
Physical activity for health

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

Report by the Director-General

1. The Executive Board at its 142nd session considered an earlier version of this report¹ and adopted resolution EB142.R5. This updated version of the report takes into account the discussions at that session of the Board (paragraphs 11–16 have been amended), including minor changes to policy action 3.1. The draft global action plan has also been updated following input from Member States (paragraphs 1, 17, 24, 31 and 35 have been amended and a new item has been added to the glossary) and these changes are reflected in draft 3 of the global action plan.²

PHYSICAL ACTIVITY: CURRENT SITUATION

2. Physical inactivity³ is a leading risk factor for premature death from noncommunicable diseases. Conversely, regular physical activity is associated with reduced risks of heart disease, stroke, diabetes and breast and colon cancer, and with improved mental health and quality of life.

3. Worldwide, 23% of adults and 81% of adolescents (aged 11–17 years) do not meet the global recommendations for physical activity. The prevalence of inactivity varies considerably within and between countries – it is as high as 80% in some adult populations – and inactivity increases with economic development, owing to the influence of changing patterns of transportation, use of technology, urbanization and cultural values.

4. Significant inequities exist, with girls, women, older adults, underprivileged groups and poor people, people with disabilities and chronic diseases, and the inhabitants of rural communities all

¹ See document EB142/18 and the summary records of the Executive Board at its 142nd session, ninth meeting, section 2, and tenth meeting, section 1.

² See http://www.who.int/ncds/governance/physical_activity_plan/en/ (accessed 2 March 2018).

³ Defined as a level of physical activity not meeting WHO's global recommendations on physical activity for health, which for adults is 150 minutes of moderate-intensity activity (or equivalent) per week measured as a composite of physical activity undertaken across multiple domains: for work (paid and unpaid, including domestic work), for travel (walking and cycling) and for recreation (including sports). Source: Global status report on noncommunicable diseases 2014. Geneva: World Health Organization; 2014 (Voluntary global target 3) (http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf, accessed 23 February 2018).

having less access to safe, accessible, affordable and appropriate spaces and places in which to be physically active.

5. Walking and cycling are key means of transportation enabling people to engage in regular physical activity on a daily basis, but the role they play and their popularity are declining in many countries. Sport is an underutilized yet important contributor to physical activity for people of all ages, in addition to providing significant social, cultural and economic benefits to communities and nations.¹ Sport can also contribute in emergency and crisis situations as part of humanitarian programmes aimed at health and social needs. As the Kazan Action Plan² highlights, “sport for all, including traditional sport and games, is a fundamental field of intervention for governments to achieve the full potential of physical activity for personal and social development”; and the Commission on Ending Childhood Obesity³ recognised that active play and recreation are important elements of healthy growth and development in children, particularly those under five, and both reports emphasize that quality physical education and the school environment can inculcate physical and health literacy for lifelong healthy, active lifestyles and prevention of noncommunicable diseases. For many adults, the workplace is a key place to be physically active (on the trip to and from work and during working hours) and reduce sitting/sedentary behaviour, thereby increasing productivity and preventing injuries and absenteeism. Primary and secondary health care providers can help patients to become more active and prevent noncommunicable diseases as part of treatment and rehabilitation pathways. Older adults in particular can benefit from regular physical activity to maintain physical, social and mental health, prevent falls and realize healthy ageing.

6. Physical activity has multiplicative health, social and economic benefits, and investment in policy action on walking, cycling, active recreation, sport and play can contribute directly to achieving many of the Sustainable Development Goals. The time is therefore ripe to build on previous commitments and accelerate progress towards realizing the benefits of more active societies through effective partnerships with multiple sectors, civil society, communities and the private sector.

7. There is, however, no single policy solution. Effective national action to reverse the current trends and address inequities in opportunities to be physically active requires a strategic combination of policy responses, selected and implemented according to country context, carried out across key settings and tailored to meet the needs of different subnational jurisdictions and of different populations and to take account of a broad range of abilities.

