FIFTH REGIONAL WORKSHOP ON LEADERSHIP AND ADVOCACY FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES (LeAd-NCD)

12–15 September 2017
Saitama, Japan

World Health Organization
Western Pacific Region
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MEETING REPORT

FIFTH REGIONAL WORKSHOP ON LEADERSHIP AND ADVOCACY FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES (LeAd-NCD)

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NOTE

The views expressed in this report are those of the participants of the Fifth Regional Workshop on Leadership and Advocacy for NCD Prevention and Control (LeAd-NCD) and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Fifth Regional Workshop on Leadership and Advocacy for NCD Prevention and Control (LeAd-NCD) in Saitama, Japan from 12 to 15 September 2017.
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SUMMARY

Since 2005, the National Institute of Public Health (NIPH) in Japan and the World Health Organization (WHO) Regional Office for the Western Pacific have organized a course to build and strengthen capacity for noncommunicable disease (NCD) prevention and control. In 2012, due to increasing demand to enhance the capacity of national institutes, WHO and experts, in collaboration with the NIPH, developed an updated workshop for the prevention and control of NCDs called Leadership and Advocacy for NCD Prevention and Control (LeAd-NCD) based on the previous course.

The LeAd-NCD workshop was first launched in 2013 aiming to strengthen skills and capacity for NCD prevention and control in countries in the Western Pacific Region. Each year, in line with emerging priorities, a thematic area is selected for the workshop. Previous themes include an overview of NCD prevention and control, global coordination mechanisms for NCDs, workers’ health and childhood obesity. Physical activity was proposed as the main theme for this year’s Fifth LeAd-NCD Workshop in response to a proposal for the Executive Board Secretariat to prepare a draft action plan on physical activity for consideration by the Seventy-first World Health Assembly in May 2018.

The Fifth LeAd-NCD Workshop was held at the National Institute of Public Health in Saitama, Japan, from 12 to 15 September 2017. Twenty-nine participants, responsible for physical activity or health promotion, either in the health sector or other relevant ministry, represented their country during the workshop. These participants came from 22 countries and areas in the Western Pacific Region: Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, French Polynesia, Guam, Hong Kong SAR (China), Lao People’s Democratic Republic, Macao SAR (China), Malaysia, Federated States of Micronesia, Mongolia, New Caledonia, New Zealand, Philippines, Samoa, Singapore, Solomon Islands, Tonga, Vanuatu and Viet Nam. Four observers from Japan and Singapore, two resource persons, four temporary advisers and four WHO staff from headquarters and the Regional Office also attended the workshop.

The workshop objectives included the following:

- to share experience and lessons learnt on physical activity in countries;
- to present updated evidence and tools on physical activity;
- to develop skills and competencies in leadership and advocacy for physical activity; and
- to identify next steps to enhance national population physical activity levels in the Region.

Leadership and advocacy are key elements in attaining progress in NCD prevention and control. This year’s LeAd-NCD workshop utilized didactic lectures and interactive discussions to introduce and familiarize participants with existing resources and tools, including the draft Physical Activity Technical Package and the draft Global Action Plan on Physical Activity, to accelerate progress in reducing physical inactivity. Participants gained knowledge in recent research evidence, shared country experience in implementing physical activity interventions and identified priority actions to increase population levels of physical activity.

Through facilitated group work, participants identified critical stakeholders to strengthen collaboration to build enabling environments for physical inactivity. A field trip to the city hall and public town auditorium in Nishitokyo City also was informative to learn how local governments can
promote more physical activity for their residents. Overall, the four-day workshop allowed participants to obtain the necessary information and skills to further enhance leadership and advocacy for physical activity programme development and implementation in their countries.

Scaling up the LeAd-NCD workshop curriculum at subregional, national and subnational levels and strategically utilizing the draft Physical Activity Technical Package will augment Member States’ efforts to attain the 10% relative reduction in prevalence of insufficient physical activity by 2025 and the Sustainable Development Goal (SDG) target of a 30% reduction in premature NCD deaths by 2030. Future plans include establishing a knowledge network for physical activity, with the workshop participants as the core members, to ensure sustained efforts to decrease physical inactivity in the Western Pacific Region, and exploring the expansion of the LeAd-NCD training curriculum to other WHO regions.

Member States are encouraged to do the following:

1) to recall the commitments made by Member States on the NCD Global Monitoring Framework included in the WHO Global Action Plan for the Prevention and Control of NCDs, especially an indicator to reduce the prevalence of insufficiently physically active adolescents and adults;

2) to establish, or integrate into an existing NCD multisectoral action plan, a national strategy to enhance population and individual levels of physical activity;

3) to consider endorsement of the draft Global Action Plan on Physical Activity at the Seventy-first World Health Assembly in May 2018;

4) to explore the feasibility of adapting the LeAd-NCD model for national and subnational capacity-building workshops; and

5) to participate in the inter-country exchange of knowledge, strategies, models and lessons learnt to increase population physical activity for better health and reduced NCD risks.

WHO is requested to do the following:

1) to facilitate exchange of knowledge through regional and subregional platforms for a unified approach to enhance physical activity in the Western Pacific Region, such as the Pacific ECHO (Ending Childhood Obesity) Network for the Pacific island countries and a separate Western Pacific Region Physical Activity Network for the Asian countries;

2) to support Member States in developing or enhancing their national strategy on physical activity based on the draft Physical Activity Technical Package and in monitoring changes in population physical activity levels;

3) to revise the draft Global Action Plan on Physical Activity according to the inputs and feedback received from the participants of the Fifth LeAd-NCD Workshop;

4) to provide technical support to Member States for adapting and conducting the LeAd-NCD workshop at subregional, national and subnational levels; and

5) to consider expanding the LeAd-NCD curriculum to Member States of other WHO regions.
1. INTRODUCTION

1.1 Background

Beginning in 2005, the National Institute of Public Health in Japan (NIPH) and the WHO Regional Office for the Western Pacific conducted an annual capacity-building course for prevention and control of noncommunicable disease (NCD) among participants from countries with a high burden of NCDs. In 2012, due to increasing demand to enhance capacity of national institutes, WHO and experts, in collaboration with the NIPH, developed an updated workshop curriculum called the Leadership and Advocacy for NCD Prevention and Control (LeAd-NCD).

The new workshop was first launched in 2013 and aimed to equip participants with the skills and capacity to become champions of NCD prevention and control in their countries. Each year, in line with emerging priorities, a thematic area is selected for the workshop; in previous years, themes included an overview of NCD prevention and control, the global coordination mechanism for NCDs, workers’ health and preventing childhood obesity. This year’s LeAd-NCD workshop addressed physical activity as its thematic focus.

