


NATIONAL POLICY PHYSICAL ACTIVITY FOR HEALTHIER LIVING 2022



MINISTRY OF HEALTH
REPUBLIC OF MALDIVES



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Health
Protection
Agency



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FOREWORD BY MINISTER




FOREWORD BY WHO

Globally, up to 5 million deaths a year could be averted if the global population was more active. 1 in 4 adults do not meet the global recommended levels of physical activity. In the South East Asia Region, physical inactivity among adults is around 15% while it is as high as 74% among adolescents. People who are insufficiently active have a 20% to 30% increased risk of death compared to people who are sufficiently active.

Regular physical activity can have significant positive impact for the physical and mental health of people and contributes to preventing and managing major non communication diseases. Increasing physical activity levels requires a systems-based approach, where all stakeholders work together towards a healthier world. Multi-level policies for action are essential if we are to achieve the global target of 15% relative reduction in the global prevalence of physical inactivity by the year 2030.

In addition to community-level interventions, policies have the potential to impact the broader community or population and have the potential to be more sustainable over time. Much of the major impacts of public health over the past decades are attributable to strong policies.

Therefore, WHO Maldives welcomes this initiative by the Ministry of Health to develop the national physical activity policy in collaboration with multiple stakeholders. The technical support provided by WHO for this initiative ensured that the Maldives National Policy is aligned with the current global policies and guidelines. This policy



will also pave way for Maldives to achieve the global target of 10% relative reduction in prevalence of physical inactivity by 2025 and 15% reduction by 2030, as required by the Global Action Plan on Physical Activity (GAPPA).

Countries and communities must take action to provide everyone with more opportunities to be active, in order to increase physical activity. This requires a collective effort, at both national and subnational levels, across different sectors and disciplines to implement policy and solutions appropriate to a country's cultural and social environment to promote, enable and encourage physical activity. In the past few years, Government of Maldives has been increasing its efforts to encourage physical activity among its people. Outdoor gymnasiums have been set up in several islands and in the Greater Male' region in addition to the several different sport facilities. WHO has also contributed to these efforts by handing over outdoor gym sets which are now set up and being used in many islands.

Physical activity can deliver benefits for individual and communities across a range of Sustainable Development Goals, and therefore action is required across and between multiple policies and partners to achieve sustained change and impact. WHO Maldives is committed to support the government of Maldives to implement the National Physical Activity Policy and remains dedicated towards improving the health and wellbeing of the people of Maldives.



Dr. Nazneen Anwar

WHO representative to Maldives

ACKNOWLEDGEMENT

National Policy on Physical Activity for Healthier Living is formulated by the Health Protection Agency (HPA), Ministry of Health (MOH), with the aim of providing directions for interventions and environments across the country that promote and are conducive to physical activity.

Various activities, including multiple stakeholder consultations were undertaken during the process of developing this policy. HPA wishes to acknowledge the invaluable and generous support provided by World Health Organization (WHO) throughout this process. We are also grateful to the various other government sectors, Non-governmental organizations, as well as many individuals who shared their expertise and feedback during the consultative process.

We note with appreciation, the commitment and passion of Tiny Hearts of Maldives which undertook the consultancy and in particular the dedication of its lead consultants Ms.Aminath Maesha and Mr. Ahmed Nimaal for completing this important task in a professional and timely manner.

We also wish to acknowledge with gratitude, all others within and outside the health sector, who had contributed their valuable time and inputs for the completion of this important task, and thereby promoting physical activity in Maldives.

CONCEPT

Regular physical activity of sufficient duration and intensity is a proven intervention to prevent and treat a wide range of noncommunicable diseases including cardiovascular diseases, stroke, type 2 diabetes, and breast and colon cancer, lower the risk of depression, and reduce the risk of all-cause mortality. It is also a cost-effective approach to improving physical and mental health, quality of life and well-being.

In addition to the health benefits, increases in physical activity at population level can create multiplicative social, environmental and economic benefits that support the global and national policy priorities towards achieving the Sustainable Development Agenda 2030. Safer roads, cleaner air, active transportation, sustainable infrastructure, accessible open green and public spaces, improved sense of community, school readiness for girls and boys, tackling overweight and obesity levels, reducing inequalities, creating demand for harmonious lifestyle and collaborative partnerships are some direct and indirect pathways by which policies to promote physical activity through active transportation, sport, active recreation, and play can positively contribute to the Sustainable Development Goals (SDG).



