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# Bloomberg Global Initiative to Reduce Tobacco Use

*Report of the Bloomberg Orientation Workshop  
Yogyakarta, Indonesia, 7-9 January 2008*



**World Health  
Organization**

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## 1. Background

The implementation of the Bloomberg Global Initiative to Reduce Tobacco Use (BGI) in the South-East Asia Region began in February 2007. Four countries from the South-East Asia (SEA) Region – Bangladesh, India, Indonesia and Thailand – were selected as priority countries under the Initiative. Both human and financial support have been provided to these countries to strengthen capacity for tobacco control of both the public and private sectors at the national level. As a part of this, several staff positions have been created in these countries as well as in the World Health Organization's South-East Asia Regional Office (WHO/SEARO) and the same have been filled in.

BGI activities were implemented throughout the year at regional and country levels. WHO provided technical assistance to all four BGI countries in the Region to ensure progress towards establishing effective national coordination mechanisms, structure for tobacco control, capacity building and surveillance system as well as in achieving the objectives of the initiative. SEARO has also ensured an active engagement of governments and nongovernmental organizations (NGOs) in the Bloomberg Grant Mechanism.

In order to ensure effective implementation of the Initiative in 2008 with a full-fledged Bloomberg team both at the Regional and country levels, it was necessary for all BGI staff in the Region to get wider and deeper orientation about the Initiative and get a better understanding of the same.

## 2. Objectives

- (1) To enhance knowledge and understanding of the Bloomberg Global Initiative to Reduce Tobacco Use.
- (2) To enhance team spirit among all the Bloomberg staff in country and regional offices for effective development and implementation of the Bloomberg Initiative.
- (3) To discuss coordination mechanisms between BGI countries, the Regional Office and other Bloomberg Partners.

- (4) To review the progress of implementation of the Bloomberg Initiative in the Region during the year 2007.
- (5) To discuss the Bloomberg Initiative's regional and country workplans for 2008.

### **3. Inaugural session**

The Orientation Workshop was inaugurated by Dr Subhash Salunke, WHO Representative in Indonesia. The WHO Representative highlighted the opportunity that the BGI has provided to scale up WHO's tobacco control efforts and strengthen the capacity of both MoH and WHO Country Offices in terms of human and financial resources. He stressed that we needed to ensure that the Initiative supplements as well as complements the efforts that WHO and the national governments are already making for tobacco control in the Region. He added that the BGI Grant Mechanism is an important opportunity for government organizations and NGOs to implement tobacco control activities and WHO should provide all support to ensure an effective use of resources for improved output. He apprised the participants on the need to support the ministries of health in leading the coordination of tobacco control activities. He also mentioned that the WHO Director-General would like to showcase BGI as a success story in the area of noncommunicable diseases (NCDs), for which it is important that monitoring and reporting in the Initiative are maintained at excellent levels leaving no room for criticism from the donors. Finally, he advised that country BGI workplans for 2008 should be developed taking into consideration the activities that could be effectively implemented and that could produce tangible results. He further stressed that the issue of public education and training should be given priority in the workplans.

### **4. Organization of the workshop**

The workshop was attended by 21 tobacco control and BGI staff members from SEARO and WHO offices in Bangladesh, India, Indonesia and Thailand.

The WHO Representative in Indonesia moderated the proceedings of the first day of the workshop while the Coordinator for Tobacco Control,

SEARO did the same for the next two days. Each country team led a specific thematic discussion on one of the BGI's key areas of work.

The workshop comprised of presentations by SEARO staff members on key issues related to the Bloomberg Global Initiative to Reduce Tobacco Use as per the programme. Detailed discussions were held after each presentation. In addition, each country team made a country-specific presentation on their tobacco control activities, the BGI activities and a SWOT (strengths, weaknesses, opportunities and threats) analysis of tobacco control in general and the BGI in particular. For each thematic area, a framework was presented and best practices regarding the same were highlighted. This was followed by discussions among participants. Country groups were formed as a country planning exercise to draft the BGI workplan for 2008. The workshop was formally concluded by the representative of WR Indonesia.

