Sedentary lifestyle and physical inactivity are among the major behavioural risk factors for many noncommunicable diseases (NCDs), and quality of life and well-being. The available data show that the prevalence of physical inactivity among adults is 15% and among adolescents it is as high as 74% in the WHO South-East Asia Region. WHO has been advocating physical exercise as one of the primary preventive measures and best buys against NCDs, which are growing in epidemic proportion. Increasing physical activity levels is even more important than usual in the face of COVID-19.

It is noted that international actions to implement recommended policy and promote physical activity have been relatively slow. Therefore, the WHO Regional Office for South-East Asia has developed the ‘Roadmap for implementing the Global Action Plan on Physical Activity (GAPPA) in the WHO South-East Asia Region’ in consultation with Member States to accelerate progress in promoting physical activity. This Roadmap will serve as guidance for Member States to identify priority areas and tailor GAPPA policy action implementation for the next five years (2021–2025). With this Roadmap, Member States have set the course to achieve the voluntary target of a 15% relative reduction in the prevalence of insufficient physical activity by 2030.
Roadmap for Implementing the Global Action Plan on Physical Activity in the WHO South-East Asia Region
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## Annexes

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Insufficient physical activity is a leading risk factor for noncommunicable diseases (NCDs) globally and in the South-East Asia Region, where NCDs cause around 8.5 million deaths every year, many of them premature. Globally, 23% of adults and 81% of adolescents aged 11–17 years do not meet WHO recommendations for physical activity. In the Region, physical inactivity among adults is around 15% and as high as 74% among adolescents. By 2025, all countries globally aim to achieve a 10% relative reduction in the prevalence of physical inactivity and a 15% reduction by 2030, as required by the Global Action Plan on Physical Activity (GAPPA).

Globally and in the Region, progress towards these targets has been slow. The Region’s 2018 status report concluded that business-as-usual would have substantial and costly long-term consequences, identifying the need for countries to accelerate action, in line with the Region’s Flagship Priority on preventing and controlling NCDs. Since then, the COVID-19 pandemic has underscored the critical importance to all countries of promoting good health throughout the life course, for which cohesive and collaborative action involving all relevant sectors – from health and transport, to education, sports and urban development – must be mobilized.

This Regional Roadmap for implementing the GAPPA aims to facilitate context-specific activities that will help achieve the GAPPA targets, and which will ensure all people have access to safe and enabling environments and to diverse opportunities to be physically active in their daily lives. The Roadmap recognizes that countries are at different stages in their efforts to reduce physical inactivity, encouraging them to conduct situational assessments using an innovative situational assessment tool (SAT) aimed at gauging policy coherence across sectors. The Roadmap contains a series of milestones intended to track national and Regional progress.

By 2021, at least four countries of the Region should have fully completed the national SAT, and at least three countries should have a database of good practices in physical activity promotion. By 2022, the Regional network on physical activity should be established, and by 2023 at least eight countries should have established national communication plans and strategies. By 2024, at least one Regional activity – such as a Regional campaign or research activity – should be conducted and supported. By 2025, the second status report on physical activity in the Region must be published.
To achieve these and a range of other milestones, WHO will continue to provide Member States its ongoing and unmitigated support. Together, we must reduce physical inactivity, increase healthy lifestyles, and achieve a healthier, more sustainable future for all.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>BMI</td>
<td>body mass index</td>
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<tr>
<td>CCS</td>
<td>country capacity survey</td>
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<tr>
<td>GAPPA</td>
<td>Global Action Plan on Physical Activity</td>
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<tr>
<td>HLC</td>
<td>healthy lifestyle centre</td>
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<td>HLM</td>
<td>high-level meeting</td>
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<tr>
<td>IHPP</td>
<td>International Health Policy Program (Thailand)</td>
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<tr>
<td>LMICs</td>
<td>low- and middle-income countries</td>
</tr>
<tr>
<td>MCD</td>
<td>Municipal Corporation of Delhi (India)</td>
</tr>
<tr>
<td>MO</td>
<td>Medical Officer</td>
</tr>
<tr>
<td>MoPH</td>
<td>Ministry of Public Health (Thailand)</td>
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<tr>
<td>NCD</td>
<td>noncommunicable disease</td>
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<tr>
<td>NDVI</td>
<td>Normalized Difference Vegetative Index</td>
</tr>
<tr>
<td>NLG</td>
<td>Nature Lovers Group (Nepal)</td>
</tr>
<tr>
<td>PHC</td>
<td>primary health care</td>
</tr>
<tr>
<td>SAT</td>
<td>situational assessment tool</td>
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<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>SEA</td>
<td>South-East Asia</td>
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<tr>
<td>STEPS</td>
<td>STEPwise Approach to NCD Risk Factor Surveillance</td>
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<tr>
<td>ThaiHealth</td>
<td>Thai Health Promotion Foundation</td>
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<tr>
<td>ToT</td>
<td>training of trainers</td>
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<tr>
<td>WHA</td>
<td>World Health Assembly</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Physical activity is defined as any bodily movement produced by skeletal muscles that requires energy expenditure. Physical activity promotes the flow of blood and oxygen in the body, burns energy and helps enhance mental well-being – all essential characteristics to reducing the risk of noncommunicable diseases (NCDs). It also builds immunity and strengthens the body’s response to communicable diseases. Regular physical activity is a known protective factor for the prevention and management of NCDs such as cardiovascular disease, diabetes, breast and colon cancer.1,2 The Global Action Plan on Physical Activity 2018–2030 is a technical package for increasing physical activity (Box 1).3

**Box 1. Global Action Plan on Physical Activity (GAPPA) – A technical package for increasing physical activity**

The Global Action Plan on Physical Activity 2018–2030 (GAPPA) provides a shared vision of more active people for a healthier world and sets out goals to achieve a relative reduction in global levels of physical inactivity of 10% by 2025 and 15% by 2030. The action plan outlines four objectives and 20 recommended evidence-based policies applicable and adaptable to all country contexts to increase levels of physical activity,3 and provides countries with a roadmap for implementing a national response to increase health and well-being.

Collectively, the 20 recommended policies form a “whole-of-community” approach to increasing the opportunities for people of all ages and abilities to be more physically active every day, at home, work, school and in their local communities.

The ACTIVE technical package is the first of several implementation tools that the World Health Organization (WHO) has developed to support countries plan, implement and evaluate the implementation of the Global Action Plan. It outlines four policy action areas, which directly reflect the four objectives of the Global Action Plan endorsed by the World Health Assembly in May 2018, and identifies the key policies within each action area.

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WHO has also developed a global monitoring framework and supporting capacity-building initiatives to accelerate implementation across multiple sectors, including health, sports, transport, urban design, civil society, academia, private sector and community-based organizations. The WHO Regional Office for South-East Asia came up with a Roadmap for implementation of GAPPA from 2021 to 2025.

