Promoting physical activity in the South-East Asia Region

Insufficient physical activity (PA) is the fourth leading risk factor for global mortality with approximately 3.2 million annual deaths and 69.3 million DALYs (disability-adjusted life years) lost each year globally. Inadequate PA leads to cardiovascular diseases, diabetes and obesity, colon cancer, high blood pressure, osteoporosis, lipid disorders, depression and anxiety. The prevalence of inadequate physical activity among adolescents aged 11–17 years has reached alarming levels globally with 78% of adolescent boys and 84% of girls reporting insufficient PA. About 70% of boys and 80% of girls and nearly one-third of all adults in the WHO South-East Asia Region report insufficient physical activity. Promoting physical activity is a cost-effective approach and has a long-term impact on healthy lifestyles for individuals, communities and entire populations, when applied strategically and implemented effectively in all settings and across all walks of life.

Promoting physical activity requires a multisectoral approach to operationalize policies, plans and strategies that are in place with appropriate measurable targets to reduce physical inactivity and sedentary lifestyles. Effective interventions within and beyond the health sector focusing on policy, the environment, media, schools, workplaces, communities and cities can increase PA levels among populations. PA can also significantly contribute towards achieving many of the Sustainable Development Goals and is an important factor in ensuring sustainable and healthy lifestyles.

The attached Working Paper was presented to the High-Level Preparatory (HLP) Meeting for its review and recommendations. The recommendations made by the HLP Meeting for consideration to the Sixty-ninth Session of the Regional Committee are:

**Actions by Member States**

1. Propose a resolution on the promotion of physical activity in the South-East Asia Region at the Sixty-ninth Session of the Regional Committee for South-East Asia in September 2016.

2. Establish physical activity strategies and implement strong concrete programmes to bring national policy commitments into action and promote physical activity at all levels of the community for all age groups (children, pregnant women, workers, senior citizens, etc.).

3. Promote physical activities already ongoing in many Member States and share the experiences gained from the practice of yoga and alternative and traditional methods; and encourage and share among Member States other local practices.
(4) Develop infrastructure and collaborative mechanisms by identifying partners beyond the health sector to promote physical activity.

(5) Encourage information dissemination, monitoring and advocacy on the effectiveness of physical activity, and bolster health promotion interventions to scale up best practices.

(6) Encourage and effectively implement NCD “best buys”.

**Actions by WHO**

(1) Develop region-specific guidelines for the promotion of physical activity.

(2) Share regional and global good practices such as yoga and other traditional approaches for physical activity among Member States.

(3) Support Member States to monitor and evaluate progress made on the promotion of physical activity.

This Working Paper and the HLP Meeting recommendations are submitted to the Sixty-ninth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.
Introduction

1. Inadequate physical activity (PA) is the fourth leading health risk factor in terms of global burden of diseases. Physical inactivity together with sedentary behaviours (SB) increase all causes of mortality, and disease-specific mortality and risk of many noncommunicable diseases (NCDs), including cardiovascular diseases, diabetes, obesity, colon cancer, high blood pressure, osteoporosis, lipid disorders, depression and anxiety. Promoting physical activity is cost-effective and has a long-term impact on healthy lifestyles and thus on the quality of life for individuals, communities and entire populations.

2. Effective promotion of physical activity needs a comprehensive framework, including interventions focusing on individuals, target groups and across populations. Promotion of PA has to be applied strategically in all settings such as from schools to workplaces and communities to cities, and to all levels of national and subnational events. It therefore needs collaboration within and beyond health sectors to operate interventions focusing on policy, the natural and built environments, media, schools, transportation sector, workplaces, communities and urban settings. A multisectoral approach and context-relevant policies, including interventions that can benefit from social structures and culture, can gain higher participation, effectiveness and sustainability. Promoting physical activity through existing social structures and common public spaces – such as communities, cities, schools and health facilities and building upon social assets – such as yoga and other traditional approaches brings great benefits to the population while also being responsive to developmental agendas.

3. Promotion of PA can accentuate the achievements of at least four Sustainable Development Goals (SDGs). These include but are not limited to: a) SDG 3: ensuring healthy lives and promoting well-being (SDG 3.4 on NCDs, 3.6 on reducing road traffic accidents, and 3.9 improving air quality by reducing automobile use, and promoting walking or cycling or public transportation); b) SDG 11: sustainable cities and communities (encourage urban designs for pedestrians, cyclists, etc.); c) SDG 4: quality education with integrated framework for health promoting schools; and d) SDG 5: gender equality and ending gender stereotypes and discrimination in sporting opportunities and physical activities for girls and women.

