

Topics: Recent topics in public health in Japan 2026

< Review >

A historical review of physical activity policies for Japan's health promotionSEINO Fukue¹⁾, MIZUSHIMA Ryoko²⁾, TABATA Izumi³⁾¹⁾ Department of Health Promotion, National Institute of Public Health²⁾ Department of Epidemiology and Biostatistics, National Institute of Public Health³⁾ Department of Sport and Health Science, Ritsumeikan University**Abstract**

Physical activity and exercise have long been recognized as essential determinants of overall health and have been systematically incorporated into Japan's national health promotion policies. This review examines the historical development of physical activity and exercise policies in Japan, highlighting key policy characteristics, achievements, and challenges.

Based on an analysis of policy documents and related literature, we organize the evolution of Japan's physical activity and exercise policies into four stages: (1) policy formation triggered by the Tokyo Olympic Games, (2) the establishment of implementation foundations under the National Health Promotion Measures, (3) policy consolidation and expansion under *Health Japan 21*, and (4) the current status and challenges under *Health Japan 21 (the Third Term)*.

In the 1960s, the Tokyo Olympic Games served as a catalyst for positioning physical activity and exercise as national policy priorities through the cabinet decisions regarding the National Health and Physical Fitness Enhancement Measures. Starting in 1978, the National Health Promotion Measures facilitated the development of policy infrastructure, including population-level monitoring of physical activity and step counts, evidence-based guidelines, workforce development, and the establishment of health promotion facilities.

Since 2000, *Health Japan 21* has advanced physical activity policies through the introduction of numerical targets, development of evidence-based exercise and physical activity guidelines, and integration of physical activity into lifestyle-related disease prevention including specific health checkups and health guidance. However, improvements in population-level indicators, including step count and the prevalence of regular exercise, remain limited. As a result, policy attention has increasingly shifted toward approaches complementing individual behavioral change support, with strategies targeting social and built environments. Recent initiatives have emphasized walkable urban design, intersectoral collaboration, and the creation of environments facilitating physical activity in daily life.

Japan's experience with developing and implementing physical activity and exercise policies in a rapidly aging society offers valuable insights for other countries seeking to redesign their physical activity policies from an evidence-based policy making perspective, and to strengthen implementation and evaluation at the community level.

keywords: Physical activity and exercise, *Health Japan 21*, Extension of healthy life expectancy

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I. Introduction

Physical activity and exercise policies have occupied a central position in the development of health promotion policies in Japan since the postwar period. Following the Cabinet's decision regarding the *National Health and Physical Fitness Enhancement Measures* in 1964, which was prompted by the Tokyo Olympic Games, nationwide efforts to promote health were formally initiated [1]. Subsequently, amid rapid economic growth and demographic changes, physical activity and exercise policies have evolved beyond their initial emphasis on improving physical stature and fitness. Such characteristics have come to be recognized as core components of health promotion policies aimed at preventing lifestyle-related diseases and supporting independent living in older adults.

However, trends observed in the National Health and Nutrition Survey indicate that population-level indicators such as average daily step counts and the prevalence of regular exercise did not improve substantially, even after physical activity and exercise were clearly positioned within policy frameworks and systematically organized through guidelines. This lack of improvement has renewed attention on questions regarding the effectiveness of such policies and the manner in which they are implemented. Although Japan's physical activity and exercise policies have developed over a prolonged period, the maturation of policy frameworks has introduced new challenges, particularly in relation to implementation and evaluation.

This review organizes the historical development of physical activity and exercise policies in Japan into four stages: (1) policy formation triggered by the Tokyo Olympic Games, (2) the establishment of implementation foundations under the National Health Promotion Measures, (3) policy consolidation and expansion under *Health Japan 21*, and (4) the current status and challenges under *Health Japan 21 (the Third Term)*.

The distinctive contribution of this review lies in its focus on physical activity and exercise policies not merely as a collection of individual programs or guidelines, but also as a long-term process of policy evolution characterized by both continuity and change. The accumulated experience of Japan's policy development offers insights that are relevant not only for domestic policy discussions but also for health promotion policy design in other countries. Japan represents an important example of long-term government-led physical activity and exercise policy development in a society experiencing rapid population aging and declining birth rates.

II. Formation of physical activity and exercise policy triggered by the Tokyo Olympic Games

The 1960s were a formative period in which physical activity and exercise policies were formally positioned within Japan's national health promotion agenda. From the prewar to the postwar periods, public health initiatives in Japan were largely shaped by the establishment of the Ministry of Health and Welfare in 1938 and the enactment of the National Physical Fitness Act in 1940. During this time, the National Institute of Public Health played a central role in conducting research on physical growth, development, and fitness among the Japanese population, alongside nationwide initiatives such as anthropometric measurements and tuberculosis screening [1,2].

