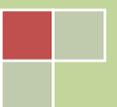


2014

**Asia Meeting:**  
**Sharing Experiences**  
**between Tobacco**  
**Control and Livable**  
**Cities**

*March 3-5, 2014, Bangkok, Thailand*  
*Meeting Report*



## **Acknowledgements**

*This report was prepared by the Global Tobacco Control Forum (the Forum), an informal network of Canadian organizations with a shared interest in global tobacco control.*

*Special thanks go to HealthBridge Vietnam for organizing the meeting and to all the HealthBridge partners who joined the meeting:*

*Maruf Hossain, Work for a Better Bangladesh, Dhaka, Bangladesh*

*Syed Saiful Alam, Work for a Better Bangladesh, Dhaka, Bangladesh*

*Jinu Varghese, Evangelical Social Action Forum, Thrissur, India*

*Manju George, Evangelical Social Action Forum, Bangalore, India*

*Bishwash Nath Christopher, Evangelical Social Action Forum, Nagpur, India*

*Kamana Manandhar, Resource Centre for Primary HealthCare, Kathmandu, Nepal*

*David Balikowa, Non-Communicable Diseases Information and Control Centre, Kampala, Uganda*

*Hai Dinh Dang, HealthBridge Vietnam, Hanoi, Vietnam*

*The Forum would like to also extend its thanks to Kazuyuki Uji, of the United Nations Development Programme, for accepting the invitation to attend the meeting and for sharing the views, knowledge and perspectives of the Programme.*

*The meeting was made possible with the aid of a grant from the International Development Research Centre, Ottawa, Canada.*

**Contents**

Acknowledgements..... 2  
Introduction..... 4  
Meeting Objectives ..... 4  
Meeting Summary..... 4  
Meeting Outcomes ..... 7  
Conclusions..... 8  
Annex 1 ..... 9  
Annex 2: List of participants..... 12

## **Introduction**

Non-communicable diseases (NCDs) represent one of the major threats to sustainable development in this century, affecting developed and developing countries alike. Addressing the key modifiable NCD risk factors — tobacco, alcohol, unhealthy diet, and physical inactivity — is by far more cost-effective than treating the major illnesses, such as cancer and cardiovascular disease, that result from these risk factors. Yet no consensus exists on effective interventions for NCD risk factors exists the exception being for tobacco control. The experience accumulated in tobacco control policy and advocacy reveals what strategies have worked well and which ones have been less effective. These lessons learned can be expected to benefit work on other NCD risk factors.

In March 2014, HealthBridge Foundation of Canada in cooperation with the Global Tobacco Control Forum (the Forum), an informal network of Canadian organizations with a shared interest in global tobacco control, with financial support from the International Development and Resource Center (IDRC).

The meeting, designed to allow for an exchange of knowledge and experiences among the participants and to highlight the value of shared learning, was attended by five organizations that work in both tobacco control and NCD prevention. The Forum was represented by Melodie Tilson from the Non-Smokers' Rights Association.

## **Meeting Objectives**

The overall purpose of the meeting was knowledge exchange between organizations working on strategies to address unhealthy diet and physical inactivity in the region, and cross-pollination between their work and the experiences and knowledge of tobacco control advocates from Canada. The meeting had the following specific objectives:

- Exchange knowledge on lessons learned from tobacco control and prevention of NCDs, with a focus on policy-based solutions.
- Provide an opportunity for Asian participants to gain a better understanding of the effective population-wide interventions to prevent NCDs.
- Increase capacity among Asian participants to implement effective population-wide interventions to prevent NCDs.
- Create greater ties among members of the Asian partners and between the Asian partners and the Forum.

## **Meeting Summary**

The format of the meeting allowed for participants to exchange experiences on NCD prevention through individual presentations, which were followed by moderated discussions via group activities and brainstorming sessions. After the question and answer period following each presentation, the larger group was divided into three smaller groups, with a facilitator assigned to each. Each group was asked to discuss the following questions:

- If you were to implement this program in your city/country what would you do?
- If you have already started a similar program, what have you learned that you can apply to your own setting?

