AFR/RC70/10
6 October 2020

World Health Organization
REGIONAL OFFICE FOR Africa

REGIONAL COMMITTEE FOR AFRICA **ORIGINAL: ENGLISH**

Seventieth session
Virtual session, 25 August 2020

Agenda item 13

FRAMEWORK FOR THE IMPLEMENTATION OF THE GLOBAL ACTION PLAN ON PHYSICAL ACTIVITY 2018–2030 IN THE WHO AFRICAN REGION

Report of the Secretariat

EXECUTIVE SUMMARY

1. Physical activity is any bodily movement produced by skeletal muscles that results in energy expenditure above resting level. Regular physical activity helps to maintain a healthy body and reduces the risk of noncommunicable diseases (NCDs) such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. The World Health Organization (WHO) has developed recommendations for physical activity by age group, taking into consideration needs and abilities across the life course.

2. Physical inactivity is one of the leading risk factors for NCDs. In the African Region, the prevalence of physical inactivity among adults is estimated at 22.1% and is alarmingly high at 85.4% among in-school adolescents. The African Region is undergoing an epidemiological transition with a double burden of communicable and noncommunicable diseases threatening overstretched health systems. Physical inactivity is associated with over 200 000 deaths every year in the African Region.

3. Physical activity is a cost-effective intervention that is not effectively implemented by Member States in the African Region due to several challenges. Social, cultural and environmental barriers to physical activity include fear of violence and crime in outdoor areas, air pollution and cultural restrictions that particularly affect women and girls. Unplanned urbanization also limits the capacity of urban dwellers to adopt a more active lifestyle. Its negative consequences include inadequate infrastructure that threatens the safety of pedestrians and cyclists, high-density traffic, roads without sidewalks, unavailability of sports and recreation facilities and the absence of public green spaces.

4. In line with the *Global Action Plan for Physical Activity (GAPPA) 2018–2030: more active people for a healthier world*, this Regional framework guides Member States to increase and maintain adequate levels of physical activity at all ages to contribute to healthier populations in the African Region. It sets targets, milestones and priority interventions to guide Member States in the planning and implementation of physical activity interventions tailored to their specific needs and socioeconomic contexts.

5. These targets will be achieved by offering people diverse opportunities to be physically active; ensuring enabling environments with improved infrastructure; establishing systems with strong leadership and good governance; and creating active societies with increased awareness and knowledge of the benefits of physical activity. Member States can adopt and adapt specific actions defined under each priority intervention outlined in this Framework.

6. The Regional Committee examined and adopted the actions proposed.

CONTENTS

Page

ABBREVIATIONS iii

Paragraphs

INTRODUCTION 1–4

CURRENT SITUATION 5–10

ISSUES AND CHALLENGES 11–18

VISION, GOALS, OBJECTIVES, TARGETS AND MILESTONES 19–22

GUIDING PRINCIPLES 23–27

PRIORITY INTERVENTIONS 28–46

ACTIONS PROPOSED 47

ANNEX

Page

WHO recommendations for physical activity 9–10

ABBREVIATIONS

COVID-19	Coronavirus disease 2019
FIFA	Fédération Internationale de Football Association
GAPPA	Global Action Plan for Physical Activity
GPW 13	Thirteenth General Programme of Work
MoU	Memorandum of Understanding
NCDs	noncommunicable diseases
SDGs	Sustainable Development Goals
WHO	World Health Organization

INTRODUCTION

1. Physical activity, as defined by the World Health Organization (WHO), is any bodily movement produced by skeletal muscles that requires energy expenditure. Regular physical activity of moderate intensity helps to maintain a healthy body, reduces the risk of diseases such as stroke, hypertension and depression, improves health outcomes from many diseases and is associated with mental health and well-being. WHO has developed recommendations for physical activity by age group.[1] Physical inactivity refers to inability to meet the WHO recommendations for a specific age group.

