

Physical Activity Guidelines for the Brazilian Population: Recommendations Report

Daniel Umpierre,¹ Christianne Coelho-Ravagnani,² Maria Cecília Tenório,³ Douglas Roque Andrade,⁴ Roseanne Autran,⁵ Mauro Virgilio Gomes de Barros,⁶ Tânia R. Bertoldo Benedetti,⁷ Fabiana Vieira Santos Azevedo Cavalcante,⁸ Edilson Serpeloni Cyrino,⁹ Samuel Carvalho Dumith,¹⁰ Alex Antonio Florindo,⁴ Leandro Martin Totaro Garcia,¹¹ Sofia Wolker Manta,⁸ Grégore Iven Mielke,¹² Raphael Mendes Ritti-Dias,¹³ Lorena Lima Magalhães,⁸ Paula Fabricio Sandreschi,⁸ Juliana Rezende Melo da Silva,⁸ Kelly Samara da Silva,⁷ Fernando Carlos Vinholes Siqueira,¹⁴ Pedro Curi Hallal,¹⁴ on behalf of the Brazilian Physical Activity Guidelines Working Group*

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul, Porto Alegre, RS, Brazil; ²Federal University of Mato Grosso do Sul, Campo Grande, MS, Brazil; ³Federal Rural University of Pernambuco, Recife, Brazil; ⁴School of Arts, Sciences and Humanities, University of São Paulo, São Paulo, SP, Brazil; ⁵Federal University of Amazonas, Manaus, AM, Brazil; ⁶Pernambuco State University, Recife, PE, Brazil; ⁷Federal University of Santa Catarina, Florianópolis, SC, Brazil; ⁸Health Promotion Department, Ministry of Health, Secretariat of Primary Health Care, Brasília, DF, Brazil; ⁹State University of Londrina, Londrina, PR, Brazil; ¹⁰Federal University of Rio Grande, Rio Grande, RS, Brazil; ¹¹Centre for Public Health, Queen's University, Belfast, Belfast, United Kingdom; ¹²The University of Queensland, Brisbane, QLD, Australia; ¹³Universidade Nove de Julho, São Paulo, SP, Brazil; ¹⁴Federal University of Pelotas, Pelotas, RS, Brazil

Background: This article presents the recommendations from the Physical Activity Guidelines for the Brazilian Population.

Methods: A steering committee composed of a chair, 6 experts in physical activity, and representatives from the Ministry of Health/Brazil, Pan American Health Organization, Brazilian Society of Physical Activity and Health designed the guidelines, which was implemented by 8 working groups, as follows: (1) understanding physical activity, (2) children up to 5 years old, (3) children and youth from 6 to 17 years old, (4) adults, (5) older adults (60 years and above), (6) physical education at school, (7) pregnant and postpartum women, and (8) people with disabilities. The methodological steps included evidence syntheses, hearings with key stakeholders, and public consultation. **Results:** Across 8 chapters, the guidelines provide definitions of physical activity and sedentary behavior, informing target groups on types of physical activity, dosage (frequency, intensity, and duration), benefits, and supporting network for physical activity adoption. The guidelines are openly available in Portuguese, Spanish, English, and Braille and in audio versions, with a supplementary guide for health professionals and decision makers, and a report about the preparation and references. **Conclusions:** The Physical Activity Guidelines for the Brazilian Population provide evidence-based recommendations, being a public-directed resource to contribute to the physical activity promotion in Brazil.

Keywords: guidelines and recommendations, public health, exercise, sports, health promotion

Physical activity is a human right, being essential to human development, promoting healthy lives, and contributing to disease prevention. As addressed by the United Nations, sport and physical activity are platforms that enable 2030 Sustainable Development Goals by enhancing health, fostering structural society values (eg, tolerance, cooperation, fairness), and triggering progress with the involvement of multiple stakeholders, sectors, and communities.^{1,2} In addition, the World Health Organization (WHO) provides specific recommendations for physical activity across the lifespan.³ Nevertheless, personal, social, and environmental factors affect the opportunities for populations to engage in regular physical activity. Worldwide trends have consistently indicated that nearly 1 out of 4 adults and 4 out of 5 adolescents do not reach the recommended levels of physical activity.⁴⁻⁶ To tackle the pandemic of physical activity, WHO advises countries to develop and implement national physical activity guidelines, policies, and programs for individuals of all ages and abilities to become active.

