

EXECUTIVE
SUMMARY

Global status report on physical activity 2022



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Executive summary

Regular physical activity promotes both mental and physical health (1). It is beneficial for people of all ages and abilities, and it is never too late to start being more active and less sedentary to improve health. Yet 81% of adolescents (2) and 27.5% (3) of adults currently do not meet WHO's recommended levels of physical activity and this affects not only individuals over their life span and also their families, but health services and society as a whole.

The COVID-19 pandemic revealed the vital importance of regular physical activity for both mental and physical health. It also, however, exposed inequities in access and opportunities for some communities to be physically active.

The COVID-19 pandemic has shown that physical activity must be a core component of public policy, with all countries ensuring provision of equitable physical activity opportunities for all (4).

To help countries increase levels of participation, WHO's Global Action Plan on Physical Activity 2018–2030 (GAPPA) provides a set of evidence-based policy recommendations to increase levels of participation across four strategic policy areas: active societies, active environments, active people and active systems (5). Effectively implemented by all countries, GAPPA will accelerate action towards meeting the global target of a 15% relative reduction in population levels of physical inactivity by 2030.

The cost of physical inactivity

The economic burden of physical inactivity is large. Globally, almost 500 million (499 208 million) new cases of preventable NCDs will occur between 2020 and 2030, incurring treatment costs of just over US\$ 300 billion (INT\$ 524 billion) or around US\$ 27 billion (INT\$ 48 billion) annually if there is no change in the current prevalence of physical

inactivity. Nearly half of these new cases of NCDs (47%) will result from hypertension, and 43% will result from depression. Three quarters of all cases will occur in lower- and upper-middle-income countries. The largest economic cost is set to occur among high-income countries, which will account for 70% of health-care expenditure on treating illness resulting from physical inactivity.

The purpose of this report

This first *Global status report on physical activity* presents a synthesis of global progress on implementation of GAPPA recommendations. The report was requested by Member States under World Health Assembly Resolution 71.6 and describes the current situation – and where possible, recent trends – using the best available data and set of 29 indicators. Data for this report are drawn from two primary sources: the WHO Noncommunicable Disease Country Capacity Survey (2021) (6) and the *WHO Global status report on road safety* (2018) (7). These data also offer the first insight into the impact of COVID-19 on countries' capacity for, and progress towards, implementing policies related to physical activity.

This report is for everyone involved in promoting and delivering national and subnational policies that provide the environments and programmes that drive participation in physical activity. It provides five recommended actions to promote physical activity as the world continues to respond to, and recover from, the COVID-19 pandemic, and to accelerate action to achieve the SDGs – particularly SDG 3 on health and well-being.

Main findings

There are few areas in public health – such as physical activity - where evidence on required action is so convincing, cost effective and practical. While some countries have started to implement different recommended GAPPA policy actions, overall global implementation since its adoption 5 years ago has been **slow and uneven**, resulting in little progress towards increasing population levels of physical activity. A consequence of this “inaction” is that already stretched health systems are burdened with preventable disease today and even more so in the future, and communities fail to benefit from the wider social, environmental and economic benefits associated with more people being more active.

Only two GAPPA policy indicators show implementation by over three quarters of all countries: conducting national surveillance of physical activity (among adults, and among children and adolescents); and the presence of national road safety design standards for safe crossings for pedestrians and cyclists. For nine GAPPA policy indicators, between a half to two thirds of countries report implementation. For the remaining 18 GAPPA policy indicators, less than half of countries report implementation in 2021 (see Table 1). Uneven implementation across WHO regions and country-income level results in **inequities** in people's access to opportunities and environments that support being regularly and safely active.

This first global assessment of policy actions to increase physical activity reveals **significant gaps in policy implementation**. These gaps are demonstrated by the overall modest level of GAPPA-recommended policy development and the notable gap between the presence of a policy and its operational status. In the majority of countries, policy development and implementation must be strengthened and accelerated if global targets on physical activity are to be met.

Gaps in policy are a result of multiple interconnected factors that fall into five areas: **political, technical, financial, collaboration and capacity building, and data systems** – all of which can either limit or accelerate policy progress. When positively aligned, these “policy enabling” factors combine to set and advance the national agenda. Conversely, the absence of one or more of these factors can reduce, divert and even reverse policy progress. As the national policy cycle for physical activity is not “one size fits all”, all countries need to identify and strengthen the policy enablers to drive a positive and virtuous cycle of collective action to enable more physical activity.

GAPPA policy implementation: results by policy area

GAPPA policy area – active systems:

The number of countries reporting a national NCD policy (including physical activity, or a standalone physical activity policy) has increased since 2017 and 2019. However, this progress is tempered by the 28% of countries that report these policies are not being implemented in 2021 (i.e. reported as not “operational”). These results, combined with evidence that less than 50% of countries report having a national NCD coordinating mechanism to support multisectoral collaboration, are of major concern and contribute to explaining the low level of policy implementation on physical activity seen across the indicators presented in this report.

