

Progress of Implementation
of the Bloomberg Initiative to
Reduce Tobacco Use
in the South-East Asia Region

Annual Report, 2008



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Executive summary

The Bloomberg Initiative (BI) is being implemented in the South-East Asia Region since 2007 with special emphasis on four Bloomberg focus countries – Bangladesh, India, Indonesia and Thailand. At the outset, the WHO Regional Office for South-East Asia Region (SEARO), took the lead in implementing many BI activities and scaled-up activities in the Bloomberg focus countries in the Region. During 2008, the teams at the Regional office and BI focus country offices implemented activities in all relevant areas of the initiative and ensured active engagement of the government organizations and NGOs. BI teams at the country and regional level worked closely and in a coordinated way. Intercountry meetings have been organized in order to discuss all related issues of importance to all offices in order to share experiences. This has ensured an appropriate alignment of the work and a positive exchange of experiences.

Country offices have continued to strengthen the capacity of the national authorities by providing them technical assistance. Activities have been implemented in all countries to enhance multisectoral coordination and involvement of all relevant government sectors in tobacco control. The national capacity assessment for implementing effective tobacco control policies was pilot-tested in Thailand and recommendations were made to steer the tobacco control programme.

In the area of tobacco control policies, the sixty-first session of the Regional Committee adopted a resolution on tobacco control emphasizing the implementation of the MPOWER policy package for effective implementation of the WHO Framework Convention on Tobacco Control (FCTC). At the country level, smoke-free notifications were issued in India and Thailand and the enforcement mechanism is being strengthened. Bangladesh has declared a number of educational institutions smoke-free. The draft tobacco control legislation has been included in the Parliament's agenda for 2009.

SEARO continued to assist government organizations and NGOs from non-Bloomberg focus countries to apply for grants from the Bloomberg Grant Mechanism in addition to the usual support to BI focus countries.

In the area of surveillance, data is being collected for the Global Tobacco Control Report (GTCR) II from all Member States of the Region. The implementation of the Global Adult Tobacco Survey (GATS) is well underway in Bangladesh, India and Thailand.

The World No Tobacco Day (WNTD) was commemorated in all countries of the Region and information, education and communication (IEC) materials were produced at the Regional Office and at the country level in local languages. Government organizations and NGOs organized a number of activities and ensured wide coverage of all the events. Partnership with media helped in disseminating the message in national dailies and in other media outlets free of cost. In addition, country offices were supported in a number of advocacy and communication activities to disseminate other relevant tobacco control messages in local languages.

Although overall progress was achieved in tobacco control efforts during 2008, there are areas in which further improvements are required. The grant mechanism continues to be not easily accessible by government organizations. Further improvements are required in the area of coordination among all BI partners in particular involving WHO in a more meaningful way in the grant mechanism. Efforts are also needed to strengthen monitoring and evaluation systems to measure the effectiveness of interventions.

1. Implementation of the BI workplan in the South-East Asia Region during 2008

WHO Thailand organized a multi-country activity for joint planning of 2009 Bloomberg Initiative activities in December 2008. The organization of the meeting was supported by the Regional Office and Bloomberg focus countries participated. Discussions on achievements and challenges of 2008 activities were held and workplans for 2009 were drafted. Discussions were also held on the overall progress of implementation of BI activities from a regional perspective. Issues relating to the Bloomberg grant mechanism, coordination and communication challenges across all levels of the Organization, monitoring and evaluation, the experience in Thailand of the Joint National Capacity Assessment for implementing tobacco control policies, the World No Tobacco Day and the MPOWER policy package were discussed in detail.

1.1 An effective national coordination mechanism and structure for tobacco control

Bloomberg focus countries continued to strengthen the capacity of national authorities for tobacco control, strengthening national coordination mechanisms and implementing the national plans of action for tobacco control. Several activities have been undertaken in India, for example, in order to involve other stakeholders in tobacco control activities at State level. Bangladesh, Indonesia and Thailand have also worked in reaching other ministries as well as civil society organizations in order to ensure a multisectoral approach to tobacco control.

WHO Bangladesh in coordination with the Ministry of Health and Family Welfare (MoH&FW) have done extensive work in the area of tobacco control with other government organizations. The Ministry of Education (MoE) and the National Curriculum & Text Book Board (NCTB) agreed to include tobacco control messages in the new school curriculum. School text books in Bangladesh would include tobacco control as a life-skill issue from 2010. WHO has sensitized the consultants for curriculum

development of Secondary Educational Sector Development Project (SESDP) and provided suitable contents for curriculum development on tobacco control. It was decided that the school text books would include class-wise incremental topics on tobacco issues from primary to higher secondary level. The MoE has also agreed to publish books on tobacco control for supplementary reading. There was close collaboration with the Ministry of Youth and Sports (MOY&S), as a result of which they have submitted a proposal to declare 60 smoke-free youth centres across the country. In addition, Bangladesh Scouts have been involved in tobacco control activities and have agreed to involve scout leaders in the dissemination of anti-tobacco messages and life skill training addressed to youth.

In India, activities were held in various States in order to broaden and improve the network of organizations implementing anti-tobacco activities. The State Tobacco Control Cells have sent communications to all relevant departments with copies of the Tobacco Control Act 2003. In addition, they participated in a series of events in their area of jurisdiction to further disseminate the Tobacco Control Act. They also worked with educational institutions, municipal corporations, the Indian Red Cross Society, Scouts groups, cadet coordinators and many others to provide information on the Tobacco Control Act 2003 and to discuss effective ways for implementation of the Act in their respective areas of jurisdiction. In many districts, District Tobacco Control Cells were set up.

