The 4th leading risk factor for death worldwide: physical inactivity is an urgent public health priority

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Langue Anglais

Despite awareness of the health risks of being physically sedentary and the benefits of being physical active, inadequate physical activity levels are prevalent throughout the world. The health and economic costs of physical inactivity are immense, and while some countries are implementing National Action Plans to address the problem, it is unclear how many of these plans are operational and on track to achieve targets to reduce physical inactivity.

How will countries around the world make progress on physical activity targets, and consequently turn the tables on non-communicable diseases?

Physical inactivity is the fourth leading risk factor for death in the world [1], killing more than 5 million people per year according to the Lancet [2]. In addition, the costs to economies are staggering. In 2000, U.S. direct costs associated with physical inactivity reached more than $US90 billion and it is expected to increase to over $US191 billion by 2030 [3]. In Europe, these costs are estimated to be €80 billion per year [4] ($US87 billion). Furthermore, the effects of declining physical activity levels may be felt more acutely in countries with rapidly developing economies, and emerging economies will struggle with the consequences that physical inactivity will place on respective health care and social infrastructure. In India for example, the direct cost of physical inactivity was estimated to be $US1.3 billion in 200, projected to reach $US7.5 billion by 2030 [3], close to a third of what it would cost to roll out universal health care there. [5]

Building momentum

There is strong evidence that physical inactivity increases the risk of many adverse health conditions, including major non-communicable diseases (NCDs) [2] such as coronary heart disease, type 2 diabetes, and breast and colon cancers, exacerbates mental illness and shortens life expectancy. So it is not surprising that physical inactivity has been recognised a key NCD risk factor in:

- a 2002 World Health Assembly (WHA) resolution [6] that addresses the physical inactivity problem, which then

led to the WHO Global Strategy on Diet, Physical Activity and Health [6];
- the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs [7] in 2011;
- the UN Sustainable Development Goals (SDGs [8]) adopted in 2015, which call on countries to *"by 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment;"*
- the WHO Global Action Plan and Monitoring Framework for the Prevention and Control of NCDs [9] adopted in 2013, which includes a target of a *"10% relative reduction in prevalence of insufficient physical activity by 2025* [10]*;"*
- the 2016 WHO Commission on Ending Childhood Obesity (ECHO) [11] called for the implementation of comprehensive programmes that promote physical activity and reduce sedentary behaviours in children and adolescents; and
- the Pan American Health Organization Plan of Action for Prevention of Obesity in Children and Adolescents [12] which call on countries in the Americas "to improve access to urban recreational spaces such as the "open streets" programs."

In addition, there are numerous WHO technical papers that provide recommendations on what countries should do to address this epidemic including the WHO Recommendations on Physical Activities for Health [13], the WHO Review of Best Practice in Interventions to Promote Physical Activity in Developing Countries [14], the WHO Guide for Population Based Approaches to Increasing Levels of Physical Activity [15]. Civil society has also provided recommendations on which investments work for physical activity [16].

Examples of good practice

Recognising the immense but largely avoidable costs to health systems and livelihoods, a number of countries and local jurisdictions are implementing effective interventions such as the Ciclovias in Bogota, Colombia [17] and Guadalajara, Mexico, where streets are closed to cars on a regular basis in order to promote bicycling and pedestrian traffic [18]. The *Path to Health* programme implemented nationwide in China set up physical exercise equipment in public places [14] to facilitate physical activity at the community level. In Sao Paulo, Brazil, a community-wide campaign called *Agita* resulted in a 10.2% increase in people reporting being active or very active [19]. *Green Prescriptions* in New Zealand [20] and Sweden [21] target physically inactive people seeking primary health care, where a primary care professional prescribes an exercise intervention. These have shown to be effective in changing physical activity behavior and self-reported quality of life, and also have been cost effective.

Yet while there are successful examples of localised action, more needs to be done at the global level to catalyse support for member states to implement and scale up national physical activity action plans. National and local action is essential to address the low proportion of populations that are meeting physical activity guidelines, such as 80% of the world's adolescent population who are still insufficiently physically active [22].

Harnessing Momentum

There is thus momentum to harness, providing a unique opportunity to advance policies and action to prevent NCDs and decrease global levels of physical inactivity. Unfortunately, when it comes to physical activity policy, progress has been slower than for other NCD risk factors and experts in the field lament that it "has usually been coupled with other public health agendas and is often not a fully recognised, standalone, public health priority [23]". A 2012 Lancet report [24] suggested that the relatively limited successes achieved in the area of global physical activity policy have been the result of happenstance rather than the result of planning and coordination. In addition, the food industry linked to the global obesity epidemic has co-opted the issue of physical activity [25] as part of its corporate social responsibility (CSR) marketing strategy, serving the additional objective of shifting the blame of the obesity problem away from unhealthy diets, fragmenting the public health and non government organisation sectors. Consequently, the global public health community has not yet reached a consensus on which policies must be prioritised to decrease the burden of physical inactivity. According to a 2013 WHO Country Capacity Survey [26], only 56% of countries indicated having an operational national physical activity plan, policy or strategy and physical inactivity is still highly prevalent in all regions of the world, in both rich and poor countries according to the Global Observatory for Physical Activity [27].

What next for physical activity?

The absence of a global political consensus on how to best address the complex challenge of physical inactivity will

make it difficult for countries to decrease current levels of physical inactivity and reach the target of a *"10% relative reduction in prevalence of insufficient physical activity by 2025."*

A government-led global consensus, supported by civil society, is essential to help ensure that physical activity is recognised as a standalone public health priority, help reach a globally harmonised agreement on which evidence-based policies and strategies should be prioritised, and increase political action for implementation of evidence-based policies at the national level.

