

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

Annual Report, 2007



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Foreword by the Regional Director



I am pleased to note that the Annual Report on the Bloomberg Initiative to Reduce Tobacco Use activities in South-East Asia during 2007 is being published. This is a very good opportunity to disseminate information on the efforts undertaken and the useful work being done under this Initiative. The report clearly shows how the Initiative has supplemented and complemented tobacco control efforts in the Region and helped implement the WHO Framework Convention on Tobacco Control (FCTC) in an effective way, in particular by the four Bloomberg-focus countries – Bangladesh, India, Indonesia and Thailand.

Despite the wide commitment of countries in the Region to tobacco control, both human and financial resources have been inadequate in implementing national tobacco control policies and programmes. This Initiative has been very useful in providing financial and technical support to governments to scale up and strengthen their national tobacco control efforts. The Initiative has also provided an opportunity to non-state sectors and NGOs to improve and enhance their contribution to tobacco control. If coordination between the various stakeholders is strengthened and adequately managed, considerable improvements can be achieved in the overall tobacco control programme in the Region.

The commendable results achieved during 2007 through the Initiative clearly highlights SEARO's commitment to tobacco control and the necessary coordination provided to ensure synergy between the Regional Office and the country offices in order to achieve desired results.

I am also pleased to note that while the report covers successes, it also highlights the need to streamline certain aspects to achieve the objectives of the Initiative. Special emphasis should be given while implementing the project to improve coordination among Bloomberg Partners and to ensure the central coordinating role of the ministries of health for strengthening national tobacco

control efforts through the Initiative. The report also emphasizes the need for greater transparency with regards to the Bloomberg Grant Mechanism.

I am confident that the report will provide useful information on the work being done and the results achieved and will inspire the Bloomberg team to strengthen their efforts to achieve the goal of a tobacco-free South-East Asia Region.



Samlee Plianbangchang, M.D., Dr.P.H.
Regional Director

1. Executive summary

The South-East Asia 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. While tobacco control continues to be one of WHO's priority areas of work with countries' steadfast commitment, the Bloomberg Initiative (BI) has provided additional resources – both human and financial, to strengthen the capacity of both the public and private sectors for tobacco control in low- and middle-income, high-burden countries. The Initiative is supplementing and complementing the tobacco control efforts in the Region. Significant progress was achieved during 2007 in the area of tobacco control. Progress was also achieved in developing a rigorous system to monitor the status of tobacco use through the Global Tobacco Control Report (GTCR) and the Global Adult Tobacco Survey (GATS).

The role of WHO's Regional Office in the Initiative has been to strengthen country capacity for tobacco control; to strengthen the WHO Tobacco Free Initiative (TFI) capacity in the Region and in the four Bloomberg-focus country offices; to contribute to monitoring and evaluation efforts through the Global Tobacco Control Report (GTCR) process and the Global Adult Tobacco Survey (GATS); to provide technical assistance to governments and NGOs to access the Bloomberg Grant Mechanism; to provide support to generate economic analysis for advocacy and policy setting; and to advocate for policy change and change of attitudes of society for tobacco control through activities such as observing World No Tobacco Day.

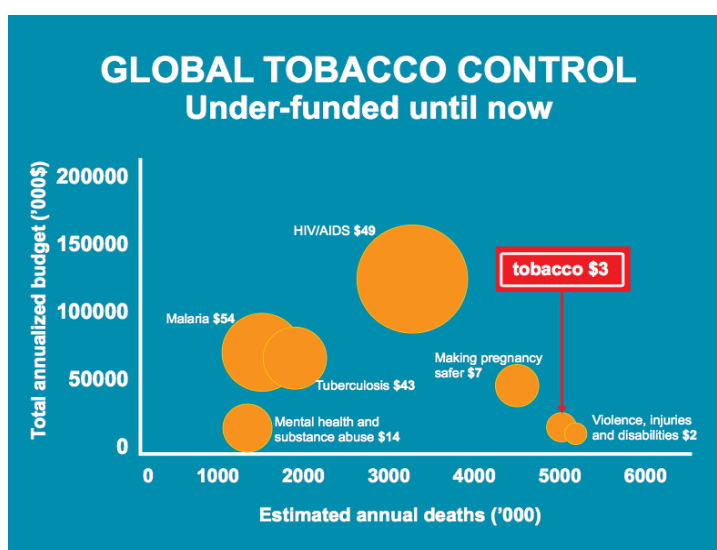
Although several activities were undertaken in 2007 and tobacco control efforts were strengthened in the Bloomberg-focus countries, there are certain areas where the Initiative has to achieve a greater impact. The BI resources for activities were directed to countries through a process that was mainly managed by certain partner foundations and their sub-grantees. Both the Bloomberg-focus countries and WHO were dependent on these entities. The process of accessing the grants managed by the Bloomberg grant mechanism has been rigorous and, to some extent, bureaucratic,

creating difficulties for government sectors to receive grants. The protracted process and lack of adequate coordination among the BI partners affected the desired progress of the Initiative.

2. Bloomberg Initiative to reduce tobacco use

Tobacco is a risk factor for six of the eight leading causes of death in the world. Nonetheless, tobacco is the single most preventable cause of death and concerted actions of governments and civil society are the only way to halt this global epidemic.¹ Although tobacco control has been traditionally under-funded (Figure 1), currently the political will, as reflected in the wide WHO FCTC ratification across the world, evidence-based effective tobacco control policies and funding, such as the BI, are aligned to reduce tobacco consumption in the years ahead.

