GLOBAL ACTION PLAN ON PHYSICAL ACTIVITY 2018-2030

MORE ACTIVE PEOPLE FOR A HEALTHIER WORLD

Dr Fiona Bull MBE

Prevention of noncommunicable disease World Health Organization Geneva







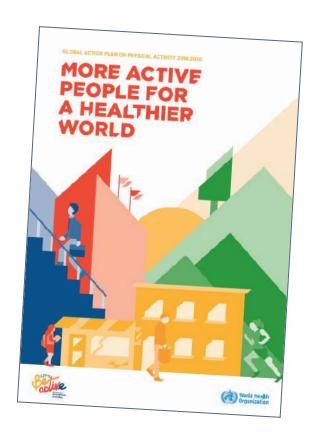
OUTLINE

Physical Activity in Global Health Agenda

New Global Action Plan on Physical Activity: 2018-2030

3 Launch and Dissemination

4 Implementation and challenges







SHORT HISTORY OF PHYSICAL ACTIVITY AND PUBLIC HEALTH

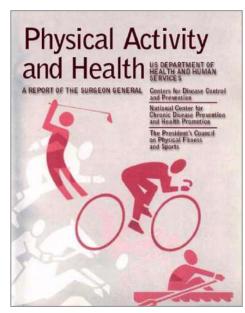


London Busman study Morris et al., 1953

43 years



U.S. Longshoreman study Paffenbarger et al., 1970



U.S. Surgeon General Report, 1996









Prevent Cancer

Colon

Cancer

Breast Cancer

Prevent falls

Arthritis

Prevent Osteoporosis Live Longer

Relaxation

Stronger

bones

Prevent Stroke

Lower Blood Pressure

> Maintain Healthy **Body Weight**

> > Improve Cholesterol

Prevent Diabetes

Prevent

Treat Depression

Manage Anxiety

Physical

Activity

Dementia Social Well being

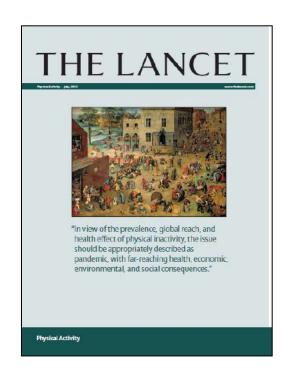
Prevent Heart

Disease



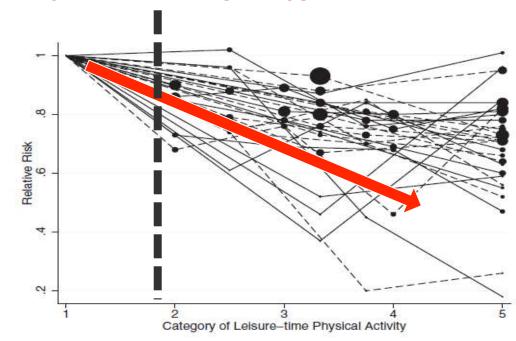


HEALTH BENEFITS OF PHYSICAL ACTIVITY



Special Issues on Physical Activity: 2012 and 2016

RECOMMENDED MIMIMUM AMOUNT



Lee et al. The Lancet, 2012







2018 Physical Activity
Guidelines Advisory
Committee
Scientific Report

To the Secretary of Health and Human Services



New USA Plan:

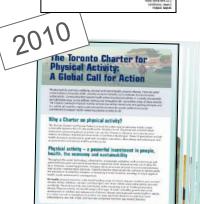
ACTIVE PEOPLE
ACTIVE NATIONSM



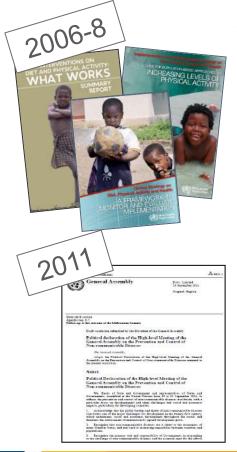


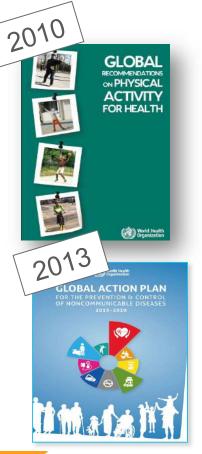
PHYSCICAL ACTIVITY AND GLOBAL HEALTH







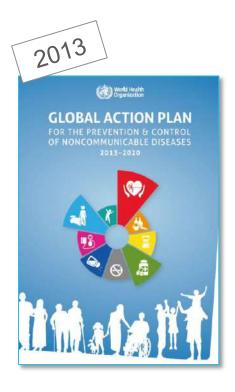








PHYSICAL ACTIVITY IN GLOBAL NCD POLICY CONTEXT



Recommendations
Page 33-34

environments, including through nutrition education, in schools, must care centres and other educational institutions workstaces clinics and hospitals, and other public and private institutions.

- Fromote nutrition labelling, according to but not limited to, international standards. In particular the Codex Allmentarius, for all pre-packaged foods including those for which nutrition or health claims are made.

POLICY OPTIONS FOR MEMBER STATES: PROMOTING PHYSICAL ACTIVITY

The proposed policy options are intended to advance the implementation of the global strategy on diet, physical activity and health and other receivant strategies, and to promote the ancillary benefits from increasing population levels of physical activity, such as improved educational achievement and social and mental health benefits, together with cleaner all, reduced traffic, less consestion and the links to healthy child development and sustainable development (see Amendic 1). In addition. Interventions to increase participation in physical activity in the entire population for which favourable cost-effectiveness data is emerging should be premoted. The alm is to contribute to achieving the voluntary global targets listed below:

 A 10% relative reduction in prevalence of Insufficient physical activity.

A 25% mixture reduction in the armolence of raised blood pressure or contain the prevalence of raised blood pressure according to national dicumstances.

