

Partnerships for a more active world: How getting more people active is a win for global and local health



Dr Fiona Bull
Coordinator

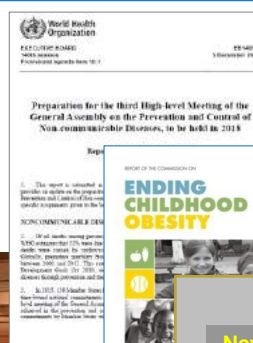
Surveillance and Population-based Prevention Unit
Department of Prevention of Noncommunicable Diseases
World Health Organization

World Health Organisation

Director-General of WHO

Dr Tedros

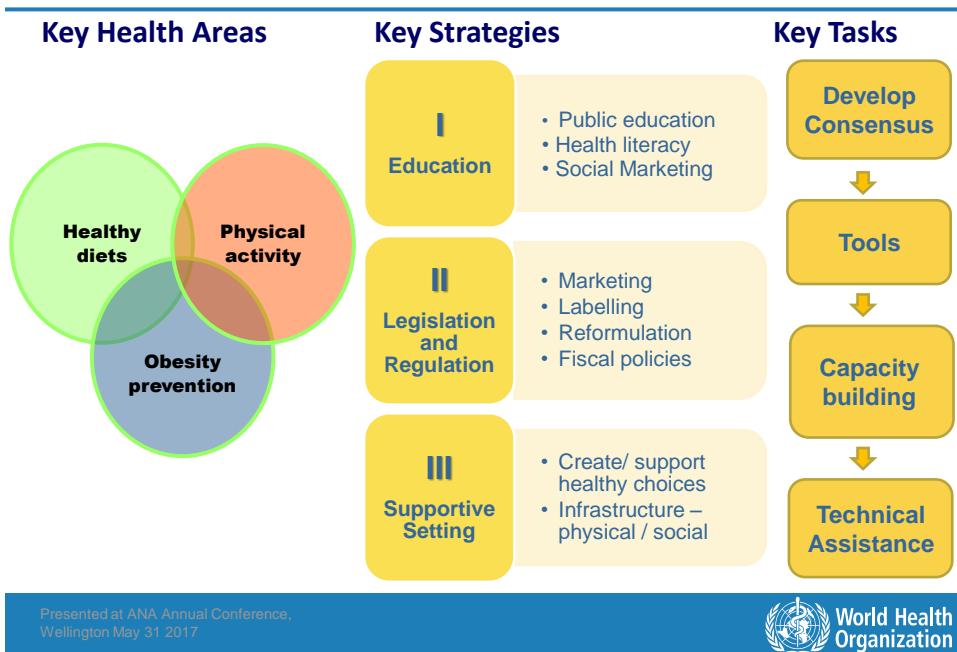
Dr Margaret Chan



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Surveillance and Population Based Prevention

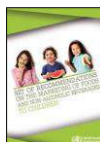


Our work in more detail

Unhealthy diets



Fiscal approaches:
SSB tax



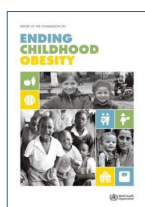
Restricting Marketing to children



Salt reduction:
SHAKE

*Saturated fats.....
Trans fats.....*

Obesity



Launch & Dissemination post WHA70!
Supporting Tools
M&E Framework
Technical Assistance

Physical activity



To be updated
New <5yrs

New:
PA & Pregnancy



Toolkit to finish and launch



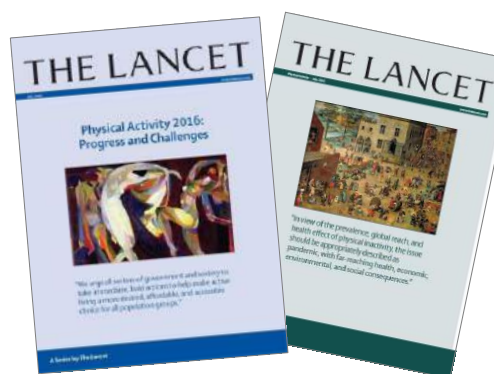
New Global Action Plan 2018

Key milestones in Physical Activity and Global Health



Areas of Progress

- Global Recommendations
- Global 2025 Target on PA
- National policies on PA are increasing
- Global, Regional and national networks on PA
- Toolkits and guides for promoting PA in many settings
- Surveillance and monitoring of PA has increased
- Science is growing and stronger



Two Special Issues on PA
 Series 1: July 2012 London Olympics
 Series 2: Aug 2016 Rio Olympics

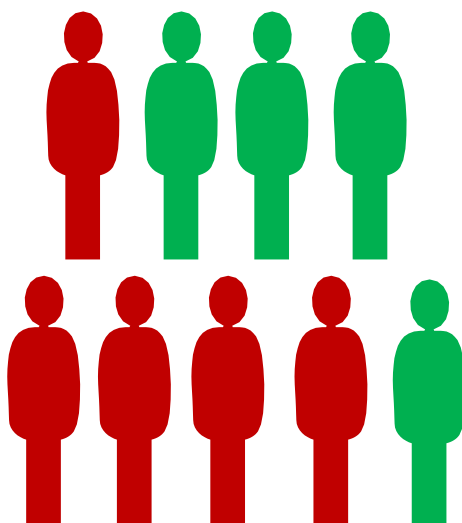
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But.....

