across six imperatives
63 for effectiveness and five domains for action, as summarised in Table 1.

64

65 Table 1. Imperatives for advocacy effectiveness and domains for action

Six imperatives for advocacy effectiveness	
Evidence	Translate and present the evidence as urgent
Policy relevance	Present physical activity as relevant to policy in health and across sectors
Solutions	Outline an agenda for action and investments that work
Partnerships	Strengthen coalitions and partners
Advocacy strategies	Implement advocacy strategies across multiple domains (see below)
Persuasive communication	Utilise persuasive message framing across a range of channels

Five domains for advocacy action	
Political advocacy	Designed to win the political commitment required for policy action
Media advocacy	To raise interest in the topic among the media as a vehicle to influencing public opinion
Professional mobilization	Engaging the physical activity workforce across all sectors including health, sport and recreation, education, transport, and urban planning
Community mobilization	Engaging communities to advocate for action
Advocacy from within organizations	Mobilising employees to advocate for change

66

67

68 ## Establishment of ISPAH

69 The International Union for Health Promotion and Education (IUHPE), a Paris-based professional
70 society for health promotion, was an important early player in advancing global discussion regarding
71 physical activity policy and advocacy. Focused work on physical activity was enabled by a
72 Cooperative Agreement held between the IUHPE and the US Centers for Disease Control and
73 Prevention (CDC), which the CDC funded. A series of meetings and workshops were held to advance
74 global capacity in physical activity and mobilize the nascent global physical activity network. These
75 meetings succeeded in accelerating the pace of global network development and the establishment
76 of GAPA in 2005. GAPA coordinated global education and advocacy strategies for physical activity
77 and was identified as providing a structure for international collaboration (Bull et al., 2006). The
78 work of the IUHPE/CDC Cooperative Agreement was described in a special issue of the IUHPE journal
79 (Kirsten et al., 2006).

80 In 2008 ISPAH was established as a global society, with a specific and exclusive focus on physical
81 activity and an aim to drive excellence in research and practice, communication, partnerships,
82 education, and advocacy (www.ISPAH.org). The previously established Global Alliance became a
83 Council of ISPAH, focused on advancing the advocacy aspect of the Society's work. It was a
84 significant milestone that, through ISPAH, the global physical activity movement now had a
85 dedicated society with global coverage, which was able to attract members from all continents, host
86 events, advocate independently of governments, and mobilize a network of volunteers across
87 research, policy, and practice.

88

89 ISPAH physical activity advocacy activities - A chronology of six strategic 90 advocacy successes

91 From its establishment, ISPAH embarked upon a series of strategic activities designed to advance
92 global physical activity policy goals. These are outlined below under the headings of six advocacy
93 deliverables.

94

95 1. The Toronto Charter for Physical Activity: A Global Call for Action

96 **Goal:** To develop a global policy framework for physical activity and
97 contribute to accelerating the pace of uptake of physical activity
98 policy.

99 **Policy alignment:** Elevate recognition of physical activity as a priority in the global NCD
100 agenda, including at the first UN High Level Meeting on NCDs.

101 As its earliest priority, across 2008-2010, ISPAH, in collaboration with recognised physical activity
102 partners and experts, developed the world's first non-government global policy framework for

103 physical activity. The *Toronto Charter for Physical Activity: A Global Call for Action* (*Toronto Charter)*
104 (GAPA/ISPAH, 2010) aimed to provide policy guidance and support advocacy in the lead-up to the
105 first United Nations (UN) High Level Meeting on NCDs in New York in September 2011. It aimed to
106 present physical activity as a powerful investment in people; outline guiding principles for a
107 population-based approach to physical activity; provide a policy framework; and serve as a global
108 call for action.

109 The *Toronto Charter* was translated into 22 languages by volunteers from ISPAH's extended
110 membership network. The translation process was itself a successful advocacy action, activating a
111 global network, assisting professional mobilization, increasing reach and regional engagement, and
112 providing an opportunity for outreach to member state actors. The *Toronto Charter* was launched as
113 the key output from the 3rd ISPAH Congress in May 2010. The existence of the *Toronto Charter*
114 assisted ISPAH and the broader physical activity community in mounting a cohesive advocacy
115 movement, making the case for physical activity policy, and presenting a framework for action. This
116 was particularly relevant in NCD advocacy, and in better enabling dialogue between ISPAH and the
117 WHO in the lead-up to the first UN High Level Meeting on NCDs.

