

COMMUNITY SPORTS COMMITTEE

Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong

PURPOSE

This paper briefs Members on the latest situation of non-communicable diseases (“NCD”) in Hong Kong and the introduction of the "Towards 2025: Strategy and Action Plan to Prevent and Control NCD in Hong Kong" ("SAP").

BACKGROUND

NCD Situation in Hong Kong

2. NCD are major causes of ill health, disability and death which pose threats on individual health and well-being, as well as society as a whole. In Hong Kong, four major NCD, namely cardiovascular diseases (including heart diseases and stroke), cancers, diabetes and chronic respiratory diseases, accounted for about 55% of all registered deaths in 2016. They also accounted for about 370 000 inpatient discharges and deaths in hospitals in the same period.

3. The Population Health Survey (“PHS”) 2014-15 conducted by the Department of Health (“DH”) found that among the local population aged 15 to 84, the prevalence of hypertension, diabetes and high blood cholesterol was 27.7%, 8.4% and 49.5% respectively. If nothing is done to more effectively prevent and control NCD, a heavy burden to our healthcare system and economy can be expected in future.

Steering Committee on Prevention and Control of NCD

4. The Government has been protecting the health of the population. Since 2008, the Secretary for Food and Health convened a multidisciplinary and inter-sectoral Steering Committee on Prevention and Control of NCD (“SC”) to oversee the overall implementation of a strategic framework to prevent and control NCD. Three Working Groups set up under the SC published action plans on specific recommended actions. While the action plans to promote diet and physical activity and reduce alcohol-related harm have been accomplished with some on-going activities, the action plan to strengthen the prevention of unintentional injuries published in 2015 will continue to be implemented.

NINE LOCAL TARGETS AND THE SAP

5. To address the growing threats of NCD, the World Health Assembly endorsed the "Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020" (“Global Action Plan”) which provided a road map and policy options to contribute to the attainment of nine global NCD targets by 2025.

6. In line with the above Global Action Plan published by the World Health Organization ("WHO") and on the advice of the SC, the Government decided to adopt the following as voluntary targets for reducing NCD by 2025 –

- Target 1** A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases
- Target 2** At least 10% relative reduction in the prevalence of binge drinking and harmful use of alcohol (harmful drinking/alcohol dependence) among adults and in the prevalence of drinking among youth
- Target 3** A 10% relative reduction in the prevalence of insufficient physical activity among adolescents and adults

- Target 4** A 30% relative reduction in mean population daily intake of salt/sodium
- Target 5** A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years
- Target 6** Contain the prevalence of raised blood pressure
- Target 7** Halt the rise in diabetes and obesity
- Target 8** Prevent heart attacks and strokes through drug therapy and counseling
- Target 9** Improve availability of affordable basic technologies and essential medicines to treat NCD

7. To achieve the above targets based on WHO recommendations, the Government has developed the SAP to set out specific strategies, programmes and actions that call on Government wide and stakeholders' efforts. These strategies in the SAP covers a wide range of areas which include –

- (a) strengthening NCD surveillance by enhancing the existing surveys and information collection so as to keep track of population NCD status and key behavioural and biomedical risk factors;
- (b) carrying out alcohol screening and brief interventions, including to strengthen treatment services for people with alcohol problems and support people who want to cut down or stop drinking alongside with stepped up education;
- (c) promoting physical activity participation in school setting and society by collaborating with the education sector and other stakeholders with enhanced accessibility of related facilities;
- (d) continuing discussion with the trade on product reformulation to reduce salt in food alongside with ongoing efforts to implement various salt reduction schemes and dialogue with the catering industry to supply a greater variety of food with less salt;
- (e) adopting a multi-pronged approach in tobacco control including the expansion of statutory no smoking areas, strengthening the

regulatory regime on e-cigarettes and heat-not-burn products and the implementation of Smoking Cessation public-private partnership programme;

