1	Global Matrix 3.0 Physical Activity Report Card Grades for Children and Youth: Results and
2	Analysis from 49 Countries
3	
-	
4	Original Research
5	
6	Three to five key words
7	Global comparison; sedentary behavior; health promotion; international; sport; active transportation
8	Abstract word count: 196 words
9	Manuscript word count: 11,534
10	Date of manuscript submission: 27/08/2018
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	

23 Abstract

24 Background

Accumulating sufficient moderate to vigorous physical activity (MVPA) is recognised as a key determinant of physical, physiological, developmental, mental, cognitive, and social health among children and youth (5-17 years). The Global Matrix 3.0 of Report Card grades on physical activity was developed to achieve a better understanding of the global variation in child and youth physical activity and associated supports.

30 Methods

31 Work Groups from 49 countries followed harmonized procedures to develop their Report Cards by

32 grading 10 common indicators using the best available data. The participating countries were divided into

three categories using the United Nations' Human Development Index (HDI) classification (low or

34 medium, high, and very high HDI).

35 **Results**

36 A total of 490 grades, including 369 letter grades and 121 "INC" grades, were assigned by the 49 Work

37 Groups. Overall, an average grade of "C-", "D+", and "C-" was obtained for the low and medium HDI

38 countries, high HDI countries, and very high HDI countries, respectively.

39 Conclusions

The present study provides rich new evidence showing that the situation regarding the physical activity of children and youth is a concern worldwide. Strategic public investments to implement effective interventions to increase physical activity opportunities are needed.

- 43
- 44
- 45
- 46

47

48 List of authors:

- 49 Salomé Aubert, Healthy Active Living and Obesity Research Group, CHEO Research Institute, Ottawa,
- 50 Ontario, Canada; <u>saubert@cheo.on.ca</u>
- 51 Joel D. Barnes, Healthy Active Living and Obesity Research Group, CHEO Research Institute, Ottawa,
- 52 Ontario, Canada; jbarnes@cheo.on.ca
- 53 Chalchisa Abdeta, Hiwot Fana Specialized Haramaya University Hospital, Harar, Ethiopia;
 54 <u>caaliphysio@gmail.com</u>
- 55 Patrick Abi Nader, Centre de formation médicale du Nouveau-Brunswick, Université de Moncton,
- 56 Moncton, NB; Centre de Recherche du Centre Hospitalier de l'Université de Montréal, Montréal, QC;
- 57 <u>patrick.abi.nader@umoncton.ca</u>
- 58
 Ade F. Adeniyi, College of Medicine, University of Ibadan and Nigerian Heart Foundation, Ibadan and
- 59 Lagos, Nigeria; <u>adeniyifatai@yahoo.co.uk</u>
- 60 Nicolas Aguilar-Farias, Department of Physical Education, Sports and Recreation, Universidad de La
- 61 Frontera, Chile; UFRO Actívate Research Group. Chile; <u>nicolas.aguilar@ufrontera.cl</u>
- 62 Dolores S. Andrade Tenesaca, Universidad de Cuenca, Departamento de Biociencias, Cuenca, Ecuador;
 63 susana.andrade@ucuenca.edu.ec
- 64 Jasmin Bhawra, School of Public Health and Health Systems, University of Waterloo, Ontario, Canada;
- 65 jasmin.bhawra@uwaterloo.ca
- Javier Brazo-Sayavera, Instituto Superior de Educación Física, Universidad de la República, Rivera,
 Uruguay; Polo de Desarrollo Universitario EFISAL, Universidad de la República, Rivera, Uruguay;
- 68 jbsayavera@cur.edu.uy

- 69 Greet Cardon, Ghent University, Department of Movement and Sports Sciences, Ghent, Belgium;
 70 greet.cardon@ugent.be
- 71 Chen-Kang Chang, Department of Sport Performance, National Taiwan University of Sport, Taichung,
- 72 Taiwan; <u>wspahn@seed.net.tw</u>
- 73 Christine Delisle Nyström, Department of Biosciences and Nutrition, Karolinska Institutet, Huddinge,
- 74 Sweden; Healthy Active Living and Obesity Research Group, CHEO Research Institute, Ottawa, Ontario,
- 75 Canada; <u>christine.delisle.nystrom@ki.se</u>
- 76 Yolanda Demetriou, Department of Sport and Health Sciences, Technical University of Munich, Munich,
- 77 Germany; <u>yolanda.demetriou@tum.de</u>
- 78 Catherine E. Draper, University of the Witwatersrand, Johannesburg, South Africa; University of Cape
- 79 Town, Cape Town, South Africa; <u>Catherine.Draper@wits.ac.za</u>
- 80 Lowri Edwards, Applied Sport Technology Exercise and Medicine Research Centre, Swansea University,
- 81 Swansea, Wales, UK; L.C.Edwards@swansea.ac.uk
- 82 Arunas Emeljanovas, Lithuanian Sports University, Kaunas, Lithuania; arunas.emeljanovas@lsu.lt
- 83 Aleš Gába, Faculty of Physical Culture, Palacký University Olomouc, Olomouc, Czech Republic;
 84 <u>ales.gaba@upol.cz</u>
- 85 Karla I. Galaviz, Emory Global Diabetes Research Center, Hubert Department of Global Health,
- 86 Rollins School of Public Health, Emory University, Atlanta, GA USA; <u>karla.galaviz@emory.edu</u>
- 87 Silvia A. González, Healthy Active Living and Obesity Research Group, CHEO Research Institute,
- 88 Ottawa, Ontario, Canada; School of Medicine, Universidad de los Andes, Bogotá, Colombia;
- 89 <u>sgonzalez@cheo.on.ca</u>

- 90 Marianella Herrera-Cuenca, Centro de Estudios del Desarrollo, Universidad Central de Venezuela;
- 91 Fundación Bengoa para la Alimentación y Nutrición; Observatorio Venezolano de la Salud, Caracas,
- 92 Venezuela; <u>marianella.herrera@ucv.ve</u>
- 93 Wendy Y. Huang, Department of Sport and Physical Education, Hong Kong Baptist University, Hong
- 94 Kong, China; <u>wendyhuang@hkbu.edu.hk</u>
- 95 Izzeldin A. E. Ibrahim, Aspetar Orthopedic and Sport Medicine Hospital, Doha, Qatar;
 96 <u>Izzeldin.Ibrahim@aspetar.com</u>
- 97 Jaak Jürimäe, Institute of Sport Sciences and Physiotherapy, Faculty of Medicine, University of, Tartu,
- 98 Tartu, Estonia; jaak.jurimae@ut.ee
- 99 Katariina Kämppi, LIKES Research Centre for Physical Activity and Health, Jyväskylä, Finland;
 100 <u>katariina.kamppi@likes.fi</u>
- 101 Tarun R. Katapally, Johnson Shoyama Graduate School of Public Policy, University of Regina,
 102 Saskatchewan, Canada; tarun.katapally@uregina.ca
- 103 Piyawat Katewongsa, Institute for Population and Social Research, Mahidol University, Salaya,
 104 Phutthamonthon, Nakhon Pathom, Thailand; piyawat.kat@mahidol.edu
- Peter T. Katzmarzyk, Pennington Biomedical Research Center, Baton Rouge, Louisiana, U.S;
 peter.katzmarzyk@pbrc.edu
- 107 Asaduzzaman Khan, School of Health and Rehabilitation Sciences, The University of Queensland, St
- 108 Lucia, QLD 4072, Australia; <u>a.khan2@uq.edu.au</u>
- 109 Agata Korcz, Department of Didactics of Physical Activity, Poznań University of Physical Education,
- 110 Poznań, Poland; korcz@awf.poznan.pl

- 111 Yeon Soo Kim, Department of Physical Education, Seoul National University; Seoul National University
- 112 Institute of Sports Science; Seoul, Republic of Korea; kys0101@snu.ac.kr
- 113 Estelle Lambert, Faculty of Health Sciences, University of Cape Town, South Africa;
 114 vicki.lambert@uct.ac.za
- 115 Eun-Young Lee, School of Kinesiology and Health Studies, Queen's University, Kingston, Ontario,
- 116 Canada; <u>eunyoung.lee@queensu.ca</u>
- 117 Marie Löf, Department of Biosciences and Nutrition, Karolinska Institutet, Group MLÖ, Sweden;
- 118 Department of Medicine and Health, Linköping University, Sweden; <u>Marie.Lof@ki.se</u>
- 119 Tom Loney, College of Medicine, Mohammed Bin Rashid University of Medicine and Health Sciences,
- 120 Dubai, United Arab Emirates; tom.loney@mbru.ac.ae
- 121 Juan López-Taylor, Instituto de Ciencias Aplicadas a la Actividad Física y Deporte, Centro Universitario
- de Ciencias de la Salud, Universidad de Guadalajara, Guadalajara, Mexico; <u>taylor@cucs.udg.mx</u>
- 123 Yang Liu, School of Physical Education and Sport Training, Shanghai University of Sport, Shanghai,
- 124 China; Shanghai Research Center for Physical Fitness and Health of Children and Adolescents, Shanghai
- 125 University of Sport, Shanghai, China; <u>docliuyang@hotmail.com</u>
- 126 Daga Makaza, National University of Science and Technology, Bulawayo, Zimbabwe;
 127 dmakaza@gmail.com
- Taru Manyanga, Healthy Active Living and Obesity Research Group, CHEO Research Institute, Ottawa,
 Canada; tmanyanga@cheo.on.ca
- 130 Bilyana Mileva, BG be Active Association, Plovdiv, Bulgaria; bilyana@bgbeactive.org
- 131 Shawnda A. Morrison, Faculty of Health Sciences, University of Primorska, Izola, Slovenia;
 132 shawnda.morrison@fvz.upr.si

- 133 Jorge Mota, Centro de Investigação em Atividade Física Saúde e Lazer (CIAFEL-FADEUP), University
- 134 of Porto, Porto, Portugal; jmota@fade.up.pt
- 135 Vida K. Nyawornota, School of Education and Leadership, University of Ghana, Accra, Ghana;
 136 vkorlekinyawornota@ug.edu.gh
- 137 Reginald Ocansey, University of Ghana, Accra, Ghana; rocansey2@ug.edu.gh
- John J. Reilly, University of Strathclyde, Physical Activity for Health Group, Glasgow, Scotland;
 <u>john.j.reilly@strath.ac.uk</u>
- 140 Blanca Roman-Viñas, Nutrition Research Foundation, Barcelona, Spain; School of Health and Sport
- 141 Sciences (EUSES), Universitat de Girona, Salt, Spain; CIBER Physiopathology of Obesity and Nutrition
- 142 (CIBEROBN), Instituto de Salud Carlos III, Madrid, Spain; <u>dietmed@fin.pcb.ub.es</u>
- 143 Diego Augusto Santos Silva, Federal University of Santa Catarina, Research Center of Kinanthropometry
- 144 and Human Performance, Florianopolis, Santa Catarina, Brazil; <u>diegoaugustoss@yahoo.com.br</u>
- Pairoj Saonuam, Promotion of Healthy Lifestyle Section, Thai Health Promotion Foundation
 (ThaiHealth) Thailand; <u>Pairoj@Thaihealth.or.th</u>
- 147 John Scriven, Jersey Sport Foundation, Jersey, Channel Islands, Great Britain;
 148 john.scriven@jerseysportfoundation.org.je
- 149 Jan Seghers, KU Leuven, Department of Movement Sciences, Leuven, Belgium;
 150 jan.seghers@kuleuven.be
- 151 Natasha Schranz, Alliance for Research in Exercise, Nutrition and Activity, School of Health Sciences,
- 152 University of South Australia, Australia; <u>natasha.schranz@mymail.unisa.edu.au</u>

- 153 Thomas Skovgaard, Research and Innovation Centre for Human Movement and Learning and Research
- 154 Unit for Active Living, Department of Sports Science and Clinical Biomechanics, University of Southern
- 155 Denmark, Odense, Funen, Denmark; tskovgaard@health.sdu.dk
- Melody Smith, School of Nursing, The University of Auckland, Auckland, New Zealand;
 melody.smith@auckland.ac.nz
- Martyn Standage, Centre for Motivation and Health Behaviour Change, Department for Health,
 University of Bath, Bath, BA2 7AY, United Kingdom; m.standage@bath.ac.uk
- 160 Gregor Starc, Faculty of Sport, University of Ljubljana, Ljubljana, Slovenia; gregor.starc@fsp.uni-lj.si
- 161 Gareth Stratton, Applied Sport Technology Exercise and Medicine Research Centre, Swansea University,
- 162 Swansea, Wales, UK; <u>g.stratton@swansea.ac.uk</u>
- 163 Narayan Subedi, Maharajgunj Medical Campus, Institute of Medicine, Tribhuvan University, Nepal;
 164 <u>subedi.narayan@gmail.com</u>
- 165 Tim Takken, Wilhelmina Children's Hospital, University Medical Center Utrecht, Utrecht, The
 166 Netherlands; <u>t.takken@umcutrecht.nl</u>
- 167 Tuija Tammelin, LIKES Research Centre for Physical Activity and Health, Jyväskylä, Finland;
 168 <u>tuija.tammelin@likes.fi</u>
- 169 Chiaki Tanaka, Division of Integrated Sciences, J. F. Oberlin University; <u>c-tanaka@obirin.ac.jp</u>
- David Thivel, Laboratory of metabolic adaptations to exercise under physiological and pathological
 conditions (AME2P), Clermont Auvergne University, research center for human nutrition (CRNH
 Auvergne);
- 173 Dawn Tladi, Department of Physical Education, Health and Recreation, University of Botswana,
 174 Gaborone, Botswana; <u>dawn.tladi@mopipi.ub.bw</u>

- 175 Richard Tyler, Applied Sport Technology Exercise and Medicine Research Centre, Swansea University,
- 176 Swansea, Wales, UK; <u>R.P.O.Tyler.837039@swansea.ac.uk</u>
- 177 Riaz Uddin, School of Health and Rehabilitation Sciences, The University of Queensland, St Lucia, QLD
- 178 4072, Australia; Department of Pharmacy, Stamford University Bangladesh, Dhaka 1217, Bangladesh;
- 179 <u>riaz.uddin@uq.net.au</u>
- 180 Alun Williams, Lifelong Learning Manager, Guernsey Education Services, Sir Charles Froissard House,
- 181 St Peter Port Guernsey; <u>alun.williams@gov.gg</u>
- 182 Stephen H.S. Wong, Department of Sports Science and Physical Education, The Chinese University of
- 183 Hong Kong, Hong Kong, China; <u>hsswong@cuhk.edu.hk</u>
- 184 Ching-Lin Wu, Graduate Institute of Sports and Health Management, National Chung Hsing University,
- 185 Taichung, Taiwan; <u>psclw@dragon.nchu.edu.tw</u>
- 186 Paweł Zembura, Robert B. Zajonc Institute of Social Science, Social Challenges Unit, University of
- 187 Warsaw, Warsaw, Poland; <u>p.zembura@uw.edu.pl</u>
- 188 Mark S. Tremblay, Healthy Active Living and Obesity Research Group, CHEO Research Institute,
- 189 Ottawa, Ontario, Canada; <u>mtremblay@cheo.on.ca</u>
- 190 Corresponding author: Mark S. Tremblay, Healthy Active Living and Obesity Research Group, CHEO
- 191 Research Institute, 401 Smyth Rd, Ottawa, Ontario, K1H 8L1, Canada; <u>mtremblay@cheo.on.ca</u>
- 192
- 193
- 194