Physical inactivity is a major risk factor for NCDs. Within the Western Pacific Region, one out of four adults and 85% of adolescents are not engaging in enough physical activity. The level of physical inactivity is higher than the global average, incurring a considerable economic burden. For instance, the annual cost of diseases due to physical inactivity was estimated at US$ 3.5 billion for direct costs alone in China in 2008. With rising urbanization and motorization leading to more sedentary lifestyles, especially in low- and middle-income countries of the Region, the health and economic impacts of physical inactivity are anticipated to increase.

In May 2008, the Sixty-first World Health Assembly endorsed Resolution WHA61.14: Implementation of the Global Strategy and the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases. The Action Plan recommended that Member States develop national physical activity action plans and policies to increase physical activity levels in their populations. However, compared to other major NCD risk factors (tobacco use, harmful use of alcohol, unhealthy diet), progress is slow.

In the Western Pacific Region, only 38% of countries and areas had a policy, strategy or action plan specific to physical activity in 2015. Recognizing a need to scale up physical activity, WHO developed a draft Physical Activity Technical Package in 2016 to provide practical guidance on the development and delivery of effective physical activity interventions. This was pilot-tested in Brunei Darussalam and Malaysia in the second quarter of 2017. In addition, the 140th session of the Executive Board endorsed a proposal for the secretariat to prepare a draft action plan on physical activity for consideration by the Seventy-first World Health Assembly in May 2018.

1.2 Objectives

The Fifth LeAd-NCD Workshop was held at the National Institute of Public Health (NIPH) in Saitama, Japan from 12 to 15 September 2017 with the following objectives:

1) to share experiences and lessons learnt on physical activity in countries;
2) to present updated evidence and tools on physical activity;
3) to develop skills and competencies in leadership and advocacy for physical activity; and,
4) to identify next steps to enhance national population physical activity levels in the Region.
1.3 Participants
Twenty-nine participants, responsible for physical activity or health promotion, either in the health sector or other relevant ministry, represented their country during the workshop. These participants came from 22 countries and areas in the Western Pacific Region: Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, French Polynesia, Guam, Hong Kong SAR (China), Lao People’s Democratic Republic, Macao SAR (China), Malaysia, Federated States of Micronesia, Mongolia, New Caledonia, New Zealand, Philippines, Samoa, Singapore, Solomon Islands, Tonga, Vanuatu and Viet Nam. Four observers from Japan and Singapore, two resource persons, four temporary advisers, four WHO staff from headquarters and the Regional Office, and NIPH staff members also attended the workshop. A list of participants, temporary advisers, resource persons and Secretariat members is given in Annex 1.

1.4 Organization
The workshop was comprised of seven sessions, including the opening and closing sessions. Workshop sessions were designed to address different aspects of promoting physical activity: an overview of NCDs and physical activity, country assessments and sharing of national and subnational experiences, Regional consultation on the Global Plan of Action on Physical Activity, identifying key stakeholders and advocacy messages, a site visit to Nishitokyo to experience a city-level physical activity intervention, and next steps for promoting physical activity. A full outline of the programme is provided in Annex 2. A workbook was also developed to support the sessions and to guide the group work and skill-building activities (Annex 3).

2. PROCEEDINGS

2.1 Opening session
Dr Kazuya Shimmura, President of the NIPH, Japan, welcomed the participants and presented a brief review of the history of the Regional Workshop on NCD prevention and control, and the burden of NCDs in the Western Pacific and within Japan. In Japan’s second term of Health Japan 21 (10-year plan for 2013–2022), prevention of NCDs is an extremely important target, and the plan’s focus is primary prevention through healthy lifestyle promotion, with healthy exercise habits playing a major role.

Dr Toru Kajiwara, Director, Global Health Cooperation Office, International Affairs Division, Ministry of Health, Labour and Welfare, Japan also welcomed the participants and highlighted the increasing disease burden attributable to NCD as a development challenge. A comprehensive whole-of-government approach is essential, and a stable and sustainable health care system is critical, for effectively reversing the NCD epidemic. Strong leadership and effective multisectoral policy development are crucial to mobilize support for NCD prevention through behaviour change and greater social consciousness about the importance of healthy diets and physical activity.

Dr Hai-Rim Shin, Coordinator, Noncommunicable Diseases and Health Promotion, WHO Regional Office for the Western Pacific, expressed appreciation to the Ministry of Health, Labour and Welfare of Japan and NIPH for their continued support in the capacity-building programme for NCD prevention and control in the Western Pacific. This year, LeAd-NCD involves 29 countries and areas,
more than double the usual number of participants. Participants are expected to learn from the exchange of valuable experiences and recommendations, and to advocate effective policies and interventions to make people more active and healthy.

Dr Warrick Junsuk Kim, Medical Officer, Noncommunicable Diseases and Health Promotion, WHO Regional Office for the Western Pacific, reviewed the programme of activities. Dr Annette David, Senior Partner of Health Partners, LLC Guam, as a resource person for the workshop facilitated a series of group activities to help the participants to reflect upon their personal expectations of the workshop and their insights on working for NCD prevention and control in relation to physical activity.

2.2 Overview of NCDs and physical activity

Dr Hai-Rim Shin presented an overview of NCD prevention and control in the Western Pacific Region. NCDs are a vital element in the development agenda since the economic impact of NCDs is significant, and poverty and NCDs are intimately linked. The cost of inaction is unacceptably high, and significantly more than the total investment to control NCDs. The United Nations General Assembly High Level Meeting on Prevention and Control of Non-communicable Diseases in 2011 acknowledged the critical role of NCDs as a development issue. The resulting Political Declaration on NCDs outlined government commitments to NCD prevention and control, including health systems strengthening for NCD management.

New data on physical activity document some improvements over time, but the prevalence of physical inactivity remains unacceptably high, especially among younger people. WHO continues to work with Member States to finalize recommendations for cost-effective physical activity interventions, through various tools such as the Urban Health regional framework, the Healthy Cities toolkit, the draft Regional Action Plan on Health Promotion, and the Global Action Plan on Physical Activity and Technical Package.

Dr Temo Waqanivalu, Programme Officer for Surveillance and Population-based Prevention, WHO headquarters, discussed the global developments on healthy diet and physical activity, and introduced the Global Action Plan on Physical Activity. Currently, 41 million children are overweight, and over 80% of adolescents are inactive – the world is faced with the first generation to possibly die before their parents. The drivers of health lie beyond the health sector. Trade policies, marketing practices, and culture all influence population behaviour. Thus, NCD prevention and control needs to incorporate fiscal policies, environmental planning and marketing recommendations to eliminate overweight/obesity and physical inactivity.

The Global Action Plan evolved from a decision at the 140th session of the Executive Board in January 2017 to develop a global action plan for consideration by the World Health Assembly in May 2018. It provides an opportunity to revitalize efforts to increase physical activity, provide countries with more specific guidance building on previous NCD strategies and mobilize joint actions within the SDG agenda. Currently, the Global Action Plan is organized along six categories of activity, with four strategic objectives and 19 key actions. It will need endorsement by Member States, who are expected to lead the process of engaging other sectors in adoption and implementation of the action plan.