The groups were provided with an Interactive Session Worksheet to help participants plan a similar program for their own country. Specifically, they were asked to identify the problem, discuss its causes,

who the stakeholders would be in a local program, what outcomes they would be trying to achieve, the indicators they would use to measure success, and what activities they would implement. The Interactive Session Worksheets were used after each presentation on all three days.

### Day 1

Following general introductions, Debra Efroymsen, Regional Director HealthBridge, invited all participants to spend some time reviewing the posters that had been developed by each participating organization to explain their overall NCD program or a key strategy. The following posters were prepared and displayed for the workshop:

- Park Program in India, Evangelical Social Action Forum (ESAF)
- Pedestrian Rights Program, ESAF
- Fighting Similar Fights: Story of a successful advocacy campaign, Global Tobacco Control Forum
- HealthBridge's Livable Cities Program, HealthBridge Canada
- Livable Cities Program Logic Model, HealthBridge Canada
- Livable Cities in Vietnam, HealthBridge Vietnam
- Importance of Networking in India, ESAF
- RECPHEC Initiatives for Non-Communicable Diseases, Resource Centre for Primary Health Care
- NCDs in Uganda, Non-Communicable Diseases Information and Control Centre

The first presentation of day 1 was delivered by Kristie Daniel, HealthBridge, who provided a comprehensive introduction to evaluation methodologies and a number of examples of how to evaluate project activities, outputs, and outcomes. The presentation followed the Results-Based Management Framework used by Foreign Affairs, Trade and Development Canada (DFATD), and included guidance on how to use logic models, how to identify short-, medium-, and long-term outcomes, and how to develop appropriate indicators. Several exercises were included during the presentation to allow participants an opportunity to practice developing outcomes and indicators. During the discussion that followed the presentation, Melodie Tilson stressed the importance of evaluation not only as a tool to improve the future work of an organization, but also as an important component for fundraising. Providing a comprehensive evaluation and demonstrating a willingness to learn from past work can motivate funders to extend their support and has proven to be an effective strategy. A questionnaire was distributed to participants before the session began and then again after the session was completed to assess increases in knowledge. All participants indicated that the presentation had been useful and had increased their understanding of evaluation.

During the afternoon, participants had an opportunity to hear about the Parks Master Planning Process in Hoi An, a presentation delivered by Hai Dinh Dang, HealthBridge Vietnam. The presentation focused on the importance of parks and playgrounds for NCD prevention and the four key strategies used in Hoi An to advance the program: research; partnership development; capacity building; and, policy/advocacy. Following the presentation, many participants shared their views on the feasibility of such a project in their home countries. The importance of built environments, be they smoke-free places or parks and green spaces, was emphasized as a key means of addressing the rising toll of NCDs globally. In particular, Melodie Tilson discussed the critical role that creating smoke-free workplaces and public places played in "denormalizing" tobacco use in Canada. These spaces also provide the enabling environments that promoted the desired behaviour change, in this case increased quitting among current smokers and decreased starting among youth non-smokers. The group discussed the ways in which greater access to parks and green spaces could "normalize" regular physical activity, facilitating behaviour change so that physical activity becomes an easier, and thus more regular, choice. Participants

then worked with the Interactive Session Worksheets to plan a parks program for their own city/country.

## Day 2

The first presentation of day 2 was focused on strategies for local fundraising, and was presented by Yvona Tous, HealthBridge. Yvona reviewed several short- and long-term opportunities for fundraising. Among the short-term opportunities are existing calls for proposals advertised by key bilateral donors in the region, such as EuropeAid and USAID, which can be applicable to civil society work on prevention of NCDs. Among the longer-term opportunities, the renewal of national development plans and strategies, including UN Development Assistance Frameworks (UNDAFs), was highlighted. Positioning NCD prevention among key national development priorities should lead to comprehensive approaches being developed and implemented by the government and sufficient resources being allocated for the necessary work. Building on the experience of global tobacco control, Yvona also briefly talked about the taxation of tobacco, alcohol, and unhealthy foods as a potential source of government revenue that can be allocated to fund health and development interventions.

