



MINISTRY OF  
HEALTH



# A Policy Brief on Promoting Physical Activity in Kenya

## Kenya on the Move

May 2025





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## Executive Summary

In Kenya, non-communicable diseases (NCDs) contribute to approximately 41%<sup>1</sup> of annual deaths and 50% of hospital admissions.<sup>2</sup> Physical inactivity is one of the key risk factors for NCDs and a growing public health concern in Kenya. Hence, reducing physical inactivity is a key strategy for NCD prevention in Kenya. This Policy Brief on Promoting Physical Activity outlines strategic interventions to promote physical activity across all age groups. Based on an evidence-based, comprehensive and inclusive process that integrates thorough research, robust analysis and engagement of key stakeholders, the brief recommends a whole-of-society approach under four strategic pillars: Active Society, Active Environment, Active People, and Active Systems.

### Key Messages

- Physical inactivity is an increasingly major contributor to NCDs in Kenya.
- Regulatory and policy measures play a critical role in promoting physical activity by creating supportive environments, shaping behavior and ensuring long-term commitment from institutions and governments.
- Access to physical activity is a human right linked to the right to health, education, development and participation.
- A whole-of-society approach is necessary to promote Physical Activity.
- Community-wide public education and awareness activities on the benefits of physical activity drive behavioral change.
- Physical Activity should be integrated in everyday life to make it enjoyable, inclusive and sustainable.
- Strong systems, supported by governance and leadership, drive sustainable, coordinated and collaborative implementation of Physical Activity policies across sectors.
- Investing in research and information systems is necessary to generate local evidence, guide decision-making, and track progress.

<sup>1</sup>Kenya National Guidelines for Cardiovascular Diseases, 2024. See also National Strategic Plan for Prevention and Control of Non-communicable Diseases, 2012/22-2025/26.

<sup>2</sup>Kenya National Guidelines for Cardiovascular Diseases, 2024. See also National Strategic Plan for Prevention and Control of Non-communicable Diseases, 2012/22-2025/26.



## Background

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### Introduction

NCDs have become a significant public health challenge, accounting for over 50% of total hospital admissions and 55% of hospital deaths in Kenya.<sup>3</sup> Physical inactivity has been singled out as one of the major modifiable risk factors contributing to the rise in NCDs, such as cardiovascular diseases, diabetes, mental health, and certain cancers. In addition, it strains Kenya's health system.<sup>4</sup>

According to the Kenya STEPwise survey for NCDs (2015), nearly 11% of adults (18–64 years) in Kenya have a low level of total physical activity; 15% are moderately active, while adults aged 60–69 years are the least active.<sup>5</sup> In addition, the Kenya Demographic and Health Survey 2022 established that men engage in more moderate-to-vigorous

physical activity per week than women. It also established that men and women in rural areas spend more time on physical activity than those in urban areas.<sup>6</sup>

Regarding school-aged children, most Kenyan children do not meet the World Health Organisation (WHO) physical activity requirements. The Kenya 2016 Report Card on the Physical Activity and Body Weight of Children and Youth<sup>7</sup> established that approximately 50% of children and youth meet physical activity guidelines, with children in urban areas less active than those in rural areas. Urbanisation and lifestyle changes significantly contribute to this trend. The government should promote physical activity to reduce the burden of lifestyle-related diseases, which strain the health system and undermine economic productivity.

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<sup>3</sup>Findings of the United Nations Interagency Task Force for the Prevention and Control of NCDs. <https://www.who.int/news/item/06-10-2014-un-task-force-kenya-s-fight-against-noncommunicable-diseases-aims-to-improve-health-strengthen-development>. See also Kenya Stepwise Survey for Non-Communicable Diseases Risk Factors 2015 Report. <https://www.nutritionhealth.or.ke/wp-content/uploads/Downloads/Kenya%20STEPwise%20Survey%20for%20Non-Communicable%20Diseases%20Risk%20Factors%20Report%202015.pdf> at p.9.

<sup>4</sup>Globally, physical inactivity costs health systems US\$27 billion annually and, by 2030, US\$ 300 billion. WHO Global Status Report on Physical Activity, 2022, p.11

<sup>5</sup>Kenya Stepwise Survey for Non-Communicable Diseases Risk Factors 2015 Report p.62

<sup>6</sup>Kenya Demographic and Health Survey 2022 p.472.

<sup>7</sup>Produced by Healthy Active Kids Kenya (HAKK). Kenya's 2016 Report Card on Physical Activity and Body Weight of Children and Youth is the third report card published in Kenya, after the first in 2011 and the second in 2014.

