



## First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, 28-29 April 2011)

### POLICY BRIEF PHYSICAL ACTIVITY, SPORTS AND TRANSPORT

**Thursday, 28 April 2011**  
**Physical activity, sports and transport**  
**16:30-18:00 | Roundtable 4**  
**(Amphitheatre, Tower 1)**

#### **Aim:**

- This session discusses how physical activity can play a major role in NCD prevention. It will stress the importance of the implementation of the 'Global Recommendations on Physical Activity for Health' at a national level with active involvement of other sectors, such as sport and transport. The session will focus on how countries have organized the multisectoral action and how they dealt with resistance to change from major stakeholders.
- Participants will be asked to propose what global actions would facilitate national goals to increase physical activities

#### **Key messages:**

- Adequate levels of physical activity can best be achieved through an enabling environment
- Physical activity is influenced by policies and practices in sectors such as transport, sport, education, environment, urban design and by external forces such as industry and media. Hence, it is critical to engage all stakeholders as part of the solution
- The 'Global Recommendations on Physical Activity for Health' can be adopted and adapted by Member States to promote physical activity

#### **The following question will be addressed:**

- How can countries address the gaps and challenges encountered in improving physical activity levels and how can they achieve effective intersectoral action?

### **Context**

Higher levels of physical activity are associated with lower rates of all cause mortality, coronary heart disease, high blood pressure, stroke, type 2 diabetes, metabolic syndrome, colon cancer, breast cancer, vertebral and hip fractures, and depression. Physical activity also contributes to the prevention of unhealthy weight gain and is important for improving and maintaining quality of life and independence in older adults. However, each year, approximately 3.2 million deaths (approximately 6% of all deaths) are attributable to insufficient physical activity. Physical inactivity is the 4<sup>th</sup> leading risk factor for death; it is estimated to be the main cause for approximately 21–25% of breast and colon cancers, 27% of diabetes and approximately 30% of ischaemic heart disease burden.



Globally, it is estimated that 31% (men 28% and women 34%) of adults aged 15 years and older are not participating in recommended levels of physical activity to reduce their risk of NCDs, improve cardio-respiratory and bone health, and reduce the risk of depression. Data on physical activity patterns in children and youth are sparse, however the existing data suggest that 80% of 13-15 year olds do not meet physical activity recommendations for their age group.

Adequate levels of physical activity, including moderate intensity physical activity such as everyday walking and cycling as a means of transportation, can best be achieved through an enabling environment. This is why increasing physical activity is a societal, not just an individual undertaking. As such, it demands a population-based, multi-sectoral, multi-disciplinary, and culturally relevant approach.

### New dimensions

The three main trends influencing global health today: population-ageing, rapid unplanned urbanization, and globalization, result in environments that contribute significantly to the declining levels of physical inactivity seen in high-, middle- and low-income countries alike. This is especially true in urban settings where the changing environment is reducing opportunities for physical activity. Hence, city dwellers are likely to have sedentary occupations, to use motorized means of transportation, and not to engage in physical activity during their leisure and recreation time.

### New developments

The Action Plan for the Prevention and Control of NCDs (2008) urges Member States to promote physical activity through the implementation of school-based interventions and the provision of physical environments that support safe active commuting, safe transport, and the creation of space for recreational activity. In 2010, WHO published the 'Global Recommendations on Physical Activity for Health', which can be adopted and adapted by Member States in order to set national physical activity recommendations or can be used by national policy makers as an entry point for the development or update of broader NCD prevention plans.

Alongside these Global Recommendations, the 'Toronto Charter for Physical Activity: A Global Call to Action', launched in 2010 and developed through an extensive global stakeholder consultation, is consistent with the Action Plan for the Prevention and Control of NCDs, as well as the Global Recommendations on Physical Activity for Health. This signals a wide agreement on what needs to be done.

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## New evidence

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There is a close response relationship between physical activity and cardiovascular disease and diabetes risk reductions occur at levels of 150 minutes of activity per week. Evidence also shows that participation in 30 to 60 minutes of physical activity per day significantly reduces risk of breast and colon cancer.

Physical activity is influenced by policies and practices in sectors such as transport, sport, education, environment, urban design and by external forces such as industry and media. All the evidence on changing physical activity habits show that creating an enabling environment, providing appropriate information and ensuring wide accessibility is critical to influencing behavior change, regardless of the setting.

## Getting to scale

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The areas for action on physical activity promotion comprise: (i) school based programmes; (ii) transport policies that prioritize walking and cycling; (iii) urban design; (iv) primary health care; (v) public awareness and mass media; (vi) community-wide programmes; (vii) sports system/programmes. An effective approach requires the implementation of multiple concurrent strategies, therefore, the participation of the sectors and leaders corresponding to each of these areas of action is critical. In many countries, the first step has been to engage these key sectors raise their awareness about how their policies and actions are affecting health.

## Example of success: Bogota's Ciclovías

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Ciclovía is an environmental intervention targeting the built environment and a multi-targeted approach to encourage healthier commuting. In 1995, the city of Bogota in Colombia initiated a vast transformation of the physical urban environment, providing accessible pathways for nonmotorized transport and an improved public transport system. A total of 260 km and 16 routes for bicycles have now been constructed. Ciclovía happens every Sunday when 120 km of roadways are closed to motorized vehicles. In Bogota, Columbia, Ciclovía manages to combine sport, recreation, health, commerce and culture in one package. Results show that women who usually participate in Ciclovía are seven times more likely to be physically active. Other significant results are an improvement in public transport, the decrease from 17% to 12% of persons travelling by car during peak times, 55% of programmes provide economic opportunities through temporary businesses and 63% of programmes surveyed reported engaging the community through volunteerism.

## Uniting around a common agenda

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An all of government approach, along with private sector engagement, if applied at sufficient scale, will make significant contribution to increasing levels of physical activity in the population and to reducing NCDs.

## Partners' focus

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This round table is held primarily for those in government and civil society concerned with action to improve physical activity patterns. It will discuss roles and responsibilities of different stakeholders, will provide action oriented solutions to a multistakeholder approach for physical activity promotion, and will engage the participation of all partners around a common agenda.



## Acknowledgements

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Unless specified otherwise, the data contained in this discussion paper is based on the 2004 update on the 'Global burden of disease'. Additional information is available at [www.who.int/research](http://www.who.int/research).

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