

## FINAL END OF PROJECT COMPLETION REPORT

### Section 1: PROJECT DATA

<b>Project Title</b>	<b>Raising the Stakes on Tobacco and Poverty: Strengthening International Engagement and Advocacy in Tobacco and Poverty Issues</b>
<b>Country</b>	<b>International</b>
<b>Project ID</b>	<b>INTERNAT-RIOC-400</b>
<b>Organisation</b>	<b>HealthBridge Foundation of Canada</b>
<b>Contractually Agreed Budget</b>	<b>285,821 USD</b>
<b>Project Start Date (dd/mm/yyyy)</b>	<b>01/09/2011</b>
<b>Project Planned End Date (dd/mm/yyyy)</b>	<b>28/02/31013 with NCE to 31/05/2013</b>
<b>Total Spending on the Project</b>	<b>285,964 USD</b>

### Section 2: EXECUTIVE SUMMARY OF OVERALL PROGRESS

**2.1 Summary of progress** made towards achievement of grant objectives during the entire life of the grant.

- High impact advocacy activities were successfully implemented in Bangladesh, Brazil, India, Indonesia, Vietnam, Niger, and Togo. These advocacy activities included the organization and hosting – often with unexpected financial and/or organizational support from key government partners – of high-level workshops that brought together important government and non-governmental representatives to discuss and share information and ideas about the critical role that tobacco control plays in sustainable development. The involvement of these departments clearly demonstrated the increased interest of national governments to address this issue. Each of these workshops generated significant outcomes: commitment to incorporate tobacco control into development plans and/or into organizational priorities, the development of technical guidelines or research agendas, significant media attention, etc. HealthBridge provided technical support to each partner as requested, including by acting as presenters at workshops, providing advice about invitees and agendas, suggesting additional avenues of funding, etc.
- The network of T&P partners grew continuously throughout the project, with additional researchers and advocates added to the network on an ongoing basis. Regular distribution of e-newsletters and other information built the knowledge and awareness of network partners of the links between tobacco and poverty; midway through the project, in addition to providing general information about conferences and articles published elsewhere, the partners began to produce articles specifically for inclusion in the newsletters, enhancing the network's south-to-south collaboration identity. A networking best-practices guide was produced and widely disseminated. Fundraising opportunities were continuously identified as they became available and were shared with members of the network. Capacity- and skills-building workshops were held in Lima and in Singapore for both project partners and other organizations as part of larger regional and international conferences. Capacity-building and awareness raising workshops were also hosted in Francophone Africa.
- Project partners presented their research and advocacy results at the WCTOH, at the 3rd Latin American and Caribbean Conference on Tobacco or Health and at AFACT, some as part of HB-organized pre-conference

workshops and others as part of the main conferences. Feedback on the presentations demonstrated that the link between tobacco and poverty is receiving increasing attention globally among researchers and advocates, although much work still needs to be done to bring donors onside.

- T&P research results were also shared through various journal and newspaper articles and as part of HB's contributed insights on a UNDP report, various factsheets, and COP briefing materials.
- A global discussion group was convened that brought together tobacco advocates from a range of countries. HB also engaged directly with a number of international partners to advance the tobacco and poverty agenda at the global level. Key partners in this effort included FCA, ACS, the NCD Alliance, RITC, the Canadian Global Tobacco Control Forum, the Human Rights and Tobacco Control network, and WHO-SEARO. HB also played a key role in advancing tobacco and poverty issues at the CoP and other multi-lateral venues.
- HB contacted bilateral donors to identify opportunities for funding, but found that TC and/or NCDs overall is still not a priority area for funding; more with donors on this issue needs to be done.
- Research on T&P supported in this project, as well as other research on this topic, has lead to growing attention being paid to tobacco as a development issue; the FCA has officially added Tobacco and Development to its strategic priorities, and through its global membership is making efforts to ensure that tobacco control is included in national development plans.
- The first-ever high level, multi-sectoral consultation on NCDs and Development in India, co-organized by HealthBridge, generated a series of concrete recommendations that will help to ensure not only the integration of NCDs and tobacco control into future development plans, but will do so in a multi-sectoral manner in a 'whole of government approach'.

### Section 3: PROJECT ACHIEVEMENTS

**3.1** This section asks that you **share the success of the project**.

*Please enter project objectives and the planned activities under each objective. Compare and explain the planned versus actual delivery.*

#### PLANNED VERSUS ACTUAL

ACTIVITIES under each Objective	ACTUAL AT COMPLETION	EXPLANATION OF VARIANCE/CHANGES
<b>Objective 1: To increase the policy advocacy impact of research results on tobacco and poverty generated from selected Phase 1 studies primarily in BI priority countries.</b>		
<p><b>Activity 1.1:</b> Among selected Phase I partners, implement <b>high-impact advocacy activities</b> to influence tobacco-related fiscal policies and ensure that tobacco control is seen as a critical part of poverty reduction initiatives.</p>	<ul style="list-style-type: none"> <li>Country-based activities were successfully completed, and post-activity advocacy activities continue to gain momentum and impact.</li> </ul>	<ul style="list-style-type: none"> <li>The advocacy workshops in Brazil and Vietnam were delayed by a few months, given (i) the interest of the Brazilian government in supporting and co-organizing it and (ii) the intensive involvement of HBV staff in ensuring passage of the Vietnamese tobacco control law. The Indonesian workshop, on the other hand, reached a much larger audience than originally anticipated given the involvement and support of the West Java Provincial Health Office.</li> </ul>
<p><i>Activity 1.1.1 (Bangladesh, WBB Trust): wider dissemination of advocacy materials on bidi worker livelihoods to government officials</i></p>	<ul style="list-style-type: none"> <li>WBB provided advocacy materials about T&amp;P linkages to the National Girl Child Advocacy Forum (NGCAD), which resulted in NGCAD including tobacco and poverty issues on its list of priority issues.</li> <li>Advocacy/information exchange meeting organized with ADG of Bangladesh Anser and Village Development Police, WHO, eminent environmentalists and writers, 60 journalists and 30 CSOs/NGOs representatives; VDP, the largest social force in Bangladesh, expressed desire to help shift bidi workers and tobacco farmers to healthier jobs.</li> <li>Organized a seminar on “Action plan for Alternative Employment of Tobacco farmers and bidi workers” for 80 CSOs/NGOs representatives, including 20 journalists.</li> <li>Knowledge transfer activities continued throughout the country after the activities officially ended. For example, an article was published in</li> </ul>	<ul style="list-style-type: none"> <li>No variance</li> </ul>

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	<p>the editorial pages of <i>New Age</i> about the need for an amendment to the national tobacco control law, focusing on the link between tobacco and poverty (the amendment was in fact passed during the project’s implementation period); research and advocacy findings were also shared with many government officials, MPs, Post Master General of Bangladesh, Director General of Rail, etc. as well as with NGOs, CSOs, and journalists. (Appendix 2a).</p> <ul style="list-style-type: none"> <li>• Project results demonstrate that the linkage between tobacco and poverty has become a media issue which in turn influences policy makers. Journalists have been sensitized and they regularly publish news articles on the issue. Policy makers are now more cooperative on the issue as well.</li> <li>• Lessons learned include the realization that greater dissemination of pragmatic and empirical information has a deep impact on government institutions, local governments, and all sectors of the population.</li> </ul>	
<p><i>Activity 1.1.2 (India, VHAI): sensitize fiscal policy makers about alternative livelihood options for tobacco workers</i></p>	<ul style="list-style-type: none"> <li>• Teams at the state and central levels conducted a policy mapping of policy makers, MPs, MLAs, senior bureaucrats in the appropriate departments/ ministries, like-minded organizations and researchers, senior journalists from print and electronic media, members of Government Task Force / Steering committees on tobacco control, and members, advisors and officials of the planning commission.</li> <li>• Summary reports, a factsheet, and press release prepared and translated.</li> <li>• Meetings held with a number of key stakeholders; media sensitization meeting held in Uttar Pradesh with representatives of leading local media outlets</li> <li>• The VHAI team screened a documentary about tendu leaf (in which bidis are rolled) and bidi workers at the Commissioner’s office in UP attended by his staff and enforcement officials. Proactive steps were recommended.</li> <li>• Ongoing communications were maintained with key government</li> </ul>	<ul style="list-style-type: none"> <li>• Work initiated in the state of Jharkhand could not progress further as the identified personnel were not equipped to carry it forward. With agreement from HealthBridge, the partners switched their planned activities to Madhya Pradesh.</li> </ul>