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Global Prevalence of physical inactivity



1 in 4 adults are not
active enough

23%

4 in 5 adolescents are
not active enough

80%

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Presentation Outline

1. Global health – birds eye view
2. Where does physical activity fit?
3. WHO role and work on physical activity
4. Partnerships we need for local action and success

Questions

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56 Million
deaths
each year

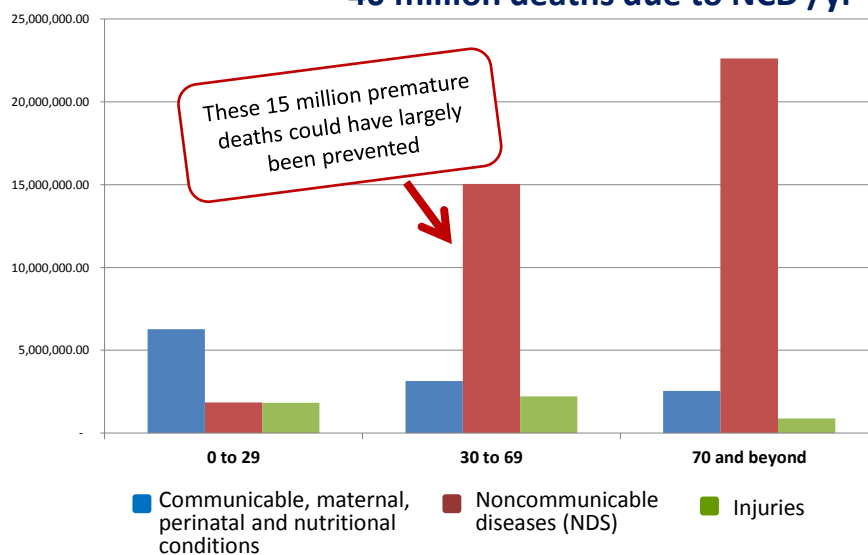
Chronic Disease
accounts for
70%

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Noncommunicable disease (NCD) are leading causes of death and disability worldwide

40 million deaths due to NCD /yr



Where?

Premature deaths from NCDs in 2015 between the ages of 30-70

	Men	Women	Total	Percentage
Low-income countries	0.4 million	0.4 million	0.9 million	6%
Lower middle-income countries	3.6 million	2.6 million	6.1 million	41%
Upper middle-income countries	3.5 million	2.4 million	5.8 million	39%
High-income countries	1.4 million	0.8 million	2.2 million	15%
Total	8.9 million	6.2 million	15.0 million	100%

Source: Global Burden of Disease (2015)
http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html

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Where?

Premature deaths from NCDs in 2015 between the ages of 30-70

WHO region	Men	Women	Total	Percentage
African (AFR)	0.7 million	0.6 million	1.3 million	9%
Americas (AMR)	1.1 million	0.8 million	1.9 million	13%
East Med (EMR)	0.6 million	0.5 million	1.0 million	7%
Europe (EUR)	1.5 million	0.8 million	2.4 million	15%
South East Asia (SEA)	2.6 million	1.8 million	4.4 million	29%
West Pacific (WP)	2.4 million	1.6 million	4.0 million	27%
Total	8.9 million	6.2 million	15.0 million	100%

Source: Global Burden of Disease (2015)
http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html

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Political Declaration

High Level Meeting United Nations, Sept 2011

Responding to the challenge: a whole-of-government and a whole-of-society effort

33. Recognize that the rising prevalence, morbidity and mortality of non-communicable diseases worldwide can be largely prevented and controlled through collective and multisectoral action by all Member States and other relevant stakeholders at local, national, regional, and global levels, and by raising the priority accorded to non-communicable diseases in development cooperation by enhancing such cooperation in this regard;

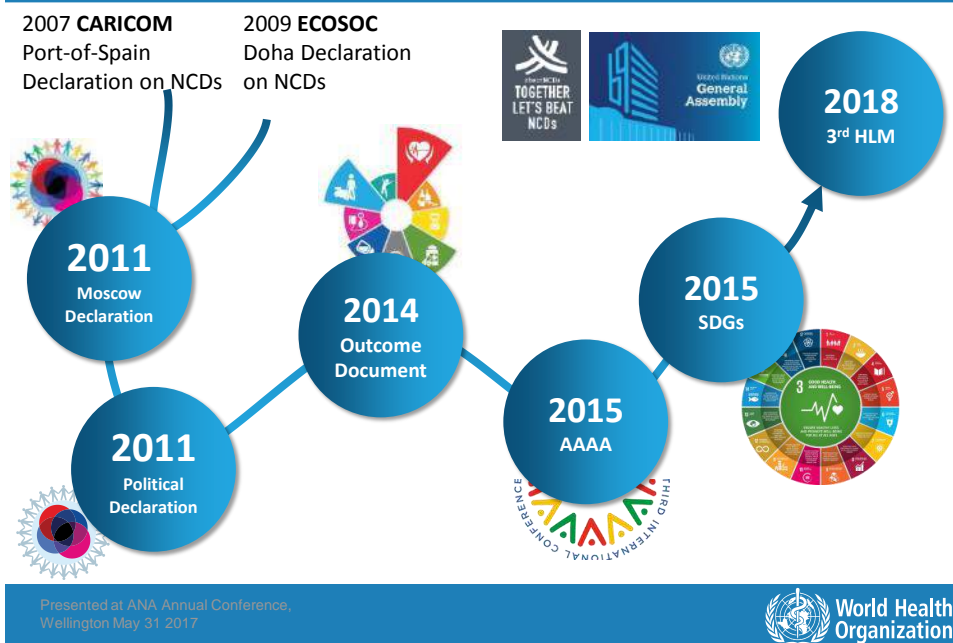
35. Recognize also the critical importance of reducing the level of exposure of individuals and populations to the common modifiable risk factors for non-communicable diseases, namely, tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol, and their determinants, while at the same time strengthening the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health;

36. Recognize that effective non-communicable disease prevention and control require leadership and multisectoral approaches for health at the government level, including, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance and social and economic development;

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Commitments made by world leaders to curb premature deaths from NCDs

