

EXECUTIVE
SUMMARY

Global status report on physical activity 2022



World Health
Organization

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ISBN 978-92-4-006044-9 (electronic version)

ISBN 978-92-4-006045-6 (print version)

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Executive summary

Regular physical activity promotes both mental and physical health (1). It is beneficial for people of all ages and abilities, and it is never too late to start being more active and less sedentary to improve health. Yet 81% of adolescents (2) and 27.5% (3) of adults currently do not meet WHO's recommended levels of physical activity and this affects not only individuals over their life span and also their families, but health services and society as a whole.

The COVID-19 pandemic revealed the vital importance of regular physical activity for both mental and physical health. It also, however, exposed inequities in access and opportunities for some communities to be physically active.

The COVID-19 pandemic has shown that physical activity must be a core component of public policy, with all countries ensuring provision of equitable physical activity opportunities for all (4).

To help countries increase levels of participation, WHO's Global Action Plan on Physical Activity 2018–2030 (GAPPA) provides a set of evidence-based policy recommendations to increase levels of participation across four strategic policy areas: active societies, active environments, active people and active systems (5). Effectively implemented by all countries, GAPPA will accelerate action towards meeting the global target of a 15% relative reduction in population levels of physical inactivity by 2030.

The cost of physical inactivity

The economic burden of physical inactivity is large. Globally, almost 500 million (499 208 million) new cases of preventable NCDs will occur between 2020 and 2030, incurring treatment costs of just over US\$ 300 billion (INT\$ 524 billion) or around US\$ 27 billion (INT\$ 48 billion) annually if there is no change in the current prevalence of physical

inactivity. Nearly half of these new cases of NCDs (47%) will result from hypertension, and 43% will result from depression. Three quarters of all cases will occur in lower- and upper-middle-income countries. The largest economic cost is set to occur among high-income countries, which will account for 70% of health-care expenditure on treating illness resulting from physical inactivity.

The purpose of this report

This first *Global status report on physical activity* presents a synthesis of global progress on implementation of GAPPA recommendations. The report was requested by Member States under World Health Assembly Resolution 71.6 and describes the current situation – and where possible, recent trends – using the best available data and set of 29 indicators. Data for this report are drawn from two primary sources: the WHO Noncommunicable Disease Country Capacity Survey (2021) (6) and the *WHO Global status report on road safety* (2018) (7). These data also offer the first insight into the impact of COVID-19 on countries' capacity for, and progress towards, implementing policies related to physical activity.

This report is for everyone involved in promoting and delivering national and subnational policies that provide the environments and programmes that drive participation in physical activity. It provides five recommended actions to promote physical activity as the world continues to respond to, and recover from, the COVID-19 pandemic, and to accelerate action to achieve the SDGs – particularly SDG 3 on health and well-being.

Main findings

There are few areas in public health – such as physical activity – where evidence on required action is so convincing, cost effective and practical. While some countries have started to implement different recommended GAPPA policy actions, overall global implementation since its adoption 5 years ago has been **slow and uneven**, resulting in little progress towards increasing population levels of physical activity. A consequence of this “inaction” is that already stretched health systems are burdened with preventable disease today and even more so in the future, and communities fail to benefit from the wider social, environmental and economic benefits associated with more people being more active.

Only two GAPPA policy indicators show implementation by over three quarters of all countries: conducting national surveillance of physical activity (among adults, and among children and adolescents); and the presence of national road safety design standards for safe crossings for pedestrians and cyclists. For nine GAPPA policy indicators, between a half to two thirds of countries report implementation. For the remaining 18 GAPPA policy indicators, less than half of countries report implementation in 2021 (see Table 1). Uneven implementation across WHO regions and country-income level results in **inequities** in people's access to opportunities and environments that support being regularly and safely active.

This first global assessment of policy actions to increase physical activity reveals **significant gaps in policy implementation**. These gaps are demonstrated by the overall modest level of GAPPA-recommended policy development and the notable gap between the presence of a policy and its operational status. In the majority of countries, policy development and implementation must be strengthened and accelerated if global targets on physical activity are to be met.

Gaps in policy are a result of multiple interconnected factors that fall into five areas: **political, technical, financial, collaboration and capacity building, and data systems** – all of which can either limit or accelerate policy progress. When positively aligned, these “policy enabling” factors combine to set and advance the national agenda. Conversely, the absence of one or more of these factors can reduce, divert and even reverse policy progress. As the national policy cycle for physical activity is not “one size fits all”, all countries need to identify and strengthen the policy enablers to drive a positive and virtuous cycle of collective action to enable more physical activity.

GAPPA policy implementation: results by policy area

GAPPA policy area – active systems:

The number of countries reporting a national NCD policy (including physical activity, or a standalone physical activity policy) has increased since 2017 and 2019. However, this progress is tempered by the 28% of countries that report these policies are not being implemented in 2021 (i.e. reported as not “operational”). These results, combined with evidence that less than 50% of countries report having a national NCD coordinating mechanism to support multisectoral collaboration, are of major concern and contribute to explaining the low level of policy implementation on physical activity seen across the indicators presented in this report.

GAPPA policy area – active societies:

Just over half of countries report conducting at least one communication campaign to raise awareness and knowledge around physical activity in the past two years – a figure that has declined since 2019. About half of countries implemented mass-participation events to engage people in physical activity through free, community-wide events. This figure has also declined since 2019, likely due to the COVID-19 pandemic.

GAPPA policy area – active environments:

Global progress in policy action to provide environments that support physical activity is varied. National design standards for road safety features that protect people when walking and cycling are present in three quarters (76%)

of countries for safe road crossings, and two thirds (66%) of countries for design for the safe management of speed. Only half of countries report national standards requiring separated infrastructure for walking and cycling, and less than half report the presence of all three of these national road safety design standards. Furthermore, while legislation on speed limits and drink-driving is present in most countries, only a quarter (26%) of these countries' legislation meets WHO best-practice standards. Low levels of best-practice legislation combined with an absence of road design standards presents increased risks to people walking and cycling in these local communities.

GAPPA policy area – active people:

Implementation of policies that ensure opportunities for physical activity in key settings where people live, work and play, and targeted programmes to support key population groups, is reported by less than half of all countries. Notably, less than 40% of countries report having national protocols for the management of physical activity in primary health care, despite strong evidence of the protective benefits of regular physical activity against leading NCDs and for mental health. Although this indicator shows a modest increase since 2019, the slow level of implementation of this recognized “best buy” policy is of particular concern given the high number of people living with, or at risk of, NCDs.

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