## **5. Proceedings of the workshop**

### **5.1 Tobacco control in the South-East Asia Region**

The Coordinator for Tobacco Control provided a comprehensive overview of the tobacco control efforts in the WHO SEA Region. He emphasized that this Region is particularly affected by the tobacco epidemic. It is both one of the largest producers and consumers of tobacco and tobacco products in the world. Recent surveys have shown that the prevalence of tobacco use among youth and health professional students are alarming and there is a huge prevalence of use of *bidi* and smokeless products. Implementation of tobacco control programmes in the countries of this Region face impediments due to the existence of inadequate and weak infrastructure, poor legislative measures, weak capacity to enforce the laws and lack of resources for tobacco control. In addition, the governments are constrained in implementing effective tobacco control measures due to misleading campaign of the tobacco industry over economic and employment issues. He said that the Regional Tobacco Control Programme focuses on strengthening the national capacity for tobacco control; advocating to develop tobacco control programmes based on the WHO Framework Convention for Tobacco Control (FCTC); supporting countries to develop tobacco control measures, national strategies and plans of action; as well as

legislation and guidelines for enforcement promotion and compliance; promoting multisectoral collaboration; educating, training, communicating and implementing public awareness; supporting surveillance, research and sharing of information; and providing platforms for partnership development among governments, donors, NGOs, national foundations and collaborating centres. The presentation was followed by discussions.

The Bloomberg Project Officer made a presentation on the Initiative and informed that the Initiative has provided in the form of human and financial resources, the means to complement the Regional Tobacco Control Programme and help implement the WHO FCTC. She explained that the Initiative is focusing on strengthening the capacity of governments for tobacco control; monitoring tobacco control through the Global Tobacco Control Report (GTCR); monitoring tobacco prevalence through the Global Adult Tobacco Survey (GATS); generating economic analysis for advocacy and policy setting; supporting advocacy and the observance of “World No Tobacco Day” (WNTD); and providing funds to government organizations (GOs) and NGOs – through the Grant Mechanism – to implement tobacco control activities. She emphasized that the role of the Regional Office is to provide technical support to countries; coordinate with headquarters, Bloomberg partners and countries; to channel capacity-building resources and compile data for monitoring and reporting purposes. During the discussions, participants emphasized the need to address coordination issues at the country level with other BGI partners. Participants also expressed concern that funds are being allotted to the same kind of activity through different BGI channels or to different organizations. It was also highlighted that WHO should strengthen the capacity of the ministries of health to coordinate all activities contributing to the tobacco control programme. Concerns were also raised on the quality of outcomes of the projects being implemented by non-state organizations, including some NGOs that have received funds from the Bloomberg Grant Mechanism.

## **5.2 Perspectives from Bloomberg Focus Countries**

### ***Bangladesh***

The Bloomberg Bangladesh Team made a presentation on the prospects of implementation of BGI in the country. Participants were informed about the salient tobacco control statistics the country. Current tobacco control initiatives in the country highlighting the commitment of the Government to

amend the existing legislation at par with the WHO FCTC were also shared at the meeting. Activities undertaken under the Initiative such as establishment of the National Tobacco Control Cell, development of the National Strategic Plan of Action for Tobacco Control and the establishment of task forces at the national, district and sub-district level, among others were highlighted. It was emphasized that tobacco control in the country faces considerable challenge on account of the colossal influence of the tobacco industry; rapid political changes and uncertainty in the degree of commitment of the government; concerns of policy-makers about revenue loss; low community awareness levels and inadequate funds for building sustainable awareness against tobacco use and health promotion materials and activities; high degree of cultural acceptance of tobacco in rural areas in particular; weak enforcement of tobacco control Acts/Regulations/Rules coupled with a restricted definition of tobacco products which do not include smokeless tobacco within the purview of the Act; lack of support for cessation clinics and lack of coordination among Bloomberg grantees who are supposed to contribute to the national tobacco control efforts. However, opportunities for tobacco control such as incorporation of tobacco control activities in the mainstream of NCD control efforts; development of a strategic plan of action for tobacco control; a benchmark for tobacco in the Health, Nutrition and Population Sector Programme; support from BGI and ongoing advocacy to include tobacco in the revision of the Poverty Reduction Strategic Programme also exist in the country. It was pointed out that some areas such as generation of evidence on the economics of tobacco control to enhance the understanding and knowledge levels of governments about tax on tobacco products, cessation activities and ways to make existing tobacco control measures more comprehensive needed further attention.

During the discussions on the presentation, participants expressed their appreciation of the contribution of Bangladesh Team to the national tobacco control efforts and for sharing the National Strategic Plan of Action for Tobacco Control, 2007-2010. The document was considered a model that explicitly outlines the initiative and ownership of the commitment to tobacco control of the Ministry of Health and Family Welfare. It was also mentioned that the threats as identified should be addressed more vigilantly because the strengths are not being translated into tangible results in terms of change in the prevalence data. The importance of tackling the issue of social acceptance of tobacco was also emphasized.

