



**University of
Zurich**^{UZH}

Epidemiology, Biostatistics
and Prevention Institute EBPI



Directorate of Economics and Health
Canton of Basel-Country

Liestal

Office of Public Health

Physical Activity Promotion in the Context of Overall Health Policy

Brian Martin, MD MPH

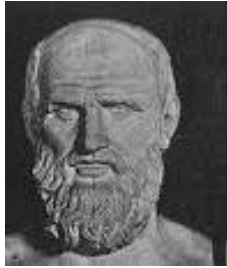
Chief Medical Officer of the Canton of Basel-Country, Liestal, Switzerland

Epidemiology, Biostatistics and Prevention Institute EBPI, University of Zurich

*The 28th Symposium of the International Council for Physical Activity
and Fitness Research ICPAFR, 25.08.16, Kaunas, Lithuania*

PA Promotion in the Context of Overall Health Policy

- What do we know about physical activity and health?
- What do we know about physical activity promotion?
- Physical activity in health policy
- Physical activity in overall health
- PA promotion in the context of overall health policy



“If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health”

Hippokrates ~460-370 BC

THE LANCET]
ORIGINAL ARTICLES
[NOV. 21, 1953

CORONARY HEART-DISEASE AND PHYSICAL ACTIVITY OF WORK

J. N. MORRIS **J. A. HEADY**
M.A. Glasg., M.R.C.P., D.P.H. M.A. Oxfd
OF THE SOCIAL MEDICINE RESEARCH UNIT, MEDICAL RESEARCH COUNCIL

P. A. B. RAFFLE
M.D. Lond., D.P.H., D.I.II.
OF THE MEDICAL DEPARTMENT, LONDON TRANSPORT EXECUTIVE

C. G. ROBERTS **J. W. PARKS**
B.A., M.D. Camb. M.B.E., M.D. Camb., D.C.H.
OF THE TREASURY MEDICAL SERVICE

Morris addressing the 1954 World Conference of Cardiology in Washington DC

Category	Drivers (Inactive)	Conductors (Active)
Incidence as Angina Pectoris 1949-50	~0.5	~0.9
Incidence as Coronary Heart Disease Dying in 3 Mos.	~1.5	~0.8
Total Incidence 1949-50	~3.0	~2.3

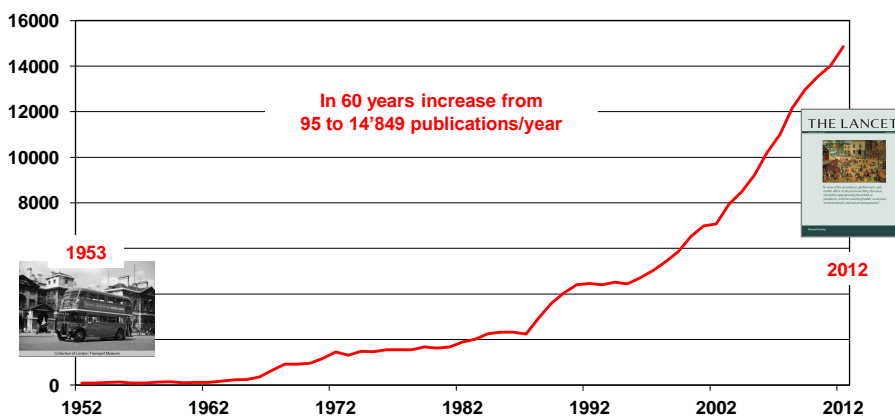
Fig. 2.—First clinical episodes of coronary heart-disease in 1949-51: A, drivers and male conductors, aged 35-64, of Central London Buses:

Collection of London Transport Museum

The Telegraph, 02.11.2009

Scientific Publications on Physical Activity in the Pubmed Database

MeSH terms „physical activity“ OR „exercise“ OR „sport“ OR „sports“



www.pubmed.org, 02.10.13

THE LANCET

Physical Activity - July 2012

www.thelancet.com



"In view of the prevalence, global reach, and health effect of physical inactivity, the issue should be appropriately described as pandemic, with far-reaching health, economic, environmental, and social consequences."

Physical Activity

The Lancet Physical Activity Series Working Group



33 scientists from 16 countries

July 2012

Panel 1: Health benefits of physical activity in adults³⁻⁵

Strong evidence of reduced rates of:


- All-cause mortality
- Coronary heart disease
- High blood pressure
- Stroke
- Metabolic syndrome
- Type 2 diabetes
- Breast cancer
- Colon cancer
- Depression
- Falling

Strong evidence of:

- Increased cardiorespiratory and muscular fitness
- Healthier body mass and composition
- Improved bone health
- Increased functional health
- Improved cognitive function

**Physical Activity
Guidelines Advisory
Committee Report,
2008**

To the Secretary of
Health and Human Services

 U.S. Department of Health and Human Services

↓
Recommendations
USA 2008 WHO 2010

Lee IM, Shiroma EJ, Lobelo F, Puska P, Blair SN, Katzmarzyk PT, for the Lancet Physical Activity Series Working Group. Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *Lancet*. 2012 Jul 21;380(9838):219-29.

Panel 1: Health benefits of physical activity in adults³⁻⁵

Strong evidence of reduced rates of:

- All-cause mortality
- **Coronary heart disease**
- High blood pressure
- Stroke
- Metabolic syndrome
- **Type 2 diabetes**
- **Breast cancer**
- **Colon cancer**
- Depression
- Falling

Strong evidence of:

- Increased cardiorespiratory and muscular fitness
- Healthier body mass and composition
- Improved bone health
- Increased functional health
- Improved cognitive function

conservative assumptions
↓
calculation of burden of disease ← physical inactivity

- 6% to 10% of cases for these diseases worldwide
- 9% of premature mortality worldwide (5.3 million deaths)
- ~ comparable to worldwide effects of smoking or obesity

Lee IM, Shiroma EJ, Lobelo F, Puska P, Blair SN, Katzmarzyk PT, for the Lancet Physical Activity Series Working Group. Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *Lancet*. 2012 Jul 21;380(9838):219-29.

Scientifically proven health effects of physical activity

Health impact of physical activity in children and adolescents			
Cardiovascular endurance	↑	Risk profile for cardiovascular diseases	↓
Muscle power	↑	Risk profile for metabolic disorders	↓
Healthy body weight	↑	Anxiety-related symptoms	↓
Bone health	↑	Depressive symptoms	↓
In adults			
Life expectancy	↑	Cardiovascular disease	↓
Fitness	↑	Stroke	↓
Healthy body weight	↑	High blood pressure	↓
Bone health	↑	Type 2 diabetes	↓
Psychological well-being	↑	Colon cancer	↓
Quality of sleep	↑	Breast cancer	↓
Health-related quality of life	↑	Depression	↓
Additionally in older adults			
Independence	↑	Falling accidents	↓
Mental acuity	↑		
Key			
Improvement in relation to this health-related aspect	↑	Decrease in risk in relation to this health problem	↓
Strong evidence ↑ Moderate evidence ⇧			

Fig. 2: Overview of scientifically proven health impact of physical activity in different age groups.

FOSPO, FOPH, Health Promotion Switzerland, bfu, Suva, Health and Physical Activity Network Switzerland. Health-Enhancing Physical Activity. Core document for Switzerland. Magglingen, FOSPO 2013.

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THE LANCET

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Lancet Series

Physical Activity 2016: Progress and Challenges

Published: July 27, 2016

Executive Summary

In 2012, *The Lancet* published its first Series on physical activity, which concluded that physical inactivity is as important a modifiable risk factor for chronic diseases as obesity and tobacco. Four years later, the second Series presents an update of the field, including progress in epidemiological research, global surveillance, intervention strategies, and policy actions. The papers will also feature the largest harmonised meta-analysis on the joint health effects of sedentary behaviour and physical activity, and the first global estimate of the economic burden of physical inactivity.

The Series encourages policy makers to take physical activity more seriously and to provide sufficient capacity and funding to implement national policies. Without a rapid increase in action, the WHO target of a 10% reduction in physical inactivity by 2025 will not be reached. We must continue to strive towards the longer term goal: the integration of physical activity into our daily lives.

