Commentary

Global Advocacy for Physical Activity (GAPA): global leadership towards a raised profile

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Abstract: Physical inactivity has been recognised by the World Health Organization as one of the leading causes of death due to non-communicable disease (NCD), worldwide. The benefits of action over inactivity can cut across health, environment, transportation, sport, culture and the economy. Despite the evidence, the policies and strategies to increase population-wide participation in physical activity receive insufficient priority from across high, middle and low-income countries; where physical inactivity is a rapidly-emerging issue. There is an increased need for all countries to invest in policies, strategies and supportive environments that inform, motivate and support individuals and communities to be active in ways that are safe, accessible and enjoyable. This commentary presents some recent efforts towards physical activity promotion globally, led by the Global Advocacy for Physical Activity (GAPA). It provides an overview of the background and history of GAPA; describes GAPA and the council's key achievements and milestones; places physical activity promotion within the global NCD agenda; presents GAPA flagships; and reflects on the lessons learned, ingredients for success and the major challenges that remain. The commentary documents insights into the effectiveness and challenges faced by a small non-governmental organisation (NGO) in mounting global advocacy. These lessons may be transferrable to other areas of health promotion advocacy. (Global Health Promotion, 2013; 20 Supp. 4: 113–121).

Keyword: physical activity, advocacy, global, leadership, non-communicable diseases, NCDs, social determinants of health, SDH, environments

Background and history

Why 'Global Advocacy for Physical Activity' (GAPA)?

Physical inactivity is recognised by the World Health Organization (WHO) as one of the leading causes of death due to non-communicable disease (NCD) worldwide (1,2). There is a growing and compelling body of evidence linking inactivity to cardiovascular disease, type 2 diabetes mellitus, certain types of cancer and depression; and agreement on recommended levels of physical activity to achieve health benefits (for adults, at least 150 minutes of moderate-to-vigorous physical activity per week) (1,3). Despite the evidence, the policies and strategies to increase population-wide participation in physical activity receive insufficient priority from most high and middle-income countries (4). Inactivity is a rapidly-emerging issue in low and middle-income countries that are experiencing rapid social and economic transitions. There is an increased need for all countries to invest in policies, strategies and supportive environments that inform, motivate and support individuals and communities to become active in ways that are safe, accessible and enjoyable. The benefits of action on inactivity can cut across health, environment, transportation, sport, culture and the economy.

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The International Union for Health Promotion and Education (IUHPE), as part of its cooperative agreements with the US Centers for Disease Control (CDC), prioritised the advancement of global networking and policy discussion around physical activity and health. This was consistent with the CDC's strong global commitment to physical activity, executed primarily through its CDC/WHO Collaborating Center for Physical Activity and Health. This Collaborating Center implemented a range of activities to inform and support global physical activity, especially in low and middle-income countries. This enabled a range of flagship physical activity projects, especially in South and Central America. The Collaborating Center worked closely with the IUHPE in supporting and delivering a series of Global Physical Activity Workshops, initially in Miami, FL, USA (2004) and Cascais, Portugal (2005). Themed workshops were held on national policy development for physical activity (San Diego, CA, USA; 2006), urbanisation and globalisation (Bogota, Colombia; 2005), physical activity guidelines development and global network development (Mexico City, Mexico; 2008). The need for a global coordinating voice for physical activity was identified as a priority from the meetings in Miami and San Diego. These high-level meetings about physical activity coincided with the development of the WHO global Strategy on Diet, Physical Activity and Health (DPAS) and provided a forum for discussion of the barriers and support required for successful implementation of DPAS (5).