In addition, the first meeting of the laboratory committee was convened to look into the specification of the laboratory equipments for the apex and regional laboratory for testing the contents of tobacco products. Also, a consultation was organized with representatives from the Central Tobacco Research Institute, Rajahmundry, Andhra Pradesh and the Additional Director-General, Indian Council of Agricultural Research, to discuss alternatives to tobacco crops.

In Indonesia, WHO conducted several activities to involve health institutions and associations in tobacco control. The Persahabatan Hospital (top referral hospital for respiratory and lung diseases) in Jakarta and the Indonesian Medical Association in Makassar (South Sulawesi province) requested technical support to develop tobacco cessation centres. In addition, WHO Indonesia maintained a close link with nine universities among which two groups (South Sulawesi and Jakarta) have expressed their immediate needs for tobacco control activities, in particular to create

cessation clinics-cum-tobacco-control support centres. Similarly, the Indonesian Association of Family Physicians in their annual scientific meeting decided to take action in the area of tobacco control and to advocate for tobacco control among legislative and executive agencies at national and sub-national levels.

In Thailand, WHO Thailand in coordination with the Ministry of Public Health (MOPH), the Thai Health Promotion Institute, Action on Smoking, Health Foundation, and the Tobacco Control Research and Knowledge Management Centre organized a consultation on policy and strategy for strengthening the organizational capacity of the National Tobacco Control Focal Unit. This was followed by informal discussions to strengthen the national tobacco control capacity focusing on organizational capacity building and partnerships. Monthly discussions of the administrator's group to strengthen the Tobacco Free Initiative Network and workplan were also held.

SEARO, WHO/HQ, WHO Thailand and the Ministry of Public Health jointly coordinated the organization and implementation of the Joint National Capacity Assessment for Tobacco Control. The Thailand Tobacco Control Country Profile was commissioned, finalized and distributed to the 30 national, international and WHO experts prior to the assessment exercise. In this exercise, more than 80 interviews were conducted between 2-13 November 2008 in Bangkok, Chiang Mai and Sogkhla provinces. A report on the exercise was prepared to disseminate the findings and recommendations on each of the six policies of the MPOWER policy package.

1.2 An approved national tobacco control action plan (NAP) including a plan for sustained funding for tobacco control efforts, supported by a broad coalition of governmental and nongovernmental NGOs.

Tobacco control policies

Tobacco control policies witnessed important developments during 2008 and the activities/workshops undertaken by WHO in collaboration with the government and non-governmental organizations ensured momentum for adequate enforcement and compliance of tobacco control measures and

legislation. The sixty-first Session of the WHO Regional Committee for South-East Asia held from 9 to 11 September 2008, adopted a resolution on Tobacco Control emphasizing the implementation of the MPOWER policy package for effective implementation of the WHO FCTC. The resolution is a clear reflection of the deep commitment of Member States in the Region to the implementation of the six-point MPOWER policy package. Smoke-free policies saw two important notifications in India and Thailand, and a considerable increase in compliance in educational institutions and other institutions in Bangladesh. In the area of advertising bans, Bangladesh continued to improve enforcement using mobile courts. India took steps to increase knowledge of people and policy makers about the relevant provision of the existing law. More work was carried out in the area of prices and taxes, specially in Bangladesh and Indonesia, including multisectoral collaboration and training of officials of the Ministry of Finance for tobacco control.

In Bangladesh, WHO, the National Tobacco Control Cell (NTCC), the MoH&FW and several NGOs activated a number of tobacco control taskforces and mobile courts at district level. Workshops were organized to brief members of the taskforce committees on the various provisions of the tobacco control law to ensure effective enforcement of the same, such as smoke-free areas, advertising bans, ban on sale to and by minors and others. The taskforces are now able to enforce the tobacco control law at sub-district level.

The Parliament in Indonesia included the tobacco control bill in the list of items for discussions in the 2009 Parliament agenda. This is an important breakthrough after three years of untiring efforts to put this on the agenda.

a. *Smoke-free areas*

In Bangladesh, support was provided to increase the number of smoke-free areas/places. The President launched a campaign for smoke-free education institutions. Several tourist locations were declared smoke-free, as well as offices in some Upazillas, the Shop Owners' Society and the election campaign camps. In addition, several activities were undertaken in coordination with the MoH&FW and several NGOs towards ensuring smoke-free water transport, smoke-free transport terminals, smoke-free Bar and Court premises and smoke-free drug treatment centres. Four leading

private universities were officially declared smoke-free. Special programmes and awareness campaigns were organized in these universities addressed to students, teachers and management. In addition, awareness-raising activities were also undertaken in seven universities and in four schools and colleges. WHO also supported many organizations throughout the country to declare tobacco-free schools and colleges and to build awareness among students and teachers, as well as to organize awareness-raising meetings to enforce the smoke-free hospital network and to introduce smoke-free sports. This helped the National Sports Council, the Bangladesh Olympic Association, the Bangladesh Football Federation and other sports federations to declare their premises smoke-free.

In India, the Supreme Court supported the ban on smoking in public places and the Rules came into effect on 2nd October, 2008. The MoH&FW sent a communication to all State Health Secretaries regarding the revised Smoke-Free Rules urging the States to set up a mechanism for reporting the violations of tobacco control provisions. In addition, the State Tobacco Control Cells (STCC) of Delhi, Assam, Gujarat and Madhya Pradesh disseminated the revised/new rules to all the concerned departments/organizations, and started to create the State Task Forces along with supportive documents to highlight specific tasks for every concerned department/organization therein. The authorized officers were informed about the Tobacco Control Act 2003; similarly the smoke-free regulation, and the system for collection of fines on violation of the Tobacco Control Act was put in place. In addition, intensive public awareness campaigns were carried out in the national and local dailies (in several languages) as well as in TV and radio to encourage compliance with the Smoke-Free Rules. The new Rules were also disseminated for youth campaigns.

