

**VII** Curso de Políticas,  
Programas para la Promoción de  
Hábitos y Estilos de Vida Saludable

# Plan global de acción para Actividad Física 2018-2030

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## Grupo de Pesquisa em Atividade Física e Qualidade de Vida

### NOTÍCIAS



[www.gpaq.com.br](http://www.gpaq.com.br)

# Muchas gracias por la invitación



COLDEPORTES



# AGENDA

- ¿Qué es el Global Action Plan de AF?
- ¿Por qué necesitamos?
- Objetivos estratégicos y acciones políticas de implementación

# O que és?



## Vision

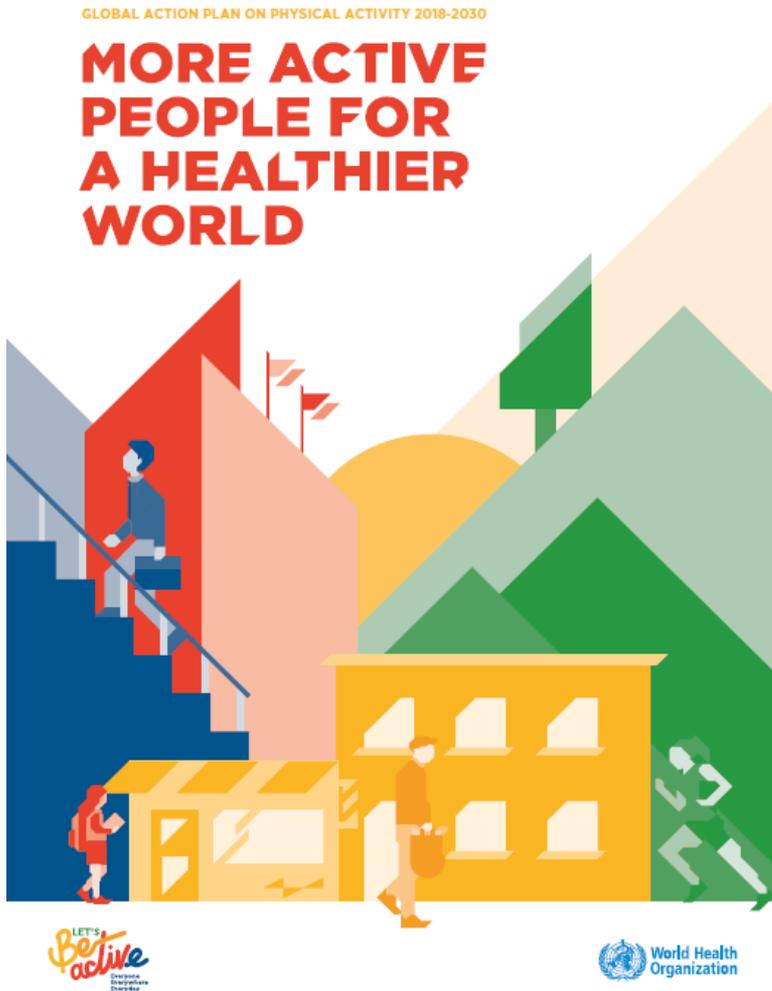
Personas más activas para  
un mundo más saludable



## Mission

Asegurar que todas las personas tengan acceso a entornos seguros y propicios y a diversas oportunidades para ser físicamente activos en su vida diaria, como un medio para mejorar la salud individual y comunitaria y contribuir al desarrollo social, cultural y económico de todas las naciones.

# O que és?



Objetivo

Reducción del 15% en la  
prevalencia de inactividad  
física de 2016

# O que és?

- Principios orientadores:
  - Enfoque en los derechos humanos;
  - Equidad en el curso de la vida;
  - Práctica basada en evidencias;
  - Universalidad proporcional;
  - Consistência política y salud en todas las políticas;
  - Participación y enpoderamento de todos;
  - Asociaciones multisectoriales.

# O que és?

<http://www.who.int/ncds/prevention/physical-activity/global-action-plan-2018-2030/en/>

← → ↻ ⓘ Não seguro | [www.who.int/ncds/prevention/physical-activity/global-action-plan-2018-2030/en/](http://www.who.int/ncds/prevention/physical-activity/global-action-plan-2018-2030/en/)



Health Topics ▾

Countries ▾

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## Noncommunicable diseases and their risk factors

[Noncommunicable diseases](#)

[Prevention](#)

[Management](#)

[Surveillance](#)

[Global Coordination Mechanism](#)

[UN Task Force](#)

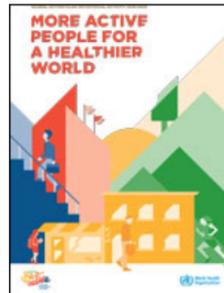
▸ [Governance and policies](#)

[Publications and tools](#)

