

**GLOBAL TOBACCO CONTROL FORUM - STRENGTHENING CANADIAN CAPACITY TO
SUPPORT GLOBAL TOBACCO CONTROL**

FINAL FINANCIAL & NARRATIVE REPORT

JULY 2009

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Contents

GLOSSARY.....	1
I. PROJECT DETAILS	2
II. MILESTONE DATES.....	2
III. PAYMENTS	2
Financial Information	3
IV. NARRATIVE REPORT	9
BACKGROUND.....	9
Rationale.....	9
Goals and objectives	10
Overview of Forum activities.....	10
ACTIVITIES AND OUTPUTS	14
REFLECTION OF WORK PLAN.....	43
PARTNERSHIPS	55
EARLY ISSUE DETECTION	58
PROJECT SUCCESSES.....	61
APPENDICES	63

GLOSSARY

CCAT	Canadian Coalition for Action on Tobacco
CCS	Canadian Cancer Society
CLA	Canadian Lung Association
COP	Conference of the Parties
CPHA	Canadian Public Health Association
CQCT	la Coalition québécoise pour le contrôle du tabac
FCA	Framework Convention Alliance
FCITCA	Framework for Canada's International Tobacco Control Activities
FCTC	Framework Convention on Tobacco Control
FESAR	Fundación Ecuatoriana de Salud Respiratoria
HB	HealthBridge
HC	Health Canada
HSF	Heart and Stroke Foundation of Canada
IAD	International Affairs Directorate (HC)
INWAT	International Network of Women Against Tobacco
INGCAT	International Non Governmental Coalition against Tobacco
MERCOSUR	Mercado Común del Sur
NGO	Nongovernmental organization
NSRA	Non Smokers' Rights Association
ORAS	Organismo Andiana de Salud
OTRU	Ontario Tobacco Research Unit
PHA	Public Health Association
PSC	Physicians for a Smoke-Free Canada
RITC	Research for International Tobacco Control
SEATCA	South East Asia Tobacco Control Alliance
TCP	Tobacco Control Programme (HC)
WCTOH	World Conference on Tobacco or Health
WHO	World Health Organization

I. PROJECT DETAILS

Project number: 6549-15-2007/3530106

Cost centre: N/A

Title: STRENGTHENING CANADIAN CAPACITY TO SUPPORT GLOBAL TOBACCO CONTROL.

Organization detail: The CANADIAN GLOBAL TOBACCO CONTROL FORUM (the Forum) is a collaborative activity of leading organizations involved in domestic tobacco control in CANADA and leading CANADIAN Organizations involved in supporting international public health. The Forum is a collaboration of the following member agencies: Canadian Cancer Society, Canadian Lung Association, Canadian Public Health Association; Coalition Québécoise pour le contrôle du tabac, Heart and Stroke Foundation of Canada, Healthbridge, Non-Smokers' Rights Association, Physicians for a Smoke-Free Canada, and the Ontario Tobacco Research Unit.

Delivery location: The project headquarters IS in Ottawa, but projects WERE implemented in several locations in other countries, with particular focus on Sub-Saharan and Francophone Africa and Latin America.

Summary description: Physicians for a Smoke-Free Canada (PSC) supports global tobacco control worldwide through Partnerships with international public health associations, governmental organizations and NGOs. With this project, PSC will promote and support the global implementation of the Framework Convention on Tobacco Control (FCTC) in Latin America and Africa. Funding was used to support the global implementation of FCTC articles 5, 11, 12, 20, 22 and 26 until June 30, 2009.

II. MILESTONE DATES

March 31, 2008; June 30, 2008; September 30, 2008; December 31, 2008; March 31, 2009; June 30, 2009.

Planned Start Date:

Actual Start Date: March 14, 2007

Planned Completion Date: March 31, 2009; with cost-extension revised to June 30, 2009

Actual Completion Date: June 30, 2009

Duration: 66 weeks

Is the project on schedule for completion by the planned completion date?

Most of the project activities completed as planned. More information is provided in the narrative report below.

III. PAYMENTS

IV. NARRATIVE REPORT

BACKGROUND

This final narrative report provides an overview of all activities undertaken – and results achieved – by the Global Tobacco Control Forum through the *Strengthening Canadian Capacity to Support Global Tobacco Control* project between March 2008 and June 2009.

The Global Tobacco Control Forum (the Forum) emerged from a history of eight years of collaborative work among Canadian health sector civil society organizations to support the Framework Convention on Tobacco Control. Originally, some of these organizations coordinated efforts and activities through a sub-committee of the Canadian Coalition for Action on Tobacco (CCAT). Shortly after the FCTC was approved in 2003, it became apparent that the work involved in implementing the treaty required an expansion of this subcommittee's work and membership. As a result, the initial group of organizations – including the Heart and Stroke Foundation of Canada, the Non Smokers' Rights Association, the Canadian Cancer Society, and Physicians for a Smoke-Free Canada – was broadened to incorporate the Canadian Lung Association, Healthbridge (formerly PATH Canada), la Coalition québécoise pour le contrôle du tabac, and the Canadian Public Health Association¹. This expansion brought together organizations which were engaged in domestic and international tobacco control policy development – but which had relatively little experience in technical cooperation – with those which were engaged in providing technical and development assistance on tobacco control in low and middle income countries.

In 2003, Forum members individually and collectively began to manage projects to support the implementation of the Framework Convention both in Canada and abroad, such as:

- participating at Conference of the Parties (COP),
- developing position papers for COP working groups and other sub-committees,
- supporting FCTC-related projects in all regions of the world,
- informing Canadians and others of the benefits of FCTC implementation, and
- hosting meetings with government, researchers, and civil society organizations.

In addition to the projects managed individually by Forum members, in 2005 the Forum collectively undertook projects funded through Health Canada's International Affairs Directorate (IAD) and Tobacco Control Programme (TCP). This included three projects funded by IAD (2005-06, 2006-07, and 2007-08) and one funded by TCP (2007-08).² This narrative report refers to the latter project.

RATIONALE

Canada was an active supporter of the FCTC during its negotiation and was one of the first 40 countries to ratify it. To address and fulfill its FCTC obligations to assist developing countries and countries with economies in transition, the Government of Canada developed the Framework for Canada's International Tobacco Control Activities (FCITCA). The goal of the FCITCA is to build on Canada's international reputation in tobacco control, by strengthening coordination and collaboration amongst a number of federal departments that play a substantial role in Canada's tobacco control activities at both the domestic and international level. The framework sought to strengthen Canada's commitment to tobacco control by supporting the development of effective tobacco control strategies through increased research in tobacco control; the provision of technical and funding support; and the implementation of capacity-building initiatives in developing countries and countries with economies in transition.

¹ The Ontario Tobacco Research Unit joined the Forum in 2007; RITC is an observer to the Forum.

² The first three projects were managed by CPHA on behalf of the Forum; the latter project was managed by PSC.

Prior to the development of the FCITCA, a significant amount of Canada's assistance for tobacco control initiatives in developing countries and countries with economies in transition was directed to multilateral initiatives. However, recognizing that Canada's domestic success in tobacco control was achieved, in part, through the federal government's long-standing relationship with non-governmental organizations (NGOs), the FCITCA included provisions to engage Canadian NGOs in the provision of technical assistance to developing countries and countries with economies in transition. The project reported on here was undertaken within the rationale of the Canadian government's engagement of Canadian NGOs.

GOALS AND OBJECTIVES

The overall goal of the "Strengthening Canadian capacity to support global tobacco control" project was to **reduce the vulnerability of some countries to tobacco use through enhanced Canadian and international capacity for tobacco control**. The expected results were (i) strengthened global communities of tobacco control practitioners and stronger global capacity to reduce tobacco use; and (ii) increased development of FCTC measures and improved implementation of FCTC measures worldwide. The project had three primary objectives and four expected outcomes:

1. **To strengthen the work of Canadian and international networks in tobacco control.**

Expected outcome: *Demonstration of how inter-agency collaboration can be used effectively in an international context to promote tobacco control*

2. **To support the federal tobacco control strategy's objective of implementing the World Health Organization's Framework Convention on Tobacco Control.**

Expected outcome: *Enhanced research and policy options available to the FCTC Conference of Parties and its working groups*

Expected outcome: *Recognition of Canada's efforts to support global tobacco control*

3. **To provide support to tobacco control efforts of NGO and government partners in key countries and regions.**

Expected outcome: *Execution of projects supporting FCTC implementation in three regions*

OVERVIEW OF FORUM ACTIVITIES

To meet the objectives outlined above, the Forum designed and implemented eleven distinct – yet interrelated - Activities (referenced throughout this report as Activities A through L)³. Information about each of these Activities is provided below. A pictorial representation of these Activities also follows, as does a map indicating countries benefitting from Forum Activities.

ACTIVITY A - STRENGTHEN GLOBAL TOBACCO CONTROL NETWORKS: Through this Activity, Forum members participated in domestic and international network events and operations. This included monitoring international developments, identifying potential projects, and researching emergent issues.

ACTIVITY B - TECHNICAL SUPPORT TO DEVELOPING COUNTRIES IN RELATION TO IAD-FUNDED INTERNATIONAL TC GRANTS: Through this Activity, Forum members provided Canadian technical and administrative support to projects funded through IAD - which did not finance Canadian support beyond indirect administrative costs – as well as other organizations. Activity B funding enabled Forum members to initiate, support, evaluate, report on, and assist with these projects outside of Canada. This Activity also allowed Forum members to provide technical assistance or participate in activities funded by other agencies, such as the World Health Organization. Three specific sub-activities were undertaken:

³ One activity – Activity I – was cancelled after the project began.

Activity B1: National Public Health Associations in Africa. The purpose of this sub-activity was to strengthen the capacity of national public health associations (PHA) in Africa to be strong advocates for protection from exposure to tobacco smoke (FCTC Article 8) and the packaging and labelling of tobacco products (FCTC Article 11), and to design and deliver public awareness of tobacco control issues (FCTC Article 12).

Activity B3: National Action/Capacity Building in Latin America. The purpose of this sub-activity was to build and strengthen civil society networks in tobacco control by increasing advocacy resources and supporting comprehensive legislation development within FCTC guidelines in Latin America.

Activity B4: Protecting Ecuadorian Children from Harmful Second-hand Smoke. This sub-activity sought to reduce the global health burden of tobacco by strengthening the capacity of the Ecuadorian Alliance for Tobacco Control (and its Secretariat, FESAR) to develop policy initiatives oriented at protecting human health, particularly among children.

ACTIVITY C - FORUM LEADERSHIP: Through this Activity, one Forum organization provided team leadership, including overall coordination and Activity oversight, reporting, conducting an internal evaluation, representing the Forum at meetings with other networks, liaising with other global activities such as the Bloomberg Initiative, WHO, FCA, INWAT, INGCAT, and other global partners.

ACTIVITY D - COMMUNICATIONS: Through this Activity, Forum members engaged in communications with the public, with partners, and with the broader tobacco control community, through web-site updates, press releases, symposiums, meetings, and other publications.

ACTIVITY E - POLICY AND PROMOTION: Through this Activity, Forum members supported policy development on global tobacco issues from the perspective of Canadian civil society. This included the production of a shadow report on FCTC development in Canada, contributing towards the deliberations of FCTC working groups and protocol meetings, monitoring the global operations of multinational tobacco companies, and promoting support for FCTC implementation among legislators, policy makers and funders.

ACTIVITY F - PROJECT ADMINISTRATION: Through this Activity, one Forum member provided financial administration, management, and reporting services and liaised with Health Canada.

ACTIVITY G - TECHNICAL COOPERATION FOR FCTC GUIDELINE AND PROTOCOL DEVELOPMENT: Through this Activity, Forum members recruited, engaged, and supported low and middle income country civil society participation in the development of FCTC guidelines, protocols, and other policy advances. In addition to helping Canada achieve its FCTC obligation to cooperate, it provided Canada with more robust advice on FCTC guideline and policy options, with perspectives from countries where the political, economic and social conditions are very different.

ACTIVITY H - ONTARIO TOBACCO RESEARCH UNIT ONLINE COURSE ADAPTATION: Through this Activity, the Ontario Tobacco Research Unit (OTRU) supported Francophone African tobacco control partners to adapt the existing French version of its online training course for public health professionals in Francophone Africa. Since OTRU's course was first released, people from other countries and organizations had expressed an interest in the course and the possibility of regional adaptations, with material included relevant to specific regions. The expectation was that the adaptation would include data, citations, content, visuals, and examples directly from the region.

ACTIVITY J - WORKSHOP AND FOLLOW-UP ACTIVITIES IN GHANA: Through this Activity, the Forum addressed the significant opportunities that existed for making great progress in FCTC implementation in Ghana. The purpose of the workshop was to provide public information and advice from a team of international and Ghanaian tobacco control experts to key persons in Ghanaian civil society and government to hasten

the adoption of comprehensive tobacco control policies in Ghana. Following the workshop, follow-up activities of high strategic value were identified and planned for implementation. Subsequently, these follow-up activities were successfully carried out late in 2008 and early in 2009.

ACTIVITY K - TECHNICAL COOPERATION FOR FCTC IMPLEMENTATION & MONITORING IN LATIN AMERICA:

Through this Activity, the Forum supported government and civil society partners in specific Latin American countries to advance FCTC implementation in the region. This activity addressed different aspects of FCTC implementation and monitoring, providing tools for advocacy and policy development that could be used throughout the region to support effective tobacco control laws and regulations. Specific issues addressed included: implementation of effective health warnings (MERCOSUR and associated countries); effective tobacco control laws (Honduras, Guatemala), effective implementation of FCTC in the Andean region (Bolivia, Chile, Colombia, Ecuador, Peru, Venezuela).

ACTIVITY L - STRENGTHENING CAPACITY IN TC IN FRANCOPHONE AFRICA: The purpose of this Activity was to strengthen the capacity of civil society organizations and government agencies in Francophone Africa to successfully address the tobacco epidemic in their region, through improved technical co-operation and assistance. There were several components to this activity, including short-term assistance to several strategic projects, supporting a working group of francophone Africans to recommend funding priorities, organizing a regional seminar in francophone Africa, and collaborating with the African Tobacco Control Resource Initiative.

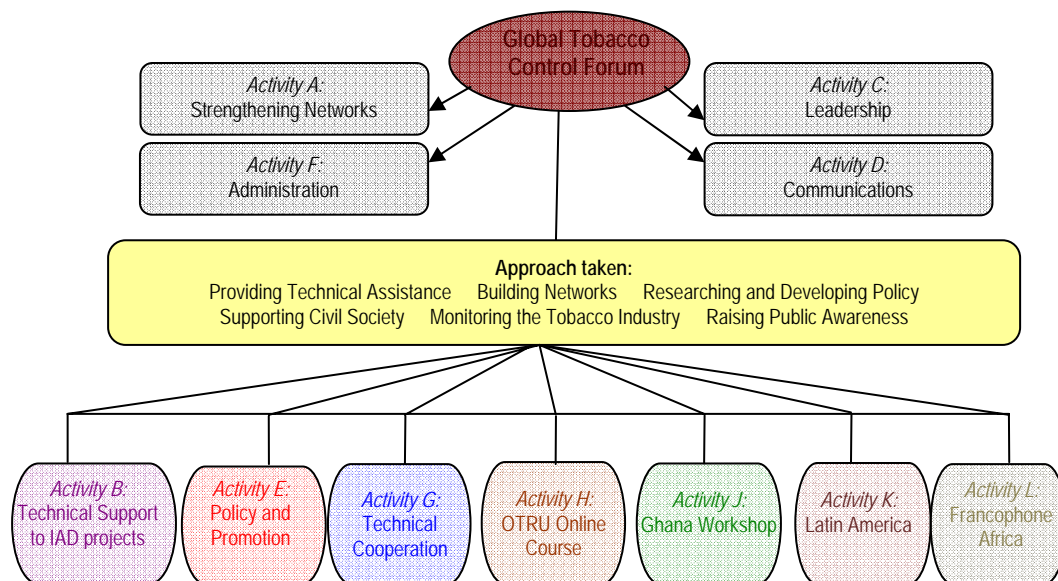


Figure 1: Global Tobacco Control Forum Overview

This narrative report follows the format of the quarterly reports submitted to TCP by the Forum, with some minor modifications made to ensure that the results of the project are captured from the entire project period with reference to a pre-project baseline. A table summarizing each Activity and its anticipated and actual results achieved can be found in the Appendices. An internal evaluation report, through which Forum members self-assessed the achievement of results at three different levels⁴, is also included in the Appendices.

⁴ The internal evaluation assessed (i) the functioning, viability, and effectiveness of the Forum as a *mechanism* to increase and sustain Canadian civil society involvement in global tobacco control; (ii) the success of the project in supporting the Federal Tobacco Control Strategy; and (iii) the success of the partner-activities.

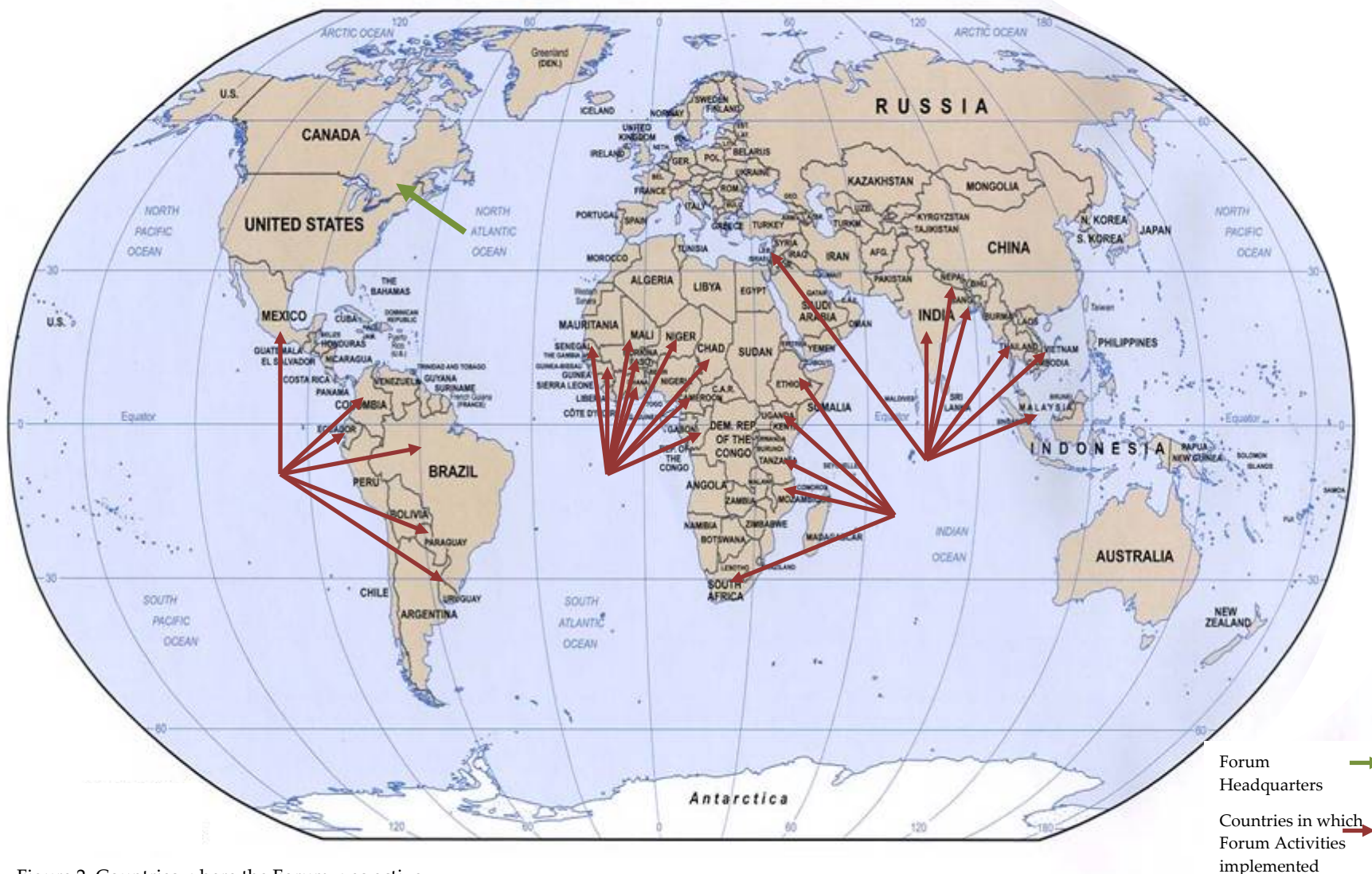


Figure 2: Countries where the Forum was active

ACTIVITIES AND OUTPUTS

4. What were the key activities undertaken and associated outputs achieved? How many members of your target population were reached? How were they reached?