- (f) strengthening the health system at all levels, in particular a comprehensive primary care for prevention, early detection and management of NCD based on the family doctor model;
- (g) reviewing and update drug lists and clinical protocols regularly based on scientific and clinical evidence to ensure equitable access by patients to cost-effective drugs and therapies of proven safety and efficacy for treatment of major NCD in all public hospitals and clinics;
- (h) broadening the current partnership base by working with other Bureaux/Departments (“B/Ds”), private sectors and non-health sectors for joint efforts in reducing NCD; and
- (i) keeping a close watch on emerging evidence and practical experience of “best buys” and other WHO recommended interventions to reduce NCD risk factors and strengthen health systems to address NCD.

The full version of the SAP is accessible at the website of Centre for Health Protection

(https://www.chp.gov.hk/files/pdf/saptowards2025_fullreport_en.pdf).

Regarding the details of Target 3, reduction of physical inactivity, the SAP has set out the participation of physical activity among local adolescents and adults, definitions of related indicators and the actions for all stakeholders to achieve the target. The Factsheet for Target 3 is attached at **Annex**.

Progress Monitoring

8. To ensure the successful implementation of the SAP, there is a need to effectively monitor the progress for achieving the nine local targets by 2025. In this connection, DH has devised 34 relevant indicators comprising 25 key indicators and 9 supplementary indicators of local

relevance. Regular monitoring of these indicators based on enhanced PHS and other information sources which will shed light on our progress and achievements in reducing NCD and saving lives.

Public Engagement and Publicity

9. In order to widely raise awareness and engage all sectors of the community for their involvement and joint-up actions to take forward the SAP, DH conducted a one-day Health Promotion Symposium, namely “Central Health Education Unit 40th Anniversary cum Non-communicable Diseases Framework Launching” on 4 May 2018 to introduce the SAP. In addition, the SAP has been publicised through various means such as publications, media and briefings.

10. To take forward the SAP, the Government will continue to engage professionals, non-governmental organisations and other community stakeholders to seek their views and encourage participation. Meanwhile, DH also embarks on various promotion and communication campaigns that target different sectors and stakeholders to implement the local actions under the SAP. We aim at “mainstreaming” the prevention and control of NCD, that is everyone can participate in the SAP; to provide a health-friendly environment from an organisation’s view, and enable individual to make a healthy choice through improved health literacy.

Advice Sought

11. Members are invited to note the SAP and provide suggestions on the implementation of SAP, especially on the policies, environment, atmosphere and system of promoting physical activities among the public.

Department of Health
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TARGET 3

Reduce physical
inactivity

A PREAMBLE

Physical inactivity is one of the leading behavioural risk factors for non-communicable diseases (NCD). According to the *“Global Recommendations on Physical Activity for Health”* published by the World Health Organization (WHO)⁵⁹, physical inactivity is estimated to be the principal cause for approximately 21–25% of breast and colon cancer burden, 27% of diabetes and approximately 30% of ischaemic heart disease burden. Maintaining high amounts and intensities of physical activity starting from childhood and continuing into adult years will bring many health benefits, including increased physical fitness (both cardiorespiratory fitness and muscular strength), reduced body fatness, favourable cardiovascular and metabolic disease risk profiles, enhanced bone health and reduced symptoms of depression. Physical activity

promotes positive self-esteem, builds resilience, and promotes teamwork and social interaction. Children (aged 5+) and adolescents (up to 17 years of age) are encouraged to have at least 60 minutes of moderate-to-vigorous-intensity physical activity every day and adults should engage in at least 150 minutes of moderate-intensity physical activity per week.

B LOCAL SITUATION

Below provides a snapshot of local situation regarding Indicators (6) and (7) on physical inactivity, derived from the WHO’s global monitoring framework (GMF). Detailed definitions, specifications and data sources of these key indicators are provided in **Section E**.

