


**WHO European
Physical Activity for
Health Strategy**

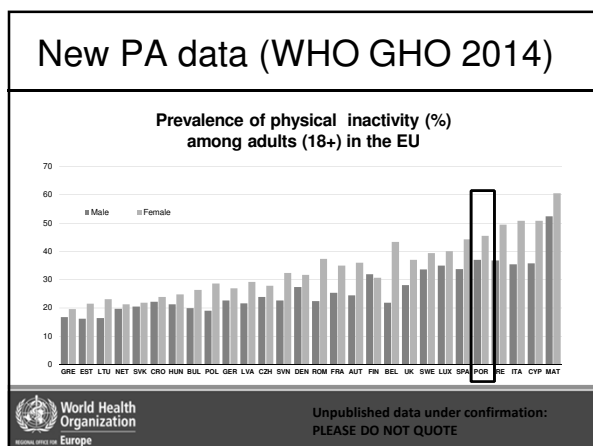
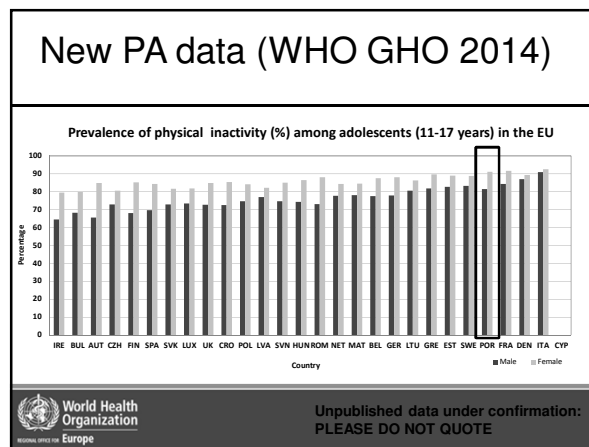
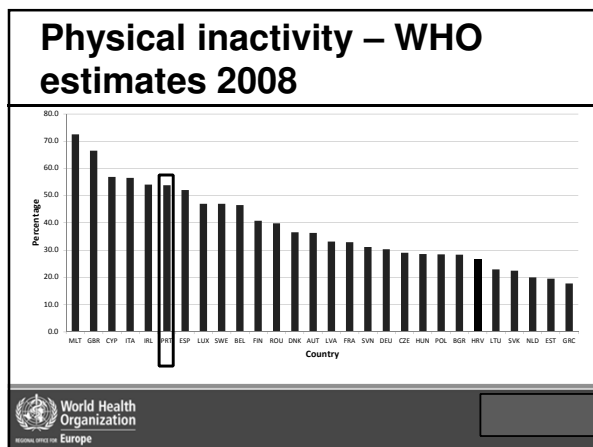
Dr João Breda, PhD MPH MBA
Programme Manager Nutrition, Physical Activity and Obesity
Division of Noncommunicable Diseases and Life-course
WHO Regional Office for Europe, Copenhagen

World Health Organization
Europe
Organisation mondiale de la Santé
Europe
Weltgesundheitsorganisation
Europa
Всемирная организация здравоохранения
Европейское региональное бюро

PHYSICAL ACTIVITY



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Europe




Se reduzirmos a inatividade física....

10 % - 533,000 mortes/ano
25 % - 1,3 mo. mortes/ano

Se eliminássemos a IF viveríamos mais 0.68 (0.41-0.95) anos.

I.M. Lee et al (2012) The Lancet ([http://dx.doi.org/10.1016/S0140-6736\(12\)61031-9](http://dx.doi.org/10.1016/S0140-6736(12)61031-9))



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Factor de risco semelhante ao tabaco