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	<p>officials in each state to promote pro-active approaches to addressing the plight of tobacco workers.</p> <ul style="list-style-type: none"> <li>• Large press conferences held and media materials disseminated, resulting in commitments from journalists to highlight tobacco workers' livelihood issues in the media. In Bihar, this was the first time that the media had been sensitized to the issues. VHAI facilitated Associated Press field visit in West Bengal and provided both technical inputs and a briefing; this resulted in a feature article on "Indian Girl trapped in life of bidi rolling" in Express Buzz, an online edition published by Indian Express Group for a niche audience. The article was then picked up by the international media (Yahoo! News, CBS news, etc. as well as by many local papers (Appendix 2b).</li> </ul>	
<p><i>Activity 1.1.3 (India, Public Health Foundation of India): disseminate evidence for health-focused tobacco fiscal policy measures</i></p>	<ul style="list-style-type: none"> <li>• PHFI identified securing data on tax revenues from states as an on-going challenge for the project.</li> <li>• It organised a National Consultation with the Ministries of Health &amp; Finance for senior revenue officers (Secretaries) from the States and get them to present their tax and revenue scenarios. HB suggested that it engage the Ministry of Finance (instead of the Ministry of Health) as the lead organiser to ensure participation from the State revenue offices.</li> <li>• Specific advocacy opportunities were identified for the project, particularly engaging draft Article 6 Guidelines (Tax &amp; Price measures to reduce tobacco use).</li> <li>• Following HB's earlier guidance, the project team successfully convinced the Government to hold a consultation of state revenue officers that would open access to revenue data for the project. HB also recommended that that the team begin to incorporate the analysed data in its advocacy efforts.</li> <li>• The project team wrote an article about Indian tax rates in the context of the draft Art 6 guidelines (Tax and Price Measures) and sought to get it published in a leading daily in Delhi ahead of the CoP. The team also sent a press release from the CoP to coincide with the</li> </ul>	<ul style="list-style-type: none"> <li>• Based on feedback received from the funder of this activity (RITC), a revised proposal was submitted with technical assistance from HealthBridge staff</li> </ul>

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	adoption or otherwise of Art 6 guidelines and engage project data once again contextually.	
<i>Activity 1.1.4 (Indonesia, Center for Health Research): advocacy to earmark tobacco excise taxes</i>	<ul style="list-style-type: none"> <li>The workshop was held on 26 January 2012. Its objective was to advocate in all districts in West Java to use the profit-sharing funds from tobacco excise taxes for tobacco control program effectively.</li> <li>The West Java Provincial Health Office co-financed and co-led the workshop. It was attended by 65 participants, including: staff from District Health Offices (some districts sent 2 representatives), staff from some District Development and Planning Offices, and representatives from Provincial Health Office in West Java.</li> <li>A key outcome of the workshop was a Draft National Technical Guidelines for earmarking tobacco excise taxes for health promotion; these guidelines were subsequently submitted to the Ministry of Finance. (Appendix 2c).</li> </ul>	<ul style="list-style-type: none"> <li>The meeting planned with 5 districts was extended to include all districts in West Java following a request from the Health Promotion Center in the Ministry of Health. It thus was much larger and reached a much broader audience than initially planned due to the financial and political support provided by the West Java Provincial Health Office.</li> </ul>
<i>Activity 1.1.5 (Vietnam, HealthBridge Vietnam): organize and host high-level stakeholder national advocacy workshop</i>	<ul style="list-style-type: none"> <li>The advocacy workshop on tobacco taxation was held 12 September 2012. It was co-organized with the National Assembly and the Ministry of Finance.</li> <li>Participants included 50 high-level representatives of various government and non-government agencies.</li> <li>Workshop participants agreed that tobacco use causes a great burden on Vietnamese health and economy, and supported the implementation of tobacco control measures designed to reduce use (Appendix 2e).</li> <li>Several new concerns were raised, including the impact of regional trade agreements on Vietnam's ability to implement tobacco control measures. The workshop also included the first release of HealthBridge's research results on the health costs attributable to smoking (study funded by IDRC); this component of the workshop generated particular interest among the participants.</li> </ul>	<ul style="list-style-type: none"> <li>The workshop was delayed from the originally planned timeline, given the intense level of work and attention that was given to ensuring the passage of the national tobacco control law. In addition, the direct involvement of the National Assembly and the Ministry of Finance considerably raised its status, profile, and reach.</li> </ul>
<i>Activity 1.1.6 (Brazil, ACTbr): organize high level advocacy workshop on issue of sustainable</i>	<ul style="list-style-type: none"> <li>The advocacy workshop was held July 4-5 2012 in Porto Alegre. It was co-organised with the Ministry of Agricultural Development and CONICQ (the Brazilian national committee for the implementation of</li> </ul>	<ul style="list-style-type: none"> <li>Due to the active involvement of the Ministry of Agricultural Development and CONICQ (the Brazilian national committee for the</li> </ul>

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ACTIVITIES under each Objective	ACTUAL AT COMPLETION	EXPLANATION OF VARIANCE/CHANGES
<i>alternative livelihoods</i>	<p>the FCTC).</p> <ul style="list-style-type: none"> <li>• Participants included representatives from the Ministry of Rural Development, Ministry of Health, Ministry of Science and Technology, National Cancer Institute, the National Committee for the implementation of the FCTC, and the University of Rio Grande do Sul, among others.</li> <li>• The overall objective of the workshop was to discuss issues related to tobacco growth, such as socio-economic, cultural and environmental impacts, and to discuss alternative livelihoods from a research perspective that aimed to answer what do we know for sure, what are the research gaps, and what are the key messages needed to gain support and to promote the development of a national plan to implement FCTC Articles 17 &amp; 18.</li> <li>• A research agenda was established during the workshop, in partnership with the Ministry of Science and Technology (Appendix 2d)</li> </ul>	<p>implementation of the FCTC, the workshop was delayed but was an even higher level even than originally anticipated.</p>
<i>Activity 1.1.7 (Francophone Africa): activity to be determined</i>	<ul style="list-style-type: none"> <li>• Two workshops were organized with key representatives of the Francophone Africa TC community.</li> <li>• The first two-day workshop was held 11-12 March 2013 in Lomé, Togo, in collaboration with ATCA. This workshop brought together tobacco control focal points from several countries who are responsible for planning and development with advocates to discuss links between tobacco use, poverty, and development. In particular, the participants were representatives of the Ministries of Health and Planning, and of civil society, from Bénin, Burkina Faso, Cameroun, Gabon, Niger, Tchad and Togo.</li> <li>• In addition to considerably raising awareness among the participants of the harmful non-health impacts of tobacco use and dispelling enduring myths about the economic benefits of tobacco production, a key output of the workshop was the collaborative development of a set of global recommendations to guide further work in this area: <ul style="list-style-type: none"> <li>○ A strategic plan template should be developed to inform the</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Initial plans to host one large workshop, in conjunction with an ACS event in Johannesburg, did not come to fruition given scheduling and logistical problems. However, the subsequent plan to hold two separate events in West Africa allowed HB to more specifically target its desired audience and to work more closely in collaboration with local partners to develop, organize, and host the workshops (thereby building greater buy-in and support for the events).</li> </ul>

