

More than 30 country delegates spoke and supported the Resolution on Diet, Physical Activity and Health (EB 109.14). Many of the speakers described the World Health Day 2002 Move for Health as beneficial and emphasized the challenges posed by unhealthy diet and insufficient physical activity.

Canada suggested an addition to the resolution, which called for MOVE FOR HEALTH DAY every year. Denmark, on behalf of Nordic countries called for a multidisciplinary and multisectoral approach to address the problem. Several countries supported Canada.

After the discussion the resolution (WHA 55.23) was unanimously passed. In the resolution World Health Assembly 2002: "Further urges Member States to celebrate a Move for Health day each year to promote physical activity as essential for health and well being;"

WORLD HEALTH DAY 2002



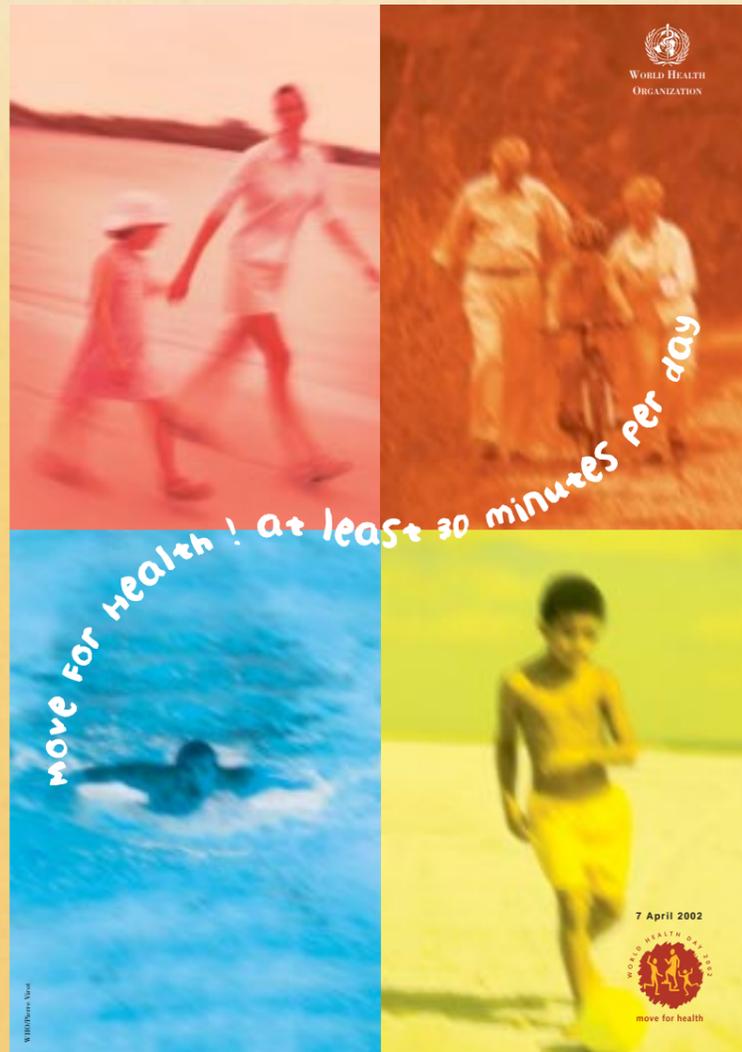
move for health



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The World Health Day advocacy campaign has been implemented under the direction of WHO Regional Advisers for Health Promotion and Non-communicable Disease Prevention, and coordinated on the country level by WHO representatives and Liaison Officers. WHO Collaborating Centres have been supporting and promoting local and international events; Government ministries and civil-sector associations worked on planning and carrying out national and local events.

Elena Subirats, Liaison Officer, World Health Day 2002, has written the brochure under the supervision of Dr. Pekka Puska, Non-communicable Disease Prevention and Health Promotion Department Director.

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Foreword

Move for Health, the slogan for World Health Day (WHD) – 2002, was a call for individuals, communities and countries to associate action for health with the public health task of prevention.

Many countries struggle to cope with the double-burden of noncommunicable diseases such as cancers, cardiovascular diseases, diabetes and strokes, in addition to infectious diseases such as acute respiratory infections, AIDS, tuberculosis and malaria. The epidemiological shift in the global burden of disease and the factors that are fuelling this process of change are few in number and all highly preventable. These key risk factors are tobacco use, lack of physical activity and inadequate nutrition. WHD 2002 drew global attention towards the importance of physical activity as a practical means of all people starting to practise prevention in their daily lives.

The World Health Organization (WHO) estimates that lack of physical activity leads to more than 2 million deaths per year. It is likely that one-third of cancers can be prevented by maintaining a healthy diet, normal weight and physical activity throughout one's life. A combination of improper diet, lack of physical activity and tobacco use are estimated to be the cause of up to 75 % of premature coronary heart disease. In countries as diverse as China, Finland and the US, studies have shown that even relatively modest lifestyle changes are sufficient to prevent the development of almost 60 % of type 2 diabetes cases.

Physical activity leads to numerous health gains, either directly or indirectly. Among its indirect health gains, it can lower rates of violence among young people, promote tobacco-free lifestyles and decrease other risky behaviours, such as unsafe sex or illicit drug use. It can also reduce feelings of isolation and loneliness among the elderly and improve their physical and mental agility.

The shortage of public awareness on the health benefits of physical activity was one of the main challenges for the Move for Health initiative. The general objective was not only to raise awareness about the benefits of physical activity on health among individuals but to also inform policy makers of the positive gains to be made when investing in health promotion and disease prevention.



Reports from all over the world have demonstrated that the "Move for Health" message resonated among both the general public and policy makers. WHD messages were adapted to local circumstances in many countries, advocacy materials were translated, printed and distributed in all WHO regions, in at least 63 languages. Many networks on physical activity and Noncommunicable Disease (NCD) prevention are being created or strengthened. The theme of prevention was one that captured the popular imagination and was endorsed by many sectors of society.

Collaboration with sectors such as, the sport, the educational, International Non Governmental Organizations (NGOs), was enlarged and many education courses were organized to educate and train health personnel, physical activity technicians and the public at large.

Finally, countries showed their determination to act by unanimously adopting a resolution at the Fifty-fifth World Health Assembly (WHA), WHA55.23, on Diet, Physical Activity and Health. The resolution states that the WHA "...further urges Member States to celebrate a Move for Health Day each year..."

The movement to establish physical activity as a main plank in the struggle to prevent the onset of diseases has received a firm footing with WHD 2002. Now that the importance of physical activity has been firmly introduced into the global public health agenda, WHO is committed to working with the public, with Member States, NGOs and especially sports bodies and the private sector to further strengthen work on physical activity and NCD prevention.

We are thankful for the great collaboration within WHO, with Member States and with so many outside partners. Together we made the World Health Day 2002 "Move for Health" an action that not only raised physical activity on global public health agenda, but also paved the way for innovative partnerships in reducing global health risks.