118

119 **2. Noncommunicable Disease Prevention: Investments that Work for Physical Activity**

120 **<u>Goal:</u>** To develop a complementary document to the *Toronto Charter* to
121 provide guidance for member states on seven evidence-informed
122 priority areas for effective investment in physical activity.

123 **<u>Policy alignment:</u>** To inform physical activity actions in the WHO Global Action Plan on
124 NCDs (NCD GAP), 2013-2020.

125 Soon after the *Toronto Charter* was released it became apparent that the next policy question (and
126 therefore advocacy objective for ISPAH) would be to define and communicate the best investments

127 for member state physical activity action plans. Member state actors and professionals across
128 regions were asking for guidance on evidence-informed 'best buys' for increasing population levels
129 of physical activity. As a result of close global consultation, using both the science and art of
130 advocacy and engagement in the policy drafting process, ISPAH was early to market with timely
131 advice, with the release of *Noncommunicable Disease Prevention: Investments that Work for*
132 *Physical Activity (ISPAH 7 Investments)* (GAPA/ISPAH, 2011). *ISPAH 7 Investments* was released in the
133 lead-up to the first Global Ministerial Conference on Healthy Lifestyles and NCD Control, held in
134 Moscow in April 2011, in preparation for the first UN High Level Meeting on NCDs. At the Moscow
135 meeting, health ministers and health officials from 167 countries committed to taking "whole of
136 government" and international actions to combat NCDs (Smith, 2011). This meeting was also
137 important in setting the stage for inclusion of physical activity in the NCD Global Action Plan.

138 In September 2011 the first UN High Level Meeting on the Prevention and Control of NCDs was held
139 in New York, with the aim of mobilising political will for concerted action. Throughout 2012 and 2013
140 the WHO led a range of follow-up efforts to set global targets and develop an action plan on NCDs,
141 which culminated in the WHO NCD Global Action Plan 2013-2020 (WHO, 2013), which was later
142 extended to 2030. Physical inactivity was included as one of four risk factors (alongside tobacco,
143 alcohol, and unhealthy diets) and four disease conditions (cancers, cardiovascular disease, diabetes,
144 and lung disease), which subsequently became known in shorthand as the NCD "4X4" (WHO, 2013).
145 Thus by 2013 there was clear and specific inclusion of physical inactivity within the wider consensus
146 documents on NCD prevention and control and developing consensus on the best interventions and
147 actions to increase population levels of physical activity. If applied at sufficient scale, this set of
148 actions would make a significant contribution to reducing the global burden of NCDs and promoting
149 population health.

150

151 **3. Two position statements that made the case for the inclusion of a global target on**
152 **physical activity in the WHO NCD Global Monitoring Framework**

153 **Goal:** For physical activity to be included in the WHO NCD priorities and
154 for a target to be identified.

155 **Policy alignment:** To advocate and inform a physical activity target in the WHO NCD
156 Global Monitoring Framework.

157 Coalition building and partnerships are essential components of effective advocacy. In December
158 2011 and March 2012, ISPAH coordinated a global coalition of non-government organisations
159 (NGOs) and professional societies in sport, exercise, and health to develop, and become signatories
160 to, two position statements that made the case for the inclusion of a global target on physical
161 inactivity in the WHO NCD Global Monitoring Framework (WHO, 2013). This demonstrated a global
162 capability to communicate the scientific and public health arguments for action, with one voice. It
163 was recognized among key strategic leaders in the physical activity field - those that became
164 signatories to the position statements - that physical activity could not flourish in the absence of an
165 explicit target and that securing a target was central to the success of future advocacy for global
166 physical activity. This was summarised well by WHO Director General, Dr Margaret Chan, who said in
167 her remarks at the UN High Level Meeting on NCDs in 2011, "*What gets measured gets done*". A
168 physical activity target was set for a *"10% relative reduction in prevalence of insufficient physical*
169 *activity"* by 2025.

170

171 **4. The Bangkok Declaration on Physical Activity for Global Health and Sustainable**
172 **Development**

173 **Goal:** To identify and promote synergies between physical activity and the
174 UN SDGs.

175 **Policy alignment:** The UN SDGs.

