

Every Move Counts

National Physical Activity and Sedentary Behaviour Guidelines for Ireland



Every Move Counts

Being active regularly has significant health benefits for your heart, bodies and minds, whether you're walking, wheeling or cycling, dancing, doing sport or playing with your kids.



**Any
is better
than none**

LIMIT
sedentary time



REPLACE ↑
with some physical activity



At least
3
hours
per day

Babies &
Children
aged 1-4



At least
1
hour
per day

Children &
Adolescents



Contents

Foreword	2
Introduction	3
National Physical Activity and Sedentary Behaviour Guidelines	4
Key messages for professionals and practitioners	13
Evidence summaries used to inform the guidelines	17
Explanation of vigorous and moderate activity and examples	19
Overview of Research Project to update the guidelines	20
Glossary of Terms	21



At least
2 hrs 30 min
per week

**Adults &
Older Adults**



On at least
3
days per week
muscle strengthening
activities

**Children &
Adolescents**



On at least
2
days per week
muscle strengthening
activities

Adults



On at least
3
days per week
multicomponent activities for
balance and strength

**Older
Adults**



**Everyone
who can**

More than
5
hours
per week

Including those living with disability

Every Move Counts



Foreword

Chief Medical Officer Professor Breda Smyth

We are all very aware of the importance of physical activity and sedentary behaviour in our work to promote health and wellbeing. Regular physical activity is a known protective factor for the prevention and management of non-communicable diseases, and also has benefits for mental health, delays the onset of dementia, and can contribute to the maintenance of healthy weight and general well-being. Independent of physical activity levels, the amount of time spent in sedentary activity is known to be harmful to health.

In recognition of this, the Healthy Ireland Framework and Strategic Action Plan included the development of a plan to promote physical activity as part of the theme of developing partnerships and cross sectoral work.

This commitment saw the publication, in 2016, of the first National Physical Activity Plan for Ireland which contained 60 actions intended to promote physical activity across the population. The Plan drew on the original National Guidelines on Physical Activity for Ireland, published in 2009, to describe the appropriate levels of health enhancing physical activity for the Irish population. An independent review, published in 2022, found that the majority of the actions had either been fully or partially completed. Two key actions not progressed at the time included development of physical activity guidelines for younger children and development of guidelines on sedentary behaviour.

I want to pay tribute to the work of the research team, who drew both on the most recent updated guidelines for children and adults from the WHO, and also undertook a comprehensive review of the evidence published since the WHO 2020 Guidelines. The team has also developed educational messages for public and professional audiences which will be of enormous assistance in our ongoing work of communicating the health benefits of physical activity.

There are several ongoing population surveys which give us an indication of the uptake of physical activity and levels of sedentary behaviour. The Healthy Ireland Survey 2019 has shown that most adults in Ireland spend at least 5 hours a day in sedentary activity. The Irish Sports Monitor 2022 survey has shown that the numbers walking and cycling for travel remain ahead of pre-pandemic levels. Indeed, walking for recreation is the most popular form of physical activity, with 68% of the adult population participating regularly. The 2022 report from the Children's Sport Participation and Physical Activity Survey (CSPPA) showed that 15% of students are meeting the daily recommended physical activity guidelines. Furthermore, data from all surveys shows that the social gradient continues to widen, with inequalities also with respect to disability.

We can see then that these new National Physical Activity and Sedentary Behaviour Guidelines for Ireland come at an important time. It will help guide our work in surveillance, policy and implementation, and will ensure that professionals and practitioners can embed, support, and recommend physical activity and reduction in sedentary behaviour confidently.



Introduction

The first National Physical Activity Guidelines for Ireland were published by the Health Service Executive (HSE) and Department of Health and Children in 2009. The purpose was to emphasise the importance of physical activity to the health of all Irish people and to outline evidence based recommendations for physical activity for people of all ages and abilities.

The World Health Organisation published Global Recommendations on Physical Activity in 2010. Since then many countries and international organisations have published physical activity guidelines, with the content of almost all being based on the WHO recommendations. In 2019, WHO published Physical Activity, Sedentary Behaviour and Sleep Guidelines for Children under 5 and subsequently published updated Guidelines on Physical Activity and Sedentary Behaviour in 2020, which addressed children over 5 and adults.

In 2023, the HSE Healthy Eating Active Living Programme, on behalf of Department of Health commissioned a research project to update the Irish National Physical Activity Guidelines and incorporate specific guidelines for younger children and on sedentary behaviour. The National Physical Activity and Sedentary Behaviour Guidelines for Ireland, presented in this report, update the 2009 guidelines across all age groups. They take into account new and even more compelling evidence confirming that regular physical activity has benefits for all people, for society and for the planet. The evidence summaries and links to detailed evidence briefs that underpin these guidelines are on pages 17-18.

In developing the National Physical Activity and Sedentary Behaviour Guidelines for Ireland, a particular emphasis was placed on optimal messaging for professional and public audiences, underpinned by evidence and consultation with stakeholders. As a result the Guidelines include key messages for public and professional audiences designed to support and enable more people more active more often.

