



# **2006-2007 CANADIAN GLOBAL TOBACCO CONTROL FORUM PROJECT**

## **NARRATIVE AND FINANCIAL REPORT**

Prepared by:



Canadian Public Health Association  
Association canadienne de santé publique

on behalf of the Canadian Global Tobacco Control Forum

**October 2007**

This report is produced by the:

Canadian Public Health Association  
400 -1565 Carling Avenue  
Ottawa, Ontario  
Canada K1Z 8R1

Telephone: +1 613 725 3769  
Fax: +1 613 725 9826  
Website: <http://www.cpha.ca>

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### Overview of CPHA

- Founded in 1910; Incorporated in 1912
- National not-for-profit health association
- Represents over 25 health disciplines and the general public
- Governed by a 12-member skills-based Board of Directors
- Undertakes funded public health and social programs nationally and internationally
- Stresses partnership role with national and international NGOs, federal/provincial governments and private sector corporations
- Provides a special health resource at national and international levels of both professionals and non-professionals
- Preeminent NGO voice for public health in Canada

### Mission Statement

The Canadian Public Health Association (CPHA) is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions that are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.



## **Main Messages**

- > Influencing thinking and action on tobacco control by building capacity for evidence-informed advocacy for credible public policy, programs and practice is critical
- > Building collaborative, strong and bilateral relationships between Canadian and international partners are essential to the success of Canada's efforts to influence global tobacco control policy, programs and practice
- > High smoking prevalence rates in many Latin American countries and in south-east Asia are accompanied by increasing rates in tobacco-associated chronic disease morbidity and mortality. Civil society organizations have played an important role in advocating for the formulation and application of stronger tobacco control policies. Their efforts need to be strengthened in the face of still competition from the tobacco-related business sector to increase tobacco product consumption in these regions.
- > Although tobacco consumption rates in sub-Saharan Africa are lower on average than in other regions of the world, it is imperative to strengthen tobacco control efforts and advocacy for the application of effective tobacco control policies and programs as a means of curbing a potential tobacco-associated chronic disease epidemic
- > Canada's contribution since 2005 through the Canadian Global Tobacco Control Forum to enhance civil society capacity in tobacco control has resulted in the strengthening of alliances among civil society organizations in low- and middle-income countries around tobacco control, enhanced civil society involvement in advocacy and consultations with decision-makers and policy-makers on this issue, increased awareness and action on smoking in health care facilities and schools, and the strengthening of tobacco product health warning messages
- > Although tobacco control 'networks' exist in developing countries, these are often small and involve only a few individuals. Investment for organizational capacity building is key to ensuring a long-term and self-sustaining local capacity to address and respond to the tobacco control issue.

## Executive Summary

Tobacco use is one of the chief preventable causes of death in the world. Smoking prevalence in Latin America and South-east Asia is high

Although tobacco consumption rates in sub-Saharan Africa are lower on average than in other regions of the world, total tobacco consumption and smoking prevalence are increasing rapidly. This is particularly the case among youth and young adults. The available data suggest an epidemic in the making.

The Canadian Global Tobacco Control Forum (CGTCF) is a multi-organization consortium that brings together CPHA, Physicians for a Smoke-Free Canada, Healthbridge, the Heart and Stroke Foundation of Canada, the Canadian Cancer Society, the Canadian Lung Association, la coalition québécoise pour le contrôle du tabac, and their counterpart overseas partner associations/organizations for the expansion and strengthening of local capacity to design and deliver tobacco control activities. This forum enhances cooperation among the Canadian non-governmental organizations (NGO) and brings a coordinated approach to the Canadian contribution to global tobacco control.

The Canadian Public Health Association (CPHA) is the coordinating and administrative body for the *2006-2007 Strengthening of Global Tobacco Control* initiative funded by the International Affairs Directorate of Health Canada (IAD/HC). The 2006-2007 CGTCF initiative had four objectives: (i) to facilitate FCTC ratification/accession in selected countries and thereby increase the number of member state parties to the FCTC; (ii) to facilitate and strengthen regional and international capacity to implement FCTC measures regardless of whether or not a country had already formally ratified and thereby increase member state compliance to the obligations of the FCTC; (iii) to help countries and regions establish more effective tobacco control networks, in both the governmental and non-governmental sector and thereby strengthen regional and international capacity to implement the FCTC and assist countries, that currently have little to no tobacco control activities, to begin establishing networks, building capacity, and initiating tobacco control activities and programs in tobacco control; and, (iv) to explore and evaluate the most effective and cost-effective means of providing Canadian expertise and assistance to tobacco control in developing countries.

