

21-23 July 2009, National Cancer Center, Tokyo, Japan

WHO Operational Planning Meeting for Gender and Tobacco Projects

Meeting report

Prepared by

WHO Tobacco Free Initiative



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Background of the meeting

History of Gender and Tobacco – 1999 Kobe meeting

In November 1999, nearly 500 international delegates from over 50 member states attended the *WHO International Conference on Tobacco and Health, Kobe – Making a Difference to Tobacco and Health: Avoiding the Tobacco Epidemic in Women and Youth* (the Kobe meeting).

Participants included government officials, health experts, women's groups, tobacco control groups, and various nongovernmental organizations who came together to consider the future of tobacco policy for women and girls.

Sponsored by the Ministry of Health, Labour and Welfare, Hyogo Prefecture, and Kobe City, Japan, the meeting in 1999 was timely. Smoking rates were higher for women in Japan than in most other countries in Asia. Japan itself lacked strong legislative control over tobacco, while serving as the home to one of the largest manufacturers in the world, Japan Tobacco (JT). Due to the fact that Asia's population and affluence were on the rise, tobacco companies were focusing their sights on the region.¹

Not only within Japan but also globally women's smoking had become one of the major health issues that needed to be addressed. The world was witnessing a rapid increase in female smoking population. Tobacco industries developed and marketed tobacco products specifically targeting women. Tobacco industries well associated smoking with the sense of glamour, independence, and being-western, which successfully attracted young girls and women to uptake smoking.

¹ WHO (2001). *Women and the Tobacco Epidemic: Challenges for the 21st Century*. Geneva, World Health Organization, x-xiv.

Recommendations from the Kobe meeting—Corner stone of WHO FCTC negotiation

The Kobe meeting on women and tobacco provided a forum for varied stakeholders to voice their concerns and understand better why gender equity and equality should be key components of tobacco control policies. Rationales included the lack of gender-differentiated data available on tobacco use, issues surrounding the effects of smoking on pregnancy including the understudied effects of paternal smoking, women's exposure to second hand smoking (SHS), and improper training of health professionals on women's needs and appropriate treatment for tobacco use. As a result of this collaboration, the delegates adopted the Kobe Declaration, described in the paper *WHO International Conference on Tobacco and Health, Kobe--Making a Difference in Tobacco and Health*.

This document laid out recommendations on women and tobacco for inclusion in the WHO Framework Convention on Tobacco Control (WHO FCTC),² then in its nascent stages, as well as recommendations to the UN bodies and Member States. The declaration made specific recommendations for the drafting of the WHO FCTC, such as including measures that would ban advertising and sponsorship at events that target women, education campaigns that would dissociate women's liberation from tobacco use, greater attention to SHS due to its disproportionate effect on women, and guidelines on reforming cessation programs for mothers while increasing the responsibility of paternal smoking cessation.

Under the sponsorship of the Japanese Ministry of Health, Labour and Welfare, an interdisciplinary team of scientists worked together to review research studies and make policy recommendations. The results were published in WHO's first monograph concerned with women and tobacco: *Women and the Tobacco Epidemic—Challenges for the 21st Century*. This publication served as the basis for important gender-related components of the WHO FCTC. The declaration also helped build momentum for action within the WHO, such as the establishment of a gender and tobacco WHO staff member as well as designated focal points for gender and tobacco in WHO country offices.³

WHO FCTC as an entry point to mainstream gender in tobacco control policies

Regard for gender equality is distributed throughout the WHO FCTC beginning in the preamble which cites the mandate for equality of women's health given in Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).⁴ Article 4.2 states the need for parties to address the gender-specific risks of tobacco use.⁵ Article 8 asserts the need for protection

² WHO (2003). *WHO Framework Convention on Tobacco Control*. Geneva, World Health Organization Tobacco Free Initiative.

³ WHO (2001). *Women and the Tobacco Epidemic: Challenges for the 21st Century*. Geneva, World Health Organization, x-xiv.

⁴ The pertinent part of the Preamble reads: "Recalling that the Convention on the Elimination of All Forms of Discrimination against Women, adopted by the United Nations General Assembly on 18 December 1979, provides that States Parties to that Convention shall take appropriate measures to eliminate discrimination against women in the field of health care[.]"

⁵ Article 4.2 reads, in pertinent part: "Strong political commitment is necessary to develop and support, at the national, regional and international levels, comprehensive multisectoral measures and coordinated responses, taking into consideration [...] the need to take measures to address gender-specific risks when developing tobacco control strategies."

from SHS, which has shown to have a disproportionately negative effect on women. Article 11 bans false or misleading packaging and labeling on tobacco products, which are often designed with women in mind.⁶ Article 13 states that advertising, frequently geared to appeal to women's desires to feel independent and attractive, should not be deceptive. Article 14 says that cessation measures should be designed using scientific research, and be equally available to all men and women.