The National Physical Activity and Sedentary Behaviour Guidelines for Ireland form part of a suite of policy documents that collectively aim to enable a systems approach to promotion and participation in physical activity in Ireland. These include Get Ireland Active: National Physical Activity Plan (2016-2022) and the successor to this which will be published in 2024. As well as the Healthy Ireland Framework and Strategic Implementation Plan, National Sports Policy and Sports Action Plans, National Development Plan, First Five and others.

The HSE and Department of Health would like to acknowledge the kind permission of WHO to adapt 'WHO guidelines on physical activity and sedentary behaviour. Geneva: World Health Organization; 2020.' which was published under the [Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO license](#).



National Physical Activity and Sedentary Behaviour Guidelines for Ireland

This section sets out the recommendations, informed by evidence, for a range of groups in the general population including children, adolescents and adults including those living with disability.

Many factors influence people’s ability and capacity to be physically active. While some of these factors such as access to affordable leisure opportunities, safe routes for walking and cycling are outside the direct control of individuals. There is a lot that individuals can do to be more active every day.

This section also contains a suite key messages designed to:

- 1. Improve perceptions towards physical activity and increase motivation to be physically active; and
- 2. Equip people with the knowledge of the physical activity and sedentary behaviour guidelines.

These messages with the overall tagline of Every Move Counts should be used by organisations and individuals when communicating with the National Physical Activity and Sedentary Behaviour Guidelines to the public.

Children under 5 years

These guidelines are for all healthy children under 5 years of age, irrespective of gender, cultural background or socio-economic status of families and are relevant for children of all abilities. Caregivers of children with a disability or those with a medical condition, however, may seek additional guidance from a health professional.

Children under 5 years Key Messages (perception and motivation)
Being active with your child is a great way to bond and spend quality time with them.
Being active can improve your child’s body and brain development and improve their mental and physical health.
An active child is a happy and healthy child.

Note: “Child” has been used as it applies to all under 5s. You may wish to substitute “child” for “baby” (<12 months) or “toddler” (1-2 years) to target specific age group.



Under 1 years

Infants (less than 1 year) should:

- Be physically active several times a day in a variety of ways, particularly through interactive floor-based play; more is better. For those not yet mobile, this includes at least 30 minutes in prone position (tummy time) spread throughout the day while awake.
- Not be secured for more than 1 hour at a time (e.g., prams/strollers, high chairs, or strapped on a caregiver's back). Screen time is not recommended. When sedentary, engaging in reading and storytelling with a caregiver is encouraged.

Under 1 years - Key messages (knowledge)

If your baby is younger than 12 months old, you can help them to be happy and healthy by helping them to be physically active several times a day in a variety of ways, particularly through interactive floor-based play. The more the better!

If your baby is not yet crawling, their daily physical activity can include 30 minutes of tummy time spread throughout the day while they are awake.

We recommend trying not to have your baby secured, for example in a buggy/pram or in a high chair, for more than 1 hour at a time while they are awake if possible.

We know that screen time can sometimes be helpful to parents, but when your baby is not being physically active, they will benefit more from activities such as playing with toys or engaging in reading or storytelling with their caregiver if possible.



1 - 2 years

Children 1-2 years of age should:

- Spend at least 3 hours in a variety of types of physical activities at any intensity, including moderate- to vigorous-intensity physical activity, spread throughout the day; more is better.
- Not be secured for more than 1 hour at a time (e.g., prams/strollers, high chairs, or strapped on a caregiver's back) or sit for extended periods of time. For 1-year-olds, sedentary screen time (such as watching TV or videos, playing computer games) is not recommended. For those aged 2 years, sedentary screen time should be no more than 1 hour; less is better. When sedentary, engaging in reading and storytelling with a caregiver is encouraged.

1-2 years Key Messages (knowledge)

If your child is 1-2 years of age, you can help them to be happy and healthy by helping them engage in 3 hours of physical activity at any intensity (from moderate to vigorous intensity) spread throughout the day (e.g., walking, crawling, or dancing). The more the better!

We recommend not having your toddler secured, for example in a buggy/pram or in a high chair, for more than 1 hour at a time while they are awake if possible, and avoid having them sit still for extended periods of time while they are awake.

We know that screen time can sometimes be helpful to parents, but when your toddler is not being active, they will benefit more from activities such as playing with toys or engaging in reading or storytelling with their caregiver if possible.

If your child is aged 2, we recommend trying to limit their screen time to 1 hour, but less is better.

3 - 4 years

Children 3-4 years of age should:

- spend at least 3 hours in a variety of types of physical activities at any intensity, of which at least 1 hour is moderate- to vigorous-intensity physical activity, spread throughout the day; more is better.
- not be secured for more than 1 hour at a time (e.g., prams/strollers) or sit for extended periods of time. Sedentary screen time should be no more than 1 hour; less is better. When sedentary, engaging in reading and storytelling with a caregiver is encouraged.

3-4 years Key Messages (knowledge)

If your child is 3-4 years old, you can help them to be happy and healthy by helping them engage in 3 hours of physical activity each day. They will benefit even more if 1 hour of these 3 hours is moderate- to vigorous-intensity (such as dancing, running, skipping or scooting). The more the better!

We recommend not having your child secured, for example in a buggy/pram or in a high chair, for more than 1 hour at a time while they are awake, and avoiding having them sit still for extended periods of time while they are awake if possible.