GAPPA policy area – active societies:

Just over half of countries report conducting at least one communication campaign to raise awareness and knowledge around physical activity in the past two years – a figure that has declined since 2019. About half of countries implemented mass-participation events to engage people in physical activity through free, community-wide events. This figure has also declined since 2019, likely due to the COVID-19 pandemic.

GAPPA policy area – active environments:







Global progress in policy action to provide environments that support physical activity is varied. National design standards for road safety features that protect people when walking and cycling are present in three quarters (76%)



of countries for safe road crossings, and two thirds (66%) of countries for design for the safe management of speed. Only half of countries report national standards requiring separated infrastructure for walking and cycling, and less than half report the presence of all three of these national road safety design standards. Furthermore, while legislation on speed limits and drink-driving is present in most countries, only a quarter (26%) of these countries’ legislation meets WHO best-practice standards. Low levels of best-practice legislation combined with an absence of road design standards presents increased risks to people walking and cycling in these local communities.

GAPPA policy area – active people:

Implementation of policies that ensure opportunities for physical activity in key settings where people live, work and play, and targeted programmes to support key population groups, is reported by less than half of all countries. Notably, less than 40% of countries report having national protocols for the management of physical activity in primary health care, despite strong evidence of the protective benefits of regular physical activity against leading NCDs and for mental health. Although this indicator shows a modest increase since 2019, the slow level of implementation of this recognized “best buy” policy is of particular concern given the high number of people living with, or at risk of, NCDs.

Summary of results by GAPPA policy action area

Key for colour coding		Key for symbols	
	Good progress > 75% of countries		Increase since 2019
	Moderate progress 51–75% of countries		No change since 2019
	Poor progress 0–50% of countries		Decrease since 2019
NA	No data available	NA	No data available

GAPPA POLICY ACTION AREA	% OF COUNTRIES	CHANGE SINCE 2019
AREA 1: CHANGING KNOWLEDGE AND MINDSETS		
National communication campaign on physical activity	52%	
National mass-participation events	58%	
AREA 2: ENABLING ENVIRONMENTS		
National policy on walking and cycling	42%	NA
National policy on public transport	73%	NA
National road design standards for separated infrastructure for pedestrians and cyclists	53%	NA
National road design standards for safe crossings for pedestrians and cyclists	76%	NA
National road design standards for management of safe speed	64%	NA
National road design standards for <i>all three</i> road safety features	46%	NA
National road safety strategy	80%	NA
National road safety strategy that is fully funded	18%	NA
National road safety assessment of <i>all</i> new roads	48%	NA
National assessment of road safety of existing roads for all road users	64%	NA
National legislation of speed limits meeting best practice	26%	NA
National legislation on drink–driving meeting best practice	26%	NA
National legislation on distracted driving due to use of mobile phone	89%	NA
National legislation on distracted driving due to use of drugs	87%	NA
National policy on public open space	NA	NA

GAPPA POLICY ACTION AREA	% OF COUNTRIES	CHANGE SINCE 2019
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AREA 3: PROVIDING OPPORTUNITIES AND PROGRAMMES FOR PHYSICAL ACTIVITY

National protocols on the management of physical inactivity in primary health care	40%	↑
Promotion of physical activity in childcare settings	30%	NA
Promotion of physical activity in the workplace initiatives	36%	NA
Promotion of physical activity through community-based and sports initiatives	47%	NA
Promotion of physical activity in public open spaces	42%	NA
Promotion of walking and cycling	40%	NA
Promotion of physical activity as part of active ageing	40%	NA
National mobile health (mHealth) initiatives	37%	↑
Provision of quality physical education in schools	NA	NA
Promotion of physical activity for people living with disability	NA	NA

GAPPA POLICY ACTION AREA	% OF COUNTRIES	CHANGE SINCE 2019
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AREA 4: NATIONAL POLICY FRAMEWORKS AND GOVERNANCE

National NCD policy including physical activity	86%	NA
National NCD policy including physical activity that is operational	66%	↓
National physical activity policy	47%	NA
National physical activity policy that is operational	39%	=
Either operational national NCD policy including physical activity or a standalone operational physical activity policy	72%	↓
National coordination mechanism for NCDs	46%	=
National guidelines on physical activity for <i>any</i> age group	46%	↑
National guidelines on physical activity for <i>all</i> age groups	30%	↑
National physical activity targets	53%	↓
National surveillance on physical activity in adults	92%	↑
National surveillance on physical activity in youth	75%	↑
National surveillance on physical activity in children under the age of 5 years	29%	↑

Strengthening data for global and national GAPPa monitoring

Monitoring GAPPa implementation, outcomes, and impact will help evidence-based decision-making and country and global progress. This report presents results based on the 29 policy implementation indicators identified in the GAPPa monitoring framework. While global data exist to monitor the presence of national policies, strategies and action plans covering NCDs, physical activity, walking and cycling, public transport and road safety, there are clear data gaps. These include a lack of detail such as on the policy content, and on policy reach and enforcement.

At least two improvements are needed for future GAPPa monitoring. First, there is a need to develop additional indicators to ensure full coverage of all GAPPa policy recommendations. Second, there is a need to review and strengthen existing data collected for those indicators currently identified. To address some of the identified gaps, new data collection systems and instruments may be needed. It is possible that conducting a periodic global survey to assess national progress on GAPPa implementation may be required. This approach is used for other NCD risk factors (for example tobacco use and unhealthy diet) and the applicability and feasibility to do the same for physical activity should be explored.