### Global action plan on physical activity 2018–2030: more active people for a healthier world



**Authors:**  
WHO



#### Publication details

Number of pages: 104  
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Languages: English and Portuguese  
ISBN: 978-92-4-151418-7  
WHO reference number:  
WHO/NMH/PND/18.5

#### Downloads

- [English - full report \(file size: 1,4Mb\)](#)
- [English - brochure \(file size: 411Kb\)](#)
- [Portuguese - brochure \(file size: 416 KB\)](#)

# Por qué necesitamos?

## Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants



Regina Guthold, Gretchen A Stevens, Leanne M Riley, Fiona C Bull

25.5% (25.0-32.2)

	Overall percentage of insufficient physical activity (95% UI)	Percentage of men with insufficient physical activity (95% UI)	Percentage of women with insufficient physical activity (95% UI)	Country with the minimum prevalence		Country with the maximum prevalence	
				Country	Prevalence (95% CI)	Country	Prevalence (95% CI)
All countries	25.5% (25.0-32.2)	21.1-30.7	31.7% (28.6-39.0)	Uganda	5.5% (4.0-7.6)	Kuwait	67.0% (58.6-74.3)
Central Asia, Middle north Africa		23.7-28.7	39.9% (37.9-42.7)	Jordan	11.9% (8.4-16.4)	Kuwait	67.0% (58.6-74.3)
Central and eastern Europe	23.4% (20.9-26.0)	22.0% (18.6-28.8)	24.7% (21.7-33.9)	Moldova	11.5% (8.1-16.0)	Serbia	39.5% (30.8-48.8)
East and southeast Asia	17.3% (15.8-22.1)	17.6% (15.7-23.9)	16.9% (14.9-25.7)	Cambodia	10.5% (6.9-15.7)	Philippines	39.7% (31.3-48.6)
High-income Asia Pacific	35.7% (34.4-37.0)	33.0% (29.4-33.6)	38.3% (37.4-42.6)	South Korea	35.4% (20.9-52.9)	Singapore	36.5% (21.7-54.3)
High-income Western countries	36.8% (34.6-38.4)	31.2% (28.5-32.6)	42.3% (39.1-45.4)	Finland	16.6% (12.9-21.0)	Cyprus	44.4% (36.8-52.1)
Latin America and Caribbean	39.1% (37.8-40.6)	34.3% (32.5-35.5)	43.7% (42.9-46.5)	Dominica	21.6% (16.3-28.0)	Brazil	47.0% (38.9-55.3)
Oceania	16.3% (14.3-20.7)	12.3% (11.2-17.7)	20.3% (18.8-28.7)	Niue	6.9% (4.8-9.9)	American Samoa	53.4% (41.4-65.0)
South Asia	33.0% (23.0-51.7)	23.5% (14.4-54.3)	43.0% (29.6-74.9)	Nepal	13.4% (11.2-15.6)	India	34.0% (22.3-47.7)
Sub-Saharan Africa	21.4% (19.1-23.3)	17.9% (15.1-20.5)	24.8% (21.8-27.2)	Uganda	5.5% (4.0-7.6)	Mauritania	41.3% (33.4-49.2)
Low-income	16.2% (14.2-17.9)	13.4% (11.3-15.6)	18.8% (15.9-21.4)	Uganda	5.5% (4.0-7.6)	Mali	40.4% (33.6-47.3)
Middle-income	26.0% (22.6-31.8)	21.9% (18.9-31.3)	30.1% (26.0-39.5)	Lesotho	6.3% (4.5-8.6)	American Samoa	53.4% (41.4-65.0)
High-income	36.8% (35.0-38.0)	32.0% (29.8-33.1)	41.6% (39.1-43.9)	Finland	16.6% (12.9-21.0)	Kuwait	67.0% (58.6-74.3)

