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

Information Document

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BACKGROUND

1. Physical inactivity is one of the leading risk factors for noncommunicable diseases (NCDs), and is associated with 200 000 deaths in the African Region annually.¹ Insufficiently active people have a 20% to 30% increased risk of all-cause mortality.² In the Region, the most recent data show that 22% of adults are not sufficiently active.² This corresponds to 223 million adults who are at risk of developing NCDs.³ In addition, the high prevalence (85%) of physical inactivity among adolescents in our Region is alarming.²
2. The Seventieth session of the WHO Regional Committee for Africa endorsed the *Framework for the implementation of the Global Action Plan on Physical Activity 2018–2030 in the WHO African Region*⁴ (the Framework). Its goal is to increase and maintain adequate levels of physical activity at all ages to contribute to healthier populations in the African Region.
3. One of the targets of the Framework is to reduce by 15% the prevalence of insufficient physical activity in adults and adolescents by 2030. Milestones towards that target include having 80% of Member States developing a national action plan on physical activity and 80% of Member States conducting communications campaigns to raise awareness on physical activity by 2022.
4. This progress report is the first since the adoption of the Framework in 2020. It highlights progress made against the milestones and proposes the next steps.

PROGRESS MADE/ACTIONS TAKEN

5. To date, 38 (80%) Member States⁵ have an integrated NCD action plan that includes physical activity. Among that number, eight (17%) Member States⁶ have gone further by having a stand-alone national plan for the promotion of physical activity.
6. The Cabo Verdean national programme for physical activity and health, known as Mexi Mexê, promotes the practice of physical activity in schools, workplaces, at home and in the community. So far, 300 physical activity coaches have been trained to motivate populations in their communities to be more active.⁷

¹ WHO, *Global Health Risks. Mortality and burden of disease attributable to selected major risks*. World Health Organization, 2009 (<https://www.who.int/publications/i/item/9789241563871>, accessed 13 March 2023)

² WHO, *Global Health Observatory (GHO) data*, World Health Organization, (<https://www.who.int/data/gho/indicator-metadata-registry/imr-details/3416>, accessed 13 March 2023)

³ 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. License: CC BY-NC-SA 3.0 IGO.

⁴ WHO, *Framework for the Implementation of the Global Action Plan On Physical Activity 2018–2030 In The WHO African Region* (<https://www.afro.who.int/sites/default/files/2021-02/AFR-RC70-10%20Framework%20for%20the%20implementation%20of%20the%20GAPPA.pdf>, accessed 13 March 2023)

⁵ Algeria, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central Africa Republic, Chad, Comoros, Congo, Côte d'Ivoire, Eritrea, Eswatini, Ethiopia, Gambia, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, and Zimbabwe

⁶ Cabo Verde, Côte d'Ivoire, Kenya, Mauritius, Mozambique, Rwanda, Seychelles, and Uganda.

⁷ Promoting physical activity in the African Region (<https://www.afro.who.int/publications/promotiong-physical-activity-african-region>, accessed 13 March 2023)

7. Progress has been slower with communications campaigns, mainly due to the COVID-19 pandemic. Only 11 (23%) Member States⁸ conducted communications campaigns to promote physical activity in the community.
8. The Regional Office for Africa has developed an advocacy brief for promoting physical activity. This resource is available in the three languages of the Region for use by policy-makers, health workers and organizations working to promote healthier lifestyles.
9. In addition, the African Region through the WHO Health and Sports Initiative has produced communication materials and disseminated them mainly through social media platforms.⁹ This helped raise awareness of physical activity and its benefits during and beyond the FIFA World Cup 2022.
10. Despite the COVID-19 pandemic, 10 (21%) Member States¹⁰ have developed policies on walking and cycling to increase physical activity. Ghana has conducted a health-economic assessment of walking and cycling using the WHO Health Economic Assessment Tool (HEAT) to build an investment case for walking and cycling in the country. A similar assessment is ongoing in Ethiopia.
11. Eight (17%) Member States¹¹ have developed nationally adapted physical activity guidelines, based on the WHO Guidelines on physical activity and sedentary behaviour¹². Congo and Ethiopia have trained and built the capacity of civil society organizations, community health workers and volunteers, to promote physical activity at the local level.
12. The first Global status report on physical activity was launched by WHO in October 2022.¹³ It serves as an advocacy tool to inform decision-making on the promotion of physical activity in the Region.
13. The COVID-19 pandemic has had a detrimental impact on the promotion of physical activity and communications campaigns in Member States, due to lockdowns, quarantines, and restricted access to public spaces for recreational activities. This has resulted in decreased physical activity and increased sedentary behaviour. However, opportunities to make progress towards maintaining and increasing sufficient levels of physical activity remain and can be pursued.
14. In addition to the challenges posed by the COVID-19 pandemic, other challenges include low prioritization of physical activity on the national health agenda, limited capacity and financial resources, and lack of data to assess trends. Moreover, policy implementation is inadequate in terms of sustained awareness raising, multisectoral collaboration, and programmes targeting specific population groups.

⁸ Algeria, Botswana, Cabo Verde, Eswatini, Gambia, Mauritius, Niger, Senegal, South Africa, United Republic of Tanzania, and Zimbabwe

⁹ <https://twitter.com/WHOAFRO/status/1646857146598924288?cxt=HHwWgIC9ra7259otAAAA>
<https://twitter.com/OMSRDONGO/status/1647218303104843776?cxt=HHwWgICwgbUjNwtAAAA>

¹⁰ Angola, Eritrea, Ghana, Liberia, Namibia, Nigeria, Rwanda, Seychelles, South Africa and Uganda

¹¹ Algeria, Cabo Verde, Côte d'Ivoire, Ghana, Kenya, Mauritania, United Republic of Tanzania, and Uganda

¹² WHO guidelines on physical activity and sedentary behaviour (<https://www.who.int/publications/i/item/9789240015128>, accessed 13 March 2023)

¹³ Global status report on physical activity 2022 (<https://www.who.int/publications/i/item/9789240059153>, accessed 13 March 2023)

NEXT STEPS

15. Member States should:

- (a) raise awareness, engage champions and encourage role models through communications campaigns to increase knowledge of the benefits of physical activity all through the life course;
- (b) build capacity among professionals from non-health sectors such as education and urban planning, to create an enabling environment and advocate for more active lifestyles;
- (c) build and maintain open spaces to promote equitable access to safe environments for regular physical activity;
- (d) provide comprehensive physical education in schools to reinforce lifelong health literacy;
- (e) develop innovative domestic financing mechanisms to secure sustained implementation of policies and actions to increase physical activity and reduce sedentary behaviour;
- (f) reinforce existing surveillance systems to support regular monitoring of physical activity and sedentary behaviour.

16. WHO and partners should:

- (a) use existing data, information and lessons learnt, including from COVID-19, to strengthen advocacy for increased physical activity for health and well-being;
- (b) strengthen multisectoral collaboration and coordination mechanisms to support the implementation of actions for increasing physical activity and reducing sedentary behaviour using lessons learnt from COVID-19;
- (c) continue supporting and building Member States' capacity to accelerate progress in the adoption and implementation of policies to promote active lifestyles;
- (d) continue disseminating gender-based strategies and approaches adapted to local contexts and taking into consideration needs and abilities across the life course;
- (e) share best practices from countries and regions about community-led physical activity initiatives with civil society support;
- (f) support research on artificial intelligence and innovative technologies to promote physical activity and reduce sedentary behaviour, especially among young persons.

17. The Regional Committee noted the progress report.