

**WHO REGIONAL COMMITTEE FOR EUROPE**

**65<sup>th</sup> Session**

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***Agenda item 5 (d) – Physical activity strategy for the WHO European Region 2016-2025.***

First of all, I wish to thank the WHO Secretariat and the Member States for the hard and detailed work done in the last 2 years in order to develop the 1<sup>st</sup> WHO European strategy on physical activity, considering the pressing need to act for NCDs prevention.

NCDs risk factors are several and inter-react in different ways. Moreover, the aging of our population is per se increasing NCDs prevalence.

Lack of physical activity is one of the main behavioral risk factor for NCDs and people who do not practice physical activity show an increased risk of death for all causes.

Furthermore, lack of physical activity contributes to the increase of obesity in children and in adults.

While we suffered from a social dichotomy with healthy adults following the Mediterranean diet vs a growing obese children population, in the last two years we managed to stop the trend and “convert” families to adopt healthier behaviors.

It is true, though, that in several countries opportunities to practice physical activity continue to decline, while sedentary life is increasing with severe consequences at social and economic level.

Therefore, the physical activity strategy for the WHO European Region 2016-2025 represents a fundamental tool to re-orient the trend. It will also support Member States in their efforts to meet the target set in the WHO Global Action Plan for the prevention and control of NCDs, 2013-2020.

In Italy we have elaborated and adopted several actions promoting healthy lifestyles, based on intersectoral and horizontal approaches. Physical activity promotion is one of the areas of the national strategy *Gaining health*, which is based on our *Health in All policies* aiming at eliminating NCDs risk factors. This programme involves several stakeholders from across the sectors such as Ministries, Regions, Municipalities, health services, the private sector and civil society.

As unhealthy behaviors often start during childhood and adolescence, we have involved schools and the entire educational sector, a setting which is particularly appropriate to promote health among the youth.

The National Prevention Plan 2014-2018, through intersectoral interventions addressing health determinants within a life course and setting approach, aims at involving subnational authorities in promoting protective factors (life skills, empowerment, literacy) with the objective of enhancing healthy lifestyles in young and adult population as well as increasing by 30% the prevalence of active adults and by 15% the proportion of people over 64 years who are physically active. We are also piloting medical prescription of physical activity for selected patients, aligning and subsidizing gyms and the private sector providers.

We are convinced that it is essential to consider environmental, social and individual determinants of physical activity, implementing sustainable actions through intersectoral collaboration at the national, regional and local level as well as strengthening international cooperation, but the focus cannot be other than on municipalities from one side and on families and individuals from the other. Setting a 45 km bicycle lane in Rome has been a great success, due to the activation of city mobility managers who are the focal entities for physical activity in all our urban areas.

We wish to confirm our strong support to the strategy and its implementation.

Thank you Chair.