## What is Physical Activity?

Physical activity is viewed by many as exercise and leisure activities such as swimming, jogging, walking, aerobics, using the treadmill, and weightlifting. However, it involves much more.

According to WHO, physical activity is any body movement driven by skeletal muscles that requires energy expenditure.<sup>8</sup> This includes activities performed during work, play, household chores, travel, and recreational engagements. Thus, physical activity can take multiple forms as per the table below:<sup>9</sup>

Table 1: Forms of Physical Activity

Work-Related	Recreational
<ul style="list-style-type: none"> <li>a. Digging</li> <li>b. Household chores e.g.               <ul style="list-style-type: none"> <li>• Mopping</li> <li>• Sweeping</li> <li>• Washing utensils</li> <li>• Washing clothes</li> <li>• Milking cows by hand</li> <li>• Weaving</li> <li>• Pottery</li> <li>• Painting</li> <li>• Cooking</li> <li>• Drawing water etc</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Football</li> <li>• Swimming</li> <li>• Aerobics</li> <li>• Walking</li> <li>• Weightlifting</li> <li>• Cycling</li> <li>• Brisk walk</li> <li>• Dancing</li> <li>• Treadmill</li> <li>• Yoga etc</li> </ul>

As the table above illustrates, exercise is a subset of physical activity intentionally planned, structured, and repetitive to enhance or maintain various aspects of physical fitness.<sup>10</sup> WHO has recommended minimum physical activity requirements for various categories of people, including those with chronic conditions and disability, in its 2020 World Health Organisation (WHO) Guidelines on Physical Activity and Sedentary Behaviour.<sup>11</sup>

Figure 1 summarises the requirements.

<sup>8</sup>WHO Guidelines on Physical Activity and Sedentary Behaviour, 2020.

<sup>9</sup>WHO Physical Activity Fact Sheet, 2021. <https://apps.who.int/iris/bitstream/handle/10665/346252/WHO-HEP-HPR-RUN-2021.2-eng.pdf?sequence=1>.

<sup>10</sup>WHO Physical Activity Fact Sheet, 2021. <https://apps.who.int/iris/bitstream/handle/10665/346252/WHO-HEP-HPR-RUN-2021.2-eng.pdf?sequence=1>.

<sup>11</sup>WHO Guidelines on Physical Activity and Sedentary Behaviour, 2020.

Figure 1. Summary of the WHO Guidelines on Physical Activity and Sedentary Behaviour



## Facts on Physical Inactivity

Physical inactivity ranks among the top risk factors for mortality globally.<sup>12</sup> Recent global studies have established that one in four adults (1.4 billion people worldwide – 27.5% of the world’s adult population) do not meet the WHO-recommended 150 minutes of moderate-intensity physical activity per week to benefit from the reduced risk of NCDs and to improve their health and well-being.<sup>13</sup> Further, despite young adolescents’ natural inclination for active play and recreation, they are far less active than expected. The most recent global data reveal that the majority (81%) of boys and girls aged 11–17 years spend less than one hour a day doing moderate-to-vigorous-intensity physical activity, and more girls are inactive than boys in most countries

(85% and 77.6%, respectively). Where modest improvements in physical activity levels for adolescents have been achieved, these have been among boys rather than girls.<sup>14</sup>

In Kenya, the STEPwise survey for NCDs (2015) established the following concerning physical activity:<sup>15</sup>

- The proportion of adults engaging in low-level physical activity is higher in urban (14%) than rural (9%) areas.<sup>16</sup>
- Men spend more time in physical activity daily (324 minutes) than women (259 minutes).<sup>17</sup>
- 69% of total physical activity is work-related, 26% transport-related, and 5% recreation-related.

<sup>12</sup>WHO Global Status Report on Physical Activity, 2022, p.8.

<sup>13</sup>WHO Global Status Report on Physical Activity, 2022, p.8.

<sup>14</sup>WHO Global Status Report on Physical Activity, 2022, p.8.

<sup>15</sup>Kenya Stepwise Survey for Non-Communicable Diseases Risk Factors 2015 Report p.62

<sup>16</sup>Kenya Stepwise Survey for Non-Communicable Diseases Risk Factors 2015 Report p.62

<sup>17</sup>Kenya Stepwise Survey for Non-Communicable Diseases Risk Factors 2015 Report p.63.