195

196 Introduction

Physical inactivity, defined as engaging in insufficient levels of physical activity and not meeting the 197 current physical activity recommendations,¹ has been identified as the fourth leading risk factor of 198 199 premature mortality in adulthood.² In contrast, accumulating sufficient moderate to vigorous physical activity (MVPA) is recognised as a key determinant of physical, mental, social and environmental 200 health.^{3,4} Among children and youth (5-17 years), several systematic reviews have reported physical 201 activity benefits on physical, physiological, developmental, mental, cognitive, and social health as well as 202 academic achievement.⁵⁻¹⁰ Despite these benefits, it has been estimated that 80% of youth (11-17 years 203 old) worldwide do not reach the minimum recommendation of 60 minutes of MVPA per day.¹¹ This is 204 alarming given that physical inactivity among school-aged children and youth has been found to be 205 associated with adverse physical, mental, social and cognitive health outcomes^{5,8,12,13}, lower physical 206 fitness,¹⁴ and lower physical activity levels in later life,¹⁵ 207

208

209 To achieve a better understanding of the global variation in child and youth physical activity and its 210 correlates, the Global Matrix of Report Card grades on physical activity was launched for the first time in 2014.¹⁶ Physical activity Report Cards were developed based on the Canadian Report Card model.¹⁷ 211 212 using a harmonized process for data gathering, assessing, and assigning grades to indicators. For over a decade, the Canadian Report Card has been successful in raising awareness and influencing policies for 213 childhood physical activity promotion. However these efforts have not yet translated into improving the 214 physical activity levels of Canadian children and youth.¹⁸ Fifteen countries in 2014 (Global Matrix 1.0), 215 216 and 38 countries in 2016 (Global Matrix 2.0), developed and launched Report Cards presenting grades for nine physical activity indicators, allowing for international comparisons and offering insights from global 217 data.^{16,19} The first two Global Matrices enabled the identification of several gaps in surveillance and 218 219 research practice. Also, a paradox of higher physical activity and lower sedentary behavior in countries

reporting poorer infrastructure, and lower physical activity and higher sedentary behavior in countries
reporting better infrastructure was highlighted.^{16,19} While participation in the Global Matrices 1.0 and 2.0
facilitated capacity building, professional networking, research collaborations, and international
comparisons, the Global Matrix framework still needs to be continuously expanded, improved, replicated
and widely disseminated.¹⁹

225

226 The Global Matrix initiative is led by the Active Healthy Kids Global Alliance (AHKGA), which is an incorporated not-for-profit organization consisting of researchers, health professionals and stakeholders 227 who collaborate to advance physical activity in children and youth from around the world.²⁰ In 2017, the 228 229 AHKGA invited previous participating countries and called for new countries to register for the Global 230 Matrix 3.0. As a result, work groups from 49 countries completed the full registration process and followed the harmonized procedures to develop their Report Cards by grading 10 common indicators 231 (Overall Physical Activity, Organized Sport and Physical Activity, Active Play, Active Transportation, 232 233 Sedentary Behaviors, Physical Fitness, Family and Peers, School, Community and Environment, and 234 Government) using the best available data.

235

236 Countries in different development stages may have different challenges and priorities to inform strategies to improve physical activity among children and youth. Countries involved in the Global Matrix 237 238 3.0 were classified within three categories using the Human Development Index (HDI): low and medium HDI (<0.70), high HDI (>0.70 to <0.80), and very high HDI (>0.80). The HDI, ranging from zero to one, 239 is a composite index calculated using data on education, life expectancy, and income per capita,²¹ and was 240 created by the United Nations Development Programme to rank countries on a scale of human 241 242 development conceptualized in terms of capabilities of humans within the countries to function.²² Nine of 243 the participating countries were classified as low or medium HDI (Bangladesh, Botswana, Ethiopia,

Ghana, India, Nepal, Nigeria, South Africa, and Zimbabwe), 10 as high HDI (Brazil, Bulgaria, China,
Colombia, Ecuador, Lebanon, Mexico, Thailand, Uruguay, and Venezuela), and 30 countries and
territories as very high HDI (Australia, Belgium [Flanders], Canada, Chile, Chinese Taipei [Taiwan],
Czech Republic, Denmark, England, Estonia, Finland, France, Germany, Guernsey, Hong Kong, Japan,
Jersey, Lithuania, Netherlands, New Zealand, Poland, Portugal, Qatar, Scotland, Slovenia, South Korea,
Spain, Sweden, United Arab Emirates, United States, and Wales).

This special issue of the *Journal of Physical Activity and Health* includes 49 extended abstracts documenting the main Report Card findings from each participating country. A manuscript presenting the international impact of the Report Cards and the Global Matrices on the international scientific community, on raising awareness among general population and stakeholders, and on powering the movement to get kids moving closes this special issue.²³ In addition, three papers were developed to present and discuss results from the Report Cards by pre-determined HDI categories as follows:

- "The Indicators of Physical Activity among Children and Youth in Nine Countries with Low and
 Medium Human Development Indices: A Global Matrix 3.0 Paper";²⁴
- "Report Card Grades on the Physical Activity of Children and Youth from 10 Countries with
 High Human Development Index Global Matrix 3.0";²⁵
- "Report Card Grades on the Physical Activity of Children and Youth Comparing 30 Very High
 Human Development Index Countries".²⁶

The aim of this integrated article is to combine and compare the findings from each of the HDI (low and medium; high; and very high) papers and present, compare, and discuss further analyses of the results from the 49 countries participating in the Global Matrix 3.0.

265

266

267 Methods

268 Creating the Global Matrix 3.0

In April 2017, the AHKGA invited interested countries to participate in, and register for the Global 269 Matrix 3.0 through an open call that was distributed via established networks. Between April 2017 and 270 January 2018, 49 countries from six different continents (Africa, Asia, Europe, North America, Oceania, 271 272 and South America) registered and paid a registration fee based on their HDI classification to cover costs associated with the Global Matrix 3.0 initiative. Three different tiers of registration fees (\$500 USD for 273 the low HDI countries, \$750 USD for the medium HDI countries, \$1,000 USD for the high HDI 274 countries, and \$1,500 USD for the very high HDI countries) were offered to encourage equitable 275 276 participation from around the world. Individuals who registered on behalf of their country were 277 responsible for leading the effort to form a multidisciplinary Report Card work group of national physical activity experts and stakeholders. Furthermore, one to three Report Card leaders/co-leaders per country 278 279 were designated officially to manage the national Report Card development, and to ensure effective 280 communication between the AHKGA Executive Committee and the Report Card work group.

281

A mentoring system was developed for the Global Matrix 3.0. New Report Card leaders and teams were 282 paired with an experienced Report Card leader from a country who participated in the Global Matrix 2.0. 283 In addition, six members of the Executive Committee of AHKGA were assigned to be regional mentors 284 285 for each involved continent to provide help and guidance to the countries when needed and report their progress to the AHKGA Executive Committee. Finally, the AHKGA Executive Committee served as the 286 coordinating center of the Global Matrix development, and provided information including background 287 288 papers, previous Report Cards and Report Card papers, fundraising suggestions, and a theoretical 289 framework to support the preparation of grant proposals, scholarship and funding applications. The AHKGA Executive Committee also provided guidance through monthly e-blasts by sharing milestones,and upcoming deadlines.

292

293 Harmonised Report Card Development

294 An updated list of indicators (to which grades would be assigned) and corresponding benchmarks were created based on the previous Global Matrix methods,¹⁹ and feedback received during a workshop after 295 the Global Matrix 2.0 launch in Bangkok, Thailand (November, 2016). A new indicator, Physical Fitness, 296 297 and its corresponding benchmarks were added to the list. The benchmark for Overall Physical Activity was modified in accordance with the new Canadian 24-Hour Movement Guidelines for Children and 298 Youth,²⁷ where "at least 60 minutes of MVPA per day" was changed to "at least 60 minutes of MVPA per 299 300 day on average". Further modifications to the benchmarks were made during the development of the Global Matrix 3.0 to address several issues that were reported by Report Card leaders to the AHKGA 301 302 Executive Committee. The final version of the benchmarks for the 10 indicators is presented in Table 1. A 303 more detailed grading scheme using positive (+) and negative (-) mathematical symbols, was also 304 developed (Table 2). In some countries, because of the modifications of the benchmarks from previous Global Matrices, grades for some indicators have changed while in fact, the situation was relatively the 305 306 same. Consequently, while the Report Card work groups reported grades based on the revised 307 benchmarks for the Global Matrix 3.0, some countries reported different grades in their national Report Grades (i.e., to be consistent with their previous methods). For example, in Colombia, with the new 308 309 benchmark, a "D+" was assigned to Overall Physical Activity for the Global Matrix 3.0, while a "D-" is reported in the Colombian country Report Card, based on the previous benchmark.²⁸ 310

311

Each country work group identified and complemented the list of indicators to be graded (i.e., the 10common indicators and potentially additional ones that would be included in their national Report Card

314 but not in the Global Matrix 3.0) and gathered the highest quality of published and unpublished evidence, or in some cases collected data prospectively. Due to the lack of data concerning physical activity among 315 children in the early years (0 - 4 years) observed in the previous Global Matrices, consensus was reached 316 317 among the AHKGA Executive Committee that the 10 indicator grades should only be informed by data 318 from school-aged children and youth (~5-17 years-old) for the Global Matrix 3.0 to ensure consistency across countries. Where possible, countries were also advised to consider and synthesize the best 319 320 available evidence from approximately the past five years for each indicator. Through a harmonized and transparent Report Card development process, each country's work group collected and collated the best 321 322 available evidence from local, national or international studies, national surveys, official reports, and normative documents, and then synthesized findings and reached consensus for the grading of each 323 indicator. A draft of each country Report Card grades were submitted along with their rationale by Report 324 325 Card leaders and were audited by members of the AHKGA Executive Committee to ensure that the 326 grades were consistent with the harmonized benchmarks and grading scheme. This audit process led to 327 minor changes of the grades or rationale for most of the countries.

328

329 Data Analysis

330 For analysis purposes, the 49 participating countries and regions were divided into three categories using the United Nations' HDI classification (low or medium, high, and very high HDI) described above. 331 Sociodemographic data that are available online were compiled to identify the characteristics of the 332 participating countries. Descriptive statistics (average grade and standard deviation) were calculated after 333 334 converting categorical variables (letter grades) to interval variables (see corresponding numbers in Table 2), and the incomplete grades (INC) were converted into "No Grade" which was treated as a missing 335 value. Averages were calculated by country, indicator, and category of HDI from the interval values and 336 the floor (the number rounded down) was converted back to a letter grade. Three scores were generated 337

338 for the analysis: 1) Overall score computed as the sum of interval values for all indicators, 2) Behavioral 339 score (the sum of Overall Physical Activity, Organized Sport and Physical Activity, Active Play, Active Transportation, and Sedentary Behaviors interval values), and 3) Sources of influence score (the sum of 340 341 Family and Peers, School, Community and Environment, and Government interval values). "INC" grades 342 were removed, and the scores were re-weighted accordingly (i.e., the missing grade was replaced by the sum of the interval values divided by the number of letter grades included in the score). Categorical 343 344 variables (letter grades) were grouped into four ("A-B", "C", "D-F", and "No Grade") based on the overall score. These categories were then used to rank countries by the letter grade/score and category 345 346 level in scatter plots. Correlational analyses between the 10 common indicators and sociodemographic indicators were performed using Spearman's rank correlation coefficients. Only significant moderate to 347 strong correlations were considered for the discussion in this analysis (r ≥ 0.30 or r ≤ -0.30 , p< 0.05).²⁹ 348 349 Pairwise deletion was used to treat missing data (INC grades) in order to minimize the number of cases 350 excluded from the analysis. All statistical analyses were performed, and maps were created in R version 3.4.1 (The R Foundation for Statistical Computing, Vienna, Austria). Several packages were loaded to 351 extend base R including corrplot,³⁰ ggplot2,³¹ UpSetR,³² and VIM.³³ 352

353

354 **Results**

A total of 52 countries responded to the AHKGA and showed interest in participation in the Global Matrix 3.0, but only 51 fully registered on time, and later on two countries withdrew. Sociodemographic characteristics of the 49 countries participating in the Global Matrix 3.0 are presented in Table 3. The HDI scores ranged from 0.448 (Ethiopia) to 0.985 (Jersey). Ethiopia also scored the lowest for the following: Growth National Income per Capita (\$1,523 USD), mean years of schooling (2.6 years), Global Food Security Index (33.3), urban population percentage (17.2%), and prevalence of people using improved drinking water sources (44%). Qatar scored highest in the Growth National Income per Capita

362 (\$129,916 USD) and the Gender Inequality Index (0.542). Public health expenditure in percentage of 363 Growth Domestic Product was the highest in Sweden (10.0%) and the lowest in Venezuela (1.5%). Life 364 expectancy at birth ranged from 53.1 years in Nigeria to 84.2 years in Hong Kong. Hong Kong also had 365 the highest urban population percentage (100%) and the highest population density (6,987 people/km² of 366 land area). The lowest Gini index (least income inequality) was observed in Slovenia (25.4) and the 367 highest (greatest income inequality) in Botswana (60.5).