ACTIVITY A: STRENGTHEN GLOBAL TOBACCO CONTROL NETWORKS⁵

The Global Tobacco Control Forum can be described as a network of Canadian organizations working together on global tobacco control issues; each of the organizations is itself nested within a broader set of networks of national and global partners. All of these networks share the objective of reducing disease and improving health and some of them include tobacco in their core activities. The Forum sought to intensify communications and strengthen engagement within the Canadian and global networks engaged in tobacco control. This required the networks involved to become more familiar with each other, to build and increase trust, reciprocity and mutuality, cooperation and cohesion.

Over the lifetime of the “*Strengthening Canadian capacity to support global tobacco control*” project, Forum members were engaged in a number of activities that supported the reinforcement of national and global tobacco control networks.

At the national level, Forum members **attended regular monthly networking meetings**. These meetings included discussions of operational issues, Activity updates, issues affecting performance, and opportunities to explore. Dedicated representatives of Forum members were involved in these meetings in person or via teleconferencing; meeting agendas were circulated in advance and minutes were recorded and circulated. Meetings often included substantive discussions around specific Activities, particularly when challenges were faced or significant achievements made. These regular meetings **enabled Forum members to stay informed and increased their engagement**, not only related to the Activities undertaken through the project, but also related to news, events, and other activities of interest in the field of global tobacco control. See Appendices 2 and 3 for a sample meeting agenda and minutes.

Forum members **convened subcommittees** to better coordinate geographic- or theme-specific activities. One subcommittee was convened to oversee and discuss issues specific to Africa (and Francophone Africa in particular). Members of this subcommittee held regular meetings to better coordinate the Forum’s activities within that region and to keep Forum members and partners up-to-date on non-Forum events that could affect planned results. For example, the subcommittee took the decision in late September 2008 that a planned formal meeting of the Africa partners would not be held as a pre-COP event, given competition timelines with FCA and RITC meetings already planned. The Forum also convened a subcommittee dedicated to policy-related activities. This subcommittee met less frequently than the Africa subcommittees; however, it took responsibility for overseeing and coordinating the activities undertaken through Activity E. These subcommittees **increased the engagement of interested Forum members in specific geographic or thematic areas**.

Internationally, the Forum **registered as an FCA member** and as such **participated in FCA Board Meetings** and Latin America FCTC Working Groups. FCA membership **increased the Forum’s participation in international networks, further engaged Canadians with international organizations involved in global tobacco control, and increased opportunities for Canada to shape international tobacco control**.

⁵ It is important to note that several initiatives undertaken by Forum members addressed the purpose of several Activities. In some instances, expenses associated with an initiative are assigned to a single Activity, but the description and results of that initiative are reported on in more than one Activity.

The Forum, in partnership with the World Health Organisation-Tobacco Free Initiative (WHO-TFI), **supported the participation** of a representative from a partner agency, the Uganda National Association of Community and Occupational Health (UNACOH), at a consultative meeting organized by the WHO-TFI on the creation of ‘Knowledge Hubs’ for tobacco control in Africa in Accra, Ghana⁶. The results of the meeting were shared with UNACOH and the Forum through email correspondence. The outcome from the meeting was **consensus for and the production of a framework for the scale-up of tobacco control capacity in Africa**. The Accra Consensus document consisted of identified needs for the proposed knowledge hub, a working definition of what it would be, its mission and objectives, and possible activities that would support the establishment of knowledge hubs for tobacco control in Africa. The ball now rests in the court of WHO’s TFI to move the agenda forward.

Forum members **participated in strategic and planning meetings** of the International Union against Tuberculosis and Lung Disease (the Union) and Tobacco-Free Kids’ (TFK) implementation component of the Bloomberg Initiative, and also **provided technical assistance** to the developing country grantees of this initiative. Participation in these meetings and activities **increased the level and profile of Canadian input to global tobacco control, while also increasing opportunities for Canada to influence, at least at a technical level, planning and funding directed at global tobacco control**.

In October 2008, several Forum members participated in the Second Session of the International Negotiating Body (INB-2) for the Illicit Trade Protocol in Geneva, Switzerland. While there, they **monitored proposed guidelines and other decisions**. Forum members **attended pre-COP meetings with Health Canada** and **participated in frequent pre-COP policy discussions with FCA**. Several Forum members also attended COP-3 in Durban, South Africa in November 2008. As with the INB-2, they **monitored proposed guidelines and other COP-3 decisions**. They also **participated in twice-daily FCA meetings** throughout COP-3 and **participated and often led many networking sessions**. Participation in these meetings **increased visibility of the Canadian civil society perspective and contributions, while also keeping Forum members up-to-date with guideline developments and decisions and providing opportunities for Canadian contribution to the guidelines**.

In November 2008, Forum representatives from HB and NSRA **participated in a HealthBridge-organized and hosted workshop** on *Government-NGO Collaboration of FCTC and Law Implementation* in Bangkok,



Figure 3: Participants at Bangkok Meeting

Thailand. This workshop was held under the auspices of a separate Health Canada IAD-funded project⁷. Government and NGO delegates from Bangladesh, Malaysia, Nepal, Sri Lanka, Thailand, and Vietnam, as well as representatives from SEATCA, also attended. Through their participation in this networking workshop, participants **gained new understanding and knowledge** about (i)

⁶ WHO/TFI extended an invitation to CPHA to attend a consultative meeting on the creation of “knowledge hubs” for tobacco control in Africa in June, 2008. CPHA declined the invitation, but advocated to WHO/TFI that invitations be extended to CPHA’s PHA partners in Africa, given that the focus was on building African capacity. WHO/TFI informed CPHA that an invitation had been extended to the Public Health Association of Mozambique (AMOSAPU) given its leadership on tobacco control over the past several years. WHO/TFI also agreed to cost-share, with the Forum, expenses to support the participation of a representative from the Uganda National Association of Community and Occupational Health (UNACOH).

⁷ North-South Partnerships to Support and Strengthen Tobacco Control Policies and Law Implementation in Developing Countries. Agreement 6807-15-2007/6800104

Canadian lessons learned in tobacco control policy, particularly with respect to FCTC compliance around package warnings, taxation, advertising bans, and smoke-free spaces; (ii) other countries' and organization's experiences in FCTC advocacy and enforcement; and (iii) **adapting and utilizing Canadian lessons learned and best practices** in their future work. The workshop also generated greater awareness of the levels of FCTC compliance among the participating countries and of strategies and approaches that could be used to improve tobacco control law enforcement throughout the South East Asia region. Finally, participation in the workshop **strengthened interaction** among the participating country representatives and **introduced the Forum as a valuable network partner**. See Appendix 4 for a copy of the Enforcement of Tobacco Control Law guidebook.

The Forum also supported global tobacco control networks through its **participation in, and support of its partners' participation in, the 14th World Conference on Tobacco or Health (WCTOH)**. In advance of the conference, Health Canada invited the Forum to share its information booth. This allowed for a mutually beneficial opportunity for the Forum and HC: HC was provided assistance to staff the booth while the Forum was able to display, disseminate, and discuss information generated through its Activities. The collaboration was very successful with many delegates visiting the Canada booth; all material available for dissemination was distributed before the conference ended.

The following Forum members sent representatives to the conference: CCS, CQCT, HB, NSRA, OTRU, and PSC⁸. CPHA and HSF were the only organizations not able to attend; however, several of CPHA's partner PHAs attended. Forum members and their partners gave a number of presentations during the WCTOH; while not all of the presentations were directly tied to Forum Activities, each **demonstrated Canadian expertise in global tobacco control and the role of the Forum in supporting global tobacco control networking efforts**. In addition to the presentation of a formal poster and the oral presentations, a number of meetings were held in which the Forum participated, including the FCA Networking and Coordination Meeting and the Funders Forum. The Forum also helped to organize and host a formal meeting on the Third International Francophone Conference on Tobacco Control (CIFICOT); this latter meeting also included discussions with key members of the Francophone African tobacco control community of the initiatives being implemented through Activity H.

Forum Member or Relevant Activity	Presentation made at WCTOH
FORUM (overall)	Global Tobacco Control Forum: Implementing the FCTC in African Countries
PSC	How the Tobacco Industry used Phoney Intellectual Property Arguments to Defeat Plain Packaging
PSC	Policy Issues for Harm Reduction
PSC	The tobacco Industry is trolling for Big Fish
PSC	Tobacco Control and International Intellectual Property Agreements
PSC	Moratorium on New Tobacco Products: Rational and Criteria to Withstand Challenges
PSC	Phasing Out Tobacco
PSC	Using Repatriated Profits to Fund Global Tobacco Control
PSC	The Canadian experience with Snus
PSC	Tobacco Control and the Millennium Development Goals
NSRA	Comprehensive Tobacco Package Labelling: Forcing the Tobacco Industry to Tell the Truth
NSRA	Plain Packaging: Striking at the Heart of Brand Image Marketing
NSRA	On the Horizon: Smoke-free Multi-unit Dwellings
NSRA	Tobacco Industry Denormalization: The Keystone of effective Tobacco Control

⁸ Not all Forum participants were supported financially through the Forum. Nevertheless, their participation allowed for high Forum visibility and demonstrated the wide range of TC expertise existing within Forum membership.

NSRA	Why Tobacco Industry Denormalization is Critical to the Reversal of the Tobacco Epidemic
OTRU	Banning the Display of Cigarette at Retail: Pre-post Implementation Study
OTRU	Outlet Density: A New Frontier for Tobacco Control
OTRU	Purchase of Contraband Cigarettes on First Nations Reserves in Ontario, Canada
OTRU	Evaluating Funding Models for Tobacco Control Research
CCS	Tobacco Package Health Warnings: Overview of International Best Practices and Experience
Activity G	Alan Shihadeh, Joanna Khalil, and Rima Nakkash were Activity G cooperants and addressed Narghile policy. They conducted a session on nargile, including the following presentations: <ul style="list-style-type: none"> • An update on the hazards of nargile waterpipe smoke: toxicant delivery and particle deposition in the lung • Lebanese media and waterpipe smoking • Labelling practices for nargile waterpipe tobacco products
Activity G	Cicely Ray and Prakkash Gupta were Activity G cooperants and addressed policy issues on bidi and other Indian tobacco products. They hosted a booth at the conference and distributed materials. They presented research findings at a pre-conference workshop on oral tobacco.
Activity G	Shoba John was an Activity G cooperant who oversaw the Tobacco Advertising, Promotion and Sponsorship (TAPS) research project for the South Asian region. She presented preliminary findings at the Hemi Plenary: Advocating for Bans on Tobacco Advertising, Promotion and Sponsorship: Opportunities and Challenges
Activity J	Edith Wellington, Kofi Wellington and A.B. Yakubu presented: <ul style="list-style-type: none"> • Media attention to tobacco control issues in Ghana. • Education, Communication, Training and Public Awareness for Tobacco Control: The Ghana Experience

The Forum was therefore very visible and active at the WCTOH, not only by participating at the conference, but by having its various partners make presentations on the work that was supported through the Forum.

The target audience for this Activity was comprised of: (i) Forum members, (ii) Health Canada tobacco control staff, and (iii) partners and colleagues in the Canadian and global tobacco control communities. They were reached in a number of ways, including monthly Forum meetings, targeted meetings, Email, telephone calls, and through presentations and attendance at international meetings, conferences, and workshops. While a count was not taken of target audience representatives reached, it can be estimated in the hundreds.

ACTIVITY B: TECHNICAL SUPPORT TO DEVELOPING COUNTRIES IN RELATION TO IAD-FUNDED INTERNATIONAL TC GRANT AND OTHER ACTIVITIES

The purpose of funding from TCP, reflected in Activity B, was to provide administrative, strategic, technical, research, guidance, and other support to developing country partners for projects funded through IAD and other donors. Through contributions from IAD/HC in 2005-2006 and 2006-2007, the Forum had provided financial and technical support to partners in Africa, Latin America, the Caribbean, and Asia to build their respective organizational capacity to design and implement activities that served to expand the scope of tobacco control efforts and to improve inter-organizational collaboration between and among governments and NGOs. During the 2007-08 application process, it became clear that IAD would no longer fund Canadian support beyond indirect administrative costs. At the same time, TCP funding was primarily directed at Canadians working in Canada in support of global tobacco control. As a result, the Forum took the decision to split its large, multi-country, multi-initiative proposal into two components – one to be funded by IAD (in-country activities) and the other to be funded by TCP (Canadian personnel, travel, and related costs to support the in-country activities).

The IAD grant supported the design and implementation of three sub-projects that facilitated financial

and technical cooperation to NGOs and national public health associations (PHA) engaged in tobacco control. This grant supported the efforts of ten developing country organizations (seven in Africa and three in Latin America⁹) to ratify the FCTC and/or to implement its measures. The sub-projects were designed to build upon previous (2005/06 and 2006/07) IAD/HC-funded CGTCF international tobacco control projects and CGTCF members' respective and collective partnerships. Together, these sub-projects had the collective objectives of:

- Strengthening regional and international capacity to implement the FCTC by providing resources to appropriate and strategic projects managed at national, regional and international levels.
- Assisting countries that currently have little to no tobacco control activities, to build capacity, to initiate tobacco control programs and establish networks (including countries which have not yet ratified or acceded to the treaty).
- Increasing the number of State Parties to the Framework Convention on Tobacco Control, by strengthening civil society support for the treaty in those countries.
- Increasing compliance to the obligations of the FCTC (in countries which have ratified).
- Supporting Canada in fulfilling its FCTC obligations to provide scientific and technical cooperation (Article 22).

The following provides an overview of the activities and outputs related to the three IAD-funded sub-projects and to the TCP-funded oversight of those projects.

Activity B1: Strengthening Capacity in Tobacco Control of National Public Health Associations in Africa (managed by CPHA in collaboration with PHAs in Africa)

CPHA sent a Call for Proposals to eleven African PHAs in May 2008 (Ethiopia, Uganda, Tanzania, Kenya, Malawi, Mozambique, South Africa, Cameroon, Congo, Niger, and Burkina Faso) (See Appendix 5 for a copy of the call for proposals). Seven of these PHA had been previous recipients of CPHA-managed tobacco control technical assistance. The other four represented PHAs that had indicated an interest to undertake tobacco control activities. The PHAs were invited to submit proposals that addressed at least two of FCTC Articles 8, 11, and 12, with the aim of strengthening their capacity to become stronger civil society advocates in one or more of these specific area(s) of tobacco control. Proposals were received over the summer of 2008 from six PHAs (Uganda, Cameroon, Niger, Congo, Burkina Faso, and Tanzania), and CPHA worked closely with them to further refine their proposals. Electronic communications with some of the PHA partners (e.g. Niger, Congo) was problematic and resulted in delays in communicating revisions to the proposals. These six mini-projects (up to \$8,000 each) were launched by the end of September; a seventh proposal from the Ethiopian Public Health Association was received in late September and activities commenced in early November.¹⁰ All PHA projects were completed by early March 2009, and final narrative and financial reports submitted to CPHA by the end of that month. Through a time extension, an additional four activities were supported in Ethiopia, Uganda, Tanzania and Burkina Faso; PHAs in these countries had completed their initial sub-project activities, demonstrated the achievement of excellent results, and had requested extra time to extend their activities

Summary reports on the activities and achievements of each of the eleven projects implemented by the partner PHAs are provided in Appendix 6. Below is a collated summary of achievements:

⁹ African partners: PHAs in Burkina Faso, Cameroon, Congo, Ethiopia, Niger, Tanzania and Uganda, in partnership with the Canadian Public Health Association. Partners in Latin America included organizations in Colombia and Mexico, through the InterAmerican Heart Foundation and in Ecuador (FESAR) through the Canadian Lung Association.

¹⁰ The remaining four PHAs elected not to submit proposals.

The **active promotion of the implementation of FCTC Articles 8, 11, and 12** was one of the main foci of the projects and almost all the activities were oriented toward the achievement of this goal. PHAs from Niger, Congo, Burkina Faso, and Cameroon implemented activities designed to increase understanding of the context and major gaps in tobacco control in their respective countries. They developed surveys to assess the application of anti tobacco regulation in public places, as well as KAP surveys targeting student, teachers, and health professionals about tobacco information access and protection from exposure to tobacco smoke. Using those tools, the PHAs were able to identify gaps related to legislation and policies governing tobacco control in public places such as schools and health institutions, poor knowledge about the side-effects of tobacco consumption, improper or no health warning information on cigarette packaging, and the lack of smoking ban signage in public places. **New needs were identified and more structured actions promoted to improve implementation of the FCTC** (particularly Articles 8, 11, and 12).

Focusing on FCTC Article 12, the Ethiopian Public Health Association (EPHA) developed and implemented a training program for more than 25 journalists on prevalence, risk factors, consequences, (social, economic and health problems of tobacco smoking) and the role of media in reducing tobacco use. This initiative was a major success and gave the participants the **opportunity to share information, work together, and gain a better understanding of the impact (social, economic etc.) of tobacco control**. They were also able to **coordinate a tobacco control media network**.

In Tanzania, the TPHA carried out a three-pronged mini-project. It (i) held an educative seminar with city councilors to draft a by-law outlining a comprehensive smoking ban in bars and restaurants; (ii) produced and distributed advocacy materials on the hazards of second hand smoke to bars and restaurants in two cities; and (iii) hosted a workshop for local NGO stakeholders to analyze the current national tobacco control strategy and develop a plan to comply with FCTC best practices. This **plan was presented to the government-created revision committee**. The TPHA also supported the participation of two Master students at the TPHA's annual scientific conference. During the time extension, it handed out information about smoking-associated health risks and tobacco control and spoke about the risks of smoking at World No Tobacco Day events. TPHA also conducted a two-hour radio program as well as a television interview about tobacco health warnings.

Increasing public awareness of the problems resulting from tobacco use and the importance of tobacco control measures was another key focus of the mini-grants. Different strategies were developed by the



Figure 4: Sub-project photos

overseas partners to increase public awareness. They used training workshops and held meetings with civil society members, government representatives, health professional and schools teachers. Public interactive radio talk shows and training of journalists on tobacco control were also carried out, as was the recording and airing of a television panel discussion on tobacco and tobacco control in Ethiopia. Some of the partners developed tools, materials (posters, booklets, pamphlets, videos etc.), and messages to increase public awareness of the problems resulting from tobacco use and the importance of tobacco control measures. A few organizations were also involved in bills elaboration and advocacy.

