



POLICY BRIEF

Physical Activity for Health in Africa: Guidance during and beyond the COVID-19 pandemic

Produced by a global academic consortium and endorsed by the African Physical Activity Network (AFPAN)



September 2020

Regular physical activity saves lives ... reducing the risk of the co-morbid chronic diseases and improving quality of life, physical and mental well-being, and boosting the immune system. For the first time on our continent, health care providers and policy makers **acknowledge** the importance of physical activity for health and development in the African region. **Bold steps are needed.**



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Executive summary

This Physical Activity for Health in Africa policy brief, prepared by physical activity experts across the African continent, serves to guide decision makers, planners and programme leaders, both during the COVID-19 pandemic and beyond. More than ever, the COVID-19 pandemic has highlighted the need to prioritise physical activity as an imperative for public health in Africa. With nearly 30% of the disease burden in Sub-Saharan Africa attributable to Non-Communicable Diseases (NCDs), which are the **very conditions** that are associated with an increased risk of hospitalization and mortality in patients with COVID-19^{9,10}, the urgency of an intervention is escalated. Approximately 18% of men and 25% of women in Africa are still insufficiently physically active to protect them from NCDs¹¹.

In this policy brief, a framework for implementation is offered, providing various local and global examples of approaches to promote and integrate physical activity opportunities that address social, environmental and economic inequalities. This framework is aligned to the World Health Organization Global Action Plan for Physical Activity (GAPPA) and is relevant both during and beyond the COVID-19 pandemic.

Physical activity is **not a competing demand for resources**, public health and development. It plays a vital role for well-being during the current pandemic and in creating a **healthy future for the African region**.



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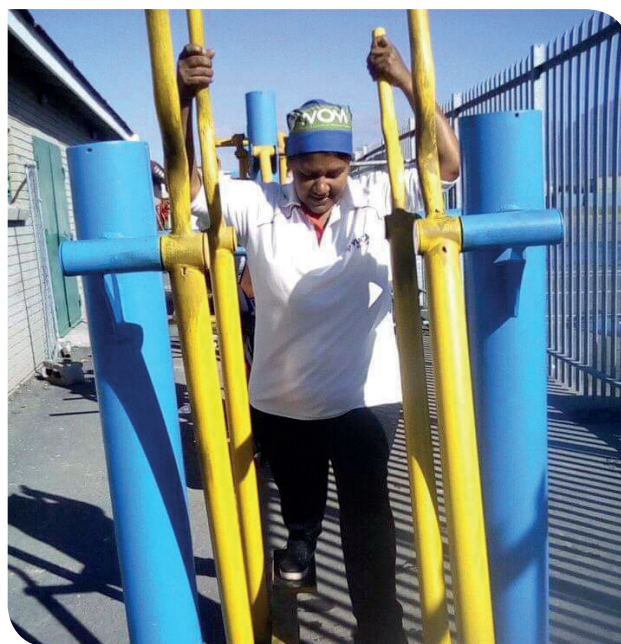
1 Background

This policy brief has been prepared by physical activity experts across the African continent to guide decision makers, planners and programme leaders, both during the coronavirus-2019 (COVID-19) pandemic and beyond, **to help prioritise physical activity as an imperative for public health in Africa**. Specifically, a **framework for implementation** is offered, providing various approaches to promote and integrate physical activity opportunities, addressing **social, environmental and economic inequalities**. This framework is aligned to the World Health Organization Global Action Plan for Physical Activity (GAPPA).

With a focus on Africa

The African continent is faced with many health challenges, including HIV/AIDS, malaria, tuberculosis, trauma, infant mortality, undernutrition, overweight/obesity, and more recently, COVID-19. However, nearly 30% of the disease burden in Sub-Saharan Africa is attributable to NCDs; **nearly half of all adults are hypertensive, 20% of adults are obese and just over 5% have been diagnosed with Type 2 diabetes**^{7,8}. These are the very conditions that are associated with an increased risk of hospitalization and mortality in patients with COVID-19^{9,10}.

Despite the fact that globally, Africa is the most physically active region, about 18% of men and 25% of women are still insufficiently active to protect them from these chronic conditions¹¹. Furthermore, in **some** African countries, such as South Africa, nearly half of all adults **do not reach the recommended levels** of physical activity.



What we know

The benefits of regular exercise or physical activity, for both physical and mental health are **undeniable**. Globally, physical inactivity accounts for an annual loss of more than **5.3 million lives**, due largely to the burden of chronic, non-communicable diseases (NCDs), such as cardiovascular disease, diabetes, and certain types of cancers¹.