Moving forward from policy to action

In continuation of the efforts to incorporate the gender dimensions in tobacco control, WHO TFI continued collaborating with groups that had gender and tobacco highly on their agenda including but not limited to the International Network of Women against Tobacco (INWAT), that later became a NGO in official relations with WHO, and the Research for International Tobacco Control (RITC) of the International Development Research Center in Canada. WHO TFI has also initiated collaboration with WHO's Gender, Women and Health (GWH) department resulting in the preparation of a factsheet on Gender and Tobacco that laid down the first policy recommendations specifically focusing on gender and tobacco – expanding the former women and tobacco approach. WHO TFI released two major publications in 2007: *Sifting the Evidence: Gender and Tobacco Control*, and *Gender and Tobacco Control: A Policy Brief*.⁷ *Sifting the Evidence* presented extensive data about gendered patterns of tobacco use, health consequences, and the marketing strategies of tobacco industries, which altogether highlighted the need to take a gender-based approach in tobacco control. Based on the evidences, *A Policy Brief* made eight key policy recommendations to mainstream gender in tobacco policies.

Based on the evidences and policy recommendations, WHO recognizes it is time to take actions and bring real changes at local levels now – where changes really make a difference. At this point, the next step should be to develop concrete plans to operationalize the gendered tobacco policies at actual spots where gender differences on tobacco use, attitudes, and beliefs can be identified and tobacco is killing hundreds of thousands of people.

Gender mainstreaming as top priority of WHO

In the past few years, the focus on gender mainstreaming has become heightened in WHO. Resolution 60.25, adopted by the 2007 World Health Assembly (WHA), urged Member States to include gender analysis and equity into its national health policies. This resolution also requested that the Director General ensure that WHO policy addresses any existing gender inequities and incorporates a gender perspective into its policies and programs.⁸

WHO's Director General, Dr. Margaret Chan, has made women's health a high priority of her tenure. She has said, "I want my leadership to be judged by the impact of our work on the health of two populations: women and the people of Africa." She has also stated, "Evidence

⁶ For the WHO FCTC provisions, see http://www.who.int/fctc/text_download/en/index.html.

⁷ The full text of the *Sifting the Evidence: Gender and Tobacco Control* can be found at: http://www.who.int/tobacco/resources/publications/gender_tob_control_sifting/en/index.html. The full text of *Gender and Tobacco Control: A Policy Brief* is also available at: http://www.who.int/tobacco/resources/publications/general/gender_tobacco_control/en/index.html.

⁸ Please find the resolution in full at: <http://www.who.int/gender/mainstreaming/strategy/en/>.

from many sources shows that women are agents of change—for families, the workforce, and entire communities ... reducing health problems in women and empowering them will result in a dramatic increase in health-promoting behaviours—right where it counts most."

Collaborative efforts-TFI and partners

With the aim of speeding up the gender mainstreaming process in tobacco control, TFI has been liaising with various partners and only some are cited here. TFI, first, has been working closely with National Cancer Center (NCC) located in Tokyo, Japan — a WHO Collaborating Center on Tobacco Control. NCC has been the key partner to provide technical assistance to TFI's gender projects. NCC also hosted this WHO Operational Planning Meeting for Gender and Tobacco Projects, which is a good example of close partnership between TFI and NCC.

GWH has been the major companion for in house collaboration. The two major gender publications—*Sifting the Evidence: Gender and Tobacco Control* and *Gender and Tobacco Control: A Policy Brief*—were finalized under collaboration with GWH. GWH has also provided comments on TFI's various gender projects, and TFI staff members attended GWH's gender training workshops to deepen understanding of gender issues.

TFI is also partnering with NGOs in the field, including INWAT. INWAT has collaborated with TFI in multiple projects, including drafting gender publication and cosponsoring a preconference on gender during the 14th World Conference on Tobacco or Health.

Objectives of the meeting

In this context, the goals of the meeting were:

- To come up with practical implementation plans to mainstream gender in tobacco control policies.
- To brainstorm and finalize the very first pilot projects on the topic of "tobacco and gender," planned to be conducted in Vietnam and Palau.
- To discuss the next steps on gender and tobacco initiatives.

Summary of the group discussion

1. Session 0: Basic concepts about gender

Rationale

The aim of this session was to familiarize both concepts of gender and tobacco control to participants, as the majority of them lacked either of the two backgrounds. It was expected that clear understanding of both concepts would yield more productive discussion

throughout the meeting.

What is gender and gender mainstreaming?

- Gender, unlike sex which refers to biological and physiological traits, refers to the norms, roles, relationships, activities, responsibilities, and attitudes of women and men. It varies from society to society and can be changed.
- Different roles per se are not the cause of inequality; it is the value placed on those roles that lead to inequality.
- Gender norms, roles, and relations affect women and men differently.
- Gender mainstreaming includes taking gender-oriented approach to the access to, and the control over, resources: geographical or physical accessibility, financial accessibility, social accessibility, and economic, social, political, and other resources.

