

# Project Manager Report on the Bloomberg Grantee meeting and the 14<sup>th</sup> WCTOH

Mumbai March 2009



This is at the entrance of the 14 WCTOH, a mock skeleton looking at the impact of cigarette smoking. "Smoking is against the Society" this is Hell's preferred Citizen



Participants at the Indian Cultural night where we celebrated "Holi" (Religious Holiday)



A unique way to travel.....

These meetings were held in Mumbai India, March 5-8 and March 8-13 respectively

### **Bloomberg Initiative Grantee meeting- March 5-8, 2009**

See Appendix 1 for agenda

The Campaign for Tobacco Free Kids and the International Union against Tuberculosis and Lung Disease (TFK and the Union) planned a 3 day pre-conference meeting of Bloomberg Initiative grantees.

The pre conference meeting objective was to bring together Bloomberg grantees from all across the world and to provide a unique opportunity for representatives of Bloomberg supported projects to share information and experiences in planning, implementing and evaluating their tobacco control programs and also to share best practice among the grantees.



**Barbara with Dave Elseroad**



**Myra Wisotsky opens the meeting**

There were 115 participants including staff from TFK and the Union. There were some 38 countries represented. The five countries having the largest number of project representatives present were:

- China- 17
- India-12
- Indonesia -8
- Ukraine- 6
- Mexico-5

This is in keeping with the Bloomberg Initiative to reduce tobacco use globally by investing in developing countries, with a particular focus on the 15 countries with the most smokers in the world. The Heart Foundation /JCTC Project was the only one from the Caribbean. It is estimated that there are 180 such project around the world.

The meeting saw presentations from several countries highlighting their success in tobacco control projects, there were many opportunities for sharing of successes and challenges in a supportive environment.



Meeting participants



### **Sharing our Resources - The Market Place**

At the end of Day1, I did a display of the poster and other materials we have developed for the grant. There was interest in the best practice brochure.



A fellow grantees looks at the project materials

### **Coalition building round table**

On Day 2, I was asked to present at one of the four concurrent round table small group presentations. My topic was on Coalition Building. In our session there were presentations done by three countries, Jamaica, Nepal and Indonesia. This was an informal setting where we each discussed:

- The goal of our project
- The key organizations or partners involved
- Successes to date
- The specific contribution of the coalition to accomplishing your goals
- Unique challenges and how you overcame them
- Any other insights/advice/cautions/ guidance

The sessions were facilitated by Latoya Armstrong from TFK and Ghada Radwan from the Union and had about 15 persons attending, per session.



**Latoya facilitates the Coalition Building session**



**Some of the participants**



**Latoya and Ghada**

This round table discussion was repeated the same day in order that others could attend. The presentation went well and there were several questions. (see Appendix 2 for presentation)

On the last day we were addresses by Dr Tome Frieden, Commissioner of the NY City Health Department and Advisor to Mayor Bloomberg on tobacco control, he gave us an interesting presentation on the Bloomberg Philanthropies and what they have been able to achieve. More on this presentation will be sent.

This meeting was well planned and executed and many links and contacts were made Here is the group picture from the BI Meeting. Thanks to the The Campaign for Tobacco Free Kids and the International Union against Tuberculosis and Lung Disease (TFK and the Union) for inviting me and allowing me to make a presentation, it was a worthwhile even.



Key persons I interacted with at BI Meeting	
Myra Wisotzky, MSPH	<p>Technical Advisor, Tobacco Control  The Union (International Union against Tuberculosis and Lung Disease)  E-mail: <a href="mailto:mwisotzky@iuatld.org">mwisotzky@iuatld.org</a>  Tel: +1 770-414-8057  Skype: myra.wisotzky  Mobile: +1 404-514-9622  <a href="http://www.tobaccofreeunion.org">www.tobaccofreeunion.org</a></p>
Ms. Pamela Sumner Coffey	<p>Director, International Grants Program  Campaign for Tobacco Free Kids  1400 Eye Street N.W. Suite 1200  Washington, DC  U.S.A.  Email: <a href="mailto:pcoffey@tobaccofreekids.org">pcoffey@tobaccofreekids.org</a>  Phone: 202-296-5469  Direct: 202-481-9326</p>
Latoya Armstrong and Dave Elseroad	<p>Campaign for Tobacco Free Kids  1400 Eye Street N.W. Suite 1200  Washington, DC  U.S.A.</p>

## 14<sup>th</sup> WCTOH Meeting- see Appendix 3 for the Program

I will briefly report on selected sessions. This meeting started with the opening ceremony on Sunday March 8, 2009. There are approximately 2800 attendees from 139 countries. On Day 2 Dr Prabhat Jha and Dr P.C. Gupta co- chaired a very interesting presentation on Tracking the Tobacco Toll: Global Profile of Health burdens which update us on the current trends in morbidity and mortality. The points coming out of the meeting was that the best control for cigarettes is taxation and that smoking cessation works and must be included in the treatment (despite the costs to developing nations)



Dr P.C Gupta and colleagues

Another interesting presentation was Tobacco and Cardiovascular Health 2009 Update chaired by Beatriz Champagne and Albert Amoah. The latest findings regarding tobacco and CVD were discussed. Case studies were presented from various countries. The suggestion was to treat like a chronic disease, with long term management especially in patients with CVD and encourage them to stop smoking.