ABBREVIATIONS

NCD	Noncommunicable diseases
SDG	Sustainable Development Goals
CVD	Cardiovascular diseases
GDP	Gross Domestic Product
MDHS	Maldives Demographic Health Survey

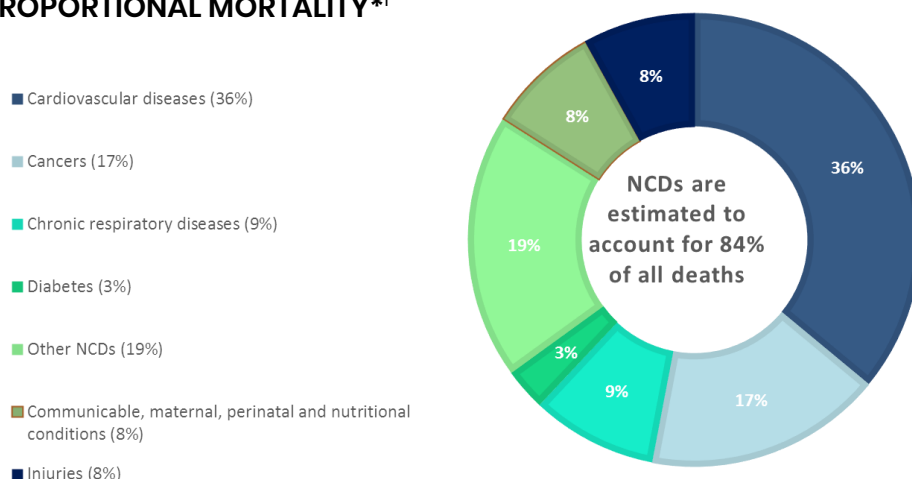
SITUATION ANALYSIS

Despite a significant improvement in the health status of the Maldivian population, particularly in terms of longer life expectancies and successes in control of communicable diseases over the decades, we now face a modern life epidemic; an epidemic of NCDs, an epidemic of physical inactivity. The increased life expectancies we have achieved as a country need to be met with the ability to live out those years in healthy independent state, as free of disabilities and disease burden as possible.

Today, our lifestyle is heavily built around convenience and speed leaving less and less room for physical activity. We increasingly rely on motorised transportation instead of walking or cycling. Our infrastructure facilitates the rush; for instance, it is often easier to find the elevator than the staircase in buildings. Our roads and public spaces often oppose physical activity. Technology has taken over the homes and workplaces making us move less and sit for prolonged periods of time. Screens have infiltrated in to our everyday life, everywhere; sitting rooms, bedrooms, dining tables, workplaces; socialising via screens such as video gaming is acceptable as a form of social interaction.

Life in general has become less manual and more sedentary. Physical inactivity is an epidemic that is costing us not only in terms of physical and mental ill-health and increased burden of disability, but in our children's cognitive attainment, economic productivity, and one that is impacting the fabric of society and life for generations to come.

PROPORTIONAL MORTALITY*¹



Physical inactivity Noncommunicable Diseases

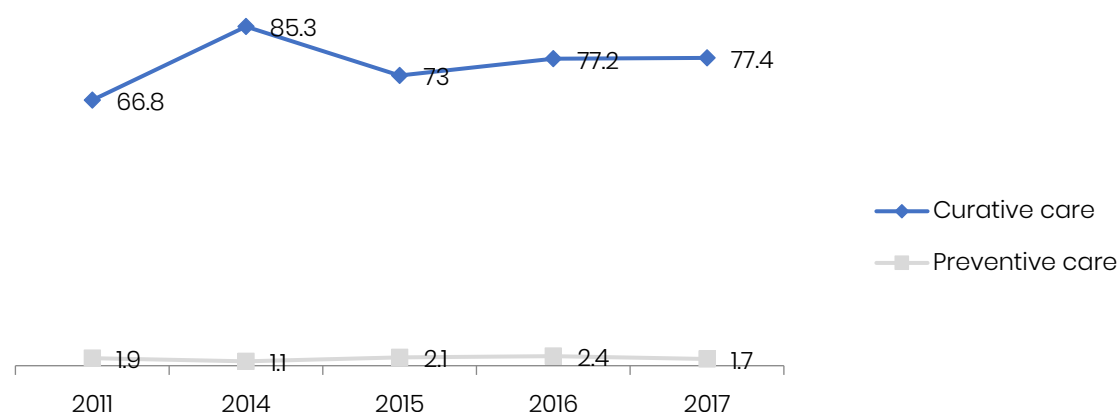
- NCDs attribute to 84% of disease burden & Number 1 cause of death¹
- CVDs account for 36% of deaths¹
- 49.3% of women and 35% of men are overweight or obese – 2016/17
- 20.3% school children Grades 8-10 self-reported getting 60 minutes of PA every day (23.5% boys/ 17.4% girls)²

Note: 2014 GSHS did not have PA indicator

- 41.6% self-reported sitting for more than 3 hours per day ²

Maldives spends 9% of its GDP on health. Current health care expenditure is primarily linked to curative care, namely outpatient and inpatient care.

As Maldives move towards a health system dominated by non-communicable diseases along with reducing infectious diseases, less than 0.5% of the funds are allocated towards preventive care.



