The Global Observatory for Physical Activity - GoPA!

**General data**
- Number of countries: 217
  - GoPA! members = 164
  - GoPA members 75.6%

**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

**Policy**
- 18% of the GoPA! countries have a standalone plan for physical activity
- 37% of the GoPA! countries have a non-communicable disease plan including physical activity
- 45% of the GoPA! countries do not have any national plan for physical activity

**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.
### General data

- **Number of countries in the region:** 11
  - **GoPA! members:** 8
  - **GoPA members:** 73%

### 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:

- 2.9-8.7%
- Median 6.1%

### Physical activity prevalence estimate

- 100% of the countries in this region have a national physical activity prevalence estimate

### Surveillance

- 88% of the GoPA! countries in this region have two or more national surveys including physical activity questions
- 13% of the GoPA! countries in this region have three or more national surveys including physical activity questions

### Policy

- 12% of the GoPA! countries in this region have a standalone plan for physical activity
- 88% of the GoPA! countries in this region have a non-communicable disease plan including physical activity
- 0% of the GoPA! countries in this region do not have any national plan for physical activity

### Research

- **26.2%** This region represents 26.2% of the world’s population
- **2.2%** Produced 2.2% of the global research on physical activity from 1950 to 2019

### Sitting time

- 75% 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.

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.
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 surveillance 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.

Case study - Thailand

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Thailand has made considerable progress in physical activity promotion. In 2018, Thailand developed the first Thai National Strategic Plan on Promotion of Physical Activity (2018-2030), which aims to increase physical activity and decrease sedentary behaviour in all age groups through conducive environments. Thailand has been increasing investments in policy implementation on physical activity promotion as agreed in the Bangkok Declaration on Physical Activity for Global Health and Sustainable Development. Thailand also convened the 69th World Health Assembly Towards Achieving the Physical Activity Target 2025, joined by 46 member countries. Thailand is among very few countries around the world that has developed 24-hour movement guidelines, integrating physical activity, sedentary behaviour, and sleep for all age groups. The promotion of physical activity has improved in Thailand through mechanisms that synergise collaborative efforts among three ‘key players’ in physical activity promotion:

- Knowledge production sector, which includes research institutes and universities.
- Civil society sector, which includes non-government organisations.
- Public sector, which includes the government and government agencies (e.g. health sector).

Even though Thailand is doing well in research on physical activity, the knowledge production sector alone cannot initiate or implement actions without social and political support. Therefore, these three sectors need to work together. Thai Health Promotion Foundation (ThaiHealth), established in 2001, is one of the leading government agencies that has played an important role in supporting the knowledge production and civil society sectors to advocate for physical activity policy and overall improvements in population-levels of physical activity. ThaiHealth has a coordination role among all related agencies in Thailand to promote physical activity at the community and society levels. ThaiHealth together with Mahidol University and partners jointly opened Thailand Physical Activity Knowledge Development Centre (TPAK) at Institute for Population and Social Research of Mahidol University to serve as a mechanism supporting information and research to the general public and various agencies in the society. The ‘Active School Thailand’ model, one of TPAK’s works, has improved physical activity level, happiness, and school engagement among Thai children and youth in schools nationwide.

Thailand can further improve its efforts in increasing physical activity in several ways. Even though Thailand has been committed to improving physical activity promotion through multi-sectoral collaboration, physical activity promotion is still largely limited to the health sector. To create a conducive environment to increase physical activity, a strong commitment from other non-health sectors is needed. In addition, there are some limitations in physical activity monitoring and surveillance systems. To improve research and the evidence base on physical activity, using device-based measurements and validated instruments is recommended. Furthermore, the participatory public policy process could be strengthened by involving various stakeholders from the public, private, local, civil society, community, and academic sectors to improve the implementation of physical activity promotion efforts. Finally, as 24-hour movement guidelines were launched in Thailand, reducing sedentary behaviour and getting sufficient sleep should be encouraged alongside sufficient physical activity. This will contribute to the comprehensive promotion of all movement behaviours.

https://en.thaihealth.or.th