Beatriz Champagne chairs a session on Tobacco and Cardiovascular health

**Bloomberg Awards for Global Tobacco Control**

This was the inaugural staging of a star studded event which saw three NGOs and one Government ministry receiving awards in four of the six WHO MPOWER categories. This is the first award of its kind for Bloomberg

The winners were:

Panama- COPACET Coalition Panamena contra el Tabaquismo for implementation and enforcement of bans on tobacco advertising sponsorship and promotion

Thailand- ASH Action on smoking or Health for warning people about the dangers of tobacco by providing extensive support to the revision of Thailand’s graphic health warnings



The Bloomberg Awards



Dancers from the India Contemporary Dance Company

Mexico City- Federal District Secretary of Health for protecting people from the dangers of smoking by providing political commitment and implementation to the recent passage of a totally smoke free Mexico City.

Nigeria ERA/FOEN -Environmental Rights Action/ Friends of the Earth Nigeria for monitoring and publicising tobacco industry activities intended to increase tobacco use and undermine tobacco control measures.

The awards were followed by a private dinner to celebrate the awardees. This was held at the Dragon Fly Restaurant



My colleagues at Table 8



Some of the participants

On Day 3, there was a thrilling presentation on 'Tobacco Threatens Human Development', this was presented by Sir George Alleyne and Dr Prabhat Jha and others and discussed the current state of the debate on key policy measures for FCTC.



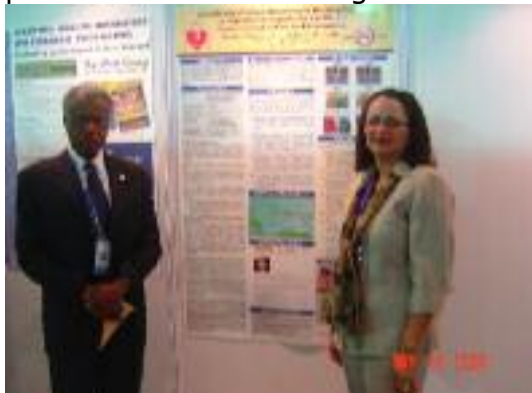
The purpose of this session was to familiarize participants with the current state of the debate on key policy measures for FCTC. The session enabled participants to be more effective advocates in policy debates in their own countries. The use of a simulated cabinet debate enabled them to see how the results of research and policy analysis are applied in a debate on public policy. This method of interaction permitted dealing with serious issues in an engaging and enjoyable manner. There was debating among Ministers who took views for and against three key policy measures, namely big increases in tobacco, comprehensive bans on advertising and promotion, and complete bans on smoking in public places.

The 'Prime Minister' (Sir George Alleyne) opened the debate, introducing the ministers and setting out the key policy measures for tobacco control to be debated in the Cabinet Meeting. The 'Chief Economic Advisor' summarized the main economic arguments pro and con for the policy measures under consideration. There was then a lively, spirited debate among the other Cabinet Ministers, expressing views from their constituencies and arguing with but taking on board arguments put forward by their colleagues. Issues were addresses from both a policy and political point of view. The Prime Minister concluded the debate and announces his decisions.

The Prime Minister then opened the meeting for participation from the floor.

### Poster Day

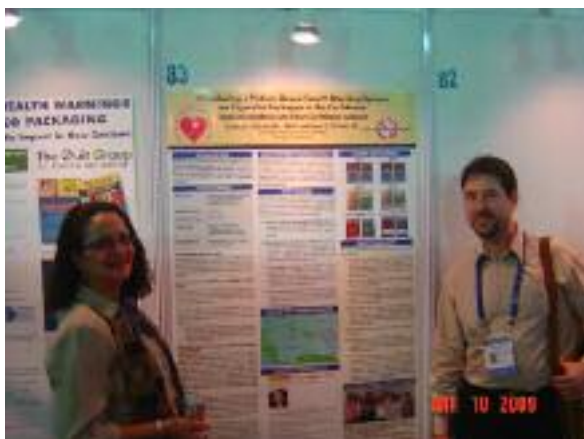
This was Wednesday March 11, 2009, there were many queries and interest about the poster and I had some great visitors to my poster!!



Sir George Alleyne



David Hammond from University of Waterloo Canada



Ernesto Sebrie



Beatriz and Lorraine Fry at the Exhibitor area

## **Luther Terry Awards for Exemplary Leadership in Tobacco Control.**

These awards are held in conjunction with the American Cancer Society and are named for the late United States Surgeon General Luther L. Terry, M.D., who led the landmark 1964 Surgeon General's Report which connected tobacco use to lung cancer and other illnesses. Dr. Terry's courageous and groundbreaking work established the foundation for public health scrutiny of the dangers of tobacco use. The awards are presented triennially – at the WCTOH meetings. The InterAmerican Heart Foundation won in the category 'Outstanding Organization', the award was received by our own Beatriz Champagne.