Indicator (6): Physical inactivity in adolescents

According to the data collected by Health Assessment Questionnaire (HAQ) of the Student Health Service Centres in 2015/16 school year, the proportion of students who were insufficiently physically active was 93%. The corresponding figures for primary and secondary students were 91% and 96% respectively.

Indicator (7): Physical inactivity in adults

According to the Population Health Survey (PHS) 2014/15, the age-standardised prevalence of insufficiently physically active persons aged 18+ years was 12.4% (Crude rate: 13.0%). In the PHS 2014/15, physical activity among adults, as measured by the Global Physical Activity Questionnaire (GPAQ), was made up of three components, namely work-related activity, recreational activity and physical activity during commuting. For many adults, the last component is the major contributor of health-related physical activity, largely as a result of city planning and transport design.

⁵⁹ Global recommendations on physical activity for health. Geneva: World Health Organization, 2010. Available at: <http://www.who.int/dietphysicalactivity/publications/9789241599979/en/>

C LOCAL TARGET

A 10% relative reduction in the prevalence of insufficient physical activity among adolescents and adults by 2025⁶⁰.

D ACTIONS TO ACHIEVE TARGET

Regular physical activity is not only associated with improved physical, mental and social well-being. It also contributes to sustainable development in the community (such as energy saving, cleaner air and alleviating the effects of climate change). The creation of an active society requires a multisectoral approach with collaboration of health and non-health sectors. A combination of focused media and educational interventions combined with environmental modification holds the most promise.

1) Background of the Government initiatives to promote active lifestyle

- Promoting physical activity participation is considered a priority action area in the prevention and control of NCD in Hong Kong. To this end, a Working Group on Diet and Physical Activity (WGDPA) was formed in December 2008 under the Steering Committee on Prevention and Control of NCD chaired by the Secretary for Food and Health. The *“Action Plan to Promote Diet and Physical Activity Participation in Hong Kong”* launched in September 2010 by the WGDPA provided a platform for intersectoral actions to
- integrate physical activity into people’s lifestyles, knowingly or not⁶¹.
- The Sports Commission, chaired by the Secretary for Home Affairs, was established on 1 January 2005 to advise the Government on policies, strategies and implementation framework for sports development in Hong Kong. The Commission is underpinned by three Committees to help develop and promote sports participation in the community, elite sport and major sports events in Hong Kong. Among the three committees, the Community Sports Committee advises on wider participation in sports through partnership with different sectors of the community, and on funding priorities for supporting community sports programme and initiatives. The Leisure and Cultural Services Department (LCSD) is responsible for development and management of recreation and sports facilities, as well as for organisation of a wide range of activities in order to promote recreation and sports at all levels in the community^{62,63}.
- The Government is proposing to (i) incorporate “active design” considerations under the *“Hong Kong 2030+: Towards a Planning Vision and Strategy Transcending 2030”* (Hong Kong 2030+)⁶⁴ to promote walking, cycling, exercising and recreational pursuits, by improving accessibility to nature and outdoor leisure pursuits, enhancing the connectivity of the city, creating desirable conditions for walking and cycling, reinventing our public spaces for the enjoyment of all, and adopting an enhanced standard for public open

⁶⁰ The WHO sets a voluntary global target of ‘10% relative reduction in prevalence of insufficient physical activity by 2025’.

⁶¹ More details about the action plan is available at: https://www.change4health.gov.hk/en/strategic_framework/structure/working_group_dpa/index.html

⁶² Source: <http://www.sportscommission.hk/eng/index.htm>

⁶³ Source: http://www.hab.gov.hk/file_manager/en/documents/policy_responsibilities/msec_sport4_2005sc3.pdf

⁶⁴ Hong Kong 2030+: Towards a Planning Vision and Strategy Transcending 2030. Hong Kong SAR: Development Bureau and Planning Department, 2016. Available at: <http://www.hk2030plus.hk/index.htm>

space provision; and (ii) to promote walkability under the theme “Walk-in-HK” with a view to fostering a pedestrian-friendly environment and encouraging people to walk more, etc^{65,66}.

