

# The urgency of addressing the physical inactivity crisis in the Eastern Mediterranean Region

Hanan H Balkhy<sup>1</sup>

<sup>1</sup>Regional Director, WHO Regional Office for the Eastern Mediterranean, Cairo, Egypt.

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Noncommunicable diseases (NCDs) remain the foremost cause of premature mortality across the Eastern Mediterranean Region (EMR) (1). Cardiovascular disease, cancer, diabetes, and chronic respiratory conditions together account for a substantial and increasing proportion of deaths in countries at varying stages of development in the region. Among the modifiable risk factors driving this epidemic, physical inactivity stands out for 2 reasons: its prevalence is exceptionally high, and the evidence base for addressing it is exceptionally strong (2). Yet the region's policy response remains fragmented. This editorial argues that reversing physical inactivity in the EMR requires a fundamental shift—from treating movement as a lifestyle preference to recognising movement as a structural determinant of health.

The scale of the problem warrants this reframing. Approximately 40% of adults in the EMR are estimated to be physically inactive, among the highest rates globally, with considerably higher prevalence among women (3). The situation among adolescents is more alarming still: nearly 87% fail to meet recommended daily physical activity levels, particularly girls (4). These are not marginal gaps. They represent a population-wide exposure to elevated NCD risk that is compounding other unfavourable trends, including increasing rates of excess weight and obesity, which now affect approximately 60% and 30% of adults in the region, respectively (1). Women bear a disproportionate burden across most of these indicators. Regular physical activity has well-established benefits for preventing and managing chronic diseases, improving mental health, and enhancing overall wellbeing.

It is tempting to attribute these patterns to individual behaviour alone. In reality, they are shaped by a much wider set of determinants. Rapid urbanisation across the EMR has produced built environments that systematically reduce opportunities for daily movement. Increased reliance on motorised transport, inadequate pedestrian infrastructure, limited access to recreational green spaces, and extreme temperatures in several countries all discourage regular physical activity. Inactivity, in this context, is less a personal failing than a predictable response to environments not designed for human movement. Policies that address individual behaviour without reforming these environments will achieve limited and inequitable results.

The global framework for action is well established. The WHO Global Action Plan on Physical Activity 2018–2030 sets a target of 15% relative reduction in physical inactivity by 2030 and provides a comprehensive multisectoral roadmap (5). The WHO Regional Office for the Eastern Mediterranean has further contextualised this agenda through its "Active People, Healthier Lives" framework, which guides countries in adapting global recommendations to the region's specific social, cultural and environmental realities (6,9). These frameworks represent sound investments of technical authority. What is now required is commensurate investment of political will.

Several intersecting levers must be activated simultaneously (7). Urban planning and transport policy are foundational. Walkable neighbourhood designs, expanded cycling infrastructure, safe pedestrian networks, and accessible public green spaces can significantly encourage active living (8). Climate-sensitive design—shaded walkways and accessible indoor recreational facilities—is particularly relevant to the high-temperature environments prevalent in parts of the region. These are not amenities; they are public health infrastructure.

Health systems have an equally important role to play, particularly through primary health care. Health professionals are well positioned to assess the physical activity levels of patients, provide brief counselling and support behaviour change as part of routine preventive care (8). Integrating physical activity promotion into standard clinical encounters would leverage existing health system contact points at scale. The region's high mobile communication penetration also presents an underutilised opportunity to scale digital health applications that track and incentivise movement—an approach with increasing evidence of feasibility in regional settings.

Schools and universities represent a strategically important long-term investment. Educational institutions provide critical platforms for promoting physical education, sports participation and health literacy among young people. Protecting and expanding physical activity programmes within educational curricula is a decision with measurable long-term returns in NCD prevention, particularly given the importance of establishing healthy behaviours from an early age.

None of these measures, however, will achieve equitable impact without deliberate attention to the populations most structurally excluded. Women, older adults, persons with disabilities, and displaced populations face compounding barriers to participation that are simultaneously physical, cultural, economic, and social. Gender-responsive urban designs, safe community spaces, affordable programming, and culturally appropriate initiatives are preconditions for equitable access, not optional enhancements.

The case for action is not new. The data are consistent, the frameworks are available, and the cost of inactivity—in premature deaths, in lost productivity, in health

system burden—is well documented (1,2,5,6). What the EMR requires now is for governments and institutions to treat physical activity as the cross-sectoral public health priority that evidence demands. This means operationalising the Health in All Policies approach: embedding health considerations into decision-making across urban planning, transport, education, finance, and community development sectors, not as a courtesy to health ministries, but as a shared governance responsibility. Physical activity cannot be legislated from a single ministry; it must be built into the policies, budgets and mandates of every sector that shapes the environments in which people live, work and move. The 2030 targets are within reach. Reaching them is a choice.

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