Global Partnering to Promote Physical Activity in the Larger Context of Non-Communicable Disease Prevention and Health Promotion: Miami 2

A Report of the Centers for Disease Control and Prevention/World Health Organization (CDC/WHO) Collaborating Center Workshop

JANUARY 30 – FEBRUARY 1, 2011

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EXECUTIVE SUMMARY

From January 31 – February 2, 2011, the CDC/WHO Collaborating Center for Physical Activity and Health hosted a three-day workshop entitled "**Global Partnering to Promote Physical Activity in the Larger Context of Non-Communicable Disease Prevention and Health Promotion: Miami 2".** The purpose of the workshop was to:

- Reassess physical activity promotion needs globally,
- Help determine which organizations are best positioned to help with specific activities, and
- Suggest how adequate funding might be achieved.

Twenty-seven invited delegates representing the private sector, civil societies, the World Bank and the Centers for Disease Control and Prevention (CDC) were invited to attend, with all but five accepting the invitation. The keynote address was given by Dr. David McQueen who spoke of "Global Physical Activity Promotion in the Context of NCD Prevention and Health Promotion: A Synopsis of the Challenges and Opportunities, and An Update on the UN NCD Summit". Dr. McQueen identified eight challenges and encouraged the delegates to identify opportunities that exist globally to address the challenges confronting physical activity stakeholders.

Following a broad discussion among the delegates, the numerous presentations by many of the invited delegates a consensus was reached:

- As a priority "***utilize this group to put together the greatest needs for funding, and match these priorities to funding opportunities"***. In the near future this group could identify:
  - Potential mechanisms for funding;
  - Knowledge/evidence/research translation leading to
  - Greater collaboration on communication, advocacy (influence).

  In addition it was suggested that a "trust entity" of some sort should be considered at some point in time in the future. Is there a need for such an entity?

    - The group agreed that such a funding mechanism could be very valuable, but it would need to be linked to a "global" organization that has links to regional physical activity networks for project implementation.
    - The establishment of a fund/trust should be investigated further at a later meeting.
    - Caution was noted that any such mechanism:
      - Should not draw funds away from existing projects or organizations – existing regional and global organizations may wish to be consulted regarding the establishment of such a fund;
      - How would organizations who may wish to take advantage of available funds ensure that the sources of the funds (defense industries, food/beverage companies) are appropriate and in accordance with their internal policies?
      - Who decides how the funds are distributed?
    - These types of questions (governance issues and management structure etc) would have to be addressed at a future date.

THE CONTEXT

WELCOME AND OPENING REMARKS

DR. BECKY LANKENAU
Director: CDC/WHO Collaborating Center for Physical Activity and Health

Dr. Lankenau welcomed participants to the workshop on behalf of the CDC/WHO Collaborating Center and thanked everyone who was involved in convening the event. Dr. Lankenau noted that due to unfortunate circumstances several delegates who had been planning to be present at the workshop were not able to attend. Dr. Patrick Schamash, Medical and Scientific Director of the International Olympic Committee was called away to a meeting in Moscow and Dr. Richard Bernall from the InterAmerican Development Bank, Dr. Tim Armstrong of the WHO and Drs James Hospedales and Enrique Jacoby from PAHO had conflicts arise that precluded them being able to be at the meeting. Dr. Lankenau did point out that this workshop is not an official WHO or PAHO meeting but rather an important annual initiative of the CDC/WHO Collaborating Center for Physical Activity and Health.

Dr. Lankenau noted that non-communicable diseases are imposing an enormous burden on the health, economic and social welfare of countries around the world and indicated that high physical inactivity levels contribute substantially to these problems. She pointed out that in May 2010, UN Member States passed a resolution to convene a "High-Level Meeting on Non-Communicable Diseases" to be held in New York in September 2011. This event is overdue and a critically important opportunity for putting NCD's on the global agenda. She noted that it has the potential to secure heightened commitment from Heads of Government, substantially increase financial resources and lead to measurable targets and commitments from governments to take action on NCD's that can be monitored and evaluated. Dr. Lankenau suggested that all sectors would have important roles to play in shaping the agenda and delivering concrete outcomes in partnership with governments and communities.

Dr. Lankenau indicated that this meeting will reassess physical activity promotion needs globally, will help determine which organizations are best positioned to help with specific activities, and suggest how adequate funding might be achieved. She suggested that the agenda emphasizes multi-sectoral dialogue with selected partners in order to define stakeholder interest and capture fresh ideas for physical activity promotion initiatives. She hoped that as a result of the meeting the following might occur:

- A brief report of the meeting's proceedings suitable for publication on selected websites and for distribution to other interested parties.
- The identification of global physical activity promotion needs for the next five years.
- The development of a global funding mechanism or mechanisms to support physical activity initiatives.
- The establishment of "Global Physical Activity Innovation Communication Mechanism of some kind" so that we can remain in touch and discuss issues and ideas to advance physical activity promotion.

Ms. MARIE CLAUDE LAMARRE

Executive Director: International Union for Health Promotion and Education (IUHPE)

Ms. Lamarre also welcomed all delegates to the workshop on behalf of the Board of Directors of the IUHPE. She noted that the IUHPE has been a partner with the WHO and CDC for many years working together in a multi-stakeholder movement to advance physical activity globally. Ms. Lamarre mentioned that since the first Miami meeting there has been significant progress in this area including the establishment of the International Society for Physical Activity and Health and the adoption of the global call for action contained in the Toronto Charter for Physical Activity which provides guidance to strive for greater social and political commitment to support health enhancing physical activity for all.

Ms. Lamarre also emphasized that this year provides a major opportunity to advance our collective objectives through preparation for the High-Level Meeting on Non-Communicable Diseases. At the recent WHO consultation meeting to prepare for the High-Level Meeting she indicated that the IUHPE was able to highlight environmental and systems approaches to physical activity with a need for action across areas such as healthy urban planning and design, equitable access to active and sustainable transportation, health villages, communities, cities etc. She noted that we will not resolve the increasing importance of lifestyle related NCDs including CVD, stroke, cancer, diabetes etc unless we address physical activity environments, security and culture norms. Ms. Lamarre closed by indicating that she and the IUHPE are looking forward to working cooperatively with everyone in the room to address these issues.

PROF. TREVOR HASSELL
Healthy Caribbean Coalition
Barbados National Chronic Non Communicable Diseases Commission

As Chair for the first session Professor Hassell also welcomed everyone to the workshop and noted that this first session would set the tone for the workshop. He encouraged everyone to share his or her views widely and generously with each other while at the same time adhering to the timetable and program. Dr. Hassell asked everyone to introduce themselves and indicate briefly their connection to physical activity promotion.
Dr. Hassell introduced the first speaker, Dr. David McQueen

SESSION 1

GLOBAL PHYSICAL ACTIVITY PROMOTION IN THE CONTEXT OF NCD PREVENTION AND HEALTH PROMOTION: A SYNOPSIS OF THE CHALLENGES AND OPPORTUNITIES.

DR. DAVID V. MCQUEEN
Associate Director for Global Health Promotion
Centers for Disease Control and Prevention

Dr. McQueen began his presentation by noting that just as health promotion has always been marginalized or on the fringe of medicine, so too has physical activity been on the fringe of health promotion. As such we all have to be very adoptive if we are to succeed in working in this important area. He noted that this area of health promotion is very complex with no center focus – suggesting that those who are looking for a magic bullet are going to be very disappointed.

Dr. McQueen reminded the delegates that issues related to NCDs include not only the major chronic diseases but in addition:

- Injuries and environmental health concerns
- The social determinants of health
- The key behavioral risk factors
- The key issues of the day (equity, urbanization, globalization, poverty etc)

He then emphasized that all of the above are related to physical activity.

Dr. McQueen then went on to discuss eight challenges related to NCDs:

1. Differing priorities in each country; disease, risk factors, health promotion; how does physical activity fit in the mix?
    a. Countries are very contextual – where physical activity resides, or risk factors reside in each country, they vary greatly. The challenge therefore is to determine where physical activity fits within each jurisdiction.
    b. Many agencies that work globally only think in terms of countries, yet each country requires a different strategy
2. History and development of NCD prevention within the public health system over time– transition from infectious to chronic disease has been slow, capacity has not caught up, and there continues to be a focus on data collection and treatment strategies, rather than including broader community-based prevention models.
    a. There is a lack of staff working full-time on NCD issues. The transition in many countries from a focus on infectious disease to NCDs has been very slow. Eighty percent of all resources spent in public health globally go into the infectious disease area while an estimated 80% of the problems facing us are in the NCD area – does this sound like the wrong mix?
    b. The primary work being done in NCDs is in data collection – "we have a Himalayan range of perfectly collected epidemiological data untouched by human thought". A

huge problem exists, as data is not being translated into prevention policies and programs.

