



Media centre

Physical activity

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Key facts

- Insufficient physical activity is 1 of the 10 leading risk factors for death worldwide.
- Insufficient physical activity is a key risk factor for noncommunicable diseases (NCDs) such as cardiovascular diseases, cancer and diabetes.
- Physical activity has significant health benefits and contributes to prevent NCDs.
- Globally, 1 in 4 adults is not active enough.
- More than 80% of the world's adolescent population is insufficiently physically active.
- Policies to address insufficient physical activity are operational in 56% of WHO Member States.
- WHO Member States have agreed to reduce insufficient physical activity by 10% by 2025.

What is physical activity?

WHO defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure – including activities undertaken while working, playing, carrying out household chores, travelling, and engaging in recreational pursuits.

The term "physical activity" should not be confused with "exercise", which is a subcategory of physical activity that is planned, structured, repetitive, and aims to improve or maintain one or more components of physical fitness. Both, moderate and vigorous intensity physical activity brings health benefits.

How much of physical activity is recommended?

WHO recommends:

Children and adolescents aged 5-17years

- Should do at least 60 minutes of moderate to vigorous-intensity physical activity daily.
- Physical activity of amounts greater than 60 minutes daily will provide additional health benefits.

- Should include activities that strengthen muscle and bone, at least 3 times per week.

Adults aged 18–64 years

- Should do at least 150 minutes of moderate-intensity physical activity throughout the week, or do at least 75 minutes of vigorous-intensity physical activity throughout the week, or an equivalent combination of moderate- and vigorous-intensity activity.
- For additional health benefits, adults should increase their moderate-intensity physical activity to 300 minutes per week, or equivalent.
- Muscle-strengthening activities should be done involving major muscle groups on 2 or more days a week.

Adults aged 65 years and above

- Should do at least 150 minutes of moderate-intensity physical activity throughout the week, or at least 75 minutes of vigorous-intensity physical activity throughout the week, or an equivalent combination of moderate- and vigorous-intensity activity.
- For additional health benefits, they should increase moderate intensity physical activity to 300 minutes per week, or equivalent.
- Those with poor mobility should perform physical activity to enhance balance and prevent falls, 3 or more days per week.
- Muscle-strengthening activities should be done involving major muscle groups, 2 or more days a week.

The intensity of different forms of physical activity varies between people. In order to be beneficial for cardiorespiratory health, all activity should be performed in bouts of at least 10 minutes duration.

Benefits of physical activity and risk of insufficient physical activity

Regular physical activity of moderate intensity – such as walking, cycling, or doing sports – has significant benefits for health. At all ages, the benefits of being physically active outweigh potential harm, for example through accidents. Some physical activity is better than doing none. By becoming more active throughout the day in relatively simple ways, people can quite easily achieve the recommended activity levels.

Regular and adequate levels of physical activity:

- improve muscular and cardiorespiratory fitness;
- improve bone and functional health;
- reduce the risk of hypertension, coronary heart disease, stroke, diabetes, breast and colon cancer and depression;
- reduce the risk of falls as well as hip or vertebral fractures; and
- are fundamental to energy balance and weight control.

Insufficient physical activity is 1 of the 10 leading risk factors for global mortality and is on the rise in many countries, adding to the burden of NCDs and affecting general health worldwide. People who are insufficiently active have a 20% to 30% increased risk of death compared to people who are sufficiently active.

Levels of insufficient physical activity

Globally, around 23% of adults aged 18 and over were not active enough in 2010 (men 20% and women 27%). In high-income countries, 26% of men and 35% of women were insufficiently physically active, as compared to 12% of men and 24% of women in low-income countries. Low or decreasing physical activity levels often correspond with a high or rising gross national product. The drop in physical activity is partly due to inaction during leisure time and sedentary behaviour on the job and at home. Likewise, an increase in the use of "passive" modes of transportation also contributes to insufficient physical activity.

Globally, 81% of adolescents aged 11-17 years were insufficiently physically active in 2010. Adolescent girls were less active than adolescent boys, with 84% vs. 78% not meeting WHO recommendations.

Several environmental factors which are linked to urbanization can discourage people from becoming more active, such as:

- fear of violence and crime in outdoor areas
- high-density traffic
- low air quality, pollution
- lack of parks, sidewalks and sports/recreation facilities.

How to increase physical activity?

Both, society in general and individuals can take action to increase physical activity. In 2013, WHO Member States agreed to a target of reducing insufficient physical activity by 10% by 2025 and included strategies to achieve such in the "Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020".

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

Policies to increase physical activity aim to ensure that:

- in cooperation with relevant sectors physical activity is promoted through activities of daily living;
- walking, cycling and other forms of active transportation are accessible and safe for all;
- labour and workplace policies encourage physical activity;
- schools have safe spaces and facilities for students to spend their free time actively;
- quality physical education supports children to develop behaviour patterns that will keep them physically active throughout their lives; and
- sports and recreation facilities provide opportunities for everyone to do sports.

Policies and plans to address physical inactivity have been developed in about 80% of WHO Member States, though these were operational in only 56% of the countries in 2013. National and local authorities are also

adopting policies in a range of sectors to promote and facilitate physical activity.

WHO response

The “Global Strategy on Diet, Physical Activity and Health”, adopted by the World Health Assembly in 2004, describes the actions needed to increase physical activity worldwide. The Strategy urges stakeholders to take action at global, regional and local levels to increase physical activity.

The "Global Recommendations on Physical Activity for Health", published by WHO in 2010, focus on primary prevention of NCDs through physical activity. It proposes different policy options to reach the recommended levels of physical activity globally, such as:

- the development and implementation of national guidelines for health-enhancing physical activity;
- the integration of physical activity within other related policy sectors, in order to secure that policies and action plans are coherent and complementary;
- the use of mass media to raise awareness of the benefits of being physically active;
- the surveillance and monitoring of actions to promote physical activity.

Global recommendations: physical activity for health

To measure physical activity in adults, WHO has developed the Global Physical Activity Questionnaire (GPAQ). This questionnaire helps countries monitor insufficient physical activity as one of the main NCD risk factors. The GPAQ has been integrated into the WHO STEPwise approach, which is a surveillance system for the main NCD risk factors.

Global physical activity surveillance

A module to assess insufficient physical activity among schoolchildren has been integrated into the Global school-based student health survey (GSHS). The GSHS is a WHO/US CDC surveillance project designed to help countries measure and assess the behavioural risk factors and protective factors in 10 key areas among young people aged 13 to 17 years.

In 2013, the World Health Assembly agreed on a set of global voluntary targets which include a 25% reduction of premature mortality from NCDs and a 10% decrease in insufficient physical activity by 2025. The “Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020” guides Member States, WHO and other UN Agencies on how to effectively achieve these targets. A sector specific toolkit is under development by WHO to assist Member States implement actions and achieve the targets.

WHO has established several partnerships to help support Member

States in their efforts to promote physical activity – these include the United Nations Educational, Scientific and Cultural Organization (UNESCO) and United Nations Sport for Development and Peace (UNOSPD) and a Memo of Understanding with the International Olympic Committee (IOC).

Related links

[WHO's work on physical activity](#)

[Global recommendations: physical activity for health](#)

[Global strategy: overall goal](#)

[Global Action Plan for the Prevention and Control of NCDs 2013-2020](#)

[Global physical activity surveillance](#)

Includes the global physical activity questionnaire (GPAQ)

[Quality Physical Education \(QPE\): UNESCO](#)

[More about physical activity](#)