Over the nine-month period January 1 to September 30, 2007, the CGTCF provided financial and technical support to NGOs and government partners in selected countries and regions who could benefit from Canadian expertise to achieve ratification of the Framework Convention on Tobacco Control (FCTC) and/or implementation of FCTC measures. Activities focused on tobacco control alliance-building in Burkina Faso, Mozambique, Niger and Tanzania; strengthening tobacco product health warning messages in Jamaica; supporting national action and capacity building in Mexico and Ecuador; and strengthening tobacco control in Vietnam. This initiative also supported the participation of delegates from Mozambique, Nepal and Niger to the Second Conference of Parties (COP2) which took place in Bangkok, Thailand in July 2007.

Some of the results achieved through this initiative include:

- Increased public and opinion-leader awareness of tobacco control as a development issue, including among local representatives of development agencies;
- Creation and strengthening of regional tobacco control civil society organization networks in east and southern Africa and in Francophone Africa;

- Preparation of regional strategies lead by civil society organizations to influence local and regional policies and action on tobacco control, including advocacy for the ratification of the FCTC;
- Increased awareness about the health effects of smoking among health facility personnel, school personnel and students and expansion of the application of tobacco control policies in health care facilities and schools;
- Increased participation of civil society organizations in the enforcement of policies designed to protect youth from smoking initiation;
- Enhanced visibility of civil society organizations in tobacco control; and,
- Created and strengthened regional and international alliances for global tobacco control.

This report constitutes the project's final narrative and financial report. It provides an overview of the project's rationale, the objectives and methodology, and a synopsis of each of the sub-projects' activities, achievements and observations and challenges encountered by the local partner organizations in their efforts to advance tobacco control in their respective countries and regions.



## Introduction

Tobacco use is one of the chief preventable causes of death in the world. The World Health Organization (WHO) attributes 4.9 million deaths a year to tobacco, a figure expected to rise to more than 10 million deaths a year by 2030. It is predicted that within 20 years, tobacco dependence will become the world's single largest cause of premature death and disability.<sup>1</sup>

Smoking is a major public health problem in Latin America and in south-east Asia. An analysis of the results from prevalence surveys in 14 Latin American countries shows that the Latin American countries are in stage 2 of the model of the tobacco epidemic, exhibiting a rising prevalence among men, a prevalence for women that is beginning to increase, and mortality attributable to smoking among men still not reflecting peak prevalence.<sup>2</sup> Countries that probably had the highest prevalence of smokers two to three decades ago presently have the highest mortality rates from lung cancer. Transnational cigarette companies have over the past few decades moved into the region, flooding it with advertising campaigns as a means of expanding their markets and promoting increased tobacco consumption. The situation is similar in south-east Asia.

Although tobacco consumption rates in sub-Saharan Africa are lower on average than in other regions of the world, smoking prevalence rates are increasing in many countries.<sup>3</sup> The data also indicate significant gender differences in smoking prevalence, and in several countries, a high smoking prevalence rate among youth.<sup>4</sup> Total cigarette consumption is also growing very fast in Africa. Between 1970 and 2000, total cigarette consumption increased by a staggering 134%, with the 5-year period 1995-2000 accounting for a 62% increase in consumption.<sup>5</sup> But as one study points out, the full extent of tobacco use in Africa is underestimated.<sup>6</sup>

While the burden of disease caused by smoking in Africa may be low relative to other diseases and when compared to other regions of the world, the rapid increase in smoking prevalence in many sub-Saharan Africa countries, and particularly among women and young people, suggest an epidemic in the making. Data from many countries suggest that the poor are most likely to smoke. The opportunity cost of smoking for poor people is very high. Studies have found that many poor families spend more on tobacco than on health care or education. As one WHO

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<sup>1</sup> World Health Organization. Policy recommendations for Smoking Cessation and Treatment of Tobacco Dependence. Geneva: WHO, 2003

<sup>2</sup> da Costa e Silva VL, Koifman S. Smoking in Latin America: a major public health problem *Cad. Saúde Pública*, Rio de Janeiro, 14(Sup. 3):99-108, 1998