2. Physical inactivity is one of the leading risk factors for noncommunicable diseases (NCDs). People who are insufficiently active have a 20% to 30% increased risk of all-cause mortality,[2] compared to sufficiently active people. The African Region is undergoing an epidemiological transition with a double burden of communicable and noncommunicable diseases threatening overstretched health systems that remain fragile, fragmented, under-resourced, and limited in terms of infrastructure and capacity to address an increasing burden of NCDs. In the African Region, deaths due to NCDs were projected to exceed 3.9 million[3] by 2020.

3. People with underlying NCDs are at higher risk of developing severe cases of COVID-19. The measures taken to halt the pandemic, including lockdowns, physical distancing, closures of schools and recreational amenities have reduced people's opportunities to be active and modify sedentary behaviour. Maintaining a healthy lifestyle and staying physically active is essential to preserving physical and mental health during the pandemic and beyond.[4]

4. In line with the *Global Action Plan for Physical Activity (GAPPA) 2018–2030*,[5] this Regional framework aims to guide Member States in the planning and implementation of priority interventions to promote physical activity. The Framework also provides Member States with effective policy actions to increase physical activity at all levels according to their specific needs and socioeconomic contexts.

CURRENT SITUATION

5. Physical inactivity is prevalent in many Member States in the African Region. In 2016, it was estimated that 22.1% of adults aged 18 years and above were insufficiently active.[2] This corresponds to 223 million people who are at risk of developing NCDs.[6] This prevalence of physical inactivity is above 40% in Mali and Mauritania, and above 20% in 21 Member States.[7] In all Member States except Lesotho, the adult prevalence rate is higher in females than in males.[8]

---

1 WHO, Global recommendations on physical activity for health, Geneva, World Health Organization, 2010, https://www.who.int/dietphysicalactivity/publications/9789241599979/en/ (last accessed 25 March 2020).

2 WHO, Global Health Observatory (GHO) data, World Health Organization, https://www.who.int/gho/ncd/risk_factors/physical_activity_text/en/ (last accessed 25 March 2020).

3 WHO African Region, Report on the status of major health risk factors for noncommunicable diseases: WHO African Region 2015, 2016, https://www.afro.who.int/sites/default/files/2017-07/15264_who_afr-situation-ncds-15-12-2016-for-web.pdf (last accessed 25 March 2020).

4 WHO, Information note on COVID-19 and noncommunicable diseases, 23 March 2020, https://www.who.int/who-documents-detail/covid-19-and-ncds (last accessed 19 May 2020).

5 WHO, Global action plan on physical activity 2018–2030: more active people for a healthier world, Geneva, World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

6 WHO African Region, Atlas of African Health Statistics 2019 - The Sustainable Development Goals and Universal Health Coverage in the WHO African Region: Accelerating Progress Towards Universal Health Coverage. Brazzaville: WHO Regional Office for Africa; 2020. Licence: CC BY-NC-SA 3.0 IGO.

7 Algeria, Botswana, Cameroon, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Eswatini, Gabon, Gambia, Ghana, Liberia, Mauritius, Namibia, Niger, Nigeria, Senegal, South Africa, Zambia and Zimbabwe.

8 WHO, Global Health Observatory data repository, World Health Organization, https://apps.who.int/gho/data/node.main.A892?lang=en (last accessed 25 March 2020).

6. The prevalence of physical inactivity among in-school adolescents aged 11–17 years in the African Region in 2016 was alarmingly high at 85.4%, above the global average[8] of 81%. The African Region has the third highest prevalence of adolescent inactivity after the Eastern Mediterranean (87%) and the Western Pacific (85.8%) Regions.[8] Although prevalence has remained high in the last 15 years, there has been a slight drop for boys, but it has remained stagnant for girls.[8]

7. Physical inactivity and sedentary behaviour are linked with several health conditions including cardiovascular diseases, cancers, diabetes, overweight, obesity and depression. Sedentary behaviour is the lowest state of physical activity such as watching television or sitting at a desk. Physical inactivity is associated with 3.2 million deaths every year globally and over 200 000 deaths in the African Region.[9] As physically inactive adults have a 20–30% increased risk of all-cause mortality,[10] this represents over 55 million adults in the African Region being at increased risk of dying from conditions associated with physical inactivity.

