

GLOBAL ACTION PLAN ON PHYSICAL ACTIVITY 2018-2030

MORE ACTIVE PEOPLE FOR A HEALTHIER WORLD

AMRO/PAHO Regional Launch of
Global Action Plan on Physical
Activity

12 December 2018



Dr Temo Waqanivalu

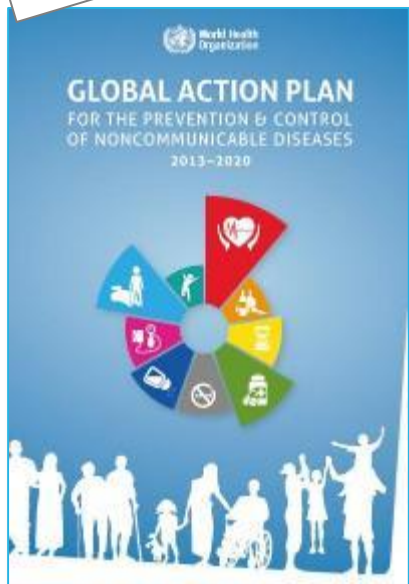
Prevention of noncommunicable disease

World Health Organization, Geneva



PHYSICAL ACTIVITY IN GLOBAL NCD POLICY CONTEXT

2013



Recommendations
Page 33-34



Appendix 3
NCD 'Best Buys'



Global Target
2025



A 10% relative
reduction in
prevalence of
insufficient
physical activity

GLOBAL LEVELS OF PHYSICAL INACTIVITY

NEW
just published

Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1·9 million participants

Regina Guthold, Gretchen A Stevens, Leanne M Riley, Fiona C Bull

Summary

Background Insufficient physical activity is a leading risk factor for non-communicable diseases, and has a negative effect on mental health and quality of life. We describe levels of insufficient physical activity across countries, and estimate global and regional trends.

Methods We pooled data from population-based surveys reporting the prevalence of insufficient physical activity, which included physical activity at work, at home, for transport, and during leisure time (ie, not doing at least 150 min of moderate-intensity, or 75 min of vigorous-intensity physical activity per week, or any equivalent combination of the



Lancet Glob Health 2018
Published Online
September 4, 2018
[https://doi.org/10.1016/S2214-109X\(18\)30357-7](https://doi.org/10.1016/S2214-109X(18)30357-7)
See Online/Comment
[https://doi.org/10.1016/S2214-109X\(18\)30381-4](https://doi.org/10.1016/S2214-109X(18)30381-4)

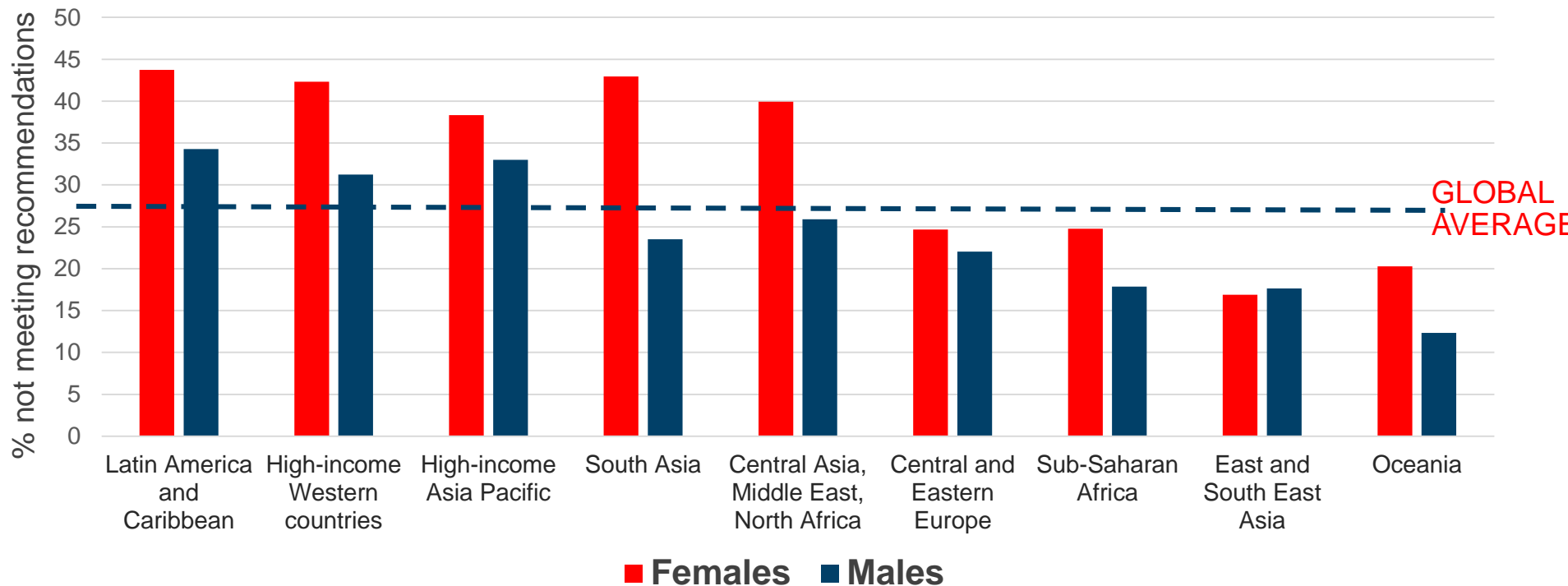
Guthold, Stevens, Riley, Bull. *Lancet Global Health*
Online September 4, 2018