Gaps were also identified in current global and national data systems to track levels of physical activity over time, across the life-course, and in key subpopulations. These include the absence of national surveillance of physical activity among people living with disability, as well as

among children aged 6–9 years and children under the age of 5 years. In addition, there are no global data on sedentary behaviours and key domains of physical activity such as sport and active transport (walking and cycling). These deficiencies in global and national surveillance systems must be addressed. Multiple government departments can benefit from coherent and consistent data on trends in specific physical activity domains, and such data must be collected and harmonized to maximize use and efficiency.

Given the potential advantages of wearable and mobile devices to support tracking of physical activity, global consensus is needed on the technical tools and protocols for (as well as action to mitigate the financial barriers to) their use in national and global monitoring systems. Regular updates on global levels of physical activity are needed to report on progress towards the primary GAPPa outcome of increasing physical activity by 15% by 2030.

As GAPPa called for a multisectoral, whole-of-system policy response, monitoring GAPPa implementation and impact also requires a whole-of-system approach. There is an urgent need to strengthen the methods and tools to capture the total health, social, and economic costs and returns of increasing physical activity. These data are vital to ensure and reinforce the engagement of all relevant sectors, not just sport and health, and include strengthening the use of impact assessment tools, particularly in transport and urban planning decision-making.

The way forward: five recommendations

Accelerating physical activity policy implementation is vital to achieve targets set for 2030. It will require identifying opportunities across government and mitigating policy constraints within each country. To assist countries, five actions aimed at closing the policy-implementation gap are recommended.

- 1. Strengthen whole-of-government ownership and political leadership**
 - Establish and reinforce leadership on physical activity within and across all relevant government departments and at all levels.
 - Invest in advocacy for policy action on physical activity.
 - Increase awareness of the crosscutting contributions of physical activity policy to national development and to multiple global priorities as set out in the SDGs.

2. **Integrate physical activity into relevant policies and support policy implementation with practical tools and guidance**
 - Review relevant national policies as well as regulations and standards to identify and strengthen the inclusion of physical activity, where relevant, and ensure policy coherence and accountability.
 - Develop and disseminate policy implementation tools and guidance, tailored to culture and context, combined with workforce training.
3. **Strengthen partnerships, engage communities and build capacity in people**
 - Ensure there is an appropriate national coordinating mechanism for physical activity to strengthen cross-government, multi-stakeholder collaboration and strengthen policy implementation.
 - Effectively engage nongovernmental actors and the community to ensure policy and programmes are relevant and sustainable in local communities, with a priority focus on increasing opportunities for those who are least active, including people living with disabilities, older adults and young people.
4. **Reinforce data systems, monitoring, and knowledge translation**
 - Strengthen national and subnational (including city-level) monitoring and information systems to track policy progress and provide governments and stakeholders at all levels with information that can inform and drive the policy implementation cycle.
 - Invest in and strengthen research capacity and scale knowledge-translation through partnerships between government and nongovernmental actors to design and evaluate policy implementation.
5. **Secure sustainable funding and align with national policy commitments**
 - Review current national and subnational government funding allocation to policies that aim to increase physical activity and, where needed, revise future budget distributions to strengthen alignment of national budgets with policy commitments in all relevant ministries.
 - Explore and test innovative financing mechanisms to increase funding sources to support physical activity policy actions and programmes, particularly within national COVID-19 recovery plans and national development agendas.

Conclusion

This report serves as a clarion call for stronger collective action in all countries to close the gap in policy implementation, and to advocate for accelerated political action. As the world responds to

the impact of the COVID-19 pandemic on physical and mental health, promoting physical activity can save lives, improve health and support stronger, more resilient health systems and communities.

References:

- 1 Guidelines on physical activity and sedentary behaviour. Geneva: World Health Organization; 2020. <https://apps.who.int/iris/handle/10665/336656>
- 2 Guthold R, Stevens GA, Riley LM, Bull FC. Global trends in insufficient physical activity among adolescents: A pooled analysis of 298 population-based surveys with 1.6 million participants. *Lancet Child Adolesc Health*. 2020;4(1):23-35.
- 3 Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: A pooled analysis of 358 population-based surveys with 1.9 million participants. *Lancet Glob Health*. 2018;6(10):e1077-e86.
- 4 Fair play: Building a strong physical activity system for more active people. Geneva: World Health Organization; 2021. <https://apps.who.int/iris/handle/10665/346169>
- 5 Global action plan on physical activity 2018-2030: More active people for a healthier world. Geneva: World Health Organization; 2018. <https://apps.who.int/iris/handle/10665/272722>
- 6 Assessing national capacity for the prevention and control of noncommunicable diseases: Report of the 2021 global survey. Geneva: World Health Organization; (in press).
- 7 Global status report on road safety 2018. Geneva: World Health Organization; 2018. <https://apps.who.int/iris/handle/10665/276462>

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