Per Capita Health Expenditure for preventive and curative care, Maldives, 2011, 2014 – 2017 ⁵

Source:

¹ WHO NCD country Profile 2018

² MDHS 2016/17

³ Multidimensional Poverty Index

⁴ Human Development Index

⁵ National Health Accounts 2015–2017

THE RESPONSE

With the increased health standards of Maldives and the higher life expectancy rates we need to accelerate efforts to add quality life to these years. Key policy priorities of the health sector include promoting and advocating a healthy lifestyle with a key focus on primary healthcare and preventive care. Numerous scientific evidence shows that physical activity reduces the risk of a variety of preventable diseases including heart diseases, cancers, diabetes and conditions such as obesity, anxiety and depression. All in all, regular physical activity increases a person's chance of staying physically and mentally healthy, and of healthy independent living later in life

In the past 2 decades, several countries have enhanced their efforts in promoting health through physical activity. International experience shows that collaboration and persistence are key to successfully creating increases in physical activity across all population groups. Alliances extending from beyond the government to civil society, community, private and professional sectors need to be built to get a nation moving more and sitting less. Collective responsibility needs to be taken to create a societal shift to make physical activity the norm for everyday living. To create lasting change, everyone needs to be on the same page. A national policy; i.e. this Policy, provides backing, coherence and visibility at political level, while also creating coherence and aligning the goals, objectives and strategies of the very many multisectoral stakeholders involved in encouraging and enabling increases in physical activity and decreases in sedentary behaviours at any level.

THE NATIONAL POLICY

SCOPE AND TARGET AUDIENCE

This policy aims to establish physical activity as a means of improving the health of the people. It aims to bring a multisectoral, multidisciplinary commitment to ensuring physical activity is implanted as a way of everyday life across the country, amongst people of all ages and different abilities. It aims to make physical activity the norm for healthy independent living which is accessible and affordable

Hence, this policy is relevant to policy makers and professionals from a wide range of stakeholders who partake in formulating and/or implementing policies, programmes and activities that promote physical activity, exercise, sports, recreation, active transportation and urban planning to achieve and boost health benefits extending across the public, community, voluntary and private sectors.

POLICY GOAL

Improve health of everyone by enabling conducive environments to engage in physical activity as way of life

National target

A 10% relative reduction in prevalence of insufficient physical activity by 2030
(Refer to Appendix A for key national and global commitments to promoting physical activity)

Policy Priority (Action)

Ensure all people have access to safe and enabling environments and to diverse opportunities to be physically active in their daily lives, as a means of improving individual and community health and contributing to the social, cultural and economic development

Policy objectives

A collective summary of key actions is listed below. Refer to Appendix B for the full list of key actions.

1. Implementation of the National Guideline on Physical Activity for Health
2. Enable, encourage and support strategies and tangible actions and programmes designed to enhance equitable and accessible population-wide increases in physical activity and decreases in sedentary behaviors to improve physical and mental health outcomes.
3. Lobby government for a comprehensive national strategy or action plan for physical activity, to ensure that physical activity is a policy priority that is immune to political shifts in government.
4. Promoting physical activity among overlapping mandate areas of respective Ministries
5. Make physical activity a way of everyday life, and integrate it in efforts to create evidence-based community awareness, environments, human resource, networks, and mechanisms conducive to increases in physical activity and decreases in sedentary behaviours.
6. Affirms that physical activity as a way of everyday life is key to ensuring the population acquires physical and mental health benefits of physical activity and will integrate physical activity in efforts to create environments, mechanisms and infrastructure conducive to increases in physical activity and decreases in sedentary behaviours.

Key guiding principles:

To ensure physical activity for health across all population levels:

- Functioning multisectoral alliances will be made and ownership will be taken within the health sector and with other sectors (including education, youth, sports, community empowerment, planning and infrastructure, housing, and transport) to ensure well-integrated, coherent, coordinated and impactful physical activity messaging, lobbying and programming.
- Multiple stakeholders including government, civil society, academia, the private sector and international organizations will be engaged.
- People of all ages and different abilities from various settings will be engaged to create a social movement to make physical activity the normal way of life

ACTION AREAS

Four Action Areas are identified in this Policy in light of global evidence, recommendations and practices, and most importantly drawing upon the country context through key multisectoral and multidisciplinary stakeholder consultations.

1- CREATING A SOCIETAL SHIFT IN ATTITUDE TO PHYSICAL ACTIVITY

Establishing Physical activity as a way of everyday life to improve health of everyone by making it an easy and affordable choice, creating lasting change for a population, inclusive of all ages, different abilities and socioeconomic background and other variable determinants of health.

Ensuring high level of consolidated messaging and information that is easily available for public on benefits of physical activity for health, including the National Guideline on Physical Activity for Health, and ways to achieve the recommended levels of physical activity through comprehensive efforts such as mass media campaigns are essential for maximising reach and impact.