Figure 1: *Global Tobacco Control: Under-funded until now*

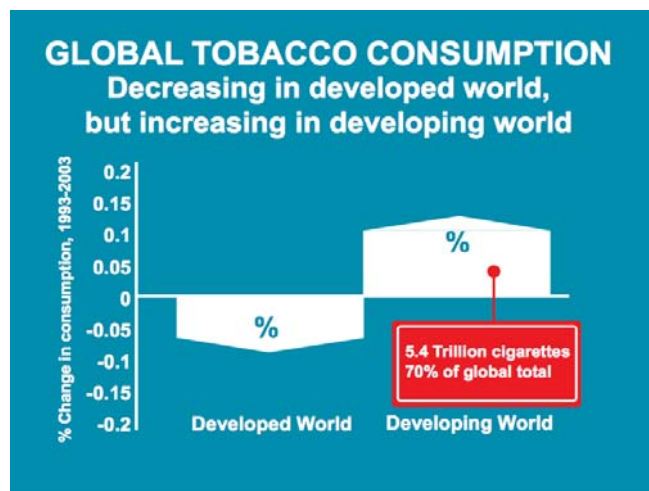


Source: WHO-BI Consultant Toolkit 2007

¹ WHO Report on the Global Tobacco Epidemic, 2008: the MPOWER package. Geneva, World Health Organization, 2008.

The Bloomberg Initiative was established in 2006 to promote evidence-based approaches to tobacco control. The Initiative places a priority on low- and middle-income countries with the greatest number of smokers, where more than half of the world's smokers live. Globally, tobacco consumption is being reduced in high-income countries as successful tobacco control programmes are being implemented, whilst the developing world has an increasing share of tobacco consumers (Figure 2) and, to the tobacco companies, these countries represent a vast new marketplace. The Initiative was established with a two-year contribution of US\$ 125 million, which is many times larger than any prior donation for global tobacco control and it more than doubles the total of private and public donor resources devoted to fighting tobacco use in developing countries.

Figure 2: Global Tobacco Consumption: decreasing in developed world, but increasing in developing world



Source: WHO-BI Consultant Toolkit 2007

The Initiative was created with an initial US\$ 125 million pledged by Mr Michael Bloomberg, Mayor of New York City, out of which a Grant Fund of US\$ 40 million was set-up to carry out the Grant Mechanism and the remaining funds were given to partner organizations to provide technical assistance to 15 high-burden, low- and middle-income countries.

The Initiative as a whole, combining the Grant Mechanism and Technical Assistance, focuses on four components and four key interventions at country level. The components are:

- Refine and optimize tobacco control programmes to help smokers stop and prevent children from starting;
- Support public sector efforts to pass and enforce key laws and implement effective policies, in particular to tax cigarettes, prevent smuggling, change the image of tobacco, and protect workers from exposure to other people's smoke;
- Support advocacy efforts to educate communities about the harms of tobacco and to enhance tobacco control activities so as to help make the world tobacco-free; and
- Develop a rigorous system to monitor the status of global tobacco use.

The key interventions are:

- Increase tobacco-related taxes;
- Enact and enforce smoke-free legislation;
- Change the image of tobacco through advertising bans, anti-tobacco advertisements and health warning in packaging and labeling; and
- Improve and strengthen tobacco-related monitoring and surveillance.

The Campaign for Tobacco Free Kids, the Centers for Disease Control (CDC) and CDC Foundation, Johns Hopkins Bloomberg School of Public Health, WHO and the World Lung Foundation (WLF) are partners in the Bloomberg Initiative. All partner organizations are expected to work in synergy with governments, intergovernmental organizations, state and provincial authorities and nongovernmental organizations (NGOs) in the 15 Bloomberg-focus countries across the world. WHO's role is to strengthen national capacity by strengthening the network of in-country tobacco control experts and by creating or strengthening government tobacco control units and mechanisms for tobacco control, including the national action plans for tobacco control; to contribute to monitoring and evaluation through the implementation of the Global Tobacco Control Report and

(GTCR) and by providing support to countries, in coordination with CDC and CDC Foundation, and in the implementation of the Global Adult Tobacco Survey (GATS). WHO is also generating an economic analysis for advocacy and policy setting and implementing advocacy activities, among which is observance of World No Tobacco Day on 31 May.

2.1 The Grant Mechanism

The Grant Mechanism is a competitively awarded grants programme managed by The Union and the Campaign for Tobacco-Free Kids (CTFK) and addressed to government organizations, intergovernmental organizations (including WHO), state and provincial authorities and non-governmental organizations (NGOs) from low- and middle-income countries. It has become a very useful source of funds for tobacco control projects and activities for state and non-state sectors.

The Grant Mechanism has been established in order to support projects to develop and deliver high impact tobacco control interventions. The funding is available through a competitive application process, interested organizations apply for funds by submitting a project idea on a bi-yearly basis from which the best ideas are asked to submit a full proposal and a few of them are finally selected for funding.

The Grant Mechanism provides funds for projects which focus on improvements in tobacco control laws, regulations, policies and programmes particularly in relation to:

- Tax and price measures, including anti-smuggling measures;
- Establishment of smoke-free jurisdictions and public areas;
- Direct and indirect advertising bans;
- Effective mass media campaigns and programmes;
- Other evidence-based regulatory and legislative initiatives; and
- Model smoke-free jurisdiction programme.

Education programmes (school-based), basic research, academic studies, agricultural studies, prevalence surveys or cessation services are not

usually funded through the Grant Mechanism unless they lead to policy change for tobacco control.

WHO provides technical support to applicants by drafting and reviewing project ideas and full proposals, as well as provides support during the project implementation process.

In addition, the Grant Mechanism has established the Rapid Response Advocacy grants in order to help meet unanticipated needs where there are identifiable benefits associated with rapid funding and where action cannot wait the normal grant application and funding process.

