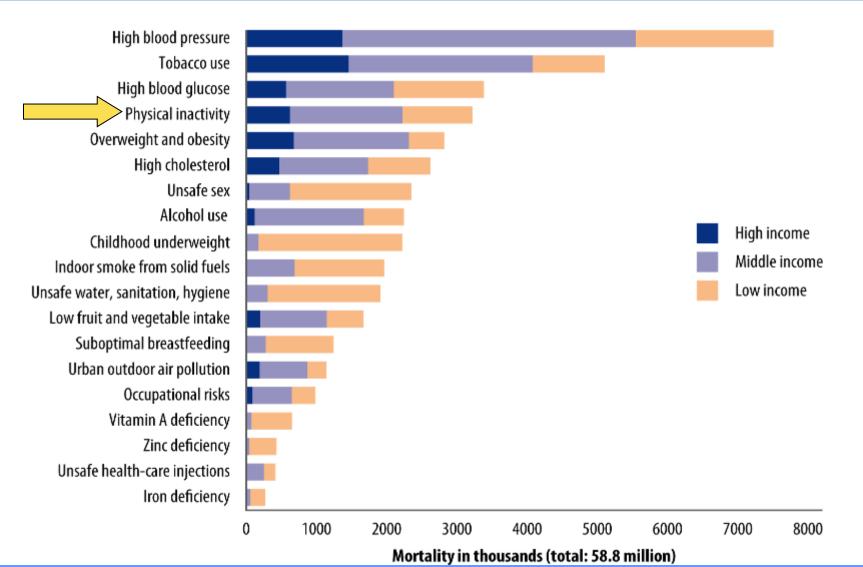
Global recommendations on physical activity for health

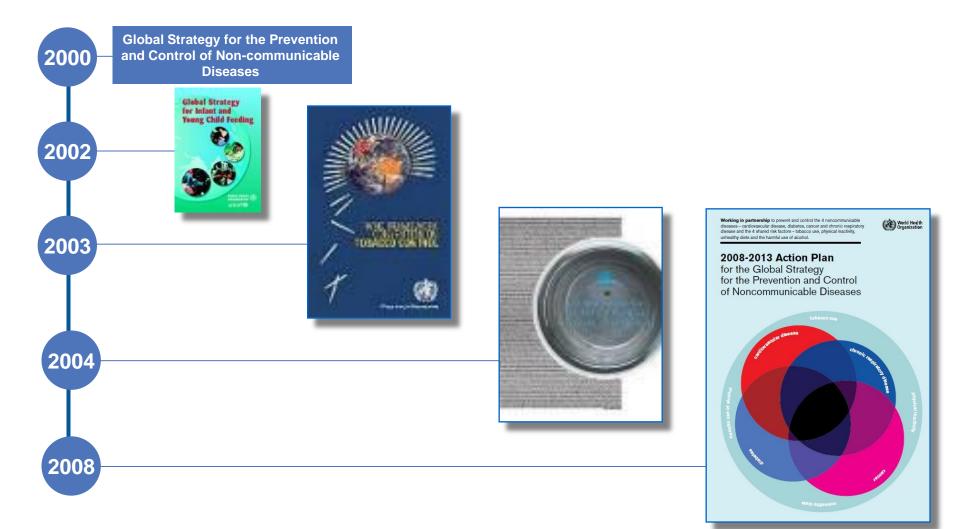


Physical inactivity 4th leading risk factor in global mortality



60% of global deaths due to NCDs

What has WHO been doing to mobilize a global response?



A six-year Global Action Plan to address cardiovascular disease, cancer, respiratory disease and diabetes was endorsed by the WHO World Health Assembly on 24 May 2008.

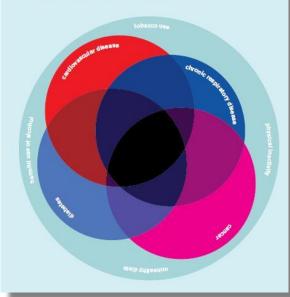
What has WHO been doing to mobilize a global response?

Global Action Plan Noncommunicable diseases 2008-2013 (WHA 2008)

Working in partnership to prevent and control the 4 noncommunicable diseases – cardiovascular disease, diabetes, cancer and chronic respiratory disease and the 4 shared risk factors – tobacou use, physical inactivity, unhealthy diets and the harmful use of alcohol.