As with most risk factors for NCDs, a life-course approach to physical activity where it infiltrates systems, professional services and community domains such as child-rearing, schooling, workplaces, recreation and healthy-ageing is required to enable a sustainable, easy, inexpensive, inclusive and accessible lifestyle choice that maximises healthy independent living for every Maldivian at all stages of life.

In creating a societal shift, ensuring inclusivity, equitability and accessibility should be prioritised. Vulnerable groups should be targeted in health promotion and health education materials including, girls and women, adolescents and young people, pregnant and postpartum women, older people, people with disabilities, parents of young children, and people with low levels of physical activity. Supporting the vulnerable members nationwide is important to ensuring physical activity infiltrates into the fabric of life for Maldivians, eventually boosting health gains from it at a population level.

2- POLITICAL COMMITMENT

Creating coherence among government stakeholders, particularly, Health, Youth, Sports, Community empowerment, Gender, Family and Social Services, Transport, Housing and Infrastructure, Planning and Urban Development who share elements of creating a healthy independent livelihood for the population of Maldives is a fundamental principle for successfully integrating and enabling physical activity for the population through strong policies and systemic changes. Strengthening cooperation between public sector authorities can significantly add weight, create a conforming platform, and simplify the pathways for the public sector, private sector, professional services, voluntary sector and community efforts to formulate and implement policies, programmes and activities to promote physical activity in various settings and contexts in the Maldives.

Strong commitment and persistence in advocating for the implementation of National Guideline on Physical Activity for Health is one mechanism that can create multiplicative benefits through advancing the uptake of physical activity at systems, services, community and individual levels nationwide.

Incorporating physical activity in multisectoral NCD action plan endorsed by the health sector as well as all the other sectors to enable physical activity as an easy and affordable part of life for all residents of Maldives. It should address resource allocation, infrastructural and human resource development, establish the multisectoral and multidisciplinary roles in detail, and establish concrete, time-bound actions attached to identified stakeholders. This can significantly simplify the process of bringing all the current multisectoral efforts to one base and proceed with creating non-replicative, comprehensive and impactful actions that address the variety in health determinants across the geographically dispersed population of Maldives.

3- ENABLING HEALTH SYSTEM & DEVELOPING SKILLED PROFESSIONALS

Systemic shifts in attitudes to physical activity (i.e. increases in physical activity and decreases in sedentary behaviors) as an evidence-based method of improving physical and mental health outcomes; particularly among the health and education systems; is vital to creating a setting for the population, where the benefits of physical activity is emphasized by default.

One mechanism that is gaining popularity internationally is prescribing physical activity as part of treatment and rehabilitation. Establishing a mechanism can assist in intervening early for people at risk (e.g. overweight, obese, sedentary lifestyle and people with family history of NCDs) or can be used for risk mitigation and enabling health (e.g. in preconception care for mother and child health). A thorough interdisciplinary mechanism within health service delivery system with counselling and prescription at primary health care level and potential links to resources (health promotion materials) and assigned physical activity centers or groups for practical guidance can be significantly beneficial for the health system and the population at a time where NCDs account for highest burden of disease and death in the Maldives.

The significance of physical activity in promoting health and wellbeing should be included in the education, pre-service training, in-service training and professional development programs of educators, health care professionals, childcare and social workers, and other professionals working in health, education, social care and

those working with vulnerable population groups including older people. Health service professionals should be equipped to advice on National Guideline on Physical Activity for Health for all population groups and teachers should be equipped to teach every child skill to be active every day and to enjoy and value physical activity. Consistent and persistent messaging at every opportunity can enhance the uptake of physical activity by all population groups.

4- NETWORK OF EXPERTISE & BUILDING PARTNERSHIPS

Enhancing physical activity falls on the agendas of numerous entities and there are a number of entities currently partaking in activities and programmes to boost physical activity in a variety of settings and contexts across the Maldives. Engaging all stakeholders with common goals and placing a collective effort can reduce replication while enhancing the resources (i.e. financial, human, programmatic) as well as strengthen the messaging and reach. Resource pooling through an established verification or validation system (e.g. validation of physical activity information materials and tools for elderly and people with limited mobility through Health Protection Agency) can add weight to the development, acceptance and usage of physical activity promotion materials. A Multisectoral Action Plan (Refer Action Area 2) that ties in implementing partners through a strategic coordination and communication mechanism is vital for implementation. Media should be engaged and empowered on their potential role to extend physical activity promotion through journalism.

MEASURING CHANGE AND MONITORING PROGRESS

Monitoring population trends through consistent use of physical activity indicators across surveys and assessments is vital to measuring impact of physical activity on the long run. Research should be encouraged and conducted on exploring the trends in usage of physical activity programmes by various population groups and evidence-based measures should be incorporated to ensure that physical activity promotion efforts benefit everyone everywhere in the Maldives. Systemic changes to evidence-based services, for example, hospital statistics of NCD burden and deaths linking to increased preventative care efforts within hospital services, should be encouraged within all public, private, community and voluntary sectors.

