Knowledge Exchange in NCD Control: Strengthening Policy-based Solutions

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Abstract:

Non-communicable diseases (NCDs) have been repeatedly recognized as one of the major threats to sustainable development in this century. Unfortunately, to date, action to address NCDs has been insufficient and uneven. The overarching objective of this project was to improve NCD prevention through strengthening innovative policy-based interventions on major NCD risk factors.

As a result of the project, more than 20 organizations from 9 countries (Bangladesh, Canada, India, Nepal, Niger, South Africa, Tanzania, Uganda, and Vietnam) increased their understanding about best practices to introduce, implement and evaluate tobacco control measures. This experience was then applied to enrich emerging policy practices to address other NCD risk factors, namely unhealthy diets and physical inactivity.

The outcomes of the project include the formulation of key aspects of policy-based tobacco control interventions that can be translated to other NCD risk factors; improved project planning and evaluation skills; and, enhanced cohesion of a global network of organizations working on policy-based interventions to address unhealthy eating and physical inactivity.

Keywords: prevention of non-communicable diseases, policy-based interventions, knowledge transfer, tobacco control, unhealthy diets, physical inactivity
1. **The Research Problem**

Non-communicable diseases (NCDs) have been repeatedly recognized as one of the major threats to sustainable development in this century. According to data from 2011, the vast majority of the premature deaths from NCDs (85 per cent or 11.8 million) between the ages from 30 to 70 occurred in developing countries.

Unfortunately, to date, action to address NCDs has been insufficient and uneven. Lack of political will and resources are often cited as key reasons why the action to prevent and address NCDs is slow. The truth is, however, that limited efforts take place to actively translate lessons learned in tobacco control to implement effective policies addressing other NCD risk factors.

This project brings together the group of non-governmental organizations (NGOs) involved in tobacco control in Canada and NGOs that have been involved in tobacco control in the past, but recently started to work on aspects of NCD prevention other than tobacco control. Building on an extensive experience of tobacco control, the project aimed to contribute to expanding the evidence base for population-wide interventions on other NCD risk factors, namely physical inactivity and unhealthy diet, while providing opportunities for mutual learning between partners.

Initial assumptions were that this project will focus on identifying best policy based practices in tackling NCD risk factors, while providing opportunities for mutual learning between the participants.

Throughout the course of the project, we also tried to better understand why groups working on tobacco control in Canada are reluctant to broaden their scope of work to address other NCD risk factors. Organizations working on tobacco control are in the best position to promote policy-based interventions on unhealthy eating and physical inactivity or alcohol consumption, yet in Canada they are only slowly starting to shift their attention to this area of work.

2. **Objectives**

The overarching objective of this project was to improve NCD prevention through strengthening innovative policy-based interventions on major NCD risk factors.

Each of the short- and medium-term objectives of the project, as stated in the MGC, is listed below along with achievements towards the objectives.

**OBJECTIVE 1:** Building on experiences from tobacco control, Asian participants will have a better understanding and will acquire additional skills to promote and implement effective population-wide interventions to prevent NCDs.

This objective was achieved. The NGOs in Asia were already familiar with certain aspects of policy-based interventions, namely to create environments that promote healthy living. Hearing first-hand how smoke-free public spaces were introduced across Canada over the past 20 years reinforced the similarities that exist among park and pedestrian zone projects and smoke-free restaurants and the policies that led to their establishment. The experience of the tobacco control movement related to the role of industry and its attempts to interfere with public health policies was relatively new to most NGOs in Asia. They found it particularly helpful to learn about effective strategies used in Canada, such as the need to educate public about industry’s motives, and tactics of tobacco control to denormalize smoking, which are directly relevant for other unhealthy behaviours, such as eating of highly-processed foods.
OBJECTIVE 2: Canadian participants will have an increased understanding of policy-based interventions aimed at addressing NCD risk factors other than tobacco and will be able to make informed choices whether and how to expand their own work, including the mandate of the Forum.