We know that screen time can be helpful to parents, but when your child is not being active, they will benefit more from activities such as playing with toys or colouring, or engaging in reading or storytelling with their caregiver if possible.

Where possible, we recommend limiting their screen time to 1 hour, but less is better.

Children and Adolescents (5-17 years)

It is recommended that:

- Children and adolescents should do at least an average of 1 hour per day of moderate- to vigorous- intensity, mostly aerobic, physical activity, across the week.
- Vigorous-intensity aerobic activities, as well as those that strengthen muscle and bones, should be incorporated at least 3 days a week.

It is recommended that:

- Children and adolescents should limit the amount of time spent being sedentary, particularly the amount of recreational screen time.

Children and Adolescents 5-17 Key Messages (perception and motivation)

Being physically active with your friends is a great way to spend time with them.

Moving your body makes you feel good.

Physical activity can help improve your mental health, make you feel calmer, and less stressed.

Children and Adolescents 5-17 Key Messages (knowledge)

If you are between 5 and 17 years old, you can improve your physical and mental health by being physically active for 1 hour or more each day.

We recommend that you take part in physical activities that you enjoy. To get the greatest benefits to health, you may try to take part in mostly aerobic activities (such as walking to school, running or playing sports) with muscle-strengthening activities (such as climbing or doing body weight resistance exercises) on at least 3 days of the week.

You'll know your activity is intense enough to gain health benefits and 'count' towards your 1 hour if you can talk but not sing (moderate), or if you are unable to say more than a few words during the activity (vigorous).

You can make up your daily and weekly physical activity when and how you want to.

We recommend trying to reduce the amount of time you spend sitting still for long periods of time, particularly if this time is spent on a screen (e.g., watching TV or playing video games).





Children and Adolescents living with disability

It is recommended that:

- Children and adolescents living with disability should do at least an average of 1 hour per day of moderate- to vigorous- intensity, mostly aerobic, physical activity, across the week.
- Vigorous-intensity aerobic activities, as well as those that strengthen muscle and bone should be incorporated at least 3 days a week.

For some children and adolescents with certain disabilities (e.g., cerebral palsy, muscular dystrophy) a reduced level of physical activity may be adequate to attain significant health benefits, considering their higher energy cost of physical activity.

It is recommended that:

- Children and adolescents living with disability should limit the amount of time spent being sedentary, particularly the amount of recreational screen time.

Children and adolescents living with disability (perception and motivation)

Physical activity can help you meet new people.

Physical activity can help build your confidence and your concentration.

Physical activity can help make your muscles stronger and improve your movement skills, balance and coordination.

Children and adolescents living with disability (knowledge)

If you are a child or adolescent living with a disability, you can improve your physical and mental health by being active for 1 hour or more each day if you are able.

We recommend that you take part in physical activities that you enjoy. To get the greatest benefits to health, you may try to take part in mostly aerobic activities (such as walking/wheeling to school, or playing sports) with muscle-strengthening activities (such as climbing or doing body weight exercises) on at least 3 days of the week.

If you do not feel able to be physically active for 1 hour or more each day, you can still improve your physical and mental health with a smaller amount. Aim to do what you can and listen to your body.

You'll know your activity is intense enough to gain health benefits and count towards your one hour if you can talk but not sing (moderate), or if you are unable to say more than a few words during the activity (vigorous).

You can make up your weekly physical activity when and how you want to.

We recommend trying to reduce the amount of time you spend sitting still for long periods of time, particularly if this time is spent on a screen (e.g., watching TV or playing video games).

When you first start to exercise, build up slowly so you enjoy it more.

Adults (18-64 years)

It is recommended that:

- All adults should undertake regular physical activity.
- Adults should do at least 2 hours and 30 minutes to 5 hours of moderate-intensity aerobic physical activity; or at least 1 hour and 15 minutes to 2 hours and 30 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week, for substantial health benefits.
- Adults should also do muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week, as these provide additional health benefits.
- Adults may increase moderate-intensity or vigorous-intensity aerobic physical activity to do more than the recommended amount* for additional health benefits.

*i.e., more than 5 hours of moderate-intensity aerobic physical activity; or more than 2 hours and 30 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week.

It is recommended that:

- Adults should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits.
- To help reduce the detrimental effects of high levels of sedentary behaviour on health, adults should aim to do more than the recommended levels of moderate- to vigorous-intensity physical activity.

Adults 18-64 Key messages (perceptions and motivation)

Move your body and be active in a way that you enjoy – any physical activity is good physical activity.

A little movement for a little mood improvement.

Moving more today can help you sleep better tonight.

Adults 18-64 Key messages (knowledge)

If you are aged 18-64, you can improve your mental and physical health by taking part in at least 2 hours and 30 minutes of moderate intensity physical activity (such as brisk walking), or at least 1 hour and 15 minutes of vigorous intensity physical activity (such as running) per week.

Taking part in activities that strengthen your muscles (such as resistance training or yoga) on 2 or more days each week brings important health benefits.

More physical activity is better and will bring additional health benefits.

You can make up your weekly physical activity when and how you want to.

We recommend trying to limit the amount of time you spend sitting still.

Breaking up and replacing some of your time spent sitting still with some movement can benefit your health.