Table 2: Prevalence of insufficient physical activity in 2016

# Por qué necesitamos?

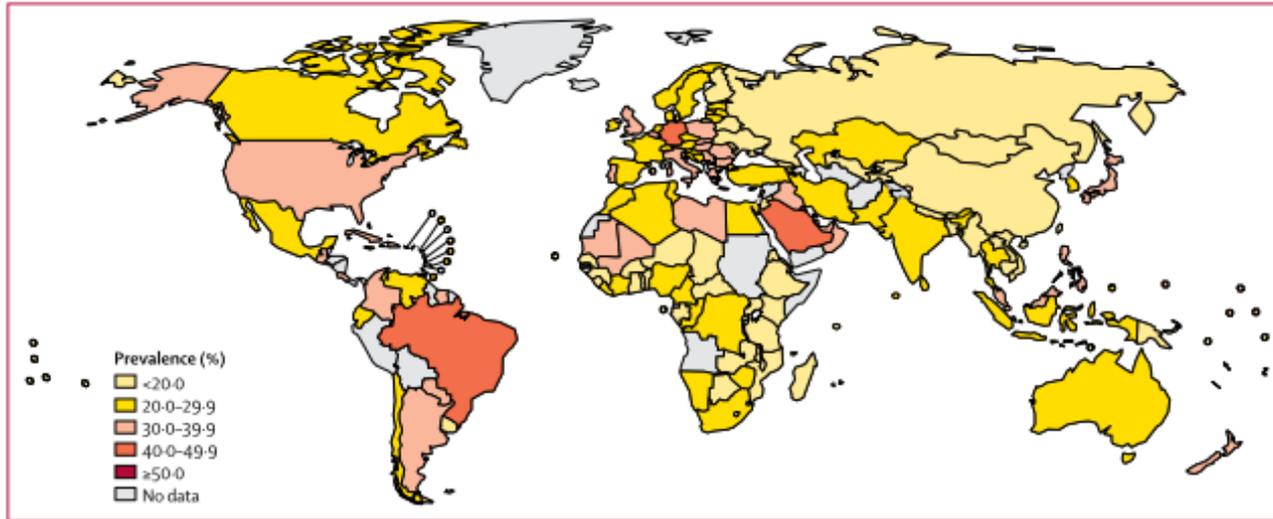


Figure 4: Country prevalence of insufficient physical activity in men in 2016

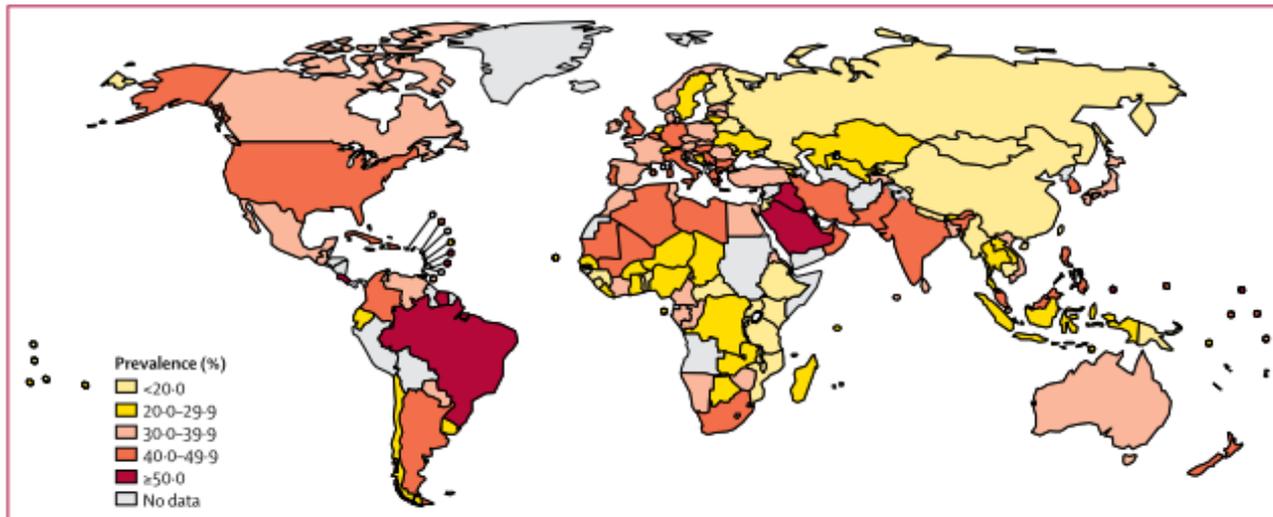
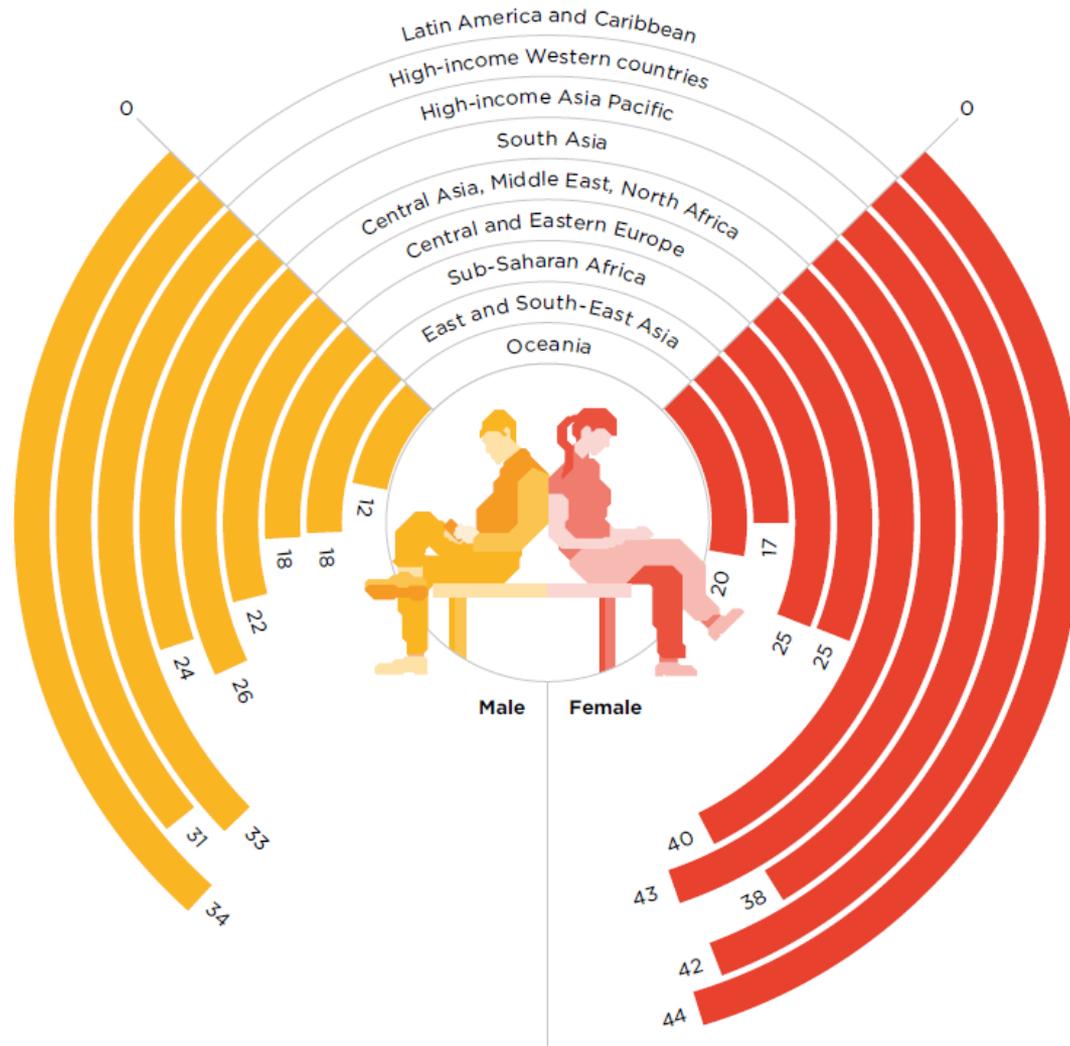