Where does the gender approach make a difference?

- Gender-oriented approach is one of the most essential ways of addressing the problems of tobacco use. Every aspect of tobacco use has the gender dimension, which needs careful attention. This includes: economics of tobacco use, smoke free environment, tobacco advertising, promotion, and sponsorship, health warnings, treatment services for dependence, education about tobacco, and so on. Gender mainstreaming enables tobacco control policy to combat tobacco epidemic more successfully in every area of its work.

WHO gender and health track: key recommendations

Incorporate gender into tobacco control measures

- Make tobacco products less affordable by raising prices through tobacco tax measures and apply the revenue raised to specific tobacco control activities benefiting women, young people, and disadvantaged groups.
- Enact and enforce legislation requiring all indoor workplaces and public places to be 100% smoke-free. Gender-sensitive education efforts must empower individuals to claim smoke-free environments.
- Enforce a comprehensive ban on advertising, promotion, and sponsorship to protect males and females of all ages from being targeted by tobacco industry.
- Implement large, visible, and regularly changing health warnings and messages on tobacco product packages. Specific textual and pictorial health warnings for men and women should reflect sex and gendered effects and patterns of tobacco uptake and cessation.
- Increase availability and access to treatment services for tobacco dependence, and train health professionals in these services to take into account sex and gender specificities when treating tobacco dependence.
- Use gendered education and communication approaches to increase public awareness and support for approval and enforcement of effective tobacco control policies.

Develop a gender-responsive infrastructure for tobacco control

- Collect and analyze sex-specific and gender-specific information on tobacco use and the effectiveness of tobacco control measures.
- Integrate gender analysis into tobacco control planning.

2. Session 1: practical implementation plans for tobacco tax increase, earmarked taxes, and illicit trade/accessibility to tobacco products

Rationale

Economic policies in tobacco control have important gender dimensions that require special attention from policy makers. Research studies, for example, have reported that women might be more responsive to price increase of tobacco products. In addition, tobacco control experts have strongly recommended that the revenue raised from increased tobacco tax should be used to benefit women's health. In this context, this session was prepared to discuss the practical plans to implement the gender-based financial policies in tobacco control.

Recommendations from the group

Suggestions regarding the entry point for gender mainstreaming in financial policies

- Carefully approach the issue to avoid backlashes of gender mainstreaming. The goal of the policy change should be to increase tobacco tax, thereby bringing gender equality. The way to reach this goal, however, should be carefully chosen considering that putting the gender title in front could bring negative reactions from society.
- There was a suggestion that women can use economic arguments to stop their spouses from smoking; women can persuade their spouses to quit smoking based on the ground that their husbands' smoking is likely to bring negative economic consequences to their families.

Recommendations for further data collection and research

- Conduct more research on the topic of economics of tobacco policy because most economic studies and illicit trade studies do not consider sex differences.
- Analyze experiences in other areas which share common features with tobacco control.

A suggestion regarding financing gender-oriented tobacco control

- Use innovative funding strategies like financing through tobacco taxes in Thailand. The Health Promotion Fund of Thailand can be shared as the best practice. Earmarked funding in the United States provides a good example as well.

3. Session 2: practical implementation plans to bring smoke free environment

Rationale

Exposure to SHS, which is still prevalent in most parts of the world, is reported to affect men and women in a number of different ways. For example, women and young girls are more frequently exposed to SHS at home due to weak power to negotiate smoke free environment and lack of access to education to learn about the harm of SHS. In this context, this session discussed the strategies to implement smoke free policy that will bring equally healthy environment for both men and women.

Recommendations from the group

Recommendations for policy-makers:

- **Enact and enforce 100% smokefree legislation** that meets international standards set by WHO FCTC (Art. 8).
- **Develop informative and educational campaigns**, dealing with standards for 100% smokefree policies, public health impacts of exposure to SHS, and the significance of integrating a gender perspective to all educational messages.
- **Provide gender-sensitive surveillance and monitoring** mechanisms with relevant indicators throughout the process of implementing smoke free policies.
- **Train health professionals to support quitting efforts**, and establish quitting programs that reflect gender differences. Guarantee that women receive advice to quit smoking in obstetrics and gynecology centers, diagnosis programs for menopause transition, and early breast cancer diagnosis centers.
- Design policies to distribute **free pharmacological treatment** for people who are willing to quit smoking

Recommendations for health professionals and authorities of health institutions:

- Develop and implement 100% smokefree health institutions.
- Inform and educate the health institution community and patients about the harms caused to men and women by exposure to SHS.
- Stimulate and educate health professionals to promote smokefree homes and cars among patients and their families, taking advantage of the given opportunities, such as giving advice to parents in pediatric assistance and offering advice to pregnant women in obstetrics appointments.
- Offer gender-sensitive tobacco cessation treatments for patients and employees.

Recommendations for civil society organizations (including women's rights and human rights organizations), labor unions, and scientific associations:

- Promote involvement of civil society as key actors for advocacy actions towards enactment and enforcement of 100% smokefree legislation.