World Health Organization

2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases



Six objectives:

- 1. Raising the priority accorded to NCD in development work at global and national levels
- 2. Establishing and strengthening national policies and programmes
- 3. Reducing and preventing risk factors
- 4. Prioritizing research on prevention and health care
- 5. Strengthening partnerships
- 6. Monitoring NCD trends and assessing progress made at country level

Under each objective actions for member states, WHO Secretariat and international partners



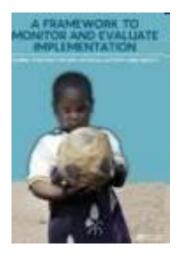


NCD Action Plan 2008 Objective 3 Physical Activity: actions for Member States

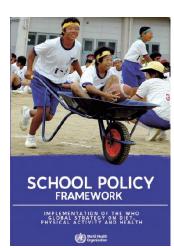
- Ensure that physical environments support safe active commuting, and create space for recreational activity, by:
- Ensuring that walking, cycling and other forms of physical activity are accessible to and safe for all;
- Improving sports, recreation and leisure facilities;
- Increasing the number of safe spaces available for active play.

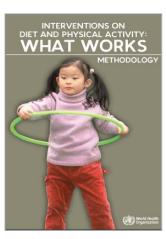


Global Activities





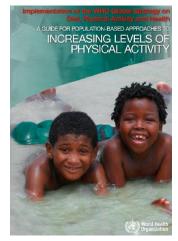








60.22





http://www.who.int/dietphysicalactivity/en/



Global recommendations on physical activity for health

• Why?

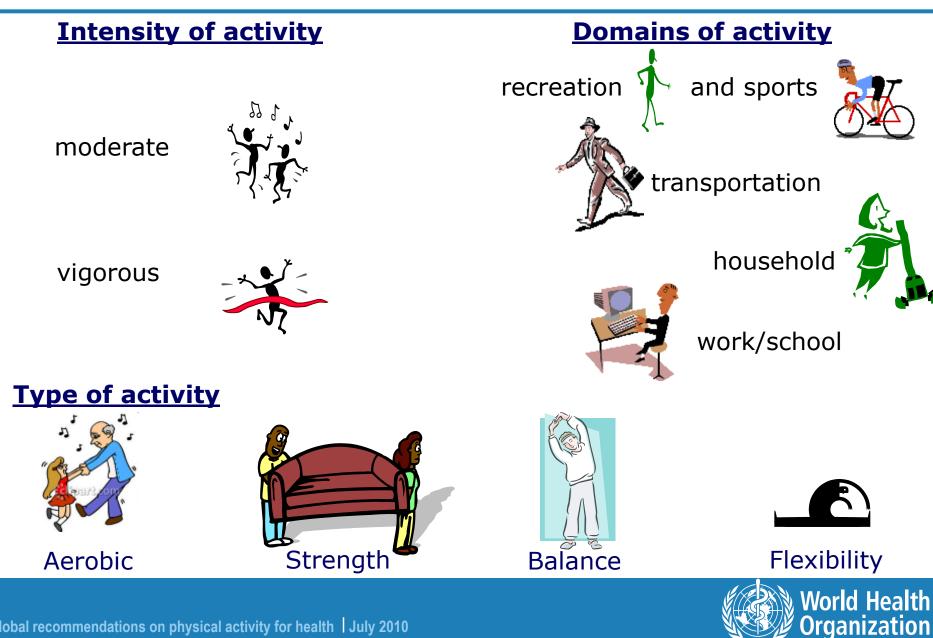
- Evidence based starting point to promote physical activity + advocacy
- Limited existence of national guidelines in low and middle income countries; different guidelines

PA independent risk factor for:

- 1. Cardio-respiratory health (coronary heart disease, cardiovascular disease, stroke and hypertension)
- 2. Metabolic Health (diabetes and obesity)
- 3. Musculo-skeletal health (bone health, osteoporosis)
- 4. Cancer (breast and colon cancer)
- 5. Functional Health and prevention of falls
- 6. Anxiety, depression, cognitive functions



Global Physical Activity Recommendations



Global recommendations on physical activity for health July 2010

Global recommendations on physical activity for health

- Target audience: national policy makers
- What are these?

Population based physical activity for 3 age groups (5-17 yrs; 18-64 yrs and 65 yrs and older):

- what type (aerobic, strength, flexibility, balance)?
- how often?
- for how long?
- how intense (how hard a person works to do the activity)?
- how much in total?

Children and youth - aged 5-17 - should:

- Accumulate <u>at least 60 minutes</u> of moderate to vigorous intensity physical activity daily.
- Amounts of physical activity greater than 60 minutes provide additional health benefits.
- Most of the daily physical activity should be aerobic. Vigorous intensity activities should be incorporated, including those that strengthen muscle and bone at least 3 times per week.

PA includes play, games, sports, transportation, recreation, physical education, or planned exercise, in the context of family, school, and community activities.