Dr Derek Yach
Executive Director
Noncommunicable Diseases
and Mental Health
World Health Organization,
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Highlights

Dr. Gro Harlem Brundtland, WHO Director General, stated on 7 April 2002, "Physical activity is a fun and easy way to improve our health and well-being. It does not have to cost anything, and everyone, whether young or old, can participate. It is an effective way to prevent cardiovascular disease, diabetes, obesity and the two million deaths per year resulting from conditions related to physical inactivity."

During the Fifty-Forth World Health Assembly (2001), Dr. Brundtlandt proposed the World Health Day 2002 (WHD) theme of "Fit for health" as a way to promote physical activity and reverse the unhealthy global trend toward inactivity. After broad consultation with the WHO staff, Move for Health was chosen as the World Health Day 2002 slogan. Move for Health refers to more than just physical activity (PA); it refers to the possibility for individuals, communities, and nations to take healthy actions for disease prevention and health promotion. The message about necessary daily activity was directed to individuals and decision-makers.

The WHO *Move for Health* advocacy materials were directed to different age and gender groups, health personnel, and policymakers

WHO developed the following materials:

- A brochure, "Agita Mundo – Move for Health," containing relevant information on physical activity, and how to overcome common myths
- A booklet produced in collaboration with the International Olympic Committee, designed to deliver a message "of easy and enjoyable solutions to difficult problems"
- Seven fact sheets of background material
- A small four-sided pyramid to be used as a "standing poster" in an effort to link physical activity with good dietary habits
- A manual on "How to organize your event," adapted from the WHO Global Embrace for Active Aging Manual
- A web site to help disseminate the message of *Move for Health*, improve access to advocacy materials, and promote consultation, adaptation, and printing for the World Health Day coordinators and the general public.

Each regional office had its web site promoting World Health Day 2002. These played a key role in supporting and helping the countries and regions in every step towards *Move for Health* Day.

PRESS COVERAGE

Hundreds of national and local newspaper pieces, radio spots, brochures, and scientific articles

Dozens of physical activity promotional videos, roundtables, lectures, contests and seminars through the national/local TV channels

WORLD HEALTH DAY 2002 AROUND THE WORLD

- A total of 148 countries reported WHD activities.
- A total of 1,987 World Health Day events were reported to WHO, but there were hundreds more not formally reported but mentioned by the local World Health Day 2002 coordinators.



From poor and rich, the developed and developing world, countries' responses to the World Health Day call to *Move for Health* were extraordinary. A great variety of creative World Health Day events were organized. Leaders and celebrities spoke at many of the events, and this added to the events' success.

The main venue for WHD 2002 was São Paulo, Brazil, where a variety of activities were carried out from 5 April to 7 April. This included an opening ceremony featuring Dr Gro Harlem Brundtland, WHO Director General.

The WHO Headquarters and the Regional Offices celebrated World Health Day by linking their activities with their countries of their regions.





theme for whd

Move for Health – Theme for World Health Day 2002

We can conclude the following points related to WHD 2002:

- Physical activity was raised to a global public health agenda in many countries.
- Thousands of World Health Day messages were multiplied to local needs and advocacy materials were printed and distributed, after being translated and culturally adapted.
- Many local and regional networks on physical activity and non-communicable disease prevention were created or strengthened.
- Previously existing physical activity programs are being empowered in other parts of the world. The *Move for Health* movement's collaboration with other sectors increased.
- Many courses, seminars, symposia, and workshops, as well as radio and TV debates and roundtables were organized to educate and train health personnel, physical activity technicians, and the population.
- At the Fifty-fifth World Health Assembly, the WHA53.17 discussions, World Health Day 2002 was frequently mentioned and in the resolution of the World Health Assembly a new item was added: **"...further urges Member States to celebrate a Move for Health Day each year..."**

IMPACT

WHO sent a *Move for Health* Evaluation Questionnaire to World Health Day 2002 event coordinators. According to the responses, World Health Day commonly helped strengthen physical activity programmes, increasing the visibility of physical activity programmes (and, in many cases, their human resources).

World Health Day 2002 greatly supported global efforts to rise physical activity, promoting healthy lifestyles and disease prevention in global public health agendas, and also giving lessons for future World Health Days. A challenge for WHO and member states is now to continue the "Move for Health" movement.



At the First World Health Assembly in 1948, it was resolved to sponsor a "World Health Day." – it was then suggested that 22 July be chosen. The Second World Health Assembly in 1949 resolved that in 1950 and each year thereafter; all member states will appropriately observe World Health Day WHD on 7 April. Ever since 1950 – and thanks to the World Health Organization's health leadership and the respect that the worldwide population has for this institution – hundreds of events take place in small and large towns and cities, in poor and rich countries alike, on each World Health Day.

By choosing physical activity as the theme for World Health Day the World Health Organization wanted to promote healthy, active and smoke-free lifestyles. The aim was to prevent the disease and disability caused by unhealthy and sedentary living.

"Physical activity is a fun and easy way to improve our health and well-being. It does not have to cost anything, and everyone, whether young or old, can participate. It is an effective way to prevent cardiovascular disease, diabetes, obesity, and the two million deaths per year resulting from conditions related to physical inactivity."

Dr Gro Harlem Brundtland,
WHO Director General



After the general agreement on the WHD 2002 theme, WHO headquarters entered into a process of internal consultation, followed by consultation with the WHO Regional Offices and the WHO New York Press Office to select the WHD 2002 logo and slogan. These should reflect the 2002 theme: physical activity (Fit for Health).



The outcome was the Move for Health slogan, and Logo displayed below.

In choosing *Move for Health* as the theme of World Health Day 2002, WHO directed the world's attention to the growing global problem of non-communicable diseases (NCDs) and the WHO global strategy on prevention and control of NCDs (approved by the World Health Assembly in 2000).

The strategy, emphasizing prevention as the most effective approach against NCDs, calls for integrated prevention targeting three primary global risk factors: Unhealthy diet, physical inactivity, and tobacco use.

The World Health Day 2002 slogan, "Move for Health", refers to more than physical activity, it refers more generally to the possibility for individuals, communities and networks to take healthy actions for NCD prevention and health promotion.

The *Move for Health* theme reflects also the coalescing of a growing body of scientific research and the efforts by those in the international community who have focused on physical activity for health promotion since the late twentieth century.

A wide range of scientific documents and studies has been instrumental in guiding us to Move for Health. They have contributed to our current knowledge about physical activity, supporting the WHO unified decision to select physical activity as the theme of World Health Day 2002: *Move for Health*.

(For more information about physical activity background, please see Annex 1.)

THE TASK

In most parts of the world, non-communicable diseases have reached epidemic proportion. This is due, in part, to the rapid transition in lifestyles leading to reduced physical activity, less healthy diets, and increased tobacco use. This trend is present in all societies, rich and poor, industrialized and developing.

Sedentary lifestyles increase almost all causes of mortality, doubling the risk of cardiovascular diseases, diabetes, and obesity, and substantially increasing the risk of colon cancer, high blood pressure, osteoporosis, depression, and anxiety.