- Promote involvement of organizations with different missions, such as women's rights, human rights, public health, and environmental protection, with the purpose of including SHS in the agendas of a wide range of social organization.
- Facilitate networking among different organizations to enact and enforce 100% smoke-free legislation.
- Facilitate involvement of civil society to monitor compliance with the smoke free policy and, in case of poor compliance, expose the violations.
- Promote implementation of 100% smokefree homes in communities.

Recommendations to lead media advocacy activities with a gender perspective:

- Develop press materials that present gender-disaggregated information with the purpose of constructing messages targeted at specific sub-populations.
- **Increase awareness, inform, and educate journalists and the general public on health impacts of exposure to SHS and importance of implementing 100% smokefree environment from gender perspectives.**
- Work with mass media to include promotion of 100% smokefree environments as a key agenda item for policy makers, taking into consideration gender differences and other socio-demographic factors.
- Show how tobacco industries segment markets using a gender-oriented approach, and increase awareness of these strategies, which will facilitate empowerment of vulnerable groups.

4. Session 3: practical implementation plans to ban advertising, promotion, and sponsorship (TAPS) of tobacco products

Rationale

It is widely known that tobacco industries have invested significant efforts to develop differentiated TAPS strategies for men and women. It is particularly true where tobacco consumption by male smokers no longer increases and tobacco industries face the pressure to find new consumers—namely, women. Tobacco industries have developed products, like light and mild, to send out misleading messages that smoking is less harmful than before. Tobacco companies have also deployed TAPS strategies to link men's smoking with masculine and mature images, and women's smoking with the sense of being western, independent, and glamorous. These marketing strategies have kept male smokers to continue smoking and have induced women and young girls to uptake smoking in many parts of the world. In this context, this session discussed the strategies to ban TAPS, particularly focusing on the ways to respond to gender-based TAPS strategies tobacco industries have developed.

Recommendations from the group

Recommendations to increase understanding of tobacco industry's TAPS strategies

- Analyze the impact of major manufacturers' (such as Japan Tobacco (JT)) marketing strategies targeting men and women. JT, for example, links smoking with the macho image and stresses smoking as a gentle way to become a matured man. Analyzing the strategies of tobacco industry helps to prepare counter-strategies.
- Build capacity to understand TAPS and act against TAPS, a good example of which is the capacity building seminar in Kenya.
- Educate the population about the gender-specific marketing tactics tobacco industries have employed in order to show how gender identity and gender roles are manipulated by tobacco industries.

Recommendations for close monitoring and surveillance of TAPS

- Track and monitor the new forms of TAPS, the brand use, and the disclosure of expenditure including marketing research.
- Monitor TAPS using media such as Corporate Social Responsibility (CSR). It is necessary to develop tools for people on the ground to monitor them.
- Partner with law enforcement agencies to gain leverage in law enforcement and monitoring of TAPS.

Recommendations to remedy violations of tobacco industry

- Advocate for WHO FCTC Art 13 based on gender arguments.
- Women's groups can and should take the leading role in identifying breaches and remedying violations. Points were made, however, that women's groups should not be overburdened.
- Conduct gender-sensitive training for specific target groups to build capacity. Collaborate with CEDAW committee members to use its human rights training program for gender training.
- Gain social support for banning TAPS.

A recommendation to eliminate undue influence from tobacco industry: a policy-level consideration

- Build fire walls between state-owned tobacco companies and governments to ensure that tobacco industry does not influence public policy-making process. Thailand can be shared as the best practice to exclude the state monopoly from the policy making procedure.

5. Session 4: practical implementation plans to provide gendered education and communication for tobacco control

Rationale

This session was to discuss the ways to design tobacco control education and communication programs that reflect gender differences and address consequential inequities between men and women. There is no doubt that both men and women need to be informed about the dangers of tobacco products. It is hence important to develop gender-specific education programs and deliver them in gendered settings in order to maximize access to information and engagement with the materials.

Recommendations from the group

Recommendations regarding the substance of education and communication programs

- Decode the strategies of tobacco industries and counteract them.
- Consider the target audience. Take into account the differences among different groups. The messages should be tailored to context and sex.
- The messages should not perpetuate stereotypes and gender-based discrimination.
- The messages should not blame or be guilt-stimulating to certain groups.
- All education and communication programs should use appropriate language or pictures, if necessary.
- There was a suggestion to develop messages for decision makers, which address their roles in tobacco control.

Recommendations regarding the process of delivering education

- Deliver the messages through messengers whom the community trusts.
- More inter-personal methods, such as counseling, may work better for women and young girls.
- Use cross-cutting gender-oriented approaches for awareness raising and training initiatives on specific groups.

