Commentary

Two years into the pandemic, we know that COVID-19 led to rapid and unprecedented changes in daily physical activity (PA) behavior in millions of people worldwide. Notably, the COVID-19 pandemic has not come to an end and it remains to be seen how it continues to affect PA levels in different groups and whether existing inequalities continue to grow.

We also know that globally the pandemic and its associated lockdown restrictions have amplified inequalities on many levels, including PA opportunities. In many high-income countries (HICs), it has been observed that policy and environmental changes, willpower, and human creativity generated novel PA-enabling digital, social, and physical environments. Examples include pop-up bike lanes, the closure of streets for active mobility, the provision of digital PA opportunities (streaming services for exercises, app-based fitness programs, instructor-based facilitated online live or recorded exercise classes, or sport-specific apps designed by sporting organizations), combined with improved pedestrian infrastructure. These emerging opportunities led for many to an overall change in PA contexts, duration, and types—often from structured leisure-time PA (eg, sports) toward individual types of leisure-time PA (eg, walking/jogging, yoga and strength training at home, unorganized sports).

These opportunities never arose in many low- and middle-income countries (LMICs) due to a lack of resources, infrastructure, and capacity. This is not surprising knowing that many LMICs simply had different priorities during the pandemic, struggled with hunger, violence, resources, and skilled personnel in addition to often poor internet stability and access to functioning digital devices. As a result, knowledge and awareness regarding the benefits of PA in LMICs can be profoundly limited. This gives an overall dire picture of the above mentioned PA inequality and it is clear that opportunities to engage in regular PA vary immensely for a wide range of complex and interrelated reasons (eg, traffic, safety, infrastructure, limited resources or competing health and development priorities, political willpower, cultural barriers). But that must not halt us from exploring the environmental, political, and sociocultural aspects that drive (or not) people to lead an active lifestyle in LMICs.

Let’s take a closer look at infrastructure—a key means to promote population PA. During the pandemic, we have seen that urban development changes can occur quickly, at least in HICs. How can we best translate that knowledge to LMIC settings to create infrastructural changes with minimal resources? If streets were overall safe, clean, and accessible (ie, free of potholes and straydogs and lightened after 6 PM), we are likely to reach more people in our PA promotion efforts to adopt more physically active lifestyles; but the reality is often different and this knowledge challenges us on many levels. Lambert et al also mention that many LMICs struggle with poorly designed and often overcrowded urban environments, low prioritization of physical education in schools, and inequitable distribution of green spaces, all of which adds to the paradox of the PA inequality. Change makers are needed.

It is very clear that PA behavior and its inherent choices are complex. Providing the infrastructure alone will not suffice; what is needed is targeted, context-specific, and multisectoral responses to create PA-enabling opportunities in LMICs and to ensure that, with rapid in-country development, societies are equipped to adhere to physically active lifestyles across the lifespan.

For the past two decades, I have been engaged with the complexities of how PA levels in LMICs can be increased. I confronted this in-depth in Vanuatu, and more generally in the South Pacific. And I argue that while an increase in academic rigor on PA in LMICs has been observed over the past decade, progress to increase PA levels has been slow and we need to explore in greater detail opportunities to accelerate impact in this area.

In all our efforts to get more people more physically active, we must more clearly point the needle toward the contextual differences prevailing in LMICs and emphasize that reducing the domain-specific PA inequality may be yet another step in more inclusive research agendas. And this brings us to the long untouched topic of bridging the research divide between two largely similar yet separate research spheres: PA in LMICs and the sport for development (SFD) sector.

In recent years (since 2012), the field of SFD has grown into a research sphere that aims to present and discuss the latest evidence on how sport can be used to achieve a variety of development goals, predominantly in LMICs. This includes, but is not limited to, health, education, and gender equality. In short, SFD represents the intentional “use of sport to exert a positive influence on public health, the socialization of children, youths and adults, the social inclusion of the disadvantaged, the economic development of regions and states, and on fostering intercultural exchange and conflict resolution”. In this sense, sport is defined as fun-based play and as such leisure-time PA. A large number of nongovernmental organizations and institutions promote and implement sport programs in LMICs. Exploring—from a research perspective—the efficacy and potential scale-up opportunities of those programs may open new avenues for collaboration and transdisciplinary work. If our overall goal is to get ‘people moving’ while achieving the United Nations sustainable development goals, then maybe it is time to establish stronger partnerships between the sectors (eg, education, health, sport).

Address author correspondence to katja.siefken@medicalschool-hamburg.de.
Notably, the report of the United Nations Secretary General, *Strengthening the Global Framework for Leveraging Sport for Development and Peace*, reinforced the need to ensure multisectoral collaborations by member states, acknowledging relevant frameworks and shared goals and the interrelationships between sports, PA, sustainable development goals, achievement, and COVID-19 impact. If our overall goal is to live in a ‘more active world’, we must now be open to intersectoral and multilateral collaborations with governments, policymakers, researchers, practitioners, and civil organizations alike. Thus, it is time for experts to think outside the current research bubble, to be open to new connections and contexts, and to initiate more intersectoral work.

Below are the key reasons for bridging the divide across the research spheres of PA and SFD:

- access to hard-to-reach populations and local staff in LMICs
- two-way capacity training opportunities
- increased opportunities for research translation and science communication
- increased opportunities for scale-up and implementation science
- network extension between researchers, policymakers, governments, and practitioners—ample learning opportunities
- a more active world.

While LMICs are starting to feature more visibly on the international PA agenda, the COVID-19 pandemic has brought additional challenges. More than ever, we now need to collectively be drivers of social change and research PA behavior and SFD and its challenges to advance the study of PA where it is mostly needed—where 7 out of 10 deaths are related to noncommunicable diseases (NCDs) and where play and leisure-time PA is nonexistent for many, especially girls and women.

In a recent webinar (June 2022) on population-based approaches to health promotion through physical activity, facilitated by the the Department of Sport, Exercise, and Health at the University of Basel, Adrian Bauman highlighted that in our PA efforts, we are often not reaching those who need it most, even in HICs. Therefore, a combination of a) implementation science (ie, the researcher-driven approach of promoting PA to communities and populations) and b) scale-up (ie, deliberate efforts to increase the impact of successfully tested PA interventions to benefit more people and foster sustained program development) may aid in promoting PA more effectively to populations. With PA research in LMICs still being in its infancy, emerging and established researchers now need to apply and locally adapt their knowledge for maximum impact in LMICs—settings in which awareness is often limited, PA opportunities vary widely, resources are in short supply, and priorities are vastly different. I am convinced that fighting the silent pandemic of physical inactivity and its health consequences is one of the most pressing global public health challenges of the current and post-COVID-19 era. As Paul Farmer, founder of Partners In Health, put it, “equity is the only acceptable goal”. Thus, change makers are needed more than ever to develop comprehensive yet targeted, context-specific, and multi-sectoral responses that create PA-enabling environments across LMIC settings to reduce PA inequality on all levels. I encourage readers to identify research opportunities in critical PA areas that promise to make life-changing differences for people in LMICs. Evaluating the efficacy of existing programs and interventions and the subsequent effort to increase the impact of those successful programs may just be a first step of a longer journey toward a more active world.

**References**