176 *The Bangkok Declaration on Physical Activity for Global Health and Sustainable Development (ISPAH*
177 *Bangkok Declaration)* (ISPAH, 2016) was released as the key output from the 6th ISPAH Congress in
178 2016, in response to the recent launch of the UN 2030 agenda and the 17 Sustainable Development
179 Goals (SDGs; UN 2015). The *ISPAH Bangkok Declaration* specifically outlined policy actions related to
180 physical activity that would contribute to achieving multiple SDGs. It also contextualized the
181 contribution of policy action on physical activity to other global policy priorities, within and beyond
182 health, including the Commission on Ending Childhood Obesity (WHO, 2017), New Urban Health
183 Agenda (WHO, 2016), Mobilizing Sustainable Transport for Development (UN, 2016) and Every
184 Woman Every Child (UN, 2010). The central argument of the *Bangkok Declaration* was that physical
185 activity provides important economic, social, and environmental benefits, and positive return on
186 investments in sectors such as transport, planning and education. The declaration also highlighted
187 that physical inactivity, like other NCD risk factors, is exacerbated by societal and environmental
188 changes such as technology, globalisation, and urbanisation.

189

190 **5. High level political advocacy and professional mobilization to support a WHO**
191 **resolution to develop a Global Action Plan on Physical Activity**

192 **Goal:** To use the occasion of the ISPAH Congress 2016 in Bangkok and
193 high-level collaboration with Thai agencies and member state actors
194 to mobilize advocacy for a WHO Global Action Plan on Physical
195 Activity.

196 **Policy alignment:** The WHO Global Action Plan on Physical Activity 2018 - 2030.

197 The decision to hold the 6th ISPAH Congress in Bangkok, Thailand, was motivated by ISPAH's desire
198 to further mobilize its strong relationship with progressive governments and non-government

199 agencies (such as ThaiHealth) and widen the engagement of academics and professionals in Asia and
200 the Western Pacific. The Thai Ministry of Health, the Thai Health Promotion Foundation (ThaiHealth)
201 and key academics had demonstrated strong support for advancing physical activity policy in
202 Thailand and the region and furthering their global role and influence by championing the need for a
203 global physical activity action plan. To further the strategic approach to hosting the 6th ISPAH
204 Congress in Bangkok, ISPAH secured, for the first time, WHO as the conference co-sponsor.
205 Collaboration among these local and global partners was to prove highly effective in advancing
206 global physical activity policy.

207 Earlier in 2016, in the lead-up to the ISPAH Congress in Bangkok, officials in the Thai Ministry of
208 Health organised a highly successful Technical Side Event at the World Health Assembly (WHA69).
209 Over 130 delegates attended from 46 member states. From the ISPAH perspective, this critical World
210 Health Assembly side event was an embodiment of the key advocacy principles of political advocacy,
211 partnership development, and professional mobilisation, and was instrumental in securing political
212 support for a global policy commitment to physical activity. ISPAH took responsibility for presenting
213 the scientific evidence for physical activity. Various member state actors presented strategic aspects
214 of global policy, including Finland (multi-sectoral national policy), Iran (innovative financing for
215 physical activity), Canada (Strong Children physical activity program), and the United States
216 (integrated program on diet and physical activity). WHO representatives presented the linkage with
217 their Healthy Cities Initiative.

218 Thailand played an important strategic role as a newly elected member of the WHO Executive Board.
219 The Executive Board meets each January to discuss the agenda for the upcoming World Health
220 Assembly, held every May. At the 140th Executive Board meeting in January 2017, Thailand tabled an
221 agenda item requesting the WHO to develop a global action plan on physical activity. This was
222 supported, and the resolution was endorsed by member states at the World Health Assembly in May
223 2017 (WHA70), and thus became a WHO mandate. The Global Action Plan on Physical Activity 2018-

224 2030 was endorsed in a resolution by member states in May 2018 (WHA71), along with five
225 requests, namely to: support member states in implementing the plan; establish a monitoring and
226 evaluation framework; produce the first global status report on physical activity before the end of
227 2020; report on progress to the World Health Assembly in 2021, 2026 and 2030; and update the
228 global physical activity guidelines.

229

230 6. Advocacy for adoption and global expansion to member states of the WHO Global 231 Action Plan on Physical Activity

232 **<u>Goal:</u>** To mobilize political and professional strategies to achieve
233 continued global and member state support for implementation of
234 the WHO Global Action Plan on Physical Activity.

235 **<u>Policy alignment:</u>** The WHO Global Action Plan on Physical Activity 2018 – 2030; WHO
236 Physical Activity Technical Packages.

