



Public policies on physical activity in Brazil, what paths have we already taken?

Políticas públicas de atividade física no Brasil: quais caminhos já percorremos?

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Physical activity is understood as any behavior involving voluntary body movements that result in energy expenditure above resting levels. It fosters social and environmental interactions and can take place during leisure time, commuting, work or study, as well as domestic tasks¹. Thus, ensuring access to physical activity practices that are enjoyable, safe, healthy, equitable, and aligned with individual and collective goals should be considered a priority of social relevance².

Physical inactivity is associated with various non-communicable diseases and conditions (NCD), such as hypertension, diabetes, colon and breast cancer, and ischemic heart diseases. Reducing the prevalence of physical inactivity can result in significant savings on hospitalization costs related to these diseases³. In 2019, physical inactivity was responsible for approximately BRL 300 million in hospitalization costs within the Brazilian Unified Health System (*Sistema Único de Saúde – SUS*). These expenses could be avoided through the expansion of physical activity promotion programs³.

Public policies on physical activity are fundamental for promoting a healthy lifestyle and for providing benefits for health and quality of life. The growing understanding of the benefits associated with regular physical activity, combined with population-based interventions, has resulted in an increase in the prevalence of physical activity levels among the Brazilian population⁴. However, significant challenges remain, particularly regarding the maintenance of physical activity levels that fall below the ideal, requiring attention not only to achieve physical benefits but also to promote comprehensive health^{5,6}.

In Brazil, certain policies and actions have highlighted this theme and contributed to strengthening the population's engagement in physical activity (Table 1).

It is possible to observe that over the years, various actions and policies have been implemented in Brazil in an effort to increase the population's physical activity levels. This aligns with one of the goals of the "Strategic Action Plan for Addressing Chronic Diseases and Non-Communicable Diseases in Brazil 2021-2030", which aims to increase the prevalence of physical activity during leisure time by 10%⁷.

The prevalence of adults engaging in physical activity during leisure time, corresponding to at least 150 minutes of moderate activity per week, increased between 2009 and 2023, rising from 30.3% in 2009 to 40.6% in 2023, representing an average annual increase of 0.65%. However, when analyzing the period between 2018 and 2023, relative stability was observed in the total population, with no statistically significant variations during this pe-

Table 1 – Synthesis of government and non-government policies and actions that strengthened the physical activity agenda in Brazil.

Year	Policy/Action	Highlights
1997	Resolution No. 218 of 1997 of the National Health Council	Included the Physical Education professional among the healthcare professional categories.
2006	National Health Promotion Policy	Included physical practices and physical activity as one of the eight priority themes with the goal of enhancing health potential, either individually or collectively.
2006	National Primary Health Care Policy	Included the involvement of the Physical Education professional in multidisciplinary activities, emphasized the importance of creating environments that promote physical activity to encourage social interaction and the prevention of chronic diseases, and suggested the monitoring and evaluation of physical activity practices in the served population.
2007	National Policy on Integrative and Complementary Practices	Included the need to create specific codes for the registration of physical practices in the SUS, which are typically developed in groups, as well as emphasizing that professional training should include basic concepts of Traditional Chinese Medicine, physical, and meditative practices that are essential for healthcare.
2007	School Health Program	Encouraged regular physical exercise, highlighting its importance for physical and mental health, the performance of awareness-raising activities about the benefits of physical activity for disease prevention and the promotion of well-being, and the involvement of the school community to strengthen social interaction and public health.
2007	More Education Program	An interministerial program with general objectives involving physical activity and sports, where “The program will be implemented through support for the execution of socio-educational actions in schools and other socio-cultural spaces during after-school hours, including the fields of education, arts, culture, sports, and leisure, mobilizing them to improve educational performance and cultivate relationships between teachers, students, and their communities...”
2007	Brazilian Society of Physical Activity and Health (<i>Sociedade Brasileira de Atividade Física e Saúde</i> – SBAFS)	Brought together students, professionals, and researchers from various fields of study with an interest in the field of physical activity and health, with coverage throughout the national territory.
2008	13th National Health Conference	The counselor of the Federal Council of Physical Education (CONFEF), Fernando Izac Soares, advocated for the participation of the profession in the multiprofessional team to work in the SUS through Motion No. 054. Supported by the social collective, this allowed for the inclusion of the Physical Education professional to work at all levels of healthcare.
2008	Family Health Support Centers	Encouraged interdisciplinary work with professionals from different fields to offer a comprehensive approach to health and well-being (such as physical education, nutrition, among others), the performance of educational actions on physical activity with adaptations to ensure inclusivity, and promotion of the organization of events and collective practices that foster social integration.
2009	Brazilian Congress of Physical Activity and Health	SBAFS was the pioneer among scientific entities in the field by addressing the SUS as the central theme of the event titled “Physical Activity in the Unified Health System: from Primary Care to Intersectoral Actions.”
2011	Health Academy Program	Included the creation of spaces for diverse physical activity practices to serve different population groups, focusing on disease prevention and the promotion of healthy habits in conjunction with family health services.
2011	Strategic Action Plan for Addressing Chronic Diseases and Non-Communicable Diseases in Brazil 2011-2022	Included an increase in the prevalence of leisure-time physical activity as a national goal.
2013	Creation of the provisional code 2241-E1 by the Ministry of Health	Allowed the registration of Physical Education professionals in healthcare services, titled “Physical Education Professional in Health”.
2013	Law N°. 12.864	Included physical activity as a determining and conditioning factor of health.
2014	National Health Promotion Policy	Maintained physical practices and physical activity as one of the priority themes with the goal of enhancing health potential, either individually or collectively.
2017	New More Education Program	Proposed, through pedagogical support in Portuguese and Mathematics and the development of activities in the fields of arts, culture, sports, and leisure, to enhance educational performance by supplementing the weekly workload with five or fifteen hours during school hours and after-school hours.
2018	National Health Promotion Policy	Maintained physical practices and physical activity as one of the priority themes with the goal of expanding health potentials, either individually or collectively.
2020	Creation of code 2241-40 “Physical Education Professional in Health”	Allowed the inclusion of these professionals in multidisciplinary teams within public and private healthcare services.