Dr Orana Chandrasiri, Technical Officer for Surveillance and Population-based Prevention, WHO headquarters, facilitated an exercise where country teams reviewed the recommended actions under the Global Action Plan’s strategic objective 3 “Creating Active Lives.” Each country team mapped
the individual actions according to relevance and feasibility. Results and feedback were collated and will be summarized in a separate report by the WHO headquarters team.

2.3 Country assessment and sharing of experiences

Dr Annette David facilitated a rapid assessment of country status in relation to physical activity, using the seven key areas for investment for physical activity in the Technical Package plus an eighth factor: a national action plan or policy that provides overarching guidance and commits resources and attention to population approaches to promote physical activity. A “gallery tour” of the various “Physical Activity Wheels” demonstrated that countries are at different stages in their attempts to raise population physical activity. Overall, school-based interventions appeared to be strong, while action was lagging in creating supporting environments for physical activity.

New Zealand highlighted its success in bridging the clinical setting with physical activity programmes, through its “Green Prescription” initiative, where exercise is considered medicine and health-care providers refer patients to community physical activity programmes. Singapore described its success in utilizing mobile technology and an incentive scheme to get citizens walking more. China, Cook Islands, the Lao People’s Democratic Republic, Malaysia, Mongolia and Tonga all reported a national policy or plan on physical activity, but Mongolia also highlighted that implementation success relies on local leadership and community engagement. Participants repeatedly underscored the importance of reaching out and advocating to other sectors and community stakeholders to ensure real gains in enhancing physical activity.

This was followed by four country case studies (Brunei Darussalam, Fiji, Japan and Malaysia) facilitated by Professor Bill Bellew, Sydney Medical School and School of Public Health, University of Sydney, Australia. Through a collaborative arrangement among municipal authorities and seven government agencies, Brunei Darussalam initiated a weekly car-free event beginning in October 2016, with visible participation by the King and the Health Secretary. Malaysia is formally establishing a national multisectoral committee for promoting active living. Simultaneously, in the city of Johor Bahru, local leadership has implemented a city-wide environment strategy promoting physical activity by revitalizing and designating public spaces for sports and physical activity. In Fiji, promoting physical activity through sports and exercise takes a life-course approach, beginning in schools and extending to workplaces and community settings. Japan used an evidence-based approach to identify and segment their audiences and develop key communication messages for each segment.

The presentations emphasized: 1) leadership by example and the importance of leadership at all levels of society, 2) national policy development supported by community engagement and local implementation, 3) cross-sectoral partnerships, and 4) strategic advocacy and communications to make increased physical activity a social norm.

2.4 Comprehensive physical activity promotions and interventions in various settings

Drs Waqanivalu and Chandrasiri facilitated group exercises where country teams reviewed the recommended actions under the Global Action Plan on Physical Activity’s strategic objectives: 1 “Active Society”, 2 “Active Environments” and 4 “Active Systems”. Each country team mapped the individual actions under these objectives according to relevance and feasibility. In general, recommended actions under strategic objective 1, clustered in the medium-to-high feasibility and relevance sector, with less inter-country variability than the recommended actions under strategic objectives 2 and 4.
Ultimately, physical activity is about movement; perhaps the concept of “movement minutes” is more relevant in the operational definition of physical activity. The challenge is to identify a few categories that allow for a sensible and productive conversation across diverse sectors that need to be engaged in population interventions to increase physical activity. Safety is a crucial issue, not just in ensuring security in the various venues for physical activity, but also in assuring ambient healthy air quality, which has in impact on outdoor activities.

Communication and advocacy to promote physical activity are vital, and it is important to use the appropriate channels of communication, including non-traditional media like social media. Young people no longer use traditional media very much; to reach them requires immersion in social media platforms. Also, young people should be involved in message development and advocacy strategic planning.

Noting the multisectoral nature of physical activity interventions, participants identified key stakeholders and mapped out their position using the “Influence–Interest Grid” as facilitated by Dr Annette David. The relational dynamics among the various stakeholders were outlined and key stakeholder management strategies were elucidated based on the stakeholder map. Participants also identified opportunities to mobilize potential champions, and engage with critical gatekeepers, connectors and powers behind the scenes, to support physical activity interventions.

### 2.5 Field visit to Nishitokyo City

Participants, faculty and Secretariat members visited Nishitokyo city to learn about their community initiative to promote regular exercise. Nishitokyo is a health-supporting city with a population of about 200,000. NCDs contribute significantly to the city’s leading causes of death.

Using community volunteers comprising retired local residents, the city embarked on a citywide exercise programme, using the “Shaki-shaki” series of exercises, which were devised by municipal staff who were physical therapists or public health nurses. Several versions exist, for children to adults. Implementation research by Waseda University demonstrated improved lower extremity muscle mass and enhanced physical agility among middle-aged and elderly people participating in the “Shaki-shaki” programme.

A tour of the municipal facilities that are available to the public showcased the importance of accessible, available, safe, affordable, culturally acceptable and socially attractive exercise and sports facilities that promote community participation in physical activity programmes.

### 2.6 Next steps for promoting physical activity

Dr Waqanivalu facilitated a discussion session on monitoring and accountability for the Global Action Plan on Physical Activity. Process and outcome indicators have been identified to monitor progress in implementing the Global Action Plan. WHO has four surveillance instruments already collecting data on physical activity in countries: the STEPwise approach to Surveillance (STEPS) adult NCD risk factor surveillance, the Global School-based Student Health Survey (GSHS), the Global School Health Policies and Practices Survey (G-SHPPS) and the NCD Country Capacity Survey.

However, some of the Global Action Plan actions are outside of the health sector, requiring indicators and data that are collected outside of these health survey instruments. Some of these non-health data may already be collected by other sectors, and will need to be identified and aligned with the evaluation strategy for the Global Action Plan. Participants called for minimizing the burden on
countries for progress reporting and stressed the need to simplify the design of the monitoring framework. Specific comments are listed in the tables under Annex 4.

Participants applied effective communications strategies to create advocacy messages supporting physical activity interventions, using a competitive marketplace model, as facilitated by Dr David. Knowing the audience, framing the communications message to appeal to the audience, using data judiciously to support the message, “personalizing” the issue and telling a compelling story to move the audience to a particular action are integral to the process of successful advocacy.

Professor Bellew and Dr David conducted a fishbowl activity to elicit insights on priority actions to promote physical activity in countries. Participants honed in on four characteristics of effective physical activity promotion: 1) personal – meaningful, 2) structured – process matters, 3) active – engages people in a bidirectional and interactive manner, and 4) developmental – builds incrementally on previous activities. Participants noted that the focus should be on what actions can be achieved and built on readily, but the prioritization process needs to be accomplished within each country.