237 The WHO Global Action Plan on Physical Activity 2018-2030 (GAPPA) contains 20 recommended
238 policy actions that are applicable to all countries and structured within four strategic objectives –
239 active societies, active environments, active people, and active systems (WHO, 2018). It reaffirmed
240 the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 target of a 10%
241 reduction in population levels of physical inactivity by 2025 and extended the target to align with the
242 2030 SDGs, calling for a 15% relative reduction in physical inactivity. The GAPPA was launched by the
243 new Director General of the WHO, Dr Tedros, and the President of Portugal, in Lisbon, Portugal, in
244 June 2018. This was a vital global policy milestone, and set the immediate priorities for ISPAH:

245 - To support implementation of the GAPPA
246 - To strengthen the development and implementation of national physical activity action
247 plans, based on the GAPPA and framed in accord with national context and needs.

248 ISPAH maximised its contributions to global advocacy and technical advancement by publishing
249 blogs, web content and articles aimed at supporting the GAPPA uptake and implementation. The 7th
250 ISPAH Congress was held in London, England, four months after the launch of the GAPPA. Building
251 on the learning from Thailand, which showcased the additional momentum to be gained from
252 engaging high level political leaders, the event was co-hosted by the government entities
253 responsible for sport and health in England and was co-sponsored by the WHO. The event was also
254 explicitly positioned to attract policymakers and practitioners, in addition to the usual academic
255 audience. ISPAH provided a plenary forum to amplify the GAPPA and launch a new *WHO Technical*
256 *Package 'Active'* to support implementation.

257 ISPAH sought to further enhance the dissemination of the GAPPA and increase alignment between
258 the new global strategy and national action by publishing *ISPAH's Ten Ways to Prioritise Physical*
259 *Activity Actions* (ISPAH 2022). This resource aims to assist policymakers in developing a plan for
260 action, including the importance of understanding local context, engaging key partners, aligning with
261 complementary agendas, targeting priority groups, and leveraging funding and resources.

262 The Eastern Mediterranean is a priority region for the WHO and for implementation of the GAPPA,
263 due to high levels of obesity, diabetes, and physical inactivity in the region. As such, ISPAH made a
264 strategic decision to host its 9th Congress in Abu Dhabi, UAE. This was the first time that the ISPAH
265 Congress had been held in the Eastern Mediterranean region. The programme for the event was
266 structured around the four strategic objectives in the GAPPA, and for the third time the ISPAH
267 Congress was co-sponsored by the WHO.

268 A summary of these developments is shown in Table 2.

269

Table 2. Phases of development – Global policy and ISPAH advocacy for physical activity

Stages of development	Physical activity and health policy milestones	ISPAH events, advocacy actions and products
Phase 1: 2006 – 2010 Strengthening the case and the emergence of coordinated global advocacy action	• 2004, WHO Global Strategy on Diet, Physical Activity and Health • 2006, First International Congress on Physical Activity and Public Health, Atlanta, USA • 2006, Physical activity capacity advanced under the auspices of the IUHPE/CDC Cooperative agreement • 2009, WHO report on Global Health Risks recognises the importance of physical inactivity as a risk factor for disease and mortality • 2010, WHO Global Recommendations for Physical Activity and Health	• 2005, IUHPE/CDC Cooperative agreement on physical activity advances physical activity professional development, capacity building, global coordination, and advocacy • 2006, Formation of the Global Alliance for Physical Activity, which later became the Advocacy Council of ISPAH • 2008, ISPAH formed • 2010, ISPAH Congress, Toronto, Canada, including the launch of the Toronto Charter
Phase 2: 2011 – 2015 Alignment with global policy movements	• 2011, First UN High Level Meeting on NCDs, New York • 2013, Global Action Plan on the Prevention and Control of NCDs (2013-2020) • 2013, Inclusion of a 10% physical activity target in the WHO Global Monitoring Framework for NCDs	• 2011, Release of ISPAH 7 Investments that Work for Physical Activity • 2011 (Dec) and 2012 (March), ISPAH-led coalition releases two position statements making the case for a physical