Popular ways to be active are through walking, cycling, sports, and during transport and recreation. Regular participation in physical activity is recommended for persons of all ages and abilities to enjoy multiple health benefits. It is incumbent upon countries to provide an appropriate environment, supportive policies and systems to enable people to be physically active in their daily living across their life course.

In November 2020, WHO launched the revised “Guidelines on physical activity and sedentary behaviour”, which provide evidence-based public health recommendations for children, adolescents, adults and older adults on the amount of physical activity (frequency, intensity and duration) required to offer significant health benefits and mitigate health risks as shown in Fig. 1.2

Fig. 1. Summary of WHO Guidelines on physical activity (2020) in infographic presentation
Rationale

Regular physical activity (at least 150–300 minutes of moderate-intensity aerobic physical activity per week) is proven to help prevent and treat NCDs such as heart disease, stroke, diabetes and breast and colon cancer. It also helps to prevent hypertension, overweight and obesity and can improve mental health, quality of life and well-being.2

Global progress to increase physical activity has been slow. The new WHO Global action plan to promote physical activity responds to the requests by countries for updated guidance, and provides a framework of effective and feasible policy actions to increase physical activity at all levels. It also responds to requests for global leadership and stronger regional and national coordination, and the need for a whole-of-society response to achieve a paradigm shift in both supporting and valuing all people being regularly active, according to ability and across the life course. Global estimates indicate that in 2016, 27.5% of adults and 81% of adolescents did not meet the WHO recommendations, and the trend data show limited global progress during the past decade.4 Data also highlight that women are less active than men in most countries, and significant differences exist in levels of physical activity within and between countries and regions.

Physical inactivity has been identified as a contributor to the rise in overweight and obesity. Childhood obesity is associated with a higher chance of obesity, premature death and disability in adulthood. The prevalence of overweight and obesity among children and adolescents aged 5–19 years has risen dramatically from 4% in 1975 to over 18% in 2016. Similarly, 39% of adults aged 18 years and over were overweight in 2016.5 This trend is prominent in low- and middle-income countries (LMICs), particularly in urban settings. Steady increases in the prevalence of overweight and obesity have been reported in the WHO South-East Asia Region (SEA Region), across all age groups. An estimated 6.6 million young children under 5 years and one in five adults are currently overweight.6 Improving the physical activity, sedentary and sleep time behaviours of young children will contribute to their physical health, reduce the risk of developing obesity in childhood and the associated NCDs in later life and improve mental health and well-being.7

Considering the epidemiological patterns, which show that childhood obesity tracks into adult obesity and increases the risk of NCDs, preventive interventions including physical activity have to start during the early life.

WHO has been advocating physical activity as one of the primary preventive measures against NCDs. The WHO Global action plan for preventing and controlling NCDs 2013–2020 has envisaged physical activity promotion through multisectoral and multi-stakeholder

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6 Obesity and overweight in South-East Asia ([https://www.who.int/southeastasia/health-topics/obesity](https://www.who.int/southeastasia/health-topics/obesity), accessed on 1 November 2021).
The World Health Assembly resolution WHA66.10 approved a voluntary global target of a 10% relative reduction for NCD prevention and control in the prevalence of insufficient physical activity by 2025. The World Health Assembly resolution WHA71.6 approved the GAPPA 2018–2030 and adopted a new voluntary global target of a 15% improvement in global levels of physical inactivity in adults and adolescents by 2030.3

The WHO SEA Region Secretariat is committed to working with Member States to encourage physical activity and integrate its promotion within existing multisectoral policy frameworks for NCD prevention and control. The Sixty-ninth session of the Regional Committee for WHO South-East Asia, held in Colombo in 2016, unanimously adopted a resolution (SEA/RC69/R4) on promoting physical activity.9 Indicators were piloted by the WHO Regional Office for South-East Asia and published as the Regional Status Report on Physical Activity and Health in 2018.

Efforts to advance the physical activity agenda at the global level require regular monitoring and evaluation to track the progress. The last NCD country capacity survey (CCS) was carried out in 2019, and a Global Status Report on Physical Activity will be released in the first half of 2022. However, recent data show that promoting physical activity in the WHO SEA Region remains a challenge. The 2018 Regional status report concluded that there is a need to further the progress in achieving the global voluntary targets as well as contributing to the 2030 Agenda for Sustainable Development. The business-as-usual scenario may have substantial and costly long-term consequences.

Since ancient times, yoga has been an integral part of traditional forms of physical and mental exercise in south Asia, and it contributes to the health and wellness of people of all ages. In the SEA Region, the increased uptake of yoga will aid national efforts to reduce the NCD burden and promote healthy ageing, which is particularly important as countries navigate rapid demographic changes. Yoga can be practised anywhere and at any time. The impact of COVID-19 underscores the importance of boosting physical, mental and emotional well-being at home through regular yoga practice. Efforts to promote physical activity – including yoga – have in recent years gathered pace across the Region, in line with the Region’s Flagship Priority on preventing and controlling NCDs, for which high-impact, cost-effective “best buys” are the key.

To accelerate the implementation of GAPPA and support in achieving the voluntary target of a 10% relative reduction in the prevalence of insufficient physical activity by 2025, the WHO Regional Office for South-East Asia develops an initiative called the Regional Roadmap for implementing the Global Action Plan for Physical Activity 2018–2030 (GAPPA) in the Region. The need to develop a roadmap for the implementation of GAPPA has been recommended in the high-level meeting (HLM) of Member States of the SEA Region. The Roadmap identifies priority areas and concrete policy actions that underline the significant challenges faced in the Region.

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The Roadmap serves as guidance for Member States to identify priority areas and to adapt the implementation of GAPPA policy actions to their own country context over five years (2021–2025). With this Regional Roadmap, Member States have set the course to achieve the voluntary target of a 10% relative reduction in the prevalence of insufficient physical activity by 2025. Global progress reports on country implementation will be presented at the World Health Assembly in 2026.

Current situation

Epidemiological profile

The prevalence of insufficient physical activity among adults and adolescents in the SEA Region is the lowest compared to the global average, with considerable variations across countries. When stratified by physical activity domains, the data show that work-related physical activity shares the largest proportion of physical activity level in many countries of the Region. Although the prevalence of insufficient physical activity among adolescents in the Region is the lowest compared to other regions, it is still very high, and limited available data make it difficult to establish a clear pattern or trend. In addition, increasing physical activity from the current level of physical activity can only benefit towards preventing NCDs given the dose–response relationship. From deterrents to barriers, multiple factors give rise to “physical activity insecurity”. Lack of pedestrian/active transporter’s dignity, safety, lack of ease of use of active travel pathways, vulnerability to traffic and road safety, dearth of useable public parks/urban green forests, academic pressures in educational institutes, long working hours are some of the impediments in promotion of physical activity in many countries of the SEA Region, which need to be addressed through multisectoral collaboration.