In the immediate postwar period, health policies focused primarily on nutritional improvement to enhance physical stature and general health. However, with rapid economic growth, concerns regarding population health and physical fitness attracted increasing public attention. In this context, the 1964 Tokyo Olympic Games served as a major catalyst that significantly increased public awareness of physical activity and exercise nationwide.

In 1964, the Japanese Cabinet adopted the *National Health and Physical Fitness Enhancement Measures*, which articulated national policy priorities extending beyond improvements to health and nutrition to include the promotion of physical education, sports, and recreation, as well as the cultivation of mental resilience. This policy was innovative in that it framed health not merely as an individual responsibility but as a national policy issue requiring collective action. Consequently, physical activity and exercise were considered not only as means of improving physical fitness but also as fundamental elements supporting healthy and productive daily life.

In 1965, the *National Council for Physical Fitness Promotion* was established to promote a nationwide physical fitness movement. This council integrated government agencies, related organizations, and private-sector actors to encourage the integration of physical activity into daily life. In this manner, it established a collaborative framework through which the government and non-governmental organizations jointly promoted health, serving as a prototype for subsequent public-private partnerships in health promotion.

During the same period, the responsibilities of the Nutrition Division within the Public Health Bureau of the Ministry of Health and Welfare were expanded to include the planning and implementation of measures aimed at promoting public health. This institutional change clarified the administrative position of health promotion, including

**Table Timeline of Physical Activity and Exercise Policies for Health Promotion:
Ministry of Health, Labour and Welfare, Japan**

Year	Event
1938	Establishment of the Ministry of Health and Welfare Establishment of the National Institute of Public Health
1940	National Physical Fitness Act (until 1954)
1946	Nutrition Division established within the Ministry of Health and Welfare National Nutrition Survey (conducted annually thereafter)
1952	Nutrition Improvement Act (until 2003)
1964	(The Tokyo Olympic Games) National Health and Physical Fitness Enhancement Measures (Cabinet Decision)
1965	National Council for Physical Fitness Promotion Health promotion explicitly designated as being under the jurisdiction of the Ministry of Health and Welfare
1972	Establishment of Health Promotion Centers nationwide
1978	The First National Health Promotion Measures
1984	Nutrition Division renamed as the Health Promotion and Nutrition Division (Ministry of Health and Welfare)
1986	Initiation of monitoring of exercise habits in the National Nutrition Survey
1988	The Second National Health Promotion Measures Accreditation System for Health Promotion Facilities Initiation of training for Certified Health Fitness Instructors
1989	National Institute of Nutrition (est. 1920) reorganized into the National Institute of Health and Nutrition Exercise Requirements for Health Promotion Initiation of monitoring of step counts in the National Nutrition Survey Initiation of training for Health Fitness Practical Instructors
1993	Exercise Guidelines for Health Promotion
1997	Age-Specific Physical Activity Guidelines
2000	Health Japan 21 (The Third National Health Promotion Measures)
2003	Health Promotion Act (legal basis for Health Japan 21) Transition from the National Nutrition Survey to the National Health and Nutrition Survey
2006	Exercise and Physical Activity Reference for Health Promotion 2006 Exercise Guidelines for Health Promotion 2006 (Exercise Guide 2006)
2008	Initiation of Specific Health Checkups and Specific Health Guidance (including exercise guidance)
2013	Health Japan 21 (The Second Term) (The Forth National Health Promotion Measures) Physical Activity References for Health Promotion 2013 Physical Activity Guidelines for Health Promotion (Active Guide)
2023	Physical Activity Guide for Health Promotion 2023 Active Guide - Physical Activity Guide for Health Promotion 2023
2024	Health Japan 21 (The Third Term) (The Fifth National Health Promotion Measures)

physical activity and exercise, within government policy. Consequently, physical activity was recognized alongside nutrition as a key determinant of health and was systematically incorporated into public health administration [1].

In 1972, a national subsidy program was implemented to support the establishment of Health Promotion Centers that facilitated community-based exercise practices and instruction [1,3]. Such centers functioned as important policy infrastructures, supporting locally grounded initiatives and enabling the subsequent transition toward more compre-

hensive national health promotion strategies.

At this time, physical activity policies did not involve scientifically defined standards or quantitative targets, and they primarily focused on fostering social momentum and establishing administrative and organizational frameworks for nationwide promotion. Regardless, the government-led promotion of physical activity and fitness during this period was particularly significant, as it laid the conceptual and institutional foundations for national health promotion policies.

In summary, the physical activity and exercise policies established in the 1960s can be characterized as a formative phase in which health and physical fitness were positioned as national priorities, catalyzed by the Tokyo Olympic Games. The principles and administrative structures established during this period served as the starting point for subsequent phases of policy development, including formalization and scientific systematization in later decades.

