WHO Monitoring framework and targets for the prevention and control of NCDs

POSITION STATEMENT #2
SUPPORT FOR THE INCLUSION OF A GLOBAL TARGET ON PHYSCIAL INACTIVITY

We commend WHO for the inclusion of a target and indicator addressing physical inactivity in the latest Discussion Paper released on March 21 2012 as part of the comprehensive global monitoring framework under development by WHO in response to paragraphs 61 and 62 of the Political Declaration of the General Assembly on the Prevention and Control of Non communicable Diseases (resolution 66/2).

Physical inactivity is well established as one of the four core risk factors for NCDs. It is *independently* associated with a reduction in risk of chronic disease and it has been estimated as being the principal cause for approximately 21–25% of breast and colon cancer burden, 27% of diabetes and approximately 30% of ischaemic heart disease burden. Physical inactivity has been identified as the fourth leading risk factor for global mortality causing an estimated 3.2 million deaths globally. A large share of these deaths, as well as a high burden of morbidity and disability attributable to physical inactivity, occurs in low- and middle-income countries.

The inclusion of a target on physical inactivity will directly support and advance the implementation of the WHO Global Strategy on Diet, Physical Activity and Health as called in paragraphs 43 (d) of the Political Declaration (resolution 66/2).

Moreover the target will support Member States, NGO and others to develop and implement policy level actions aimed at reducing levels of physical inactivity as called for in paragraphs 43 (d). Scaled up efforts on physical inactivity will provide significant population health benefits and will contribute to the reduction in morbidity and mortality from NCD and to achieving the proposed overall mortality reduction target of 25% in ages between 30 and 70 due to CVD, cancer, diabetes, and chronic respiratory disease.

Physical activity to improve health and reduce non communicable disease can take many different forms, such as through a wide variety of sports, recreation and leisure pursuits and through cycling and walking for transport. It is now only in low and some middle income countries that physical activity undertaken through work makes a contribution to total activity levels. However, the rapid changes underway in the workplace and transport systems through technology and shifting economies indicate that this contribution is declining and will continue to do so. Alongside the health benefits there are considerable co-benefits of a physically active society. These can include reductions in traffic congestion, improved air quality and increases in social capital and enhanced community cohesion.

Substantial global progress has been made to address physical inactivity in the last decade, much of which has been supported by the WHO Global Strategy on Diet, Physical Activity and Health (2004, Resolution 57.17) and the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non communicable Diseases (Resolution 53.17). Notable achievements to date on physical activity include:

- The development of valid and reliable self-report instruments to measure levels of physical inactivity which are feasible and satisfactory for use in national health monitoring systems (e.g. notably the global physical activity questionnaire [GPAQ] which provides domain specific estimates for work, transport and sport/recreation; and the international physical activity questionnaire [IPAQ]);
- Data from over 130 countries using either GPAQ or IPAQ or similar instruments provide an increasingly detailed picture of the global status of this risk factor, the disparities within and

between countries; and for many countries these data provide the first baseline measure from which to act;

- The availability of guidance on effective interventions resulting from systematic reviews of the international literature (e.g. from National Institutes of Health and Clinical Excellence [NICE] in the U.K), Cochrane reviews, and 'Best Buys' report and "Interventions on diet and physical activity: what works" guidance from WHO);
- Increasing evidence from middle income countries showing the feasibility and applicability of approaches to low resource contexts which can increase levels of walking, cycling and physical activity (e.g. in Brazil and Columbia).

However, although there has been progress, much more national action is required to increase the population levels of participation in physical activity. The inclusion of physical inactivity as a global target with the stated indicator provides vital support and guidance to Member States.