This objective was achieved partially. Over the course of the project, only a limited number of specific policy-based interventions on NCD risk factors other than tobacco, which could be easily promoted and implemented in Canada, were identified. The interventions that are currently promoted by NGOs in Asia were not particularly relevant for the Canadian context. For example, the case of Asia’s rapid urbanization and its negative effect on public spaces and physical (in)activity is fundamentally different from the Canadian context. The Canadian tobacco control movement and other organizations working on NCDs, however, agreed that policy measures to address obesity are likely to receive broad-based public support in Canada. It was proposed that action on sweet and sugar beverages may generate initial campaign victories. The broader focus of the campaign should be to introduce regulatory measures on advertising standards on marketing for kids.

OBJECTIVE 3: There will be greater engagement of involved NGOs to undertake effective population-wide interventions to prevent NCDs and to continue sharing experiences.

This objective was achieved partially. All NGOs involved in the project, be they from Canada, Asia or Africa, expressed interest in working on population-wide interventions to prevent NCDs and continuing to share lessons learned. Many of these organizations, however, experience difficulties in raising funding for this type of work. According to the latest UN report (2014), only nine members of the Development Assistance Committee of the Organization for Economic Cooperation and Development have so far integrated NCDs in their bilateral and multilateral international development policies. Securing funding in Canada is increasingly challenging, following the closure of the Federal Tobacco Control Strategy grants and contributions program. Previous to March 2012, Health Canada had $15 million per year available for community level and other contributions, as well as funding for global tobacco control initiatives.

OBJECTIVE 4: Increased capacity among partners in transferring lessons from tobacco control to implement effective NCD prevention measures.

This objective was achieved. Key recommendations included in the guide “Broadening the Focus from Tobacco Control to NCD Prevention: Enabling Environments for Better Health” were supported by the findings of a survey launched at the 8th National Conference on Tobacco or Health in Canada and conclusions of the Canadian meeting. The guide then provided a good framework for the Asian and African partners to begin thinking on the policy interventions that would create supportive environments for healthy eating and physical activity. As a result of the Asian and African meetings, the partners reported increased capacity in implementing the lessons learned from tobacco control. In particular, the group felt the lessons learned from the taxation, advertising, and smoke-free places policies had specific relevance to their work on physical activity and healthy eating.

3. Methodology

A number of techniques were used over the course of the project to bring people together, help to build links among groups and individuals, and share ideas including meetings, newsletters, and videos (for more details see the following section on project activities). In addition, surveys were used to collect information on the current understanding of global NCD agenda and the potential of tobacco control experience to influence it and to assess the outcomes of the meetings and how the knowledge was increased after certain activities were undertaken.
The objectives of the Canada meeting were to exchange knowledge and lessons learned from tobacco control and prevention of NCDs, with a focus on policy-based solutions; and to review the strategic vision of the Forum and possibly expand its mandate and membership to include NCD prevention. The exchange of information, and the opportunity to share ideas and knowledge across the different communities represented among the participants, was highly appreciated. There were challenges in terms of reviewing the strategic vision of the Forum, notably that the two very different communities at the meeting (Canadian tobacco control, and international development organizations) were not equally represented; the meeting could have benefited from more representation of the development community. While there was acknowledgment that the dialogue needs to continue, there was not enough time to come up with a revised vision for the forum, and limited resources to move forward. However there was commitment from participants to move ahead and to continue to come together periodically to share information and experiences. Many participants were grateful for the opportunity to come together.

For the Asian meeting, two surveys were conducted. The first survey assessed the prior knowledge the group had about evaluation and then the same survey was used to assess changes in knowledge after the presentation. This survey was distributed in paper form, as this was the easiest way to ascertain levels of knowledge during the meeting. However, in the future, an online survey prior to the meeting would be most advantageous because, this would give the presenter information that could be used to tailor the presentation. A second survey was conducted online using survey monkey at the completion of the 3-day meeting. The survey consisted of 7 questions that asked participants to rate the quality of the meeting, identify the ways in which participants would be connecting with colleagues after the meeting, the learnings, and ways to improve the meeting.

Because of the smaller nature of the African meeting, informal verbal feedback was requested from participants. In addition, knowledge exchange and capacity building has been assessed through the development of the program proposals developed by the Tanzanian and Nigerien partners.

These activities ultimately resulted in knowledge sharing which is documented in this report.