3. There are numerous underutilized academic institutions that can support local solutions and build local capacity. There is a great need to link research to the academic world.
    a. In much of the world it is the academic institutions that work at the local level, have the local capacity, and make the local connections. Yet many of these institutions are not linked to the NCD efforts of international agencies.
4. There are too many partners trying to do the same thing – Focus, Prioritize, and Strategize.
    a. Too many partners are doing the same thing – agencies must look and find what they can do best and where they can make the largest contribution.
5. There are too many silos, and a great lack of integrated approaches to NCDs.
    a. There are very few places in the world where approaches to NCDs are integrated – Physical activity may be an exception. There appears to be movement to integrate physical activity into such areas as transportation, parks, education etc.
6. There is a lack of intersectoral action to address NCDs and their risk factors.
    a. The Ottawa Charter addressed this some 25 years ago – it was true then and it continues to be true today – there are people outside the health "box" that can make a tremendous contribution to advance our cause, if we will permit it.
7. There is too much focus on mortality and morbidity data and not enough effort on risk factor surveillance and use of data.
    a. In other words, there is too much information and not enough knowledge, and further, use of that knowledge.
8. In general, there is a lack of sustainable strategies linked to health promotion and social determinants of health.
    a. This is key – not only is there a lack of strategic thinking – if you take a country by country view and examine how many countries actually have a strategic plan for NCD – you will not see many. It is often not linked to wealth - some poorer countries have plans but little funding for implementation.
    b. There is a lack of comprehensive strategies specifically linked to health promotion and the social determinants of health. This is true at the national, regional and local level.

Dr. McQueen went on to discuss where opportunities exist. While he feels it may be very easy to get pessimistic, there have been integrated approaches and effective strategies that have been successful – they may not be well known and not well documented in the literature but they do exist and in his view we need to communicate the successes and translate this work into action in other areas of the world. Locally applied solutions are opportunities for this area and strategies that take a health promotion approach that address the social determinants of health – this is quite difficult but opportunities do exist and need to be investigated in order to generate the needed evidence.

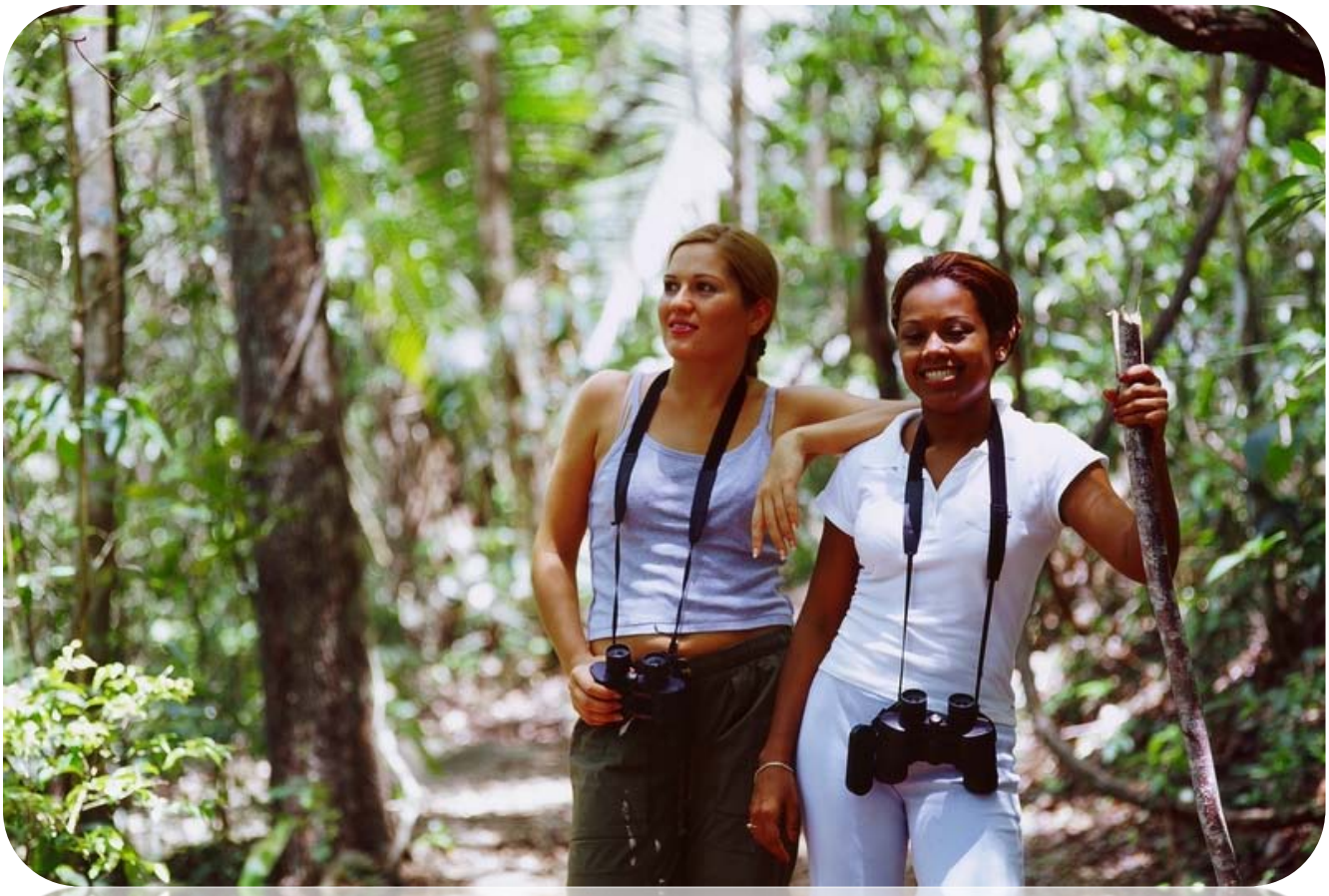
The major short-term opportunities include the MDG – the Millennium Development Goals and the UN General Assembly Meeting that promises to focus specifically on NCDs. Dr. McQueen noted that many feel this is the only chance to make real progress, as the UN does not typically put health issues on the General Assembly agenda very often. It may be another ten years if we do not take full advantage of it.

In conclusion Dr. McQueen commented on what we need to do and recognize:

- Recognize the total NCD burden and its complexity
- Look at the "developed" world vs. the low and middle-income country world… this is very complex – there is great variation across all countries.
- Realize that the historical "piecemeal" approach has been of limited utility – the silos have failed us
- Understand that the economic burden is critically important – but how to actually reduce it is the key.
- Tie NCDs to development, poverty reduction, sustainability and the social determinants of health. Many feel that the argument can be made that working in this area will reduce health care expenditures and move capital to other areas.
- Tie NCDs to all of global health – we must not make the mistake that infectious disease made, that is of going their own way – we must work together and not create yet another huge silo.
- Use the evidence we have more effectively and continue to develop more.
- Build desire to increase capacity in governments at all levels – hire more people to work in this area.
- Recognize HiAP – health in all policies. A "hot new area" that seems to have caught the attention of officials at many different levels of government and the NGO community.

Dr. Hassell thanked Dr. McQueen for his thoughtful presentation and asked for comments from the table:

- It was noted that not only do academics have the capacity to build capacity locally but civil society also has that capacity in many regions. Dr. McQueen agreed and noted the contribution that civil society has made in the area of smoking and HIV.
- The issue of collecting data and using it appropriately to build community based models was raised. An evidence base to lay the foundation for public policy formation is imperative – it is expensive to gather data and must be made available so it can be used.
- Cost effectiveness research was identified as a particular area that is lacking.
- Universities were identified as under-utilized resources that have the potential to make a positive contribution at the community level, Latin America being a good example.
- A caution was raised regarding the university community in that many academics are driven by short-term goals rather than long-term issues that face public health.



REACTIONS TO THE CHALLENGES AND OPPORTUNITIES.

JIM WHITEHEAD
American College of Sports Medicine

MARIA STEFAN
ChaseAmerica Inc.

Jim Whitehead asked the delegates to consider what it is that has to be achieved by the end of the workshop. In particular:

THE FOCUS: Global Partnering to Promote Physical Activity.

- What are the priorities?
- What are the funding mechanisms?
- Identify some connectivity – action that will be taken going forward.

Of the challenges and opportunities identified, which ones are the most important?

- Communications is a major long-term challenge – how to take advantage of opportunities (i.e. NCD Summit) and mobilize around the issue and articulate what we want to have happen.
    - How is physical activity raised as an important issue at the level of the individual and at the community level?
- Accountability – will we see action and ensure that steps will be taken as a result of the meeting?
- Funding – the position of many NGOs is fragile; without the funding, positive action is difficult.
- Organized evidence –communications, accountability and funding has research/evidence as a core element… evidenced-based decision-making is critical.
- Scope – Physical activity is multi-dimensional; it may be necessary to narrow and identify specific priority areas in order to secure appropriate funding.
- Partnerships – how do we (as PA leaders) share responsibilities in order to maximize resources and not have to individually tackle every problem ourselves?

Maria Stefan then reviewed Dr. Queen's challenges and opportunities and put forward some thoughts concerning how these may be addressed.
She noted:

- A major difference between nutrition and tobacco on one hand and physical activity on the other is that nutrition/tobacco have a strong regulatory component while physical activity does not… more of a carrot than the stick approach.