III. Establishment of the foundation for physical activity and exercise policies under the national health promotion measures

The physical activity and exercise policies of the 1960s primarily emphasized the development of a nationwide physical fitness movement and establishment of administrative and promotional frameworks. However, starting in the late 1970s, these initiatives evolved into more comprehensive national health promotion measures that placed greater emphasis on improving lifestyle-related behaviors. This chapter examines the development of the evaluation and implementation infrastructure for physical activity and exercise policies, focusing on the First National Health Promotion Measures launched in 1978 and the Second National Health Promotion Measures initiated in 1988, which is known as *Active 80 Health Plan*.

1. The first national health promotion measures (launched in 1978)

The First National Health Promotion Measures, which was launched in 1978, represented Japan's first systematic nationwide health promotion policy addressing lifestyle behaviors, including physical activity and exercise [4]. A core principle of this program was to encourage individuals to recognize their personal responsibility for maintaining their own health while framing the government as a supportive facilitator of such efforts. The overarching goal of these measures were to enable all citizens to lead healthy lives.

To this end, the program was structured around three core policy pillars:

1. Promotion of health throughout the life
2. Development of infrastructure for health promotion
3. Dissemination of health promotion activities focusing on nutrition, physical activity, and rest

During this period, municipal public health centers serving as local hubs for community-based personal health services were established nationwide, laying the foundation for implementing health promotion programs in settings accessible to residents. In terms of policy development, nutrition-related initiatives have advanced more rapidly than those related to physical activity. Key measures included the third revision of the Japanese Dietary Allowances (1984)

[5], formulation of Dietary Guidelines for Health Promotion (1985) [6], the introduction of nutrition labeling for processed foods (1986) [7], and development of standardized charts for assessing obesity and underweight status (1986) [8].

These guidelines and tools have been actively used in health promotion programs implemented by municipal public health organizations and health promotion centers. Although physical activity was clearly recognized as an important component of health promotion during this phase, the stronger policy emphasis placed on nutrition meant that exercise and physical activity initiatives developed more gradually. This imbalance was a defining characteristic of the First National Health Promotion Measures, which shaped the subsequent evolution of physical activity policies in Japan.

2. The second national health promotion measures (Active 80 Health Plan, launched in 1988)

In the 1980s, Japan experienced a significant increase in life expectancy. In 1984, the average life expectancy reached 74.54 years for men and 80.18 years for women, with female life expectancy surpassing 80 years for the first time. In the context of these demographic changes, the Second National Health Promotion Measures, known as the *Active 80 Health Plan*, was launched in 1988 with the overarching goal of enabling individuals to "remain functionally independent and socially active, even at the age of 80." [4]

These second measures placed greater emphasis on physical activity and exercise as essential components of disease prevention, particularly for hypertension, diabetes mellitus, and dyslipidemia. Considering that incorporating physical activity into daily life is critical for preventing lifestyle-related diseases, efforts to promote health through exercise were heavily emphasized. Priority was given to establishing an implementation framework for evidence-based physical activity and exercise policies through the following four key approaches:

1. Systematic monitoring of exercise habits and physical activity,
2. Development of evidence-based guidelines,
3. Training and development of specialized human resources, and
4. Development of facilities dedicated to health promotion through physical activity.

(1) Monitoring of exercise habits and physical activity

In Japan, the *National Health and Nutrition Survey*, which was initiated in 1946 and known as the *National Nutrition Survey* until 2002, is conducted to assess the population's health and nutritional status and has served as a core data source for setting targets and monitoring national health

policies [9-11]. Within this framework, information regarding exercise habits has been collected continuously since 1986, whereas daily step count, which is considered to be an indicator of overall physical activity, has been systematically measured since 1989. Additionally, survey items related to physical activity and exercise were periodically expanded to capture patterns of participation, behavioral characteristics, and public awareness.

The formal inclusion of physical activity and exercise indicators in national statistical surveys has positioned these behaviors as key indicators of population health. Such developments have provided an essential empirical foundation for assessing policy implementation and outcomes, thereby strengthening the evidence base for physical activity and exercise policies under the Second National Health Promotion Measures.

(2) Development of evidence-based physical activity and exercise guidelines

In 1989, the Ministry of Health and Welfare formulated the *Exercise Requirements for Health Promotion*, which systematically organizes the relationships between physical activity, exercise, and health based on available scientific evidence [12]. This document was developed based on the concept that maintaining cardiorespiratory fitness above a certain level would confer significant health benefits. Target values for maximal oxygen uptake per unit body weight ($\text{VO}_2\text{max}/\text{body weight}$) were specified according to sex and age group, and the intensity, frequency, and duration of aerobic exercise required to achieve and maintain these targets were presented. These exercise requirements have been widely utilized as a scientific foundation for exercise prescription and guidance in health promotion facilities.