## **India**

The Bloomberg India Team made a presentation in which the situation regarding tobacco control in the country as well as the progress in implementation of BGI was highlighted. It was stated that nearly 1 million persons die due to tobacco use every year in the country; 50% of cancer deaths and the majority of cardiovascular and lung disorders are attributed to tobacco consumption; and the total economic cost of the three major diseases due to tobacco use in India was approximately USD 7.2 billion in 2002-2003. The participants were informed that the objective of BGI activities at the central level is to create an effective model for strengthening policy, advocacy and multisectoral partnerships for tobacco control; whilst at state level the objective is to build the capacity for implementation of tobacco control laws. It was highlighted that there is a strong commitment of the Ministry of Health and Family Welfare to tobacco control in the country. A comprehensive tobacco control legislation was enacted and a dedicated National Tobacco Control Programme (NTCP) was established with the objective to build capacity at national and state levels. Enforcement infrastructure is being strengthened at the national and state levels with the provision of available resources to maintain the same. It was added that there is a community-based approach to the national action plan to ensure active participation of civil society, school teachers, health workers and others in tobacco control. There is also the existence of a small but strong group of civil society organizations, experts and activists working actively for tobacco control. However, there are also challenges for tobacco control within the country. India is a major tobacco producing country and the government is concerned about the loss of employment/livelihood due to strong tobacco-control measures. Tobacco use is also an intrinsic and acceptable feature of social life and traditions and there exist a huge variety of tobacco products which require multiple strategies for control. Coupled with all this, low awareness among the public on the ill-effects of tobacco use and passive smoking is another cause for concern.

## **Indonesia**

The Bloomberg Indonesia Country Team elucidated the scenario in Indonesia. The salient features of tobacco-related data in the country were presented at the meeting. It was added that the National Tobacco Control Law is still in draft format although some regulations are in place. These include the Local Government (Executive Order) Regulations in the province of Jakarta and cities of Bogor, Cirebon, Palembang and Lumajang,

which are in place. The appointment of the National Tobacco Control Focal Point in the MoH was stated as a positive development. Improved government-NGO network, support of international agencies and the local government's "Smoke-Free Initiatives" were also cited as new directions and initiatives for tobacco control. The opportunity provided by BGI was termed as useful for tobacco control in the country. However, a firm policy commitment from the government is still not there. It was also highlighted that there is poor public awareness about the harms caused by tobacco and there is also a high degree of dependence of the government on tobacco revenues. The main challenges in tobacco control in Indonesia are the existence of strong and influential tobacco industry and the government's low priority on the health impact of tobacco use. Economic considerations such as employment and revenue play an important role in policy-making on tobacco control. It was added that the BGI has been a key support to the MoH focal point and the national coordination of activities for tobacco control. The Initiative has also activated NGOs to intensify their efforts for tobacco control.

### ***Thailand***

The Bloomberg Thailand Team made a presentation on the tobacco control situation in Thailand. It was explained that the tobacco control strategies and activities focus on policy advocacy, legislation, regulation and enforcement, public mobilization, awareness creation, promotion of change in social norms and values, networking and alliance building, knowledge management and evidence generation and capacity building. It was added that there are good tobacco control and non-smokers' health protection laws in the country. There are also increasing number of health awareness campaigns in society, multisectoral collaboration, sustainable budgeting system for health promotion and tobacco control and countrywide implementation of health promotion programmes. However, many tobacco control projects remain on a small scale despite their success and the tobacco control focal unit is overburdened with its existing workload. It was pointed out that the capacity for law enforcement is still weak in the country. In addition, globalization is bringing in sociocultural and lifestyle changes, especially among the youth. Tobacco control is not a priority in government policies. On the other hand, tobacco industry marketing strategies are aggressive. BGI activities in Thailand are strengthening the country tobacco control network and programmes and looking into ways to supplement gaps in national tobacco control. On the discussions on the

enforcement of smoke-free legislations, it was mentioned that it was essential to establish a mechanism for monitoring smoke-free compliance to ensure widespread awareness and compliance. It was also added that the biggest advantage for tobacco control in Thailand is that there is a sustainable finance through the earmarked tax for tobacco and alcohol. The importance of quality implementation and community participation in tobacco control was highlighted and considered to be critical.

