

## Promotion of physical activity in Brazil: an issue beyond public health

April 7, 2011, was a historical day for public health in Brazil. The day marked the launching of the Health Centers under the Unified National Health System (SUS), through Ministry of Health Ruling no. 719: “*The main objective of the Health Centers is to contribute to the population’s health promotion through the implementation of centers with infrastructure, equipment, and qualified instructors in fitness, exercise, recreational activities, and healthy lifestyles*” (Article 2). It was no coincidence that the ruling was issued in early April, since April 6 was “World Physical Activity Day”. Even before the Ministry of Health launched the ruling, more than 1,200 Brazilian municipalities had received Federal funds for conducting health promotion interventions with an emphasis on physical activity.

However, such initiatives should not disguise the huge challenges still facing public health in the country. According to recent data, only 15% of Brazilian adults do at least 150 minutes of leisure-time physical activity a week, and this percentage has remained stable since 2006 (Hallal PC et al. *Rev Bras Epidemiol*; in press). Fewer than 15% of Brazilians commute to work by bicycle or on foot. Much remains to be done.

Action depends on multi-sector linkage that can be led by public health, but should never be limited to it. Transportation, development, education, sports, leisure, and social equality, to name just a few areas, must play their roles in promoting healthier lifestyles.

According to a systematic review in Latin America, interventions in schools can be effective for promoting physical activity (Hoehner CM et al. *Am J Prev Med* 2008; 34:224-33). Even so, there is widespread difficulty in promoting physical activity in schools, especially due to conceptual gaps and communications difficulties between the areas of health, education, sports, and leisure. Until such challenges are overcome, the promotion of physical activity in schools will continue to be a distant and fictitious goal.

Although various single initiatives are under way, the large-scale promotion of physical activity by the SUS is still a goal, not a reality. To change this situation, initial training of health professionals requires urgent rethinking, with a focus on health promotion and not simply on the prevention and treatment of diseases. Meanwhile, it is urgent to provide material space for health promotion within the SUS.

None of this will be possible with the same persistent constraints on funding for research in physical activity in Brazil. Although physical inactivity is the fourth leading mortality risk factor in the world, there are still no specific calls for research projects on this area in Brazil. Considering that other areas like obesity, high blood pressure, and diabetes are all influenced by levels of physical activity, there is a regrettable lack of investment by research agencies in physical activity itself. It is hoped that the ruling that established the Health Centers will help change this situation.

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