4. Project Activities

The following seven activities were delivered over the course of the project. Each activity is briefly described below and additional materials are listed in the Annex to this report.

1. Documentary videos
   In total, five short documentary videos were produced as part of the project. All involved organizations from Asia developed videos describing, in less than 20 minutes, their project activities, achieved successes and existing difficulties related to work on NCD prevention. Despite financial incentives, only one Canadian organization agreed to produce a video. Another Canadian organization prepared a poster describing its past activities, because it was impossible to produce a video about activities conducted several years ago.

   The list of involved organizations, produced videos and links where the videos can be downloaded is provided in Annex 1.
All videos were posted online allowing all involved organizations to share and watch them. Each of the Asian partners was requested to watch the videos prior to the meeting in Bangkok. In addition, one of the Asian videos was shared during the Canadian meeting.

A key lesson from the video development is that videos are technically quite challenging and time consuming. Although the Asian partnership was able to complete the task with the financial incentive provided, the Canadian partnership found the incentive to be too small in order to undertake the effort. In addition, internal policies of Canadian organizations require extensive steps to be followed when developing communication tools. These internal policies resulted in even one video being very difficult to complete.

II. Newsletters & online network

The project took advantage of an existing on-line network that had been established by one of the Forum members, HealthBridge, entitled the Tobacco and Poverty Network. The network has 83 members. In late 2013, in response to a reader survey, the scope of the Network was expanded to include NCD risk factors other than tobacco, and was renamed the NCD and Poverty Network. The platform was used to post regular Newsletters, to share ideas, and to provide updates on work and materials being produced by partners. During the course of the project, four newsletters were produced and disseminated.

The themes of the newsletters and links where the newsletters can be downloaded are provided in Annex 2.

The network was intended to be interactive. However, without a dedicated person to animate discussions and prompt for sharing of materials, the activity was not as high as we would have like to see. The role of a Network animator is key in maximizing the benefits of an online forum.

III. Session and survey at the Canadian conference

At the beginning of the project, in November 2013, the Forum organized a session at the 8th National Conference on Tobacco or Health in Canada reflecting the theme of the project and titled “NCD control: learning from tobacco control & strengthening policy-based solutions”. The session provided an opportunity to brief the Canadian tobacco control community on a global NCD policy framework and realities of NCD control in developing countries. One of the Asian partners was invited to the Conference and delivered a presentation on ongoing efforts to apply the experience of tobacco control to address unhealthy eating and physical inactivity in Bangladesh, India, Nepal and Vietnam.

The Conference also provided an opportunity to collect views of tobacco control advocates, policymakers and community workers on the potential to actively apply lessons learned from tobacco control to other aspects of NCD prevention. These views were collected particularly through a survey launched at the Conference (see Annex 3), but also during the discussion period of the abovementioned session. Results of the survey then informed the program and discussions at the Canadian meeting.

IV. Canada meeting

In February 2014, the Global Tobacco Control Forum organized a 1-day meeting in Ottawa (Canada) to share experiences on NCD prevention and to exchange knowledge about what is being done – and can be done – to enhance Canada’s global contribution in this area. The meeting had the following objectives: 1) exchange knowledge on lessons learned from tobacco control and prevention of NCDs, with a focus on policy-based solutions and 2) review strategic vision of the Forum and possibly expand its mandate & membership to include NCD prevention.
In total, 11 Canadian organizations working on tobacco control, NCDs, health and development joined the meeting. Many participants recognized that this meeting was a first opportunity to discuss exclusively policy-based interventions on NCD risk factors and exchange views on best practices. A separate report describing the proceedings and outcomes of the meeting was produced. The report is included in Annex 4 of this document.

V. Asia meeting
In March 2014, the Global Tobacco Control Forum organized a 3-day meeting in Bangkok (Thailand) to share experiences in NCD prevention and to exchange information and ideas about strategies to address unhealthy diet and physical inactivity. The overall purpose of the meeting was knowledge exchange between organizations working on strategies to address unhealthy diet and physical inactivity in the region and cross-pollination between their work and the experiences and knowledge of tobacco control advocates from Canada.