Participants identified the following areas for technical support needed from WHO and its collaborating centres:

1) Improvement of physical education curricula in schools, and advocacy to the education ministries to support the incorporation of school health policies in curricular content
2) How to conduct national reviews of country-wide physical activity activities
3) Implementation models and guidelines for multisectoral national planning for physical activity promotion
4) Development of a standard training package on physical activity for health professionals
5) Creation of networks within the Region to sustain the peer learning and inter-country exchange of ideas, tools and resources. This may involve subregional groupings of countries, such as a Pacific and/or an Association of Southeast Asian Nations (ASEAN) network.

2.7 Closing session

Dr Tomofumi Sone, NIPH, and Dr Hai-Rim Shin addressed the participants in the closing session and highlighted the importance of increasing population physical activity levels and, ultimately, reducing the risk for NCDs in the Western Pacific Region. They closed the workshop by thanking participants for their active involvement. Dr Shin acknowledged the support of the Ministry of Health, Labour and Welfare of the Government of Japan and the collaboration and partnership of the NIPH. She encouraged participants to utilize the lessons and tools from the workshop to strengthen national and subnational capacity for NCD prevention and control in the participants’ home countries, and encouraged them to seek technical support from WHO should they desire to replicate the LeAd-NCD workshop locally. Certificates of attendance were handed to all participants.

Participants completed a written evaluation of the workshop, using a structured questionnaire (Annex 5). The overall impression of the workshop was positive. Participants valued the information, skills and new tools acquired in the various sessions, the sharing of experiences from other countries, and the observations and insights generated by the field visit. They noted that the LeAd-NCD format and curriculum is effective in eliciting a higher level of understanding about NCD risk factor modification, by broadening the focus from the purely technical aspects of physical activity promotion to also encompass the mind-set and leadership skills necessary to catalyse action and commitment at the national level. They suggested the expansion of LeAd-NCD to other regions, and
strongly supported its continuation as a regional capacity-building strategy for NCD prevention and control.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions
Leadership and advocacy are key elements in attaining progress in NCD prevention and control. This year’s LeAd-NCD workshop utilized didactic lectures and interactive discussions to introduce and familiarize participants with existing resources and tools, including the draft Physical Activity Technical Package and the draft Global Action Plan on Physical Activity, to accelerate progress in reducing physical inactivity. Participants gained knowledge in recent research evidence, shared country experience in implementing physical activity interventions and identified priority actions to increase population levels of physical activity.

Through facilitated group work, participants identified critical stakeholders to strengthen collaboration to build enabling environments for physical activity. A field trip to the city hall and public town auditorium in Nishitokyo City also was informative to learn how local governments can promote more physical activity for their residents. Overall, the four-day workshop allowed participants to obtain the necessary information and skills to further enhance leadership and advocacy for physical activity programme development and implementation in their countries.

Scaling-up the LeAd-NCD workshop curriculum at subregional, national and subnational levels and strategically utilizing the draft Physical Activity Technical Package will augment Member States’ efforts to attain the 10% relative reduction in prevalence of insufficient physical activity by 2025 and the SDG target of a 30% reduction in premature NCD deaths by 2030. Future plans include establishing a knowledge network for physical activity, with the workshop participants as the core members, to ensure sustained efforts to decrease physical inactivity in the Western Pacific Region, and exploring the expansion of the LeAd-NCD training curriculum to other WHO regions.

3.2 Recommendations
3.2.1 Recommendations for Member States
Member States are encouraged to do the following:

1) to recall the commitments made by Member States on the NCD Global Monitoring Framework included in the WHO Global Action Plan for the Prevention and Control of NCDs, especially an indicator to reduce the prevalence of insufficiently physically active adolescents and adults;

2) to establish, or integrate into an existing NCD multisectoral action plan, a national strategy to enhance population and individual levels of physical activity;

3) to consider endorsement of the draft Global Action Plan on Physical Activity at the Seventy-first World Health Assembly in May 2018;

4) to explore the feasibility of adapting the LeAd-NCD model for national and subnational capacity-building workshops; and

5) to participate in the inter-country exchange of knowledge, strategies, models and lessons learnt to increase population physical activity for better health and reduced NCD risks.
3.2.2 Recommendations for WHO

WHO is requested to do the following:

1) to facilitate exchange of knowledge through regional and subregional platforms for a unified approach to enhance physical activity in the Western Pacific Region, such as the Pacific ECHO (Ending Childhood Obesity) Network for the Pacific island countries and a separate Western Pacific Region Physical Activity Network for the Asian countries;

2) to support Member States in developing or enhancing their national strategy on physical activity based on the draft Physical Activity Technical Package and in monitoring changes in population physical activity levels;

3) to revise the draft Global Action Plan on Physical Activity according to the inputs and feedback received from the participants of the Fifth LeAd-NCD Workshop;

4) to provide technical support to Member States for adapting and conducting the LeAd-NCD workshop at subregional, national and subnational levels; and

5) to consider expanding the LeAd-NCD curriculum to Member States of other WHO regions.
Annex 1

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TENTATIVE PROGRAMME OF ACTIVITIES

Tuesday, 12 September 2017

08:30-09:00  Registration
            Pre-workshop assessment

(1) Opening ceremony

09:00-09:30  Welcome address
            Dr Kazuya Shimmura
            President, National Institute of Public Health (NIPH), Japan
            Mr Tooru Kajiwara
            Director, Global Health Cooperation Office, International Affairs Division, Minister’s Secretariat, Ministry of Health, Labor and Welfare, Japan

Opening address

Group photo
Move to meeting room (purchase lunch coupons)

09:30-10:00  Introduction of course
            Self-introduction of participants
            Dr Warrick Junsuk Kim
            Medical Officer, NCD and Health Promotion, WHO/WPRO

10:00-10:30  Mobility Break

10:30-12:00  (2) Overview of NCDs and physical activity
            Overview of NCD Prevention and Control in the Western Pacific Region
            Global updates on diet and physical activity
            Dr Hai-Rim Shin
            Dr Temo Waqanivalu
            Coordinator, NCD and Health Promotion World Health Organization (WHO) / Regional Office for the Western Pacific (WPRO)
            Programme Officer, Surveillance and Population-based Prevention, World Health Organization (WHO) Headquarters

12:00-13:30  Lunch Break

13:30-15:00  (3) Country assessment and sharing experience
            Group work 1: Where am I in my NCD journey? (personal reflection)
            Facilitator: Dr Annette David
            Senior Partner, Health Consulting Services Health Partners LLC, Guam

15:00-15:30  Mobility Break

15:30-16:30  Group work 2: Gallery tour; sharing of experience
            Facilitator: Dr Annette David

