

**World Health Organization Regional Office for the Western Pacific Region
Healthy Cities Recognition 2018**

Physical Activity (Active City for Walking and Cycling)

Background

Regular physical activity is a well-established protective factor for the prevention and control of cardiovascular diseases, diabetes and certain cancers. It also contributes to the prevention of NCD risk factors such as high blood pressure and overweight/obesity. Physical activity is also known to be associated with delay in the onset of dementia and improved quality of life and well-being.

Yet, in the Western Pacific Region, one out of four adults and 85% of adolescents are not engaging in enough physical activity. Rapid and unplanned urbanization, technological advances and reliance on passive modes of transportation have made us less physically active. Motorized vehicles have overtaken urban space and pedestrian walkways, reducing walkability. Green areas and community spaces are limited, reducing accessibility. There is also the fear of one's personal safety – poorly lit areas, high-density traffic and pollution can discourage people from walking, cycling and exercising outdoors.

Member States committed to reducing the global prevalence of physical inactivity in adults and in adolescents by 15% by 2025, compared to a 2016 baseline. To support the process, A draft Global Action Plan on Physical Activity 2018-2030, with four strategic objectives, has been developed for endorsement at the Seventy-first World Health Assembly in May 2018. Refer to the following link for more information: http://www.who.int/ncds/governance/physical_activity_plan/en/.

Recognition of Best Practice

Cities with active environments that enable and encourage people to walk and cycle more are eligible to apply for recognition as a best practice. Cities may explain how they are already demonstrating good practices in line with any of the four strategic objectives of the draft Global Action Plan on Physical Activity 2018-2030. Policy documents, studies and photos that demonstrate policy or infrastructure change may be submitted.

For further information, please contact:

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Call for Applications for Best Practice

Title Page

- a. **Thematic area**
- b. **City and Country name**
- c. **Full title of the project**
- d. **Contact details**
 - i. **Responsible person submitting the proposal**
Please provide contact details (name, title, affiliation, email, address, telephone, fax)
 - ii. **Additional contact person**
Please provide contact details (name, title, affiliation, email, address, telephone, fax)

***[Note: Please keep to the word limits as that will be taken into account in the scoring process.]**

1. Executive Summary (300 words)

Please describe the intervention, who is the target population, what was done (strategies or activities), when was it implemented, and the achievements.

2. Background (350 words)

- a. Please describe why this project or intervention was proposed. Please describe the results from surveys, situation analysis, interviews, focus groups, needs assessment or consultation conducted to identify the problem/need being addressed
- b. Please describe the problem being addressed.
- c. Please describe other existing programmes, challenges and impact.
- d. Please describe the social and cultural context in relation to the problem.

3. Objectives

Please specify the proposed objectives (i.e. the anticipated outcome) and the period/timeline of the project.

4. Planning structure (Maximum 1 page)

Please describe the core planning team; the settings where the project was carried out; the target population; and the activities, tasks, milestones, timeline, budget and source of funding.

5. Multi-stakeholder collaboration (300 words)

a. **Community participation:** Please describe how the collaboration with community members including the target population, took place in the planning, implementation and/or evaluation phase of the initiative.

b. **Other stakeholders (e.g. other government agencies, NGOs, private sector):** Please describe how the collaboration with other sectors took place in the planning, implementation and/or evaluation phase of the initiative. Please also describe whether resources were shared (i.e. financial or technical).

6. Equity (200 words)

Please provide evidence of the participation of marginalized and/or vulnerable groups (e.g. female or youth) during the planning and/or implementation/evaluation processes; and/or describe interventions that target them.

7. Replicability or Scalability (300 words)

Please describe how the programme (activities, expertise and resources) can be scaled up and be applied and adapted to other settings or sites.

8. Effectiveness or impact assessment (350 words)

a. Please provide evidence of programme achievements in relation to proposed objectives (e.g. improvement in health status, adoption of new law or policy). If possible, show or describe changes from baseline to the current status in 2016. Please provide supporting documents where available.

b. Please describe how evaluation, surveys, data or routine monitoring were utilized to assess progress and outcomes.

9. Measures for sustainability (300 words)

a. Please describe how the programme is or will be sustained. For example, through city ordinance, city government commitment, community ownership, regular budget allocation, etc.

10. Bonus (Optional): Theoretical basis (200 words)

Please describe how theories of change (i.e., theories of behaviour change, policy development, social marketing, etc) have been utilized for programme development and implementation.