In 2006, the Global Alliance for Physical Activity (as it was originally named) was created. This fledgling organisation was made up of participants from the workshops, as well as representatives from other global and regional physical activity networks. GAPA was established to coordinate and provide strategic orientation to the activities and actions developed by international and national NGOs, as well as civil society, to help countries initiate, strengthen and/or increase their efforts to address physical activity within the broad agenda of NCD prevention and health promotion. In 2006, much of the physical activity work undertaken as part of the IUHPE/CDC Cooperative Agreement was profiled in a special issue of the IUHPE journal, *Promotion and Education*: Volume 13, No. 2, 2006, 'Promoting Physical Activity Globally' (6). Articles within this special issue highlight the need for global advocacy for physical activity (7), networking and advancing knowledge. It identified new opportunities for international collaboration (8) and proposed specific actions relating to advocacy, networking, policy development and implementation. The new GAPA was identified as providing a structure for international collaboration (8).

GAPA was established with a small central coordinating group that identified eight priority areas of work (8). These were:

- Advocacy;
- Communication and dissemination;
- Network and partnership development;
- Fundraising;
- Policy development and implementation;
- Program implementation and evaluation;
- Surveillance; and
- Capacity building.

GAPA was started as a broadly representative group that aimed to work with and through the regional physical activity networks and other professionals in the health sector, as well as those in governments, transportation, education and urban design who share an interest in increasing participation in physical activity, walking and cycling, sport and active leisure. In particular, GAPA focused on advocating for physical activity and increasing communication between networks, and responding to the global physical activity and health agenda. GAPA focused its efforts on increasing national-level commitment to action on physical inactivity and encouraged national governments and interested stakeholders to develop, disseminate and implement national policies, programmes, and supportive environments that promote physical activity and health.

In 2008, the International Society for Physical Activity and Health (ISPAH; www.ispah.org) was established as a professional organisation with a specific and exclusive focus on global physical activity. ISPAH provided a new international voice to advance physical activity and health through the scientific study and promotion of physical activity. By 2008, GAPA had evolved to have its most important focus on advocacy for physical

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activity. In 2009, in order to acquire a more formal status for GAPA, the decision was made for the previously-named Global Alliance for Physical Activity to change its name to Global Advocacy for Physical Activity; and thus, become the advocacy council of the new professional society ISPAH. This afforded GAPA a more formal status within the incorporated society, as well as a membership base to further the council's work. Incorporation with ISPAH also enabled GAPA to pursue official relations with the WHO and other international agencies. This change of name signified that GAPA's niche would be to lead international advocacy for physical activity. It also assisted in differentiating GAPA's role and furthered its collaboration with other global agencies such as Agita Mundo, as well as regional physical activity networks. GAPA has served as the advocacy council of ISPAH since 2009 (www.globalpa.org.uk).

2009 – 2013: A revitalised GAPA

Since its establishment as the Advocacy Council of ISPAH, GAPA has been highly active in strategic global advocacy for physical activity. This includes the development of numerous successful initiatives to raise the visibility of physical activity promotion, as a key strategy to addressing the prevention of NCDs worldwide. GAPA maintains a set of core values of equity, sustainability and multi-sectorality and operates using three main principles for its advocacy work (9), namely, to ensure that GAPA advocacy was based on:

1. Evidence of effectiveness;
2. Multiple levels: political advocacy, media advocacy, community mobilisation, advocacy within organisations and particularly, professional mobilisation; and
3. Collaboration with a wide range of organisations with direct and indirect interest in the promotion of physical activity across all regions of the world.

GAPA established a small and flexible Executive Committee, which strived to achieve regionally-balanced representation and enable implementation of action within limited resources. Annual work plans were developed and implemented around the achievement of outcomes in five core strategic areas:

- Strategy 1: Disseminate physical activity information and evidence;
- Strategy 2: Advocate for the development, dissemination and implementation of national physical activity policies, action plans and guidelines;
- Strategy 3: Establish a global agenda for physical activity and health charter;
- Strategy 4: Advocate for capacity-building and the development of workforce training initiatives;
- Strategy 5: Advocate for strengthening regional networks and global collaboration.

As discussed previously, GAPA was born as a result of a series of multi-partner, high-level meetings supported and facilitated by the IUHPE and the CDC. GAPA continues to receive active support from IUHPE as part of a cooperative agreement focused on building capacity for addressing NCDs in low and middle-income countries.