368

The physical activity grades for the 10 common indicators are organized by country in alphabetical order 369 370 (Table 4). A total of 490 grades, including 369 letter grades and 121 "INC" grades, were assigned by the 371 49 Report Card work groups. A "Not Applicable" grade was assigned to Active Transportation by Qatar's 372 Report Card work group because of unsafe road conditions and a hot climate during most of the year.³⁴ The grade count, number of "INC" grades, mean number grade, standard deviation, and mean letter grade 373 374 by indicator and group of indicators are presented in Table 5. The indicators with the lowest number of 375 "INC" grades were Overall Physical Activity and Active Transportation (n = 2), while the indicator with the highest number of "INC" grades was Active Play (n = 29), followed by Physical Fitness (n = 27), and 376 377 Family and Peers (n = 22). The mean letter grades ranged from "D" for Overall Physical Activity to "C" for Organized Sport and Physical Activity, Active Transportation, School, Community and Environment, 378 and Government. An average grade of "C-" was obtained for the behavioral indicators combined, "C" for 379 the sources of influence indicators combined, and "C-" was the overall average grade for the 369 letter 380 grades. The average letter grades by indicator and group of indicators for the low and medium, high, and 381 very high HDI countries are presented in Table 6. For the low and medium HDI countries, an average of 382 "C" was obtained for the behavioral indicators combined and "D+" for the source of influence indicators 383 combined, while for the very high HDI countries, an average of "D+" was obtained for the behavioral 384 indicators combined and "C+" for the sources of influence indicators combined. For the high HDI 385 countries, an average of "D+" was obtained for the behavioral indicators combined and for the sources of 386

influence indicators combined. Overall, an average grade of "C-", "D+", and "C-" was obtained for the
low and medium HDI countries, high HDI countries, and very high HDI countries, respectively.

389

A plot for the estimated overall score of each country from the 10 indicators is presented in Figure 1 and 390 the behavioral and sources of influence scores are shown in Figure 2 and Figure 3, respectively. Slovenia 391 ranked first while China ranked 49th for the overall score (full rankings are shown in Figure 1); Nepal 392 ranked first, and Estonia ranked last for the behavioral score (complete rankings are shown in Figure 2); 393 and Slovenia ranked first while Venezuela ranked last for the source of influence score (see all country 394 rankings in Figure 3). The Online Supplementary File S1 presents the correlation coefficients and their 395 396 associated p-values between and within the 10 core physical activity indicators and the sociodemographic 397 indicators. It showed that there were no statistically significant relationships between the Overall Physical Activity grade and the other core indicator grades with the exception of Sedentary Behaviors for which a 398 399 statistically significant positive weak correlation was observed (r = 0.39, p<0.05). Finally, presented in the Online Supplementary File S2 is the distribution of the grades ("A-B", "C", "D-F", or "INC" grades) 400 401 for the 10 common indicators and the average grades per country. Slovenia was the only country out of 49 with a very high grade for Overall Physical Activity ("A-") while most of the other countries had "D-F" 402 (n = 38). A greater variability in grades was observed for Sedentary Behaviors, but poor grades ("D-F") 403 404 were observed in most of the very high HDI countries.

405

406 Discussion

407 As a result of the efforts of the Report Card work groups, the Global Matrix 3.0 allowed us to present 408 physical activity-related indicators for children and youth assembled across 49 countries with varying 409 levels of human development (nine low and medium HDI, ten high HDI, and 30 very high HDI 410 countries). While the average grades calculated for the indicators were all between "D" and "C" (Table

5), a great variety of grades was observed within and across the countries (Table 4), showing that every country is facing unique challenges and can learn from the successes or difficulties experienced by others. However, trends and comparable challenges identified across the physical activity indicators were identified within countries in the same HDI grouping despite their diverse sociodemographic, cultural, and geographical contexts. A discussion of the most and the least successful countries, followed by the interpretation of the findings from each indicator is presented in the following section, integrating the comparison of each HDI grouping.

418

419 *Most successful countries*

On the overall score, the very high HDI countries ranked generally higher than the low and medium, and 420 421 high HDI countries (Figure 1), but this is not corroborated with results presented in Table 6 where the overall averages were the same for the low and medium HDI countries and the very high HDI countries. 422 Slovenia obtained the best grade on average ("B"), followed by two other very high HDI countries (Japan 423 and Denmark) that both obtained an average grade of "B-". The specifics of childhood physical activity in 424 these three countries has already been discussed in the paper presenting the findings from the very high 425 HDI countries.²⁶ These three countries were also leading the ranking based on the sources of influence 426 427 score (Figure 3). The ranking of the behavioral score was dominated by two low HDI countries (Nepal and Zimbabwe) and Japan (Figure 2). These rankings should be interpreted with caution given the large 428 number of "INC" grades in their country Report Cards (two in Japan, three in Denmark, five in Nepal, 429 430 and two in Zimbabwe).

431 Nepal lacked data to inform five of the 10 indicators that were assigned an "INC" grade (Organized Sport
432 and Physical Activity, Active Play, Physical Fitness, School, and Government). A "D+" was assigned to
433 Overall Physical Activity based on a study that found that only 39.8% of children and youth accumulated
434 at least 60 minutes of MVPA per day. Nevertheless, Nepal shared the best grade for Active

19

Transportation with Japan and Zimbabwe ("A-"), obtained a high grade for Sedentary Behaviors ("B+") 435 436 and also scored highest for the Family and Peers indicator ("A"). These grades were all informed by local studies focusing on adolescents.³⁵ Nepal's good grades in many of the indicators including Active 437 Transportation and Sedentary Behavior may be associated with low automobile dependency (e.g., 7.12 438 vehicles for 1,000 people in 2011),³⁶ and minimal opportunities and access to screen-based recreational 439 sedentary pursuits such as television- and computer-time, and time spent using the internet. Nepal had 440 441 5.30 televisions per 1,000 people (as of 2003); 4.37 computer (as of 2004), and 4.51 internet subscribers (as of 2012) for 1.000 people.³⁷ Due to the concurrent economic development in recent years in Nepal, the 442 number of motorized vehicles is increasing rapidly with the expansion of road networks in rural areas,³⁸ 443 and potentially more people have access to screen devices. These findings should be interpreted with 444 caution, but they do suggest that the situation can potentially be positive in Nepal in terms of child and 445 446 youth's active transportation and sedentary behaviors at present. Yet, these favorable behaviors might be 447 threatened by the economic growth and development and these physical activity behaviors may be more a function of poor economic development than a freely chosen physical activity. Nonetheless, more good 448 quality research with nationally representative data is needed to obtain more reliable estimates of the 449 450 physical activity of children and youth and to inform the grades with "INC" grades.

451

Zimbabwe had the second-best grade for Overall Physical Activity ("C+") after Slovenia, with high 452 grades for most of the behavioral indicators ("B" for Organized Sport and Physical Activity, "A-" for 453 Active Transportation, and "B" for Sedentary Behaviors); however, its sources of influence indicators 454 were assigned grades between "D" and "C". In comparison with the previous Report Card in Zimbabwe, 455 the grades for School, Community and Environment, and Government, have improved due to recent 456 policy implementations and commitments made by the government to promote physical activity and 457 nutritional status among Zimbabwean children and youth.³⁹ However, there is need for caution in 458 459 interpreting these grades as they were informed by limited and mostly unpublished data and expert opinion. Thus, more research is needed to obtain a reliable picture of the context of the physical activitylevel of children and youth in Zimbabwe.

462

463 Least successful countries

464 One low HDI country, Ethiopia, and two high HDI countries, Venezuela and China, were the least successful countries based on the overall and the source of influence score rankings (Figures 1 and 3). An 465 average grade of "D-" was assigned to China, and an average grade of "D" was assigned to Ethiopia and 466 467 Venezuela. China's Report Card work group developed a national surveillance protocol to collect nationally representative data for China's 2018 Report Card.⁴⁰ An "F" was assigned to four indicators 468 (Overall Physical Activity, Sedentary Behaviors, Community and Environment, and Government) and the 469 remaining indicators were assigned grades between "D-" and "C+". The small proportions of 9-17-year-470 old children in China meeting the physical activity guidelines (13.1%) or the sedentary behavior 471 guidelines (7.1%) are alarming.⁴⁰ With an estimated population of 1.4 billion,⁴¹ China is the most 472 populated country in the world, and the low prevalence estimates observed here suggest that the majority 473 of a large number of children and youth (approximately 160 millions of 10-19 year-olds in 2015)⁴¹ are 474 not engaging in sufficient amounts of MVPA to benefit their health. However, the high levels of air 475 pollution in China represents a major threat to the promotion of physical activity.⁴² and is a potential 476 barriers stopping the Chinese children and youth from exercising. The recent support from the Chinese 477 Ministry of Education in conducting national surveillance of children physical activity is however 478 479 encouraging, and hopefully this support will be expanded to future investments in the development of 480 interventions and policies designed to increase physical activity opportunities at community and environment levels in China. 481

In Ethiopia, an "F" was assigned to Sedentary Behaviors, Family and Peers, and Community and
Environment, and the grades for the remaining indicators ranged between "D" and "C", with the

exception of Active Play that was graded "B". These findings should be interpreted with caution as the grades were informed by estimates based on experts opinion when data for an indicator were unavailable.⁴³ This method nevertheless did allow the Report Card work group to present an initial broad picture of childhood physical activity in Ethiopia.

Venezuela is currently facing a humanitarian crisis related to its economic and socio-political situation. 488 489 Between 2016 and 2017, marked increases in maternal mortality (65%), infant mortality (30%), and cases of malaria (76%) were observed and the estimated prevalence of severe malnutrition among children 490 under five years of age increased from 10.2% in February 2017 to 14.5% in September 2017.44 491 492 Nevertheless, a Report Card was developed, using published and unpublished national survey data, peerreviewed literature, government and nongovernment reports and online content, and meetings with 493 experts working for governmental (municipal) and non-governmental organizations.⁴⁵ The Venezuelan 494 495 Report Card work group assigned an "INC" grade to five indicators: Active Play, Sedentary Behaviors, Physical Fitness, Family and Peers, and School. An "F" grade was assigned to the Government indicator 496 while the remaining indicators were graded "D" or "D-", with the exception of Active Transportation 497 498 which was graded "B-". Though there were no physical activity data available for those under 15 years of 499 age, the work group found that the majority of adolescents older than 15 years do not engage in physical 500 activity regularly. In addition, the high rates of crime were identified as a barrier to physical activity. 501 Currently, no governmental efforts to ensure safety and promote an active lifestyle in Venezuela are being 502 implemented.45

503

504 Overall Physical Activity

505 Only two countries assigned "INC" grades to the Overall Physical Activity indicator: Japan and 506 Botswana. Slovenia, where more than 80% of children and youth aged between 6 and 19 years (according 507 to subjective self-reported data), 88% of the 11 year-olds, and 66% of the 14 year-olds (according to

508 objective data) were meeting the physical activity guidelines, was the only country reporting a high grade 509 for this indicator ("A-").⁴⁶ For this indicator, the grades for the remaining countries ranged from "F" 510 (Belgium, China, Scotland, South Korea, and Taiwan) to "C+" (Zimbabwe).

511 The Overall Physical Activity grade was informed by various types of data across countries: objective measurement with accelerometers or pedometers, self-report or proxy-report questionnaire, and expert 512 opinion. Even among both the subjective and objective data, the methods varied substantially in terms of 513 instruments, analysis, age range, sample size, and representativeness of samples.^{24,25,47} In addition, the 514 515 available data in each country did not necessarily allow the Report Card work groups to use either of the 516 recommended benchmarks (see Table 1) strictly when estimating the prevalence of physically active children and youth in their sample.^{24,25,47} For such reasons, the comparability of these results among the 517 518 countries should be interpreted with caution.

519 Overall Physical Activity was the indicator with the lowest average grade: "D". A distinction was 520 observed between the low and medium HDI countries and the two other HDI groupings. The average 521 grade for the low and medium HDI countries was "C-", whereas both the high and very high HDI countries obtained an average of "D-", which could represent a difference of 14-26% in physical activity 522 guidelines adherence ("D-" = 20-26% vs. "C-" 40-46%). In accordance with this difference of grades, a 523 524 significant low negative correlation was observed between the Overall Physical Activity indicator and several sociodemographic indicators including the HDI (r = -0.3, p < 0.05) and the growth national income 525 526 per capita (r = -0.33, p<0.05) (see Online Supplementary File, S1). The present study provides new evidence showing that the situation regarding the physical activity of children and youth is a universal 527 concern worldwide. This finding is consistent with the results from the previous Global Matrices^{16,19} and 528 recent global estimates.¹¹ Efforts should be made globally and collectively to develop standardized 529 530 physical activity surveillance systems adapted to the national context of each country. Furthermore, developing effective strategies to increase physical activity opportunities for all should be a national 531 532 public health priority in all countries regardless of the HDI background.

533

534 Organized Sport and Physical Activity

An "INC" grade was assigned for this indicator in seven countries: Bangladesh, Botswana, Ecuador, 535 India, Jersey, Nepal, and United Arab Emirates. The Organized Sport and Physical Activity grades ranged 536 from "F" (Lebanon and Uruguay) to "A-" (Denmark), with an average of "C". The benchmark 537 538 recommended for this indicator was the "percentage of children and youth who participate in organized sport and/or physical activity programs" (Table 1), meaning that this indicator did not provide any 539 information on the dose (i.e., duration, frequency, intensity) of physical activity while participating in 540 sport and organized physical activities, because few countries have such data. The grade for this indicator 541 542 depends on the availability of organized sport opportunities and the availability of data reporting the 543 prevalence of children and youth who have taken advantage of these opportunities. This grade was mostly informed by official reports from governmental and/or public institutions as well as self-reported surveys. 544 545

Organized Sport and Physical Activity was graded "C", "D+", and "C+" on average for the low and 546 547 medium HDI countries, the high HDI countries, and the very high HDI countries, respectively. Among the nine low and medium HDI countries, five assigned a letter grade to this indicator, which ranged from 548 "D" to "B", with an average of "C". In these countries, the organized sport opportunities corresponded 549 550 mostly to school-based sports or sport teams and recreational sports organized by non-governmental organizations and communities. Among the high HDI countries, the grades ranged from "F" to "C+" with 551 an average of "D+". However, it is not possible to discern from the available data if these low grades 552 553 correspond to the limited availability of organized sport opportunities (i.e., distal correlates) or if there are 554 barriers (e.g., proximal correlates such as motivation, interest, time, or parental support) hindering 555 children from participating while organized physical activities are readily available to them. In the very high HDI countries, with an average grade of "C+", Organized Sport and Physical Activity was the 556 highest graded behavioral indicator. In these countries, organized sport opportunities are available to 557

children and youth in various settings: sport club and federations, school-based sport teams and organized 558 559 sport sessions, municipal sport programs, and sport programs offered by private businesses. In addition, significant low to moderate positive associations were observed between Organized Sport and Physical 560 561 Activity and several sociodemographic indicators including HDI, life expectancy at birth, mean years of 562 schooling, growth national income per capita, public health expenditure (% of GDP), Global Food Security index, improved drinking water coverage, and summer Olympic medal count; while significant 563 564 low negative associations between this indicator and the two inequality indices (Gini index and Gender 565 inequality index) (see Online Supplementary File, S1) were observed.