3. The Bloomberg Initiative in the South-East Asia Region

The South-East Asia Region is particularly affected by the tobacco epidemic. It is both one of the largest producers and largest consumers of tobacco and tobacco products in the world. Out of 5.4 million annual global deaths, 1.2 million deaths occur in the Region. Recent surveys have shown that the prevalence of tobacco use among youth and health professional students are alarming, and there is also a huge prevalence use of *bidi* and smokeless products.

Tobacco control programmes in countries of the Region face serious impediments due to inadequate and weak infrastructure, legislation, regulations and Acts, and lack of both financial and human resources as well as frail mechanisms to enforce existing tobacco control measures. Although countries in the Region are committed to tobacco control and to the implementation of the WHO Framework Convention on Tobacco Control (FCTC), the tobacco industry exerts considerable pressure and influence on economic and political issues of most countries; often conveying misleading economic arguments against effective tobacco control.

To overcome this situation, WHO's Tobacco Free Initiative (TFI) in the Region is focusing on supporting national capacity building for tobacco control; supporting advocacy to develop tobacco control programmes based on the WHO FCTC; supporting countries to develop tobacco control measures, including a national strategy and plan of action, legislation, other

measures and guidelines for enforcement, promotion and compliance; promoting multisectoral collaboration; promoting education, training, communication and public awareness; promoting advocacy, surveillance, research and sharing of information; and supporting partnership development among governments, donors, NGOs, national foundations and collaborating centres. Efforts have been made to implement a series of surveys such as the Global Youth Tobacco Survey (GYTS), the Global School Personnel Survey (GSPS) and the Global Health Professional Students Survey (GHPSS) using standard protocols. However, the absence of a standard protocol for an adult tobacco survey has been a weak spot for the Global Tobacco Surveillance System (GTSS).

Since the inception of the Bloomberg Initiative, the WHO Regional Office for South-East Asia is providing regional and in-country leadership to use the opportunity provided by the Initiative for strengthening national capacity for tobacco control as well as monitoring the progress of implementation of the Initiative. The Initiative is expected to supplement and complement the regional tobacco control efforts and also to support countries to effectively implement the WHO FCTC. In early 2007, it was agreed that the BI activities in the Region would be in accordance with a seven output workplan, which was used as an umbrella for country workplans of Bloomberg-focus countries in the Region. The outputs are as follows:

- An effective national coordination mechanism and structure for tobacco control;
- An approved National Action Plan (NAP) for tobacco control including a plan for sustained funding for tobacco control efforts, supported by a broad coalition of governmental and nongovernmental organizations;
- Active engagement in the grant mechanism;
- A system of monitoring and evaluation of tobacco control policies and the Global Tobacco Control Report (GTCR);
- A surveillance system to measure trends in exposure to tobacco and its smoke and to measure the impact of tobacco control policies – Global Adult Tobacco Survey (GATS);

- Generation of economic analysis for advocacy and policy setting/capacity building for countries in the area of taxation; and
- World No Tobacco Day.

In order to implement the BI workplan, the Regional Office successfully negotiated with WHO/HQ and of the total amount of funds available under the agreement between the World Lung Foundation and WHO for staffing and capacity building, US\$ 3.1 million was allocated for SEARO activities, the largest sum allocated to a single Region. In addition, US \$ 4, 63,500 was allocated to support the cost of surveillance, staff and activities in the Region under the agreement between CDC Foundation and WHO. Also, an amount of US \$ 81,000 was mobilized for collection of data/information for the WHO GTCR.

As a first step, SEARO ensured that Regional and country staff was increased in order to properly implement BI activities. The TFI team, originally composed of 10 staff members working at the Regional Office and country offices, was enlarged with three international professionals, 10 national professionals, five national and 12 State consultants (India), and six support staff. Besides, a Project Officer and a Surveillance Officer were recruited at Regional level and one surveillance officer in each of the country offices. Thus, the South-East Asia Region became the first WHO Region to have a full team in place. The team operates under the direct technical and administrative guidance of the Coordinator for Tobacco Control.

4. Implementation of the BI workplan in the South-East Asia Region

Since the inception of the BI, SEARO has been making relentless efforts to raise awareness among the policy-makers in the Region about the Initiative. A regional consultation was organized and the Regional Office has been providing technical support to countries as per the workplan outputs. Special efforts were also devoted to support capacity building in tobacco control and advancement in the four BI key interventions at country level (increase tobacco taxes, enact and enforce smoke-free legislation, change the image of tobacco and improve tobacco-related monitoring and surveillance).

Capacity building

WHO in the South-East Asia Region has been continuously striving to strengthen the government organizations involved in tobacco control, the key tobacco control stakeholders and the newly recruited BI staff. In Bangladesh and in India special efforts have been made in the areas of legislation and enforcement; in Indonesia, capacity building has focused on strengthening and raising the capacity of the existing anti-tobacco NGOs; and in Thailand, capacity building focused on enforcement and coordination issues.

Similarly, capacity building for BI staff at the Regional Office and country offices has been a key activity. An orientation workshop was organized for all the BI staff in the Region and covered all aspects of the Bloomberg Initiative.

Tax on tobacco products

Changes in tax policies for tobacco products require evidence-based, awareness-raising activities addressed at policy makers over a period of time in order to overcome the influence of the tobacco industry particularly on officials of ministries of finance and labour. Concerns over loss of employment, decrease in government revenues and increase in smuggling of tobacco products are key elements in taxation policies throughout the Region. Nonetheless, WHO has started to implement activities in order to raise awareness about the need for and benefits of increasing taxes on tobacco products. The activities in these areas include high-level advocacy and the generation of regional evidence in order to convince the policy makers on the need to increase tobacco taxes. Among these activities, the following are noteworthy:

- As a result of WHO and NGO advocacy, tax on cigarettes has been increased 5-10% in Bangladesh. Tariff values of all kinds of cigarettes were raised in fiscal budget 2007-2008.
- Two economic studies conducted by the University of Indonesia (Demographic Institute and Institute for Social and Economic Research, Education and Information) have been identified to be supported for final analysis and presentation at the WHO-sponsored National Conference on Tobacco Legislation to be held in the first quarter of 2008.

