Promoting physical activity through the life course

A regional call to action
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WHO acknowledges the contribution of Fiona Bull, University of Western Australia, in reviewing this report.

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Foreword

Physical inactivity is a serious public health issue and one of the four main risk factors responsible for noncommunicable diseases such as heart disease, cancers. Globally, the Eastern Mediterranean Region has the second highest rate of physically inactive people and, unless rapid and serious action is taken now, it will soon have the highest rate, putting further pressure on the already strained health systems.

In 2011, Heads of States and Governments at the United Nations, as part of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, renewed the call for Member States to take concrete actions to reduce physical inactivity. In 2013, the World Health Assembly endorsed a voluntary global target of a 10% reduction in physical inactivity by 2025. The previous year, at the 59th session of the WHO Regional Committee for the Eastern Mediterranean, Member States adopted a framework for action to implement the United Nations Political Declaration. This includes the implementation of the global recommendations on physical activity and conducting mass media campaigns on the importance of healthy diet and the benefits of physical activity. The results of a recently conducted survey on physical activity capacities, conducted in selected countries, shows that with the current political support, capacities and resources, Member States of the Region will not be able to fulfil these commitments.

To scale up efforts to address physical inactivity, WHO organized a high level regional forum on promoting physical activity in Dubai, United Arab Emirates, on 24–25 February 2014. The forum brought together senior level officials from key sectors to raise awareness of the global commitments to promoting physical activity and provide an opportunity for multiple sectors to agree on a road map for promoting physical activity in countries of the Region and initiate a regional movement for collective action towards physical activity.

The forum highlighted the importance of investing in promotion of physical activity through whole-of-school approaches: supportive urban design and transport policies and systems; integration of physical activity promotion within primary health care; public education and awareness; community-wide initiatives; and programmes that promote “sport for all”. It also identified priority actions for different sectors to promote physical activity.

This Call to Action is a plea for high-level decision-makers to put in place resources and mechanisms to develop a multisectoral national plan of action for physical activity, with well-defined roles, responsibilities and resources for each concerned sector. The implementation of such plans should be monitored and progress reported to the highest level. I hope governments will take this responsibility for the health of future generations seriously and will unite, across all sectors, to enable the right environment for physical activity.

Dr Ala Alwan
WHO Regional Director for the Eastern Mediterranean
Physical inactivity is a global public health priority

Physical inactivity is the fourth leading risk factor for early death globally, responsible for 3.2 million deaths each year. Inadequate physical activity is one of the four main risk factors responsible for the alarming increase in the magnitude of noncommunicable diseases such as heart disease, cancers and diabetes, which are today responsible for more than 60% of deaths worldwide. A large proportion of these deaths are premature, occurring during the most productive period of life, and not only result in enormous human suffering but also undermine socioeconomic development, particularly in developing countries.

Physical inactivity is estimated to be the main cause, globally, of around 27% of diabetes, 30% of ischaemic heart disease and 21% to 25% of breast and colon cancer. Approximately 31% of the world’s population is not sufficiently physically active to prevent these serious health problems and to obtain the protective health benefits that moderate activity can confer.

This Call to Action summarizes the outcomes of a high-level regional forum on promoting physical activity, held in Dubai, United Arab Emirates on 24–25 February 2014. It is aimed at decision-makers and physical activity advocates in the Eastern Mediterranean Region for use as a tool in raising awareness and galvanizing action towards raising the levels of physical activity in the Region.

Physical activity is central to noncommunicable disease prevention and improvement of population health

People can benefit from even moderate levels of physical activity that are achievable for most of the population according to personal preference and life circumstances. Physical activity refers not only to sport and strenuous exercise but to any kind of activity that involves mobility, including recreation, cycling and walking. Physical activity contributes to population health by reducing premature death, unnecessary illness, and disability, controlling health care costs and maintaining a high quality of life from infancy into old age.

How active should people be?

<table>
<thead>
<tr>
<th>Youth aged 5–17 years</th>
<th>At least 60 minutes of moderate- to vigorous-intensity physical activity every day. More than 60 minutes will provide additional health benefits.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults aged 18–64 years</td>
<td>At least 150 minutes of moderate-intensity aerobic physical activity per week or at least 75 minutes of vigorous-intensity aerobic physical activity per week or an equivalent combination of moderate- and vigorous-intensity activity.</td>
</tr>
<tr>
<td>Adults over 65 years</td>
<td>As for adults aged 18–64 years, with the following provisions. Adults with poor mobility should perform activity to enhance balance and prevent falls at least 3 times a week. If adults of this age group cannot do the recommended amounts of activity due to health conditions, they should be as physically active as their abilities and conditions allow.</td>
</tr>
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</table>
Physical inactivity is a priority area for action to prevent noncommunicable diseases in the Region

The data from the Eastern Mediterranean Region are alarming. The prevalence of physical inactivity ranges from about 30% of the population to as high as 70% in some countries. One third of men and one half of women in the Region do not undertake the minimum recommended levels of physical activity to gain health benefits.