Key achievements and milestones

Physical activity promotion and the global NCD agenda

The United Nations (UN) and WHO focus on NCD prevention and control, and related global efforts (IUHPE (10) and NCD Alliance, amongst others), which in the past 2 years have provided an important focus for GAPA's advocacy work. GAPA developed and implemented strategic advocacy actions and participated in key events and milestones (Table 1) including a UN informal dialogue with the NGO sector; preparatory regional consultations; (11,12) and the high-level meeting of the UN General Assembly on Non-Communicable Diseases, in September 2011. With the IUHPE, the NCD Alliance and other key partners, GAPA successfully advocated for addressing physical inactivity as a major risk factor, with the inclusion of physical activity promotion in its broader sense in the high-level meeting's political declaration (13). Following the UN high-level meeting, GAPA continued its advocacy efforts, focusing on ensuring the inclusion of a physical activity target and indicator in the WHO Global Monitoring Framework for NCDs (14).

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Table 1. Key milestones in the development and effective role of GAPA (2002 – 2012).

Year	*Key GAPA milestone*	*Key GAPA partners*
2002	IUHPE/CDC Physical Activity Workshop in Cascais, Portugal: The idea of GAPA is first mooted (raised).	IUHPE, CDC
2004	IUHPE/CDC Physical Activity Workshop in Miami, FL, USA.	IUHPE, CDC
2005	IUHPE/CDC Physical Activity Workshop in Bogota, Colombia: globalisation and urbanisation theme.	IUHPE, CDC, UN Habitat
2006	IUHPE/CDC Physical Activity Workshop in San Diego, CA, USA: National Policies for PA theme.	IUHPE, CDC
2006	IUHPE journal, *Promotion and Education*: Special issue on promoting PA globally.	IUHPE
2006	GAPA officially formed as the 'Global Alliance for Physical Activity'.	
2008	IUHPE/CDC Physical Activity Workshop in Mexico City, Mexico: PA guidelines and global network development themes.	IUHPE, CDC
2008	ISPAH formed.	ISPAH
2008	GAPA changes name to Global Advocacy for Physical Activity and becomes the Advocacy Council of ISPAH.	ISPAH
2009	3rd International Congress on PA and Public Health.	ISPAH
2010	GAPA/ISPAH publish 'The Toronto Charter for Physical Activity: A global call to action'.	ISPAH
2009 – 2011	Toronto Charter text translated into 23 languages	Numerous global partners
2011	GAPA publishes 'Non-communicable disease prevention: Investments that work for physical activity', as a compliment to the Toronto Charter.	GAPA
2011 – 2012	'Investments' text translated into seven languages.	Numerous global partners
2011	IUHPE/CDC High-level workshop on global partnering to promote PA, in the context of NCD prevention. Second Miami meeting.	CDC, IUHPE, GAPA, ISPAH, Agita Mundo, ACSM
2011 (Apr)	GAPA represented at the First Global Ministerial Conference on Healthy Lifestyles and Non-Communicable Disease Control (Moscow, Russia).	GAPA, IUHPE, WHO
2011	GAPA participates in regional consultations on NCD prevention: • February, Mexico City: WHO/UNDESA summit, regional consultations in the Americas; • March, Buenos Aires, Argentina: Healthy Latin America Coalition; • April, Brazzaville, Congo: WHO/UNDESA UN Summit, regional consultations in Africa.	IUHPE, Healthy Latin America Coalition
2011	GAPA publishes its Advocacy Postcard for use in high-level meetings.	GAPA
2011 (Sep)	GAPA represented (with the IUHPE) at the high-level meeting of the UN General Assembly on NCDs (New York, NY, USA).	GAPA, UN
2012	GAPA advocacy workshop at the World Congress of Cardiology.	World Heart Federation

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Table 1. (Continued)

Year	*Key GAPA milestone*	*Key GAPA partners*
2012	Global Physical Activity Network (GlobalPAnet) is launched.	IUHPE, CDC, VicHealth, Healthway, ThaiHealth, World Heart Federation, National Heart Foundation of Australia
2012	GAPA mobilises concerted global advocacy for the inclusion of a PA target and indicator in the WHO NCD monitoring framework.	GAPA and network partners
2012	GAPA collaborates with IUHPE to deliver training workshops on advocacy for NCD prevention in Colombia and Thailand.	IUHPE, CDC, GAPA, National Heart Foundation of Australia, Inter-American Heart Foundation, local partners in Colombia and Thailand.