566

567 More research is needed to examine if affordable and appealing organized physical activity and sport opportunities are offered to all children and youth equally and equitably—across different age, gender, 568 569 socioeconomic, ethnic, and special population groups-and to isolate the missing components of 570 organized sports opportunities in each country. In addition, it would be interesting to add the 571 measurement of the dose of physical activity associated with organized sports and physical activities in national physical activity surveillance systems. Filling these research and surveillance gaps is a necessary 572 573 step towards the development of effective strategies to promote physical activity by increasing organized 574 sport opportunities at the national level.

575

576 Active Play

Among the 20 countries that graded Active Play, this behavior was mostly measured by self- or proxyreport surveys, assessing the frequency or the time of active play/being active while playing,^{46,48–51} unstructured/unorganized active play,^{40,52–58} playing outdoors/outdoors activities/being outdoors,^{39,48,56,59–} and/or was based on expert opinion.^{39,43,62,63} A definition for active play was proposed in a recent systematic review: "a form of gross motor or total body movement in which young children exert energy in a freely chosen, fun, and unstructured manner".⁶⁴ A consensus definition, however, still needs to be

internationally agreed upon and acknowledged to allow the development of standardized measurementtools for this indicator in varying age groups.

585 Active Play was the indicator with the most "INC" grades where 29 of 49 countries were unable to find available data to grade this indicator. The grades ranged from "F" (Estonia and Thailand) to "B" (Ethiopia 586 and The Netherlands) with an average of "D+". The average grades for the low and medium HDI 587 countries, high HDI countries, and very high HDI countries were "C-", "D", and "D+", respectively. 588 Given the amount of "INC" grades and the variability of the data used to inform the grades for the Active 589 Play indicator, a valid comparison between the three HDI groupings was difficult. The low grades that 590 were reported for this indicator aligned with the previous Global Matrices findings.^{16,19} Such low level of 591 engagement in active play can potentially be explained by the low detection capacity of instruments 592 593 utilized for its measurement. Active play during free time may be slowly disappearing in favour of screen 594 time in developed countries or is replaced with chores or work in developing countries. Perception of the 595 environment as unsafe can also be a potential barrier to this behavior. However, no relation was found 596 between Active Play and the Community and Environment indicators (Online Supplementary File, S1). 597 Further research is needed for the development of a consensus definition, measurement instruments, surveillance systems, and to identify the barriers and facilitators of active play. 598

599

600 Active Transportation

Only two countries did not assign a letter grade to Active Transportation: Qatar (not applicable) and United Arab Emirates ("INC"). The average grade for this indicator was D+ and ranged from "F" (Chile) to "A-" (Japan, Nepal, Zimbabwe). The recommended benchmark for this indicator was "the percentage of children and youth who use active transportation to get to and from places" (Table 1). For most of the countries, the grades were informed by data reporting the prevalence of children and/or youth actively 606 commuting between home and school without information on different doses (i.e., frequency, duration,607 intensity).

608 Active Transportation was the indicator with the highest average grade for the low and medium HDI 609 countries ("C+") and for the high HDI countries ("C"). The average grade for the very high HDI countries was "C-" for this indicator. In three of the four very high HDI countries from Eastern Asia, very high 610 grades were assigned to this indicator: Japan ("A-"), Hong Kong ("B+"), and South Korea ("B+"). These 611 three countries share similar characteristics historically, culturally, and developmentally,⁶⁵ and have 612 shown a high percentage of urban population (83.3% to 100%, Table 3). A specific policy in Japan 613 614 (limiting the distance between the children and youth homes and the public elementary and junior high schools),⁶⁶ and the high density of Hong Kong, and Japanese and South Korean cities, allow children and 615 616 youth to live a short trip away from their school, which can minimize the use of car or other forms of motorized vehicles, and promote active travel.^{26,67,68} 617

618

High to very high grades for this indicator were also reported in several developing countries: Colombia 619 ("B"), Nepal ("A-"), Nigeria ("B"), Venezuela ("B-"), and Zimbabwe ("A-"), while poor grades were 620 reported for 16 of the 30 very high HDI countries (with grades between "F" and "C-"). However, no 621 622 statistically significant relation was found between Active Transportation and Community and Environment indicators or the HDI in the correlational analysis. These findings suggest that, for 623 developing countries, active transportation may be driven by a necessity (i.e., no access to public or 624 family/personal motorized transportation) instead of a choice,⁶⁹ notwithstanding the safety of the 625 626 environment or the long distance to commute. The measurement of the dose and the characteristics of children's and youth's active transportation internationally are necessary to identify the contribution of 627 active transport to overall physical activity levels, as well as the facilitators and obstacles for this behavior 628 629 in order to develop contextually adapted, effective ways to promote it. Strategies to improve safety

630 conditions and to promote active transportation as a desirable mode of transport are required in order to

631 maintain the high grades in the countries leading this indicator and to improve those that are lagging.

632

633 Sedentary Behaviors

634 Sedentary Behaviors is defined as "any waking behavior characterized by an energy expenditure ≤ 1.5 metabolic equivalents, while in a sitting, reclining, or lying posture".¹ Screen time, referring to time spent 635 in screen-based behaviors¹, is often used as a proxy for sedentary behavior in research. Screen time can be 636 637 performed while being sedentary or physically active,¹ however this behavior has been shown to be associated with a variety of negative health outcomes among children and youth.⁷⁰ This is why guidelines 638 recommending limiting screen time to two hours daily for 5-17 year-olds were developed for the first time 639 in Canada.⁷¹ Further, it was also the reason why the benchmark for Sedentary Behaviors focused on 640 screen time: "percentage of children and youth who meet the Canadian Sedentary Behaviour Guidelines 641 (5- to 17-year-olds: no more than 2 hours of recreational screen time per day)" (Table 1). However, the 642 comparisons between the countries should be interpreted with caution because of the variability of the 643 data that were used to inform the grades for this indicator. Several Sedentary Behaviors grades were 644 partially or totally informed by data reporting time spent sitting or doing other sedentary activities that did 645 not involve screens, and screen time cut-off points differing from the one in the benchmark (i.e., <1 646 hour/day, <2 used hours/day, ≤3 hours/day) were also used by some countries because of available data. 647

Three countries assigned an "INC" grade to Sedentary Behaviors: Ghana, South Africa, and Venezuela. The grades for this indicator ranged from "F" (China, Estonia, Ethiopia, Scotland, and Wales) to "A-" (Bangladesh), with an average of "D+". These findings are consistent with international estimates reporting that at least two thirds of the children exceed 2 hours of recreational screen time per day,⁷² although comparison may be limited by the heterogeneity in Sedentary Behaviors across countries. The low and medium HDI countries obtained an average of "C+" for this indicator, and only two of the eight

countries had a low grade: Ethiopia "F" and India "C-". The grades for the six remaining low and medium HDI countries ranged from "B" to "A-". The high and the very high HDI countries obtained an average grade of "D" and "D+", respectively, for Sedentary Behaviors. In 36 out of the 39 high and very high HDI countries that graded this indicator, a low or very low grade (between "F" and "C-") was assigned. Regardless, the Sedentary Behaviors grades were not related to HDI or to the other sociodemographic indicators except the mean years of schooling (r = 0.31, p<0.05) and the summer Olympic medal count (r = -0.57, p<0.05) in the correlational analysis presented in the Online Supplementary File S1.

The results presented here suggest that the situation concerning the childhood screen time is particularly 661 concerning in high and very high HDI countries. The moderately good grades for Sedentary Behavior in 662 the low and medium HDI countries are potentially threatened to decrease with their continuing economic 663 664 growth and development, which may lead to increased access to electronic devices. Several interventions 665 to reduce screen time have been developed and tested, and results from systematic reviews and metaanalyses reported that interventions to reduce children's screen time can have a small but significant 666 effect.⁷³ More research is necessary to accumulate more evidence on the effectiveness of specific 667 interventions across different contexts and settings, but investment from public health institutions in high 668 and very high HDI countries to support the implementation of these interventions in the child and youth 669 670 population should become a priority.

671

672 Physical Fitness

Physical fitness represents the ability to perform daily activities with vigor, and the demonstration of traits and capacities that are associated with a lower risk of the premature development of diseases associated with physical inactivity.⁷⁴ Cardiorespiratory endurance, muscular endurance, muscular strength, body composition, and flexibility are the health-related components of physical fitness.⁷⁵ The Global Matrix 3.0 evaluated the Physical Fitness indicator for the first time, and 27 countries were unable

to find available data to inform the grade for this indicator in. In the remaining countries, the grade for
Physical Fitness ranged from "F" (India) to "A" (Japan), with an average of "C-". India was the only
country from the low and medium HDI countries with a letter grade for this indicator. Among the 10 high
HDI countries, only four had a letter grade reported for this indicator: Brazil ("D"), China ("D"),
Colombia ("D-"), and Uruguay ("C-"), with an average of "D". A letter grade was assigned to 17 of the
30 very high HDI countries, ranging from "D" (Canada, Chile, Hong Kong, and Jersey) to "A" (Japan).

The benchmark for this indicator corresponded to the average percentile achieved on certain health-684 related physical fitness components based on the normative values published by Tomkinson et al (Table 685 1).⁷⁶ However, many differences in the data informing the grades for this indicator were observed across 686 countries in terms of number fitness indicators reported, normative value used, age range and sample size. 687 688 Given the amount of "INC" grades and variability in the data informing the grades for this indicator, the 689 comparison between HDI groupings is difficult. Cardiorespiratory fitness (measured with the 20-meter shuttle run test) was found to be associated with favourable indicators of adiposity and some indicators of 690 691 cardiometabolic, cognitive, and psychosocial health in boys and girls from 32 countries in a recent 692 systematic review.⁷⁷ Therefore, cardiorespiratory fitness is an important indicator of current and future 693 health among school-aged children and youth, and can be used as a holistic indicator of population health in this age group.⁷⁸ These findings highlight that global surveillance of physical fitness, which represents 694 a simple and cost-effective assessment⁷⁹ that could be integrated in physical education classes, should be 695 696 a priority in all countries.

697

698 Family and Peers

The average grade for Family and Peers was the same among the three HDI groupings: "D+". An "INC" grade was assigned in 22 countries: four from the low and medium HDI group, six from the high HDI group, and 12 from the very high HDI group. The grades ranged from "F" (Chile, Ecuador, Ethiopia,

Ghana) to "A" (Nepal). This amount of "INC" grades and the letter grades reported are consistent with
 the previous Global Matrices.^{16,19}

Support from parents and peers is recognized as a correlate of physical activity in children and youth;⁸⁰ 704 705 however, the nature of this interaction is complex and no valid and internationally recognized instrument exists to measure the influence of family and friends on children and youth's physical activity at present. 706 This is why several benchmarks were proposed to capture a picture of the influence of Family and Peers 707 (Table 1), and variability in the data used to inform the letter grades for this indicator was observed. The 708 number of "INC" grades and the measurement variation for this indicator limit the comparison and the 709 710 interpretation of the letter grades reported. However, these findings highlight the need for the development of standardized methods for the surveillance of this indicator in various settings and 711 712 contexts.

713

714 School

Given the potentially significant amount of time that children and youth spend at school, this environment is a strategically important setting for the promotion of physical activity. Physical activity opportunities can be provided to children and youth in the school environment through physical education, lunch and recess breaks, in-class physical activities, and in intramural competitive and non-competitive activities before or after school.⁸¹ However, school physical activity policies, if they exist at all, differ from one country to another, and are not always mandatory.

The average grade for the School indicator was "C", and Report Card work groups in eight countries could not assign a letter grade to this indicator (Bangladesh, Ecuador, Guernsey, India, Nepal, Scotland, Venezuela, Wales). This indicator ranged from "D-" (South Africa, United Arab Emirates, United States) to "A" (Finland, Portugal, Slovenia). The average grade for this indicator was "D+" for the low and medium HDI countries. For the high HDI countries, School was the source of influence indicator that

obtained the highest average grade ("C-"). The very high HDI countries obtained an average grade of "B-726 727 ", and it is worth noting that only medium to favorable grades ("C" to "A") were assigned to European countries (high and very high HDI counties included). The correlational analysis found a significant 728 729 moderate association between the School indicator and six of the sociodemographic indicators: the HDI (r 730 = 0.53, p<0.001), the mean years of schooling (r = 0.51, p<0.001), the Gini Index (r = -0.66, p<0.001), the Gender Inequality Index (r = -0.65, p<0.001), the Global Food Security Index (r = 0.52, p<0.05) and the 731 732 distance to Equator (r = 0.55, p<0.001). In other words, the grades for school indicator increased as the HDI, the mean years of schooling, the food security and the distance to the equator increased, and as the 733 734 Gender Inequality Index and the Gini index decreased. These findings align with the results of the Global Matrix 2.0.¹⁹ 735

736 These findings further suggest that the quality and/or quantity of physical activity opportunities offered by 737 the school are associated with the economic and development status of a given country. Cultural values attributed to sport and or physical activity can also be potential barriers or facilitators for this indicator. 738 739 Quality school policies and programs related to physical activity for the three European countries leading this indicator (Finland, Portugal, Slovenia) have already been highlighted elsewhere.^{19,26} While mandatory 740 physical education classes is part of the school curriculum in most European countries for all school 741 742 grades, it is only optional in some other countries from other parts of the world. For example, in the United States, the percentage of schools delivering mandatory physical education classes, in each grade, 743 decrease from 97% in 6th grade to 42% in 12th grade.⁸² In the United Arab Emirates, only 26% of 744 adolescents aged 13-17 years reported participating in physical education class on three or more days 745 each week.⁸³ In South Africa, 32% of children do not participate in school physical education classes, 746 747 and no evidence of progress in the prioritization of physical education in the schools was found by the Report Card work group.⁸⁴ Similarly, two consecutive Report Cards from South Korea highlighted that 748 the emphasis on important subjects (e.g., math, science) for university admission overrides the importance 749 of physical activity in the Korean education system.^{85,86} Though the new 2018 Korean national curriculum 750

requires schools to provide mandatory physical education, it is regarded as a minor subject and, with
 progressing school grades, it is devalued and neglected.⁸⁷

753 Evidence showed that adding more time to academic or curricular subjects by taking time away from 754 physical education programs was found not to enhance academic achievement in the corresponding academic subjects and to be potentially detrimental to health.⁸⁸ Conversely, allocating more time to 755 physical activity from other subjects can improve the time children spend engaging in MVPA without the 756 risk of "hindering students' academic achievement".⁸⁸ The measure of the dose of physical activity 757 758 occurring in school should also be added to the national surveillance systems globally to identify the 759 needs in terms of policies and interventions aimed at promoting physical activity at school. In addition, the Global Matrix 3.0 findings suggest that developing interventions or programs targeting schools in low 760 761 and medium HDI countries should be a priority on the international public health agenda.