Older Adults (65+ years)

It is recommended that:

- All older adults should undertake regular physical activity.
- Older adults should do at least 2 hours and 30 minutes to 5 hours of moderate-intensity aerobic physical activity; or at least 1 hour and 15 minutes to 2 hours and 30 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week, for substantial health benefits.
- Older adults should also do muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week, as these provide additional health benefits.
- As part of their weekly physical activity, older adults should do varied multicomponent physical activity that emphasises functional balance and strength training at moderate or greater intensity, on 3 or more days a week, to enhance functional capacity and to prevent falls.
- Older adults may increase moderate-intensity or vigorous intensity aerobic physical activity to do more than the recommended amount* for additional health benefits.

*i.e., more than 5 hours of moderate-intensity aerobic physical activity; or more than 2 hours and 30 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week.

It is recommended that:

- Older adults should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits
- To help reduce the detrimental effects of high levels of sedentary behaviour on health, older adults should aim to do more than the recommended levels of moderate- to vigorous-intensity physical activity.

Older Adults (65+ years) Key messages (perceptions and motivation)

Move your body and be active in a way that you enjoy – any physical activity is good physical activity.

Every move counts.

Being physically active can help you keep your independence into older adulthood.



Older Adults (65+ years) Key messages (knowledge)

If you are aged 65 or older, you can improve your health by taking part in at least 2 hours and 30 minutes of moderate intensity physical activity (such as walking to the shop, gardening and swimming), or at least 1 hour and 15 minutes of vigorous intensity physical activity (such as running, stair climbing, and playing sport) each week.

Taking part in activities that strengthen your muscles (such as resistance training, carrying heavy bags, or yoga) on 2 or more days each week brings important health benefits.

More physical activity is better and will bring additional health benefits.

You can make up your weekly physical activity when and how you want to.

We recommend that you try to limit the amount of time you spend sitting still.

Breaking up and replacing some of your time spent sitting still with some movement can benefit your health.

Adults living with disability

It is recommended that:

- All adults living with disability should undertake regular physical activity.
- Adults living with disability should do at least 2 hours and 30 minutes to 5 hours of moderate-intensity aerobic physical activity; or at least 1 hour and 15 minutes to 2 hours and 30 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week for substantial health benefits.
- Adults living with disability should also do muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week, as these provide additional health benefits.
- As part of their weekly physical activity, older adults living with disability should do varied multicomponent physical activity that emphasises functional balance and strength training at moderate or greater intensity on 3 or more days a week, to enhance functional capacity and prevent falls.
- Adults living with disability may increase moderate-intensity or vigorous-intensity aerobic physical activity to more than the recommended amount* for additional health benefits

*i.e. More than 5 hours of moderate-intensity aerobic physical activity; or more than 2 hour and 30 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week

It is recommended that:

- Adults living with disability should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits.
- To help reduce the detrimental effects of high levels of sedentary behaviour on health, adults living with disability should aim to do more than the recommended levels of moderate- to vigorous-intensity physical activity.

Adults living with disability Key messages (perceptions and motivation)

Move your body and be active in a way that you enjoy – any physical activity is good physical activity.

Move your body more and feel better.

Every move counts.

Adults living with disability Key messages (knowledge)

If you are an adult living with a disability, you can enhance your health by taking part in 2 hours and 30 minutes – 5 hours of physical activity each week.

You'll know your activity is intense enough to gain health benefits and 'count' towards your one hour if you can talk but not sing (moderate), or if you are unable to say more than a few words during the activity (vigorous).

You can make up your weekly physical activity however you want to, for example 30 minutes 5 times per week, or 50 minutes 3 times per week.

To get the most health benefits, try to incorporate activities that strengthen your muscles (such as lifting weights or yoga) on 2 or more days a week.

If you are an older adult living with a disability, you can take part in various activities that strengthen your muscles and improve balance (such as lifting weights or yoga) on 3 or more days each week.

We recommend that you try to limit the amount of time you spend sitting still.

Breaking up and replacing some of your time spent sitting still with some movement can benefit your health.

If you are unable to stand, you can move in other ways, for example by completing upper body led activities, or inclusive and/or wheelchair-specific activities.

* In line with National Disability Authorities guidance for public bodies on disability language and terminology, Disabled Persons Organisations (DPOs) are best placed to advise on the use of language for their members. In this regard, the terms 'people living with a disability' or 'disabled person' may be used flexibly when these bodies are communicating and promoting the guidelines.



Key Messages for Professionals and Practitioners

Enabling everyone living in Ireland to experience the benefits of the National Physical Activity and Sedentary Behaviour Guidelines for Ireland will require action and change across multiple sectors. The key messages set out below are designed to support diverse professionals and practitioners to communicate the benefits of physical activity when engaging with stakeholders and advocating for change.

They were developed using the Department of Health and Social Care (2023) UK Chief Medical Officers' physical activity guidelines communications framework. Available from: <https://www.gov.uk/government/publications/uk-chief-medical-officers-physical-activity-guidelines-communications-framework>

Health and Social Care professionals and practitioners

Key Messages

Physical activity can have a protective effect on a range of chronic conditions including coronary heart disease, obesity and type 2 diabetes, mental health problems and social isolation. Particularly in later life, it can also help treat and offset the symptoms of depression, cardiovascular disease and Parkinson's disease.