### **5.3 Thematic discussions**

Thematic discussions were held on a number of issues/areas followed by further deliberations. Country Bloomberg Teams made presentations on the thematic issues.

#### ***Smoke-free jurisdictions***

A presentation was made on “Smoke-free jurisdiction” by the India Team. The presentation was based on the Framework Convention’s Article 8: “Protection from exposure to tobacco smoke”, whereby Parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability. The principles, definitions, scope of effective legislation, strategies for implementation and enforcement infrastructure were also explained.

The Indian experience in this area was shared. It was stated that the awareness about smoke-free laws among the community is low. Also, the enforcement mechanism is weak due mainly to the fact that the law enforcers are not notified/sensitized. Furthermore, managers/owners of public places such as restaurants are not fully aware and sensitized about the law. Exemptions as provided in the Act are misused, e.g. the physical segregation component. Some of the successful smoke-free initiatives, such as the initiative to make the building that houses the WHO India office and the Ministry of Health & Family Welfare tobacco free; the tobacco free educational institutions, and the Smoke-Free Cities in India were also highlighted. An action plan for implementation of smoke-free laws was also presented, which proposes to include activities such as penalizing the owner/manager of any public area violating the law as well as the smoker; withdrawing the license of establishments in case of repeated violations (a pre-requisite for renewal of license); initiating State helplines for reporting violations of the provision; displaying boards with helpline numbers on all

public transport/public places; re-enforcing Municipality Acts, Building Rules and others; developing a mechanism to use fines collected exclusively for the National Programme for Tobacco Control; ensuring effective participation of NGOs; and launching a mass media campaign on the ill effects of passive smoking and on smoke-free laws.

### ***Tobacco tax and excise***

The Indonesia Team made a presentation on tobacco, tax and excise. It was highlighted that effective tobacco control measures include demand and supply reduction through a series of measures such as raising tobacco taxes. An analysis carried out in several countries across the world that revealed that higher taxes on tobacco products can generate higher revenues for governments and reduce tobacco consumption without any job loss was shared with the participants. The Indonesian situation in this area was also presented. It was explained that the Ministry of Finance has developed a Tobacco Excise Tax Roadmap, in which three elements are taken into account – employment, industry and health. However, the health concern is only considered in the long-term strategy of the Roadmap, giving priority to employment and industry sectors. In addition, the Government is concerned about the effect of tax increase on counterfeit of tobacco products. In order to provide information to the government to make informed choices and policy decisions in the area of taxation, it was highlighted that there is a great need to provide evidence-based data and analysis in the area of economics of tobacco control. In the discussions following the presentation, participants highlighted some key experiences in the Region which were suggested for use as arguments for tax increase, including the example of the Thai Health Promotion Foundation as a model for sustained funding for tobacco control.

### ***Ban on tobacco advertisements***

A presentation on a change of image through bans and anti-tobacco advertisements was made by the Thailand Team. The presentation highlighted the Framework Convention's provisions in Articles 11 (packaging and labelling of tobacco products) and 13 (tobacco advertising, promotion and sponsorship) as a starting point for the subject and shared Thailand's successful experience on packaging and labelling in which currently text and pictorial health warning messages cover 50% of all cigarette packs. Thailand's Tobacco Products Control Act 1992, which made provisions for a comprehensive ban on tobacco advertising and

promotion, does not explicitly ban sponsorships. However, by banning all display of cigarette logos it implicitly curtails sponsorship. The ban covers all indirect advertising, i.e. product placement, trademark diversification and advertising goods that appear as an imitation of tobacco products or packages. The ban also forbids several promotional activities, i.e. sale to minors, sale through vending machines, and others. NGOs have been instrumental in the implementation and enforcement of the 1992 Act. The Thai Health Promotion Institute (THPI) has been the main monitoring force and has provided numerous notifications to the Institute of Tobacco Consumption Control. Most of these have not been followed efficiently but in a few cases the effective suppression of the tobacco industry's promotional activities were thwarted due to the THPI's vigilance and strong media advocacy. Lessons learned from Thailand's experience show the importance of effective strategy for tobacco control. It was pointed out that three elements were essential to make advertisement bans possible: policy formulation, monitoring, enforcement and law amendment; advocacy and lobbying, community programmes, tobacco industry surveillance; and research, education and training.