8. Member States in the African Region transitioning from lower- to middle-income economies are experiencing an increase in physical inactivity in subcategories of their population. Increased wealth at the household level also contributes to changes in favour of more sedentary behaviour. In low-income countries, ownership of all three common household devices; a television, a car and a computer was associated with a 31% decrease in physical activity.[11] With these economic transitions, eating patterns in most Member States are shifting towards energy-dense, nutrient-poor diets, and sedentary behaviour is spreading, contributing to increased rates of overweight and obesity in urban settings.[10]

9. The patterns of physical activity in Member States indicate that leisure-related activities are generally lower, compared to occupational-related activities.[12] The rural populations who perform manual and labour-intensive occupational activities such as farming are more physically active than their urban counterparts who engage in more sedentary behaviour.

10. Recognizing the contribution of sports to health and well-being, WHO signed its first Memorandum of Understanding (MoU) with the Fédération Internationale de Football Association (FIFA) to enhance collaboration between the two entities in pursuit of the shared goals of health education, advocacy and promotion.[13] Soccer being the national sport in many Member States in the African Region, this partnership has the promise to leverage social and financial mobilization for physical activity.

ISSUES AND CHALLENGES

11. **Multiple barriers:** In both urban and rural areas**,** there are social, cultural and environmental barriers to physical activity which include fear of violence and crime in outdoor areas, air pollution and cultural restrictions that particularly affect women and girls.[14] Moreover,

---

9 WHO, Global Health Risks. Mortality and burden of disease attributable to selected major risks. World Health Organization, 2009 https://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf (last accessed 25 March 2020).

10 WHO, Global status report on noncommunicable diseases 2010, World Health Organization, https://apps.who.int/iris/bitstream/handle/10665/44579/9789240686458_eng.pdf?sequence=1 (last accessed 25 March 2020).

11 Lear S. et al (2014) The association between ownership of common household devices and obesity and diabetes in high, middle and low-income countries. CMAJ 186 (4) 258-266.

12 John B. et al. (2017) Physical activity and associated factors in a cross-sectional survey among adults in northern Tanzania. BMC Public Health. 17:588.

13 WHO/FIFA, Memorandum of Understanding between WHO and Fédération Internationale de Football Association, 2019, https://www.who.int/docs/default-source/documents/who-fifa-mou.pdf, (last accessed 25 March 2020).

14 WHO, Noncommunicable diseases and their risk factors, https://www.who.int/ncds/prevention/physical-activity/inactivity-global-health-problem/en/ (last accessed 25 March 2020).

some Member States are confronted with internal conflict and emergency situations that are not conducive to promoting large-scale sports and recreational activities.

12. **Increased urbanization and inadequate infrastructure:** Unplanned urbanization in Member States limits the capacity of urban dwellers to adopt active lifestyles. Its negative consequences include inadequate infrastructure that threatens the safety of pedestrians and cyclists, high-density traffic, roads without sidewalks, unavailability of sports and recreation facilities and the absence of public green spaces such as parks.[15]

13. **Gender gap**: There is a gender gap in physical activity as women and girls are reported to be less physically active than men and boys across Member States, particularly in sports. This gap begins early in childhood and continues into adulthood.[16] The causes are multiple and complex and strongly linked to cultural and social norms.

14. **Low priority on the health agenda**: Physical activity as a means of improving health has received little political attention. In an African Region plagued by ongoing conflicts and instability, emerging and recurring epidemics, making the case for physical activity becomes difficult. This requires strong political will and robust scientific evidence of its health benefits.

15. **Inadequate policy implementation**: Physical activity is a cost-effective intervention. However, it is not effectively implemented in the African Region. Existing policies and action plans on physical activity are not fully implemented. Only 11 Member States[17] in the Region reported performing physical activity awareness campaigns in 2019.