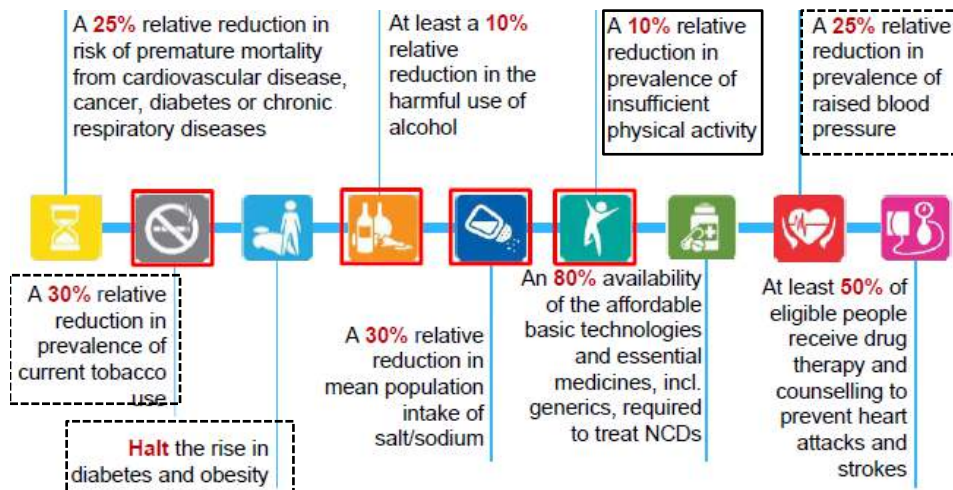


What about the Risk Factors?

		Causative risk factors			
		Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol
Noncommunicable diseases	Heart disease and stroke	✓	✓	✓	✓
	Diabetes	✓	✓	✓	✓
	Cancer	✓	✓	✓	✓
	Chronic lung disease	✓			

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2013: Set of 9 voluntary global NCD targets for 2025



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Is the world on track to deliver on its 2011 promises for NCDs?

- Is the world on track for 2030 to meet SDG target 3.4 (NCDs)?
- Are health outcomes for NCDs improving since 2011?

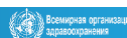
No

Yes, but ...



Remarkable progress, even in some of the poorest countries, but bolder measures are needed.

The NCD community needs an electric shock to its semi-comatose soul. But who has the courage to deliver it?

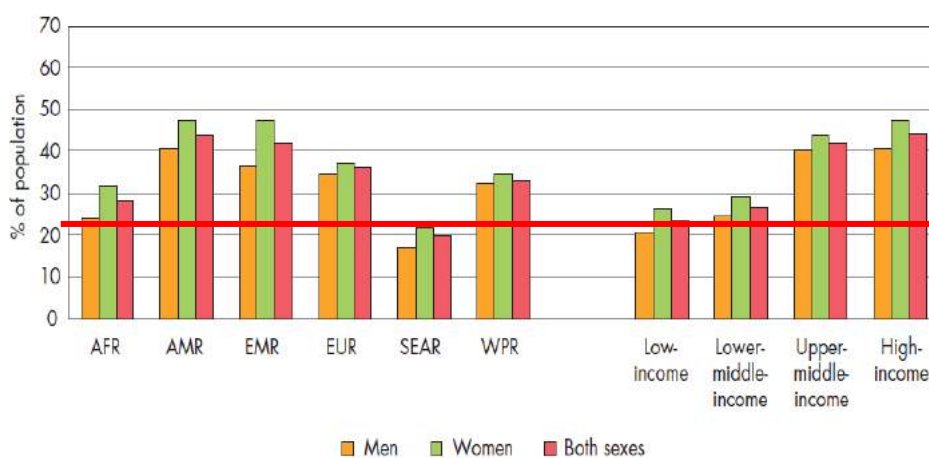


How active are we?

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Prevalence of physical inactivity by WHO Region and WB income group



WHO Health Status Report 2014

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People are less active as they get older