- What are we selling? Physical activity is our product – but we have not done an adequate job as a community of selling our product. The benefits (economic and social welfare) are not well understood or appreciated.

- Physical activity may be becoming too aligned with the obesity issue and as such may be perceived as a single focused entity.

- While health improvement is clearly a prime objective, sport and physical activity has the capacity to increase community development, support peace, reduce conflict and increase cooperation etc. Sport/physical activity is unique in having this capacity. This should be a strong "selling point".

- What are the 4 obstacles to execution?
    - Cognitive hurdle to execution: What is the opportunity, what is the focus, what is the "high value thing" we are trying to promote?
    - Resource hurdle: Funding resources, human resources, knowledge resources, product resources
    - Motivational hurdle: marketing and communications – how do we build engagement in this issue?
    - Political hurdle: both internal and external
    - Our plan must address these "hurdles".

- Is it possible to have a central construct take the lead on this issue? Could ACSM and Exercise is Medicine be that construct? Could it become the international "arms and legs" for physical activity promotion?

- Can there be centers of excellence created to address the issue of underutilized academic institutions? Intersectoral entities encompassing academics, business professionals, civil society NGOs could be brought together and mobilized around the issue.

- Do we need an international physical activity "IT Platform" – a universally accessible method for sharing critical information globally so people can work together to achieve common goals?

- Is it possible to use social media to create a "values jam" to determine how people feel about physical activity? Can people working in the field of physical activity gather virtually to develop plans to address inactivity? Will this create the critical mass to strengthen our capacity to deliver programs globally? Will this strengthen our capacity to approach business and industry and raise the necessary funds to be successful?

- In response to the pressing issue of funding – is it feasible to think that some type of "Global Health and Physical Activity Community Trust" could be created to help secure monetary resources? The "trust" might:

    - Serve as a repository of funds to support worldwide physical activity projects in research, education, health promotion and partnering.
    - Create, implement and manage global sport product donation programs in partnership with major charities, NGOs, corporations etc.

REACTION FROM DELEGATES:

- There have been funding mechanisms, especially in the tobacco world, that have been successful in redistributing funds to preventative agencies. Taxation on tobacco products lead to preventative program funding… this may be a model we should look at.
- What is the best level of communication and exchange of experiences? Within the regional networks it does appear that many things are best exchanged at the regional level between more or less neighboring countries. There is so much going on in physical activity it may not be possible to organize it at the global level. What can be done most effectively and at what level?
- With respect to the issue of branding… there remains a question as to how much use is there in universal branding and the use of a specific organization to lead international efforts in physical activity. In some respects it may be almost impossible for one organization to take the universal lead.
- In some respects some of the ideas expressed are already in place and should not be duplicated. For example the International Society for Physical Activity and Health is dedicated to this mission and the WHO Global Collaborating Centers are contributing to this effort.
- It will be important to determine how to develop the building blocks for an effective collaborative. Of fundamental importance will be the principle that each partner must have an identifiable role that they are willing to play. We must build a collaborative platform that strengthens and amplifies the capacity of interested partners to contribute to the mission.
- In examining the collaborative platform idea, is it better to create it from the bottom up or from the top down? Because many countries have different issues and different levels of capacity to solve the issues it may be better to go with a model that takes advantage of experienced leaders who can collect experiences and evidence to advance our mission. Countries need advice regarding how to go about implementing physical activity strategies, how to get the funding to implement them and how governments can lead on this issue.
- One fundamental question that must be addressed is, with so much evidence pointing to the benefits of regular participation in physical activity – why do so many people not get involved? The answer may lie in the fact that people perceive the risks differently.
- The social perception of physical inactivity is low in many societies. Unless we increase the perception of the health risk associated with inactivity we will have difficulties achieving our goals.
- While addressing individual risk behavior is important, it is even more critical to deal with the social and environmental issues impacting physical activity – we must address them all.
- A major outcome of this meeting is the desire to formulate suggestions for concrete action. Is it possible now to work toward the creation of a global collaborative – where we are looking for key organizations that can make significant contributions to all elements of physical activity promotion? We may need to be creative and innovative about the creation of a global collaborative that will result in social mobilization, built environment initiatives etc. It may not exist at the moment but the building blocks are here.
- To create a "social mobilization" movement may require establishing that there is a gap between what governments say is important and needs to be done in the area of physical activity promotion and what in fact is occurring (e.g.: school physical education policies). Identifying these gaps has been an effective strategy in other social movements.

SESSION 2

REAFFIRMING THE CONTRIBUTIONS FROM ATTENDING ORGANIZATIONS

CHAIR: BEATRIZ CHAMPAGNE
Executive Director: InterAmerican Heart Foundation

DISCUSSION LEADER: TREVOR SHILTON
Director: Cardiovascular Health Programs and National Manager: Physical Activity
National Heart Foundation of Australia

Trevor Shilton noted that during the first session several participants suggested that it would be advantageous to change the agenda in order to hear early from organizations with respect to what they are doing and what is currently going on in the world with respect to physical activity promotion. Trevor commented that over the past several years there has been remarkable progress and, to ensure that we do not duplicate what others are doing, we should hear about the exciting things that are currently underway and identify any gaps that may exist and how to address them. At that point it may be feasible to examine the need for a coordinating body to provide leadership in moving forward.

Dr. Beatriz Champagne: InterAmerican Heart Foundation

Beatriz provided a summary of activities related to physical activity initiatives that are currently underway in Latin America and the Caribbean:

- Organizing a Healthy Latin America Coalition (HLAC) – first meeting to take place in Buenos Aires on March 3-4, 2011. This meeting is in preparation for the NCD Summit that is taking place in New York in September.
    - Health and human rights organizations, consumer groups etc will be invited as key partners in NCD prevention.
- For the past 3 years work has been underway in Mexico on the Community Interventions for Health Project – an NCD community intervention project where physical activity has been a major priority.
    - The focus is on capacity building of teachers, health promoters, health care professionals etc. and the implementation of policy changes (e.g.: 15 minutes of physical activity during the school day, establishment of open air gymnasiums etc.)
- Continuing to support the Healthy Caribbean Coalition and the executive committee of GAPA

Beatriz went on to outline the core competencies of the InterAmerican Heart Foundation:

- Advocacy, political and policy change
- Facilitating, mediating and organizing collaborations
- Identifying and supporting the personal development of potential leaders and organizations in Latin America and the Caribbean
- Disseminate research and “promising practices” in NCD prevention
- Conducting research – especially in the area of policy and epidemiology
- Advocating for the Latin American Region

Beatriz concluded her remarks by noting a number of "wishes" - areas where she hopes there will be meaningful progress in the immediate future:

- Undertake more capacity building in the area of advocacy – focused in specific countries and within specific regions of the country. She noted that because countries and regions are often very different a single approach across a wide area is not possible in physical activity.
- Local advocacy teams must be created and supported by coaching.
- In Latin America it would be advantageous to have an NCD Center that would support NCD coalitions and allow them to work more effectively.
- Funding at the local level that would provide small grants to community groups to carry out local initiatives would be very valuable.

Trevor Shilton: National Heart Foundation of Australia & Deputy Chair: Global Advocacy for Physical Activity

Trevor provided an overview of GAPA and its role within the International Society for Physical Activity and Health (ISPAH) – an international professional society founded in 2009 and made up of individuals who are interested in advancing the science and practice of physical activity and health. The Society does its work through councils; of which there are five: GAPA – Global Advocacy for Physical Activity; PASA – Council on Physical Activity Assessment and Surveillance; PAI – Council on Activity Interventions; PAO – Council on Physical Activity and Obesity; CEPA – Council on Environment & Physical Activity.

GAPA – Chaired by Dr. Fiona Bull, has five core strategy areas:

- Dissemination of physical activity information and evidence
- Advocate and support national physical activity policies, action plans and guidelines
- Establish a global agenda – important to this meeting
- Support workforce development
- Strengthen regional/global networks

GAPA – Five core strategy areas:

1. Disseminate physical activity information and evidence
    a. Newsletter
    b. Website
    c. Member communiqué

2. Advocate and support national physical activity policies, action plans and guidelines
    a. European policy project – Policy checklist
    b. Global application
3. Establish a global agenda
4. Support workforce development

    a. Advocacy for physical activity training within the context of NCDs and in a health promotion framework
    b. Specific advocacy skills training
5. Strengthen regional/global networks

Trevor discussed briefly the development of the Toronto Charter for Physical Activity and noted that it has been translated into 11 languages and a further dozen are in progress. A companion document – "Non Communicable Disease – Best Investments for Physical Activity" has just been released by members of the team that developed the Toronto Charter and outlines 7 prudent investments that "will work" to increase population level physical activity.

Trevor introduced Global-PA-Net, a communication network providing rapid (every two weeks) access to timely, accurate information (research, articles, policies, effective programs, conferences meetings etc) related to physical activity. Funding is in place and the network will be launched in mid 2011.