### **Public education**

The Bangladesh Team made a presentation on public education for tobacco control in line with Article 12 of the Framework Convention which states that parties should promote and strengthen public awareness of tobacco control issues using all available communication tools as appropriate. These include broad access to comprehensive public awareness campaigns on adverse health, economic and environmental consequences of tobacco use and participation of public, private agencies and NGOs in the development of intersectoral strategies for tobacco control. The prevalent situation in this sector in Bangladesh was shared. It was explained that there is a lack of knowledge about harmful effects of tobacco, especially *bidi*. Second-hand smoking is not seen as harmful by the community at large and people are not fully aware of the existing Tobacco Control Act. There is no national communication strategy for tobacco control which is effective for tobacco-related health education efforts in the country. World No Tobacco Day 2007 was used as a platform for the anti-tobacco mass media communication campaign. A mixed media strategy was used, including print (newspaper advertisement, articles, leaflets/stickers) and electronic (TV talk show/short drama/education-entertainment, local cable network), audio (FM Radio) and folk (*baul* songs,

local theatre, *jari*). Several activities were highlighted as innovative and important to reach different target audiences, such as the national discussion meeting with the Secretary of the Ministry of Health and Family Welfare as chief guest; round-table discussions by journalists; anti-tobacco musical concerts; folk song rallies; advocacy meetings; declaration of smoke-free places; removal of tobacco advertisements; mobile and fast-track courts enforcing the law; advocacy meeting with lawyers for smoke-free court premises; cable network, radio and TV talk shows and documentaries; publication of the National Strategic Plan of Action and of a tobacco control law book that contains all effective laws, regulations and government orders; as well as the publication of stickers for distribution in public places and on public transport.

It was also mentioned that the lack of funds for anti-tobacco campaigns in the context of highly-funded and target-oriented strategic campaigns by the tobacco industry affects the effectiveness of public education efforts. Support of government organizations and NGOs to develop a national communication strategy for public education and awareness building was suggested in order to combine efforts and improve public education for tobacco control.

#### **5.4 Bloomberg Grant Mechanism**

A presentation on Grant Mechanism was made explaining the cycles, principles, type of projects that can be awarded grants, and priorities in the third round of grant application. Participants were informed about WHO's specific role in providing technical assistance to the government organizations and NGOs in the development of project ideas and full proposal and in the implementation of projects with awarded grants.

During in this discussion the participants expressed their concerns about the functioning of the grant mechanism, including the lack of feedback on unfunded grants, poor follow-up on implementation and lack of an evaluation mechanism, and inadequate information about the projects granted to NGOs. It was also mentioned that the capacity of some NGOs that have received funds are weak and that many of them were not on good terms with the national governments. Therefore, their contributions may not necessarily add to the bolstering of the overall national tobacco control efforts. It was also pointed out that the third round

of grant application is affected by the refusal of the projects submitted in previous rounds and that resulted in loss of confidence in the whole process of the grant mechanism. Similarly, there is little information on the projects that were funded and little visibility of the outcomes of the projects. It was also highlighted that there is a need to shorten the time for receipt of the Rapid Response Grants as experiences show that this type of grant should be made available at a more shorter time to address the important and burning issues. The experience in submitting joint proposals between WHO, the government and key national NGOs was also shared by some country teams.

## **5.5 Global Adult Tobacco Survey**

The Regional Surveillance Officer, SEARO, made a presentation on the Global Adult Tobacco Survey (GATS) and explained how this survey complements the Global Tobacco Surveillance System (GTSS). The background, principles, objectives, process and specific procedures of GATS were explained.

Surveillance officers from Bangladesh, India and Thailand gave a brief presentation on the status of GATS implementation in their respective countries. These presentations were followed by discussions during which the main concern raised by participants was regarding the use and applicability of hand-held devices to be used in the implementation of the survey. It was pointed out that there should be frequent and close collaboration among country and regional offices in all aspects of GATS, including sampling, pretest and other administrative issues.

## **5.6 Key information notes**

### ***TB and tobacco***

A presentation was made on tuberculosis (TB) and tobacco by the Junior Public Health Officer, SEARO. She explained that given the close link between TB and tobacco and considering the fact that integration of the two programmes can significantly reduce morbidity and mortality from TB, SEARO is undertaking activities to promote coordination and collaboration between these two areas by integrating TB and tobacco control activities within the health system through the Practical Approach to Lung Health

(PAL). She shared the experience in Nepal where a PAL pilot project was launched in 2007 and is expected to be completed by June 2008. Participants were apprised about a similar project to be implemented in 2008 in Bangladesh and Indonesia if funds are available.