- For the first time, the Regional Office for South-East Asia and Indonesia country office had bilateral meetings with several ministries to assess their willingness to participate in a national workshop on the economics of tobacco control. All ministries agreed to participate in the national workshop and the MoH agreed to coordinate and organize this workshop with support from WHO. The objective of the workshop will be to share information, research and studies that will provide key information for the ministries to make informed choices. WHO envisages starting cooperation with research institutes and the University of Indonesia to explore the possibility of undertaking research in different subjects.
- Meetings were also held with the University of Indonesia in order to explore possibilities to undertake an analysis of Ministry of Finance's roadmap for tax on tobacco products, including a critical review of the current tax structure and recommendations for a further tax increase which can be presented at the proposed national coordination meeting to discuss economic aspects of tobacco control.
- The Centre for Policy and Socio-Economic Research of the Ministry of Agriculture In Indonesia agreed to develop a study on crop diversification.

Changing the image of tobacco

In the South-East Asia Region some form of regulation regarding a ban on advertising of tobacco products and cigarette pack warning labels with health-related messages are in place. However, the enforcement is generally weak. Necessary efforts to address this situation have been made as part of the activities to support countries to amend existing national tobacco-control legislations in line with the WHO FCTC. In addition, support has been provided to ensure enforcement of existing legislation. Support has also been provided to advocacy activities of NGOs to raise awareness about the need to introduce changes in the legislation in order to change the image of tobacco.

The WHO country office in Bangladesh, for example, has provided technical assistance and support to conduct mobile courts for enforcing the tobacco control law and its specific provisions on a ban on advertising,

promotion and sponsorship as well as on packaging and labelling. Mobile courts are organized in different districts of the country on a regular basis. Bill boards advertising tobacco products have been removed from fast food corners, snooker parlours and restaurants. Dozens of commercial firms have been fined while a large number of people have been arrested for violating the tobacco control law. In all 64 districts outside Dhaka city, mobile courts were formed to enforce the tobacco control law.

The WHO country office in India has provided technical assistance to organizations working in advocacy activities related to packaging and labelling of tobacco products. WHO in Indonesia has supported NGOs working in high-level advocacy to introduce a ban on advertising of tobacco products.

Enacting and enforcing smoke-free legislation

Since the World No Tobacco Day theme for 2007 was smoke-free environments, several advocacy activities were organized to address this issue. Special emphasis was given to advocacy and law enforcement.

In Bangladesh, mobile courts were conducted for enforcing compliance with smoke-free regulations in various areas. Technical support was provided to NGOs advocating to increase the number of smoke-free areas, as well as bilateral advocacy meetings have been conducted to increase the smoke-free areas in the country, such as advocacy with the Motor Launch Owner Association which resulted in several smoke-free river transports routes, as well as the zoo and some historic sites being declared smoke-free, among others.

In India, technical support was provided to Chennai and Delhi for the development of smoke-free cities' proposals submitted to the Grant Mechanism; and advocacy was carried out to increase the number of cities committed to become smoke-free.

In Indonesia, technical support was provided to government and nongovernmental organizations who are advocating for effective enforcement of the Jakarta Clean Air Act, which includes smoke-free components, as well as similar regulations in other cities.

In Thailand, technical support was provided to organizations working in the smoke-free hotels project and a joint proposal between WHO, the national authorities and NGOs was awarded a grant from the grant mechanism entitled: "Towards a 100% smoke-free Thailand". The project drafting process was active and participatory, all anti-tobacco stakeholders participated and will be involved in the implementation.

4.1 An effective national coordination mechanism and structure for tobacco control

Activities under this area were carried to establish or strengthen national coordination mechanisms in three of the four Bloomberg-focus countries.

The first step was to organize a Regional High-Level Consultation on BI in February 2007 to enhance the high-level policy-makers' understanding of BI; to ensure better coordination among Bloomberg partners, WHO and the selected Bloomberg-focus countries; and to generate ownership and commitment of the Bloomberg-focus countries to the project. Participants included the four BI focus countries, the Bloomberg Foundation, World Lung Foundation (WLF), Tobacco Free Kids (TFK), Centers for Disease Control & Prevention (CDC) Foundation, Johns Hopkins Bloomberg School of Public Health (JHSPH), The Union and India Resource Centre. This meeting provided the starting point for action in all countries with support from the national authorities, and was followed by a series of coordination meetings at national level.



In addition, a Regional Conference of Parliamentarians on Legislative and Policy Actions for Promoting Health in the Countries of the SEA Region held in October 2007 in Bali, Indonesia recommended to utilize WHO

technical assistance for tobacco control legislation; to implement the WHO FCTC; and to improve public awareness, education and intersectoral cooperation for tobacco control.

In Bangladesh, a national workshop on BI was organized in March 2007 for government organizations and NGOs. A National Task Force for Tobacco Control and the National Tobacco Control Cell (NTCC) were created and relevant focal points were appointed at various decentralized levels along with a multisectoral National Tobacco Committee comprising government departments and agencies. In 2007, the NTCC organized several activities, including the week-long observance of World No Tobacco Day 2007, the mobile court drives to strengthen enforcement, and successfully applied for funds from the grant mechanism in order to strengthen tobacco control legislation and its enforcement. These activities provided an opportunity for the NTCC to consolidate its role in coordinating national tobacco control activities.