8. The draft global action plan on physical activity 2018–2030 acknowledges the limits to progress and accordingly proposes solutions to strengthen leadership, governance, multisectoral partnerships, workforce capabilities, information systems and advocacy. It recognizes Member States’ requests for stronger global, regional and national coordination and the need for a social movement and paradigm shift in respect of physical activity.

¹ Lindsey I, Chapman T. Enhancing the contribution of sport to the Sustainable Development Goals. London: Commonwealth Secretariat; 2017 (https://www.sportanddev.org/sites/default/files/downloads/enhancing_the_contribution_of_sport_to_the_sustainable_development_goals_.pdf, accessed 23 February 2018).

² Adopted on 15 July 2017 at the UNESCO Sixth International Conference of Ministers and Senior Officials Responsible for Physical Education and Sport (MINEPS VI).

³ Report of the Commission on Ending Childhood Obesity. Geneva: World Health Organization; 2016 (<http://www.who.int/end-childhood-obesity/publications/echo-report/en/>, accessed 16 March 2018).

9. The draft global action plan was developed through a worldwide consultation process involving a multidisciplinary WHO internal steering committee, a multisectoral global expert advisory meeting, six regional consultations, eight public webinars, information sessions with United Nations agencies and permanent missions, social media, and public online consultation. The process engaged with 83 Member States (including representatives from ministries of education, sports, transport and planning) and received 125 online submissions from key stakeholders (including Member States, international sports associations, health, transport and health professional societies, civil society members, institutes of public health, researchers/academics and the private sector).

THE DRAFT GLOBAL ACTION PLAN ON PHYSICAL ACTIVITY 2018–2030 IN BRIEF¹

10. The draft global action plan provides Member States with a prioritized list of policy actions they can take to address the multiple cultural, environmental and individual determinants of inactivity by engaging with other sectors in joint action. Its priorities are to increase overall levels of physical activity and reduce disparities in participation through inclusive solutions. Its implementation will be guided by seven principles: a human rights-based approach; equity across the life course; evidence-based practice; proportional universality; policy coherence and health in all policies; engagement and empowerment; and multisectoral partnerships involving coordinated action to achieve the 2030 Agenda for Sustainable Development.

11. The goal of the draft global action plan is a 15% relative reduction, using a baseline of 2016,² in the global prevalence of physical inactivity in adults and in adolescents³ by 2030.⁴

12. The draft global action plan's vision for "more active people for a healthier world" will be achieved through a shared mission, namely, ensuring that all people have access to safe and enabling environments and to diverse opportunities to be physically active in their daily lives, as a means of improving individual and community health and contributing to the social, cultural and economic development of all nations.

13. Recognizing the varying degrees of progress countries have made towards addressing physical inactivity, capacity and resources, the draft global action plan contains four strategic objectives and recommends 20 policy actions. These are set out in the box .

¹ The draft global action plan (http://www.who.int/ncds/governance/physical_activity_plan/en/, accessed 23 February 2018).

² The relevant data will be made available in the forthcoming document, WHO country comparable estimates on physical inactivity, 2016, which is being prepared for publication in 2018.

³ For adults defined as: less than 150 minutes of moderate-intensity activity per week, or equivalent; measurement instruments exist and are in use, for example through the Global Physical Activity Questionnaire (GPAQ) as recommended in the WHO STEPwise approach to noncommunicable disease risk factor surveillance. For adolescents defined as: less than 60 minutes of moderate to vigorous intensity activity daily; measurement instruments exist and are in use, for example through the Global Student Health Survey.

⁴ This target reflects the fact that Member States have already agreed to the voluntary target set in the global monitoring framework for the prevention and control of noncommunicable diseases of a 10% relative reduction in the prevalence of insufficient physical activity by 2025 (WHA66.10) and that the 15-year period (2015–2030) holds opportunities to benefit from the accelerated impact of policy synergies arising from interrelated multisectoral action under the 2030 Agenda for Sustainable Development, which will greatly reinforce the impact of the plan's implementation.