In 1993, the *Exercise Guidelines for Health Promotion* were developed to encourage exercise among the general population [3,13]. These guidelines emphasized the feasibility of incorporating physical activity into daily life without the need to allocate special time for structured exercise, thereby promoting sustainable and practical approaches to increasing physical activity levels.

Subsequently, in 1997, the *Age-Specific Physical Activity Guidelines* were established following deliberations regarding an *Appropriate Approach to Physical Activity for Lifelong Health Promotion* [14]. Reflecting societal changes such as rapid population aging and the increasing prevalence of lifestyle-related diseases, these guidelines have expanded in scope beyond disease prevention to include the maintenance and improvement of physical function among older adults, prevention of osteoporosis in women, and health promotion during growth and developmental stages [14].

In this context, "physical activity" was defined as any bodily movement produced by skeletal muscles that results

in energy expenditure above resting levels. Accordingly, this definition encompasses a broad range of activities, including activities of daily living, leisure and recreational activities, exercise, and sports. These guidelines categorized the population into four groups, namely "growth and developmental stage," "young and middle-aged adults," "older adults," and "women," and presented recommended types, intensities, durations, and frequencies of physical activities for each group.

Notably, the *Exercise Requirements for Health Promotion* issued in 1989 were formulated directly by the national government, through the Ministry of Health and Welfare, representing a pioneering approach in which the state assumed primary responsibility for establishing evidence-based exercise recommendations.

This governmental leadership in translating scientific evidence on physical activity into national policy laid an important foundation for subsequent health promotion strategies in Japan.

In particular, it provided institutional and conceptual continuity for *Health Japan 21*, launched in 2000 as the third National Health Promotion Plan, in which numerical targets for physical activity were explicitly incorporated into a comprehensive, long-term national framework.

In contrast to countries such as the United States, where physical activity guidelines have traditionally been developed by professional organizations such as the American College of Sports Medicine (ACSM) and later adopted by governmental agencies [15], Japan's experience illustrates a policy trajectory characterized by sustained, government-led integration of scientific evidence into population-wide health promotion initiatives.

(3) Development of specialized human resources

Health promotion through physical activity requires trained professionals capable of providing appropriate and safe exercise guidance. Therefore, the Ministry of Health and Welfare examined frameworks for the training of exercise professionals, leading to the establishment of certification programs for *Health Fitness Instructors* in 1988 and *Health Fitness Practical Instructors* in 1989 [16].

Health Fitness Instructors were designated as professionals possessing foundational medical knowledge and expertise in exercise physiology, who are capable of designing safe and effective exercise programs tailored to individual health conditions while collaborating with healthcare professionals. Health Fitness Practical Instructors were positioned to deliver practical instructions for aerobic and resistance exercises based on programs developed by Health Fitness Instructors, adapting guidance to participants' health statuses, physical fitness levels, and technical proficiency.

Cullently, the Japan Health Promotion Fitness Foundation is responsible for the training and registration of these professionals. As of 2024, there were 17,836 registered Health Fitness Instructors [17], and as of 2025, there were 17,679 registered Health Fitness Practical Instructors [18].

These training and certification frameworks have contributed to improving the quality of community-based exercise guidance and health promotion activities, while simultaneously establishing a sustainable human resource base to support the continued implementation of physical activity and exercise policies in Japan.

(4) Development of health promotion facilities

In 1988, the *Standards for the Certification of Health Promotion Facilities* were established to promote facilities supporting health promotion through physical activity. Under this framework, a national certification system administered by the Minister of Health and Welfare (currently the Minister of Health, Labour and Welfare) was introduced. Three categories of facilities were defined: *exercise-based health promotion facilities*, *hot-spring-based health promotion facilities*, and *hot-spring-based program health promotion facilities*. Facilities meeting specific criteria can be designated as *exercise therapy facilities* [19,20].

For exercise-based health promotion facilities, certification requirements included the provision of appropriate infrastructure, such as training gyms, exercise floors, and swimming pools, as well as the placement of certified exercise professionals, including Health Fitness Instructors. Through this certification system, standardized environments for safe and effective exercise practices have been promoted nationwide.

As described above, during the Second National Health Promotion Measures, the foundational infrastructure for advancing physical activity and exercise policies was strengthened significantly through multiple interrelated components: including the systematic monitoring of exercise habits and daily step counts, development of evidence-based guidelines, the training of specialized human resources, and the establishment of certified health promotion facilities. In 1989, the National Institute of Nutrition was reorganized into the National Institute of Health and Nutrition to provide an integrated research foundation, positioning physical activity and nutrition as complementary determinants of health [3].