The second presentation was on the implementation of an Active and Safe Routes to School Program (ASRTS) in India. Delivered by Jinu Varghese, ESAF, Thrissur, it focused on how an ASRTS could help children achieve greater levels of physical activity. Jinu outlined the key actions taken to introduce the program to local schools in Thrissur, including the research conducted, the partnerships developed, the infrastructure changes required, and the media advocacy undertaken. The presentation provoked numerous responses from participants, who shared their work on similar projects. The importance of creating safe routes for children was emphasized by participants, as many parents are hesitant to let their children walk because traffic makes it unsafe. Melodie Tilson discussed the similarities between this initiative and current work in a new area of tobacco control: smoke-free multi-unit dwellings (MUDs). Unlike with other tobacco control initiatives that sought a legislated solution, work on smoke-free MUDs focuses on educating the public and landlords about the benefits of making multi-unit dwellings smoke-free, in order to increase demand from tenants and encourage local landlords to increase the supply of such units voluntarily. As with the ASRTS, the smoke-free MUDs initiative can have an immediate impact on people's quality of life and help to improve their long-term health prognosis, thanks to a relatively modest investment in resources, the development of strategic partnerships, and effective use of media. Following the discussion the group worked with the Interactive Session Worksheets to plan an ASRTS program for their own city/country.

The final presentation of the day focused on creating pedestrian-only spaces and was a joint presentation by Manju George from ESAF Bangalore, and Kamana Manandhar from the Resource Centre for Primary Health Care, Kathmandu. The presenters focused on how pedestrian-only areas in cities can provide safe spaces for people to be active, outlining the key actions taken in the two cities to create pedestrian-only spaces. They emphasized the challenges of working with the private sector noting that local retailers are often vocal opponents of programs to create pedestrian spaces and, in many cases, are very influential with the local government and thus can impede or prevent implementation. Melodie Tilson highlighted similar challenges with the restaurant associations during the implementation of smoke-free bylaws in Ottawa and other jurisdictions across Canada, and provided various examples of how tobacco control organizations were able to successfully counter the opposition. One example was using the media to educate the public and decision-makers about the positive experience of other cities that had implemented similar legislation, using hard facts about public support to counter the unfounded fears spread by the business community. The group then discussed how similar strategies could be applied to the issue of pedestrian spaces in their jurisdictions to deal with opposition from local businesses. Finally,

the participants worked with the Interactive Session Worksheets to plan a pedestrian-only spaces program for their own city/country.

### Day 3

The first presentation on day 3, presented by Hai Dinh Dang, HealthBridge Vietnam, focused on creating supportive environments for healthy eating in Hanoi. Specifically, it focused on an advocacy campaign in Hanoi to save local fresh markets. The presentation outlined the important role that the markets play in providing healthy food options for the city's people, and the attempts by industry to replace the markets with supermarkets that sell little fresh food and lots of highly processed items. Strategies used included conducting background research to understand the impact of the market closures on vendors and consumers, developing partnerships, organizing advocacy meetings, and working with the media. The experiences of the tobacco control movement were, again, particularly relevant as the food industry operates in a similar manner to the tobacco industry. Melodie Tilson highlighted the ways in which tobacco control advocates managed to weaken the influence of the industry, for example, by using a variety of communications tools to educate the public and policy-makers about the industry's destructive marketing practices. The group discussed strategies to reduce the political influence of the food industry, then worked with the Interactive Session Worksheets to plan a healthy eating environment program for their own city/country.