Since science has convincingly identified poor diet, sedentary lifestyles, and tobacco consumption as the strong causes for major non-communicable diseases, this suggests also a sound foundation for successful prevention.

The main message of World Health Day 2002 was that physical activity, healthy diet, and tobacco-free lifestyle are: 1) effective for individuals and, in principle, an easy and cheap way to prevent disease and improve health, and 2) for nations, cost effective and affordable public health tools with great potential. In addition to individuals, the message strongly targets policymakers, since the opportunity for individuals to take part in physical activity and other healthy behaviours strongly depends on the practical possibilities to change unhealthy habits and carry on with new, healthy habits.



It is important that policymakers do the following:

- Re-orient their health plans towards prevention, for its life- and cost-saving benefits as well as its ability to enhance quality of life.
- Include physical activity in their health policy agendas.
- Develop local and regional networks on physical activity and NCD prevention with other sectors.
- Continue the efforts to stop tobacco consumption and promote good dietary habits.
- Develop integrated strategies for the three main risk factors towards the prevention of NCDs.

These actions and decisions would necessarily result in many related and subsequent strategies, activities, and actions. We can see that this trend is only starting now since most studies indicate that less than five percent of resources are devoted to prevention.

The health benefits of physical activity are multiple, strong, and well documented. From a medical point of view the vast majority of NCDs could be prevented or postponed. There is overwhelming evidence of the potential of prevention. Trials in China, Finland, and the USA have shown that within a few years, increasing physical activity and making simple changes in diet could prevent approximately 60 percent of new cases of diabetes.

Regular moderate physical activity is one of the easiest ways to improve and maintain health, both directly and indirectly. Its health gains can lower rates of violence, promote tobacco-free lifestyles, and decrease other risky behaviours, such as unsafe sex or illicit drug use. Physical activity promotes healthy growth and development in children and young people, and also increases confidence, self-esteem, and feelings of achievement. Physical activity can reduce feelings of isolation and loneliness among older persons, improve their physical and mental agility, and help them to be physically independent for more years.

The WHO's global message of Move for Health did not refer to running marathons or practising high performance sports, although those activities have their own purpose and place. Physical activity, as seen by the health sector, can take many forms: play, games, dances, domestic chores, walking, recreational sports, traditional sports, transportation, and more. The aim is to create the habit of being more active on a daily basis according to the needs, limits, and wishes of individuals.

THE CHALLENGE

Given the shortage of public awareness on the health benefits of physical activity, WHD *Move for Health* had many challenges to overcome.

The general objective was to raise awareness about physical activity as a main protective factor and about the benefits for health policymakers when investing in health promotion and disease prevention.

Through WHD messages WHO encouraged the population to create newer, more active lifestyle habits. One of the WHO's World Health Day 2002 messages to the WHD local coordinators and health personnel was that they must leverage the opportunity of WHD 2002's wide presence and use it as a platform to initiate or continue sustainable local interventions on physical activity. Another emphasis was to recommend creation of local and regional multi-sectoral networks that enable communities and population groups of all ages, genders, and conditions to engage in accessible, regular, safe, and fun physical activity.



One of the first important steps in the WHD 2002 campaign was to dispel some of the following common misunderstandings and beliefs about physical activity related to health:

- Mixing concepts of sport practice with that of everyday physical activity
- Believing that investing in the organization of big events or in multimedia message dissemination is enough to attract people to physical activity, as well as to keep them physically active
- Thinking that physical activity is “soft and weak” compared to “real health issues” or medical treatments
- Overestimating the amount of physical activity required to gain benefits (e.g. thinking that one has to run many miles or work very hard at a sophisticated gym in order to gain health benefits)
- Underestimating the amount of scientific evidence about physical activity’s health benefits
- Thinking that physical activity is not affordable to everyone
- Believing that physical activity is only for children, young people or for men
- Believing that physical activity should not be a public health issue
- Perceiving the promotion of physical activity a single sector or institution
- Underestimating the importance of educating the population and health personnel on initiating and adhering to a physical activity programme as a daily, lifelong commitment
- Perceiving that there is no need to improve the environment in order to help the population to Move for Health.



Communicating the message

The WHO Move for Health advocacy materials were directed to different age and gender groups, health personnel, and policymakers.

To better inform different population groups, as well as to disseminate information on the importance of physical activity for health, various educational and promotional materials were developed, distributed, and disseminated through different information and communication channels.

WHO developed a brochure “Agita Mundo – Move for Health,” which contains relevant information on physical activity, including a section dedicated to explaining why physical activity is so important to maintain good health. A valuable part of it is the “frequently asked questions,” section, which seeks to overcome common myths and better inform the reader about the easy, affordable, fun ways to be more active and at the same time improve health and well-being.

As background material, WHO produced seven fact sheets:

- The Benefits of Physical Activity
- Myths about Physical Activity
- Physical Activity and Older People
- Physical Activity and Youth
- Policy Related to Physical Activity
- Sedentary Lifestyle: A Global Public Health Problem
- Women and Physical Activity.

A booklet was produced in collaboration with the International Olympic Committee to highlight our common goals of promoting physical activity and healthy lifestyles. The main purpose of this material was to deliver to populations a message “of easy and enjoyable solutions to difficult problems” (e.g., overweight, diabetes, cancer, etc.) and illustrated the message with pictures from all over the world. Four posters were designed with the same message. These materials were also available on a CD-ROM so people could adapt the materials to their local needs. All these materials were delivered to the National and Regional International Olympic Committee Offices, as well as to the WHD 2002 contact list.

To promote dissemination of the WHD message, to get feedback from the different sources, and to widen the range of partners, several presentations were made by the WHO staff, by the Collaborating Centres Staff, and by different NGOs and Institutions. Venues for these presentations were conferences, congresses, and meetings around the world.





In an effort to link physical activity with good dietary habits, we designed a small four-sided pyramid to be used as a “standing poster” for display on restaurant tables in UN Organizations. The pyramid conveyed the “Move for Health” message of WHD 2002 with very concise messages, but also had one face whose message was that PA should be accompanied by healthy diet.

As a tool to support the WHD local coordinators, a manual on “How to organize your event” was adapted from the WHO/Global Embrace for Active Ageing manual and translated from English into French and Spanish.

All the above mentioned materials were available on the WHD 2002 web site. Most of the participating countries downloaded them translated them into their local language, and, on many occasions, culturally adapted them. Thus, the WHD 2002 messages were present in a great number of small and large towns, institutions, hospitals, health units, sport clubs, etc.

The WHD 2002 web site was created to help disseminate the message of Move for Health, to facilitate the advocacy material access, to promote the web site consultation and facilitate material printing.

It played a very important role in communicating with different organizers and other interested people, and it answered numerous questions.

The WHD 2002 web site was translated into WHO official languages. The informative sites hosted by each Regional Office brought the WHD 2002 message to the Internet in other languages, including Portuguese and German. These sites were very well developed and played a key role in supporting and helping the countries and regions in every step towards Move for Health Day. (More information about the WHD 2002 web site is available in Annex II.)