Beatriz Champagne accepts the award



Beatriz thanks the organisers for this award

This year's awards were presented in six categories:

Distinguished Career - Dr. Stanton -Arnold Glantz, USA

Exemplary Leadership by a Government Ministry- The Ministry of Health of the Government of Uruguay

Outstanding Individual Leadership - Dr Ronald M. Davis, USA and K. Srinath, India

Outstanding Organization - the InterAmerican Heart Foundation- Mexico, Argentina, Jamaica

Outstanding Research Contribution - Dr Michael Cummings USA

Outstanding Community Service - Dr Dileep G. Bal USA and, Hatai Chitanondh, Thailand

These awards recognize outstanding worldwide achievement in the field of tobacco control

### **Closing Ceremony**

The closing ceremony reviewed to conference proceedings as well as looked at the Declaration from the 13<sup>th</sup> Conference to see what was achieved. They had several recommendations and a few were achieved and some not achieved. The presenter noted that the recommendations might have been too ambitious. They also circulated the Declarations of the 14<sup>th</sup> WCTOH, which was collated from the many sessions and feedback from participants and was made up of 11 recommendations that will be reviewed in three years at the 15<sup>th</sup> WCTOH.

### **DECLARATIONS**

The Conference hereby recommends:

1. The World Health Organisation maintains tobacco control as a first level priority
2. By 2012, at least 90% of eligible countries will have become Parties to the FCTC

3. By 2012 the FCTC Protocol on illicit trade in tobacco products will have been adopted, ratified and entered into force and at least one other protocol in negotiation
4. By 2012, the parties to the FCTC will have adopted two additional guidelines on implementation of:
  - Article 12: Education, communication, training and public awareness: and
  - Article 14: Tobacco dependence and cessation
5. By 2012, at least 80% of the countries will have complied with the minimum requirements under Article 8 (protection from exposure to tobacco smoke), Article 11 (Packaging and labelling of tobacco products) and at least 50% should comply with the minimum requirements under Article 13 (Tobacco advertising, promotion and sponsorship)
6. All parties to the FCTC will have paid their voluntary assessed contribution and at least 10% will provide extra budgetary contribution to the FCTC
7. Non Governmental, Developmental and Philanthropic organizations will provide or maintain substantive contributions for tobacco control
8. Governments, academia and civil society must not accept funding or participate in the tobacco industry's youth, social responsibility, voluntary marketing, or other programmes
9. By 2012, the majority of the parties to the FCTC would have begun tobacco cessation efforts as recommended under Article 14 of the FCTC
10. By 2012, 80% of the countries would have raised tobacco taxes to over 60% of the retail price
11. By 2012, the United Nations would have convened a General Session of Discussion on human rights and tobacco control

### **Reflections and lessons learnt from the Conference**

- The best control for cigarette is tax increase
- Packaging is the most important measure for tobacco control
- Plain packaging is the way to go-there will be strong opposition from the tobacco lobby
- There needs to be some research done on GHW that will appeal to young persons, they might not relate to current GHW
- Smoking cessation works however in resource poor countries or in low resource situations it is better to spend the funds on SFE, better impact
- Smoking rates are higher in blue collar and hourly paid employees
- Once SFE implemented, heart disease drops, and there is an increase in persons who want to quit
- Stopping smoking reduces the chances of diabetes
- Smoking has an effect on metabolic syndrome
- Treat tobacco control as a chronic disease like hypertension and diabetes

This was an excellent opportunity for me to upgrade my tobacco control knowledge and I did learn a lot and was able to network with many tobacco control advocates from several countries.

### **Key Persons I Interacted with at 14<sup>TH</sup> WCTOH**

Information was shared about the Caribbean Project:

- Sir George Alleyne

- Dr P.C. Gupta - Director, Healis - Sekhsaria Institute for Public Health and President of the 14<sup>th</sup> WCTOH
- Rob Cunningham- Canadian Cancer Society
- Dave Hammond – University of Waterloo
- Beatriz Champagne \_ IAHF
- Lorraine Fry- Non Smokers Rights Association
- Ernesto Sebrie Roswell Park Cancer Institute
- Tania Cavalcante- MOH Brail in charge of new set of GHW
- Cristiane Vianna- INCA National Cancer Institute of Brazil
- Mariela Alderete- IAHF Argentina

- **Appendix 1- Agenda for BI Meeting**



## Bloomberg Initiative To Reduce Tobacco Use



### **AGENDA** **Bloomberg Initiative Grants Program** **Pre-WCTOH Meeting** **Taj President Hotel, Mumbai** **March 5 – 8, 2009**

#### **THURSDAY MARCH 5, 2009**

13:00 – 18:00 **BI meeting registration** – *Presidential Ballroom Lobby*  
18:30 – 20:00 **Welcome reception and introductions** - *Presidential Ballroom*

#### **FRIDAY MARCH 6, 2009**

7:00 – 8:30 **Breakfast**  
8:30 – 9:30 **Opening Remarks and Program Overview** – *Presidential Ballroom*  
9:30 – 10:45 **Sharing Success in Tobacco Control**

A combination of plenary and small group discussions will highlight the range of accomplishments by participants in passing, implementing and enforcing diverse tobacco control policies.

10:45 – 11:15 **Break**  
11:15 – 13:00 **Smoke Free** – *Presidential Ballroom*

A plenary panel discussion followed by Q&A on successful NGO and government activities in passing and enforcing smoke free laws.

13:00 – 14:15 **Lunch**  
14:30 – 16:00 **Concurrent Sessions: Key Tobacco Control Policies**

Concurrent small group sessions with Q&A/discussion on successful NGO and government activities in passing and implementing key tobacco control policies. Each concurrent group will highlight examples and offer facilitated group discussion on the policy area.