6. Session 5: practical implementation plans to include gender-based health warnings

Rationale

Tobacco industries have marketed their products by using differentiated strategies to target men and women. The majority of health warnings, on the other hand, do not reflect gender differences and accordingly fails to inform the gender-specific dangers smokers are facing. It is, therefore, recommended that textual and pictorial health warnings reflect sex and

gender specific patterns of tobacco use and consequences of smoking. This session discussed the concrete plans to introduce gender-sensitive health warnings and to maximize their impacts.

Recommendations from the group

Recommendations for data collection as a basis of strategizing

- Collect sex-disaggregated data about use of different cigarette brands. It is important to monitor each sex's consumption pattern of specific brands to have a clear understanding of how tobacco industry targets specific sex group.
- Evaluate and monitor the impact of different pictorial health warnings that are already in place. Use the result as a basis for further development of new warnings.
- Understand the tactics of tobacco industry, especially in terms of what is happening at country levels. This understanding would serve as a starting point to counteract tobacco industry's deceitful tactics.

Recommendations for strong and clear health warnings and images

- Deliver clear and strong messages through *innovative* health warnings.
- A good example of innovative health warnings would be pictorial health warnings on social determinants of health. The warnings, for example, could address the problems of gender inequality in the context of smoking.
- Consider strategies to overcome the resistance against introducing innovative health warnings. This requires different considerations depending on the culture of each society.
- Include gender transformative health warnings, such as men's roles to stop SHS at homes.
- Rotate the pictorial health warnings on a regular basis.
- Use the MPOWER as a technical resource.
- Mandate all tobacco products to have a health warning as required by WHO FCTC, including non-cigarette products.
- Strategize to raise funds to develop gender-sensitive health warnings. For example, developing countries could use the CDC model of having a competition for the universities to come up with the most effective anti tobacco ads.

Recommendations for diversified health warnings

- Develop different health warnings for different types of brands.
- Design health warnings that target specific groups. For example, develop different health warnings for non smokers and already-established smokers. The challenge is how to segment the group, but WHO could provide guidance on this process.
- Advocate use of pictorial health warnings for low income families in developing countries where a large portion of illiterate women belong to.
- Construct effective ways to deliver the message. Coordinate different communication channels to reach the targets.

Recommendations regarding a world-wide collaboration on tobacco health warnings

- Design models of pictorial health warnings that can be adapted and used in all countries.
- Create and share an international database with health warning images. For example, WHO TFI has been working with countries to share the images. As soon as the database is ready, TFI will share it with the participants.

7. Session 6: practical implementation plans to integrate gender perspectives into treatment services

Rationale

This session was prepared to talk about the ways to implement treatment programs that are gender-sensitive. The critical need to apply the gender concept in treatment services is manifested by a number of research studies, which report that men and women approach cessation in different ways. Women, for example, often find it more difficult to quit smoking due to biopsychosocial factors, such as hormonal cycles, pregnancy, fear of weight gain, social support needs, and depression. In addition, women are more likely than men to have access to health services due to pregnancy, which gives an entry point for health professionals to provide treatment services.

Recommendations from the group

Recommendations to establish/maintain gender-based treatment programs

- Be strategic about putting forward the “gender” headline. Strategize to minimize the backlash of not getting funded.
- Ensure equitable access to cessation services for both genders.
- Assess the effects of the programs using gender sensitive indicators.

Recommendations to train health care workers about the gender perspectives

- Conduct gender trainings to people who are at the position of providing treatment services. WHO GWH could provide support for this training.
- Reflect gender differences in all training packages and national guidelines. This is to raise the awareness of people in treatment services.

Recommendations regarding gender-sensitive quit line services

- Have a separate quit line for women, an example of which is the specific quit line for pregnant women in Canada. Link the needs of pregnant women in low and middle income countries to maternal and child health care in primary health care settings.
- Include the number of quit line in the health warnings for pregnant women.

Recommendations to prepare a global forum of discussion to mainstream gender in treatment services

- Work on raising the awareness of partners to mainstream gender in treatment services.
- TFI to bring a person to the Art 14 COP to represent and incorporate gender perspectives in cessation programs.
- Create a platform of discussion: for example, the private and public sector consortium to gather relevant information and scale up gendered treatment services at country levels.

8. Session 7: Practical implementation plans for gender-sensitive information collection

Rationale

This session discussed the ways to collect gender sensitive information that would serve as infrastructure to mainstream gender in tobacco control. An effective tobacco policy can be developed only when it is based on the accurate situational analysis, which includes understanding of gender-specific risks of smoking and cessation support each gender needs.

Recommendations from the group

Recommendations regarding data collection

- Gather information about the problems of current tobacco consumption with sex breakdown. This information can serve as a basis to diagnose the problems and further strategize to address them.
- Collect gender-based information to measure the impact of the different solutions.
- In the process of data collection, involve community to select indicators that are suitable to measure the policy impacts on the community.
- Focus on collecting information in the areas where information is insufficient, such as taxation.
- Establish sustainable ways of obtaining data.
- Utilize already existing reporting mechanisms, if available.
- With regards to fund-raising for gender based data collection, involve stakeholders in the meetings and have donors around the table.