Trevor finished up his remarks with a brief description of the National Heart Foundation of Australia – An NGO and member of the World Heart Federation and the Global NCD Alliance. It has a strategic priority in the area of physical activity, nutrition and obesity and has authored "Blueprint for an active Australia" – the 10 things Australia must do to increase population level physical activity.

The Australia Heart Foundation Model for Physical Activity Planning is outlined in Figure 1. From the center out the model depicts the things (pink) that are in need of change – Political / policy change; Built environment change; Individual behavior change; Increase opportunities for participation; and Professional practice change. In the next level out (blue) indicates the Heart and Stroke Foundation programs and on the outer level (green) are those in the community with whom they work to accomplish the desired changes.

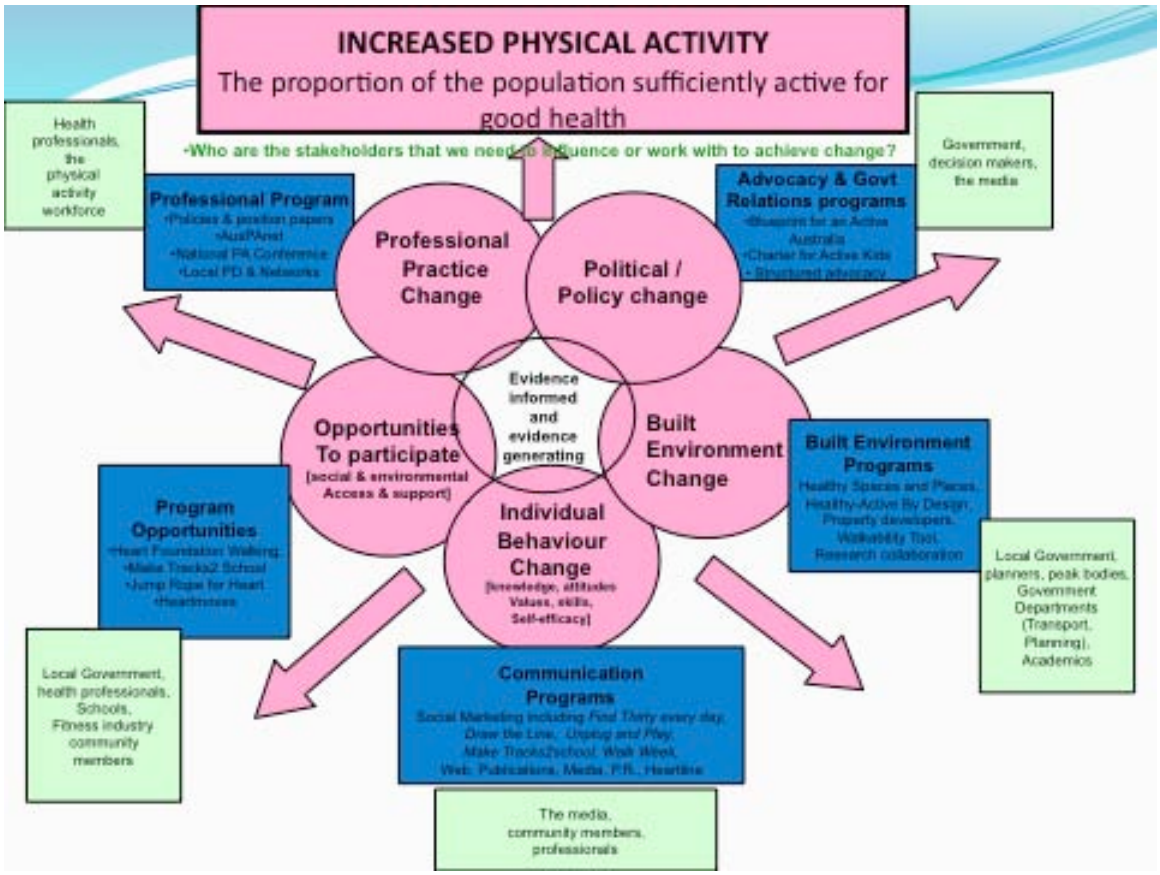


Figure 1: Australia Heart Foundation Model for Physical Activity Planning

Dr. Victor Matsudo: Director: CELAFISCS – Sao Paulo, Brazil

Dr. Matsudo outlined the role and accomplishments of CELAFISCS in not only advancing population level physical activity in Sao Paulo and Brazil but also the major contribution CELAFISCS is making at the global level. He noted that despite the remarkable scientific work that has been done over the past 20 years linking NCDs and physical inactivity, population level physical activity remains unacceptably low. Our challenge is not a matter of what to do – it is a matter of how to do it. The Agita Sao Paulo program attempts to do just this.

Victor briefly outlined the elements of the Agita Sao Paulo ecological model (Figure 2) that includes multi elements in 3 main areas of focus: Interpersonal components, Social environmental components and Physical environmental components. Throughout the model, strategic partnerships, especially intellectual partnerships (researchers from around the world) and institutional partnerships (health, sport, education, urban planning, etc) have been especially important. Annual scientific meetings with leading scholars from around the world have strengthened internal capacity to deliver programs.

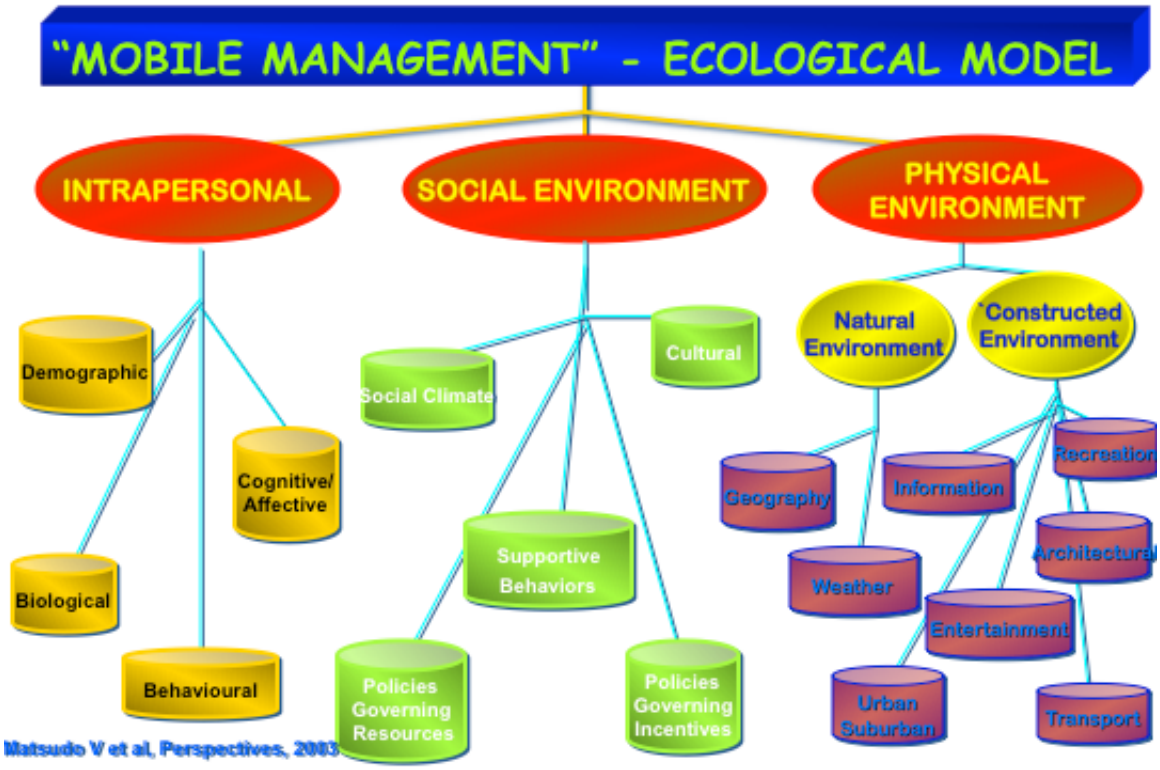


Figure 2: Agita Sao Paulo Ecological Model

Partnerships with professional communication experts resulted in the development of the program logo (30 minute man, 30 minute family etc). The logo has become an integral part of the Agita Sao Paulo campaign and has been adapted to reflect various target audiences. Victor estimates the program receives $13M in media exposure through the partnership with Brazil's media.

Numerous other partnerships including the private sector, the media, the medical community and the education sector have all proven to be critical to the success of the program. In Victor's view no one approach will ultimately be successful – it takes numerous avenues of entry to move a population – something he likes to describe as the two-hats approach… government and the NGO/Private Sector working together to achieve mutually beneficial objectives.

On a global scale, the Agita Mundo initiative seeks to profile physical activity through a global day of physical activity celebration. April 6, 2011 will see participation in planned physical activity initiatives across the world.

Victor concluded his remarks by noting that Brazil will be attempting to harness the 2014 World Cup and 2016 Olympic Games to further increase the level of physical activity throughout Brazil.