In Uganda, UNACOH produced IEC and advocacy materials to increase public awareness about the socio-economic, health and environmental effects of tobacco production, consumption/exposure, as well as the FCTC-recommended regulations. Through the time extension, UNACOH was able to expand its

work on creating public awareness about the health hazards of smoking and the use of tobacco products to a greater number of people at 20 schools. It also carried out an evaluation on the usefulness of the information on smoking provided to students and teachers, and how it contributed to increasing their knowledge of the hazards of smoking and ways to avoid them. Overall the students and teachers found the messages useful but would like to have more information, especially on the hazards of smoking, second-hand smoke and the associated illnesses. UNACOH noted that most people do not have enough knowledge of the hazards of tobacco but are eager to learn and pass on the information. Another lesson learned was the need to use the growing number of community radios to get the message out, or even to show movies to those who cannot read. **Administrative authority, economic and religious leaders, media professional, school students and teachers, and other member of the civil society were sensitized and gave their support to tobacco control activities.**

During the extension time period, the Association burkinabé de santé publique (ABSP) was able to extend its coverage area of health facilities and schools. It printed and sent its study report pertaining to smoking in health facilities and schools to all institutions surveyed. The report's recommendations also highlighted the work that needs to be done to increase awareness, improve the broadcasting and enforcement of measures to make tobacco less available to young people, and to ban advertising that promotes smoking. The participating institutions also received copies of the by-law banning smoking in certain public places and of the FCTC. ABSP also organized and held a press conference on World No Tobacco Day, with the print, broadcast and television media in attendance. The press was asked to act as a bridge between the tobacco control structures and the people. ABSP members also developed a booklet on the effects of smoking on the heart and on cardiovascular disease. The booklet contains 25 questions written in plain language.

PHA partners in Burkina Faso, Niger, and Congo, among others, reportedly **gained a better understanding of the tobacco consumption and tobacco control situation in their countries**, particularly in specific areas where people are more vulnerable, such as schools and health institutions. In Uganda and Tanzania, people were sensitized about tobacco control and given updated IEC and advocacy materials and kits.

According to the final evaluation conducted by CPHA in February 2009, all partners agreed that the project **strengthened their organizational capacity**, particularly related to improved knowledge of tobacco control measures implementation and management of those initiatives, and the development of techniques and tools for increasing awareness. In all cases, the work undertaken contributed to reinforcing links within these organizations as well as with other partners. **Visibility of the associations was also greatly improved** through activities with the media, schools, and major health centers, and through the training of influent representatives at local and national levels. The mini-projects also offered opportunities to **develop and/or improve relationships** with Ministries of Health, universities, the media, and other local and regional organizations. See Appendix 7 for the survey.

In the original proposal submitted to IAD/HC, CPHA proposed **organizing two regional meetings** for its PHA partners. One of the proposed meetings would be organized for English-speaking PHAs while the second was planned for French-speaking PHAs. The purpose of the meetings was to encourage and facilitate interchange about experiences and challenges for public health associations in advocating for tobacco control. Through this exchange, PHAs would build new knowledge and skills related to advocacy and learn new "promising practices" related to pushing forward the application of FCTC Articles 8, 11 and 12. The initial intent was to hold these two meetings several months prior to the COP-3 in Durban. The PHAs would use the meetings as a basis to prepare a paper about the role of PHAs in Africa on tobacco control, as input to the COP-3 discussions. However, the later-than-planned project start-up did not permit sufficient time for planning, organizing, and holding the two proposed meetings

in time; therefore, a decision was taken in consultation with the Forum to hold these meetings during the COP-3. In this way, project funding could be used to support the participation of PHA representatives to the COP-3 and as well to participate in meetings organized by the FCA and the CGTCF/CPHA.

African partner PHA representatives used this opportunity to **update their knowledge about tobacco control approaches and activities and to discuss with counterparts successful strategies and their implementation**. A survey completed by CPHA after the COP-3 revealed that the associations were satisfied with the All African project meeting organized through CPHA and particularly with the separate meetings in French and English for the PHA partners. This COP-3 meeting provided an excellent opportunity to **strengthen networking relationships that will probably contribute in the near future to a structured an effective African network on tobacco control**. See Appendix 8 for an overview of African PHA participation at COP-3.

WHO/TFI extended an invitation to CPHA to attend a consultative meeting on the creation of “knowledge hubs” for tobacco control in Africa, which was held in Accra, Ghana in June 2008. CPHA declined the invitation, but advocated to WHO/TFI that invitations be extended to CPHA’s PHA partners in Africa, given that the focus was on building African capacity. In response to CPHA’s suggestion, WHO/TFI extended an invitation to the Public Health Association of Mozambique (AMOSAPU) given its leadership on tobacco control over the past several years. WHO/TFI also agreed to cost-share with CPHA the expenses to support the participation of a representative from the Uganda National Association of Community and Occupational Health (UNACOH), which was also active in tobacco control. Ms. Victoria Mukasa, the UNACOH point person on tobacco control, attended this meeting. The outcome from the meeting was **consensus for and the production of a framework for the scale-up of tobacco control capacity in Africa**. The Accra Consensus document consisted of identified needs for the proposed knowledge hub, a working definition of what it would be, its mission and objectives, and possible activities that would support the establishment of knowledge hubs for tobacco control in Africa. The ball now rests with WHO/TFI to move the agenda forward.

Finally, CPHA had anticipated launching and pilot-testing an **interactive website** that would provide a mechanism for PHA in Africa to communicate and exchange information on tobacco control issues and strategies. The website would also be a means to share with African PHA promising practices on smoke-free environments, graphic warning labels on cigarette packages, and youth-focused tobacco control public awareness programs. The concept for the CPHA-based interactive global tobacco control website was based on the assumption that the CPHA website would be able to support an interactive platform accessible by outside parties. In January 2008, however, CPHA’s Board took the decision not to make CPHA’s website interactive to outside organizations. This new policy meant that CPHA would not be able to host the proposed interactive website. As an alternative, CPHA accepted the WHO’s invitation to use its interactive software system platform (Knowledge Management for Public Health – KM4PH - <http://www.who.int/km4ph/en/>) for the same purpose. Over a several month period, CPHA invited the PHA partners to use this system. While a few were able to access the interactive website, most could not due to connectivity limitations. In the end, although considerable effort had been made by CPHA to encourage the use of the KM4PH system by PHA partners, it was determined that it would not be a feasible alternative, and the interactive website was abandoned.

Activity B3: Supporting National Action/Capacity Building in Latin America (prepared by the Inter American Heart Foundation, in association with partner organizations in Colombia and Mexico)

This sub-project sought to build and strengthen civil society networks in tobacco control by increasing advocacy resources and supporting comprehensive legislation development in line with the FCTC guidelines. In Colombia, **two events were supported** through this sub-project. The first was a workshop

for journalists that **facilitated contact and improved relations with national and local media**. The second was an International Forum which sought to increase awareness regarding FCTC requirements, address myths and facts regarding tobacco control, and empower public opinion with evidence supporting FCTC policies etc. The sub-project helped **mobilize the media and many potential partners**, some of which are increasingly committed to tobacco control. During the course of the sub-project, the Colombian government **ratified the FCTC** and a **resolution for countrywide smoke-free environments was developed and approved**.

In Mexico, a large number of **teleconferences and face-to-face discussions** regarding the overall implementation of the FCTC in Mexico were organized to support the development of the **3rd Report from Civil Society on the Implementation of the FCTC**. Independent surveys conducted by the National Institutes of Public Health showed **growing public awareness of tobacco's harmful effects**, particularly those related to secondhand smoke. One of the major accomplishments of this sub-project, according to IAHF, was the gathering of NGOs, media, government officials, and local and regional/international organizations, to discuss FCTC implementation issues and the importance of focusing tobacco control efforts on the most effective FCTC measures. Mexico has since **increased its structure and capacity for tobacco control** and it has **begun a serious effort to organize coalitions on smoke-free environments**. See Appendix 9 for the final report on Activity B3.

Activity B4: No Ifs, Ands or Butts: Protecting Ecuadorian Children from Harmful Second Hand Smoke (prepared by the Canadian Lung Association, in partnership with its local partner organization, FESAR

This sub-project aimed to encourage and build capacity of national Ecuadorian organizations to mobilize their communities to better understand their roles in the prevention of SHS. Two workshops were held with municipal authorities in Ambato (Ecuador) and the FCA to establish next steps and strategies for tobacco control in the capital. The Canadian Lung Association, the lead Forum member for this activity, worked with its local partner in three schools: public (i.e. state run) urban, public rural, and private urban. Partner representatives spoke to parents, children, and teachers. Preliminary results of their work demonstrated that there was a higher level of SHS exposure generally for children in rural public schools; most of the SHS occurred in the home. All groups reported some level of exposure in public places - particularly at social get-togethers, in bars, while playing cards, or when attending meetings. The different groups proposed concrete suggestions for social marketing and educational tools, particularly audio-visual materials, to raise awareness. Through sub-project activities, FESAR **gained a better understanding of the SHS problem** in Ecuador and **contributed to the elaboration of a project of law (bill) that includes FCTC recommendations** on the matter. The bill is ready to be introduced to the new Ecuadorian national assembly. The training of trainers was another major activity and coincided with a social marketing campaign that used slogans, videos, flyers, posters etc. that were developed based on data collected during workshops and focus groups. This campaign along with the collaboration with local governments **led to an increased level of awareness among the general population**.



Figure 5: Public Education Material

FESAR reported that it **observed behavioural changes** particularly in children, parents, and teachers who requested more information about SHS. This pilot project was also useful in strengthening the organization and fostering partnerships, which led to the development of a large proposal funded by the Bloomberg Initiative. See Appendix 10 for the final report on Activity B4.

As noted above, to support the implementation of each of these sub-projects, the Forum provided, through the TCP-funded project, financial resources for administrative, strategic, technical, research,

guidance, and other support. In addition, the Forum, through CPHA, sponsored and co-organized two concurrent sessions and one meeting related to tobacco control during the 12th World Congress on Public Health (Istanbul: April 27 – May 1, 2009), a triennial international event hosted and organized by the World Federation of Public Health Associations (WFPHA) that draws over 2,500 participants from 140 countries. The Forum also supported the travel and participation of two individuals (one Canadian and one Tanzanian). The first concurrent session, entitled *Skills-building workshop on advocacy for smoke-free environments*, sought to enable participants to develop a working program for their Public Health Associations (PHAs) in advocacy for smoke-free environments. This included identifying strategies and associated methodologies as well as potential sources of technical and financial support. A “tool kit” of resources on advocacy for smoke-free environments, prepared by Physicians for a Smoke-Free Canada, was distributed to participants. Workshop participants engaged actively in a discussion about lessons learned from smoke-free environment advocacy experiences. The workshop consisted of several formal presentations from public health associations in Turkey, Tanzania, the Federation of Bosnia and Herzegovina, and Canada, as well as from PSC. The presentations **generated considerable discussion among the eighty participants around the steps to be taken to design and deliver an advocacy campaign for smoke-free environments**, the challenges experienced by advocates (particularly the strategies used by the tobacco industry to oppose legislation for smoke-free environments) and the challenges faced in encouraging governments to enforce FCTC Articles related to smoke-free environments. Impromptu unsolicited oral presentations about experiences were made by representatives from Vietnam, Serbia, Republika Srpska (Bosnia & Herzegovina), Uganda, Congo, Costa Rica, and Cameroun.

The second concurrent session, entitled *Tobacco Control: a truly global public health effort*, sought to inform Congress participants about the present status of worldwide tobacco control, and to present international programs which might be of interest to national public health associations. The session was intended to promote learning by participants about some of the global initiatives and how they are translated into a national context and to promote constructive engagement on how everyone can, collaboratively, move forward on tobacco control at both the global and national levels. Four speakers, three of whom represent important agencies and organizations in global tobacco control and its financing, and a representative of a national public health association with particular experience in this field, made presentations. The presentations were followed by a panel discussion by the four speakers, in which the efforts in tobacco control were reviewed in terms of content and technical and financial support. The presentations **generated considerable sharing of experiences about tobacco control efforts, successes and challenges for civil society organizations in advocating for comprehensive and effective tobacco control legislation and regulations, and the implementation of smoking prevention and cessation programs**. Several country cases were presented by members of the audience, including Russia, Serbia, Vietnam, and Turkey.

The Forum, through CPHA, also co-chaired a meeting of WFPHA’s Tobacco Control Program; the purpose of this meeting was to determine whether this WFPHA program should continue to exist, and if so, what its focus and activities, at both the global and national levels, should be over the next few years. The consensus was that WFPHA continues to have an important role to play, both globally and in support of national PHAs. It was noted that the WFPHA could and should take a more proactive role in supporting national PHAs, linking them with experience in and resources related to tobacco control with national PHAs in countries requesting technical assistance to put into action FCTC Article guidelines. To date, CPHA has been the only national PHA that has provided such support on a consistent basis. See Appendix 11 for CPHA’s Congress report.

In addition to the initiatives outlined above that were specifically related to the IAD-funded project, the

Forum also provided technical assistance or participated in activities funded by other agencies. For example, PSC **participated in a WHO-led capacity assessment mission** to Brazil that sought to review the situation in Brazil and make recommendations to the Brazilian government. The assessment team included six persons from WHO-TFI, one person from WHO-PAHO, one person from PAHO-Brazil, six international consultants, and eight national representatives. Participation in this initiative **facilitated the sharing of Canadian experience in smoke-free spaces, in inter-sectoral collaboration, and in federal-state/provincial coordination with Brazilian colleagues**. See Appendix 12 for the mission trip report. The HealthBridge-hosted **workshop on Government-NGO Collaboration of FCTC and Law Implementation** in Thailand, as described above in Activity A, was another major initiative related to Activity B. Through this workshop, the Forum provided tobacco control delegates from six South and South East Asian countries with technical information and advice related to Canada's experiences, lessons learned, and expertise in tobacco control policy, particularly related to FCTC compliance around package warnings, taxation, advertising bans, and smoke-free spaces. An NSRA representative acted as the lead Canadian technical advisor during this workshop; her participation and contributions **increased awareness among the participants of Canada's contributions to global tobacco control**. See Appendix 4 for the Enforcement of Tobacco Control Law guidebook.

Another unplanned initiative resulted in a PSC staff member being invited in May 2009 by two Peruvian NGOs to give a keynote address a meeting held in the Peruvian Congress to support a new draft law to implement Articles 8 and 11 of the FCTC in Peru. The draft law has now been approved by a Congressional Committee and awaits approval of the full Congress. As a result of this initiative, there is now **strong support for this draft law among members of the Peruvian Congress**. Adoption of the law is expected in the near future. In the course of undertaking this work, strong ties were forged between PSC and its Peruvian NGO counterparts, COLAT and CEDRO. See Appendix 13 for a copy of the presentation given at this meeting. No Forum resources were used in the successful completion of this cooperative activity in Peru.

The target audience for this Activity was comprised of PHAs and other developing country civil society and government organizations engaged in tobacco control. They were reached in a number of ways, including through targeted meetings, Email, telephone calls, and through presentations and attendance at international meetings, conferences, and workshops. Seven African PHAs were directly reached, as were one international organization, four regional organizations, and nine local civil society and government organizations. In addition, through their activities, these organizations reached hundreds of additional persons and/or organizations.

ACTIVITY C: FORUM LEADERSHIP

As the "*Strengthening Canadian capacity to support global tobacco control*" project began, the Forum was moving to strengthen and codify its operations in ways that would allow for a sustained presence of Canadian nongovernmental organizations in global tobacco control under a single umbrella. This required some changes to the way that the Forum operated. From 2005 through early 2008, CPHA acted as the Forum's coordinating and administrative agency. With the effective split of the Forum's funding sources in 2008, with TCP funding Canadians working in Canada and IAD funding direct support to overseas partners, the Forum's coordinating and administrative management changed; CPHA continued to act as the coordinating and administrative lead on the IAD-funded work, while HealthBridge assumed leadership for the TCP-funded work¹¹. Leadership was of two types: *technical leadership* – meaning coordination with global tobacco control activities such as the Bloomberg Initiative (BI), the World Health

¹¹ PSC acted as the administrative lead, as noted in Activity F.

Organization (WHO), the Framework Convention Alliance (FCA), the International Network of Women Against Tobacco (INWAT), the International Non Governmental Coalition against Tobacco (INGCAT) and other global partners, and *managerial leadership* – meaning calling meetings and preparing minutes, producing results-based reports, overseeing monitoring and evaluation, conducting bilateral discussions, and representing the larger group. Given the breadth and depth of its history in international tobacco control work, and the international tobacco control expertise that it had on staff, HealthBridge was identified as the primary Forum Leader for the duration of the project's implementation.

Leadership was demonstrated in a number of different ways. As part of its role in coordinating with global tobacco control activities, HealthBridge **provided ongoing technical assistance** to a number of developing country grantees for the Union- and TFK-implemented components of the Bloomberg Initiative. This technical assistance was provided in Latin America (Mexico, Brazil), Francophone Africa (Niger), and South and South East Asia (Sri Lanka, Lao PDR, Vietnam). It focused on a wide range of issues, from project management (work planning and reporting) to thematic (policy development, policy advocacy), to content-specific (smoke-free spaces). This technical assistance **demonstrated Canadian expertise** in a range of tobacco control areas and **facilitated the sharing of that experience globally**. Taken together, participation in these activities **demonstrated the leadership role that can be played, and is being played, by Canadians in shaping global tobacco control**.

Forum leaders **called regular monthly meetings** (as noted under Activity A above – see Appendices 2 and 3 for samples of agendas and meeting minutes) and produced and disseminated minutes of those meetings. These meetings were particularly useful in terms of bringing together the key tobacco control leaders and experts in the member organizations, thereby **making Canada's contribution to global tobacco control stronger and more strategic, avoiding duplication, providing advice to each other from different perspectives, and sharing networks and contacts**.

When the project began, Forum leaders developed and disseminated reporting templates that facilitated the collection and collation of information from each Forum member. See Appendix 14 for copies of the financial reporting templates. Forum members provided input to quarterly progress reports through written monthly updates that summarized activities undertaken during that month. Forum leaders used that information to **produce quarterly narrative progress reports** for Health Canada that tracked and assessed progress and results being achieved. These reports also allowed for regular and timely assessment of progress and adjustments to the work plan in keeping with the rapidly changing global context. Coordinating meetings and producing reports **increased awareness of the Forum's progress in meeting its objectives**.

To better assess the achievements and the results of the Forum and the activities implemented through this project, the Forum developed a **monitoring and evaluation framework** relatively early in the project. See Appendix 15 for the monitoring and evaluation framework. This framework was used to identify anticipated outputs and outcomes for each Activity, as well as the indicators against which progress would be measured. During the final months of the project, one Forum member **undertook a three-part internal evaluation**. The "Process Level" evaluation focused on an internal assessment of the functioning, viability, and effectiveness of the Forum as a *mechanism* to increase and sustain Canadian civil society involvement in global tobacco control. The "Forum Level" evaluation focused on the success of the overall project in supporting the Federal Tobacco Control Strategy. The "Project Level" evaluation focused on the success of the partner-activities undertaken through the project, in terms of their expected results measured against a baseline that reflected the pre-project situation related to each activity. The final internal evaluation is included in the Appendices. This evaluation **fostered an increased understanding and appreciation among Forum members of the advantages and disadvantages of the Forum mechanism** for increasing Canadian involvement in global tobacco control, as well as an overall

assessment of results achieved.

The internal evaluation found that the Forum mechanism offered a unique means of bringing together Canadian civil society organizations involved in global tobacco control around the table to discuss and put into place coordinated and mutually-supportive activities to enhance the organizational and programmatic capacity of the members' various overseas partners. With the leadership provided by those organizations with access to broader international tobacco control networks, involvement in the Forum enabled those members not previously involved in global tobacco control to **increase their engagement**. It also facilitated the **provision of appropriate and timely assistance** to developing country partners. See Appendix 16 for the Internal Monitoring Report.

