



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

Why we need a global target on physical inactivity

We commend WHO for developing the Political Declaration on the Prevention and Control of NCDs, adopted at the UN High Level Meeting in September 2011 and Member States on their support for the Political Declaration. Halting the NCD epidemic requires timely implementation of the commitments in the Political Declaration and taking clear decisions at the 65th World Health Assembly this May.

The Declaration calls for action on the four most important risk factors for NCDs, namely tobacco, diet, physical inactivity and alcohol. However, the current WHO Discussion Paper on a Global Monitoring Framework and Voluntary Targets for the Prevention and Control of NCDs, targets only three of the common risk factors namely; tobacco, diet and alcohol, in addition to targets and indicators on intermediate risk factors and selected health outcomes.

The glaring omission and inconsistency is the absence of a target and indicator on physical inactivity. As physical inactivity fully adheres to the five criteria used for inclusion in the set of targets and indicators we propose the following action and global indicator and target:

We call upon Member States, WHO and other interested parties, in view of the compelling evidence and significance of physical inactivity for health globally, to consider the following target and indicator for inclusion into the core set of the monitoring framework:

Target: 10% relative reduction in the prevalence of insufficient physical activity in adults (defined as less than 150 minutes of moderate-intensity physical activity per week, or equivalent)

Indicator: Age-standardized prevalence of insufficient physical activity adults (defined as less than 150 minutes of moderate-intensity physical activity per week, or equivalent)

Physical inactivity meets the five criteria used in the selection of global indicators and targets. A brief summary is provided below:

1. High epidemiological and public health relevance

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.

2. Coherence with major strategies, notably the priorities of the Global Strategy for the Prevention and Control of NCDs and its Action Plan, as well the Political Declaration; WHO framework for health systems priorities to monitor exposures, outcomes, and health systems response

A wide range of major strategies fully recognize the significance of physical inactivity for NCDs and premature mortality, calling Member States to action to address this important risk factor. These include the Global Strategy on Diet, Physical Activity and Health (DPAS), the Global Strategy for the Prevention and Control of NCDs and its Action Plan, as well the Political Declaration and the Global Recommendations on Physical Activity for Health.

3. Evidence driven targets and indicators: availability of evidence-based effective and feasible public health interventions; past achievements by countries as basis for a set of attainable targets

A wide range of evidence on effective and feasible public health interventions has been collected, assessed and made available to Member States by several recognized agencies. These include: WHO publications such as Best Investments and cost effectiveness work (2011); Population-based approaches to increasing levels of physical activity (2009), Review of Best Practice in Interventions to Promote Physical Activity in Developing Countries (2006), Implementing DPAS (2007); the Centers for Disease Control and Prevention's Community Guide to Preventive Action; and the National Institute's for Health and Clinical Excellence systematic reviews and national guidance.

In addition there are published examples of the experiences in Member States, including amongst others from Australia, Brazil, Canada, Finland, Scotland, Singapore, and Thailand. Across these countries, the evidence of impact, as seen by a change in population prevalence of physical activity over time, suggests a global target should aim for around 1% relative change per year. However, evidence from low and middle income countries is scarcer as monitoring of physical inactivity has only commenced in recent years with notable exceptions of Brazil and several other South American countries. More data on trends and potential impact are available from high income countries due to earlier adoption of the scientific evidence and inclusion within health behavior monitoring systems.

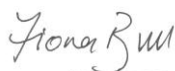
4. Evidence of achievability at the country level: interventions that are practical for implementation, including in low- and middle-income countries

Adaptation of interventions to the cultural setting, capacity and low resource contexts is recognized as an important element for effective interventions to address physical inactivity. There are examples of such actions suitable for different settings such schools, worksites, primary care, local neighborhood and community level interventions recommended in the Global Strategy on Diet, Physical Activity and Health.

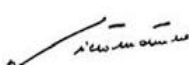
There is also an increasing data base of examples showcasing the experiences and application in different Member States from different regions including those with low resources in low- and middle-income countries. Moreover, there is an increasing number of comprehensive national policies under development and implementation for physical activity promotion.

5. Existence of unambiguous data collection instruments and potential to set a baseline and monitor changes over time

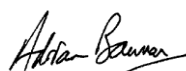
Over the last decade the agenda of measuring and monitoring physical activity has been a priority of leading academics and WHO and the result of combined work is two self-report measures, namely the International Physical Activity Questionnaire (IPAQ) and the Global Physical Activity Questionnaire (GPAQ). Peer reviewed scientific publications have reported their characteristics, reliability and validity. Both IPAQ and GPAQ assess physical activity across multiple domains, not just leisure/sports, and both instruments provide an estimate of total activity in the past week. To date, IPAQ and GPAQ have been used in over 130 countries and are ready and available for use elsewhere with technical support and analysis tools available. GPAQ, for example, can be used within the WHO STEPS surveillance program or inserted into an existing national health survey. In addition, to these self-report instruments, there is much potential to objectively assess population level of physical activity and sedentary behavior.



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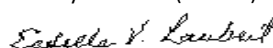
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