16:30-17:30  How can we collaborate with other sectors to promote physical activity? (country presentations)
            Moderator: Professor Bill Bellew
            Professor, Sydney Medical School & School of Public Health, University of Sydney, Australia

17:30-  Welcome reception (hosted by NIPH)
Wednesday, 13 September 2017

09:00-10:00 Recap (9:00-9:10)

(4) Comprehensive physical activity promotions and interventions in various settings

Overview of the development of Global Action Plan on Physical Activity and the technical package Dr Temo Waqanivalu

10:00-10:30 Mobility break

10:30-12:00 Group work 3: Who are my critical stakeholders in promoting population-based physical activity interventions? (Multisectoral stakeholder mapping) Facilitator: Dr Annette David

12:00-13:30 Lunch break

13:30-15:00 Presentation and groupwork on the content of Global Action Plan on Physical Activity

• Creating Active Lives
• Creating Active Environment

Feedback

15:00-15:30 Mobility break

15:30-17:00 Presentation and groupwork on the content of Global Action Plan on Physical Activity (continued)

• Creating Active Society
• Creating Active Systems

Feedback

Thursday, 14 September 2017

(5) Field Visit to Nishi-Tokyo City

08:30-09:30 Departure from hotel and travel to Nishi-Tokyo city

09:30-12:00 Field Visit: Nishi-Tokyo city

Note:
A detailed programme will be provided during the field visit
An introduction will be given by staff at the field visit site
Site visit will consist of an opening address, introduction of staff in Nishi-Tokyo city, presentation, facility tour and discussion

12:00-13:30 Lunch break Nishi-Tokyo city hall cafeteria

13:30-16:00 Cultural visit to Kawagoe

Coordinators for Field Visit:
NIPH
Nishi-Tokyo city
WHO WPRO
Friday, 15 September 2017

09:00-10:00 Recap (9:00-9:10)
Presentation and Discussion on the Overall structure, ambition, and framing of the Global Action Plan on Physical Activity and Technical Package

Dr Temo Waqanivalu

10:00-10:30 Mobility break

10:30-12:00 (6) Next steps for promoting physical activity

Group work 4: Personal reflections: How can I improve the current approach to population-based physical activity interventions?

Facilitator: Dr Annette David

12:00-13:00 Lunch break

13:00-14:00 Group work 5: How do I advocate to the critical stakeholders in my country? (Marketplace activity)

Facilitator: Dr Annette David

14:00-15:00 Plenary Session: Priority actions to promote physical activity in my country and plans up to the Western Pacific Regional Committee 2019

Moderator: Professor Bill Bellew

15:00-15:30 Post-workshop assessment / evaluation
Closing

Dr Warrick Junsuk Kim

Dr Hai-Rim Shin
5th WHO Regional Workshop on Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases

LeAd-NCD
PARTICIPANT’S WORKBOOK

National Institute of Public Health
Saitama, Japan
12-15 September 2017
This Participant’s Workbook is a dynamic training document – a work-in-progress that is designed to be used flexibly for group discussion and individual reflection. As new material and data become available, it will be revised. At this stage, the Workbook is not an official publication of WHO-WPRO.
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4
- Group work 2 – Where is my country in its response to NCDs, with a focus on physical activity?  
5

**Day 2: Promoting physical activity in various settings**  
8

- Group work 3 - Who are my critical stakeholders in promoting physical activity in various settings (multisectoral stakeholder mapping)?  
8

**Day 3: Field Visit**

**Day 4: Next steps for promoting physical activity**  
10

- Group work 4 - Personal reflections: How can I improve the current approach to population-based physical activity interventions?  
10
- Group work 5: Marketplace - How do I advocate to the critical stakeholders in my country to promote physical activity?  
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INTRODUCTION

Noncommunicable diseases (NCDs)—including the four major NCDs: cancer, diabetes, cardiovascular disease, and chronic respiratory disease—are the leading cause of death in the Western Pacific Region. In the Region’s low- and middle-income countries, premature mortality (deaths before 70 years of age) due to NCDs account for 50% of deaths and demonstrate the impact of the NCD epidemic on productivity and development.

NCD prevention and control requires skills and competencies across a wide range of areas, such as multisectoral planning, risk reduction through policy, legal and fiscal interventions, health systems strengthening, and surveillance and monitoring. Global and regional mandates have identified national capacity as a critical component to reducing NCDs. Following the 2011 Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases, countries are committed to strengthening sustainable capacities. In the WHO Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014-2020), Objective 2 (to strengthen national capacity, leadership and governance) calls upon WHO to provide technical support in developing national plans and strengthening country mechanisms for NCD prevention and control.

Since 2005, the WHO Regional Office for the Western Pacific, with the National Institute of Public Health (NIPH) in Japan has conducted a course to build and strengthen capacity for NCD prevention and control among participants from countries with a high burden of NCDs. In 2012, WHO and experts, in collaboration with the NIPH, developed an updated workshop curriculum for the prevention and control of NCDs called “Leadership and Advocacy for NCD prevention and control (LeAd-NCD)”, based on the previous course.

The LeAd-NCD workshop was first launched in 2013. It aimed to strengthen skills and capacity for NCD prevention and control in the Western Pacific Region countries. Each year, in line with emerging priorities, a thematic area was selected for the workshop. Previous themes included an overview of NCD prevention and control, global coordination mechanisms for NCDs, workers’ health, and childhood obesity. For the fifth LeAd-NCD workshop, it is proposed that physical activity be the main theme.

Physical inactivity is a major risk factor for NCDs. Within the Western Pacific Region, one out of four adults and 85% of adolescents are not engaging in enough physical activity.1 The level of physical inactivity is higher than the global average, incurring a considerable economic burden. For instance, the annual cost of diseases due to physical inactivity was estimated at US$ 3.5 billion for direct costs alone in China in 2008.2 With rising urbanization and motorization leading to more sedentary lifestyles, especially in low- and middle-income countries of the Region, the health and economic impacts of physical inactivity are anticipated to increase.

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In May 2008, the Sixty-first World Health Assembly endorsed Resolution WHA61.14: Implementation of the Global Strategy and the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases. The Action Plan recommended that Member States develop national physical activity action plans and policies to increase physical activity levels in their populations. However, compared to other major NCD risk factors (tobacco use, harmful use of alcohol, unhealthy diet), progress is slow.

In the Western Pacific Region, only 38% of countries and areas had a policy, strategy or action plan specific to physical activity in 2015. Recognizing a need to scale up physical activity, WHO developed a draft Physical Activity Technical Package in 2016 to provide practical guidance on the development and delivery of effective physical activity interventions. This will be field tested in Brunei Darussalam and Malaysia in the second quarter of 2017. In addition, the 140th session of the Executive Board endorsed a proposal for the secretariat to prepare a draft action plan on physical activity for consideration by the Seventy-first World Health Assembly in May 2018.