ACSM: American College of Sports Medicine; CDC: US Centers for Disease Control and Prevention; GAPA: Global Alliance for Physical Activity and later, Global Advocacy for Physical Activity; Healthway: West Australian Health Promotion Foundation; ISPAH: International Society for Physical Activity and Public Health; IUHPE: International Union for Health Promotion and Education; NCD: non-communicable disease; PA: physical activity; ThaiHealth: Thai Health Promotion Foundation; UN: United Nations; UNDESA: United Nations Department of Economic and Social Affairs; VicHealth: Victorian Health Promotion Foundation; WHO: World Health Organisation.

GAPA flagships

Development and dissemination of key advocacy tools and resources.

At a critical time for global physical activity advocacy, GAPA has prioritised the development of key global tools and resources for practitioners and advocates worldwide to use and adapt to their local, regional and national contexts. Together, these tools provide the case, the evidence and the actions needed to prioritise physical activity in the effort to reduce NCDs.

The tools have been widely disseminated, translated, utilised and referenced by professionals and NGOs across the world in advocacy connected with the recent UN high-level meeting on NCDs and subsequent WHO actions.

The 'Toronto Charter for Physical Activity': A global call to action

The 'Toronto Charter for Physical Activity' was designed to help elevate the importance of physical activity as a policy priority throughout the world. This 'Toronto Charter' provides a clear framework, relevant to all countries, on how to initiate or continue national population-based approaches to physical activity. It defines a set of priority areas for action across multiple sectors, and it provides a unifying focus for building partnerships and taking joint action. The 'Charter' is an advocacy tool for use by all involved in physical activity at the local, regional and national level. It has been translated into 22 languages, which are available at www.globalpa.org.uk.

'NCD Prevention: Investments that Work for Physical Activity'

In 2011, a complementary document to the Toronto Charter for Physical Activity was developed to provide further clarity and impetus to national action. 'NCD Prevention: Investments that Work' identifies seven actions aimed at increasing population levels of physical activity, which if applied at sufficient scale, would make a significant contribution toward increasing participation levels and reducing the burden of NCDs (16). This 'Seven Best Investments' document was developed specifically to guide countries that were ready to initiate actions, but were uncertain about what to do and overwhelmed by the many systematic review papers. It was agreed that,

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based on the best available evidence, GAPA should identify and recommend a clear set of interventions. These were formulated into seven areas:

- Whole of school programs;
- Transport policies;
- Healthy urban design;
- Implementation through primary care;
- Public education;
- Community-wide programs; and
- Sport for all.

Advocacy Postcard: Act Now on Physical Activity for Better Health, Wellbeing and Prevention of NCDs (2012)

In late 2011, just prior to the UN high-level meeting, a short 'postcard'-style summary was developed to provide a simple, compact and easy-to-use advocacy tool. The postcard was designed to answer the critics who still needed convincing that physical activity warrants the strong policy attention and action that is afforded to tobacco and to other NCD risk factors (17). Through the postcard, GAPA again called for greater national policy action to address physical inactivity; specifically, it called on the WHO and UN to include a physical activity target and indicator against which global progress could be monitored. The underpinning arguments in support of the above position were as follows:

1. There is enough evidence on health and other benefits of physical activity to act now;
2. We have global physical activity guidelines based on international scientific evidence and consensus;
3. We can measure and have tested tools to assess population levels of physical activity;
4. We know inactivity is an increasing problem in BOTH high-income countries (HIC) and low and middle-income countries (LMIC), particularly in countries experiencing rapid urbanisation;
5. We have solutions across different settings, and these require cross-sector partnerships;
6. People in all countries can and should increase their action, to increase physical activity across each person's life span;
7. It works: we have examples of effective large-scale national strategies on physical activity in the LMIC context.