Dr. Jasem Ramadan: Faculty of Medicine, Kuwait University

Dr. Ramadan prefaced his remarks by noting that he is attempting to raise the profile of physical activity in the Middle East by engaging primarily the academic community. One of the major

challenges in the region is the concept of physical activity – what does it mean and how does it relate to health? There is a need in the academic community to introduce the exercise sciences into the health science curriculum in the universities throughout the region. This has been done successfully at Kuwait University but it is not widespread elsewhere.

Physical education faculties have not embraced physical activity research or teaching to the extent necessary to train public health leaders. There is a need for additional exercise science components such as exercise physiology to be added to the formal training curriculums that public health officials and nurses etc. undergo throughout the Middle East. The concepts of physical fitness, athletics and physical activity and health are not well understood and this weakness is hampering progress in the region. Conferences and workshops will be an important aspect of any plan to increase the leadership capacity in the future. Associated with these efforts is the need to develop physical activity research and surveillance in the Middle East to determine the effectiveness of the initiatives that are beginning to be undertaken.

Jim Whitehead: Executive Vice President: American College of Sports Medicine (ACSM)

Jim focused his remarks on the need to build a global collaborative to augment physical activity promotion internationally. There is a remarkable amount of valuable work being done. ACSM is almost 60 years old with a staff of 40 and 50,000 members – it has the capacity to be a significant force in this area. ACSM is dedicated to advancing exercise sciences and translating the science into medical practice and into public health and the physical activity arena.

Exercise is Medicine is one of ACSM's major new "signature" initiatives. It is not a program designed to "medicalize" physical activity – but rather it recognizes that the health care setting is a valuable setting to address the health consequences of physical inactivity. The general public should be asking their physician about the benefits of physical activity and should be able to benefit from a medical community that strongly supports physical activity as an effective NCD preventive measure. ACSM has partnered around the globe with other organizations and has established regional centers of excellence for Exercise is Medicine to assist in the promotion of physical activity through the advancement of science. The Centers are not "bricks and mortar" but rather a mechanism to leverage local expertise to strengthen physical activity in various regions around the world.

Jim closed by noting that this meeting is about partnerships and wanted to emphasize that ACSM is very interested in working with everyone around the table in advancing a common agenda.

Ms. Marie-Claude Lamarre: Executive Director: International Union for Health Promotion and Education (IUHPE)

Marie-Claude noted that the IUHPE has had 60 years of experience working in the field of health promotion. From the IUHPE's perspective, health promotion has 5 key areas of action (Ottawa Charter):

- Building healthy public policy
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Re-orienting health services

She acknowledged that these elements are linked with the Toronto Charter for Physical Activity and as such the IUHPE strongly supports the Charter's call to action and is willing to contribute to the implementation of the call for action as it sees it as a framework for collaboration.

The IUHPE's core activities include:

- Advocacy for policies in all relevant sectors
- Health education
- Collaboration and alliance building among different sectors of society
- Applied research to improve the quality and effectiveness of health promotion
- Training practitioners to help them acquire skills to engage effectively in health promotion work.

Marie-Claude stated that the IUHPE is a global independent professional association of over 2000 members in over 150 countries. It has a primary role as a dissemination and information exchange hub and as a facilitating agency for technical expertise. Marie-Claude went on to provide some examples of how IUHPE works and supports physical activity:

- Actively working and supporting GAPA
- Supporting the Toronto Charter for Physical Activity
- Supporting development of the Global Physical Activity Network
- Raising the profile and visibility of physical activity
- Contributing to scientific programs
- Contributing to capacity building for practitioners including workshops with CDC
- Representing physical activity globally and providing a voice for GAPA at high level meetings (e.g.: UN Summit on NCDs)
- Engagement with the Global NCD Alliance.

Marie-Claude suggested, in closing, that the IUHPE has a great deal to offer:

- A thorough experience in advocacy, capacity building and documenting health promotion effectiveness and surveillance.
- Global Working Groups of experts
    - On surveillance to inform, monitor and evaluate programs and policies
    - On the social determinants of health to advance policy, knowledge and action on health equity
    - On health impact assessment
    - On healthy settings

- The Global Program on Health Promotion Effectiveness
- A major cooperative agreement with the US Centers for Disease Control and Prevention focusing on "building capacity of developing countries to prevent NCDs
- A consortium for NCDs prevention and control in sub-Sahara Africa
- Regular regional and global conferences on health promotion
- Several publications are currently in preparation:
    - A publication dealing with "Health in All Policies" led by the European Observatory of Health Systems and Policies
    - A contribution to a multi-partner Lancet series focusing on physical activity, health and a broader policy perspective on climate change, equity and development amongst other issues
    - The implementation of a resolution proposed at the 20th IUHPE World Congress on Health Promotion addressing the promotion of physical activity globally as part of a health promotion approach to addressing NCDs, sustainability and healthy cities and communities globally.

Dr. Brian Martin: Institute of Social and Preventive Medicine; University of Zurich

Brian's presentation dealt with regional physical activity networks – specifically Agita Mundo and HEPA Europe; organizations that primarily have physical activity as their main focus. Brian noted that the RAFA-PANA Network (Physical Activity Network of the Americas) was really the first major network to emerge. In the 1990s an early version of HEPA Europe or Europe on the Move was established and primarily operated from Finland with support from the European Union. The funding was eventually cut and the program disappeared. A second HEPA Europe (European Network for the Promotion of Health-enhancing Physical Activity) was established in 2005. HEPA Europe has a well established steering committee made up of representatives from across Europe and is linked with the World Health Organization regional office.

Numerous regional projects are either underway or have been completed:

- Physical activity recommendations for health: What should Europe do?
- In conjunction with the Rome office of WHO, numerous transport projects have been completed including "The Health Economic Assessment Tool (HEAT) for cycling"
- Collaboration between the Health and Transport Sectors in promoting Physical Activity – Examples from European countries.

Other regional networks have recently been established – The Asia Pacific Physical Activity Network and the African Physical Activity Network.

The Global Physical Activity Network is based within Agita Mundo in Sao Paulo with an executive board that stretches across the globe and covers the regional networks. Linked with Agita Mundo through interested parties, the International Society for Physical Activity and Health (ISPAH) functions through councils. GAPA – Global Advocacy for Physical Activity is the council most strongly linked with Agita Mundo. While there is much in common between ISPAH and Agita Mundo there are some differences – ISPAH is a scientific society and operates primarily in English while Agita Mundo is a physical activity promotion network and operates in numerous languages.

The primary activities of Agita Mundo being undertaken in 2010/11 include:

- Preparation and organization of the Agita Mundo meeting – in Amsterdam in 2011 with HEPA Europe and in 2012 in Sydney with the ISPAH meeting.
- World Day for Physical Activity
- Maintaining and expanding multilingual communication platform. Currently in Portuguese, Spanish and English and thinking of adding French and possibly others.
- Cooperation and support to regional networks
- Defining and improving cooperation with other important global institutions (IUHPE, ACSM etc)

Brian concluded his remarks by noting that there are quite a few established physical activity networks in various parts of the world that provide structures for exchanging information and ideas between physical activity promoters. Most networks do not try and reach the individual citizen but rather the physical activity professional in the particular region. The notable exception is Agita Mundo. Brian suggested that there appears to be increased cooperation between the various networks but clearly there remain some gaps – not all regions are covered and in many cases funding is limited. Finally Brian noted that networks are very strong when it comes to communication and the exchange of ideas but not particularly effective in implementing programs… this is not their primary role.

SESSION 3

WHAT CAN WE DO BETTER? PERSPECTIVES FROM INDUSTRY, SPORT AND FINANCE

CHAIR: PROF. TREVOR HASSELL
Healthy Caribbean Coalition
Barbados National Chronic Non Communicable Diseases Commission

DISCUSSION LEADER: DR. BRIAN MARTIN
Institute of Social and Preventive Medicine; University of Zurich

Dr. Martin opened the session by noting that the original agenda had been modified to allow the speakers from the international NGO community to describe their organizations and the focus of their future endeavors to promote physical activity. He then pointed out that the speakers for this session from more "non-traditional" organizations in the physical activity world might be in a position to suggest ways in which we can "do better with your help".

Dr. Andre Medici: Sr. Economist
The World Bank

Dr. Medici prefaced his remarks by noting that he is not a physical activity specialist but rather would examine the issues from the perspective of NCDs.

Recent World Bank data suggests that 37 million people will die from NCDs in 2011 – primarily heart disease, cancer and diabetes. The majority of these deaths – 80% will be in middle and low-income countries and 20% in high-income countries (Figure 3). Current estimates suggest that if chronic disease deaths could be reduced by 2%/year until 2020 there would be 40 million deaths averted.

Mortality by chronic diseases affects different countries in different ways. In low-income countries chronic diseases are a large problem, especially among the population who do not have resources to pursue health choices easily. Deaths from chronic diseases occur at an earlier age in low- and middle-income countries where effective treatments are not widely available and prevention has not been made a priority. This leads directly to family poverty, as medical payments are direct out-of-pocket expenses.