Individuals not meeting the World Health Organization physical activity recommendations of 150 minutes per week (30 minutes on most days), of at least moderate intensity activity such as brisk walking, have a nearly **30% higher risk of all causes of death**, more than 30% greater risk for breast and colon cancers, and a 16% increased risk of cardiovascular disease¹. Importantly, regular, moderate physical activity has also been associated with reduced mortality from infectious disease², **a strengthened immune response**, reduced inflammation, and a lower incidence of viral respiratory infections³.

Furthermore, there is growing evidence that physical activity can **reduce symptoms of depression** and anxiety⁴, and **improve quality of life**⁵, as well as delay the cognitive decline that is associated with ageing⁶.

Why physical activity ... and why now?

One of the most compelling arguments to promote physical activity in the wake of the coronavirus, is evidence gathered from more than 380,000 people with COVID-19 in the United Kingdom, that demonstrated that those who were **physically inactive**, were nearly **40% more likely to be hospitalised**². In addition, an unintended consequence of the COVID-19 quarantine restrictions has been a **decrease in physical activity and an increase in sedentary behaviour** in adults in some countries^{13,17}, with decreased activity and **more screen time** in children and youth¹⁸.

In a survey of American adults from 33 states, physical activity levels **decreased** by between 30 to 50% during the lockdown¹³, with the **most vulnerable, low-income households**, youth, young adults, and persons who were overweight or obese



being the hardest hit¹⁷. The reduction in physical activity has also been associated with a negative impact on **mental and emotional well-being**, in children, adolescents, adults, and older adults^{16,18,19, 20}.

The opportunity to **participate in physical activity for both physical and emotional well-being**, for leisure, or to safely get from place to place or as a way to provide for our families **should be considered a basic human right**. The impact of the COVID-19 pandemic, and the response of civil society (“pushback”) in seeking opportunities for physical activity during the lock down²¹ highlight the **urgency of this call** to policy- and decision-makers at a local, regional and national level.

Sport for Development recently highlighted 5 important trends in physical activity resulting from the COVID-19 pandemic:

- i) More people are **exercising outdoors** than in gyms and fitness centres,
- ii) People are doing physical activity **together as families**,
- iii) There is more **“home-based”** exercise,
- iv) More **inclusive** activity, particularly for vulnerable groups, and
- v) More free or low-cost and **affordable** activities²². We have also seen an increase in social media use and technology to support the implementation of physical activity.



“Level playing fields”: the need for equity for physical activity and health in Africa

Physical activity in many communities is limited largely by access and opportunities, and disparities become even more evident when considering the effect of the built environment on physical activity and wellness in general²³. There is substantial evidence from the African region^{24,37,38} that the following environmental factors all increase the likelihood of creating a physically active society:

- **safety from traffic and crime**
- destinations and resources within walking distance from home
- **aesthetics and the absence of litter**
- places to walk
- parks and recreational facilities.

However, the African region is also characterised by unequal access in under-served communities, many of which **are not “walkable”** or conducive to physical activity²⁵. Many of the social, environmental and economic inequalities limiting physical activity have been intensified by the COVID-19 pandemic²⁶.



The lockdown legislated closure of sports and exercise facilities, public playgrounds and open public spaces. It limited visits to clinics for those with chronic conditions and reduced daily active commuting. The pandemic-induced restrictions **have intensified inequalities to access physical activity opportunities** and **further compromised physical activity status** among the vulnerable groups (older people, people of low socioeconomic status and those with chronic conditions and disabilities).