<sup>3</sup> Mackay J, Eriksen M. The Tobacco Atlas, WHO, Geneva; 2002  
World Health Organization. WHO Global InfoBase: Tobacco. <http://www.who.int/infobase/report.aspx?rid=112&ind=TOB>

<sup>4</sup> WHO/CDC Global Youth Tobacco Survey. <http://www.who.int/tobacco/surveillance/gyts/en/index.html>

<sup>5</sup> Guindon GE, Boisclair D. Past, Current and Future Trends in Tobacco Use. HNP Discussion Paper Economics of Tobacco Control Paper No. 6, World Bank/WHO, 2003

<sup>6</sup> Oluwafemi A. Regional Summary for the African Region, Tobacco Control Country Profiles. WHO, 2003

publication points out, tobacco is a relevant and significant contributor to the conditions that affect the achievement of the Millennium Development Goals.<sup>7</sup>

The Canadian Global Tobacco Control Forum (CGTCF) is a multi-organization consortium that brings together CPHA, Physicians for a Smoke-Free Canada, Healthbridge, the Heart and Stroke Foundation of Canada, the Canadian Cancer Society, the Canadian Lung Association, la coalition québécoise pour le contrôle du tabac, and their counterpart overseas partner associations/ organizations for the expansion and strengthening of local capacity to design and deliver tobacco control activities. This forum enhances cooperation among the Canadian non-governmental organizations (NGO) and brings a coordinated approach to the Canadian contribution to global tobacco control.

The Canadian Public Health Association (CPHA) is the coordinating and administrative body for the *2006-2007 Strengthening of Global Tobacco Control* initiative funded by the International Affairs Directorate of Health Canada (IAD/HC). The project received ministerial approval on December 20, 2006. The project received approval from IAD/HC for a no-cost time extension to September 30, 2007, which permitted the CGTCF and its overseas partners to complete the activities supported through this initiative.

Over the nine-month period January 1 to September 30, 2007, the CGTCF provided financial and technical support to NGOs and government partners in various key countries and regions who could benefit from Canadian expertise to achieve ratification of the Framework Convention on Tobacco Control (FCTC) and/or implementation of FCTC measures. Activities focused on tobacco control alliance-building in Burkina Faso, Mozambique, Niger and Tanzania; strengthening tobacco product health warning messages in Jamaica; supporting national action and capacity building in Mexico and Ecuador; and strengthening tobacco control in Vietnam. This initiative also supported the participation of delegates from Mozambique, Nepal and Niger to the Second Conference of Parties (COP2) which took place in Bangkok, Thailand in July 2007. These “strengthening global tobacco control” activities were made possible through a \$238,000 grant provided by Health Canada’s International Affairs Directorate. A financial report is appended to this report (Annex A).

The CGTCF is pleased to provide this final report summarizing the key results achieved through this grant. The report is based on the final reports submitted by our partner organizations.

## **Objectives**

The objectives of the 2006-2007 CGTCF initiative were:

1. To facilitate FCTC ratification/accession in selected countries and thereby increase the number of member state parties to the FCTC;
2. To facilitate and strengthen regional and international capacity to implement FCTC measures regardless of whether or not a country had already formally ratified and thereby increase member state compliance to the obligations of the FCTC;

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<sup>7</sup> World Health Organization. *The Millennium Development Goals and Tobacco Control: an opportunity for global partnership*. WHO, 2005

3. To help countries and regions establish more effective tobacco control networks, in both the governmental and non-governmental sector and thereby strengthen regional and international capacity to implement the FCTC and assist countries, that currently have little to no tobacco control activities, to begin establishing networks, building capacity, and initiating tobacco control activities and programs in tobacco control; and,
4. To explore and evaluate the most effective and cost-effective means of providing Canadian expertise and assistance to tobacco control in developing countries.

### **Methodology**

Based on progress and achievements through the previous year's IAD/HC-funded initiative, the CGTCF elected to continue with a strategy and work plan similar to the one implemented in 2005-2006. The 2006-2007 project consisted of five elements:

1. Building Tobacco Control Alliances in Francophone Africa (CPHA, Healthbridge), which included the following expected results:
  - Increased awareness in Francophone Africa of the significance of tobacco use as both a public health issue and a development issue;
  - Reduced information deficits that are delaying ratification in some countries, such as access to French-language materials, templates for legislation, background on economic issues, and strategies of multinational tobacco companies;
  - Improved NGO capacity to contribute to the tobacco control movement, policy measures, and meaningful implementation of the FCTC through strengthened and broadened tobacco control networks;
  - Recruitment of new NGO partners to work on tobacco control issues, and acceleration in progress towards ratification/implementation; and,
  - Mobilized health professionals in Francophone Africa tobacco control networks.
2. Building Tobacco Control Alliances in Commonwealth Africa (CPHA, Physicians for a Smoke-Free Canada) which included the following expected results:
  - To promote the ratification and implementation of the FCTC in 2 Commonwealth African countries (Mozambique and Tanzania).
  - To expand and strengthen the national tobacco control networks in each of the 2 countries.
  - To engage government and civil society organizations in region-wide support for key FCTC measures.
  - More knowledgeable and more experienced tobacco control workers in Commonwealth Africa, and a greater appreciation among Canadian tobacco control workers of the challenges and opportunities for tobacco control in African countries.
  - National and regional strategies for moving forward on tobacco control, including FCTC ratification and implementation, in Commonwealth Africa.
  - Greater understanding of the alternative crop options in tobacco-growing countries and of the phenomenon of smokeless tobacco use.
3. Building Tobacco Control Advocacy Networks in the Caribbean (Physicians for a Smoke-Free Canada) which had as its expected results the development and testing of prototype health warning messages.

4. Supporting National Action/Capacity Building in Latin America (Heart & Stroke Foundation and the Inter American Heart Foundation, and the Canadian Lung Association) which included the following expected results:
  - Fortified tobacco control movement in Mexico and Ecuador through gatherings of NGOs, media and government officials, and local and regional/international organizations, where FCTC implementation issues and the importance of focusing tobacco control efforts on the most effective FCTC measures are discussed.
  - Strengthened civil society that is able to advocate for the implementation of the FCTC in Latin America.
  - Increased visibility for issues around tobacco control in Mexico and Ecuador by helping build capacity within local civil society for this task.
  
5. Strengthening Tobacco Control in Asia (Healthbridge) which included the following expected results:
  - Strengthened capacity, involvement, and policy efforts of tobacco control advocates in Asia to contribute to the ratification and/or implementation of FCTC measures, such as smoke-free spaces.
  - Raised public and government awareness of the importance of ratifying and/or implementing FCTC measures at the district and national level.
  - Increased pressure on the national government to ratify the FCTC.
  - Increased number of policy makers who understand the importance of developing smoke-free policies.
  - Development, implementation, and monitoring of these policies.
  - New district tobacco control sub-networks and improved lesson and advocacy experience sharing.

The project provided small grants ranging from \$5,000 to \$51,700 to various organizations or individuals working in eight different countries in effort to advance ratification and/or implementation of the Framework Convention for Tobacco Control (FCTC) measures.

An identified key strength of the CGTCF's project was the collective reach of the forum through its ancillary networks with partner organizations or individuals. As a result, it was able to provide a modicum of much-needed support to key organizations or individuals that are helping to build momentum, awareness, and support for the FCTC within their countries.

To help with their advocacy efforts, each partner organization prepared a project proposal that addressed the specific and immediate needs of their environments. These activities included regional capacity building workshops, expert meetings, information sharing, research, website development, resource consolidation, press conferences, and government and public advocacy. The majority of the activities were delivered as proposed; however, in some cases, small project adjustments were made. For example, because of the timing of the visit of a French cessation specialist to Niger, a workshop proposed as a component of CGTCF's project, was held before confirmation of funds and not included as a part of this project. Similarly in Vietnam, a few activities proposed through the CGTCF were implemented earlier than planned and were then replaced with similar activities in other localities.

#### **Achievements and Activities Undertaken by Partner Organizations and Key Challenges/Observations**

A synopsis of the activities implemented by the overseas partner organizations, the achievements made (attainment of expected results) and the key challenges and observations about the efforts to strengthen local tobacco control capacity is Annex A.

Many partner organizations prepared and held regional workshops and meetings that brought together important stakeholders for the sharing of solid, credible information about how the tobacco industry works, the health and economic consequences of tobacco use, tobacco use among youth, the goals and objectives of the FCTC, and the role of civil society and the media in tobacco control. Such meetings, which were often presented from international and regional perspectives, were very well attended by individuals from civil society, various national governments, individuals the military, Members of Parliament, Health Minister's, and vulnerable populations such as women and youth. Concrete action plans, the development of strategies, the creation of networks, and the mobilization of civil society were the primary outcomes of such meetings.