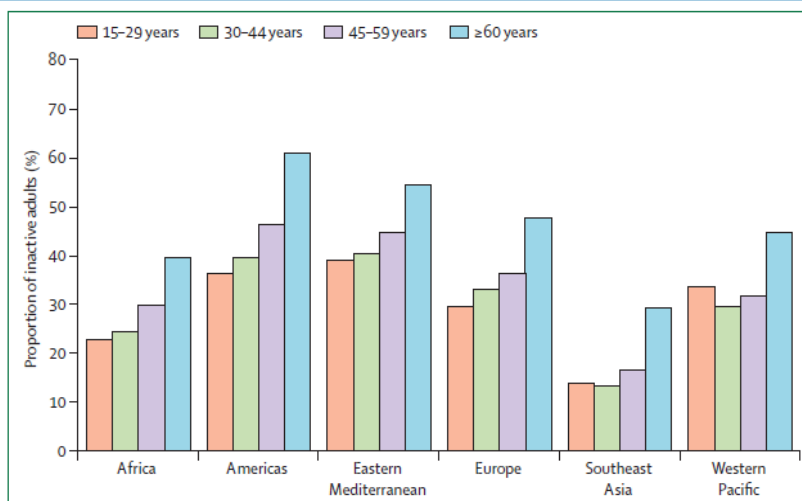


Figure 2: Physical inactivity in age groups by WHO region

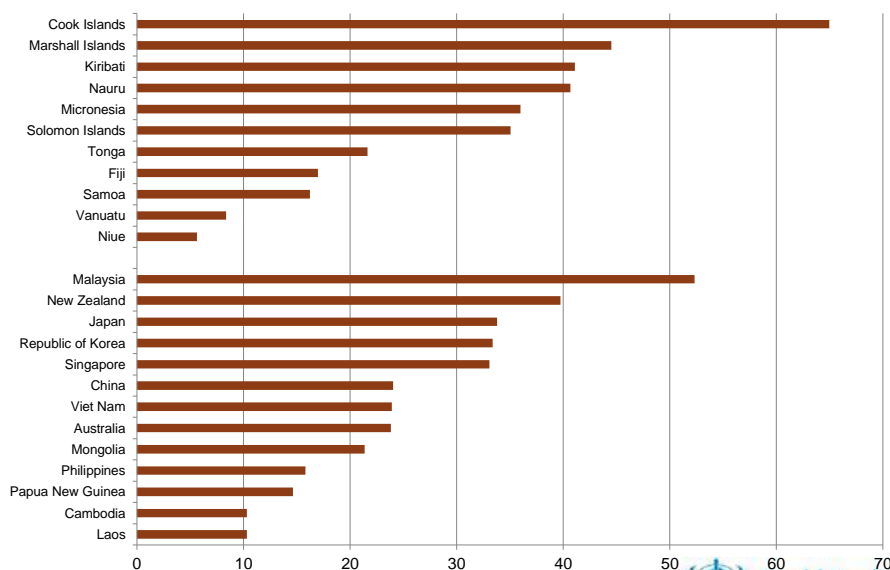
Source: Hallal, Andersen, Bull, et al., The Lancet 2012.

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Levels of Physical Inactivity in Western Pacific Region, Adults

Definition: <150 minutes of moderate activity per week, or equivalent

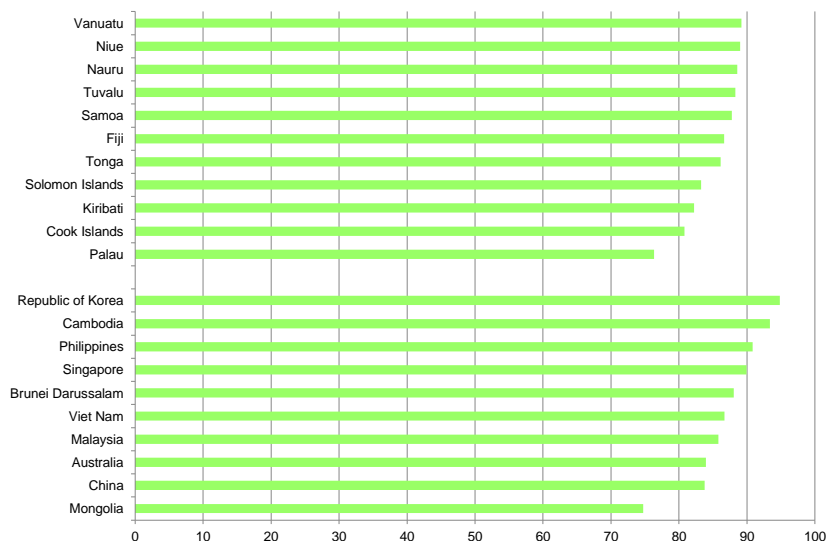


Source: http://www.who.int/gho/ncd/risk_factors/physical_activity/en/
No data for Brunei Darussalam, Palau and Tuvalu



Levels of Physical Inactivity in Western Pacific Region: Adolescents

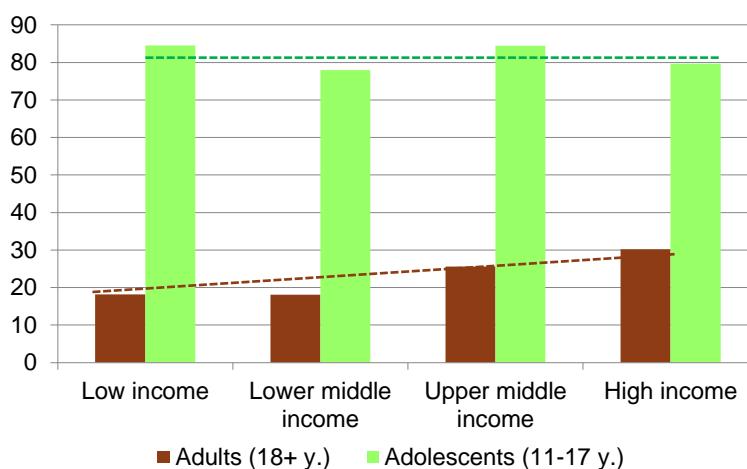
Definition: <60 min of moderate to vigorous activity daily



No data for Japan, Laos, Marshall Islands, Micronesia, New Zealand, Papua New Guinea
Source: http://www.who.int/gho/ncd/risk_factors/physical_activity/en/



Comparable estimates for insufficient PA* (adults and adolescents), 2010, by income group



Definitions: Adults: <150 minutes of moderate activity per week, or equivalent
Adolescents: <60 min of moderate to vigorous activity daily
Source: http://www.who.int/gho/ncd/risk_factors/physical_activity/en/

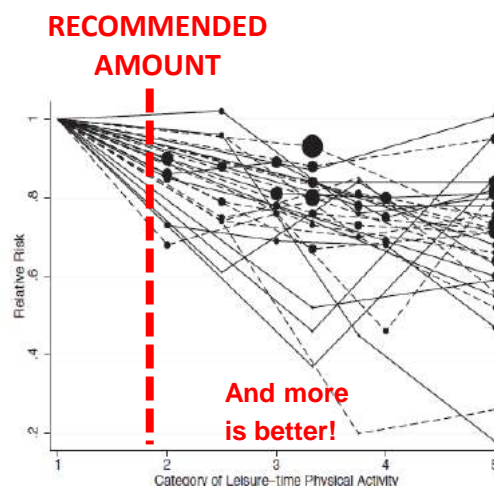
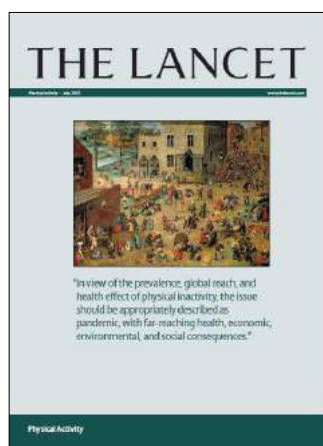


This matters !

