

leisure, and sporting activities in both inclusive and disability-specific settings. The outcome of inclusive physical activity communities is a society that respects and values the rights of all to have equal access to physical activity.

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## Policies to promote physical activity in Brazil



Non-communicable diseases (NCDs) are the leading cause of mortality in Brazil and accounted for 72% of all deaths in 2007.<sup>1</sup> The burden of NCDs in Brazil reflects accelerated epidemiological, demographic, and nutritional changes in the past few decades. In 1930, 46% of all deaths in Brazilian state capitals were caused by infectious diseases, but by 2007 this figure had fallen to 10%.<sup>1</sup> During the same period, mortality from cardiovascular diseases increased from 11% to 31%.<sup>1-3</sup> The country's demographic transition is the result of declines in premature mortality and fertility rates, alongside a rapidly ageing population.<sup>1-3</sup> Increased income, industrialisation, urbanisation, and globalisation have led to much economic and social change in Brazil. One consequence has been a rise in unhealthy diets and physical inactivity; the prevalence of men who were overweight increased from 18.6% in 1974 to 50.1% in 2008.<sup>1,4</sup>

NCDs and their risk factors affect people from all socioeconomic groups, but especially individuals who are most vulnerable, such as older adults and those with low educational attainment or from low-income families.<sup>1,5</sup> Surveys in Brazil have shown that smoking, obesity, and unhealthy diets are more frequent in individuals with low educational attainment.<sup>4,6</sup> Among Indian populations living in Brazil, the prevalence of obesity reached 25%

in men and 41% in women in 1989, particularly due to westernised diets and reductions in physical activity.<sup>7</sup>

The Brazilian phone surveillance system shows that leisure-time physical activity is most frequent in young adults, men, those with high educational attainment, and people who live near public spaces with equipment for physical activity.<sup>7-9</sup> The proportion of adults who reported no engagement in physical activity declined from 16% in 2009 to 14.1% in 2011.<sup>6,8</sup> This progress in physical activity reflects improvements in active transportation, health education, and communication strategies, and the launch of physical activity interventions funded by the Brazilian Ministry of Health in more than 1000 cities.<sup>2,8</sup>

The Brazilian Government launched a strategic plan to tackle NCDs in 2011. The plan aims to decrease the burden of NCDs by 2% per year and reduce exposure to such risk factors as smoking, consumption of alcohol, physical inactivity, and salt intake.<sup>2,3</sup> During the development of this national plan, the Brazilian Government took account of the results of evaluation studies of community interventions to promote physical activity, particularly physical activity classes in community settings through programmes such as the Academia da Cidade in Recife, Aracaju, and Belo Horizonte. These evaluation studies were undertaken through the project Guide for Useful

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Interventions for Activity in Brazil and Latin America (GUIA) in partnership with the Brazilian Ministry of Health, the US Centers for Disease Control and Prevention, and universities in Brazil and the USA. The studies found that participants in these programmes are more active than their peers.<sup>10,11</sup> This finding led to the category “physical activity classes in community settings” being identified as useful in policy to improve physical activity among Latin American populations.<sup>10,11</sup>

This body of evidence lent support to the launch of the Academia da Saúde (Health Academy) programme by the Brazilian Ministry of Health, which aims to offer physical activity classes in community settings at no cost to participants in 4000 Brazilian municipalities—more than 80% of all cities in the country—by 2015. The health academies are spaces with infrastructure, equipment, and human resources to stimulate and guide people in physical activity. The programme is integrated with primary care and US\$150 million was invested in the first year.<sup>2,3</sup> The objective for the health academies programme is to overcome structural barriers to physical activity and healthy habits, especially among vulnerable populations.<sup>2,3</sup>

The strategic plan to tackle NCDs also encourages increased provision of physical activity in schools through partnerships with the Ministry of Sports and the Ministry of Education.<sup>2,3</sup> Furthermore, educational measures that foster healthy habits and the practice of daily physical activity are underway as part of the legacy of two major sporting events that will be held in Brazil: the 2014 World Cup and the Olympic Games in 2016.<sup>2,3</sup>

The goals of the national plan will be monitored by Brazil’s system of NCD surveillance, household population surveys every 5 years, annual telephone surveys, information systems, and other studies. The Brazilian Ministry of Health has sponsored universities to evaluate the effectiveness of the Academia da Saúde programme. Additionally, there will be three household surveys on the impact of the programme; telephone inquiries for the managers of the municipalities; qualitative evaluation of implementation of the programme; and studies of the levels of physical activities in the spaces provided by the health academies and other settings.<sup>3</sup> Brazil’s plan aims to prepare the country to tackle NCDs whilst contributing to global mobilisation towards this goal.<sup>12</sup>

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DCM and JBdS coordinated the elaboration of the strategic action plan to tackle chronic non-communicable diseases in Brazil 2011–2022 and participated in the team to develop the proposed Academia da Saúde programme. We declare that we have no conflicts of interest.

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