The officer responsible for the Tobacco Control Law 2005 at the Directorate of Health Services was given the task to monitor the compliance of the law and mobilized 20 mobile courts. This was a success story for enforcement of the national tobacco control legislation in the country.

In India, multi-stakeholder meetings took place throughout the year and special efforts were made to establish and strengthen the central as well as state tobacco control cells in six states. Representatives from key ministries and departments such as labour, information & broadcasting, commerce, consumer affairs, as well as civil society organizations and state health secretaries from different states participated in the meetings. A brainstorming session was conducted to review the status of implementation of tobacco control activities at central and state levels; and strategies were discussed for multisectoral action for effective implementation of the National Tobacco Control Programme.

With support from WHO and BI, capacity for tobacco control was built at national and sub-national levels by providing additional human resources and by strengthening the infrastructure for the central and state tobacco control cells in six main regions of the country (North, South, East, West, Central and North-east) to ensure implementation of the National Tobacco Control Act and the WHO FCTC at the state level. The states that were supported are Delhi, Tamil Nadu, West Bengal, Gujarat, Madhya Pradesh and Assam.



Brain storming session among participants from civil society, trade unions, corporations, consumer groups etc to devise strategies for smoke-free public places in India

In Indonesia, WHO worked closely with the state and non-state sectors to enhance tobacco control efforts in the country, such as the Director-General for Disease Control/Environmental Health (Ministry of Health) which was nominated as the focal point for tobacco control, the National Working Group for Tobacco Control which was formed shortly after, and the Indonesian Public Health Association (IPHA) which established a Tobacco Control Network including all NGOs working on tobacco control. Meetings and seminars were organized with all stakeholders to discuss the tobacco control situation in Indonesia, to map out priorities for tobacco control legislation and programme implementation, and to advocate for policy on tobacco control in the country. A tobacco control training workshop was conducted to build the capacity of health sector officials representing 20 provinces and several districts. WHO also supported the provincial administration of Jakarta and the city administrations of other cities, such as Bogor, in order to strengthen coordination for effective enforcement of the Clean Air Act regulations.

In Thailand, support was provided to strengthen and ensure the sustainability of the Tobacco Free Initiative partners, which included state

and non-state actors such as the Ministry of Public Health to strengthen the National Focal Unit for tobacco control; to develop the Youth Leaders for a Non-Smoking Camps project; to the Department of Health to incorporate smoke-free environments into the healthy settings standard criteria and indicators; and to the Bureau of Occupational and Environmental Health to incorporate smoke-free environments into the National Environment Surveillance System and the Occupational Hazard Indicators.

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

The Regional Office worked closely with countries to establish national tobacco control plans of action in three Bloomberg-focus countries. Technical assistance has been provided to hold national workshops, to finalize the National Action Plan (NAP) and to start implementation in all Bloomberg-focus countries. Support was provided to countries to strengthen and amend the tobacco control legislations to make them compatible with the WHO FCTC through effective national coordination. Technical assistance was provided to Indonesia to develop national tobacco control legislation.

In Bangladesh, the National Strategic Plan of Action for Tobacco Control 2007-2010 was finalized, printed and disseminated by the end of 2007. The provisions of the WHO FCTC were appropriately reflected in the plan. On the other hand, preparatory work was done with government organizations, NGOs and Bloomberg partners to review amendments to the tobacco control legislation including litigation issues in compliance with WHO FCTC. All relevant laws and regulations were compiled, printed and distributed to all the key stakeholders to enhance enforcement. This ensured a better understanding of the law and prevented the relevant stakeholders from falling prey to misleading information given by the tobacco industry.

In India, meetings were organized to discuss and review the status of implementation of the National Tobacco Control Plan from which a state-wise action plan for tobacco control was formulated by the end of 2007. In addition, WHO and the Ministry of Health and Family Welfare compiled

and published a compendium of rules and notifications on the Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulations of Trade and Commerce, Production, Supply and Distribution) Act, 2003.

In Indonesia, a tobacco control workshop on Health Sector Capacity Building was held with wide participation from the provinces and universities, and resulted in the formulation of the Plan of Action for 2008. Technical assistance to strengthen the NGO network for tobacco control was extended to the Indonesian Public Health Association (IPHA). The WHO country office in Indonesia organized and sponsored a meeting of the Parliamentarians' Forum in October 2007, where the tobacco control legislation strategy was discussed with emphasis on its ratification and laws relating to advertisement and health warnings.

The WHO country office in Thailand coordinated with the Department of Disease Control, Department of Mental Health, Department of Health, ASH Thailand Foundation and other organizations to review the anti-tobacco youth camps undertaken by them. Plans to develop more comprehensive and effective models of youth leaders' activities and youth camps for tobacco control were also discussed.

4.3 Active engagement in the Grant Mechanism

The Regional Office, in coordination with country offices, successfully supported Bloomberg- and non-Bloomberg-focus countries in the drafting and final submission of proposals for rounds one and two of the grant mechanism. IEC materials were designed and disseminated to all countries in the Region and country offices in the four Bloomberg-focus countries organized meetings and 'on the job' training to state and non-state institutions interested in submitting proposals. All Bloomberg countries have received at least one grant and, of the non-Bloomberg-focus countries, Sri Lanka and Nepal also received grants. During 2007, 23 projects were awarded grants for a total amount of USD 11.1 million before final negotiation with the grant mechanism. Of these 23 projects, five were submitted by government organizations, 17 by NGOs and one is a joint proposal between government organizations, NGOs and a WHO country office.