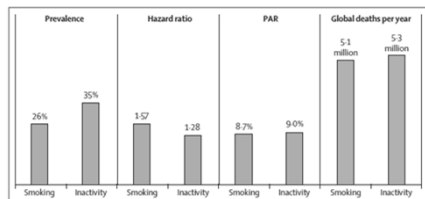


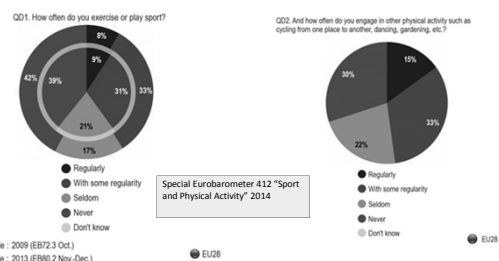
Figure: Comparison of global burden between smoking and physical inactivity
Prevalence of smoking, population attributable risk (PAR), and global deaths for smoking were obtained from WHO. Hazard ratio for all-cause mortality of smoking was obtained from meta-analysis studies. All inactivity data were obtained from Lee and colleagues.

Um super-medicamento !!!

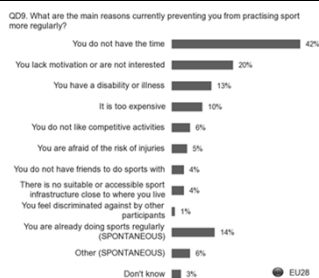


Actividade física e saúde

PA and sport - Eurobarometer

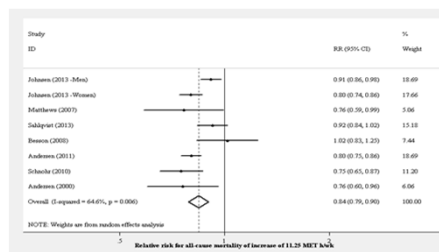


Qual o principal motivo para não praticar AF?



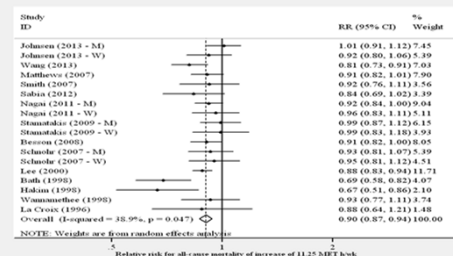
Special Eurobarometer 412 "Sport and Physical Activity" 2014

Andar de bicicleta regularmente reduz o risco de morte 16 %



Relative risk for all-cause mortality = 0.84 (0.79-0.90)
Assumes 11.25 MET.hrs/wk or 100 mins/wk of cycling @ 6.8 METs

Caminhar regularmente reduz o risco de morte cerca de 10 %

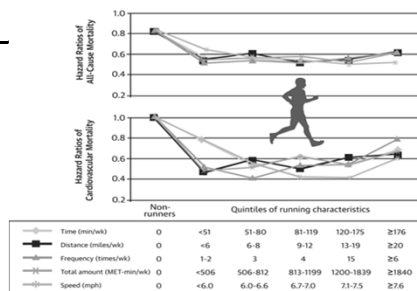


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2013 in publication
Regional Office for Europe

Relative risk for all-cause mortality = 0.90 (0.87-0.94)
Assumes 11.25 MET.hrs/wk or 170 mins/wk @ 4.0 METs



From: Leisure-Time Running Reduces All-Cause and Cardiovascular Mortality Risk



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Regional Office for Europe

J Am Coll Cardiol.
2014;64(5):472-481.
doi:10.1016/j.jacc.2014.04.058

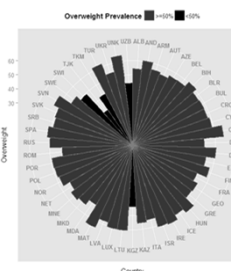


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Overweight and Obesity in WHO European Region

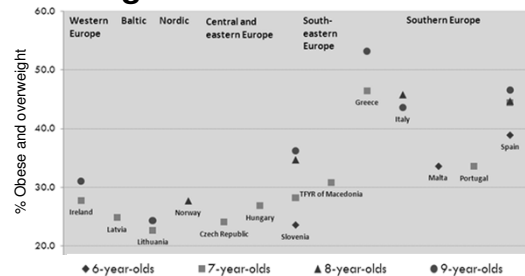
In 46 countries in the European Region

50% over 50% of the population is overweight
20% over 20% the population is obese



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A north-south gradient of overweight