Partner organizations also held press conferences that raised awareness about tobacco control issues in the countries where these organizations were in place. These conferences, especially those in Niger and Mozambique, garnered local, regional, and international attention. Furthermore, they re-energized the tobacco control civil society community, strengthened national networks, improved advocacy skills, and identified emerging tobacco control leaders within these communities. The support of the media is thus recognized as a major tool for building popular and, by extension, political support.

An important aspect of the activities was the focus on avoiding initiation of smoking amongst youth. Through various methods, Burkina Faso, Niger, Tanzania and Vietnam implemented tobacco control activities amongst youth. They targeted this age group by launching campaigns in schools and public areas frequented by youth. The campaigns were tailored to specific problems identified amongst youth such as smokeless tobacco in Tanzania. These countries have recognized the importance of engaging youth in the area of tobacco control. Future multi-year funding would prove beneficial in ensuring that efforts are made to maintain this inclusion of youth campaigns and promotion of tobacco control amongst the future generations.

Many of the CGTCF organizations and their partners identified some key lessons with regards to local, national, regional, and global tobacco control:

- Social and family networks often cross over national borders in Africa, which may make regional or sub-regional activities work more easily than in Canada;
- Canadians are well accepted in Francophone Africa; they are not burdened with a colonial past and they have a reputation for responding to local needs, for fulfilling their commitments, and for remaining engaged;
- It is necessary to think about how to work in a relatively informal environment;
- Although 'networks' exist in developing countries, these are often small and involve only a few individuals;
- Beneficiary countries are in different stages of development and have different needs;
- It is important to give individuals in developing countries the freedom to do their work, through sustained salary funding, rather than having them constantly writing grant proposals, etc.;
- Outside funding (i.e. by Canadian government or agencies) of NGOs in developing countries can increase their legitimacy in their country and can strengthen their ability to promote change;

- Long term relationships and support is essential for tobacco control work in developing countries; this would be compromised in the absence of long term funding;
- Capacity built with local partners in one country should be tapped to broaden the reach of initial results achieved (i.e., the successes achieved in Vietnam should be built upon in neighbouring countries).

In conclusion, the CGTCF is pleased that the actions funded through this initiative achieved or exceeded the expected results. Additionally, this project allowed the CGTCF to identify the key challenges, issues, and successes of tobacco control efforts around the world upon which future projects can be improved upon or developed. Thus, this grant provided under the “Strengthening Global Tobacco Control” initiative has done, and will hopefully continue to doing, exactly what the initiative suggests.

### **Financial Report**

The project’s financial report is presented in Annex B.

## **ANNEX A**

### **Synopsis of Expected Results, Activities Undertaken by Partner Organizations and Key Challenges/Observations**



### A. Building Tobacco Control Alliances in Francophone Africa

Organization, Country	Activities	Key Challenges and Observations	Key Outputs/Results
1) Health Bridge, Niger (Partner: SOS Tabagisme Niger)	<ul style="list-style-type: none"> <li>• Organized and hosted a national capacity building event for multi-sectoral stakeholders which disseminated information about tobacco control issues, the FCTC, and national tobacco control laws;</li> <li>• Increased public awareness in Niger of the significance of tobacco use as both a public health issue and a development issue;</li> <li>• Strengthened and broadened regional tobacco control networks which contribute to the tobacco control movement, policy measures, and meaningful implementation of the FCTC.</li> </ul>	<ul style="list-style-type: none"> <li>• Intense lobbying by the tobacco industry can sway political opinion; this must be countered with constant advocacy and strengthening of public support for tobacco control.</li> <li>• There continues to be insufficient funding available for West Africa in general and Francophone Africa in particular related to tobacco control</li> <li>• Individuals involved in tobacco control are sometimes intimidated to seek collaboration with the government; at the same time, they often lack the training and skills to appropriately develop and undertaken advocacy campaigns. .</li> </ul>	<ul style="list-style-type: none"> <li>• A media sensitization and advocacy campaign, which included the production of recommendations targeting the national government, created through the coming together of representatives of development organizations, diplomatic missions, politicians, and youth organizations on tobacco control and the ratification/application of the FCTC in Niger;</li> <li>• Increased public and opinion-leader awareness of tobacco control as a development issue, including among local representatives of development agencies.</li> <li>• Initiation of direct requests for assistance related to tobacco control laws to SOS-Tabagisme-Niger from the national government;</li> <li>• Creation of a regional journalist network in Francophone Africa to publicize tobacco control issues;</li> <li>• Tabling of a national tobacco control bill in Benin;</li> <li>• Increased unity among Francophone African tobacco control proponents about regional and country-specific strategies and actions, and the preparation and submission of a common proposal to the Bloomberg Global Initiative.</li> </ul>
2) Burkina Faso Public Health Association, Burkina Faso	<ul style="list-style-type: none"> <li>• Expanded tobacco control initiatives to engage hospitals, primary schools and youth groups;</li> <li>• Launched an awareness campaign which provided information on the internet, in newspapers and through public press conferences;</li> </ul>	<ul style="list-style-type: none"> <li>• Important to disseminate information to youth to prevent smoking initiation;</li> <li>• Funding needed to expand tobacco control curriculum to additional schools in Burkina Faso;</li> <li>• The Health Minister is active in requesting donations and information sharing from civil society on the topic of tobacco control;</li> <li>• Continuous funding is needed to maintain current levels of effort in tobacco control.</li> </ul>	<ul style="list-style-type: none"> <li>• Educated hospital staff at the largest hospital in the country as well as all interns on smoke free hospitals and tobacco control;</li> <li>• Curriculum implemented which educates children and held a contest for schools to be smoke-free. The winners were presented with awards at a World No Tobacco Day event;</li> <li>• Distribution of 600 anti-tobacco stickers were produced and distributed for World No Tobacco Day;</li> </ul>