In round one, a total of 12 full project proposals were recommended for funding for approximately US\$ 4.1 million before final negotiations with the Grant Mechanism.

In round two, WHO played a significant role in supporting interested government organizations and NGOs in developing and submitting project ideas and full project proposals. A total of 34 project ideas were reviewed and 26 of them were submitted to the Grant Mechanism. Of these 19 were requested to submit full project proposals and finally 11 were recommended for funding for nearly US\$ 7 million before final negotiations with the Grant Mechanism. Five projects are in the area of Tobacco Control Policy, four in the area of Smoke-Free Environments, one in the area of Tax/price, and one in the area of Advertisement Bans.

In Bangladesh, a total of seven full project proposals were submitted, of which three were recommended for funding: a proposal by the Tobacco Control Cell to enforce and amend the national tobacco control legislation for full compliance of the WHO FCTC; a second proposal from the Consumers Association of Bangladesh to strengthen tobacco control law regarding packaging; and a third one from Unnayan Shamannay on advocacy for effective tax and price measures on all tobacco products to curb tobacco use in Bangladesh.

In India, a total of three full proposals were recommended for funding—a proposal from the Government of Delhi for Smoke-Free Delhi by 2009; a proposal from Pasumai Thaayagam Foundation for Smoke-Free Chennai; and a proposal from the Government of Tamil Nadu for Smoke-Free Chennai.

In Indonesia, three proposals were recommended for funding—a proposal from the National Commission for Child Protection to advocate for a comprehensive ban on tobacco advertising, promotion and sponsorship; a proposal from the Directorate of Noncommunicable Disease Control to build the capacity of public health systems to implement effective tobacco control; and a proposal from the Yayasan Lembaga Konsumen Indonesia (Indonesian Consumer Foundation) and Centre for Religious and Community Studies for advocacy and enforcement of smoke-free areas and on a ban on advertising tobacco products in Java.

In Thailand, four workshops were organized by the WHO country office in August and September 2007 with participation of all key TFI

partners to develop a full project proposal entitled, “Towards 100% Smoke-Free Environment Thailand”. The proposal was recommended for funding and will be implemented countrywide by the network of government organizations and NGOs, including WHO. The MoH will be responsible for its implementation and sustainability as the coordinator of this two-year project.

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

The GTCR is the central instrument of a worldwide tobacco control monitoring effort. The objective of the Report is to monitor a core of essential tobacco control policy initiatives and to report implementation annually. Essential surveillance indicators are measured through a short questionnaire that is completed by country-level focal points. Answers to this questionnaire are analyzed and the information on gaps between optimal and existing policies is used to develop a strong advocacy message.

The Regional Office for South-east Asia was the first to coordinate and finalize the collection of government-validated data for GTCR. This exercise was done in the 11 countries of the Region with the support of country participants from MoH and in close coordination with WHO country offices.

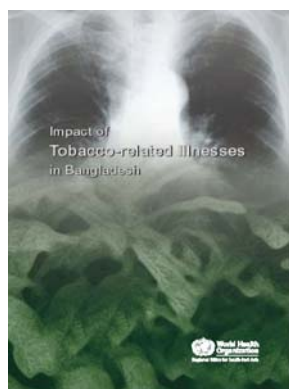
4.5 A surveillance system to measure trends in exposure to tobacco and its smoke and to measure the impact of tobacco control policies – Global Adult Tobacco Survey (GATS)

The Global Adult Tobacco Survey consistently tracks tobacco consumption prevalence, exposure to risk, second-hand smoke, cessation, risk perceptions, knowledge and attitudes, exposure to media and price as well as taxation issues. GATS is a new component of the Global Tobacco Surveillance System (GTSS). Currently, standardized and comparable adult tobacco prevalence data are not available.

The Regional Office has been involved in developing the protocol for GATS. Of the six countries in the first phase of GATS implementation there are three from the Region – Bangladesh, India and Thailand. Indonesia is a

second phase country. A GATS Country Engagement Mission has taken place in all the four countries. The national implementing agencies and the GATS National Technical Advisory Committees have also been designated and established respectively for carrying out the survey. Meanwhile, technical missions have visited Bangladesh and Thailand while a technical mission would visit India and Indonesia soon. During the technical missions, discussions were undertaken about the proposal for GATS, its implementation plan, the issues on questionnaire adaptation, the proposal for pretest and issues relating to sampling and timeline. As per the set timeline, GATS is expected to be completed by the first quarter of 2009 and would be released for these three first-phase countries thereafter.

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



Although some information is available in the Region on the economics of tobacco control, more needs to be researched, analysed and disseminated for high-level advocacy in the area of taxation. The Regional Office has started to work in this area, especially in Bangladesh and Indonesia.

The Regional Office revised the Bangladesh Health Cost Study with new information and printed and disseminated the same. The document presents key economic information on tobacco-related illnesses and is being used as a tool for advocacy in the area of tobacco taxation and other economic measures for tobacco control. The findings of the study were used extensively by anti-tobacco stakeholders and as a result of WHO and NGO advocacy with their findings, tax on cigarettes was increased 5-10% in Bangladesh. Tariff values of all kinds of cigarettes were raised in the fiscal budget 2007-2008.