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	<p>preparation of development plans.</p> <ul style="list-style-type: none"> <li>○ Technical assistance should be provided for countries to draw upon as they prepare their development plans.</li> <li>○ The joint UNDP/WHO letter should be made available for advocacy purposes to give greater weight to advocacy messages.</li> <li>○ Global campaign literature (from FCA, the Union, ATCA/ATCC) should be made available to NGOs and ministries in French.</li> <li>○ A permanent framework for consultation should be created between ministries and NGOs on tobacco and development issues.</li> </ul> <ul style="list-style-type: none"> <li>● Following the workshop, a consultant was contracted by ATCA to explore in detail the funding, coordination, and training mechanisms in place in 8 countries pertaining to tobacco control and development planning. (The consultant’s final report was not available in time for inclusion here).</li> <li>● The second one-day workshop was held 29 March 2013 in Niamey, Niger, in collaboration with SOS Tabagisme. This information exchange day brought together a range of high-level officials to educate them about the correlation between tobacco control and economic and social development in Niger. The 14 participants included representatives of the Nigerien Parliamentary Network for Tobacco Control, the Ministry of Public Health, the Ministry of Finance, WHO, the National NCD Control Programme, and NGOs.</li> <li>● The workshop ended with a commitment by the participants to continue working with SOS-Tabagisme to ensure that tobacco control is included in Niger’s development plans.</li> <li>● Significant press coverage of the event ensured that the information and recommendations about the issues raised at the workshop were widely disseminated.</li> <li>● See Appendix 2f for both workshop reports.</li> </ul>	
<i>Activity 1.1.8 HealthBridge</i>	<ul style="list-style-type: none"> <li>● Ad hoc technical support provided to partners as requested (primarily</li> </ul>	<ul style="list-style-type: none"> <li>● No variance.</li> </ul>



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<i>technical support</i>	related to fundraising/project development), as well as ongoing mentoring as needed.	
<b>Objective 2: To increase the capacity of a larger cadre of non-TC organizations to address tobacco control in a development context</b>		
<b>Activity 2.1: Expanding and strengthening</b> the cadre of tobacco control researchers and advocates	<ul style="list-style-type: none"> <li>The network of T&amp;P partners doubled in size during the project, with additional researchers and advocates being continuously added to the network (the current number of members is currently 84). Regular distribution of e-newsletters and other information built the knowledge and awareness of network partners of the links between tobacco and poverty.</li> </ul>	
<i>Activity 2.1.1: Assessment of best practices</i>	<ul style="list-style-type: none"> <li>Survey questionnaire on best practices in networking sent to a wide range of researchers, with responses used to inform the writing of a best practices guide.</li> <li>A Networking Guide was written, published, and widely disseminated (Appendix 2.)</li> </ul>	<ul style="list-style-type: none"> <li>No variance</li> </ul>
<i>Activity 2.1.2: Increase base of researchers and advocates</i>	<ul style="list-style-type: none"> <li>The network of T&amp;P partners grew over the life of the project, with additional researchers and advocates added to the network from a number of different countries and sectors of work. Some new members take an interest in issues linked to tobacco and development, such as human rights. Key contacts linked to larger networks such as the Tobacco Control and Human Rights network have also been included, which enlarged the basis of topics discussed by the newsletter</li> <li>Some new members were added at the recommendation of existing members, thereby greatly expanding the reach of the network itself and highlighting the value attributed by members to the information provided in the e-newsletters</li> </ul>	<ul style="list-style-type: none"> <li>The frequency of network emails was increased over the life of the project and the format was changed to a newsletter style; this facilitated the sharing of information among network partners, as they were given the opportunity to write short articles about their work (see Appendix 1)</li> </ul>
<i>Activity 2.1.3: Provide fundraising assistance</i>	<ul style="list-style-type: none"> <li>Throughout the life of the project, competitive funding opportunities were identified for project partners and, when requested, assistance was provided for project development.</li> <li>HB provided technical assistance and detailed feedback on an IDRC-funded 12 state project in India that will address crop and income diversification (tobacco farming and bidi rolling).</li> </ul>	<ul style="list-style-type: none"> <li>No variance</li> </ul>