Figure 5: Country prevalence of insufficient physical activity in women in 2016

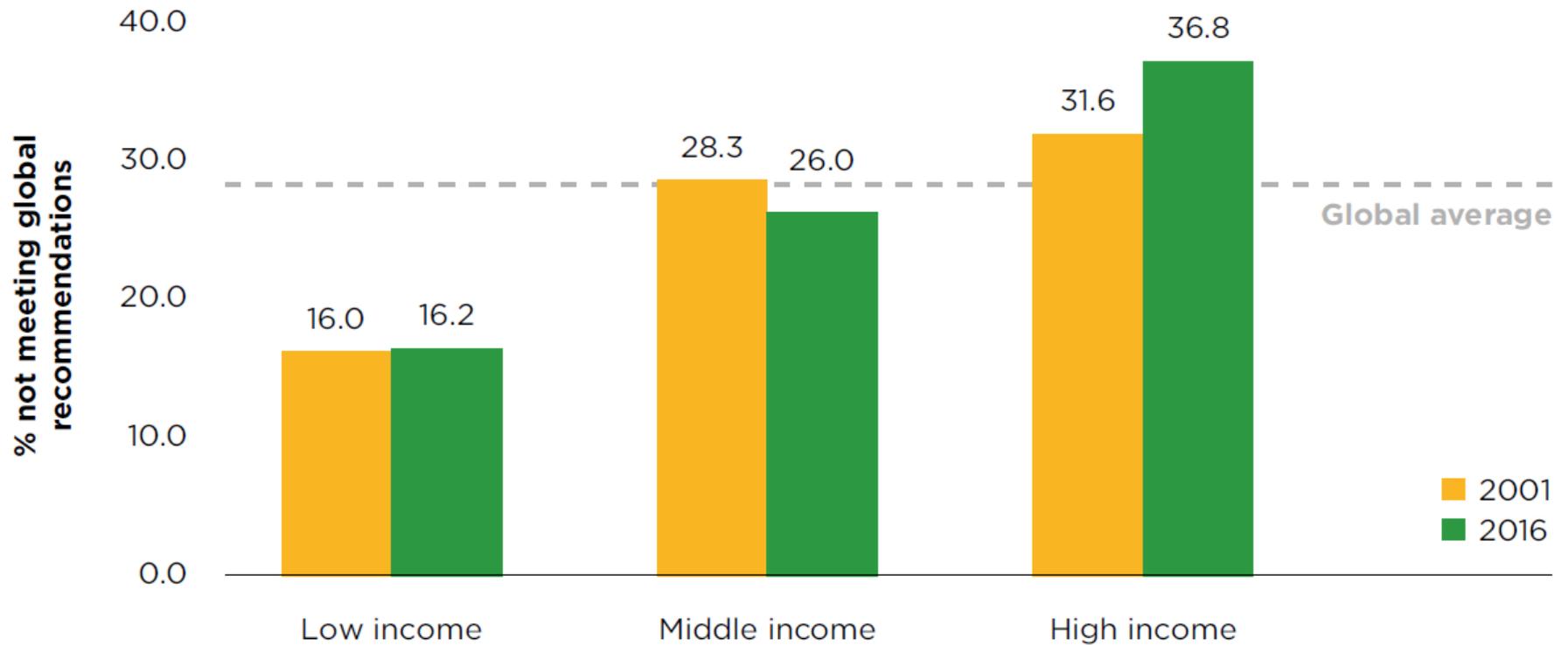
# Por qué necesitamos?