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Recommended levels of physical activity

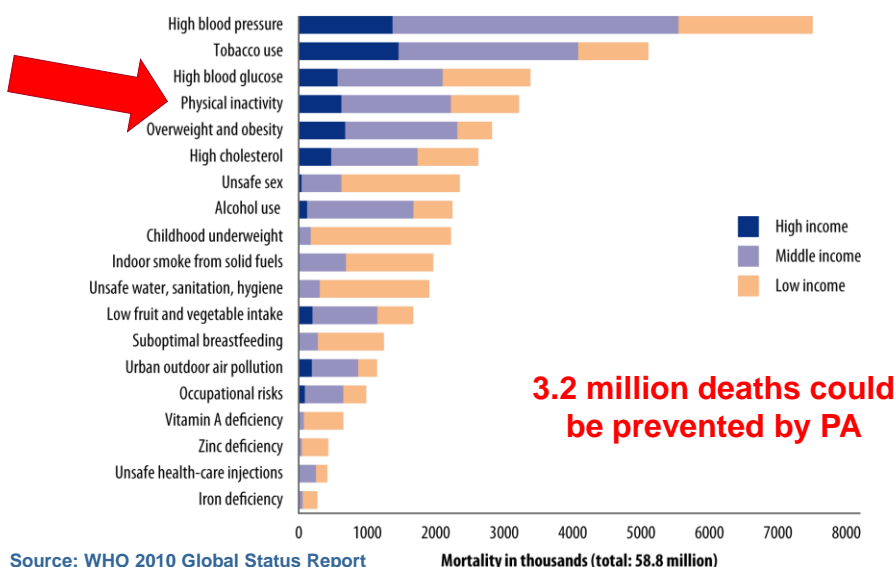


Source: Lee et al. The Lancet, 2012

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Physical inactivity is a major contributor to NCDs



Source: WHO 2010 Global Status Report

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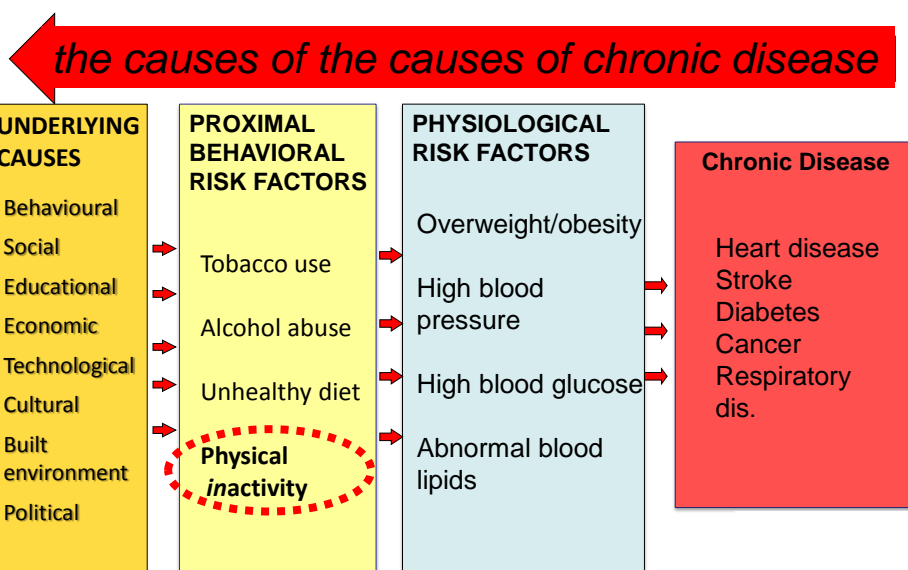
Why are we inactive?

Understanding Underpins Action:

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We must understand the causes to help us identify solutions



Health Behaviours are determined by multiple factors: social-ecological framework

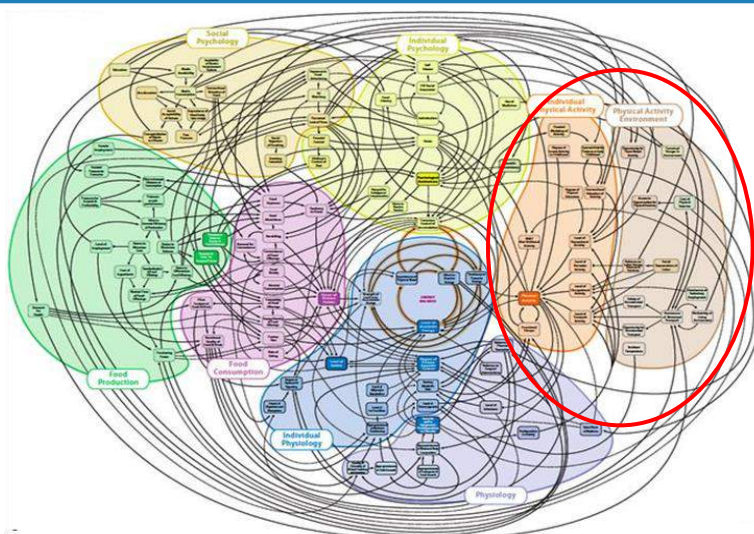


Source: Edward & Tsouros (2006). *Promoting physical activity and active living in urban environments; the role of local governments*. Geneva.