In Brazil, the *National Health Promotion Policy* constitutes the primary guidelines for priorities and strategies seeking a comprehensive health care approach across the country.⁷ The *National Health Promotion Policy* pioneered to highlight physical activity as one of 8 core themes for health promotion, partly seeding the Academia da Saude Program (*Health Academy Program*),⁸ which is a national strategy that funds public sites implementing health promotion actions, especially physical activity, in several municipalities. Although such mechanisms have strengthened the physical activity agenda in Brazil, there is a need to reduce levels of physical inactivity and sedentary behavior. As of 2019, nationwide estimates indicated that 40% of adults did not achieve recommended levels of physical activity (150 min/wk, or more) and 22% of the adults reported watching television for 3 or more hours per day.⁹ In schoolers from 13 to 17 years old, trends were worrisome with nearly 62% not achieving recommended levels of physical activity (300 min/wk, or more) and 36% reporting to watch television for 2 or more hours per day.⁹ These numbers underscore the challenge to continue and amplify strategies for physical activity. Convening a task force to summarize evidence applied to the national context and resources in Brazil can promote the participation of key stakeholders so that recommendations are

* Authors from the working group are listed in the [Supplementary Material](#) (available online).
Umpierre (daniel.umpierre@gmail.com) is corresponding author.

better tailored for the Brazilian population. In addition, this approach facilitates the discussion of physical activity promotion in light of the infrastructure and routines of the Unified Health System in Brazil, coupled with existing national policies, cultural values, and practices in such a diverse country. Therefore, this article presents the conceptual definitions used for the development of the Physical Activity Guidelines for the Brazilian Population, as well as recommendations elaborated for 7 target groups in our population.

Methods

The Physical Activity Guidelines for the Brazilian Population was requested and funded by the Ministry of Health of Brazil. In 2019, the guidelines' scientific committee was convened, being composed of the committee's chair, 5 researchers representing the Brazilian regions, 4 representatives from the Ministry of Health of Brazil, 1 representative from the Brazilian Society for Physical Activity and Health, 1 representative from the Pan American Health Organization, and 1 Brazilian researcher based in the United Kingdom who took part in the development of WHO guidelines for physical activity and sedentary behavior. In October 2019, a prediscussion with professional and academic stakeholders took place at the Brazilian Congress on Physical Activity and Health (Bonito, MS, Brazil), mostly based on the general conceptualization from the Ministry of Health of Brazil and on a preliminary survey carried out by Brazilian Society for Physical Activity and Health¹⁰ regarding guidelines for physical activity in Brazil. In early 2020, the scientific committee established the full workforce, totaling 75 Brazilian researchers distributed in 8 thematic working groups, according to the guidelines' sections, namely: understanding physical activity, children up to 0–5 years old, children and youth 6–17 years old, adults, older adults (60 y old or older), physical education at school, pregnant and postpartum women, and people with disability.

The detailed methods used in developing these guidelines are discussed in the methodological report. Briefly, the development comprised a 4-phase process: (1) evidence syntheses from systematic reviews, primary studies and guidelines for physical activity; (2) with key stakeholders, carried out through online meetings, in which stakeholders discussed barriers, facilitators, and ways to make the guidelines more sensible for cultural and socioeconomic aspects in Brazil; (3) a public consultation so that any citizen could read the proposed document and submit revisions; and (4) closure of the final text and approval by the Primary Health Care Secretariat, Executive Secretariat, and the Minister of Health. The evidence base was mostly that used in the WHO physical activity guidelines 2020, without the use of established methods such as AGREE or GRADE.

Under the assumption of insufficient levels of physical activity by the general population, the guidelines planning prioritized nontechnical guidance to maximize the engagement with the target audience. Therefore, the working groups operated and elaborated recommendations under a public health perspective to primarily buildup knowledge about physical activity and orient Brazilian citizens regarding the opportunities to identify suitable ways to practice physical activity.

