



Global recommendations on physical activity for health

Definition of physical activity: Physical activity (PA) is any bodily movement produced by skeletal muscles that requires energy expenditure; it is a fundamental means of improving people’s physical and mental health.

WHO has made recommendations to provide guidance for national and regional policy-makers on the relations between the frequency, duration, intensity, type and total amount of PA required for the prevention of noncommunicable diseases.

The recommendations address three age groups:

Children aged 5–17 years*



At least 60 minutes of moderate- to vigorous-intensity PA daily.

Most of the daily PA should be aerobic.

Adults 65 years of age and above*



At least 150 minutes of moderate-intensity aerobic PA weekly or at least 75 minutes of vigorous-intensity aerobic PA weekly or an equivalent combination of moderate- and vigorous-intensity activity.

Older adults with poor mobility should perform PA to enhance balance and prevent falls on 3 or more days per week.

Muscle-strengthening activities for major muscle groups should be done on 2 or more days a week. When older adults cannot do the recommended amounts of PA because of health conditions, they should be as physically active as their abilities and conditions allow.

Adults aged 18–64 years*



At least 150 minutes of moderate-intensity aerobic PA weekly or at least 75 minutes of vigorous-intensity aerobic PA weekly or an equivalent combination of moderate- and vigorous-intensity activity.

Muscle-strengthening activities should be done for major muscle groups on 2 or more days a week.

Consequences of physical inactivity

Physical inactivity is one of the leading risk factors for overweight, obesity and noncommunicable diseases and chronic conditions, including diabetes, hypertension, cardiovascular diseases, various forms of cancer, stress, depression and anxiety. Of the six WHO regions, the European Region is the most severely affected by noncommunicable diseases.

Physical inactivity can also impair concentration and productivity at school and work, and contribute to social exclusion and loneliness.

Physical inactivity has direct costs (health care) and indirect costs (loss of economic output due to illness, disease-related work disability or premature death). It is estimated that, for a population of 10 million people of whom 50% are insufficiently physically active, the cost is EUR 910 million per year.

Inequality in physical activity

There are large socioeconomic inequalities in levels of PA across different social groups.

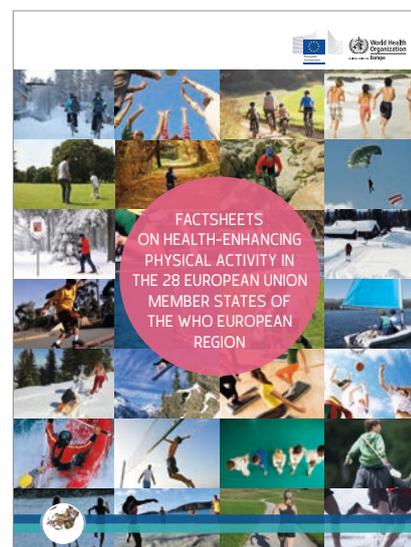
- Poorer people tend to have less free time and limited access to leisure facilities or live in environments that do not support PA.
- Minority ethnic groups and people with disabilities engage in less PA and are harder to reach for promoting PA than others.

What can Member States do to increase physical activity?

PA can and should be part of people’s everyday lives. Countries in the WHO European Region have a number of policy options. In order to make a sizeable impact and create the necessary conditions for PA to become a part of everybody’s daily life, governments will have to act on a large scale, in a consistent and coherent way and across various levels of government and sectors, including urban planning, transport, education, health and sports.

Countries may base their actions on the following key principles:

- Use a broad definition of PA to ensure all forms of PA are encouraged.
- Promote a life-course and whole-of-society approach.
- Engage multiple sectors and work at multiple levels through appropriate partnerships.
- Base actions on the known needs of the population, and involve people and communities in designing policies and interventions.
- Use the best available evidence and multifaceted, comprehensive approaches.
- Improve equity by targeting actions to vulnerable groups.
- Provide safe, attractive environments to encourage active transport and PA in daily life.



* Unless specific medical conditions indicate the contrary

One of the **9 global NCD targets** is a reduction by 10% of the prevalence of insufficient PA by 2025.



Priority policy options might include:

- adoption of national guidelines on PA for health;
- establishment of a multi-sectoral committee or similar body to provide strategic leadership and coordination;
- national and subnational urban planning and transport policies to improve the accessibility, acceptability and safety of, and supportive infrastructure for, forms of active transport such as walking and cycling;
- creation and preservation of built and natural environments to support PA, including “green” and “blue” spaces to encourage active recreation (e.g. free outdoor sport infrastructure and safe walking- and cycling-friendly routes);
- improved provision of high-quality physical education in educational settings (from infant years to tertiary level), including opportunities for PA before, during and after the formal school day, including school sports;
- support and encouragement for “physical activity for all” initiatives, especially for people with disabilities or from minority ethnic groups, including community schemes to improve access to appropriate local options for PA;
- delivery of evidence-based community initiatives, based on social marketing and with innovative Information and Communication Technologies, such as social media (when appropriate), to inform the population about the benefits of PA and to encourage the adoption of healthy behaviour; and
- encouragement of evaluation of activities to increase PA, to contribute to an evidence base of effective and cost-effective actions.

What can I do to improve my physical activity level?

The benefits of PA are not restricted to competitive sports or exercise in a gym. One of the easiest ways to increase levels of PA might be to integrate it into everyday activities:

- 10+10+10: Add up every 10 minutes of PA to reach your daily minimum goal of 30 minutes!
- Enjoy every season, and vary your PA accordingly.
- Whenever possible, choose to walk or bike to school or work.
- If you commute by bus or train, choose to get off one or two stations before and walk or bike the rest of the route.
- Try some balancing exercises, and do some stretching while brushing your teeth or watching TV.
- Create PA-friendly rooms and spaces in your house; leaving enough space in children’s rooms and avoiding sharp furniture can encourage children to be active.
- Wherever you are, choose the stairs over the lift!
- Cleaning, dancing and gardening are considered to be moderate PA. Include such activities in your daily life, with walking and other forms of PA.
- Ask for a standing desk at work, and suggest walking meetings.

Useful links, references and policy documents

Global action plan for the prevention and control of noncommunicable diseases 2013–2020

www.who.int/nmh/events/ncd_action_plan/en/

Global recommendations on physical activity for health

www.who.int/dietphysicalactivity/publications/9789241599979/en/

Global strategy on diet, physical activity and health

www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

WHO/Europe website on physical activity

www.euro.who.int/physical-activity

Physical activity strategy 2016–2025

www.euro.who.int/en/physical-activity-strategy-europe

Key facts about physical inactivity in the European Region

- 1 Each year, 1 million people dies from causes related in some way to physical inactivity.
- 2 Each year, 8.3 million disability-adjusted life years are lost due to physical inactivity.
- 3 It is estimated that more than one third of adults are not sufficiently active.
- 4 It is estimated that more than 70% of adolescents do not meet the PA recommendations.
- 5 The general trend in the Region is towards decreasing levels of PA.
- 6 Girls are less active than boys, and women are less active than men.

European Physical Activity Strategy 2016–2025

The Strategy, presented to the 53 Member States in the WHO European Region at the 65th session of the WHO Regional Committee for Europe, is a “world first” and is unique in its exclusive focus on promoting PA for all age groups.

The goal of the strategy is to increase PA levels by:

- promoting PA and reducing sedentary behaviour;
- ensuring that places are available for PA by providing attractive, safe built environments, accessible public spaces and infrastructure;
- providing equal opportunities for PA regardless of gender, age, income, education, ethnicity or disability; and
- removing barriers to and facilitating PA.