Recommendations regarding data analysis

- Use WHO FCTC Art 20, 21, and 22 as entry points for gender analysis.
- International society to provide guidance on gender based analysis (very general, not limited to the guidelines) which can be discussed in COPs.
- Fully utilize and analyze the sex disaggregated data once information is gathered.
- Utilize already-existing data and research study results. In this case, pay close attention

to the differences in methodologies of each study.

Recommendations to use data collection process as an opportunity to build capacity

- Involve community in the process of data collection. An example would be to have interviewers selected from the community. By training them for data collection, the process can provide an opportunity to build awareness and capacity of the community. This will bring snow ball effects to bring changes at community levels.
- Have the WHO FCTC Article 20, 21, and 22 and its practical applications/implications written in small cards for people to carry in their pockets.

9. Session 8: integrate gender perspectives into tobacco control planning and as part of multi-sectoral agendas

Rationale

Developing and implementing gender-sensitive policies at national levels require collaboration with multiple partners. The potential partners include not only those directly related to tobacco control, such as public health authorities, but also those who might play a small but critical role in implementing gendered tobacco policies. This session, based on an example from Kenya, discussed the practical plans to bring together multiple sectors for partnership.

Recommendations from the group

Recommendations to shift the direction of national policy towards gender mainstreaming

- Identify and communicate with stakeholders who would be willing to support the gender-oriented policy changes.
- Plant seeds in the health ministries who can play the role of coordinating with other ministries. It is also important to have gender people planted in all relevant areas to bring this multi-sectoral collaboration.
- As a way to pressure the government, explore opportunities with funding agencies that are interested in gender work, such as Sectorwide approach (SWAP), GTZ, and HENNET in Kenya.
- Have a place where all stake holders can gather and talk about collaboration, like the National Tobacco Free Initiative Committee (NTFIC) in Kenya.
- Create a multisectoral group whose mandate is to adopt legislation and subsequently implement the law. In Brazil, for example, a multisectoral group created an opportunity for government ministries to collaborate and allot budget for gender work.

Recommendations to share best practices as guidance

- Share experiences of developed countries in order to guide the policymakers in developing countries about possible strategies to incorporate the gender component in health planning.
- Document the best practices of networking and bringing multisectoral collaboration.

Recommendations to gain social support for policy changes

- Relate gender to other prioritized agendas like food safety, while staying focused with gender aspects of tobacco control.
- Strategically work with media to gain support. None of gender mainstreaming can happen unless the agenda gains social support.

10. Vietnam pilot study plan

Project plan overview

Pilot study site: Thanh Mien district-Hai Duong province

- 60 km from Hanoi (South-East)
- Thanh Mien has 18 communes and 1 district town
- Area: 122,321 km²
- Population: 134,552
- Smoking rate (Hai Duong province): 55.4% (NHS.2002-MoH)

Why Thanh Mien district?

- The District Authority's supports to community development projects.
- Strong and active local women's groups.
- Close coordination between District Women Union and District Health Unit in community development work.
- Awareness on the dangers of smoking in the community.
- A place where smoking is still socially accepted.

Study objectives

- To raise awareness on the dangers of ETS among local people, especially the women.
- To encourage women to raise a strong voice against smoking, thus
 - help smokers and peers to change smoking behaviors.
 - create smoke free homes.
 - promote no smoking as the social acceptable norm for the next generation.

- To build capacity for women and local health workers in tobacco control.
- To change social norm preventing the girls and young women from picking up the smoking dependence.
- To document materials, experiences and lessons learned for future intervention.

Activities

- Identify the current situation of smoking and review knowledge and attitude towards smoking.
 - Establish a District Steering Committee (DSC) with the Vice Chairman of Thanh Mien District People's Committee (in charge of social-cultural issues) as the Head. Other members are district Women Union, Health Department, and Information and Communication Department.
 - Define the target groups: Women, health workers, and male smokers.
 - Conduct FGDs and in-depth interviews to get information needed to set a baseline for the intervention (2 FGD with HWs, 2 with women, 1 with mixed (HWs and women) and 1 men smokers.
 - ✓ Identify the smoking situation and smoking behaviors.
 - ✓ Identify knowledge and attitude toward smoking and second hand smoke of women and health worker and the role of women union and health workers in tobacco control.
- Capacity building for women union and health staff.
 - Review and compile a suitable training package (training materials, leaflets, guidelines, radio program, etc.) for the target groups on the dangers of ETS and ETS communication skills.
 - Coordinate with the District Women Union and health workers in conducting a TOT training workshop for the district network of local communicators (leaders, women unions and health workers).
 - Raise awareness and encourage smokers not to smoke inside home/office, and eventually quit smoking.
- Conduct intervention at commune level: four communes and one town will be selected for intervention.
 - Conduct a communication corner at the commune health centre: when mothers come to CHCs, health staff provides counselling regarding the harms of smoking and second hand smoke.
 - Encourage and guide women to protest smoking at home and provide women with materials to bring home for their husbands.
 - Women clubs organize club activities: experience sharing meetings (between wives of smokers), compose poems on ETS, sing songs, etc.
 - The study messages are delivered to the target audiences through village meetings,