Results

The Physical Activity Guidelines for the Brazilian Population¹¹ targeted the overall public, which required that its contents were didactically organized to facilitate the understanding by citizens of varied backgrounds. The dissemination included electronic

versions available in Portuguese,¹¹ English,¹² and Spanish,¹³ as well as audio (<https://aps.saude.gov.br/ape/gaf/>) and braille formats. Regarding the specific contents, the introduction presents a message from the Ministry of Health of Brazil to the Brazilian population. The first chapter, "Understanding Physical Activity," presents terminology and key concepts related to physical activity and sedentary behavior, followed by 7 additional chapters related to life cycle or specific groups. Such structure was intended to allow one to read the "Understanding Physical Activity" chapter to achieve basic knowledge and a given following chapter (eg, adults) to consult specific contents. The recommendations presented below follow the chapter-based structure. The list of references reviewed to develop the guidelines can be found at the [Supplementary Material](#) (available online)¹⁴ and detailed reports from the working groups.^{15–22}

Definitions of Physical Activity for a Comprehensive Understanding

Because of the vast audience for these recommendations, the first chapter presents definitions of physical activity and concepts, including the domains of physical activity, sedentary behavior, components of physical fitness, and level of physical activity intensity (Table 1). We deemed that such contents would serve as a general basis for the remaining sections and facilitate the understanding of additional recommendations. Notably, this chapter also introduced the context for the practice of physical activity, highlighting that physical activity is not only a personal choice. Rather, several individual, collective, environmental, cultural, economic, and political factors may serve as facilitators or barriers for a more physically active life.

Recommendations for Children up to 0–5 Years Old

In the early years of age, physical activity mostly benefits children's growth and development. However, several other additional effects are likely to occur in different outcomes. In the physical domain, physical activity is expected to improve motor coordination, muscle, and bone health, and may contribute to body weight control and reduce the risk for obesity. Physical activity may also enhance cognitive function and learning readiness (cognitive domain) while also promoting cooperation and social integration (social domain).

Because children up to 0–5 years old undergo rapid development, this chapter subdivides recommendations into 3 age ranges (Table 2), displaying specific recommendations and examples that mainly indicate ludic activities with increasing levels of coordination requirement, attention, and level of intensity. In addition, support resources are listed so that parents or children's caregivers may seek documents, public or community programs, or public health units to provide further guidance regarding children health and well-being.

Recommendations for Children and Youth From 6 to 17 Years Old

In children and adolescents between 6–17 years of age, physical activity promotes visible physical benefits related to motor skills, body weight control, cardiovascular health, and neuromuscular function. Importantly, adolescence is often accompanied by a substantial psychological burden that derives from the transition to adult life. In this regard, physical activity may enhance psychosocial factors by facilitating social interactions and reducing anxiety- and depression-related symptoms.

Table 1 Understanding Physical Activity**Key definitions of physical activity used in the guidelines**

Physical activity

Physical activity is a behavior that involves voluntary body movements with levels of energy expenditure above the levels of rest and that promotes social and environmental interactions. It may happen during leisure time, while in transport from one place to another, at work or school, and during household chores.

Domains of physical activity

Physical activity at leisure time: An activity performed during spare time, based on personal preferences and opportunities. Examples include walking, running, dancing, bicycling, strength training, and individual or collective games.

Physical activity during transportation: An activity performed as active transportation to actively travel from one place to another. Some examples include transportation by walk, wheelchairs, skateboards, or other equipment (including aquatic ones).

Physical activity at work or at school: An activity performed during work hours or during educational activities to carry out job or study roles. Some examples include walking, carrying objects, cleaning, and physical education classes.

Physical activity at household chores: An activity performed when taking care of our homes and families. Some examples include planting, sweeping, shopping, bathing children, taking care of older individuals, or pets.

Intensity of physical activity

Light intensity: Takes minimum effort and causes little respiratory and heart rate increases. On a 0–10 scale, the perceived effort is from 1 to 4, with ability to breathe calmly and talk normally while moving.

