American Heart Association Comments on the World Health Organization’s
DRAFT Global Action Plan on Physical Activity 2018-2030

The American Heart Association (AHA), the world’s leading voluntary health organization devoted to fighting cardiovascular disease and stroke, applauds the efforts by the World Health Organization (WHO) to develop a global action plan on physical activity. In fact, the AHA has adopted the WHO global goal to reduce premature mortality of non-communicable diseases (NCD) by 25% by 2025 and the respective targets in the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2025. We appreciate the need to tackle physical inactivity at the population level that will have a direct impact on both the global burden of NCDs and the 2030 Agenda for Sustainable Development.

As a member of the National Physical Activity Plan (NPAP) Alliance, the AHA has actively engaged in the promotion of physical activity to address all segments of the American population and fight the sedentary lifestyle and behaviors that are prevalent in our schools, communities, and workplaces. The draft action plan takes on a similar system-level approach that calls for an increase frequency of physical education, changes in the built environment and recreational spaces, and the use of science-based physical activity guidelines to support better health outcomes and reductions in health disparities.

The AHA applauds the inclusion of evidence based policies where available in the plan and strategies that both mobilize gatekeepers in communities and meaningfully engage health providers, educators, and civil society. The recognition of external influences and interference within the plan also underscores the sovereignty of Member States to pursue public health policies to promote the health of their citizens.

To strengthen the plan, the AHA respectfully provides the following suggestions:

- Emphasize children as an important target audience and the school, sports participation, community recreational programs, and home environments in shaping children’s habits. Recent data show that children as young as 11 from socially and economically disadvantaged families and neighborhoods appear more likely to have thicker carotid artery walls, which in adults may indicate a higher risk for heart attack and stroke in later life. ¹

• Clarify the mechanism for accountability to measure progress in reaching the stated goal and other related targets such as halting reducing risk factors for CVD including weight management.
• Incorporate the routine assessment of physical activity levels and prescription by health care professionals with clear indictors of success under related strategic objectives (s.a. an essential service under a Universal Health Care package or insurance coverage scheme). Only 34% of U.S. adults report being counseled about physical activity during a recent doctor’s visit.\(^2\) This same physical activity assessment can happen in worksite health promotion and community health promotion program delivery.
• Forge payment, financing, delivery and evaluation systems to support and sustain physical activity across the preventive care spectrum (primordial, primary, secondary and tertiary).
• Improve global surveillance of physical activity (PA), cardiorespiratory fitness (CRF), and sedentary behavior across populations to better tailor programming, and facilitate optimal policy, systems, and environment change. Develop consistent ways of measuring PA, CRF, and inactivity.
• Stress the linkages to bridge the healthcare provider to the community resources as an important prerequisite to promote more active persons.
• Underscore the fundamental need for additional research on physical activity interventions and strong evaluations of novel programs that complement physical activity guidelines.

Thank you for considering our comments. We would be pleased to be of further assistance and recommend for your review the National Physical Activity Plan and the Physical Activity Guidelines for Americans. If you have any questions, please feel free to contact Dr. Laurie Whitsel, Director of Policy Research (laurie.whitsel@heart.org) or Diana Vaca McGhie, Global Advocacy Manager (diana.vaca.mcghie@heart.org).

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