The WHO has responded to the evidence, and perhaps in part, to strategic lobbying: it has included a physical activity indicator and target in its 2012 NCD Monitoring Framework (14). The WHO acknowledges physical inactivity as an exposure that leads to NCDs; member states agreed to a physical activity indicator: age-standardized prevalence of insufficient physical activity in adults over 18 years of age (defined as < 150 minutes of moderate-intensity activity per week, or the equivalent), and a target of a 10% relative reduction in the prevalence of insufficient physical activity (14). Measurement will be enhanced by over a decade of experience in global monitoring of physical activity, using the International Physical Activity Questionnaire (IPAQ) (18). GAPA will continue its focus on tools for advocacy, recognising the importance of multiplying efforts to achieve its goals.

Using technology for advocacy, through rapid information dissemination and networking: the Global Physical Activity Network

Rapid communication and dissemination of relevant information and scientific evidence is a core advocacy activity. To date, there has been no such forum nor service. In 2011, GAPA led the establishment of such a resource and created a new ISPAH flagship tool, namely the Global Physical Activity Network (GlobalPANet; http://www.globalpanet.com/).

GlobalPAnet is a unique, dedicated, online global physical activity communication network aimed at rapidly communicating the latest physical activity evidence, best practices and knowledge across a global network of physical activity practitioners, scientists, policy makers and advocates, via its unique e-News and website. This innovative resource also provides a means to link to a global network of professionals with an interest in physical activity.

GlobalPAnet is a good example of the strong global leadership capacity provided by GAPA. The need was identified to provide a web-based service to enable rapid dissemination of physical activity information to the global physical activity workforce. A business plan was initiated for the development of an e-*communiqué* and a linked website. Sponsors were identified, to provide the seed funds, as well as active partners to support

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initiation of GlobalPAnet. With support from IUHPE, CDC, the Victorian Health Promotion Foundation (VicHealth), the West Australian Health Promotion Foundation (Healthway), the Thai Health Promotion Foundation (ThaiHealth), the World Heart Federation (WHF) and the National Heart Foundation of Australia, GlobalPAnet was launched in June 2012.

Linking physical activity regional networks.

GAPA plays a key role in connecting various regional physical activity networks and continues to advocate for and support their work at the global level. GAPA made particular efforts to involve and partner in projects that support the dissemination and implementation of the Toronto Charter, the 'Seven Best Investments' and GlobalPAnet. A good example of this linking role is the work undertaken by GAPA to mobilise support for the inclusion of a physical activity target and indicator in the NCD Monitoring Framework (14). Two position papers were developed by GAPA in collaboration with Agita Mundo and five regional Physical Activity Networks. These position papers, co-signed by five organisations, were vital tools for advocacy for a physical activity target (Available from http://www.globalpa.org.uk).

Providing a voice for physical activity in the broader health promotion agenda: intersectoral action and social determinants of health.

GAPA has also played an important role in advocating and reinforcing the critical link between physical activity and other global priorities in public health. Two examples of this are the social determinants of health (SDH) and Health in All Policies (HiAP). This is especially important, given the current priority afforded by the WHO and other global bodies for inter-sectoral action, HiAP and SDH (19–23). GAPA documents are an important resource for this area of work. The Toronto Charter (15) clearly articulates how transportation, planning, education, sport, recreation, urbanisation and sustainability are vital in advancing global physical activity, whilst the 'Seven Best Investments' (16) document provides concrete and practical solutions, supported by good evidence of effectiveness, that have worldwide applicability in the context of effective comprehensive approaches that require multiple concurrent strategies to be implemented.