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Understanding the wider 'systems' can lead to systems based solutions

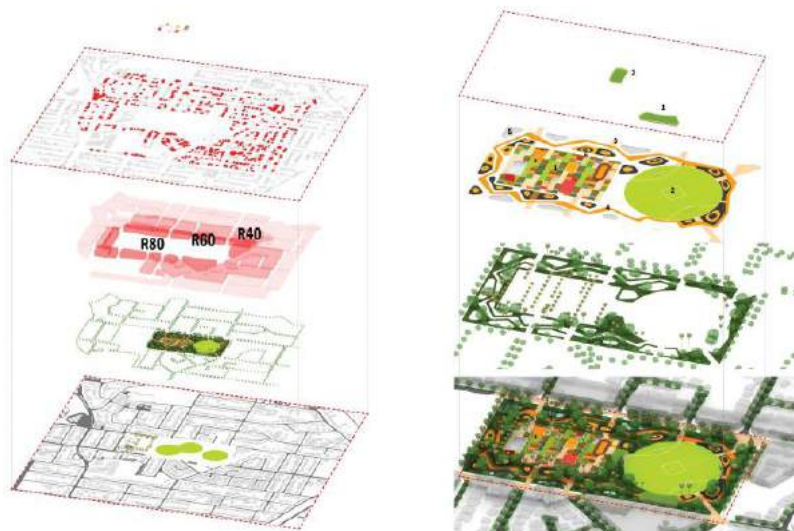


Source: Tackling Obesity: Future Choices Report, 2007

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Urban and city planning and transport systems define our city and shape where and how we live



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Results from RESIDE Liveable Neighbourhoods Study, Perth WA

Parks and Public Open Space Matter

More park area

+18mins walking per week



More connected streets

walking ↑ 12% cycling ↑ 20%

Smaller street block (perimeters ≤620m)

3× more likely to meet PA guidelines

More footpaths

3× more likely to walk >60mins

www.see.uwa.edu.au/research/cbeh

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Results from RESIDE Liveable Neighbourhoods Study, Perth WA



Walkability Index

A combined measure of:

- Movement network
- Residential density
- Urban structure

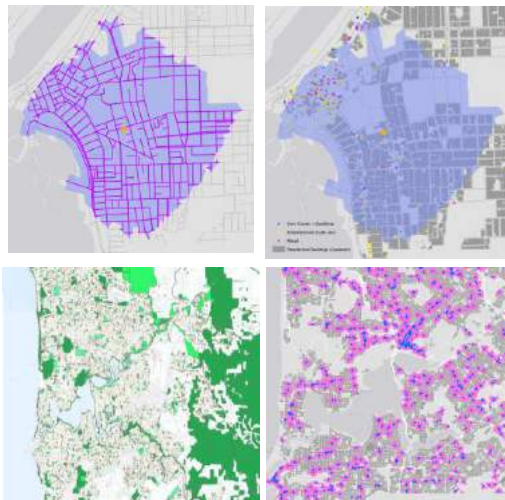
People 2 x
more likely to walk

RESIDE report & publication list is available at:
www.see.uwa.edu.au/research/cbeh

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Understanding location and geographies is important



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www.healthyactivebydesign.com.au



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Streets for people – Safe Streets : Cicolvia Network



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<https://healthystreets.com/>



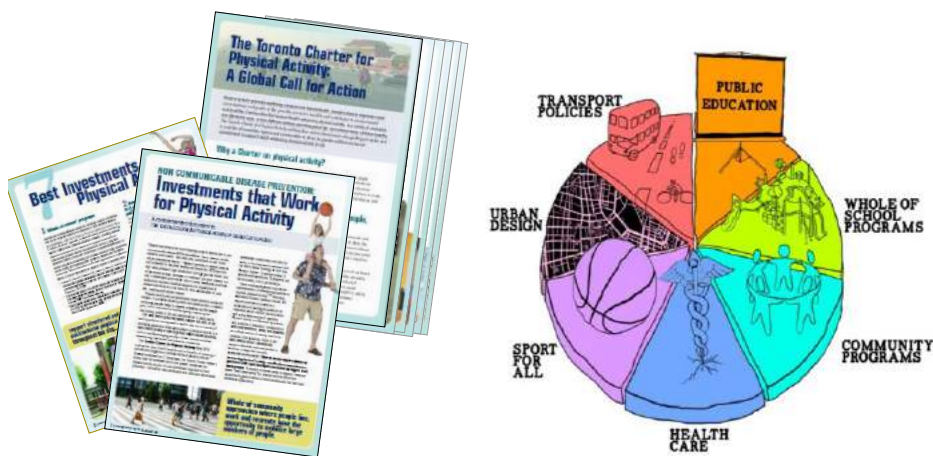
Paradox



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Global Agenda on Physical Activity



Source: International Society for Physical Activity and Health (ISPAH) - www.ISPAH.org

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Education and Communication Campaigns



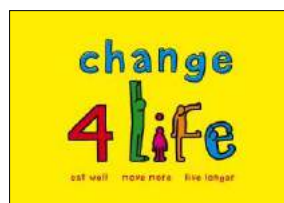
New Zealand



'Agita Sao Paula'
Brazil



Western
Australia



eat 4 life
cook 4 life
play 4 life
dance 4 life
walk 4 life
swim 4 life



Healthy Active Schools

- Regular, good quality PE for all students – girls and boys
- Active play in recess, before and after school
- PA across the curricula
- Involve parents
- Link to community sports
- Active travel to school (walk /cycle)

Policy, Environments *and* Programs

Active Workplaces



In health care system

“Prescriptions for PA”



Through Sport



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Football Fans in Training: a gender sensitised weight loss, physical activity and healthy lifestyle programme for men

Hunt, K et al. (2014). *Lancet*. (13) 62420-4



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Football Fans In Training



- Over 90% clinically obese
- Mean age: 47.1 (± 8.0) yrs
- Mean BMI: 35.3 (± 4.9) kg/m²
- Mean BP: 140/89mmHg