The Government of India decided to allocate 35 States/Union Territories among the national/State level Tobacco Control Consultants for effective implementation of the National Tobacco Control Programme at national/state level and to strengthen the monitoring mechanism in their jurisdiction. Smoke-Free initiatives gained momentum through the activities undertaken by the state consultants. They have raised awareness among government organizations and NGOs in their respective areas of jurisdiction. Some municipal corporations were declared smoke-free. Groups such as the Coalition for Smoke-Free Calcutta (CSFC) were set up and are acting as effective advocates and watchdogs. Two universities and 32 other educational institutions were declared smoke-free. A number of health institutions and organizations were also declared smoke-free in

various parts of the country. Awareness-raising activities have been conducted by all STCCs in educational facilities and several STCCs initiated discussions with various state departments such as social welfare, industries, medical education, police, transport, education, district hospital, the National Rural Health Mission and family welfare to ensure multisectoral collaboration for tobacco control. In order to support these efforts, a "Smoke-Free Cities" workshop was organized by The Union in New Delhi in September 2008. WHO supported the organization and conduct of the workshop and ensured participation of the tobacco control focal points from the MoH&FW and STCCs from seven states.

STCC Tamil Nadu conducted a baseline study on Air Nicotine Monitoring for "Smoke-free Public Places" in collaboration with Johns Hopkins Bloomberg School of Public Health (JHSPH) and monitored the different places/zones where the air nicotine monitors were placed across the city of Chennai. STCC Gujarat also identified suitable locations and placed 135 Air Nicotine Monitors at various buildings in Ahmedabad. The Air Nicotine Monitors were sent to JHSPH for analysis.

In Indonesia, technical support was provided to the Tobacco Control Support Centre/ Indonesian Public Health Association (IPHA) and the Directorate for NonCommunicable Diseases Control/MoH to develop an advocacy package for smoke-free areas including the development of a template for smoke-free regulations. WHO Indonesia continued to provide support to nine universities in order to implement smoke-free policies in the campuses. Support was also provided to the tobacco control in-country partners working towards the amendment of the paragraph on smoke-free public places in the existing Government Regulation No. 19/2003 Regarding Making Cigarettes Less Harmful to Health.

In Thailand, the Minister of Public Health announced the beginning of full enforcement of the latest Ministerial Notification on Smoke-Free Places, which covers pubs and bars, restaurants, market places, work places, all food and drink courts, banquet venues, air-conditioned private workplaces and other public places (February 2008). The MoPH and all TFI partners organized events and press conferences to publicize the notification and its enforcement. WHO provided support to relevant authorities and NGOs in the preparation of smoke-free programmes such as the MoPH 100% Smoke-Free Government Offices Programme, the 100% Smoke-Free Bangkok Metropolitan Hospitals, the smoke-free marketplaces campaign addressed to the North Bangkok Agricultural Product Central Market and

the 100% Smoke-Free Bangkok. Support was also provided to the smoke-free youth pilot projects (in school settings and out-of-school settings) implemented by MoPH and Mahidol University. A training workshop was organized for central and provincial field supervisors and coordinators of the Smoke-Free Youth Development project run by Community Health Promotion Club Networks. In addition, WHO, in coordination with NGOs, supported the development of smoke-free public places in provinces, such as Smoke-Free Zoo in Chiang Mai, Smoke-Free Tourist Destinations and others.

b. Image change

Ad bans

In Bangladesh, technical assistance and support were provided to conduct mobile courts in many districts to enforce the tobacco control law and provisions on ban on advertising, marketing and promotion. The mobile court drives continued to be a success story in removing illegal advertisements and in collecting fines for violations of the Act. In addition, several advocacy activities were organized calling for a total ban on advertising, promotion and sponsorship of tobacco products. Activities included a signature campaign, digital wall magazine and a music concert at Shaheed Minar at Jagannath University, Dhaka.

In India, a Public Notice on Section 5 of the Tobacco Control Act which bans all forms of advertising, promotion and sponsorship of tobacco products was published in all the leading national and regional newspapers. The STCCs notified the authorized officers and initiated the process of formation of the monitoring committees at state level.

In Indonesia, WHO supported the National Commission for Child Protection (NCCP) in the implementation of a project which aims at advocating for a ban on tobacco advertising, promotion and sponsorship and amendment of the existing regulations. Support was also provided to the NCCP to discuss with Majelis Ulama Indonesia (the Indonesian Ulama Board) for positioning tobacco consumption as *haram*. The region of Sumatra already issued *fatwa haram* for tobacco which was later endorsed by a statement of the Minister of Health. WHO also provided support in developing a guideline for de-normalizing the tobacco industry tactics.

Health warnings

In Bangladesh, a meeting was organized between the NTCC and the Bangladesh Consortium for Tobacco Control (BCTC) regarding a draft law to incorporate provisions on pictorial warnings in the existing tobacco control law through an amendment. In addition, WHO supported the Consumers Association of Bangladesh to hold advocacy meetings to advocate for pictorial warnings in 17 districts. Members of civil administration, representatives of civil society and local journalists attended these meetings.

In India, the pictorial health warnings have been developed in 20 official languages and uploaded to the official website of the MoH&FW. A public notice on the revised packaging and labelling rules which were to come into effect from 30th November, 2008 was published in all the leading national and regional dailies. However, the 4th meeting of the Group of Ministers constituted to look into the issues of health warnings asked the Government to defer the date of implementation of the health warnings for another six months till 31 May, 2009. The rules related to the languages in which the health warnings will appear were amended in view of the numerous representations received for this purpose.