Comments

Physical activity—time to take it seriously and regularly
Pamela Das, Richard Horton
Full-Text HTML | PDF

Live Webcast
Physical Activity 2016 Series launch video

Audio
Download
Physical Activity 2016: The Lancet: 27 July, 2016
Melody Ding discusses key points from the Series and an action plan for advocacy, media coverage, and community engagement.

www.thelancet.com/series/physical-activity-2016

The economic burden of physical inactivity: a global analysis of major non-communicable diseases

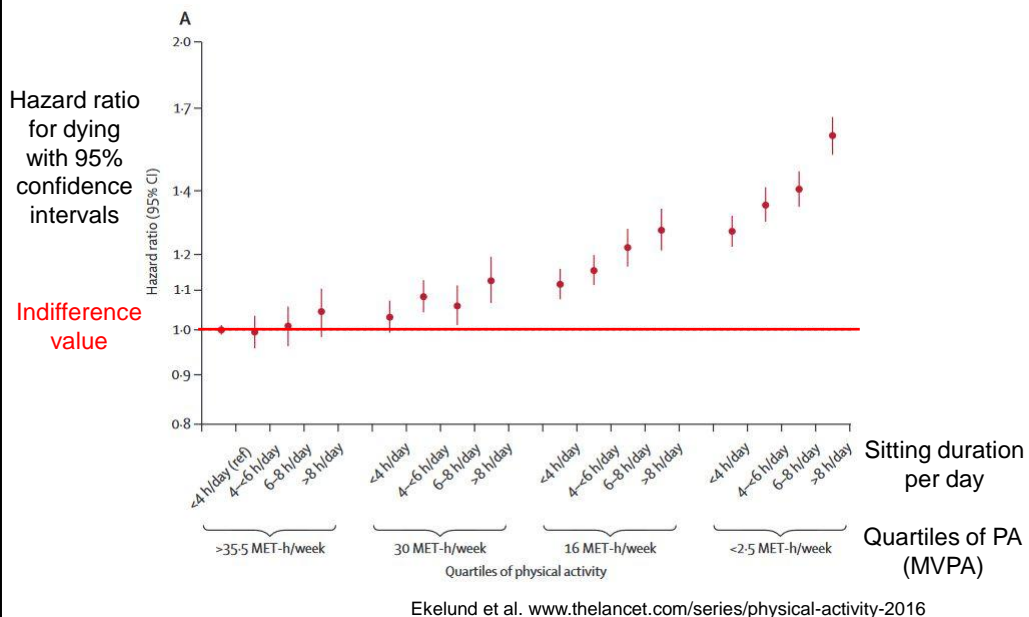
Ding Ding, Kenny D Lawson, Tracy L Kolbe-Alexander, Eric A Finkelstein, Peter T Katzmarzyk, Willem van Mechelen, Michael Pratt, for the Lancet Physical Activity Series 2 Executive Committee*

www.thelancet.com Published online July 27, 2016 [http://dx.doi.org/10.1016/S0140-6736\(16\)30383-X](http://dx.doi.org/10.1016/S0140-6736(16)30383-X)

“Based on data from 142 countries, representing 93.2% of the world’s population, we conservatively estimated that in 2013 the effect of physical inactivity on five major NCDs and all-cause mortality cost the world economy more than \$ 67.5 billion through health-care expenditure and productivity losses. This is equivalent to the total GDP of Costa Rica (ranked around 80th out of all 193 countries with data) in the same year.
(...) Further, sensitivity analysis using less conservative assumptions led to much higher estimates (...)

www.thelancet.com/series/physical-activity-2016

Joint associations of sitting-time and PA with all-cause mortality



Does physical activity attenuate, or even eliminate, the detrimental association of sitting time with mortality? A harmonised meta-analysis of data from more than 1 million men and women

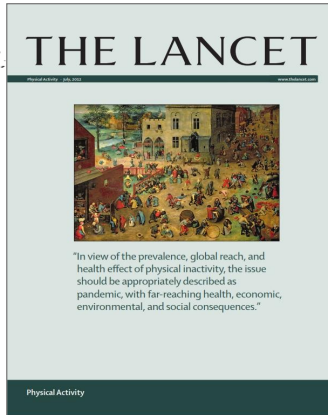
Ulf Ekelund, Jostein Steene-Johannessen, Wendy J Brown, Morten Wang Fagerland, Neville Owen, Kenneth E Powell, Adrian Bauman, I-Min Lee, for the Lancet Physical Activity Series 2 Executive Committee* and the Lancet Sedentary Behaviour Working Group*

www.thelancet.com Published online July 27, 2016 [http://dx.doi.org/10.1016/S0140-6736\(16\)30370-1](http://dx.doi.org/10.1016/S0140-6736(16)30370-1)

“High levels of moderate intensity physical activity (ie, about 60–75 min per day) seem to eliminate the increased risk of death associated with high sitting time.

However, this high activity level attenuates, but does not eliminate the increased risk associated with high TV-viewing time.”

www.thelancet.com/series/physical-activity-2016



Evidence-based intervention in physical activity: lessons from around the world

Gregory W Heath, Diana C Parra, Olga L Sarmiento, Lars Bo Andersen, Neville Owen, Shifalika Goenka, Felipe Montes, Ross C Brownson, for the Lancet Physical Activity Series Working Group*



Evidence-based physical activity interventions: lessons from around the world – mean effect sizes

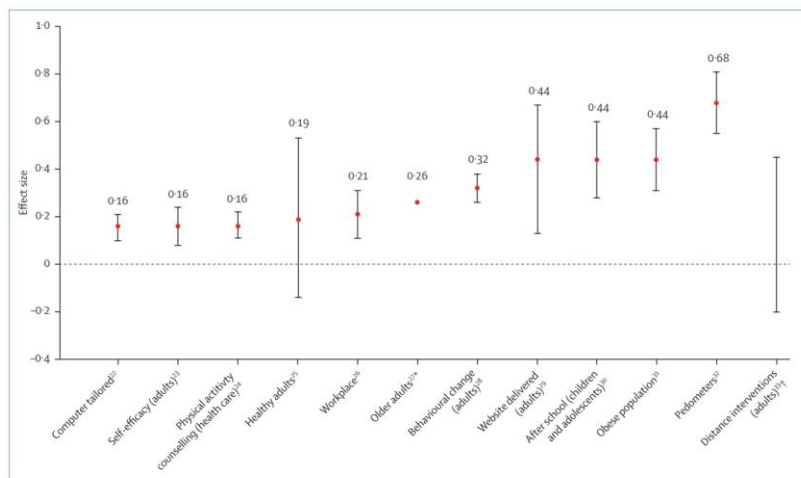


Figure: Mean effect-size estimates from original systematic reviews
 All are mean effect size and 95% CIs, unless otherwise indicated. *Index. †Range.

Heath GW, Parra-Perez D, Sarmiento OL, et al, for the Lancet Physical Activity Series Working Group. Lancet. 2012 Jul 21;380(9838):272-81.

4. Primary health care systems

5. Public education

3. Urban design regulations and infrastructure

6. Integrated community-wide programmes

2. Transport policies and systems

7. „Sport for all“ systems and programmes

1. „Whole-of-school“ programmes

Whole-of-community approaches where people live, work and recreate have the opportunity to mobilize large numbers of people.

GAPA, a council of the International Society for Physical Activity and Health ISPAH
www.globalpa.org.uk

Review

Effect of school-based interventions on physical activity and fitness in children and adolescents: a review of reviews and systematic update

S Kriemler,^{1,2} U Meyer,¹ E Martin,² E M F van Sluijs,³ L B Andersen,^{4,5} B W Martin²

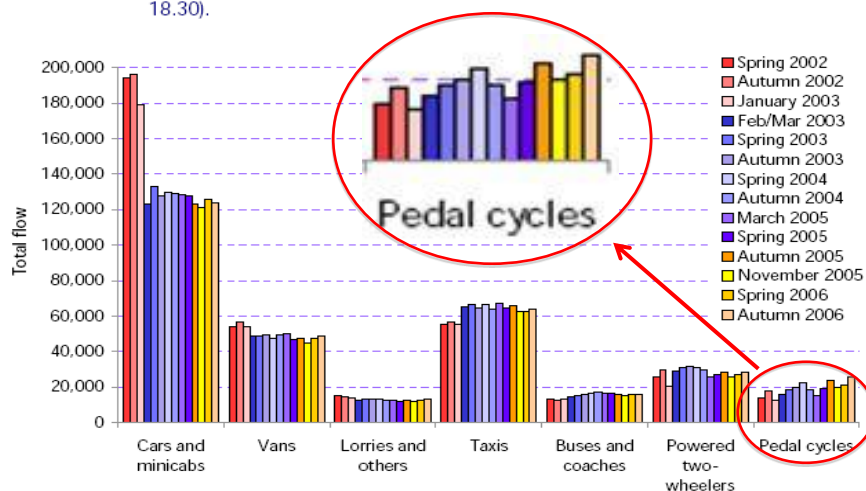
Br J Sports Med 2011;**45**:923–930. doi:10.1136/bjsports-2011-090186

Grigonienė, Jolanta-Janina; Skyrienė, Valentina; Margelienė, N. Analysis of the physical activity of primary school teachers // Pedagogics, psychology, medical-biological problems of physical training and sports [elektroninis išteklius] = Педагогіка, психологія та медико-біологічні проблеми фізичного виховання і спорту. Kharkov: KSADA. ISSN 1818-9172. 2013, no. 9, p. 20–24.