Most of the participating countries and cities developed a national or local communication strategy, not only to promote their World Health Day events and activities, but also to disseminate the WHD messages on the risks of physical inactivity and sedentary lifestyles. Using local data, they prepared articles on diseases and deaths related to physical inactivity, poor nutrition, and tobacco consumption. The WHD coordinators and the

Regional Offices sent reports to WHO headquarters about the intensive press coverage that included key spokespeople from different sectors (recreation, sport, mental health, education, local government, transportation, physical education, etc).

Dozens of promotional physical activity videos were created and disseminated through the national and local TV channels, hundreds of national and local newspaper pieces, radio spots, sport and recreation organization brochures, and scientific articles, published in different NGO magazines, related to physical activity benefits.

Numerous major news wires, international agencies, international newspapers, and TV channels spread the Move for Health message widely (e.g., CNN has a promotional spot on Move for Health, developed by WHO/ PAHO).

World Health Day 2002 around the world

From poor and rich, the developed and developing world, countries’ responses to the WHD call to *Move for Health* were extraordinary. A great variety of WHD events were organized. Several cities and countries organized major events for young people, including school and university contests, with the explicit purpose of increasing young people’s regular participation in physical activity and sport, in and outside schools. Other countries promoted active ageing by organizing marches, dances, and theatrical performances.

When WHO recommended to national and local organizers that they partner with other sectors, the response was excellent. Many of the local coordinators invited schools, universities, non-governmental organizations, the private sector, workplaces, sports clubs, athletes, artists, all different age groups, the recreational sector, government institutions, associations, and religious and professional organizations to join their event.

Leaders and celebrities spoke and participated in the events, sending out the key WHD messages.

The vast majority of event coordinators took this opportunity to draw attention to physical activity, to increase decision-makers’ and health professionals’ knowledge and involvement, to start new physical activity strategies and programmes, and to create new local and regional networks of physical activity related to NCDs.

The exceptionally high response from the developing countries was obvious. As examples, there were over 1000 activities in Latin America in 15 countries; all 46 African countries had general public events, and 18 countries from the Western Pacific Region organized activities to promote physical activity as a daily population habit. A total of 148 countries have reported WHD activities.

According to the reports sent to WHO Headquarters, there were 1,987 WHD events, although there were many more, since some of the event coordinators mentioned in their reports that they had activities in every health unit/ town/ state of their country (e.g., Uruguay, Latvia, Russia, and others). The Move for Health slogan was translated into at least 63 languages, as reported to WHO (see Annex III).

MAIN WHD 2002 EVENTS

The main venue for WHD 2002 was São Paulo, Brazil, highlighting the successful model of “Agita São Paulo.” A variety of activities were carried out from 5 April to 7 April. This included an opening ceremony featuring Dr Gro Harlem Brundtland, WHO Director General, who gave the opening speech; Dr Derek Yach, WHO Non-communicable Diseases and Mental Health Executive Director; and the highest level of local health authorities. There were walks, dances, physical activity exhibitions, and, according to the Brazilian report, more than 800 events were held all over Brazil.





The World Health Organization Headquarters, in Geneva, Switzerland,

opened the day with ceremonies on the morning of 5 April 2002. Short speeches were given by Mr Maryan Baquerot, General Management Executive Director; Dr Pekka Puska, Non-communicable Disease Prevention and Health Promotion Director; Mr Pierre F. Unger, the Swiss Social Department President; and Mr Adolf Oggi, a special representative of United Nations Secretary General Dr Kofi Annan, for sport and peace. Roberto Vittori – Astronaut for the Soyuz “Marco Polo” Mission from the Italian and European Space Agency – spoke and showed a video named “Space for Health.” The ceremony also included dancing presentations of different age groups, and physical activity exhibitions.

At noon there was a “fun walk” ... UN Agencies staff members alongside local Swiss and Geneva authorities and citizens – which proceeded from WHO Headquarters to l’Hôtel de Ville Geneva, where the local authorities presented a display of projects on physical activity in Geneva throughout the year.

World Health Day was celebrated in Madrid on 7 April within the framework of the NGO Forum that preceded the Second UN World Assembly on Ageing (8-12 April). This was a celebration organized by WHO Headquarters in collaboration with the WHO Regional Office for Europe (WHO/EURO) and in close contact with the Spanish Ministry of Health.

The event started with short speeches by Dr Mark Danzon, Regional Director of the WHO European Office; Dr Gloria Gutman, President of the International Association of Gerontology; Mrs Elena Subirats, WHD 2002 Coordinator; and a representative of the Spanish Health Minister, among other distinguished guests.

There was a two-hour show that combined professional artists with older adult amateur artists, including demonstrations of older adult groups doing gymnastics, a theatrical performance, musical bands, and dances, as well as distribution of advocacy materials.

The WHO/ Pan American Health Organization (PAHO) in Washington, DC celebrated World Health Day 2002 on Friday, 5 April 2002. The event consisted of a panel of presenters discussing the topic of physical activity. The Sixth Annual Walk for Health took place on Saturday, 6 April 2002. This annual event took on even more meaning this year with the WHD 2002 theme of “Move for Health” combined with the PAHO Centennial Celebration.

During the main ceremony, Dr George A. O. Alleyne, the Regional WHO Director for the Americas, was the key speaker, along with other PAHO authorities.

Another important initiative from PAHO and the US Centres for Disease Control and Prevention (CDC) to promote physical activity, was the contest “The Healthy Cities Award,” awarded to the municipality that developed the best infrastructure for promoting physical activity.

Among 136 Latin American and Caribbean municipalities that entered the contest, the winner was the municipality of Loja in Ecuador. Second and third prizes went to Surco, Peru and Valcarcel, Argentina, respectively. In the North American Award category, the cities acknowledged were Eugene, Oregon, USA, and Surrey, B.C., Canada.

In Cairo, Egypt, the WHO Eastern Mediterranean Region WHD 2002 was celebrated with a main event on 7 April, followed by a three-day regional seminar on “Physical Activity as a Road to Healthy Lifestyle” in which representatives of 7 countries took part along with Regional and HQ staff. The consultation was opened by Dr A.M. Saleh, Deputy Regional Director (DPM/EMRO) and Dr Pekka Puska, Director, Non-communicable Disease and Health Promotion (NPH/HQ) addressed the workshop.

Also, an art competition was carried out among schoolchildren in the countries of the region. An exhibition of selected drawings was organized on 7 April 2002 in the Regional Office.

Also, an art competition was carried out among schoolchildren in the countries of the region. An exhibition of selected drawings was organized on 7 April 2002 in the Regional Office.

In Brazzaville, Congo, at the WHO Regional Office for Africa (AFRO) Headquarters, there was a celebration with a walking event.

Dr Ebrahim M. Samba, WHO/AFRO Regional Director, gave the call for action.

His statement included a “Call to all governments, communities, the private sector, and the society as a whole to provide for various forms of physical activity...”

Each of the 46 countries from AFRO’s region responded to the *Move for Health* invitation and organized some outstanding activities.