**Advertising bans** - *Assembly*  
**Pack warnings** – *Presidential South*  
**Taxes** - *Capital*

16:00 – 16:30 **Break**  
16:30 – 18:00 **Sharing our Resources (Part 1) –The Marketplace**  
Interactive displays/discussions of participants' and grants program materials

#### 19:30 **Dinner** - *Presidential Ballroom and Lobby 2* **SATURDAY MARCH 7 2009**

7:00 – 8:30 **Breakfast**  
8:30 – 9:00 **Opening and Review of Agenda** – *Presidential Ballroom*  
9:00 – 10:30 **Advocacy Topics**

Each concurrent session will begin with brief presentations from successful NGO and/or government and follow with facilitated discussion on the following key types of advocacy.

**Policy Advocacy** - *Capital*  
**Media Advocacy** – *Presidential South*

**Coalition advocacy - Assembly**

10:30 – 11:00 **Break**

11:00 – 12:30 **Round Table Topics: Concurrent small group presentations and discussions**

Round table discussants will share examples and experiences in addressing key topics prior to a facilitated small group discussion.

**Coalition building - Assembly**

**Media advocacy – Presidential Middle**

**Smoke free enforcement – Presidential South**

**Countering industry interference - Capital**

12:30 – 13:30 **Lunch**

13:30 – 15:00 **Round Table Topics (repeated)**

**Coalition building - Assembly**

**Media advocacy – Presidential Middle**

**Smoke free enforcement – Presidential South**

**Countering industry interference - Capital**

15:00 – 15:30 **Break**

15:30 - 17:00 **Comprehensive Tobacco Control Programs - Presidential Ballroom**

This plenary panel with Q&A will highlight components of and experience in developing a comprehensive tobacco control program. Government and NGO presenters will share challenges and lessons learned as well as discuss civil society role in assisting government to develop a comprehensive program.

17:00 – 18:30 **Sharing our Resources (Part 2) – The Marketplace**

Interactive displays/discussion of participants' and grants program materials

19:30 **Dinner and Social Evening – Poolside terrace 3**

**SUNDAY MARCH 8 2009**

7:30 – 8:30 **Breakfast**

8:30 - 9:00 **Opening and Review of Agenda - Presidential Ballroom**

9:00 – 9:45 **Perspectives from Bloomberg Philanthropies – Dr Tome Frieden**

Presentation and Q&A with senior representative from Bloomberg Philanthropies

9:45 – 10:45 **Topic-specific discussion groups - Break out rooms to be confirmed**

Sign up sheets will be available on Friday and Saturday for participants to indicate topics of interest. This will provide the basis for organizing these small group discussions and consultations.

10:45 – 11:00 **Break**

11:00 – 11:30 **Using what we've learned – Presidential Ballroom**

This discussion will engage participants in reflecting on what has been learned and the practical application/adaption to future work.

11:30 – 11:45 **Written evaluation**

11:45 – 13:00 **Closing remarks and lunch**

## **Appendix 2- presentation at round table meeting on Coalition building**

Bloomberg Global Initiative to Reduce Tobacco use

### **The Caribbean Project/ Heart Foundation of Jamaica**

March 2009

#### **INTRODUCTION**

The Heart Foundation of Jamaica (for The Jamaica Coalition for Tobacco Control) has received a grant from the Bloomberg Global Initiative in order to ensure the implementation of rotating picture-based package warnings on tobacco products sold in Caribbean countries. **This grant is administered through the Campaign for Tobacco Free Kids.**

#### **The Heart Foundation of Jamaica/ Jamaica Coalition for Tobacco Control**

The Heart Foundation of Jamaica (HFJ) was established in 1971 and is a member of The InterAmerican Heart Foundation and The World Heart Federation. The Foundation is involved in prevention programmes for cardiovascular disease. The establishment of The Jamaica Coalition for Tobacco Control (JCTC) was spearheaded by The Heart Foundation of Jamaica and was launched on May 31, World No Tobacco Day, 2002.

#### **PROJECT TITLE**

"Introducing a Picture-Based Health Warning System on Cigarette Packages in the Caribbean", emphasis on four Caribbean nations.

#### **Duration**

24 months from April 1, 2009

#### **Project Scope**

Regional – The Caribbean – including **Barbados, Guyana, Jamaica and Trinidad & Tobago**. This is a unique project in that it is multi-country, 4 countries, Why 4 countries? This group of countries together represents more than 78.3% (4,986,000) of the population of the English speaking Caribbean.

#### **THE HFJ/JCTC PROJECT**

The Project's primary objective is to achieve a strong **CARICOM (Caribbean Community and Common Market)** cigarette labelling standard, which is currently being updated and circulated for comment in countries, and to ensure implementation of the standard or equally strong requirements in four target countries: Barbados, Guyana, Jamaica, and Trinidad & Tobago.

The Project aims to assist CARICOM to implement rotating pictorial-based warning labels on tobacco products sold in Caribbean countries, **of a minimum size of 50% of the top of each main face of the packaging**. Project strategies include liaising with the Ministries of Health and Bureaus of Standards (BOS) in the target countries.

Activities include lobbying of national politicians, raising awareness among key decision makers and community leaders, and mobilizing and informing strategic sectors of the public, including the media, in support of the pictorial warnings.