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<b>ACTIVITIES under each Objective</b>	<b>ACTUAL AT COMPLETION</b>	<b>EXPLANATION OF VARIANCE/CHANGES</b>
<p><b>Activity 2.2: Capacity building</b> will emphasize south-to-south knowledge and skills exchange, including hosting workshops that bring together selected organizations from Phase 1 and new organizations to explore issues of tobacco control, poverty, and fiscal policies.</p>	<ul style="list-style-type: none"> <li>• Capacity- and skills-building workshops were held in Lima and in Singapore for both project partners and other organizations as part of larger regional and international conferences.</li> <li>• Two capacity-building and awareness raising workshops were also hosted in Francophone Africa.</li> <li>• All workshops were designed to emphasize south-to-south exchange.</li> <li>• Ongoing mentoring was provided to project partners on an as-requested basis.</li> </ul>	<ul style="list-style-type: none"> <li>• No variance</li> </ul>
<p><i>Activity 2.2.1: WCTOH skills-building workshop</i></p>	<ul style="list-style-type: none"> <li>• Workshop held in Singapore on 19 March 2012. Discussions during workshop highlighted the following key points (see Appendix 6 for workshop report):               <ol style="list-style-type: none"> <li>1. <u>Opportunity costs</u>: researchers need to highlight that money spent on tobacco is money not spent on a variety of goods, such as food, education and healthcare costs</li> <li>2. Researchers need to bear in mind the <u>equity impact</u> of tobacco control policies</li> <li>3. Researchers need to <u>adapt</u> tobacco control policies to the specific situation of vulnerable populations and low income groups.</li> <li>4. Some advocates find it difficult to formulate the policy goal and to identify <u>research methodologies</u>.</li> <li>5. The first step in the research planning process should always be ‘<u>What am I trying to achieve?</u>’ Are the policy objectives realistic?’</li> <li>6. It is critical to <u>build partnerships</u> with organisations outside the health sector. In some cases these organisations will also be better placed to carry forward advocacy on a specific issue.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• No variance</li> </ul>
<p><i>Activity 2.2.2: Develop strategies and plans for training and mentorship in Francophone Africa</i></p>	<p>See Activity 1.1.7</p>	
<p><i>Activity 2.2.3: Ongoing and ad-hoc capacity building</i></p>	<ul style="list-style-type: none"> <li>• Mentorship provided to interested researchers and advocates on an as-requested basis (primarily related to fund raising/proposal development).</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Links facilitated between researchers in various countries and the Tobacco and Control Network.</li> </ul>	
<b>Objective 3: To facilitate knowledge exchange that enhances global coordination and collaboration to promote tobacco control as a key global health priority</b>		
<b>Activity 3.1: Presentation of Research and Advocacy Results</b>	<ul style="list-style-type: none"> <li>• T&amp;P partners presented their research and advocacy results at the WCTOH and at AFACT, some as part of the HB-organized pre-conference workshops and others as part of the main conferences. Feedback on the presentations demonstrated that the link between tobacco and poverty is receiving increasing attention globally among researchers and advocates, although much work still needs to be done to bring donors onside.</li> <li>• T&amp;P research results were also shared through various journal and newspaper articles and as part of HB's contributed insights on a UNDP report, various factsheets, and COP briefing materials.</li> </ul>	<ul style="list-style-type: none"> <li>• No variance</li> </ul>
<u>Activity 3.1.1: Assist partners to present research results</u>	<ul style="list-style-type: none"> <li>• Information about the nature and impact of media coverage of Phase I studies collected from partners in Mexico, India, Peru, Senegal, Argentina, Brazil, Vietnam, and Honduras was collated into a fact sheet that was used by all of the partners (included in Appendix 1).</li> <li>• Throughout the life of the project, HB staff worked with research partners to prepare their presentations for various international venues, including the WCTOH and AFACT, and many local/national venues, with an emphasis on highlighting key advocacy messages.</li> <li>• New newsletter style of T&amp;P network emails was developed to enable partners to write short articles about their work that could then be easily shared across the entire network.</li> </ul>	<ul style="list-style-type: none"> <li>• No variance.</li> </ul>
<u>Activity 3.1.2: Identify knowledge transfer opportunities</u>	<ul style="list-style-type: none"> <li>• WCTCOH: Upon request, HB presented at hemi-plenary session: "Tobacco Control in Asia – Challenges and Opportunities", focusing on tobacco &amp; development and during a session (presentation entitled "Approaching Tobacco Control via the Development Lens".) HB also participated in FCA's pre-conference workshop to encourage participants to address TC through the development lens.</li> </ul>	<ul style="list-style-type: none"> <li>• No variance.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Reviewed the Political Declaration of the UN high-level meeting (HLM) on NCDs for tobacco control issues.</li> <li>• HB co-authored the article “WHO Framework Convention on Tobacco Control and the United Nations High Level Meeting on Noncommunicable Diseases: Progress and Global Expectations” in the journal <i>Global Heart</i>. (Appendix 7)</li> <li>• HB co-authored an article with PHFI entitled "Multi Sectoral Action for Addressing Social Determination" that was published in a WHO-sponsored issue of the <i>Indian Journal of Community Medicine</i> (Appendix 7)</li> <li>• Op-Ed Article published in Indian media addressed T&amp;P issues. Article picked up by online Scoop Top Stories (Appendix 7).</li> <li>• HB prepared a docket on Indonesia’s interventions at the HLM for colleagues monitoring the country’s international commitments to tobacco control. They are using this for in-country advocacy to get the country to ratify the FCTC.</li> <li>• Media factsheet produced which highlights the types of media messages generated about tobacco and poverty (included in Appendix 1)</li> <li>• Made a presentation in Bangladesh about trade agreements, focusing on the link between tobacco and poverty.</li> <li>• The European Commission consultation on ‘Towards a Post-2015 Development Framework’ was circulated to working group members, who were given the opportunity to comment on the document.</li> <li>• HB lobbied the Head of the FCTC Secretariat (FCS) to secure a slot at COP-5 to hold lunchtime briefing on tobacco and development.</li> <li>• HB shared project results to inform a UNDP Report that explored the experiences of countries that have successfully integrated tobacco control into their development plans.</li> <li>• Responded to a request for evidence of the linkage between tobacco, poverty and human rights from World Health Organization-India office by putting together India-specific studies that indicate the link,</li> </ul>	

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	<p>along with the HealthBridge publication (<b><i>A Burning Issue: Tobacco Control and Development; A manual for non-governmental organizations</i></b> ) that has a detailed section elaborating the linkage.</p> <ul style="list-style-type: none"> <li>• Work is ongoing on a guide that explores how the lessons learned, strategies, and experiences of tobacco control and poverty advocates can be shared with and transferred to non-communicable disease control advocates. The guide will be distributed at AFACT in August 2013.</li> <li>• Guide entitled 'Making the tobacco and development link' is in progress.</li> <li>• HB's work on tobacco and poverty was cited by the O'Neill Institute for National and Global Health Law in a recent post about tobacco and poverty. For the post, please see <a href="http://www.oneillinstituteblog.org/tobacco-and-poverty-2/">http://www.oneillinstituteblog.org/tobacco-and-poverty-2/</a></li> </ul>	
<b>Activity 3.2: Collaborative strategies</b>	<ul style="list-style-type: none"> <li>• HB engaged directly with a number of international partners to advance the tobacco and poverty agenda at the global level. Key partners in this effort included FCA, ACS, the NCD Alliance, RITC, the Canadian Global Tobacco Control Forum, the Human Rights and Tobacco Control network, and WHO-SEARO. HB also played a key role in advancing tobacco and poverty issues at the CoP and other multi-lateral venues.</li> </ul>	<ul style="list-style-type: none"> <li>• No variance.</li> </ul>
<i>Activity 3.2.1: Mapping key development stakeholders and initiatives</i>	<ul style="list-style-type: none"> <li>• Conducted a review of current literature to identify strategies, reports and countries that identify NCDs as part of their activities. The following organisations and documents were included in the review: (i) regional cooperation, such as AU (including NEPAD), Mercosul, ASEAN and EC documents; (ii) bilateral agencies; (iii) multilateral donors, such as World Bank, International Health Partnership + and EC; (iv) EC country strategy papers (to identify countries that already include health in their strategies); (v) poverty reduction strategies (6 countries); (vi) a variety of other organisations working on global health and related issues, as well as foundations and other NGOs.</li> </ul>	<ul style="list-style-type: none"> <li>• No variance.</li> </ul>

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ACTIVITIES under each Objective	ACTUAL AT COMPLETION	EXPLANATION OF VARIANCE/CHANGES
	<ul style="list-style-type: none"> <li>Completed literature review report and developed list of follow-up activities; in particular, the review allowed HB to identify and contact potential donors that might have had an interest in funding activities on TC/NCDs.(Appendix 4).</li> </ul>	
<p><i>Activity 3.2.2: Raising awareness at Latin American Conference on Tobacco or Health &amp; other venues</i></p>	<ul style="list-style-type: none"> <li>At the <b>3<sup>rd</sup> Latin American and Caribbean Conference for Tobacco or Health</b> (Lima Peru, 18 October 2011), HealthBridge hosted a session on Tobacco and the Development Agenda. Presentations were made by the partners from Brazil, Peru, Mexico and Honduras on the impacts that the research has had on tobacco control in their countries. HealthBridge staff also made a presentation, and disseminated the Research Guidelines and the Results Book produced at the end of the Phase I project. The books were extremely well received, particularly the results book, as it contained new evidence for those interested in working on tobacco and poverty and fiscal policy issues. (Appendix 5)</li> </ul>	<ul style="list-style-type: none"> <li>Unfortunately the partner from Argentina was unable to attend the conference, but there were no variances in the presentations, discussions or outcomes of the workshop.</li> </ul>
<p><i>Activity 3.2.3: Initiate global discussion group on tobacco &amp; poverty</i></p>	<ul style="list-style-type: none"> <li>A global discussion group was convened that brought together tobacco advocates from a range of countries. Two TPD group meetings were held to discuss activities and opportunities in the members’ respective countries, regions, or organizations. A follow up face-to-face meeting was held in Singapore during the WCTOH.</li> <li>Follow-up activities of the group included the drafting of a ‘how to’ guide for civil society organisations interested in T&amp;P advocacy work.</li> <li>Correspondence continued via email on specific questions throughout the rest of the project’s life.</li> <li>A response to the <b>EC consultation</b> on the post-2015 development framework was drafted and circulated to the TPD group for finalization.</li> </ul>	<ul style="list-style-type: none"> <li>We took more time than initially planned to define the parameters of this group to ensure that it would be viable, relevant, and responsive.</li> <li>A guide for civil society organizations was drafted but not completed before the end of the project. Further work will be done on the guide before its release later this year.</li> </ul>
<p><i>Activity 3.2.4: Ongoing meetings with bilateral donors and government representatives and attendance at relevant international conferences</i></p>	<ul style="list-style-type: none"> <li>Met with <b>RITC</b> to discuss possible funding of a T&amp;P-related project.</li> <li>Participated in <b>FCA’s</b> task force on Committee B issues (involving treaty mechanisms and funding) to raise issue of tobacco and development and to raise the profile of this issue on the FCA agenda. Ongoing meetings held throughout the life of the project to</li> </ul>	<ul style="list-style-type: none"> <li>As the project unfolded, more and more connections were made with international and bilateral groups working on NCD prevention and control. This enabled HB to shift its international focus from tobacco alone to tobacco as an NCD</li> </ul>