Being inactive is harmful to health.

In childhood, strengthening activities help to develop muscle strength and build healthy bones. In adults and older adults, activities which improve strength and balance contribute to healthy ageing, reduce the risk of falls and help people feel more confident.

Being active makes daily tasks easier and increases independence, particularly for people with a disability and those in later life.

The relationship between physical activity and health is clear. The more time spent being physically active, the greater the health benefits – even relatively small increases in physical activity can contribute to improved health and quality of life.

Regular physical activity provides a range of physical, mental and social health benefits. These include: reducing the risk of disease; managing existing conditions; making it easier to maintain a healthier weight; developing and maintaining physical and mental function; and increasing motivation and confidence.

Recent evidence demonstrates that there is no minimum amount of physical activity required to achieve some health benefits.

Even aiming to do at least 10 minutes of activity at a time can be effective as a behavioural goal for people starting from low levels of activity.

For children and young people, taking part in physical activity helps to build confidence and develop social skills, and is also associated with improved learning and attainment.

Achieving higher levels of physical activity in the early years helps maintain higher levels later in childhood and adolescence, and into adulthood.

Myths about physical activity being harmful for people with a disability should be dispelled.

Education and Childcare professionals and practitioners

Key Messages

Achieving higher levels of physical activity in the early years helps maintain higher levels later in childhood and adolescence, and into adulthood.

Being inactive is harmful to health.

For children and young people, taking part in physical activity helps to build confidence and develop social skills.

Regular physical activity provides a range of physical, mental and social health benefits. These include: reducing the risk of disease; managing existing conditions; making it easier to maintain a healthier weight; developing and maintaining physical and mental function; and increasing motivation and confidence.

In childhood, strengthening activities help to develop muscle strength and build healthy bones. In adults and older adults, activities which improve strength and balance contribute to healthy ageing, reduce the risk of falls and help people feel more confident.

Regular physical activity is associated with improved learning and attainment both directly (improved grades, school engagement, behaviour and reduced absenteeism) and indirectly (by enhancing skills such as self-control and concentration, team working and time management).

The relationship between physical activity and health is clear. The more time spent being physically active, the greater the health benefits – even relatively small increases in physical activity can contribute to improved health and quality of life.

Physical activity can have a protective effect on a range of chronic conditions including coronary heart disease, obesity and type 2 diabetes, mental health problems and social isolation. Particularly in later life, it can also help treat and offset the symptoms of depression, cardiovascular disease and Parkinson's disease.

Recent evidence demonstrates that there is no minimum amount of physical activity required to achieve some health benefits.

Even aiming to do at least 10 minutes of activity at a time can be effective as a behavioural goal for people starting from low levels of activity.

Physical Activity/Sport professionals and practitioners

Key Messages

The relationship between physical activity and health is clear. The more time spent being physically active, the greater the health benefits – even relatively small increases in physical activity can contribute to improved health and quality of life.

For children and young people, taking part in physical activity helps to build confidence and develop social skills.

In childhood, strengthening activities help to develop muscle strength and build healthy bones. In adults and older adults, activities which improve strength and balance contribute to healthy ageing, reduce the risk of falls and help people feel more confident.

Regular physical activity provides a range of physical, mental and social health benefits. These include: reducing the risk of disease; managing existing conditions; making it easier to maintain a healthier weight; developing and maintaining physical and mental function; and increasing motivation and confidence.

Being active makes daily tasks easier and increases independence, particularly for people with a disability and those in later life.

Physical activity can have a protective effect on a range of chronic conditions including coronary heart disease, obesity and type 2 diabetes, mental health problems and social isolation. Particularly in later life, it can also help treat and offset the symptoms of depression, cardiovascular disease and Parkinson's disease.

Recent evidence demonstrates that there is no minimum amount of physical activity required to achieve some health benefits.

Even aiming to do at least 10 minutes of activity at a time can be effective as a behavioural goal for people starting from low levels of activity.

Regular physical activity is associated with improved learning and attainment both directly (improved grades, school engagement, behaviour and reduced absenteeism) and indirectly (by enhancing skills such as self-control and concentration, team working and time management).

Achieving higher levels of physical activity in the early years helps maintain higher levels later in childhood and adolescence, and into adulthood.

Being inactive is harmful to health.

Local Authority professionals and practitioners (planning, transport, community and economic development)

Key Messages

The relationship between physical activity and health is clear. The more time spent being physically active, the greater the health benefits – even relatively small increases in physical activity can contribute to improved health and quality of life.

Being inactive is harmful to health.

Regular physical activity provides a range of physical, mental and social health benefits. These include: reducing the risk of disease; managing existing conditions; making it easier to maintain a healthier weight; developing and maintaining physical and mental function; and increasing motivation and confidence.

Physical activity can have a protective effect on a range of chronic conditions including coronary heart disease, obesity and type 2 diabetes, mental health problems and social isolation. Particularly in later life, it can also help treat and offset the symptoms of depression, cardiovascular disease and Parkinson's disease.

Even aiming to do at least 10 minutes of activity at a time can be effective as a behavioural goal for people starting from low levels of activity.