FIGURE 2. Levels of physical inactivity in 2016 by sex and subregions



# Por qué necesitamos?

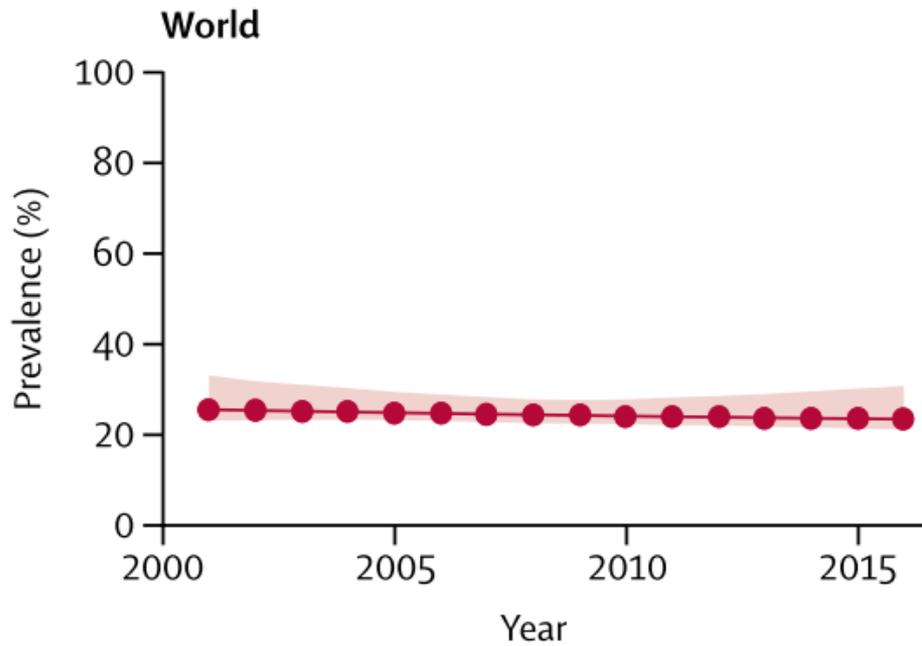
**FIGURE 1. Levels of physical inactivity in 2001 and 2016 by World Bank Income Group**



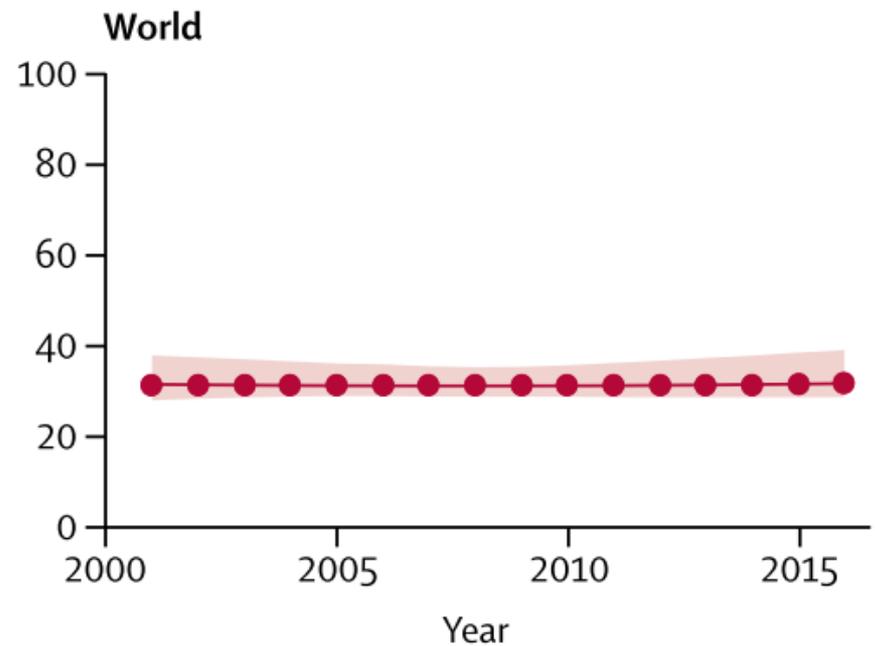
Source: Guthold et al., Lancet Global Health, 2016 (6).