The target audience for this Activity was primarily the nine organizational Forum members, who were reached through monthly Forum meetings, targeted bilateral meetings, Email, and telephone calls.

ACTIVITY D: COMMUNICATIONS

In addition to providing a mechanism through which its members could become more engaged in global tobacco control, the Forum recognized the importance of developing and disseminating information to the public, among other partners, and to the broader tobacco control community. Specific planned activities included designing a web-site, issuing press releases, preparing publications, and hosting symposiums and meetings.



Figure 6: Forum brochure

Forum members **designed and produced a pamphlet** that would serve as a key communication piece. The pamphlet highlighted the Forum's history, achievements, and ongoing activities. The pamphlet was used to **raise public awareness about tobacco control issues** and was distributed among domestic partners, donors, governments, and partners abroad. See Appendix 17 for the Forum brochure.

Following the completion of the FCTC Monitoring Report (shadow report – see Activity E), the Forum **issued a news release** to bring attention to the report. Based on the news release, the Globe and Mail published a full story about the report. The full report was also **posted on PSC's website** for broader dissemination and distributed at COP-3 in Durban, South Africa. Forum members also **engaged the media** to support its communications activities. It participated in radio interviews broadcast through the Canadian Broadcasting Corporation (CBC) and contributed to news reports in the Globe and Mail. See Appendix 18 for the news release.

Forum members also **developed and disseminated tobacco control information materials**, including factsheets on FCTC funding, smuggling, taxation, and graphic health warnings. See Appendix 19 for copies of the factsheets.

The Forum **hosted a session** about the development and maintenance of partnerships to address global tobacco control during the 15th Canadian Conference on International Health (October 2008). Forum members also submitted six abstracts about Forum activities to the 14th World Conference on Tobacco or Health. When all six abstracts were accepted as posters, a Forum member combined the six ideas into a **single poster that provided information about the Forum** and highlighted its achievements to date. This **poster was presented** during the WCTOH in Mumbai, India. See Appendices 19 and 20 for the abstracts and the poster.

By producing and disseminating a variety of materials in more than one way, the Forum **raised awareness in Canada and internationally about its existence and Canada's contribution to global tobacco control**. The Forum's media engagement also **raised public awareness of the FCTC, its**

objectives, and Canadian obligations through the Framework.

The project’s original work plan anticipated the hosting of an Ottawa Symposium to provide an opportunity for Canadian organizations (including the government) involved in global tobacco control to discuss what each is doing, identify areas for collaboration, and discuss future opportunities. This Symposium would have been a follow-up to a similar symposium hosted in 2007. However, given an inability to generate interest, particularly among government representatives, the symposium did not take place. As the project evolved, however, it became apparent that more informal (and less costly) meetings would replace these more formal events while increasing impact. For example, **RITC participated in regular Forum meetings**, thereby negating the need to organize formal meetings to share information. Through these informal meetings, **other Canadian organizations gained knowledge of the Forum and its work.**

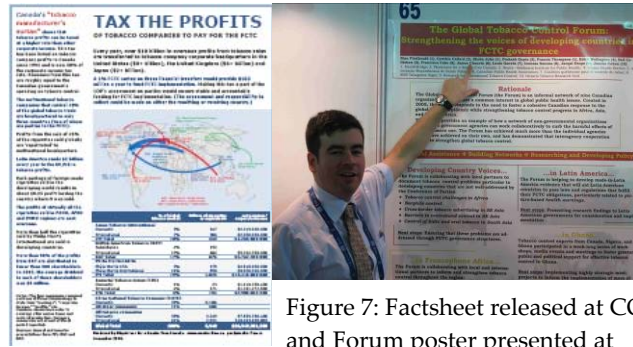


Figure 7: Factsheet released at COP-3 and Forum poster presented at WCTOH

The target audience for this Activity was comprised of: (i) Forum members, (ii) Health Canada tobacco control staff, and (iii) partners and colleagues in the Canadian and global tobacco control communities. They were reached in a number of ways, primarily through direct dissemination of materials, through the Forum members’ websites, and through presentations and attendance at Canadian and international meetings, conferences, and workshops. While a count was not taken of target audience representatives reached, it can be estimated in the hundreds.

ACTIVITY E: POLICY AND PROMOTION

Through the “*Strengthening Canadian capacity to support global tobacco control*” project, the Forum sought to support the Federal Tobacco Control Strategy’s goal of implementing the World Health Organization Framework Convention on Tobacco Control. In particular, through Activity E, the Forum sought to support policy development on global tobacco issues from a Canadian civil society perspective.



Figure 8: Policy materials

The Forum **produced and disseminated a FCTC Monitoring Report** (shadow report). This was the third ‘shadow report’ on Canada’s implementation of the FCTC, following an initial review in January 2006 and a second report in June 2007. Produced just prior to the latest meeting of the Conference of Parties, the report demonstrated that there were a number of areas where Canada had failed to fulfill its FCTC obligations, but also others where Canada had surpassed the minimum standards of the FCTC. This report provided a detailed look at each set of Canada’s obligations under the FCTC, provided commentary on where Canada’s measures were – or were not – in line with treaty requirements, and provided recommendations on measures governments and others should take to strengthen the implementation of the treaty in Canada. Through the production of this report, the Forum **increased awareness about Canada’s progress towards fulfilling its FCTC obligations.** See Appendix 22 for the report.

In support of the Forum, PSC **produced and disseminated the research paper** “*The Plot against Plain Packaging: How multinational tobacco companies colluded to use trade arguments they knew were phony to oppose plain packaging and how health ministers in Canada and Australia fell for their chicanery.*” This paper provided an

analysis of the lobbying work of transnational tobacco companies against Canadian government attempts to promote and introduce policies related to plain packaging. Even though plain packaging is a tobacco control measure embraced by the FCTC guidelines – and advocated in Canada since the mid 1980s - the transnational tobacco companies have, to date, been largely successful in outmanoeuvring political debate and legislation by convincing Canadian policy makers of the legitimacy of the industry’s clearly fallacious stance. The paper was **presented and disseminated** at the 14th World Conference on Tobacco or Health in March 2009, as plain packaging is an emerging focus of FCTC implementation: both the guidelines on Article 13 and the guidelines on Article 11 promote plain packaging as a component of effective labelling requirements and marketing restrictions. The paper will also be presented at a round-table on plain packaging hosted by ASH UK, with the participation of governments of Australia, New Zealand, the UK, Brazil and other nations. By producing and disseminating this paper, the **Forum provided insight into the strategy and tactics of tobacco companies to block the adoption of plain packaging measures**, and will hopefully assist other countries to resist the false arguments presented by companies that plain packaging is inconsistent with intellectual property agreements. See Appendix 23 for the research paper.

Also in support of the Forum, CCS published *Cigarette Package Health Warnings: International Status Report* and disseminated it at COP-3 (English only) and during the WCTOH (English, French Spanish, and Portuguese). To produce this report, CCS acquired cigarette packages from a number of countries, scanned photos of them, and added them to the CCS collection to monitor international developments in health warnings and packaging (FCTC Article 11). The information from the acquired packages **assisted with monitoring FCTC obligations compliance and provided baseline information on which advice to governments could be provided**. See Appendix 24 for the publication.



Figure 9: Health Warnings Report

The Forum **produced and disseminated a number of fact sheets**. One fact sheet



Figure 10: Factsheets about FCTC articles

addressed **Treaty Financing**. Three other fact sheets were produced about **FCTC articles** addressing smuggling, taxation, and graphic health warnings. The fact sheets provided a rationale for each of these articles as well as information about Canadian experiences or lessons learned as a means to improve the uptake of lessons learned and best practices in tobacco control policy from Canada.¹² By producing and disseminating these factsheets, the Forum **increased global awareness of Canadian experiences in specific policy areas**. See Appendix 19 for the factsheets.

Three Forum members (CCS, HB, NSRA) **attended the Second International Negotiating Body (INB2) meeting** on the Illicit Trade Protocol in Geneva, Switzerland October 20-24, 2008. While there, they monitored proposed guidelines and other decisions, on behalf of both Canadian civil society and the Forum’s developing country partners. More specifically, Forum members played a key role in three aspects of the INB2. They participated in and contributed to FCA discussions, particularly

¹² The direct cost of producing and disseminating these three fact sheets was covered through a separate Health Canada grant to HealthBridge.

related to civil society strategic planning given the state of treaty negotiations. They participated in INB Committee A (Tracking and Tracing) meetings in an attempt to offset official Canadian involvement, which was noticeably destructive to the negotiations.¹³ Forum members closely monitored the developments within the two main committees¹⁴ and regularly liaised and dialogued with the Canadian delegation to share information and knowledge. Finally, the Forum members provided (informal) assistance to Francophone African country delegates to ensure that developing country voices were heard at the INB. Forum members **attended pre-COP-3 meetings** with Health Canada staff to discuss Canada's approach to the meetings and to present civil society's perspective on the issues that would be addressed. Forum members also **participated in frequent pre-COP-3 policy discussions** with representatives of the Framework Convention Alliance (FCA) to discuss broader civil society approaches to the meetings and to ensure that Canadian civil society perspectives would be represented. Seven Forum members (CCS, CPHA, CQCT, HB, NSRA, OTRU, PSC) **attended the COP-3 meetings** in Durban, South Africa November 17-21, 2008. While there, they monitored proposed guidelines and other COP-3 decisions from the perspective of Canadian civil society. Forum members participated at twice-daily FCA meetings throughout COP-3, took part in networking sessions, and contributed to FCA bulletins and other information materials. In attending these meetings and providing information, the Forum **increased international awareness of Canada's civil society perspective on global tobacco control policy development**. See Appendix 25 for a FCA Bulletin that includes a Forum article.

The target audience for this Activity was comprised of: (i) Forum members, (ii) Health Canada tobacco control staff, and (iii) partners and colleagues in the Canadian and global tobacco control communities. They were reached in a number of ways, including through the dissemination of the materials produced, targeted meetings, Email, telephone calls, and through presentations and attendance at international meetings, conferences, and workshops. While a count was not taken of target audience representatives reached, it can be estimated in the hundreds.

ACTIVITY F: PROJECT ADMINISTRATION

The creation of the Forum brought together a number of organizations with extensive experience in global tobacco control. While the creation of a separate entity or secretariat through which the Forum's various activities could be managed or administered was discussed, further exploration revealed that this could be time-consuming and probably was not necessary. As a result, the Forum itself could not enter into a contractual relationship with Health Canada. Rather, through Activity F, PSC acted as the contract signatory and interlocutor, and was responsible for the financial administration of the Forum; this arrangement was deemed the most efficient for project implementation.

As the project began, PSC and HealthBridge **developed administrative protocols and guidelines** to facilitate the financial management of the project. This included standardized invoices, expense claim forms, and timesheets for all personnel whose work was to be allocated to the project's budget. The Forum leaders prepared a payments system process to inform all Forum members of the requirements related to issuing payments against the various Activities. See Appendix 14 for the internal reporting



Figure 11: Forum (NSRA) contribution to FCA Bulletin

¹³ Because Canada had just called an election, the Canadian delegation had no negotiating mandate and took a negotiating position against any obligations on Parties, not even ones that are currently established in Canadian law.

¹⁴ The other committee, Committee B, focused on legal issues and questions.

templates.

The Forum leaders **provided regular financial updates** to all Forum members to facilitate the tracking of anticipated and actual expenditures and to identify shortfalls or surpluses as they occurred. **Payments were disbursed** to Forum members as required based on invoices submitted. The Forum **produced and submitted quarterly financial (and narrative) reports** to Health Canada to inform and explain progress being made through the Forum's various Activities.

Late in 2008, Forum leaders recognized the need for a cost extension to complete Activities as planned and to ensure the achievement of anticipated results. Three of the project's Activities had experienced delays and required additional time, two Activities required additional funding¹⁵, and additional funding was also required for the ongoing networking and leadership during the extension period. The Forum leaders **negotiated the cost extension** with Health Canada, which was signed 31 March 2009.

Through the activities undertaken in Activity F, the Forum **successfully managed a multi-partner, multi-activity project that supported the Federal Tobacco Control Strategy**.

The target audience for this Activity was comprised the nine organizational Forum members. They were reached through monthly Forum meetings, Email, and telephone calls.

ACTIVITY G: TECHNICAL COOPERATION FOR FCTC GUIDELINE AND PROTOCOL DEVELOPMENT

Through Activity G, the Forum sought to address the influence gap that existed between northern and southern nongovernmental organizations, researchers, and other civil society voices. In addition to helping Canada achieve its FCTC obligation to cooperate, through this Activity the Forum also sought to provide Canada with more robust advice on FCTC guideline and policy options, by buttressing the input from developed countries with perspectives from countries where the political, economic, and social conditions were very different. Because of the predominance of developing countries among parties to the FCTC, the majority of countries which will be required to apply the protocol and guidelines developed and under development will be developing countries. Nonetheless, the guideline development process, from a civil society perspective, has been dominated by representatives from developed countries.

As one means to address this disparity, the Forum contracted cooperants¹⁶ to **undertake research studies** on the issues of plain packaging in Mexico, waterpipe tobacco control, cross-border tobacco advertising in South East Asia, and the control of bidis and oral tobacco in South Asia. Each of these studies resulted in the production of reports and policy recommendations that were widely disseminated, which led to **greater awareness of some key tobacco control issues in developing countries** and to the **greater contribution of developing country researchers to the body of knowledge informing FCTC guideline development**. See Appendices 26-29 for details on each research study.

¹⁵ Specific details provided below in Sections 5 and 7.

¹⁶ A cooperant is a partner in a collaborative exercise, as opposed to a contractor, or a grantee.

Tobacco Advertising, Promotion and Sponsorship (TAPS) across South and South East Asia - Challenges and Opportunities: This study was first of its kind to identify existing forms of TAPS, their cross-border implications, the FCTC compliance of TAPS, and the challenges and opportunities for future action. The study covered 10 countries in South & South East Asia- Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Pakistan, Sri Lanka and Thailand. The findings indicated that four countries (Bhutan, Maldives, Nepal and Thailand) are yet to enact relevant legislation while the other six already have relevant legislation in place. While direct advertising, except for point-of-sale, is on the decline in majority of the countries which have laws, indirect advertising remains a challenge for regulators and enforcers. Surrogate advertising, sponsorship, and brand extensions are common across the study countries.

Another issue identified was that of product placement in movies and Corporate Social Responsibility (CSR) promotions, which are the emerging bastions of tobacco sponsorship across the study regions, more so in countries that have banned TAPS in mainline media.

The laws of some countries (Sri Lanka & Thailand), while prohibiting TAPS in domestic media products (such as films, video clips, and music), exempts inflowing TAPS from other territories. Even the use of the Internet for tobacco promotions and the control of Internet-based TAPS are areas yet to be recognized in the regulatory efforts, except in Myanmar.

In order to comply with FCTC requirements and timelines, governments in the region need to urgently review their laws with a view to prohibit all Cross Border TAPS originating within their territory. The governments need to understand that TAPS has implications beyond the scope of public health; this calls for active inter-sectoral engagement and the involvement of government departments that have direct control over the media and cross border movement.

Bidis and Smokeless Tobacco Use in India: Bidis and smokeless tobacco are the cheapest, least taxed, and most commonly used tobacco products in India. They cause a broad spectrum of disease, yet awareness of their harmfulness is low. Smokeless tobacco products containing arecanut, e.g. gutka and mawa, are especially addictive and carcinogenic. The high incidences of oral and lung cancers in India are mainly due to bidis and smokeless tobacco. However, bidis carry no health warnings while smokeless products have only tiny warnings in English. Political will has been lacking to implement tobacco control policies already adopted in law. Lack of political will is also responsible for low taxes on bidis and smokeless tobacco products. To protect health and promote healthy economic development, the industry's lobbying power needs to be countered.

The "Plain Packaging" initiative in Mexico:

In order to apply the plain packaging initiative in Mexico in accordance with Mexican legislation, while avoiding expropriation arguments and other allegations from foreign tobacco companies, it is necessary to apply the measure to both national and foreign companies, according to the WTO non discriminatory principles. It is also necessary to do so through a *Norma Oficial Mexicana* (Mexican Official Norm Regulation), thereby regulating the content of any tobacco product package as a public health issue. This Mexican Official Norm would support the measure so it could be clearly justified as a health regulation in accordance with NAFTA dispositions as well as WTO rules. Otherwise it could be seen as an administrative act that affects the property of the industry causing injury, while prohibiting trademark rights could be seen as expropriation.

Health Warning Labelling Practices on Waterpipe Tobacco Products and Accessories:

The prevalence of waterpipe tobacco smoking is increasing worldwide, with 100 million people reporting daily use. Moreover, waterpipe smoking is increasing among women and youth. One of the possible reasons for the spread of this mode of smoking is that waterpipe tobacco smoking is associated with social gatherings, and due to its long tradition in many countries in Asia, is considered more socially acceptable than cigarette use.

The findings from this study showed that waterpipe tobacco products and related accessories are not appropriately labelled and not in line with FCTC recommendations. Moreover, current labelling practices contain misleading information. Suggested health warnings and labels were pilot tested and the warnings and graphics most likely to impact users identified.

The Forum **facilitated greater developing country participation in FCTC guidelines and policy discussions** by sponsoring cooperants to attend and participate in INB (Illicit Trade), COP-3, and other relevant activities (See Appendix 30 for details of these other activities). Of particular note was the support of a cooperant in India¹⁷ who, with Forum support, was able to provide significant input into FCTC advances both regionally in South and South East Asia and nationally in India. In September 2008, she served as the key facilitator and organiser for a South East Asia Regional (SEAR) Workshop on Illicit Trade in Tobacco Products¹⁸ that brought together the resources of the Government of India, World

¹⁷ The Indian cooperant is a part-time Tobacco Control Programme Director for HealthBridge in India.

¹⁸ The workshop was attended by Jean Marc Piché, Senior Customs Policy Analyst from the RCMP.

Health Organisation (WHO) and Framework Convention Alliance (FCA). This **workshop helped to influence the regional position and mobilise a common position among the Governments** in the region in preparation for the upcoming INB-2 meetings. At the INB-2, where NGO inputs were encouraged during the South East Asia Region (SEAR) meetings, the cooperant played a key role in drafting the participants' common positions and proposals and was assigned the role of unofficial drafter for the region. As a result of her leadership, and the rapport that she developed with several of the government and civil society delegations (notably Bangladesh, Nepal, and Sri Lanka), the **SEAR stance favoured civil society demands**. This cooperant also played a liaison role with the Indian delegation, thereby **facilitating its effective participation and follow up**. A major outcome of the close liaising with the Indian delegation at the INB was that the cooperant was **invited to participate in an inter-ministerial core group addressing illicit trade**. In addition to **informing the Government of India's positions** on illicit trade, and fostering a change in attitude within some ministries, the cooperant's participation will ultimately assist the government to develop a strategy to combat illicit trade in tobacco products.