762

763 *Community and Environment*

The Community and Environment indicator obtained an average grade of "C" and had 13 "INC" grades. 764 765 The grades ranged from "D-" (Venezuela) to "A" (Sweden). The low and medium HDI countries obtained an average of "D", and the high HDI countries obtained a "D+". Among the very high HDI countries the 766 Community and Environment indicator was the indicator with the highest average grade ("B-"). The 767 correlational analysis (see Online Supplementary File, S1) found a positive significant moderate to strong 768 769 association between the Community and Environment indicator and the HDI (r = 0.73, p<0.001), the life expectancy at birth (r = 0.74, p<0.001), mean years of schooling (r = 0.64, p<0.001), Growth National 770 Income per capita (r = 0.80, p<0.001), public health expenditure (r = 0.67, p<0.001), Global Food 771 Security Index (r = 0.71, p<0.001), urban population percentage (r = 0.51, p<0.001), improved drinking 772 773 water coverage (r = 0.77, p<0.001) and distance to Equator (r = 0.58, p<0.001); and a negative significant 774 moderate to strong association was found with the Gini Index (r = -0.62, p<0.001) and Gender Inequality

Index (r = -0.83, p<0.001). These findings aligned with the results of the previous Global Matrices^{16,19} and reinforce the importance of income and gender equity for the physical activity and overall population health.

778 Characteristics of the built environment are recognized as a potential source of influence on the physical activity level of children and youth.^{89–91} Given that a great number of characteristics could potentially 779 influence the physical activity of children and youth, numerous benchmarks were proposed to evaluate 780 this indicator. A great variability of data were used to inform the grades for this indicator, limiting direct 781 comparisons between countries. Yet, the significant correlations suggest that despite the variability of 782 data available that was used to inform the grade for this indicator, the Report Card work groups assigned 783 a grade that was coherent with the characteristics of the environment. The available evidence from this 784 785 indicator suggests that the characteristics of the built environment potentially influencing the physical 786 activity of children and youth are already favorable in the very high HDI countries, and that an increase of the grades for this indicator is expected with the further development of low, medium, and high HDI 787 788 countries.

789

790 Government

The average grade for the Government grade was "C", and an "INC" grade was assigned in eight 791 countries. With an average of "C-", Government was the source of influence indicator with the highest 792 793 average in low and medium HDI countries. The high HDI countries obtained an average of "D+", and the very high HDI countries a "C+". The highest grades for this indicator were reported in high and very high 794 HDI countries. The correlation analysis found significant low associations between the Government 795 796 indicator and the growth national income per capita (r = 0.48, p<0.005), public health expenditure (r =797 0.48, p<0.005), Gini index (r = -0.45, p<0.005), Gender Inequality Index (r = -0.45, p<0.005), improved water coverage (r = 0.44, p<0.005), and distance to the equator (r = 0.31, p<0.005). 798

Similar to the Community and Environment indicator, a government can potentially influence the 799 physical activity level of children and youth in multiple ways. As there is no official standardized method 800 801 to evaluate this influence, the recommended benchmark for this indicator focused on evidence of 802 leadership and commitment, allocated funds and resources, and demonstrated progress for the promotion 803 of physical activity opportunities for all children and youth (Table 1). As a result, the grades were informed by very different types of data across countries, and the Report Card work groups did not 804 805 always have access to relevant quantitative data, and therefore graded this indicator mostly based on expert opinion when required. 806

The low behavioral grades that were reported broadly in the Global Matrix 3.0 suggest that the government's efforts and physical activity policies are not reflected in an increase in the prevalence of MVPA among children and youth, and/or that there is an implementation gap between the strategy level (source of influence indicators) and individual level (behavioral indicators). More research is needed globally to identify the potential barriers for the engagement of children at the country and community level, in different contexts and settings.

813

814 Integrated discussion

815 Overall, the average grades obtained for each indicator were low, and a small variation was observed within the 10 indicators ("D" to "C"). More diversity was observed between the three HDI groupings, 816 817 between the countries, and within each country. Higher behavioral grades and lower source of influence grades were generally observed in the low and medium HDI countries, while the opposite was observed 818 for the very high HDI countries, and generally low average grades were reported for each indicator in the 819 820 high HDI countries. It is important to highlight that the overall concerning levels of physical activity and 821 sedentary behavior among children and youth may be indicative of a global crisis. Moreover, this phenomenon may get worse with the economic growth and development of low, medium and high HDI 822

countries, and very high rates of non-communicable diseases can be anticipated when the current
generation of children and youth reaches adulthood unless a major shift to a more active lifestyle happens
soon. Strategies to mitigate the projected reduction in habitual physical activity in developing countries
should learn from countries who have already navigated the physical activity transition.⁹²

827

828 Strengths and Limitations

829 A major limitation of this study was the amount of missing data to inform the grades, resulting in a total 830 of 121 "INC" grades of the 490 grades in total. In addition, the great variability of the data (e.g., in terms 831 of benchmark, measurement instrument, age range, sample size, quality, quantity) that were used to inform the grades was observed between the countries for each indicator, and in many cases the available 832 833 data did not permit the Report Card work groups to align strictly with the recommended benchmarks. Furthermore, a loss of information potentially occurred when translating original prevalence data to a 834 letter grade, as letter grades provide less information than continuous variables. Consequently, all the 835 836 comparisons, correlations and interpretations involving the grades are limited and should be interpreted with caution, as two identical grades for the same indicator can capture two very different contexts from 837 one country to another. Excluding the countries with insufficient data and imposing to assign "INC" 838 839 grades every time the data did not fit exactly with the benchmarks for each indicator could have been an alternative strategy. But this approach would have significantly reduced the number of countries and 840 841 grades included in the Global Matrix 3.0 and the relevance of conducting international comparisons. Despite the limitations of the underlying data, this encyclopedia of global information of the physical 842 843 activity of children and youth represents the richest source of such information compiled to date.

Another limitation of the Global Matrix 3.0 was the lack of representativeness of some areas of the world and some specific child and youth populations. Indeed, the participation of a total of 49 countries or nations meant that most of the countries around the world were still missing. In particular, the South

Pacific islands nations, where the average body mass indices for child and youth were estimated to be the highest of the world,⁹³ are missing, as well as countries from Central Asia, and North Africa. Additionally, children and youth with disabilities were not explicitly included in this analysis while the Global Matrix process could help to identify and circulate best-practice strategies in terms of physical activity promotion for these specific populations.¹⁹ Furthermore, the disparities and inequities across gender, socioeconomic status, or urban versus rural dwelling were mentioned in only a handful of Report Card articles, thus they were not analyzed or discussed in this study.

854 The correlation analyses showed that the Overall Physical Activity grade had a low positive association 855 with Sedentary Behaviors and was not statistically related with the eight remaining indicators (Online Supplementary File, S1). This can potentially be the consequence of the aforementioned limitations, but 856 857 another hypothesis may explain this absence of relation. The absence of statistically significant 858 correlations between Overall Physical Activity, and Organized Sport and Physical Activity, Active Play, 859 and Active Transportation, may have resulted from the fact that the physical activity dose related to these indicators was not measured well. The absence of a relation between the source of influence indicators 860 and Overall Physical Activity may suggest that a favorable physical and social environment is not enough 861 862 to induce individual engagement in sufficient amounts of MVPA. In addition, the absence of choice (i.e., 863 children that have no other options than using active transportation regardless of safety and any other characteristics of the source of influence), child labor, and the cultural values attributed to physical 864 865 activity and sports were not evaluated in this study.

Major strengths of this work include the large number of countries who adopted the harmonized Report Card development process and the quantity of data used to inform an international, comprehensive and meaningful comparison of physical activity behaviors of children and youth. In addition, the AHKGA facilitated and supported the development of Report Cards from 49 countries, by providing the Report Card work groups from each participating country with a platform to capture, synthesize, interpret, and publish the findings with autonomy. With the 49 countries participating and the 10 common indicators

being graded by each participating country, the Global Matrix 3.0 represents the most comprehensive and meaningful comparison of the contexts of the physical activity of children and youth. In addition, the identification and discussion of major trends concerning the characteristics of the physical activity of children and youth among the three HDI groupings were realized for the first time.^{24–26} Finally, major research and surveillance gaps, including the need for the development and the international adoption of standardized methods to conceptualise and measure the ten indicators, were identified and highlighted for each indicator in the present paper.

879 The launch of the Global Matrix 3.0 is the result of a tremendous amount of work by the AHKGA 880 Executive Committee members and from the physical activity experts and stakeholders from all over the world for the past 15 months. The 49 Report Cards were developed by supported and unsupported work 881 882 groups of professionals who acknowledge the importance of a healthy and active lifestyle for the present 883 and the future of the children and youth worldwide. The involvement of governmental and nongovernmental organizations in the development of some of the national Report Cards is a potential sign of 884 a growing interest in the childhood physical inactivity crisis; and it is hoped that this awareness will be 885 translated into support for the development of effective interventions increasing physical activity 886 opportunities for all. In addition, the development of a national Report Card of physical activity for 887 children and youth, and the participation in the Global Matrix initiative, were found to contribute to 888 raising awareness on the childhood physical inactivity issue nationally and internationally, building 889 890 capacity within participating countries, and potentially influencing the creation of physical activity opportunities in the future.²³ It is hoped that more physical activity experts and stakeholders will rally 891 892 with AHKGA members to pursue and expand the Global Matrix initiative and will help filling the identified gap in physical activity research and surveillance. The AHKGA, with the contribution of its 893 894 international network of researchers, will be available to offer guidance to the countries willing to develop national surveillance of physical activity, and policies or interventions promoting physical activity among 895 children and youth. 896

897

898 Conclusion

A comprehensive summary of the grades, comparison and interpretation of 10 physical activity indicators 899 among 49 countries were presented in this Global Matrix 3.0 paper. Higher behavioral grades and lower 900 source of influence grades were generally observed in the low and medium HDI countries, while lower 901 902 behavioral grades and higher source of influence grades were observed for the very high HDI countries, 903 and generally low average grades for each indicator in the high HDI countries. International research and surveillance gaps were also identified by the Global Matrix 3.0 and the Report Card initiatives. 904 905 Internationally collaborative and collective efforts are needed to redirect the persisting trend of low 906 physical activity and high sedentary behavior among children and youth worldwide. Strategic public 907 investments to implement effective interventions within families, communities, and schools to increase physical activity opportunities are needed. It is hoped that researchers and relevant stakeholders will 908 909 collaborate internationally to address the research and surveillance gaps highlighted in this paper and 910 expand the Global Matrix initiative to include more countries.

911

912 Acknowledgments

The authors would like to acknowledge the then Active Healthy Kids Canada (now ParticipACTION) for developing the Report Card methodology, and the AHKGA Executive Committee for modifying and standardizing the benchmarks and grading rubric and leading this international initiative. We are grateful for all the hard work by each participating country's Report Card Work Group and Leaders and all other members of their Report Card Committees. We also want to thank Evan Turner for his work on the compilation of the sociodemographic characteristics of the participating countries.

919 **References**

920	1.	Tremblay MSMS, Aubert S, Barnes JDJD, et al. Sedentary Behavior Research Network (SBRN) -
921		Terminology Consensus Project process and outcome. Int J Behav Nutr Phys Act. 2017;14(1):75.
922		doi:10.1186/s12966-017-0525-8
923	2.	World Health Organization. Mortality and burden of disease attributable to selected major risks.
924		2009:70.
925		$http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf.$
926		Accessed April 4, 2018.
927	3.	World Health Organization, WHO. Global recommendation on physical activity for health.
928		http://www.who.int/dietphysicalactivity/factsheet_recommendations/en/. Published 2010.
929		Accessed January 11, 2018.
930	4.	Bull FC, Gauvin L, Bauman A, Shilton T, Kohl HW, Salmon A. The Toronto Charter for Physical
931		Activity: A Global Call for Action. J Phys Act Health. 2010;7:421-422.
932		https://pdfs.semanticscholar.org/4b34/24f9139dbf473ac035737ca53ac94c633639.pdf. Accessed
933		April 5, 2018.
934	5.	Janssen I, LeBlanc AG. Systematic review of the health benefits of physical activity and fitness in
935		school-aged children and youth. Int J Behav Nutr Phys Act. 2010;7(1):40. doi:10.1186/1479-5868-
936		7-40
937	6.	Biddle SJH, Asare M. Physical activity and mental health in children and adolescents: a review of
938		reviews. Br J Sports Med. 2011;45(11):886-895. doi:10.1136/bjsports-2011-090185
939	7.	Strauss RS, Rodzilsky D, Burack G, Colin M. Psychosocial Correlates of Physical Activity in
940		Healthy Children. Arch Pediatr Adolesc Med. 2001;155(8):897. doi:10.1001/archpedi.155.8.897

941	8.	Poitras VJ, Gray CE, Borghese MM, et al. Systematic review of the relationships between
942		objectively measured physical activity and health indicators in school-aged children and youth.
943		Appl Physiol Nutr Metab. 2016;41(6 (Suppl. 3)):S197-S239. doi:10.1139/apnm-2015-0663
944	9.	Donnelly JE, Hillman CH, Castelli D, et al. Physical Activity, Fitness, Cognitive Function, and
945		Academic Achievement in Children: A Systematic Review. Med Sci Sports Exerc.
946		2016;48(6):1197-1222. doi:10.1249/MSS.00000000000000000000000000000000000
947	10.	Esteban-Cornejo I, Tejero-Gonzalez CM, Sallis JF, Veiga OL. Physical activity and cognition in
948		adolescents: A systematic review. J Sci Med Sport. 2015;18(5):534-539.
949		doi:10.1016/J.JSAMS.2014.07.007
950	11.	Sallis JF, Bull F, Guthold R, et al. Progress in physical activity over the Olympic quadrennium.
951		Lancet. 2016;388(10051):1325-1336. doi:10.1016/S0140-6736(16)30581-5
952	12.	Kremer P, Elshaug C, Leslie E, Toumbourou JW, Patton GC, Williams J. Physical activity,
953		leisure-time screen use and depression among children and young adolescents. J Sci Med Sport.
954		2014;17(2):183-187. doi:10.1016/J.JSAMS.2013.03.012
955	13.	McMahon EM, Corcoran P, O'Regan G, et al. Physical activity in European adolescents and
956		associations with anxiety, depression and well-being. Eur Child Adolesc Psychiatry.
957		2017;26(1):111-122. doi:10.1007/s00787-016-0875-9
958	14.	Blair SN, Cheng Y, Holder SJ. Is physical activity or physical fitness more important in defining
959		health benefits? Med Sci Sport Exerc. 2001;33(6):S379-S399. https://journals.lww.com/acsm-
960		msse/Fulltext/2001/06001/Is_physical_activity_or_physical_fitness_more.7.aspx.
961	15.	Telama R, Yang X, Viikari J, Välimäki I, Wanne O, Raitakari O. Physical activity from childhood