The final presentation, which focused on how to work with the media, was presented by Syed Saiful Alam, Media Specialist at Work for a Better Bangladesh. The presentation provided a series of useful ideas on working with the media to get coverage of the issues that are important to our partners. Suggestions included developing relationships with specific journalists, working with young journalists, organizing events, and regularly tracking how the media covers the issues and then working with journalists who do not present the issues in a favourable light to change their perceptions. Melodie Tilson explained the strategies that the Global Forum members used to attract media attention, emphasizing that despite working on different issues in very different countries, the successful strategies were very similar. The group then discussed how the strategies could be applied to specific issues in their own jurisdiction.

## Meeting Outcomes

### Lessons learned from work in Asia:

The following key lessons learned from the Livable Cities work in Asia were identified as potentially instrumental to achieving success in reducing NCDs:

**Prioritize policy measures that create supportive environments** = Creating environments that make it easier for people to be active and purchase healthy food is the strategy that has the best potential to reduce NCDs in Asia.

**Implement key success strategies for each policy measure** = Although the issues and the countries are different, the strategies employed at the local level for successful policy adoption remain the same. Each program should conduct initial research to understand the problem, develop partnerships with relevant stakeholders, educate both partners and government decision-makers on the problem and the solutions being proposed, and work with the media to raise awareness and magnify the impact of all communications and advocacy efforts. These strategies have proven successful in Asia for implementing

policy change.

**Work with the media to raise awareness** = No matter the issue, the media plays an incredibly important role in educating the public and officials, and can create the needed community support for policy change.

#### **Key lessons learned from Canadian tobacco control experience:**

Many of the lessons learned from the decades of experience in tobacco control in Canada can be applied to work on healthy eating and physical activity. The experiences of tobacco control related to reducing the influence of the industry are particularly relevant for the Asian partnership. Understanding the need to educate the public about the industry's motives and tactics will be especially important as the partners move forward with programming. Likewise, actions taken by the tobacco control movement to denormalize tobacco use are highly relevant to efforts to promote healthy eating. Despite significant differences in context and the fact that tobacco control is a more straightforward, albeit challenging, issue, the strategies employed in Canada that have been so successful in reducing the prevalence of tobacco use can be adapted for the other NCD issues.

#### **Project planning and evaluation:**

An important component of the Asian meeting was to provide support to partners for program planning and evaluation. After each presentation the group was given the opportunity to plan a program focused on that issue and to identify key outcomes and indicators that could be used to measure the outcomes. The key lesson learned from these activities was the importance of starting by defining the goals of a particular program, rather than with a list of activities. In addition, as the meeting progressed, it became clear that the activities, such as conducting research and developing partners, are common to all the issues under discussion.

### **Conclusions**

Overall the meeting provided a great opportunity to learn from each other on work directed towards NCD prevention in Asia. It was the first time the Asian partners had the opportunity to meet face-to-face, and the result was the establishment of much stronger connections between partners. Although the group has been linked through a Facebook page for over a year, the number and quality of interactions has increased since the meeting. In addition, having an opportunity to learn from the Forum about successful strategies to achieve policy change proved to be an invaluable experience.

**Annex 1****Agenda Regional Meeting**

March 2-5, 2014

Time	Agenda Item	Person Responsible/ Facilitator
<b>Sunday March 2</b>		
All day	Partners arrive in Bangkok	Everyone
7:00	Games Night	Hai, HealthBridge Vietnam
<b>Monday March 3</b>		
9:00	Welcome	Debra
9:10	Introductions Each participant to take 2 minutes to introduce themselves, their organization, and give one example of an activity of which they are particularly proud	Debra
9:50	Tea Break and poster review Everyone to review each poster	Everyone
10:30	Evaluation Session will review the steps needed to evaluate your work and help you identify what you need to do to demonstrate that you are making a difference.	Kristie
12:30	Lunch	
1:30	Parks Master Planning Process in Hoi An	Hai, HealthBridge Vietnam
1:50	Lessons from Canada	Melodie
1:55	Facilitated Q&A	Debra/Kristie
2:20	Interactive Session Participants will be broken up into groups and discuss: 1. If you were to do this program in your city/ country what would you do? OR 2. If you have already started this project, what have you learned that you can apply to your own setting	Facilitators (Debra, Melodie and Yvona) will be assigned a group to help support process. Kristie available to answer technical questions
3:00	Tea Break	
3:15	Interactive Session continued	
4:30	Questions	Debra/Kristie
5:00	Day 1 concludes	
7:00	Dinner	
8:00	Movie Night: <i>The Human Scale</i>	Kristie