Globally

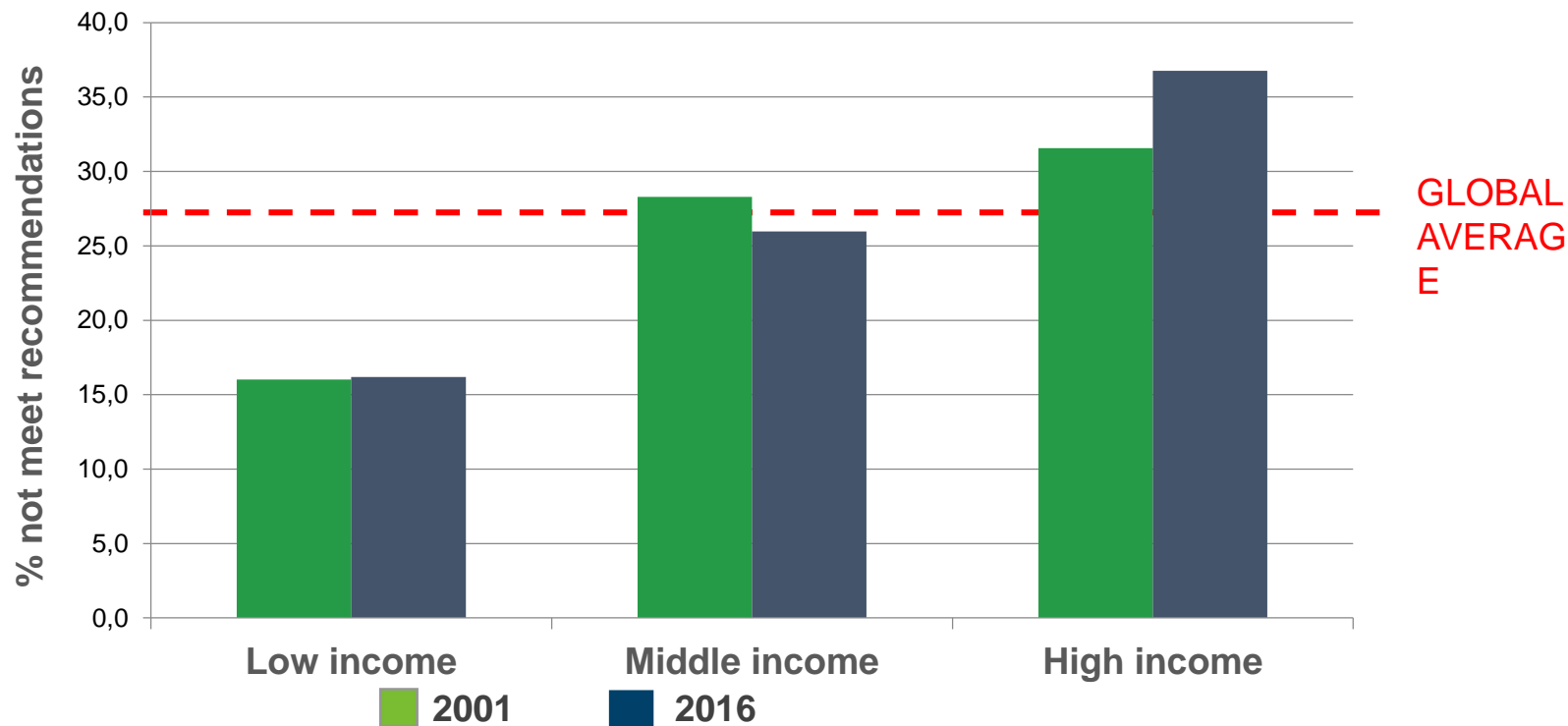
28%

OF ADULTS DO NOT MEET RECOMMENDED LEVELS OF PA

LEVELS OF PHYSICAL INACTIVITY: BY SEX & REGION



GLOBAL TREND 2001-2016 IN PHYSICAL INACTIVITY: BY WORLD BANK INCOME

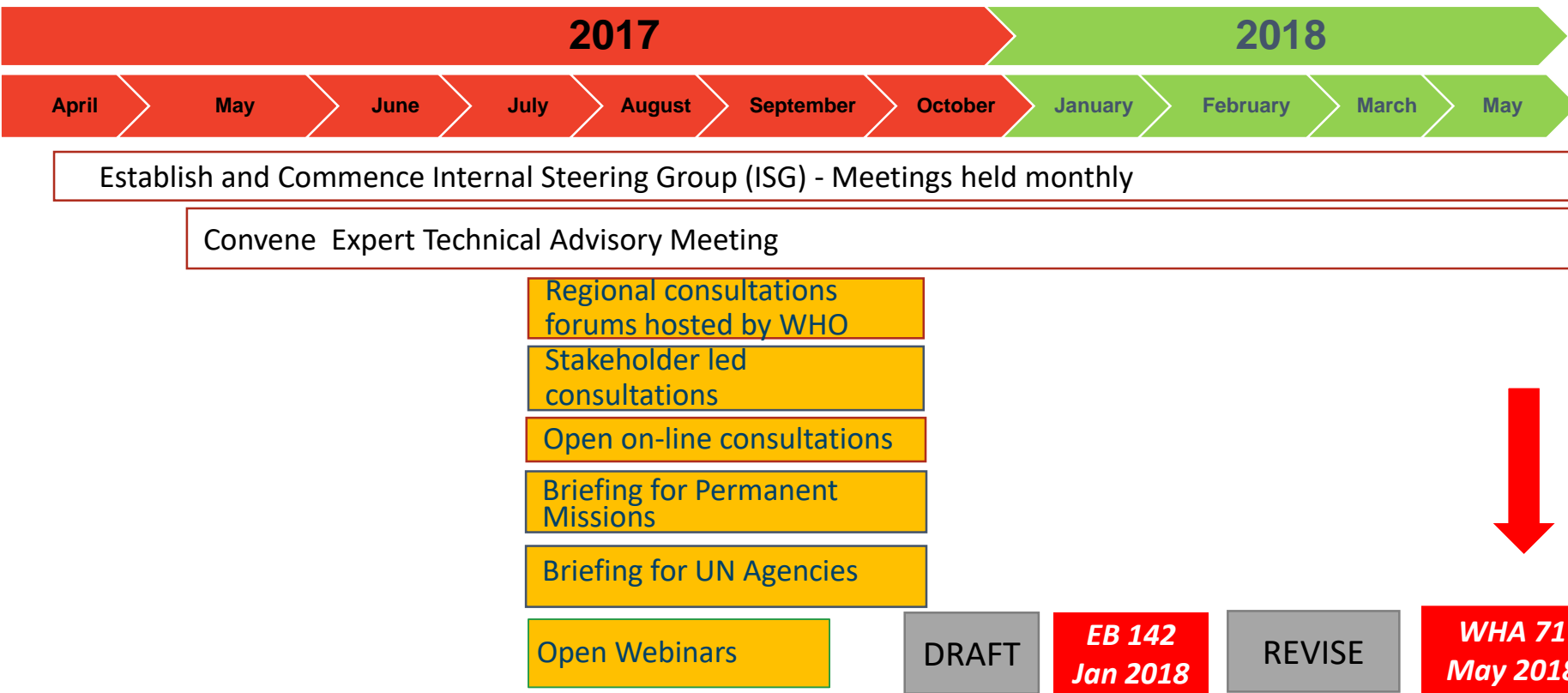


MANDATE: ACTION PLAN ON PHYSICAL ACTIVITY

- Build on Global NCD Action Plan
- Link to SDG Agenda 2030
- Provide a road map and guidance to Member States
- Accelerate action on increasing physical activity



GLOBAL ACTION PLAN: DEVELOPMENT PROCESS AND TIMELINES



WORLD HEALTH ASSEMBLY MAY 2018

RESOLUTION

WORLD HEALTH ASSEMBLY WHA71.6
Agenda item 12.2 26 May 2018

WHO global action plan on physical activity 2018–2030

The Seventy-first World Health Assembly,

Having considered the report on physical activity for health;¹

Concerned by the rapidly growing burden of noncommunicable diseases, mental health disorders and other mental health conditions globally, and its negative impact on health, well-being, quality of life, and socioeconomic development;

Acknowledging that increasing physical activity and reducing sedentary behaviour can prevent at least 3.2 million noncommunicable disease-related mortalities globally per year,² reduce related disability and morbidity and the financial burden on health systems, and increase the number of healthy life years;

Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011),³ the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (2014),⁴ the 2030 Agenda for Sustainable Development,⁵ Health Assembly resolutions WHA51.18 (1998) and WHA53.17 (2000) on the prevention and control of noncommunicable diseases, WHA55.23 (2002) on diet, physical activity and health, WHA57.17 (2004) on the global strategy on diet, physical activity and health, and WHA66.10 (2013) on follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which endorsed the global action plan for the prevention and control of noncommunicable diseases 2013–2020, and which adopted a voluntary global target to, by 2025, achieve a 10% relative reduction in prevalence of insufficient physical activity;

Acknowledging the Secretariat's work in providing Member States with tools, including WHO's global Noncommunicable Diseases Progress Monitor, and guidelines to promote physical activity,⁶ and further acknowledging that supplementary tools and guidelines may need to be

¹ Document A71/18.

² Global Status Report on Noncommunicable Diseases 2014. Geneva: World Health Organization; 2014, page 33.

³ United Nations General Assembly resolution 66/2 (2011).

⁴ General Assembly resolution 68/200 (2014).

⁵ General Assembly resolution 70/1 (2015).

⁶ Global recommendations on physical activity for health. Geneva: World Health Organization; 2010 (<http://www.who.int/dietphysicalactivity/publications/9789241599979/en>), accessed 22 January 2018).

ENDORSED



World Health
Organization

WHO Discussion Paper (9 April 2018)

Physical activity for health More active people for a healthier world: draft global action plan on physical activity 2018–2030

BACKGROUND

1. Regular physical activity is a well-established protective factor for the prevention and treatment of the leading noncommunicable diseases (NCD), namely heart disease, stroke, diabetes and breast and colon cancer¹. It also contributes to the prevention of other

4. Endorsing the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases 2011,¹ WHA endorsed the Global Action Plan for the Prevention

¹ A glossary of terms is provided at the back of this document.
² World Health Organization. Global Status Report on Noncommunicable Diseases 2014. Geneva: World Health Organization; 2014.
³ Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases 2011. Geneva: World Health Organization; 2011.
⁴ Results are recommended to be at least 150 minutes of moderate-intensity physical activity per week, or equivalent, WHO.