	• 2015, Second UN High Level Meeting on NCDs, New York	activity target in the WHO Global Monitoring Framework for NCDs
Phase 3: 2016 – 2022 Political mobilization for global physical activity policy	• 2016, Thai Health Minister commits to proposing a resolution to the WHO Executive Board calling for a global strategy and action plan on physical activity • 2016, Physical Activity Side Event at the WHA69 • 2017, Thailand proposes a resolution to the WHA70 for a global strategy and action plan on physical activity • 2018, Launch of the WHO Global Action Plan on Physical Activity 2018-2030 • 2018, Third UN High Level Meeting on NCDs, New York • 2020, WHO Guidelines on Physical Activity and Sedentary Behaviour • 2022, WHO Global Status Report on Physical Activity	• 2016, ISPAH collaborates with WHO and Thai Government in physical activity side event at the WHA69 • 2016, ISPAH Congress in Bangkok, Thailand, co-sponsored by WHO, including the launch of the Bangkok Declaration • 2018, ISPAH Congress in London, co-sponsored by WHO, including the launch of the WHO 'Active' Technical Package on Physical Activity • 2020, Release of ISPAH's 8 Investments that Work for Physical Activity • 2022, Release of ISPAH's Ten Ways to Prioritise Physical Activity Actions • 2022, ISPAH Congress in Abu Dhabi, co-sponsored by WHO
Phase 4: 2023 –	• 2025, Fourth UN High Level Meeting on NCDs, New York	• 2024, ISPAH Congress in Paris, co-sponsored by WHO

Future opportunities		

Key Learning

Key lessons from ISPAH's successful execution of global advocacy for physical activity are summarised below in relation to several advocacy principles, most of which had been used successfully in other areas of public health advocacy.

The importance of leadership: This included the establishment of ISPAH as the lead agency for global advocacy for physical activity and the recruitment of key leaders in the field of physical activity to join ISPAH in its mission.

Establishing clear objectives: As outlined across the six deliverables above, ISPAH had clear advocacy goals which related to informing and influencing the key global policies related to physical activity.

Outlining a clear agenda for action: ISPAH took progressive steps to build momentum, with each activity incrementally expanding on the case for action. Each output document contributed to accelerating the pace of uptake of evidence-informed physical activity policy.

Timeliness: ISPAH aligned the timing of its advocacy actions to provide inputs to the global calendar of UN and WHO policy developments that had relevance to physical activity. This particularly applied to seizing the opportunity to advance physical activity policy and strategies to inform global NCD action planning and align with the SDGs.

Establishing and mobilizing partnerships: From its inception ISPAH worked closely with other NGOs, the academic sector, key national governments and the WHO to advance its physical activity goals.

Persistence: Advocacy is seldom successful at its first attempt. Persistence and consistency over time in pursuit of agreed objectives, and execution of a range of strategies to mobilize support for those objectives, was vital to success.

295 **Current and future advocacy – System supports for implementation**

296 The concerted efforts of ISPAH over more than twelve years have ensured that physical inactivity is
297 no longer the Cinderella risk factor for NCDs, and additionally, that physical activity is seen as an
298 important component of broader agendas including achievement of the SDGs. However, the job is
299 not done. The WHO Global Status Report on Physical Activity 2022 highlighted that progress on
300 implementing the GAPPA has been slow overall and uneven between countries and regions (WHO,
301 2022). It identified five recommendations to advance the implementation of national action, namely:
302 1) strengthening whole-of-government ownership and political leadership; 2) integrating physical
303 activity in all relevant policies and supporting policy implementation with practical tools and clear
304 guidance; 3) supporting partnerships, engaging communities and building capacity in people; 4)
305 reinforcing data systems, monitoring, and knowledge translation; and 5) securing and aligning
306 funding with national policy commitments (WHO, 2022). The ISPAH Executive published a
307 commentary to amplify the findings of the Global Status Report, calling for national governments,
308 non-government organizations, academics, the private sector, and civil society to scale up efforts to
309 promote physical activity (Milton et al., 2023).
310
311 The period 2024-2025 is vital regarding advocacy for physical activity within the NCD policy arena in
312 the lead-up to and following the fourth UN High Level Meeting on NCDs in September 2025.
313 Continued advocacy is required for:
314 • Retention of physical activity within the NCD policy priorities, with related monitoring and
315 performance measures.
316 • Retention or strengthening of the capacity for physical activity in WHO structures, its
317 headquarters in Geneva and the WHO Regional Offices, including commitment to ongoing
318 monitoring, guideline development, technical support, and global capacity development for
319 physical activity.