### ***Tobacco control training courses at Johns Hopkins***

Participants were briefed about the available training courses organized by one of the Bloomberg Partners – the Johns Hopkins Bloomberg School of Public Health. These included the Global Tobacco Control Leadership Programme, the Certificate in Global Tobacco Control and the online Global Tobacco Control Programme. They were requested to send suitable nominations for these programmes on time.

### ***World No Tobacco Day (WNTD) 2008***

Participants were briefed about the WNTD 2008 theme: Tobacco-Free Youth, which called for a complete ban on advertising, sponsorship and promotion. The development of WNTD material, information toolkit and other related issues were discussed. Making the global WNTD documents available to country offices on time was highlighted by the participants.

## **5.7 Programme development and implementation**

The country BGI Teams formed groups to discuss and draft their 2008 BGI workplans. Prior to this exercise, SEARO's draft BGI 2008 workplan was presented at the meeting. The workplan highlighted the key outputs, products, activities and implementing partners.

All country teams made presentations on their respective draft 2008 workplans, which were all in line with SEARO's BGI workplan and focused, among other things, on promoting effective national multisectoral coordination mechanisms for tobacco control, multisectoral national action plans, active engagement in the Grant Mechanism, Global Tobacco Control Report activities, Global Adult Tobacco Survey activities, the generation of economic evidence and analysis for policy setting, the observance of the WNTD and other Advocacy activities. In the discussions on all the workplans, participants provided inputs for the improvement of their workplans and these were revised accordingly.

## **5.8 Regional BGI implementation tools**

### ***Monitoring and evaluation***

The National Professional Officer (NCD and Tobacco), WHO Bangladesh-Country Office, made a presentation on project monitoring and evaluation. It was pointed out that evaluation is the systematic way of learning from experience in order to improve, revise and adapt tobacco control policies and programmes. The need to take into account information, research, surveillance, health policies and programmes to influence and evaluate was highlighted in the presentation. He also stressed the need to generate evidence-based comparable high-quality data. It was explained that monitoring should use indicators to measure adequately all areas covered by the national programme from both technical and financial points of view.

### ***Reporting and coordination***

SEARO provided guidance on reporting and coordination needs for the Bloomberg Project. Reporting was mentioned as a very important aspect of project implementation, particularly in output-oriented programmes where achievements should be clearly identified, recorded and disseminated. Various mechanisms for reporting such as monthly and quarterly reports and the BGI partners' calls were highlighted. It was also added that reporting should be done according to the workplan and can be used also as a way to improve coordination. Coordination in BGI was identified as a very important aspect due to the involvement of so many partners/stakeholders in the project. The important and crucial role played by the MoH in the coordination of the BGI country mechanism was highlighted and it was suggested that country BGI Teams should support the MoH in this issue.

### ***Communication and Exchange and Sharing of Information***

SEARO briefed participants about the development of a Regional Communication Strategy for Tobacco Control that would be finalized, printed and distributed in the first quarter of 2008. The objective of the communication strategy is to provide key strategic elements for the communication of the tobacco control activities in an effective way. The other objective of the Regional Communication Strategy is to provide guidance to countries to develop their national communication strategies for tobacco control. Presentations were also made on the BGI newsletter and TFIs webpage.

### ***BGI newsletter***

SEARO apprised participants about the upcoming BGI newsletter. The newsletter's objectives were shared with them. The objectives included dissemination of information about BGI in the Region according to the workplan's outputs and providing continuous updates on tobacco surveillance. The target audiences of the newsletter are donors, WHO/HQ, regional and country offices, key national and international NGOs and the general public. The newsletter will be issued on a quarterly basis and consist of two main sections: the first section portraying the regional progress classified according to the main outputs of BGI workplan and the second section presenting best practices from countries.

### ***TFI webpage***

SEARO also made a presentation on TFI's current website and plans to improve it. It was explained that efficient knowledge management and use of information and communication technology is important in disseminating information. Internet being the primary information resource for many users, the goal of the revision of the website is to improve it to enhance its value as a resource for tobacco control in the Region. Other objectives are to make available new areas of work such as TB and tobacco and Tobacco, poverty & MDGs; and update existing tobacco control data and database; make the TFI website more user-friendly by improving the design and increasing accessibility; and improve the website's general aesthetics by adding colour, images and animations.

