



New global physical activity guidelines for a more active and healthier world: the WHO Regional Offices perspective

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The WHO Global Action Plan on Physical Activity 2018–2030: more active people for a healthier world (GAPPA)¹ was launched in 2018 to support countries to achieve a 15% relative reduction in prevalence of insufficient physical activity (PA) by 2030. GAPPA has raised awareness of the need for a whole-of-society response and a systems-based approach to achieve a paradigm shift in supporting all people to be physically active across the life course. Updating the WHO global PA guidelines was a key proposed action of this plan and requested by WHO Member States in the 2018 World Health Assembly.

Guidelines are an important part of PA policy development. Implementing evidence-based PA guidelines can improve health outcomes at individual and population levels. For example, specific recommendations can help health professionals to assess PA and sedentary behaviour as a vital sign and provide counselling towards more physical active lifestyle to their patients in the primary care. More broadly, guidelines are essential tools for conducting monitoring and surveillance of PA and to help policymakers develop optimal policies and programmes to improve public health.¹ However, the existence of PA guidelines at global level, or even national level, is alone unlikely to prompt sustainable changes in PA behaviours of populations. To have an

impact, guidelines must be tailored to the country context and be used by national, regional and local organisations when developing, implementing and evaluating policies and interventions.

WHO develops guidelines for a global audience. Taking into consideration the different contexts, during the development of the guidelines, the six WHO Regional Offices, with the support of WHO Headquarters, organised online workshops in each region that brought together representatives from countries to plan the adoption and adaptation of global guidelines at the national level. In addition, the dissemination and communication of national guidelines, at national and subnational levels within health systems and in the complex interconnections between public health and multisectoral institutions, were examined and broadly discussed.

The regions share similar challenges to the adoption, adaptation and dissemination of PA guidelines, which need to be addressed to enable countries to scale their actions on PA. These include: the need for contextualisation of the guidelines to respond to specific populations within regions and countries; addressing the barriers to PA facing women, elderly, persons with disabilities and chronic diseases, and low-income populations' participation; lack of local data on determinants of behavioural change and inadequate infrastructure. Other challenges relate to the health systems such as multiple competing priorities in already overstretched national non-communicable diseases prevention and control programmes; barriers to collaboration with stakeholders to support adaptation and implementation of the guidelines; and insufficient human and financial resources particularly in low resource contexts.

Since the launch of the 2010 WHO Global Recommendations on Physical Activity,² the evidence of the benefits of PA for the prevention and treatment of diseases and in promoting health and well-being has been unquestionably strengthened.^{3,4} Besides the effect on health, promoting PA will help to achieve many

of the 2030 Sustainable Development Goals.^{1,5} In 2019, WHO issued guidelines on PA, sedentary behaviour and sleep for children under 5 years of age for the first time.⁶ These guidelines triggered a renewed interest in PA and provided an opportunity for representatives to reflect on the progress of national actions to promote PA in their respective countries. The new 2020 WHO guidelines on PA and sedentary behaviour for children, adolescents, adults and older adults can support action in priority areas for PA promotion outlined in the GAPPA as well as regional strategies. These areas, such as primary healthcare, education at all levels, workplaces, community structures and partnerships with the private sector and non-traditional actors, are thus better equipped to implement interventions with evidence-based recommendations on the optimal dose of PA for selected population groups and settings. The guidelines provide the basis for WHO Member States to tailor their existing national PA guidelines or establish PA guidelines for the first time, with full support from WHO.

The strategic approach of WHO regional and country offices to increase PA levels varies. Great efforts have been made in the areas of data collection, promoting PA in different settings, and strengthening multisectoral collaboration with multiple stakeholders. However, PA levels are declining in many countries, and sitting-time is alarmingly increasing.^{7,8} Important discrepancies are found between countries as social determinants, urban environments and opportunities for PA in daily life play a major role in PA, and these factors differ depending on the country context.

The launch of the new global PA guidelines will increase political traction and mobilise action to promote PA in countries around the world. Due to responses to COVID-19 pandemic with wide-spread quarantine, social-distancing measures, closure of recreational amenities and travel restrictions, there is even greater interest and need for countries to support active mobility and provide more opportunities for PA in open spaces and provide online services to increase PA.^{9,10}

The promotion of PA requires multisectoral and integrated collaboration and partnership beyond the health sector to reach those who are less physically active, such as women, older adults and urban populations. The challenge is to coordinate laws, policies and implementation in countries to achieve an overall increase in population levels of PA. Increasing PA requires building back better through whole-of-government approaches

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by multiple sectors and stakeholders and identifying and using synergies with relevant ministries to promote PA. We aim to ensure that PA becomes or remains an integral part of public security, road safety, environmental health, education, transportation, and urban and rural development.

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