First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control
Moscow, 28-29 April 2011

Première Conférence ministérielle mondiale sur les modes de vie sains et la lutte contre les maladies non transmissibles
Moscou, 28 et 29 avril 2011

Primera Conferencia Ministerial Mundial sobre Modos de Vida Sanos y Control contra las Enfermedades No Transmisibles
Moscú, 28 y 29 de abril de 2011

المؤتمر الوزاري العالمي الأول حول أنماط الحياة الصحية ومكافحة الأمراض غير المعدية
موسكو، من 28 إلى 29 نيسان/أبريل 2011

Первая глобальная министерская конференция по здоровому образу жизни и неинфекционным заболеваниям
Москва, 28-29 апреля 2011 г.

首届健康生活方式和非传染性疾病控制问题全球部长级会议
莫斯科，2011年4月28-29日
Roundtable 4
Physical activity, sport and transport
(Amphitheatre, Tower 1)
Dr Jasem Ramadan
Associate Professor
Faculty of Medicine
Kuwait University
1.5 billion adults are insufficiently active.
Prevalence of physical inactivity, 2008
What has WHO been doing to mobilize a global response?


Six objectives:

1. Raising the priority accorded to NCD in development work at global and national levels
2. Establishing and strengthening national policies and programmes
3. Reducing and preventing risk factors
4. Prioritizing research on prevention and health care
5. Strengthening partnerships
6. Monitoring NCD trends and assessing progress made at country level

Under each objective actions for member states, WHO Secretariat and Int. partners
Global recommendations on physical activity for health

Target audience: national policy makers

Why?
– Physical inactivity is the 4th leading risk factor for global mortality
– Evidence based starting point to promote physical activity + advocacy
– Limited existence of national guidelines in low and middle income countries;

PA independent risk factor for:
1. Coronary heart disease, cardiovascular disease, stroke and hypertension
2. Diabetes and obesity
3. Bone health, osteoporosis
4. Breast and colon cancer
5. Functional Health and prevention of falls
6. Anxiety, depression, cognitive functions
Development of the Global Recommendations on Physical Activity and Health

**January 2008**
Expert group meeting (Mexico)

**February 2009**
Search questions developed by WHO Secretariat

**March–April 2009**
Compilation and assessment of scientific evidence

**June 2009**
Appointment of Guideline group

**August 2009**
WHO Secretariat prepares draft of recommendations and shares evidence with Guideline group members

**Sept–Nov 2009**
Electronic consultation with Guideline group members on draft recommendations

**June–October 2008**
Defining scope, content and target audience of recommendations
Consensus decision to use the evidence review of the USA to develop the WHO global recommendations

**Publication of USA’s evidence review and the recommendations by the Physical Activity Guidelines Advisory Committee**

**April–May 2010**
WHO Secretariat finalizes recommendations

**March 2010**
Final revision by Regional Offices

**Jan–Feb 2010**
Peer review of recommendations

**Nov–Dec 2009**
WHO Secretariat finalizes draft recommendations

**October 2009**
Meeting of Guideline group to discuss draft recommendations

**June 2010**
Approved by GRC
Key concepts of the global recommendations

**Intensity of activity**
- moderate
- vigorous

**Domains of activity**
- recreation and sports
- transportation
- household
- work/school

**Type of activity**
- Aerobic
- Strength
- Balance
- Flexibility
Global recommendations on PA for Health

5-17 yrs: at least **60 minutes** of moderate to vigorous intensity PA daily.

+18 yrs old: **at least 150 minutes** of moderate-intensity aerobic PA spread throughout the week **or** do at least 75 minutes of vigorous-intensity aerobic PA spread throughout the week **or** an equivalent combination.

65yrs old & above: with poor mobility, should perform PA to enhance balance and prevent falls on 3 or more days/ week.

When 65yrs old & above adults cannot do the recommended amounts of PA due to health conditions, they should be as physically active as their abilities and conditions allow.
Adopt and adapt

Adaptation and translation must consider:

– Cultural background, ethnic minorities, gender issues.
– Social norms, religious values.
– Security situation.
– Availability of safe spaces.
– Access and attendance to schools and worksite.
– Existing infrastructures and urban design.
– Patterns of participation in all domains of physical activity (leisure, transportation and occupational).
– Geographical settings, seasons and climate.
– Involvement of all concerned sectors and actors.
– Role of municipalities and local leadership.
Opportunities for multisectoral engagement?