Emphasis should be given to advocating for and implementing the National Guideline on Physical Activity for Health, with regular review of global recommendations and practices and updates following new evidence for increased health gains. Comprehensive NCD prevention efforts including physical activity promotion is essential to reducing NCDs which accounts for the highest disease burden and deaths in Maldives.

APPENDIX A: KEY GLOBAL & NATIONAL COMMITMENTS

Voluntary global target of a 10% relative reduction in prevalence of insufficient physical activity

Global action plan for the prevention and control of noncommunicable diseases for the period 2013–2020

WHO “Best Buys” interventions to implement community wide public education and awareness campaign for physical activity, to provide physical activity counseling as part of primary health care services, and to enable physical activity through urban planning, development and infrastructure.

Appendix 3 update endorsed in May 2017 at 70th World Health Assembly of

Global action plan for the prevention and control of noncommunicable diseases for the period 2013–2020

A 25% relative reduction in overall mortality from cardiovascular diseases, cancers, diabetes, or chronic respiratory diseases by 2030

A 10% relative reduction in prevalence of insufficient physical activity by 2030

Develop national physical activity guidelines for all age groups in various settings

Maldives National Action Plan for the Prevention of Noncommunicable Diseases 2022–2031

Healthy lifestyle promotion in schools

Pilot healthy lifestyle at workplace

Improve urban structural designs in Male’ city and other major urban settings

Identify lifestyle related diseases / noncommunicable diseases, increase public awareness on such diseases and establish policies to protect public from such diseases

Public Health Act 20

APPENDIX B: KEY MESSAGES

These activities aligned with action areas identified in this policy and National Multi Sectoral NCD Action Plan. This purpose is to monitor progress on achieving the objectives of the policy. Activities will be implemented as part of the overall National Multi Sectoral NCD Action Plan.

Health related bodies/agencies:

1. Advocate for the implementation of the National Guideline on Physical Activity for Health
2. Enable, encourage and support strategies and tangible actions and programmes designed to enhance equitable and accessible population-wide increases in physical activity and decreases in sedentary behaviours to improve physical and mental health outcomes.
3. Advocate and lobby government for a comprehensive national strategy or action plan for physical activity, to ensure that physical activity is a policy priority that is immune to political shifts in government.
4. Advocate for the implementation of the Maldives Guidelines on Physical Activity for Health
5. Create coherence in promoting physical activity among overlapping mandate areas of respective Ministries
6. Uphold the Policy Goal to make physical activity a way of everyday life, and integrate it in efforts to create evidence-based community awareness, environments, human resource, networks, and mechanisms conducive to increases in physical activity and decreases in sedentary behaviours.

Youth and sports related bodies/agencies:

1. Advocate for the implementation of the Maldives Guidelines on Physical Activity for Health
2. Create coherence in promoting physical activity among overlapping mandate areas of respective Ministries
3. Uphold the Policy Goal to make physical activity a way of everyday life, and integrate it in efforts to create evidence-based community awareness, environments, human resource, networks, and mechanisms conducive to increases in physical activity and decreases in sedentary behaviours.

Education related bodies/agencies:

1. Advocate for the implementation of the Maldives Guidelines on Physical Activity for Health
2. Create coherence in promoting physical activity among overlapping mandate areas of respective Ministries
3. Uphold the Policy Goal to make physical activity a way of everyday life, and integrate it in efforts to create evidence-based community awareness, environments, human resource, networks, and mechanisms conducive to increases in physical activity and decreases in sedentary behaviours.

Gender & Social Services related bodies/agencies:

1. Advocate for the implementation of the Maldives Guidelines on Physical Activity for Health
2. Create coherence in promoting physical activity among overlapping mandate areas of respective Ministries
3. Uphold the Policy Goal to make physical activity a way of everyday life, and integrate it in efforts to create evidence-based community awareness, environments, human resource, networks, and mechanisms conducive to increases in physical activity and decreases in sedentary behaviours.

Planning, & infrastructure related bodies/agencies:

1. Affirms that physical activity as a way of everyday life is key to ensuring the population acquires physical and mental health benefits of physical activity and will integrate physical activity in efforts to create environments, mechanisms and infrastructure conducive to increases in physical activity and decreases in sedentary behaviours.
2. Affirms that physical activity as a way of everyday life is key to ensuring the population acquires physical and mental health benefits of physical activity and will integrate physical activity in efforts to create environments, mechanisms and infrastructure conducive to increases in physical activity and decreases in sedentary behaviours.

Transport related bodies/agencies

1. Affirms that physical activity as a way of everyday life is key to ensuring the population acquires physical and mental health benefits of physical activity and will integrate physical activity in efforts to create environments, mechanisms

2. and infrastructure conducive to increases in physical activity and decreases in sedentary behaviours.