16. **Lack of multisectoral collaboration**: Current efforts to establish collaboration between sectors to promote physical activity remains minimal. When developing policies and interventions on physical activity, Member States do not emphasize the multisectoral approach that transcends many disciplines such as health, urbanism, transport, security, culture, the entertainment industry and education.[18] This results in a weak coordination mechanism, weakened human resources and lack of financial resources.

17. **Lack of targeted programmes for specific groups**: Programmes targeting specific populations that are left behind in the physical activity realm including women, adolescents, young children, the elderly and people with disabilities who are most vulnerable to the barriers to physical activity, are not well articulated. Furthermore, there is limited data on the pattern of physical activity among children under five years of age, the elderly and people with disabilities in the African Region.

18. **Research and monitoring gaps:** Lack of data from regular monitoring impedes assessment of physical activity trends. Only eight[19] Member States of the African Region reported having conducted a multirisk factor survey or other comprehensive health survey informing on physical inactivity prevalence, every five years, as recommended.

---

15 WHO, Global Strategy on Diet, Physical Activity and Health, World Health Organization, https://www.who.int/dietphysicalactivity/factsheet_inactivity/en/ (last accessed 25 March 2020).

16 The Lancet Public Health, (2019), Time to tackle the physical activity gender gap, The Lancet, Vol 19.

17 Botswana, Cabo Verde, Central African Republic, Ethiopia, Madagascar, Mauritius, Rwanda, Seychelles, South Africa, Uganda and Zambia.

18 Lachat C et al (2013), Diet and Physical Activity for the Prevention of Noncommunicable Diseases in Low- and Middle-Income Countries: A Systematic Policy Review. PLoS Med 10(6): e1001465.

19 Botswana, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Rwanda and Uganda.

VISION, GOALS, OBJECTIVES, MILESTONES AND TARGETS

19. **Vision:** A physically active and healthy population in the African Region.

20. **Goal:** Increase and maintain adequate levels of physical activity at all ages to contribute to healthier populations in the African Region.

21. **Strategic Objectives**:

(a) Create active societies by increasing knowledge of the benefits of physical activity for all age groups, genders, and abilities;
(b) Ensure enabling environments for physical activity by improving infrastructure in urban settings to enable equitable and increased participation in physical activity;
(c) Make people more active by offering them diverse opportunities to be physically active in their daily lives;
(d) Reinforce governance and management systems by strengthening leadership and structures at all levels and fostering partnerships for a shared commitment to promote physical activity.

22. **Targets and milestones:**

(a) **Milestones by 2022**:
   (i) 80% of Member States have developed a national action plan on physical activity.
   (ii) 80% of Member States have conducted a communications campaign to raise awareness on physical activity and its benefits.

(b) **Milestones by 2026:**
   (i) A 10% relative reduction in the prevalence of insufficient physical activity among adults aged over 18 years and adolescents aged 11–17 years.[20]

(c) **Target by 2030:**
   (i) A 15% relative reduction in the prevalence of insufficient physical activity among adults aged over 18 years and adolescents aged 11–17 years.[21]

GUIDING PRINCIPLES

23. **Gender, equity and human rights:** Any intervention should provide the opportunity for enjoyment of quality recreation, sport and physical activity which is vital to the health and personal development of all individuals, regardless of gender, functional ability, ethnocultural background, age or socioeconomic status.

24. **Government ownership:** Governments should provide leadership, coordination and resources in the planning and implementation of interventions to sustain and raise the profile of physical activity on the political agenda of Member States.

25. **Multisectoral collaboration and synergistic partnerships:** A shared vision and a comprehensive and integrated approach based on strengthening partnerships should guide collaboration across and between stakeholders.

---

[20] WHO, NCD Global Monitoring Framework, World Health Organization, https://www.who.int/nmh/global_monitoring_framework/2013-11-06-who-dc-c268-whp-gap-ncds-techdoc-def3.pdf?ua=1 (last accessed 25 March 2020).