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Adults - aged 18-64 – should:

- Do <u>at least 150 minutes</u> of moderate-intensity aerobic physical activity spread throughout the week <u>or</u> do at least 75 minutes of vigorous-intensity aerobic physical activity spread throughout the week <u>or</u> an equivalent combination of moderate-and vigorous-intensity activity.
- Aerobic activity should be performed in bouts of at least 10 minutes.
- For additional health benefits, adults should increase their moderate-intensity aerobic physical activity to 300 minutes per week, <u>or</u> engage in 150 minutes of vigorous-intensity aerobic physical activity per week, <u>or</u> an equivalent combination of moderate-and vigorous-intensity activity.
- Muscle-strengthening activities should be done involving major muscle groups on 2 or more days a week.



Older adults - 65 years old & above should:

(Main recommendations are the same for adults ad older adults)

- Do <u>at least 150 minutes</u> of moderate-intensity aerobic PA spread throughout the week <u>or</u> do at least 75 minutes of vigorousintensity aerobic PA spread throughout the week <u>or</u> an equivalent combination of moderate-and vigorous-intensity activity.
- Aerobic activity should be performed in bouts of at least 10 minutes.
- For additional health benefits, older adults should increase their moderate-intensity aerobic PA to 300 minutes per week, or engage in 150 minutes of vigorous-intensity aerobic PA per week, or an equivalent combination of moderate-and vigorous-intensity activity.

World Health

Older adults - 65 years old & above :

(Specific recommendations for older adults:)

- Older adults, with poor mobility, should perform PA to enhance balance and prevent falls on 3 or more days/ week.
- Muscle-strengthening activities should be done involving major muscle groups on 2 or more days a week.
- When older adults cannot do the recommended amounts of PA due to health conditions, they should be as physically active as their abilities and conditions allow.

In adults and older adults, PA includes recreational (leisure) time physical activity, transportation (walking or cycling), occupational (work), house chores, play, games, sports or planned exercise, in the context of daily, family, and community activities.







Global recommendations on physical activity for health July 2010

Global recommendations on physical activity for health:

- Are an evidence based starting point for national policy makers looking to promote physical activity
- Can be used by all relevant stakeholders to communicate valid and consistent messages on the frequency, duration, intensity, type and total amount of physical activity for health;
- Tool for health professionals to inform patients;
- Have the potential to become a tool to link communication between scientists, health professionals, journalists, interest groups and the general public;
- Can be used as benchmarks for public health monitoring and surveillance purposes.
- Can support the development of physical activity policy;



Important elements of successful policies

- High level political commitment
- Surveillance, monitoring and evaluation
- Multi-stakeholder support
- Leadership and workforce development
- Integration into national strategies & policies
- Multiple intervention strategies
- Stepwise approach to implementation
- Culturally appropriate

- Implementation at different levels within "local reality"
- Dissemination
- National Physical Activity Guidelines



Supportive policies in promoting PA

Possible physical activity promoting interventions include:

- ensuring that walking, cycling and other forms of physical activity are accessible and safe;
- providing local play facilities for children (e.g. building walking trails);
- facilitating transport to work (e.g. cycling and walking) and other physical activity strategies for the working population;
- ensuring that school policies support the provision of opportunities and programmes for physical activity;
- providing schools with safe and appropriate spaces and facilities so that students can spend their time actively;
- providing advice or counsel in primary care; and
- creating social networks that encourage physical activity.



Strategies for communicating the global recommendations at national level

- Adopt the global recommended levels of PA and integrate them to national policies.
- Nationally adapted messages need to be developed and widely disseminated to all relevant stakeholders, professional groups and to the general community.
- When taking into consideration national/subnational cultural & environmental factors, it is advisable to develop a comprehensive, communication strategy for effective dissemination.
- Adopt a communication strategy that includes simple, understandable & adaptable messages which are culturally sensitive.

Adopt and adapt

- Adaptation and translation of the global PA recommendations must take into consideration:
 - Cultural background, ethnic minorities, gender issues.
 - Social norms, religious values.
 - Security situation at the national and/or local levels.
 - Availability of safe spaces for the practice of physical activity.
 - Access and attendance to schools and worksite, especially related a girls and women.
 - Existing transport infrastructures, sports and recreation facilities and urban design.
 - Patterns of participation in all domains of physical activity (leisure, transportation and occupational).
 - Geographical settings, seasons and climate.
 - Involvement of all concerned sectors and actors.
 - Role of municipalities and local leadership.

Global recommendations on physical activity for health July 2010

More information

- Physical activity: <u>http://www.who.int/dietphysicalactivity/pa</u>
- Pacific PA guidelines for Adults: <u>http://www.wpro.who.int/NR/rdonlyres/6BF5EE82-8509-4B2F-8388-</u> <u>2CE9DBCCA0F8/0/PAG_layout2_22122008.pdf</u>
- Framework to monitor and evaluate diet and physical activity policies: <u>http://www.who.int/dietphysicalactivity/DPASindicators</u>
- Global Physical Activity Questionnaire: <u>http://www.who.int/chp/steps/GPAQ</u>
- WHO Global Infobase: <u>http://infobase.who.int.</u>