Four organizations from South-east Asia, one from East Africa and two Canadian organizations joined the meeting. It was the first time the Asian organizations had the opportunity to meet face-to-face and share experiences from colleagues from other continents. As a result, much stronger connections have been established among all the participants. The key lesson resulting from the meeting was that the Asian partners truly valued meeting one another and their Canadian colleagues. The result has been stronger program plans and greater connections among the groups. A separate report describing the proceedings and outcomes of the meeting was produced. The report is included in Annex 4 of this document.

VI. Africa meeting
In September 2014, the Global Tobacco Control Forum organized a 3-day meeting in Cape Town (South Africa) to create knowledge exchange between organizations interested in working on strategies to address unhealthy diet and physical inactivity in the region and exchange experiences and knowledge with a tobacco control expert from Niger. The meeting was primarily organized as a series of presentations focused on one of the three issue areas: active transportation, access to healthy foods, and recreational physical activity environments. Throughout the meeting participants shared their own experiences related to the issue and discussed ways in which the lessons learned from tobacco control could be related to the topics. All of the partnerships are new partnerships and the meeting resulted in greater understanding and connection among members and new project proposals.

This was not an activity originally outlined in the initial proposal as the partnership with Niger, Tanzania, and South Africa began after the start of the project. It was initially envisioned that the Niger partner would participate in the Asian meeting. However, problems attaining a visa made his participation impossible. As a result of this among other cost-saving measures, there were unspent funds from the Asia meeting. Given the growing interest among African partners in learning about and applying tobacco control lessons to NCD prevention, it was decided that a separate meeting would be organized for Africa. South Africa was chosen as the location because both the South African partners and Tanzanian partners were already in South Africa, as was the Forum member with the most experience in NCD prevention, resulting in significant cost savings.

A separate report describing the proceedings and outcomes of the meeting was produced. The report is included in Annex 5 of this document.

VII. Production & dissemination of the guide
A guide on transferring lessons from tobacco control to NCD prevention was developed in 2013, entitled “Broadening the Focus from Tobacco Control to NCD Prevention: enabling environments for better health”. The guide was developed using the experiences of the partners of the Tobacco and Poverty
Network, and was reviewed among the participants of the Canadian and Asian meetings. It was also circulated among Forum members in Canada, through the NCD and Poverty network, and disseminated at the Canadian Conference on Tobacco Control, with request for comment and feedback. As there were no suggested changes, the guide was printed and subsequently disseminated at the Canadian Conference on Global Health, and will be disseminated at the upcoming World Conference on Tobacco or Health where the theme is “Tobacco and Non-communicable Diseases”.

5. Project Outputs

Outputs of the project can be grouped in the following three categories: 1) knowledge sharing, 2) capacity building, and 3) materials or publications.

Knowledge sharing
As a result of the project, more than 20 organizations from 9 countries (Bangladesh, Canada, India, Nepal, Niger, South Africa, Tanzania, Uganda, and Vietnam) increased their understanding about best practices to introduce, implement and evaluate tobacco control measures. This experience was then applied to enrich emerging policy practices to address other NCD risk factors, namely unhealthy diets and physical inactivity. Organizations involved in tobacco control gained better understanding of the ongoing work to address NCD risk factors other than tobacco, both globally and in developing countries. The learning experience was further enhanced by online tools and materials, which were developed as part of the project. Thanks to these tools, additional organizations and individuals had a chance to acquire lessons learned through this project.

Capacity building:
As part of this project, organizations from developing countries were trained on the policies and initiatives necessary to create active transportation environments, healthy eating environments, and recreational physical activity environments. In addition, partners were trained on process and impact evaluation, including relevant practices, tools and methodologies. Over 14 individuals from 9 organizations in 8 countries were trained on these issues.