963 doi:10.1016/J.AMEPRE.2004.12.003

964	16.	Tremblay MS, Gray CE, Akinroye K, et al. Physical Activity of Children: A Global Matrix of
965		Grades Comparing 15 Countries. J Phys Act Health. 2014;11(s1):S113-S125.
966		doi:10.1123/jpah.2014-0177
967	17.	Colley RC, Brownrigg M, Tremblay MS. A Model of Knowledge Translation in Health. Health
968		Promot Pract. 2012;13(3):320-330. doi:10.1177/1524839911432929
969	18.	Tremblay MS, Barnes JD, Bonne JC. Impact of the Active Healthy Kids Canada Report Card: A
970		10-Year Analysis. J Phys Act Health. 2014;11(s1):S3-S20. doi:10.1123/jpah.2014-0167
971	19.	Tremblay MS, Barnes JD, González SA, et al. Global Matrix 2.0: Report Card Grades on the
972		Physical Activity of Children and Youth Comparing 38 Countries. J Phys Act Health. 2016;13(11
973		Suppl 2):S343-S366. doi:10.1123/jpah.2016-0594
974	20.	Active Healthy Kids Global Alliance. About Us » Active Healthy Kids Global Alliance.
975		https://www.activehealthykids.org/about-us/. Accessed May 27, 2018.
976	21.	United Nations Development Programme. Human Development Index (HDI) Human
977		Development Reports. http://hdr.undp.org/en/content/human-development-index-hdi. Accessed
978		April 7, 2018.
979	22.	Land KC. The Human Development Index: Objective Approaches (2). In: Global Handbook of
980		Quality of Life. Dordrecht: Springer Netherlands; 2015:133-157. doi:10.1007/978-94-017-9178-
981		6_7
982	23.	Aubert S, Barnes JD, Forse M, Turner E, Schranz N, Tremblay MS. International Impact of the
983		Report Cards and Global Matrices of Physical Activity Grades for Children and Youth. J Phys Act
984		Health. 2018 (this issue).
985	24.	Manyanga T, Barnes JD, Abdeta C, Tremblay MS, Adbeta C, Tremblay MS. The Indicators of

986		Physical Activity among Children and Youth in Nine Countries with Low and Medium Human
987		Development Indices: A Global Matrix 3.0 Paper. J Phys Act Health. 2018 (this issue).
988	25.	González SA, Barnes JD, Abi Nader P, Tremblay MS. Report Card Grades on the Physical
989		Activity of Children and Youth from 10 Countries with High Human Development Index – Global
990		Matrix 3.0. J Phys Act Health. 2018 (this issue).
991	26.	Aubert S, Barnes JD, Aguilar-Farias N, Tremblay MS. Report Card Grades on the Physical
992		Activity of Children and Youth Comparing 30 Very High Human Development Index Countries. J
993		Phys Act Health. 2018 (this issue).
994	27.	Tremblay MS, Carson V, Chaput J-P, et al. Canadian 24-Hour Movement Guidelines for Children
995		and Youth: An Integration of Physical Activity, Sedentary Behaviour, and Sleep. Appl Physiol
996		Nutr Metab. 2016;41(6 (Suppl. 3)):S311-S327. doi:10.1139/apnm-2016-0151
997	28.	González SA, Triana CA, Abaunza C, et al. Results from Colombia's 2018 Report Card on
998		Physical Activity for Children and Youth. J Phys Act Health. 2018 (this issue).
999	29.	Mukaka M. A guide to appropriate use of Correlation coefficient in medical research. Malawi Med
1000		J. 2012;24(3):69-71. https://www.ajol.info/index.php/mmj/article/view/81576. Accessed August
1001		23, 2018.
1002	30.	Wei T, Simko V, Levy M, Xie Y, Jin Y, Zemla J. Visualization of a Correlation Matrix: Corrplot.
1003		2017. https://github.com/taiyun/corrplot.
1004	31.	Wickham H. Ggplot2: Elegant Graphics for Data Analysis. Vol 77. Second. (Springer-Verlag,
1005		ed.). New York; 2009.
1006	32.	Conway JR, Lex A, Gehlenborg N. UpSetR: an R package for the visualization of intersecting sets

1006 32. Conway JR, Lex A, Gehlenborg N. UpSetR: an R package for the visualization of intersecting sets
1007 and their properties. *Bioinformatics*. 2017;33(18):2938-2940. doi:10.1093/bioinformatics/btx364

- 1008 33. Kowarik A, Templ M. Imputation with the R Package VIM. *J Stat Softw.* 2016;74(7):1-16.
 1009 doi:10.18637/jss.v074.i07
- 1010 34. Ibrahim I, Al Hammadi E, Sayegh S, et al. Results from Qatar's 2018 Report Card on Physical
 1011 Activity for Children and Youth. *J Phys Act Health. 2018 (this issue)*.
- 1012 35. Subedi N, Paudel S, Nepal S, Karki A. Results from Nepal's 2018 Report Card on Physical
- 1013 Activity for Children and Youth. J Phys Act Health. 2018 (this issue).
- 1014 36. Macro Economy Meter. Vehicles per 1000 people Nepal.
- 1015 http://mecometer.com/whats/nepal/vehicles-per-thousand-people/. Accessed August 16, 2018.
- 1016 37. NationMaster.com. Nepal Media Stats. http://www.nationmaster.com/country-
- 1017 info/profiles/Nepal/Media. Accessed August 16, 2018.
- 1018 38. My Republica. 3.1 million motor vehicles on Nepali roads:
- 1019 DoTM.https://myrepublica.nagariknetwork.com/news/3-1-million-motor-vehicles-on-nepali 1020 roads-dotm/. Published 2018.
- 39. Manyanga T, Munambah NE, Mahachi CB, Makaza D, Mlalazi TF. Results from Zimbabwe's
 2018 Report Card on Physical Activity for Children and Youth. *J Phys Act Health. 2018 (this issue)*.
- Liu Y, Tang Y, Cao Z-B, et al. Results from China's 2018 Report Card on Physical Activity for
 Children and Youth. *J Phys Act Health.* 2018 (this issue).
- 1026 41. United Nations. World Population Prospects Population Division United Nations.
- 1027 https://esa.un.org/unpd/wpp/Download/Standard/Population/. Accessed August 17, 2018.
- 1028 42. Lü J, Liang L, Feng Y, et al. Air Pollution Exposure and Physical Activity in China: Current
- 1029 Knowledge, Public Health Implications, and Future Research Needs. Int J Environ Res Public

- 1030 *Health*. 2015;12(11):14887-14897. doi:10.3390/ijerph121114887
- 43. Abdeta C, Teklemariam Z, Deksisa A, Abera E. Results from Ethiopia's 2018 Report Card on
 Physical Activity for Children and Youth. *J Phys Act Health. 2018 (this issue).*
- 1033 44. Human Rights Watch. World Report 2018: Venezuela | Human Rights Watch.
- 1034 https://www.hrw.org/world-report/2018/country-chapters/venezuela. Accessed August 17, 2018.
- 103545.Herrera-Cuenca M, Méndez-Pérez B, Landaeta-Jiménez M, et al. Results from Venezuela's 2018
- 1036 Report Card on Physical Activity for Children and Youth. J Phys Act Health. 2018 (this issue).
- 1037 46. Sember V, Morrison SA, Jurak G, et al. Results from Slovenia's 2018 Report Card on Physical
 1038 Activity for Children and Youth. *J Phys Act Health. 2018 (this issue)*.
- 47. Aubert S, Barnes JD, Abdeta C, Tremblay MS. Physical Activity Report Card Grades for Children
 and Youth: Result and Analysis from 49 Countries. *J Phys Act Health. 2018 (this issue)*.
- 1041 48. Bhawra J, Chopra P, Harish R, Mohan A. Results from India's 2018 Report Card on Physical
 1042 Activity for Children and Youth. *J Phys Act Health. 2018 (this issue)*.
- 1043 49. Demetriou Y, Hebestreit A, Reimers AK, et al. Results from Germany's 2018 Report Card on
 1044 Physical Activity for Children and Youth. *J Phys Act Health. 2018 (this issue).*
- 1045 50. Takken T, de Jong N. Results from the Netherlands's 2018 Report Card on Physical Activity for
 1046 Children and Youth. *J Phys Act Health. 2018 (this issue).*
- Smith M, Ikeda E, Hinckson E, et al. Results from New Zealand's 2018 Report Card on Physical
 Activity for Children and Youth. *J Phys Act Health. 2018 (this issue).*
- 1049 52. Gába A, Rubín L, Badura P, et al. Results from the Czech Republic's 2018 Report Card on
 1050 Physical Activity for Children and Youth. *J Phys Act Health. 2018 (this issue)*.

1051	53.	Nyawornota VK, Luguterah A, Sofo S, Aryeetey R. Results from Ghana's 2018 Report Card on
1052		Physical Activity for Children and Youth. J Phys Act Health. 2018 (this issue).
1053	54.	Silva DAS, Christofaro DGD, Ferrari GL de M, et al. Results from Brazil's 2018 Report Card on
1054		Physical Activity for Children and Youth. J Phys Act Health. 2018 (this issue).
1055	55.	Saonuam P, Rasri N, Pongpradit K, Widyastari DA, Katewongsa P. Results from Thailand's 2018
1056		Report Card on Physical Activity for Children and Youth. J Phys Act Health. 2018 (this issue).
1057	56.	Barnes JD, Cameron C, Carson V, et al. Results from Canada's 2018 Report Card on Physical
1058		Activity for Children and Youth. J Phys Act Health. 2018 (this issue).
1059	57.	Mäestu E, Kull M, Mooses K, et al. Results from Estonian's 2018 Report Card on Physical
1060		Activity for Children and Youth. J Phys Act Health. 2018 (this issue).
1061	58.	Kämppi K, Aira A, Halme N, et al. Results from Finland's 2018 Report Card on Physical Activity
1062		for Children and Youth. J Phys Act Health. 2018 (this issue).
1063	59.	Mileva B. Results from Bulgaria's 2018 Report Card on Physical Activity for Children and Youth
1064		J Phys Act Health. 2018 (this issue).

- 1065 60. Roman-Viñas B, Zazo F, Martínez-Martínez J, Aznar-Laín S, Serra-Majem L. Results from
 1066 Spain's 2018 Report Card on Physical Activity for Children and Youth. *J Phys Act Health. 2018*1067 (*this issue*).
- 1068 61. Edwards LC, Tyler R, Blain D, et al. Results from Wales' 2018 Report Card on Physical Activity
 1069 for Children and Youth. *J Phys Act Health. 2018 (this issue).*
- 1070 62. Tladi DM, Monnaatsie M, Shaibu S, Sinombe G. Results from Botswana's 2018 Report Card on
 1071 Physical Activity for Children and Youth. *J Phys Act Health. 2018 (this issue)*.
- 1072 63. Akinroye KK, Adeniyi AF. Results from Nigeria's 2018 Report Card on Physical Activity for

- 1073 Children and Youth. J Phys Act Health. 2018 (this issue).
- 1074 64. Truelove S, Vanderloo LM, Tucker P. Defining and Measuring Active Play Among Young
 1075 Children: A Systematic Review. *J Phys Act Health.* 2017;14(2):155-166. doi:10.1123/jpah.2016-
- 1076 0195
- 1077 65. Lee E-Y, Yi KJ, Walker GJ, Spence JC. Preferred Leisure Type, Value Orientations, and
- 1078 Psychological Well-Being Among East Asian Youth. *Leis Sci.* 2017;39(4):355-375.
- 1079 doi:10.1080/01490400.2016.1209139
- 1080 66. Mori N, Armada F, Willcox DC. Walking to school in Japan and childhood obesity prevention:

new lessons from an old policy. *Am J Public Health*. 2012;102(11):2068-2073.

- 1082 doi:10.2105/AJPH.2012.300913
- 1083 67. Oh J-WJ-W, Lee E, Lim J, et al. Results from South Korea's 2018 Report Card on Physical
 1084 Activity for Children and Youth. *J Phys Act Health.* 2018;(In press.).
- Huang WY, Wong SHS, Sit CHP, et al. Results from Hong Kong's 2018 Report Card on Physical
 Activity for Children and Youth. *J Phys Act Health. 2018 (this issue)*.
- Sarmiento OL, Lemoine P, Gonzalez SA, et al. Relationships between active school transport and
 adiposity indicators in school-age children from low-, middle- and high-income countries. *Int J Obes Suppl.* 2015;5(S2):S107-S114. doi:10.1038/ijosup.2015.27
- 1090 70. Carson V, Hunter S, Kuzik N, et al. Systematic review of sedentary behaviour and health
- indicators in school-aged children and youth: an update. Appl Physiol Nutr Metab. 2016;41(6
- 1092 (Suppl. 3)):S240-S265. doi:10.1139/apnm-2015-0630
- Tremblay MS, LeBlanc AG, Janssen I, et al. Canadian Sedentary Behaviour Guidelines for
 Children and Youth. *Appl Physiol Nutr Metab.* 2011;36(1):59-64. doi:10.1139/H11-012

- 1095 72. Atkin AJ, Sharp SJ, Corder K, van Sluijs EMF, International Children's Accelerometry Database
- 1096 (ICAD) Collaborators. Prevalence and Correlates of Screen Time in Youth. *Am J Prev Med*.
 1097 2014;47(6):803-807. doi:10.1016/j.amepre.2014.07.043
- 1098 73. Biddle SJH, Petrolini I, Pearson N. Interventions designed to reduce sedentary behaviours in
 1099 young people: a review of reviews. *Br J Sports Med.* 2014;48(3):182-186. doi:10.1136/bjsports1100 2013-093078
- 1101 74. Pate RR. The Evolving Definition of Physical Fitness. *Quest.* 1988;40(3):174-179.
 1102 doi:10.1080/00336297.1988.10483898
- 1103 75. Caspersen CJ, Powell KE, Christenson GM. Physical activity, exercise, and physical fitness:
- definitions and distinctions for health-related research. *Public Health Rep.* 1985;100(2):126-131.
- 1105 http://www.ncbi.nlm.nih.gov/pubmed/3920711. Accessed May 13, 2018.
- 1106 76. Tomkinson GR, Carver KD, Atkinson F, et al. European normative values for physical fitness in

1107 children and adolescents aged 9-17 years: results from 2 779 165 Eurofit performances

representing 30 countries. *Br J Sports Med.* November 2017:bjsports-2017-098253.