Čepelionienė, Jurgita; Ivaškienė, Vida. The shift of students attitudes towards the teacher of physical education // Ugdymas. Kūno kultūra. Sportas = Education. Physical Training. Sport. Kaunas: Lietuvos sporto universitetas. ISSN 1392-5644. 2014, Nr. 3 (94), p. 10–15.

London Congestion Charge

Figure 2.1 Traffic entering the central London charging zone during charging hours (07.00-18.30).



Comparison of inhabitants' physical activity behaviour in Zermatt (Community 1), Crans-Montana und Verbier

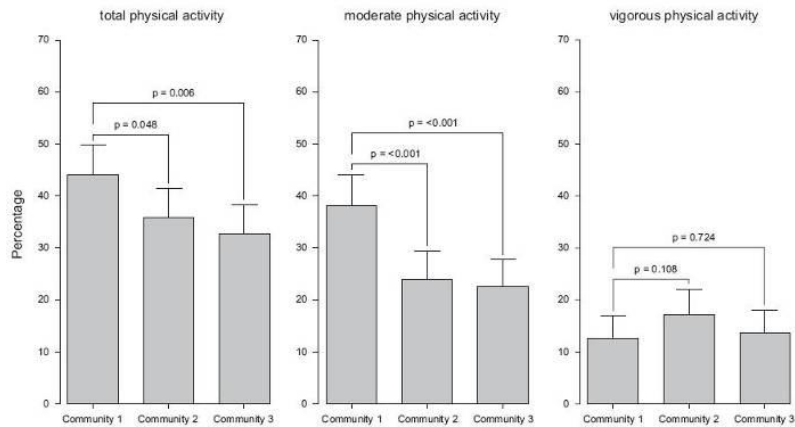


Fig. 1. Age- and sex-adjusted prevalence of sufficient total, moderate and vigorous physical activity by community.

Thommen Dombos O, Braun-Fahrlander Ch, Martin-Diener E. Comparison of adult physical activity levels in three Swiss alpine communities with varying access to motorized transportation. *Health & Place*, 2007; 13(3): 757-66

Ding, Ding; Adams, Marc A.; Sallis, James F.; Norman, Gregory J.; Hovell, Melbourn F.; Chambers, Christina D.; Hofstetter, Richard C.; Bowles, Heather R.; Hagströmer, Maria; Craig, Cora L.; Gomez, Luis Fernando; De Bourdeaudhuij, Ilse; Macfarlane, Duncan J.; Ainsworth, Barbara E.; Bergman, Patrick; Bull, Fiona C.; Carr, Harriette; Klasson-Heggebo, Lena; Inoue, Shigeru; Murase, Norio; Matsudo, Sandra; Matsudo, Victor; McLean, Grant; Sjöström, Michael; Tomten, Heidi; Lefevre, Johan; Volbekiené, Vida; Bauman, Adrian E. Perceived neighborhood environment and physical activity in 11 countries: Do associations differ by country? // *International Journal of Behavioral Nutrition and Physical Activity*. London: BioMed Central LTD. ISSN 1479-5868. 2013, vol. 10, Article Number 57, p. 1–11.

Adams, Marc A.; Ding, Ding; Sallis, James F.; Bowles, Heather R.; Ainsworth, Barbara E.; Bergman, Patrick; Bull, Fiona C.; Carr, Harriette; Craig, Cora L.; De Bourdeaudhuij, Ilse; Gomez, Luis Fernando; Hagströmer, Maria; Klasson-Heggebo, Lena; Inoue, Shigeru; Lefevre, Johan; Macfarlane, Duncan J.; Matsudo, Sandra; Matsudo, Victor; McLean, Grant; Murase, Norio; Sjöström, Michael; Tomten, Heidi; Volbekiené, Vida; Bauman, Adrian. Patterns of neighborhood environment attributes related to physical activity across 11 countries: A latent class analysis // *International Journal of Behavioral Nutrition and Physical Activity*. London: BioMed Central LTD. ISSN 1479-5868. 2013, vol. 10, Article Number 34, p. 1–11.



Schweizerische Gesellschaft für Sportmedizin
Société Suisse de Médecine du Sport
Società Svizzera di Medicina dello Sport

2/2014

Schweizerische Zeitschrift für

Sportmedizin und Sporttraumatologie

Revue suisse de

Médecine et traumatologie du sport

Rivista svizzera di

Medicina e traumatologia dello sport



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University of
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10th Annual Meeting and
5th Conference of HEPA Europe

Physical activity promotion in health care settings



August 27–29, 2014 – University of Zurich, Switzerland

www.panh.ch/hepaeurope2014

TAKING THE STAIRS
SWIMMING
WALKING THE DOG
GARDENING
DANCING

Get your 30 mins a day, any way.

bhf.org.uk



Dr. Luzi Fehrs
Krankheits-Tipp Nr. 2:

Vermeiden Sie sorgfältig jede sportliche Betätigung. Gehen Sie nie zu Fuss. Fahren Sie nie Velo. Grundsätzlich verboten ist tiefes Durchatmen - es sei denn, Sie ziehen Rauch ein.

„Dr. Luzi Fehrs
Illness Tip No 2:

Carefully avoid all forms of sports and physical activity. Never walk. Never use your bicycle. Never ever breathe harder – unless you are inhaling tobacco smoke.“



www.agitasp.org.br

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Time Trends in Physical Activity in the State of São Paulo, Brazil: 2002–2008

VICTOR K. R. MATSUDO¹, SANDRA M. MATSUDO¹, TIMÓTEO L. ARAÚJO¹, DOUGLAS R. ANDRADE¹, LUIS C. OLIVEIRA¹, and PEDRO C. HALLAL²

¹Physical Fitness Research Center, CELAFISCS, São Caetano, BRAZIL; and ²Federal University of Pelotas, Pelotas, BRAZIL

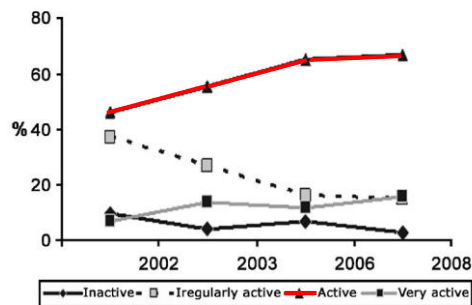


FIGURE 1—Trends of physical activity categories in the state of São Paulo, Brazil (2002, 2003, 2006, and 2008).

Med Sci Sports Exerc. 2010 Dec;42(12):2231-6.

28

The programme Allez Hop

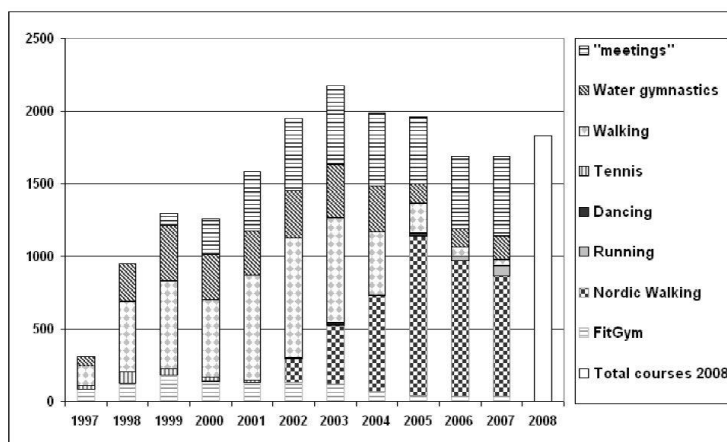


- Weekly lessons during ten week courses, qualified instructors
- National programme
- At the beginning in collaboration with sports clubs and associations; later also with independent instructors

Wanner M, Martin-Diener E, Bauer G, Stamm HP, Martin BW. Allez Hop, a nation-wide programme for the promotion of physical activity in Switzerland: What is the evidence for a population impact after one decade of implementation. Brit J Sport Med 2010.