Materials and publications:
A number of materials and publications were developed over the course of the project. Most of these materials are available online and have been used and disseminated by all organizations involved in the project. These materials include:

- **Five documentary videos** introducing work to promote healthy food and physical activity. Four videos are available online and the last one will be posted once approved by the participating organizations.
- **9 posters** describing work on prevention of NCDs in 6 countries (these posters were developed to supplement the video presentations and allow those organizations not comfortable to produce a video to continue to participate)
- **Four issues of a newsletter** on policy-based prevention on NCDs were developed and disseminated to a network of over 80 members from developing countries. These newsletters were also posted online.
- **Three reports** from meetings that took place in three distinct regions (North America, Asia, Africa) and provided opportunities to exchange lessons learned and acquire additional skills and knowledge. All reports are available online.
- **A guiding material** titled “Broadening the Focus from Tobacco Control to NCD Prevention: enabling environments for better health” was finalized and disseminated. It was originally
intended that the guide would be pilot-tested among partners and revised according to partner input. However, when the guide was reviewed, there were no substantive comments that required revision of the guide, and so the originally developed guide was printed and disseminated. Feedback on the usefulness of the guide has been overwhelmingly positive, and selected partners have requested permission to translate/disseminate the guide (e.g., Alliance de Control de Tabac in Brazil has translated the guide for widespread dissemination to their national network of organizations working on NCD prevention, and Health Canada has requested copies for use in their First Nations Inuit Health Branch Community Health Program.

6. Project Outcomes

The outcomes of the project could be grouped into the following categories: 1) formulation of key aspects of policy-based tobacco control interventions which can be translated to other NCD risk factors; 2) improved project planning and evaluation skills; 3) enhanced cohesion of a global network of organizations working on policy-based interventions to address unhealthy eating and physical activity.

1) Formulation of key aspects of policy-based interventions and practices applicable across all NCD risk factors

Thanks to the project, a comprehensive document titled “Broadening the Focus from Tobacco Control to NCD Prevention: enabling environments for better health” was finalized to emphasize key lessons learned from the tobacco control movement. Key findings and recommendations of this resource were informed by the survey findings and supported by the conclusions of a Forum meeting. The document includes an explanation of how the lessons learned from tobacco control can be applied to other NCD risk factors. The document also outlines key information needed to begin working on physical inactivity, unhealthy diets and alcohol abuse. Organizations from Asia and Africa agreed that these explanations and practical suggestions are easy to comprehend and useful for their work.

The following five aspects of tobacco control work and campaigns were identified to be directly applicable to work on other NCD risk factors, namely unhealthy diet and physical inactivity:

- **Act together; think big** = success of tobacco control movement can be linked to broad-based support united behind a common goal which is far-reaching and inspiring
- **Adopt a comprehensive, multi-sectoral approach** = policy interventions must be implemented across all levels of government and by its various branches which work hand-in-hand with civil society
- **Use mass media/public education to prepare the ground** = mass media counter-advertising on television, radio and billboards generate public support for policy change
- **Prioritize policy measures** = making sure that the places where people live, work and play support healthy behaviour is more likely to lead to success in changing attitudes and behaviours than is focusing on individual factors alone
- **Focus on the industry** = public needs to become aware of industry’s motives (sales/profit); tactics (lie, delay, confuse/obfuscate); for these reasons, voluntary agreements/codes of practice by the industry should be rejected
2) Better understanding of barriers Canadian tobacco control movement faces in broadening its work to NCD prevention globally or locally

Over the course of the project, it has been repeatedly recognized that the wealth of knowledge and experience of tobacco control movement in Canada could greatly contribute to advances in policy-based intervention on NCD risk factors other than tobacco. These contributions could range from explicit involvement in policy formulation and implementation to address obesity in Canada, technical support and capacity building on strategies to denormalize unhealthy behaviour in developing countries, to participation in international negotiations where broader policy frameworks addressing unhealthy eating and physical inactivity are formulated.

Despite of a wide range of opportunities being available to enhance work on NCD prevention, Canadian organizations involved in tobacco control remain focused on national tobacco control work and only sporadically participate at international tobacco control events.

The following two barriers to broaden tobacco control work to involvement in policy-based interventions on other NCD risk factors were identified:

- **Past failures** = Attempts were made in Canada in the past to introduce legally binding measures to address marketing of unhealthy foods to kids. These attempts resulted in voluntary measures only. While organizations involved in tobacco control sympathise with their counterparts working on obesity, they are concerned about their willingness to easily succumb to support weaker measures, avoid controversy and engage in strong advocacy.