Policies, strategies and interventions by countries of the SEA Region

India for example has the Fit India Movement which is launched by the Ministry of Youth Affairs and Sports. In addition, transport policies of India prioritize active cycling over non-active motorized transport. However, implementation of these campaigns and policies across multiple sectors at the national and subnational levels needs evaluation. Maldives has developed the National Guidelines on Physical Activity for Health and National Policy on Physical Activity, which will be crucial to promote physical activities in the next five years. Indonesia has drafted a National Action Plan for Promotion of Physical Activity. Sri Lanka introduced healthy lifestyle centres (HLC) in 2011 for proactive identification of risk factors such as smoking, alcohol use, physical inactivity and unhealthy diet. The behavioural risk factors are assessed in HLCs through history and participants with health problems are referred to appropriate clinic/institution based on assessment results. Lifestyle modification activities and primordial and primary preventive programmes such as health education

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Sessions, exercise programmes are run by the HLC staff at the institutional and community levels. Thailand has created an online data platform called activethai.org that provides access to over 100 indicators on physical activity situation, policy interventions and investments, and supports built environment at the national and subnational levels. The platform provides evidence-based data and information to policy-makers to inform policy decisions about allocating resources to improve the population’s physical activity level. Similarly, other countries of the SEA Region are in the process of developing national policies, guidelines and multisectoral activities as a part of their multisectoral NCD action plan.

Policies, strategies and action plan to promote physical activity at the national and in some Member States at subnational levels are in place and operational. However, detailed information on implementation status and outcomes remains limited or unavailable. Latest available data show that although there are improvements in many areas related to strategic objectives of the GAPPA, the progress has been slow and uneven among countries. Moreover, the rate of country implementation suggests that a continuation of “business as usual” approach is unlikely to achieve the global target of a 15% increase in physical activity by 2030.11,12

As promoting physical activity involves cross-sectoral actions, WHO is encouraging Member States to use the situational assessment tool (SAT) to support the national authority to undertake a rapid assessment of their current national context and progress on the promotion of physical activity. Since all stakeholders are involved in promotion of physical activity, this process also provides an opportunity for stakeholder engagement in policy implementation to promote, support and ensure a wide variety of appropriate physical activity opportunities available to people of all ages and abilities.

Anecdotal evidence suggests that the gap between policies and implementation seems to be wide and needs further documentation. Information is limited on multisector collaborations or actual challenges in implementing physical activity policies, plans and programmes. For example, policies to support the creation of active environments, which require effective multisector collaborations, are scarce within the Region. In some cases, policy documents remain only on shelves. Data from the NCD CCS 201911 and the Global status report on road safety 201813 show that some countries of the Region have the policies to promote walking and cycling whereas other countries have policies only at the subnational level. Like tobacco, policies in other sectors should be brought under an over-arching umbrella to increase physical activity in all domains of life, transport, road design, schools and educational institutions, workplaces, urban green spaces in planning, primary health centres, hospitals, other community centres, cultural and social activities.

Given the rapid pace of urbanization and increasing disease burden related to NCDs in the Region due to changing lifestyle and physical inactivity in urban settings, reorganizing primary health care (PHC) service delivery in urban areas is of critical importance. It is necessary to ensure that promotion of physical activity and care for chronic conditions are managed at lower-level health facilities and through community outreach. Since Member States are revising a National Multisectoral Action Plan for Prevention and Control of NCDs, promotion of physical activity is an entry point for community engagement and prevention of NCDs. Enhancing physical activity should also be integrated as an essential part of the PHC strategy of the country. Sri Lanka has healthy lifestyle centres integrated with primary health centres, which may serve as a good example of screening, early detection, prevention and supporting lifestyle change at the PHC level (Annex 3). Similarly the Indonesia Government enforced a regulation that required each local community to make community health services available for the elderly honouring the five principles of human rights provision: availability, accessibility, acceptability, quality, and universality. The community provided long-term care for the elderly by managing the integrated post (POSBINDU). India too is planning “health and wellness centres along with the primary health centres”.

Reiteration of the importance of physical activity by various health-care providers in health facilities, along with facilities for physical activity when patients come to the health centre will be critical. Open green areas, with trees, and facilities for making walking a pleasant experience will be helpful. Water fountains make people comfortable to exercise without getting dehydrated.

Public awareness campaigns to promote physical activity at the national level are available in only three countries, and there is a lack of detailed information on the current status and their impact. Surveillance systems for measuring physical activity at the population level are available in most countries of the Region. However, the frequency, regularity and completeness of surveys are suboptimal or absent and vary among countries. On the other hand, funding support for strengthening the critical systems to implement coordinated national actions is still limited. The “Status report on physical activity and health in the WHO SEA Region 2018” may serve as baseline data. Annex 1 summarizes the status of physical activity in the WHO SEA Region, which justifies the need for a Regional Roadmap for implementation of the GAPPA.

The first status report on “Physical activity and health in the SEA Region” in 2018 proposed the following recommendations for countries to improve their supporting systems for physical activity promotion: (i) investing in a better data system and infrastructure which are regionally and globally comparable is crucial to monitor progress; (ii) there is a need to introduce innovative policies for physical activity promotion, including financing mechanisms to ensure their effective implementation; (iii) there is a need to initiate or strengthen high-level national multisectoral coordination to provide leadership and oversight on implementation and monitoring of multisector actions to promote physical activity; and

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(iv) establishing a regional network with regular meetings, which is an essential platform for learning and sharing experiences and for advancing the agenda on physical activity and health in the Region; (v) mandatory involvement and participation of various sectors such as roads and transport, ministries of urban development, human resources and city mayors/municipalities, etc.; (vi) development of a Dashboard consisting of regional contextually relevant monitoring indicators to monitor the development of supportive physical activity (in daily living) infrastructure.

**Method and process for developing the Roadmap**

The Roadmap was developed in accordance with the processes set out by the WHO Regional Office for South-East Asia. Multiple consultation sessions with Member States of the SEA Region were conducted during December 2020 to February 2021. The first meeting was held on 1 December 2020 to introduce the initiative of roadmap development and to discuss on regional expectation. Then, on 17 December, the main discussion was focused on identifying priority areas. The third meeting was held on 21 January 2021 to provide feedback to the zero draft.

The draft was also circulated online to obtain comments and feedback from experts from related disciplines as well as policy-makers and other stakeholders. These inputs from scientists, practitioners and government agencies were collated and used to finalize the Roadmap.

**Guiding principles**

The Roadmap is formulated based on the following guiding principles that should underpin the implementation of GAPPA by Member States and Secretariat’s actions towards achieving the shared vision of a more active world (Fig. 2).

1. **Human rights approach:** The WHO Constitution enshrines that the highest attainable standard of health is a fundamental right of every human being. As an essential resource for everyday living, health is a shared social and political priority for all countries. In the 2030 Agenda for Sustainable Development, countries committed to invest in health, achieve universal health coverage and reduce health inequalities for people of all ages and abilities. Implementation of this Roadmap should employ a rights-based approach and incorporate a
commitment to engaging and empowering individuals and communities to actively participate in the development of solutions.