Environment related bodies/agencies:

1. Affirms that physical activity as a way of everyday life is key to ensuring the population acquires physical and mental health benefits of physical activity and will integrate physical activity in efforts to create environments, mechanisms and infrastructure conducive to increases in physical activity and decreases in sedentary behaviours.

Implementation plan after policy endorsement

Activity	Leading Agency	Partners	Year of implementation								
Training on Maldives Guidelines on Physical Activity for Health Govt Organizations NGOs Sport Associations Teachers, Students	HPA	MOYSCE, MOE	1	2	3	4	5	6	7	8	9
Create coherence in promoting physical activity among overlapping mandate areas of respective Ministries	HPA	NGOs	1	2	3	4	5	6	7	8	9
Conduct advocacy meetings with policy and organizations to implement physical activity guidelines	HPA		1	2	3	4	5	6	7	8	9
Design a physical activity national campaign strategy focusing on all age groups and all settings including workplace and schools Promote indoor physical activity centers	MOYSCE, HPA	LGA, City Councils, Island Councils	1	2	3	4	5	6	7	8	9
Designate vehicle free zones to promote walkability and physical activity within the inner parts of Male city through a joint approach	Male' City Council, MOTACA,		1	2	3	4	5	6	7	8	9
Create open public physical activity grounds with professional instructors for males and females, two in Male City and expand to other major islands	MOYSCE	HDC, Male' City Council,	1	2	3	4	5	6	7	8	9

APPENDIX C: MALDIVES PHYSICAL ACTIVITY GUIDELINES

CHILDREN 0-4 YEARS

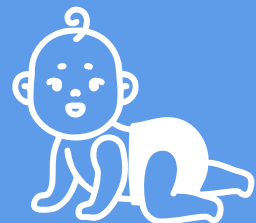
PHYSICAL ACTIVITY

A. INFANTS (below 1 year)

1. Should be physically active several times a day in a variety of ways.
 1. Interactive floor-based play, including crawling is particularly important every day.
 2. Infants not yet mobile, should spend at least 30 minutes in the prone position (tummy time), spread throughout the day while awake which includes reaching, grasping, pushing, pulling and rolling spread throughout the day while awake.
2. More physical activity is better.



30 MINUTES
IN PRONE POSITION



CRAWLING
IS IMPORTANT EVERYDAY

B. CHILDREN 1-2 YEARS

1. Should spend at least 180 minutes doing physical activities of any intensity, including moderate- to vigorous-intensity physical activity (energetic play) spread throughout the day.
2. More physical activity is better.



180 MINUTES
PHYSICAL ACTIVITY

C. CHILDREN 3-4 YEARS

1. Should spend at least 180 minutes doing physical activities of any intensity of which at least 60 minutes is moderate- to vigorous-intensity physical activity (energetic play) spread throughout the day.
2. More physical activity is better.



180 MINUTES
PHYSICAL ACTIVITIES

60 MINUTES
MODERATE INTENSITY

SEDENTARY BEHAVIORS

A. INFANTS (below 1 year)

1. Should not be restrained more than 1 hour at a time (e.g., in a high chair, stroller, baby carrier, baby bouncers or walking aids).
2. Screen time is not recommended at all.
3. When sedentary, caregivers are encouraged to engage with infants in interactive activities such as reading, storytelling and singing.



SHOULD NOT BE
RESTRAINED FOR MORE
THAN 1 HOUR AT A TIME

B. CHILDREN 1-2 YEARS

1. Should not be restrained more than 1 hour at a time (e.g., in a high chair, stroller, baby carrier or baby bouncer) or sit for prolonged periods.
2. For children 1 year of age, sedentary screen time is not recommended at all (e.g., watching TV or videos, playing video or computer games).
3. For children 2 years of age, sedentary screen time should be no more than 1 hour per day, and less is better.
4. When sedentary, caregivers are encouraged to engage with children in interactive activities such as reading, storytelling and block building.



SCREEN TIME
NOT RECOMMENDED



**INTERACTIVE
ACTIVITIES**
LIKE STORYTELLING
AND BLOCK BUILDING

C. CHILDREN 3-4 YEARS

1. Should not be restrained more than 1 hour at a time (e.g., stroller) or sit for prolonged periods.
2. Sedentary screen time should be no more than 1 hour per day, and less is better (e.g., watching TV or videos, playing video or computer games).
3. When sedentary, caregivers are encouraged to engage with children in interactive activities such as reading, storytelling and block building.



SCREEN TIME
NO MORE THAN 1 HOUR PER DAY

SLEEP

A. INFANTS (below 1 year)

1. Should have 14-17 hours (0-3 months of age) or 12-16 hours (4-11 months of age) of good quality sleep, including naps.