2 Ensuring Safety during Physical Activity

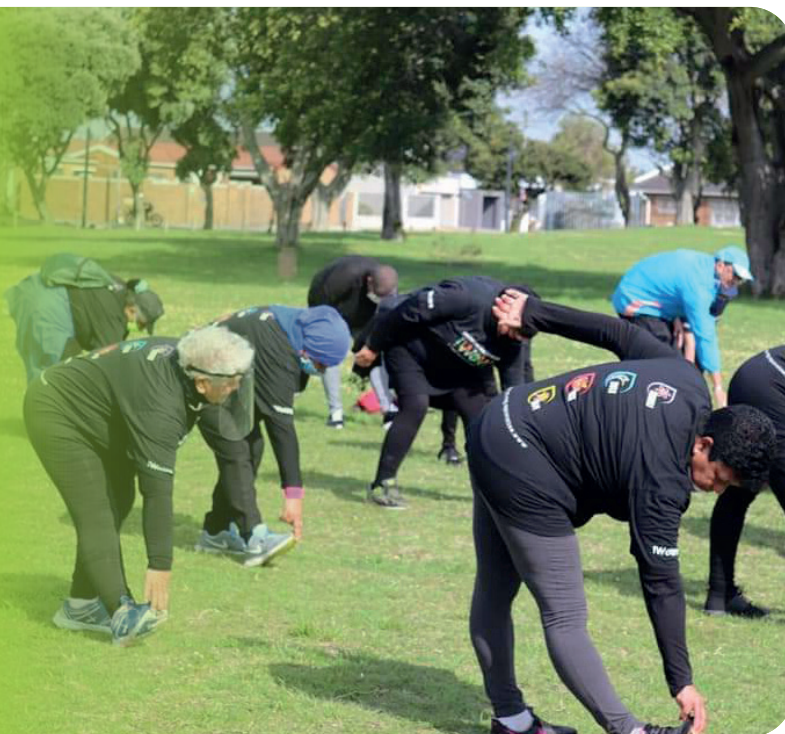
The **benefits of physical activity are unequivocal**, particularly during the global COVID-19 pandemic. The case is strong for:

- prevention and mitigation of comorbidities
- better immune function and resistance to infection
- better mental and emotional well-being
- improved quality of life.

We will demonstrate that it is **possible to implement programmes and policies to increase opportunities for safe and enjoyable physical activity** in low-resourced settings in our region. For decision makers, we provide guidance as to how to achieve the benefits of physical activity, while **minimising the risk of community transmission of the COVID-19 virus** during various stages of quarantine.

There are 5 major hurdles that must be addressed to minimize risk for exercise for the general public during the pandemic. These include:

- i) social and physical distancing,
- ii) face coverings and masks,
- iii) exercising in groups,
- iv) exercising indoors/ outdoors, and
- v) shared-use equipment.



1. Social distancing:

While there is the potential for community transmission, people should **maintain a physical distance of at least 2 metres** and avoid being in the “slip stream” of other persons while exercising³⁴. Recent evidence suggests that the aerosol droplets may disperse widely and remain in the air for extended periods of time³⁵ making these steps critical.

2. Wearing a face covering or mask during physical activity is strongly recommended.

Research shows that there are no adverse effects, such as lack of oxygen or build-up of carbon dioxide from the wearing of cloth face masks. The infographic below, from the British Journal of Sports Medicine³⁶ blog post provides useful and evidence-based guidance for the wearing of masks during physical activity.

Practicalities of wearing a face mask during exercise

DURING EXERCISE



AFTER EXERCISE



3. Exercising in groups:

The rules of social distancing apply and this is a **pre-requisite to exercise in a group**. *Signage and monitoring may be necessary* to ensure public compliance even if it involves groups exercising **outdoors and in open public spaces**. Physical activity in open public spaces has been associated with **greater enjoyment and better adherence**, and an increased likelihood of individuals **meeting physical activity recommendations**, even in low-income settings. However, **public amenities** (*play areas and outdoor gyms*) should **remain closed** while the risk of community transmission is present.

4 a. If outdoor fitness classes are held, to mitigate risks:

- ✓ class sizes should be limited,
- ✓ registers must be taken
- ✓ temperatures checked
- ✓ the wearing of masks stipulated
- ✓ social distancing adhered to (physical distance of 2 metres assisted by markings on the ground).

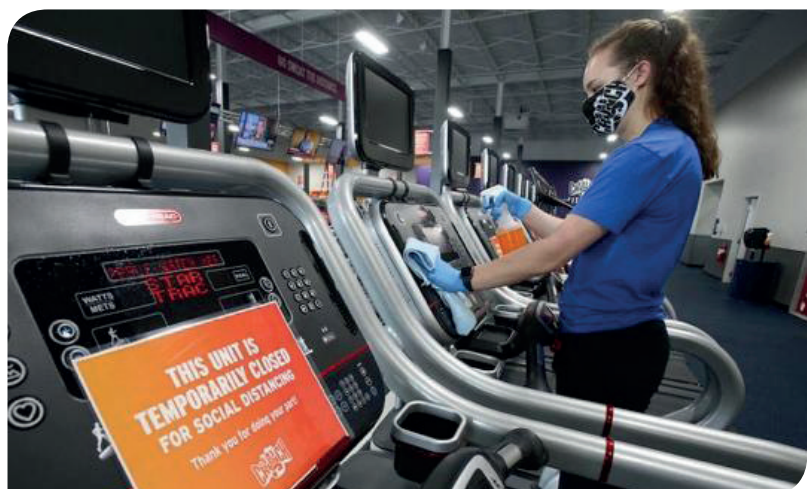
4 b. For indoor exercise:

In many countries in the region and worldwide, fitness centres, gyms and community halls remain closed, due to COVID-19. Exercising indoors, particularly if it is high intensity or vigorous exercise, **can increase the risk of transmission, UNLESS** certain precautions are in place. The rules of indoor exercise must include:

- ✓ social distancing
- ✓ mask wearing (including staff)
- ✓ restricting numbers (no more than 1 person per 6m²).
- ✓ health screening prior to entry
- ✓ taking a register
- ✓ no recirculation of airflow,
- ✓ access control for ablution facilities.
- ✓ Equipment sanitised using paper towels between users.

5. Shared-use equipment

may be manageable for privately owned fitness centres or recreational facilities if sanitised regularly between users. Loose equipment such as balls, hoops, skipping ropes, and hand weights, **should not be shared**.



3 Implementation Framework: M.O.V.I.N.G.

The **M.O.V.I.N.G.** policy framework was created by the World Cancer Research Fund. It is focused on policy actions that promote physical activity and recognises that these policy actions can take place within three different domains: **Active Societies, Active Environments and Active People.**

Within the three policy domains are six policy areas with each letter of the word **MOVING** relating to an area where the government may effect policies or programmes. Ideally, the policy domains and actions should be integrated, creating **Active Systems.** <https://bit.ly/3muPWHS>



M IN THE M.O.V.I.N.G. FRAMEWORK

The M refers to **making** physical activity programmes a priority in communities and schools.

- Programme and initiatives to increase school-based physical activity, inside and outside of classrooms
- Programmes and initiatives to promote active transport (to and from school)
- Community initiatives and programmes to support mass participation across the life course

Global Examples

These programme examples are in countries faced with similar inequities to Africa and both have been institutionalised to help ensure sustainability.

Brazil and Colombia: Academia da Cidade and Recreovia, respectively, are government-supported, community-based programmes promoting physical activity. Academia da Cidade has been recognised as a health priority by the Ministry of Health in Brazil²⁷.

Trained instructors offer free physical activity classes (3 to 5 times per week) in public spaces (parks, community centres, shopping centres, sports/recreation facilities), reaching underserved communities, especially adult women.

0

IN THE M.O.V.I.N.G. FRAMEWORK

The O refers to **offering training to promote physical activity** for health champions in community-based programmes, health-care providers in primary health care settings and educators in schools.

Regional Example

Western Cape on Wellness (WoW!) institutionalised by the Western Cape Provincial Government of South Africa has trained over 600 WoW! health champions in communities and worksites in the past 4 years. Overall retention of WoW! champions was 68% after 3 years.

Participants in the initial pilot programme of 3 or 6 months:

- reduced their blood pressure
- increased their physical activity levels
- trimmed their waist circumference
- reported a better quality of life.

V

IN THE M.O.V.I.N.G. FRAMEWORK

The V refers to **visualising** and enacting “active design” principles for structures and surroundings such as:

- public open spaces
- areas for walking and cycling
- buildings which are inclusive and promote physical activity
- park upgrades or the transformation of public open space through community-local government partnerships.

Regional Example

The public market in Accra, Ghana was transformed by Health Bridge and Mmofra Foundation, with the participation of vendors and local authorities. Early childhood micro-play spaces were co-created in 2 markets, where children under the age of 5 years spent more than 10 hours a day, while their mothers worked in the markets.

More than 1200 children interact with the market play spaces and local school authorities have shown interest in replicating these results.

<https://bit.ly/3iGQDSZ>

I IN THE M.O.V.I.N.G. FRAMEWORK

The I refers to “**implementing** urban and rural **transport plans** that support active societies”. There is substantial evidence that integrated rapid transit systems not only result in more daily physical activity, but address issues of access and equity²⁸. Sub-policy areas include: **road safety for pedestrians and cyclists**, access to and maintenance of open public green space, sports and recreational facilities, and plans that **support non-motorised transport**.



Regional Example

The Dar es Salaam Rapid Transport System (DART) won the 2018 ITDP Sustainable Transport Award for “gold standard” for Bus Rapid Transit.

The first phase of DART has already cut commuting time from 2 hours to 45 minutes and reduced costs by almost 30%²⁹. It is envisaged that this system, when completed, will provide a transport hub within a 10 minute walk for every household.