WHO Indonesia provided support to several institutions working for implementation of appropriate health warnings in the country. Support was provided to the Faculty of Public Health, University of Indonesia, to disseminate results of the health warnings study to the national authorities. Similar support was also provided to the IPHA to advocate among policy makers for introducing health warnings. The Ministry of Health also received support from WHO in developing and issuing a Ministerial Decree on Pictorial Health Warnings.

c. Counter-marketing

WHO Bangladesh developed close cooperation with the print and electronic media to ensure that regular anti-tobacco messages were disseminated free of charge. A number of articles related to the theme of World No Tobacco Day (WNTD) 2008 were published in the leading newspapers and telecast on TV channels.

In India, a quarter page anti-tobacco print advertisement “Tobacco causes Impotence” was published in the leading national and regional dailies and a number of tobacco control messages were published in national, regional and local newspapers.

In Indonesia, WHO supported the National Commission for Tobacco Control (NCTC) and other partners to launch tobacco control counter-marketing billboards with “Tobacco Free Youth” and WHO FCTC messages in 20 spots in Jakarta Metropolitan area. WHO also supported NCTC petition to protect the young generation from tobacco consumption with over one hundred signatures of popular Indonesian figures (academicians, artists, politicians, professionals and prominent society members). The petition was published in prominent national newspapers (Kompas, Jakarta Post).

d. Prices and taxes

In Bangladesh, WHO provided support for advocacy for raising taxes on tobacco products with the relevant ministries. WHO also supported an inter-ministerial meeting held in the MoH&FW organized for this purpose. The recommendations from the meeting were sent to the National Board of Revenue for their consideration for the fiscal budget July 2008 – June 2009. Direct advocacy for tax increase was done by WHO, MoH&FW and NGOs. As a result, supplementary duty of 60% was imposed on the raw materials for manufacturing cigarettes and 20% on the papers used in producing packaging materials of cigarettes along with other measures.

In Indonesia, WHO supported a study-tour to Thailand for Ministry of Finance officials and eight Parliamentarians to develop a law on fiscal decentralization. WHO also worked with several universities, NGOs and government institutions to advocate for a policy change in the area of tax and prices. Support was provided to the Demographic Institute in its tobacco-tax advocacy activities with Commission XI of the Parliament and with the Golkar Party. In collaboration with the Demographic Institute, WHO organized a national workshop on the Economics of Tobacco Control. The report of a crop substitution study which was commissioned by WHO and implemented by the Indonesian Centre for Agricultural Socio-Economic and Policy Studies was disseminated in the workshop. WHO had bilateral meetings with senior officers of the Ministry of Finance (excise and fiscal policy) in order to exchange information on tobacco tax

policies. As a result, the Ministry of Finance issued Decree No. 203/2008 regulating the tobacco excise system. It simplifies the tax system by applying only specific tax and reduces the production groups to two. The new scheme applies higher taxes for higher priced cigarettes and it increases, on an average, the excise burden by 2/3% on the retail price.

WHO Thailand in coordination with Southeast Asia Tobacco Control Alliance (SEATCA) organized a regional workshop on the implementation of Article 6 of WHO FCTC (tobacco prices and taxes). Representatives from the ministries of health, finance, law and other relevant organizations from nine countries of South-East Asia attended the meeting. One of the outcomes of the workshop was the delivery of inputs for the implementation of tax and price policies.

Workshops and training

SEARO organized an orientation workshop in Yogyakarta, Indonesia in January 2008. The general objective of the workshop was to implement the BI activities in a most effective and coordinated way. The workshop was attended by 21 staff members from SEARO and BI focus country offices in Bangladesh, India, Indonesia and Thailand.

The Johns Hopkins Bloomberg School of Public Health (JHBSPH), the Ministry of Health and Family Welfare of India, the National Institute of Health and Family Welfare, the WHO office in India, the India Resource Centre and others organized a training programme for national and state tobacco consultants in India and regional WHO staff working directly with BI. The workshop was held in March 2008 and participants got exposed to general tobacco control information, project management issues, NGO networking, and the State Tobacco Control focal points had an opportunity to draft the State Tobacco Control Plans of Action. Participants from other countries also attended the workshop.

In coordination with the MoH&FW of India and with support from the Framework Convention Alliance SEARO organized a Regional Workshop on Illicit Trade in Tobacco Products in September 2008 in New Delhi, India. The workshop had wide participation from across the Region with representatives from the ministries of health, finance and law (or equivalent) along with NGOs from the Region. SEARO also organized an Intercountry Workshop on Tobacco Control Legislation in December 2008

in Colombo, Sri Lanka. Participants from the ministries of health and home affairs attended the meeting. Key elements of tobacco control legislation were reviewed and shared among the participants. In order to implement the resolution on tobacco control adopted by the sixty-first session of the Regional Committee, SEARO planned a regional workshop on implementation of the MPOWER Policy Package in Bangladesh.

SEARO and the WHO country offices in Bangladesh, India, Indonesia and Thailand supported grantees and government officials to participate in training courses organized by BI partners. Sixteen participants, including WHO NPOs and tobacco control counterparts, attended the leadership programme and seven participants attended the certificate programme at the JHSPH in Baltimore, USA. Similarly, the WHO Indonesia country office identified eight participants and the WHO Thailand country office two participants to attend the training course with the India Resource Centre (IUALTD) on Management of Managers in Bangkok.

In Bangladesh, WHO supported the Ministry of Youth and Sports to organize a Training of Trainers for youth leaders and to train the youth trainers of their 53 Youth Training Centres across the country on tobacco control issues. The Ministry of Education undertook a similar programme to provide training to teachers at teachers' training centres. Similarly, Bangladesh Scout was supported for training and capacity building of scouts to raise awareness among the community and the young generation on tobacco control. Scouts at the district level were also trained. Training was also provided to NGO workers in 64 districts of the country to notify and prevent violations of the tobacco control Act.