- household visits, smokers meetings.
- The program is integrated into district/commune/village policies: Smoke free home is a criteria for a cultured home.
- Monitoring & Evaluation
 - Set up a reporting system (village-commune-district-CDS).
 - Monitoring the intervention activities.
 - Documenting.
 - Conduct the intervention impact evaluation.
 - Organizing a wrapping up meeting.
 - Organizing an experience-sharing workshop with other communes in District.

Recommendations from the group

Recommendations to reflect men's perspective in the project

- Incorporate the responsibility of men as another prong of the project.
- Take advantage of the Vietnamese culture, which put a strong emphasis on the correctness like cultured home. This might stimulate men's competition to quit smoking.
- Approach smoking as a socially accepted behaviour of "men." Ensure that nonsmoking men should challenge the acceptability of smoking and set role models of non-acceptability. That way, men can decide to be good men, not "women."

Suggestions to liaise with GWH

- GWH WPRO can provide advice on the pilot study based on their experiences with similar projects, such as the project on improving negotiation skills for condom use at home.
- GWH could liaise with TFI to train women for their negotiation skills.

Recommendations regarding smoke free homes

- Points were raised that ban of smoking at public places might bring unintended consequences of increasing incidences of SHS at home. As a way to prevent this problem, there was a suggestion that the focus group meetings about beliefs, consciousness, and thoughts of women ensure that participants understand the true purpose of the law: "don't smoke inside" and "smoke outside only."
- Considering the short timeframe of the project, there was a suggestion that the plausible objective might be to *reduce* the amount of smoking of already smokers, rather than to *quit*.

Recommendations for evaluation of the project

- Several options were suggested for data collection for evaluation of the pilot study.

- Option 1: Catalyze existing infrastructure. Integrate the questions we want to ask in routine health data collection. But this option will require pre-intervention data for comparison.
 - Option 2: Use the focus group method to get information from the pre and post intervention states. This qualitative method, however, has limits in terms of measurement.
 - Option 3: Academic institutes can be an avenue to collect qualitative data. A PhD student or a professor speaking Vietnamese might be able to take this project forward.
- Consult local stake holders for proper indicators. The indicators will measure changes at local level. Local stake holders hence might have the best ideas about the indicators. During the training session, it would be useful to ask different stake holders what they would measure as indicators.
 - Select indicators that are based on the plausible goals. Be mindful that the project has to be completed in three months.

Recommendations to design the pilot study as a corner stone of future projects

- The pilot project should be continued to see the concrete outcomes in the long run.
- This pilot study should select participants who can be used as a foundation for future projects.
- Design the pilot study to encourage the participants to stimulate each other and bring snow ball effects.

11. Palau pilot study plan

Situation analysis in Palau

- **Smoking prevalence**
 - Of 8,835 individuals surveyed, 16.9% (1,492) of respondents reported that they smoked, of which about 64% were Palauans.
 - 85% of smokers reported that they smoked daily.
 - 33% reported that they started smoking at 19yrs or younger.
- **Betel Nut chewing**
 - Of 10,990 individuals surveyed, 5,264 respondents said they chewed. 94.2% said they chewed on a daily basis.
 - 61.4% initiated chewing before age 19.
 - 85.1% use tobacco in their “elaus” or quid.
 - 42.3% started using tobacco in their “elaus” before the age of 14 and; by 19, 74.7% use by 19, 74.7% use tobacco in their chew.

- **Tobacco Use Among Pregnant Women (smoking)**
 - 2005: 55.6%
 - 2006: 61.1%

- **Tobacco Use Among Youth (2005)**
 - Male: 31.0%
 - Female: 22.6%
 - Micronesia: tobacco consumption involves chewing tobacco with betel nut
 - 48% of adult chew – 85% of those chew with tobacco.
 - 88.1% of Palauan High School students have tried using some form of tobacco.
 - 69.3% used in the last 30 days.
 - 41.6% are frequent users (20+ times in the last 30 days).
 - Most are aware about the health risk of tobacco use in betel nut (84.8%) and smoking/smokeless (77.7%) through parent, grandparent, or guardian.

Brainstormed ideas for the Palau pilot project

- Collect more information for situation analysis as a starting point. The meeting group agreed that there is a stark difference between Palau's actual tobacco control policy and internationally perceived condition of Palau.
- Palauan society in general maintains a matrilineal family system, which requires different considerations from general gender concerns.
- Considering the tight time line of the project, the project plan should implement an intervention that can bring relatively clear outcome in a short period of time.
- A suggestion was made to examine gender-sensitive marketing strategies of a tobacco company like Marlboro, educate focal youth groups about it, and subsequently assess the impact of the education on a gender basis.
- A recommendation was made to get implications from Guam's anti tobacco campaigns and cessation promotion services.
- The idea of collaborating with Joint UN Office with UNICEF and Tobacco Free Kids was put forward.