320 • Responding to the challenges identified in the WHO Global Status Report on Physical Activity
321 2022, most particularly seeing increased commitment to implementation of the GAPPA and
322 extending its remit beyond 2030.
323 • Responding to new policy priorities in NCDs, new evidence, and the intersects for physical
324 activity. This particularly applies to:
325 o mental health - and the role of physical activity in prevention and management of
326 depression and anxiety.
327 o air pollution – and the contribution of physical activity (walking, cycling, healthy and
328 active urban planning) to reducing air pollution.
329 o brain health – and the role of physical activity in promoting brain health and
330 reducing cognitive decline and Alzheimer in older adults.
331 • Meaningful partnership with sectors outside health in supporting implementation of the
332 GAPPA and achieving co-benefits beyond health, in transport, planning, development, sport,
333 and in economic and social policy.
334 • Promoting equity in global policy responses and implementation to ensure action is
335 delivered in areas where it is needed most.
336
337 Is it critical that the physical activity community, and particularly ISPAH with its leadership role for
338 advocacy, keeps pace with the political landscape and responds in a timely manner with position
339 statements that make the case for physical activity, aligned to global public health and cross-sector
340 priorities. Whilst this will help to ensure physical activity remains high on the policy agenda, this
341 must be supported by actions to address the policy-implementation gap. This will be a key focus of
342 the next ISPAH Congress, which will take place in Paris, France, in October 2024, and is being co-
343 sponsored by the WHO for the fourth time.
344

345 ISPAH has commenced a range of activities to address the recommendations in the Global Status
346 Report. For example, ISPAH has created additional resources to amplify the WHO Active Technical
347 Package, including a new infographic on physical activity promotion in the healthcare setting (Milton
348 et al., 2024). ISPAH has established formal partnerships with the Global Observatory for Physical
349 Activity (Go-PA!) and the Active Healthy Kids Global Alliance to support data systems, monitoring,
350 and knowledge translation. In addition, ISPAH has established a formal partnership with the
351 Prospective Physical Activity, Sitting and Sleep consortium (ProPASS) aimed at building the evidence
352 on physical activity and health in low- and middle-income countries (LMICs).
353

354 Conclusion

355 As a result of persistence in global advocacy for physical activity since 2008, the field in 2024 is
356 better positioned, particularly in relation to global professional mobilization, policy, and technical
357 support for physical activity. Despite impressive progress across more than twelve years, and the
358 innovation of the WHO Global Action Plan on Physical Activity 2018-2030, the work of global
359 advocacy for physical activity is far from complete. Continued efforts are needed to advance global
360 physical activity policy objectives, to ensure uptake at country level of national physical activity
361 action plans, and to see robust implementation support for these plans and for the GAPPA.
362 Meanwhile we must be mindful of potential disruptions that could remove or wind-back previous
363 hard-earned gains to advance the global physical activity policy agenda. ISPAH and the physical
364 activity field need to continue to grasp opportunities in 2024-2030. The UN High Level Meeting on
365 NCDs in September 2025, and the review of achievements on the SDGs in 2030 are defining
366 moments and critical inflection points for the field. Continued forthright civil society advocacy and
367 leadership is required to maximise the potential for physical activity policy and its implementation,
368 to meet shared goals for global health and sustainable development.

369

About the authors

Trevor Shilton was a Board member of the IUHPE and Global Vice President for advocacy for twelve years. In a similar timeframe he was on the Board of ISPAH as Chair of the Advocacy Council from 2014 to 2020. Trevor contributed to the development of the Toronto Charter, ISPAH's 7 Investments, and the Bangkok Declaration. Trevor became an inaugural Fellow of ISPAH in 2022. He is currently the Chair of the Global Advocacy Committee of the World Heart Federation and a Director of the Asia Pacific Society for Physical Activity (ASPA).

Karen Milton was Secretariat of the Global Alliance for Physical Activity. She later served as Secretariat of ISPAH before becoming an ISPAH board member in 2016. Karen was involved in many of the advocacy efforts described in this paper, including the Toronto Charter and the Bangkok Declaration, and led the development of ISPAH's Ten Ways to Prioritise Physical Activity Actions. She was also part of the Strategic Advisory Network for the development of the WHO Global Action Plan on Physical Activity 2018 - 2030. Karen is the current President of ISPAH.

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474 **Three highlights**

475 This paper describes the coordinated advocacy efforts of ISPAH to advance global health policy.

476 Through six major initiatives, the field is better positioned in relation to global professional
477 mobilization, policy, and technical support for physical activity.

478 The physical activity field needs to continue to grasp opportunities in 2024-2030 to ensure physical
479 activity remains high on the global health policy agenda.

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