In India, four regional-level advocacy workshops were organized with wide ranging participation of government organizations and NGOs from Gujarat, Rajasthan, Dadra & Nagar Haveli, Maharashtra, Daman & Diu, Goa, Madhya Pradesh, Chattisgarh, Bihar, Uttar Pradesh, Jharkhand, West Bengal and the southern region. The main objective of these advocacy workshops was to sensitize the law enforcement agencies and other stakeholders at state level on the WHO FCTC, the national Tobacco Control Law 2003 and its enforcement. Participants included officials from the Department of Health, Police, Youth & Sports, Labour, Education, Agriculture, Law, State/District Focal Points, State Administration, Food & Drug Administration, Consumer Affairs Department, Railways, Panchayat & Rural Department, Regional Cancer Centres, the Press Information Bureau (PIB), NSS representatives, civil society and media.

WHO provided technical and financial support to the Public Health Foundation of India (PHFI), MoH&FW and JHBSPH to organize a training workshop for the State Programme Managers and STCCs in June-July 2008. STCCs have also participated in workshops organized by The Union on management, leadership and other issues. WHO in coordination with the JHSPH organized a training workshop on Air Nicotine Monitoring for the State Tobacco Control Consultants from Delhi, Tamil Nadu and Gujarat. In addition, the STCCs organized a number of training workshops for educational institutions, health institutions, NGOs, media, law enforcers and other government institutions and professional associations to advocate and disseminate the Tobacco Control Law, general issues on tobacco control, cessation activities, smoke-free environments and regulations, and law enforcement mechanisms. Consultants from STCCs also participated in a number of workshops organized by other institutions.

WHO Indonesia supported the MoH and the IPHA/Tobacco Control Support Centre to organize several workshops at national and sub-national level for to journalists, NGOs, professional associations, youth forums, university students and others. The workshops focused on general tobacco control issues, tobacco control and child protection against tobacco hazards, as well as tobacco control and MDGs. WHO Indonesia also participated in workshops organized by NGOs. In addition, WHO Indonesia facilitated the participation of tobacco control activists in the SEATCA Workshops on WHO FCTC Article 6 in Bangkok, WHO FCTC Article 13 in Singapore.

WHO Thailand provided support to MoPH to conduct training for law enforcers at the provincial level in order to introduce the recently developed Ministerial Notifications and to strengthen law enforcement. Technical and financial support was also provided for undertake several workshops such as the 7th National Conference on Tobacco and Health with the theme, 'Smoke-Free Youth' and the First Asian Regional Conference on Research on Nicotine and Tobacco.

1.3 Active engagement in the Grants Mechanism

The WHO Regional office and four Bloomberg focus country offices assisted government organizations and NGOs from Bloomberg and non-Bloomberg focus countries in applying for grants from the Grant Mechanism by reviewing their project ideas and full proposals for rounds

three and four. Workshops and 'on the job' training activities were organized, as well as group and individual consultations were provided to enhance their full proposal writing capabilities. In round three, two project proposals submitted by government organizations and one by a research institute were recommended for funding and in round four, three project proposals were recommended for funding. Support was also provided to Bloomberg grantees of rounds one and two in project implementation. Some countries have established periodic coordination meetings among all grantees, which was found very useful.

Bangladesh established monthly coordination meetings with all BI grantees to ensure coordination and avoid duplication. Unfortunately, the process of negotiation between the MoH&FW and The Union for the second round grant awarded to the government encountered several difficulties to the point that the grant agreement was not signed even at the end of 2008.

In India, support was provided to grantees from round one and two for effective negotiation and implementation of their projects, such as "Smoke-Free Delhi by 2009" and "Smoke-Free Chennai 2010", the MoU between the World Lung Foundation (WLF) and WHO for the MoH&FW grant for advocacy workshops for sensitizing stakeholders through capacity building was signed and implementation has been underway. In addition, support was provided to other grantees such as the Advocacy Forum for Tobacco Control (AFTC) for organizing a national training workshop for NGO's from 23 states in April 2008 and a National Capacity Building Workshop on Tobacco Control for civil society organizations in Delhi. Support was also provided for writing project ideas and submission of full project proposals for rounds three and four, of which "Smoke-Free Ahmedabad & Gandhi Nagar District" and "Smoke-Free Mizoram" were recommended for funding.

In Indonesia, WHO is organizing periodic coordination meetings with all grantees. WHO provided support in the negotiation and implementation of rounds one and two grantees. Support was also provided in project ideas and full proposal submission for rounds three and four.

In Thailand, the round two agreement for the implementation of the joint proposal (WHO, MoPH and Thai Health Foundation) for the project "Towards 100% Smoke-Free Environment Thailand" was finalized and signed. An effective system, mechanism and guidelines for the coordination, support and implementation of the project were developed.

1.4 A system of monitoring and evaluation of tobacco control policies, the Global Tobacco Control Report (GTCR)

SEARO attended the debriefing meeting on Global Tobacco Control Report (GTCR) in WHO/HQ and provided a regional perspective on GTCR and the challenges of the validation process as well as lessons learnt that should be used in collection of data for subsequent reports. SEARO facilitated dissemination of the report in the Region and among key anti-tobacco partners. The MPOWER policy package was further promoted with specific activities in Bangladesh, Indonesia and Thailand. More importantly, SEARO strongly advocated with Member countries in the Region highlighting the importance of the MPOWER policy package that has been recommended in the GTCR which resulted in the sixty-first Session of the Regional Committee adopting a resolution on implementation of the MPOWER policy package.