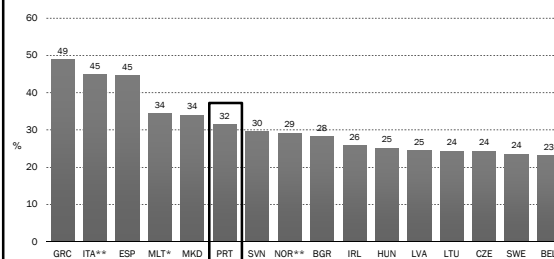


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Source: COSI Round 2 2009/2010

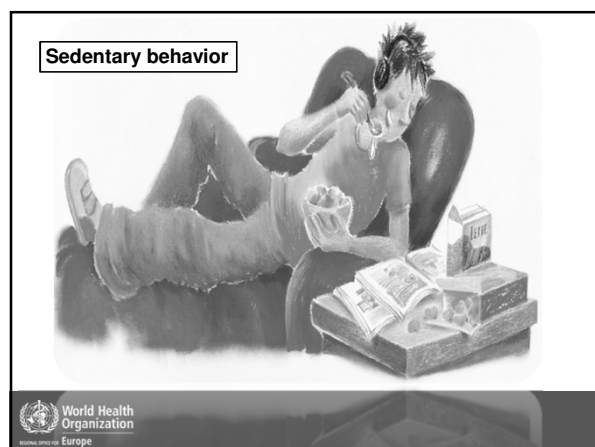
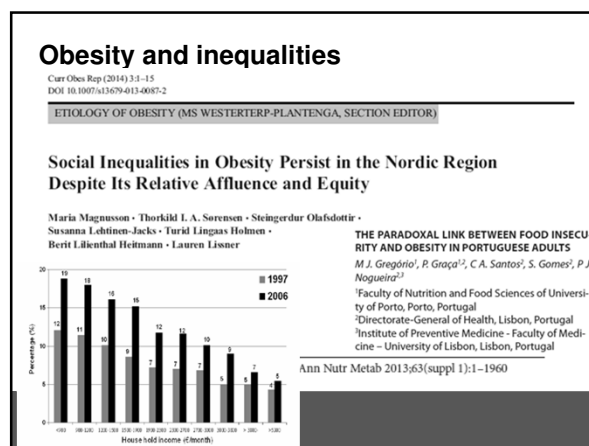
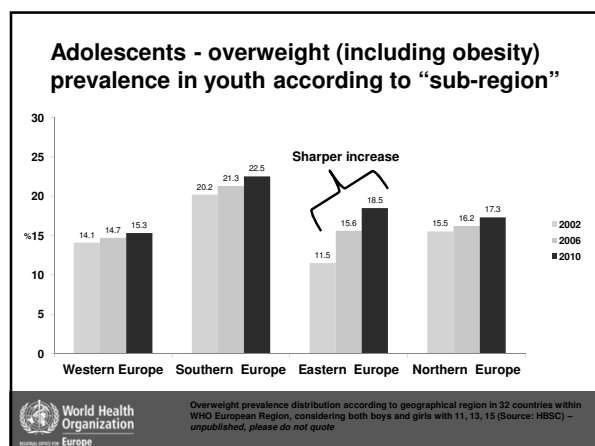
How far are we from Ending Childhood Obesity in Europe?

Prevalence of overweight among boys aged 7 years - COSI 2010, by country



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* 6-year-olds
** 8-year-olds



Special challenge: Children and adolescents

- Only 34% of children and adolescents (13-15 years of age) meet PA recommendations.
- In some countries, up to half of 8-year-old boys are overweight and more than a quarter are obese.