Moderate intensity: Takes more physical effort, leading the individual to breathe faster than normal and experience substantial increases in heart rate. On a 0–10 scale, the perceived effort is around 5 and 6, with some difficulty to talk while moving.

Vigorous intensity: Takes great physical effort, leading to heavy breathing and large increases in heart rate. On a 0 to 10 scale, the perceived effort is around 7 and 8, without the ability to talk while moving.

Sedentary behavior

Sedentary behaviors are activities that are done when the individual is awake, sitting, reclining, or lying down and spending little amounts of energy. Examples include watching TV, working at computers, browsing a cell phone, commuting by car or bus.

We recommend that each hour of sedentary behavior is interspersed by at least 5-min periods with activities such as standing up, short walks, and stretching.

Table 2 Physical Activity Recommendations for Children Up to 0–5 Years**Key recommendations for children up to 0–5 y old**

When possible, children up to 0–1 y old should spend 30 min/d positioned head-down, for example, moving arms and legs to reach, pull or push toys or other objects while facing a comfortable surface such as a clean mat or a mattress.

When possible, children from 1 to 2 y old should spend 3 h/d in physical activities of any intensity. Some examples include balance activities on either 2 feet or 1 foot, crawling, walking, jumping, throwing games, and holding objects.

When possible, children from 3 to 5 y old should spend 3 h/d in physical activities of any intensity, with a minimum target of 1 h at moderate to vigorous intensity. Some examples include walking, running, kicking, overcoming objects by jumping or climbing, or activities included in physical education classes.

Children up to 1 y old should not spend any time exposed to sedentary screen time.

Children from 1 to 5 y old should not spend longer than 1 h/d in sedentary screen time.

Table 3 Physical Activity Recommendations for Children and Youth From 6 to 17 Years**Key recommendations for children and youth from 6 to 17 y old**

For children and youth from 6 to 17 y old

When possible, children and youth from 6 to 17 y old should engage in at least 60 min/d of physical activity, preferably at moderate to vigorous intensity.

Activities that promote bone and muscle strengthening should compose the physical activity routine at least 3 d/wk. Examples include activities based on jumping, pushing and pulling, or most sport modalities (assuming safety is warranted).

When possible, children and youth from 6 to 17 y old should not spend longer than 2 h/d in sedentary screen time.

Every hour while sitting for school assignments or other activities, 5-min breaks at light intensity (eg, standing up, stretching, going to the bathroom) are recommended.

Although older children and adolescents are expected to actively discuss the opportunities and choice of physical activity, the guidelines underscore specific recommendations on physical activity, and sedentary behavior directly for this group (Table 3),

with additional advice for parents, caregivers, and physical education teachers. Further guidance is given to address conditions (eg, diabetes, asthma) that require adult or professional support for a safe practice of physical activity.

Table 4 Physical Activity Recommendations for Adults**Key recommendations for adults (18–59 y old)**

Adults should engage in at least 150 min/wk of physical activity at moderate intensity, or 75 min/wk of vigorous-intensity physical activity, or an equivalent combination from both intensities.

Activities that promote bone and muscle strengthening should compose the physical activity routine at least 2 d/wk. Examples include activities such as jumping, pushing and pulling, or most sport modalities (assuming safety is warranted).

The physical activity can be completed at once or fractionated into short periods.

Adults who cannot reach the recommended weekly amount of physical activity should engage in physical activity to the possible amount.

Every hour while sitting, 5-min breaks at light intensity (eg, standing up, stretching, going to the bathroom) are recommended.

Recommendations for Adults

Adults regularly engaged in physical activity may derive many beneficial effects on quality of life and well-being, sleep, mental health, control of risk factors, and disease control for several conditions. Because adults may achieve more opportunities to engage in physical activity, the recommendations provided for this group may be applicable to several types of physical activity or structured exercise (Table 4). In addition, as the built environment and labor duties have increasingly led to lower levels of physical activity, we emphasize the recommendations to reduce sedentary time, such as inserting 5-minute breaks or shortening the time using electronic devices. Since an increasing prevalence of risk factors and diseases is expected in this age range, the guidelines describe additional information so that people with abnormal discomfort (eg, chest pain or dizziness) are oriented to seek for assistance in public health units.