Through the LeAd-NCD workshop this year, participants will gain knowledge in recent research evidence, share experience in implementing physical activity interventions and identify priority actions to increase national population levels of physical activity. Participants will also be able to review the draft Physical Activity Technical Package and provide inputs into the draft Global Action Plan on Physical Activity.

**OBJECTIVES**

The objectives of the workshop are:

1. To share experience and lessons learnt on physical activity in countries;
2. To present updated evidence and tools on physical activity;
3. To develop skills and competencies in leadership and advocacy for physical activity; and
4. To identify next steps to enhance national population physical activity levels in the Western Pacific Region.
## TIMETABLE

<table>
<thead>
<tr>
<th>Time</th>
<th>TUESDAY 12 September</th>
<th>WEDNESDAY 13 September</th>
<th>THURSDAY 14 September</th>
<th>FRIDAY 15 September</th>
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</thead>
<tbody>
<tr>
<td>08:30 - 09:00</td>
<td>Registration Pre-workshop assessment</td>
<td>(5) Field visit</td>
<td>(09:00-09:10) Recap Presentation and Discussion on the overall structure, ambition, and framing of the Global Action Plan on Physical Activity and Technical Package</td>
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<tr>
<td>09:00 - 09:30</td>
<td>(1) Opening ceremony</td>
<td>(4) Regional consultation: Comprehensive physical activity promotions and interventions in various settings</td>
<td>(08:30-09:30) Departure from hotel and travel to Nishi-Tokyo city</td>
<td>(09:00-09:10) Recap</td>
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<td>- Welcome address (NIPH, MOHLW)</td>
<td>(09:00-09:10) Recap</td>
<td>(09:30-12:00) Field Visit: Nishi-Tokyo city</td>
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<td>- Opening address (WHO WPRO)</td>
<td>(Note: An introduction will be given by staff at the field visit site)</td>
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<td>- Group Photo</td>
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<td>(09:00-09:30) Recap</td>
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<td>09:30 - 10:00</td>
<td>Introduction of course</td>
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<td>(09:00-09:10) Recap</td>
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<td></td>
<td>Self-introduction</td>
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<td>10:00 - 10:30</td>
<td>Mobility Break</td>
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<td>10:00 - 12:00</td>
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<td>Group work 3: Who are my critical stakeholders in promoting population-based physical activity interventions? (Multisectoral stakeholder mapping)</td>
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<td>(6) Next steps for promoting physical activity</td>
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<td></td>
<td>(2) Overview of NCDs and physical activity</td>
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<td></td>
<td>Overview of NCD prevention and control in the Western Pacific Region</td>
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<td>(Group work 4: Personal reflections: How can I improve the current approach to population-based physical activity interventions?)</td>
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<td></td>
<td>Global updates on diet and physical activity</td>
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<tr>
<td>12:00 - 13:30</td>
<td>Lunch Break</td>
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<td>Lunch Break [12:00-13:00]</td>
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<td>13:30 - 15:00</td>
<td>(3) Country assessment and sharing of experience</td>
<td>Presentation and Groupwork on the content of Global Action Plan on Physical Activity</td>
<td>(13:00-14:00) How do I advocate to the critical stakeholders in my country? (Marketplace Activity)</td>
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<td></td>
<td>Group work 1: Where am I in my NCD journey? (personal reflection)</td>
<td>(Creating Active Lives)</td>
<td>(14:00-15:00) Plenary Session: Priority actions to promote physical activity in my country and plans upto the Western Pacific Regional Committee 2019</td>
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<td>(Creating Active Environment)</td>
<td>(15:00-15:30) Post-workshop assessment / evaluation Closing</td>
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<td>15:00 - 15:30</td>
<td>Mobility Break</td>
<td>Mobility Break</td>
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<tr>
<td>15:30 - 17:00</td>
<td>(15:30-16:30) Group work 2: Gallery tour; sharing of country experience</td>
<td>Presentation and Groupwork on the content of Global Action Plan on Physical Activity (continued)</td>
<td>(13:00-14:00) Group work 5: How do I advocate to the critical stakeholders in my country? (Marketplace Activity)</td>
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<td>(16:30-17:30) How can we collaborate with other sectors to promote physical activity?</td>
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<td></td>
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<td>(15:00-15:30) Post-workshop assessment / evaluation Closing</td>
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<tr>
<td>17:30 -</td>
<td>Welcome reception (hosted by NIPH)</td>
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</tbody>
</table>
Group work 1:  
Where am I in my NCD journey? (Personal reflection)

OBJECTIVES

1. To get to know each other better;  
2. To establish workshop expectations; and,  
3. To reflect upon your personal journey in the prevention and control of NCDs.

What do I expect to achieve in this workshop?

INSTRUCTIONS

List down 3 things that you expect to achieve in this workshop.  
(We will review these at the end of the workshop.)

1

2

3

Where am I on my NCD prevention and control journey, especially in relation to physical activity?

INSTRUCTIONS

Look at all the photos that are displayed and select the one that best captures where you are in your NCD prevention and control journey.  
How does this reflect your expectations from this workshop?  
Share your reflections with the group.

KEY QUESTIONS

- Where am I in my NCD journey?  
- What do I expect from the workshop?
Group work 2: Where is my country in its response to NCDs, with a focus on physical activity?

BACKGROUND

Physical inactivity is now the fourth leading risk factor for premature mortality, causing approximately 3.2 million deaths per year. Rising global physical inactivity has major implications for population health, particularly as a risk factor for NCDs.

We need to quickly reverse the trend in rising levels of inactivity; this requires us to focus on population-based approaches. A population-based approach to physical activity promotion aims to reach and benefit all of the people in a targeted or selected community and aims to increase the level of participation in the population.

Due to the many and varied interacting influences on physical activity, no single approach to physical activity promotion is likely to be sufficient on its own. Based on the available evidence, the draft Physical Activity Technical Package being developed by WHO (provided to you separately during the workshop) identified the following seven components as key areas of investment for physical activity policies and interventions:

1. Environment (urban design and transport)
2. Schools
3. Healthcare
4. Sports
5. Community-wide programmes
6. Workplaces
7. Communication and Mass Media

Underpinning these seven areas is are the key components that should be included in a national action plan or policy that provides overarching guidance and commits resources and attention to population approaches to promote physical activity.

The national action plan on physical activity and the seven key components can be conceptualized as a wheel to drive progress in increasing physical activity levels for all people in a community.

OBJECTIVES

1. To assess my country’s status in relation to the key areas for physical activity interventions; and

2. To learn about the country situation of other participants.
INSTRUCTIONS

1. Think about your country/community’s situation in relation to physical activity interventions within the key areas outlined in the physical activity wheel.

2. In the graphic below, note the status of your country for each key area, using the following scale:
   - 0: There is currently NO ACTION within this area in your country.
   - 1: There is BEGINNING ACTION within this area in your country.
   - 2: There is INTERMEDIATE ACTION within this area in your country.
   - 3: There is OPTIMAL ACTION within this area in your country.