Based on 2010 estimates by the World Health Organization (WHO), the Region has the second highest level of physical inactivity among adults worldwide and the highest among younger adults worldwide. Levels of physical activity among females are the lowest globally.

Very few countries of the Region have programmes and policies in place to increase and support participation in physical activity. The reasons for this include lack of awareness about the adverse health implications of physical inactivity, insufficient leadership of national initiatives and inadequate commitment and engagement of the various government sectors.

The findings from a WHO survey of policy and programmes for physical activity in countries of the Region (undertaken October–December 2013) revealed gaps in ten key areas.

1) leadership and coordination between sectors
2) availability of national policy
3) funding for physical activity
4) presence of supportive environments to integrate physical activity in daily activities
5) addressing cultural norms and traditions
6) knowledge of the benefit of physical activity for health
7) integration of physical activity into health systems
8) quality of physical education in schools
9) physical activity behaviour
10) leaders and staff in governments due to high turnover

What has been done to date to promote physical activity?

Globally, Member States have committed to a range of actions to reduce physical inactivity and its impact. In 2004, the World Health Assembly endorsed a global strategy on diet, physical activity and health (resolution WHA57.17), which called on Member States to develop national multisectoral plans to promote physical activity. In 2011, as part of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, Heads of State and Governments at the United Nations renewed the call for Member States to take concrete actions to reduce physical inactivity. And in 2013, the Health Assembly adopted a Global Action Plan for the Prevention and control of Noncommunicable Diseases for 2013–2020, which included a specific global
target to reduce by 10% (relative reduction) the prevalence of insufficient physical activity by 2025 (resolution WHA 66.10).1

At the regional level, at the International Conference on Healthy Lifestyles and Noncommunicable Diseases in the Arab world and the Middle East in 2012 and through the Riyadh Declaration, representatives from governments and nongovernmental organizations, research and academic centres, and various stakeholders from civil society in the Arab world and larger Middle East called for active engagement with relevant sectors and stakeholders in countries of the Region for preventing and managing noncommunicable diseases and their respective risk factors, including physical activity. The same year, at the 59th session of the WHO Regional Committee for the Eastern Mediterranean, Member States adopted a framework for action to implement the United Nations Political Declaration, which included the implementation of the global recommendations on physical activity. A year later, the 60th Regional Committee called for the development of tools, including specific guidance for Member States, on the roles of the different ministries and relevant partners to engage in multisectoral work towards preventing noncommunicable diseases.

To advance and support action on physical activity in the Region in light of recommendations of the Health Assembly and Regional Committee, the WHO Regional Office for the Eastern Mediterranean, with the support of Her Royal Highness, the UN Messenger of Peace and Chairperson of Dubai Healthcare City Authority, Princess Haya Bint Al Hussein, organized a High-level Regional Forum on a Life-Course Approach to Promoting Physical Activity in the Eastern Mediterranean Region in Dubai, United Arab Emirates, on 24–25 February 2014. The main objectives of the forum were to raise awareness about the importance of promoting physical activity and the global commitments, establish a regional physical activity network to share knowledge and support action, and identify a set of multisectoral priority actions to promote physical activity in the Region. The forum was attended by decision-makers and policy advisers from countries of the Region from various sectors including health, education, sport, youth, planning, transport and information, as well as representatives from civil society concerned with physical activity and health.

What MORE can be done to promote physical activity?

There are seven key areas of action that ensure return on investment for promoting physical activity. National scale development and implementation of these areas of action are needed.

1) ‘Whole-of-school’ approaches to the promotion of physical activity in all schools.
2) Transport policies and systems that support and prioritize walking, cycling and public transport.
3) Urban design regulations and infrastructure that provide for equitable and safe access for physical activity.
4) Physical activity promotion integrated within noncommunicable disease prevention programmes in primary health care systems.
5) Public education, including media campaigns, to raise community knowledge and awareness and shift social norms.

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6) Community-wide programmes on physical activity that mobilize and integrate community resources across multiple settings.

7) Sports systems and programmes that promote 'sport for all' and encourage participation by all people across the life course.

Lessons learned from regional and international experiences

No single approach or intervention exists to promote physical activity across the life course. Multiple sectors should be involved in developing and partnerships to implement comprehensive programmes, policies and supportive environments; these can include education, health, youth and sports, urban planning and transport, labour, media and information, culture, social development, religious and women’s affairs among others, according to country context. These sectors need to work together around a national multisectoral plan of action for physical activity.