Current situation and challenges

4. At the global level, insufficient physical activity causes 3.2 million deaths and leads to the loss of 69.3 million DALYs (disability-adjusted life years) each year. WHO\(^1\) reports that in 2010, 20% of global adult men and 27% of adult women did not meet the WHO Recommendations on Physical Activity for Health for Adults (i.e. over 150 minutes of moderate-to-vigorous-intensity physical activity per week). The prevalence of insufficient PA among adolescents aged 11–17 years is alarming globally, and is reported by 78% of adolescent boys and 84% of adolescent girls. The SEA Region also records high prevalence of inadequate PA among adolescents — 70% of boys and 80% of girls were found to be physically inactive. And sedentary behaviours have become increasingly

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\(^1\) WHO Global Status Report on Noncommunicable Diseases, 2014
common for all population groups, and in particular children, adolescents and young adults in the Region.

5. World Health Assembly resolutions WHA51.18 and WHA53.17 on the prevention and control of NCDs have urged the implementation of policy and programme actions aimed at reducing physical inactivity and sedentary lifestyles. Resolution WHA55.23 passed by the Fifty-fifth World Health Assembly on diet, physical activity and health adopted the Global Strategy on Diet, Physical Activity and Health, and the Global Action Plan for the Prevention and Control of NCDs 2013–2020 came about with the resolution WHA64.11. By these instruments, Member States were urged to achieve the voluntary target of reducing the level of insufficient physical activity by 10% by 2025 (informally called the “10x25 Target”). The SEA Regional Committee also adopted the SEA Regional NCD Prevention and Control Action Plan in 2013, and reaffirmed the “10x25 Target” for the Region.

6. Implementation of policies promoting PA need urgent attention. The 2010 Global Survey on National Capacity for NCDs\(^2\) shows that most of the countries in the South-East Asia Region do have NCD policies, plans or strategies, including on physical inactivity, in place, but only 50% of the policies for PA were operationalized and only 40% received adequate funding.

7. Promotion of PA is regarded as one of the “best buys” in interventions for NCD prevention and control. The WHO Commission on Ending Childhood Obesity identified the promotion of PA across the life course as an important component of addressing and reversing the trends in obesity and overweight. Moreover, PA promotion can lead to benefits beyond health outcomes. The WHO Urban Health Framework and the Sustainable Development Goals (especially SDG 11) present new opportunities to ensure synergies across and a shared agenda towards creating sustainable and healthy spaces for urban populations. Promotion of walking and bicycling in cities and for the commute to schools can improve air quality as well as the physical health of the population.

8. The Side Event at the Sixty-ninth World Health Assembly titled “Towards Achieving the Physical Activity Target 2025 (10x25): Are We Walking the Talk”, held in May 2016, led to consensus among Member States regarding tabling the PA agenda at the Seventieth World Health Assembly with a draft resolution calling for a global action plan on promoting physical activity.

**The way forward**

9. Promoting PA requires working across sectors and a multisectoral approach to operationalize policies, plans and strategies with appropriate measurable targets to reduce physical inactivity and curb sedentary lifestyles. Member States are urged to seek opportunities to use existing mechanisms to integrate PA in major social institutions affecting people throughout the life course such as family, schools, workplaces, communities or cities. Health education and public campaigns for PA continue to contribute towards health awareness among people.

10. Taking into account its cross-sectoral nature, effective promotion of physical activity needs commitment at the highest level, and needs support and engagement of all levels. Leadership from

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http://www.who.int/cancer/publications/national_capacity_prevention_ncds.pdf?ua=1
the health sector is key. Health authorities, institutions and professionals are particularly important in their role in raising awareness, collaborating with other sectors and serving as role models for physical activity to stakeholders beyond health.

11. Member States need to scale up actions towards promoting PA and the development of tools for self-monitoring of national progress on a regular basis and contribute to the global PA progress report. Sharing of progress reports can identify the gaps and reveal appropriate options to close these gaps in PA implementation across sectors and demographic factors.

12. A practical guide on how to implement evidence-based actions to promote physical activity to support programme development and implementation in countries should be adopted and adapted to the country context by Member States of the Region. Further, there is also the need for sharing of knowledge and experience across SEA Region Member States, in particular to develop strategic actions to promote PA related to each population group, in select settings, including schools and urban communities and through using yoga and other traditional techniques.

Conclusions

13. Promoting physical activity in the WHO South-East Asia Region is one of the most important NCD “best buys” with significant impact on the health and well-being of the population and the achievement of SDGs. Monitoring progress with appropriate sets of targets can accelerate implementation of existing policies, plans and strategies. Member States are also urged to close the gaps in the implementation of PA, particularly those that relate to demographic characteristics and place of residence.

14. Promotion of PA requires multisectoral involvement and high-level commitment. Appropriate monitoring of progress and evidence-based programme planning and implementation using existing mechanisms will serve as opportunities to strengthen leadership, partnerships and synergies working across different sectors for health.

15. The Regional Committee is invited to provide further guidance on promoting physical activity in the South-East Asia Region.