Although the project covers four target countries, **member states of CARICOM will also benefit from this labelling standard**. Specifically, this project has the political commitment of the Ministries of Health of the target countries.

#### **Project staffing**

The project office is situated at the Heart Foundation of Jamaica with responsibility for implementation in four Caribbean countries. The office is staffed by a Project Manager and a Communications Officer. The Executive Director of HFJ is the Project Director and oversees the entire project. Each of the other three countries has a Project Officer in the designated country NGO.

## Project Team

Project Director-	Deborah Chen
Project Manager-	Barbara McGaw
Communications Officer-	Dawn Williams
Project Officer Barbados-	Wayne Hunte
Project Officer Guyana-	Chris Raghunath
Project Officer T & T-	Dominique Monteil
Project Consultant	Beatriz Champagne

## The Framework Convention on Tobacco control (FCTC)

The first global public health treaty was negotiated by the 192 member states of the World Health Organization. Up to January 2009, nine Caribbean countries (out of 26) have signed and ratified the treaty.

The FCTC contains the most cost-effective measures designed to reduce the devastating health and economic impacts of tobacco use. Article 11 of the FCTC, recommends Parties to:

- ❑ Place rotating health warnings on tobacco packaging that cover at least 30 percent (but ideally 50 percent or more) of the principal display areas and can include pictures or pictograms.

## THE JAMAICA MINISTRY OF HEALTH

The Ministry of Health in Jamaica has played a leadership role and has been strongly involved in tobacco control in Jamaica and the CARICOM region, having an important role in the ratification of the FCTC among the CARICOM countries. The Ministry of Health of Jamaica also sits on the Technical Committee of the Bureau of Standards of Jamaica (BOS) which has been given the responsibility of developing the CARICOM standards.

The Technical Committee of the Jamaica BOS has been aggressively advocating for pictorial-based health warnings in the draft standard. The standards are now ready to be sent to the Regional standards body. (end March 2009)

## KEY PARTNERS INVOLVED

- ❑ **The Heart & Stroke Foundation of Barbados Inc.** was established in 1985. The Foundation is a member of the Framework Convention Alliance (FCA) for tobacco control
- ❑ **The Guyana Chest Society** was established in 1921 for the prevention and treatment of tuberculosis. It is a non-profit non-governmental organization. The Society is affiliated with The International Union against Tuberculosis and Lung Diseases
- ❑ **The Trinidad and Tobago Cancer Society** is a non-governmental, non-profit, voluntary service organization whose main purpose is to promote the early detection of cancer through screening, education and advocacy. It was established in 1971
- ❑ **The InterAmerican Heart Foundation** based in Dallas USA, was established in 1994. Its mission is to reduce disability and death from cardiovascular diseases and stroke in the Americas
- ❑ **The Campaign for Tobacco free Kids.** is a leader in the fight to reduce tobacco use and its devastating consequences in the United States and around the world. By changing public attitudes and policies on tobacco, the Campaign strives to prevent kids from smoking, help smokers quit and protect others from second hand smoke. The Campaign has more than 130 partners worldwide including public health, medical, educational, civic, corporate, youth and religious organizations.

## KEY ORGANIZATIONS INVOLVED

- ❑ **CARICOM** is the organization of 15 Caribbean nations and dependencies, as well as 5 associate members. CARICOM's main purposes are to promote economic integration and cooperation among its members, to ensure that the benefits of integration are equitably shared, and to coordinate foreign policy.
- ❑ CARICOM has been charged with implementation of this project throughout the region. We work with CARICOM at three levels  
CARICOM –CROSQ (Caribbean Regional organisation for Standards and Quality)  
CARICOM –COTED MEETINGS (Council for Trade and Economic Development)  
CARICOM HEALTH DESK - COHSOD (The Council For Human And Social Development)

- ❑ **REGIONAL MINISTRIES OF HEALTH OF THE TARGET COUNTRIES** these Ministries are committed to the project and all Governments have signed the FCTC treaty. All these Ministries have tobacco control activities and programs but not dedicated staff.
- ❑ **CROSQ**, (the CARICOM Regional Organisation for Standards and Quality) was established in 2003 by a CARICOM Community treaty as an Intergovernmental Organisation and the regional centre for promoting efficiency and competitive production in trade and services, through the process of standardisation and the verification of quality. CROSQ is mandated to represent the interest of the region in international and hemispheric standards work including the standards for cigarette packaging.
- ❑ Other organisation such as the regional and country offices of the Pan American Health Organization/World Health Organization, the Roswell Park Cancer Institute and the Non-Smokers' Rights Association (Canada).