The proposed policy options include:

- Adopt and implement national guidelines on physical activity for health.
- Consider establishing a multisectoral conmittee or similar body to provide strategic leadership and coordination.
- Develop appropriate partnerships and engage all stakeholders, across government, NGOs and civil society and economic operators, in actively and appropriately Implementing actions almed at increasing physical activity screenall ages.
- Develop policy measures in cooperation with relevant sectors to promote obysical activity through activities of delig living. including through "active transport," recreation, letsure and sport, for example: National and subnational urban stanning
- and transport policies to Improve the accessibility, acceptability and safety of, and supporthe infrastructure for walking and cycling. - Improved provision of quality physical
- education in educational settings (from Infant years to tertiary level) including opportunities for physical activity before, during and after the formal school day
- Actions to support and encourage "physical activity for all initiatives for all ages.

At least a 10% relative reduction in the namely use of accordi, as appropriate, within the national context

A 35% relative reduction in the prevalence of raised blood pressure or containment of a previously of rated blood parasie, loading to national circumstances.

sed actions for Member States are set out.

CTITOR ALTERNAL POLICIES

veico and implement, as appropriate, reherative and multisuctoral national cles and programmes to reduce the inful use of alcohol as outlined in the has itraregy to reduce the harmful use of o), addressing the general levels, satand contexts of acohol consumption he wicer social determinants of health sociation(see Appendix 1). The global legy to recruce the sample use of accomeands the inlimiting till target is for national policies and programmes:

prop, awareness and commitment

services' response,

fulng policies and countermeasures lity of sleeping

the negative consequences of drink-Newhol Intodeadors

the public health impact of lifets and Informatily produced alcohol,

ganc surveitance.

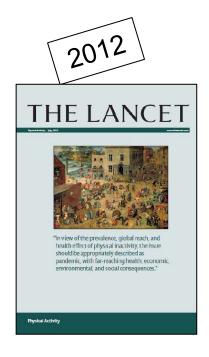


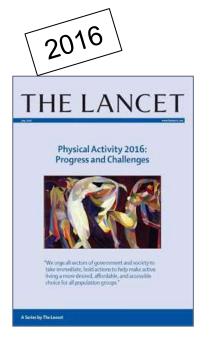
A 10% relative reduction in prevalence of insufficient physical activity

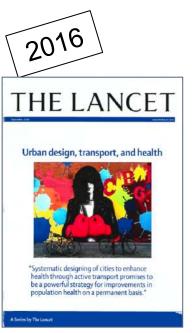


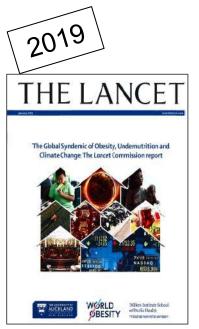


EXAMPLES OF INCREASING EVIDENCE AND CONNECTED AGENDAS





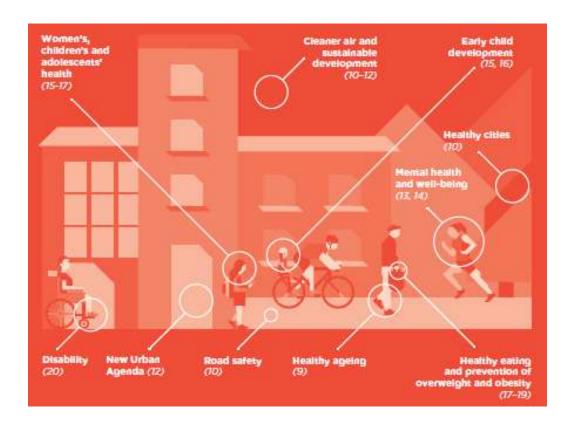








MULTIPLE BENEFITS OF A MORE ACTIVE SOCIETY



- ✓ Learning outcomes
- Productivity
- ✓ Community cohesion
- ✓ Integration and inclusion
- ✓ Reduce traffic congestion
- ✓ Reduce air pollution
- ✓ Jobs
- ✓ Tourism

As well as the multiple health benefits!





Sustainable Development Goals





Target 3.4: by 2030, reduce by one-third premature mortality from non-communicable diseases (NCDs) through <u>prevention and treatment</u>, and <u>promote mental health and wellbeing</u>



NONCOMMUNICABLE DISEASE: A GLOBAL HEALTH PRIORITY

71

Percent

of all deaths due to Noncommunicable diseases (NCD's)

Million deaths each year

15

Million

premature deaths each year (that is between ages of 30-70 years)



Third UN High-level Meeting on Non-communicable Diseases

2011

2014

2018





GLOBAL LEVELS OF PHYSICAL INACTIVITY

Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants



oa

September 4, 2018 Whitely de aloueng/10.1016/ 52214-1098(18)30357-7

See Onthu/Comment.

http://dx.doi.org/10.1016/

\$2214-10/0/18/10/181-4

Regina Gothold, Gret chen A Stevens, Leatnie M Riley, Fiona C Bull

Summary

Background Insufficient physical activity is a leading risk factor for non-communicable diseases, and has a negative teffect on mental health and quality of life. We describe levels of insufficient physical activity across countries, and estimate global and regional trends.