**PLANNED VERSUS ACTUAL**

<b>ACTIVITIES under each Objective</b>	<b>ACTUAL AT COMPLETION</b>	<b>EXPLANATION OF VARIANCE/CHANGES</b>
	<p>coordinate tobacco and poverty activities to maximize resources and amplify outcomes. Reviewed and provided comment on FCA's T&amp;P-related COP briefing materials. Made a presentation about FCTC Mechanisms of Assistance and Implementation Review Mechanism on FCA's Webinar for the SEARO region. Provided comments on sections of the draft discussion paper on integrating the FCTC into national development plans and UNDAFs that was launched by the UNDP and Convention Secretariat at COP5. FCA and HB used their respective networks and communication channels to build support for work on tobacco and poverty and to disseminate ideas, experiences and challenges for addressing this issue. Reviewed FCA's draft briefing paper for WHO SEARO Tobacco Control Focal Point meeting, provided feedback, and specifically called for the integration of national tobacco control action plans into national health and development plans. HB attended and contributed to FCA Board meetings, including its strategy planning session. Reviewed FCA's advocacy plans and provided feedback.</p> <ul style="list-style-type: none"> <li>• Liaised with the <b>O'Neil Institute for National and Global Health</b>.</li> <li>• Participated in <b>NCD Alliance</b> Common Interest Group calls and raised questions about the level of involvement of development agencies. Regularly liased with the NCD Alliance.</li> <li>• Explored participation at the Rio Summit on Social Determinants of NCDs and FCTC Art 6 Working Group.</li> <li>• Developed a project idea to explore the social determinants of NCDs and mainstreaming NCDs into development programmes. Funding explored with WHO-NCD department and the Indian MoH.</li> <li>• Took advantage of the irony of the UNDP Award for Sustainable Development being given to an Indian tobacco company to sensitise international development agencies about the link between tobacco and development. Organised quick letters from Indian tobacco control coalition, FCA and several other national and international networks to the development agencies that sponsored and supported</li> </ul>	<p>risk factor. This in turn has offered significant opportunities to broaden the work begun through this project, take it to a higher international level, and help to ensure that tobacco remains an integral part of NCD prevention and control.</p> <ul style="list-style-type: none"> <li>• Attempts were made to identify bilateral sources of funding to expand the international-level work being done through this project, but none was found during the lifetime of the project (agencies contacted included CIDA, IrishAid, SwisAid, GIZ, NORAD, FORMID, and DANIDA).</li> </ul>

**PLANNED VERSUS ACTUAL**

ACTIVITIES under each Objective	ACTUAL AT COMPLETION	EXPLANATION OF VARIANCE/CHANGES
	<p>the Award. Received excellent responses from Head of UNDP and Head of SIDA acknowledging the linkages between tobacco and development, and the mistake made in supporting this award. Both promised remedial steps to change Award criteria and to exclude tobacco interests in the future.</p> <ul style="list-style-type: none"> <li>• HealthBridge joined the <b>Human Rights and Tobacco Control network</b>.</li> <li>• IDRC and the <b>Canadian Global Tobacco Control Forum</b> (HB is a member) announced a joint concept note call on fiscal policies &amp; TC.</li> <li>• Identified FCTC CoP-5 as an opportunity to advance the tobacco and development agenda at the global and treaty levels, as several agenda items have themes conducive to discussion about T&amp;P-related issues.</li> <li>• Wrote to Government of India to include on its CoP-5 delegation an expert from Ministry of External Affairs or an international treaty expert to address issues related to tobacco and development during Committee B of the CoP. Also secured a pre-CoP Consultation with the Government to discuss India’s position at the CoP-5.</li> <li>• Followed up on the opportunity created with the Head of the FCTC Secretariat (FCS) to suggest speakers to the lunch time briefing at CoP that would address Mechanisms of Assistance (to allow LMIC to access funding to better address T&amp;P-related issues). HB lobbied at the CoP primarily on Committee B that discussed treaty funding and compliance mechanisms. It successfully convinced three strategic regional Parties (SEARO) to contribute to Committee B and provided technical support for their interventions. The Parties sought HB assistance and intervened strategically on decisive treaty implementation and assistance matters. COP agreed to set up a WG on Mechanisms of Assistance and asked the Secretariat to identify and recommend appropriate implementation review mechanisms. HB made a presentation about MoA and International Cooperation, including South-to-South Cooperation at FCA’s Briefing to the CoP delegates. Also assisted several Governments, and FCA members with statements.</li> </ul>	



**PLANNED VERSUS ACTUAL**

ACTIVITIES under each Objective	ACTUAL AT COMPLETION	EXPLANATION OF VARIANCE/CHANGES
	<ul style="list-style-type: none"> <li>• Explored linkages with development campaigners who are leading the post-MDG discussions in India. Met the Director of the <b>national post MDG campaign</b>. Informed WHO India TC focal point about the TC targets adopted by the WHA under the NCD framework.</li> <li>• Provided detailed input for <b>ACS's</b> factsheets on tobacco and poverty in India and for its planned advocacy work on the topic (helped to identify key stakeholder ministries and Government agencies, conducted lobbying training, discussed key messages, shared materials, etc.). Also provided Information to ACS about HB funding for TC over the past decade that was incorporated into the International Tobacco Control Funders Database.</li> <li>• HealthBridge initiated the creation of an NCD-Development Interest Group in India, and facilitated a strategic planning meeting in April 2013. The group agreed on two overarching goals for the coming year: (i) to make NCDs central to development in the 12<sup>th</sup> (current) five year plan and (ii) to contribute to the global dialogue to prioritize NCDs in the post-2015 development framework. Towards the first goal, the group considered it important to review the existing developing policies for gaps and suggest alternatives to the concerned government agency.</li> <li>• In collaboration with HRIDAY, HealthBridge organized the first-ever meeting on 16 May 2013 of government, intergovernmental, non-governmental and development partners at significantly high levels to explore the theme of NCDs and Development and to stimulate multi-sectoral action on it. The consultation sought to (a) initiate inter-sectoral dialogue on NCDs and development in India; (b) examine the linkages between NCDs and development in the existing policies and programmes of Government and other stakeholders; (c) explore the strengths, potential role and contributions of different sectors for NCD prevention and control; (d) Identify opportunities for inter-sectoral collaboration for the prevention and control of NCDs for development. The consultation was attended by more than 50</li> </ul>	

**PLANNED VERSUS ACTUAL**

<b>ACTIVITIES under each Objective</b>	<b>ACTUAL AT COMPLETION</b>	<b>EXPLANATION OF VARIANCE/CHANGES</b>
	<p>strategic organisations across a number of sectors. The speaker panel included representation from governmental, intergovernmental, non-governmental and development agencies, and brought a broad range of perspectives and experiences to the day's discussion. The Consultation produced a key set of recommendations for various sectors that are currently being finalised (see Appendix 2g). There is much scope for immediate follow up with the agencies that participated in the consultation.</p>	