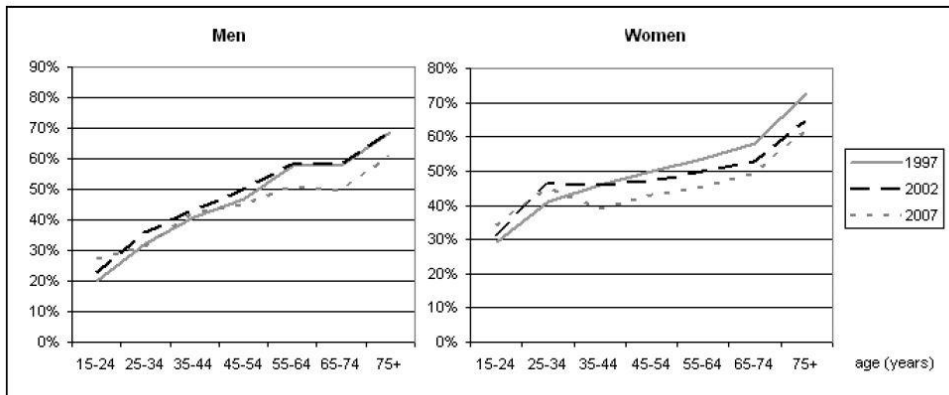
Course development 1997-2008



Wanner M, Martin-Diener E, Bauer G, Stamm HP, Martin BW. Allez Hop, a nation-wide programme for the promotion of physical activity in Switzerland: What is the evidence for a population impact after one decade of implementation. Br J Sports Med. 2011 Dec;45(15):1202-7.

Population impact of a nation-wide physical activity programme with 200'000 participants

<1 „sweat episodes“ during leisure time reported in the Swiss Health Survey
(1997: n=12'999; 2002: n=19'698; 2007: n=18'745)



Wanner M, Martin-Diener E, Bauer G, Stamm HP, Martin BW. Brit J Sport Med 2011.

Šukys, Saulius; Majauskienė, Daiva; Česnaitienė, Vida Janina; Karanauskienė, Diana. Do parents' exercise habits predict 13–18-year-old adolescents' involvement in sport? // Journal of Sports Science and Medicine. Bursa: Uludag University. ISSN 1303-2968. 2014, vol. 13, issue 3, p. 522–528.

Scaled up PA interventions in GAPA's 7 investments

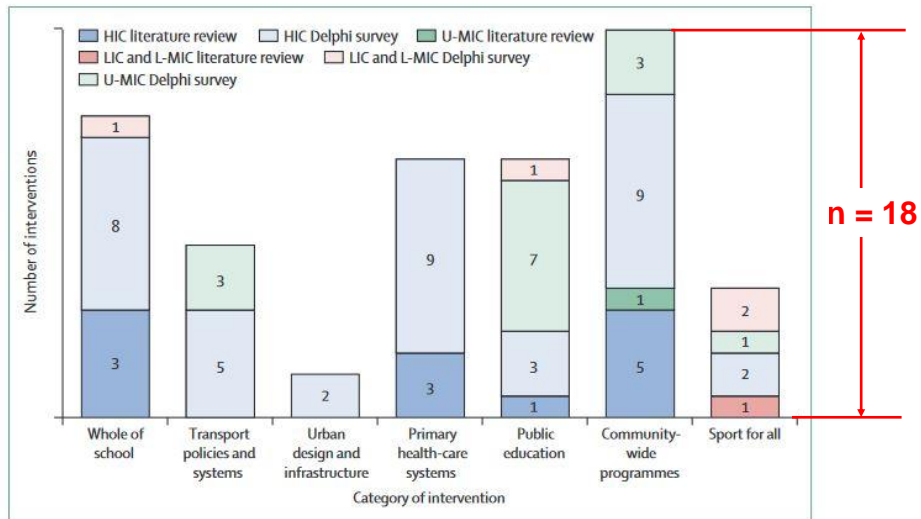


Figure 1: Number of scaled-up physical activity interventions identified in the literature review and in the Delphi study

HIC=high-income countries. LIC=low-income countries. L-MIC=lower-middle-income countries.

U-MIC=upper-middle-income countries.

Reis et al. www.thelancet.com/series/physical-activity-2016

Scaled up PA interventions identified in the literature review

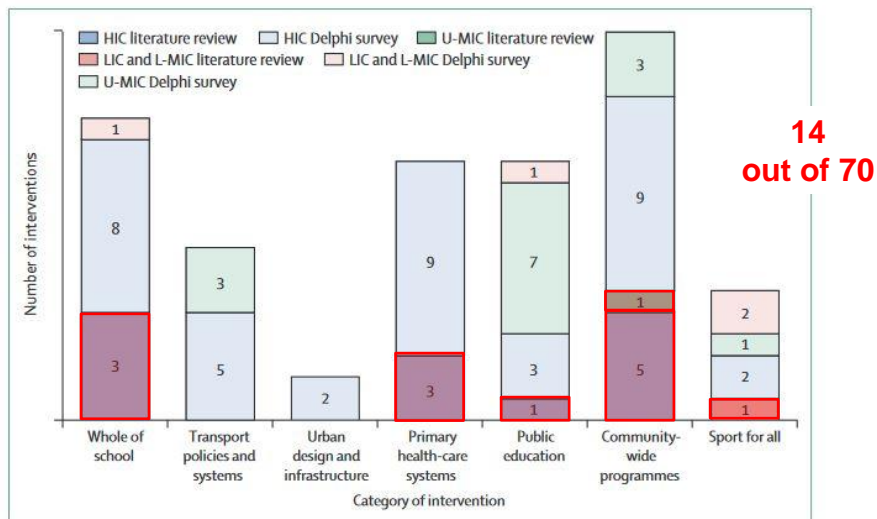


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U-MIC=upper-middle-income countries.

Reis et al. www.thelancet.com/series/physical-activity-2016

Scaled up PA interventions identified from high-income countries

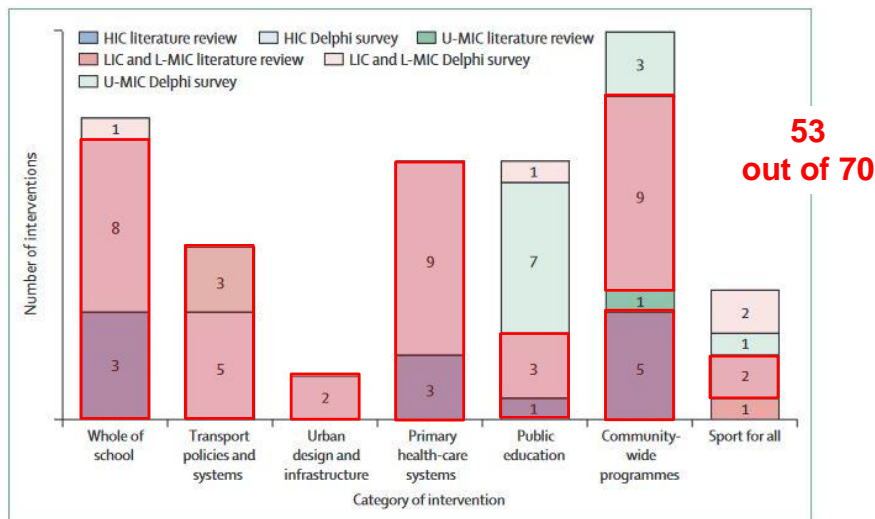


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Reis et al. www.thelancet.com/series/physical-activity-2016

Physical Activity 2016: Progress and Challenges

Scaling up physical activity interventions worldwide: stepping up to larger and smarter approaches to get people moving

Rodrigo S Reis, Deborah Salvo, David Ogilvie, Estelle V Lambert, Shifalika Goenka, Ross C Brownson, for the Lancet Physical Activity Series 2 Executive Committee*