- To promote cycling as a zero-carbon mode for leisure or short-distance travel in new towns or new development areas (NDAs), the Government has been building in phases a tailor-made recreational cycle-track network in the New Territories to provide a continuous cycle track since 2009. Under the Government’s policy of fostering a bicycle-friendly environment in new towns or NDAs, the Transport Department (TD) has commissioned a consultancy study and drawn up a list of about 900 sites in new towns for implementing improvement measures at cycle tracks. The first batch of improvement works has started in 2016 in phases, with a target for completion in two years⁶⁶.

2) Existing actions/interventions/programmes/policies

- With scheduled implementation of the *“Action Plan to Promote Diet and Physical Activity Participation in Hong Kong”*, many interventions have become regular features of the Government’s NCD response or have resulted in further initiatives such as “StartSmart@school.hk” Campaign, “I’m so Smart” Community Health Promotion Programme, “Sports for All” promotional activities, ongoing review and enhancement of recreation, sports

and leisure facilities and programmes, review of booking arrangements and venue charges, etc.

- Through managing various sports and leisure facilities; organising and promoting a wide variety of sports and recreational activities and promotional campaigns; and working with other government departments (including the Department of Health), sports associations and community partners, LCSD has been arousing public awareness on the importance of having regular exercises in pursuit of healthy lifestyle; and encouraging people of all age groups to participate actively in sports activities^{67,68}. These activities include diversified sports training courses, recreation programmes and district competitions for people of different age groups and physical abilities. Besides, programmes targeting specific groups are also designed for the participation of parents and their children, the middle-aged, working people and special groups (e.g. the elderly and persons with disabilities). Furthermore, major campaigns/events such as “Health Exercise for All Campaign” and “Sport for All Day” are organised to encourage more members of the public to take part in recreation and sports activities.



⁶⁵ The Hong Kong Special Administrative Region of the People’s Republic of China: The Chief Executive’s 2017 Policy Address: Policy Agenda. Hong Kong SAR, 2017. Available at: <https://www.policyaddress.gov.hk/2017/eng/pdf/Agenda.pdf>

⁶⁶ Hong Kong’s Climate Action Plan 2030+. Hong Kong SAR: Environmental Bureau, 2017. Available at: https://www.climateready.gov.hk/files/report/en/HK_Climate_Action_Plan_2030+_booklet_En.pdf

⁶⁷ Source: http://www.hab.gov.hk/file_manager/en/documents/policy_responsibilities/msec_sport4_2005sc3.pdf

⁶⁸ Source: <http://www.lcsd.gov.hk/en/index.html>

3) Specific actions/interventions/ programmes/policies to be introduced, enhanced or explored to achieve target by 2025

Promoting physical activity participation among children and adolescents

- Encourage students (for children aged 5-17) to engage in physical activities for at least 60 minutes of moderate-to-vigorous-intensity physical activities daily (MVPA60) in accordance with the recommendation of WHO, through the Physical Education (PE) Key Learning Area Curriculum Guide. The Education Bureau (EDB) will spearhead a pilot project of 20 schools in 2017/18 school year to gather and consolidate field experience of creating an active school through a whole-school approach. Support from community partners will be enlisted. (EDB, DH and other health promoting partners)
- Scale up the WHO Health Promoting School programme to foster a self-sustaining health-enhancing learning environment in a greater number of schools, based on the experience gained from the Healthy Schools Project spearheaded by the Chinese University of Hong Kong. (DH and EDB)
- Collaborate with stakeholder groups which may contribute positively to an active learning culture in schools and educational institutions. Examples are the Active Schools Project spearheaded by the Hong Kong Elite Athletes Association; the School Physical Fitness Award Scheme jointly run with the Hong Kong Child Health Foundation, the Physical Fitness Association of Hong Kong China and EDB; the School Sports Programme and related sub-programmes led by LCSD, the Physical Activities Development Model for Primary Schools Project funded by the Hong Kong Jockey Club Charities