The WHO Indonesia country office prepared an Indonesian version of the MPOWER package focusing on Indonesian data and distributed it to partners – government institutions, NGOs, professional associations, religious groups and others. In addition, an article on MPOWER was accepted and published in the Indonesian Journal of Cancer Volume 2, No.2 April-June 2008 for wider dissemination among the scientific community. The WHO Thailand country office translated the summary of the report into Thai language and disseminated it to related health sectors. It was included in the Epidemiology Newsletter.

GTCR II

The Regional Data Coordinator was recruited and National Data Collectors (NDC) from all SEAR countries were identified. The GTCR questionnaire was sent to all NDCs and the completed questionnaires were received from Member countries in the Region.

1.5 A surveillance system to measure trends in exposure to tobacco and its smoke and to measure the impact of tobacco control policies

Implementation of GATS in the first-phase countries – Bangladesh, India and Thailand – went off as planned. GATS Country Engagement Missions were organized in the first-phase countries as well as in Indonesia, a

second-phase country. The national implementing agencies and the GATS National Technical Advisory Committees were designated and established in Bangladesh, India and Thailand respectively for carrying out the survey. Technical missions were organized in the first-phase countries, during which discussions were held on the national GATS proposals, its implementation plan, the questionnaire adaptation, the proposal for pretest and issues relating to sampling and timeline. SEARO signed an MoU with CDC Foundation for GATS implementation in Bangladesh, India, Indonesia and Thailand. Bangladesh, India and Thailand carried out pretests and submitted the pretest reports and GATS full proposals. Full proposals were approved by CDC Foundation, contracts with implementing agencies were signed and implementation started as per the schedule.

All surveillance officers of the Bloomberg focus countries participated at the GTSS orientation meeting held in Atlanta, USA in March 2008 and the pretest briefing meeting held in Warsaw, Poland in August 2008. In addition, a four-day orientation workshop for GATS implementing agencies was organized by SEARO and the WHO Bangladesh country office, in coordination with the Centre for Disease Control (CDC) and CDC Foundation in April 2008 in Dhaka, Bangladesh.

1.6 Generation of economic analysis for advocacy and policy setting/capacity building for countries in the area of taxation

In Bangladesh, WHO collaborated with Unnayan Shamannay, a Bloomberg grantee in organizing a five-week short course on tobacco taxation addressed to tobacco control stakeholders.

In India, WHO supported a meeting organized by MoH&FW on "Alternative Vocations for Bidi Rollers". The Ministry of Rural Development, National Dairy Development Board, Department of Women and Child Development, Ministry of Labour and Employment, representatives from civil societies participated in this meeting. It was further decided to constitute a 'core group of experts' from various departments/ ministries. In addition, a meeting of an expert group to carry out the health cost study was organized to decide the methodology to be adopted for the study.

The WHO Indonesia country office in collaboration with the Demographic Institute, Faculty of Economics, University of Indonesia, organized a national workshop on Tobacco Economics in Jakarta with

participants from the ministries of labour, agriculture, the customs department, the Ministry of Health and others. Two reports on tobacco taxation and tobacco farming were commissioned for discussions in the workshop.

WHO Thailand coordinated with the Tobacco Research and Knowledge Management Centre and the Ministry of Agriculture in developing and supporting a tobacco crop substitution pilot project to be conducted by the MoPH in 12 provinces in the North and North Eastern provinces of the country.

1.7 World No Tobacco Day (WNTD)

WNTD was widely celebrated in South-East Asia Region. The Regional Office and the four Bloomberg focus countries ensured wide dissemination of the WNTD theme and message. Information, Education and Communication (IEC) materials were produced at the Regional Office and distributed to all country offices on time for the commemorative events. In addition, an eight-minute VCD with the Regional Director's message with illustrative pictures of the problem across the Region was distributed to all country offices in the Region for use in commemorative functions in each country along with a folder containing the Regional Director's message. Country fact sheets with data on youth and advertising ban, and a document entitled "Brief Profile on Youth and Tobacco in South-East Asia" were also developed and distributed to all country offices for use as advocacy tools. In addition, several country offices also produced IEC materials in local languages. Technical support was provided to Member countries in producing these materials as well as in observing the theme throughout the year.

Commemorative events were organized in all countries with the participation and involvement of high-level officials. Events were organized in coordination with the ministries of health and key anti-tobacco NGOs. In some countries, such as Bangladesh, month-long WNTD activities were organized. A commemorative event was organized in SEARO.

As a result of the number of activities and the number of press conferences organized at country level, WNTD received wide mass media coverage across the Region in the print and electronic media.

In Bangladesh, a number of activities were organized to commemorate WNTD 2008. WHO supported several NGOs to organize activities across the country. Activities included awareness raising campaigns addressed to youth through an array of cultural activities, music concerts, dance-drama, a bicycle rally, signature campaign, advocacy meetings, and declaration of smoke-free places such as educational institutions and public transport; building awareness for alternative crops among tobacco farmers; newspaper messaging; TV talk shows, school health shows on TV channels, radio programmes; music concerts; declaration of smoke-free hospitals; tobacco-free sports; training of scout leaders for anti-tobacco campaign; anti-tobacco youth festivals; training of teachers by the Ministry of Education and training of youth leaders by the Ministry of Youth & Sports. All events were widely covered by the main newspapers.