Recent evidence demonstrates that there is no minimum amount of physical activity required to achieve some health benefits.

Achieving higher levels of physical activity in the early years helps maintain higher levels later in childhood and adolescence, and into adulthood.

Physical activity can be supported through designing and providing universal and accessible access to outdoor and indoor spaces and facilities where people can be physically active.

Reallocation of space from motorised transport to active travel and/or active recreation can support physical activity.

The provision of green open spaces and/or mixed land use and/or compact urban design can support physical activity.

Physical activity can be supported through infrastructures to support safe walking and/or cycling and/or wheeling, including measures to calm speed, reduce vehicle traffic and enhance active mobility.

Physical activity can be supported through programmes encouraging people to increase their use of public transport and active travel options for going to and from places.

Evidence summaries used to develop the guidelines

The following evidence summaries are reproduced under the [CC BY-NC-SA 3.0](#) licence from the following sources:

- Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age. Geneva: World Health Organization; 2019.
- WHO guidelines on physical activity and sedentary behaviour. Geneva: World Health Organization; 2020.

Children and adolescents (aged 5–17 years)

In children and adolescents, physical activity confers benefits for the following health outcomes: improved physical fitness (cardiorespiratory and muscular fitness), cardiometabolic health (blood pressure, dyslipidaemia, glucose, and insulin resistance), bone health, cognitive outcomes (academic performance, executive function), mental health (reduced symptoms of depression); and reduced adiposity.

In children and adolescents, higher amounts of sedentary behaviour are associated with the following poor health outcomes: increased adiposity; poorer cardiometabolic health, fitness, behavioural conduct/pro-social behaviour; and reduced sleep duration.

Children and adolescents (aged 5–17 years) living with disability

Many of the health benefits of physical activity for children and adolescents, as set out in the section above, also relate to those children and adolescents living with disability. Additional benefits of physical activity to health outcomes for those living with disability include: improved cognition in individuals with diseases or disorders that impair cognitive function, including attention-deficit/hyperactivity disorder (ADHD); improvements in physical function may occur in children with intellectual disability.

In children and adolescents, higher amounts of sedentary behaviour are associated with the following poor health outcomes: increased adiposity; poorer cardio-metabolic health, fitness, and behavioural conduct/pro-social behaviour; and reduced sleep duration.

Adults (aged 18–64 years)

In adults, physical activity confers benefits for the following health outcomes: improved all-cause mortality, cardiovascular disease mortality, incident hypertension, incident site-specific cancers,[1] incident type-2 diabetes, mental health (reduced symptoms of anxiety and depression); cognitive health, and sleep; measures of adiposity may also improve.

In adults, higher amounts of sedentary behaviour are associated with the following poor health outcomes: all-cause mortality, cardiovascular disease mortality and cancer mortality and incidence of cardiovascular disease, cancer and type-2 diabetes.

Older adults (aged 65 years and older)

In older adults, physical activity confers benefits for the following health outcomes: improved all-cause mortality, cardiovascular disease mortality, incident hypertension, incident site-specific cancers, incident type-2 diabetes, mental health (reduced symptoms of anxiety and depression), cognitive health, and sleep; measures of adiposity may also improve. In older adults, physical activity helps prevent falls and falls-related injuries and declines in bone health and functional ability.

In older adults, higher amounts of sedentary behaviour are associated with the following poor health outcomes: all-cause mortality, cardiovascular disease mortality and cancer mortality, and incidence of cardiovascular disease, cancer and incidence of type-2 diabetes.

Adults (aged 18 years and older) living with disability

Many of the health benefits of physical activity for adults, as set out in the section above, also relate to adults living with disability. Additional benefits of physical activity to health outcomes for those living with disability include the following: for adults with multiple sclerosis – improved physical function, and physical, mental, and social domains of health-related quality of life; for individuals with spinal cord injury – improved walking function, muscular strength, and upper extremity function; and enhanced health-related quality of life; for individuals with diseases or disorders that impair cognitive function – improved physical function and cognition (in individuals with Parkinson's disease and those with a history of stroke); beneficial effects on cognition; and may improve quality of life (in adults with schizophrenia); and may improve physical function (in adults with intellectual disability); and improves quality of life (in adults with major clinical depression).

In adults, higher amounts of sedentary behaviour are associated with the following poor health outcomes: all-cause mortality, cardiovascular disease mortality and cancer mortality and incidence of cardiovascular disease, cancer and type-2 diabetes.

For further information please see the:

- WHO guidelines on physical activity and sedentary behaviour
<https://www.who.int/publications/i/item/9789240015128>
- WHO Evidence profiles
<https://iris.who.int/bitstream/handle/10665/336657/9789240015111-eng.pdf>
- Murtagh E, Power D, Foster C et al 2023 Update on the National Physical Activity and Sedentary Behaviour Guidelines for Ireland Final Research Report <https://doi.org/10.34961/researchrepository-ul.24762942>

[1] Site-specific cancers of: bladder, breast, colon, endometrial, oesophageal adenocarcinoma, gastric, and renal.