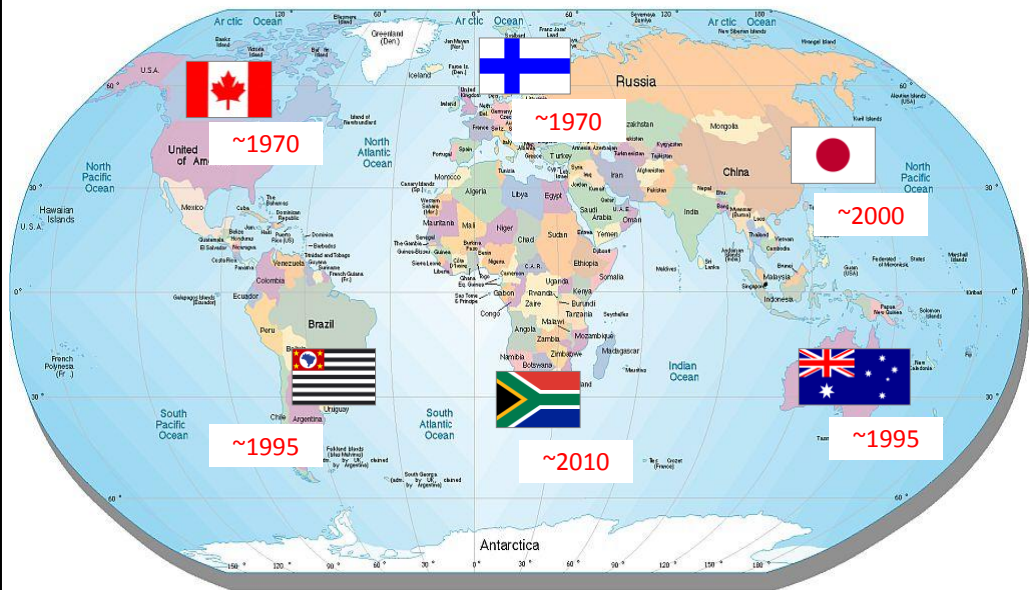
www.thelancet.com Published online July 27, 2016 [http://dx.doi.org/10.1016/S0140-6736\(16\)30728-0](http://dx.doi.org/10.1016/S0140-6736(16)30728-0)

“Drawing on input from researchers and stakeholders across the world, more than 50 unique physical activity interventions were identified that have been scaled up but not reported in the peer-reviewed literature.


Not every intervention implemented at scale is effective in increasing population physical activity levels, and not every effective, researcher-led intervention is scalable (...)

Large-scale problems require large-scale solutions, and we need the committed and joint efforts of all sectors of government and society to tackle the global public health challenge of inactivity.”

Emergence of National PA Policies in Different World Regions




Martin BW, Kahlmeier S. Physical activity and health at the population level – the role of international networks. *Res Exerc Epidemiol* 2014; 16(1): 1-8.


World Health Organization
 REGIONAL OFFICE FOR EUROPE

Methodology and summary

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



WORLD HEALTH ORGANIZATION
 REGIONAL OFFICE FOR EUROPE
 WELTGESUNDEITSORGANISATION
 REGIONALBÜRO FÜR EUROPA


 ORGANISATION MONDIALE DE LA SANTÉ
 BUREAU RÉGIONAL DE L'EUROPE
 ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
 ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО


WHO European Ministerial Conference on Nutrition and Noncommunicable Diseases in the Context of Health 2020
 Vienna, Austria
 4–5 July 2013

25 June 2013
 Original: English

Presented at Vienna Ministerial Conference 2013

www.euro.who.int/en/health-topics/disease-prevention/nutrition/country-work

Nutrition, Physical Activity and Obesity Lithuania



The list of the 50 country public country development indicators, physical activity and obesity, in the WHO European Region. The list is available in all of the WHO Region's languages and can be downloaded from the WHO Regional Office for Europe website: <http://www.euro.who.int/en/about>

© World Health Organization 2009. All rights reserved.

DEMOGRAPHIC DATA
Population: 3,000,000

Salt reduction initiatives

Initiating & Association	Incentive approach			Regulatory approach						
	Industry involvement	Food information	Specific food categories	Front of Pack	Ty	Water	Schools	Education	Corporate responsibility	Reporting
Salt content in food	XXX									
Consumer awareness			95% salt reduction in bread by 2013							
Behavioral change	XXX	XX		XXX	XX	XX	XX	XX	XX	XX
Industry self-reporting										

Note: XXX partially implemented, XXX fully implemented. Source: WHO Regional Office for Europe (7)

Trans fatty acids (TFA) policies: Price policies (food taxation and subsidies)

PA, national policy documents and action plans

Sport	Target groups	Health	Education	Transportation
Existence of national "sport for all" policy and/or national "sport for all" implementation programme	Existence of specific scheme or programme for community interventions to promote PA in the elderly	Counselling on PA as part of primary health care activities	Mandatory physical education in primary and secondary schools	Existence of an incentive scheme for companies or employees to promote active travel to work
✓			✓	✓

* Clearly stated in a policy document, entirely implemented and enforced.
Source: country reporting template on Lithuania from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the European Union (EU).

Leadership, partnerships and professional networks on health-enhancing physical activity (HEPA)

Existence of national coordination mechanism on HEPA promotion	Leading institution	Participating bodies
✓ 2002	Ministry of Health, Ministry of the Interior and Department on Physical Education and Sports	Government departments on health, food, sport, urban planning, education and research, social welfare, nongovernmental organizations, Sport for All Association; academia; civil society; communities; media

Source: country reporting template on Lithuania from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.




2011 UN High-level meeting on NCDs

General Assembly • United Nations • New York
19-20 September 2011

UNITE IN THE FIGHT AGAINST NCDs

BE PART OF HISTORY
Join other world leaders at the UN High-level meeting for noncommunicable diseases

The summit in September will be the first time that world leaders will meet to discuss noncommunicable diseases in a formal setting. The September high-level meeting will be the first of its kind.

Who should attend – National Heads of State and Government, Ministers of Foreign Affairs and Representatives of civil society

How to participate:
• Plenaries: Three plenary sessions and highlight national approaches
• Round tables: Three round tables
• Side-events: Numerous side events

United Nations A/66/L.1

General Assembly Date: Limited
16 September 2011
Original: English

Sixty-sixth session
Agenda item 117
Follow-up to the outcome of the Millennium Summit

The NCD Alliance

Putting non-communicable diseases on the global agenda

The NCD Alliance was founded by:
International Diabetes Federation, WHO, NCD Alliance, International Union Against Tuberculosis and Lung Disease

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- Global NCD Targets
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- Working Groups
- A United Nations Summit on NCDs
- FAQ: Learn More about the UN Summit on NCDs

Pour en savoir davantage sur le Sommet de l'ONU sur les maladies non transmissibles



FAQ: Learn More about the UN Summit on NCDs

11-49777 (F) 150911 Please recycle

2011

The NCD Alliance
Putting non-communicable diseases on the global agenda

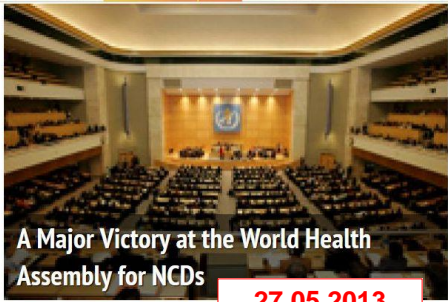
The NCD Alliance was founded by:
International Diabetes Federation | WORLD HEART FEDERATION | IACC | International Union Against Tuberculosis and Lung Disease

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A Major Victory at the World Health Assembly for NCDs
27.05.2013

27 May 2013

This years World Health Assembly (WHA) was a major moment for NCDs, marking the end of several ongoing consultation processes and putting in place the strong foundations of a global










SUBMIT NEWS & EVENTS
If you have any news or events relevant to the NCD Alliance and it's campaigns please let us know.
[CONTRIBUTE NEWS / EVENTS »](#)

NEWS ARCHIVES
May 2013 (4)
April 2013 (4)
March 2013 (6)
February 2013 (12)
January 2013 (11)
November 2012 (5)
October 2012 (6)
September 2012 (6)
August 2012 (4)
July 2012 (7)


1 2 3 4 next last

Martin BW, Kahlmeier S. Physical activity and health at the population level – the role of international networks. Res Exerc Epidemiol 2014; 16(1): 1-8.

VOLUNTARY GLOBAL TARGETS

-  A **25%** relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.
-  At least **10%** relative reduction in the harmful use of alcohol, as appropriate, within the national context.
-  A **10%** relative reduction in prevalence of insufficient physical activity.
-  A **30%** relative reduction in mean population intake of salt/sodium.
-  A **30%** relative reduction in prevalence of current tobacco use in persons aged 15+ years.
-  A **25%** relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances.
-  **Halt the rise** in diabetes and obesity.
-  At least **50%** of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.
-  An **80%** availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities.