3. Identify:
   - 1 major success in your country that promotes physical activity
   - 1 major barrier in your country that is preventing the increase in physical activity levels
   - 1 lesson learned in your attempts to raise the level of activity among your population

4. What stands out in your assessment? Which areas lack sufficient interventions to promote physical activity? Which areas are succeeding? Where are actions happening? Where are future actions needed?

Where is my country in its response to promoting physical activity?
Group work 3:
Who are my critical stakeholders in promoting physical activity in various settings?

BACKGROUND

Physical activity happens in various settings. To create effective change across these settings to increase physical activity requires us to engage with multiple stakeholders and audiences.

Effective leaders understand the importance of identifying key stakeholders and developing a strategic communication approach for each audience, to engage them in the process of change.

OBJECTIVES

1. To identify the various stakeholders for increasing physical activity; and
2. To assess where each stakeholder is located on the influence-interest grid.

INSTRUCTIONS

1. Select a specific setting where you want to create an increase in physical activity.
2. Identify all the stakeholders you need to engage, to create change within the setting you have chosen to implement physical activity interventions.
3. Situate each stakeholder group on the influence – interest grid below. This grid attempts to gauge each stakeholder’s standing with regard to their ability to influence the process of change as well as their interest in NCD prevention and control through physical activity.

Note: Ideally, your primary audience should be in the upper outer right hand quadrant of the grid – that is, highly influential and highly interested in childhood obesity prevention. Sometimes, however, your critical stakeholder may be highly influential but not highly interested; this is where advocacy is especially vital – how do you convince highly influential but uninterested stakeholders to support increasing physical activity?

4. Are there stakeholders who could oppose efforts to create change in the diverse variables? How would you manage these stakeholders?
5. Are there interconnections between the various stakeholders? How would you use this knowledge of the relationships across the different stakeholders to assist you in creating positive change? Who are your potential champions? Your gate-keepers? Your connectors? Your powers-behind-the-throne?
INFLUENCE (Ability to make changes happen)

INTEREST IN THE ISSUE

- Opposed to the issue
- Highly interested and supportive

- Powerful influence
- Weak influence
Group work 4: Personal reflections - How can I improve the current approach to population-based physical activity interventions?

OBJECTIVES
1. To identify those actions I can accomplish within my sphere of influence
2. To prioritize actions I can take as my commitment and contribution to increasing physical activity and preventing NCDs

INSTRUCTIONS
1. Brainstorm on different actions that can promote physical activity in various settings. Think broadly, but list specific actions.
2. Which of these ideas can I implement within my sphere of influence back home? List them on the action selection matrix below.
3. Using a scale from 0 to 5, rate each action idea based on:
   a) IMPACT – If this action is taken, a significant positive change towards promoting physical activity can occur; and,
   b) FEASIBILITY – Opportunity, timing, resources and the local situation make it feasible to implement the action idea.
4. Multiply the scores for each action idea and determine which ones emerge as priority actions you can contribute. Can you commit to these actions when you return home?
### ACTION SELECTION MATRIX

<table>
<thead>
<tr>
<th>Action idea</th>
<th>Impact (0-5)</th>
<th>Feasibility (0-5)</th>
<th>Total Impact X Feasibility</th>
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### MY COMMITMENT TO MAKING PEOPLE MORE PHYSICALLY ACTIVE

To promote physical activity, I commit to:
Group work 5: Marketplace - How do I advocate to the critical stakeholders in my country to promote physical activity?

OBJECTIVES

1. To identify those actions I can accomplish within my sphere of influence
2. To prioritize actions I can take as my commitment and contribution to increasing physical activity and preventing NCDs

INSTRUCTIONS

Personal actions can begin the process of changing our populations; physical activity levels. But change requires us to go beyond personal actions and engage with diverse stakeholders for faster results. We also need to learn how to “frame” our messages about physical activity so that they capture the attention of stakeholders.

Scenario: The most critical global funders are coming to a “NCD Prevention and Control Marketplace”. You and the other country teams will be competing for their NCD investment dollars. Each country team is considered an advocacy team.

1. Your audience - the NCD investors - will be soliciting funding proposals from different NCD prevention and control groups, working on the various NCD risk factors and disease.

2. Develop your key messages to this selected stakeholder audience, to capture their attention for promoting physical activity. Pick the most exciting/interesting/relevant facts on physical activity and its impact on your country (you can use country data and the country assessment from Day 1). Make the information “tell a story.” How can you effectively use these messages to move your critical stakeholder towards supporting physical activity interventions? How will you ensure that the messages capture the attention of your stakeholders? What medium/media will you use?

Now that you have your key messages, you are ready to compete in the NCD prevention and control marketplace.

3. Country teams have a total of 5 minutes to complete their advocacy pitch to the team of NCD investors. You can use any audio-visual means of communication to get your advocacy message across clearly and compellingly.

4. NCD investors have a fixed amount of money to invest in any physical activity “best buys” that catch their interest.

5. At the end of all the teams’ advocacy presentations, investors will individually decide which team they will invest their money on. The investors will individually affix their investment dollars to the team that they have selected.
Criteria for investors:

a. Which advocacy message caught your attention?

b. Which advocacy message presented compelling evidence for urgent action?

c. Which advocacy message convinced you that investment would result in significant gains?

d. Which advocacy message would you invest money on?

6. Once the investment decisions are all in, come back together as a plenary group and discuss the results. What advocacy strategies were effective in getting investors to invest? Which strategies were less effective? What are the practical take-home lessons on advocacy from this exercise?
5th WHO Regional Workshop on Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases

LeAd-NCD
PARTICIPANT’S WORKBOOK

National Institute of Public Health
Saitama, Japan
12-15 September 2017
## Annex 4: Specific comments on GAPPA indicators

### STRATEGIC OBJECTIVE 1: CREATING AN ACTIVE SOCIETY

<table>
<thead>
<tr>
<th>Proposed indicator of success</th>
<th>Proposed collection instruments</th>
<th>Comments</th>
</tr>
</thead>
</table>
| % of countries that have implemented a communications campaign on PA | NCD CCS | • Change “communications campaigns” to “communications plans that include campaigns”  
• Add “effective” to compel countries to evaluate the impact of campaigns |
| % of countries with inclusion of PA in professional training of sectors in health and % including training beyond health | N/A | • Specify the type of training, or identify a standardized package of training programmes |
| % of countries conducting at least one community based mass participation event annually | NCD CCS | • Assess the multisectoral nature of these mass events |
| % of cities/countries meeting WHO air quality guidelines for PM$_{10}$ as an annual average | N/A | • This may need to be deleted, or countries may need technical support to measure this |