- Adults residing in rural areas spend more time in work-related physical activity (237.4 minutes per day) than urban (212.4 minutes per day) residents. Adults in the wealthiest quintile have the lowest mean minutes of work-related physical activity.<sup>18</sup> There is a higher percentage of urban (21%) than rural residents (12%) who do not engage in any work-related physical activity.<sup>19</sup>
- The mean minutes spent by adults who reside in rural areas on transport-related physical activity is higher (59 minutes per day) than those who reside in urban areas (43 minutes per day). There is a decrease in the mean number of minutes in transport-related physical activity with increasing levels of wealth status.<sup>20</sup>
- The mean time spent in recreation-related activities among adults is 11 minutes per day, with a difference between men (16 minutes per day) and women (6 minutes per day). Adults in the wealthiest quintile spend the highest mean minutes of recreation-related physical activity (13 minutes per day).<sup>21</sup> More than three-quarters (77%) of adults do not engage in recreation-related physical activity, with a significantly higher proportion in women (85%) than men (68%).<sup>22</sup> The highest percentage of adults with no recreation-related physical activity is among those without formal education (93%) and the poorest quintiles (86%).<sup>23</sup>
- men) than in urban areas (104.9 minutes for women and 299.6 minutes for men);
- The median time per week at moderate-to-vigorous physical activity for both women and men increases with age, from 99.6 minutes among women aged 20–24 to 299.6 minutes among women aged 45–49, and from 240.0 minutes among men aged 15–19 to 719.5 minutes among men aged 40–44.
- The median time used per week in physical activity decreases with wealth quintile, from 239.0 minutes in the second wealth quintile to 119.2 minutes in the highest quintile for women, and from 599.3 minutes in the second wealth quintile to 239.2 minutes in the highest wealth quintile for men.
- The median sedentary time per day among women and men decreases with age, from 4.2 hours for women age 15–19 to 2.2 hours per day among women age 35–49, and from 3.9 hours for men age 15–19 to 2.6 hours among men age 35–39.
- Counties with the highest median time per week at moderate-to-vigorous physical activity among women are Murang'a (899.4 minutes) and Nandi (749.3 minutes).
- Counties with the highest median time per week at moderate-to-vigorous physical activity among men are Bomet (2,159.1 minutes), Laikipia (1,799.1 minutes), and Makueni (1,679.6 minutes).
- Counties with the highest median sedentary time per day among women are Isiolo (5.5 hours), Lamu (5.2 hours), and Marsabit (4.7 hours).
- Counties with the highest median sedentary time per day among men are Kakamega (5.4 hours), Nandi (4.7 hours), and Garissa (4.6 hours).

A more recent study on physical activity in Kenya (Kenya Demographic and Health Survey 2022) established that:

- The median time used per week in physical activities is higher in rural areas (209.8 minutes for women and 539.1 minutes for

<sup>18</sup>Kenya Stepwise Survey for Non-Communicable Diseases Risk Factors 2015 Report p.64.

<sup>19</sup>Kenya Stepwise Survey for Non-Communicable Diseases Risk Factors 2015 Report p.67.

<sup>20</sup>Kenya Stepwise Survey for Non-Communicable Diseases Risk Factors 2015 Report p.64.

<sup>21</sup>Kenya Stepwise Survey for Non-Communicable Diseases Risk Factors 2015 Report p.65.

<sup>22</sup>Kenya Stepwise Survey for Non-Communicable Diseases Risk Factors 2015 Report p.68.

<sup>23</sup>Kenya Stepwise Survey for Non-Communicable Diseases Risk Factors 2015 Report p.69.

Regarding school-aged children, the Kenya 2016 Report Card on the Physical Activity and Body Weight of Children and Youth<sup>24</sup> established the following:

- Children in urban areas spend more time on screen-related behaviours on weekend days than recommended.
- Rural living children spend less time in sedentary activities ( $555 \pm 67$  minutes/day) than their urban counterparts ( $678 \pm 95$  minutes/day).
- 50% of urban children spent more than two hours per week on screen-related activities, compared to only 30% of their rural peers.
- 87% of children from rural settings in Kenya use active means of transport to and from school, compared to 42% of urban children.
- Over 50%(60-79%) of children and youth use active transportation to get to and from places (school, park, mall, friend's place).
- Part of the study conducted among 9 - 12-year-old school children in Nairobi established that 76% of the sampled school children, mainly in peri-urban areas of Nairobi, walk, while 24% use car/van modes of transport. In the urban area of Nairobi, 60% of the school children walk, 21% use a car/van, and 19% use a bus to school.
- Over half of urban children (58%) use a car or bus to travel to or from school.
- Action or practice by family members,

friends and peers is insufficient to adequately enhance a healthy, active lifestyle among their children.

On school infrastructure, policies and programs, the study established that 65.5% of a sample of schools in Nairobi have a sports field within their grounds that children could use to engage in physical activity; however, a majority of schools (93.1%) had no access to a gymnasium, a fitness room (86.2%), or an expansive indoor room (75.9%) for physical activity (e.g. auditorium or dance studio). Also, close to half of the sampled schools (48.3%) had no access to a swimming pool, and 70.3% had no access to a running track. If the study were extended to rural schools, the compliance rate may be significantly lower than in urban schools.