The proposed global target and indicator for physical inactivity provides a clear and common direction and has the greatest global utility. It also allows countries to choose additional measures on physical activity at a national level to suit local contexts. The proposed indicator is consistent with WHO's Global Recommendations on Physical Activity for Health (2010); WHO Global Strategy on Diet, Physical Activity and Health (2004, Rresolution 57.17); 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non communicable Diseases (Resolution 53.17). Moreover, the proposed target of 10% reduction in physical inactivity is feasible within the foreseen timeframe (by 2025) given the progress that needs to be made in building workforce capacity, policy and implementation of program actions and monitoring, particularly in middle income countries.

We call upon Member States, WHO and other interested partners, to endorse the inclusion of the global target and indicator on physical inactivity in the core set of the NCD monitoring framework

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To support this call and the inclusion of physical inactivity as a global target, we provide an outline of the key supporting rationale:

1. There is strong epidemiological evidence

Physical inactivity is the fourth leading cause of death worldwide, accounting for over 3.2 million deaths per year. A large share of these deaths, as well as a high burden of morbidity and disability attributable to physical inactivity, occurs in low- and middle-income countries. In view of its high relevance, WHO recently launched Global Recommendations on Physical Activity for Health. Importantly, the available evidence clearly showed that physical activity provides a reduction in the risk of NCD's *independent* of weight status (e.g. BMI) and is a modifiable behavioral risk factor for hypertension and hypercholesterolemia;

2. Physical inactivity is established as a core risk factor of NCD prevention and coherent with major strategies

Leading global and regional NCD prevention strategies fully recognize the significance of physical inactivity and the need for national action. These include: WHO's Global Strategy on Diet, Physical Activity and Health (2004), WHO's Global Strategy for the Prevention and Control of NCDs, WHO 2008-2013 NCD Action Plan (2008), WHO's Global Recommendations on Physical Activity for Health (2010) and the Political Declaration on Prevention and Control of NCDs (2011). The inclusion of a target on physical inactivity will directly support and advance the implementation of the WHO Global Strategy on Diet, Physical Activity and Health as called in paragraphs 43 (d) of the Political Declaration on NCDs (resolution 66/2);

3. There is evidence of effective and feasible public health interventions, particularly in low resource contexts

National and international guidance is available to guide the selection and implementation of a comprehensive set of actions on physical activity. Like the other three NCD risk factors, there is not a single action solution to increasing physical activity participation. National action must comprise a set of policy, regulatory, environmental and behavioral strategies, aimed at influencing and supporting different sectors of the population. There is evidence of such an approach being effective for physical activity. Examples include: increases of population level physical activity on a national level, for example in Canada and Finland, through comprehensive, intersectoral and long-term national strategies, the transformation of the City of Bogota, Colombia to a place which encourages walking, cycling and public transit; the State of Sao Paulo, Brazil where a sustained social marketing approach combined with environmental and community-based initiatives have increased population levels of physical activity. Adaptation of interventions to the cultural setting, capacity and low resource contexts is possible;

4. The selected target is measureable, data collection instruments are available and already in use providing baseline data and the target is achievable allowing necessary time for progress

Population monitoring has progressed substantially in the last decade and valid international instruments are available and, as of 2010, over 130 Member States have baseline data on physical inactivity from which to track their progress. Other countries will be encouraged to commence the monitoring of physical inactivity with this clear global indicator and target. The use of self-report measures in population surveys is a necessary first step to monitoring inactivity for most countries. Future methods may include the use of objective measures, such as motion monitors (e.g. accelerometry) but these remain unaffordable for most countries at the present time, and waiting for these to be available at population scale is not an option in view of the high burden of disease and death and the foreseeable cost of inaction. Evidence from countries that have measured and implemented sustained actions shows that, on average, a 1% increase in the level of participation over one year is achievable. Canada is an example of a high income country which has reported a 20% increase over 20 years (1982-2002). Brazil is an example of a middle income country that has achieved a similar change with a 6% decline in inactivity over a 6 year period (2002-2008). A core feature of those countries showing improvements in rates of participation is the implementation of a combination of actions across multiple sectors including health, transport, sport and education.

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