B. CHILDREN 1-2 YEARS

1. Should have 11-14 hours of good quality sleep, including naps.
2. Should have regular sleep and wake-up times.

C. CHILDREN 3-4 YEARS

1. Should have 10-13 hours of good quality sleep, which may include a nap.
2. Should have regular sleep and wake-up times.

CHILDREN 5-17 YEARS

PHYSICAL ACTIVITY

1. Children aged 5-17 years should accumulate at least 60 minutes per day of moderate- to vigorous-intensity physical activity every day
2. Most of the physical activity should be aerobic.
3. Vigorous-intensity aerobic activities should be incorporated at least 3 times a week, including those that strengthen muscle and bone.



60 MINUTES PER DAY
MODERATE- TO VIGOROUS-INTENSITY

SEDENTARY BEHAVIORS

1. Prolonged periods of sitting are damaging to health and should be broken up as much as possible.
2. Sedentary recreational screen time should be limited to no more than 2 hours per day (this excludes screen time for educational purposes).
3. Less screen time is better.

SLEEP

1. Children aged 5-13 years should have 9-11 hours of good quality sleep (uninterrupted sleep) every night
2. Children 14-17 years should have 8-10 hours of good quality sleep (uninterrupted sleep) uninterrupted sleep every night
3. Children aged 5-17 years should have a consistent bed and wake-up times to assist in maintaining a healthy sleeping pattern.
4. Avoid screen time 1 hour before bedtime

ADULTS 18-64 YEARS

PHYSICAL ACTIVITY

1. Accumulate at least 150 – 300 minutes of moderate-intensity aerobic physical activity OR at least 75 – 150 minutes of vigorous-intensity aerobic physical activity OR an equivalent combination of moderate and vigorous-intensity aerobic physical activity every throughout the week.
2. For additional health benefits, adults may increase moderate-intensity aerobic physical activity more than 300 minutes; OR do more than 150 minutes of vigorous-intensity physical activity OR an equivalent combination of moderate and vigorous-intensity aerobic physical activity throughout the week
3. Muscle-strengthening activities at moderate or greater intensity involving all major muscle groups should be done on at least 2 days a week.
4. All adults should undertake regular physical activities

SEDENTARY BEHAVIORS

1. Limit the time spent being sedentary; replace with more physical activity of any intensity (including light intensity)
2. Higher amounts of sedentary behaviors are associated with the following poor health outcomes; all-cause mortality, cardiovascular diseases mortality and cancer mortality and incidence of cardiovascular diseases, cancer and incidence of type 2 diabetes.

OLDER ADULTS 65 YEARS AND ABOVE

PHYSICAL ACTIVITY

1. Older adults should engage in physical activity every day to gain health benefits. Doing some physical activity is better than doing none, and more is better than some.
2. Start off slowly and build up to the recommended levels of physical activity.
3. Accumulate at least 150 – 300 minutes of moderate-intensity aerobic physical activity OR at least 75 – 150 minutes of vigorous-intensity aerobic physical activity OR an equivalent combination of moderate- to vigorous-intensity aerobic physical activity throughout the week
4. For additional health benefits, adults may increase moderate-intensity aerobic physical activity more than 300 minutes; OR do more than 150 minutes of vigorous-intensity physical activity OR an equivalent combination of moderate- to vigorous-intensity aerobic physical activity throughout the week.
5. Muscle-strengthening activities at moderate or greater intensity involving all major muscle groups should be done on at least 2 days every week.
6. Older adults should do varied multi-component physical activities that emphasized functional balance and strength training at moderate or greater intensity, on 3 or more days a week to maintain and enhance functional capacity and to prevent falls
7. Older adults who cannot do the recommended levels of physical activity due to health conditions should aim to be as physically active as their abilities and conditions allow.

It is recommended that all older people consult an appropriate health care provider before starting or increasing physical activity levels

SEDENTARY BEHAVIORS

1. Limit the time spent being sedentary; replace with more physical activity of any intensity (including light intensity)
2. Higher amounts of sedentary behaviors are associated with the following poor health outcomes; all-cause mortality, cardiovascular diseases mortality and cancer mortality and incidence of cardiovascular diseases, cancer and incidence of type 2 diabetes.

PREGNANT AND POSTPARTUM WOMEN

PHYSICAL ACTIVITY

1. Pregnant and Postpartum women without contraindication should do at least 150 minutes of moderate-intensity aerobic activity every week.
2. Women who regularly engaged in vigorous-intensity physical activity and muscle-strengthening physical activities before pregnancy can continue these activities during pregnancy and the postpartum period.
3. Pregnant women should be under the care of a healthcare provider who can monitor the progress of the pregnancy and advice to ensure the types and intensities of physical activity they undertake are appropriate for their abilities and health during pregnancy and the postpartum period.
4. Women should avoid exercises that involve lying on their back after the first trimester of pregnancy as it can restrict the blood flow to the uterus and foetus.
5. Pregnant women should avoid participating in contact sports and activities that increase the risk of falls and abdominal trauma.
6. Pelvic flow muscle training may be performed daily to reduce the risk of urinary incontinence
7. Doing some physical activity is better than doing none, and more is better than some



PREGNANT WOMAN
SHOULD BE UNDER THE CARE
OF A HEALTHCARE PROVIDER



DAILY TRAINING
PELVIC FLOW MUSCLE TRAINING

SEDENTARY BEHAVIORS

1. Limit the time spent being sedentary; replace with more physical activity of any intensity (including light intensity)
2. Higher amounts of sedentary behaviors are associated with the following poor health outcomes; all-cause mortality, cardiovascular diseases mortality and cancer mortality and incidence of cardiovascular diseases, cancer and incidence of type 2 diabetes.