### 3.2 Describe the key achievements of the project.

- Case-studies from the partner-activities show that the **advocacy undertaken by the partners, based on outcomes of phase I project, are key steps in effecting change**. This is important, given the new bilateral and international activities that are beginning to address the tobacco-poverty-development link. While these initiatives are largely new and are as yet small, HB and its partners have been able to concretely demonstrate the **policy changes that can be achieved through advocacy focussed on the tobacco-poverty-development connection**. Key opportunities to further disseminate the project's research results at an international level, through initiatives external to the project, have been identified.
- The linkage between tobacco and poverty was not well recognized within the tobacco control community or among NGOs currently working on poverty or development at the beginning of this project. However, many sub-partners **gained valuable exposure to the idea for 1<sup>st</sup> time** during project-initiated workshops and meetings. The enthusiasm shown by those attending advocacy events in several countries went beyond partners' expectations in pioneering linkage between tobacco and poverty.
- In response to **increased global awareness of tobacco control as an important development issue**, in part as a result of the T&P research studies supported by the Union in Phase I of this project and the high impact advocacy activities supported in Phase II, the FCA is supporting a "bottom-up" campaign with the major objective of getting TC on national development agendas. These activities began as individual county-level collaborative activities with HB support, but the movement has now grown to become a topic that is being addressed globally by the FCA. This in turn has the potential to increase funding and high-level commitment to ensuring tobacco control does not become a neglected issue on national development agendas, particularly in light of the recent push for governments to develop national NCD plans.
- The work on tobacco and poverty that has been led by HealthBridge over several years, and supported by the Union and others, has contributed to **global recognition of the importance of tobacco control being included in national and international development plans**. This recognition was highlighted at the recent COP in the decision on Financial Resources and Mechanisms of Assistance. The support of the Union on this topic has been an important contribution to this major decision and to the overall movement of tobacco control.
- A significant amount of headway has been made by HB in attending, contributing to, and **furthering high level national and international discussions about incorporating tobacco more clearly and visibly into the NCD agenda**, and to getting the NCD agenda onto the development agenda. This includes: (1) participating in the WHO SEARO NCD consultation that finalised the NCD Action Plan 2013-2020 for the region in line with the NCD Global Action Plan, which in turn will be finalised at the upcoming World Health Assembly; (ii) attending high level meetings with the leaders and advisors of several key regional organizations; (iii) participating in NCD Alliance webinars; (iv) creating and leading an NCD-Development Interest Group in India and co-hosting the first-ever high level, multi-sectoral consultation on the issue.

### 3.3 Were there any unexpected results (positive or negative)?

- The level of engagement of and commitment from high-level stakeholders in pushing tobacco-as-a-development-issue forward was significantly higher than had been anticipated. In all project countries, leading government officials proved to be more eager to participate, not only in attending events, but in co-financing and/or co-leading them. As a result, in Brazil, Indonesia, and Vietnam, high level government engagement in the planning and hosting of advocacy workshops meant that the reach was much broader and the commitments for action more sustainable. In Bangladesh, action has already been taken to ensure that tobacco control was included in several organizations' platform agendas. In Francophone Africa, serious attention is now being paid to understanding, and ultimately mitigating, any obstacles to the funding and coordination of tobacco control activities. In India, the newly mobilized NCD-Development Interest Group has already committed to suggesting new ways to address gaps in government policies.
- No negative unexpected results were noted.

## Section 4: PROJECT IMPACT

#### 4.1 How has the grant assisted in furthering Tobacco Control in the targeted country/region/district/city?

- **Commitments were received from high level targets in partner countries to take a leadership role in advocacy related to tobacco and poverty:**

- ✧ In **India**, the Deputy Labour Commissioner in Uttar Pradesh committed to organizing an orientation meeting for key stakeholders on the issue of tobacco and poverty. The Principal Home Secretary Home of Bihar ordered the establishment of anti tobacco squads (task forces) to ensure strict implementation of provisions of the Cigarettes and Other Tobacco Products Act 2003; this opened a window of opportunity to step up advocacy on other related issues such as poverty and development. Scepticism among some government officials about the plight of tobacco workers was overcome by VHAI's advocacy efforts. In particular, in Bihar, the Principal Secretary was initially very sceptical and claimed that the issue was not solely the problem of the labour department. However, after discussions, he suggested undertaking greater awareness generating activities, including training through labour unions and women's groups. Overall, the project has raised awareness among policymakers and the media about the issue of tobacco control as a development concern. This is very significant given that most tobacco control campaigns in India focus on demand side issues despite the fact that India is the third largest producer of tobacco globally. The profile and reach of the project has been significantly raised in India, as HB worked continuously with leaders of the post-MDG campaigns and other high level government officials to include tobacco and NCDs in future development goals. In addition, HB successfully led a campaign to challenge the World Business Development Award by UNDP and other development agencies to the Indian Tobacco Company. The participating agencies have committed to reviewing their guidelines for future dealings with the tobacco industry.
- ✧ Also in **India**, the first-ever high level, multi-sectoral consultation on NCDs and Development in India, co-organized by HealthBridge, generated a series of concrete recommendations that will help to ensure not only the integration of NCDs and tobacco control into future development plans, but will do so in a multi-sectoral manner in a 'whole of government approach'.
- ✧ In **Bangladesh**, NGCAD put an unanticipated importance on tobacco and poverty issues and included it as one of its priority issues in the yearly plan for 2012; VDP, the largest social force in Bangladesh, expressed a desire to help shifting bidi workers and tobacco farmers to other, healthier jobs.
- ✧ In **Brazil**, the Agrarian Development Ministry demonstrated its willingness to support the advocacy workshop and made recommendations on how to broaden its impact. The high level advocacy workshop resulted in the development of a research agenda, created in partnership with the Ministry of Science and Technology. This research agenda will contribute to the development of future calls for research proposals in the field of alternative livelihoods and crop diversification.
- ✧ In **Indonesia**, the Ministry of Health responded to district-level problems using excise tax revenues by agreeing to develop a set of clear guidelines; although the completion of this document will extend past the lifetime of this small project, the research team will continue to help the MoH to coordinate the process. This project has demonstrated success in instigating serious attention within the MoH on the development of these guidelines.
- ✧ Significant progress has been achieved in gaining high level government support in **Vietnam** to recognize the burden that tobacco places on health and the economy; this has resulted in key support being given for the implementation of measures designed to reduce tobacco use.
- ✧ In **Francophone Africa**, the high level participants at both workshops expressed their commitment to ensure that tobacco control is included as a vital component of country-level development plans. To that end, research has been done to elucidate the current mechanisms in place (funding, coordination, training) that would help or hinder the process of elevating the profile of tobacco control as a critical development issue.

#### 4.2 What impact did the grant have on your organization's capacity? (I.e. Staff, infrastructure, process, technical expertise, etc.)

- The project enabled HealthBridge staff to expand their capacity to provide technical assistance to global partners, to explore more deeply the transfer of tobacco control lessons learned to NCDs, and to participate more fully in international-level fora.
- Partner staff also increased their advocacy skills.

## Section 5: MATERIALS PRODUCED AND WEBSITE DEVELOPMENT

**5.1** Please list all the materials and documents (and number of copies) produced during the life of the Grant. Please also submit electronic copies of any public recognition, press releases, awards, or other types of acknowledgement of your program published in local media, community newsletters, organization bulletins, or news articles.