September 4, 2018

Methods We pooled data from population-based surveys reporting the prevalence of insufficient physical activity, which included physical activity at work, at home, for transport, and during leisure time (ie, not doing at least 150 min of moderate-intensity, or 75 min of vigorous-intensity physical activity per week, or any equivalent combination of the

Guthold, Stevens, Riley, Bull. The Lancet Global Health. Sept 2018 **Globally**

28%

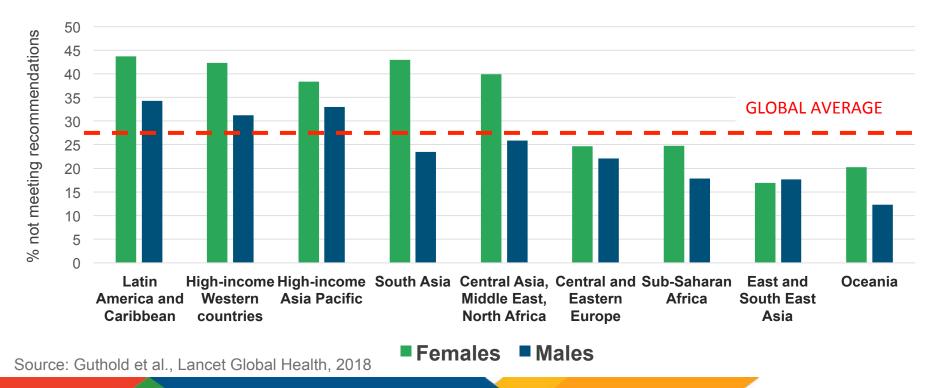
Of adults do not meet recommended levels of physical activity





GLOBAL LEVELS OF PHYSICAL INACTIVITY IN ADULTS (2016):

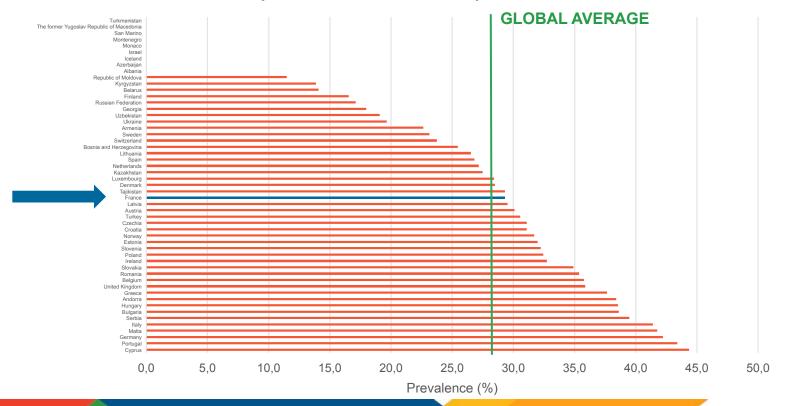
BY SEX AND REGIONAL GROUPINGS





PREVALANCE OF PHYSICAL INACTIVITY:

WHO EUROPEAN REGION (Estimates for Year 2016)

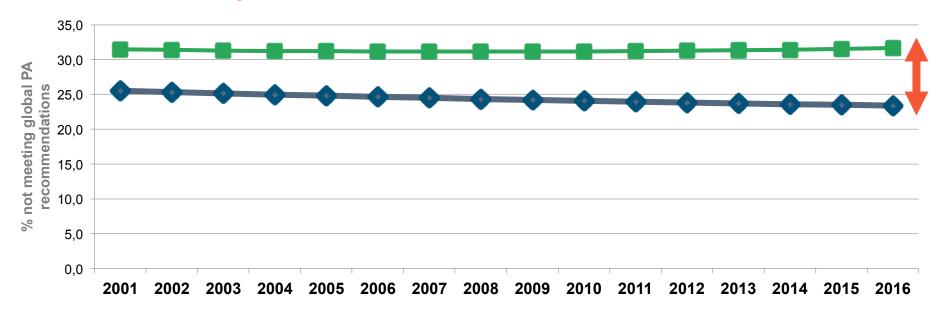






GLOBAL TREND IN PHYSICAL INACTIVITY IN ADULTS 2001-2016:

BY MEN AND WOMEN



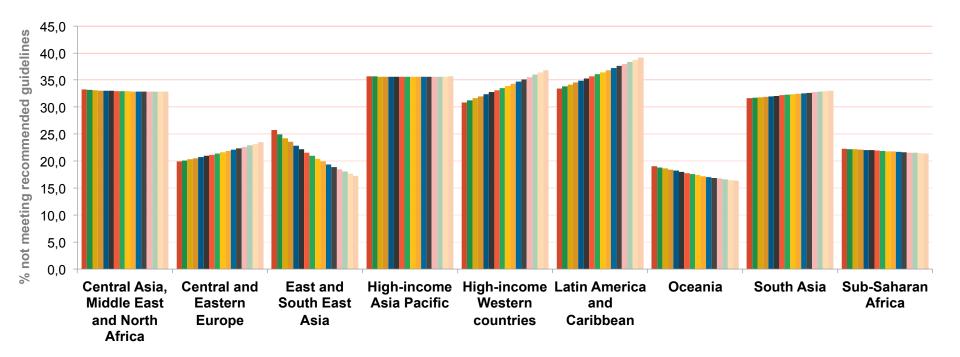


Source: Guthold et al., Lancet Global Health, 2018





GLOBAL TRENDS IN PHYSICAL INACTIVITY 2001-2016: BY SUPER REGIONAL GROUPS FOR MEN AND WOMEN COMBINED

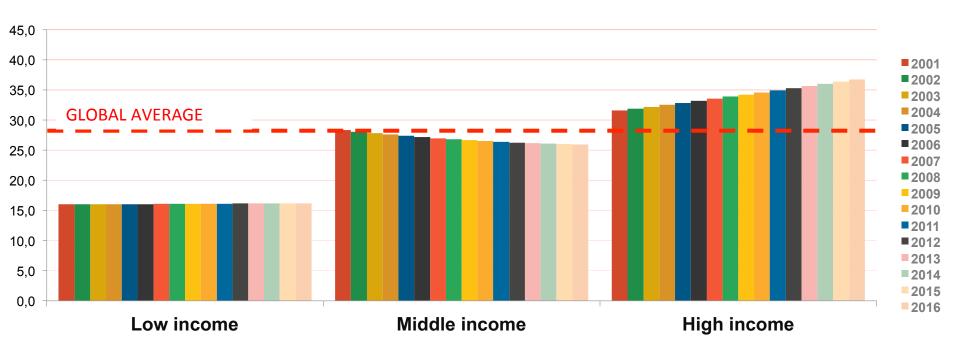


Source: Guthold et al., Lancet Global Health, 2018





GLOBAL TREND IN PHYSICAL INACTIVITY: BY WORLD BANK INCOME GROUPS



Source: Guthold et al., Lancet Global Health, 2018





WHO EXECUTIVE BOARD 142 (JAN 2017) A CALL FOR NEW ACTION PLAN ON PHYSICAL ACTIVITY

- Latest evidence
- Link with SDGs
- A 'road map' for action
- Accelerate implementation