Simultaneously, physical activity policies during this period were focused on approaches encouraging individual lifestyle modification and voluntary behavioral change. Interventions targeting broader social environments, such as the built environments or urban designs, remained limited. Consequently, challenges related to the sustainability of exercise participation and consideration of socioeconomic dis-

parities were not addressed sufficiently. These unresolved issues later became part of the underlying context for expanding the scope of policy evaluation frameworks and intervention strategies in subsequent initiatives, including *Health Japan 21*.

IV. Advancement of Physical Activity and Exercise Policies under Health Japan 21

Since the 2000s, Japan's physical activity and exercise policies have been organized systematically and further developed under *Health Japan 21*, which was launched as the Third National Health Promotion Measures.

Health Japan 21 is Japan's national health promotion movement, which was initiated in 2000 with the overarching goals of reducing premature mortality in adulthood, extending healthy life expectancy, and improving quality of life through comprehensive goal-oriented public health policies.

During this period, lifestyle-related diseases and their underlying behavioral determinants were identified as major public health challenges. Under medium- to long-term targets set with a time horizon of approximately 10 years, national and local governments, working with relevant organizations and stakeholders, have promoted health initiatives that emphasized primary prevention. This phase represents a decisive transition in Japanese health policy, where the concept of lifestyle-related diseases became firmly established and preventive interventions prior to disease onset were prioritized.

1. Health Japan 21 (the First Term, launched in 2000): Establishment of quantitative targets

In *Health Japan 21* (the First Term), which launched in 2000, physical activity and exercise were explicitly positioned alongside nutrition and rest as key lifestyle-related determinants of health. For the first time in Japan, national quantitative targets for physical activity were established [21]. Consequently, exercise-related policies evolved beyond general principles and health education to become subject to systematic monitoring and evaluation within the policy framework.

Key indicators included increases in:

- (1) the proportion of individuals who consciously engaged in physical activity;
- (2) average daily step counts;
- (3) the proportion of individuals with established exercise habits;
- (4) proactive attitudes toward going outdoors among older adults; and
- (5) participation in community activities among older adults.

Within this policy context, the *Exercise and Physical Ac-*

tivity Reference for Health Promotion 2006 was developed to replace earlier exercise requirements [22-24]. Compared with previous guidelines, this reference places a greater emphasis on the prevention of lifestyle-related diseases. Based on systematic reviews of domestic and international literature, reference values were presented for physical activity volume, exercise volume, and physical fitness, including maximal oxygen uptake (VO_{2max}).

Additionally, the *Exercise Guidelines for Health Promotion 2006 (Exercise Guide 2006)* were issued as practical tools to support the safe and effective implementation of physical activity consistent with these standards [25,26]. The development of these documents marked a major shift toward evidence-based policy making, grounded in both epidemiological research and exercise physiology.

Furthermore, in fiscal year 2008, as a component of a broader health system reform, Japan introduced the *Specific Health Checkups and Specific Health Guidance* program for individuals aged 40 years and older, targeting metabolic syndrome with a focus on visceral adiposity. In this program, improvements in physical activity and exercise, along with dietary modification, were institutionally positioned as a core component of individualized support. Consequently, physical activity and exercise have been formally applied to the prevention of lifestyle-related diseases, enabling nationwide, continuous implementation of exercise-based interventions [25,26]. This development represents a significant milestone in the evolution of Japan's physical activity policies.

Simultaneously, physical activity initiatives during this period primarily focused on promoting individual behavior change, while interventions targeting social and built environments remained underdeveloped. Consequently, the need to complement individual-level interventions with broader environmental and societal approaches to support physical activity has gained increasing attention.

2. Health Japan 21 (the Second Term, launched in 2013):

Emphasis on social and environmental approaches

In 2013, *Health Japan 21* (the Second Term) was launched [27]. In the context of rapid population ageing, declining birth rates, and changes in disease structure, this phase set forth a basic policy direction aimed at promoting health through improvements in both lifestyles and social environments. The overarching goal was to create a vibrant society in which people of all could support one another, maintain hope and purpose in life, and live healthy and fulfilling lives according to their respective life stages.

As part of the initiatives under *Health Japan 21* (the Second Term), the *Exercise Reference for Health Promotion 2006* was revised, and the *Physical Activity References for Health Promotion 2013* were issued. While developing of these

guidelines, systematic reviews were conducted to examine diseases for which increased physical activity is associated with reduced risk [28]. In addition to diabetes and cardiovascular diseases, the scope has been expanded to include cancers, locomotive syndromes, and dementia. Notably, new reference standards have been established specifically for adults aged 65 years and older.

Furthermore, these guidelines explicitly emphasized the importance of social and environmental approaches in promoting physical activity, providing examples of how health promotion initiatives can be integrated into urban design and workplace settings.