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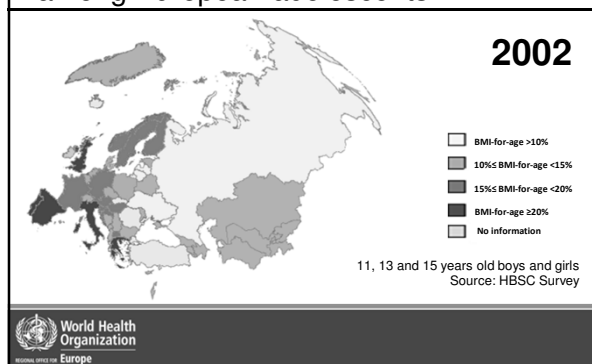
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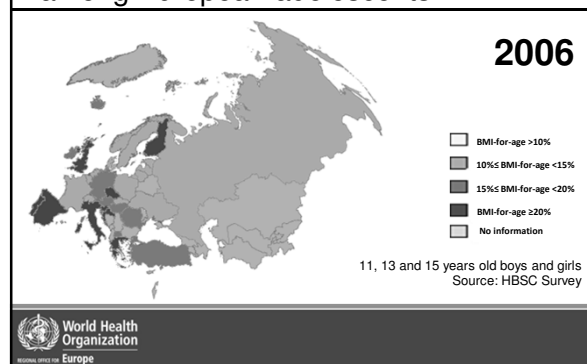
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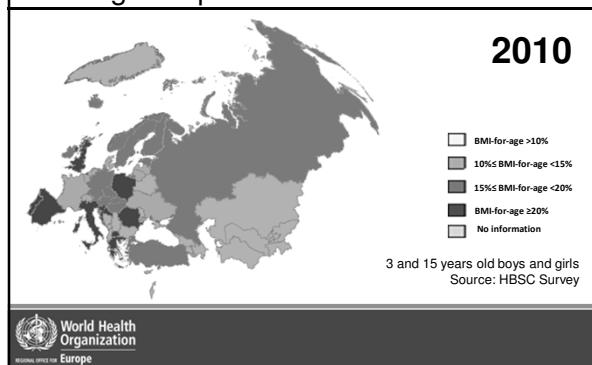
Prevalence of overweight among European adolescents



Prevalence of overweight among European adolescents



Prevalence of overweight among European adolescents



HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN
WORLD HEALTH ORGANIZATION COLLABORATIVE CROSS-NATIONAL STUDY

Nutrition, PA and Obesity

International highlights from the HBSC 2009/2010 International Report

Health behaviors: all worsen

Overweight and obesity: all increase

Breakfast: decreases in both boys and girls

Fruit: decreases in both boys and girls

Physical activity: decreases in both boys and girls

Mobilidade Activa e IMC (BMI)

CONCLUSIONS

Men and women who commuted to work by active and public modes of transport had significantly lower BMI and percentage body fat than their counterparts who used private transport. These associations were not attenuated by adjustment for a range of hypothesized confounding factors

doi:10.1136/bmj.g4887

RESEARCH

Associations between active commuting, body fat, and body mass index: population based, cross sectional study in the United Kingdom

Elzen F, research fellow*, Oliver C, senior professor of population health*, Amanda S, senior professor of population health*

*Department of Health and Environmental Health Research, London School of Hygiene and Tropical Medicine, London, UK; London School of Hygiene and Tropical Medicine, London, UK; London School of Hygiene and Tropical Medicine, London, UK

BMJ 2014;349:g4887 doi: 10.1136/bmj.g4887 (Published 19 August 2014)



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Mobilidade activa e Intervenções sobre o ambiente urbano

Conclusions

London's bicycle sharing system has positive health impacts overall, but these benefits are clearer for men than for women and for older users than for younger users. The potential benefits of cycling may not currently apply to all groups in all settings.

RESEARCH

Health effects of the London bicycle sharing system: health impact modelling study

James W, senior research associate*, Marko T, senior research fellow*, James C, senior research associate*, Oliver O, senior research associate*, Anna G, senior research associate*

*UK Centre for Diet and Activity Research, MRC Epidemiology Unit, University of Cambridge School of Clinical Medicine, Institute of Metabolic Sciences, University of Cambridge, Cambridge, UK

BMJ 2014;348:g425 doi: 10.1136/bmj.g425 (Published 12 February 2014)



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Mobilidade activa e efeitos sobre custos sanitarios

Conclusions

Within 20 years, reductions in the prevalences of type 2 diabetes, dementia, ischaemic heart disease, cerebrovascular disease, and cancer because of increased physical activity would lead to savings of roughly UK£17 billion (in 2010 prices) for the NHS, after adjustment for an increased risk of road traffic injuries. Further costs would be averted after 20 years.