GLOBAL EXPERT ADVISORY MEETING: 17-18 JULY 2017



Public Health, Medical and Allied Health

- Ministry of Health, Morocco
- British Journal of Sports and Medicine, University of British Columbia
- World Medical Association
- International Union for Health Promotion and Education (IUHPE)
- International Association of Gerontology and Geriatrics
- World Federation for Physical Therapy
- NCD Alliance
- International Association of National Public Health Institutes (IANPHI)

Sports sector

- The Association of International Sports for All (TAFISA)
- International Council of Sports Science and Physical Education (ICSSPE)
- International Olympic Committee
- Association of Summer Olympic International Federation (ASOIF)
- International Red Cross Red Crescent Movement
- Women Sport International (WSI)

Transport, Planning and Environment

- Global Road Safety Partnership
- European Cyclists' Federation
- Walk21
- Global Alliance of NGO's for Road Safety
- International Federation of Pedestrians (IFP)
- Urban Planning, Space Syntax
- Transport Engineers

Research Community

- International Society for Physical Activity and Health (ISPAH)
- International Society of Behavioural Nutrition and Physical Activity (ISBNPA)
- AGITA MUNDO

WHO Collaborating Centres

- WHO CC on Physical Activity and Public Health, Institute for Sport Science and Sport
- WHO CC in Physical Activity, Nutrition and Obesity, Sydney University
- WHO CC for Physical Activity, University of Zurich
- WHO CC on Population Approaches for NCD Prevention, University of Oxford













WHO Discussion Paper (version dated 3 August 2017)

Draft WHO global action plan on physical activity 2018 - 2030

CHARLEST STREET, STREE

Background

- 1. In response to the decision at the 140th session of the Executive Board in January 2017, the secretariat has prepared this WHO discussion paper (version dated 1 August 2017) which includes the 'zero draft' of the global action plan on physical activity 2018-2030. During August and September 2017 this WHO Discussion Paper will be used as the basis for informal consultations to seek comments from Member States and views from non-State actors on the proposed draft action plan set out below. This will in him enable the Secretariat to submit a final draft action plan for consideration by Member States at the 142'8 Executive Board session in January 2018.
- 2. Health is a universal right, an essential resource for everyday living, a shared social goal and a political priority for all countries. The UN Sustainable Development Goals (SDGs) establish a duty to invest in health, ensure universal health coverage and reduce health inequities for people of all ages. The SDGs also recognise that people's health can no longer be separated from the health of the planet and that environmental sustainability is critical to health improvement.
- 3. Insufficient physical activity¹ is one of the leading risk factors for death worldwide. Adults who do not meet the global guidelines on physical activity have a higher risk of all-cause mortality compared with those who do. Globally, physical inactivity is estimated to account for between 6-10% of ischaemic heart disease, stroke, diabetes, and breast and colon cancer.4

4. Following the Political Declaration of the High-level Meeting on the prevention and control of non-communicable diseases 2011, WHO developed the Global Action Plan for the Prevention

A alcounty of terms is provided at the back of this document

ment, and the commitment for its 17 goals made in oportunity to refocus, renew and combine collective ses opportunities for urgent prioritization and scaling ions so that increased levels of physical activity can in health and wellbeing and support specific e SDGs Include: rood and nutrition security, through obesity (SDG2.2): improved health and well-being Mic accidents and improved air quality (5063.4.3.6 d readiness for primary education and improved equity contributing to ending discrimination (SDG ent and promoting equal opportunity (50g 10.2, to though sustainable transport and urbanization 5 though sustainance transport.
2. 11.3, 11.6, 11.7); mitigation of climate change ibgation measures (SDG13.1, 13.2); protection of 15.1, 13.3); and peaceful and inclusive societies of non-discriminatory policies (SDG 16.1, 16.5, portant reciprocal opportunities for health and prioritise investments in more considered and

agenda: United Nations conference on housing and

the great party Geneva: World Health Organization; 2013

billion of the although agenting: Create Cited and Caratago and demand, Gameria, 23-25 May 2016

ten's and Adolescents' Health (2016-2020): 2025 selected and Adolescents' Health (2016-2020): 2025 selected and Adolescents' Health (2016-2020): 2025 selected and Adolescents' Health (2016-2020): 2025

2021, Geneva: World Health Organization; 2015





World Health Occupitation, Global Status Report on Noncommunicable Diseases 2014. General World Health

Organization; 2014 (https://arm.adm.ins/ins/instrumer/10665/1481147/5/780241565654 mr. pdf?ins-1)
Adults are recommended to do at least 150 minutes of moderate-intensity physical activity per week, or equivelent. WHO Olobel Guidelines on Physical Activity and feesith, 2010 http://www.who.int/dietphysicalactivity/fectsheet_recommendations/en/

¹⁻Min Lee, Eric J Shiroma, Felipe Lobelo, Pekka Puska, Steven N Blair, Peter T Ketzmarzyk. Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. Lancet 2012: 380: 219-

b UN General Assembly, Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable siseases. New York: United Nations, General Assembly, 2011 Otto://www.who.int/nmh/events/un_ocd_summit/011/colitical_decleration_en.od/?us=1)

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SURVEYS OF MEMBERS AND STAKEHOLDERS

- WHO CCs: Oxford, Zurich & Erlangen
- ISPAH /ISBNPA members
- HEPA Europe Network
- IAPHI
- NCD Alliance
- Go-PA, Council of ISPAH
- ACSM, IHRSA, ACE,
- AGTIA MUNDO

MANY THANKS







WORLD HEALTH ASSEMBLY MAY 2018

RESOLUTION ORLD HEALTH ASSEMBLY

WHA71 6 26 May 2018

WHO global action plan on physical activity 2018-2030

The Seventy-first World Health Assembly.