Explanation of moderate and vigorous intensity, and sample activities

Physical Activity Intensity

	Light	Moderate	Vigorous
METs*	1.5 - 3	3 – 6	> 6
% HR max	50-63	64-76	77-93
Talk test	You can talk and sing without issue	You can talk but not sing during the activity	You will not be able to say more than a few words without pausing for a breath
Warmth	-	Warmer	Hot and sweating
RPE (6 – 20 scale)	10-11	12-13	14-16

*One MET is the energy equivalent expended by an individual while seated at rest.

Sample Activities

Children and Adolescents

Moderate Intensity	Vigorous Intensity	Muscle-strengthening
Brisk walking	Running	Body weight exercises (i.e., push ups, pull-ups)
Housework and gardening	Playing tag	Yoga
Riding a scooter without a motor	Skiping	Climbing in a playground
Riding a bicycle slowly	Martial arts	
PE class	Sports (i.e., soccer, hurling, gaelic football, tennis)	Games such as tug-of-war
Playing games of catch and throw, such as frisbee or rounders	Dancing	
	Hiking	

Adults

Moderate Intensity	Vigorous Intensity	Muscle-strengthening
Brisk walking	Running	Lifting weights
Water aerobics	Swimming	Working with resistance bands
Riding a bicycle slowly	Sports (i.e., soccer, hurling, gaelic football, tennis singles, rugby)	Body weight exercises
Housework and gardening	Martial arts	Yoga
Tennis doubles	Walking up the stairs	Climbing
Farming or taking care of animals	Gymnastics	Repetitively lifting children or heavy items
Dancing		Repetitive stair climbing
Hiking		Wheeling a wheelchair
Golf		Pilates

Overview of Research Project to update the guidelines

The update of the National Physical Activity and Sedentary Guidelines for Ireland was a multi-stage project which commenced in September 2023 and concluded in December 2023. Stage 1 involved a review and compilation of the available evidence published since the publication of the World Health Organisation's Guidelines for Physical Activity and Sedentary Behaviour (World Health Organisation, 2020). In Stage 2, a meeting of the project team was convened to agree upon the draft physical activity and sedentary behaviour guidelines and messages. Stage 3 involved consultation with key stakeholders on the draft guidelines, messages for professionals and practitioners, and messages for the public. Surveys were used to assess the perceptions of the public and professional audiences to the draft guidelines and messages. Following the analysis of data from the surveys, a meeting was convened with cross-sectoral experts to gain feedback on the proposed physical activity and sedentary behaviour guidelines for Ireland. Finally, the project team considered findings the consensus meeting and feedback from the HSE Healthy Eating Active Living team to agree on the proposed guidelines and messages.

Project Team members:

Prof Elaine Murtagh, University of Limerick (Chair)

Dr Dylan Power, University of Limerick (Research assistant)

Prof Charlie Foster, Royal College of Surgeons in Ireland and University of Bristol

Prof Marie Murphy, University of Edinburgh and Ulster University

Dr Sean Healy, University of Limerick

Dr Grainne Hayes, University of Limerick

Prof Niamh Murphy, South East Technological University

Prof Catherine Woods, University of Limerick

Dr Chloë Williamson, University of Edinburgh

Glossary of Terms

This glossary is reproduced under the CC BY-NC-SA 3.0 licence from the following sources:

- Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age. Geneva: World Health Organization; 2019.
- WHO guidelines on physical activity and sedentary behaviour. Geneva: World Health Organization; 2020.

Aerobic physical activity	Activity in which the body's large muscles move in a rhythmic manner for a sustained period of time. Aerobic activity – also called endurance activity – improves cardiorespiratory fitness. Examples include walking, running, swimming, and bicycling.
Balance training	Static and dynamic exercises that are designed to improve an individual's ability to withstand challenges from postural sway or destabilizing stimuli caused by self-motion, the environment, or other objects.
Bone-strengthening activity	Physical activity primarily designed to increase the strength of specific sites in bones that make up the skeletal system. Bone-strengthening activities produce an impact or tension force on the bones that promotes bone growth and strength. Running, jumping rope, and lifting weights are examples of bone-strengthening activities.
Cardiometabolic health	The interplay of blood pressure, blood lipids, blood glucose and insulin on health.
Cardiorespiratory fitness (endurance)	A health-related component of physical fitness. The ability of the circulatory and respiratory systems to supply oxygen during sustained physical activity. Usually expressed as measured or estimated maximal oxygen uptake (VO ₂ max).
Cognitive development	The process of learning, memory, attention, concentration and language development.
Cognitive function	Cerebral activities, i.e., reasoning, memory, attention, and language that lead to the attainment of information and knowledge. This can also include learning.
Disability	From the International Classification of Functioning, Disability and Health, an umbrella term for impairments, activity limitations, and participation restrictions, denoting the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors).
Exercise	A subcategory of physical activity that is planned, structured, repetitive, and purposeful in the sense that the improvement or maintenance of one or more components of physical fitness is the objective. "exercise" and "exercise training" frequently are used interchangeably and generally refer to physical activity performed during leisure time with the primary purpose of improving or maintaining physical fitness, physical performance, or health.
Fitness	A measure of the body's ability to function efficiently and effectively in work and leisure activities, and includes, for example, physical fitness and cardiorespiratory fitness.
Flexibility	A health- and performance-related component of physical fitness that is the range of motion possible at a joint. Flexibility is specific to each joint and depends on a number of specific variables including, but not limited to, the tightness of specific ligaments and tendons. Flexibility exercises enhance the ability of a joint to move through its full range of motion.