The key components of successful national action include:

1) a national policy and implementation (action) plan;
2) involvement and contribution of various sectors;
3) capacity building action to support implementation;
4) monitoring and evaluation; and
5) clear coordination and leadership nationally and subnationally.

There are examples of national approaches with these components which include actions taken by Norway, Scotland, Canada, England and Australia. Examples of key success factors from various country actions are listed below.

<table>
<thead>
<tr>
<th>Country</th>
<th>Key success factors for national action on promoting physical activity</th>
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<tr>
<td>Finland</td>
<td>▶ Long-term committed leadership since 1980 and establishment of a national sport committee for all in 2003.</td>
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<td></td>
<td>▶ Establishment of a formal body for policy implementation and monitoring headed by the Ministry of Health and the Ministry of Education.</td>
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<td></td>
<td>▶ Actions implemented at different levels (legislation, guideline development, recommendations, local funding).</td>
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<tr>
<td>Brazil</td>
<td>▶ Physical activity integrated as part of a noncommunicable disease prevention national action plan for 2011–2022.</td>
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<tr>
<td></td>
<td>▶ Decentralization from 2005 to 2010 and transfer of US$ 100 million from the Ministry of Health to state and municipalities to support physical activity programmes at community level.</td>
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<tr>
<td></td>
<td>▶ Established monitoring and evaluation.</td>
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<tr>
<td></td>
<td>▶ Partnerships across multiple sectors, including health, sport, education and finance, as well as non-government organizations, universities, and the private sector.</td>
</tr>
<tr>
<td>Country</td>
<td>Actions</td>
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<tr>
<td>United States of America</td>
<td>- Development of a national plan in 2009 involving multiple sectors</td>
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<td></td>
<td>- Development of national guidelines on physical activity in 2009 adding to a set of existing policy documents on physical activity promotion.</td>
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<td></td>
<td>- Engagement of multiple sectors. The policy included 44 actions to be adopted by various sectors with specific roles and responsibilities per sector.</td>
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<td>- A clear set of action per sector with process and outcome indicators.</td>
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<td>United Kingdom</td>
<td>- Series of high level policy and strategy documents (such as “Game plan,” and “Be Active, Be Healthy”) which highlighted the cost of inactivity in the United Kingdom</td>
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<td></td>
<td>- Set of actions to be taken by various sectors was developed under the initiative of “Be Active, Be Healthy.”</td>
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<td></td>
<td>- Establishment of “all-party commission for physical activity” to gather evidence to support policy development. The main recommendations include: prioritizing walking and cycling; developing vibrant and active communities through more green space and community events; ensuring the inclusion of physical activity within disease pathways; conducting regular measurements and evaluation; and having unified budgets for physical activity promotion across relevant sectors.</td>
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<td></td>
<td>- Development of actions based on evidence and adapted to local context</td>
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<td></td>
<td>- Collaboration with non-sport sectors to implement awareness raising activities, such as running, swimming, walking and cycling through specific sporting events.</td>
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<tr>
<td>Kuwait</td>
<td>- Establishment of a national physical activity committee (KNPAT).</td>
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<td></td>
<td>- Development of a national plan of action (pending formal adoption) for physical activity with multiple sector engagement.</td>
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<tr>
<td>Saudi Arabia</td>
<td>- Conducting awareness-raising efforts soliciting general public involvement on importance of physical activity through a local initiative entitled “Haraka Baraka.”</td>
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<tr>
<td>Islamic Republic of Iran</td>
<td>- Development of national physical activity policy (pending completion).</td>
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<td>- Delivering consistent messages on physical activity communicated across multiple sectors with a focus on 30 minutes of daily physical activity.</td>
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<td></td>
<td>- Implementation of a package of activities across the whole community including: mass media campaigns, local physical activity programmes, improvements to public open space, education and training and the creation and enforcement of regulations for promotion of physical activity (for example in Isfahan).</td>
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<tr>
<td></td>
<td>- Development of cycle hire schemes (e.g. Tehran, Isfahan).</td>
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<tr>
<td>Qatar</td>
<td>- Development of national physical activity policy.</td>
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<td>- Organization of the first national physical activity conference to share research and practice and policy.</td>
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<td></td>
<td>- Establishment of a national day for sports encouraging various sectors to organize activities to raise awareness on the benefit of physical activity (extended to national week for physical activity in 2014).</td>
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<tr>
<td>Bahrain</td>
<td>- Soliciting agreements between the Ministry of Health and shopping malls to provide malls as a public venue for sports.</td>
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</table>
### Priority actions to promote physical activity