(2) **Life course approach:** Disparities in physical activity participation by age, gender, disability, pregnancy, socioeconomic status, and geography reflect limitations and inequities in the socioeconomic determinants and opportunities for physical activity for different groups and different abilities. Implementation of this Roadmap should explicitly consider the needs at different stages of the life course (including childhood, adolescence, adulthood and older age), different levels of current activity and ability with a priority towards addressing disparities and reducing inequalities.

(3) **Evidence-based practice:** The recommended policy actions are informed by a robust scientific evidence base, as well as practice-based evidence from active evaluation and demonstration of impact. The cost-effectiveness for many interventions is already established; implementation of the Roadmap should continue to build and develop this evidence base, especially in LMICs.

(4) **Proportional universality:** Proportional universality describes an approach to the resourcing and delivery of services at a scale and intensity proportionate to the degree of need. At a global, national and subnational level, there is a need to focus efforts on reducing inequity in the opportunities for physical activity. Therefore, proportional allocation of resources to the actions needed to engage the least active and those who face the greatest barriers to increasing participation should be a priority.

(5) **Policy coherence and health in all policies:** Physical activity can deliver benefits for individuals, communities and Member States across a range of Sustainable Development Goals (SDGs), and therefore action is required across and between a wide range of policies and partners to achieve sustained change and impact. The SDGs recognize that people’s health and the health of the planet are not mutually exclusive, and that environmental sustainability is critical to health improvement.

(6) **Engagement and empowerment of policy-makers, people, families and communities:** People and communities should be empowered to take control of the determinants of their health through active participation in the development of policies and interventions that affect them in order to reduce barriers and to provide motivation. Active engagement to mobilize communities is one of the most powerful ways to change behaviour and change social norms.

(7) **Socioeconomic and gender equity:** Any policy action in the Roadmap should employ a human rights-based approach in engaging and empowering individuals to have an equal opportunity to be physically active regardless of gender, functional ability, ethnocultural background, age or socioeconomic status. Infrastructure and dignity for the active transporter in daily living during transport, at work-places, educational institutes and for recreation should be fundamental in planning, policies and decision-making. “Physical activity
“security” needs to be addressed through meaningful multisectoral engagements, which should be appropriately documented.

(8) **Multisectoral partnerships:** A comprehensive, integrated and intersectoral approach consistent with SDG17 is essential to increase population levels of physical activity and reduce sedentary behaviour. Implementation of this Roadmap should foster collaboration across and between all stakeholders at all levels, guided by a shared vision to realize the multiplicative benefits of a more active world.

(9) **Regional cooperation:** The Roadmap should prioritize regional cooperation that can be supported using the Secretariat’s existing expertise and resources, drawing on inputs from Member States, while remaining consistent with relevant international rules and commitments and creating no new commitments or additional reporting.

The above-mentioned principles guide in the achievement of the following Vision and Mission.

**Vision**

Sufficient physical activity for a healthier and active life for all

**Mission**

To ensure 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.

**Objectives**

(1) **Create active environments**

  – To enable and promote walking, cycling and other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, periurban and rural communities.

  – 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.

(2) **Create active systems**

  – 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 behaviours, including multisectoral engagement and coordination mechanisms, and policy coherence across sectors.
– Improve advocacy efforts to increase awareness and knowledge.

(3) **Create active societies**

– Conduct 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.

– Implement community-based programmes-linked communication campaigns, to increase awareness, knowledge and understanding of, and appreciation for, the multiple health benefits of regular physical activity and less sedentary behaviour.

– 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 sectors of transport, urban planning, education, tourism and recreation, sports and fitness, as well as in grassroots community groups and civil society organizations.

(4) **Create active people**

– Increase safety of people, parks and walking spaces including air quality.

– Provide good-quality physical education, positive experiences and opportunities for active recreation, sports and play for children.

– Enhance provision of, and opportunities for, more physical activity programmes and promotion in parks and other natural environments (such as beaches, 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.

**Target**

A 15% relative reduction in the global prevalence of physical inactivity in adults and in adolescents by 2030 (using a baseline of 2016).

The main objective of the Roadmap is to align with the Regional target of increasing physical activity by 10% by 2025 and to increase physical activity by 15% as given in the GAPPA 2030.

The target of the Roadmap is to implement the GAPPA guidelines in a context-specific manner best suited for each country so that by 2025 each country can fully implement GAPPA policy actions at their own pace based on their country’s feasibility and policy priorities by utilizing the supporting mechanisms provided by the Secretariat.
The milestones of the Roadmap are as follows.

By 2021:

1. At least four countries in the Region have fully completed the National SAT on Physical Activity.
2. At least three countries have a database of good practices in physical activity promotion.

By 2022:

3. The Regional network on physical activity is established.
4. At least five countries have established multisector collaboration activities with non-health sectors to create active environments, especially on priority issues.
5. At least five countries in the Region have the updated national physical activity plan/strategy emphasizing multisector collaborations and shared responsibilities.
6. The Secretariat has established partnerships with other UN agencies and other intergovernmental and international organizations to demonstrate leadership in the Region and bridge Member States’ collaborations with non-health sectors at the national level.

By 2023:

7. At least eight countries in the Region have already established a national communication plan/strategy.
8. The regional and national research prioritization and funding mechanisms on physical activity are completed.

By 2024:

9. At least one regional activity, such as regional campaigns or joint-research activities on physical activity promotion, is conducted and supported.

By 2025:

10. A knowledge-sharing platform and a regional data system to monitor and evaluate the implementation of GAPPA policy actions are in place.
11. The second status report on physical activity and in the SEA Region is published.

The expected outcomes of the Roadmap are as follows: (i) strengthened regional cooperation on priority issues as identified by Member States; (ii) continued and more efficient and coordinated support for Member States provided by the Secretariat; (iii) more effective knowledge-sharing among countries; (iv) improved physical activity situation in the Region.
Priority areas and concrete policy actions

The Roadmap has been developed with full recognition that the Member States are in different stages to reduce the levels of physical inactivity and sedentary behaviours. It also respects that physical activity priorities and preferences vary in different subpopulation groups according to culture, context and resources. Therefore, prioritization of policy actions is critical for achieving full implementation of the GAPPA at the national scale.

This Roadmap has identified five priority areas to accelerate the effectiveness of policy implementation and build momentum towards achieving the global voluntary target in 2030 (Fig. 3): (i) multisector collaborations and shared responsibilities; (ii) active environments; (iii) mass communication plan/strategy; (iv) regional network; and (v) monitoring and evaluation.

**Fig. 3.** Priority areas for accelerating policy implementation

Multisector collaboration and shared responsibilities

Ensuring that people have equitable access to safe and enabling environments to be physically active in their daily lives is considered the essential part of the GAPPA document. **Multisector collaborations and shared responsibilities** are considered the most critical issue in the Region and have been mentioned in various policy documents and discussions related to physical activity during the development process. The concrete policy actions are:

- Member States should **complete the national SAT report** as an entry point to establish collaborations with other stakeholders. Completing the report requires establishing dialogues and sharing policy priorities with non-health sectors. The SAT exercise encourages involvement of non-health sectors such as education, urban planning and transportation including strengthening of their
institutional capacity for promotion of physical activity. Multisectoral planning and collaborative activities contribute to a sense of shared responsibilities among stakeholders as well as opportunities for advocating an active lifestyle.