Dr. Medici identified two classes of causes and two measures for chronic disease interventions:

- Socio-Economic Causes: environment and economic pressures that shape unhealthy behavior.
- Individual Consequences: poor diet, unhealthy behavior and limited physical activity.
- Health Promotion Measures: individual and population-based interventions.
- Regulatory and Economic Measures: macroeconomic interventions to align fiscal realities with health promotion

Dr. Medici pointed out that there is compelling evidence to suggest that physical inactivity plays a significant role in contributing to chronic disease risk factors (Figure 4). He also noted that similar correlations exist between mortality and physical inactivity suggesting that it is indeed important to address the issue of physical inactivity as a significant population health risk.

In closing, Dr. Medici emphasized that:

- Physical inactivity is the 8th most important contributor to the global burden of chronic disease (high blood pressure, smoking, high cholesterol, childhood underweight, unsafe sex, low fruit/vegetable intake, and overweight and obesity).
- Physical inactivity is more important in the global burden of disease than most other determinants such as alcohol use, indoor smoke from solid fuels, unsafe water, sanitation and hygiene, zinc deficiency, urban air pollution, vitamin A deficiency, iron deficiency anemia, unsafe health care injections and illicit drug use.
- More evaluation as well as the international dissemination of effective evidence-based interventions to promote physical activity is needed.

As discussion leader, Dr Martin asked for clarification regarding the role of the World Bank with respect to the fiscal incentives that are available for infrastructure development and urban planning. Dr. Medici responded that most of the loans that are available from the bank for such purposes are at the regional or local level. Most of the projects are integrated approaches dealing with education, transport, environment and health policies and issues. The bank designs the project with the client to maximize social impact. Evidence from the physical activity sciences community with respect to successful interventions would be very helpful to the Bank in its work to plan and fund projects. The Bank judges proposed projects based on the evidence that supports the intervention being proposed.

Dr. Matsudo noted that physical inactivity had recently been elevated from the 8th to the 4th position with respect to contributing to chronic disease behind only tobacco, hypertension and diabetes.

In a subsequent communication Dr Medici added the following to his remarks:

The meeting pointed out the need to increase funding and define mechanisms to finance Physical Activity (PA) in the design and implementation of health, urban and social development plans, proposing the following actions:

a) *Increase evidence and economic analysis about PA results in order to influence civil society and politicians that PA promotion works, not only as prevention but also as treatment for most of the NCDs;*
b) *Develop social mobilization based on a short list of recommended investments, potential knowledge and research to be translated in advocacy or communication tools to increase PA;*
c) *Develop an international network about PA institutions and organize media monitoring and international advocacy groups;*
d) *Develop collaboration strategies with sports international organizations (such as IOC, FIFA) in order to achieve joint programs that could mobilize the populations for PA;*
e) *Build the trust and connectivity between civil society, public and private sectors about PA priorities and financing;*

f) Build story-lines to address different needs and aspects of PA (exercises, sports and transportation to work or school) according different users profiles;
g) Increase capacity building of Ministries of Health and local health services about PA promotion and planning;
h) Put the health authorities to work together with other public sectors such as social development, transportation and education on developing common PA programs and ;
i) Develop links between the benefits of PA in other current challenges as climate change and environmental decay.

Mr. Jorge Casimiro: International Food and Beverage Alliance

Mr. Casimiro began his remarks by challenging the group to define carefully what the objective is that we are trying to accomplish. Is it to increase physical activity levels globally or is it to decrease NCDs? We may want to do both but with so many different groups and organizations in the room doing so many different things clarity regarding the objective may be required.

The development of three or four key messages that are universally accepted may be very powerful when the physical activity sector goes forward looking for funding and support from the private sector and various other funding sources. A global message will resonate well in Sao Paulo, New York, Helsinki etc – especially among the multi-national companies.

It will be important to determine how the various networks supporting physical activity will link together. How can the local and regional efforts be scaled up to support a global effort to increase physical activity?

Coca-Cola has stated as an objective that it will support physical activity in every country where it does business (206 countries). Currently there are programs in approximately 50% of their markets. Most of the programs are in developed countries but efforts are underway to establish partnerships in the developing world.

Mr. Casimiro reiterated that the International Food and Beverage Alliance (IFBA) members are committed to partnerships and have made five commitments to WHO Director General Dr. Chan. In it, IFBA members are committed to:

- Reformulate products and develop new products that support the goals of improving diets.
- Provide easily understandable nutrition information to all consumers.
- Extend responsible advertising to children initiatives globally.
- Raise awareness of balanced diets and increased levels of physical activity
- Actively support public-private sponsorships that support the WHO Global Strategy.

The WHO has predominantly engaged IFBA on the responsible advertising commitment given the Member State mandate for the WHO Secretariat to produce a set of recommendations on the marketing to children of foods and nonalcoholic beverages with high levels of fat, sugar and salt; these recommendations were approved by the World Health Assembly in 2010. Mr. Casimiro indicated that IFBA is looking for opportunities to support physical activity promotion – they are seeking organizations to engage with to address this issue. Could a group such as those at the Miami 2 meeting be that group? IFBA needs to partner – they are looking for ideas regarding how to do it. What can the private sector contribute? Monetary support is obvious but perhaps there is

more that can be provided. Companies like Coca-Cola and Pepsi have extremely talented marketing departments with years of experience… can these resources, or business planning expertise, be brought to bear on the issue of physical activity promotion?

In closing Mr. Casimiro reiterated his challenge – what can the food and beverage industry do to partner with the physical activity community to advance their important work. They are committed to it and want to live up to the commitment.

In the discussion that followed it was noted that the Canadian Medical Association Journal was running an editorial that week criticizing NGOS who accept support from the private sector and in particular the food and beverage industry. Dr. Lankenau suggested that this is a controversial area and that one of the outcomes of this Miami meeting could be the preparation of an editorial for an appropriate journal outlining the nature of the discussions held.

Professor Colin Fuller: Federation Internationale de Football Association

Professor Fuller began his presentation by noting that any structure that is formed to address the physical activity issues will require a solid management system – there will be the need for a policy, an effective organization, good planning and a monitoring and evaluation mechanism. The first step will be to establish a formal policy perspective addressing what it is that the group is going to attempt to achieve. How will this group be different from the numerous others who are working in this field? There is a limited amount of funding available to support such organizations. Accountability for the funding received from supporters will be very important to establish. Proven effectiveness will be essential.

Professor Fuller stated that all the research projects he is involved with at FIFA are collaborative projects. This is actually critical if you are working at the global level. It is important to develop and nurture good capable collaborators where there is an element of trust. If financial supporters are going to be involved they will want to see meaningful results in a timely fashion. To ensure this, it will be critical that the team developing and carrying out the planning and the budget preparation be capable of carrying out these duties responsibly. Overhead expenses must be watched very carefully; for without careful monitoring sustainability is at risk. In most cases funders will be looking for a mechanism that will ensure sustainability once the initial funding is gone.

Maria Stefan: Managing Director, CHASEAMERICA, Inc

Ms Stefan agreed with much that the previous speakers had put forward in their remarks. She spoke in terms of "the four "Cs"… Clarity, Capacity, Credibility and Capability. There is a need for clarity with respect to what it is that we want to collaborate on and what it is that we want to achieve.

Building capacity amongst our partners will be critical. In order to advance physical activity promotion we will need to ensure that our partners have the necessary skills and the understanding of what it is we want to achieve and how we are going to go about it. This leads to the issue of credibility – to be successful our partners must have the credibility and the confidence of our supporters to actually achieve the outcomes we desire. Finally capability – use the available resources within an organization to their maximum potential.

Dr. Martin asked for comments and a discussion ensued with respect to the suitability of the Toronto Charter as the framework for future action. It was noted that those outside the physical activity sector may not be familiar with the Charter and thus as we build a coalition from various sectors this may be a process that we have to go through. If the Charter is to be the framework it will have to be embraced by as many potential partners as possible. In the end we will need to "sing from the same hymn book" as we move forward.

Dr. Martin closed the session by noting that the issue of credibility is very important as we seek new partners and mechanisms to move forward.

SESSION 4

INNOVATIVE INITIATIVES FROM THE SPORT SECTOR

CHAIR: DR. VICTOR MATSUDO: Medical Director, CELAFISCS

DISCUSSION LEADER: Maria Stefan, Managing Director: CHASEAMERICA, Inc

Professor Colin Fuller: Federation Internationale de Football Association

Professor Fuller provided an overview of FIFA's Football for Health program – an entity of F-MARC – FIFA's Medical Assessment and Research Centre that was established in 1994 to investigate the risk of injury in football. Since 2006, F-MARC has taken a wider perspective on the contribution that football can have on people's lives and believes that:

- Football is a health enhancing leisure activity
- Football is a vehicle for health education amongst children

Based on these two beliefs, FIFA developed Football for Health.