[21] WHO, 2018, Global Action Plan on Physical Activity 2018-2030: more active people for a healthier world. https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf (last accessed 25 March 2020).

26. **Community engagement and participation**: Individuals and communities should be empowered through active participation to reduce sociocultural and environmental barriers and provide motivation.

27. **Evidence-based policies and interventions:** Interventions should be informed by robust scientific and practice-based evidence. Action should be built on existing knowledge and results widely disseminated.

PRIORITY INTERVENTIONS

28. This Regional Framework for physical activity has identified priority interventions aligned with the overarching principle of the African Regional Transformation Agenda[22] as well as with the strategic priorities of the Thirteenth General Programme of Work[23] (GPW 13), which will accelerate attainment of the health-related Sustainable Development Goals (SDGs). These priorities have been subdivided in four groups.

29. The first group of priority interventions aims to provoke a paradigm shift in society in favour of a more physically active lifestyle. These include:

30. **Raising awareness among the public**: Member States should implement communication campaigns to increase awareness, knowledge and understanding of the multiple benefits of physical activity in the life course and for all abilities, across and within specific subgroups of the population. Public awareness should aim to increase the acceptability of physical activity for all, regardless of age, gender, or sociocultural norms.

31. **Reinforcing the capacity of health-care providers:** Member States should implement and strengthen systems of patient assessment and counselling on increasing physical activity and reducing sedentary behaviour, by appropriately trained health, community and social care providers as appropriate, in primary and secondary routine health care, as part of universal health coverage.

32. **Reinforcing capacity in non-health sectors:** Member States should build capacity among professionals from non-health sectors such as education, urban planning, transport, to increase knowledge and skills related to their role in creating opportunities and advocating for a more active lifestyle.

33. **Engaging communities for physical activity:** Member States should ensure policy coherence across sectors and implement community initiatives in urban and rural areas that stimulate engagement by all stakeholders to enhance participation and community ownership.

34. The second group of priority interventions relates to ensuring enabling environments and settings which include:

35. **Establishing enabling environments**: Member States should build and maintain open spaces that promote and safeguard the rights of all people, of all ages, irrespective of gender and socioeconomic status to have equitable access to safe environments in their cities and communities, in which to engage in regular physical activity, according to ability.

---

[22] WHO African Region, 2017, Transformation Agenda Phase 2 - Putting people at the centre of change https://www.afro.who.int/publications/transformation-agenda-world-health-organization-secretariat-african-region-phase-2 (last accessed 19 May 2020)

[23] WHO, 2018, The Thirteenth General Programme of Work, 2019–2023, World Health Organization, https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023 (last accessed 19 May 2020)

36. **Ensuring quality physical education**: Member States should strengthen provision of good-quality physical education at all school levels. Academic institutions should provide positive experiences and opportunities for active recreation and sports, establish and reinforce lifelong health and physical literacy, and promote the enjoyment of, and participation in, physical activity, according to capacity and ability.

37. **Developing urban and transport systems favourable to physical activity**: Member States should develop and strengthen the integration of urban and transport planning policies to promote public transport, enable and promote safe walking and cycling and accelerate the implementation of policy actions to improve road safety for pedestrians and cyclists.

38. The third group of priority interventions relates to the provision of opportunities for people to be more active, which include:

39. **Creating opportunities for physical activities:** Member States should promote access to equal opportunities and comprehensive programmes, across multiple settings including workplaces and schools, to help people of all ages, genders and abilities to engage in regular physical activity as individuals, families and communities.

40. **Focusing on the least active populations:** Member States should strengthen the development and implementation of programmes and services across various community settings to engage with, and increase the opportunities for, physical activity in the least active groups, such as girls, women, elders, vulnerable or marginalized populations.