# Por qué necesitamos?

Hombres



Mujeres



Inactividad Física

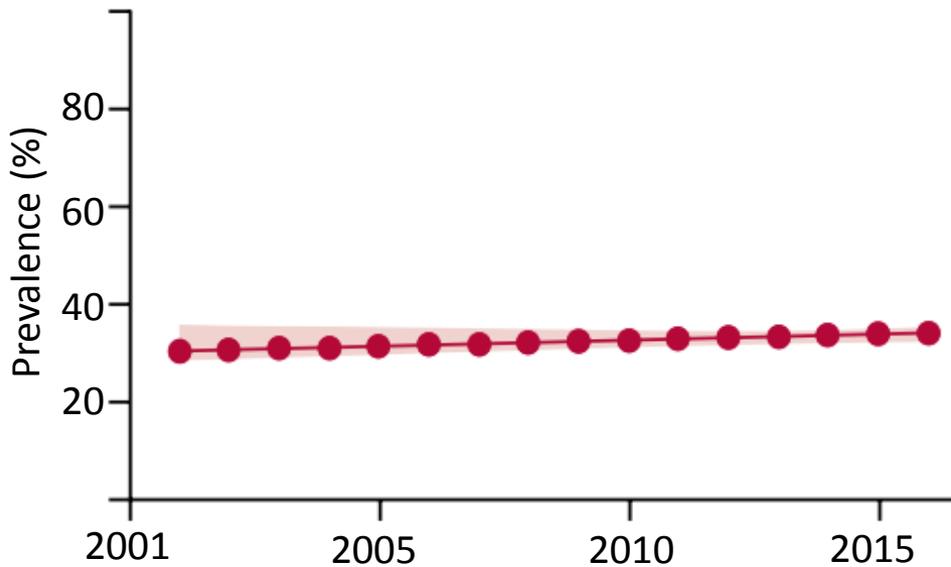
# Por qué necesitamos?