- Member States should establish or update their national physical activity plan/strategy with the emphasis of multisector collaboration and shared responsibilities among different government agencies in promoting physical activity.

**Active environment**

Ensuring that people have equitable access to safe and enabling environments to be physically active in their daily lives is considered the integral part of the GAPPA. However, it should be noted that the responsibility of establishing an active environment lies mostly with non-health sectors such as education, urban planning and transportation, as well as the local government. Concrete policy actions under this priority area include:

- Member States should establish interagency partnerships at the regional, national and subnational levels to integrate physical activity policies with prioritized cross-cutting environmental issues such as air pollution, road safety, and the promotion of walking and cycling to ensure that all people will have equitable access to a safe environment in engaging physical activity during and after the COVID-19 pandemic. Completing SAT can be used as an entry point to establish the integration of physical activity strategies into national policies and plans in other sectors.

- Schools and educational institutes play a critical role in providing a physical environment where children, adolescents and adults can be active. They also “etch” out behaviours for life. The social environment influences their behaviours and actions for life. It is important to emphasize physical activities in different forms: sports for all, cultural activities like dance for all, trees to lower the temperature in high heat conditions and also lower pollution. Adequate emphasis should be given in the school curriculum with dedicated resources, such as good teachers in different physical activity-related fields, dedicated periods/time allocation, water fountains to help children keep hydrated. Built environment design such as facilities for sports, playgrounds and sporting facilities are essential prerequisites. Enforcement by the establishment, reinforcement by others in the schools and educational institutes during school time and after school hours too play at a huge role. The Ministry of Human Resources, and the Ministry of Information and Broadcasting should be involved.

- The Covid-19 pandemic has negatively impacted on physical and mental health conditions of schoolchildren as online classes are common in the new normal situation, which lead to overweight and obesity having long-term health consequences in the life course. Special attention should be given to promote physical education cum physical training at the school level in coordination with the Ministry of Education and private school associations.
**Mass communication plan/strategy**

Mass communication plan/strategy is considered one of the “best buys” in promoting physical activity and is especially vital in raising awareness and knowledge of the health benefits of physical activity, facilitating behaviour change, and increasing health and physical literacy. The concrete policy actions under this area are:

1. **Member States should develop and/or update the national mass communication plan/strategy** in alignment with the GAPPA strategic objectives and related existing national policy priorities and actions to promote physical activity.

2. **With assistance from the Secretariat, Member States should develop a regional communication message** in the form of regional campaigns or other activities to raise awareness and increase understanding and positive attitudes towards physical activity using traditional, social and digital mass media communication channels.

3. Changing social norms to make physical activity fashionable, in all spheres. The media plays a critical partner. Taking them on board, with media houses and film industry, Google, Instagram, Facebook, Twitter, etc. and local film industries will have a big impact on changing social norms.

**Regional network**

There is a need to create a regional network to advance the physical activity agenda at the regional and international levels in order to promote physical activity based on the Member States’ priorities and interests. The concrete policy actions under these priority areas include:

1. **With assistance from the Secretariat, Member States should establish a regional network of leaders committed to promoting physical activity** at the highest level of government to provide oversight on implementation and monitoring of the progress of the implementation of the GAPPA. Strong and visible leadership and commitment are needed to set the national vision, prioritize the promotion of physical activity and reduce sedentary behaviour, and secures the active engagement of multiple sectors at all levels. These leaders will act as exemplars, actively championing the recommended policy actions and change required, and set the culture and norms of physical activity promotion at all government activities at the regional and national levels.

2. **With assistance from the Secretariat, Member States should establish a regional network of physical activity experts** who will act as a catalyst as well as interlocutor for promotion of physical activity at the Regional and country levels. Firstly, it will be a formal network recognized by the WHO Regional Office for South-East Asia, which will work with the national and local governments, and
secondly, it will also be the informal network to promote physical activity based on the interests of the network members.

(3) Member States should establish a national network of physical activity role models/local champions, consisting of professional athletes, celebrities and the general population, contributing to advocacy of physical activity at the national and subnational levels.

Monitoring and evaluation

Availability and access to high-quality data and statistics are essential for measuring the progress on implementation of the GAPPA and achieving the global voluntary target. However, regional data to support policy actions stated in the GAPPA strategic objectives are still scarce. Hence, there is a need to establish a platform for monitoring and evaluation of implementation of the GAPPA at the Regional level. The concrete policy actions are:

(1) With assistance from the Secretariat, Member States should establish a regional knowledge-sharing platform to learn the success stories in policy actions and programmes from other countries in the Region and upscale interventions targeting specific groups of populations. The result from the national SAT can be used as the baseline data for the multisector monitoring and reporting in the platform.

(2) Member States should establish a database on good practices on physical activity promotion containing case studies on national campaigns and messaging, success stories from various policy interventions such as incentive–disincentive policies, financing mechanisms, and other innovative interventions at the national and subnational levels. This database can then be integrated into the regional knowledge-sharing platform.

(3) Member States should regularly update the country’s epidemiological profile, such as the prevalence of obesity/overweight including insufficient physical activity levels using STEPS or other equivalent existing surveillance tools that can provide a clearer picture of the current country situation on implementation of the GAPPA. The data can then be disseminated in the regional knowledge-sharing platform.

(4) With assistance from the Secretariat, Member States should conduct a research prioritization at the regional level to identify the least active population, types of effective intervention for different age groups, and how to promote walking and cycling in the context of the Region. The prioritization should also consider the guiding principles of the Roadmap and country-context and can be tailored to meet the needs of different subnational jurisdictions and subpopulations.
Implementation: roles and responsibilities

The roles and responsibilities of Member States in implementing the Roadmap include:

1. To foster collaboration across and between all stakeholders at the regional, national and subnational levels, especially in reinforcing the capacity of non-health sectors in sharing the responsibilities in creating active environments and advocating active lifestyles.

2. To be actively involved in the regional activities and initiatives, both during the process of establishing and maintaining the data system for surveillance, knowledge-sharing platform, and regional network.

3. To regularly update the country’s epidemiological and policy profiles and good practices in physical activity promotion to the knowledge-sharing platform.

4. The roles and responsibilities of the Secretariat in implementing the Roadmap include:

5. To facilitate technical and financial assistance in implementing concrete policy actions through the Secretariat’s existing expertise and resources, drawing on inputs from Member States.

6. To demonstrate leadership by collaborating with UN agencies and other intergovernmental and international organizations and strengthen the regional and national coordination in implementing a whole-of-government approach for physical activity promotion.

7. To establish a knowledge-sharing platform and regional network for Member States to learn, share and advance the physical activity agenda in the Region.

Tracking the progress

The progress on implementing this Roadmap will be reviewed biannually as part of the progress report of the regional committee resolution on physical activity in the SEA Region until 2025. This process will not create additional reporting requirements for Member States and will be conducted within the existing monitoring and evaluation system.

