

Powerful actors who undermine physical activity policy must be challenged

Karen Milton, Associate Professor in Public Health, University of East Anglia, Norwich,
United Kingdom

Kent Buse, Professor of Health Policy, Monash University Malaysia, Kuala Lumpur, Malaysia

Fiona Bull, Head of the Physical Activity Unit, World Health Organization, Geneva,
Switzerland

As one in five adults in the UK have diabetes or pre-diabetes, the politics of physical activity policy must be tackled, argue Karen Milton and colleagues.

Recent data show that one in five adults in the UK have diabetes or pre-diabetes. (1)

Diabetes UK has issued a call for bold action to reverse this trend which emphasises the role of unhealthy diets and the need to fix a “broken food environment.” (2) While these certainly need to improve, regular physical activity is also critical for the prevention and management of diabetes and other noncommunicable diseases (NCDs). (3) Yet physical activity rarely receives adequate recognition in the response to tackling major population health concerns. For example, the UK government’s obesity strategies over the past twenty years have been dominated by policies that target diet and suggest that the problem is behavioural, with relatively little attention given to improving levels of physical activity or addressing structural barriers to healthy lifestyles (4).

Over a third of adults in the UK do not get enough physical activity, (5) placing considerable burden on healthcare systems, people, and the economy, due to higher rates of noncommunicable disease and poor health. (6) Despite the WHO Global Action Plan on

Physical Activity providing evidence-informed solutions to guide government action on increasing levels of physical activity among the population (7), responses have been slow and largely inadequate to reverse trends (8).

Evidence on risks and benefits of physical activity to population health is necessary but insufficient alone to achieve policy change (9). It would be naïve to expect countries to adopt and implement policies simply because of global commitments and compelling evidence of the problem and consequences. Policy making is complicated, unpredictable, and involves government, civil society, academics, scientists and others. At times the process is influenced by the private sector who compete to ensure that their interests are reflected in government policy (10).

Policy making begins with issues finding their way onto the policy agenda. Individuals, institutions, and corporations who are politically well connected wield their power to bring government attention to their issue, to keep issues off the policy agenda and/or to shape societal views on how an issue ought to be governed. Their aim is to divert, dilute, or delay, in order to ensure that policies do not include measures that would undermine their own interests (11, 12). There is therefore an urgent need to better understand the policy making process and power dynamics within various public arenas that affect policy responses to physical inactivity, diabetes, and NCDs.

To gain greater political traction on physical activity we must look at the activities and messaging of competing interest groups. For example, the response to climate change by the transport sector has focused mitigation policy on scaling up electric vehicles. This serves

the interests of the automotive and allied industries while undermining the opportunity to reorientate transport systems towards non-motorised travel. Active modes of travel, including walking and cycling, are better for people and planet. To realise the health and wider benefits of physical activity, advocacy efforts must focus on integrating policy that promotes physical activity with wider global and national priorities, such as mitigating climate change, reducing air pollution, improving mental health, and tackling health inequalities. This shift in the framing would position physical activity as an unrealised solution to a range of health, social, environmental, and economic challenges.

The ultimate form of power is to influence and shape the thoughts or beliefs of the public and secure their acceptance of policy, even when it runs contrary to their best interests. In the context of urban planning and traffic congestion, for example, we have been conditioned to accept that the policy solution is to build more roads. This serves to further the climate crisis and air and noise pollution, while overlooking alternative policy actions that would support more active and sustainable travel and tackle both climate change and physical inactivity (13).

The global community of physical activity scientists, advocates, and policy influencers must expose, debunk, and confront those who are shaping current narratives that devalue or obstruct physical activity related policy (14). We need to strengthen our advocacy focus on the political system and processes with global, regional, and national mobilisation that challenges powerful organisations who perpetuate inaction on physical inactivity. We must create desire, expectations, and demands to live in a world designed to promote and support physical activity. Physical activity for all is a human right (15,16,17). We need to

better leverage a rights framing to put pressure on policymakers and ensure they are held accountable to make “physical activity conscious” decisions. Such pressure will be most effectively applied if the physical activity community works together, as a unified voice, and collaborates with other groups with aligned agendas. Together we can, and should, demand the right to live in a world that values the wellbeing of people and planet.