The following priority actions and recommendations were identified by the participants of the High Level Forum and are presented by sector.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Recommended priority actions</th>
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| Health                                       | • Make promotion of physical activity an integral component of prevention and treatment of noncommunicable diseases at primary and secondary health care service  
• Advocate and engage healthcare professionals in addressing physical inactivity.  
• Use international evidence and experience to adapt and implement curricular and professional development (training) programmes on physical activity for all health care providers. |
| Education                                    | • Ensure adequate legislation and its effective implementation supporting the delivery of quality and daily physical activity as key component of comprehensive education in schools and universities, for both boys and girls alike.  
• Implement a whole-of-school approach providing greater opportunities for physical activity during the school day (before/during/after school hours).  
• Develop programmes aimed at reducing time spent in sedentary activities. |
| Workplace                                     | • Establish a taskforce/committee at the workplace to review and propose interventions to promote physical activity at work.  
• Develop a set of standards/guidelines promoting physical activity at the workplace, including facility/building design, availability of sport facilities and programmes facilitating access to offsite facilities.  
• Develop and implement best practice workplace programme models based on international and regional experiences.  
• Improve linkages with health care, such as engaging health personnel at workplace and screening workers for risk factors. |
| Sport                                        | • Promote and deliver “Sport-for-All” programmes with a focus on outreach to vulnerable and disadvantage groups.  
• Implement “National Sport Days” engaging multiple sectors, including schools, and promoting links with sporting opportunities within the community.  
• Engage athletes and other public figures as role models to increase awareness and participation in “Sport-for-All” across the life course.  
• Increase availability and accessibility for participation in “Sport-for-All” programmes, including facilities, equipment, public open space and shared use of school facilities. |
| Communication, information and cultural affairs | • Conduct a national mass media and social marketing campaign as part of an integrated national physical activity strategy to address cultural and gender barriers, increase knowledge and build the skill-set of the general public for physical activity promotion. |
| Urban design and transport                    | • Design urban environment encouraging people to rely less on personal motorized vehicles and supporting access to safe, gender-sensitive and age-friendly public transport, cycling and walking.  
• Enforce security and road safety legislation reducing risks linked to road traffic accidents/injury and street violence.  
• Develop and implement urban planning policy with natural and recreational spaces. |
What can countries do?

1) Develop and implement a national multisectoral plan of action for physical activity with defined target, clear objectives, adequate resourcing (financial and human) and agreed upon set of interventions.

2) Consider and integrate a physical activity perspective in all public policies (including in education, transport, urban planning, and cultural and social affairs).

3) Establish a multisectoral forum (committee) at the national level to develop and coordinate a national response to promote physical activity

4) Develop workforce capacity across relevant sectors for the promotion of physical activity to develop knowledge and skill in the existing workforce to implement actions across settings, including resources, guidelines and toolkits.

5) Establish partnerships with academic and other partners to develop and implement evaluation system and report on progress at national, regional and international forums.

6) Strengthen and ensure regular monitoring of population levels of physical inactivity as an integral part of the national surveillance systems using standardized measures and indicators.

7) Support research on physical inactivity to further knowledge and inform programmes and establish an evidence and practice base in the Region.

8) Consider the role of the private sector in promoting physical activity across settings.

9) Consider the role of parliamentarians to support legislation that emphasizes the life-course approach.

10) Establish sustainable financing mechanisms and mobilize resources at national and international levels through traditional and innovative approaches including infrastructure changes aimed at promoting walking and cycling and adequate recreation spaces (such as parks).

What can WHO do?

1) Complete the Regional Policy and Programme Mapping project to include all countries in the Eastern Mediterranean Region and provide a snapshot of current progress in the Region. The mapping exercise could be repeated in three years.

2) Develop guidance on developing a national policy to promote physical activity.

3) Facilitate regional meetings at regular intervals to share experiences on national action on physical activity and support countries with sharing and reporting on progress and experiences.

4) Support capacity building efforts in Member States.

5) Establish a regional physical activity advisory committee to provide countries with guidance and monitor progress.

6) Advocate for and facilitate the engagement of regional organizations, including United Nations and development agencies, sports and youth groups, the Arab Council, League of Arab States and Gulf Cooperation Council among others.
Addressing physical inactivity requires action on behaviour change through awareness-raising and skills development, as well as action on social and built environments in order to give people the means to be active at all ages. This Call to Action was prepared by WHO Regional Office for the Eastern Mediterranean as part of its efforts to address risk factors linked to noncommunicable diseases and, in particular, physical inactivity. It is intended for decision-makers and advocates of physical activity for use as a tool to raise awareness and galvanize action.