- doi:10.1136/bjsports-2017-098253
- 1110 77. Lang JJ, Belanger K, Poitras V, Janssen I, Tomkinson GR, Tremblay MS. Systematic review of

1111 the relationship between 20m shuttle run performance and health indicators among children and

1112 youth. J Sci Med Sport. 2018;21(4):383-397. doi:10.1016/j.jsams.2017.08.002

- 1113 78. Lang JJ, Tomkinson GR, Janssen I, et al. Making A Case for Cardiorespiratory Fitness
- 1114 Surveillance Among Children and Youth. *Exerc Sport Sci Rev.* January 2018:1.
- 1115 doi:10.1249/JES.00000000000138
- 1116 79. Lang JJ, Tremblay MS, Léger L, Olds T, Tomkinson GR. International variability in 20 m shuttle
- 1117 run performance in children and youth: who are the fittest from a 50-country comparison? A

- systematic literature review with pooling of aggregate results. *Br J Sports Med.* 2018;52(4):276.
- doi:10.1136/bjsports-2016-096224
- 112080.Sterdt E, Liersch S, Walter U. Correlates of physical activity of children and adolescents: A
- 1121 systematic reviews. *Health Educ J*. 2014;73(1):72-89. doi:10.1177/0017896912469578
- 1122 81. Hills AP, Dengel DR, Lubans DR. Supporting Public Health Priorities: Recommendations for
- 1123 Physical Education and Physical Activity Promotion in Schools. *Prog Cardiovasc Dis.*
- 1124 2015;57(4):368-374. doi:10.1016/J.PCAD.2014.09.010
- 1125 82. Katzmarzyk PT, Denstel KD, Beals K, et al. Results from the United States 2018 Report Card on
- 1126 Physical Activity for Children and Youth. J Phys Act Health. 2018 (this issue).
- 1127 83. Paulo MS, Nauman J, Abdulle A, et al. Results from the United Arab Emirates' 2018 Report Card
 1128 on Physical Activity for Children and Youth. *J Phys Act Health. 2018 (this issue)*.
- 1129 84. Draper CE, Tomaz SA, Bassett SH, Burnett C. Results from South Africa's 2018 Report Card on
 1130 Physical Activity for Children and Youth. *J Phys Act Health. 2018 (this issue)*.
- 1131 85. Song Y, Yang HI, Lee E-Y, et al. Results From South Korea's 2016 Report Card on Physical
- 1132 Activity for Children and Youth. *J Phys Act Health.* 2016;13(11 Suppl 2):S274-S278.
- doi:10.1123/jpah.2016-0402
- 1134 86. Oh J-W, Lee E, Lim J, Lee S-H, Jin Y, Oh B. Results from South Korea's 2018 Report Card on
 1135 Physical Activity for Children and Youth. *J Exerc Sci Fit.* 2018;(In press.).
- 1136 87. Lee K-C, Cho S-M. The Korean national curriculum for physical education: a shift from edge to
 1137 central subject. *Phys Educ Sport Pedagog*, 2014;19(5):522-532.
- doi:10.1080/17408989.2014.915299
- 1139 88. Trudeau F, Shephard RJ. Physical education, school physical activity, school sports and academic

1140 performan	ce. Int J Behav	Nutr Phys Act	. 2008;5(1):10.	. doi:10.1186/1479	-5868-5-10
----------------	-----------------	---------------	-----------------	--------------------	------------

- Sallis, J. F., Owen, N., Fisher E. Sallis, J. F., Owen, N., & Fisher, E. (2015). Ecological models of 1141 89. 1142 health behavior. In: Health Behavior: Theory, Research, and Practice. 4th ed. Jossey-Bass; 1143
- 2015:43-64.
- 1144 90. Saelens BE, Sallis JF, Black JB, Chen D. Neighborhood-based differences in physical activity: an 1145 environment scale evaluation. Am J Public Health. 2003;93(9):1552-1558.
- 1146 doi:10.2105/AJPH.93.9.1552
- 1147 91. Sallis JF, Johnson MF, Calfas KJ, Caparosa S, Nichols JF. Assessing Perceived Physical
- 1148 Environmental Variables that May Influence Physical Activity. Res O Exerc Sport.
- 1149 1997;68(4):345-351. doi:10.1080/02701367.1997.10608015
- 1150 Katzmarzyk PT, Mason C. The Physical Activity Transition. J Phys Act Health. 2009;6(3):269-92. 1151 280. doi:10.1123/jpah.6.3.269
- Abarca-Gómez L, Abdeen ZA, Hamid ZA, et al. Worldwide trends in body-mass index, 1152 93.
- 1153 underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-
- 1154 based measurement studies in 128.9 million children, adolescents, and adults. Lancet.
- 1155 2017;390(10113):2627-2642. doi:10.1016/S0140-6736(17)32129-3
- 1156 94. The World Bank. GINI index (World Bank estimate) | Data.
- https://data.worldbank.org/indicator/SI.POV.GINI?view=map. Accessed April 7, 2018. 1157
- 1158 95. The World Bank. Population density (people per sq. km of land area) | Data. 2016.
- 1159 https://data.worldbank.org/indicator/EN.POP.DNST. Accessed June 27, 2018.
- 1160 96. The Economist Intelligence Unit. Global Food Security Index: Overview. 2017.
- 1161 https://foodsecurityindex.eiu.com/Index. Accessed June 27, 2018.

- 1162 97. United Nations Department of Economic and Social Affairs. Social Indicators/ Population growth
 1163 and distribution. https://unstats.un.org/unsd/demographic/products/socind/. Accessed June 27,
 1164 2018.
- 1165 98. Wikimedia Foundation. All-time Olympic Games medal table. https://en.wikipedia.org/wiki/All1166 time Olympic Games medal table. Accessed August 10, 2018.
- 1167 99. Latlong.net. Latitude and Longitude Finder on Map Get Coordinates. https://www.latlong.net/.
 1168 Accessed August 10, 2018.

1169 100. Hastings DA. Filling Gaps in the Human Development Index: Findings for Asia and the Pacific.

- Bangkok; 2009. https://www.unescap.org/sites/default/files/wp-09-02.pdf. Accessed July 17,
 2018.
- 101. The United States Central Intelligence Agency. The World Factbook, Guide to Country Profiles.
 https://www.cia.gov/library/publications/resources/the-world-factbook/docs/profileguide.html.
- 1174 Accessed July 17, 2018.
- 1175 102. State of Guernsey. *Guernsey Household Income.*; 2015.
- 1176 https://www.gov.gg/CHttpHandler.ashx?id=110715&p=0. Accessed July 17, 2018.
- 1177 103. State of Jersey. Jersey Household Income Distribution 2014/15.; 2015.
- 1178 https://www.gov.je/SiteCollectionDocuments/Government and administration/R Income
- 1179 Distribution Survey Report 2014-15 20151112 SU.pdf. Accessed July 17, 2018.
- 1180 104. National Statistics Republic of China (Taiwan). Report on The Survey of Family Income and
- 1181 Expenditure. https://eng.stat.gov.tw/ct.asp?xItem=3417&CtNode=1596&mp=5. Accessed June 28,
 1182 2018.
- 1183

Overall Physical Activity	% of children and youth who meet the Global Recommendations on Physical Activity for Health, which
	recommend that children and youth accumulate at least 60 minutes of moderate- to vigorous-intensity physi
	activity per day on average.
	Or % of children and youth meeting the guidelines on at least 4 days a week (when an average cannot be
	estimated).
Organized Sport and	% of children and youth who participate in organized sport and/or physical activity programs.
Physical Activity	
Active Play	% of children and youth who engage in unstructured/unorganized active play at any intensity for more than
	hours a day.
	% of children and youth who report being outdoors for more than 2 hours a day.
Active Transportation	% of children and youth who use active transportation to get to and from places (e.g., school, park, mall, frie
	house).
Sedentary Behaviors	% of children and youth who meet the Canadian Sedentary Behaviour Guidelines (5- to 17-year-olds: no me
	than 2 hours of recreational screen time per day). Note: the Guidelines currently provide a time limit
	recommendation for screen-related pursuits, but not for non-screen-related pursuits.
Physical Fitness	Average percentile achieved on certain physical fitness indicators based on the normative values published
	Tomkinson et al. ⁷⁶
Family and Peers	% of family members (e.g., parents, guardians) who facilitate physical activity and sport opportunities for the
	children (e.g., volunteering, coaching, driving, paying for membership fees and equipment).
	% of parents who meet the Global Recommendations on Physical Activity for Health, which recommend the
	adults accumulate at least 150 minutes of moderate-intensity aerobic physical activity throughout the week
	at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week or an equivalent
	combination of moderate- and vigorous-intensity physical activity.
	% of family members (e.g., parents, guardians) who are physically active with their kids.
	% of children and youth with friends and peers who encourage and support them to be physically active.
	% of children and youth who encourage and support their friends and peers to be physically active.

1184 Table 1: Global Matrix 3.0 indicators and benchmarks used to guide the grade assignment process

School	% of schools with active school policies (e.g., daily PE, daily physical activity, recess, "everyone plays"
	approach, bike racks at school, traffic calming on school property, outdoor time).
	% of schools where the majority (\geq 80%) of students are taught by a PE specialist.
	% of schools where the majority (\geq 80%) of students are offered the mandated amount of PE (for the given
	state/territory/region/country).
	% of schools that offer physical activity opportunities (excluding PE) to the majority (> 80%) of their students.
	% of parents who report their children and youth have access to physical activity opportunities at school in
	addition to PE classes.
	% of schools with students who have regular access to facilities and equipment that support physical activity
	(e.g., gymnasium, outdoor playgrounds, sporting fields, multi-purpose space for physical activity, equipment in
	good condition).
Community and	% of children or parents who perceive their community/municipality is doing a good job at promoting physical
Environment	activity (e.g., variety, location, cost, quality).
	% of communities/municipalities that report they have policies promoting physical activity.
	% of communities/municipalities that report they have infrastructure (e.g., sidewalks, trails, paths, bike lanes)
	specifically geared toward promoting physical activity.
	% of children or parents who report having facilities, programs, parks and playgrounds available to them in their
	community.
	% of children or parents who report living in a safe neighbourhood where they can be physically active.
	% of children or parents who report having well-maintained facilities, parks and playgrounds in their community
	that are safe to use.
Government	Evidence of leadership and commitment in providing physical activity opportunities for all children and youth.
	Allocated funds and resources for the implementation of physical activity promotion strategies and initiatives for
	all children and youth. Demonstrated progress through the key stages of public policy making (i.e., policy
	agenda, policy formation, policy implementation, policy evaluation and decisions about the future).

1187 Table 2: Global Matrix 3.0 grading rubric

Grade	Interpretation	Corresponding number for analysis
A+	94% - 100%	15
А	We are succeeding with a large majority of children and youth (87% - 93%)	14
A-	80% - 86%	13
B+	74% - 79%	12
В	We are succeeding with well over half of children and youth (67% - 73%)	11
B-	60% - 66%	10
C+	54% - 59%	9
С	We are succeeding with about half of children and youth (47% - 53%)	8
C-	40% - 46%	7
D+	34% - 39%	6
D	We are succeeding with less than half but some children and youth (27% - 33%)	5
D-	20% - 26%	4
F	We are succeeding with very few children and youth (<20%)	2
INC	Incomplete - insufficient or inadequate information to assign a grade	No Grade

1188

1190 Table 3: Sociodemographic information of the 49 countries in the Global Matrix 3.0

Country (in alphabetica l order)	HDI ^a	GNI per capita (USD) a	Public Health Expenditur e (% of GDP) ^a	GIIª	Life expectanc y at birth (years) ^a	Mean years of schoolin g (years) ^a	Gini index b	Global Food Securit y Index ^c	Urban Population Percentage d	Improve d drinking water coverage (%) ^d	Populatio n Density (people / km ² of land area) ^e	Summe r Olympi c Medal Count ^f	Distanc e to the Equator (km) ^g
Australia	0.939	42822	6.3	0.12	82.5	13.2	34.7	83.3	89.4	100	3	497	2796
Bangladesh	0.579	3341	3.7	0.52	72	5.2	32.4	39.7	28.9	81	1252	0	2620
Belgium (Flanders)	0.896	41243	8.3	0.073	81	11.4	27.7	79.8	97.5	100	374	148	5597
Botswana	0.698	14663	5.1	0.435	71.7	11.9	60.5	59.4	62.3	96	4	1	2470
Brazil	0.754	14145	3.8	0.414	74.7	7.8	51.3	67.7	84.9	98	25	128	1574
Bulgaria	0.794	16261	4.6	0.223	74.3	10.8	37.4	62.9	73.7	100	66	218	4733
Canada	0.92	42582	7.4	0.098	82.2	13.1	34	82.2	80.8	100	4	302	6223
Chile	0.847	21665	3.9	0.322	82	9.9	47.7	74.7	89.4	96	24	13	3949
China	0.738	13345	3.1	0.164	76	7.6	42.2	63.7	51.9	91	147	546	3970
Colombia	0.727	12762	5.4	0.393	74.2	7.6	50.8	60.1	75.6	92	44	28	505
Czech Republic	0.878	28144	6.3	0.129	78.8	12.3	25.9	75.8	73.4	100	137	56	5521
Denmark	0.925	44519	9.2	0.041	80.4	12.7	28.2	80.3	87.1	100	136	194	6238
Ecuador	0.739	10536	4.5	0.391	76.1	8.3	45	55.2	68	94	66	2	202
England	0.909	37931	7.6	0.131	80.8	13.3	33.2	84.2	79.7	100	271	NA	5803
Estonia	0.865	26362	5	0.131	77	12.5	32.7	NA	69.5	98	31	34	6498
Ethiopia	0.448	1523	4.7	0.499	64.6	2.6	39.1	33.3	17.2	44	102	53	1011
Finland	0.895	38868	7.3	0.056	81	11.2	27.1	81	83.8	100	18	303	6868
France	0.897	38085	9	0.102	82.4	11.6	32.7	82.3	86.4	100	122	716	5121
Germany	0.926	45000	8.7	0.066	81.1	13.2	31.7	82.5	74.1	100	236	1346	5671
Ghana	0.579	3839	4.8	0.547	61.5	6.9	42.4	47.9	52.6	86	124	4	879
Guernsey Channel Islands*	0.975	NA	NA	NA	82.6	NA	40	NA	31.7	NA	850	NA	5481
Hong Kong	0.917	54265	NA	NA	84.2	11.6	NA	NA	100	NA	6987	3	2478
India	0.624	5663	3.9	0.53	68.3	6.3	35.1	48.9	31.6	92	445	28	2278
Japan	0.903	37268	8.6	0.116	83.7	12.5	32.1	79.5	91.9	100	348	439	4008
Jersey**	0.985	NA	NA	NA	81.9	NA	41	NA	31.7	NA	845	NA	5453
Lebanon	0.763	13312	3	0.381	79.5	8.6	31.8	NA	87.4	100	587	4	3748
Lithuania	0.848	26006	4.4	0.121	73.5	12.7	37.4	NA	67.2	92	46	25	6116
Mexico	0.762	16383	3.3	0.345	77	8.6	43.4	65.8	78.4	96	66	69	2615