Having considered the report on physical activity for health;

Concerned by the rapidly growing burden of noncommunicable diseases, mental health disorders and other mental health conditions globally, and its negative impact on health, well-being, quality of life, and socioeconomic development.

Acknowledging that increasing physical activity and reducing sedentary behaviour can prevent at least 3.2 million noncommunicable disease-related mortalities globally per year,2 reduce related disability and morbidity and the financial burden on health systems, and increase the number of healthy life years;

Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011),3 the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (2014),6 the 2030 Agenda for Sustainable Development, Health Assembly resolutions WHA51.18 (1998) and WHA53.17 (2000) on the prevention and control of noncommunicable diseases, WHA55.23 (2002) on diet, physical activity and health, WHA57.17 (2004) on the global strategy on diet, physical activity and health, and WHA66.10 (2013) on follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which endorsed the global action plan for the prevention and control of noncommunicable diseases 2013-2020, and which adopted a voluntary global target to, by 2025, achieve a 10% relative reduction in prevalence of insufficient physical activity;

Acknowledging the Secretariat's work in providing Member States with tools, including WHO's global Noncommunicable Diseases Progress Monitor, and guidelines to promote physical activity," and further acknowledging that supplementary tools and guidelines may need to be ENDORSED



WHO Discussion Paper (9 April 2018)

World Healt

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

BACKGROUND

Regular physical activity is a well-established protective factor for the prevention and treatment of the leading noncommunicable diseases (NCD), namely heart disease, stroke, diabetes and breast and colon cancer1. It also contributes to the prevention of other

4. Pollowing the Political Declaration of the High-level Meeting on the non-communicable diseases 2011, WHO developed the Global Action Plan for the Prevention reparation, Health as the pulse of the new urban against: United Netwins conference on however and A grossery or terms is provided at the back of this document.

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* Jahrs Lee, Eric Sthorma, Felixe Lobels, Pelska Pusika, Steven N. Elee, Felixe T. Katemerrik, Effect of physical loadshifts on *LMbis Lee, Eth: 15throms, Felipe Lobels, Pekka Pusia, Sincern N Einir, Peter T Ratimatryk, Effect of physical isocically on major non-communicable diseases worklesfor: an analysis of burden of disease and life expectancy. Lancet 2012; 350: 213-29 5 UR General Assembly, Political Declaration of the High-Level Meeting of the General Assembly on the Propertion and Control of Non-communicable diseases. New York: United Nations, General Assembly, 2011 who intendence takes and semantical visualities, destruction, most free t Page 1 of 36





Document A71/18.

Chobal Status Report on Noncommunicable Diseases 2014. Geneva. World Health Organization; 2014, page 33.

[&]quot;United Nations General Assembly resolution 66/2 (2011) 4 General Assembly resolution 68/300 (2014).

⁶ General Assembly resolution 70/3 (2015)

⁶ Global recommendations on physical activity for health. Geneva: World Health Organization; 2010. (Intp://www.who.int/distphysicalactivity/publications/9789241599979/m/, accessed 22 January 2018).

WORLD HEALTH ASSEMBLY MAY 2018

RESOLUTION ORI D HEALTH ASSEMBLY

WHA71 6

26 May 2018

WHO global action plan on physical activity 2018-2030

The Seventy-first World Health Assembly

Having considered the report on physical activity for health;

Concerned by the rapidly growing burden of noncommunicable diseases, mental health disorders and other mental health conditions globally, and its negative impact on health, well-being, quality of life, and socioeconomic development.

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Acknowledging the Secretariat's work in providing Member States with tools, including WHO's global Noncommunicable Diseases Progress Monitor, and guidelines to promote physical activity," and further acknowledging that supplementary tools and guidelines may need to be

FIVE REQUESTS

- 1. Support countries to implement how to start and build collaborations with relevant partners
- 2. Develop a Monitoring & Evaluation framework
- 3. Produce WHO Global Status Report on PA by 2020
- 4. Update the 2010 global guidelines on PA for youth, adults and older adults
- 5. Report on progress on implementation in WHA 2021, 2026 and 2030





Document A71/18

Chobal Status Report on Noncommunicable Diseases 2014. Geneva. World Health Organization, 2014, page 33.

[&]quot;United Nations General Assembly resolution 66/2 (2011)

⁴ General Assembly resolution 68/300 (2014).

⁴ General Assembly resolution 70/1 (2015)

⁶ Global recommendations on physical activity for health. Geneva: World Health Organization; 2010. (http://www.who.int/distphysicalactivity/publications/9789241599979/ms/, accessed 22 January 2018)

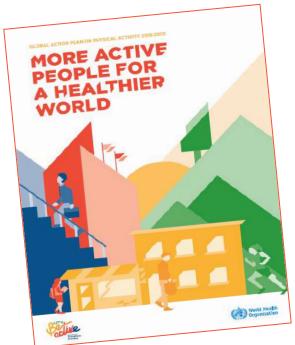
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What is the global action plan?