Hombres

Mujeres

Latin America and Caribbean

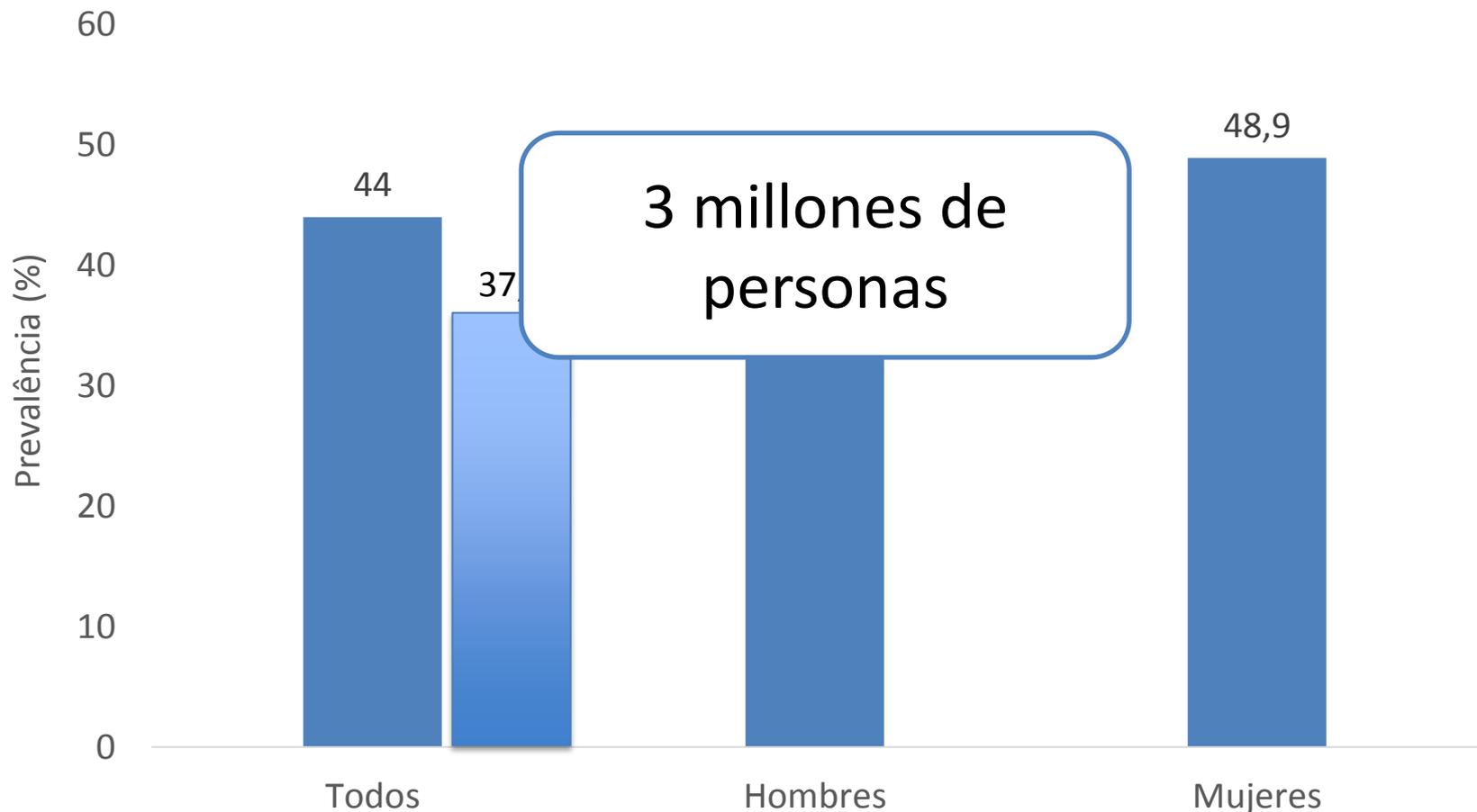
Latin America and Caribbean



Inactividad Física

# Por qué necesitamos?

## Prevalência de Inactividad Física en Colômbia



GUTHOLD, R. et al. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. **The Lancet Global Health**, v. 6, n. 10, p. e1077–e1086, 2018.

# Objetivos estratégicos y acciones políticas



# Objetivos estratégicos y acciones políticas

1 – Criar sociedades  
ativas

2 – Criar ambientes  
ativos

4 – Criar sistemas  
ativos

3 – Criar personas  
ativas

# 1 – Criar sociedades activas

- Normas sociales y aptitudes
  - Cambiar el paradigma em toda la sociedad:
    - Mejorar el conocimiento, entendimiento y la valorización de la actividad física y sus beneficios

# 1 – Criar sociedades activas



## 2 – Criar ambientes activos

- Espacios y lugares
  - Criar y mantener ambientes que promuevan y garantizan los derechos de todas las personas

# 2 – Criar ambientes activos



## Criar ambientes activos

2.2

Mejorar las  
redes  
peatonales y  
ciclorutas

2.5

Implementar  
políticas de  
construcción de  
infraestructura  
proactiva

2.3

Reforzar la  
seguridad  
vial

2.1

Integrar  
políticas de  
transporte y  
planeamiento  
urbano

2.4

Mejorar los  
accesos a los  
espacios  
públicos al aire  
libre

# 3 – Criar Pessoas Activas

- Programas y oportunidades
  - Criar y promover acesso a oportunidades y programas

# 3 – Criar Pessoas Activas



# 4 – Crear Sistemas Activos

- Gobernanza y facilitadores de las acciones políticas:
  - Criar y fortalecer el liderazgo, gobernanza, asociaciones multisectoriales, la capacitación de los profesionales, advocacy, y sistemas de comunicación entre sectores

# 4 – Crear Sistemas Activos



# THE ACTIVE



**Fiona Bull**



**7<sup>th</sup> ISPAH Congress**

15-17 October 2016, Queen Elizabeth II Centre, London, England

7<sup>th</sup> International Society for Physical Activity and Health Congress



# THE ACTIVE

- Cómo empezar?
  - Evaluar la situación actual;
    - Como está la promoción de AF?
  - Establecer un mecanismo coordinado;
    - Un líder y un sistema!
  - Desarrollar un plan nacional de acción;
    - Desarrollar un plan (corto, medio y largo)!

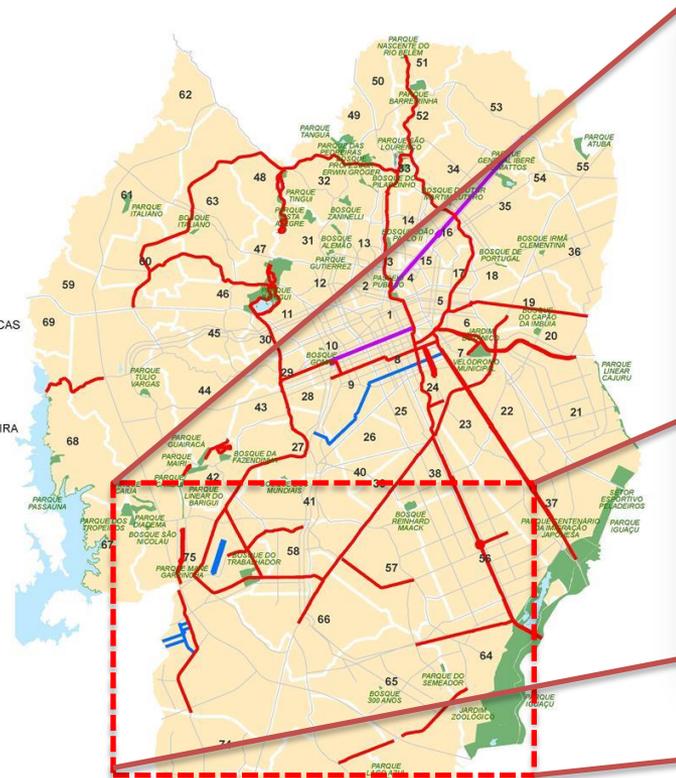
# Enfoque sistémico

*“No existe una solución política única para aumentar la actividad física. Cada país debe utilizar un enfoque de "sistema completo" para implementar soluciones de políticas adaptadas al contexto en todas las áreas de acción del gobierno”*