*If only hardcopies of the document or booklet exists, please send a copy by mail to **The Union Grants Programme, 8 Randolph Crescent, Edinburgh EH3 7TH, United Kingdom***

- Tobacco and Poverty Research Network email listserv and newsletters – 13 newsletters written and circulated, together with many more informational emails (solo emails included only from #18 forward) (Appendix 1)
- Partner Advocacy and Workshop Materials:
  - ✧ Bangladesh (Appendix 2a)
  - ✧ India (Appendix 2b)
  - ✧ Indonesia (Appendix 2c)
  - ✧ Brazil (Appendix 2d)
  - ✧ Vietnam (Appendix 2e)
  - ✧ Francophone Africa (Appendix 2f)
  - ✧ India NCD-Development Multi-Sectoral Consultation (Appendix 2g)
- Tobacco and Poverty Networking Guide (Appendix 3)
- Stakeholder Mapping Literature Report (Appendix 4)
- Agenda, Summary Notes and Presentations related to Parallel Session at the 3<sup>rd</sup> Latin America and Caribbean Conference on Tobacco or Health (Appendix 5)
- Agenda, Summary Notes and Presentations related to WCTOH workshop (Appendix 6)
- Journal articles (Appendix 7)
- Tobacco and Poverty Group notes (Appendix 8)

**5.2** If a website was developed as part of the grant, please provide the website address. Explain how the website has helped to achieve the objectives of the grant.

- No separate website was developed for the project.

## Section 6: Administration and Budget

**6.1** Were any changes made to the budget during this project?

- The total budget remained the same; however, at the end of quarter 5, a no-cost extension and budget reallocation were requested and approved by The Union. This extension was deemed necessary to take advantage of several key inter-agency consultations and follow up work (in India in particular but also in francophone Africa) which could not take place until March/April/May. There was sufficient funding in the budget to allow for these activities, with a reallocation of funding within the existing budget lines.

**6.2** If you received funding from other donors for tobacco control work during this project, how did it complement the work under your grant?

- The tobacco and development session at the 3rd Latin America and Caribbean Conference was largely funded by another donor.
- The project implemented by the Public Health Foundation of India (Activity 1.1.3) was funded by RITC.
- The high level advocacy workshop in Indonesia was co-financed by the West Java Provincial Health Office. This enabled the participant list to be expanded to include all provinces, not just the ones originally targeted.
- HealthBridge received separate funding from The Union to provide expert technical assistance to selected BI-funded grantees during part of this project. While there was no specific overlap in terms of partners or themes, this work was complementary to the Tobacco and Poverty project in that it enabled the technical assistants to discuss tobacco and poverty issues with their counterparts.
- HealthBridge received funding from Health Canada to support the implementation of specific FCTC articles in target countries in Latin American and Africa. While the project did not specifically focus on issues related to tobacco and poverty, it included activities to enlarge the basis of support from civil society organisations and government departments for tobacco control and the use of fiscal policies to achieve better health outcomes. The project targeted countries that do not receive funding from other donors.
- The Canadian Global Tobacco Control Forum, of which HealthBridge is a member, received funding from the IDRC to provide support to partners to expand support for fiscal policies for tobacco control in low- and middle-income countries. Although the activities did not specifically address tobacco and poverty issues, arguments linking tobacco and poverty are being used to increase support for the adoption of fiscal policies for TC. Furthermore, an IDRC call for proposals developed in partnership with HealthBridge included a theme supporting the inclusion of TC in development agendas.

**6.3** Throughout this grant project, were any funds spend to support or oppose candidates for elected office? If yes, what amount of grant funds was used?

- No

## Section 7: SUSTAINABILITY

**7.1** How do you intend to sustain and build upon the outcomes of this project? Describe follow up envisioned, and whether the work will continue after the support has ended.

### Policy advocacy impact

- One of the primary objectives of the project was to enhance the impact of policy advocacy activities that were implemented during the first phase of this project. As is shown in section 4.1 above, high level commitment was achieved in each participating country, as a direct result of the advocacy activities, to **take a leadership role in addressing tobacco and poverty**. The research results continue to be used as a significant evidence base to advocate for and support strengthened tobacco control measures to reduce poverty. As such, in each of the participating countries, momentum and sustainability is already being achieved through long lasting legislative change. The direct engagement of committed support from high-level government partners will help to ensure the longer-term sustainability of the project's immediate outcomes.
- The end of this project will not mean the end of our partners' continued advocacy with these government leaders; on the contrary, all continue to be actively engaged in ongoing meetings, technical assistance provision, and advocacy.
- HealthBridge will also continue to provide advice and guidance by email as requested and required.

### Capacity building and creating a cadre of researchers

- Another primary objective of the project was to build a critical mass of researchers and advocates with skills and interest in tobacco and poverty, and to increase and strengthen the cadre of organizations working in tobacco control globally. The Tobacco and Poverty Research Network has grown to almost 100 members, the vast majority of which are researchers in non-funded countries. This provides evidence of sustainable interest in the issue and the desire of researchers to be involved in it. This expanded research and advocacy community provides south-to-south assistance, thus multiplying the impact of the capacity building and mentoring activities conducted directly through this project. This will, in turn, ensure that more partners are engaged in tobacco and poverty over the longer term.
- HealthBridge has also taken a leadership role in engaging organizations and individuals working on NCDs more broadly, to encourage them to ensure that tobacco control remains a critical component of NCD prevention and control and to learn from the lessons of tobacco control advocates. Some of the project partners are already directly engaged in NCD projects, which will ensure that this aspect of the current project continues to move forward.
- During the first phase of this project, HealthBridge wrote, translated into six languages, and published research for advocacy guidelines and the results of the country-level studies which provided excellent tools for capacity building and mentoring. To this, it has added guides on networking and on sharing the lessons learned from tobacco control to NCD prevention and control. These latter guides were developed following HB's recognition that no such works were available, and will act as ongoing resources for tobacco control and NCD advocates worldwide. Demand for the guides remains high, demonstrating not only their immediate usefulness but also their timeliness and relevance.
- HB's role as technical advisor and mentor has resulted in the country-level partners seeking HB's guidance as they develop funding proposals that will be submitted to other donors. This mentorship will outlast the life of this project.

#### **Knowledge exchange**

- Through this project, HealthBridge has become directly engaged in the international high level NCD movement. HealthBridge's participation in this movement will help to keep the spotlight on tobacco control as a key mechanism of NCD prevention and control more broadly. The collaborative relationships that HealthBridge has developed will continue long beyond the funding provided by this project.
- HB continues to develop and maintain partnerships with national and international organizations through which it can continue to disseminate its research and advocacy results after this project has concluded. Indeed, these external partnerships will be crucial to furthering the tobacco-poverty-development momentum. For example, HB's partnership with FCA is fostering significant developments in the push to address tobacco control as a development issue. In fact, as a result of the partnership, and based on the results of the work previously supported by HB and The Union, the FCA has taken up the issue of tobacco and development as one of its major platforms.
- HB's contributions to a draft discussion paper on integrating the WHO FCTC into national development plans and UNDAFs were included in the final document that was launched by the UNDP and Convention Secretariat in February 2013. In addition, HB shared its project results to inform a UNDP Report that is exploring the experiences of countries that have successfully integrated tobacco control into their development plans; this report formed the basis of efforts to greatly increase the visibility of tobacco control as a poverty reduction and development measure.

