The Global Observatory for Physical Activity - GoPA!

WORLD Policy Brief

General data

Number of countries: 217
GoPA! members = 164
GoPA! members 75.6%

Deaths related to Physical Inactivity

Worldwide 9% of deaths are due to physical inactivity. Across the GoPA! countries the range is: 1.5-17.0% median 7.5%

Physical activity prevalence estimate

83% of the countries have a national physical activity prevalence estimate

Surveillance

67% of the GoPA! countries have two or more national surveys including physical activity questions
18% of the GoPA! countries have three or more national surveys including physical activity questions

Policy

18% of the GoPA! countries have a standalone plan for physical activity
37% of the GoPA! countries have a non-communicable disease plan including physical activity
45% of the GoPA! countries do not have any national plan for physical activity

Research

176 countries worldwide contribute with at least one article to the global research production in physical activity

Sitting time

47% of the GoPA! countries have data on population sitting time

GoPA! pyramid of current country capacity for physical activity promotion

Percentage of GoPA! countries that have high, medium and low capacity for research, surveillance and policy, and a summary classification.

The current capacity for physical activity promotion is based on the second set of Country Cards data about global status of physical activity surveillance systems, national policies and research production.
THE AMERICAS
Policy Brief

General data

Number of countries in the region: 44
GoPA! members = 42

GoPA members 96%

Deaths related to physical inactivity in this region
Worldwide 9% of deaths are due to physical inactivity. Across the GoPA! countries in this region the range is:
5.7-11.6% median 9.4%

Physical activity prevalence estimate
62% of the countries in this region have a national physical activity prevalence estimate

Surveillance
61% of the GoPA! countries in this region have two or more national surveys including physical activity questions
12% of the GoPA! countries in this region have three or more national surveys including physical activity questions

Policy
36% of the GoPA! countries in this region have a standalone plan for physical activity
50% of the GoPA! countries in this region have a non-communicable disease plan including physical activity
14% of the GoPA! countries in this region do not have any national plan for physical activity

Research
13.2% of the world’s population

Sitting time
26% of the GoPA! countries in this region have data on population sitting time

GoPA! pyramid of country capacity for physical activity promotion
Percentage of GoPA! countries in this region that have high, medium and low capacity for research, surveillance and policy, and a summary classification for the region.

High
Medium
Low

The current capacity for physical activity promotion is based on the second set of Country Cards data about global status of physical activity surveillance systems, national policies and research production.
**Case study - Brazil**

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In the last 15 years, Brazil has been experiencing many improvements in surveillance, policy and research related to physical activity promotion. Since 2006, the National Surveillance System - Risk Factors Surveillance and Chronic Disease Protection by Telephone Inquests has been established and implemented. The monitoring is conducted annually on adults in all Brazilian capitals. Physical activity is assessed across different domains - leisure, transport, work, and household. Most recent data from some cities such as Sao Paulo show that physical activity in leisure time has increased. Since 2009, another survey that includes measures of physical activity is being implemented. The Brazilian National School-Based Health Survey assesses physical activity and participation in physical education classes among adolescents. The survey also includes data about adolescents' exposure to sedentary behaviour.

Since 2006, several important policies were developed that emphasize physical activity promotion as an important factor to improve public health:

- **National Health Promotion Policy (2006, 2010).**
- **Plan on Strategic Actions for Fighting Chronic Non-Communicable Disease (2011 – 2022).**
- **Organic Health Law, which includes physical activity as a fundamental right.**

One important policy, that will be launched in 2021, is the Brazilian National Physical Activity Guidelines.

In 2011, the government launched **Academia da Saúde**, the Health Academy program. This health promotion program is implemented in primary health care systems in Brazilian cities and includes supervised physical activity and a healthy diet program. In April 2021, 3,040 Academia da Saúde programs were implemented in 2286 cities, which covers 41% of all cities in Brazil.

In terms of research, Brazil has a high-level research production, with many established senior and young researchers in physical activity and public health fields. An especially important platform for them is the Brazilian Society on Physical Activity and Health. Since 2007, the society organizes the Brazilian Congress on Physical Activity and Health. The most recent congress, held in October 2019 in Bonito, attended more than a thousand participants.

With sufficient funding for research and policy implementation Brazil could keep the good work in physical activity surveillance, policy, and research. For example, higher priority should be given to funds for longitudinal studies, natural experiments, and studies evaluating physical activity interventions and their effects on the population's physical activity levels. Additionally, funds to support translational and participatory research are required for policy makers, practitioners and researchers to collaborate and facilitate evidence-informed decision making. Finally, long-term policies for physical activity promotion need to be developed, implemented, and evaluated independently of the government.

**Recommendations**

**Physical activity prevalence, deaths due to physical inactivity and sitting time**

- Report the magnitude of the problem, and identify groups and regions at higher risk.
- Use key supplemental resources to stress the health benefits of physical activity (Lancet Physical Activity series, Bangkok Declaration, Global Action Plan for Physical Activity, WHO physical activity guidelines).
- Contact key actors (policy makers, researchers, practitioners) to disseminate the policy briefs and Country Cards and encourage specific actions.

**Surveillance**

- Use surveillance data to make the case for a stand-alone national physical activity plan.
- Use the Country Card to advocate the needs for periodic physical activity surveillance as part of national health monitoring system.

**Policy**

- Maintain and expand financial commitment to implement and monitor physical activity policies.
- Clearly outline political commitment to and resources for physical activity and establish multi-sectoral approaches.

**Research**

- Provide funds/incentives for physical activity training programs and capacity building.
- Stimulate national physical activity research.
- Raise awareness and present the Country Cards to colleagues and students, stressing the gaps identified and the potential to drive a new areas of work nationally.
- Identify any existing networks, or start one (if necessary).
- Promote collaboration across research groups with physical activity capacity in the country.
- Co-create of policy relevant physical activity research with policy makers and stakeholders.

**Country capacity for physical activity promotion**

- Approach policy makers with the policy briefs and Country Cards to make the case for physical activity promotion and to strengthen local capacity.
- Share the cards at work and with the communities to promote physical activity at the workplace, schools, and communities.
- Support local capacity and further training in research, practice, policy, evaluation and surveillance.

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