### **CONTRIBUTION OF THE COALITION TO ACCOMPLISHING OUR GOALS**

- Heavy reliance on our regional NGOs. Being a multi-country project meant that we had to rely on NGOs with a good track record to be able to carry out the project activities, in each country, managed by a regional office in Jamaica.
- Each country was at a different level in progress of tobacco control and also had different skills and services to offer.
- Having a dedicated Tobacco control Project Officer in each target country, helped to promote the tobacco control activities while advocating for the placement of graphic health warnings (GHW). They were also helpful in garnering information for successful implementation of the project and fast tracking activities at the regional bodies such as CROSQ and CARICOM
- The Project Officers are well placed in their countries to work with our partners
- Guyana is the HQ of CARICOM so it was important to have Guyana included. Jamaica is the headquarters of the Jamaica BOS who is mandated to work on the regional standards. Barbados is the home of CROSQ. Trinidad & Tobago is the first Caribbean country to enact legislation
- An important aspect was working with the regional offices of PAHO to advance the work of tobacco control in the region, with emphasis on the other countries not included in the grant.
- The Project Director also presented at the PAHO/FCTC/MOH Caribbean regional workshop on the implementation of the FCTC and the Healthy Caribbean Workshop for civil society. This resulted in higher awareness of the Project at a Regional level, and more support for GHW in the region
- Building a close relationship with the Health Desk at CARICOM and the Regional Standards Bureau was important as we were facilitating an existing project.
- Sharing of best practice was very important as 2 of the 4 countries already had draft legislation for a tobacco bill. We worked behind the scenes to facilitate the submission of these bills to Parliament and to provide support to the other 2 countries to ramp up their tobacco control legislation
- Close working relationships with the key persons in the Ministry of Health in each country, they are happy for assistance since there is no dedicated tobacco control personnel in these ministries
- We are able to lobby with civil society to advocate for tobacco control laws including GHW- to support the Ministries of Health

### **CHALLENGES AND HOW WE OVERCAME THEM**

- ❑ The old NGO/Government interface –(a paradoxical relationship!!)
  - build excellent relationships, be seen as a resource
  - put pressure on Ministers of Trade and Health on behalf of tobacco control advocates in the MOH
  - work behind the scenes with the Jamaica standards Bureau to fast track the GHW
- ❑ Initiating a graphic health warning project without formal tobacco legislation or SFE laws—
  - work closely with MOH, NGOs the medical community the trade unions and CARICOM to raise awareness of the need for graphic health warnings, use the Occ. Health and safety laws to fast track SFE if no tobacco legislation available
  - Share basic information about world-wide tobacco problems and issues and reasons to quit
  - find a 'champion' in civil society of the government to support legislation and the need for GHW
  - Placement of several media articles on GHW and on tobacco control in general
- ❑ Not being fully responsible for the GHW project—
  - work closely with the Jamaica MOH who had responsibility for developing the standards
  - work closely with CROSQ and the COTED caucus to fast track the standards once they reach CARICOM
- ❑ Managing regional project from Jamaica---
  - good selection process for NGO partners

- good selection for Project Officers
- having an excellent Communications Officer for the project
- excellent communication channels and feedback
- close working relationship with the partner NGOs and the Project Officers
- ❑ No formal SFE laws—
  - lobby with trade unions and other civil society groups to push for legislation to protect citizens
  - Lobby with Parliamentarians for pushing forward the legislation
- ❑ Facilitating a project for CARICOM (works very slowly)-
  - work closely with the CARICOM Health Desk and CROSQ to fast track the approval process
  - work with the Jamaica MOH and the advertising agency to fast track choice of images
  - contact other countries to obtain permission to use images
- ❑ Activities of the tobacco companies—
  - timely placement of media article in the press, radio and TV spots
  - timely rebuttals of industry placed articles and research
- ❑ Slow implementation of FCTC policies---
  - Remind countries that they are signatories to the treaty and they have a finite time to comply **OR**  
**FACE EMBARRASSMENT**
- ❑ Different rules and protocols in each country—
  - find the best way to deal with them sometimes asking the MOH of one country to speak with their counterparts
- ❑ Repeated requests for assistance in other areas ( a huge need for public education!!)—
  - some activities done to support this but stick to the main project objective
  - lobby for future funding to meet this need
- ❑ Other CARICOM states want support---
  - refer them to the CARICOM Standard which they all can benefit from
  - Work with the Caribbean office of PAHO to work towards having the standard implemented in each CARICOM country

## INSIGHTS

- ❑ Working in this project has shown us that the Caribbean needs a commitment to have dedicated tobacco control personnel throughout the region. The few persons so allocated are severely hampered by their other responsibilities
- ❑ Although this is the remit of the regional Governments, it is not a high priority nor is there funding to sustain this vitally important public health area
- ❑ So we may need to look for further funding from international agencies such as Bloomberg for continuation of the tobacco control initiative measures and continue to lobby for the regional Governments to put tobacco control higher on their agenda to fund dedicated tobacco control posts

Prepared by Barbara McGaw  
Project Manager  
The Heart Foundation of Jamaica/Jamaica Coalition for Tobacco Control  
28-30 Beechwood Avenue, Kingston 5, Jamaica  
Phone: 876-960-8293(direct line), 926-4378, 926-6492

Fax: 876-754-6441  
Email: [pmjctc@infochan.com](mailto:pmjctc@infochan.com)

Website: <http://www.heartfoundation.org.jm/>

## Appendix 3 - WCTOH Programme

### Program - World Conference on Tobacco OR Health \*

0800 - 2000 Hrs Registration & Badge Collection for all Participants

#### March 8<sup>th</sup> 2009

0800 - 2000 Hrs	Registration & Badge Collection for all Participants
1700 Hrs onwards	<b>Inaugural Ceremony:</b> Full Plenary