# Enfoque sistêmico

## BAIRROS

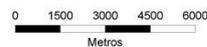
- 1 CENTRO
- 2 SÃO FRANCISCO
- 3 CENTRO CÍVICO
- 4 ALTO DA GLÓRIA
- 5 CRISTO REI
- 6 CRISTO REI
- 7 JARDIM BOTÂNICO
- 8 REBOUÇAS
- 9 ÁGUA VERDE
- 10 BATEL
- 11 BICOBRILHO
- 12 MERCÊS
- 13 BOM RETIRO
- 14 AHÚ
- 15 JUVEVÉ
- 16 CABRAL
- 17 HUGO LANGE
- 18 JARDIM SOCIAL
- 19 TARUMÁ
- 20 CAPÃO DA IMBÚIA
- 21 CAJURU
- 22 JARDIM DAS AMÉRICAS
- 23 GUABIROTUBA
- 24 PRADO VELHO
- 25 PAROLIN
- 26 GUIARA
- 27 PORTÃO
- 28 VILA IZABEL
- 29 SEMINÁRIO
- 30 CAMPINA DO SIQUEIRA
- 31 VISTA ALEGRE
- 32 PILARZINHO
- 33 SÃO LOURENÇO
- 34 BOA VISTA
- 35 BACACHERI
- 36 BAIRRO ALTO
- 37 UBERABA
- 38 HAUER
- 39 FANNY
- 40 LINDOIA
- 41 NOVO MUNDO
- 42 FAZENDINHA
- 43 SANTA QUITERIA
- 44 CAMPO COMPRIDO
- 45 MOSSUNGUÉ
- 46 SANTO INÁCIO
- 47 CASCATINHA
- 48 SÃO JOÃO
- 49 TABOÃO
- 50 ABRANCHES
- 51 CACHOEIRA
- 52 BARREIRINHA
- 53 SANTA CÂNDIDA
- 54 TINGUI
- 55 ATUBA
- 56 BOQUEIRÃO
- 57 XAXIM
- 58 CAPÃO RASO
- 59 ORLEANS
- 60 SÃO BRAZ
- 61 BUTIATUVINHA
- 62 LAMENHA PEQUENA
- 63 SANTA FELICIDADE
- 64 ALTO BOQUEIRÃO
- 65 SÍTIO CERCADO
- 66 PINHEIRINHO
- 67 SÃO MIGUEL
- 68 AUGUSTA
- 69 RIVIERA
- 70 CAXIMBA
- 71 CAMPO DE SANTANA
- 72 GANCHINHO
- 73 UMBARÁ
- 74 TATUQUARA
- 75 CIDADE INDUSTRIAL DE CURITIBA



## SISTEMA CICLOVIÁRIO DE CURITIBA

- CICLOVIA OFICIAL (172,9 km)
- CICLOFAIXA (VIA CALMA) (19,6 km)
- CICLORROTA (11,7 km)
- RUAS PRINCIPAIS
- PARQUES E BOSQUES
- BAIRROS

FONTE: IPPUC, 2016  
ELABORAÇÃO: julho/2016



# Asociación para la acción

## Member States

ministries of health, transport, education, sports, youth, urban planning, environment, tourism, finance, and labour

## Development agencies

international financial institutions such as the World Bank, regional development banks, subregional intergovernmental organizations and development aid agencies

## Intergovernmental organizations

UN agencies, UN Interagency Taskforce on NCDs (UNIATF) and others

## International organizations

global health initiatives and agencies

## Nongovernmental organizations

civil society, community-based organizations, human rights-based organizations, faith-based organizations

## Professional associations

in medical and allied health areas, such as sports medicine, physical therapy, general practice, nursing, exercise and sports science, physical activity and public health and other relevant disciplines, including transport, sport, and education

## Philanthropic foundations

that are committed to promoting global health and achievement of the SDGs

## Academic and research institutions

across multiple disciplines including implementation science and the network of WHO collaborating centres

## Industry leaders and private sector

committed to improving the health of employees, their families and communities

## Media

journalists and media outlets, including both traditional and new media

## City leaders and local government

mayors, governors and local officials

## Community

representatives of faith-based, social and cultural groups

## WHO

at all levels, headquarters, regional and country offices

# Como está su plan?



# COLDEPORTES