Including 1 target and 2 indicators on physical inactivity

 **WHO Global NCD Action Plan**
2013-2020

HEPA promotion in international public health



Martin BW, Kahlmeier S. Physical activity and health at the population level – the role of international networks. *Res Exerc Epidemiol* 2014; 16(1): 1-8.

HEPA promotion in European public health

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

WHO Ministerial Conference on Nutrition and Noncommunicable
Diseases in the Context of Health 2020
Vienna
4–5 July 2013

5 July 2013

**Vienna Declaration on Nutrition and Noncommunicable
Diseases in the Context of Health 2020**

“9. We urge the WHO Regional Committee for Europe to mandate the development of a physical activity strategy, alongside the new food and nutrition action plan.”

Martin BW, Kahlmeier S. Physical activity and health at the population level – the role of international networks. *Res Exerc Epidemiol* 2014; 16(1): 1-8.

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SPORT
Supporting fair play and cooperation in sport

European Commission > Sport > News > 2013

News [view all news](#)

EU Council adopts the first ever Recommendation in sport (HEPA) and conclusions on the contribution of sport to the EU economy. It also debates "Good governance in sport"

Start date : 29/11/2013 16:02:15

www.ec.europa.eu/sport

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SPORT
Supporting fair play and cooperation in sport

European Commission > Sport > News > 2013

News [view all news](#)

“On 26 November [2013] the [EU] Council adopted the first ever Council Recommendation in sport, notably on promoting health-enhancing physical activity (HEPA) . [...] There was a shared understanding that more can be done together to address the high rates of physical inactivity in the EU and the economic and social costs related to it.”

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE
WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



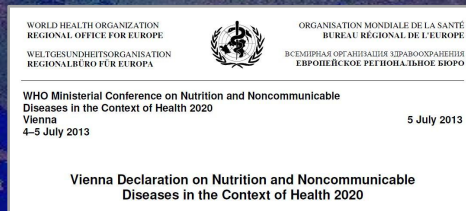
ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

WHO European Region Informal Meeting
on a Road Map for a Strategy on
Health Enhancing Physical Activity

Erlangen, Germany
25-26 March 2014

03 March 2014
Original: English

Starting point for the development of a European Physical Activity Strategy



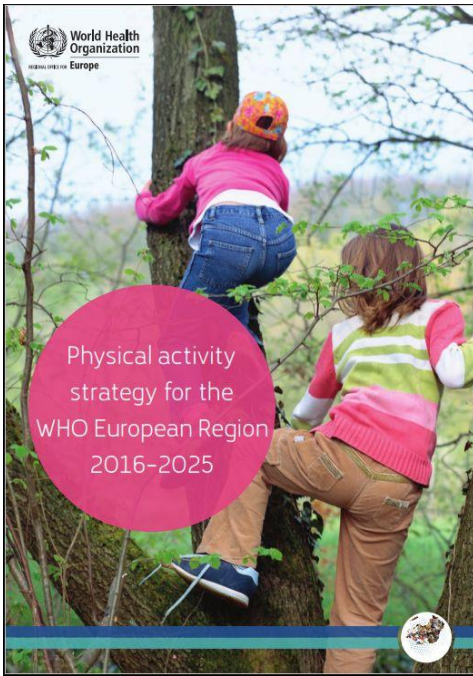
2014

World Health Organization
REGIONAL OFFICE FOR Europe

REGIONAL COMMITTEE FOR EUROPE
65th SESSION
Vilnius, Lithuania, 14-17 September 2015

Physical activity strategy for
the WHO European Region
2016-2025

2015

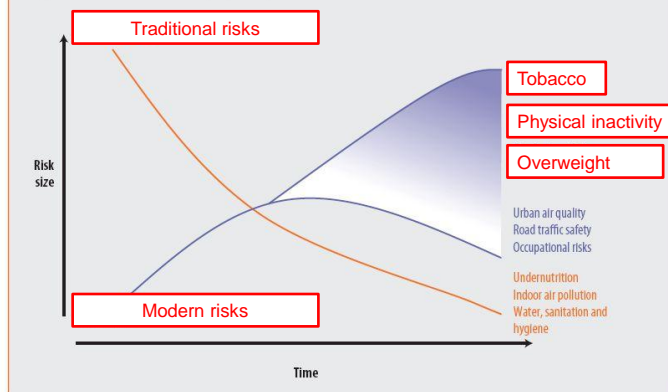


Priority areas

- **Priority area 1** – Providing leadership and coordination for the promotion of physical activity
- **Priority area 2** – Supporting the development of children and adolescents
- **Priority area 3** – Promoting physical activity for all adults as part of daily life, including during transport, leisure time, at the workplace and through the health-care system
- **Priority area 4** – Promoting physical activity among older people
- **Priority area 5** – Supporting action through monitoring, surveillance, the provision of tools, enabling platforms, evaluation and research

The Risk Transition

Figure 2: The risk transition. Over time, major risks to health shift from traditional risks (e.g. inadequate nutrition or unsafe water and sanitation) to modern risks (e.g. overweight and obesity). Modern risks may take different trajectories in different countries, depending on the risk and the context.

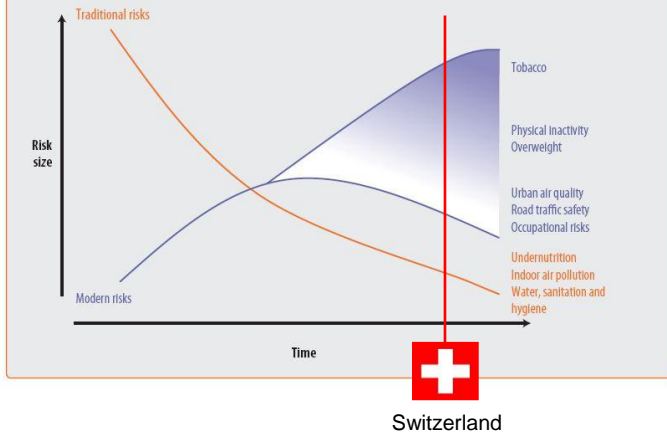


Global Health Risks
WHO 2009



The Risk Transition

Figure 2: The risk transition. Over time, major risks to health shift from traditional risks (e.g. inadequate nutrition or unsafe water and sanitation) to modern risks (e.g. overweight and obesity). Modern risks may take different trajectories in different countries, depending on the risk and the context.

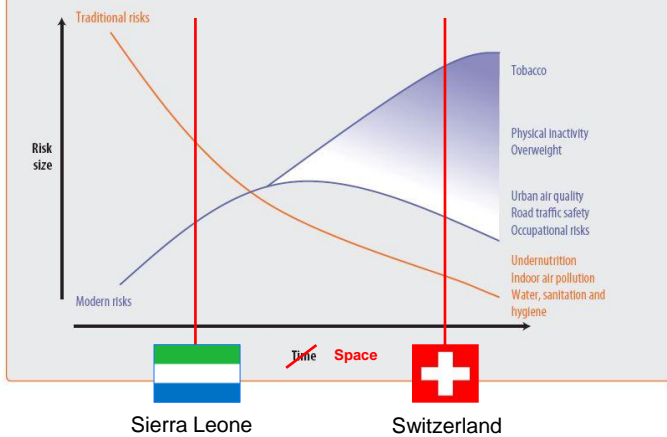


Global Health Risks
WHO 2009



The Risk Transition

Figure 2: The risk transition. Over time, major risks to health shift from traditional risks (e.g. inadequate nutrition or unsafe water and sanitation) to modern risks (e.g. overweight and obesity). Modern risks may take different trajectories in different countries, depending on the risk and the context.



Global Health Risks
WHO 2009



The Risk Transition



Sierra Leone



Switzerland

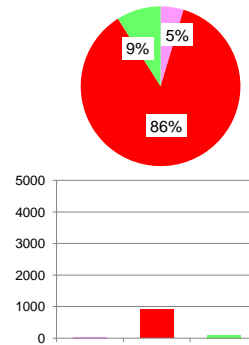
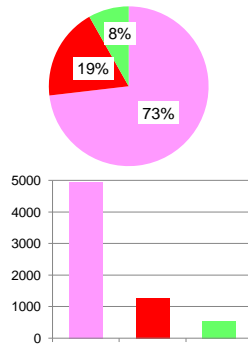
Population

6.0 million

8.0 million

Years of Life Lost by causes

- Communicable diseases
- Non-communicable diseases
- Injuries



Life expectancy

46 years

83 years

Healthy life expectancy

39 years

73 years

Global Health Observatory WHO
www.who.int/gho
2012 data

Working in partnership to prevent and control the 4 noncommunicable diseases – cardiovascular diseases, diabetes, cancers and chronic respiratory diseases and the 4 shared risk factors – tobacco use, physical inactivity, unhealthy diets and the harmful use of alcohol.