Additionally, a population-wide behavioral framework applicable to all age groups was presented through the *Physical Activity Guidelines for Health Promotion (Active Guide)* [29]. The key message, which is simply defined as "+10", encourages people to engage in 10 more minutes of physical activity than their current level. This message was introduced as a simple and accessible recommendation designed to facilitate behavior change among the general population.

Although *Health Japan 21* (the Second Term) clearly articulated the importance of social and environmental determinants of physical activity, the implementation of such approaches has progressed slowly. Consequently, initiatives supporting individual behavioral change continued to constitute a central pillar of policy measures. Trends observed in the National Health and Nutrition Survey indicated that the average daily step counts and proportion of individuals with regular exercise habits did not exhibit substantial improvement throughout the First and Second Terms of *Health Japan 21*, and gaps between policy targets and outcomes were noted repeatedly [30]. These findings suggest that merely raising and awareness and providing information are insufficient measures for increasing population-level physical activity significantly.

To address these challenges, since the late 2010s, increasing attention has been devoted to approaches that support physical activity in broader social and environmental contexts. Following the establishment of the Japan Sports Agency in 2015, the Ministry of Health, Labour and Welfare strengthened intersectoral collaboration with other ministries. The promotion of physical activity has been increasingly linked with policies related to urban planning, transportation systems, and workplace-based health management initiatives. Consequently, physical activity and exercise policies have expanded beyond the health sector, evolving into cross-sectoral and integrated policy approaches [30].

Overall, the period from the 2000s to the 2020s can be characterized as a phase in which the physical activity and

exercise policies under *Health Japan 21* were systematically structured based on scientific evidence, and the effectiveness and modes of implementation were increasingly scrutinized. The evidence base and policy experience accumulated during this period provide an essential foundation for developing physical activity policies that place greater emphasis on social and environmental determinants.

V. Current status and challenges of physical activity and exercise policies under Health Japan 21 (the Third Term, launched in 2024)

Japan's current physical activity and exercise policies are implemented under *Health Japan 21* (the Third Term), which constitutes the Fifth National Health Promotion Measures [31]. In the third term, the extension of healthy life expectancy and reduction of health inequalities are defined as the overarching goals. Physical activity and exercise are key policy domains contributing to these goals by the preventing of non-communicable diseases and long-term care needs, and the promotion of social participation.

However, trends in physical activity related indicators derived from the National Health and Nutrition Survey indicate persistent challenges. The average daily step counts among the population have shown little improvement since the 2000s and have remained largely stable or even declined. Similarly, the proportion of individuals with regular exercise habits did not reach the target levels throughout the First and Second Terms of *Health Japan 21*, with particularly low levels persisting among young women and the working-age population [30,31]. These trends suggest that although physical activity and exercise policies have been increasingly systematized, conventional approaches relying primarily on individual voluntary efforts are insufficient to increase population-level physical activity significantly.

In response, *Health Japan 21* (the Third Term) places greater emphasis not only on setting targets and recommending physical activity as a desirable health behavior, but also on developing social environments that naturally facilitate physical activity in daily life. Specific policy directions include the creation of walkable and comfortable urban spaces, improvements in mobility environments incorporating public transportation and cycling, and workplace reforms, and health management initiatives within occupational settings. Such measures reflect a shift toward the promotion of physical activity within broader social and environmental contexts [31,32].

Recently, the role of physical activity and exercise in the context of rapid population aging has been reevaluated from the perspectives of frailty prevention, and the maintenance, and improvement of functional capacity [33]. In

addition to aerobic activity, increasing attention is being devoted to the importance of muscle strengthening and balance-related activities that support physical functioning. Consequently, physical activity and exercise policies are being increasingly framed not only as tools for disease prevention, but also as important foundations for quality of life and independent living.

Reflecting on these developments, the *Physical Activity Guide for Health Promotion 2023* were issued [34]. These guidelines classify Physical activity into "lifestyle activities", "exercise", and "sedentary behavior." They explicitly highlight the importance of muscle-strengthening activities alongside aerobic exercise, as well as the reduction of sedentary behavior. In this guide, recommendations are presented according to three population groups: adults, children and adolescents, and older adults. In addition, Reference Information is provided as evidence-based materials to present scientifically grounded information on physical activity and exercise. The guidelines advocate a comprehensive approach to physical activity, focusing on frailty prevention and the maintenance of functional ability. This trend represents a shift from earlier guidelines that focusing on promoting specific forms of exercise toward an approach that integrating physical activity across the entirety of daily life, aligning closely with the social and environmental approach emphasized in *Health Japan 21* (the Third Term).