Review

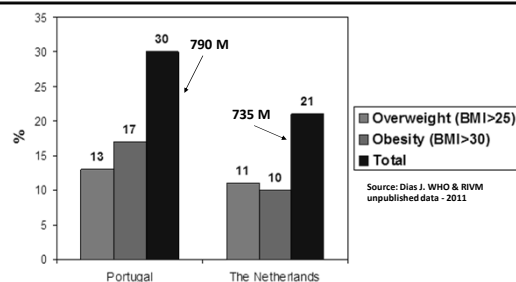
Effect of increasing active travel in urban England and Wales on costs to the National Health Service

Increased walking and cycling to work and school and reduced use of private cars could have positive effects on many health outcomes. We estimated the potential effect of increased walking and cycling to work in urban England and Wales on costs to the National Health Service (NHS) for seven diseases: coronary heart disease, stroke, dementia, ischaemic heart disease, cerebrovascular disease, colorectal cancer, and prostate cancer. We also estimated the potential effect of increased walking and cycling to school on costs to the NHS, after adjustment for an increased risk of road traffic injuries. Further costs would be averted after 20 years, because savings due to the health benefits are expected to outweigh the costs of increased road traffic injuries. Further costs would be averted after 20 years, because savings due to the health benefits are expected to outweigh the costs of increased road traffic injuries.

Lancet 2012; 379: 2198–205



Percentage of the costs due to obesity and overweight related to the total costs of diseases



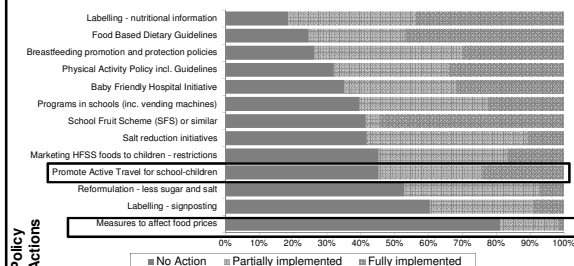
WHO-NOPA
Information System on Nutrition, Obesity and Physical Activity

Methodology and summary

Country profiles on nutrition, physical activity and obesity in the 53 WHO European Region Member States

Country profiles as a result of EC/WHO collaboration and based on NOPA information system.

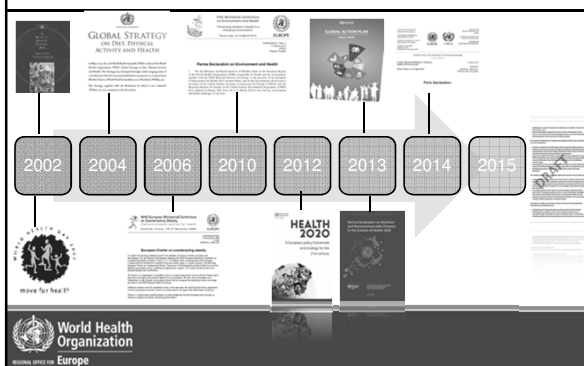
Overview Policy Actions Implementation 53 WHO/Europe Member States – 2012/13



Actividade física e saude Relevancia politica



Um breve historial do processo politico





GLOBAL RECOMMENDATIONS ON PHYSICAL ACTIVITY FOR HEALTH


WHO recommends 150 min./ week

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Voluntary global targets

- 25% reduction of premature mortality from NCDs
- **10% reduction of physical inactivity**
- 25% reduction of raised blood pressure
- Halt rise in diabetes, obesity


Global Action Plan for the Prevention and Control of NCDs 2013–2020



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From Health 2020 to the PAS

2012 2013 2015



Health 2020 Vienna Declaration Physical Activity Strategy (PAS)

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Added value of the Strategy

- Establishing PA as a **policy field in its own right**
- Taking **previous WHO initiatives** to the Regional **policy level**
- Providing an **impulse** to policy-making in **Member States**

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Innovation: Structure

- Focus on **intersectoral action**
- **Shortlist of recommendations** for Member States
- Focus on broad range of **policy instruments**
- Keeping up with the **state of the art** in research