In Manila, Philippines, at WHO’s Regional Office for the Western Pacific (WPRO) headquarters, several World Health Day multimedia and press messages were produced: a video; a resource pack containing a CD on office exercise, brochures on “A Guide to physical activity and fitness” and “A Guide to stretching exercises in the office”;

and WHO headquarters’ *Move for Health* advocacy materials. The Regional Director, Dr Shigeru Omi, held a press conference on 5 April 2002, and a traditional potluck was held where all nationalities brought a local dish for a lunch at WPRO.

In New Delhi, India, at WHO’s Regional Office for South-east Asia (SEARO), support for the documentation of region-specific healthy lifestyle and physical activity intervention was provided to seven countries Democratic People’s Republic of Korea, India,

Indonesia, Maldives, Nepal, Sri Lanka, and Thailand. A multi-component information kit was prepared to support country-specific activities.

Working in collaboration with the WHO Representative in India and the Ministry of Youth and Sports, a walk was organized on Sunday, 7 April 2002.

The Regional Director, Dr Uton Muchtar Rafei, addressed the staff members on the theme of the celebration, hosted a World Health Day Panel, and held a press briefing, which received very wide electronic and print media coverage.

In addition to the main events, a great number of other events – national and local – took place. Annex V Highlights some examples from the various WHO Regions, but WHO is very thankful to every single effort by the hundreds of institutions, organizations, individuals, and civil society, for contributing to the worldwide, massive effort on “Move for Health” (for a list of countries reporting WHD activities, see Annex IV).



The World Health Day 2002 outcomes

Millions of people are now better aware that physical activity is affordable, accessible, and feasible for everyone, according to individual needs.

Physical activity was raised to a global public health agenda in many countries. Thus, some of them are initiating new long-term physical activity programs and interventions at regional, state or national levels (e.g. Argentina, Costa Rica, Ecuador, Egypt, Jordan, Russia, South Africa, Sri Lanka).

Thousands of WHD messages were multiplied in local needs and advocacy materials were printed and distributed, after being translated and culturally adapted. Many local and regional networks on physical activity and NCD prevention are being created or strengthened.

Previously existing physical activity programs are being empowered in other parts of the world (e.g., Australia, Brazil, Canada, China, Colombia, Congo, Finland, Germany, Iran, India, Japan, Kuwait, Latvia, Mexico, New Zealand, Spain, Switzerland, The USA, Venezuela, The Netherlands).

Collaboration with other sectors – as promoters of the *Move for Health* movement – was widely enhanced, and included the sport and recreational sector, the educational sector, and international NGOs (e.g., The International Olympic Committee, Olympic Aid, The International Heart Foundation, The American College of Sports Medicine, The International Federation of Sports for All, The International Federation of Sport and Physical Education for Girls and Women, Birth to Twenty, The Bond and Joint Decade, and more).

All different types of training courses, seminars, symposia, workshops, radio and TV debates, and roundtables have been organized for physical activity capacity building at local level

At the Fifty-Fifth World Health Assembly, resolution WHA53.17 on Diet, Physical Activity and Health was unanimously passed. In the discussions of the resolution, WHD 2002 was frequently mentioned and in the resolution a new item was added. In this item, the World Health Assembly "...further urges Member States to celebrate a **Move for Health Day each year...**"

(Annex VI and the back cover of this report reflect some WHD-related highlights of the discussions.)

EXAMPLES OF LOCAL OUTCOMES

In Geneva, Switzerland, a local network was developed and several sectors and NGOs worked together for the WHD 2002 celebration. As a continuation of WHD 2002 activities, they organized their 7th Walking Path under the name of "From Body to Heart." It consists of 7 kilometres of non-stop walking; on the beautiful path they have placed eight artistically designed benches. The first one is outside WHO headquarters and the last one is at Eaux-Vives Park.

In Washington, D.C., United States of America, the President led a "Walk, run or sprint" to promote exercise throughout the population, as he declared a new initiative to promote regular exercise, healthy eating, disease screening, and avoidance of alcohol, tobacco, and illegal drugs. As part of this presidential initiative, 4 days later the Centre of Disease Control called for the Latin Community to "Move for health," and to have a healthier diet.

PAHO developed a promotional video about *Move for Health*, and it is continuously disseminated world wide on CNN television in English and Spanish.

In Bratislava, Slovakia, physical activity and health are regularly discussed in newspaper columns, television and radio programs, and interviews with physicians and other experts. There will be a National Consensus Conference on access of the general population to physical activity in November 2002.

In Edmonton, Canada, The Mayor wants to make Edmonton the most physically active city in Canada and made a public statement to that effect.

In Bogota, Colombia, a Science and Technology Physical Activity Interactive Centre was opened and will continue working.

In New Delhi, India, they are improving the physical activity programs and strategies through schools and universities and at community levels.

In São Paulo, Brazil, the State Governor determined that the year 2002 will be "The year of physical activity" and that 6 April will be the Physical Activity Day in São Paulo State forever.

In Nivalofa, Tonga, several walking groups have been organized, and they practice physical activity on a daily basis.



Evaluation



At WHO headquarters a brief questionnaire evaluation was carried out.

The questionnaires had two parts. The first was to learn more about the main World Health Day 2002 coordinators, and to update the WHO database contact list.

The second part was a questionnaire with 15 multiple-choice questions as well as an open question on the WHD experiences.

The questionnaires, in English, Spanish, and French, were sent by e-mail to 350 World Health Day 2002 event coordinators. Approximately 19 % of the questionnaires were filled in and returned to WHO.

Below are some main results as given by the coordinators. In some of the questions, more than one answer was possible.

What type of Organization do you represent?

Local: 25 %
Regional: 23 %
National: 31 %
International: 21 %

Which kind of activities took place?

Institutional: 34 %
City: 62 %
Regional: 18 %
National: 49 %

Which aspects of physical activity programmes and interventions are being increased as a result of World Health Day Move for Health?

Visibility: 59 %
Human Resources: 39 %
Financial resources: 4 %
Material resources: 25 %
None: 1 %

Did Move for Health help to advance physical activity programmes already established or planned within your area of work?

Yes: 73 %
No: 9 %
Don't know: 18 %

On what level are you/policymakers planning to initiate/improve physical activity programmes and strategies in your community?

Local: 55 %
Regional: 33 %
State: 14 %
National: 33 %

An open question asked for any additional comments on how else Move for Health promoted physical activity for health in the respondents' area of work, community, city, or country. Below are some examples of the answers:

"It has increased public interest in healthy lifestyle, including the diet and physical activity; there are regular columns on health-related activities in dailies, discussions with physicians, sport advisers, and trainers. The WHD campaign will have its second peak during the National Consensus Conference on access of general population to physical activities, which will be held on 8 and 9 November 2002."

"It raised awareness. There was TV coverage and well-known figures were involved. We, as PAHO's technical representative in Canada, distributed 1,600 WHO posters to health centres and related institutions across Canada."