## **6. Recommendations**

The Orientation Workshop came up with following recommendations:

### ***A. Coordination***

- (1) Country coordination mechanism involving all BGI partners, government and grantees needs to be strengthened to ensure better coordination among BGI partners to avoid duplication of resources and efforts for better output.
- (2) Progress report of the projects being implemented by grantees should be made available to the MoH in order to assess how the same are contributing to the national tobacco control programme/efforts.

### ***B. Grant mechanism***

- (1) Projects from community-based organizations and NGOs should also be considered and supported.
- (2) A proper feedback mechanism for project ideas/proposals that are not accepted is required to ensure transparency and to avoid negative perceptions about the initiative.
- (3) Rapid response grants need to be processed in a faster manner (2-4 weeks) to ensure immediate action on areas needing urgent response.
- (4) Training for WHO country office and SEARO BGI Staff on grant mechanism, including Project Idea and full proposal writing exercise, must be provided.

### ***C. Monitoring and reporting***

- (1) Better technical/field-level monitoring of the interventions that are supported for effective implementation.
- (2) The monthly report on the progress of implementation should contain success stories to project WHO's contribution to and leadership in the BGI.
- (3) "Conference call" should be used as an opportunity to highlight the need for strengthened coordination and cooperation among all BGI Partners, including the challenges and obstacles faced by MoH and WHO. The National Focal Point in MoH should be invited to participate in the "Call".
- (4) A user-friendly monitoring tool for the BGI should be developed by SEARO in coordination with country offices.

### ***D. Generation of evidence and information***

- (1) Studies related to the economics of tobacco should be undertaken in coordination with the Ministry of Health to ensure that these studies meet country needs and have credibility/ownership by the country.
- (2) The need for developing country-specific tobacco control information, e.g. the National Tobacco Control Report, as the main formal source of data on tobacco-related issues.

### ***E. Advocacy***

- (1) The best practices emerging from the activities under the interventions should be well documented and shared among the partners.
- (2) Cooperation among BGI countries in matters of sharing experiences and knowledge in the form of study tour for policy-makers;
- (3) Both soft and hard copies of World No Tobacco Day materials should be made available on time.

## **8. Conclusions**

The WHO South-East Asia Region was the first and only Region to have organized this kind of Orientation Workshop. The organization of the workshop was found to be useful for the implementation of the project. Country and regional teams had an opportunity to have a better understanding about the Initiative as well as about the role of WHO in the development and implementation of projects.

The workshop has enhanced the knowledge and team spirit of the whole BGI Team about the Initiative. It is expected that the capacity of the BGI staff would be enhanced to contribute to national capacity building for tobacco control. The workshop provided a unique opportunity to discuss and share the challenges that the country BGI teams are facing in terms of coordination of the Initiative and to seek a common approach to this important issue. It also provided the entire BGI Team a common platform to assess the progress of implementation of the Initiative and to discuss and agree on issues that are important for the speedy and effective implementation of the Initiative. All the participants gained a better understanding of the regional tobacco control programme and their role in its implementation. They also gathered useful information and enhanced their knowledge from each others' experience. Finally, the workshop has generated a sense of understanding, ownership and partnership among all BGI colleagues as a team and the role and responsibility of the team as a whole in the successful implementation of the Initiative. The workshop was formally declared closed by the representative of WR Indonesia.

## Annex 1

# Programme

**Monday, 7 January 2007**

08:00 – 08:30	<b>Registration</b>
08:30 – 09:00	<b>Inauguration/Introduction</b> <i>WR Indonesia, Dr Subhash Salunke</i>
09:00 – 10:00	<b>Tobacco Control in the South-East Asia Region</b> <i>Dr K. Rahman</i>  Bloomberg Global Initiative (BGI) to Reduce Tobacco Use – Regional Perspective <i>Maria L. Restrepo</i>
10:15 – 12:30	<b>Moderator : WR Indonesia</b>  <b>Perspectives from countries on BGI</b> <b>Moderator : WR Indonesia</b>  Presentation should comprise: country team and responsibilities, country-specific tobacco control in brief, BGI country activities output-wise and general SWOT (strengths, weaknesses, opportunities and threats) analysis of tobacco control in general and BGI in specific  <b>(Each country will have 30 minutes)</b>  Bangladesh India Indonesia Thailand
13:30 -15:30	<b>Thematic discussions</b> <b>Moderator: WR Indonesia</b>  For each theme, a framework will be presented by a country team where a best practice on this theme can be highlighted, the country team will present the best practice and country teams will be asked to briefly

explain what has been done in this regard in their respective country

**(Each theme will be discussed in an hour's time)**

**Smoke-Free Jurisdictions**

Protecting non-smokers from exposure to other people's smoke, smoke-free legislation and enforcement