In Indonesia, two economic studies conducted by the University of Indonesia (Demographic Institute and the Institute for Social Economic Research, Education and Information) were identified to be supported for final analysis and presentation at a WHO-sponsored National Conference on the Economics of Tobacco Control to be held during 2008. Following bilateral meetings with the ministries of Health, Finance, Agriculture and

Manpower of Indonesia, it was agreed that a national workshop on the economics of tobacco control would be organized during 2008. The MoH has agreed to coordinate and organize this national workshop with the support of WHO. The objective of the meeting will be to share information, research and studies that will provide key information for the ministries to make decisions. In preparation for this workshop, WHO decided to provide technical assistance for the ongoing Health Cost Study undertaken by the School of Public Health, University of Indonesia. The University of Indonesia (Demographic Institute and School of Public Health) agreed to explore the possibility to undertake an analysis of the Ministry of Finance's roadmap for tax on tobacco products, including a critical review of current tax structure and recommendations for further tax increases, which can be presented at the proposed national coordination meeting to discuss economic aspects of tobacco control. The Demographic Institute agreed to explore the possibility to undertake an assessment on child labour and the tobacco industry in Indonesia, while the Centre for Policy and Socio-Economic Research of the Ministry of Agriculture agreed to develop a study on tobacco crop diversification.

4.7 World No Tobacco Day (WNTD)

The WNTD was celebrated throughout the Region and specifically in the four Bloomberg-focus countries. The theme of the WNTD 2007 was Smoke-Free Environments. A series of activities were organized on 31 May to mark the day. Country offices, such as WHO Bangladesh, also organized week-long celebrations in coordination with the national authorities. Activities undertaken on the day marked the beginning of intensified action towards increasing smoke-free areas and enforcing existing legislation at country level throughout the year.

In order to create awareness against tobacco and the need for creating smoke-free places, the Regional Office developed Information, Education and Communication (IEC) materials and provided assistance to countries to observe the Day and to disseminate the theme throughout the year. A video message by Dr Samlee Plianbangchang, the Regional Director, WHO South-East Asia Region, was developed and disseminated via telecast. A "Profile on Smoke-Free Environments in the South-East Asia Region" was developed, published and disseminated among all the 11 countries in the Region. In addition, each Member State also developed, produced and disseminated IEC materials in appropriate local languages.

In Bangladesh, week-long activities were organized in all 64 districts of the country. A national seminar attended by the Health Minister was organized; information was disseminated through all major print and electronic media; a week-long mobile court was conducted in different parts of the country to enforce smoke-free provisions of the national tobacco control legislation; NGOs were supported to make advocacy and smoke-free campaigns throughout the country; a declaration on Smoke-Free Hospitals was issued, which may lead to the development of a Smoke-Free Hospital network; a tobacco fact sheet was distributed along with stickers in public places and on public transport; music concerts were organized in major parks of Dhaka city; a declaration for a Smoke-Free National Zoo was issued; and a meeting was held with lawyers to advocate for smoke-free court premises.

As a result of year-long advocacy activities in Bangladesh, river transport on several routes has become smoke-free and, in general, smoke-free places are more frequently observed (e.g. several universities and municipalities). A link was established with the Healthy Setting programme towards smoke-free environments and a project was initiated to sensitize the school authorities to declare schools at sub-district level smoke-free through the Upazilla Primary and Secondary School Education Officers.

In India, several activities were supported to promote the theme of Smoke-Free Environments. Street plays and magic shows were organized in various parts of the country. A national workshop organized by the consumer group, VOICE, for trade unions, public and private sector corporations, state government representatives, consumer groups and civil society to promote smoke-free workplaces; a book on real-life stories of former tobacco users "Through the Haze" was launched and distributed with thematic posters; the Strategic Movement Against Rising Tobacco Threat (SMART) was launched in three *panchayats* of Kerala state; the Cancer Institute collaborated with Auto-rickshaw Associations of Chennai to sensitize leaders and drivers and distribute information, education and communication materials. Campaigns on "Best Anti-Tobacco Auto Association" and "Donate one tobacco product and save 14 minutes of your life" were observed. In addition, the Voluntary Health Association of India organized an awareness campaign for smoke-free environments and the rights of non-smokers among school children, educators, youth groups, communities, women's groups, civil society groups and the media, in five states – Assam, Madhya Pradesh, Orissa, Kerala and Himachal Pradesh. A

quit helpline was initiated in Punjab, Madhya Pradesh and Himachal Pradesh to help tobacco users quit their addiction.

A workshop to help law enforcers and civil society organizations to develop strategies for creating smoke-free cities was organized in December 2007. The workshop highlighted and shared the strategies of the Chandigarh Administration and civil society in making the city of Chandigarh "Smoke-Free".

In Indonesia, advocacy for smoke-free environments was carried out by organizing national and subnational workshops. The MoH organized a series of events; a meeting on Tobacco Free Zones (TFZ) in the districts of Bogor, Cirebon, Palembang and Enrekang was organized, and a manual for changing the image of smoking and a guide book on TFZ development were printed and distributed to the participants. A pledging ceremony by junior and senior high school students on Child Protection Against the Danger of Smoking was organized. Advocacy materials on tobacco control using mass media were distributed; a workshop was organized on Health Sector Capacity Building in September 2007, where smoke-free environment initiatives were presented by Jakarta province, Bogor City and Lumajang District. The three proposals were followed by discussions on the 2008 Plan of Action to put forward a "national" consensus to extend smoke-free public places in regional settings, and the Jakarta Clean Air Act experience was disseminated to 22 provinces.



World No Tobacco Day celebration in Indonesia

backdrop, BI has not only brought in resources for the public sector to scale up efforts for tobacco control, it has also provided an opportunity to non-state sectors, including NGOs, to get actively engaged in tobacco control activities. All these efforts are expected to contribute to strengthening regional tobacco control programmes, in particular, in areas like development of tobacco control legislation, generation of tobacco control data and information for advocacy.

The increase of WHO staff in the Regional Office and in Bloomberg-focus countries has helped to strengthen support to countries for establishing or strengthening mechanisms and national plans of action for tobacco control. In addition, the existence of the Grant Mechanism and the availability of grants for government organizations as well as for NGOs has provided a unique opportunity to strengthen national tobacco control efforts.