Lessons learnt, ingredients for success and major challenges: insight into the life of a small NGO and future perspectives

The evolution and innovation of GAPA provides a unique focal point for the coordination of global advocacy efforts around physical activity. The success of GAPA and its advocacy initiatives were assisted by strong leadership, shared vision, and active engagement of multiple partners for strengthened efforts and a more powerful voice. The success of GAPA was further aided by the consensus it has developed around five strategic priorities, allowing for focused development and concentration of limited resources. These strategy areas of information dissemination, advocacy for policy, development of tools, workforce development and network development also spawned highly successful products, such as the 'Toronto Charter', 'Seven Best Investments for Physical Activity' and GlobalPAnet.

Challenges for GAPA include the fact that to continue to build and sustain its efforts, it will need to continue to recruit membership, funding and support for its flagship projects. GAPA is a small organization with limited human capacity and financial resources, which would be assisted by growth of membership and participation. Growing the engagement of low and middle-income countries is another challenge for GAPA, one essential to ensuring that GAPA retains true global scope for its work. This will also require an increased focus on building capacity for leadership. Leadership from key individuals enabled strong and active global advocacy actions for physical activity; however, the base of support will need to continue to grow for GAPA to sustain global coverage for its work. In a tight fiscal climate, GAPA also needs to successfully secure funding to sustain and grow its flagship projects.

GAPA successfully amplified its voice through successful and strategic collaboration, and partnership with regional and global physical activity networks with NCD bodies, such as the NCD Alliance and the World Heart Federation, and with the IUHPE. These partnership initiatives will need to continue and expand, if the major challenge of developing a priority for physical activity is to be achieved.

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For WHO Member States to embrace physical activity as a global priority will require investment in professional capacity building, developing national physical activity policies, having funding support for National Physical Activity Action Plans and the introduction of policies across sectors in support of active living. These initiatives are consistent with the framework underpinning the global call to action in the 'Toronto Charter for Physical Activity' (15) and are consistent with GAPA's ongoing advocacy priorities.

A successful factor in GAPA's work has been its flexible, non-bureaucratic structure, which enables GAPA to be swift to respond and engage on critical issues. Flexible, nimble and responsive governance is essential for effective advocacy, and GAPA will need to ensure that while it accommodates growth, it retains the flexibility for timely and precise action. GAPA has, in a few short years, demonstrated outstanding success in mobilisation of global advocacy for physical activity. In coming years, there will be continuing opportunities to advocate for population-wide physical activity as a solution to the NCD crisis; however, this will not occur as a matter of course. Concerted advocacy will continue to be required to ensure that commitment made by the UN and WHO are realised at national levels, especially in low and middle-income countries. The problem that resulted in the formation of GAPA is no less a problem in 2013. As summarised by the editor of the *Lancet* in 2012, 'In view of the prevalence, global reach, and health effect of physical inactivity, the issue should be appropriately described as pandemic, with far-reaching health, economic, environmental and social consequences' (24).