Trust and the Jump Rope for Heart Programme by the Hong Kong College of Cardiology. (EDB, DH and Home Affairs Bureau (HAB)/LCSD)

- Promote healthy use of internet and electronic screen products for children, adolescents, parents and teachers to avoid excessive screen time and reduce physical inactivity. (DH)
- Increase physical activities of the members of public, including students, parents and teachers and promote a sporting culture in schools through “Opening up School Facilities for Promotion of Sports Development Scheme”, which encourages more sport activities to be organised using school facilities. (EDB and HAB)
- Recommend to the Quality Education Fund Steering Committee to continue including “Healthy Lifestyle and Positive Development of Students” as a priority theme. (EDB)
- Adopt a more comprehensive approach to cover the overall benefits of physical activities on mental health and academic performance, etc. in future communication strategies. (DH and EDB)

Promoting physical activity participation among adults

- Provide new/enhance existing recreational and sports facilities. (HAB/LCSD)
- Provide public swimming pools including heated pools to allow people to enjoy swimming throughout the year. (HAB/LCSD)
- Provide new/enhance existing recreational and sports programmes. (HAB/LCSD)
- Promote Fitness Walking by organising briefing sessions on an ongoing basis and encourage the use of a Fitness Walking App for acquiring more information and self-practice. (LCSD)

- Broaden the current partnership base by working with other government bureaux/departments and non-health sectors (such as city development, urban planning and urban design, transport and environment) in the development of enabling environment and promotion of healthy living by advocating for and promoting multiple co-benefits that can be gained while promoting physical activities to achieve energy saving, cleaner air and addressing climate change. Examples are “Walk-in-HK” initiative by the

Transport and Housing Bureau (THB), “Hong Kong 2030+” initiative especially reinventing the public realm and the promotion of active design by the Development Bureau (DEVB) and the Planning Department (PlanD), health and wellbeing promotion among building users by Green Building Council. (DEVB/PlanD/Drainage Services Department, FHB/DH, Environment Bureau/ Environmental Protection Department and THB/ TD)

E DEFINITIONS AND SPECIFICATIONS OF LOCAL INDICATORS

Key indicators (derived from the WHO’s GMF⁶⁹)

Indicator (6): Prevalence of insufficiently physically active adolescents

- Monitoring frequency: annual
- Source: Health Assessment Questionnaire (HAQ) self-administered by students (Primary 4 and 6, Secondary 2, 4 and 6) attending Student Health Service Centres, Department of Health
- Definitions: (i) “insufficiently physically active” is defined as not doing physical activities (i.e. any exercise and activity) for at least 60 minutes in total every day in the past 7 days that made the students breathe harder and their heartbeats faster than usual⁷⁰; (ii) adolescents are referring to those aged between 10-19 years, roughly corresponding to primary 4-6 and secondary 1-6 students

Indicator (7): Age-standardised prevalence of insufficiently physically active persons aged 18+ years

- Monitoring frequency: every 2 years
- Source: Population Health Survey / Health Behaviour Survey, Department of Health
- Definition: “insufficiently physically active” is defined as less than 150 minutes of moderate-intensity activity per week, or equivalent

⁶⁹ The WHO recommends 2 indicators for monitoring, namely:

- Indicator (6): Prevalence of insufficiently physical active adolescents (aged 10-19 years) defined as less than 60 minutes of moderate to vigorous intensity activity daily (Expected frequency: every 5 years)
- Indicator (7): Age-standardised prevalence of insufficiently physical active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent)

⁷⁰ The relevant question in HAQ is: “During the past 7 days, on how many days did you do physical activities (i.e. any exercise and activity) for AT LEAST 60 minutes in total that made you breathe harder and your heartbeats faster than usual?”