N IN THE M.O.V.I.N.G. FRAMEWORK

The N refers to “**normalizing & increasing physical activity through mass public communication**”. This: -

- creates awareness about the benefits and co-benefits of physical activity
- changes social norms for a more physically active society
- contributes to the development of national physical activity plans and local guidelines.

Global Example

Agita Mundo³⁰: This is a global, multi-sectoral programme of social mobilization the activities of which are centered around World Day for Physical Activity each year. It documents more than 2000 events worldwide annually and connects more than 200 organizations. Agita Mundo has been shown to increase both the awareness and practice of physical activity within many countries. Mass communication and social marketing have been used to good effect in other LMICs to promote physical activity.



Regional Example

Rwanda: Parts of its capital city Kigali, are turned into car-free zones twice each month between 7am-10am and physical activity is promoted through mass participation at outdoor venues with accompanying health checks. These Car-Free days have been going since 2016, and other African countries, including Ethiopia, Kenya and Uganda are beginning to implement similar initiatives. This programme enjoys strong national and local government support³¹.



G

IN THE M.O.V.I.N.G. FRAMEWORK

The G refers to “give physical activity education, assessment & counselling”, and the settings that have been identified include schools, communities, primary health care and social care services.

Global Example

UNESCO KaziBantu Project (“Kazi”- Active, “Bantu”- People) is “a specially tailored school-based intervention programme aimed at ensuring quality physical education for physical literacy and healthy active living for school children and teachers”. <https://kazibantu.org>



KaziBantu is a collaboration between provincial government, academia, and the private sector. To date, results show improved academic performance and body composition in the children^{32,33}. It has been implemented and sustained within the existing educational systems and improved capacity in under-resourced settings. The programme includes teaching materials for the classroom promoting physical activity, a health check and behaviour change materials for the educators, and refurbishment of the school physical activity and hygiene environments.

M O V I N G

Implementation Framework for Africa



Active Societies



M

Make

programmes, opportunities and initiatives that promote physical activity as a priority

O

Offer

training in physical activity promotion across multiple professions

Active Environments



V

Visualise

and enact active design guidelines for structures and surroundings

I

Implement

urban, rural and transport plans that support active societies

Active People



N

Normalise

and increase physical activity through public communication that motivates and builds behaviour change

G

Give

physical activity education, assessment and counselling

Based on <https://www.wcrf.org/int/policy/policy-databases/moving-framework>

4 Policy Recommendations

Regular physical activity has enormous physical, emotional and social benefits, and can help to mitigate the impact of COVID-19, if practised safely. Our 4 key recommendations for policy and decision makers, for physical activity for the general public, in the African region, during COVID-19 and beyond follow:

1. Develop a National Plan for physical activity for health and development:

A national plan allows input from multiple sectors and stakeholders to realize co-benefits and shared responsibility. This will help to prioritise physical activity on our regional agendas.

To date, there are only 2 countries in our region, with specific national plans for physical activity and health (Kenya and Ghana). However, physical activity has been included in various national plans and policies for NCDs, sports, transport and education.



2. Train a cadre of health professionals, educators, sports coaches & community members to promote physical activity for health:

There is more than adequate evidence that physical activity for health may be promoted in multiple settings including: primary health care, worksites, schools and communities.

What is needed are champions, persons whose training includes promoting and providing physical activity recommendations and guidance in these settings. Equity should be a key focus, engaging underserved communities.



3. Ensure safe & enjoyable opportunities for physical activity, through urban planning, provision of parks or public spaces and low-cost programmes close to where people live:

Key to success of achieving this in low-resourced settings, are:

- community engagement and ownership,
- adequate public policing
- partnerships.

Creation of “walkable” communities, low-cost and inclusive public physical activity programmes, “play streets” and “parkruns”, that are accessible to all.

Development of integrated public transport systems, access to destinations and services, clear pavements and regular refuse removal. Aesthetics, shade and amenities matter, and help to create an active community.



4. Adopt a “whole of government” systems approach towards physical activity embedded in multiple sectors, devising flexible, agile and cost-effective solutions:

This involves:

- ensuring physical education is implemented in public schools;
- improving road safety for pedestrians
- providing local, low cost physical activity programmes and trained practitioners to lead;
- recognizing physical activity as a vital part of preventive health care and a means to build social cohesion in communities.

This requires prioritization and adequate resourcing.



Physical activity is not a competing demand for resources, public health and development. It plays a vital role for well-being during the current pandemic and in creating a healthy future for the African region.

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