In preparation for the COP-3 meetings, this same cooperant facilitated discussions between the FCA Policy Director and a key member of Indian Government delegation to the FCTC, which resulted in the **government officially agreeing to support the adoption of Article 13 guidelines**. Throughout the COP-3 meetings, she caucused with FCA's core strategy planning group and key SEAR Governments to garner their support for a number of issues. As a result, **delegations from Sri Lanka and Maldives joined the informal drafting group** that worked to salvage the draft Guidelines on 5.3 (on Tobacco Industry Interference). She co-ordinated interactions between SEAR Governments, the Forum, and the Government of Canada to reach consensus on the draft guidelines for Article 11 (Tobacco Packaging). She initiated and supported SEARO region representatives to push for a proposal to begin work on Article 6 (Tax and Price measures); at the final plenary, the **proposal was adopted**. Finally, throughout the COP-3 meetings, she mobilised SEAR FCA members to engage in active advocacy; she supported new members and the new regional co-ordinator to get "up to speed." She wrote an article for the FCA Bulletin drawing international and Indian attention to tobacco industry interference in India's pictorial warning policies, even as the Government was agreeing to the Guidelines on Articles 5.3 and 11.

In addition to attending these international meetings and facilitating developing country participation in the protocols and guidelines development, the Indian cooperant provided technical assistance to the Government of India as it implemented its smoke-free law. She addressed the national media in Delhi and Mumbai as part of a larger media strategy to defend the law against industry assault. In Andhra Pradesh (the seat of the tobacco farming lobby), she addressed a group of top enforcement officers from Police, FDA, and Health on enforcement best practices as they prepared to make their state capital smoke-free. In order to strengthen the Smoke-free Mumbai initiative, she worked with the Global Smoke-Free Partnership management team to produce and disseminate a sticker calling for smoke-free dining in Mumbai (this sticker was then included in the WCTOH conference kits). As a result of her involvement, the Mumbai city conference has requested legal assistance to interpret and implement the smoke-free laws in the city and technical assistance for capacity building of its enforcement team. This will be on-going work.

Also of note at COP-3 were two cooperants from Lebanon, who set up an information table to demonstrate and explain the findings of their waterpipe research and distribute project materials. The materials displayed included waterpipe products with FCTC non-compliant labels and waterpipe products with FCTC compliant labels, to highlight the differences. A booklet addressed to policy makers to raise their awareness about waterpipe tobacco issues and the need to promote for regulations that impose proper FCTC compliant health warnings was also produced in English, French, and Arabic and disseminated. A poster was prepared to present the scientific research behind the results and suggestions.



Figure 13: Display booth at COP-3

Thousands of materials (pins, stickers, and booklets) were distributed. Delegates – both nongovernmental and governmental – not only from the Middle East but also from Asia, Africa, and Europe, demonstrated significant interest in utilizing the research results and recommendations to push for waterpipe health warnings in their own countries. The South African media, in particular, also took interest in the issue and gave coverage to it. A series of follow up activities took place around this research, including a seminar at the Faculty of Health Sciences, American University of Beirut (AUB), the submission of a scientific article to Tobacco Control, appearance on a radio show targeting parents and children, the publication of an article in a men’s magazine, the holding of a policy forum in the Public Library of Science Medicine, and the submission of recommendations to an expert team working on the Parliamentary Health Committee for Tobacco Control in Lebanon. This research has had **significant impact on raising awareness of, and interest in, addressing the harmful effects of waterpipe usage and the lack of FCTC-compliant regulations.**

Bidis, gutka and other smokeless tobacco use are, like narghile, categories of tobacco products not yet addressed significantly by FCTC guidelines. The Forum’s support to Healis (an Indian NGO) enabled it to develop research and communications materials. A study (published in a leading Indian health science journal) and two brochures, one each on bidis and gutka, were written, designed, printed and disseminated with support from this project activity. During the World Conference on Tobacco or Health, a booth demonstrating these products and presenting options for regulatory measures was prominently placed. This research **supported accelerated development of guidelines or other regulatory support for controlling these products.**



Figure 12: Display booth at WCTOH

The Forum collaborated with the Inter American Heart Foundation to sponsor the participation of three Latin American cooperants to COP-3 and one cooperant to attend regional Caribbean meetings focused on health warnings. Through their participation at the meetings, the cooperants were able **to broadly expand awareness of and support for the FCTC in their own constituencies.** For example, the Forum supported the participation of a representative from the Ecuadorian Ministry of Public Health to COP-3, who reported that *“the Inter-institutional Committee on Tobacco Control in Ecuador will distribute the information and advances made during the COP-3 meeting among various Ministries to strengthen implementation of the Framework Convention on Tobacco Control. Through [my] post at the University, the information will also be made available to students to increase awareness of the tobacco epidemic. Efforts will be made to incorporate the information into preventive measures coming out of the Ministry of Education and influence educators, psychologists and student leaders”*. Likewise, the support of a representative from Peruvian Legal Counsel, Ministry of Health to COP-3 resulted in the collation of information on directives – particularly related to Article 13 - will be used as parameters for future tobacco control legislation in that country. The objective of the Caribbean workshop was to build the capacity of PAHO member countries to meet their FCTC obligations, particularly related to packaging and labelling, smoke-free environments and protection from second-hand smoke, price and tax measures, and elimination of illicit trade in tobacco products.

In addition to direct support for FCTC development through the COP and related meetings, Forum members and partners **disseminated policy research and recommendations** through the 14th World

Conference on Tobacco or Health (WCTOH). Oral presentations on three of the five research projects were made, printed material was distributed, and booths focused on the unique challenges of bidis and oral tobacco products and on waterpipes were displayed.

As noted above in Activity A, in November 2008, HealthBridge **hosted a workshop** in Bangkok, Thailand on *Government-NGO collaboration on FCTC and Law Implementation in the South East Asia Region*.

Enforcement of Tobacco Control Law:
A Guide to the Basics



Booklet prepared by:
Debra Efrogmanson and Syed Mahbubul Alam
Editors: Sian FitzGerald and Lori Jones

HealthBridge
December 2008

Participants included government and NGO delegates from 6 countries: Bangladesh, Malaysia, Nepal, Sri Lanka, Thailand and Vietnam. Canadian technical cooperation was provided during the workshop by NSRA, and included Canadian policy experience regarding taxation, advertising bans, smoke-free spaces, and pack warnings. Canadian government and NGO collaboration to achieve policy change to support the FCTC was also highlighted. A **tobacco control law implementation guidebook was produced** with input from the workshop participants and widely disseminated. Most importantly, the workshop **provided an opportunity for government and NGO delegates from the region to dialogue on tobacco control strategies and goals, sometimes for the first time, to advance the FCTC's objectives.**

Figure 14: Law Enforcement Book

Through Activity G, the Forum also supported the development of proposals to other funders to support developing country partner work. A proposal was submitted to CIDA to secure funding for developing country participants at COP III in the anticipation that the same eligibility for funding that had been established for previous FCTC negotiations would continue. Unfortunately and unanticipated, CIDA changed its interpretation of its policies. Three additional proposals were developed and submitted to Health Canada for international grants to advance FCTC guideline and protocol development. See Appendix 31 for information on the grant applications.

The target audience for this Activity was comprised of: (i) Forum members, (ii) Health Canada tobacco control staff, and (iii) partners and colleagues in the Canadian and global tobacco control communities. They were reached in a number of ways, including targeted meetings, Email, telephone calls, and through presentations and attendance at international meetings, conferences, and workshops. While a count was not taken of target audience representatives reached, it can be estimated in the hundreds.

ACTIVITY H: ONTARIO TOBACCO RESEARCH UNIT ONLINE COURSE ADAPTATION

Through this Activity, the Ontario Tobacco Research Unit (OTRU) supported Francophone African tobacco control partners to adapt the existing French version of its online training course for public health professionals in Francophone Africa. Since OTRU's course was first released, people from other countries and organizations had expressed an interest in the course and the possibility of regional adaptations, with material included relevant to specific regions. OTRU's aim was to provide Francophone Africa with access to the existing French course content storyboards for adaptation as well as provide the support identified as needed by the countries to ensure efficient and effective development and implementation. The expectation was that the adaptation would include data, citations, content, visuals, and examples directly from the region.

The purposes of the online course are to (i) strengthen the capacity and competence tobacco control advocates and workers; (ii) improve strategies and approaches for tobacco control; and (iii) interest and engage new actors in tobacco control. The primary targets for the course are health professionals (including doctors and nurses), advocates and civil society organization involved in tobacco control, and medical, public health, and health sciences students. The course contains modules addressing the following issues:

- Biological and health effects of tobacco use and exposure
- Treatments for tobacco addictions
- Tobacco industry and its products
- Tobacco control measures
- International context of tobacco

The three course modules were translated into French and in September 2009, OTRU contracted Louis Gauvin from CQCT as the course project manager. A work plan was created and two documents were translated into French for use in the course: the needs assessment and the peer review evaluation form. An advisory committee was established with representatives from Cameroon, Burkina Faso, Mali, Niger, Chad, and Canada. The purpose of the advisory committee was to ensure that the course was appropriately adopted for the French West African context. Hard copies of the modules were provided to the advisory committee members to work from; lecture notes were prepared, particularly related to the sections of the course that addressed the Canadian situation – as these needed to be adapted to regional situations and contexts.

The first face-to-face meeting of the advisory committee and the project manager took place in Durban, South Africa during COP-3; follow up meetings were held at the WCTOH in Mumbai and ongoing correspondence took place via telephone and email.

Work was undertaken to translate English text into French, replace « Canadian » references and images with African references and images, and reference tobacco brands widely advertised and used in Francophone Africa, including *Excellence*, *Craven*, *Fine*, etc.

The next step was to pilot test the online course. Unfortunately, broadband internet access in Francophone Africa is problematic and not uniform, and the pilot testing could not take place as originally envisaged. As a result, the project team realized that releasing the online course as a web-based learning program was not feasible. Instead, several other options were identified which will be followed up through future work, including releasing the course in hard copy, on DVD, or in a combination of formats (including via the internet where high speed access is available).

The production of the course modules in French and referencing the Francophone African context was, in itself, an important result. *Les trois modules du cours ont été grandement appréciés par tous les membres du Comité avisé. Ils ont suscité de grandes attentes concernant le suivi à leur travail de révision d'autant plus que le tabagisme est en augmentation, particulièrement parmi les jeunes et que leurs collègues professionnels de la santé (médecins, infirmières) ont peu de compétences dans la réduction du tabagisme. Enfin, la situation dans leurs pays respectifs témoigne de l'intérêt des autorités politiques dans la lutte contre le tabac.* The final report on this Activity is found in Appendix 32.

The primary target audience for this Activity was the seven members of the advisory committee, which included tobacco control advocates, medical doctors, and university professors. The ultimate target audience of this Activity are the professionals, advocates, and students who would follow the course. The primary target audience was reached via face-to-face meetings, by telephone, and by email.

ACTIVITY J: WORKSHOP AND FOLLOW-UP ACTIVITIES IN GHANA

Through this Activity, the Forum addressed the significant opportunities that existed for making great progress in FCTC implementation in Ghana. Ghana has ratified the FCTC and comprehensive tobacco control is strongly supported by the Health Minister and senior officials of his department. A draft law was prepared to implement the FCTC; the draft law enjoyed wide popular support, but had not yet been presented to Parliament for debate and adoption. The purpose of the Forum-funded workshop was to provide public information and advice from a team of international and Ghanaian tobacco control experts



Figure 15: Ghana consultative meeting participants

to key persons in Ghanaian civil society and government to hasten the adoption of comprehensive tobacco control policies in Ghana. Workshop participants were to identify follow-up activities of high strategic value that would merit funding from Canadian sources in future years.

A series of consultative meetings were held in Accra, Ghana August 18-25 2008 with the participation of stakeholders and other potential supporters of the implementation of the Framework Convention on Tobacco Control. The meetings were organized by the Ghana Focal Point on Tobacco Control, Ms. Edith Wellington, who works with the Ghana Health Service (GHS). Additional funding for these meetings was provided by Ghana Health Services and the World Health Organization, demonstrating local commitment to addressing tobacco control issues. Akinbode Oluwafemi of the Nigerian Environmental Rights Action/Friends of the Earth also donated his technical expertise services for the week, and acted as a technical advisor for the Ghanaian team. The consultative meetings were arranged for three separate stakeholder groups: (i) Government stakeholders, (ii) Customs, Excise and Protective Service (CEPS), and (iii) Non-governmental organizations.

The key finding of the meetings was that there is a high level of commitment in Ghana to implement the FCTC. Shortly after FCTC ratification, a steering group was put in place to develop implementing legislation. Although not yet introduced to Parliament, significant administrative ingenuity has been applied to put effective measures in place while waiting for cabinet approval of the legislation. Examples of the measures implemented by various ministries and agencies include:

- Development of public place smoke-free measures;
- Development of administrative guidelines to implement an advertising ban and significant controls on cigarette retailing according to FCTC standards; and
- Increased attention to contraband control.

Built into the week's activities was **planning for a future 'strategic' activity** to support FCTC implementation. This included one-day workshops with the Tourist Board in the Ashanti region and the Customs and Excise officers from all regions of Ghana at a one-day workshop in Accra.

The subsequent election resulted in a change in government which led to a delay in all government decision making. Nevertheless, the **new government has expressed renewed interest in further strengthening tobacco control in Ghana**. This renewed interest is in part due to follow-up activities to the August 2008 workshop that were planned and executed as part of Activity J. These included:

- **October 2008, Accra: Stakeholder sensitization seminar on the ban of smoking in public places.** The meeting **resulted in a strong commitment from health service workers, the hospitality industry, educational institutions, religious groups, and other civil society groups to support a government initiative to make workplace and public places smoke-free.**
- **November 2008 in Accra and March 2009 in Kumasi (Ashanti Region): Sensitization seminars on smoking bans in public places for stakeholders in the hospitality industry.** Hospitality industry representatives had many fears and concerns about the proposed ban on smoking in public places and workplaces. All of their questions and concerns were satisfactorily addressed.
- **April 2009, Accra: Consultative meeting on the implementation of the WHO FCTC in Ghana with officials of Customs' Excise and Preventive Services (CEPS): Several constructive ideas emerged from the meeting** including the need for active CEPS involvement in preparing an FCTC implementation draft law, greater resources for control of illicit tobacco, and greater

ECOWAS (Economic Cooperation Organization of West African States) collaboration on tobacco tax harmonization and tobacco contraband control. See Appendices 33 and 34 for details on the workshops and meetings.

As a result of the initiatives implemented through Activity J, there is now **strong support for comprehensive tobacco control in Ghana**. This support is evident among the general public, the media, and key stakeholders in all regions. Partly as a result of Activity J, tobacco control workers in the Ghana Health Services and the Food and Drug Board have **gained valuable experience and increased their effectiveness. Tobacco control has become a permanent, sustainable feature of the work of these two institutions**. In addition, **tobacco control NGOs in Ghana have gained valuable new experience and increased their effectiveness**. Should the government choose to proceed with legislative change to implement some or all of the FCTC provisions in Ghana, it will find strong popular and institutional support for their initiative from all sectors and regions of Ghanaian society.

The target audiences for Activity J included elected officials, senior health department officials, other government departments, tobacco control NGOs, key stakeholders, the media, editorial boards of leading newspapers, and the general public. All were successfully reached through a series of meetings, workshops, and seminars. Tobacco control activities have been widely reported in the media in Ghana since August 2008, when Activity J began.

ACTIVITY K: TECHNICAL COOPERATION FOR FCTC IMPLEMENTATION AND MONITORING IN LATIN AMERICA

Through this Activity, the Forum supported government and civil society partners in specific Latin American countries to advance FCTC implementation in the region. The status of the implementation of the FCTC in the Latin American region varies greatly from country to country. In some cases, the treaty has not yet been ratified, others have recently ratified and are developing laws and regulations, while others have already developed comprehensive regulatory frameworks and are still improving them. The influence of the tobacco industry is very strong throughout the region, where tobacco lobbyists have constantly managed to draft and support tobacco friendly legislation. This activity addressed different aspects of FCTC implementation and monitoring, providing tools for advocacy and policy development that could be used throughout the region to support effective tobacco control laws and regulations.

The purpose of the *first component* of Activity K was to examine and counter the tobacco industry's claim that the FCTC is an obstacle for free trade in Honduras & Central America. Acción para la Promoción de Ambientes Libres de Tabaco (APALTA), an NGO based in Honduras, was contracted by the Forum to **produce a technical research paper** that included technical, legal, and other arguments that could be used to counter the tobacco industry. The paper noted that the right to health protected by the FCTC supersedes international trade considerations and agreements. It also noted that measures provided under the FCTC, as an international public health treaty, prevail over the constitutionality of national norms. As an example, Article 18 of the Honduran Constitution of 1982 specifically states that, "*In case of a conflict between a Treaty or Convention and the Law, the first shall prevail over the second.*" In addition, the World Trade Organization "*accepts restrictions based on international norms, as it is the case of the Framework Convention for Tobacco Control.*" Through this report, then, **legal and technical arguments have been published which may be used or adapted** by any country facing tobacco industry arguments accusing the FCTC of being a technical obstacle to free trade; this argument can be systematically rejected by government authorities, civil society, the media, and all public health authorities. See Appendix 35 for the full report, including an executive summary in English.

The purpose of the *second component* of Activity K was to develop a set of images for tobacco package warnings that could be used by governments in MERCOSUR and affiliated countries (all Spanish-

speaking and Portuguese-speaking countries in South America) and, if possible, within the limitations of copyright restrictions, by all Latin American governments (South America, Central America and the Caribbean). Some countries in the region have designed, tested, and implemented their own warnings, but several Latin American governments still do not have, but are interested in implementing, picture health warnings. Other governments have noted that they do not have the resources to do so, and that a databank of images specific to Latin America and free of copyright constraints would be a useful tool to advance the implementation of picture warnings in their countries.

To respond to this need, this component of Activity K was designed around two major initiatives: (i) original research to test the effectiveness of various warnings images among selected populations in Latin America, and (ii) based on this research, the development of copyright-free images for use by governments in tobacco package warnings. The research results and the final collection of images were to be made available through a web site affiliated with the MERCOSUR web site.

A **research protocol was developed** in Spanish describing the use of the International Affective Picture System to test emotional responses to warnings images, in combination with questions asking participants their opinion on the effectiveness of different warnings in motivating them to quit smoking. The project team **compiled research findings** on the effectiveness of various warnings images in Latin America and elsewhere. Through this work, the **foundation was laid for Latin American researchers to test the effectiveness of various picture health warning messages**.

A **resource website was developed**, linked to the Intergovernmental Commission on Tobacco Control of MERCOSUR, which can be built upon by MERCOSUR in future to **disseminate research findings and more image options for picture warnings** among member countries, as well as among other Latin American governments. (Beta web site available at: <http://advert.serversur.com/>.) Web site **content has been posted in Spanish**, and translation into Portuguese will be arranged through the team's Brazil focal points (the latter at no cost to the Forum).

The project team **gained copyright** to a selection of images (untested, but based on the most effective images in use in other countries) for use by governments as picture warnings on tobacco packages during the next three years. The copyright is valid for use in countries of South and Central America but not, unfortunately, for the Caribbean (Dominican Republic, Cuba and Haiti). These images **will be adapted for use on tobacco packages** and have been posted on the web site.

Through its participation in the initiative, **capacity within the Ministry of Health, Argentina has been enhanced** to proceed with research into and implementation of picture warnings.

The existence of the database of images for three years is, in itself, a **sustainable contribution to tobacco control in Latin America**. It should provide sufficient time for many governments to implement the warnings, assess the impact in their countries, and develop new and even more effective warnings in subsequent rounds. In addition, promotion of the database by MERCOSUR will continue to **raise awareness among governments in the Americas of the importance of picture health warnings** on packages, and provide an easier path to implement warnings. See Appendix 36 for the component's work plan and related contracts, and Appendix 37 for the health warnings final report.

The target audiences for Activity K included elected officials, senior health department officials, other government departments, tobacco control NGOs, key stakeholders, and the media in selected Central and South American countries. All were successfully reached through face-to-face meetings and by telephone and email.