⁵ Global burden of disease attributable to sedentary behaviour. *Journal of Physical Activity and Health*. 2016;13(1):101–113.
⁶ Global burden of disease attributable to sedentary behaviour. *Journal of Physical Activity and Health*. 2016;13(1):101–113.

⁷ WHO Global Action Plan on Physical Activity for Health 2018–2030. Geneva: World Health Organization; 2018.
⁸ WHO Global Action Plan on Physical Activity for Health 2018–2030. Geneva: World Health Organization; 2018.

MORE ACTIVE PEOPLE FOR A HEALTHIER WORLD

MISSION

Ensure that all people have **access to safe and enabling environments and to diverse opportunities to be physically active in their daily lives**, as a means of improving individual and community health and contributing to the social, cultural and economic development of all nations.

GOAL TO REDUCE PHYSICAL INACTIVITY

BY 2025

10%

BY 2030

15%

FOUR OBJECTIVES - TWENTY POLICY ACTIONS





OUTLINES

FOUR POLICY RECOMMENDATIONS

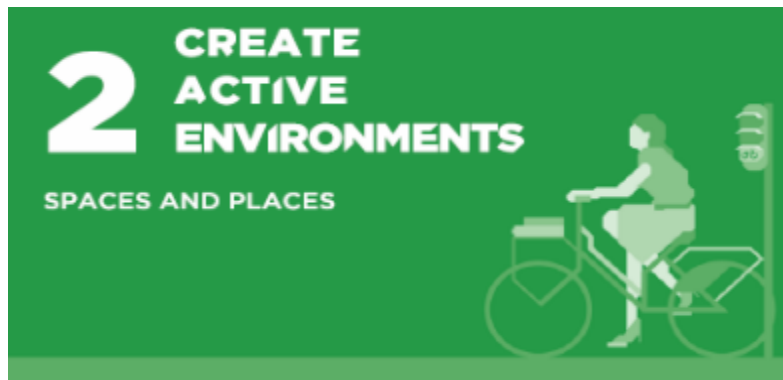


Create a paradigm shift in all of society by enhancing knowledge and understanding of, and appreciation for, the multiple benefits of regular physical activity, according to ability and at all ages.





OUTLINES FIVE POLICY RECOMMENDATIONS



Create and maintain environments that promote and safeguard the rights of all people, of all ages, to have equitable access to safe places and spaces, in their cities and communities, in which to engage in regular physical activity, according to ability.







OUTLINES SIX POLICY RECOMMENDATIONS



Create and promote access to opportunities and programs, across multiple settings, to help people of all ages and abilities to engage in regular physical activity as individuals, families and communities.





OUTLINES FIVE POLICY RECOMMENDATIONS



Create and strengthen leadership, governance, multisectoral partnerships, workforce capabilities, advocacy and information systems across sectors to achieve excellence in resource mobilization and implementation of coordinated international, national and subnational action

A WHOLE 'SYSTEMS APPROACH' TO PHYSICAL ACTIVITY



NEXT STEPS: DISSEMINATION

- **Global Launch**
- **2018 WHO Regional Committee Meetings**
- **Regional launches & promotion**
- **National events & promotion**
- **Webinars**
- **Stakeholder led forums & conferences**



In progress

In progress

In progress



1st 12 months critical window – WHO welcomes your ideas and contributions

IMPLEMENTATION & CHALLENGES

- **Tools / resources / ‘how to’ guides to support implementation**
 - Updating/developing a National Action Plan for PA
 - Communication / social marketing campaigns on PA
 - Integrating PA in health and social care services
 - Promoting PA in schools
- **Capacity building – within health & multisector**
- **Monitoring & Evaluation - global, national and sub national level**





ACTIVE SOCIETIES

Implement behaviour-change communication campaigns and build workforce capacity to change social norms.