In 2025, the Secretariat will publish the second status report on physical activity and health in the SEA Region.
Annex 1
Summary of the status of physical activity in the WHO South-East Asia Region (2018)

These are the answers received from the respective ministries of health of countries of the SEA Region.

*Fig. 4.* Policy availability related to physical activity promotion in Member States of the SEA Region

Sources:
1. NCD country capacity survey, 2019
2. Global status report on road safety 2018 (http://www.who.int/publications/i/item/9789241565684)
**Annex 2**

**Concrete actions and milestones**

*Fig. 5.* Major milestones of the Roadmap with timelines

<table>
<thead>
<tr>
<th>Concrete policy actions</th>
<th>Milestones</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multisector collaboration and shared responsibilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Complete the national situational assessment tool (SAT) report</td>
<td>At least four countries in the Region have fully completed the national SAT.</td>
<td>2021</td>
</tr>
<tr>
<td>2. Establish or update their national physical activity plan/strategy with the emphasis of multisector collaboration and shared responsibilities</td>
<td>At least five countries have established multisector collaboration activities with non-health sectors to create active environments, especially on priority issues.</td>
<td>2022</td>
</tr>
<tr>
<td><strong>Active environment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Establish inter-agency partnerships at the regional, national and subnational levels to integrate physical activity policies with prioritized cross-cutting environmental issues</td>
<td>Same as above.</td>
<td>2022</td>
</tr>
<tr>
<td></td>
<td>The Secretariat has established the partnership with other UN agencies and other intergovernmental and international organizations to demonstrate leadership in the Region and bridge Member States' collaborations with non-health sectors at the national level.</td>
<td>2022</td>
</tr>
<tr>
<td><strong>Mass communication plan/strategy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Develop or update the national mass communication plan/strategy</td>
<td>At least eight countries in the Region have already established a national communication plan/strategy.</td>
<td>2023</td>
</tr>
<tr>
<td>5. Develop a regional communication message</td>
<td>At least one regional activity, such as regional campaigns or joint-research activities on physical activity promotion, is conducted and supported.</td>
<td>2024</td>
</tr>
<tr>
<td>Concrete policy actions</td>
<td>Milestones</td>
<td>Year</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td><strong>Regional network</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Establish a regional network of leaders committed to promoting physical activity at the highest level of government</td>
<td>The regional network on physical activity is established.</td>
<td>2022</td>
</tr>
<tr>
<td>7. Establish a regional network of physical activity experts</td>
<td>The regional network of physical activity experts is established.</td>
<td>2022</td>
</tr>
<tr>
<td>8. Establish a national network of physical activity role models/champions</td>
<td>Member States established a national network of physical activity role models/champions.</td>
<td>2022</td>
</tr>
<tr>
<td><strong>Monitoring and evaluation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Establish a regional knowledge-sharing platform</td>
<td>A knowledge-sharing platform and regional data system to monitor and evaluate the implementation of GAPPA policy actions are completed.</td>
<td>2025</td>
</tr>
<tr>
<td>10. Establish a database on good practices on physical activity promotion</td>
<td>At least three countries have a database of good practices in physical activity promotion.</td>
<td>2021</td>
</tr>
<tr>
<td>11. Regularly update the country's epidemiological profile</td>
<td>The second status report on physical activity and in the SEA Region is published.</td>
<td>2025</td>
</tr>
<tr>
<td>12. Conduct a research prioritization activity at the Regional level</td>
<td>The regional and national research prioritization and funding mechanisms on physical activity are completed.</td>
<td>2023</td>
</tr>
</tbody>
</table>
Annex 3
Examples of good practices on promoting physical activities in Member States

India

A situational analysis of open space gyms in Delhi from a health perspective was done and case studies were recorded to document good practices. Two such case studies have been presented here.

<table>
<thead>
<tr>
<th>Name of project:</th>
<th>A situational analysis of open space gyms in Delhi and case study to document good practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target population</td>
<td>General public of Delhi</td>
</tr>
<tr>
<td>Study year</td>
<td>2020–2021</td>
</tr>
<tr>
<td>Implementing agency</td>
<td>Public Health Foundation of India</td>
</tr>
<tr>
<td></td>
<td>Centre for Chronic Disease Control (WHO Collaborating Centre for surveillance, capacity-building and research in cardio-metabolic diseases)</td>
</tr>
<tr>
<td>Rationale</td>
<td>Parks within the walking distance are known to have a big influence on physical activity levels of people. Those staying within 0.4 km radius of parks/urban forests exercise/walk for 70–90 minutes or more per week according to studies measuring physical activity and park locations objectively.</td>
</tr>
<tr>
<td>Aim</td>
<td>To do a situational assessment of parks in Delhi and case studies to document the user experiences of the community</td>
</tr>
</tbody>
</table>
Case study 1  
Open space park uplifted and maintained by the local community

The Tilak Nagar Park is a very well-maintained park housing a park and playground with an area of 5706 m². This park has a Normalized Difference Vegetative Index (NDVI) of 0.22, which translates as “moderate values represent shrub and grassland”. This park entertained a huge crowd as it was the only park in the area. The people visiting said that they spend most of their time at the park. Few persons visiting the park spoke about why they preferred staying at the park more as compared to their home. They said: “Our houses are so small that we can’t even breathe there, that’s why we come here and try to spend as much time as possible.” (C1_01)

Maintained by the community: This Park displayed the perfect example of consistent and collective community involvement, which brought forth positive stable outcomes in the park. The local community especially the senior citizens took efforts to maintain the park. An elderly person said: “The trees here are as old as I am. I have planted a lot of trees and plants here. Ever since I was a young man, I have been taking care of this park. I am the one who writes to the MCD (Municipal Corporation Delhi) to take care of the park, but no one (referring to the MCD) does anything. So, we as a community work in this park, taking care and cleaning it. Everyone has their portion earmarked which they take care of, so this way the big park is taken care of. Then, how is this park of the MCD when we are the ones who take care of it? It is our park.” (C1_02)

Social interaction and enhanced mental health: A group of senior citizens said: “We have become old now, our families don’t want us to be at home for a long time, so we spend our time here at the park.” One elderly person said: “We have made friends here and with them we can talk to our heart’s content. We share everything with them, more than what we can share at home. We look forward to coming here.” Referring to the paranoia and stress because of COVID-19, another person said: “My daughter-in-law is scared that I might have COVID-19. She feels that I might spread it to the whole family. She doesn’t like me to stay at home, so I come to the park to sit here and spend most of my time here.” (C1_03)

There were two big groups of friends in the park. They said: “We sit and talk together, maintain the park, exercise together. We also hold snack parties and enjoy together.” (C1_04)
The users claimed the many benefits of the park. One such benefit was the motivation they felt while watching others exercise. They said (pointing to a person): “Because of him we have been encouraged to use the open gym. We have watched him use the gym and become fit.” (C1_04)

One person spoke about the advantage of using the park and open gym. He said: “I’m an orthopaedic patient, my knees used to hurt. Slowly I started to use the open gym and walk. Now I am able to walk for an hour and I used the open gym for 30 minutes. It has helped me a lot. This is how I keep fit now.” (C1_05)

The persons interviewed in the park unanimously agreed that parks are motivational spaces and open gyms increase the fitness levels. They said they felt safe in the park and the open gyms provided encouragement to those who cannot afford the closed gyms.
Case study 2  

Community-owned open space park providing physical activity, mental health and health check-up

The Rohini Sector-9 Park is a well-maintained Tot-lot with an area of 275.19 m² and a moderate value of Normalized Difference Vegetative Index (NDVI) of 0.35, representing shrubs and grasslands. The main feature of this park is that it has a pit that is used for composting. All the leaves from the park are put into this pit and then the same leaves after sometime work as a fertilizer for the trees in the park.