Concerning persons with disabilities (PWDs), pregnant and postpartum women, older people and older people with chronic illnesses, they are less likely to be physically active. This increases their NCD risk; therefore, policy inclusivity for this category of people is critical.

Increased urbanisation and evolving lifestyle patterns continue to contribute significantly to a rise in physical inactivity. This trend highlights the urgent need for a policy-driven, multi-sectoral approach prioritising health promotion and fostering environments conducive to active living across all population segments.

<sup>24</sup>Produced by Healthy Active Kids Kenya (HAKK). Kenya's 2016 Report Card on Physical Activity and Body Weight of Children and Youth is the third report card published in Kenya, after the first in 2011 and the second in 2014.



## Justification for Promoting Physical Activity

### Physical Activity has Significant Benefits

Physical activity has substantial health benefits for hearts, bodies and minds. It promotes healthy growth and development of children and young people and contributes to cognitive function. In older adults, it is essential for healthy ageing and helps to maintain quality of life and independence as they grow older. Concerning NCDs, it contributes to preventing and managing NCDs such as cardiovascular diseases, cancer, diabetes and mental health.<sup>25</sup> Other benefits of physical activity include economic, social, educational, and environmental benefits. The table below explains these benefits.

Table 2: Benefits of Physical Activity

Benefit	Description
Health	<ul style="list-style-type: none"> <li>• <b>Brain:</b> Reduces stress and improves mood, decreases risk of depression, decreases anxiety, improves concentration, and increases oxygen and nutrients to the brain.</li> <li>• <b>Thyroid:</b> Increases the rate of metabolism.</li> <li>• <b>Breasts:</b> Decrease the risk of breast cancer in women.</li> <li>• <b>Heart:</b> Decreases risk of heart disease, strengthens the heart, increases volume of blood pumped in the body, and lowers resting heart rate.</li> <li>• <b>Lungs:</b> Improves respiratory capacity and the ability to extract oxygen from the air.</li> <li>• <b>Pancreas:</b> Reduces the risk of type 2 diabetes.</li> <li>• <b>Colon:</b> Decreases the risk of colon cancer.</li> <li>• <b>Subcutaneous fat tissues:</b> Decreases body fat stores.</li> <li>• <b>Muscles:</b> Increases muscle strength and tone, improves energy production and extraction of oxygen by muscle cells, and improves muscle endurance and coordination.</li> </ul>

<sup>25</sup>National Physical Activity Action Plan. <https://arua-ncd.org/wp-content/uploads/2022/10/National-Physical-Activity-Action-Plan.pdf>.

Benefit	Description
	<ul style="list-style-type: none"> <li>• <b>Joints:</b> Increases range of motion and reduces the pain and swelling of arthritis.</li> <li>• <b>Bones:</b> Increases bone density, strengthens bones and decreases risk of osteoporosis.</li> <li>• <b>Arteries:</b> Increases good cholesterol (HDL) levels, decreases resting blood pressure and risk of atherosclerosis and improves circulation.</li> </ul>
<b>Economic</b>	<ul style="list-style-type: none"> <li>• Reduces the demand for health services.</li> <li>• Increases the productivity of the workforce by improving employee well-being and reducing absenteeism.</li> <li>• Creates jobs as a result of the growth of sports, fitness and recreational industries because of increased demand for fitness centres, sports coaching, and outdoor activities such as hiking, cycling, and sports events.</li> </ul>
<b>Social</b>	<ul style="list-style-type: none"> <li>• Strengthens communities and inclusivity. Participation in sports, exercises and recreational activities by people of all ages, abilities and backgrounds promotes stronger bonds between people, solidarity, mutual respect and understanding, and respect for the integrity and dignity of every human being.</li> <li>• Reduces crime rates by engaging the community in sports and physical activities.</li> <li>• Reduces cases of substance abuse.</li> <li>• Enhances mental well-being by reducing stress, anxiety and depression through regular movement and social interaction.</li> </ul>
<b>Educational</b>	<ul style="list-style-type: none"> <li>• Improves cognitive function and academic performance. Physical activity is attributed to better concentration, memory and learning outcomes.</li> <li>• Encourages discipline and teamwork through structured sports and physical education programs.</li> <li>• Reduces behavioural issues in schools by promoting healthy outlets for energy and emotions.</li> <li>• Builds a culture of healthy habits at an early age. Children develop patterns for lifelong physical activity participation and healthy lifestyle behaviours. This ensures that future generations prioritise fitness and well-being.</li> <li>• Provides children and the youth with skills, attitudes, values, knowledge and understanding for lifelong participation in society.</li> </ul>

**Environmental**

- Reduces carbon footprint by promoting active transport like walking and cycling over the use of cars and motorcycles.
- Encourages sustainable urban planning, leading to the development of parks, pedestrian-friendly streets, cycling lanes and recreational facilities.
- Enhances air quality by reducing reliance on motorised transport, which causes emissions.
- Supports biodiversity and green spaces.