- Action 1.1*** **Communications:** Implement social marketing campaigns linked with community-based programmes.
- Action 1.2.** **Co-benefits:** Build awareness, through knowledge-sharing and information campaigns, of the multiple social, economic, and environmental co-benefits of physical activity, particularly from walking and cycling.
- Action 1.3.** **Mass participation events:** Implement regular mass participation initiatives.
- Action 1.4.** **Capacity-building:** Strengthen professional knowledge, within and outside the health sector, as well as in grassroots community groups and civil society organisations.

ACTIVE ENVIRONMENTS

Promote safe, well-maintained infrastructure, facilities and public open spaces that provide equitable access to places for walking, cycling and other physical activity.



- Action 2.1.** **Policy integration:** Integrate urban and transport planning policies, and prioritize the principles of compact, mixed-land use to deliver highly connected neighbourhoods.
- Action 2.2.** **Infrastructure:** Improve walking and cycling network infrastructure.
- Action 2.3.** **Safety:** Implement and enforce road safety and personal safety measures to improve the safety of pedestrians, cyclists, and other vulnerable road users.
- Action 2.4.** **Public open spaces:** Improve access to good-quality public and green open spaces, green networks, recreational spaces (including river and coastal areas) and sports amenities.
- Action 2.5.** **Design:** Strengthen the policy, regulatory and design guidelines to enable all occupants and visitors to be active in and around the public buildings.

* Action 1.1 and 1.2 are recommended in 'Best' and 'Good' steps for the prevention and control of noncommunicable diseases (2).

ACTIVE PEOPLE

Ensure access to opportunities, programmes and services across multiple settings to engage people of all ages and abilities in regular physical activity.



- Action 3.1.** **Schools:** Ensure provision of good-quality physical education and provide opportunities for physical activity across the primary to tertiary educational settings.
- Action 3.2*** **Health care:** Implement systems of patient assessment and counseling on physical activity in primary and secondary health care and social services.
- Action 3.3.** **Multiple other settings:** Implement programmes in workplace, sport and faith-based settings, and in public open spaces and other community venues, to increase opportunities for physical activity.
- Action 3.4.** **Elder adults:** Provide appropriately tailored programmes and services to support older adults to start and maintain regular physical activity.
- Action 3.5.** **Least active:** Implement programmes and services that increase the opportunities for physical activity in the least active groups.
- Action 3.6.** **Whole-of-community:** Engage communities to implement comprehensive initiatives at the city, town or local level.

ACTIVE SYSTEMS

Strengthen leadership, governance, multisectoral partnerships, workforce, research, advocacy and information systems to support effective coordinated policy implementation.



- Action 4.1.** **Governance:** Strengthen national and subnational policies, recommendations and action plans, and establish multisectoral coordination mechanisms.
- Action 4.2.** **Data systems:** Enhance information systems and digital technologies to strengthen monitoring and decision-making.
- Action 4.3.** **Evidence:** Strengthen research and evaluation capacity to inform effective policy solutions.
- Action 4.4.** **Advocacy:** Enable advocacy efforts to increase awareness, knowledge and joint action.
- Action 4.5.** **Resource:** Strengthen financing mechanisms to ensure sustainability.

Full details of each policy action are available in the Global Action Plan on Physical Activity 2018-2030, with recommended roles for different stakeholders listed in Appendix 3 (2).



Global Launch (June) and EURO RC (Oct), 2018



Seventy-first Session of the
WHO Regional Committee for South-East Asia
3-7 September 2018, New Delhi, India

H.E. Mr Upendra Yadav

Co-Chairperson

Dr Poonam Khetrapal Singh

South-East Asia; September 2018



Western Pacific Region; Oct 2018

Africa
Regional
Committee
August,
2018





East Mediterranean Regional Committee, Oct 2018

WEBINAR

**Regional Launch of the
Global Action Plan on Physical Activity**

Wednesday, 12 December 2018

9:30 am – 11:00 am (EST)

LET'S
**Be
active**
Everyone
Everywhere
Everyday



www.paho.org/nmh



TOGETHER
LET'S BEAT NCDs

LET'S
**Be
active**





WHO DG Dr Tedros

We must get the world moving.

It takes political commitment at the highest level, and it takes action from all sectors, in a coordinated way.

Available at www.who.int/lets-be-active/en/

Thank you
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