A ROAD MAP FOR ACTION FOR ALL COUNTRIES



GOAL TO REDUCE PHYSICAL INACTIVITY

There are many ways to be active - walking, cycling, sport, active recreation, dance and play - and many policy opportunities to increase participation. BY 2025 10%

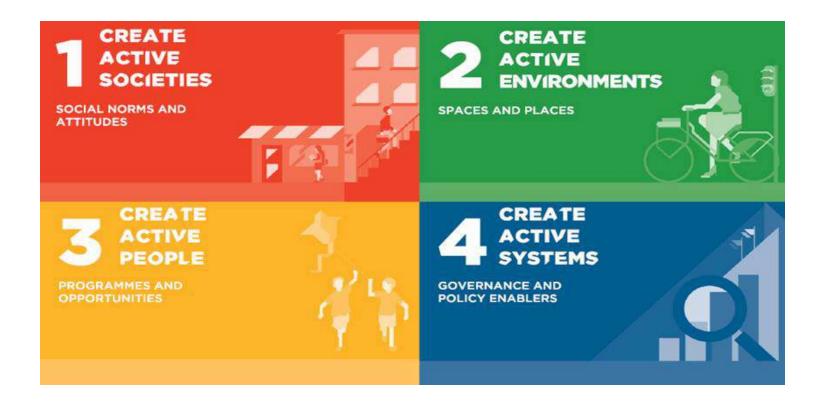
BY 2030 15%

Website: www.who.int/lets-be-active/en/





FOUR POLICY ACTION AREAS: 20 RECOMMENDATIONS







4 POLICY RECOMMENDATIONS

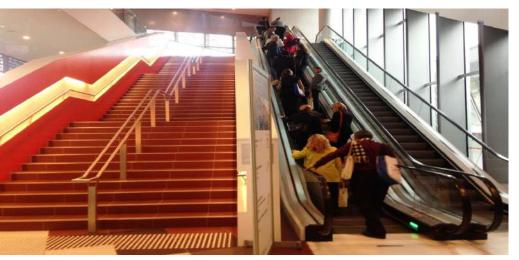
STRATEGIC OBJECTIVE

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.





CULTURAL AND SOCIETAL NORMS









KEY POLICY ACTIONS

Public education campaigns



Let's celebrate
World Bicycle

Day!













Public Events















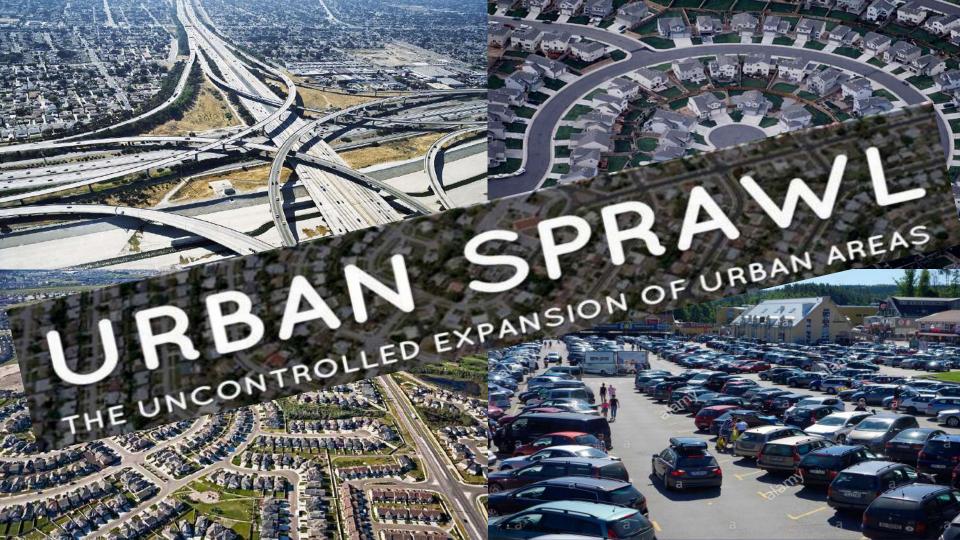
5 POLICY RECOMMENDATIONS

STRATEGIC OBJECTIVE

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.











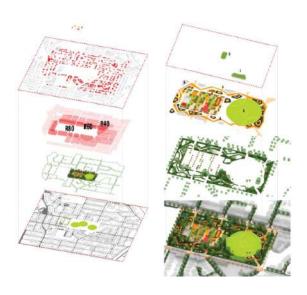






CREATING BETTER PLACES FOR PEOPLE

Understanding how urban design influence behaviors



Informing how we design













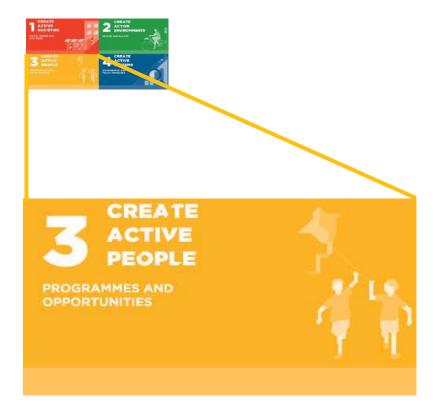
And how we allocate and share spaces











6 POLICY RECOMMENDATIONS

STRATEGIC OBJECTIVE

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.





CHILDCARE SETTINGS

OLDER ADULTS

CITIES

PUBLIC OPEN SPACES

WOMEN

HEALTH CARE

DISADVANTAGED COMMUNITIES

YOUNG CHILDREN

WORKPLACES

SCHOOLS

ADOLESCENTS

GIRLS

SHOPPING MALLS

SPORTS FOR ALL

People living with disabilities



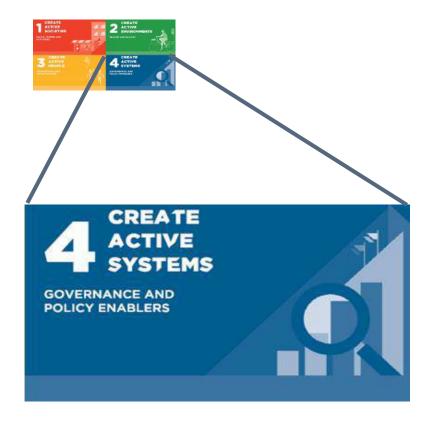
POLICY RECOMMENDATION 3.2: Integrate promotion of physical activity in primary and secondary health care services