- **Weak government commitment to tobacco control** = Since the introduction of ground-breaking pictorial warning on cigarette packs in 2001, Canada’s leadership in tobacco control has been decreasing steadily. The latest national tobacco control strategy does not include specific and measurable objectives to bring down the use of tobacco and raises doubts about commitment on the side of government. Canadian NGOs in tobacco control, therefore, do not feel comfortable to expand their scope beyond their core mandate – to drive strong action on tobacco control in Canada.

These two aspects prevent Canadian tobacco control NGOs to be actively involved in NCD prevention in Canada. An additional barrier – **non-existant support for international work** – limits Canadian organizations to explore opportunities to share their knowledge and skills outside of Canada.

Over the past five years, federal budget to support international tobacco control has been virtually eliminated. Although $1 million per year had been earmarked by Health Canada for international tobacco control initiatives in the last decade, there have been almost no invitations for funding proposals since 2012. As a result, Canadian organizations had to limit their contributions to international work on tobacco control. The Global Tobacco Control Forum, while still active, no longer engages in hands-on support of tobacco control in developing countries and would therefore not be able to engage in broader NCD work globally.

3) Improved project planning and evaluation skills

As a result of the training on project planning and evaluation, organizations from Asia and Africa are implementing a variety of NCD programs. All project proposals from Asia now include logic models with indicators of success and progress reports contain solid outcome indicators. In addition, as a result of
the meeting, the Niger partner submitted a project proposal that included a logic model with indicators to begin working on active transportation environments.

4) **Enhanced cohesion of a global network of organizations working on policy-based interventions to address unhealthy eating and physical inactivity**

Thanks to the activities undertaken under this project, an increased networking and information sharing takes place among all involved organizations from Asia and Africa. A dedicated Facebook Page, called HealthBridge Livable Cities Network, was created to allow all organizations in Asia to stay in close contact and exchange updates. Members are sharing successes, posting relevant news, and asking questions of each other on the page.

7. **Overall Assessment and Recommendations**

The experience of the Canadian tobacco control movement has much to offer in developing effective strategies to address NCD risk factors in Canada and abroad. Thanks to this project, a great number of specific strategies and examples accumulated by organizations working in tobacco control in Canada was shared with others working outside the tobacco control movement. It has been repeatedly acknowledged during and after the activities undertaken over the course of the project that the campaigning and policy expertise of Canadian tobacco control NGOs would be incredibly valuable when addressing obesity or lack of physical exercise which are increasing both in Canada and in developing countries.

Unfortunately, this project also uncovered specific reasons why an involvement of the Canadian tobacco control movement in NCD prevention is unlikely to be seen at this point. It confirmed that political will and availability of resources ultimately drive (or block) action in the field of NCD prevention. In Canada, virtually no resources are available to encourage international activities on NCD prevention or support work in developing counties on tobacco control or other NCD risk factors.

All organizations involved in the project unanimously recognized the need for similar initiatives and repeatedly confirmed that most of the activities undertaken through this project provided a very first opportunity to focus on exchanging views on policy-based interventions on NCD risk factors. This need is likely to increase in future, if governments integrate policy measures affecting NCD’s. For example, in November 2014, the Ontario government introduced Bill 45 which combines tobacco control interventions and measures to promote healthy eating.

After implementing this project, we are confident that organizations working on NCD prevention, be they from Canada or abroad, are eager to learn from experiences of others. For example, Work for Better Bangladesh (NGO from Dhaka) has begun implementing an Active Safe Routes to School (ASRTS) program using the materials produced in India. Another example can be found in India where Evangelical Social Action Forum (NGO from India) has taken the lessons learned from tobacco control related to provincial smoke-free policy and is exploring opportunities to systematically expand its ASRTS program across the entire state of Kerela. Anecdotal evidence collected so far suggests that these two examples will be likely followed by other activities inspired through this project. The scope and scale of these activities will be, unfortunately commensurate with resources that become available for this work. There is a global movement towards addressing NCD prevention that cannot be ignored. This is evident in the Global Summit on NCD prevention, where NCDs are officially recognized as a development issue, as well as in the International Conference on Nutrition (2) where the prevention of NCDs is recognized as an equal challenge to that of malnutrition in the world, and in the upcoming World Conference on Tobacco or Health, where the theme is “Tobacco and Non-communicable Diseases”. There is an enormous need for experience and information, and therefore opportunity for the global movement to
prevent NCDs to make use of the decades of experience in tobacco control, including legislative issues, advertising, taxation, regulations, labelling, etc… This project is a very small example of how the global tobacco experience needs to make every effort to ensure that the lessons learned and experiences gained are effectively transferred to the global prevention of NCDs.
List of Annexes