Some governments have recognised this problematic absence of meaningful progress and have begun to take action. Thailand is leading this work by coordinating an event at the 69th World Health Assembly [28] in May 2016, along with support from 5 other nations and the *International Society for Physical Activity and Health (ISPAH)* [29] This side event "*Towards Achieving the Physical activity Target 2025 (10x25). Are We Walking the Talk?*" is aimed at drawing attention to the political imperative of increasing global physical activity levels. It will not only prompt discussion and debate, but can also be a powerful step towards the development of a strong evidence-based global consensus on what is needed to accelerate and increase global and local momentum on the implementation of physical activity policies.

The political will and leadership within the Thai government provides a unique opportunity for global health, an opportunity the public health community must support. As civil society we must rally behind this effort, help elevate physical activity as a standalone public health priority with global consensus that will increase political action to reduce current levels of physical inactivity and prevent the ill health and deaths of millions of people.

> ***Civil society must rally behind efforts to elevate physical activity as a standalone public health priority. Consensus will increase political action to reduce current levels of physical inactivity, and prevent ill health and deaths of millions of people.***

About the Authors:

Laurent Huber is Executive Director of Action on Smoking and Health (ASH) [30] and a leader in tobacco control (@LaurentHuber [31]). Laurent holds a Master's of Science degree with a focus on exercise physiology research and before beginning to work full time in tobacco control in 2000, he directed a number of nonprofit organisations where he helped develop and implement NCD prevention programs for at-risk and native populations. Laurent held a 2-year position on the Steering Group for NCD Alliance towards the end of his 13-year tenure as Executive Director of the Framework Convention Alliance (FCA) [32].

Adjunct Professor Trevor Shilton is Director of Cardiovascular Health at the National Heart Foundation of Australia (WA) [33] and the Foundation's National Lead for Physical Activity. Trevor is Chairman of Global Advocacy for Physical Activity (GAPA), the advocacy council of ISPAH [34] and manages that organisation's information network GlobalPANet [35]. In 2016 Trevor is co-chair of the ISPAH 2016 World Congress on Physical Activity and Public Health [36]. Trevor holds adjunct appointments at Curtin University and the University of Western Australia. Trevor has had an extensive career in health promotion practice, research, policy and advocacy. His principal interests are in NCD prevention, policy and programs relating to physical activity and obesity, workforce development, Aboriginal health and social marketing. His first passion is advocacy.

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[1] http://www.who.int/topics/physical_activity/en/
[2] http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61031-9/supplemental
[3] http://e13c7a4144957cea5013-f2f5ab26d5e83af3ea377013dd602911.r77.cf5.rackcdn.com/resources/pdf/en/full-report.pdf
[4] http://www.friendsofeurope.org/media/uploads/2015/06/The-Economic-Costs-of-Physical-Inactivity-in-Europe-June-2015.pdf
[5] http://in.reuters.com/article/uk-india-health-idINKBN0IJ0VN20141030
[6] http://apps.who.int/gb/archive/pdf_files/WHA55/ewha5523.pdf
[7] http://www.un.org/en/ga/ncdmeeting2011/
[8] https://sustainabledevelopment.un.org/sdgs
[9] http://www.who.int/nmh/events/ncd_action_plan/en/
[10] http://www.who.int/nmh/global_monitoring_framework/en/
[11] http://www.who.int/end-childhood-obesity/final-report/en/
[12] http://www.paho.org/jam/index.php?option=com_content&view=article&id=101:plan-of-action-for-the-prevention-of-obesity-in-children-and-adolescents&Itemid=0
[13] http://apps.who.int/iris/bitstream/10665/44399/1/9789241599979_eng.pdf
[14] http://www.who.int/dietphysicalactivity/bestpracticePA2008.pdf?ua=1
[15] http://www.who.int/dietphysicalactivity/PA-promotionguide-2007.pdf?ua=1
[16] http://www.interamericanheart.org/images/PHYSICALACTIVITY/SevenInvestforPAFeb2011.pdf
[17] http://discovery.ucl.ac.uk/110/
[18] http://activelivingresearch.org/sites/default/files/2015_Workshop_OpenStreets.pdf
[19] http://www.academia.edu/5087574/Physical_Activity_Promotion_Experiences_and_Evaluation_of_the_Agita_S%C3%A3o_Paulo_Program_Using_the_Ecological_Mobile_Model
[20] http://www.health.govt.nz/our-work/preventative-health-wellness/physical-activity/green-prescriptions
[21] http://bmcfampract.biomedcentral.com/articles/10.1186/1471-2296-14-128
[22] http://www.who.int/mediacentre/factsheets/fs385/en/

[23] http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60898-8/abstract
[24] http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2960898-8/fulltext
[25] http://well.blogs.nytimes.com/2015/08/09/coca-cola-funds-scientists-who-shift-blame-for-obesity-away-from-bad-diets/?_r=0
[26] http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf?ua=1
[27] http://www.globalphysicalactivityobservatory.com/
[28] http://apps.who.int/gb/e/e_wha69.html
[29] http://www.ispah.org/
[30] http://ash.org
[31] https://twitter.com/laurenthuber
[32] http://t.co/skk1ra7OKy
[33] http://www.heartfoundation.org.au
[34] http://www.ispah.org
[35] http://www.globalpanet.com
[36] http://www.ISPAH2016.org
[37] http://www.thelancet.com/series/physical-activity-2016
[38] https://ncdalliance.org/news-events/blog/momentum-towards-a-more-physically-active-future
[39] https://old.ncdalliance.org/fr/node/4775
[40] https://old.ncdalliance.org/fr/taxonomy/term/1348
[41] https://old.ncdalliance.org/fr/category/tags/ncds