Exercise for health*

WHO/FIMS Committee on Physical Activity for Health

This statement on the health benefits of exercise was prepared by a joint Committee of WHO and the International Federation of Sports Medicine (FIMS), and was finalized at a WHO/FIMS meeting on Health Promotion and Physical Activity in Cologne, Germany, on 7–10 April 1994. Governments around the world should consider the interrelationship of physical activity and health promotion as an important aspect of public policy.

Today there is an enormous waste of human potential that can be attributed to physical inactivity. In addition, men who fail to take sufficient exercise have about twice the risk of coronary heart disease as their more active counterparts. It is also known that many of the infirmities and disabilities of old age appear to be the result of habitual inactivity rather than of aging itself. Sedentary living is therefore now recognized to be a major contributor to ill health and unnecessary death.

In the present century mechanization and automation have radically reduced human physical activity. Nowhere has this been more apparent than in highly developed countries, where heavy manual labour has virtually disappeared and labour-saving appliances in homes have drastically reduced physical effort. Increased use of private motor cars and more time spent on sedentary leisure activities, such as television viewing, have to a large extent promoted nonactive lifestyles. Such lifestyles first became prevalent in industrialized countries, but are also increasing in the developing countries. This tendency is not restricted to adults, since there are signs that children and adolescents are also becoming less active. Lowering of physical activity is thus becoming a worldwide phenomenon.

Benefits of physical activity

The results of extensive research programmes lead to the conclusion that physical activity increases longevity and, to a large extent, protects against the development of the major noncommunicable, chronic diseases such as coronary heart disease, hypertension, stroke, non-insulin-dependent diabetes mellitus, osteoporosis, and colon cancer. Some studies suggest that physical inactivity also increases the risk of prostate cancer, lung cancer, breast cancer, and clinical depression. Furthermore, appropriate levels of physical activity assist in the rehabilitation of patients with cardiovascular and other chronic diseases.

Appropriate activity is necessary at all ages for physiological "fitness", i.e., the capacity for everyday physical effort and movement without undue fatigue or discomfort; for the regulation of body weight and avoidance of overweight and obesity; and for the optimum performance of a wide range of physiological processes, including fat and carbohydrate metabolism and the body’s defences against infection. People function, feel and look better when leading active lives, and their levels of anxiety and depression can be reduced. Among the elderly, limited mobility and loss of independence are widespread; yet there is much evidence to show the value of habitual physical activity in preventing and alleviating these disabilities.

In general, the indications are that great numbers of people are functioning below, often far below, their biological potential for good health because of inadequate physical activity. Compared with the multifarious health gains that can be expected, the hazards of sensible, appropriate physical activity are minimal.

* A French translation of this article will appear in a later issue of the Bulletin. Requests for reprints should be sent to Cardiovascular Diseases, World Health Organization, 1211 Geneva 27, Switzerland.


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Recommendations

WHO and the International Federation of Sports Medicine note with concern that an estimated half of the world’s population is insufficiently active. They therefore urge governments to promote and enhance programmes of physical activity and fitness, as part, of public health and social policy, centred on the following:

- Daily physical activity should be accepted as the cornerstone of a healthy lifestyle. Physical activity should be reintegrated into the routine of everyday living. An obvious first step would be the use of stairs instead of lifts, and walking or cycling for short journeys.
- Children and adolescents should be provided with facilities and the opportunity to take part in daily programmes of enjoyable exercise so that physical activity may develop into a lifetime habit.
- Adults should be encouraged to increase habitual activity gradually, aiming to carry out every day at least 30 minutes of physical activity of moderate intensity, e.g., brisk walking and stair climbing. More strenuous activities such as slow jogging, cycling, field and court games (soccer, tennis, etc.) and swimming could provide additional benefits.
- Women must be offered a variety of opportunities and more encouragement to engage in healthy exercise.
- The elderly, including the oldest citizens, whose numbers are increasing worldwide, should be encouraged to lead physically active lives so as to maintain their independence of movement and personal autonomy, to reduce the risks of body injury, and to promote optimal nutrition. Social roles and social relationships will thereby also be facilitated.
- People with disabilities or suffering from chronic diseases should be provided with advice on exercise and facilities appropriate to their needs.
- The fact that there are benefits to be gained by starting physical activity at any age should be broadcast more widely.

The responsibility for personal health ultimately lies with the individual and family, but government action is required to create a social and physical environment that is conducive to the adoption and maintenance of physically active lifestyles. The promotion of physical activity must be a part of public policy, because the implications are important and far-reaching. Some of the requirements are outlined below.

1) Promoting action across all levels of government—local and central—so that, for example, transport and environmental policies will have to be concerned as much with the needs of walkers and cyclists as of motorists; and town-and-country planning should encourage physical activity during leisure time and while commuting.

2) Educating and re-educating physicians, other health professionals, and teachers at all levels in order to promote physical activity by advising their patients and pupils and by setting good examples.

3) Providing convenient and affordable facilities through the local authorities and central government, taking into account the requirements of mothers, working women, the elderly, the physically handicapped, and others with special needs.

4) Giving high priority to the prevention and treatment of sports injuries.

5) Establishing tested public education campaigns through the health services and the media, supported by opinion leaders and role models in the community.

6) Linking up with the numerous voluntary organizations concerned—social, environmental, sports and recreational—in promoting healthier, and more enjoyable lifestyles.

7) Monitoring physical activity and physical fitness at the national level, as well as programmes to promote these and avoid sports injuries; baseline levels should be set up now.

8) Owing to existing social inequalities in health and marked variations in physical activity—for example, the better educated and the more affluent are more likely to engage in healthy leisure pursuits—recognizing this difference and making special provisions accordingly.

If these recommendations are followed, the benefit in saving lives and in improving the quality of life of large numbers of people all over the world is likely to be substantial. The time is now ripe for increased action.