5 POLICY RECOMMENDATIONS

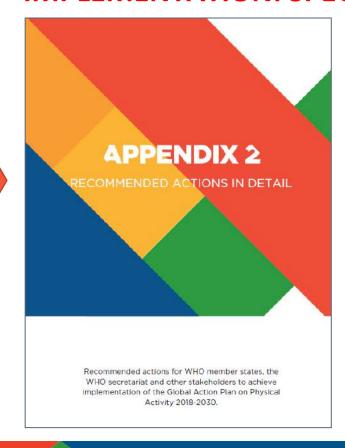
STRATEGIC OBJECTIVE

Create and strengthen leadership, governance, multi-sectoral partnerships, workforce, advocacy, research and information systems across sectors to achieve excellence in resource mobilization and implementation of coordinated international, national and subnational action





IMPLEMENTATION: SPECIFIC ACTIONS BY STAKEHOLDER



CREATE ACTIVE SOCIETIES

ACTION 1

Conduct national and community-based campaigns to enhance awareness and understanding of, and appreciation for, the social, seconomic, and environmental co-basefits of physical activity, and particularly more walking, cycling and other forms of mobility involving the use of wheels (including wheelchairs, socolers and skets), and thereby make a significant contribution to achievement of the 2030 Agenda for Sustainable Development (Sustainable Development Goals 5002, 5003, 5004, 5005, 5009, 50010, 50011, 50013, 50013 and 50016).

PROPOSED ACTIONS FOR MEMBER STATES

- Conduct mass reach communication campaigns to increase knowledge or, and positive attitudes towards, the multiple co-benefits of physical activity, including but not limited to, the impact of increasing walking and cycling, and use of public transport on air quality and the environment, local economies, sustainable development, quality of life and well-being of societies.
- Support and, where appropriate, partner with national, regional and international campaigns on issues related to physical activity, such as Breathe Life (air quality), "Vision Zero (road safety)," Transport. Delivers (sustainable transport)," and Trees for Cities."

PROPOSED ACTIONS FOR WHO SECRETARIAT

- Support Member States and other stakeholders, where appropriate, with national, regional and international campaigns on co-benefits of physical activity.
- Develop and disseminate resources to promote awareness and understanding of the contribution of physical activity to achieving the 2030 Agenda and targets.
- In consultation with UN agencies and the Secretaria: of the United Nations Framework Convention on Climate Change, develop and disseminate resources to promote awareness and understanding of the value of increasing walking and cycling to economic and environmental sustanability.

PROPOSED ACTIONS FOR STAKEHOLDERS*

- 6. All stakeholders should load and support national and subnational implementation of communications campaigns to promote awareness of the contribution that physical activity, and particularly walking, cycling and use of public transport, and the sports sector can contribute to social, economic, development and environmental sustainability agendas:
- Researchers should develop and evaluate different communication methods and messages on the cobenefits of physical activity (e.g. cleaner air, safer roads, stronger local economies, improved educational outcomes) that are most effective at engaging policymakers, civil society and grassroots communities in different regions, countries and contexts.

fauch as NCOs, civil society organisations, academic and research community, donors, international and regional development organizations, cities and municipalities, private sector entities. ional and global aviour, including

on the promotion.

th organizations, or partner with wareness among

ness of different those targeting se base on cost-

gional development

oncommunicable





A 'WHOLE SYSTEMS' APPROACH TO PHYSICAL ACTIVITY







LAUNCH AND DISSEMINATION





GLOBAL LAUNCH – JUNE 4 2018

sectors, in a

coordinated way.

We must get the world moving.



Prime Minister of Portugal



WHO DG Dr Tedro







GLOBAL LAUNCH – JUNE 4 2018







Promoting Walking Walk 21



Promoting Cycling ECF





GAPPA LAUNCH AND DISSEMINATION



Dr Svetlana Akselrod, ADG NCDS

Social media: #BeActive

Email: letsbeactive@who.int













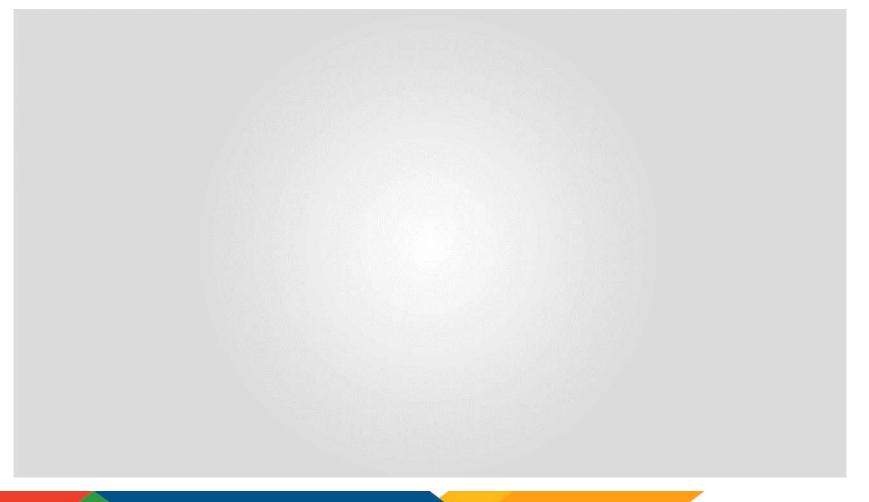
Let's Be Active (90 sec)

https://www.youtube.com/watch?v=uZX14W4rVCU

All available at: www.who.int/lets-be-active/en/

























East Mediterranean Regional Committee, Oct 2018





DISSEMINATION: TRANSLATION





Six UN Languages





4

IMPLEMENTATION AND CHALLENGES





HOW WILL WHO SUPPORT COUNTRY IMPLEMENTATION



Facilitate and promote multisector partnerships



Develop and disseminate policy, guidelines and tools



Catalyse innovation and digital solutions



Advocate for policy action, partnerships and community participation



Support knowledge transfer



3

Promote investment in research and evaluation



Support resource mobilization



Provide technical support



Partner to strengthen workforce capacity



Monitor progress and impact





ACTIVE: A SET OF TECHNICAL GUIDANCE TOOLS FOR EACH POLICY AREA



IS ALSO A USEFUL SHORT 2 PAGE SUMMARY OF RECOMMENDATIONS





EVIDENCE BASED 'HOW TO' IMPLEMENTATION TOOLS



- Why
- What
- How
- Examples





HOW WILL WHO SUPPORT COUNTRY IMPLEMENTATION



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Develop and disseminate policy, guidelines and tools