This park is visited by a large number of people. The park showcases examples of social interaction between different people, mostly senior citizens. One group said they carry out blood pressure and blood sugar tests for free at the park. Whoever wants a test done, they do it for them. They said; “We carry out blood pressure test, blood sugar and oxygen saturation level test. We also do these tests for the people working on the pushcarts outside the park. We carry out these tests for free. There is a Gurdwara close to this park, we do the test there as well.” (C2_01)

A total of nine people were interviewed. All agreed that parks were motivational spaces and gave them happiness. All the persons interviewed agreed that they had made “park friends”. The senior citizens said they had formed lifelong friendships at the park while showing a photo of a recent vacation that they took as a group. They further went on to say that all of them are above 60 years. They also said: “Our children stay abroad and we live here alone in India. We feel lonely. We have made good friends at the park. We also go for trips around India together.” (C2_01)

They all said that “We are happy to come here and we stay together, just like a family.” (C2_02)

Project/programme sustainability and remaining challenges

Green spaces in Delhi need to be protected and nurtured. All cities and new townships should take a cue from Delhi to allocate large spaces of land for green cover, urban forests and parks. Even during remodelling, green parks need protection and expansion.
Nepal

A local initiative to promote physical activities and healthy lifestyles in Nepal

<table>
<thead>
<tr>
<th>Name of project/programme/campaign</th>
<th>Prakriti Premi Samuha (Nature Lovers Group – NLG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target population</td>
<td>General public</td>
</tr>
<tr>
<td>Established in</td>
<td>2001</td>
</tr>
<tr>
<td>Implementing agency</td>
<td>Nirog Anand Dham</td>
</tr>
<tr>
<td>Rationale</td>
<td>Noncommunicable diseases (NCDs) are an emerging problem in urban settings due to unhealthy diet, physical inactivity and mental stress. Youth in Nepal are losing indigenous sociocultural values due to external influence. The programme is designed to promote physical activity, healthy diet, healthy lifestyle and mental well-being.</td>
</tr>
<tr>
<td>Aim</td>
<td>To promote a healthy and happy lifestyle based on indigenous traditional values and culture among people, particularly youth through residential customized naturopathy and mass hiking programmes.</td>
</tr>
<tr>
<td>Project/programme sustainability and remaining challenges</td>
<td>More and more youth and patients with chronic disease conditions are enrolled in mass hiking and residential naturopathy as these are of benefit. The NLG activity is supported by volunteers and funded by local philanthropic groups. This is encouraging others to form their own NLGs to promote a healthy lifestyle, which is a difficult task.</td>
</tr>
</tbody>
</table>

The NLG (Prakriti Premi Samuha) is a registered philanthropic social organization established in Nepal in 2001. This group is for the people who love nature and want to be and remain naturally healthy, happy and independent. The purpose of the NLG is to promote a healthy and happy lifestyle based on indigenous traditional values and culture among people, particularly youth. This organization inspires friends of the NLG to form their own NLGs. A total of 24 programmes have been organized including a residential course designed to promote physical activity, healthy diet, healthy lifestyle and mental well-being. The NLG organizes bimonthly healthy and happy hiking programmes as well as many other natural health programmes. The short residential course is designed to change the lifestyle (healthy diet, physical exercise and meditation) of patients suffering from chronic disease conditions under natural environment through proper assessment of their health condition and customized naturopathy. A participant has to pay an annual membership fee of US$ 13 to enrol for a residential programme in Nirog Anand Dham in Dhalchowk (Lalitpur). The membership is
free for those who cannot pay the fee due to low income. The NLG activity is supported by volunteers and funded only by local philanthropic groups.

**Seven-day residential programme to promote a healthy lifestyle and mental well-being**

The hiking programme was initiated in 2007 with participation of 20 youths and it became a popular mass movement with the participation of 300 youths in 2021. Each participant pays US$ 9 to cover the cost of breakfast, lunch and transportation. The concept of a healthy diet is promoted during hiking as junk food, fast food and alcohol are prohibited. It is important to note that all the profits are invested back into the Kids Club programme. The Kids Club sessions provide a safe learning environment for street children through interactive, age-appropriate fun activities.

**One-day mass hiking programme – Example of mass-scale healthy walking in action**
Sri Lanka

Promoting physical activity through healthy lifestyle centres in Sri Lanka

<table>
<thead>
<tr>
<th>Name of project/programme/campaign</th>
<th>Healthy lifestyle centres (HLCs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target population</td>
<td>General public</td>
</tr>
<tr>
<td>Established in</td>
<td>2011</td>
</tr>
<tr>
<td>Implementing agency</td>
<td>Directorate of Non-Communicable Diseases, Ministry of Health</td>
</tr>
</tbody>
</table>

**Rationale**

*Physical inactivity is a modifiable behavioural risk factor for development of NCDs. According to the STEPS survey 2015, 30.4% of Sri Lankan adults aged 18–69 years do not engage in the recommended 150 minutes of moderate intensity physical activity level per week, making them more vulnerable to NCDs, with females (38.4%) being more inactive compared to males (22.5%).*

**Aim**

*To promote physical activity among the general public of Sri Lanka*

**Project/programme sustainability and remaining challenges**

*The HLC programme is centrally coordinated and monitored according to the National Multisectoral Action Plan for the Prevention and Control of NCD, Sri Lanka. A Medical Officer (MO) NCD (focal point) supervises and monitors the functioning of an HLC at the district level. The MO NCD, being a master trainer in physical activity recommendations for the general public, provides regular refresher trainings to the HLC staff in his or her district for promoting physical activity. One of the main challenges the programme has faced recently is the social restrictions imposed due to the COVID-19 pandemic. Because of lockdown periods and restrictions on social gatherings, HLC-based exercise programmes have been disrupted temporarily.*

The HLCs were established in 2011 for proactive identification of risk factors related to NCDs. The main service offered is the assessment of risk factors for NCDs. Behavioural risk factors (smoking, alcohol use, physical inactivity, unhealthy diet) are assessed through history. Referral to appropriate clinic/institution is done according to the health condition of the participant. Lifestyle modification (cessation of smoking and alcohol, maintaining correct body mass index [BMI]) activities and primordial and primary preventive programmes such as health education sessions, exercise programmes, yoga programmes are also conducted.
The MO NCD (focal point) is attached to the office of the Regional Director of Health Services and supervises and monitors the functioning of HLCs at the district level and the Directorate of NCD monitors and provides technical guidance for the conduct of HLCs. There are 1022 functioning HLCs located mainly at the primary health care (PHC) institutions across the country. Eligible clients for HLCs are those aged 35 years or above and those between 20 and 34 years with any NCD risk factors.