<b>Organization, Country</b>	<b>Activities</b>	<b>Key Challenges and Observations</b>	<b>Key Outputs/Results</b>
	<ul style="list-style-type: none"> <li>• Held a conference with the largest hospital in Burkina Faso to advocate for smoke-free hospitals through education of hospital staff;</li> <li>• Expanded education materials to reduce initiation of smoking amongst youth;</li> <li>• Held two conferences with police and teachers to teach the harmful effects of smoking and the importance of discouraging youth from smoking by enforcing no smoking policies.</li> </ul>		<ul style="list-style-type: none"> <li>• Increased collaboration amongst various stakeholders in tobacco control advocacy through regular meetings and continued planning of events;</li> <li>• Release of a report outlining activities and results of tobacco control in Burkina Faso;</li> <li>• Increased participation and education of civil society in tobacco control and particularly in the enforcement of policies designed to protect youth from smoking initiation.</li> </ul>
<p>3) Niger Public Health Association, Niger</p>	<ul style="list-style-type: none"> <li>• Organized meetings with students and teachers in primary and secondary schools in the urban area of Niamey to raise awareness about health risks associated with tobacco;</li> <li>• A preliminary study on the smoking prevalence among traditional healers.</li> </ul>	<ul style="list-style-type: none"> <li>• Importance of obtaining the commitment and active participation of the Minister of Health;</li> <li>• Having former smokers discuss the issue with young people makes the session more interactive and productive.</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrated the value of locally-generated results from the Global Youth Tobacco Survey as a means of informing teachers and decision-makers about the importance of the issue of tobacco use among youth;</li> <li>• Increased knowledge about and interest in the topic of tobacco control and youth among primary and secondary high school teachers in Niamey region;</li> <li>• Demonstration of a school-based teaching module on smoking and health for young people;</li> <li>• Recommendation from the workshop for the establishment of a tobacco control committee in each school (endorsed by the Ministry of Education);</li> <li>• Recommendation to prepare and disseminate tobacco control posters and teaching materials to all schools in the Niamey region.</li> </ul>