Furthermore, the promotion of physical activity and exercise requires collaboration beyond the health sector, including fields such as urban planning, transportation, education, and industry. Although interministerial coordination has progressed at the national level, disparities in policy planning capacities and implementation structures among local governments may influence the reach and quality of initiatives at the community level. Such discrepancies highlight the importance of strengthening the human resources and organizational capacities responsible for policy implementation, along with institutional design.

In summary, the current physical activity and exercise policies under *Health Japan 21* (the Third Term) have evolved toward more comprehensive approaches that incorporate social and environmental determinants. Regardless, challenges remain in terms of achieving measurable improvements in behavioral indicators. Therefore, it is critical to examine how these challenges can be addressed and how physical activity and exercise can be sustainably embedded in daily life in the next stage of policy development.

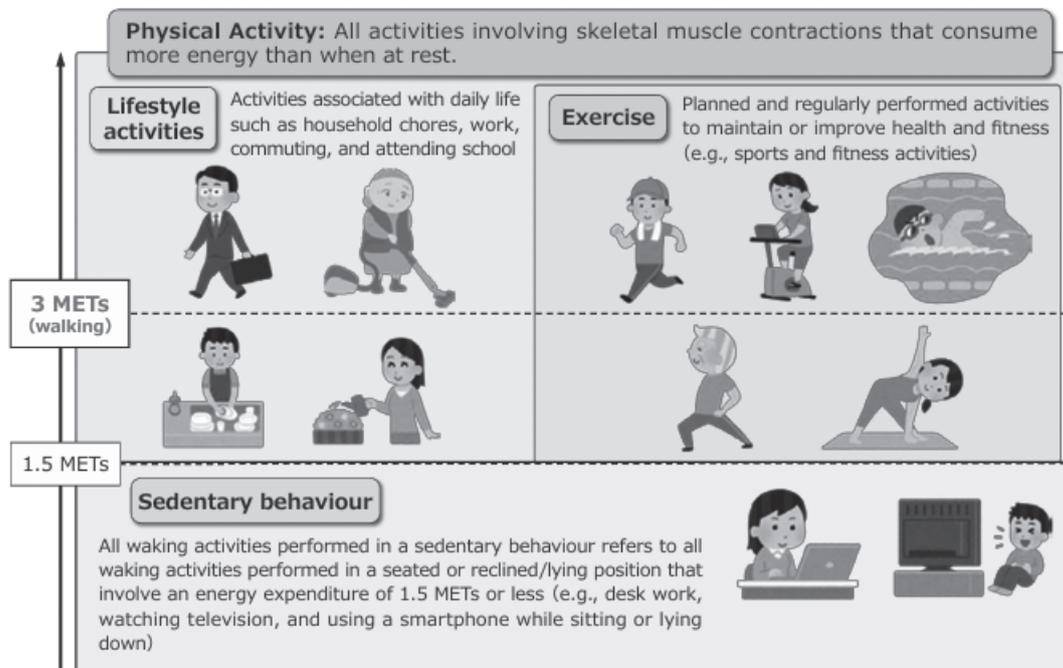
VI. Future challenges and perspectives

In Japan, the life expectancy reached 81.09 years for men and 87.13 years for women in 2024 [35], while healthy life

Figure 1 Goals and indicators of physical activity according to “Health Japan 21 (the Third Term)”[34]

Goals	Indicators	Current values (2019)		Target values (2032)	
Increasing the number of steps in daily life	Average number of daily steps	Total: 6,278 steps		Total: 7,100 steps	
		20–64 years	65 years or older	20–64 years	65 years or older
		Male 7,864 steps	Male 5,396 steps	Male 8,000 steps	Male 6,000 steps
		Female 6,685 steps	Female 4,656 steps	Female 8,000 steps	Female 6,000 steps (Current value × 1.1)
Increasing the percentage of individuals with exercise habits* <small>*Engaging in exercise two days or more per week, with each session lasting 30 minutes or more, continuously for one year or more</small>	Percentage of individuals with exercise habits	Total: 28.7%		Total: 40%	
		20–64 years	65 years or older	20–64 years	65 years or older
		Male 23.5%	Male 41.9%	Male 30%	Male 50%
		Female 16.9%	Female 33.9%	Female 30%	Female 50% (Current value +10%)
Reducing the number of children who do not regularly engage in exercise or sports	Percentage of children engaging in a total exercise time per week (excluding physical education classes) of 60 minutes or less	Set targets per Basic Policy on Child Health and Development (Second Term)			
Increasing the number of municipalities working on creating “comfortable and walkable” environments	Number of municipalities that have created “comfortable and walkable” environments	73 (December 2022)		100 (2025)	

Figure 2 Conceptual diagram of physical activity, lifestyle activities, exercise, and sedentary behavior (Physical Activity Guide for Health Promotion 2023) [34]



expectancies in 2022 remained at 72.57 years for men and 75.45 years for women [36]. This persistent gap between life expectancy and healthy life expectancy underscores the importance of policies that not only prevent disease but also sustain functional capacity and social participation throughout life. In a rapidly aging society such as Japan, physical activity and exercise policies constitute a critical policy domain that contributes to the maintenance of functional ability, promotion of social participation, and extension of healthy life expectancy, thereby supporting the foundations of a sustainable society.