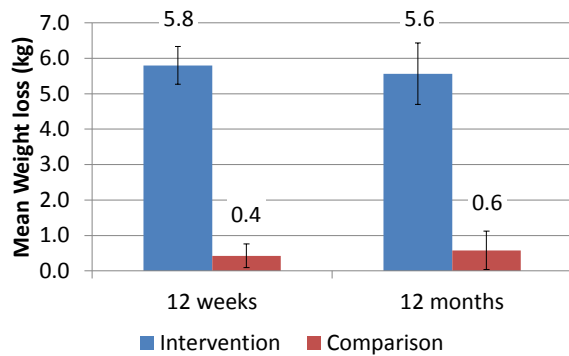
Attended weight loss programmes in last 3 months?	Commercial programme	NHS Services
Not at all	96%	98%

<http://spfltrust.org.uk/projects/football-fans-in-training/>
Gray et al. BMC Public Health 2013, 13:232

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Primary outcome: Weight loss (kg) at 12 months



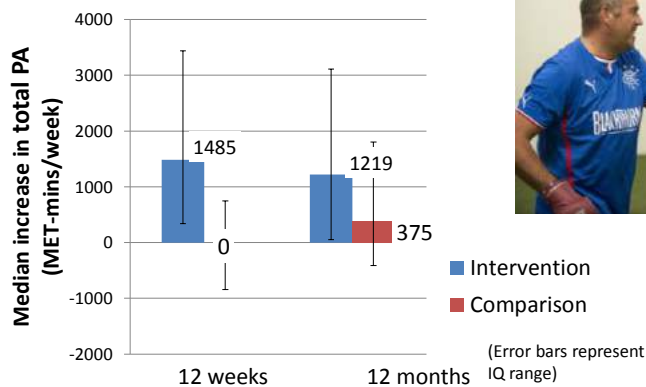
(Error bars represent
95% confidence intervals)



Adjusted between-group difference 12 weeks	5.18kg (CI 6.00, 4.35)	p<.0001
Adjusted between-group difference 12 months	4.94kg (CI 3.95,5.94)	p<.0001

Hunt, Wyke, Gray et al. Lancet 2014 2014;383(9924):1211-21

Increase in self-reported PA



Adjusted ratio geometric means 12 weeks	2.38 (CI 1.90, 2.98)	p<.0001
Adjusted ratio geometric means 12 months	1.49 (CI 1.11, 1.99)	p=.008



How does it work?



your move
Get active your way

Localised resources

Several resources were created specifically for the City of Cockburn community, including:

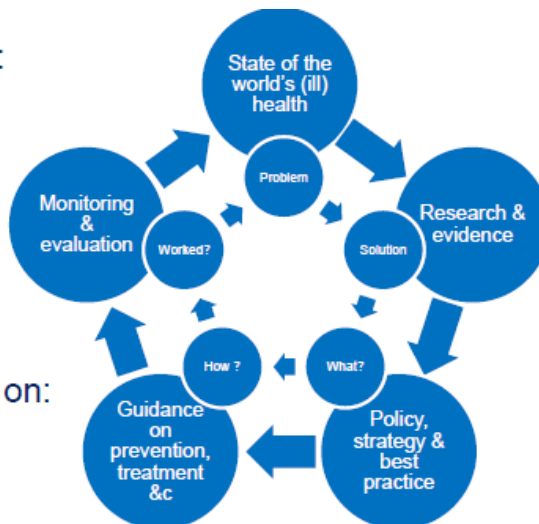
- Sport & Recreation Directory
- Activity and Travel Maps
- HBF Group Fitness sessions
- Gym Vouchers
- Bike Shop Vouchers



Agenda of WHO 2017

WHO leads through:
 authority
 neutrality
 standard-setting
 coordinating
 convening

WHO does not lead on:
 financing
 field operations

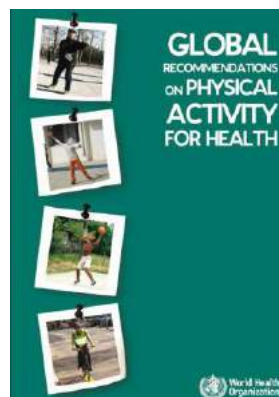


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Setting Global Norms, Standards and Recommendations

- Launched 2010, covers 3 age-groups:
 - 5 -17 years
 - 18-64 years
 - 65+ years
- States the frequency, duration, intensity and type PA required for health benefits
- Main audience: national and local policy makers



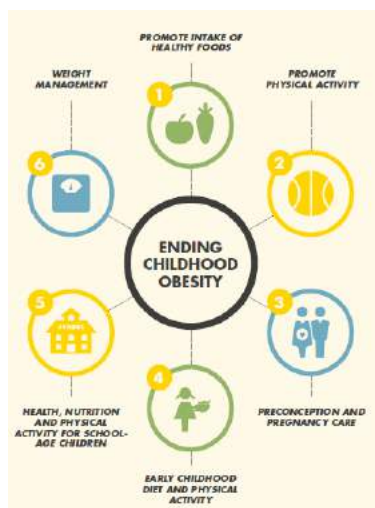
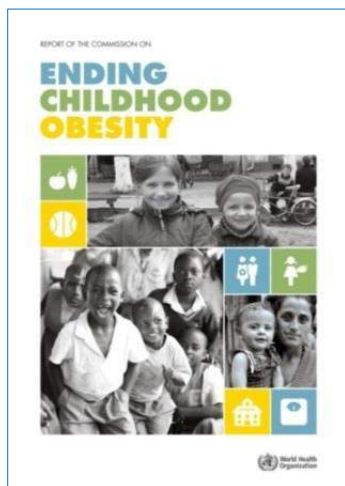
Gaps: Under 5 years, PA in pregnancy, sedentary time