#### **Follow-up Activities**

- Despite the positive impact that tobacco and poverty research and advocacy has had in advancing the issue of tobacco and development, there is still sometimes a need for local-level research to be conducted to convince policy-makers that the issue is relevant in their local context. Funding for this type of work at a country level will be required in the future as countries attempt to ensure that tobacco control is integrated into development plans.
- There has been little success in convincing bilateral donors that tobacco control is an important development issue that needs to be prioritized among other development issues; CIDA supported tobacco control for several

years, but stopped when the political environment changed. Other bilateral governments are slowly becoming aware of the burden of tobacco use in low-and-middle income countries; however, funding is still focused on improving primary care. There is thus still a need to advocate at the global level for tobacco control to be identified as a development issue. The post-2015 development agenda provides an opportunity for this; however concerted effort will be required to ensure that a) tobacco control actually does remain on the agenda and b) any funding provided is not channelled to primary care only but rather funds activities to prevent risk factors.

- As NCDs are gaining recognition as an important development issue, tobacco use, as one of the most common risk factors, should gain momentum; however, there is the risk that tobacco control will get diluted as a result of attention being paid to other risk factors in the absence of lack of increased overall investment. Continued efforts will be required to ensure that tobacco control remains a priority action not only on development plans, but also in NCD plans.

## Section 8: PARTNERS AND OTHER CO-OPERATION

**8.1** How did you assess the relationship between the formal partners of this Grant (ie those partners which have signed a partnership statement)? Please list the partners, and provide specific information for each partner organisation.

- In implementing this project, HealthBridge worked with seven formal partners: Work for a Better Bangladesh Trust, the Voluntary Health Association of India, the Indonesian Society for Health Promotion and Education (ISHPE), HealthBridge Vietnam, Aliança de Controle do Tabagismo (Brazil), SOS Tabagisme-Niger, and l'Alliance pour le Contrôle du Tabac en Afrique (ACTA).
- HealthBridge signed a contract with each partner, which spelled out each organization's roles and responsibilities in implementing the country-based studies, and included reporting templates and schedules.
- HealthBridge maintained ongoing and regular contact with each partner, which greatly facilitated both the working relationships and the completion of each research study. Partners were forthcoming with any obstacles that they faced, and HealthBridge was able to be flexible with some timelines and expectations to help the partners overcome these obstacles.

**8.2** How did non-formal partners participate or support the work covered by the grant? Please include the name of those partners.

- In most instances, HealthBridge's partners engaged other sub-partners in the advocacy studies. These sub-partners were not engaged directly by HealthBridge, and all responsibility for overseeing their work was borne by HealthBridge's partners. Most of these sub-partners were high level government organizations that co-financed and co-organized workshops.
- HealthBridge has ongoing, non-formal relationships with a number of bilateral and international organizations, including FCA, ACS, the NCD Alliance, RITC, the Canadian Global Tobacco Control Forum, the Human Rights and Tobacco Control network, and WHO-SEARO, among others. Through these relationships, dissemination of the project results was very far-reaching. In addition, these partnerships have enabled HealthBridge to raise the international profile of tobacco-as-a-development-issue.

**8.3** Will these formal and informal partnerships continue? If so, how? If not, why?

- Most of the relationships involved in this project are long-term, ongoing partnerships. As such, they will continue far into the future. This remains the case whether or not future funding is made available by the Union. All of these partners will maintain membership in the tobacco and poverty network developed by



HealthBridge, which will continue in some form. The partners may also seek HealthBridge's advice and help accessing other sources of funding.

- The newer, more international relationships will also continue. HealthBridge is committed to furthering its work on raising awareness about tobacco and poverty. As its focus shifts to engage in NCD prevention and control more broadly, HB's work on tobacco remains at the forefront. These high level partnerships will include ongoing information exchange and technical assistance as required.

## Section 9: MONITORING AND EVALUATION

### 9.1 Monitoring – Outline the strengths and weaknesses of the Monitoring Process.

- Other than providing our regular quarterly reports, we did not experience The Union's Monitoring Process. We did not receive direct feedback on our technical or financial reports.

### 9.2 Evaluation – What were the results of the evaluation?

- We based our internal evaluation of the grant as a whole on a comparison of the original planned versus actual outcomes. There was no formal external evaluation of the project.
- As noted above, all objectives and planned outcomes were met as planned.

## Section 10: LESSONS LEARNED

*This section allows you to share any knowledge you have gained over the life of the grant.*

### 10.1 Describe any lessons learned during the Project **Negotiation and Design** process (by your organization and in response to assistance from the technical and financial teams)

- We did not request or receive any specific help from the Union during the negotiation and design process.

### 10.2 Describe any lessons learned during the grant **implementation** process (by your organization and in response to assistance from the technical and financial teams)

- We did not request or receive any specific help from the Union during the implementation process.
- The implementation aspect of the project proceeded smoothly, with no discernable challenges other than minor delays in the completion of some activities. This was not unexpected, though, and the project was designed to be sufficiently flexible as to be able to adapt to delays as they arose.

### 10.3 Lessons Learned - **Positive** aspects that may be replicable.

- A key lesson-learned from the project is that the availability of local data establishing the link between tobacco, poverty and development – in addition to advocacy activities that target actors outside the traditional tobacco control sphere – is needed to build the knowledge base and understanding of tobacco control-related issues and to ensure that the tobacco epidemic is considered as a crucial component of the development agenda.
- The significance of media support in disseminating research results and information about tobacco and poverty

continues to be an integral lesson learned; the media has been outstanding in all project countries, and has ensured widespread dissemination of project-related information.

- Working with partners in a mentorship relationship has led to the strengthening of research results impact through targeted advocacy. Research results are very often left unused in a research report, however through this project we were able to provide ongoing support and attention to ensure that the research results were translated into action. The translation of research results requires dedicated time and resources.
- Although tobacco as a development issue has gained a lot of attention in the last few years, there is still a need in some countries to convince policy-makers of the link. In addition, there is still a need to convince bilateral donors that tobacco control is an important development issue.

#### **10.4 Lessons Learned- Negative** aspects which may be avoided in future.

- A key challenge and lesson learned in all project countries was that the high-level advocacy activities would have been more effective if they could have implemented immediately after the end of the original project in 2010. The project teams found it challenging to answer questions from the media about why advocacy was being done two years after the original publication of project results. The media is very clear about wanting immediate, current results and they were somewhat less interested in press releases that were not recent and immediate. We recommend that all research proposals include a work plan/ budget for key advocacy activities to follow immediately after the research has been completed.

#### **10.5 Lessons Learned – Financial management** lessons learned that will benefit your next budgeting process.

- The financial management of the project progressed relatively smoothly. Templates and guidelines were presented to each partner, to ensure the timeliness and consistency of financial reporting. While not a lesson learned per se, as is this standard HealthBridge practice, the importance of using standardized financial reporting mechanisms cannot be understated.

#### **10.6 Lessons Learned - Other general comments.**

- Support provided by the Union to this project allowed for a broad range of civil society organizations and government partners to contribute to the cause of tobacco control. Most importantly it facilitated the rich south-to-south exchange that builds local capacity and influences change for the long term. As a development approach, this is one of the most effective methods: provide support for partners to do their work, to translate their research into advocacy messages, and to share with partners in other countries that are carrying out similar work. Capacity is built and policies are changed – both long-lasting and relatively non-costly achievements.

### **Section 11: ADDITIONAL COMMENTS AND RECOMMENDATIONS**

*If you have any additional comments about the grant, and its overall management, please use the space below:*

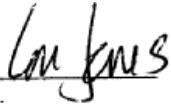
- This project has clearly demonstrated the significant impact that can be achieved with relatively little funding and a focus on mentorship and technical assistance to support locally-developed and implemented initiatives. A clear next step in this project is to share the lessons learned from tobacco control with NCD advocates; this work is already being done on a small scale by HealthBridge; scaling up such work would extensively broaden the impacts already achieved.

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