

## Renewing commitments to physical activity targets in Thailand

The *Lancet* 2016 Series on physical activity provides global evidence on how physical activity contributes to healthy nations through primary prevention of non-communicable diseases (NCDs), a growing epidemic.<sup>1-4</sup> The Series presents compelling evidence on the benefits of physical activity not only for health, but also for social, environmental, and economic outcomes.<sup>2,5</sup>

Prevention and control of NCDs are global commitments through the UN's Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases<sup>6</sup> and the Sustainable Development Goals.<sup>7</sup> Global targets, indicators, and a monitoring framework of NCDs have been agreed.<sup>8</sup> WHO member states have committed to a "10% relative reduction in prevalence of insufficient physical activity" by 2025.<sup>8</sup>

NCDs cause 71% of total mortality in Thailand and account for a large proportion of health expenditure.<sup>9</sup> The country's prevalence of insufficient physical activity was 19% in 2014.<sup>10</sup> Thailand's challenges to increase physical activity and decrease NCD mortality risk lie in how to address the "know-do" gaps—that is, the lack of implementation of what is known to be effective.

Some actions on physical activity have been taken in Thailand during the past decades. National focal points were established in the Department of Physical Education in 1934, first under the Ministry of Education and later in the Ministry of Sport and Tourism; the scope of this policy is limited to promotion of sports in school and other institutions.<sup>11</sup> In 1990, the Exercise for Health Unit under the Division of School Health in the Department of Health of the Ministry of Public Health was founded, and upgraded to the Division of Physical Activity and Health in 2002. The division has a broader mandate on "social mobilisation for physical activity" through intersectoral coordinated actions, producing guidelines for different age groups and settings and convening public campaigns.<sup>12</sup> Alongside this work, the Thai Health Promotion Foundation, established in 2001, shares the goal of promoting physical activity. It has been an important strategic partner supporting all sectors and civil society organisations to increase public awareness and actions on physical activity.<sup>13</sup>

Multisectoral action was constituted under the Thailand Healthy Lifestyle Strategic Plan 2011–2020,

which was endorsed by the Cabinet with a high level oversight committee chaired by the Prime Minister.<sup>14</sup> The plan aims to improve lifestyle and physical activity through increased public awareness and enabling environments. Regular monitoring of this plan was established using nationally representative surveys that record levels of physical activity by setting, gender, and age.<sup>14</sup> One aim is to reduce the baseline prevalence of 18% insufficient physical activity in 2008 to 16% by 2025.<sup>15</sup> It is disappointing that no progress had been achieved between 2008 and 2015, with the prevalence of insufficient physical activity among adults increasing to 19% in 2014.<sup>10</sup> Meanwhile, among children and adolescents the prevalence of insufficient physical activity in 2015 was 34%,<sup>16</sup> probably due to ineffective interventions and rapid societal changes towards more sedentary lifestyles. These challenges require urgent assessments of the intervention effectiveness and programmatic gaps.

The *Lancet* Series on physical activity helps to identify some of the policy actions that are needed if Thailand is to achieve the commitment of a 10% relative reduction in the prevalence of insufficient physical activity by 2025.

First, Thailand must develop a national strategy on physical activity and sedentary behaviour. The current Healthy Lifestyle Strategic Plan does not have comprehensive actions on physical activity, and has been overshadowed by NCD treatment and risk factor interventions.<sup>14</sup> The strategy will need to navigate promotion of physical activity for specific age groups, sectors, and important infrastructures.

Second, we must improve national guidelines on physical activity and sedentary behaviour specific for each age group on the basis of epidemiological evidence and suited to the country context. Awareness campaigns must focus on a broad concept of physical activity—which encompasses the importance of being active throughout the day and does not only focus on physical exercise—and educate the public about how sedentary behaviour and lack of physical activity can contribute to NCDs and increased mortality.<sup>1</sup> Therefore, reduction of sedentary behaviour should be promoted alongside adequate physical activity.

Third, the nation must mobilise the whole of society, including government and citizens, and implement effective cross-sectoral actions to achieve a conducive



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environment that supports physical activity, since physical activity was mostly neglected in Thailand's NCD prevention and control interventions, which are dominated by a biomedical model. Currently, physical activity promotion is limited largely to health-sector actions. Expanding collaboration to, and ownership by, other non-health sectors is essential—for example, policy adjustments on transport, urban planning, infrastructure, and the built environment in favour of active lifestyles that contribute to a healthy nation. Furthermore, ownership by local governments is important to support mobilisation of local resources for local actions; it is this first level of government that can be most responsive to the people.

Fourth, surveillance systems and evaluation in all age groups and settings need to be strengthened to encourage objective measurement of physical activity.<sup>3</sup> Use of tools such as the Global Physical Activity Questionnaire without adapting to local context and language leads to over-reporting or under-reporting of physical activity levels. Thailand's local and national survey data will be complemented by improved WHO monitoring on global levels of physical activity and sedentary behaviour.

Finally, we can seize the policy opportunities and important events convened in 2016 to foster national action. These include the 2016 Olympics in Brazil, the 2016 International Congress on Physical Activity and Public Health in Thailand, and the recently convened event at the 69th World Health Assembly on Towards Achieving the Physical Activity Target 2025 (10 × 25), attended by 131 delegates from 46 Member States, where a consensus was reached for fostering country actions, together with regular country and global monitoring on physical activity.

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