"Thanks to the WHO/PAHO support and link, we had a better answer and credibility. The international call for action by itself resulted in many local institutions joining the celebration."

"The Agita São Paulo Program has worked in activity lifestyle promotion for six years. The Agita Mundo event promoted still more visibility and recognition to all the efforts spent to see the world "agitating". And because of that, the Agita São Paulo Program received the reward for being the best Program in Promotion Health and Physical Activity in the world from the American Association for the World Health on April 5th 2002."

"The concept of physical activity as a road to healthy lifestyle is now clearer for us. This is a starting point to build upon through increasing awareness and developing concrete programmes and plans of action."

"I think with the strategic planning which we planned for our work and use of your support for a framework, this year we have the best results in meeting World Health Day's goals."

"Special programmes were on the radio and satellite television channels, that we arranged solely for the promotion of "Move for Health."

"People started requesting more information, provincial level collaboration, community involvement by organizing sports competitions."

"The page received a large amount of visitors and is amongst the top ten pages of the web site for the last three months."

"We have been able to change lifestyles among people with chronic disease, so nowadays there are several hospitals that have groups that meet three times a week to do physical activity."

"The concept of Move for Health is a good one. We simply did not have enough lead time to maximize the use of resources and to promote local community events."

"You gave the program force because you represent the huge World Health Organization."

"Several groups are now starting regular walking for health days."

"The concept should be incorporated into the public policy."



Key experiences and conclusions

People working in the field of physical activity and health responded well and enthusiastically to the WHO initiative on *Move for Health*: they were very collaborative and helpful, and are willing to continue working hard in the field.

WHD 2002 clearly increased credibility, empowerment of local interventions, information dissemination, and media coverage of physical activity and health.

Although the response from the countries was very good, there is a need to reinforce many areas, develop some and follow up on others.

Some of these actions need to be taken soon, so the organizers, the health authorities, and the population do not lose interest. Follow-up work should aim especially at the goals below:

- To reinforce the difference between sports and everyday physical activity
- To educate health personnel, technical operators, and the population on what type, what amount of time, what intensity, graduation and

speed of physical activity should be practised to meet the individual needs, so that physical activity is beneficial to health

- To train national focal points on how to develop and implement physical activity programmes and strategies
- To develop brief technical brochures targeting the different groups: children, youngsters, adults, older adults, physicians, monitors, physical activity leaders, potential sponsors, etc.
- To encourage countries to develop legislation facilitating the practice of physical activity (safe streets, transportation policy, healthy environment, more school physical education, etc.)

- To develop and strengthen local and regional multi-sectoral networks' efforts on physical activity, NCD prevention, and health promotion
- To increase the WHO collaboration with other potential partners
- To follow up on the feedback of the WHD 2002 evaluation questionnaires from event organizers and to work on the related country and regional needs
- To participate in and organize expert meetings
- To promote the different WHO Regions pilot interventions on physical activity related to integrated NCD prevention and health promotion

- To promote an increase in research on physical activity related to health
- To promote Impact Evaluation Tools for the interventions
- To draw attention to the need for more financial resources for physical activity and other health promotion activities. This can take place through a national health promotion foundation, reviewing tobacco and alcohol taxes, health insurance, etc.

World Health Day 2002 gave important lessons for successful implementation of a MOVE FOR HEALTH day each year in the Member States, as urged by the World Health Assembly 2002 in its resolution.



Annexes



ANNEX I – MORE ABOUT WORLD HEALTH DAY BACKGROUND

Even before 2002, the World Health Organization had increased its efforts towards physical activity from 1996 forward. Some of the outstanding actions taken by WHO or with WHO's major contribution are listed below:

- The Heidelberg Guidelines for Promoting Physical Health Among Older Persons, in 1996
- Finland's UKK Institute, which conducted two WHO meetings on Active Living through the Active Living National Policy Group, in 1997
- A WHO meeting entitled Promoting Active Living In and Through Schools, held in Esbjerg, Denmark, in 1997
- An Active Ageing Meeting in Hong Kong, in 1999
- The World Health Assembly endorsement of the Global Strategy for Prevention and Control of Non-communicable Diseases by targeting physical inactivity as one of the major targets for Global NCD prevention, in 2000.

ANNEX II – WORLD HEALTH DAY 2002 WEB SITE

The main sections of the WHD 2002 official web site were:

- Seven fact sheets
- Questions and answers
- Thirty-three news articles
- WHD 2002 PowerPoint presentations – 12 slides with basic information on WHD 2002 (intended to be used by event organizers promoting WHD)
- Video about "Office Exercise Routines"
- Reports, photos, and press releases of WHD 2002 celebrations around the world.

All elements were available for on-line reading and downloading.

The users had the option to send to WHO headquarters the request to be listed on the web site if they wanted their organization to be mentioned on this page.

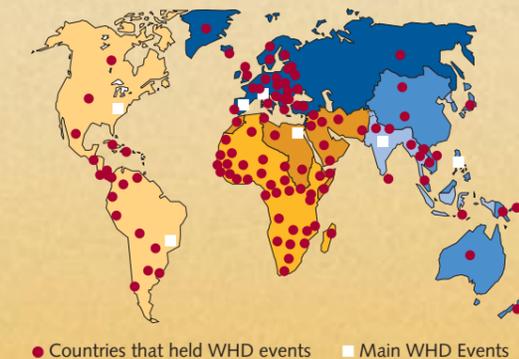
- World Health Day Package: In this page, the visitors could download the electronic version of World Health Day advocacy materials, which included the WHD kit: WHD 2002 Brochure, WHD 2002 Poster, WHD 2002 Adhesive Stickers, WHD 2002 Logo and Slogan. Each region was invited to adapt the materials specifically to the conditions in their area.

ANNEX III – WORLD HEALTH DAY 2002 SLOGAN MOVE FOR HEALTH IN DIFFERENT LANGUAGES

Arabic	في الحركة صحة وبركة
Chinese	运动有益健康
English	Move for Health
French	Pour votre santé bougez
Russian	движение—это здоровье
Spanish	Por tu salud, muévete
Afrikaans	Beweeg en Leef Gesond
Albanian	Për shëndetin tënd, lëviz
Bahasa (Indonesia)	Raga aktif untuk sehat
Bahasa (Malaysia)	Bergiat Cergas Demi Kesihatan
Bengali (India)	Swasther Pothe Cholo
Dhivehi (Maldives)	Sihhathahtakai helifeli vaashe
Bulgarian	Tichai za zdrave
Catalan (Spain)	Per la teva salut, mou-te
Creole (Martinique)	Pou'r ny en bon santé foque brin nin cor
Créole (Haiti)	Souké ko'w pou yon santé miyò
Croatian	Kretanjem do Zdravlja!
Czech	Pohybem ke zdraví
Dhivehi (Maldives)	Sihhathahtakai helifeli vaashe
Dutch	Adem, beweeg en leef gezond!
Esperanto (Universal)	"Movado sanigas"
Estonian	Liigume tervisele!
Finnish	Liiku terveydeksi
Galego (Spain)	Pola túa saúde, móvete
German	Beweg Dich für Deine Gesundheit
Gujarati (India)	Swastya Maate Prayan
Hindi (India)	Chalo Swasth ki oor
Hungarian	Mozogj az egészségédért!!
Iceland	Hreyfðu þig – njóttu lífsins
Indonesian	Aktivitas Fisik Untuk Kesehatan Anda
Italian	Muoviti per stare in salute
Kannada	Aarogyadatta saagi
Latvia	Kusties vesels!
Lingala (Congo: Dem. Rep.)	Pona nzoto kolongo, ningana