- Urban planning and design
- Sustainable transport
- Sustainable environment, climate change
- Workplace
- Education
- Sports
- Safety and Injury prevention
Physical activity: experience in Kuwait
Template for a national plan based upon the Kuwait experience

Step One: Establish a National Committee

Step Two: Identify an overall approach

Step Three: Establish the intent

Step Four: Outline a general framework and content of the Plan

Step Five: Conduct and/or summarize relevant surveillance
• **Step Six:** Advocate for the Plan with the general public and key collaborators

• **Step Seven:** Establish strong media coverage

• **Step Eight:** Implement programs

• **Step Nine:** Evaluate activities

• **Step Ten:** Conduct research
KuNPAC Meeting with His Highness the Crown Prince
Thank you
Ms Anne Milton
Parliamentary Under Secretary of State for Public Health
Department of Health
UK
Urban Challenges and Opportunities: New York City Perspective
Independent

Interdisciplinary ‘think tank-do tank’

Elected Fellows from all health professions

Priorities: healthy aging, prevention, eliminating health disparities
<table>
<thead>
<tr>
<th>New York City</th>
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<tr>
<td>• Population: 8.4 million</td>
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<tr>
<td>• Size: 305 square miles (790 km²)</td>
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<td>• Diversity</td>
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<tr>
<td>– 800 languages</td>
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<td>– 46% speak a language other than English at home</td>
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<tr>
<td>• Wide income disparities</td>
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<td>– top 1% takes home 44% of the income</td>
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The Problems

• Obesity
  – 22.1% of adults, with rates of 30% among Black (30%) and 37.2% Hispanic
  – 1 in 5 kindergarten children is obese.

• Diabetes
  – 9% diabetes, 23% pre-diabetes
  – $6.6 billion/year cost to health system
Opportunities: Municipal Governance

• Strong Mayor
• Significant local authority
  – Regulations, zoning, agency and investment priority setting
• Good information systems
  – Data on health behaviors and health status
• Incentives
  – Health care costs
  – Public accountability
Challenges

- Population density $\rightarrow$ Less open space
- Perceived and actual safety $\rightarrow$ Fears about security inhibit outdoor activity
- Social/economic demands $\rightarrow$ Less time for exercise in schools and for adults outside of work
NYC Population Health Goals

• Take Care New York – 10 health goals monitored annually

• Physical activity target: all New Yorkers get at least 30 minutes of moderate physical activity (such as a brisk walk) at least 5 days a week.
### Selected Strategies to Promote Exercise and Prevent NCDs

- Use of regulatory and taxing authority
- Transportation policy
- PlaNYC 2030
- Active Design Guidelines
- Play Streets
- Exercise programs: schools; Shape Up NY
Strategies: PlaNYC

- Goal: all New Yorkers live within 10 minutes of green space
- 400 acres new parkland by revitalizing waterfront
- New plazas through reclamation of public right-of-way
- 435,000 of 1 million trees planted

- Doubled bike commuting by adding 200 miles of bike lanes, offering bike racks, requiring bike storage in large office buildings
Strategies: Active Design Guidelines

- Evidence based strategies for healthy buildings, streets, urban spaces developed by NYCDDC, DOHMH, DOT, Planning and OMB
- Urban design to encourage walking, cycling, active transport and recreation
- Building design to promote active living
- Links active design and sustainability
Strategies: Play Streets

- Play streets temporarily close off streets and side walks to provide safe space for recreation and play
- Summer 2010: 1,200 children and teens attended
- East Harlem and the South Bronx, where >1/3 of residents live below the poverty line, and > 40% of the primary school children are overweight or obese.

- 64% reported that they would have been doing something sedentary, like watching TV or being at home, if they did not go to the Play Street.
Remaining Issues for New York City

• Disparities
  – Which neighborhoods get the programs?

• Sustainability
  – Community buy-in is needed (esp. for post-Bloomberg era)

• Results
  – Impact evaluations are not yet in
Thoughts for National Leadership

- Develop an Urban Policy
- Develop an Active Aging Policy
- Apply a “health lens” to infrastructure investments
- Promote inter-sectoral governance models at the national level and in decentralization strategies
Thank you
Dr Yasmina Baddou
Minister of Health
Morocco
Dr Beatriz Londoño Soto
Deputy Minister of Health
Colombia
Dr Pavel Novikov
Deputy Minister of Sport, Tourism and Youth Policy
Russian Federation

Prevention and control of noncommunicable diseases
Ms Anne Milton
Parliamentary Under Secretary of State for Public Health
Department of Health
UK
First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control
Moscow, 28-29 April 2011
Professor Fiona Bull
University of Western Australia
Thank you