*India Team*

**Tobacco tax and excise**

Increase tax, increase revenue, reduce smuggling

*Indonesia Team*

15:45 -18:00

**Thematic discussions –continues-**

**Ban on advertisements**

Image change through bans and anti-tobacco advertisements

*Thailand Team*

**Public education**

Educating the public on the existence of legislation, disseminating negative effects of tobacco on health

*Bangladesh Team*

19:00

Reception

**Tuesday, 8 January 2007**

09:00 – 10:30

**Grant mechanism**

*Maria L. Restrepo*

Priorities, rounds cycle, WHO role

Challenges in implementation of projects by NGOs (coordination)

Discussions

**Moderator : RA-TFI**

10:45- 11:45

**Global Adult Tobacco Survey (GATS)**

*Dr Dharendra N. Sinha*

*Progress in countries by surveillance officers*

**Moderator : Dr Mostafa Zaman**

- 11:45 -12:45                      Key Information Notes
- World No Tobacco Day 2008  
*Dr K. Rahman*
  - TB and Tobacco  
*Dr Niki Shrestha*
- 13:00 – 17:00                      **Field visit to a Smoke-free Jurisdiction (Borobudur)**
- Wednesday, 9 January 2007**
- 09:00 – 09:30                      **Programme Development and Implementation of BGI**  
*Dr K. Rahman /Maria L. Restrepo*  
BGI Plan of Action for 2008  
Presentation of Regional workplan  
*SEARO*
- Presentation of in country workplan  
*Indonesia Team*
- Moderator: RA -TFI**
- 09:30 – 11:30                      **Country Group Work**  
Each country team will divide among themselves the work on drafting the 2008 country workplan
- 11:30 – 12:30                      **Workplan presentation**  
Each country team will have 30 minutes to present the draft workplan  
*Bangladesh Team*  
*India Team*
- 13:30 – 14:30                      **Workplan presentation –continues-**  
**Moderator : WR Indonesia**  
*Indonesia Team*  
*Thailand Team*
- 14:30 – 15:30                      **Regional BGI Implementation Tools**  
*SEARO*  
**Moderator: RA-TFI**
1. Monitoring and evaluation  
*Dr Mostafa Zaman*

2. Reporting (monthly and quarterly reports)  
*SEARO*
3. Coordination  
*SEARO*
  - Coordination with BGI partners
  - networking among SEA Region 4 BGI countries
4. Communication and exchange and sharing of information
  - Communication strategy
  - Newsletter  
*Maria L. Restrepo*
  - Webpage  
*Katherine P. Duff*

15:45- 16:15

**Conclusions**

Concluding remarks by RA-TFI

## Annex 2

### List of participants

#### **WHO Bangladesh**

Dr Mostafa Zaman  
National Professional Officer (NCD)

Mr Iqbal Kabir  
Information, Education and  
Communication Officer

Ms Nusrat Jahan  
Enforcement of Tobacco Control Law Officer

Ms Ishrat Choudhury  
Grant Management Officer

Dr Sohel Reza Choudhury  
Surveillance Officer

#### **WHO India**

Ms Vineet Munish Gill  
National Professional Officer (Tobacco)

Ms Hemi Shah  
National Consultant

Mr Praveen Kumar Sinha  
National Consultant

Ms Parul Pandey  
National Consultant

Mr Ashish Pandey  
National Consultant

#### **WHO Indonesia**

Dr Subhash Salunke  
WHO Representative

Dr Albert Maramis  
National Professional Officer  
(Mental Health and Tobacco)

Dr Widyastuti Wibisana  
BGI Officer

Dr Yodi Christiani  
Surveillance Officer

#### **WHO Thailand**

Dr Chai Kritiyapichatkul  
BGI Officer

Dr Gun Chernrunroj  
Surveillance Officer

#### **SEARO**

Dr Khalilur Rahman  
Regional Adviser (Tobacco Free Initiative)

Dr Dharendra N. Sinha  
Surveillance Officer (Tobacco Free Initiative)

Ms Maria Restrepo  
BGI Project Officer (Tobacco Free Initiative)

Dr Niki Shrestha  
Junior Public Health Professional  
(Tobacco Free Initiative)

Ms Putu Katherine Duff  
Intern (Tobacco Free Initiative)