As discussed in this review, Japan's physical activity and exercise policies originated with the *National Health and Physical Fitness Enhancement Measures* and subsequently embedded within the broader framework of the national health promotion framework. Through progressive development and systematization based on scientific evidence, these policies have evolved into comprehensive approaches that increasingly incorporate social and environmental determinants of physical activity.

The first major challenge for future policy development is to shift the primary focus of implementation from interventions centered on individual behavior changes to policies that create social conditions in which physical activity is naturally encouraged in daily life. Such intervention includes the development of walkable and attractive urban environments, improvements in transport systems that support active mobility, such as public transportation and cycling, and initiatives related to workplace reform and health-oriented management. Such efforts will require multisectoral collaboration beyond the health sector.

The second challenge relates to the strengthening of human resources and organizational capacity to support physical activity and exercise policies. The effectiveness of policy implementation at the community level depends not only on policy design but also on the capacity of local governments to plan, coordinate, and implement interventions, as well as on collaborative frameworks among administrative bodies, health professionals, and community stakeholders. Therefore building and sustaining collaborative systems remains a critical issues.

Third, there is a need to reconsider approaches to evaluating physical activity and exercise policies. In addition to behavioral indicators such as step counts and the prevalence of exercise habits, evaluation frameworks should also capture progress in social and environmental infrastructure and the extent of policy implementation at the local level. Such comprehensive evaluations would enable the clearer visualization of policy outcomes and facilitate feedback for continuous improvement.

In summary, future physical activity and exercise poli-

cies must balance evidence-based policy formulation with flexible implementation tailored to local contexts. Furthermore, to ensure the effectiveness of these initiatives, it is essential to further accumulate scientific evidence on the associations between physical activity, exercise, physical fitness, and the prevention of non-communicable diseases (NCDs), and to translate this evidence into policy development and evaluation. The historical review and current analysis presented in this article highlight the necessity of reframing physical activity and exercise policies not merely as recommendations for individual health behaviors but also as structural components of a complete society.

The insights derived from Japan's experience may provide valuable reference points for other countries seeking to redesign physical activity and exercise policies from an evidence-based policy making perspective and to advance implementation and evaluation at the community level.

Conflicts of Interest

The authors declare no conflicts of interest regarding publication of this article.

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<総説>

日本の健康づくり政策における運動・身体活動施策の軌跡と今後の展望

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抄録

運動・身体活動は，生活習慣病の予防や健康寿命の延伸に資する重要な健康要因として，長年にわたり我が国の健康づくり政策の中に位置づけられてきた。本総説は，日本の健康づくり政策における運動・身体活動施策の歴史的展開を整理し，その政策的特徴と課題を明らかにすることを目的とした。

本総説では，政策文書および関連文献に基づき，日本の運動・身体活動施策を，①東京オリンピックを契機とした政策形成，②国民健康づくり対策における施策基盤の確立，③「健康日本21」による施策の深化，④健康日本21（第三次）における現状と課題，という4つの段階として整理した。1960年代には，東京オリンピックを契機として国民健康・体力増強対策が打ち出され，運動・身体活動が国の政策課題として位置づけられた。1978年以降の国民健康づくり対策では，運動習慣や歩数のモニタリング，科学的根拠に基づくガイドラインの策定，専門人材の育成，健康増進施設の整備などを通じて，施策の推進基盤が整備された。

2000年以降は，「健康日本21」を軸として，身体活動に関する数値目標の設定や運動基準・指針の策定が進められ，さらに特定健診・特定保健指導を通じて，運動・身体活動が生活習慣病予防のハイリスクアプローチにも適用された。一方，歩数や運動習慣者割合は大きな改善には至らず，個人の行動変容支援に加え，社会環境を通じた取組が政策的に位置付けられるようになった。これを踏まえ，近年では，歩きやすい都市環境の整備や多分野連携による取組など，社会環境を通じて身体活動の実践を支える視点が重視されている。

急速に少子高齢化が進む社会において政策として運動・身体活動施策を展開してきた日本の経験は，今後の運動・身体活動施策をEBPMの観点から再構築し，地域レベルでの実装と評価を進める上で，他国にとっても参考となる知見を提供するものである。

キーワード：運動・身体活動施策，健康日本21，健康寿命の延伸