Views expressed in the article do not necessarily represent the decisions, policy, or views of WHO.

Declaration of interest statement

KB is a member of the Board of the World Obesity Federation and chairs its policy and prevention committee. The Federation receives industry funding. KM and FB have no competing interests to declare.

References

1. **Diabetes** UK. One in five adults now live with diabetes or prediabetes in the UK. *Diabetes UK*. 6 Feb 2025. Available at: <https://www.diabetes.org.uk/about-us/news-and-views/one-five-adults-now-live-diabetes-or-prediabetes-uk>. (Accessed 6 Feb 2025).
2. Gregory A. One in five UK adults have diabetes or pre-diabetes, analysis shows. *The Guardian*. 6 Feb 2025. Available at: <https://www.theguardian.com/society/2025/feb/06/one-in-five-uk-adults-have-diabetes-or-pre-diabetes-analysis-shows>. (Accessed 6 Feb 2025).

3. World Health Organization. *WHO guidelines on physical activity and sedentary behaviour*. Geneva: World Health Organization, 2020.
<https://www.who.int/publications/i/item/9789240015128>
4. Theis DRZ, White M. Is obesity policy in England fit for purpose? Analysis of government strategies and policies, 1992-2020. *The Milbank Quarterly*. 2021;99(1):126-170. <https://onlinelibrary.wiley.com/doi/10.1111/1468-0009.12498>
5. Strain T, Flaxman S, Guthold R, Semanova E, Cowan M, Riley LM et al. National, regional and global trends in insufficient physical activity among adults from 2000 to 2022: a pooled analysis of 507 surveys with 5.7 million participants. *The Lancet Global Health*. 2024;12(8):E1232-E1243.
[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00150-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00150-5/fulltext)
6. Costa Santos A, Willumsen J, Meheus F, Ilbaw A, Bull FC (2023). The cost of inaction on physical inactivity to public health-care systems: a population-attributable fraction analysis. *The Lancet Global Health*. 2023;11(1):e32-e39.
[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00464-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00464-8/fulltext)
7. World Health Organization. *Global action plan on physical activity 2018-2030*. Geneva: World Health Organization, 2018.
<https://www.who.int/publications/i/item/9789241514187>
8. World Health Organization. *Global status report on physical activity 2022*. Geneva: World Health Organization, 2022.

9. Humphreys K, Piot P. Scientific evidence alone is not sufficient basis for health policy. *BMJ*. 2012;344:e1316. <https://www.who.int/teams/health-promotion/physical-activity/global-status-report-on-physical-activity-2022>

10. Cairney P. *Understanding public policy*. Second edition. London: Red Globe Press, 2019.

11. Lukes S. *Power – a radical view*. Second edition. Basingstoke, Hampshire: Palgrave Macmillan, 2005.

12. Friel S, Collin J, Daube M, Depoux A, Freudenberg N, Gilmore AB, Johns P, Laar A, Marten R, McKee M, Mialon M. Commercial determinants of health: Future directions. *The Lancet*. 2023;401(10383):1229-1240. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00011-9/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00011-9/abstract)

13. Hunter RF, Garcia L, Dagless S, Haines A, Penney T, Clifford Astbury C, Whiting S, Wickramasinghe K, Racioppi F, Galea G, Kluge HHP. The emerging syndemic of climate change and non-communicable diseases. *The Lancet Planetary Health*. 2024;8(7):E430-431. [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(24\)00112-8/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(24)00112-8/fulltext)

14. Lacy-Nichols J, Marten R, Crosbie E, Moodie R. The public health playbook: ideas for challenging the corporate playbook. *The Lancet Global Health*. 2022;10(7):e1067-e1072. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00185-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00185-1/fulltext)

15. United Nations. *Convention on the rights of the child*. UN General Assembly, 1989.
<https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>
16. United Nations. *Convention on the rights of persons with disabilities*. UN General Assembly, 2006. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>
17. UNESCO. *International charter of physical education, physical activity and sport*. Paris: UNESCO, 2015.