

INCREASING PHYSICAL ACTIVITY

Implementation of the WHO Global Strategy on
Diet, Physical Activity and Health

A GUIDE FOR POPULATION-BASED APPROACHES TO
INCREASING LEVELS OF
PHYSICAL ACTIVITY



REDUCES RISK OF
HEART DISEASE
AND DIABETES

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**IMPLEMENTATION OF THE WHO GLOBAL STRATEGY
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INTRODUCTION

Background

This guide was initially developed by participants at the World Health Organization (WHO) Workshop on Physical Activity and Public Health, 24-27 October 2005, Beijing, China. The aims of the workshop were to: examine the evidence for health benefits of physical activity; review best practice interventions for physical activity and public health; and prepare a draft guide to population-based approaches for physical activity promotion. A list of workshop participants can be found in Annex I.

Chronic disease is estimated to account for 60% of all deaths in 2005 and 80% will occur in low and middle income countries (1). In most countries a few major risk factors account for much of the morbidity and mortality. The most important risk factors for chronic disease include: high blood pressure, high concentrations of cholesterol, inadequate intake of fruit and vegetables, overweight and obesity, physical inactivity and tobacco use. Five of these risk factors are closely related to physical activity and diet. Taken together the major risk factors account for around 80% of deaths from heart disease and stroke (2).

Mandate for physical activity

Recognizing the burden of chronic disease, at the Fifty-third World Health Assembly (May 2000) physical inactivity was affirmed as a key risk factor in the prevention and control, and a resolution (WHA53.17) was adopted encouraging the WHO to provide leadership in combating physical inactivity and associated risk factors (3).

In 2002, the Fifty-fifth World Health Assembly requested the development of a Global Strategy on Diet, Physical Activity and Health (DPAS) within the framework of the prevention and control of noncommunicable diseases (resolution WHA55.23) (4). To establish the content and structure of this strategy, six regional consultations were held with Member States, organizations of the United Nations system, and other intergovernmental bodies and advice was provided by a reference group of independent international experts. The final strategy was endorsed at the Fifty-seventh World Health Assembly in May 2004 (resolution WHA57.17) (5).

The guiding principles underpinning DPAS recommend the use of evidence and existing science to guide and inform decision-makers and stakeholders of the problem; to use knowledge and evidence on determinants, and interventions to develop national physical activity action plans and policy; and to work with stakeholders to assist with the development process and implementation.

The underlying determinants of chronic disease risk factors – the “causes of the causes” – reflect the major forces driving social, economic and cultural change. The

impact of globalization, urbanization and rapid aging on levels of physical activity is not clear. However, it is estimated that 1.9 million deaths are attributable to low levels of physical activity and these are projected to increase as the wider changes continue unless action is taken to stop the decline and increase physical activity levels in the whole population (6).

National, population based approaches to physical activity describe the measures to promote physical activity that are essential to prevent disease and promote health, quality of life, and general wellbeing.

Purpose of this guide

This guide will assist WHO Member States and other stakeholders in the development and implementation of a national physical activity plan and provide guidance on policy options for effective promotion of physical activity at the national and sub-national level.

In the development process a number of factors need to be given consideration, including: national capacities for physical activity practices, prevailing patterns of physical activity, the health status of the population and existing physical activity promotion, education and transport systems as well as urban design practices. This guide includes general principles and examples of possible areas of action for the promotion of physical activity. The guidance in this document is based on evidence and current practice as reported by key informants, and the review undertaken by the WHO (7).

A national action plan on physical activity should include specific goals, objectives, and actions, similar to those outlined in the DPAS (5). Of particular importance are the elements needed to implement a plan of action, including: identification of necessary resources and national focal points (i.e. key national institutes); collaboration between the health sector and other key sectors such as education, urban planning, transportation and communication; and monitoring, evaluation and follow-up.

GUIDING PRINCIPLES FOR A POPULATION- BASED APPROACH TO PHYSICAL ACTIVITY

The following important elements of successful policies and plans have been identified from a review of peer-reviewed literature and shared experiences from Member States with existing physical activity plans at national and sub-national level. Success from both developed and developing countries has informed a set of important characteristics associated with implementing a population-based approach to the promotion of physical activity. It is desirable that countries consider the following elements in the development and implementation of a national physical activity action plan.

IMPORTANT ELEMENTS OF SUCCESSFUL POLICIES AND PLANS

High-level political commitment

Political commitment from government (e.g. from the Prime Minister, King, ministers and/or high ranking officers within ministries of health, education and/or sports) is crucial, as it may facilitate physical activity promotion on the political agenda, particularly if the commitment is officially announced to the public.

Integration in national policies

A national policy in which physical activity has a central place may foster the implementation of a national physical activity plan. This should include a formal statement that defines physical activity as a priority area, states specific goals and provides a strategic plan for action. A policy on physical activity may be a stand alone document or be integrated within policies addressing the prevention and control of noncommunicable disease, or health promotion. The action plan should state the specific strategies of institutions in the government, non-government and private sector that will be undertaken to promote physical activity in the population within a specified

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