Box. Strategic objectives and recommended policy actions of the draft global action plan on physical activity 2018–2030

<p>Strategic objective 1: Create an active society – social norms and attitudes</p> <p>Create a paradigm shift in all of society by enhancing knowledge and understanding of, and appreciation for, the multiple benefits of regular physical activity, according to ability and at all ages.</p>
<p>Action 1.1. Implement best practice communication campaigns, linked with community-based programmes, to heighten awareness, knowledge and understanding of, and appreciation for, the multiple health benefits of regular physical activity and less sedentary behaviour, according to ability, for individual, family and community well-being.</p>
<p>Action 1.2. Conduct national and community-based campaigns to enhance awareness and understanding of, and appreciation for, the social, economic, and environmental co-benefits of physical activity, and particularly more walking, cycling and other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and thereby make a significant contribution to achievement of the 2030 Agenda for Sustainable Development (Sustainable Development Goals 2, 3, 4, 5, 9, 10, 11, 13, 15 and 16).</p>
<p>Action 1.3. Implement regular mass-participation initiatives in public spaces, engaging entire communities, to provide free access to enjoyable and affordable, socially and culturally appropriate experiences of physical activity.</p>
<p>Action 1.4. Strengthen pre- and in-service training of professionals, within and outside the health sector, to increase knowledge and skills related to their roles and contributions in creating inclusive, equitable opportunities for an active society including, but not limited to, the transport, urban planning, education, tourism and recreation, sports and fitness sectors, as well as in grass-roots community groups and civil society organizations.</p>
<p>Strategic objective 2: Create active environments – spaces and places</p> <p>Create and maintain environments that promote and safeguard the rights of all people, of all ages, to have equitable access to safe places and spaces, in their cities and communities, in which to engage in regular physical activity, according to ability.</p>
<p>Action 2.1. Strengthen the integration of urban and transport planning policies that prioritize the principles of compact, mixed land use, at all levels of government, as appropriate, to deliver highly connected neighbourhoods that enable and promote walking, cycling, other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, peri-urban and rural communities.</p>
<p>Action 2.2. Improve the level of service¹ provided by walking and cycling network infrastructure, to enable and promote walking, cycling, other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, peri-urban and rural communities, with due regard for the principles of safe, universal and equitable access by people of all ages and abilities, and in alignment with other commitments.²</p>

¹ Level of service refers to the attributes of safety, quality, connectedness and completeness; assessment instruments for walking and cycling are available in many countries.

² New Urban Agenda adopted in 2016 by the United Nations Conference on Housing and Sustainable Urban Development (Habitat III) and endorsed by the United Nations General Assembly in resolution 71/256 (2016). See also Planning and design for sustainable urban mobility: global report on human settlements 2013. Oxford: United Nations Human Settlements Programme (UN-Habitat); 2013.

Action 2.3. Accelerate implementation of policy actions to improve road safety and the personal safety of pedestrians, cyclists, people engaged in other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and public transport passengers, with priority given to actions that reduce risk for the most vulnerable road users in accordance with the safe systems approach to road safety, and in alignment with other commitments.¹

Action 2.4. Strengthen access to good-quality public and green open spaces, green networks, recreational spaces (including river and coastal areas) and sports amenities by all people, of all ages and of diverse abilities in urban, peri-urban and rural communities, ensuring design is consistent with these principles of safe, universal, age-friendly and equitable access with a priority being to reduce inequalities.

Action 2.5. Strengthen the policy, regulatory and design guidelines and frameworks at the national and subnational levels, as appropriate, to promote public amenities, schools, health care, sports and recreation facilities, workplaces and social housing that are designed to enable occupants and visitors with diverse abilities to be physically active in and around the buildings, and prioritize universal access by pedestrians, cyclists and public transport.

Strategic objective 3: Create active people – programmes and opportunities

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

Action 3.1. Strengthen provision of good-quality physical education and more positive experiences and opportunities for active recreation, sports and play for girls and boys, applying the principles of the whole-of-school approach in all pre-primary, primary, secondary and tertiary educational institutions, so as to establish and reinforce lifelong health and physical literacy, and promote the enjoyment of, and participation in, physical activity, according to capacity and ability.