- Related sites and partners: On this page, visitors could find a list of organizations assisting WHO in promoting World Health Day 2002 messages, and their web sites:
 - WHO Collaborating Centres
 - WHO Regional Offices,
 - AFRO WHD Web site,
 - EMRO WHD Web site
 - EURO WHD Web site,
 - PAHO WHD Web site,
 - WPRO WHD Web site
- Physical Activity/Sport: Other Partner Institutions, Other Related Links
- Permanent Links: These links were available from every page of the WHD 2002 web site:
 - WHO Home
 - Non-communicable Disease Prevention & Health Promotion

World Health Day 2002 Events



ANNEX IV – LIST OF COUNTRIES REPORTING ACTIVITIES IN CELEBRATION OF WORLD HEALTH DAY 2002

Albania	Democratic Republic of the Congo	Latvia	Rwanda
Algeria	Denmark	Lebanon	Samoa
Angola	Djibouti	Lesotho	Sao Tome and Principe
Argentina	East Timor	Liberia	Saudi Arabia
Aruba	Ecuador	Libyan Arab Jamahiriya	Senegal
Australia	Egypt	Madagascar	Seychelles
Azerbaijan	Equatorial Guinea	Malawi	Sierra Leone
Bangladesh	Eritrea	Malaysia	Singapore
Bahrain	Ethiopia	Mali	Slovakia
Belarus	Fiji	Malta	Slovenia
Belgium	Finland	Mauritania	South Africa
Benin	France	Mauritius	Spain
Bhutan	Gabon	Mexico	Sri Lanka
Bolivia	Gambia	Micronesia (Federated States of)	Swaziland
Bosnia and Herzegovina	Georgia	Mongolia	Sweden
Botswana	Germany	Morocco	Switzerland
Brazil	Ghana	Mozambique	Syrian Arab Republic
Bulgaria	Greece	Myanmar	Thailand
Burkina Faso	Guatemala	Namibia	The former Yugoslav Republic of Macedonia
Burundi	Guinea	Nepal	Togo
Cambodia	Guinea-Bissau	Netherlands	Tonga
Cameroon	Haiti	New Zealand	Tunisia
Canada	Hungary	Nicaragua	Turkey
Cape Verde	Iceland	Niger	Uganda
Central African Republic	India	Nigeria	United Arab Emirates
Chad	Indonesia	Niue	United Kingdom
Chile	Iran (Islamic Republic of)	Norway	United Republic of Tanzania
China	Iraq	Pakistan	United States of America
Colombia	Ireland	Panama	Uruguay
Comoros	Italy	Papua New Guinea	Vanuatu
Congo	Jamaica	Paraguay	Venezuela
Cook Islands	Japan	Peru	Vietnam
Costa Rica	Jordan	Philippines	Yemen
Côte d'Ivoire	Kenya	Poland	Yugoslavia
Croatia	Kiribati	Qatar	Zambia
Cuba	Kuwait	Romania	Zimbabwe
Cyprus	Lao People's Democratic Republic	Russian Federation	

Luxembourgish (Luxembourg)	Bewegt lech a bleiwt gesond
Malay	Ke Arah Kesihatan
Malayalam (India)	Arogyathinu Vyayamam Cheyyuka !!
Maldivian	Hashigan'du fit koh bahattamaa
Marathi (India)	Aarogya kade vatchal kara
Melayu (Indonesia)	Hari Kesehatan Sedunia
Nepali (Nepal)	Swastha ko lagi chahalpahal
Norwegian	Trim for helse
Oriya (India)	Swastha Seba Agei Nia
Ouolof (Senegal)	Guir sa wergu yaram yengatoul
Papiamento (Aruba)	Move pa salud
Polish	Ruch dla zdrowia
Portuguese	Pela sua saúde, mexa-se!
Punjabi (Pakistan/Punjab Province)	Sehat de taraf qadam wadhao
Romanian	Misca-te pentru a fi sanatos
Saraiky (Pakistan)	Pair chao sehat pao
Sesotho (South Africa)	Itlhakise, o Phele Hantle
Sinhala (Sri Lanka)	Nirogikama kara piyanagama
Slovakia	Pohybom Ku Zdraviu
Slovenian	Gibanje za Zdravje
Swahili (Kenya)	Songeza kwa afya
Swedish	Håll Sverige i Rörelse
Tamil (India)	Nadappom Nala Vazhvukku
Telugu (India)	Arogyam Kosam Padandi
Turkish	Sa_k için Hareket Et
Urdu (Pakistan)	Sehat ke taraf peshqadme
Vietnamese	Van dong cho suc khoe
Yoruba (Nigeria)	Gbe'ra pelu ilera





ANNEX V – EXAMPLES OF WORLD HEALTH DAY 2002 EVENTS AND ACTIVITIES AROUND THE WORLD

There were hundreds of activities and events in villages, towns, cities, schools, health centres, universities, parks, governmental offices, sport stadia, etc, to promote World Health Day 2002 messages and to better inform the population about the importance of physical activity. Every coordinator, organization, institution and civil society worked with great enthusiasm. WHO highly appreciates and is very thankful for all these efforts.

Below is only a sampling of the events and activities:

In **Algeria**, through the participation of eight different National Ministers, 36 celebrations were reported from all over the country. They included sport and recreational activities as well as scientific roundtables and seminars. The media coverage was very wide on radio and television and in newspapers. They will continue promoting physical activity as a permanent strategy to improve healthy lifestyles nationwide.

In **Bhutan**, the Minister of Health committed himself to walk across the country in 15 days, to create awareness, reinforce interest in physical activity, and raise funds for the health and well-being of the people through a fund to sustain primary health care.

In **Cambodia**, the Ministry of Health led World Health Day celebrations with activities designed to convince the community (particularly the urban community) of the need to remain active, and to raise awareness of the relationship between non-communicable diseases and living a sedentary life.

In **Canada**, around 264,000 participants from more than 880 schools participated in “Activ⁸ the Nation’s Schools – World Record Hokey Pokey Challenge” that took place simultaneously across Canada. They broke the existing World Record listed by Guinness for the largest number of participants dancing the “Hokey Pokey” at the same time (6,748 participants doing the “Hokey Pokey” at one time was the previous record, set on 6 May 1995 in Bangor, County Down, Ireland).

In **Colombia**, folk dances and different recreational activities were organized in several places in the Country.