2008-2013 Action Plan
for the Global Strategy
for the Prevention and Control
of Noncommunicable Diseases

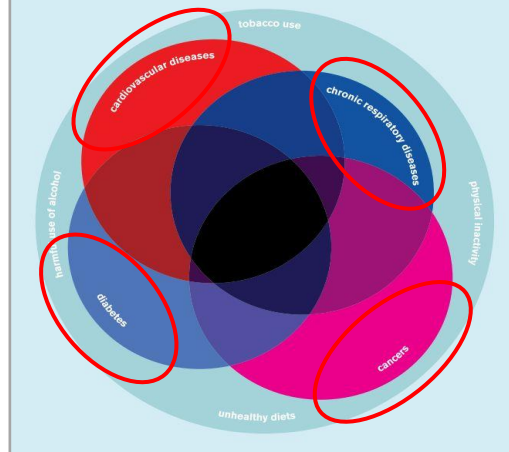
4 main groups of non-communicable diseases

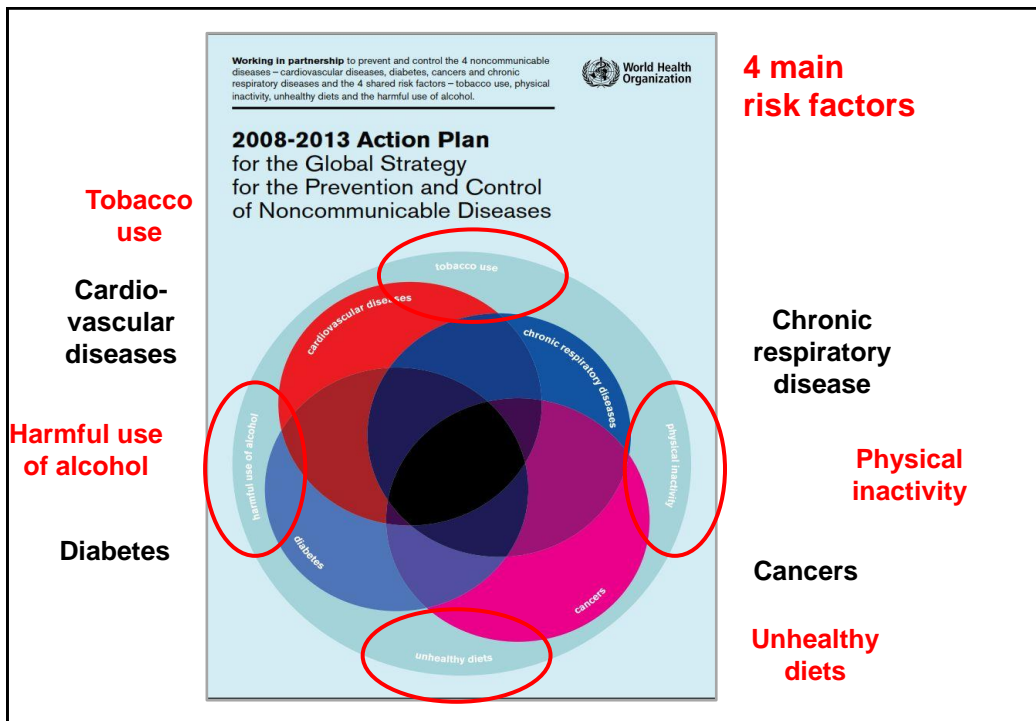
Cardio-vascular diseases

Chronic respiratory disease

Diabetes

Cancers





Research aims

- Quantifying combined effects of the four behavioural risk factors for NCD on mortality
- Developing respective risk charts for communication

Methods

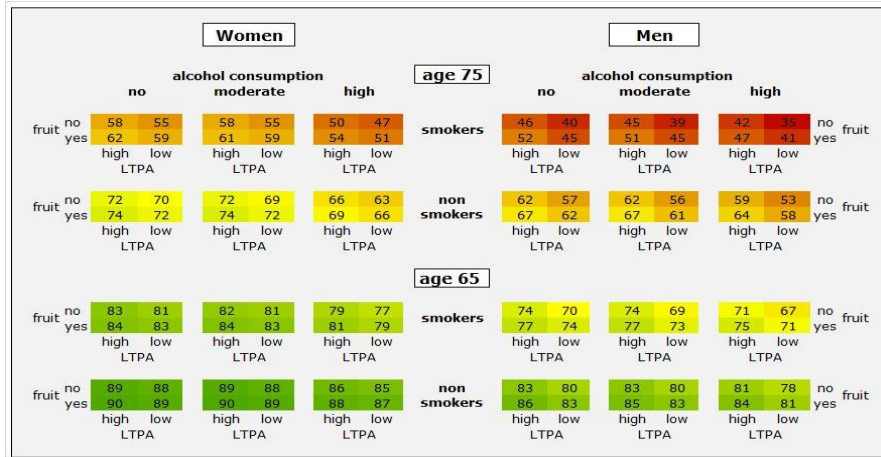
- Record linkage study: MONICA Study & Swiss National Research Programme 1A with Swiss National Cohort
- 16'721 Participants (16-90 years)
- Up to 32 years of mortality follow-up

Analyses

- (Mortality risks: Cox proportional Hazard Models)
- 10-year survival probabilities: Weibull Regression Models

Martin-Diener E, Meyer J, Braun J, Tarnutzer S, Fäh D, Rohrmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. *Prev Med* 2014; 65:148-52. Project funded by Swiss Heart Foundation and Swiss Cancer League and supported by Swiss National Science Foundation.

10 year survival probabilities at 65 and 75 years of age in the Swiss National Cohort – risk charts

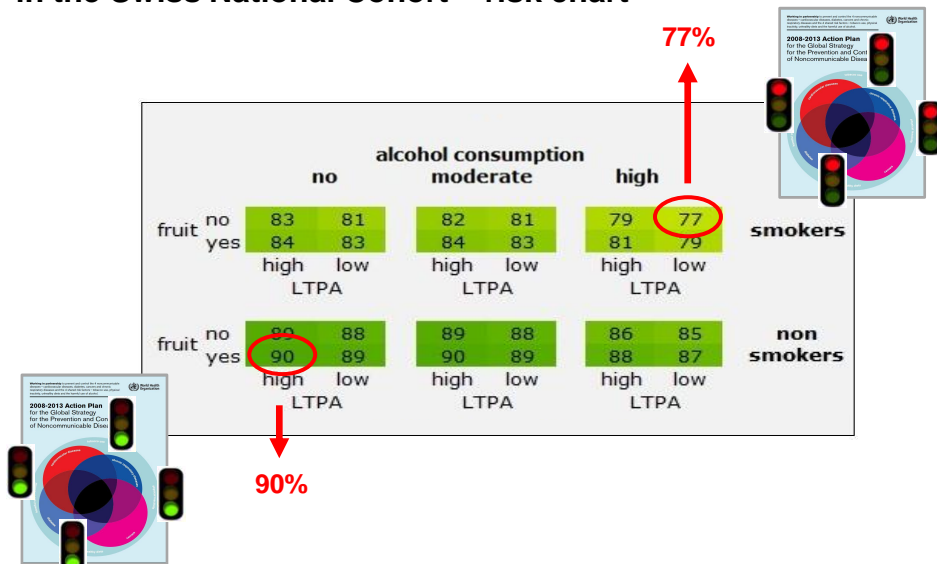


Models controlled for survey, education, marital status and nationality.

Men: N=8132 (of which 1967 cases) Women: N=8589 (of which 1566 cases). LTPA: leisure time physical activity

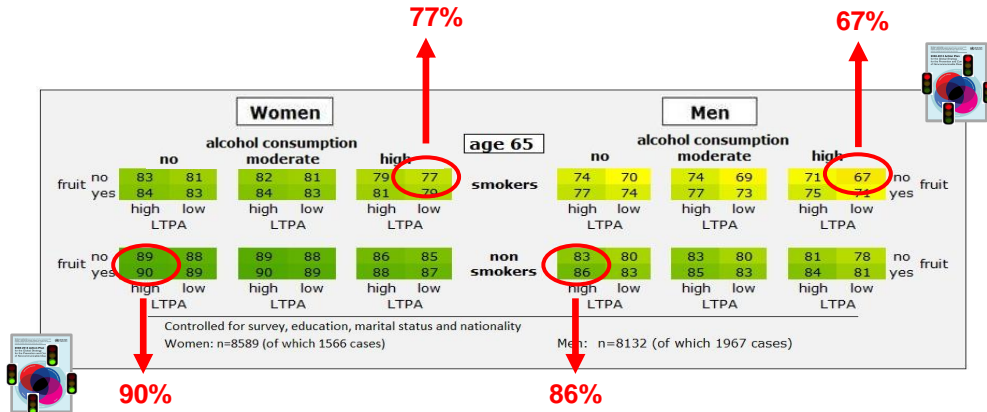
Martin-Diener E, Meyer J, Braun J, Tarnutzer S, Fäh D, Rohrmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. Prev Med 2014; 65:148-52. Project funded by Swiss Heart Foundation and Swiss Cancer League and supported by Swiss National Science Foundation.