**B. Building Tobacco Control Alliances in Sub-Sahara (Commonwealth) Africa**

<b>Organization, Country</b>	<b>Activities</b>	<b>Key Challenges and Observations</b>	<b>Key Outputs/Results</b>
<p>1) Mozambique Public Health Association, Mozambique</p>	<ul style="list-style-type: none"> <li>• Organized 4 workshops to train tobacco control advocates;</li> <li>• Produced and disseminated provincial reports from workshops;</li> <li>• Organized and conducted a Civil Society Leadership Building Workshop on Tobacco Control for Southern African Commonwealth countries;</li> <li>• Expanded national advocacy efforts to achieve ratification of FCTC.</li> </ul>	<ul style="list-style-type: none"> <li>• Challenges in securing long term funding to support AMOSAPU institutional capacity in tobacco control issues;</li> <li>• Some of the provinces could not provide sufficient planning to support a workshop in their province;</li> <li>• Increased tobacco control work in the north is strategically important, given that tobacco growing is increasing and seen as economically beneficial;</li> <li>• The government is slow to make changes to its tobacco policy due to high revenues generated from tobacco.</li> </ul>	<ul style="list-style-type: none"> <li>• Adoption of a decree that regulates the use and sale of tobacco products by the Mozambican government;</li> <li>• Creation of groups to study agricultural cash crops and livelihood activities to help farmers shift from tobacco growing;</li> <li>• Involvement of all provinces in support for the government to ratify the FCTC;</li> <li>• Expanded network of tobacco control advocates in the provinces of Mozambique;</li> <li>• Increased the scope of the tobacco control movement; the national government has declared that tobacco will be regulated.</li> </ul>
<p>2) Tanzania Public Health Association, Tanzania</p>	<ul style="list-style-type: none"> <li>• Held two FCTC awareness workshops for members of parliament;</li> <li>• Increased quantity of information on tobacco control;</li> <li>• Hosted a workshop to collaborate resources and experiences with Tanzania Tobacco Control Forum and the Tanzania Youth Vision;</li> <li>• Addressed issue of smokeless tobacco amongst urban youth;</li> <li>• Creation of a tobacco control page on the TPHA website.</li> </ul>	<ul style="list-style-type: none"> <li>• Support was present from all MPs although strong reservations from those originating in tobacco growing districts;</li> <li>• Strong opposition to tobacco control campaigns by the Tanzania Cigarette Company;</li> <li>• Obstacles exist in delivering information on tobacco hazards particularly to those in rural areas;</li> <li>• Lack of research on tobacco related hazards to health and the environment in Tanzania;</li> <li>• Alternatives to growing tobacco for economic activity are limited.</li> </ul>	<ul style="list-style-type: none"> <li>• Ratification of FCTC in April 2007;</li> <li>• Production of 2000 supplementary booklets of ‘The Tanzania Tobacco Products Regulation Act, 2003’ and additional awareness enhancement materials in Kiswahili;</li> <li>• Increased exposure to information about tobacco control and the issue of tobacco or health through various media including booklets, radio shows and newspaper articles;</li> <li>• Enhanced participation and visibility of the TPHA in World No-Tobacco Day activities in Tanzania;</li> <li>• Collection of data on the prevalence and factors related to the use of “smokeless tobacco” by urban youth in Tanzania;</li> <li>• Networking on the topic of tobacco control facilitated through the website.</li> </ul>

<b>Organization, Country</b>	<b>Activities</b>	<b>Key Challenges and Observations</b>	<b>Key Outputs/Results</b>
3) Mozambique Public Health Association, Mozambique	<ul style="list-style-type: none"> <li>• Conducted a Regional Tobacco Control Workshop for sub-Sahara African Public Health Associations.</li> </ul>	<ul style="list-style-type: none"> <li>• Common challenges identified in the African countries participating such as finding the resources required to advocate effectively on tobacco control within environments where tobacco control is not necessarily a government priority, convincing policy makers that the health hazards outweigh the economic benefits, and provision of sustainable alternatives to tobacco farming.</li> </ul>	<ul style="list-style-type: none"> <li>• Created and strengthened international alliances in the area of tobacco control;</li> <li>• Identification of a common strategy and a desire for increased collaboration among PHAs in the east and southern Africa region to take a leadership role in tobacco control;</li> <li>• Produced a report summarizing the discussions of the workshop and encouraging further action in this field;</li> <li>• Strengthened the collaboration between the Ministry of Health and AMOSAPU on tobacco control-related issues.</li> </ul>

### C. Strengthening Tobacco Product Health Warning Messages in the Caribbean

<b>Organization, Country</b>	<b>Activities</b>	<b>Key Challenges and Observations</b>	<b>Key Outputs/Results</b>
1) Jamaican Ministry of Health, Jamaica	<ul style="list-style-type: none"> <li>• Reviewed graphic health warning labels, and consulted with governmental and non-governmental colleagues in the development of proposed standards for labeling of cigarettes in the region;</li> <li>• Recruited local advertising company to develop health warning messages;</li> <li>• Developed mock-ups of warnings for inclusion with the draft regulation;</li> <li>• Developed a strategy for graphic health warning messages, including complementary media strategy.</li> </ul>	<ul style="list-style-type: none"> <li>• Final development of warnings is expected for January, 2008.</li> </ul>	<ul style="list-style-type: none"> <li>• Development of multiple draft health warning messages;</li> <li>• Strengthened support for effective cigarette message warnings;</li> <li>• Use of picture based warning messages developed through this activity in Caribbean countries;</li> <li>• Improved implementation of FCTC.</li> </ul>