Tuesday March 4		
9:00	Welcome Day 2	Kristie
9:05	Strategies for local fundraising Prize for the best idea	Kristie/Debra
9:50	Active and Safe Routes to School	Jinu, ESAF, Thrissur
10:10	Lessons from Canada	Melodie
10:15	Facilitated Q&A	Debra/Kristie
10:40	Tea Break	
11:00	Interactive Session Participants will be broken up into groups and discuss: 1. If you were to do this program in your city/country what would you do? OR 2. If you have already started this project, what have you learned that you can apply to your own setting	Facilitators (Debra, Melodie and Yvona) will be assigned a group to help support process. Kristie available to answer technical questions
12:30	Questions	Debra/ Kristie
1:00	Lunch	
2:00	Pedestrian Spaces	Kamana, RECPHEC and Manju, Bangalore
2:20	Lessons from Canada	Melodie
2:25	Facilitated Q&A	Debra/Kristie
2:50	Interactive Session Participants will be broken up into groups and discuss: 1. If you were to do this program in your city/ country what would you do? OR 2. If you have already started this project, what have you learned that you can apply to your own setting	Facilitators (Debra, Melodie and Yvona) will be assigned a group to help support process. Kristie available to answer technical questions
3:30	Tea Break	
3:45	Interactive Session continued	
4:30	Questions	Debra/Kristie
5:00	Day 2 concludes	
Evening	Free Night	

<b>Wednesday March 5</b>		
9:00	Welcome Day 2	Kristie
9:05	Creating supportive environments for healthy eating: Saving Fresh Markets in Hanoi	Hai, HealthBridge Vietnam
9:30	Lessons from Canada	Melodie
9:35	Facilitated Q&A	Debra/Kristie
10:00	Interactive Session Participants will be broken up into groups and discuss: 1. If you were to do this program in your city/ country what would you do? OR 2. If you have already started this project, what have you learned that you can apply to your own setting	Facilitators (Debra, Melodie and Yvona) will be assigned a group to help support process. Kristie available to answer technical questions
10:30	Tea Break	
10:45	Interactive Session continued	
12:00	Questions	Debra/Kristie
12:30	Lunch	
1:30	Communications This session will review ways to create and maintain a relationship with journalists. How do you package your message? How can you use social media to support your work?	Syed, Work for a Better Bangladesh
3:00	Day 3 concludes	
3:30	Leave for River Boat cruise and dinner	
<b>Thursday March 6</b>		
All day	Partners depart	Everyone

**Annex 2: List of participants**

Maruf Hossain, Work for a Better Bangladesh, Dhaka, Bangladesh

Syed Saiful Alam, Work for a Better Bangladesh, Dhaka, Bangladesh

Jinu Varghese, Evangelical Social Action Forum, Thrissur, India

Manju George, Evangelical Social Action Forum, Bangalore, India

Bishwash Nath Christopher, Evangelical Social Action Forum, Nagpur, India

Kamana Manandhar, Resource Centre for Primary Health Care, Kathmandu, Nepal

David Balikowa, Non-Communicable Diseases Information and Control Centre, Kampala, Uganda

Hai Dinh Dang, HealthBridge Vietnam, Hanoi, Vietnam

Kristie Daniel, HealthBridge Foundation of Canada, Ottawa, Canada

Debra Efroymsen, HealthBridge Foundation of Canada, Dhaka, Bangladesh

Yvona Tous, HealthBridge Foundation of Canada, Ottawa, Canada

Melodie Tilson, Non-Smokers' Rights Association, Ottawa, Canada

Kazuyuki Uji, United Nations Development Program, Bangkok, Thailand