Professor Fuller noted that FIFA accepts that inactivity is a risk factor for many chronic diseases and further suggests that exercise is an efficient and cost-effective form of preventive medicine for many people throughout the world. In addition, it sees football as an effective form of exercise and, because of its popularity, has the potential to reach a large proportion of the world's population. To investigate this further, a number of research collaborations have been established looking at the health aspects of football. The findings suggest that 45 minutes of football each week is a good prevention strategy for chronic disease. In addition, age is not a limiting factor and the greatest benefits were observed in the obese and untrained participants.

FIFA recently has been using football as a platform for health education for school-age children in Africa. Research is currently underway to:

- Determine if football increases physical activity and provides health education.
- Identify 11 simple health messages related to communicable and non-communicable diseases.
- Develop a teaching curriculum that would both inform and motivate boys and girls.
- Deliver the 11 health messages within a football context.

Each of the 11 sessions is 90 minutes long – 45 minutes of football (learn 11 football skills) and 45 minutes learning about the 11 health messages. Professor Fuller noted that the cost of running the program per child involved is targeted at $10.

A research project was undertaken in Khayelitsha, South Africa comparing two schools, an intervention school and a control school with 150 students in each facility participating. The results (Figure 5) indicated that significant improvement in physical activity and health knowledge can be achieved through a program involving football and health education for both girls and boys. Results are published in the June 2010 edition of the British Journal of Sports Medicine.

Figure 5: Summary results of FIFA football intervention

Further research has been conducted in Mauritius and Zimbabwe. The results will be published shortly.

SESSION 5

POTENTIAL FUNDING MECHANISMS: MATCHING STAKEHOLDER INTERESTS WITH PRIORITY PHYSICAL ACTIVITY PROMOTION INITIATIVES

CHAIR: DR. VICTOR MATSUDO, Medical Director CELAFISCS

DISCUSSION LEADER: Maria Stefan, Managing Director: CHASEAMERICA, Inc

Dr. Andre Medici, World Bank

Dr. Medici discussed the issue of funding mechanisms for health promotion and in particular how the argument can be built that there are long-term issues pertaining to the health of the global population that require health promotion interventions. He noted that especially in developing countries aging is a major issue and strongly linked to chronic disease. In 2004, 62% of Disability Adjusted Life Years (DALYs) were attributed to NCDs. By 2030, the Bank estimates this will have risen to 74%. This has huge major implications in terms of health care costs (Figure 6). It will mean more hospitals, more doctors and increases in all manner of health care spending. Health promotion should be able to play a major role in containing these future costs if undertaken effectively. In many countries of Latin America per capita health care expenditures for those over 70 years of age approaches 30% of GDP. This will be a major issue in the future unless the trend is reversed. Dr. Medici suggested that health promotion efforts can play a meaningful role here, but effective arguments must be built.

Funding public policies in support of physical activity could be undertaken in two ways:

- Taxation – increasing taxes for negative effects that lead to physical inactivity, or tax deductions and fiscal incentives for good behavior.
- Subsidies – provide subsidies for goods, services and products that generate positive individual behavior and improve collective action.

Dr. Medici provided several examples of fiscal incentives for physical activity interventions:

- Educational interventions, mixing social communication with:
  - School based programs such as physical education (China, 72% of children aged 6-18 engage in moderate to vigorous physical activities on average 100 minutes per week);
  - Worksite interventions, such as incentives to walk, bike or use public transportation to work (lockers, bike parks, showers, and flextime). Benefits are less sick days and more productivity.
  - Healthcare Providers: Discounts in fitness centers, physical exercise counseling, reduced premiums to be paid according to progress in physical activity outcomes.
- Transportation policy interventions
  - Limiting the role of automobiles by taxation, regulatory use policy and subsidies to public transportation;
  - Promoting walking and biking by conducting contests and competitions involving communities and reducing prices for biking and walking equipment such as tennis shoes and safety gear. Promote programs such as biking to school and increase safe bike-routes

and traffic patterns.
    - Design cities and towns to promote health by designing cities with fewer spaces for cars and more space for biking, walking and public transportation. Creating more leisure spaces and parks etc to practice sports.

Examples of funding and regulatory policies in support of physical activity included:

- Cities adopting exercise friendly spaces and healthy transportation designs:
    - Increase federal or state funds transferred to municipalities to increase sports spaces, bike and walking routes, limitations on the use of cars;
    - Increase taxation on individual transportation and tax credits for public transportation;
    - Increase fuel taxation in special areas;
    - Create tax subsidies to buy bikes, tennis shoes, helmets, sport material, etc.
- Other regulatory policies:
    - Give more support to health plans when they promote physical activity policies as part of the benefits package;
    - Create special incentives to elderly and retirees on developing physical activity, such as third age sport competitions, and promoting sport and recreation activities by community entities;
    - Create fiscal incentives to companies investing in community sport spaces (social corporate responsibility).

Dr. Medici suggested that while these types of policies can be successful there are issues or constraints identified by government and the private sector/civil society that must be considered:

- Government:
    - Poor evidence of the effectiveness of such interventions.
    - No commitment with long-term objectives;
    - Government changes result in lack of consistent political will.
    - Treatment and health care respond quickly to population acute problems and get better electoral results.
- Private Sector/Civil Society:
    - Social communication and motivational aspects are weak and fail;
    - Lack of social skills in the community and civil society organizations;
    - Lack of fiscal incentives for corporate social responsibility;
    - Lack of visibility;
    - Lack of expertise and adequate knowledge to implement

Dr. Medici concluded his presentation by indicating how the World Bank is contributing to this issue. In 2007, the World Bank published ***Healthy Development – The World Bank Strategy for Health, Nutrition, & Population Results***. The Strategy renewed the Bank's mission to link lending with health, nutrition and population results. He suggested that one of the four major objectives of this results-based approach is to prioritize avoidable mortality and morbidity from chronic diseases and injuries. Supporting physical activity is one of the strategic components financed in the Bank's projects to avoid mortality and morbidity associated with chronic diseases.

Maria Stefan, as discussion lead, summarized the presentation and asked Dr. Medici if the Bank would entertain a funding request for work directed at physical activity and aging. Also advanced

was the idea that a group such as ours could play a coordinating role in advancing the research in promotion and prevention. The Bank may be an organization that can support this type of work. Dr. Medici pointed out that the Bank has primarily two funding sources – loans, and funds from a trust. Countries create the trust fund for a specific purpose and other countries can apply for funds to undertake specific projects. International organizations and governments can apply for this trust funding.

Mr. Dick Salvatierra: Vice President, Business Development and Projects
Pan American Health Education Foundation

Mr. Salvatierra opened his remarks by describing the structure of PAHEF - the Pan American Health Education Foundation. PAHEF is a 40-year-old independent US-based nonprofit organization dedicated to combating disease, promoting research and building capacity. PAHEF was originally formed by the Pan American Health Organization and has a unique relationship with them. It uses strategic partnerships with the private sector to raise funds in order to provide grants and direct programming to improve health and education in the Americas. The key areas that PAHEF is primarily interested in include: fighting childhood obesity; preventing chronic disease, especially diabetes; and immunization (disease prevention and awareness). The Board structure has changed in recent years to now having 40% coming from the private sector in order to assist in raising funds. The private sector has become a primary source of funding for projects.

Mr. Salvatierra suggested that there are more and more NGOs going after less and less available money from the private sector and in order to be successful you have to distinguish yourself so that when a company is looking at numerous requests for funding they conclude that you are the one that they want to work with.

PAHEF's operating funds come from a number of sources including the operation of a book program involving the sale of medical books and equipment in the Americas – this generates about 33% of the operating budget. An additional 33% comes from endowments and 33% from project cost recovery. Steps are underway to reduce the contribution from the endowments and increase the cost recovery component to 66%.

Two projects that are just getting underway involve partnerships with the NBA and MTV in the areas of immunization and childhood obesity:

- PAHEF, the NBA and MTV3 will build an integrated marketing and media campaign designed to raise awareness of the importance of health issues across key markets in Latin America. The campaign will leverage the NBA's rich portfolio of assets, including marketing, media, events and player involvement to connect with their target audience and promote key PAHEF messaging. PAHEF will manage the project.
- On the immunization project, several pharmaceutical companies will support the production costs to MTV so they can run a campaign on MTV in Latin America. The value of the airtime provided by MTV is several million dollars.
- A similar model is being employed with the NBA pertaining to obesity and involvement in sport (basketball).