ADULTS AND OLDER ADULTS WITH CHRONIC CONDITIONS (AGE 18 YEARS AND OLDER)

PHYSICAL ACTIVITY

1. Adults and older adults with chronic conditions should engage in physical activity every day to gain health benefits. Doing some physical activity is better than doing none, and more is better than some.
2. Start slowly and build up to the recommended levels of physical activity.
3. Adults and older adults with chronic conditions should at least 150 – 300 minutes of moderate-intensity aerobic physical activity OR at least 75 – 150 minutes of vigorous-intensity aerobic physical activity OR an equivalent combination of moderate- to vigorous-intensity aerobic physical activity throughout the week
4. When not contraindicated, adults and older adults with chronic conditions may increase moderate-intensity aerobic physical activity more than 300 minutes; OR do more than 150 minutes of vigorous-intensity physical activity OR an equivalent combination of moderate- to and vigorous-intensity aerobic physical activity throughout the week.
5. For additional health benefits, muscle-strengthening activities at moderate or greater intensity involving all major muscle groups should be done on at least 2 days every week.
6. As part of their weekly physical activities older adults with chronic conditions should do varied multi-component physical activities that emphasized functional balance and strength training at moderate or greater intensity, on 3 or more days a week to maintain and enhance functional capacity and to prevent falls.
7. When not able to meet the above recommendations, adults with chronic conditions should aim to be as physically active as their abilities and conditions allow.

SEDENTARY BEHAVIORS

1. Limit the time spent being sedentary; replace with more physical activity of any intensity (including light intensity)
2. Higher amounts of sedentary behaviors are associated with the following poor health outcomes; all-cause mortality, cardiovascular diseases mortality and cancer mortality and incidence of cardiovascular diseases, cancer and incidence of type 2 diabetes.

CHILDREN AND ADOLESCENTS LIVING WITH DISABILITIES (AGED 5-17YEARS)

PHYSICAL ACTIVITY

1. Children and Adolescents living with disabilities should do at least an average of 60 minutes per day of moderate to vigorous intensity, mostly aerobic physical activities across the week
2. Vigorous-intensity aerobic activities, as well as those that strengthen muscle and bone should be incorporated at least 3 days a week.
3. If children and Adolescents living with disabilities are not meeting these recommendations, doing some physical activity will bring benefits to health.

SEDENTARY BEHAVIORS

1. Children and adolescents living with disabilities should limit the amount of time being sedentary, particularly the amount of recreational screen time.
2. Start by doing some amount of physical activity.

ADULTS LIVING WITH DISABILITIES (18 YEARS AND OLDER)

PHYSICAL ACTIVITY

1. Adults living with disabilities should do at least 150 – 300 minutes of moderate-intensity aerobic physical activity OR at least 75 – 150 minutes of vigorous-intensity aerobic physical activity OR an equivalent combination of moderate and vigorous-intensity aerobic physical activity throughout the week.
2. For additional health benefits, muscle-strengthening activities at moderate or greater intensity involving all major muscle groups should be done on at least 2 days every week.
3. As part of their weekly physical activities older adults living with disabilities should do varied multi-component physical activities that emphasized functional balance and strength training at moderate or greater intensity, on 3 or more days a week to maintain and enhance functional capacity and to prevent falls.
4. Adults living with a disability may increase moderate-intensity aerobic physical activity more than 300 minutes; , OR do more than 150 minutes of vigorous-intensity physical activity OR an equivalent combination of moderate- to and vigorous-intensity aerobic physical activity throughout the week.
5. When not able to meet the above recommendations, adults with chronic conditions should aim to be as physically active as their abilities and conditions allow.

SEDENTARY BEHAVIORS

1. Limit the time spent being sedentary; replace with more physical activity of any intensity (including light intensity)
2. Higher amounts of sedentary behaviors are associated with the following poor health outcomes; all-cause mortality, cardiovascular diseases mortality and cancer mortality and incidence of cardiovascular diseases, cancer and incidence of type 2 diabetes

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NATIONAL POLICY
PHYSICAL ACTIVITY FOR HEALTHIER LIVING
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MINISTRY OF HEALTH
REPUBLIC OF MALDIVES