**D. Supporting National Action/Capacity Building in Latin America**

<b>Organization, Country</b>	<b>Activities</b>	<b>Key Challenges and Observations</b>	<b>Key Outputs/Results</b>
1) InterAmerican Heart Foundation, Mexico	<ul style="list-style-type: none"> <li>• Promoted tobacco control advocacy and evaluation;</li> <li>• Held a press conference which promoted the FCTC to the public;</li> <li>• Produced a second annual evaluation report on the implementation of the FCTC in Mexico.</li> </ul>	<ul style="list-style-type: none"> <li>• Climate in Mexico towards tobacco control is more favorable than ever;</li> <li>• Prior social marketing campaigns were confusing and ineffective requiring new strategies and materials.</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy by civil society influenced the final rejection by the Mexico government of the previous agreement with the tobacco industry in Mexico;</li> <li>• Strengthened civil society that is able to advocate for implementation of the FCTC;</li> <li>• Release of evaluation report outlining evidence of lack of efficacy of government run social marketing campaign;</li> </ul>
2)Ecuador Foundation for Respiratory Health, Ecuador	<ul style="list-style-type: none"> <li>• Supported three meetings on information sharing and strengthening a steering committee on tobacco.</li> </ul>	<ul style="list-style-type: none"> <li>• Challenges in securing funding to support on-going activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthened the tobacco control movement in Ecuador by bringing together members of NGOs, media, and government to discuss FCTC implementation issues;</li> <li>• Establishment of the Tobacco Control Steering Committee and Ecuadorian Alliance for Tobacco Control</li> <li>• Identification of key stakeholders and key issues in tobacco control relevant to Ecuador;</li> <li>• Increased visibility for issues around tobacco control in Ecuador;</li> <li>• Developed a national strategy to guide tobacco control issues in Ecuador for the next 5 years.</li> </ul>

### E. Strengthening Tobacco Control in Asia

<b>Organization, Country</b>	<b>Activities</b>	<b>Key Challenges and Observations</b>	<b>Key Outputs/Results</b>
1) Vietnam Public Health Association, Vietnam	<ul style="list-style-type: none"> <li>• Development and implementation of smoke-free policy in schools, public places, and offices;</li> <li>• Implementation of tobacco control curriculum at a college to educate students on harmful effects of smoking;</li> <li>• Training provided and materials disseminated to improve compliance with the Healthy and Cultural Village movement in Dong Thap;</li> <li>• Advertisements, public meetings, and dissemination of reports in Nha Trang increased the public's awareness of tobacco control and harmful effects;</li> <li>• Hosted a workshop for Tobacco Control Working Group members which enabled information sharing and partnerships.</li> </ul>	<ul style="list-style-type: none"> <li>• This project was directed at remote and poor areas of Vietnam where tobacco control has not yet been seen as a priority. This meant that more initial work had to be done to raise awareness of the issues; at the same time, however, the project strengthened the ability of the local Provincial Public Health Associations to design and implement tobacco control activities.</li> </ul>	<ul style="list-style-type: none"> <li>• 15 educational institutions (secondary schools, colleges, and universities) are now smoke free in Nha Trang city;</li> <li>• All bus stations and buses are smoke free in Nha Trang city;</li> <li>• Pedagogic College in Dong Thap has adopted and enforces a smoke free policy and offers tobacco control curriculum;</li> <li>• 31 organizations and agencies in Yen Bai adopted smoke free policies in hospitals, health offices and medical college;</li> <li>• Quang Trung high school is now smoke free and over 880 students were educated on tobacco control issues;</li> <li>• 77 participants in the training course for 'Healthy and Cultural Village and there has been evidence of implementation into the communities through smoke free weddings, funerals and offices throughout Dong Thap province;</li> <li>• Increased awareness of harmful effects of tobacco use in Nha Trang city;</li> <li>• Increased capacity of the Tobacco Control Working Group members to advocate for FCTC implementation.</li> </ul>



## **ANNEX B**

### **Financial Report**