Recommendations for Older Adults

Physical activity is a cornerstone practice to promote the health of older adults. When regularly engaging in physical activity, older adults are expected to achieve similar health benefits as those applicable for adults, including effects on quality of life and well-being, sleep, mental health, control of risk factors and disease control for several conditions. In addition, some contributions of physical activity during a lifetime are more evident at older ages. In this context, being physically active in previous decades is associated with a reduced risk for Alzheimer's disease, cardiovascular events, and some types of cancer.

Since a higher prevalence of chronic diseases is expected in older adults, we reinforced that referral to public health units is necessary for further clarifications about physical activity for people with chronic disease. Because older adults may need further clarifications about the physical activity recommendations (Table 5), or experience more barriers to engage in physical activity, their access to supporting networks such as public health units and community programs is of foremost importance.

Recommendations Regarding Physical Education at School

Physical education at school may substantially improve the development and health aspects of students. Some motor, physical, and psychosocial benefits expected in children and adolescents in school ages were previously mentioned in specific recommendations for children up to 5 years of age, and for children and youth. However, additional reasons to warrant that all students can effectively participate in school physical education classes include the direct contribution to the accumulation of physical activity

throughout a school day, and potential benefits in health, social, and cognitive dimensions.

This chapter directly presents recommendations for physical education at school (Table 6) and includes advice for students to contribute to an inclusive environment by respecting all their classmates regardless of motor skills, disabilities, or preferences. In addition, students are stimulated to actively engage in physical education classes by talking to their teachers about preferences for specific physical activities.

Recommendations for Pregnant and Postpartum Women

Physical activity during pregnancy or postpartum is, in general, safe and beneficial for women, and the baby. Physical activity during pregnancy is likely to comprise relaxation, increased readiness for daily activities, lower intensity of back pain, body weight control, and risk reduction for elevated blood pressure, gestational diabetes, and depression. For babies, mothers physical activity during pregnancy is associated with a reduced risk of premature birth and contributes to normal birth weight (Table 7).

To clarify some misconceptions on physical activity for pregnant or the postpartum women, this chapter also informs that physical activity does not increase risks regarding fetal malformation, membrane rupture, abortion, or death after birth. In addition, physical activity does not alter the composition, quantity, and taste of breast milk.

Recommendation for People With Disabilities

People with disabilities are highly encouraged to engage in physical activity to the extent of their opportunities and capabilities. Both individual and group activities may be largely beneficial, promoting benefits such as: human development, well-being, strengthened social relationships, autonomy for daily activities, relaxation, muscle conditioning, and reduced risk for cognitive decline. Notably, the guidelines comprise specific recommendations for children, youths, adults, and older adults with disabilities, therefore tailoring the guidance across the life cycle. Because people with disabilities may still face more personal and environmental barriers to practice physical activity, there are also recommendations for stakeholders to take action to reduce barriers and work toward making physical activity more accessible for people with disabilities (Table 8).

Dedicated Subsections and Common Recommendations

Except for the chapter "Understanding Physical Activity," all chapters present dedicated subsections addressing some types of physical activity that could be done in leisure time, during

Table 5 Physical Activity Recommendations for Older Adults**Key recommendations for older adults (60 y old or older)**

Older adults should engage in at least 150 min/wk of physical activity at moderate intensity, 75 min/wk of vigorous-intensity physical activity, or an equivalent combination from both intensities.

Activities that promote bone and muscle strengthening should compose the physical activity routine at least 2 d/wk. Examples include activities such as jumping, pushing and pulling, or most sport modalities (assuming safety is warranted).

The physical activity can be completed at once or fractionated into short time periods.

Older adults who cannot reach the recommended weekly amount of physical activity should engage in physical activity to the possible amount. Every hour while sitting, 5-min breaks at light intensity (eg, standing up, stretching, going to the bathroom) are recommended.

Table 6 Physical Activity Recommendations Regarding Physical Education at School**Key recommendations for physical education at school**

Physical education should be compulsory throughout basic education, including kindergarten (preschool), primary school, and secondary school (middle and high school).

The weekly amount should consist of at least 3 classes of physical education, each lasting at least 50 min.

