

# The Global Observatory for Physical Activity - GoPA!

# world PolicyBrief

General data



Deaths related to Physical Inactivity Worldwide 9% of deaths are due to physical inactivity. Across the GoPA! countries the range is:

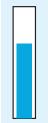
1.5-17.0% median 7.5%

Physical activity prevalence estimate

**83%** of the countries have a national physical activity prevalence estimate



#### Surveillance

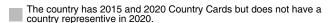


67% of the GoPA! countries have two or more national surveys including physical activity questions

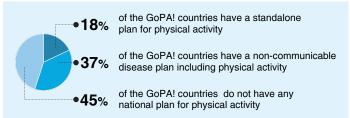


18% of the GoPA! countries have three or more national surveys including physical activity questions

## The country has 2015 and 2020 Country Cards and a country representive in 2020. AFRO EMRO EURO PAHO SEARO WPRO



#### Policy



#### Research

**176 countries** worldwide contribute with at least one article to the global research production in physical activity

## Sitting time

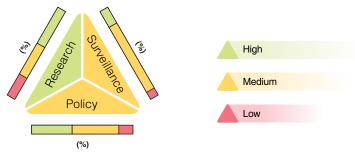


47%

of the GoPA! countries have data on population sitting time

## GoPA! pyramid of current country capacity for physical activity promotion

Percentage of GoPA! countries that have high, medium and low capacity for research, surveillance and policy, and a summary classification.



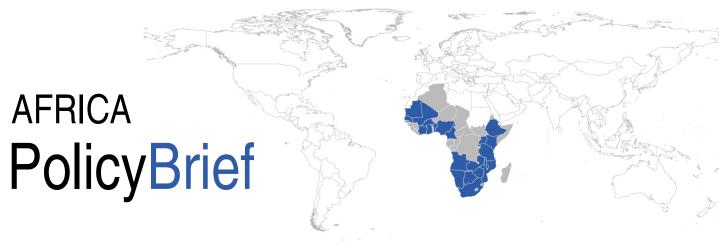
The current capacity for physical activity promotion is based on the second set of Country Cards data about global status of physical activity surveillance systems, national policies and research production.







# The Global Observatory for Physical Activity - GoPA!



#### General data

Number of countries in the region: 47

GoPA! members = 24

GOPA members 51.1%



 Deaths related to physical inactivity in this region Worldwide 9% of deaths are due to physical inactivity. Across the GoPA! countries in this region the range is:

**1.5-10.4%** median 5.8%

Physical activity prevalence estimate

**96%** of the countries in this region have a national physical activity prevalence estimate



#### Surveillance



71% of the GoPA! countries in this region have **two** or more national surveys including physical activity questions



8% of the GoPA! countries in this region have **three** or more national surveys including physical activity questions

## Policy



of the GoPA! countries in this region have a standalone plan for physical activity

of the GoPA! countries in this region have a non-communicable disease plan including physical activity

of the GoPA! countries in this region do not have any national plan fot physical activity

#### Research



This region represents 14.1% of the world's population



Produced **2.1%** of the global research on physical activity from 1950 to 2019

## Sitting time



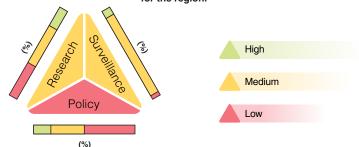


**25**%

of the GoPA! countries in this region have data on population sitting time

## GoPA! pyramid of country capacity for physical activity promotion

Percentage of GoPA! countries in this region that have high, medium and low capacity for research, surveillance and policy, and a summary classification for the region.