In India, several activities were organized by various organizations, institutes and State Tobacco Control Cells to commemorate WNTD 2008 throughout the country. WHO provided support to these events. The Health Minister inaugurated a WNTD commemoration function attended by several dignitaries and organized by the Tobacco Cessation Centre (TCC). At this function the Health Minister announced the notification of rules related to the prohibition on smoking in public places. Activities organized included campaigns such as “Discard a cigarette or tobacco product and save 14 minutes of your life”, rallies, anti-tobacco audio spots aired on local radio channels, a month-long TV and radio campaign, workshops, skit competition, musical shows, poster competitions, street plays, distribution of free wristbands carrying the message “Choose life, not tobacco”, signature campaign, mobile messaging campaign, a one-hour tobacco “black-out” and dissemination of anti-tobacco IEC materials. The activities had the participation of high-level officials, personalities, police officials, journalists, advocates, religious leaders, youth, women, senior citizens, community people, local political leaders, cadets, sports associations, and many others. In addition, WHO India provided assistance to the MoH&FW for printing and distributing the monograph on “Bidi Smoking and Public Health”, to the STCCs to develop and disseminate IEC material in local languages and to STCC Delhi to develop display boards for schools depicting the ban on selling of tobacco products within the radius of 100 yards of any educational institution.

In Indonesia, IEC material was produced and disseminated with messages in *Bahasa*. WHO supported the NCTC to organize a commemorative event at the Presidential Palace in which 35 000 signatures were obtained to request improvements in the area of protection of children from tobacco. Other activities supported were –a seminar on child protection against tobacco organized by MoH; the NCCP child conference on tobacco control; the University of Indonesia seminar on tobacco control; poster competition by youth; and the selection of tobacco control champions and prominent personalities organized by Women Without Tobacco.

The WHO Thailand country office actively supported WNTD activities organized by the government and presided over by Her Royal Highness Princess Somsawalee and by representatives from NGOs. The WHO Thailand country office was also active in participating in press conferences and TV programmes to promulgate the WNTD theme. One of the main activities was organized by the Tobacco Control Research and Knowledge Management Centre (TRC) at Victory Monument on “Quit smoking for family’s adequate diets”.

Advocacy, communication and public information

WHO Country offices have successfully made use of free-media to disseminate tobacco control messages through different media outlets. All countries have conducted a number of awareness raising and advocacy activities in line with WNTD (see section above) and have also conducted a number of activities in other areas of tobacco control which have been published by national and/or regional newspapers. In addition, in India a number of publications were brought out with relevant tobacco control information, including information in local languages.

SEARO started to publish a quarterly TFI newsletter for distributing among the main tobacco control stakeholders in the Region. The first issue of the Newsletter focused on Bloomberg Initiative activities during 2007, the second issue focused on the World No Tobacco Day 2008 and the third one on reviewing the status of the first policy of the MPOWER policy package in the South-East Asia Region. This is the first of a series of issues that would be devoted to portray the situation of each of the six MPOWER policies in the Region. In addition, SEARO printed and disseminated the

Progress of Implementation of the Bloomberg Initiative to Reduce Tobacco Use in the South-East Asia Region, Annual Report 2007.

In Bangladesh, the media has consistently covered law enforcing drives by the mobile courts and community-based initiatives in the area of tobacco control. One newspaper has agreed to publish anti-tobacco messages on its weekly health page on a regular basis as per an agreement of partnership between WHO and that newspaper. WHO has coordinated with a number of government and nongovernmental institutions to organize advocacy campaigns across the country, focusing on the smoke-free policy. Concerned staff members from WHO also participated in TV talk shows on tobacco taxation. Awareness-building activities were also organized to promote the use of alternative crops using the provision of the Act to provide easy loans for alternative crops. Both the print and electronic media highlighted anti-tobacco advocacy as part of special coverage.

In India, the MoH&FW in collaboration with WHO developed and printed a set of 11 Fact Sheets focusing on prevalence, burden and diversity of tobacco use in India, second-hand smoke, smoke-free public places, enforcement of tobacco control issues, and others; a two-fold handout to serve as a quick guide for tobacco control in India; a comparative analysis of WHO FCTC and the Indian Tobacco Control Law; a compilation of tobacco control laws/rules/notifications; and the book, "Enforcement of Tobacco Control Policies: Global Best Practices". This book has been developed to assist in the implementation and enforcement of the country's tobacco control Act by portraying international best practices in the implementation of evidence-based tobacco control measures which can be adapted to the Indian context. In addition, several activities were organized at the state level in order to widely disseminate tobacco control messages. IEC materials on tobacco control in local languages were printed and distributed in school events, health bazaars, primary health care centres and others in Gujarat and Delhi. Awareness-raising campaigns through anti-tobacco fillers and screen footer scrolls were used in Assam and a "Tobacco Free Village-Chichgohan" documentary was telecasted in Madhya Pradesh. On the other hand, a tobacco control website was designed in Tamil Nadu and anti-tobacco street plays for community awareness were organized in several localities in the State.

NTCC also joined hands with the Central Tuberculosis Division (CTD) to disseminate tobacco control measures highlighting the relation between TB and tobacco use. The tobacco control IEC/campaign would be posted in

the CTD website for state counterparts to download and print for mass distribution. Other activities such as the establishment of a national "Toll Free Help Line" for reporting violations of the law, and development of Frequently Asked Questions for the help line were also undertaken. In Delhi, 300 hoardings on the smoke-free theme in both Hindi and English have been displayed across the city, including metro stations. STCC West Bengal participated in a radio programme to advocate against tobacco use. STCC Assam, in collaboration with News-live (satellite TV channel), conducted an essay writing competition among school students and developed and disseminated IEC materials at state and district level in English and Assamese languages.

The WHO Indonesia country office provided support to the NCTC in advocating with the first lady and the association of cabinet ministers' wives, and the Coordinating Minister for People's Welfare to collect inputs for the National Movement to Protect Youth from Tobacco Hazards. WHO also provided support to NCTC to develop a Manual on tobacco control which is endorsed by the State Minister for Women Empowerment and the Minister of Education.