ACTIVITY L: STRENGTHENING CAPACITY IN TC IN FRANCOPHONE AFRICA

The purpose of this Activity was to strengthen the capacity of civil society organizations and government

agencies in francophone Africa to successfully address the tobacco epidemic in their region, through improved technical co-operation and assistance. Most francophone African countries have ratified the FCTC (exceptions: Guinea, Côte d'Ivoire, and Gabon). However, implementation has been patchy, with only Niger passing a comprehensive tobacco control law (October 2005) since ratification. Tobacco tax rates are low through most of the area, with minimal enforcement capacity. There were several components to this activity.

Through the Forum's collaboration with the African Tobacco Control Research Centre, **funding recommendations were made** to Cancer Research-UK after proposals were received and reviewed. In June, it was confirmed that the funding would be given to Nigeria which would then coordinate with other countries, notably Niger and Burkina Faso. At the time this report was prepared, the planned activities had not gotten underway, despite several efforts on the Forum's part to move things forward.

In May 2008, the Forum **supported the *Tournée des Parlementaires en Faveur de la Loi Antitabac*** in Niger. The National Assembly of Niger had unanimously adopted a tobacco control law on 30 March 2006. The first such law ratified by a West African government, prohibited any form of direct and indirect tobacco advertising, including sponsorships, the sale of tobacco products to minors, and the use of tobacco in public places. However, in spite of its ratification of this law, the government was hesitant to issue a decree enabling its enforcement. As a result, members of *le réseau des parlementaires antitabac* du Niger sought to organize and implement an awareness raising mission around the country about the law to raise public support for its implementation and enforcement. Participants in the twelve-day, seven



Figure 16: Participants in Niger mission

region mission included seven deputies of the National Assembly, three representatives of SOS Tabagisme-Niger, and three representatives of the media. In each region, meetings and events were organized with representatives of local governments, civil society, and the media. The mission raised a significant amount of public support for the tobacco control law, and as a result, **the government of Niger adopted the application decree for the country's national law**. This decree includes a total advertising ban and an endorsement of smoke-free spaces with some as yet

undefined allowance for smoking areas. Details of smoking areas will be dealt with by Ministry of Health regulations and not the Ministry of Trade. In the opinion of SOS Tabagisme, the considerable amount of media coverage generated through the mission played a significant role in breaking the resistance of those ministries that were previously blocking the decree. A report on the tour is found in Appendix 38.

The Forum supported a **Francophone Regional Seminar** (*Réunion de concertation des acteurs francophones de la lutte antitabac*) in July 2008. A HealthBridge representative attended the meeting on behalf of the Forum. Delegates from eight Francophone Africa countries attended: Burkina Faso, Cameroon, Ivory Coast, Chad, Guinea, Mali, Niger, and Senegal. The purpose of the meeting was to assess and discuss the situation in each represented country with respect to policy-based approaches to tobacco control. The participants discussed their experience with political difficulties – particularly the fear of being imprisoned for criticizing government policy and how to avoid arrest – and more generally the difficulties in having sustained tobacco control activity in countries where other health priorities are seen as more urgent and most tobacco control spending is tied to a few key events (primarily World No-Tobacco Day). Discussions also addressed the lack of awareness among most Francophone African tobacco control advocates of how to access sustainable funding opportunities, and the lack of advocacy experience particularly related to tobacco control. The outputs of the regional meeting included the **development and release of a call for proposals for mini-projects, the creation of a selection committee, and the preparation of a draft document outlining funding priorities for donors**. As the

adoption of the application decree for Niger's national law mandating a total advertising ban and an endorsement of smoke-free spaces (as noted above) coincided with the regional meetings, there was a lot of media attention paid to tobacco control during the meeting. This provided a **good example of avenues for advocacy and government commitment** to the West African participants at the regional meeting. The seminar report is found in Appendix 39 and the funding priorities for donors document is found in Appendix 40. A number of **lessons learned** for the Forum were also noted during the regional meeting:

- At least with this group – activist NGOs – the Forum's role should be largely to act as translators (in the literal, linguistic sense and as interpreters of what funders are looking for), to provide funding and moral support and to facilitate exchanges between African groups. There is not a huge need for injecting tobacco-specific knowledge, more for mutual learning about advocacy strategies.
- With respect to NGO-government relations, Niger appears to be a bit of an outlier. In Chad, Burkina Faso, and Cameroon, which all appear to be making progress, the NGOs have much closer ties with the Ministry of Health. In Burkina Faso, both the ministry and the leading NGO have received external funding; in Chad, the key tobacco control advocate is in fact a government employee; and in Cameroon, the line between ministry and NGOs appears fuzzy.
- Tobacco control advocacy work is not without its dangers in Francophone Africa. Many of the meeting participants mentioned their fear of being arrested for their tobacco control work. One did spend a night in jail, another's NGO office was ransacked after government troops repelled the rebel army, and a third was the victim of a house invasion. It was therefore noted that it is important to attack the tobacco industry, not the government, and that a high public profile is the best insurance against arbitrary arrest.

Following the Regional Meeting, the Forum **released a call for proposals** to fund strategic mini-projects in the region. Six proposals were received, reviewed, and ultimately accepted (some after requested revisions were made). Four projects were implemented in Senegal, Burkina Faso, Ivory Coast, and Chad. A fifth project involved a knowledge exchange mission between Niger and Ivory Coast. The sixth project in Guinea ultimately could not be implemented given ongoing political and logistical difficulties. See below for summaries of the mini-projects. The call for proposals is found in Appendix 41, and reports on each mini-project are in Appendix 42.

The target audience for this Activity was comprised of: (i) Forum members, (ii) partners and colleagues in the Francophone Africa tobacco control community. They were reached in a number of ways, including Email, telephone calls, and through presentations and attendance at regional and international meetings, conferences, and workshops.

The sub-grant *Sensibilisation des médias au Burkina Faso sur la CCLAT Afrique contre le tabac* (ACONTA) sought to increase awareness among the national press, the National Assembly, and mayors about the FCTC and to promote its implementation in **Burkina Faso**. The project team hosted a number of workshops, held targeted meetings with stakeholders, and undertook a number of media activities (TV spots, radio programmes, and written news stories) in several languages to disseminate information and raise awareness. A press conference attended by representatives of 47 national and three international media outlets resulted in the production of five articles that were reproduced on more than 100 internet sites published in five national newspapers and a French radio programme released on Africa No. 1. The final grant report recommended that the partnerships established between the media and municipal officials be supported and “exported” throughout the region as a viable means of advocating for tobacco control.

In order to address existing weaknesses in several tobacco control measures in **Senegal**, notably taxation and advertising bans, the *Mouvement Antitabac du Sénégal* organized two workshops to increase awareness and understanding among parliamentarians, journalists, and members of the anti-tobacco movement of the issues. The key results of the workshops were:

- Members of Parliament, health journalists, and members of the tobacco movement better informed about mechanisms for tobacco taxation;
- Capacity of health journalists to understand and report on tobacco taxation improved;
- Members of the anti-tobacco movement armed with improved advocacy messages related to FCTC Article 6;
- Preliminary draft law relating to tobacco advertising ban prepared;
- Platform created on which to advocate to parliamentarians for measures to address FCTC Articles 11 and 13;
- Commitment from members of Parliament to carry forward the draft tobacco advertising ban bill.

In spite of engaging in the process since May 2007, the government of **Ivory Coast** has not yet ratified the FCTC. In an effort to raise awareness and to garner support and pressure for its ratification, the NGO CLUCOD organized a press conference and training workshop to engage journalists and the broader media in tobacco control. Through the sub-grant *Atelier de formation avec les communicateurs de Côte d'Ivoire*, CLUCOD brought together 38 print and electronic media representatives who gained a significant awareness of the issues in tobacco control. Following the press conference, a considerable number of news articles were printed in support of FCTC ratification.

To improve the skills of media personnel in **Chad** to engage in tobacco control, the Association pour la Défense des Droits des Consommateurs organized *Atelier d'information et de formation professionnels des médias sur le Tabagisme*. One of the primary trainers for this two day workshop was the founder and Director of the French NGO Camera Santé. Twenty-nine representatives of a variety of public and private media outlets, including radio, TV, and newspaper, attending the workshop. The training included seven modules, addressing such issues as the harmful effects of tobacco use, the FCTC and the implementation of its articles, existing tobacco control laws in Chad, journalistic reporting of medical information and the role of the media in health promotion, and the role of the media in countering the tobacco industry.

Through the sub-grant *Sensibilisation des députés et des communicateurs de Côte d'Ivoire sur la CCLAT*, both government officials and media personnel were informed about the FCTC, the need to ratify it, and their awareness raised about tobacco control more generally. Similar to the other sub-grant in **Ivory Coast**, this project included a press conference and workshops. What made it unique was that it involved the transfer of knowledge and experience from Niger, which is further advanced in tobacco control.

Following the workshop, the participants created a tobacco control journalist network, through which they could coordinate their activities and reporting.



Figure 18: Sample Press Clippings resulting from Media Activities in Ivory Coast



Figure 17: Participants in Ivory Coast Media Workshop



Figure 20: Sample Press Clipping from Senegal



Figure 19: Journalist Network office in Chad

REFLECTION OF WORK PLAN

5. Was the project implemented as intended in the work plan?

Conceptually, the Forum's Activities were implemented as intended by the work plan included in the Contribution Agreement.

For the most part, the staff members engaged in the project were those employed or contracted by the Forum partners at the time the project was approved. There were several exceptions to this: the project officer employed by CPHA changed twice, as staff left CPHA for other opportunities; the Forum representative at OTRU changed as the original staff person left OTRU; CLA largely disengaged itself from the Forum's Activities following the departure of its representative on the Forum; and HealthBridge added a staff person to its Forum team (by reallocating the work assigned, not by increasing its personnel budget). That said, as anticipated in the work plan, there was no additional staff hiring tied to fulfilling the work plan.

With staffing changes made in some Forum members, it became necessary to modify the responsibilities assigned to the various agencies. For example, the CLA's disengagement from Activity K resulted in HealthBridge taking on responsibility for that Activity. Likewise, the departure of OTRU's original representative left a gap in that organization's capacity to manage Activity H; the representative of CQCT was then contracted to oversee the completion of Activity H on behalf of OTRU. At the same time, as the various Activities were being implemented, the need to change other responsibilities also became evident; these latter changes were largely due to the difficulties faced in coordinating some initiatives, which made it easier for one organization to take responsibility. For example, CPHA and HealthBridge were to be jointly responsible for Activity L; however, it became clear early on that it would make more sense for CPHA's francophone Africa initiatives to be undertaken within the context of its Activity B responsibilities. Responsibility for Activity L was then given to HealthBridge. Finally, HealthBridge and PSC shared more of the leadership and administration responsibilities that originally planned. Even with these changes, however, the spirit of the work plan did not change. The following table compares the assignment of responsibilities in the proposal to what actually transpired:

Activity	Original Responsibility	Final Responsibility
Activity A	Canadian Public Health Association Canadian Cancer Society The Lung Association Heart and Stroke Foundation of Canada Physicians for a Smoke-Free Canada Non Smokers' Rights Association Healthbridge Coalition québécoise pour le contrôle du tabac Ontario Tobacco Research Unit	Canadian Public Health Association Canadian Cancer Society Heart and Stroke Foundation of Canada Physicians for a Smoke-Free Canada Non Smokers' Rights Association Healthbridge Coalition québécoise pour le contrôle du tabac Ontario Tobacco Research Unit
Activity B	Canadian Public Health Association Physicians for a Smoke-Free Canada The Lung Association Heart and Stroke Foundation of Canada Healthbridge	Canadian Public Health Association Physicians for a Smoke-Free Canada The Lung Association Heart and Stroke Foundation of Canada Healthbridge
Activity C	HealthBridge	HealthBridge Physicians for a Smoke-Free Canada
Activity D	Canadian Public Health Association Physicians for a Smoke-Free Canada Healthbridge	Canadian Public Health Association Physicians for a Smoke-Free Canada Healthbridge

Activity E	Canadian Cancer Society Healthbridge Heart and Stroke Foundation of Canada Non Smokers' Rights Association Physicians for a Smoke-Free Canada	Canadian Cancer Society Healthbridge Heart and Stroke Foundation of Canada Non Smokers' Rights Association Physicians for a Smoke-Free Canada
Activity F	Physicians for a Smoke-Free Canada	Physicians for a Smoke-Free Canada HealthBridge
Activity G	Physicians for a Smoke-Free Canada	Physicians for a Smoke-Free Canada HealthBridge
Activity H	Ontario Tobacco Research Unit	Ontario Tobacco Research Unit Coalition québécoise pour le contrôle du tabac
Activity J	Physicians for a Smoke-Free Canada	Physicians for a Smoke-Free Canada
Activity K	The Lung Association	HealthBridge
Activity L	Healthbridge Canadian Public Health Association	HealthBridge

Adjustments were made to the methodology and/or details of a number of Activities (see Question 6 below); however, with the exception of the deletion of Activity I, none of these adjustments affected the project's overall expected or actual results. Shortly after the commencement of the *Strengthening Canadian Capacity to Support Global Tobacco Control* project, Activity I was suspended due to the termination of the Laval University micro-programme. As Activity I was predicated on providing scholarships for qualified students from Francophone developing countries to participate in the Laval programme, and attempts by the Forum to identify either alternative post-secondary training programmes or alternative methods of delivering similar training were not fruitful, the Activity could not be implemented as intended. With the approval of Health Canada, the funds allocated to Activity I were reallocated to other Activities.

A cost extension was requested by the Forum and approved by Health Canada in March 2009. Three of the project's Activities had experienced delays and required additional time, two Activities required additional funding, and additional funding was also required for the ongoing networking and leadership during the extension period. More information on the cost extension is included in the response to Question 7.

6. Were activities consistent with the project objectives and work plan? Were there changes or alterations to project activities? Please explain.

The Activities implemented by the Forum through this project remained consistent with the project's objectives and the work plan (and extension). Adjustments were made to the nature of specific initiatives within some of the Activities, but these adjustments did not negatively affect the project's overall objectives or its planned or actual results. As noted above, Activity I was removed from the work plan, with Health Canada's approval, shortly after the project commenced.

ACTIVITY A - STRENGTHEN GLOBAL TOBACCO CONTROL NETWORKS

As reported above in relation to Question 4, an unplanned initiative was added to Activity A¹⁹. In November 2008, HealthBridge hosted a workshop on *Government-NGO Collaboration of FCTC and Law Implementation* in Bangkok, Thailand for government and NGO delegates from Bangladesh, Malaysia, Nepal, Sri Lanka, Thailand, and Vietnam, as well as representatives from SEATCA. This workshop was

¹⁹ As the nature of the Forum's involvement in, and the results of, the workshop cut across several Activities (A, B, E), the personnel and travel costs associated with the Forum's involvement were likewise allocated across more than one Activity. However, as the overall (or underlying) impetus behind the Forum's involvement was to strengthen global tobacco networks, the technical discussion of the workshop is included in Activity A.

planned and organized under the auspices of a separate Health Canada IAD-funded project; as the workshop was being planned, and following discussions at Forum meetings, however, it was recognized that broader Forum participation (beyond HealthBridge) would significantly strengthen the results achieved. As a result, a representative from NSRA attended the workshop on behalf of the Forum and provided technical advice on Canadian lessons learned and best practices related to FCTC compliance around package warnings, taxation, advertising bans, smoke-free spaces, and government-civil society collaboration. This added initiative was consistent with the overall project's objectives and work plan, and **further contributed to strengthened global tobacco control networks.**

ACTIVITY B - TECHNICAL SUPPORT TO DEVELOPING COUNTRIES IN RELATION TO IAD-FUNDED INTERNATIONAL TC GRANTS

Decisions reached during the re-development of CPHA's web-site resulted in the interactive web-site no longer being a viable deliverable of this project. Instead, discussions were held with the WHO-TFI, to determine if the interactive website could be hosted under its auspices, thus adhering to the principles and objective of the Activity. However, after further researching this option, it also was deemed unfeasible. In the amendment approved by HC, the Forum proposed undertaking more traditional information and knowledge exchange mechanisms to replace this initiative, such as increasing the number of participants funded to attend COP-3 which would enrich the participation of public health association representatives from Anglophone and Francophone Africa at COP-3.

The evaluation plan proposed for Activity B was revised following changes within CPHA staff working on the global tobacco control project and the staggered start dates of PHA partner contracts. CPHA faced a number of challenges in developing an evaluation plan that included proper baseline measurements from all partner PHAs using the online survey. CPHA instead proposed a plan to evaluate its PHA tobacco control activities using a final questionnaire for all participating PHAs that would be identical to the one proposed in the work plan, but which would not include a baseline survey. Although somewhat imprecise, the original proposal and contextual information submitted by the PHA would be used as the baseline measurement and the survey would be adapted to fit each particular PHA scenario. This alternate plan was approved by IAD (which funded the activities).

Activity B4 could not be implemented as described in the project proposal, as the funds were committed too late to undertake the work as initially envisaged. The work plan was revised, reviewed, and approved by Health Canada; an extension was also granted to March 31st, 2009.

ACTIVITY C - FORUM LEADERSHIP

All initiatives related to Activity C were implemented as outlined in the work plan and remained consistent with the project's objectives.

ACTIVITY D – COMMUNICATIONS

The Forum cancelled its initial plans to develop an interactive website after cost estimates were received and deemed too expensive. Instead, Forum members posted Forum information on their organizational websites. An electronic version of the pamphlet was also uploaded on Forum member websites for greater public accessibility. This change in approach did not affect the project's objectives.

The Forum also made plans to host an Ottawa Symposium to provide an opportunity for Canadian organizations (including the government) involved in global tobacco control to discuss what each is doing, identify areas for collaboration, and discuss future opportunities. This Symposium would have been a follow-up to a similar symposium hosted in 2007. However, given an inability to generate interest, particularly among government representatives, the symposium did not take place. Ongoing informal meetings took place instead; as such, the project's objectives were not affected.

ACTIVITY E - POLICY AND PROMOTION

All initiatives related to Activity E were implemented as outlined in the work plan and remained consistent with the project's objectives.

ACTIVITY F - PROJECT ADMINISTRATION

All initiatives related to Activity F were implemented as outlined in the work plan and remained consistent with the project's objectives.

ACTIVITY G - TECHNICAL COOPERATION FOR FCTC GUIDELINE AND PROTOCOL DEVELOPMENT

Activity G commenced later than originally foreseen; as a result, it was not possible to arrange for the planned participation of developing country cooperants at FCTC guideline development meetings. Instead, arrangements were made for them to participate at the COP-3 meetings in November 2008 in Durban, South Africa, and at the 14th World Conference on Tobacco Control in March 2009. As noted above in Question 4, the contribution of the cooperants to the COP-3 meetings and the WCTOH (in addition to the INB2 meetings) was significant; therefore, this change in approach did not affect the project's objectives but rather **enhanced the results achieved**.

The Forum had planned to contract five cooperants to undertake research/initiatives in several major geographic regions (Latin America, South/South East Asia, Middle East, Sub-Saharan Africa). However, difficulties were encountered in finalizing the details of the planned work in Africa and the planned research was cancelled. While unfortunate, this change did not affect the project's objectives and **enabled the Forum to support additional participants to COP-3**.

In response to CIDA's funding decision (to not support the participation of developing country participants at COP-3), the scope of Activity G was slightly expanded to include an additional cooperant activity, supporting the involvement of Latin American partners in FCTC related meetings at COP3 and in pre-COP meetings on FCTC implementation issues. The work undertaken by these partners is discussed above in Question 4.