The content of each class should be primarily based on positive experiences emphasizing an open and respectful environment regarding the differences in students' preferences, barriers, and skills.

The priority should be given to interactive, diversified, and stimulating pedagogical approaches that facilitate students to be engaged and physically active during most parts of each class should be prioritized.

Continuing education and positive acknowledgment of physical education teachers are important aspects regarding the adoption of these recommendations.

Table 7 Physical Activity Recommendations for Pregnant and Postpartum Women**Key recommendations for pregnant and postpartum women**

Pregnant and postpartum women without contraindications should engage in at least 150 min/wk of physical activity at moderate intensity.

Pregnant women without contraindications and who were physically active before pregnancy could engage in at least 75 min/wk of vigorous-intensity physical activity.

Women who were physically active before pregnancy can also combine moderate and vigorous activities to meet the recommended amount of physical activity per week.

The physical activity can be completed at once or fractionated into short periods.

There is an indication for pelvic floor exercises during and after the pregnancy.

Pregnant women should avoid activities in which there is risk of physical collision with other people (eg, soccer, basketball, martial arts) and those causing increased abdominal pressure.

Pregnant and postpartum women who cannot reach the recommended weekly amount of physical activity should engage in physical activity to the possible amount.

Every hour while sitting, 5-min breaks at light intensity (eg, standing up, stretching, going to the bathroom) are recommended.

transportation, at work or at school, or during household chores. Along with the guidelines, specific advice is provided depending upon some necessary precautions for each group. Moreover, the document was designed to provide basic concepts on physical activity and, subsequently, an independent consultation in different chapters, therefore allowing a more focused reading of the document. This structure required that some recommendations were consistently worded across the guidelines. Other secondary contents in the chapters include (1) reduction in sedentary behavior, which whenever possible has been recommended according to opportunities and specificities for each target group; (2) supporting information regarding necessary caution (eg, for people with diabetes, asthma, any kind of pain, etc) to assure they are safe during physical activity; and (3) health or educational partners that can support the practice of physical activity for the several target groups through further resources (eg, Brazilian Paralympic Committee website), professional advice (eg, public health units), community public programs (eg, Health Academy Program, School Health Program), and rehabilitation facilities.

Discussion

The Physical Activity Guidelines for the Brazilian Population provides population-targeted, comprehensive recommendations for people living in Brazil to gain knowledge and increase opportunities to be engaged in physical activity. The document was elaborated through the involvement of several stakeholders (ie, the public, researchers, and professionals), with equitable gender representation regarding academics from the 5 macro-geographic regions of the country. Even in face of the COVID-19 pandemic, online public hearings were convened and made it possible to involve citizens, contributing to the development of the guidelines' contents and language. The Physical Activity Guidelines for the Brazilian Population presents innovative aspects both in terms of some recommendations and ways of dissemination. Notably, these guidelines formally address physical education at school, which is expected to increase physical activity opportunities within school curricula, and trigger policy discussion at the national level. In addition, the guidelines offer innovative approaches to improve

Table 8 Physical Activity Recommendations for People Living With Disabilities**Key recommendations for people with disability****Children and youth**

According to the individual and environmental capabilities, children up to 1 y old should spend 30 min/d positioned head-down facing a comfortable surface such as a clean mat or a mattress.

According to the individual and environmental capabilities, children from 1 to 2 y old should spend 3 h/d in physical activities of any intensity. According to the individual and environmental capabilities, children from 3 to 5 y old should spend 3 h/d in physical activities of any intensity, with a minimum target of 1 h at moderate to vigorous intensity.

According to the individual and environmental capabilities, children and youth from 6 to 17 y old should engage in at least 60 min/d of physical activity, preferably at moderate to vigorous intensity. As part of the daily amount of physical activity, activities that promote bone and muscle strengthening should compose the physical activity routine at least 3 d/wk.

Adults and older adults

According to the individual and environmental capabilities, adults should engage in at least 150 min/wk of physical activity at moderate intensity, 75 min/wk of vigorous-intensity physical activity, or an equivalent combination from both intensities. As part of the daily amount of physical activity, activities that promote bone and muscle strengthening should compose the physical activity routine at least 2 d/wk.