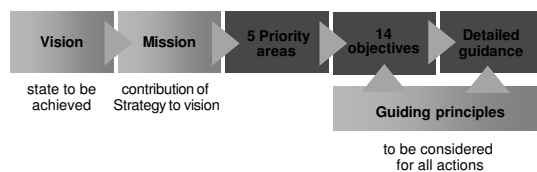
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Innovation: Measures

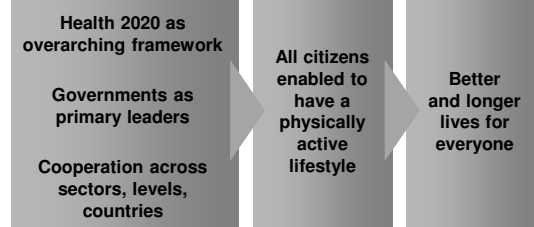
- **Participatory approaches**
- Use of **technology**
- **Financial** measures
- **Extended health education** about PA

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Overall structure



Vision



Mission

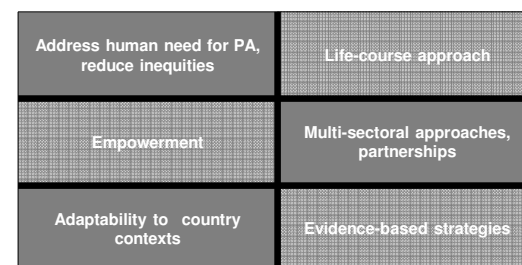
To inspire governments and stakeholders to

promote PA and reduce P/sedentary behavior

provide equal opportunities for PA for everyone

remove barriers to PA, reduce „sedentary“ environments

Guiding principles



5 Priority areas & 14 key objectives

Leadership	2 objectives
Children/adolescents	3 objectives
Adults	4 objectives
Older people	3 objectives
Monitoring, evaluation, research	2 objectives

5 Priority areas & 14 key objectives

Leadership	<ul style="list-style-type: none"> Provide high-level leadership by health sector Establish coordination mechanisms, promote alliances
Children/adolescents	<ul style="list-style-type: none"> Promote PA during pregnancy and early childhood Promote PA in preschools and schools Promote PA beyond school based settings
Adults	<ul style="list-style-type: none"> Reduce car traffic, increase walkability and bikeability Provide opportunities and counselling at the workplace Integrate PA into prevention, treatment and rehab Improve access to PA facilities and offers
Older people	<ul style="list-style-type: none"> Improve the quality of advice by health professionals Provide infrastructures and appropriate environments Involve healthy but inactive older people in social PA
Monitoring, evaluation, research	<ul style="list-style-type: none"> Strengthen surveillance systems and evaluate policies Strengthen the evidence base for PA promotion

Priority area 1: Leadership

Key objectives:

- Provide high-level leadership by health sector
- Establish coordination mechanisms, promote alliances



Priority area 1: Leadership

Key objectives:

- Provide high-level leadership by health sector
- Establish coordination mechanisms, promote alliances



Example:
Norwegian PA Action Plan 2005-2009
developed by 9 national ministries

Priority area 2: Children/adolescents

Key objectives:

- Promote PA during pregnancy and early childhood
- Promote PA in preschools and schools
- Promote PA beyond school based settings



Priority area 2: Children/adolescents

Key objectives:

- Promote PA during pregnancy and early childhood
- Promote PA in preschools and schools
- Promote PA beyond school based settings

Importance of (pre-)pregnancy PA
and PA in early childhood

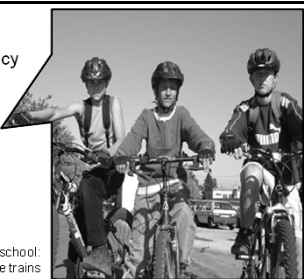


Priority area 2: Children/adolescents

Key objectives:

- Promote PA during pregnancy and early childhood
- Promote PA in preschools and schools
- Promote PA beyond school based settings

Active commuting to and from school:
Infrastructures, walking buses, bicycle trains