**Physical Activity is a Human Right**

Article 43 1(a) of the Constitution provides that every person has the right to the highest attainable health and to enjoy this right without discrimination.<sup>26</sup> Consequently, access to physical activity is a human right derived from the right to health and the principle of nondiscrimination.<sup>27</sup> Thus, the government has an obligation to respect, protect and fulfil the right to physical activity. In particular, it must refrain from interfering in the enjoyment of the right by individuals and groups, protect individuals against abuses by third parties and take positive action to ensure the right is realised. Accordingly, the government is duty bound to create safe and accessible environments that support physical activity for all; involve the communities in planning and monitoring programs; develop and implement physical activity initiatives that are inclusive, responsive and rights-driven; set clear obligations and reporting mechanisms for implementation; and equip people with the knowledge and resources to be physically active.

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<sup>26</sup>Article 27(2) of the Constitution

<sup>27</sup>Reference the Constitution. Access to quality healthcare includes physical activity. Aso bring out treaties that are applicable.



## Purpose of this Policy Brief

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To support the government to realise its obligation to respect, protect and fulfil the right to physical activity, this Policy Brief identifies the challenges and opportunities in promoting physical activity and proposes actionable interventions that the government, with the support of stakeholders, can implement across all age groups, including persons with disabilities (PWDs), pregnant and postpartum women, and people with chronic illnesses to promote physical activity.

## Methodology

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This Policy Brief was developed through an evidence-based, comprehensive, and inclusive process that integrated rigorous research, in-depth analysis, and active engagement of key stakeholders. It draws on evidence from national and global reports on NCDs and physical activity, supplemented by additional health publications to validate and enrich the findings. Furthermore, stakeholders were systematically identified and engaged through key informant interviews, focus group discussions, and multi-sectoral workshops to ensure diverse perspectives were incorporated.



## Current Status of Promotion of Physical Activity in Kenya

Kenya has taken steps to promote physical activity to curb NCDs due to the rising burden of lifestyle-related illnesses, which strain the healthcare system and reduce economic productivity. These national laws, policies and initiatives are examined under two heads:

- Laws, Policies, Commitments and other Public Sector Initiatives and
- Private Sector Initiatives

### Law, Policies and Strategies

The main document guiding government action on physical activity is the National Physical Activity Action Plan 2018–2023, developed by the Ministry of Health (MoH). Although the Plan's term has lapsed, examining its provisions to guide the Policy Brief on Physical Activity development is essential.

The Plan aimed to increase physical activity by 5% by 2023, guided by the following specific objectives:

- i. Development and dissemination of national legislation, policies and guidelines that promote physical activity;
- ii. Creating public awareness of the health benefits of physical activity;
- iii. Strengthening the implementation of the physical activity component of the school health policy and
- iv. Supporting and initiating implementation of programmes that promote physical activity in community settings such as private and public institutions, workplaces, health facilities, villages and cities.

Given that the implementation period has lapsed, an end-term evaluation should be undertaken to assess whether the four objectives were met, measure the plan's impact by examining what changes occurred due to the plan and identify challenges and lessons learnt.

In addition to the National Physical Activity Action Plan 2018–2023 which continues to guide government action on physical activity and in recognition of the fact that addressing physical inactivity requires a coordinated multi-sectoral approach that prioritises health promotion and the creation of enabling environments to support active lifestyles, the government has incorporated components that aim to increase population physical activity levels in relevant laws and national policies and strategies, including the: Constitution of Kenya, Health Act (Cap.241), Sports Act (Cap.223), Physical and Land Use Planning Act (Cap. 303), Kenya Vision 2030, Fourth Medium Term Plan 2023–2027 (MTP IV), National Strategic Plan for the Prevention and Control of NCDs 2021/2022–2025/26, Kenya Health Policy 2014–2030, Kenya Health Sector Strategic Plan, Updated Integrated National Transport Policy, 2024, National Road Safety Action Plan 2024–2028, Basic Education Act 2013, National Education Sector Plan 2023–2027, Sector Policy for Learners with Disabilities (2018), Competency Based Education Policy Framework (2018), National Pre-primary Education Policy (2018), Physical Education and Sport Policy (2018), Guidelines on Institution Registration (Basic Education), and School Safety Guidelines (2024). Also, the National and County Governments have implemented projects promoting physical activity in Kenya.