The Regional Office and country offices have been working closely and in a coordinated manner. This has been a key element in SEARO taking the lead in implementing many of the BI activities ahead of other Regions.

Scaling up of activities in four Bloomberg-focus countries has resulted in generating resources in non-Bloomberg countries in the Region as well. The support provided to the non-Bloomberg-focus countries in the Region has also been useful to mobilize resources for the Bloomberg Grant Mechanism (BGM) for their tobacco control activities. As a whole, BI activities in the Region are supplementing and complementing WHO's tobacco control programme towards full implementation of WHO FCTC in the Region.

While the Initiative has been an overall positive experience for tobacco control, it has its own challenges, which are mainly related to coordination issues and, to a certain extent, to the programmatic aspects of the Initiative.

5.1 Coordination

There is a concern over the lack of coordination at country level among all BI partners. This is creating confusion among the government officials and the anti-tobacco stakeholders. WHO country offices and MoH are not always informed about the activities of other partners and about what each

BI partner is doing at country level. Country coordination mechanisms need to be led by the Ministry of Health to ensure better coordination and avoid duplication of resources and to ensure that activities being undertaken by every partner and grantee in countries address the needs and priorities of the country and lead to strengthening national tobacco control efforts.

In some countries, it has been found that the same type of activity has been funded through the Grant Mechanism and is being implemented by more than one grantee.

5.2 Bloomberg Grant Mechanism

Although the Grant Mechanism is a significant source of support, the process has not been found to be adequately transparent. The applicants were not provided any information on unfunded grants application which discouraged them from re-applying. Also, there is a lack of information on the implementation of projects from round one. There is also no evaluation on how these projects are contributing to the overall national tobacco control efforts; grantees who are implementing their projects expressed their dissatisfaction over extra emphasis that has been given to reporting on financial aspects of the project rather than on evaluating the outcomes of project implementation. Moreover, there are concerns over the capacities of certain NGOs that have received funds, particularly those who to have little or no experience in the area of tobacco control. Organizations have been discouraged to apply for the Rapid Response Grants due to the long process involved when grant is needed in two to four weeks time for meeting certain urgent needs.

6. The way forward

On programmatic aspects of the Initiative, it would be important to focus on supporting countries to implement the following six-point MPOWER package as recommended in the WHO Report.

- Monitor tobacco use
- Protect people from second-hand smoke
- Offer help to quit
- Warn about the dangers of tobacco

- Enforce bans on tobacco advertisement, promotion and sponsorships
- Raise tobacco-related taxes

The Regional Office and country offices have outlined their 2008 workplans taking into account the six-point MPOWER policy package.

On coordination and management aspects of the Initiative, the Regional Office and country offices did a thorough analysis of the 2007 activities and agreed on the following:

6.1 Coordination

- The country coordination mechanism involving all BI partners, government and grantees needs to be strengthened to ensure better coordination among BI partners to avoid duplication of resources and efforts for better output;
- A progress report of the projects being implemented by grantees should be made available to MoH in order to assess how they are contributing to the national tobacco control programme/efforts.

6.2 Bloomberg Grant Mechanism

- Projects from community-based organizations and NGOs should be given priority;
- 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;
- Rapid response grants need to be processed faster (2-4 weeks) to ensure immediate action on areas needing urgent response;
- Training for WHO country office and BI Staff in the Regional Office on the grant mechanism, including Project Idea and full proposal writing exercise should be a continuing process;
- There should be a non-competitive process for national governments to access the grants under the Bloomberg Grant Mechanism.

6.3 Monitoring and Reporting

- Better technical/field level monitoring of the interventions that are supported for effective implementation should be ensured;
- The monthly report on the progress of implementation should contain success stories to project WHO's contribution to and leadership in the BI;
- Conference call should be used as an opportunity to highlight the need for strengthened coordination and cooperation among all BI partners, including the challenges and obstacles faced by MoH and WHO. National focal points in MoH should be invited to participate in the call;
- A user-friendly monitoring tool for the BI should be developed by the Regional Office in coordination with country offices.

6.4 Generation of Evidence and Information

- Studies related to economics of tobacco should be undertaken in coordination with the Ministry of Finance to ensure that the studies meet country needs and have credibility/ownership by the country;
- Country-specific tobacco control information, e.g., National Tobacco Control Report should be developed as the main formal source of data on tobacco related issues.

6.5 Advocacy

- The best practices emerging from the activities under the interventions should be well documented and shared among the partners;
- Cooperation among BI countries for gathering experiences and knowledge in the form of a study tour for policy makers should be ensured and strengthened;
- GATS should be implemented in non-Bloomberg-focus countries.

7. Conclusion

The Bloomberg Initiative should rigorously look into the issue of sustainability of tobacco control efforts and programmes. In order to sustain the gains achieved under the Initiative, it is important to include aspects like education, training, public awareness raising to bring in behavioural change among the population covered under the Initiative. The areas that ensure community participation in tobacco control should also be given priority. A greater understanding and working together in a coordinated and coherent manner by all the Bloomberg partners can lead the Initiative to its fruition.

The Bloomberg Initiative Annual Report provides a comprehensive view of activities undertaken during 2007 by the South-East Asia Regional Office of WHO and the four Bloomberg-focus countries—Bangladesh, India, Indonesia and Thailand—in the Region. It highlights the activities under the Initiative that both supplement and complement the efforts being made in the Region in the area of tobacco control.



**World Health
Organization**

Regional Office for South-East Asia

World Health House,
Indraprastha Estate
Mahatma Gandhi Marg,
New Delhi-110002, India



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