Priority area 2: Children/adolescents

Key objectives:

- Promote PA during pregnancy and early childhood
- Promote PA in preschools and schools
- Promote PA beyond school based settings

Amount, contents and focus of
Physical Education classes



Priority area 2: Children/adolescents

Key objectives:

- Promote PA during pregnancy and early childhood
- Promote PA in preschools and schools
- Promote PA beyond school based settings

PA promotion in (pre)schools:
Active breaks, activity breaks,
extracurricular activities



Priority area 2: Children/adolescents

Key objectives:

- Promote PA during pregnancy and early childhood
- Promote PA in preschools and schools
- Promote PA beyond school based settings

Examples:
IT-based approaches
Peer pressure approaches



Bemelmans et al. BMC Public Health 2014, 14:758
<http://www.biomedcentral.com/1471-2458/14/758>



RESEARCH ARTICLE

Open Access

Overview of 71 European community-based initiatives against childhood obesity starting between 2005 and 2011: general characteristics and reported effects

Wanda Jose Erika Bemelmans^{1,2*}, Trudy Maria Arnoldina Wijnhoven², Marieke Verschuren¹ and Joao Breda²

- Diversity, heterogeneity but some common features like integrated actions...
- Aimed at environment and children...
- Some evidence effectiveness
- Design and implementation problems (control, sample size, selection bias...

Childhood obesity: a multi-stakeholder approach - POR



81% children, all from poor families achieved a BMI reduction after 6 M
Rito et al. PPh 2013

All Community
All settings

Informações sobre
Information about
Comunidade
Community
Características
Characteristics
Família
Family
Crianças
Kids
Escola/school
Primary school
Profissionais de saúde e de educação
Health and education professionals
Publicações
Publications



Priority area 3: Adults

Key objectives:

- Reduce car traffic, increase walkability and bikeability
- Provide opportunities and counselling at the workplace
- Integrate PA into prevention, treatment and rehab
- Improve access to PA facilities and offers



Priority area 3: Adults

Key objectives:

- Reduce car traffic, increase walkability and bikeability
- Provide opportunities and counselling at the workplace
- Integrate PA into prevention, treatment and rehab
- Improve access to PA facilities and offers

Examples:
Congestion charge for cars



Priority area 3: Adults

Key objectives:

- Reduce car traffic, increase walkability and bikeability
- Provide opportunities and counselling at the workplace
- Integrate PA into prevention, treatment and rehab
- Improve access to PA facilities and offers

Examples:
HEPA/WHO study on health curricula



Priority area 4: Older people

Key objectives:

- Improve the quality of advice by health professionals
- Provide infrastructures and appropriate environments
- Involve healthy but inactive older people in social PA



Priority area 4: Older people

Key objectives:

- Improve the quality of advice by health professionals
- Provide infrastructures and appropriate environments
- Involve healthy but inactive older people in social PA

Examples:
Participatory approaches
Active tourism



Priority area 5: Monitoring, evaluation, research

Key objectives:

- Strengthen surveillance systems and evaluate policies
- Strengthen the evidence base for PA promotion

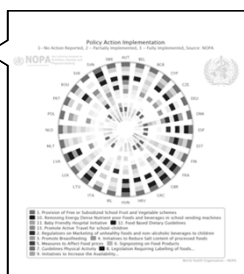


Priority area 5: Monitoring, evaluation, research

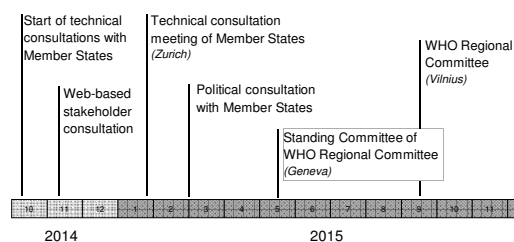
Key objectives:

- Strengthen surveillance systems and evaluate policies
- Strengthen the evidence base for PA promotion


Examples
Update of WHO Europe's NOPA database




Further timeline




5 Priority areas & 14 key objectives	
Leadership	2 objectives
Children/adolescents	3 objectives
Adults	4 objectives
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