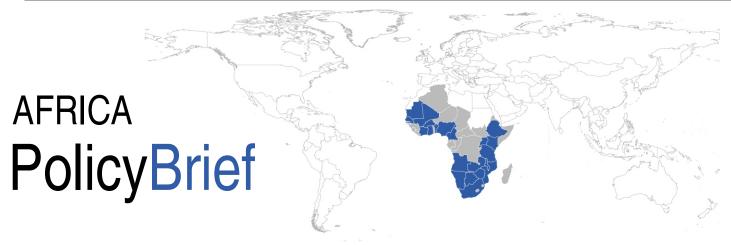
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## Case study - Nigeria

**Country Contact:** Adewale Oyeyemi, College of Medical Sciences of the University of Maiduguri, Maiduguri, Nigeria

Nigeria has made good progress in physical activity, particularly in relation to physical activity research. The total number of physical activity-related articles from Nigeria increased from seven in 2015 to 85 in 2020. The increase in physical activity research is largely due to the involvement of more researchers within and beyond the public health sectors with an interest in physical activity and noncommunicable diseases. This increase in interest in the topic stems from physical inactivity being identified as one of the leading risk factors for noncommunicable diseases, and increased global interest in decreasing physical inactivity.

A successful experience that has stimulated more interest in physical activity research in Nigeria and led to increased physical activity research publications is the involvement of Nigeria in the International Physical Activity and Environment Network (IPEN). The IPEN is an international network of researchers established in 2009 to increase collaboration between researchers investigating environmental correlates of physical activity and stimulate research in physical activity and the environment.

Collaboration with the IPEN has led to an improvement in the quality of physical activity research in Nigeria, and enabled Nigerian researchers to publish articles on physical activity in Nigeria in good quality international journals. Besides this, Nigeria was involved in a study on the Development and validation of the neighborhood environment walkability scale for youth across six continents. The study was funded by the National Institute of Health (USA) and IPEN, was conducted in 2015, and attracted many Nigerian researchers. It also stimulated further interest in physical activity research across the country. After this study, further international collaborations in physical activity research have been established. Some examples include studies such as PAAT and SUNRISE. Even though physical activity research in Nigeria is still in its infancy and more quality data and studies are needed, international collaborations on physical activity research between local investigators and international researchers can strengthen research capacity and improve the quality of research outputs in Nigeria.

Nigeria has made limited progress in physical activity surveillance and policy. Nigeria does not have a standalone national physical activity policy and there is no established national or subnational surveillance system. One of the major barriers to physical activity promotion in Nigeria is the lack of clarity on the importance of physical activity for health. At the moment, the national physical activity plan is embedded in the national plan for non-communicable diseases (NCDs). However, national budgetary priority for health largely focuses on infectious communicable diseases such as HIV/AIDS, tuberculosis, malaria and children's infectious diseases. Due to these circumstances, there are limited resources to implement actions or interventions that are targeted directly at physical activity promotion.

#### Recommendations

## Physical activity prevalence, deaths due to physical inactivity and sitting time

- Report the magnitude of the problem, and identify groups and regions at higher risk.
- Use key supplemental resources to stress the health benefits of physical activity (Lancet Physical Activity series, Bangkok Declaration, Global Action Plan for Physical Activity, WHO physical activity guidelines).
- Contact key actors (policy makers, researchers, practitioners) to disseminate the policy briefs and Country Cards and encourage specific actions

#### Surveillance

- Use surveillance data to make the case for a stand-alone national physical activity plan
- Use the Country Card to advocate the needs for periodic physical activity surveillance as part of national health monitoring system.

#### **Policy**

- Maintain and expand financial commitment to implement and monitor physical activity policies.
- Clearly outline political commitment to and resources for physical activity and establish multi-sectoral approaches.

#### Research

- Provide funds/incentives for physical activity training programs and capacity building.
- Stimulate national physical activity research.
- Raise awareness and present the Country Cards to colleagues and students, stressing the gaps identified and the potential to drive a new areas of work nationally.
- Identify any existing networks, or start one (if necessary).
- Promote collaboration across research groups with physical activity capacity in the country.
- Co-create of policy relevant physical activity research with policy makers and stakeholders.

#### Country capacity for physical activity promotion

- Approach policy makers with the policy briefs and Country Cards to make the case for physical activity promotion and to strengthen local capacity.
- Share the cards at work and with the communities to promote physical activity at the workplace, schools, and communities.
- Support local capacity and further training in research, practice, policy, evaluation and surveillance.