New and innovative areas of funding are on the horizon:

- Consensus development conferences – PAHEF will conduct several of these and raise

$120,000 per conference and net 30%
    - The model involves creating a topic, bringing in a number of major speakers and presenting to a panel of writers and delegates. After two days a paper is prepared and presented in a journal.
    - Corporate support is sought and PAHEF is seen as a leader in health education.
- Defense Industry – defense contracting for national security
    - When contractors respond to an RFP for a weapons system etc. there is a component put in the contract known as an offset – generally of equal value to the contract. The offset is a liability to the contractor (an aircraft purchase worth $1B would have an offset value of almost $1B).
    - The agreed upon offset value is not a money transfer. Instead the contractor must provide the purchasing country with goods or services that have a value equal to the offset. In some cases it is new technology transfer, in other cases it is co-production, in other cases when the remaining liability is small (<$10M) they may fund a community project such as a hospital etc.
    - In some cases, when a supplier provides funding for a project, the purchasing country may provide an offset multiplier. For example, if the supplier provides $10M in support for a project the purchasing jurisdiction for the weapon system may value it at $30M in terms of reducing the offset liability.
    - As an example – General Dynamics operates in 22 countries and currently has an offset liability of $8 Billion.
    - Recently, offsets have been met by activities other than in the area of defense. Water projects and environmental projects are taking advantage of this opportunity.
    - Defense contractors generally consider offset projects from 3 perspectives:
        - Does the project make sense?
        - Will the country accept it?
        - What is the value of the multiplier?
    - Every country has an offset authority within their government and every defense contractor has a business unit dealing with offsets. Negotiations are constantly going on to identify appropriate projects to reduce the offset liability.
    - Mr. Salvatierra suggested that the physical activity sector might benefit from going to these companies and governments and shifting some of these offsets to the physical activity/health sector.
    - Currently PAHEF acts as a broker and works to put health promotion projects together between defense contractors and other sources of funding to create offsets.
- Mr. Salvatierra noted that PAHEF is interested in working with other organizations/sectors to jointly achieve common goals. Through mutually beneficial projects, PAHEF could assist in bringing project funding to the table.

SESSION 6

BEGIN IDENTIFYING POTENTIAL ROLES/ACTIVITIES FOR A GLOBAL PHYSICAL ACTIVITY PROMOTION INNOVATION NETWORK

CHAIR: DR. BEATRIZ CHAMPAGNE, InterAmerican Heart Foundation

DISCUSSION LEADER: Mary Hall, Centers for Disease Control and Prevention

Mary Hall began the presentation with a brief discussion of the role that CDC could play in the future. She noted that much of CDC's work is done through partnerships, and particularly in the area of chronic disease prevention. The main mechanism that CDC uses to engage in partnerships is through cooperative agreements. There currently are 4 that involve physical activity – one with PAHO, one with IUHPE, one with WHO and one with ACSM.

Dr. Lankenau added that neither the CDC nor the Collaborating Center could be the recipient of donated funding dedicated to advancing physical activity promotion. The CDC Foundation is the only entity able to receive funds. Dr. Lankenau noted that CDC should be thought of as a technical resource but not an organization that could act as the repository for funds, nor as an advocacy agency. Dick Salvatierra mentioned that PAHEF does play that role in certain circumstances in the Americas and may be in a position to assist if required.

Dr. Lankenau introduced a short brainstorming session designed to identify priorities in physical activity promotion for the next few years. "If we were to look into the crystal ball over the next 5 years, are there particular things that need our attention?

- **Funding** (The Primary Priority) – including the establishment of a mechanism to manage any resources that may become available. The group identified that it will be important to find the necessary resources to fund meaningful physical activity projects at the community level in order to move the global physical activity agenda forward.
- Collaboration with the private sector – potentially there is an immediate opportunity with the food and beverage industry. Find ways to do this that are acceptable to organizations like the WHO and others who are wary of partnerships with the private sector.
- Collaboration with sport organizations (IOC, FIFA etc)
- Provide research evidence to politicians that physical activity promotion can be successful – build political confidence in our abilities and mobilize political will.
- Create a short document listing physical activity solutions that do work… what will we do that will increase population level physical activity?
- There is a need for advocacy at the country level targeting the media and politicians. We need to strategize about our advocacy activities.
- Research to better understand the population's perception of the risk of inactivity and the role that physical activity plays in minimizing NCD risk.
- Social mobilization – how can we do it more effectively and take advantage of new communication technologies?
- Strengthen the global network for physical activity – ideally with private sector involvement and support including sharing of expertise. Private sector spending cannot replace

government investment in physical activity but private initiatives should augment public funding and jointly work together. Lessons from tobacco may help us here.

- Take maximum advantage of the NCD “High Level Meeting” to highlight the critical role that physical activity can play in NCD prevention … be well prepared to make a strong case at the meeting. It may be advantageous to organize side meetings in New York to put the focus on physical activity?
- Develop stronger relationships/collaborations with various levels of government. Develop capacity within Ministries of Health and Ministries of Education to address physical activity.
- Is it feasible for the Collaborating Center to "broker" an association between FIFA's 11 for Health and the Colombian government to bring the program to Colombia (with support from Ministries of Health, education and Sports/Recreation) as the public health legacy of the upcoming (summer) Under20 FIFA soccer World cup?
- Pursue opportunities to partner with public relations firms as a partner in this issue.
- Utilize existing networks to their fullest (e.g. RAFA/PANA) to accomplish some of these objectives (capacity building, advocacy etc)
- There is a need for health economic arguments and messaging. Partnerships should be developed to investigate issues related to inactivity through an economist’s lens to bring a different perspective to the issue. It was noted that where the issue of physical activity and health often breaks down is in the area of health economics – where, for example, an investment in physical activity results in a certain amount of savings to the health care system. In the US health care debate, some economists argued that savings were possible while others argued just the opposite… more research in this area is needed.
- Utilize the Miami 2 forum to identify the greatest needs for funding, and match these priorities to funding opportunities as they present themselves.
- Identify potential mechanisms for funding to achieve greater collaboration on communication, knowledge transfer and evidence translation.
- Dick Salvatierra identified a potential opportunity with Gallup – PAHEF has a partnership with Gallup and may be able to get Gallup to add some questions at modest cost to determine attitudes etc concerning physical activity in various markets.
- Given the concerns regarding inactivity, should there be inroads made with computer makers, automobile manufactures etc… the industries that, through their products, promote inactivity?
- Large foundations typically have major priorities in the area of health. While physical activity may not be a priority today it could and should be in five years time. The Miami 2 forum should consider developing an “influencer strategy” and knock on doors so that these foundations will develop a philanthropic strategic priority in this area.

MEETING RECOMMENDATIONS

- Dr. Lankenau asked if there was consensus on the following:

As a priority **"utilize this group to put together the greatest needs for funding, and match these priorities to funding opportunities".** In the near future this group could identify:

  - Potential mechanisms for funding;
  - Knowledge/evidence/research translation leading to
  - Greater collaboration on communication, advocacy (influence).

- Dr. Lankenau then asked if the group agreed that a "trust entity" of some sort should be considered at some point in time in the future. Is there a need for such an entity?

  - The group agreed that such a funding mechanism could be very valuable, but it would need to be linked to a "global" organization that has links to regional physical activity networks for project implementation.
  - The establishment of a fund/trust should be investigated further at a later meeting.
  - Caution was noted that any such mechanism:
    - Should not draw funds away from existing projects or organizations – existing regional and global organizations may wish to be consulted regarding the establishment of such a fund;
    - How would organizations who may wish to take advantage of available funds ensure that the sources of the funds (defense industries, food/beverage companies) are appropriate and in accordance with their internal policies?
    - Who decides how the funds are distributed?
  - These types of questions (governance issues and management structure etc) would have to be addressed at a future date.

- Dr. Lankenau noted that as these ideas are developed in the future this group might expand or change as progress is made and additional issues are identified.

CONCLUDING REMARKS

Dr. Lankenau invited Jim Whitehead, Executive Vice President of the American College of Sports Medicine, to outline for the delegates the future direction the College is taking in addressing some of the issues presented at the meeting.

- Jim focused his presentation on the power of global partnerships and the notion of "Win-more! Win-more!" Global partnerships are really about building and maximizing resources.
- Jim noted that innovation – innovative thinking – is what is going to move our agenda forward and that in his view it is critically important. As a field we need to approach our challenges in new ways. As an example - ACSM is partnering with Lilly Endowment, a life sciences initiative that is focused on sport, exercise and physical activity that is supporting such projects as the NCAA Injury Surveillance System. It is providing ACSM with some funding to move the physical activity agenda forward.
- Jim suggested that because physical inactivity has become a global issue it will require global partnerships and global resources to effectively tackle the problem. We really are, he noted, dealing potentially with a new order of things in the physical activity field – and this can be challenging.
- Jim noted that there are some challenges that may restrict our progress:
    - Complexity – it may appear that the challenges are too complex and impossibly difficult to overcome;
    - Distraction –there are many things going on – we need to stay focused on what it is we are trying to achieve;
    - Lose Direction – which way are we going, what are we trying to achieve… as we move forward we will need to coordinate our efforts effectively.

- Jim suggested that a global partnership is not about creating new entities or replacing existing organizations… it is about aligning with a sharp, strategic focus. Through partnerships we should be able to celebrate existing success – there are remarkable activities happening on a global scale in support of physical activity and we need to link, build on and celebrate these successes.
- We will need to build an "engagement platform" – a foundation upon which we will work together globally using the strength of regional networks. What is it that we can do better? We are stronger if we work together.
- Jim suggested that rather than thinking about opportunities that are a win-win – we should look for "win-more" opportunities where we can collectively achieve more together than we would have otherwise been able to do.
- In conclusion, Jim suggested that we are on the verge of a new order through global partnership – and it will be very successful.

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