Table 3 below summarises the relevant provisions of the four (4) pertinent statutes for promoting physical activity.

Table 3: Summary of Relevant Laws on Promotion of Physical Activity

Law	Select Provisions	Relevance
<b>Constitution of Kenya</b>	Article 2 (5) The general rules of international law shall form part of the law of Kenya. (6) Any treaty or convention ratified by Kenya shall form part of the law of Kenya under this Constitution	Provides an opportunity to seek guidance from treaties or conventions ratified by Kenya to justify adopting measures to promote physical activity.
	Article 53 (1): Every child has the right–(c) to basic nutrition, shelter and health care. (2) A child's best interests are paramount in every matter concerning the child.	Provides the basis for implementing policy measures to promote children's health through physical activity. The guiding principle being the best interest of the child.
	Article 43(1) Every person has the right–(a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; (f) to education.	The State's obligation concerning these rights includes taking measures to protect and promote the realisation of the rights, including adopting preventative measures such as promoting physical activity and providing physical education and awareness.

Law	Select Provisions	Relevance
	<p>Article 27 (1) Every person is equal before the law and has the right to equal protection and equal benefit of the law. (2) Equality includes the full and equal enjoyment of all rights and fundamental freedoms.</p>	<p>Every person has the right to full and equal enjoyment of all rights and fundamental freedoms regardless of age, financial status, gender, physical ability, etc.</p>
<p><b>Health Act (Cap.241)</b></p>	<p>Sections 68, 93, 106 and 107</p>	<ul style="list-style-type: none"> <li>• Section 68 provides that the National health system should devise and implement measures to promote health and to counter influences having an adverse effect on the health of the people, including interventions to reduce the burden imposed by NCDs, promote a healthy lifestyle (including physical activity) and general health education of the public.</li> <li>• Section 93 underscores the importance of promoting and conducting health research.</li> <li>• Sections 106 and 107 of the Act promote collaboration and consultation among various levels of government, state departments, and other government agencies in implementing the Act and developing regulations and training initiatives.</li> </ul>
<p><b>Sports Act (Cap.223)</b></p>	<ul style="list-style-type: none"> <li>• Section 3(1) establishes Sports Kenya.</li> <li>• Section 33 establishes the Kenya Academy of Sports.</li> </ul>	<p>The Act establishes two key institutions, Sports Kenya and the Kenya Academy of Sports, which are vital in promoting physical activity in Kenya. They undertake various activities, including promotion, coordination and implementation of national and community programmes, establishing and managing sports facilities, creating awareness of the importance of physical activity, training, research and collection and analysis of sports data in Kenya.</p>

Law	Select Provisions	Relevance
<b>Physical and Land Use Planning Act (Cap.303)</b>	<ul style="list-style-type: none"> <li>• Sections 5, 23, 29 and 45</li> <li>• Regulation 8 of the Physical and Land Use Planning (General Development Permission and Control) Regulation</li> </ul>	<ul style="list-style-type: none"> <li>• The Act advocates for sustainable use of land and liveable communities, inclusivity, more efficient use of natural resources, and multi-sectoral collaboration.</li> <li>• It also promotes engagement in physical activities by requiring the inclusion of footpaths, cycle paths, parks, playgrounds, and sports facilities in land use development plans at national, county, and local levels. Additionally, it mandates transportation and communication analyses to ensure the integration of non-motorised transport infrastructure, encouraging walking and cycling.</li> <li>• Regulation 8 provides that during the development of subdivision and amalgamation schemes, footpaths and cycle paths that are not less than two metres wide shall be provided in all new roads.</li> </ul>
<b>Urban Areas and Cities Act (Cap. 275)</b>	Sections 20, 21, 22, 38 and 32	<ul style="list-style-type: none"> <li>• The Act advocates for proper governance and management of urban areas, including cities; recognises the critical role that citizens of an urban area and city play in decision making; the importance of integrated city or urban area development plans; and the importance of partnerships in providing social infrastructural services.</li> </ul>

## Private Sector Initiatives

Kenya's private sector has been promoting physical activities through community-wide and nationwide activities and projects, including:

- i. Standard Chartered Nairobi Marathon. An annual marathon established in 2003 to raise funds to empower disadvantaged young people, especially women and persons with disabilities, by providing them with skills to improve their employment prospects or start businesses.
- ii. Mater Heart Run. An annual event organised by Mater Hospital to raise funds for surgery for children from underprivileged backgrounds with cardiac complications. The run has expanded to cover multiple counties across Kenya, reflecting its growing impact and the widespread support it garners.
- iii. Diabetes Walk. An annual walk hosted by the Kenya Diabetes Management and Information Centre to raise funds to sustain an insulin bank for children under 18 who cannot afford insulin. The walk has 39 counties under the programme.
- iv. Power of Humanity Walk by the Kenya Red Cross. An annual event organised by the Kenya Red Cross to raise awareness and funds for various humanitarian causes. It takes place in different counties.
- v. Kenya's 2016 Report Card on the Physical Activity and Body Weight of Children and Youth.
- vi. African Population and Health Research Centre (APHRC) Generation-H Project to develop a multi-component intervention to reduce unhealthy diets and physical inactivity, and their underlying social determinants, among adolescents and youth aged 10-19 years in Nairobi, Kenya.



## Challenges in Promoting Physical Activity in Kenya

Several challenges and opportunities were identified following research, in-depth analysis, and active engagement of key stakeholders. These challenges and opportunities are discussed below under four pillars: Active Societies, Active Environments, Active People, and Active Systems.<sup>28</sup>

**Active Society** (Changing social norms and attitudes to promote a culture of physical activity)

- Limited awareness of the importance of physical activity by the public leading to minimal physical activity programmes at the workplace, communities, and homes.
- Limited media coverage of physical activity-related issues. This reduces public awareness and weakens advocacy efforts.

- Limited use of digital and innovative communication campaign methods to enhance knowledge and appreciation of physical activity benefits.
- Prevailing negative attitudes, societal norms, and cultural beliefs toward physical activity (e.g., association with punishment in schools) undermining participation in initiatives.
- Limited regular mass participation initiatives in public spaces, engaging entire communities.

**Active Environments** (Creating spaces and places that encourage and enable physical activity)

- Existing urban design, transport, and sports sector policies are not explicit in promoting physical activity.

<sup>28</sup>These pillars are based on the The WHO Global Action Plan on Physical Activity 2018-2030 (GAPPA) strategic objectives. The GAPPA provides countries with guidance and a framework of effective and feasible policy actions to increase physical activity levels. It sets out four strategic objectives (Create Active Societies, Create Active Environments, Create Active People, and Create Active Systems) achievable through 20 evidence-based policy actions.

- High traffic speeds, poor lighting, stray dogs, and crime make walking and cycling feel risky, especially for women, children, and the elderly.
- Inadequate integration of infrastructure that promotes physical activity (e.g., walkable pathways, dedicated cycling lanes) in development plans.
- Poor maintenance of walking pathways and public green/open spaces makes environments unattractive and unsafe, discouraging physical activity.

**Active People** (Creating opportunities for people of all ages and abilities to engage in physical activity)

- Health in Kenya is still clinic-centric and not preventive; however, recent developments indicate efforts to shift towards preventive healthcare. The Kenyan government has initiated reforms to strengthen Primary Health Care (PHC) as the foundation for achieving Universal Health Coverage (UHC).
- There are limited free online courses on physical activity in Kenya to strengthen pre- and in-service training of professionals.
- Limited training of healthcare workers in primary and secondary care, as well as in social services, on the role and benefits of physical activity. This hinders the integration of physical activity assessment and counselling into routine patient care.

**Active Systems** (Creating governance structures, policies, data systems, and workforce to support physical activity)

- Limited coordination between Ministries, Departments, Agencies, and County Governments creates fragmented initiatives and inefficiencies.
- The National Physical Activity Action Plan 2018–2023 term lapsed, with no end-term evaluation conducted.
- No specific regulation on physical activity. This affects resource allocation and collaboration.
- Inadequate financing of physical activity

programs, largely due to the lack of socio-economic data supporting their value.

- Fragmented activities to promote physical activity within the Ministry of Health that are not being tracked.
- Weak baseline data on physical activity. This hampers monitoring and evaluation.
- Time lags in national surveys to track physical activity progress.
- Lack of a standardised assessment system for physical inactivity trends.

## Opportunities in Promoting Physical Activity

**Active Society** (Changing social norms and attitudes to promote a culture of physical activity)

- Strong and structured religious institutions and social events can be leveraged to implement community-based physical activity programs.
- Kenya's robust athletic reputation can be leveraged to implement mass participation initiatives in public spaces, engaging entire communities.
- High mobile penetration (88%), hence digital technology can be utilised for public education and awareness campaigns on physical activity.

**Active Environments** (Creating spaces and places that encourage and enable physical activity)

- Availability of land allows future development plans to incorporate compact, mixed-land use that supports walkability and active transport.
- Recreational centres are available for community use.
- Public school facilities and open spaces can be leveraged for community-based programs.