A training of trainers’ (ToT) module on promoting physical activity at the PHC level has been developed by the Directorate of NCD, Ministry of Health including the recommendations for Sri Lanka given by the Ministry of Sports, the recommendations from WHO and the American College of Sports Medicine and adapted to the local setting. The ToT module includes how to challenge the myths related to physical activity, stages of behaviour change, how to conduct motivational interviews and implementation of brief interventions, which are important for PHC workers in promoting physical activity among the community.

The MO NCD (focal point) attached to the office of the Regional Director of Health Services and health-care staff at HLCs, e.g. doctors, nurses, public health nursing officers, supportive staff, who are the first point of contact for the general population, have been trained on promotion of physical activity using the ToT module by the Directorate of NCD in collaboration with the Sri Lanka Sports Medicine Association.

Trained HLC staff provides lifestyle guidance to HLC attendees on how to improve the physical activity level at home. They have also initiated exercise programmes at HLCs with the participation of HLC clients. In addition, community volunteers trained by the HLC staff have initiated exercise programmes/active groups with the local community. The HLC attendees are motivated to utilize facilities locally available (e.g. walking paths, parks, community open gyms, gymnasium, etc.) to be physically active. Given below are some photographs from functional HLC-based exercise programmes.

Photos courtesy: Directorate of Non-Communicable Diseases, Ministry of Health, Sri Lanka
### Thailand

**Open data platform to support evidence-based policies for physical activity promotion**

<table>
<thead>
<tr>
<th>Name of project/programme/campaign</th>
<th>Building an open data platform to support evidence-based policies for physical activity promotion in Thailand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target population</td>
<td>General public</td>
</tr>
<tr>
<td>Implementation year</td>
<td>2020–2021</td>
</tr>
<tr>
<td>Implementing agency</td>
<td>International Health Policy Program, Ministry of Public Health, Thai Health Promotion Foundation, Faculty of Architecture, Kasetsart University, Bangkok, Thailand</td>
</tr>
</tbody>
</table>

**Rationale**

The project was initiated by the Thai Health Promotion Foundation (ThaiHealth) and the International Health Policy Program (IHPP) of the Ministry of Public Health (MoPH). In creating an active system to promote physical activity, the GAPPA suggested the need to enhance data systems and capabilities at the national and subnational levels (policy actions 4.2). Similarly, the status report of the SEA Region on physical activity in 2018 also underlined the need to have a better data system and infrastructure as one of the main challenges to promote physical activity in the region. Acknowledging that the data-driven decision-making process matters, a multisector collaborative effort overseen by the IHPP and ThaiHealth has resulted in an online data platform called activethai.org.

**Aims, objectives and approach to achieve them**

Activethai.org is a gateway to physical activity-related data and statistics in Thailand. It provides access to over 100 indicators on physical activity situation, policy interventions and investments, and supporting built environment at the national and subnational levels. This information is freely available so that policy-makers have the evidence they need to make informed decisions about allocating resources to improve the population's physical activity level. The platform aims to support the implementation of the GAPPA 2018–2030 and the Physical Activity National Strategy. The nature of multisector collaborations of the project was shown by the involvement of stakeholders within and beyond the health sectors in compiling and updating the indicators and datasets related to physical activity. Activethai.org is currently the only open data platform to support national physical activity policies and strategies.
Successes and impacts

It has been proven that an open data platform helps to improve the confidence and trust between policy-makers and communities in understanding the needs and increasing awareness about a healthy and active lifestyle. An initial assessment found that the platform's feedback was positive, with the internet traffic flows, and the number of website engagements was higher than expected. Respondents reported that they benefited from organized, timely, and easily accessed data to support the decision-making processes.

Several immediate impacts identified were:

- Reduced the time and resources in coordinating local government agencies in implementing projects/plans/strategies on physical activity.
- Increased awareness among the policy-makers within and beyond health sectors. There were increasing numbers of collaborative projects using datasets provided by the platform; the latest example was that the local government in Ratchaburi Province employed the platform to increase awareness and create a new development plan for an active city.
- Triggered the collaborations among national government agencies. A multisector network of experts was established to evaluate and monitor the indicators and statistics. The meeting of the network in April 2021 was aimed to update the situation of physical activity in the country using the SAT for Scaling National Action on Physical Activity (currently developed by the WHO-HQ).
The project has shown the importance of an open data platform to support evidence-based policies for physical activity promotion in Thailand. The short-term success of the platform created opportunities to sustain it beyond the project’s lifecycle. Activethai.org is maintained by the IHPP and ThaiHealth with support from the network of national experts on physical activity promotion within and beyond the health sectors. Several challenges remain:

- There is a need to expand the platform's content to cover more indicators and update the data regularly.
- There is a need to strengthen the quantity and quality of empirical evidence so the information can be used for policy and programme improvements, which requires partnership from government agencies, civil society organizations, academia and professional organizations.
- There is a need to further invest in the integrated open data platform and data-sharing among relevant and health and non-health agencies to support regular population surveillance of physical activity and sedentary behaviour across all ages and multiple domains.

The platform is one of Thailand's several efforts in implementing the GAPPA (especially the strategic objective 4) and beyond the scope of the health agency by fostering collaboration across and between stakeholders at all levels to achieve the shared national and global vision of a more active world (Fig. 6).

**Fig. 6.** The initial result of the situational analysis of the GAPPA implementation in Thailand
Sedentary lifestyle and physical inactivity are among the major behavioural risk factors for many noncommunicable diseases (NCDs), and quality of life and well-being. The available data show that the prevalence of physical inactivity among adults is 15% and among adolescents it is as high as 74% in the WHO South-East Asia Region. WHO has been advocating physical exercise as one of the primary preventive measures and best buys against NCDs, which are growing in epidemic proportion. Increasing physical activity levels is even more important than usual in the face of COVID-19.

It is noted that international actions to implement recommended policy and promote physical activity have been relatively slow. Therefore, the WHO Regional Office for South-East Asia has developed the ‘Roadmap for implementing the Global Action Plan on Physical Activity (GAPPA) in the WHO South-East Asia Region’ in consultation with Member States to accelerate progress in promoting physical activity. This Roadmap will serve as guidance for Member States to identify priority areas and tailor GAPPA policy action implementation for the next five years (2021–2025). With this Roadmap, Member States have set the course to achieve the voluntary target of a 15% relative reduction in the prevalence of insufficient physical activity by 2030.