Nepal	0.558	2337	5.4	0.497	70	4.1	32.8	44.5	17.3	89	202	0	3142
Netherlands	0.924	46326	9.5	0.044	81.7	11.9	29.3	82.8	83.6	100	506	285	5778
New Zealand	0.915	32870	9.1	0.158	82	12.5	NA	81	86.3	100	18	117	4530
Nigeria	0.527	5443	5.3	NA	53.1	6	43	38.4	50.3	58	204	25	1004
Poland	0.855	24117	4.5	0.137	77.6	11.9	31.8	74.1	60.8	NA	124	284	5754
Portugal	0.843	26104	6.2	0.091	81.2	8.9	35.5	79	61.6	99	113	24	4363
Qatar	0.856	12991 6	1.9	0.542	78.3	9.8	NA	73.3	98.9	100	221	5	2805
Scotland	0.909	37931	7.6	0.131	80.8	13.3	33.2	84.2	79.7	100	271	NA	6263
Slovenia	0.89	28664	6.6	0.053	80.6	12.1	25.4	NA	49.8	99	103	23	5113
South Africa	0.666	12087	8.5	0.394	57.7	10.3	63	64	62.4	91	46	86	3382
South Korea	0.901	34541	4	0.067	82.1	12.2	31.6	NA	83.5	98	526	267	3975
Spain	0.884	32779	6.4	0.081	82.8	9.8	36.2	78.1	77.6	100	93	150	4481
Sweden	0.913	46251	10	0.048	82.3	12.3	29.2	81.7	85.4	100	24	494	6668
Taiwan***	0.885	45582	NA	NA	80.2	NA	33.6	NA	NA	NA	NA	24	2622
Thailand	0.74	14519	5.6	0.366	74.6	7.9	37.8	58.3	34.4	96	135	33	1755
United Arab Emirates	0.84	66203	2.6	0.232	77.1	9.5	NA	70.9	84.7	100	111	2	2592
United States	0.92	53245	8.3	0.203	79.2	13.2	41.5	84.6	82.6	99	35	2522	4107
Uruguay	0.795	19148	6.1	0.284	77.4	8.6	39.7	69.7	92.6	100	20	10	3600
Venezuela	0.767	15129	1.5	0.461	74.4	9.4	46.9	50.2	93.7	93	36	15	710
Wales	0.909	37931	7.6	0.131	80.8	13.3	33.2	84.2	79.7	100	271	NA	5778
Zimbabwe	0.516	1588	NA	0.54	59.2	7.7	43.2	NA	39.1	80	42	8	2103

1191 Note: HDI = Human Development Index, GNI = Gross National Income, GDP = Gross Domestic Product, GII = Gender Inequality Index, NA= not available. Sources of information: a., United Nations 1192 Development Programme;²¹ b. and e., the World Bank;^{94,95} c., the Economist Intelligence Unit;⁹⁶ d., 1193 United Nations, Department of Economic and Social Affairs,⁹⁷ f., the Wikimedia Foundation,⁹⁸ and g., the 1194 distance to the Equator was calculated from the latitude and longitude from Latlong.net.99 * For 1195 Guernsey, the HDI sourced from the United Nations Economic and Social Commission for Asia and the 1196 Pacific,¹⁰⁰ the life expectancy at birth, population size, and the population density sourced from the 1197 United States Central Intelligence Agency,¹⁰¹ and the Gini index sourced from the State of Guernsey.¹⁰² 1198

- 1199 **For Jersey, the HDI sourced from¹⁰⁰, the life expectancy at birth, population size, and the population
- 1200 density sourced from the United States Central Intelligence Agency,¹⁰¹ and the Gini index sourced from
- 1201 the State of Jersey.¹⁰³ ***For Taiwan, the HDI, the GNI per Capita, the life expectancy at birth and the
- 1202 Gini index come from the National Statistics, Republic of China (Taiwan).¹⁰⁴ For England, Scotland, and
- 1203 Wales, the official data for UK were reported.

1204

1206 Table 4: Grades assigned to the 10 core physical activity indicators for the 49 countries of the

1207 Global Matrix 3.0

	PA	SP	AP	AT	SB	PF	FAM	SCH	СОМ	GOV	AVG
Australia	D-	B-	INC	D+	D-	D+	C+	B+	A-	D	C-
Bangladesh	C-	INC	INC	C-	A-	INC	INC	INC	INC	C-	С
Belgium	F	В	INC	C+	С	INC	C+	B-	В	В	С
(Flanders)											
Botswana	INC	INC	D-	С	B-	INC	INC	C-	INC	С	C-
Brazil	D	C+	D+	С	D-	D	C-	С	C-	D+	D+
Bulgaria	D+	C+	C+	B-	D	INC	D	С	С	INC	C-
Canada	D+	B+	D	D-	D+	D	C+	B-	B+	C+	C-
Chile	D-	D-	INC	F	C-	D	F	D	В	B-	D
China	F	D-	D+	C+	F	D	D+	D+	F	F	D-
Colombia	D+	С	INC	В	D+	D-	INC	D	B-	В	C-
Czech Republic	D	B-	D-	C+	D-	C+	C+	B+	В	C+	С
Denmark	D-	A-	INC	B+	D+	INC	INC	A-	B+	A-	B-
Ecuador	D	INC	INC	C-	С	INC	F	INC	D+	INC	D
England	C-	D+	INC	C-	D+	C-	INC	B+	С	INC	C-
Estonia	D-	С	F	D	F	INC	D	C+	В	В	D+
Ethiopia	D	С	В	С	F	INC	F	D	F	D	D
Finland	D	C+	С	B+	D-	С	B-	А	B+	A-	C+
France	D	C-	INC	C-	D-	B-	INC	В	INC	С	C-
Germany	D-	В	D-	C-	D-	INC	B-	B+	B+	INC	С
Ghana	С	C+	B-	C+	INC	INC	F	D	D+	D	D+
Guernsey	D	C+	INC	D	С	INC	INC	INC	INC	D	D+
Hong Kong	C-	С	INC	B+	C-	D	D-	С	В	С	C-
India	D	INC	C-	B-	C-	F	D	INC	D	D	D
Japan	INC	B-	INC	A-	C-	A	C-	B+	В-	В	B-
Jersey	D-	INC	INC	D+	C	D	С	B-	С	D	D+
Lebanon	D	F	INC	D	C-	INC	INC	D	INC	C+	D

Lithuania	C-	С	INC	C-	C-	C+	D	C+	С	С	C-
Mexico	D+	С	INC	C+	D-	INC	INC	D+	D+	С	D+
Nepal	D+	INC	INC	A-	B+	INC	Α	INC	C-	INC	B-
Netherlands	С	В	В	B-	C-	INC	INC	С	INC	INC	C+
New Zealand	D-	В	C+	C-	D	INC	C-	B-	В	B+	С
Nigeria	С	C-	C	В	B-	INC	INC	C-	INC	В	С
Poland	D-	D	INC	С	D	C-	C-	В	С	C+	C-
Portugal	D	B-	INC	C-	C-	C	С	A	В	В	C+
Qatar	D	D+	INC	N/A	D+	INC	INC	С	INC	B+	C-
Scotland	F	В	INC	С	F	INC	INC	INC	B-	С	D+
Slovenia	A-	C+	D	С	B+	A-	B+	Α	В	А	В
South Africa	С	D	INC	C	INC	INC	C-	D-	C-	С	D+
South Korea	F	С	INC	B+	D	D+	INC	D+	INC	D	D+
Spain	D	В	C-	B-	B+	INC	INC	C+	INC	INC	C+
Sweden	D+	B+	INC	С	C+	INC	INC	C+	А	В	C+
Taiwan	F	D-	INC	C-	C-	B-	INC	B+	B+	B+	С
Thailand	D-	C-	F	С	D-	INC	В	В	B-	B+	C-
United Arab	F	INC	INC	INC	C-	INC	INC	D-	INC	B+	D+
Emirates											
United States	D-	С	INC	D-	D	C-	INC	D-	С	INC	D
Uruguay	D	F	INC	C	C-	C-	INC	C-	INC	D	D
Venezuela	D	D	INC	B-	INC	INC	INC	INC	D-	F	D
Wales	D+	C+	C-	D+	F	INC	D	INC	INC	C+	D+
Zimbabwe	C+	В	D+	A-	В	INC	INC	C	D	C-	С

1208

Note: PA = Physical Activity, SP = Organized Sport and Physical Activity, AP = Active Play, AT =
Active Transportation, SB = Sedentary Behaviors, PF = Physical Fitness, FAM = Family and Peers, SCH
= School, COM = Community and Environment, GOV = Government, AVG = Average, INC =
incomplete grade, and N/A = not applicable.

1214 Table 5: Descriptive statistics of the grades by indicator and groups of indicators for the 49

1215 countries of the Global Matrix 3.0

	Grade count	Incomplete grades	Mean number grade	SD	Mean letter grade
Overall Physical Activity	47	2	5.2	2.1	D
Organized Sport and Physical Activity	42	7	8.2	2.7	С
Active Play	20	29	6.5	2.7	D+
Active Transportation	47	2	8.3	2.5	С
Sedentary Behaviors	46	3	6.4	2.8	D+
Physical Fitness	22	27	7.1	2.9	C-
Family and Peers	27	22	7.0	3.1	D+
School	41	8	8.8	3.0	С
Community and Environment	36	13	8.9	3.0	С
Government	41	8	8.6	3.1	С
Behavioral indicators	49	0	7.0	1.6	C-
Sources of influence indicators	49	0	8.3	2.5	С
All indicators	49	0	7.5	1.6	C-

1216 Note: Behavioral indicators = Average of Overall Physical Activity, Organized Sport and Physical

Activity, Active Play, Active Transportation, Sedentary Behavior indicator grades; Source of influence indicators = Average of Family and Peers, School, Community and Environment, and Government indicator grades. Physical Fitness was not included in the behavioral indicators cluster. There are no missing grades for the bottom three rows because these scores are adjusted for missing grades.

1221

1223 Table 6: Average grades by indicator and group of indicators for the three HDI categories (low and

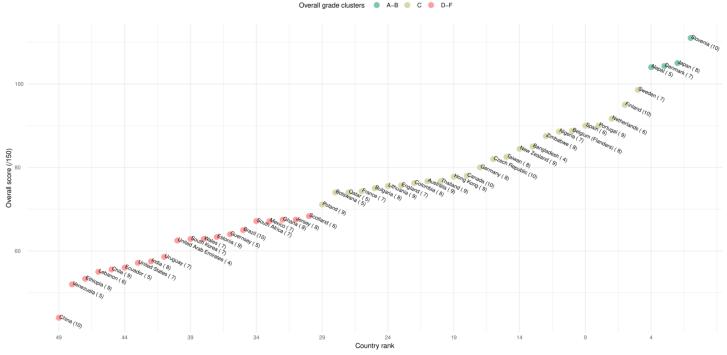
1224 medium, high, and very high)

	Low and medium HDI	High HDI	Very high HDI
Overall Physical Activity	C-	D-	D-
Organized Sport and Physical Activity	С	D+	C+
Active Play	C-	D	D+
Active Transportation	C+	С	C-
Sedentary Behaviors	C+	D	D+
Physical Fitness	F	D	C-
Family and Peers	D+	D+	C-
School	D+	C-	C+
Community and Environment	D	D+	В-
Government	C-	D+	C+
Behavioral indicators	С	D+	D+
Sources of influence indicators	D+	D+	C+
All indicators	C-	D+	C-

Note: HDI = Human development index; Behavioral indicators = Average of Overall Physical Activity, Organized Sport and Physical Activity, Active Play, Active Transportation, Sedentary Behavior indicator grades; Source of influence indicators = Average of Family and Peers, School, Community and Environment, and Government indicator grades. Physical Fitness was not included in the behavioral indicators cluster. There are no missing grades for the bottom three rows because these scores are adjusted for missing grades.

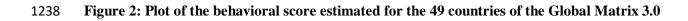
1232 Figure 1: Plot of the overall score estimated for the 10 core indicators for the 49 countries of the

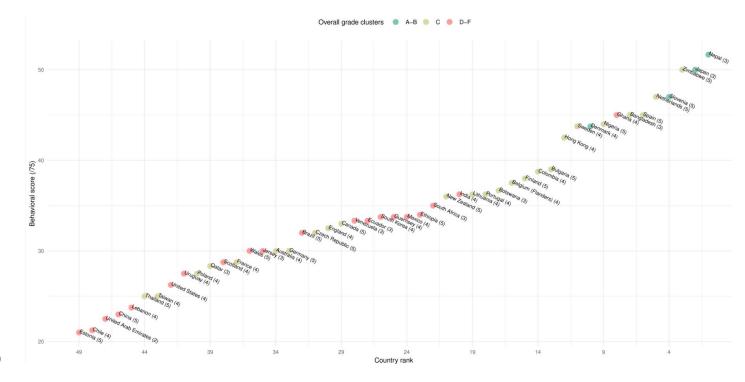
1233 Global Matrix 3.0



1234

1235 Note: The overall score was adjusted for missing and incomplete grades. The number in parenthesis1236 shows the number of grades available for the calculation of the score.



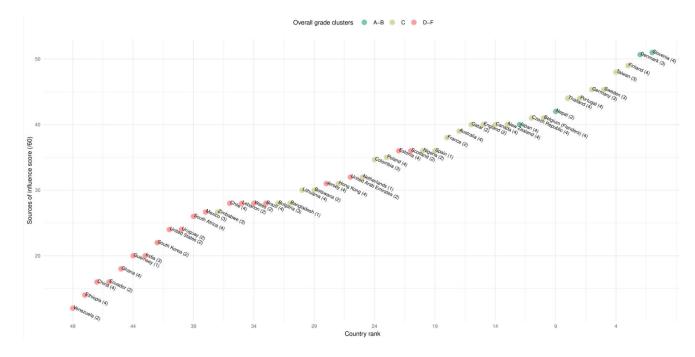


1239

1240 Note: The behavioral score was adjusted for missing and incomplete grades. The number in parenthesis1241 shows the number of grades available for the calculation of the score.

1243 Figure 3: Plot of the source of influence indicators score for the 49 countries of the Global Matrix





1246 Note: The source of influence score was adjusted for missing and incomplete grades. The number in 1247 parenthesis shows the number of grades available for the calculation of the score. These estimates of 1248 sources of influence score are interpreted with a high degree of caution as they are likely imprecise 1249 estimates of sources of influence due to the level of missing data used to determine this score.