Continuation of **Table 1** – Synthesis of government and non-government policies and actions that strengthened the physical activity agenda in

Year	Policy/Action	Highlights
2021	Strategic Action Plan for Addressing Chronic Diseases and Non-Communicable Diseases in Brazil 2021-2030	Proposed increasing the prevalence of physical activity during leisure time by 10%.
2021	Physical Activity Guide for the Brazilian Population	Addressed important concepts regarding physical activity across all life stages, including specific conditions such as pregnancy and individuals with disabilities, along with recommendations from the Ministry of Health on physical activity to ensure an active life, promoting health and improving quality of life.
2021	Recommendations for the development of successful physical activity practices in Primary Health Care	Aimed to assist healthcare professionals in planning and evaluating their physical activity practices to make them replicable and sustainable within the SUS, as well as promoting greater participation and autonomy of users.
2022	Federal Incentive for Funding Physical Activity Actions in Primary Health Care	Intended to improve the care of people with chronic non-communicable diseases, by including physical activity in the routine of these individuals and implementing physical activity actions in the Primary Health Care through the hiring of Physical Education professionals, acquisition of consumable materials and qualification of environments related to physical activity.

riod⁴. These figures may reflect the impact of the policies introduced over the years in Brazil.

Despite the increase in leisure-time physical activity observed by the Surveillance System for Risk and Protective Factors for Chronic Diseases by Telephone Survey (*Vigilância de Fatores de Risco e Proteção para Doenças Crônicas por Inquérito Telefônico – Vigitel*), it is important to highlight that this increase has not yet been observed in more vulnerable populations. Therefore, there is a need for a specific policy in this area that can strengthen physical activity practices across different environments. Furthermore, it is important to highlight the change in the criterion for defining a physically active person that occurred in 2011. This change contributed to an increase in the prevalence of physically active individuals, as the criterion now considers 150 minutes of physical activity per week, regardless of the number of days⁸.

A national policy focused specifically on physical activity aims to consolidate a series of actions, including the expansion of public infrastructure, the training of healthcare professionals, and the creation of educational programs that encourage the regular practice of physical activity.

Despite limited public awareness, the National Health Promotion Policy (*Política Nacional de Promoção de Saúde – PNPS*), which currently includes physical activity as one of its pillars, has already shown significant results. However, a specific policy with clear objectives, principles, strategies, values, indicators, and detailed guidelines for physical activity could achieve even more impactful results, especially when considering regional contexts, promoting greater adherence and engagement from the public in physical activity programs⁹.

In this context, the movement of organized civil society for a national policy emerges as an essential initiative to promote and strengthen the regular practice of physical activities in Brazil. The topic was incorporated into the agenda of the National Health Council meetings and subjected to discussion by council members during the 357th Ordinary Meeting of this body. In addition to promoting improvements in quality of life and supporting healthy aging for the entire population, investing in the promotion of physical activity, recognized as a human right, can also contribute to disease prevention and generate positive impacts on the economy of resources allocated to the SUS¹⁰. The specificity of the policy should reflect the population's right to access physical activities, aiming for an equitable context in the promotion of physical activity, while considering regional cultural factors. This approach in turn, should influence the sustained engagement of the population in these practices.