41. The fourth group of priority interventions deals with the establishment of governance and management systems that will safeguard the sustainability of a physically active lifestyle, and include:

42. **Fostering leadership:** Member States should strengthen leadership to raise physical activity on the health agenda. Advocacy efforts should be escalated to increase full adherence to physical activity for health and well-being at all levels. These efforts should target key audiences, including high-level leaders, policy-makers across multiple sectors, the media, the private sector, city and community leaders.

43. **Elevating partnerships for physical activity**: Member States should strengthen governance systems and develop policy frameworks at national and subnational levels, to support implementation of actions aimed at increasing physical activity and reducing sedentary behaviour, through multisectoral engagement and coordination mechanisms.

44. **Strengthening research, surveillance, monitoring and evaluation systems**: Member States should enhance research as well as existing data systems and abilities at the national level to support regular population surveillance of physical activity and sedentary behaviour across all ages, genders and multiple domains. Furthermore, Member States should establish a monitoring and reporting system on policy implementation to ensure accountability and inform policy and programmes. Best practices should be recorded and disseminated at local, regional and global levels.

45. **Developing innovative financing schemes**: Member States should develop innovative domestic financing mechanisms to secure sustained implementation of national and subnational policies and actions aimed at increasing physical activity and reducing sedentary behaviour.

46. Implementation of the priority interventions will be assessed by Member States and progress reports will be presented for review by the Regional Committee after the first two years and thereafter every four years.

ACTIONS PROPOSED

47. The Regional Committee examined and adopted the actions proposed.

ANNEX

WHO recommendations for physical activity

Age group	Recommended levels of physical activity for health
Less than 1 year old	• **Should be physically active several times a day in a variety of ways, particularly through interactive floor-based play. For those not yet mobile, at least 30 minutes in prone position throughout the day while awake.**
1–2 years old	• **At least 180 minutes in a variety of physical activities at any intensity, spread throughout the day.**
3–4 years old	• **At least 180 minutes in a variety of physical activities at any intensity, of which at least 60 minutes is moderate to vigorous intensity physical activity, spread throughout the day.**
5–17 years old	• **At least 60 minutes of moderate- to vigorous-intensity physical activity daily.** • Most of the daily physical activity should be aerobic. Vigorous-intensity activities should be incorporated, including those that strengthen muscle and bone, at least 3 times per week. • Amounts of physical activity greater than 60 minutes daily will provide additional health benefits.
18–64 years old	• **At least 150 minutes of moderate-intensity aerobic physical activity throughout the week, <u>or</u> at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week, <u>or</u> an equivalent combination of moderate- and vigorous-intensity activity.** • Aerobic activity should be performed in bouts of at least 10 minutes duration. • For additional health benefits, adults should increase their moderate-intensity aerobic physical activity to 300 minutes per week, or engage in 150 minutes of vigorous-intensity aerobic physical activity per week, or an equivalent combination of moderate- and vigorous-intensity activity. • Muscle-strengthening activities should be done involving major muscle groups on 2 or more days a week.
65 years old and above	• **At least 150 minutes of moderate-intensity aerobic physical activity throughout the week, <u>or</u> at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week, <u>or</u> an equivalent combination of moderate- and vigorous-intensity activity.** • Aerobic activity should be performed in bouts of at least 10 minutes duration. • For additional health benefits, older adults should increase their moderate-intensity aerobic physical activity to 300 minutes per week, or engage in 150 minutes of vigorous-intensity aerobic physical activity per week, or an equivalent combination of moderate- and vigorous-intensity activity. • Older adults, with reduced mobility, should perform physical activity to enhance balance and prevent falls on 3 or more days per week. • Muscle-strengthening activities, involving major muscle groups, should be done on 2 or more days a week. • When older adults cannot do the recommended amounts of physical activity due to health conditions, they should be as physically active as their abilities and conditions allow.

Sources: (1) WHO, Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age. Geneva: World Health Organization; 2019; (2) WHO, Global recommendations on physical activity for health, Geneva, World Health Organization, 2010.