10 year survival probabilities in women at 65 years of age in the Swiss National Cohort – risk chart



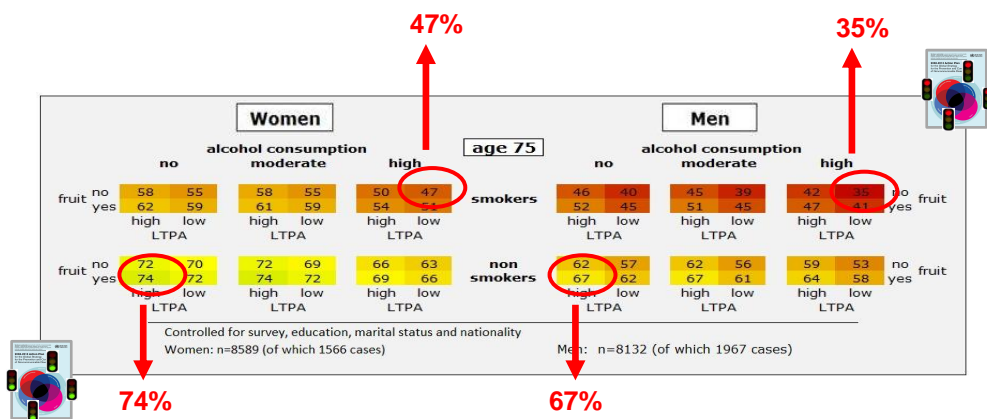
Martin-Diener E, Meyer J, Braun J, Tarnutzer S, Fäh D, Rohrmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. Prev Med 2014; 65:148-52.

10 year survival probabilities at 65 years of age in the Swiss National Cohort – risk chart



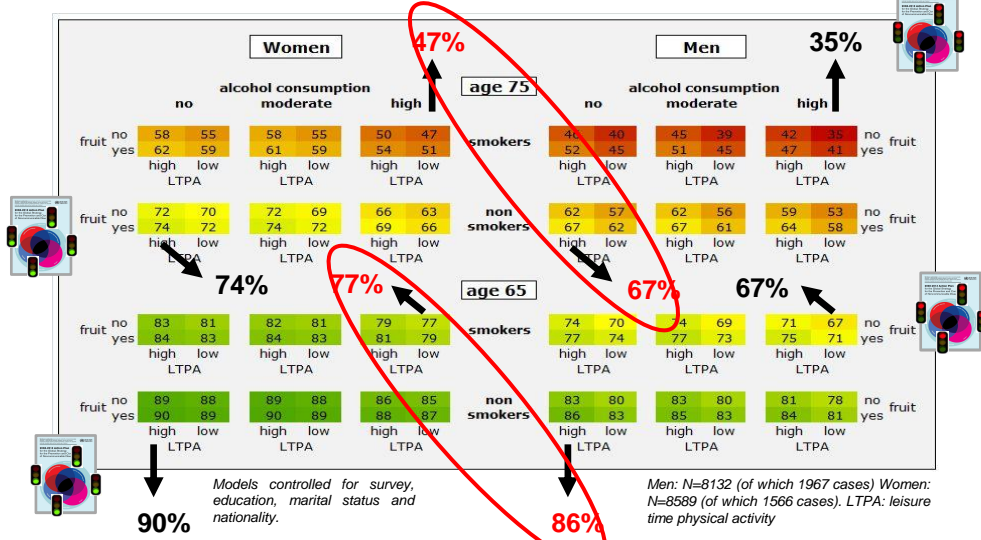
Martin-Diener E, Meyer J, Braun J, Tarnutzer S, Fäh D, Rohrmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. *Prev Med* 2014; 65:148-52. Project funded by Swiss Heart Foundation and Swiss Cancer League and supported by Swiss National Science Foundation.

10 year survival probabilities at 75 years of age in the Swiss National Cohort – risk chart



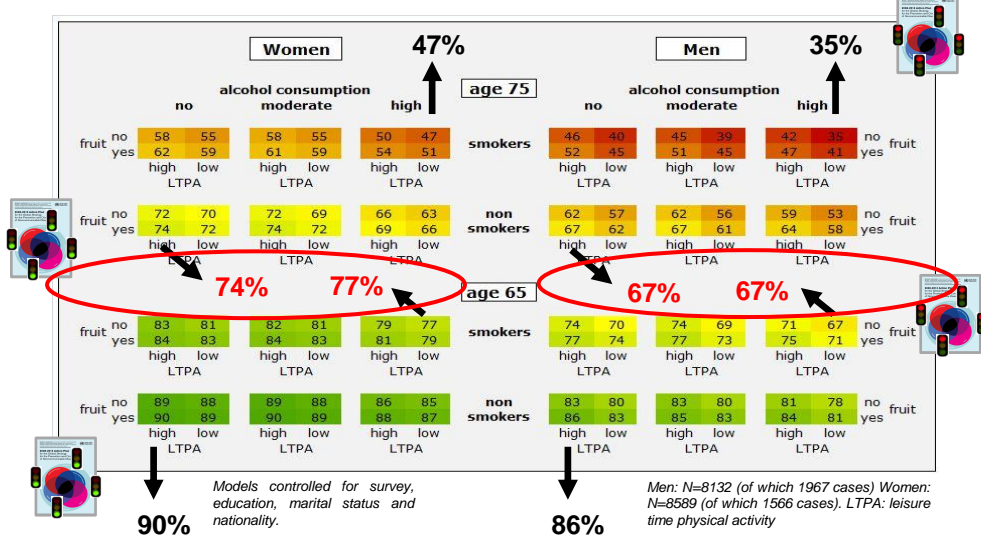
Martin-Diener E, Meyer J, Braun J, Tarnutzer S, Fäh D, Rohrmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. *Prev Med* 2014; 65:148-52. Project funded by Swiss Heart Foundation and Swiss Cancer League and supported by Swiss National Science Foundation.

10 year survival probabilities at 65 and 75 years of age in the Swiss National Cohort – risk charts



Martin-Diener E, Meyer J, Braun J, Tarnutzer S, Fäh D, Rohrmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. *Prev Med* 2014; 65:148-52.

10 year survival probabilities at 65 and 75 years of age in the Swiss National Cohort – risk charts

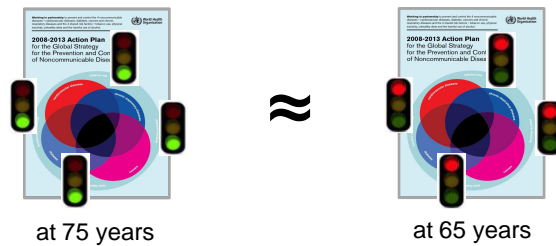


Martin-Diener E, Meyer J, Braun J, Tarnutzer S, Fäh D, Rohrmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. *Prev Med* 2014; 65:148-52.



Conclusions

- The independent and combined impact of WHO's four behavioural risk factors for NCD could clearly be shown in a Swiss population sample, i.e. in a population with a well developed health care system
- The combined impact of healthy behaviour on mortality is stronger than the differences between men and women
- Healthy behaviour keeps you young for ten years longer!



Martin-Diener E, Meyer J, Braun J, Tarnutzer S, Fäh D, Rohmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. *Prev Med* 2014; 65:148-52. Project funded by Swiss Heart Foundation and Swiss Cancer League and supported by Swiss National Science Foundation.

PA Promotion in the Context of Overall Health Policy

- There is excellent evidence for the health effects of physical activity and for the impact of inactivity at the population level
- There is evidence for effective interventions, but need for more large scale approaches at the population level
- Physical activity has become a part of official health policy
- Integration in existing structures and establishment of funding mechanisms now are the challenges, following the rules and criteria of the sectors involved