The disparity between physical activity practices and public policies that promote these practices can represent an obstacle to the inclusion of individuals with a lower socioeconomic status in accessing physical activities with guidance from a healthcare professional and supervision by a Physical Education professional. In order to strengthen this discussion and unite efforts in the areas of public policies and physical activity, the Working Group on Public Policies and Physical Activity of the Brazilian Society of Physical Activity and Health contributed to the creation of this thematic issue. This initiative aims to boost the scientific community's attention to issues and needs related to public policies and physical activity. The Brazilian Journal of Physical Activity and Health, in partnership with

the Working Group on Public Policies and Physical Activity, presents this thematic issue with the goal of receiving relevant evidence on the topic, and we hope that future thematic editions will feature an increasing number of contributions. We invite everyone to appreciate the published articles and to use scientific knowledge to advocate for physical activity as an accessible right for the entire population.

Conflict of interest

The authors declare no conflict of interest.

Declaration on the use of artificial intelligence tools in the manuscript writing process

The authors did not use artificial intelligence tools in the preparation of the manuscript.

Availability of research data and other materials

The contents are available at the time of the publication of the article.

Author Contributions

Bernardo D: Conceptualization; Methodology; Research; Supervision; Writing of the original manuscript; Approval of the final manuscript version. Alecrim JV: Data and experiment validation; Research; Writing of the original manuscript; Approval of the final manuscript version. Ferreira QR: Data and experiment validation; Data presentation design; Writing – review and editing; Approval of the final manuscript version. Andrade DR: Data and experiment validation; Writing – review and editing; Approval of the final manuscript version.

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References


1. Brasil. Ministério da Saúde. Secretaria de Atenção Primária à Saúde. Departamento de Promoção da Saúde. Guia de Atividade Física para a População Brasileira. Brasília: Ministério da Saúde, 2021.
2. Hallal PC, Lee I-M, Sarmiento OL, et al. The future of physical activity: from sick individuals to healthy populations. *Int J Epidemiol.* 2024;53:dyae129. doi: <https://doi.org/10.1093/ije/dyae129>
3. Bueno DR, Marucci M de FN, Codogno JS, et al. Os custos da inatividade física no mundo: estudo de revisão. *Ciênc saúde coletiva.* 2016;21(4):1001–10. doi: <https://doi.org/10.1590/1413-81232015214.09082015>
4. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde e Ambiente. Departamento de Análise Epidemiológica e Vigilância de Doenças Não Transmissíveis. *Vigitel Brasil 2006–2023: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico: estimativas sobre frequência e distribuição sociodemográfica de prática de atividade física nas capitais dos 26 estados brasileiros e no Distrito Federal entre 2006 e 2023: prática de atividade.* Brasília: Ministério da Saúde, 2024. 68 p. : il
5. Sternfeld B, Jacobs DR. Reflections on four decades of physical activity epidemiology. *J Sport Health Sci.* 2024; 13(5): 608–10. doi: <https://doi.org/10.1016/j.jshs.2024.01.009>.
6. Cabral TPD, Caliman LC, Leopoldo AS, Lunz W. Nossas recomendações de ‘dose-resposta’ de atividade física para proteção contra doenças crônicas e mortalidade estão corretas? *Rev bras prescr fisiol exerc.* 2020;14(89):175–95.
7. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Análise em Saúde e Vigilância de Doenças Não Transmissíveis. Plano de Ações Estratégicas para o Enfrentamento das Doenças Crônicas e Agravos não Transmissíveis no Brasil 2021–2030 [recurso eletrônico] / Ministério da Saúde, Secretaria de Vigilância em Saúde, Departamento de Análise em Saúde e Vigilância de Doenças Não Transmissíveis. Brasília: Ministério da Saúde, 2021. 118 p. : il.
8. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. *Vigitel Brasil 2011: Vigilância de Fatores de Risco e Proteção para Doenças Crônicas por Inquérito Telefônico.* Brasília: Ministério da Saúde, 2012. 132 p.
9. Ferreira RW, Caputo EL, Häfele CA, Jeronimo JS, Florindo AA, Knuth AG, et al. Acesso aos programas públicos de atividade física no Brasil: Pesquisa Nacional de Saúde, 2013. *Cad Saúde Pública* 2019;35(2):e00008618. doi: <https://doi.org/10.1590/0102-311X00008618>
10. Criação de Política Nacional de Práticas Corporais e Atividades Físicas. Conselho Nacional de Saúde. Disponível em: <<https://www.gov.br/conselho-nacional-de-saude/pt-br/assuntos/noticias/2024/agosto/criacao-de-politica-nacional-de-praticas-corporais-e-atividades-fisicas>> [2024 Dez].

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