Action 3.2. Implement and strengthen systems of patient assessment and counselling on increasing physical activity and reducing sedentary behaviour, by appropriately trained health, community and social care providers, as appropriate, in primary and secondary health care and social services, as part of universal health care, ensuring community and patient involvement and coordinated links with community resources, where appropriate.

Action 3.3. Enhance provision of, and opportunities for, more physical activity programmes and promotion in parks and other natural environments (such as beach, rivers and foreshores) as well as in private and public workplaces, community centres, recreation and sports facilities, and faith-based centres, to support participation in physical activity, by all people of diverse abilities.

¹ See the United Nations Global Plan for the Decade of Action for Road Safety 2011–2020 (http://www.who.int/roadsafety/decade_of_action/plan/en/, accessed 1 March 2018) and the United Nations General Assembly resolution 64/255 (2010) on improving global road safety (http://www.who.int/violence_injury_prevention/publications/road_traffic/UN_GA_resolution-54-255-en.pdf, accessed 1 March 2018); the United Nations Convention on the Rights of Child; the United Nations Convention on the Rights of Persons with Disabilities; Open-ended Working Group on Ageing for the purpose of strengthening the protection of the human rights of older persons, report of the eighth working session (<https://social.un.org/ageing-working-group/eighthsession.shtml>, accessed 23 February 2018); and the Global status report on violence prevention 2014. Geneva: World Health Organization; 2014, cosponsored by UNDP and UNODC (http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/, accessed 1 March 2018).

Action 3.4. Enhance the provision of, and opportunities for, appropriately tailored programmes and services aimed at increasing physical activity and reducing sedentary behaviour in older adults, according to ability, in key settings such as local and community venues, health, social and long-term care settings, assisted living facilities and family environments, to support healthy ageing.

Action 3.5. Strengthen the development and implementation of programmes and services, across various community settings, that engage with, and increase the opportunities for physical activity in the least active groups, as identified by each country, such as girls, women, older adults, rural and indigenous communities, and vulnerable or marginalized populations, embracing positive contributions by all people.

Action 3.6. Implement whole-of-community initiatives, at the city, town or community levels, that stimulate engagement by all stakeholders and optimize a combination of policy approaches, across different settings, to promote increased participation in physical activity and reduced sedentary behaviour by people of all ages and diverse abilities, focusing on grass-roots community engagement, co-development and ownership.

Strategic objective 4: Create active systems – governance and policy enablers

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

Action 4.1. Strengthen policy frameworks, leadership and governance systems, at the national and subnational levels, to support implementation of actions aimed at increasing physical activity and reducing sedentary behaviour, including: multisectoral engagement and coordination mechanisms; policy coherence across sectors; guidelines, recommendations and actions plans on physical activity and sedentary behaviour for all ages; and progress monitoring and evaluation to strengthen accountability.

Action 4.2. Enhance data systems and capabilities at the national and, where appropriate, subnational level, to support: regular population surveillance of physical activity and sedentary behaviour, across all ages and multiple domains; development and testing of new digital technologies to strengthen surveillance systems; development of monitoring systems of the wider sociocultural and environmental determinants of physical activity; and regular multisectoral monitoring and reporting on policy implementation to ensure accountability and inform policy and practice.

Action 4.3. Strengthen the national and institutional research and evaluation capacity and stimulate the application of digital technologies and innovation to accelerate the development and implementation of effective policy solutions aimed at increasing physical activity and reducing sedentary behaviour.

Action 4.4. Escalate advocacy efforts to increase awareness and knowledge of, and engagement in, joint action at the global, regional and national levels, targeting key audiences, including but not limited to high-level leaders, policy-makers across multiple sectors, the media, the private sector, city and community leaders, and the wider community.

Action 4.5. Strengthen financing mechanisms to secure sustained implementation of national and subnational action and the development of the enabling systems that support the development and implementation of policies aimed at increasing physical activity and reducing sedentary behaviour.