### STRATEGIC OBJECTIVE 2: CREATING ACTIVE ENVIRONMENTS

<table>
<thead>
<tr>
<th>Proposed indicator of success</th>
<th>Proposed collection instruments</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average share of the built-up area of cities that is open space for public use, by sex, age and persons with disabilities (SDG 11.7.1)</td>
<td>SDG monitoring framework</td>
<td>• Add indicator on minimum proportion of green space in residential areas → may have green space but may not contribute to increased PA</td>
</tr>
</tbody>
</table>
| Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities (SDG 11.2.1) | SDG monitoring framework | • Safety aspect is missing → consider monitoring % of people with injuries in public spaces  
• Consider adding an indicator to assess fiscal policies to promote healthy lifestyles, such as tax on unhealthy foods and subsidies on vegetables |

### STRATEGIC OBJECTIVE 3: CREATING ACTIVE LIVES

<table>
<thead>
<tr>
<th>Proposed indicator of success</th>
<th>Proposed collection instruments</th>
<th>Comments</th>
</tr>
</thead>
</table>
| % of countries where physical education is mandatory and taught | G-SHPHS | • These indicators are too specific and may be difficult to measure  
• Need an indicator on vulnerable populations and prescribed PA programmes  
• Consider merging #s 2 and 3, as these are school-based indicators  
• For #1, specify that PE should be taught at all levels |
<p>| % of schools where students are taught basic motor skills and movement patterns needed to perform a variety of physical activities | G-SHPHS |  |
| % of schools where physical education to students is taught by a physical education teacher or specialist | G-SHPHS |  |
| % of countries with brief counselling at primary and secondary health care services | G-SHPHS |  |
| # of countries with whole of community PA programmes | G-SHPHS |  |</p>
<table>
<thead>
<tr>
<th>Proposed indicator of success</th>
<th>Proposed collection instruments</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of countries with National multisectoral Action Plan on PA supported by named Ministerial champions</td>
<td>NCD CCS</td>
<td>• May be difficult to measure/capture data on champions; champions change over time—delete “supported by Ministerial champions”</td>
</tr>
<tr>
<td>% of countries with a national research funding mechanism with PA as a stated priority</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>% of countries surveillance system providing monitoring of PA over time</td>
<td>NCD CCS</td>
<td></td>
</tr>
<tr>
<td>% of countries with annual public reporting of population PA by demographic groups</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>% of countries with dedicated financing directed towards walking and cycling infrastructure</td>
<td>NCD CCS</td>
<td>• Delete this; it is inadvisable to dictate to countries how to budget their money; think instead about how to capture sustainable financing for PA</td>
</tr>
<tr>
<td>% of countries with dedicated allocation of resources towards community wide participation in sports and recreation</td>
<td>NCD CCS</td>
<td>• Delete this; may not be relevant</td>
</tr>
<tr>
<td>% of countries with National PA Guideline</td>
<td>NCD CCS</td>
<td></td>
</tr>
</tbody>
</table>
Workshop evaluation

The workshop was attended by twenty-nine participants, responsible for physical activity or health promotion, either in the health sector or other relevant ministry, from twenty-one countries – Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, French Polynesia, Guam, Hong Kong SAR (China), Lao People's Democratic Republic, Macao SAR (China), Malaysia, Micronesia (Federated States of), Mongolia, New Caledonia, New Zealand, Philippines, Samoa, Singapore, Solomon Islands, Tonga, Vanuatu and Viet Nam. The four-day programme was evaluated using a questionnaire where participants gave scores on a scale of 1-10 (10 being the highest, 1 being the lowest) for operational arrangements and for the technical sessions. The distribution of the scores is provided below.

**Questionnaire 1 - Overall impression**

<table>
<thead>
<tr>
<th>Item</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
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<tbody>
<tr>
<td>The participation in this meeting was</td>
<td>50%</td>
<td>39%</td>
<td>7%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>The facilitation in this meeting was</td>
<td>57%</td>
<td>21%</td>
<td>18%</td>
<td>4%</td>
<td>0%</td>
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<tr>
<td>The leadership in this meeting was</td>
<td>64%</td>
<td>25%</td>
<td>11%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>Travel arrangements for the meeting was</td>
<td>54%</td>
<td>32%</td>
<td>14%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>Facilities of this meeting were</td>
<td>61%</td>
<td>29%</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>Accommodation for this meeting was</td>
<td>56%</td>
<td>26%</td>
<td>15%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Meals provided during this meeting were</td>
<td>36%</td>
<td>18%</td>
<td>36%</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>The overall impression of this meeting was</td>
<td>54%</td>
<td>36%</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
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</table>

**Questionnaire 2 - What have you achieved?**

**Session 2: Overview of NCDs and physical activity**

a. to understand the objectives of the session                     | 43%| 43%| 14%| 0%| 0%|

b. to exchange views and information in the discussions           | 46%| 32%| 14%| 7%| 0%|

**Session 3: Country assessment and sharing**

a. to understand the objectives of the session                     | 46%| 32%| 21%| 0%| 0%|

b. to exchange views and information in the discussions           | 46%| 25%| 25%| 4%| 0%|

**Session 4: Comprehensive physical activity promotions and interventions in various settings**

a. to understand the objectives of the session                     | 39%| 39%| 21%| 0%| 0%|

b. to exchange views and information in the discussions           | 43%| 25%| 32%| 0%| 0%|

**Session 5: Field visit to Nishi-Tokyo City**

a. to understand the objectives of the session                     | 61%| 21%| 14%| 4%| 0%|

b. to exchange views and information in the discussions           | 61%| 25%| 11%| 4%| 0%|

**Session 6: Next steps for promoting physical activity**

a. to understand the objectives of the session                     | 39%| 46%| 11%| 4%| 0%|

b. to exchange views and information in the discussions           | 50%| 36%| 11%| 4%| 0%|
<table>
<thead>
<tr>
<th>Question</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
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</thead>
<tbody>
<tr>
<td>Where am I in my NCD journey? (personal reflection)</td>
<td>43%</td>
<td>25%</td>
<td>25%</td>
<td>0%</td>
<td>7%</td>
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<tr>
<td>Gallery tour; sharing of experience</td>
<td>36%</td>
<td>25%</td>
<td>32%</td>
<td>7%</td>
<td>0%</td>
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<tr>
<td>Who are my critical stakeholders in promoting population-based physical activity interventions? (Stakeholder mapping)</td>
<td>46%</td>
<td>29%</td>
<td>18%</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>Personal reflections: How can I improve the current approach to population-based physical activity interventions?</td>
<td>37%</td>
<td>22%</td>
<td>37%</td>
<td>4%</td>
<td>0%</td>
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<tr>
<td>How do I advocate to the critical stakeholders in my country? (Marketplace activity)</td>
<td>48%</td>
<td>33%</td>
<td>15%</td>
<td>4%</td>
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