Currency: Time 6-17, 18-65 & 65+ yrs - time to update

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Physical activity and Sports agenda within WHO Obesity work



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New WHO Global Physical Activity Action Plan

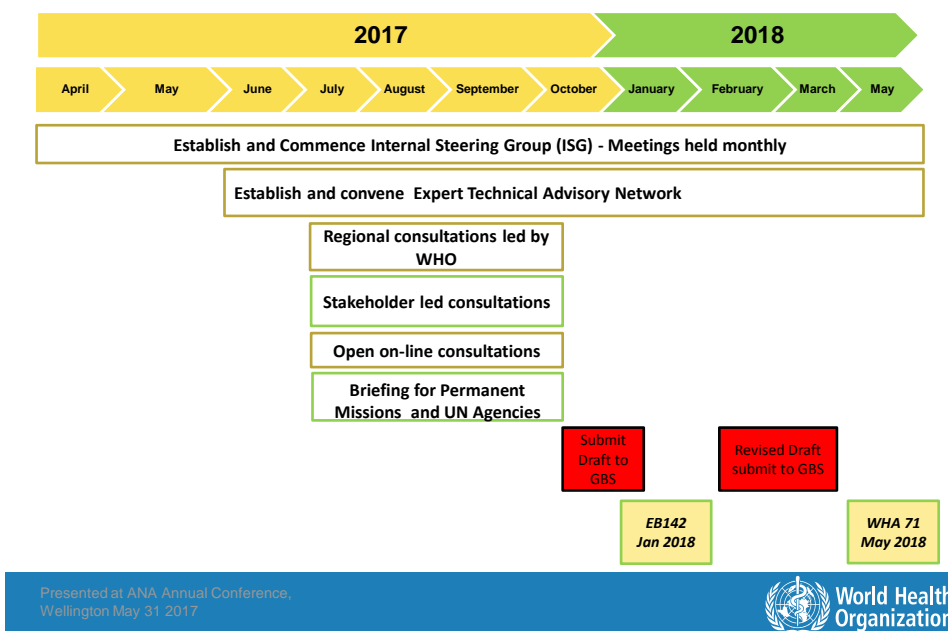
- Request initiated by Thailand during the Executive Board in Jan 2017
- Reflected interest and concern of countries in SE Asia and their Resolution on PA (Endorsed, Sept 2016)
- Widely seen as new opportunity to provide countries with guidance on how to tackle inactivity especially around areas where the evidence has advanced most in recent years



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Time Lines and Process for Development: May 2017 onwards



Global Strategy: Proposed (Draft) Outline Structure



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Global Physical Activity Toolkit, Resources and Training

The *What* and *How*



In Policy

In Programs

In Environments

In Communications

Using a
Settings Approach

Align as Supporting tool
With Global Action Plan
May 2018



Dissemination & Promotional
Resources in 2018



Training Resources & Tools
2018/2019



Leadership, Learning
Networks, Sharing
2018-2025

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Sustainable Development Goals SDGs 2030



Commits governments to develop national responses:

Target 3.4:

By 2030, reduce by one third premature mortality from NCDs through prevention and treatment



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Shorter, Sharper and Strategic

Preamble – Reinforce & Remind



Identified synergies with achieving 8 SDGs



6 barriers to progress – 6 opportunities for collaborative action



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Physical Activity is cross cutting agenda for 8 SDGs



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Unmissable Opportunity and compelling Incentive to further accelerate joint efforts



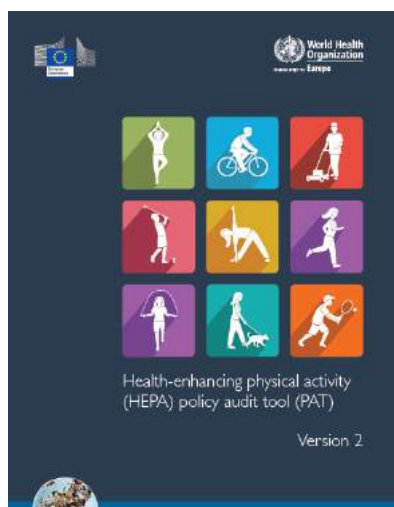
Sport is also an important enabler of sustainable development. We recognize the growing contribution of sport to the realization of development and peace in its promotion of tolerance and respect and the contributions it makes to the empowerment of women and of young people, individuals and communities as well as to health, education and social inclusion objectives

(2030 Agenda for Sustainable Development A/RES/70/1, paragraph 37).

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Assessing and monitoring progress



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Take away messages

Physical activity is a major contributor to prevention of NCDs, promoting health and has many co benefits to other sectors

Partnerships approaches are needed involving key sectors as well as local communities to generate and sustain effective responses

Global Commitments – Health Targets for 2025 and SDG 2030 present an opportunity to position PA and sports participation as providing direct benefits and as enabling action

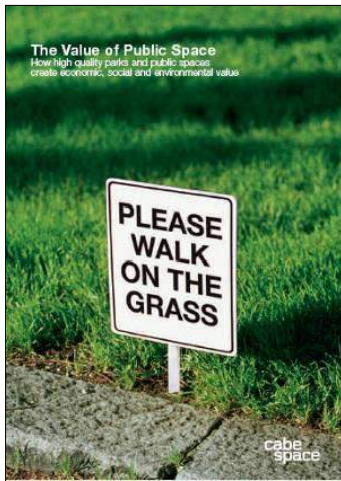
Progress on PA to date has been insufficient

New Global Physical Activity Action Plan presents an opportunity to unite national and global efforts on PA promotion

More information on our work visit www.who.int/ncds

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Thank you

bullf@who.int



World Health
Organization