14. Progress towards achieving the 2030 target of the draft global action plan on physical activity will be monitored using the two existing indicators adopted by the Health Assembly in resolution WHA66.10 (2013) and included in the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases, namely:

- prevalence of insufficient physical activity among persons aged 18 years and over;
- prevalence of insufficient physical activity among adolescents (aged 11–17 years).¹

15. Member States are encouraged to strengthen reporting of disaggregated data in accordance with agreed recommendations² and to reflect the dual priorities of this draft global action plan, namely to: decrease overall level of physical inactivity in the population, and reduce within-country disparities and levels of physical inactivity in the least active populations, as identified by each country.

16. In order to monitor implementation of the recommended policy actions in the draft global action plan on physical activity an appropriate set of process and impact evaluation indicators is needed. Where possible, this should draw on existing indicators, as well as those under development as part of monitoring the achievement of other commitments (such as the global strategy and plan of action on healthy ageing) and the targets set under the 2030 Sustainable Development Goals.³ Using feedback from the consultation process conducted in 2017 to develop the draft global action plan on physical activity, as well as additional technical consultations, and applying the principles of economy, efficiency and flexibility,⁴ the Secretariat will finalize a recommended set of process and impact indicators by December 2018. Accordingly, the Secretariat will publish a technical note on the WHO website, outlining how WHO will monitor progress and evaluate country implementation at the global and regional levels.

17. Reports on progress of implementation of the draft global action plan on physical activity will be incorporated into reports submitted to the Health Assembly in line with paragraph 3.9 of resolution WHA66.10 (2013). The first such report on progress will therefore be incorporated into reports presented in 2021 (using data from 2020) and then again in reports issued in 2026 (using data from 2025). The final report on the global action plan on physical activity 2018–2030 will be submitted to the Health Assembly in 2030 as part of the reporting on the health-related goals and targets of the 2030 Agenda for Sustainable Development. Reporting to the United Nations General Assembly will be conducted as part of the yearly reporting cycle, to continue until 2030, on progress made in achieving the Sustainable Development Goals.

¹ No indicators are proposed for those under 11 years owing to the absence of global baseline data and of a global consensus on self-reported or objective measurement instruments or cut-off points for this age group.

² See the global action plan and global monitoring framework for the prevention and control of noncommunicable diseases (document WHA66/2013/REC/1, resolution WHA66.10 and Annex 4); Final report of the Sixth international conference of ministers and senior officials responsible for physical education and sport (MINEPS VI), Kazan, Russian Federation, 14–15 July 2017. Paris: UNESCO; September 2017: Annex 1, Kazan Action Plan, (SHS/2017/5 REV); and the Convention on the Rights of Persons with Disabilities, Article 31, Statistics and data collection (point 2).

³ For example: road safety (target 3.6), air quality (targets 3.9 and 11.6), urban design and green space (targets 11.7 and 11.a), sustainable mobility (targets 12.8 and 12.c) and reductions in violence against women and girls (target 5.2).

⁴ Where possible, the evaluation framework should aim to minimize the burden of data collection by using existing data-collection systems and to seek efficiencies and synergies by aligning with the monitoring systems established for other relevant health, social and environmental indicators within, for example, the Sustainable Development Goals.

ROLE OF THE SECRETARIAT

18. In line with the core functions of WHO, the Secretariat will continue to establish and disseminate guidelines and implementation guidance to support regional and country action. If requested, it will provide technical support enabling Member States to implement the draft global action plan and develop regional and national action plans and monitoring frameworks.

19. The Secretariat will ensure that it responds to changing needs and that its global technical guidance is regularly updated, incorporating innovative tools and strategies that have proven to be effective. In addition, it will strengthen its own capacities and capabilities at the global, regional and country levels, so that it is better positioned to lead and facilitate the coordinated global effort to reduce physical inactivity, the priority being to facilitate multisectoral partnerships, advocacy, resource mobilization, knowledge-sharing and innovation.

20. The Secretariat will monitor implementation and report on progress towards the target set for 2030.

ACTION BY THE HEALTH ASSEMBLY

21. The Health Assembly is invited to adopt the draft resolution recommended by the Executive Board in resolution EB142.R5.

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