#### March 9<sup>th</sup> 2009

0830 - 1000 Hrs	<p><b>Hemi-Plenary 1:</b> Tracking the Tobacco Toll: Global Profile of Health Burdens 2 Chairs and 4 Speakers</p> <p><b>Hemi-Plenary 2:</b> How can the world make the most out of the FCTC? 2 Chairs and 4 Speakers</p>
1000 - 1030 Hrs.	Nutrition Break Posters on Display
1030 – 1200 Hrs.	<p><b>8 Simultaneous Symposia</b></p> <p><b>Symposium 1:</b> Harm Reduction-I: Does smokeless tobacco qualify?</p> <p><b>Symposium 2:</b> Biomarkers of tobacco exposure</p> <p><b>Symposium 3:</b> Tobacco and the Entertainment Industry</p> <p><b>Symposium 4:</b> Curbing illicit trade in tobacco</p> <p><b>Symposium 5:</b> Tobacco and Tuberculosis: An evidence update</p> <p><b>Symposium 6:</b> Tobacco and Cardio Vascular Health: An evidence update</p> <p><b>Symposium 7:</b> Tobacco Control in Youth: Determinants, Dynamics, Policies and Programmes</p> <p><b>Symposium 8:</b> Worksite Wellness Initiative: Promoting Smoke-free Workplaces in India</p> <p>2 Chairs and 4 Speakers at each Symposium</p>
1200 – 1330 Hrs.	<p><b>Luncheon Symposium sponsored by Pfizer</b></p> <p>Breathe Uruguay: A Novel and Interactive Program to Prevent Tobacco Use in Youth</p> <p><b>Perspectives</b> (1300-1320 hrs)</p> <p>Posters on Display</p>

	Networking Meetings
1330 – 1500 Hrs.	<b>14 simultaneous sessions for Free Papers</b> (10 minutes of presentation time and 2 minutes of discussion time per paper, and 6 minutes for Chairs' comments – 7 papers presented per session, i.e, 7x14 = 98 papers to be presented in this session)
1500 – 1530 Hrs.	Nutrition Break Posters on Display Networking Meetings
1530 – 1630 Hrs.	<b>Panel Discussion 1:</b> Challenges in enforcement of tobacco control laws <b>Panel Discussion 2:</b> Media and Tobacco Control <b>Panel Discussion 3:</b> Women and Tobacco  Each Panel will feature 1 Moderator and 4 Panelists <b>10 simultaneous sessions for Free Papers</b> (10 minutes of presentation time and 2 minutes of discussion time per paper, and 12 minutes for chair's comment – 4 papers can be presented per session, i.e, 4x10 = 40 papers to be presented in this session)
1630 – 1730 Hrs.	<b>Bloomberg Awards for Global Tobacco Control</b> <b>GYM (Global Youth Meet on Tobacco Control)</b> Review Meeting Regional meetings on FCTC Implementation (simultaneous sessions for Regional Strategy and Action Plans)

March 10<sup>th</sup> 2009

07:00-08:20 hrs	<b>Breakfast Symposium sponsored by GlaxoSmithKline</b> Supporting Smoking Control Initiatives in the Developing World
0830 - 1000 Hrs.	<b>Hemi-Plenary 3:</b> Tobacco Threatens Human Development: Economic and Social Costs of Tobacco 2 Chairs and 4 Speakers  <b>Hemi-Plenary 4:</b> How can we close the TAPS (Tobacco Advertising, Promotion and Sponsorship)? 2 Chairs and 4 Speakers
1000 - 1030 Hrs.	Nutrition Break Posters on Display
1030 – 1200 Hrs.	<b>8 Simultaneous Symposia</b> <b>Symposium 9:</b> Tobacco and Human Rights <b>Symposium 10:</b> Non-cigarette forms of tobacco

	<p><b>Symposium 11:</b> Taxing Tobacco to the Butt</p> <p><b>Symposium 12:</b> Product Regulation: Purpose, Process and Progress</p> <p><b>Symposium 13:</b> Oral health and tobacco</p> <p><b>Symposium 14:</b> Closing the health equity gap: tobacco control issue clarification</p> <p><b>Symposium 15:</b> Cancer and Tobacco-I</p> <p><b>Symposium 16:</b> Future of Smoking Cessation Treatment</p> <p>2 Chairs and 4 Speakers at each Symposium</p>
1200 – 1330 Hrs.	<p>Luncheon Symposium sponsored by Pfizer (to be confirmed) Tobacco-free Workplaces</p> <p><b>Perspectives</b> (1300-1320 hrs)</p> <p>Posters on Display</p> <p>Networking Meetings</p>
1330 – 1500 Hrs.	<p><b>14 simultaneous sessions for Free Papers</b> (10 minutes of presentation time and 2 minutes of discussion time per paper and 6 minutes for Chairs' comments – 7 papers presented per session, i.e, 7x14 = 98 papers to be presented in this session)</p>
1500 – 1530 Hrs.	<p>Nutrition Break</p> <p>Posters on Display</p> <p>Networking Meetings</p>
1530 – 1630 Hrs.	<p><b>Panel Discussion 4:</b> Broadening the base of advocacy for tobacco control</p> <p><b>Panel Discussion 5:</b> Health Professionals and Tobacco Control</p> <p><b>Panel Discussion 6:</b> Sports and Tobacco</p> <p>Each Panel will feature 1 Moderator and 4 Panelists</p> <p><b>10 simultaneous sessions for Free Papers</b> (10 minutes of presentation time and 2 minutes of discussion time per paper, and 12 minutes for chair's comment– 4 papers presented per session, i.e, 4x10 = 40 papers to be presented in this session)</p>
1630 – 1730 Hrs.	<p><b>GYM (Global Youth Meet on Tobacco Control)</b> Review Meeting</p> <p>AFTC (Advocacy Forum for Tobacco Control) Meeting</p>