ACTIVITY H - ONTARIO TOBACCO RESEARCH UNIT ONLINE COURSE ADAPTATION

Activity H also commenced later than anticipated; as a result, the OTRU project manager who had been identified was no longer available once the Contribution Agreement was signed. The initially-identified alternative was to hire a manager from Africa. A partner was sought who would liaise with the Canadian Forum partner. However, in the end this proved to not be feasible and instead, the Forum representative from QCTC was contracted. In order to ensure appropriate input from Africans, the decision was taken to also convene an Advisory Committee; two members of the committee acted as co-coordinators.

The initial timelines proposed for this project were also changed to facilitate the sequencing of this Activity with that of Activity L and other Africa projects, which in turn would allow for greater linkages to be made among the African projects. This caused some delays in the completion of some aspects of Activity H; therefore, a no-cost extension was requested (and granted) for completion of this Activity.

ACTIVITY J - WORKSHOP AND FOLLOW-UP ACTIVITIES IN GHANA

An unanticipated election in Ghana resulted in a change in government which led to a delay in all government decision making. The Forum's – and local tobacco control advocates' – hopes for a new law on smoke-free spaces (a primary focus of the activities) as well as passage of the bill that would implement the FCTC were delayed. Nevertheless, the successful conclusion of Activity J has fostered widespread stakeholder and public support for legislation to implement the FCTC, should the government choose to introduce such legislation.

ACTIVITY K - TECHNICAL COOPERATION FOR FCTC IMPLEMENTATION & MONITORING IN LATIN AMERICA

A number of changes were made to Activity K during the lifetime of the project; however these changes affected only the health warnings/labelling component of the Activity. The work carried out by CLA's partner APALTA in Honduras was completed as scheduled with oversight by CLA.

The warnings component of the Activity was initially designed with ORAS and its six country members (Bolivia, Chile, Colombia, Ecuador, Peru and Venezuela) as the coordinating mechanism for the health warnings data-bank (given ORAS' comprehensive tobacco control mandate). Unexpectedly, the Ministers of Health from the participating countries dissolved the organization's tobacco control committee. In order to fulfill the activities and objectives of the Activity and the overall project, a replacement mechanism was sought and found within MERCOSUR. Terms of reference were established with MERCOSUR; the **work was then designed to cover some of the original six countries in addition to MERCOSUR partners** (Uruguay, Paraguay, Brazil and Argentina).

The subsequent withdrawal of the Canadian Lung Association from the warnings component of Activity K, following the departure of its staff person who acted as the Forum representative, resulted in HealthBridge assuming responsibility for the Activity. HealthBridge identified a consultant in the region to lead the activities, which followed the principles originally outlined.

With the approval of MERCOSUR, the Pan American Health Organization (PAHO) and InterAmerican Heart Foundation (IAHF) were also brought in as partners in this Activity. The IAHF facilitated the more efficient dissemination of funds and provided advice on the research design. PAHO assisted with government liaison outside of the MERCOSUR region (i.e. in Colombia) and provided general advice and support for the dissemination of project results. The collaboration with the IAHF and PAHO **facilitated broader dissemination of the results and provided access to countries outside the MERCOSUR region.**

None of these changes affected the principles of the Activity or the project's overall objectives. However, the warnings component was not completed as originally planned. A substantial amount of work was done to lay the groundwork for future research, but given the delays experienced, the outbreak of the swine flu (which became an overriding issue for the focal points in most MERCOSUR governments associated with the project), and other commitments of counterpart governments during the time the Activity was being implemented, it became clear that the original work plan was too ambitious for such a short time period. As a result, efforts were focused on those pieces of the work that could be completed within the project timeline. It is anticipated that the remaining work will be picked up by other donors.

ACTIVITY L - STRENGTHENING CAPACITY IN TC IN FRANCOPHONE AFRICA

Activity L also faced some minor changes but there were no deviations from the Activity's purpose.

The Forum's work with the African Tobacco Control Research Initiative did not proceed as planned: although approval was given for the implementation of a number of initiatives in francophone Africa, and despite the Forum's efforts to support the commencement of those initiatives, no progress had been made by the time this project came to an end.

The Niger Parliamentary study tour that took place in May 2008 was not included in the original work plan. Rather, it was identified as an opportunistic initiative that had the potential to generate significant and immediate results. This turned out to be the case: the mission raised a significant amount of media and public support for the tobacco control law and led the **government of Niger to adopt the application decree for the country's national law.**

Initially, the work plan called for the provision of short-term assistance to five small but strategic mini-projects in selected countries. In the end, six strategic mini-projects were funded: two in Ivory Coast, and

one each in Senegal, Burkina Faso, Guinea, and Chad. The decision was taken to fund six rather than five based on the quality, relevance, and potential impact of the proposed initiatives. As noted above in Question 4, the impact of these mini-projects was quite substantial.

While the first change noted above was disappointing, it was beyond the control of the Forum. The latter two changes, on the other hand, enhanced the results achieved through Activity L and therefore remained supportive of the project's overall objectives.

7. Were activities completed per the schedule as described in the work plan? Please explain.

Late in 2008, Forum leaders recognized the need for a cost extension to complete Activities as planned and to ensure the achievement of anticipated results. Three of the project's Activities in particular had experienced delays and required additional time. The Forum leaders negotiated the cost extension with Health Canada, which was signed 31 March 2009.

ACTIVITY A - STRENGTHEN GLOBAL TOBACCO CONTROL NETWORKS

All initiatives undertaken through this Activity were completed as per the work plan schedule. With the cost extension granted by Health Canada, an additional three months were added to this Activity to allow the Forum members to maintain ongoing networking – both among themselves and globally – until the end of the project.

ACTIVITY B - TECHNICAL SUPPORT TO DEVELOPING COUNTRIES IN RELATION TO IAD-FUNDED INTERNATIONAL TC GRANTS

There were some delays experienced in completing some of the planned initiatives; these delays were only against the work plan timeline, however, and all planned initiatives were completed by the end of the project (except for those changes noted in the sections above).

Regarding Activity B-3, in early May 2008, CPHA communicated with IAHF to validate the information contained in its proposed project. In mid-May, a contract agreement was sent to IAHF for signature. As the IAD-funded project's completion date was initially set at June 30, 2008, the CPHA/IAHF contract specified that field-based activities in Mexico and Colombia had to be completed by that same date. This was subsequently revised, following the receipt of approval from Health Canada for a no-cost time extension, to a project completion date of December 31, 2008. The IAHF-managed project completed all its field activities on December 31, 2008 as planned.

Regarding Activity B-4, as with IAHF, CPHA communicated in May 2008 with CLA to validate the information contained in its project proposal. In mid-June, CLA informed CPHA that the project, as described in the project proposal, could not be implemented. CLA informed CPHA that it would meet with FESAR in Ecuador in July to resolve the issue. In August 2008, CLA informed CPHA about the resignation of the CLA employee who was responsible for the FESAR project. By the end of that month, CLA was to confirm to CPHA whether it would continue to implement the project with FESAR and how the project would be managed by CLA. It would also provide a revised work plan for the project along with a budget confirming how funds would be spent in accordance with the terms of the sub-project's contract. In September CLA confirmed that it would continue to implement the project with FESAR, and had engaged a part-time consultant to oversee this activity. CLA provided CPHA with a revised work plan and confirmed the utilization of the budget, as planned. The CLA project field-based activities ended in January 2009.

Activity B required a two-month extension for supplementary activities for four PHAs which had already completed their original projects on time and under budget.

ACTIVITY C - FORUM LEADERSHIP

Most of the initiatives undertaken through Activity C were completed as per the work plan schedule. The interviews to inform the internal evaluation report were delayed from late 2008 to February and March 2009 given the busy schedule of Forum members with the INB and COP-3 meetings and the end of year holidays; this delay did not affect the production of the report, however. With the cost extension granted by Health Canada, an additional three months were added to this Activity to allow the Forum members to maintain ongoing leadership until the end of the project.

ACTIVITY D – COMMUNICATIONS

Most initiatives undertaken through Activity D were completed as per the work plan schedule. The only exceptions were related to those initiatives not undertaken as originally envisaged (as outlined above in Question 6).

ACTIVITY E - POLICY AND PROMOTION

All initiatives undertaken through Activity E were completed as per the work plan schedule.

ACTIVITY F - PROJECT ADMINISTRATION

Project administration (Activity F) was hampered initially somewhat by unexpected adjustments to the receipt of advanced funding (without funds to administer, financial administration could not take place). This was resolved through the original amendment to the Contribution Agreement, and further challenges were not encountered.

ACTIVITY G - TECHNICAL COOPERATION FOR FCTC GUIDELINE AND PROTOCOL DEVELOPMENT

Most of the initiatives undertaken through Activity G, including the research studies, were completed as per the work plan schedule, with the exception of the cancellation of the initially planned participation of developing country cooperants at FCTC guideline development meetings. As noted in Question 6, this cancellation facilitated the funding of additional cooperants to attend COP-3 and the WCTOH.

ACTIVITY H - ONTARIO TOBACCO RESEARCH UNIT ONLINE COURSE ADAPTATION

Activity H required an extension to complete the project as intended due to its late start date as detailed above in Question Six. However, the extension approval was found beneficial as partners in Mali and Burkina Faso had difficulty with accessing the documents via the internet and time was lost when the necessary documents had to be couriered to them so that the review could be completed.

ACTIVITY J - WORKSHOP AND FOLLOW-UP ACTIVITIES IN GHANA

There were a few minor adjustments made to the timeline for Activity J. The workshop originally planned for Quarter 2 was held in Quarter 3, at the request of the Forum's Ghanaian colleagues. Follow-up activities took place in October and November 2008 and March and April 2009.

ACTIVITY K - TECHNICAL COOPERATION FOR FCTC IMPLEMENTATION & MONITORING IN LATIN AMERICA

Given CLA's disengagement from the Forum and the division of responsibilities with HB, Activity K as a whole was delayed.

CLA was able to oversee the completion of the APALTA report – which itself was produced later than planned - and its launch with a workshop and press release. The delays were the result of severe weather events in Honduras and national presidential elections. The report and press release were launched in December 2008, while the workshop was held in January 2009.

The health warnings portion of Activity K, implemented under HB management, was delayed by the

initial handover but progressed as intended in the work plan after a project manager was identified. There was a further slight delay in completing project initiatives given the extended holiday period in South America. However, during this time the new project manager was able to make a few useful modifications: the collaboration of the IAHF and PAHO which facilitated broader dissemination of the results and provided access to countries outside of the MERCOSUR region. There was also limited participation from focal points in full-member MERCOSUR governments (Argentina, Brazil, Paraguay and Uruguay) due to a number of factors (including the swine flu outbreak), which caused some delays as activities were held up waiting for responses that never came. As a result, not all planned activities were completed as outlined in the work plan.

ACTIVITY L - STRENGTHENING CAPACITY IN TC IN FRANCOPHONE AFRICA

Most mini-projects undertaken through Activity L were implemented as anticipated in the work plan schedule. Two exceptions were the knowledge exchange mission to Ivory Coast, which was postponed from December 2008 to February 2009 due to protests in Abidjan, and the initiative in Guinea (exchange between Niger and Guinea), which was scheduled for February 2009. Given the coup in Guinea, the elections that took place in Niger, and other ongoing commitments, the latter activity had to be delayed until May 2009.

As noted above in Question 6, one component of Activity L – the work with the African Tobacco Control Research Initiative – was not completed as planned. One additional component not originally noted in the work plan – the Nigerian parliamentary study tour – was added.

8. Were there any changes to your work plan or budget over the life of the project? Please describe in detail.

Changes were made to both the work plan and the budget over the life of the *Strengthening Canadian Capacity to Support Global Tobacco Control* project. The following table provides an overview of the changes made to both the work plan and the budget.

PARTNERSHIPS

9. To what extent were partners involved in active collaboration in the project activities?

Forum Activities sought to facilitate collaboration and information sharing among Canadian and international organizations (and individuals). In fact, the design of the *Strengthening Canadian Capacity to Support Global Tobacco Control* project was predicated upon the collaborative involvement of partners – both Canadian and in developing countries – for the **identification, development, implementation, and evaluation of all Activities. The partnerships established within the Forum and with other agencies proved to be vital to the achievement of project results.**

The following table provides a list of the organizational partners that were involved in the identification, development, implementation, and/or evaluation of each Forum Activity.

Activity	Partners	Examples of Collaboration
Activity A	<ul style="list-style-type: none"> Widespread, other TC networks globally 	
Activity B	<ul style="list-style-type: none"> World Health Organization ACT Brazil Brazil Ministry of Health Public Health Associations in Burkina Faso, Cameroun, Congo, Niger, Ethiopia, Tanzania, Uganda Inter American Heart Foundation PAHO American Cancer Society ACTA National Institute of Public Health (Mexico) Mexico without Tobacco Network. CONADIC Colombian Cancer League National Cancer Institute (Colombia) Corporate Accountability International Colombian Cardiology Society 	<p>The first three partners collaborated during the WHO-led mission to Brazil, which involved the Forum.</p> <p>The Public Health Associations were the key partners in Activity B1; they developed sub-project proposals and implemented the related activities.</p> <p>The other organizations were the primary partners involved in designing and implementing Activities B3 and B4.</p>
Activity C	<ul style="list-style-type: none"> n/a 	
Activity D	<ul style="list-style-type: none"> n/a 	
Activity E	<ul style="list-style-type: none"> ASH UK 	
Activity F	<ul style="list-style-type: none"> n/a 	
Activity G	<ul style="list-style-type: none"> American University of Lebanon Healis (Indian NGO) HealthBridge – India Centre for Media Studies (Indian NGO) Inter American Heart Foundation Ministry of Public Health, Ecuador Ministry of Health, Perú Pan American Health Organization Framework Convention Alliance World Health Organization Corporate Accountability 	<p>The first four partners listed provided cooperants who designed and undertook research studies and participated in INB, COP-3, and/or WCTOH meetings (the plain packaging research undertaken in Mexico was led by individuals, not an organizational partner).</p> <p>The next three partners provided cooperants who participated in INB, COP-3, and/or WCTOH meetings.</p> <p>The next three partners provided logistical and/or other support to cooperants.</p> <p>The final partner provided accreditation for Project G cooperants attending COP-3.</p>

	International	
Activity H	<ul style="list-style-type: none"> Advisory Committee members in Chad, Cameroun, Burkina Faso, Niger, and Senegal 	The AC was responsible for identifying and making changes required in the online training course
Activity I	<ul style="list-style-type: none"> Laval University (until Activity cancelled) 	
Activity J	<ul style="list-style-type: none"> Ghana Health Service ERA/Friends of the Earth Nigeria 	The Ghana Health Service was the primary implementing partner for Activity J. ERA/Friends of the Earth Nigeria provided a technical advisor to guide the Ghanaian initiative.
Activity K	<ul style="list-style-type: none"> APALTA ORAS MERCOSUR Inter American Heart Foundation Pan American Health Organization 	
Activity L	<ul style="list-style-type: none"> African Tobacco Control Research Centre French National Cancer Institute Observatoire du tabac en Afrique francophone SOS-Tabagisme Niger Association pour la Défense des Droits des Consommateurs (Chad) CLUCOD (Ivory Coast) Mouvement Antitabac du Sénégal Afrique contre le tabac (Burkina Faso) Generation sans Tabac (Guinea) 	The first three partners listed were involved in the review and identification of initiatives to be supported by ATCRI. The fourth partner listed designed and implemented the Niger parliamentary tour, organized the regional seminar, and led two of the strategic mini-grants. The final four partners designed and implemented strategic mini-grants.

The Forum itself is a collaborative activity of Canadian organizations involved in domestic tobacco control in Canada and in supporting international public health. As such, in addition to the organizational partners noted above, the Forum members collaborated during the implementation of specific initiatives. For example, PSC helped to identify a well-respected tobacco control advocate in Africa (Mr. Akinbode Oluwafemi, Programme Manager of the Environment Rights Action / Friends of the Earth Group of Nigeria) who agreed to deliver a presentation about *“how to be an effective advocate during FCTC deliberations”* to Public Health Association delegates at CPHA’s Africa session during COP-3. Mr. Oluwafemi’s presence and presentation made an impact among delegates about the critical role that African countries can play for successful global tobacco control advocacy. Likewise, CQCT facilitated the CPHA Francophone Africa session during COP-3.

CPHA worked extensively with the Africa Tobacco Control Situational Analysis (ATSA) project at IDRC and the FCA to coordinate the selection and cost-sharing of African delegates for participation at COP-3. This collaboration ensured a strong and broad African civil society representation at COP-3, greater participation of African tobacco control advocates, and greater cohesion of activities within the global tobacco control movement. Research for International Tobacco Control (RITC) assisted in the recruitment of researchers to develop regulatory options for the management of Narghile (Activity G) and in the engagement of the Ministry of Health from Ghana (Activity J).

In October 2008, all members of the Forum shared their knowledge and experience with HealthBridge’s partner, ACT Brazil (Alliance for Tobacco Control), which was participating in a knowledge exchange mission to Canada to learn about the Canadian experiences with campaigning for and implementing smoke-free public places. The costs of this knowledge exchange mission were covered by a CIDA-grant.

CPHA collaborated with researchers during a Continuing Education day workshop on global tobacco control research, which was organized by the Canadian Coalition for Global Health Research (CCGHR) at the Canadian Conference for International Health (CCIH).

Continued collaboration following the Bangkok workshop between HealthBridge and NSRA enabled the booklet *Enforcement of Tobacco Control Law: A Guide to the Basics* to be enhanced with the addition of Canadian lessons learned on smoke-free public places and workplaces.

Throughout the lifetime of this project, therefore, the Forum **functioned on the strength of the partnerships it established** and maintained at the outset and those it developed as the various activities were implemented (see Question 10 for discussion on new partnerships). Collaboration was **critical to the ability of the Forum to identify developing country needs and to implement initiatives to address those needs** in a way that was cooperative, flexible, and responsive.

10. Were new partnerships or collaborations created as a result of your project? Please describe these partnerships and any impacts on your project.

A number of the partnerships maintained and strengthened by the Forum had existed prior to the commencement of the *Strengthening Canadian Capacity to Support Global Tobacco Control* project and were noted in the original project proposal: the Forum itself already existed as a collaborative, collective entity; CPHA has worked with partner public health associations in developing countries since 1996 on the issue of tobacco control (Activity B1); CLA had pre-identified Fundación Ecuatoriana de Salud Respiratoria (FESAR) and FCA as its partners in Ecuador (Activity B4); OTRU had identified Observatoire du tabac en Afrique francophone as a key partner (Activity H); PSC had, with RITC input, identified the Ghana Health Service as its primary partner for Activity J; CLA had identified Organismo Andino de Salud as its preliminary partner for Activity K; and HealthBridge had identified SOS-Tabagisme Niger, the African Tobacco Control Resources Initiative, the French National Cancer Institute, and the Observatoire du tabac en Afrique francophone as four of its primary collaborators in West Africa (Activity L). In addition, individual Forum members had established working relationships with international organizations such as the InterAmerican Heart Foundation (Activities B, G, K), the Pan American Health Organization (Activities B, K) the World Health Organization (Activities G, K), the Framework Convention Alliance (Activities B, G, K), and MERCOSUR (Activity K).

As the various project Activities were further developed and implemented, many new partnerships and collaborations were established. This was particularly the case for Activities G (which involved the identification and contracting of cooperants on research subjects not pre-identified in the proposal), H (which engaged a wide range of African partner organizations to pilot test and assess the online course), and L (which engaged a number of francophone African organizations to design and implement strategic mini-projects). The need to establish these new partnerships was foreseen in the proposal; as Activities G, H, and L in particular were designed to be responsive to local needs and gaps, the work plan assumed that the Forum would take the time to identify potential partners, explore collaboration possibilities, and define working relationships prior to finalizing Activity details.