Cook Island’s Ministry of Health, through its Public Health Division, created a joint initiative with Cook Islands’ Sports Association. The campaign included NCD screening conducted at the market on 3 April. On 5 April, government offices were requested to allow government workers off at 1 p.m. to participate in the Walkathon, which was followed by swimming activities.

China’s main celebration of World Health Day 2002 had special focus on children and youth. A major public event for schoolchildren was organized in Beijing. A World Health Day brochure and poster in Chinese language were distributed countrywide.

Finland celebrated the main WHD event with the very successful activities of North Karelia, with a speech by the Minister of Health, and with the president of Finland acting as Patron. They were also celebrating the 30 years of the North Karelia Project on the same day.

In **Italy**, the European Association of Wellness Medicine organized fitness education meetings in schools and gyms.

India, among many other events in the country, promoted a poster competition for staff members at The Nirmal Hospital and Research Center. Other medical clinics in the country offered free medical consultation during the WHD.

Kenya started celebrations one week before 7 April. Events with physical activity health-related messages took place with very high-level authorities participating. They targeted all age groups in different places everyday (e.g., schools, elderly homes, hospitals for disabled and handicapped persons). At the main event, hundreds of people attended.

In **Iran** there was a painting competition among children under six years old, and it was held on the theme of motion, health, and welfare.



In **Kiribati** the celebrations were on 19 April 2002, which was declared a public holiday to highlight and promote the World Health Day theme “Move for health”.

In **Latvia**, the President of the Republic, Vaira Vike-Freiberga, encouraged everyone to live a healthy lifestyle, and to be more active, in the opening of Latvia’s main WHD event, a 5 kilometre FUN RUN. Participants, including the Minister of Welfare, were from all age groups.

In **Mexico**, the National President acted as leader of the Ceremony at the Official Presidential Residence. After his opening speech about *Move for Health*, he gave the annual awards to the selected winners, due to their contribution and services towards the health and well-being of the Mexican population.

In **Mongolia**, radio and national TV allocated free-of-charge airtime to advocate active living.

In **New Zealand**, The Ministry of Health and Sport and Recreation worked together to develop a joint communications strategy and programme of events to promote World Health Day. A selection of World Health Organization resources was circulated to public health providers.

Norway celebrated World Health Day together with its employees. In the Haukeland University Hospital in Bergen, there were stands and events

promoting physical activity and healthy lifestyle. The events emphasised the importance of quality breaks during a hectic workday and the possibilities of using the near surroundings for activities after working hours.

In the **Russian Federation**, the Ministry of Health began the activities for WHD celebrations by sending a letter to all 89 Health Agencies of their Constituent Entities, where he set out a proposal to guarantee the success of the occasion. This was fully supported by the President of the Russian Federation. There were very successful celebrations all over Russia.

In **Uruguay**, there were celebrations in all of the provinces, with a total of 77 different WHD-related activities.

In **Vietnam**, more than 1,000 Vietnamese men and women of various ages participated in several activities to celebrate World Health Day. Political leaders, policymakers, students, older people, sports stars, and UN staff members ran, danced, played badminton, cycled, walked, and flew kites to demonstrate the importance of movement and exercise for health. Posters and educational materials were distributed.

In **South Africa**, one of the main events was coordinated by a research organization called Birth to Twenty. There were round-robin-type competitions of netball, soccer, and cricket and touch rugby for children.



ANNEX VI – 55TH WORLD HEALTH ASSEMBLY, MAY 2002: DISCUSSION AND RESOLUTION ON DIET, PHYSICAL ACTIVITY, AND HEALTH

Background

Building on the Resolutions of Non-communicable Disease Prevention and Control adopted by the World Health Assembly in May 1998 (WHA 51.18) and in May 2000 (WHA 53.17), and the respective global strategy adopted in May 2000 (A 53.14), a number of Member States stressed the importance of WHO action on diet and physical activity during the discussion of the report on health promotion (A54.8). During the Executive Board meeting in January 2002, Brazil and Lithuania drafted and presented the Resolution on Diet, Physical Activity, and Health. After the discussion, the Executive Board adopted and forwarded the Resolution to the World Health Assembly in May 2002.

Discussion at WHA in May 2002

More than 30 country delegates spoke and supported the Resolution on Diet, Physical Activity and Health (EB 109.14). Many of the speakers described the World Health Day 2002 Move for Health as beneficial and emphasized the challenges posed by unhealthy diet and insufficient physical activity.

Canada suggested an addition to the Resolution, which called for MOVE FOR HEALTH DAY every year. Denmark, on behalf of Nordic countries, called for a multidisciplinary and multisectoral approach to address the problem. Several countries supported Canada.

Many countries discussed the problems of physical inactivity as risk factor for NCDs, and the potential of physical activity interventions. New Zealand said that lack of physical activity was second only to smoking as a modifiable risk factor for NCDs.

Ghana has seen a 5 % increase in the prevalence of diabetes over the past decades. Vietnam has experienced a tenfold rise in the prevalence of hypertension and diabetes over the past years and attributed this to changes in lifestyle such as lack of physical activity, tobacco use, and improper diet. Diabetes, heart disease, and cancer are, by far, the greatest problem in Fiji and Mauritius. In Fiji these diseases account for 75 % of all hospital admissions and 65 % of the country's pharmaceutical budget.

During the discussion, a number of countries shared their national examples to promote physical activity among their citizens. Ghana and Tonga have national monthly walks for health, while Turkey organizes a national day for youth and sports every year. The Bhutanese minister was walking across his country, covering a distance of 560 kilometers, and promoting physical activity.

Australia, Japan, the USA, and Canada have set targets to achieve physical activity goals. Healthy Japan 2010 aims at a 10 % rise in physical activity among its population by 2010, while Canada's Active Living Target, which was started in 1998, wishes for the same by 2003. The United States of America and Australia aim, by 2010, for healthy eating habits and increased physical activity.

Denmark said that it would focus on the many hazards and negative effects of obesity when it assumes the next presidency of the European Union.

Scotland recently set its goal that by 2020, 50 % of its adult population and 80 % of its child population would be physically active. For this, an annual increase of percents is expected to be reached.

Other countries that highlighted their national programmes in physical activity were Mexico, Brazil, Jamaica, New Zealand, Finland, the Russian Federation, Morocco, Vietnam, South Africa, and Slovenia.

Cuba, Jamaica, and Botswana gave good examples of how policies can be adapted and made more sensitive to local culture and social realities. Ghana, Zimbabwe, Bhutan, and a number of other countries emphasised the fact that many countries face the double burden of communicable and non-communicable diseases.

Slovenia presented the Radenci declaration on diet and physical activity, which was recently adopted during an international conference on physical activity and healthy nutrition.

Turkey stressed how life course approach should be integrated while developing programmes on health promotion, and the Democratic Republic of Korea welcomed the integration of physical activity and nutrition.

THE RESOLUTION

After the discussion, the resolution (WHA 55.23) was unanimously passed. In the resolution, the World Health Assembly 2002 "Further urges Member States to celebrate a Move for Health day each year to promote physical activity as essential for health and well-being".