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References

1. World Health Organization. Global Health Risks: Mortality and Burden of Disease Attributable to Selected Major Risks. Geneva, Switzerland: WHO; 2009.
2. World Health Organization. Preventing Chronic Disease: A Vital Investment. Geneva, Switzerland: WHO; 2005.
3. World Health Organization. Global Recommendations on Physical Activity for Health. Geneva, Switzerland: WHO; 2010.
4. Bull FC, Bauman AE. Physical inactivity: The 'Cinderella' risk factor for noncommunicable disease prevention. J Health Comm. 2011; 16: S13-26.
5. World Health Organization. Global Strategy on Diet, Physical Activity and Health (DPAS). World Health Assembly; 2004. Available from: http://www.who.int/nmh/wha/59/dpas/en/ (accessed January 17, 2013).
6. Special Issue of the IUHPE Journal Promotion and Education on Promoting physical activity globally. Promot Educ (now Global Health Promotion). 2006; 13(2). Available from: http://www.iuhpe.org/upload/File/PE_PA_06.pdf (accessed January 17, 2013).
7. Shilton TR. Advocacy for physical activity– from evidence to influence. Promot Educ. 2006; 13: 118-126.
8. Bull FC, Pratt M, Shepherd RJ, Lankenau B. Implementing national population-based action on physical activity: challenges for action and opportunities for international collaboration. Promot Educ. 2006; 13: 127-132.
9. Shilton TR. Creating and making the case: Global advocacy for physical activity. J Phy Act Health. 2008; 5: 765-776.
10. International Union for Health Promotion and Education. IUHPE Call for Action on Health Promotion Approaches to Non-Communicable Diseases Prevention. Saint-Denis, France: IUHPE; 2011.
11. World Health Organization African Region. Brazzaville Declaration – Uniting against NCDs: the Time to Act is Now. Brazzaville, Democratic Republic of Congo: WHO; 2011.
12. World Health Organization. Moscow Declaration on NCDs: commitment to action, way forward. Moscow, Russia: First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control; 2011 April. Available from: http://www.who.int/entity/nmh/events/moscow_ncds_2011/conference_documents/moscow_declaration_en.pdf (accessed January 17, 2013).
13. Political declaration of the High-level Meeting of the General Assembly of the United Nations on the Prevention and Control of Non-communicable Diseases. United Nations; 2011 September. Available from: http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1 (accessed January 17, 2013).
14. World Health Organization. A comprehensive global monitoring framework including indicators and a set of voluntary global targets for the prevention and control of NCDs (discussion paper). Geneva, Switzerland: WHO; 2012. Available from:

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http://www.who.int/nmh/events/2012/ncd_discussion_paper/en/index.html (accessed January 17, 2013).

15. Global Advocacy for Physical Activity. The Toronto Charter for Physical Activity – A Global Call for Action. Toronto: International Society for Physical Activity and Health; 2010.
16. Global Advocacy for Physical Activity. Non-Communicable Disease Prevention – Investments that Work for Physical Activity. International Society for Physical Activity and Health; 2011. Available from: http://www.globalpa.org.uk/pdf/investments-work.pdf (accessed January 17, 2013).
17. Global Advocacy for Physical Activity. Act Now on Physical Activity for Better Health, Wellbeing and Prevention of NCDs. International Society for Physical Activity and Health; 2012. Available from: http://www.globalpa.org.uk/downloads/postcard.pdf (accessed January 17, 2013).
18. Hallal PC, Gomez L-F, Parra DC, Lobelo F, Mosquera J, Florindo AA, et al Lessons Learned After 10 Years of IPAQ Use in Brazil and Colombia. J Phy Act Health. 2010; 7: S259-264.
19. International Union for Health Promotion and Education. Key Messages from the International Union for Health Promotion and Education on the Social Determinants of Health. Saint-Denis, France: IUHPE; 2012. Available from: http://iuhpe.org/images/IUHPE/Advocacy/IUHPEKeyMessages_SDH.pdf (accessed 31 December, 2013).
20. CSDH. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the WHO Commission on Social Determinants of Health. Geneva, World Health Organization; 2008. Available from: http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf (accessed August 4, 2013)
21. World Health Organization. Rio Political Declaration on Social Determinants of Health – World Conference on Social Determinants of Health. Rio de Janeiro, Brazil: WHO; 2011. Available from: http://www.who.int/entity/sdhconference/declaration/Rio_political_declaration.pdf (accessed January 17, 2013).
22. Marmot M, Atkinson T, Bell J, Black C, Broadfoot P, Cumberlege J, et al. Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010. The Marmot Review; 2010. Available from: http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report (accessed January 17, 2013).
23. Marmot M. WHO European review of social determinants of health and the health divide. Lancet. 2012; 380: 1011-1029.
24. The Lancet series on Global Physical Activity – July 2012. Available from: http://www.thelancet.com/series/physical-activity (accessed January 17, 2013).

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