In addition to **enabling the completion of planned Activities**, these new partnerships **allowed the Forum to further build existing networks and access new networks**.

Further to the planned new partnerships, additional collaborations were established that had not been planned in the work plan. Following the COP-3 meetings, QCTC established new partnerships in planning for a Third CIFICOT conference (Conférence internationale francophone sur le contrôle du tabac) scheduled for 2010 in Niamey, Niger. Planning meetings provided the opportunity of further promoting the OTRU course to new partners in a broader geographical region. As a result of relationships

established during the HealthBridge-hosted Bangkok workshop, there has been ongoing dialogue and information-sharing on tobacco packaging issues between NSRA and colleagues in Thailand, thereby broadening NSRA's international reach.

Another unplanned activity arose out of the partnerships forged in carrying out Forum projects. A PSC staff member was invited in May 2009 by two Peruvian NGOs to give a keynote address a meeting held in the Peruvian Congress to support a new draft law to implement Articles 8 and 11 of the FCTC in Peru. The draft law has now been approved by a Congressional Committee and awaits approval of the full Congress. As a result of this initiative, there is now strong support for this draft law among members of the Peruvian Congress. Adoption of the law is expected in the near future. In the course of undertaking this work, strong ties were forged between PSC and its Peruvian NGO counterparts, COLAT and CEDRO. Further cooperative tobacco control projects between Canada and Peru may result. While not formally part of a Forum Activity, this action contributed positively to Activities B and K. No Forum resources were used in the successful completion of this cooperative activity in Peru.

11. To what extent were these partners key to your capacity to implement the project?

The *Strengthening Canadian Capacity to Support Global Tobacco Control* project could not have been implemented without the support and active engagement of its many partners. These partners played a key role in directly implementing many initiatives within the project's various Activities, particularly for Activities B, G, H, J, K, and L.

The partner relationships also **enabled the Forum to more broadly promote its Activities and the role that Canada can play in global tobacco control.**

EARLY ISSUE DETECTION

12. Were there challenges or barriers that had not been anticipated/foreseen in initial project planning? Please explain.

AND

13. What actions or strategies were taken to deal with these challenges or barriers? Please explain.

In the course of implementing the *Strengthening Canadian Capacity to Support Global Tobacco Control* project, the Forum encountered a number of challenges that caused it to make modifications to the project's work plan, budget, and timelines. The challenges faced and strategies undertaken to address them are outlined below by Activity. At the project level, the Forum requested and received a 3 month cost extension to enable it to complete all planned activities.

ACTIVITY A - STRENGTHEN GLOBAL TOBACCO CONTROL NETWORKS

No significant challenges or barriers were faced.

ACTIVITY B - TECHNICAL SUPPORT TO DEVELOPING COUNTRIES IN RELATION TO IAD-FUNDED INTERNATIONAL TC GRANTS

Final funding approval from IAD was received more than 10 months after the original project proposal had been submitted to IAD/HC, and almost a year after the CGTCF partners had developed the proposal with their respective overseas partner organizations. By the time the project was approved and initial start-up activities were to be implemented, circumstances had changed which affected the Activity in terms of the project team's capacity to carry out activities as had been described in the original proposal. The original completion date for the IAD-funded project had been set according to the Letter of

Agreement as June 30, 2008. This allowed for only a 4-month project implementation period (March 6 – June 30). As the projects with IAHF, CLA, and the partner PHA in Africa would extend well beyond the project's defined completion date, a request was submitted to IAD/HC for a no-cost time extension on the IAD grant with a new completion date of 31 March 2009; the request for no-cost time extension was approved by Health Canada. This allowed CPHA to sign contracts for the sub-projects with IAHF, CLA, and the partner PHAs.

CPHA intended to design and ask each PHA partner to complete an on-line survey (using the interactive website mentioned earlier in this report), before their respective projects began, to determine the status of application of the three FCTC Articles (8, 11 and 12) in their respective countries. A repeat survey was to be conducted at the end of the project period to assess how the PHAs may have contributed through the IAD/HC-funded project to the application of these Articles in their respective countries. The delay in the start-up of PHA activities, the different start-up dates by the PHAs, and the challenges experienced in the use of web-based survey instruments and the interactive website affected the ability of CPHA to conduct a pre-post survey among the PHA partners. As an alternative, and as already reported in this document, CPHA conducted a verbal assessment of its PHA partners at the time of the meetings during the COP-3 in Durban, South Africa (November 2008) and also conducted a survey of PHA partners that had completed project-supported activities, using Survey Monkey. Through these, CPHA collected observations and information from its PHA partners with regards to the challenges they experienced in their respective countries concerning tobacco control, the success and challenges they experienced in carrying out their tobacco control activities, and their perception as to the influence they had in their own countries on moving forward the FCTC agenda and "making a difference" with respect to tobacco control.

CPHA also faced ongoing staffing challenges; however, these did not affect the completion of the Activity as originally envisaged.

ACTIVITY C - FORUM LEADERSHIP

No significant challenges or barriers were faced.

ACTIVITY D – COMMUNICATIONS

The higher-than-anticipated cost for the Forum's planned interactive website led to the decision to drop this planned initiative. Instead, the Forum chose to engage the public through other communications materials, including a brochure, member-website updates, and presentations at conferences and national and international meetings.

ACTIVITY E - POLICY AND PROMOTION

No significant challenges or barriers were faced.

ACTIVITY F - PROJECT ADMINISTRATION

The Forum faced significant financial challenges following unanticipated changes to Health Canada's payment schedule. This impacted on the Forum's ability to make payments against expenses incurred and to transfer funds to developing country partners.

ACTIVITY G - TECHNICAL COOPERATION FOR FCTC GUIDELINE AND PROTOCOL DEVELOPMENT

No significant challenges or barriers were faced.

ACTIVITY H - ONTARIO TOBACCO RESEARCH UNIT ONLINE COURSE ADAPTATION

A delay in implementing Activity H resulted from a collective decision of the Forum to attempt to

sequence activities in the African Region to ensure coordinated implementation. This posed challenges to the timely completion of Activity H, which also had to coordinate with the schedules of African colleagues and address electronic communication issues, which ultimately impaired the ability of the Forum to complete the pilot testing of the online course as planned.

ACTIVITY I – LAVAL MICRO-PROGRAMME

The most significant challenge faced by the Forum was the decision taken by Laval University's management to terminate its Micro-programme on Tobacco Control. Activity I had been based on this programme, and as such had to be cancelled when no appropriate alternative programme could be identified. The funds allocated to Activity I were redistributed across other Activities being undertaken in Africa (to maintain the Africa-focus of this work).

ACTIVITY J - WORKSHOP AND FOLLOW-UP ACTIVITIES IN GHANA

The change in government in Ghana led to a slow-down in planned initiatives in Activity J. Nevertheless all planned activities were completed within the life of the project and tobacco control capacity in Ghana has been measurably strengthened.

ACTIVITY K - TECHNICAL COOPERATION FOR FCTC IMPLEMENTATION & MONITORING IN LATIN AMERICA

The disbanding of ORAS's tobacco control committee was not foreseen during project planning and design; the identification of MERCOSUR as an alternative partner meant that the Activity was able to proceed largely as planned. The subsequent withdrawal of CLA from the Activity led to HealthBridge taking on responsibility for its implementation and completion. HealthBridge identified a consultant in the region to lead the activities, which followed the principles originally outlined.

With the approval of MERCOSUR, PAHO and IAHF were brought in as additional partners to facilitate the more efficient dissemination of funds, to provide advice on the research design, and to assist with government liaison outside of the MERCOSUR region.

A number of other challenges were faced in implementing the warnings component of Activity K. The largest obstacle to the completion of the planned initiatives was the fact that focal point personnel assigned to the project were working for the project on a very part-time basis, with other commitments. This resulted in slow progress toward deadlines. At the same time, swine flu became an overriding issue for the focal points in most MERCOSUR governments associated with the project. (In theory, personnel in Latin American ministries of health may be dedicated to tobacco control. In practice, when there is a health emergency, all personnel are called upon to focus on the emergency.) This lack of involvement was not anticipated at the beginning of the project, given that the MERCOSUR government focal points initially seemed very keen on the project. As a result, much time and effort was spent in soliciting and waiting for responses that never came. Likewise, much more time was needed to fine-tune the research protocol than was originally anticipated.

All of these challenges, while mitigated to the extent possible, led to some aspects of the Activity not being completed as originally envisaged. However, a solid foundation has been laid for future work, and the countries in the region now have access to a database of warnings images that they can adapt and utilize as appropriate.

ACTIVITY L - STRENGTHENING CAPACITY IN TC IN FRANCOPHONE AFRICA

The delays in implementing initiatives through the African Tobacco Control Research Initiative posed a challenge to the Forum in completing that component of Activity L. As the Centre's work plan is beyond the Forum's control, no strategy was implemented to address this challenge.

Two strategic mini-projects faced delays in implementation; however, this did not pose a significant challenge as they were completed as planned prior to the completion of the overall project.

PROJECT SUCCESSES

14. What were some of the successes of this project? How will you be building on those successes?

Most of the successes achieved through this project have been outlined in detail in the sections above. Several successes of note are included as special “impact stories” below.

ACTIVITY L – STORIES FROM THE FIELD (BURKINA FASO)

The result of the initiatives undertaken by Afrique contre le tabac (ACONTA) was a successful wide-ranging media campaign that received significant media coverage on the T.V., radio, and print. The press conference held on the issue of FCTC implementation alone attracted 47 national and three international media outlets - which in turn resulted in the publication of five articles mentioned in over 100 websites and a radio broadcast on the Africa #1 station. Additionally, over the course of two months ACONTA held various interviews and targeted stakeholder meetings and visited many media outlets to discuss the importance of the FCTC and its implementation. This led to six radio spots on six different stations, the publication of three articles (one focusing on women and tobacco), and one television spot. Information meetings were also held with the parliament members and with mayors from 13 regions of Burkina Faso.

In a short period of time, and with a strategic targeted campaign, ACONTA was able to create greater awareness in the public, policy makers, and the media on the FCTC and its implementation in Burkina. ACONTA was also able to establish and develop new partnerships and engage tobacco control supporters which would not have happened without the broad media campaign that generated interest by in tobacco control issues both in the public and with the policy makers.

ACTIVITY L – STORIES FROM THE FIELD (NIGER)

Prior to the Forum-funded Regional Seminar for francophone Africa held in July 2008 in Niger, SOS Tabagisme-Niger identified an opportunity to demonstrate wide-spread public support for the adoption of government’s application decree (of its comprehensive 2006 tobacco control law) through a parliamentary tour in seven regions. In May 2008, the study tour was successfully conducted and included seven members of the National Assembly, three SOS Tabagisme staff, and three journalists who documented the tour. At the opening of the Regional Seminar in July, the government of Niger announced the adoption of the application decree. SOS Tabagisme reported that the adoption of the application decree was due in large part to the parliamentary tour and the subsequent media attention paid to the tour. This increased public pressure on the government to fulfill its promise to adopt the decree, which includes a total advertising ban and an endorsement of smoke-free spaces.

ACTIVITY L – STORIES FROM THE FIELD (SENEGAL)

The FCTC was ratified in Senegal in 2005, but the country has been lax in implementing important articles of the FCTC, notably on advertising bans and taxation. Therefore, the Mouvement Antitabac du Senegal (MAT Senegal) hosted several workshops to better inform parliamentarians, journalists, and public health organizations about taxation of cigarettes and the implementation of FCTC article 6, and to inform the government about the importance of implementing FCTC article 13.

The result of the workshops was that all participants were better informed on taxation and advertising ban issues. Of most significance, Senegal’s parliament voted to increase tobacco taxes by 40%. As well, a draft law was developed for an advertising ban and a commitment was made by members of parliament to carry it forward.

ACTIVITY L – STORIES FROM THE FIELD (CHAD)

Responding to the Ministry of Health's request for technical assistance to draft a tobacco control law and to raise awareness of FCTC issues, Association pour la Défense des Consommateurs (ADC) partnered with Nadia Collot, a French-Canadian director and founder of the French NGO, CamaraSante to host a workshop for journalists. The training workshop had 29 participants and seven modules which addressed such issues as the harmful effects of tobacco use, the FCTC and the implementation of its articles, existing tobacco control laws in Chad, journalistic reporting of medical information, and the role of the media in health promotion, and the role of the media in countering the tobacco industry.

An evaluation was carried out at the end of the workshop which demonstrated not only a better understanding of tobacco control issues, but also a new willingness by the media to report on FCTC implementation in Chad given this new knowledge about the health impacts of the tobacco epidemic. As a result of the workshop, participants formed the Tobacco Control Journalist Network; a provisional committee developed guidelines about how it would operate to better coordinate journalists' efforts when reporting on tobacco control.

ACTIVITY I – STORIES FROM THE FIELD (GHANA)

A Ghanaian volunteer tobacco control worker, on his own initiative, undertook a media monitoring research project to gauge the increase in tobacco-related stories in the media in Ghana in 2008. This was neither a planned nor funded initiative of Activity J; it was nevertheless inspired by the work conducted through Activity J and was carried out by a volunteer with no funding. The results of his research show clearly that the workshops conducted under the auspices of Activity J in August 2008 helped to increase media reporting of tobacco control issues in Ghana. During that month and the following month, tobacco stories accounted for 13% of the stories in monitored newspapers in Ghana. This was higher than in any other month of 2008 except June (when it reached 14%, associated with a WHO tobacco control workshop that month).

ACTIVITY L – STORIES FROM THE FIELD (CÔTE D'IVOIRE)

To date, Côte d'Ivoire has not ratified the FCTC in spite of a 2007 law authorising ratification. To mobilize the National Assembly to ratify the FCTC, the Club UNESCO Universitaire pour la lutte Contre la Drogue (CLUCOD) hosted a workshop to inform and train journalists from 38 different print and electronic media on tobacco control issues and the importance of the FCTC. It also held a press conference with an invited speaker, Inoussa Saouna from SOS Tabagisme, Niger (who also assisted in the training workshop), and conducted an information session with members of the National Assembly to promote and explain the importance of ratifying and implementing the FCTC.

As a result of CLUCOD's activities, engagement of the media on tobacco control issues sharply increased: eight articles were written on the various activities undertaken by CLUCOD, two radio stations covered the press conference activities, four radio broadcasts were done on different tobacco control issues particular to the Côte d'Ivoire context, and 16 coordination meetings were hosted. CLUCOD reported that the information meetings conducted with members of the National Assembly proved fruitful, as they generated a later meeting with the President of the Commission for Social and Cultural Affairs and his staff. CLUCOD was invited to make a presentation on FCTC implementation to Parliament and was further encouraged to submit private bills regarding the implementation of Articles 6, 8, 11, and 13.

ACTIVITY H – STORIES FROM THE FIELD (BURKINA FASO)

Deux membres du Comité avisier ont fait part de l'impact positif du cours sur la campagne en cours au Burkina-Faso en faveur d'un plan stratégique et d'une loi pour leur pays:

« Au Burkina-Faso, nous sommes dans un processus de développement d'un plan stratégique de lutte contre le tabac – et d'une loi. Les trois modules nous ont aidés dans la réflexion et nous espérons pouvoir en exploiter le contenu pour la mise en œuvre de ce plan – et de cette loi».

Professeur Laurent T. Ouedraogo, Docteur Mohamed Ould Sidi.

15. Is there anything else you would like to share about your project, including challenges or successes with the evaluation of your project or project participant stories?

The project's internal evaluation has demonstrated that the project successfully achieved its three primary objectives. The Forum mechanism offered a unique and cost-effective means of bringing together Canadian civil society organizations involved in global tobacco control to discuss and put into place coordinated and mutually-supportive activities. It increased the level of engagement of its members in global tobacco control. The Forum members identified a number of areas where improvements could be made to further enhance the effectiveness of the Forum as it develops and implements future activities.

The work undertaken by the Forum clearly supported the Federal Tobacco Control Strategy's objective of implementing the World Health Organization's Framework Convention on Tobacco Control. It engaged researchers and advocates in developing countries to increase their capacity to further FCTC developments in their own countries, while also shedding light on previously "neglected" areas of tobacco control. The ability of the Forum to impact on Canada's official position and contribution to global FCTC implementation was less concrete; however, the Forum raised awareness of Canada's status on achieving its FCTC obligations and made recommendations to improve that position.

Finally, the Forum successfully implemented a number of partner-led activities, each of which sought to further FCTC implementation in developing countries. A number of lessons were learned, and adjustments made, as these activities were implemented; however, each has contributed significantly to advancements in global tobacco control and laid the groundwork for further work to be done.

The Forum has developed a concept paper through which it will seek further funding to build on its successes to date.

APPENDICES

List of appendices included:

Appendix 1: Summary of Deliverables

ACTIVITY A

Appendix 2: Sample Forum meeting agenda

Appendix 3: Sample Forum meeting minutes

Appendix 4: Enforcement of Tobacco Control Law: A Guide to the Basics (pdf)

ACTIVITY B

Appendix 5: CPHA call for proposals to prospective Public Health Association partners in sub-Saharan Africa

Appendix 6: Summary PHA (B1) Reports

Appendix 7: Survey on African PHA TC interventions

Appendix 8: African PHA participation at the COP-3 and CGTCF events in Durban

Appendix 9: Final Report on Supporting National Action/Capacity Building In Latin America (Activity B3)

Appendix 10: Final Report on No Ifs, Ands or Buts: Protecting Ecuadorian Children from Harmful Second Hand Smoke (Activity B4)

Appendix 11: CPHA Report on 12th World Congress on Public Health

Appendix 12: Trip report: WHO-BI joint assessment of national capacity for tobacco control in Brazil

Appendix 13: Presentation to Peruvian Congress

ACTIVITY C

Appendix 14: Internal reporting templates
Appendix 15: Monitoring and Evaluation Framework
Appendix 16: Internal Monitoring Report (pdf)

ACTIVITY D

Appendix 17: Forum brochure
Appendix 18: Forum news release
Appendix 19: Factsheets
Appendix 20: Abstracts submitted to 14th WCTOH
Appendix 21: Poster presented at 14th WCTOH

ACTIVITY E

Appendix 22: FCTC Monitoring Report
Appendix 23: Research Paper: Plot against Plain Packaging
Appendix 24: Cigarette Package Health Warnings: International Status Report
Appendix 25: FCA Bulletin with Forum Article

ACTIVITY F

none

ACTIVITY G

Appendix 26: Nargile (Waterpipe) Control Research
Appendix 27: Plain Packaging in Mexico Research
Appendix 28: Tobacco Advertising, Promotion, and Sponsorship Research
Appendix 29: Control of Bidis and Oral Tobacco in South Asia Research
Appendix 30: Cooperant Non-Research Contracts and Reports
Appendix 31: Funding Applications

ACTIVITY H

Appendix 32: OnLine Training Course Final Report

ACTIVITY I

Appendix 33: Ghana Stakeholders Meeting Materials
Appendix 34: Final Workshops Report

ACTIVITY K

Appendix 35: APALTA Final Report
Appendix 36: Health Warnings Work Plan and Contracts
Appendix 37: Health Warnings Final Report

ACTIVITY L

Appendix 38: Parliamentary Tour Report
Appendix 39: Regional Seminar Report
Appendix 40: Report to Funders
Appendix 41: Call for Proposals for Mini-Projects
Appendix 42: Mini-Projects Reports
Appendix 43: Budget and Expenditures by Agency and Activity