

Physical activity—time to take it seriously and regularly



In 1994, the epidemiologist Jerry Morris described physical activity as the “best buy” in public health.¹ In 2012, *The Lancet* published its first Series on physical activity, which showed an estimated 5·3 million deaths per year are due to inactivity; the Series concluded that physical inactivity is as important a modifiable risk factor for chronic diseases as obesity and tobacco.² Today, we publish our second Series, which provides an update of the field since 2012 and an analysis of the latest science of physical activity and health, with a strong focus on low-income and middle-income countries (LMICs).³⁻⁶

The urgency for global action is strengthened by new evidence in this 2016 Series about the effect of physical inactivity on dementia,⁵ the large health-care costs of inactivity,⁴ the additional health risks from excessive sitting,³ and, most importantly, the observation that physical activity is not improving worldwide, despite an increased number of countries having a national physical activity policy or plan.⁵ Action is possible because evidence of effective interventions is growing. But there has been an overall failure to scale up effective interventions at the population level.⁶

The UN’s goals for non-communicable disease reduction and the WHO targets for physical activity⁷ have led to improvements in adoption of national policies. But political commitment and resources are lacking to implement those policies.⁶ Instead, the default response for many years is for governments and WHO to roll out media campaigns, which have had little impact. Furthermore, as our first Series pointed out, many public policies to promote physical activity lie outside the health sector.⁸ These policies are harder to deliver: they need cross-government agreements and partnership for action, across, for example, housing, transportation, land use, and education. They also require public health agencies to reach out themselves and collaborate with organisations with which they do not usually work.

Further benefits of physical activity are shown in the largest harmonised meta-analysis on the joint health effects of sedentary behaviour and physical activity.³ Ulf Ekelund and colleagues³ show how regular activity can diminish the increased mortality risks associated with prolonged sitting. The study should help shift the current focus on reducing sitting times alone to more emphasis on regular activity.

The world needs to get serious about physical activity. And that means money—for capacity in public health departments to undertake adequate surveillance, cross-sector partnerships, interventions, policy monitoring, and research, especially the cost-effectiveness of interventions. There is extensive evidence about the need for action to improve physical activity, what actions are most promising, and who needs to be involved. But capacity and funding remains insufficient because physical activity is not taken seriously enough to rise to the top of the funding priorities. The staggering INT\$67·5 billion economic cost of physical inactivity worldwide to the health-care system through health-care expenditure and productivity losses, as shown by Ding Ding and colleagues,⁴ should be a wake-up call for Ministries of Health. It should help spur countries to focus on the WHO target to achieve a reduction by 10% in physical inactivity by 2025.⁷ Without a rapid increase in action this target will not be achieved. We hope this Series will encourage policy makers to take physical activity more seriously and for people to take it regularly. We must continue to strive towards the longer term goal: the integration of physical activity into our daily lives.

Pamela Das, Richard Horton

The Lancet, London EC2Y 5AS, UK

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Colin Brynm/Robert Harding

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For the 2012 *Lancet* Series on physical activity see <http://www.thelancet.com/series/physical-activity>

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