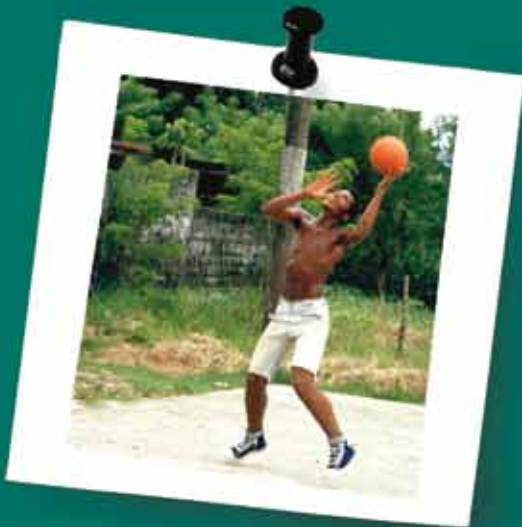


GLOBAL RECOMMENDATIONS ON PHYSICAL ACTIVITY FOR HEALTH



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LIST OF ABBREVIATIONS

AFRO: WHO Regional Office for Africa
AMRO/ PAHO: WHO Regional Office for the Americas
CDC: Centres for Disease Control and Prevention
CHD: Coronary Heart Disease
CVD: Cardio Vascular Disease
DPAS: Global Strategy on Diet, Physical Activity & Health
EMRO: WHO Regional Office for the Eastern Mediterranean
EURO: WHO Regional Office for Europe
GPAQ: Global Physical Activity Questionnaire
GSHS: Global School-based Health Survey
GRC: Guidelines Review Committee
HQ: Headquarters
LMIC: Low- and Middle-Income Countries
NCDs: Non-communicable Diseases
PA: Physical Activity
RO: Regional Officer
S: Strong Recommendation (WHO Guidelines Review Committee Definition)
SEARO: WHO Regional Office for South-East Asia
STEPS: The WHO STEPwise approach to Surveillance
W: Weak Recommendation (WHO Guidelines Review Committee Definition)
WHO: World Health Organization
WPRO: WHO Regional Office for the Western Pacific

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1. EXECUTIVE SUMMARY

Physical inactivity is now identified as the fourth leading risk factor for global mortality. Physical inactivity levels are rising in many countries with major implications for the prevalence of noncommunicable diseases (NCDs) and the general health of the population worldwide.

The significance of physical activity on public health, the global mandates for the work carried out by WHO in relation to promotion of physical activity and NCDs prevention, and the limited existence of national guidelines on physical activity for health in low- and middle-income countries (LMIC) make evident the need for the development of global recommendations that address the links between the frequency, duration, intensity, type and total amount of physical activity needed for the prevention of NCDs.

The focus of the *Global Recommendations on Physical Activity for Health* is primary prevention of NCDs through physical activity at population level, and the primary target audience for these Recommendations are policy-makers at national level.

Issues not addressed in this document are clinical control and the management of disease through physical activity. Guidance on how to develop interventions and approaches to promote physical activity in population groups are similarly not addressed.

The following steps summarize the process undertaken by the WHO Secretariat in preparation of the *Global Recommendations on Physical Activity for Health*:

1. Review and compilation of the scientific evidence available for three age groups, for the following outcomes: cancer, cardiorespiratory, metabolic, musculoskeletal and functional health.
2. Setting out of a process to develop the Recommendations.
3. Establishment of a global guideline group with expertise both in subject matter and in policy development and implementation.
4. Meeting and electronic consultation of the guideline group to prepare the final draft of the *Global Recommendations on Physical Activity for Health*.
5. Peer review of the Recommendations and consultation with the WHO Regional Offices.
6. Finalization of the Recommendations, approval by the WHO Guideline Review Committee.
7. Translation, publication and dissemination.

The recommendations set out in this document address three age groups: 5–17 years old; 18–64 years old; and 65 years old and above. A section focusing on each age group includes the following:

- a narrative summary of scientific evidence;
- the current physical activity recommendations;
- the interpretation and justification for the recommendations made.

RECOMMENDED LEVELS OF PHYSICAL ACTIVITY FOR HEALTH

5–17 years old

For children and young people of this age group physical activity includes play, games, sports, transportation, recreation, physical education or planned exercise, in the context of family, school, and community activities. In order to improve cardiorespiratory and muscular fitness, bone health, cardiovascular and metabolic health biomarkers and reduced symptoms of anxiety and depression, the following are recommended:

1. Children and young people aged 5–17 years old should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily.
2. Physical activity of amounts greater than 60 minutes daily will provide additional health benefits.
3. Most of daily physical activity should be aerobic. Vigorous-intensity activities should be incorporated, including those that strengthen muscle and bone, at least 3 times per week.

18–64 years old

For adults of this age group, physical activity includes recreational or leisure-time physical activity, transportation (e.g walking or cycling), occupational (i.e. work), household chores, play, games, sports or planned exercise, in the context of daily, family, and community activities.

In order to improve cardiorespiratory and muscular fitness, bone health and reduce the risk of NCDs and depression the following are recommended:

1. Adults aged 18–64 years should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week, or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week, or an equivalent combination of moderate- and vigorous-intensity activity.
2. Aerobic activity should be performed in bouts of at least 10 minutes duration.
3. For additional health benefits, adults should increase their moderate-intensity aerobic physical activity to 300 minutes per week, or engage in 150 minutes of vigorous-intensity aerobic physical activity per week, or an equivalent combination of moderate- and vigorous-intensity activity.
4. Muscle-strengthening activities should be done involving major muscle groups on 2 or more days a week.

65 years old and above

For adults of this age group, physical activity includes recreational or leisure-time physical activity, transportation (e.g walking or cycling), occupational (if the person is still engaged in work), household chores, play, games, sports or planned exercise, in the context of daily, family, and community activities.

In order to improve cardiorespiratory and muscular fitness, bone and functional health, and reduce the risk of NCDs, depression and cognitive decline, the following are recommended:

1. Adults aged 65 years and above should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week, or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week, or an equivalent combination of moderate- and vigorous-intensity activity.
2. Aerobic activity should be performed in bouts of at least 10 minutes duration.
3. For additional health benefits, adults aged 65 years and above should increase their moderate-intensity aerobic physical activity to 300 minutes per week, or engage in 150 minutes of vigorous-intensity aerobic physical activity per week, or an equivalent combination of moderate- and vigorous-intensity activity.
4. Adults of this age group with poor mobility should perform physical activity to enhance balance and prevent falls on 3 or more days per week.
5. Muscle-strengthening activities should be done involving major muscle groups, on 2 or more days a week.

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