Floor based play	Supervised play for infants, where children move on the floor and develop motor skills.
Functional exercises	Exercises that can be embedded into everyday tasks to improve lower-body strength, balance, and motor performance. Examples include tandem and one-leg stands, squatting, chair stands, toe raises, and stepping over obstacles.
Infant	Child aged less than one year, for the purposes of studies aged 0–11.9 months.
Interactive play	See “Play”. Interactive play is play with a parent or caregiver where the child and adult/older child interact and engage in play for both cognitive and motor learning.
Light-intensity physical activity	Light-intensity physical activity is between 1.5 and 3 METs, i.e. activities with energy cost less than 3 times the energy expenditure at rest for that person. This can include slow walking, bathing, or other incidental activities that do not result in a substantial increase in heart rate or breathing rate. Light intensity physical activity is equivalent to 1.5–4 METs in children, i.e., activities with energy cost 1.5 to 4.0 times the energy expenditure at rest for that child. For young children, this can include slow walking, bathing, or other incidental activities that do not result in the child getting hot or short of breath.
Major muscle groups	Major muscle groups include the legs, back, abdomen, chest, shoulders and arms.
Metabolic equivalent of task (MET)	The metabolic equivalent of task, or simply metabolic equivalent, is a physiological measure expressing the intensity of physical activities. One MET is the energy equivalent expended by an individual while seated at rest.
Moderate-intensity physical activity	On an absolute scale, moderate-intensity refers to the physical activity that is performed between 3 and less than 6 times the intensity of rest. On a scale relative to an individual’s personal capacity, moderate-intensity physical activity is usually a 5 or 6 on a scale of 0–10. Moderate PA is equivalent to 4–7 METs in children, i.e., 4–7 times resting energy expenditure at rest for that child. Vigorous PA is equivalent to >7 METs. For young children, this can include brisk walking, cycling, running playing ball games, swimming, dancing etc. during which the child gets hot and breathless. See “Energetic play”.
Motor development	Development of a child’s musculoskeletal system and acquisition of gross motor skills (sometimes referred to as fundamental movement skills), and fine motor skills, including object control.
Muscle-strengthening activity	Physical activity and exercise that increase skeletal muscle strength, power, endurance, and mass (e.g. strength training, resistance training, or muscular strength and endurance exercises).
Multicomponent physical activity	For older adults, multicomponent physical activity is important to improve physical function and decrease the risk of falls or injury from a fall. These activities can be done at home or in a structured group setting. Many studied interventions combine all types of exercise (aerobic, muscle strengthening, and balance training) into a session, and this has been shown to be effective. An example of a multicomponent physical activity programme could include walking (aerobic activity), lifting weights (muscle strengthening), and incorporates balance training. Examples of balance training can include walking backwards or sideways or standing on one foot while doing an upper body muscle-strengthening activity, such as bicep curls. Dancing also combines aerobic and balance components.

Physical activity	Movement of the body that uses energy over and above resting. For young children, this can include walking, crawling, running, jumping, balancing, climbing in, through and over objects, dancing, riding wheeled toys, cycling, jumping rope etc.
Physical inactivity	An insufficient physical activity level to meet present physical activity recommendations.
Pre-school child	Child aged 3 to under 5 years (36.0–59.9 months).
Prone position	Child lying on their front. See “tummy time”.
Psychosocial health	Include mental, emotional and social dimensions of health.
Recreational screen time	Time spent watching screens (television (TV), computer, mobile devices) for purposes other than those related to education/study or work.
Secured (also ‘restrained’)	Time when an infant or child is strapped or harnessed in a pram, stroller, high chair, or on an adult’s body (front or back) and unable to move freely.
Sedentary screen time	Time spent watching screen-based entertainment (TV, computer, mobile devices). Does not include active screen-based games where physical activity or movement is required.
Sedentary behaviour	Any waking behaviour characterized by an energy expenditure of 1.5 METS or lower while sitting, reclining, or lying. Most desk-based office work, driving a car, and watching television are examples of sedentary behaviours; these can also apply to those unable to stand, such as wheelchair users. The guidelines operationalize the definition of sedentary behaviour to include self-reported low movement sitting (leisure time, occupational, and total), television (TV viewing or screen time, and low levels of movement measured by devices that assess movement or posture). For children under 5 years of age includes time spent restrained in car seat, high-chair, stroller, pram or in a carrying device or on a caregiver’s back. Includes time spent sitting quietly listening to a story.
Sport	Sport covers a range of activities performed within a set of rules and undertaken as part of leisure or competition. Sporting activities involve physical activity carried out by teams or individuals and may be supported by an institutional framework, such as a sporting agency.
Toddler	Child aged 1 to under 3 years (12.0–35.9 months).
Tummy time	Time an infant spends lying on their front (in prone position) while awake with unrestricted movement of limbs.
Vigorous-intensity physical activity	On an absolute scale, vigorous-intensity refers to physical activity that is performed at 6.0 or more METS. On a scale relative to an individual’s personal capacity, vigorous-intensity physical activity is usually a 7 or 8 on a scale of 0–10.



An Roinn Sláinte
Department of Health