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Advocate for policy action, partnerships and community participation



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COLLABORATION ACROSS THE UN SYSTEM

- UN Inter-Agency Task Force on NCDs (UNIATF)
- WHO Global Coordinating Mechanism (GCM)
- ➤ UNESCO & The Commonwealth Institute Kazan Action Plan
- UN Sport Development and Peace

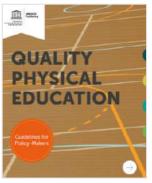






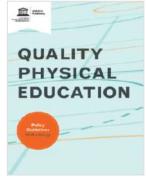
COLLABORATION ACROSS THE UN SYSTEM

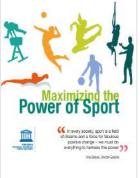
- UN Inter-Agency Task Force on NCDs (UNIATF)
- WHO Global Coordinating Mechanism (GCM)
- ➤ UNESCO & The Commonwealth Institute Kazan Action Plan
- ➤ UN Sport Development and Peace



Enhancing the Contribution of Sport to the Sustainable Development Goals











COLLABORATION WITH PRIVATE SECTOR: SPORTS INDUSTRY

WHO DIALOUGE WITH SPORTS INDUSTRY WHO DIALOUGE WITH SPORTS INDUSTRY



1st Dialogue - 4 Dec 2018



2nd Dialogue – 25/26 Feb 2019

Representatives included: Sports manufacturers, global, national & regional gym/club operators, wearable technologies industry, exercise and fitness training and accrediting organizations

Details and reports available at https://www.who.int/ncds/governance/private-sector/en/





HOW WILL WHO SUPPORT COUNTRY IMPLEMENTATION



Facilitate and promote multisector partnerships



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Catalyse innovation and digital solutions



Advocate for policy action, partnerships and community participation



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Monitor progress and impact





4 Objectives

20 Policy Actions

Indicators

1. Creating an Active Society

FOUR POLICY ACTIONS



PROCESS What has

What has been done

IMPACT

What has changed?

2. Creating Active Environments

FIVE POLICY ACTIONS



PROCESS

What has been done

IMPACT

What has changed?

3. Creating Active People

SIX POLICY ACTIONS



PROCESS

What has been done **IMPACT**

What has changed?

4. Creating Active Systems

FIVE POLICY ACTIONS



PROCESS What has

wnat nas been done **IMPACT**

What has changed?

OUTCOME

Change in population levels of physical activity

Overall and ddisaggregated





GLOBAL MONITORING FRAMEWORK: INDICATOR SET

GLOBAL INDICATORS

All countries

Monitored and reported by WHO

Mandated by WHA71 12.6 to report in 2021, 2026 & 2030

NATIONAL INDICATORS

Global indicators 'plus'

Expanded set of additional &/or more granular indicators

Collected and reported by individual country or Regions

CITY LEVEL INDICATORS

Indicators to track change at city level

Aligned to global / country

Expanded &/or more granular indicators

Collected by city / countries



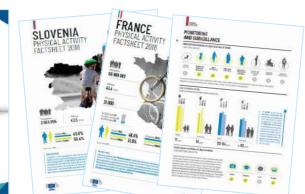


GLOBAL PROGRESS ON PA NATIONAL POLICY & ACTION



https://apps.who.int/iris/handle/10665/274308

PHYSICAL ACTIVITY FACTSHEETS FOR THE 38 EUROPEAN UNION MEMBER STATES OF THE WHO EUROPEAN REDION



http://www.euro.who.int/en/health-topics/disease-prevention/physical-activity





www.who.int/nmh/publications/ncd-profiles-2018/



http://www.globalphysicalactivityobservatory.com/

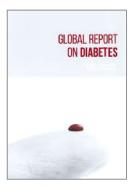


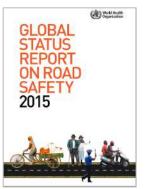




UNDER DEVELOPMENT









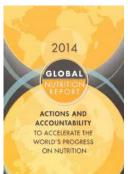






GLOBAL STATUS REPORT ON PHYSICAL ACTIVITY 2020

Requested by WHA71 Resolution 12.6











SUMMARY

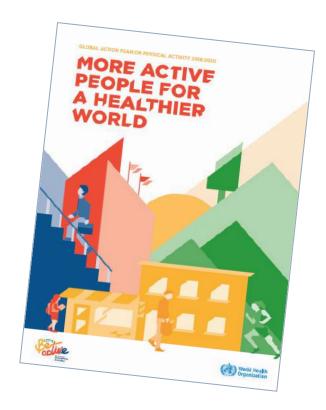
- 1. Promoting physical activity has benefits to health, communities, environment, and economy win win win
- 2. Global action plan provides menu of effective actions adopt, adapt and tailor to country / local contexts
- 3. Adopt a 'whole of system' approach and effective partnerships and with sectors outside of health
- 4. Invest in advocacy, capacity building & knowledge sharing
- Implement and effectively use monitoring & evaluation to report results and drive future investment and action











Resources available at www.who.int/lets-be-active/en/

Contact: bullf@who.int