2. Challenges

Grant mechanism

The grant mechanism continues to be an important source of funds for tobacco control in the Bloomberg-focus countries. Following the grant negotiation process for rounds one and two, concerns have been raised by countries about the way in which the grants have been negotiated so far. Most national authorities have also consistently showed decreasing interest in the process of submitting project ideas and proposals without a clear understanding of the possible outcome. A non-competitive grant to government organizations is critical to ensure the maximum benefit from the funds for tobacco control for governments. Since governments are at the centre of tobacco control, it is important that the government agencies/ministries have easier access to funds to strengthen their national tobacco control efforts. In order to advance the tobacco control agenda in the Region there is a need for greater multisectoral coordination and collaboration which can only be achieved by strengthening the capacity of the Ministry of Health and the health departments at decentralized levels.

It has also been observed that organizations that had submitted project ideas and full proposals have had no information on unfunded grants. Some grantees from round one have also observed over-emphasis on financial reporting without much attention to programmatic issues and outcomes. Some countries needed more information on the implementation of grants by non-state grantees to understand clearly how the outcomes of these grants are contributing to the overall national tobacco control as well as the overall capacity and experience of these grantees in the area of tobacco control. Ministries of health also wished to have more information about all grants provided to their respective countries.

With regard to the negotiation of grants, there are also some concerns expressed by some countries. The last instance is about the negotiation of grant to Sri Lanka. SEARO and the WHO country office in Sri Lanka provided support in the process of drafting and submitting both the project idea and full project proposal of the National Authority on Tobacco and Alcohol (NATA), Sri Lanka as requested by the Health Minister of Sri Lanka. The proposal by NATA was recommended for funding. Despite a request from NATA, WHO was not allowed to take part in the negotiation even as an observer due to reservation by the donor.

Another aspect of Grant Mechanism is that government and nongovernmental organizations of the non-Bloomberg focus countries in the Region have received only two grants. Grant mechanism needs to consider grants to some important non-Bloomberg countries to the extent possible. This should be considered in view of the implementation of the MPOWER policy package in the Region.

Monitoring of implementation of grants and how their outcomes are contributing to strengthen the national tobacco control programme need to be assessed by all Bloomberg partners and the governments. There is a need for a good system for sharing of experiences and knowledge. More needs to be done in order to ensure that all actions are well coordinated and that there is a greater coordination for tobacco control. Funds should be given to those organizations that are more credible, capable and have the required technical knowledge. Sharing of experiences across the Region and beyond could be an important source of information to advance tobacco control efforts.

Coordination

Coordination with Bloomberg partners has increased considerably; however there is still a need for improvement in terms of better and clearer distribution of tasks within the Initiative, as well as better partnership in areas such as the Grant Mechanism and ensuring the outcomes of grants to strengthen tobacco control efforts.

3. The way forward

Strengthening coordination

- WHO/SEARO should strengthen its support to ministries of health to convene coordination meetings of all Bloomberg grantees in the countries in order to avoid duplication of efforts and resources and to ensure a coordinated approach for strengthening national capacity for tobacco control;
- In consultation and collaboration with ministries of health, WHO/SEARO should proactively analyse and identify areas where resources are required for tobacco control and to support the government and other organizations and NGOs to submit proposals to the Bloomberg Grant Mechanism;
- WHO/SEARO should provide necessary technical support to government agencies in the country in the negotiations of the grants since most countries have limited technical knowledge in prioritizing the activities in a given project along with identifying the necessity and importance of such activities. Given the importance of this issue, the matter should be considered by Bloomberg Philanthropies and all BI partners.

Development of monitoring tools and training module

- WHO/SEARO needs to revise the Regional Survey Template taking into account the Reporting Instrument for the Framework Convention, Guidelines of COP, MPOWER Policy Package and Bloomberg Initiative;

- WHO/SEARO needs to develop a regional monitoring and evaluation tool for effective implementation of the tobacco control programme in the Region;
- WHO/SEARO needs to explore the possibilities to assist countries in sustaining the tobacco surveillance, including integration of existing tobacco surveys into the national health surveys wherever possible;
- WHO/SEARO also needs to develop a training module for law enforcers/authorized officers for effective implementation of tobacco control laws and measures;
- A regional standard operating procedure for TFI alignment of operating procedures should also be developed;

Sharing of experiences

- WHO needs to develop a regional web-box/share-point for sharing of information and experiences in the Region along with regular updating of the SEARO website and regional online database for tobacco control.

4. Conclusion

In order to implement the BI effectively and to showcase its success for resource mobilization for other NCD areas from other donors there should be a coordinated approach among TFI/HQ, the Regional Office and country offices. The views of the Regional Office and country offices, in particular the challenges they face in terms of implementing the BI, should be taken seriously. The regional offices also need to be closely involved in the decision making process at TFI/HQ regarding BI. A mechanism needs to be established to ensure the involvement of regional offices in all processes relating to BI, including interactions with donors. While taking all this into consideration, it must be acknowledged that BI has provided a unique opportunity to strengthen capacity of WHO and countries in the area of tobacco control. Effective and healthy working environments should be developed to make the best use of the Initiative in support of tobacco control. The three levels of WHO need to work closely with better understanding of the problems being faced at various levels, including dealing with donors and ensuring better coordination among all partners.

The Bloomberg Initiative Report 2008 provides an overview of activities undertaken during 2008 by the WHO Regional Office for South-East Asia and the four Bloomberg focus countries – Bangladesh, India, Indonesia and Thailand – in the Region. It highlights the activities under the Initiative that have strengthened the efforts being made in the Region in the area of tobacco control as well as the activities that helped implement the WHO Framework Convention on Tobacco Control.



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