March 11<sup>th</sup> 2009

0830 - 1000 Hrs.	<p><b>Hemi-Plenary 5:</b> Tobacco Cessation: Can we step up the</p>
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	<p>success rates? 2 Chairs and 4 Speakers</p> <p><b>Hemi-Plenary 6:</b> Shutting out second hand smoke 2 Chairs and 4 Speakers</p>
1000 - 1030 Hrs.	<p>Nutrition Break Posters on Display</p>
1030 – 1200 Hrs.	<p><b>7 Simultaneous Symposia</b></p> <p><b>Symposium 17:</b> Environmental costs of Tobacco <b>Symposium 18:</b> Trade Agreements and Tobacco <b>Symposium 19:</b> Making health (packet) warnings effective <b>Symposium 20:</b> Global Tobacco Surveillance (Youth) <b>Symposium 21:</b> Harm Reduction–II: Is harm reduction possible in smoked products? <b>Symposium 22:</b> Reproductive effects of tobacco <b>Symposium 23:</b> Cancer and Tobacco-II</p> <p>2 Chairs and 4 Speakers at each Symposium</p>
1200 – 1330 Hrs.	<p><b>Luncheon Symposium sponsored by The US National Institute on Drug Abuse (NIDA)</b> The Emerging Science of Tobacco Use and Addiction <b>Perspectives</b> (1300-1320 hrs) Posters on Display Networking Meetings</p>
1330 – 1500 Hrs.	<p><b>14 simultaneous sessions for Free Papers</b> (10 minutes of presentation time and 2 minutes of discussion time per paper and 6 minutes for Chairs’ comments – 7 papers can be presented per session, i.e, 7x14 = 98 papers can be presented in this session)</p>
1500 – 1530 Hrs.	<p>Nutrition Break Posters on Display Networking Meetings</p>
1530 – 1630 Hrs.	<p><b>Panel Discussion 7:</b> Bringing the tobacco industry before the bar: Liability and Legal Action <b>Panel Discussion 8:</b> Global Youth Against Tobacco <b>Panel Discussion 9:</b> Supply Side Action for Tobacco Control Each Panel will feature 1 Moderator and 4 Panelists <b>10 simultaneous sessions for Free Papers</b> (10 minutes of presentation time and 2 minutes of discussion time per paper,</p>

	and 12 minutes for chair's comment – 4 papers can be presented per session, i.e, 4x10 = 40 papers can be presented in this session)
1630 – 1730 Hrs.	<b>GYM (Global Youth Meet on Tobacco Control)</b> Review Meeting Regional Meetings
1800 – 1900 Hrs.	Luther Terry Awards Ceremony- IAHF Receives an Award
1900 Hrs. onwards	Refreshments

### March 12<sup>th</sup> 2009

0830 – 1000 Hrs.	<p><b>Hemi-Plenary 7:</b> Funding Tobacco Control in the Developing Countries 2 Chairs and 4 Speakers</p> <p><b>Hemi-Plenary 8:</b> What is the tobacco industry up to? 2 Chairs and 4 Speakers</p>
1000 – 1030 Hrs.	Nutrition Break
1030 – 1200 Hrs.	<p><b>8 Simultaneous Symposia</b></p> <p><b>Symposium 24:</b> Impact of smoke-free legislation in the UK</p> <p><b>Symposium 25:</b> Smoking and Co-morbid Diseases</p> <p><b>Symposium 26:</b> Tobacco-related lung disease in Asia – actions to avert the epidemic</p> <p><b>Symposium 27:</b> Incorporating tobacco control into poverty alleviation schemes</p> <p><b>Symposium 28:</b> Dentistry against Tobacco: Awareness, Education, Implementation</p> <p><b>Symposium 29:</b> How can civil society effectively partner governments?</p> <p><b>Symposium 30:</b> Closing the gap: Monitoring adult tobacco use and key tobacco control measures</p> <p><b>Symposium 31:</b> African Tobacco Situational Analysis: Tobacco Control in Sub - Saharan Africa: Burkina Faso, Eritrea, Kenya, Mauritius and Nigeria</p> <p>2 Chairs and 4 Speakers at each Symposium</p>
1030 – 1200 Hrs.	<p><b>Breaking News Session</b></p> <p><b>Hemi-Plenary 9:</b> Late - Breaking Tobacco Control Issues and News</p>

	<p>2 Chairs and 4 Speakers</p> <p><b>Hemi-Plenary 10:</b></p> <p>Stop Press! Update on FCTC protocols and guidelines</p> <p>2 Chairs and 4 Speakers</p>
1200 – 1300 Hrs.	<p><b>Closing Ceremony (Full Plenary)</b></p> <p>Pre-conference survey results</p> <p>Overview of conference proceedings</p> <p>Call for action (Mumbai declaration)</p> <p>Announcement of '<b>International Tobacco Documents Award</b>'</p> <p>Announcement of the next WCTOH</p> <p>Closing remarks</p>