**Active People** (Creating opportunities for people of all ages and abilities to engage in physical activity)

- Diverse daily life settings such as farming, walking, and construction work naturally promote physical activity.
- The new Competency-Based Curriculum (CBC) emphasises holistic education and can support whole-of-school programs that include quality physical education and adequate facilities for all children.

**Active Systems** (Creating governance structures, policies, data systems, and workforce to support physical activity)

- A multi-sectoral Technical Working Group on Physical Activity has been established by the Ministry of Health.
- Various stakeholders have existing initiatives that can be aligned and leveraged.
- Development partners have expressed willingness to continue supporting physical activity programs
- There is political will to promote physical activity.



## Policy Recommendations

The Global Action Plan on Physical Activity 2018–2030 (GAPPA) emphasises that for national action to be effective in reversing current trends and reducing disparities in physical activity, a “system-based” approach that combines “upstream” policy action (those that improve social, cultural, economic and environmental factors that support physical activity) with “downstream” (individually focused such as educational and informational) approaches is necessary. There is no single policy solution.

Accordingly, the policy recommendations for government are provided under the four pillars of Active Societies, Active Environments, Active People, and Active Systems.

**Active Societies** (Changing social norms and attitudes to promote a culture of physical activity)

- Enhance public awareness, education

and communication through targeted national and community-based campaigns and media campaigns that leverage digital technology, social media and brand ambassadors to increase public awareness of the co-benefits of physical activity and inspire the population to adopt active lifestyles.

- Foster nationwide engagement in physical activity by promoting organised sports events, building recreational facilities at the community level, leveraging ongoing initiatives and facilities, developing and implementing structured programs, and holding mass participation events.
- Enhance the awareness of those working within the health service sector of the pivotal role that health services play in promoting physical activity to promote the incorporation of physical activity advice and counselling in primary healthcare.
- Implement a whole-of-society approach to promoting physical activity

by engaging all sectors, communities, and stakeholders, including learning institutions and religious organisations, in implementing physical activity initiatives and programmes.

**Active Environments** (Creating spaces and places that encourage and enable physical activity)

- Strengthen road safety through initiatives including providing visible walkways/cycling signage, campaigns to sensitise the use of walkways and cycling ways and enforcing road safety regulations.
- Enhance awareness of the importance of good quality and safe public and green open spaces in the community amongst the built-environment professionals in the public and private sectors to promote the incorporation of safe walking and cycling network infrastructure, green open spaces and green networks in project designs.
- Map and analyse policy, regulatory and design guidelines and frameworks at national and county levels, identify gaps and modify them to promote green open spaces and green networks, safe walking and cycling network infrastructure, and sports and recreational amenities.

**Active People** (Creating opportunities for people of all ages and abilities to engage in physical activity)

- Strengthen the implementation of the Physical Education and Sport Policy for Basic Education, 2021, to ensure good-quality physical education and opportunities for active recreation and play for children and adolescents.
- Strengthen implementation of physical activity policies in learning institutions, Technical and Vocational Education and Training institutions (TVETs), and Universities.
- Strengthen implementation of inclusive physical activity at the community level by enhancing the provision of opportunities

for physical activity programmes in parks and other natural environments, community centres, recreation and sports facilities, and public institution facilities such as schools.

- Encourage the development of wellness policies, programs, and an environment that promotes physical activity.

**Active Systems** (Creating governance structures, policies, data systems, and workforce to support physical activity)

- Strengthen the capacity of the existing Technical Working Group (TWG) to ensure coordinated and harmonised efforts among all stakeholders.
- Leverage the Sports and Social Development Fund for funds to implement physical activity programmes.
- Undertake an end-of-term evaluation of the National Physical Activity Action Plan 2018-2023 to assess whether the objectives were met, measure the Plan's impact by examining what changes occurred as a result of the Plan, identify challenges and lessons learnt and develop and implement a new National Physical Activity Action Plan.
- Strengthen research, data systems and surveillance for physical activity to support the development of evidence-based policy solutions.
- Map and analyse existing policies and laws across key sectors to identify current support for physical activity, highlight gaps and develop targeted recommendations for integration or law and policy revision.
- Integrate physical activity into national planning frameworks, including the Medium-Term Expenditure Framework (MTEF) performance contracts and County Integrated Development Plans (CIDPs) by aligning sectoral plans, allocating resources, and setting measurable targets to ensure implementation and accountability.
- Develop creative financing options for promoting physical activity.

## List of Contributors

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REPUBLIC OF KENYA

MINISTRY OF  
HEALTH