Annex 1 – Documentary videos produced over the course of the project

Annex 2 – Newsletters published over the course of the project

Annex 3 – The questionnaire of a survey launched at the 8th National Conference on Tobacco or Health (Canada)

Annex 4 – The meeting report 1 (Global Tobacco Control and NCD Prevention: Learning and advancing)

Annex 5 – The meeting report 2 (Asia Meeting: Sharing Experiences between Tobacco Control and Livable Cities)

Annex 6 – The meeting report 3 (African Meeting: Broadening the Focus from Tobacco Control to NCDs)
Annex 1 – Produced Documentary Videos

Five short documentary videos were produced as part of the project:

Bangladesh: [https://www.youtube.com/watch?v=M_v3UpTFjkl&list=UUKS9GKmuAVFHib3Z_gTFmlw](https://www.youtube.com/watch?v=M_v3UpTFjkl&list=UUKS9GKmuAVFHib3Z_gTFmlw)

Canada: awaiting approval from the Heart & Stroke Foundation of Canada

India: [https://www.youtube.com/watch?v=XtA5MiGgMVU&feature=em-upload_owner](https://www.youtube.com/watch?v=XtA5MiGgMVU&feature=em-upload_owner)

Nepal: [https://www.youtube.com/watch?v=bcY02rRA5JI&list=UUKS9GKmuAVFHib3Z_gTFmlw](https://www.youtube.com/watch?v=bcY02rRA5JI&list=UUKS9GKmuAVFHib3Z_gTFmlw)

Vietnam: available on DVD
Annex 2 – Published Newsletters

The following newsletters were produced over the course of the project:


Annex 3 – Questionnaire

The Global Tobacco Control Forum (the Forum) is an informal network of Canadian organizations which share a common interest in global tobacco control. The Forum came together in 2000 to strengthen Canada’s role in support of the Framework Convention on Tobacco Control (FCTC).

This questionnaire will inform a strategic review to strengthen the activities of the Forum. The project is funded by the International Development Research Centre (IDRC), Canadian Partnerships Programme. For more information, contact ytous@healthbridge.ca.

Please help us better understand whether and how tobacco control should respond to the growing interest in non-communicable diseases by answering the following 9 questions.

All respondents to the survey qualify for a draw for an iPad Mini.

Q1 What are the most important lessons from the tobacco control movement that can be used to help reduce the burden of non-communicable diseases and their risk factors (mainly unhealthy diet, lack of exercise, or alcohol use)?

Q2 How can activities to reduce non-communicable diseases benefit from the experience of tobacco control?

Q3 How can tobacco control benefit from the growing interest in reducing non-communicable diseases?
Q4 Do you know of any good (or bad) examples of tobacco control and NCD control working together? Please describe them.

Q5 Where do you think tobacco control should fit in global health priorities? Would fitting under the prevention and control of NCDs be a benefit or a drawback?

Q6 Other thoughts?

Q7 Had you heard about the WHO’s Global NCD Action plan before today?  □ YES  □ NO

Q8 What area of tobacco control do you work in?
- □ HEALTH CARE
- □ GOVERNMENT
- □ NGO
- □ GOVERNMENT
- □ EDUCATION
- □ OTHER ____________

Q9 And at what level?
- □ PROVINCIAL
- □ INTERNATIONAL
- □ COMMUNITY
- □ OTHER ____________

LOOK FOR A COLOURFUL BOX AND BALLOONS TO SUBMIT THE FORM AND ENTER A DRAW FOR AN iPad MINI

Name ____________________________
Position ____________________________
Address ____________________________
E-mail ____________________________