Your Prescription for Health
Exercise is Medicine®
PHILIPPINES
Overview of the Burden of NCDs and Physical Inactivity

• Burden of NCDs
• What is physical activity?
• Benefits of physical activity
• Levels of insufficient physical activity
Some Key Points

• NCDs currently cause more deaths than all other causes combined

• NCD deaths are projected to increase from 38 million in 2012 to 52 million by 2030.

• Four major NCDs are responsible for 82% of NCD deaths.
  – Cardiovascular diseases
  – Cancer
  – Chronic respiratory diseases
  – Diabetes

• Approximately 42% of all NCD deaths globally occurred before the age of 70 years
  – 48% of NCD deaths in low- and middle- income countries
  – 28% in high-income countries
Fig. 1.3 Proportion of global deaths under the age 70 years, by cause of death, comparable estimates, 2012 (7)
**Fig. 1.5a** Probability of dying from the four main noncommunicable diseases between the ages of 30 and 70 years, comparable estimates, 2012

* Cardiovascular diseases, cancer, chronic respiratory diseases and diabetes

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Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

WHO Global Status Report on Non-Communicable Diseases 2014
Box I.3 Key messages of the Global Status Report on Noncommunicable diseases 2014

Message 1 Noncommunicable diseases act as key barriers to poverty alleviation and sustainable development

Message 2 While some countries are making progress, the majority are off course to meet the global NCD targets

Message 3 Countries can move from political commitment to action by prioritizing high-impact, affordable interventions

Message 4 All countries need to set national NCD targets and be accountable for attaining them

Message 5 Structures and processes for multisectoral and intersectoral collaboration need to be established

Message 6 Investment in health systems is critical for improving NCD outcomes

Message 7 Institutional and human resource capacities and financial resources for NCD prevention and control require strengthening.
Set of 9 voluntary global NCD targets for 2025

- Premature mortality from NCDs 25% reduction
- Essential NCD medicines and technologies 80% coverage
- Drug therapy and counseling 50% coverage
- Diabetes/obesity 0% increase
- Tobacco use 30% reduction
- Raised blood pressure 25% reduction
- Salt/sodium intake 30% reduction
- Physical inactivity 10% reduction
- Harmful use of alcohol 10% reduction
What is physical activity? (WHO 2015)

• Any bodily movement produced by skeletal muscles that requires energy expenditure

• Includes activities undertaken while:
  – working
  – playing
  – carrying out household chores
  – travelling
  – engaging in recreational pursuits
What is physical activity? (WHO 2015)

• The term "physical activity" should not be confused with "exercise”

• Exercise
  – subcategory of physical activity
  – planned, structured, repetitive
  – aims to improve or maintain one or more components of physical fitness.

• Both, moderate and vigorous intensity physical activity brings health benefits.

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.

Some Key Points

• Regular physical activity reduces the risk of cardiovascular disease, diabetes, cancer and all-cause mortality.
  – at least 150 minutes of moderate-intensity physical activity per week for adults

• Children and young people aged 5–17 years should accumulate at least 60 minutes of physical activity of moderate to vigorous intensity daily to maintain and improve:
  – lung and heart condition
  – muscular fitness
  – bone health
  – cardiovascular and metabolic health biomarkers
  – mental health.
Insufficient physical activity is one of the 10 leading risk factors for global mortality, causing some 3.2 million deaths each year.

Fig. 3.1 Age standardized prevalence of insufficient physical activity in men aged 18 years and over, comparable estimates, 2010
Some Key Points

• Globally, in 2010, 20% of adult men and 27% of adult women did not meet WHO recommendations on physical activity for health.

• Amongst adolescents, aged 11–17 years
  – 78% of boys
  – 84% of girls did not meet these recommendations.
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%).
• High-income countries
  – 26% of men and 35% of women were insufficiently physically active
• Low-income countries
  – 12% of men and 24% of women
• Low or decreasing physical activity levels often correspond with a high or rising gross national product.
• Drop in physical activity is partly due to:
  – Inaction during leisure time
  – Sedentary behaviour on the job and at home
  – Increase in the use of "passive" modes of transportation.

Levels of 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
  – 84% of girls vs. 78% of boys did not meet WHO recommendations.
Levels of insufficient physical activity

• 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.

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.

Some Key Points

• Under the leadership of the health ministries, strategies to improve physical activity should be developed and implemented through multiple sectors, in order to create an enabling environment for active living.

• Supportive built environment, multicomponent programs including mass media campaigns and use of settings are key to achieving this target.
Do it for life!

Move it!
Lose it!
Prevent it!

Physical Activity

Physical activity is the best medicine.

http://www.healthdepartment.org/Physical%20Activity.gif
http://users.rowan.edu/~kanej76/doitforlife.jpg
https://portionwise.files.wordpress.com/2015/03/physical-activity-best-medicine.png
References