The physical activity can be completed at once or fractionated into short time periods. Every hour while sitting in sedentary activity, 5-min breaks at light intensity (eg, stretching even while seated, standing up, going to the bathroom, using the wheelchair to move around) are recommended.

Recommendation for stakeholders

Parents or guardians, teachers, policymakers, and caregivers should (1) incentivize people with disability to explore their environments, (2) seek to reduce barriers for physical activity at home, work, school, or outdoors, and (3) take a tolerant attitude and promote physical activity in early life, independently of the type of disability.

accessibility and dissemination. Beyond the use of nontechnical language to improve understanding, accessible formats (braille and audio versions) should facilitate the use and adoption by people with disabilities, or illiterate people, whereas the availability in other languages seek to facilitate the use by immigrants and refugees living in Brazil, as well as facilitating the guidelines dissemination internationally.

The national distribution of the printed guidelines across the country reaches the delivery of 74,200 copies directed to government decision makers in all 26 Brazilian states and the Federal District. To foster the use of the guidelines by different actors, a supplementary document was elaborated for health professionals and decision makers,²³ providing guidance on how the guidelines are useful to trigger actions of dissemination, implementation, and monitoring/assessment of the guidelines. In this regard, the planning and implementation of a national physical activity surveillance system is an important future step to identify actions that may increase the reach and adoption of the guidelines, facilitating the efforts to be placed in areas of higher needs. We point out that the present guidelines are mostly derived from discussions within the health sector. This indicates that, from now on, the guidelines should be further expanded through the discussion and collaborations with other sectors (eg, education, city, and urban planning) involved in increasing the opportunities for physical activity.

When designing The Physical Activity Guidelines for the Brazilian Population, we reviewed selected national guidelines from 7 countries,^{24–31} including Argentina²⁴ and Uruguay³¹ in Latin America, and the WHO 2020 guidelines on physical activity and sedentary behavior.³ Although previous recommendations were generated from varied methodological approaches, their overall structure has been consistent, covering the youth, adults, older adults and, more recently, preschoolers. However, subgroups such as pregnant or postpartum women, people with disabilities, or people with chronic diseases are rarely addressed in specific recommendations. In the present guidelines, we highlight the dedicated recommendations for physical education at school, which expand the scope of other national guidelines. Developing a chapter for this topic may inform a review in policies of physical

education classes in Brazil, with subsequent monitoring of any implemented changes. Since many physical activity opportunities (or lack thereof) take place in the school environment, these recommendations may be valuable for physical activity promotion in the youth. More recently, a comprehensive analysis of ten national physical activity guidelines in the Americas indicated a considerable heterogeneity in topics addressed across the documents,³² highlighting contents (eg, infrastructure and built environment for physical activity) that have been poorly addressed in national guidelines in the American continent.

Several future developments may be triggered by The Physical Activity Guidelines for the Brazilian Population. In the implementation setting, the use of national public platforms (eg, ConecteSUS) has been employed to disseminate messages from the guidelines to the public with access to these technologies. Furthermore, these resources could serve as a tool to foster the creation or advancement of networks, receive feedback, and cover physical activity monitoring. Although the guidelines are deliberately planned to the population, some research gaps have also arisen from different chapters. Therefore, we reason that research is needed to better describe how regional specificities may influence the adoption of recommendations and practices of physical activity, especially in a country of continental dimensions such as Brazil. In addition, previous experiences with physical activity, age, level of scholarship, and other contextual or individual factors may influence the level of understanding of the recommendations in different groups. Hence, studies that investigate the use of language, narratives, and format in guidelines of physical activity may be informative.

In summary, The Physical Activity Guidelines for the Brazilian Population were elaborated by collective efforts from the Ministry of Health, academics, and citizens in Brazil. The recommendations present why, how, and how much to engage in physical activity, while also informing about the management of time spent in sedentary behavior. These guidelines are not the final step, but rather an initial milestone to increasingly involve the Brazilian population, decision makers, and professionals from the health and other sectors in further actions of promotion, diffusion, dissemination, and implementation of physical activity across the country.

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