Action plan: World No Tobacco Day 2010

WHO TFI is preparing the 2010 World No Tobacco Day (WNTD) on the theme of *Gender and Tobacco with an Emphasis on Marketing to Women*. With support of Japan, TFI intends to focus on delivering the key message that actions must be taken to address the global epidemic of tobacco among women, particularly the women in developing countries whom tobacco industries have focused their sights on.

As a technical background document of the 2010 WNTD, TFI is planning to release a new publication—*Gender, Women and the Tobacco Epidemic—Challenges for the 21st Century*. The

publication discusses a wide range of issue pertinent to gender and tobacco control. The report contains updated figures and evidences on women's tobacco use and its consequences, and presents up-to-date policy discussions regarding gender mainstreaming. Particularly, this document reaffirms that various provisions of WHO FCTC mandate national policy makers to incorporate the gender dimension in tobacco control policies. With such evidences and policy recommendations, the new publication and the 2010 WNTD events are expected to bring a synergy in raising awareness of the gender issues and further making progress in integrating gender perspectives into tobacco control.

Annex 1 – Guiding questions for gender approaches

Topic 1: practical implementation plans for tobacco tax increase, earmarked taxes and illicit trade/accessibility to tobacco products

1. Decreasing affordability and accessibility to tobacco products through prices and taxes increases should have a gender focus?
 - a. Do we have info on how economics impact on gender related tobacco use in developing countries?
 - i. Raising taxes and prices would help addressing tobacco use gender related differences? Are there differences on how price increases impact on young males and females?
 - ii. Is there variation of price elasticity for tobacco products between men and women? Are women more sensitive to opportunity costs especially when they are breadwinners?
 - iii. Do women and men support equally policies to increase tobacco products prices and taxes?
 - b. How do we make the case of introducing gender aspects in taxes and prices policy discussions at country level? Do we have examples?
2. Are there mechanisms to designate specific funds for gender sensitive tobacco control programs?
 - a. Do we know how to construct the argument?
 - i. Are there examples of countries that have already earmarked their taxes on whether they considered gender related issues?
 - b. Is it feasible to convince a government to earmark tobacco taxes for gender sensitive approaches especially taking into consideration young girls, women and the poor?
3. Do we know gender differences in accessing tobacco products?
 - a. Do we know the demand side of the illicit trade?
 - i. Is the use of illegal products more common among boys than among girls?
 - ii. Is the use of illegal products different among poor women and poor men?
 - b. Do women of different age groups buy more tobacco products than men of different age groups in duty free sales? On the Internet? On vending machines?
 - c. Is there any opportunity in addressing gender aspects in illicit trade control in national plans and bilateral-multilateral illicit trade control agreements?
 - d. Is there any opportunity to address gender aspects in duty free, Internet and vending machines sales?
4. Women and men as tobacco farmers: is there any differential gender approach?
5. What are the opportunities to include gender and economics in countries research agenda? And in the international agenda?
6. How do we include gender perspective in the implementation of the WHO FCTC especially on article 6, 15, 17 and 18?

Topic 2: practical implementation plans to bring smoke free environment

1. How do we use gender roles to promote smoke-free homes at local level?
 - a. Rational for taking advantage of mothers as smoke-free agents
 - b. Opportunities
2. How do we use gender roles to promote smoke-free primary and secondary schools at local level?
 - a. Rational for taking advantage of teachers as smoke-free agents

- b. Opportunities
- 3. How do we use gender roles to promote smoke-free health care units?
 - a. Rational for taking advantage of health care workers as smoke-free agents; nurses; midwives, LPNs and other health care professionals
 - b. Opportunities
- 4. What are the examples from existing experiences and what were the arguments used and practical steps?
- 5. What are the opportunities to include gender and smoke free policies in countries research agenda?
- 6. How do we use the gender argument to make the case for a complete smoke-free country as oriented by WHOFCCTC article 8 guidelines?

Topic 3: practical implementation plans to ban advertising, promotion and sponsorship of tobacco products

- 1. How do we identify and track gender-oriented forms of tobacco advertising, promotion and sponsorship?
 - a. communication through audio, visual or audiovisual means
 - b. brand-marking
 - c. display of tobacco products at points of sale;
 - d. tobacco product vending machines
 - e. Internet sales of tobacco products;
 - f. brand stretching and brand sharing
 - g. product placement
 - h. provision of gifts or discounted products with the purchase of tobacco products
 - i. supply of free samples of tobacco products
 - j. incentive promotions or loyalty schemes,
 - k. competitions, associated with tobacco products or brand names
- 2. How do we require disclosure by the tobacco industry to relevant governmental authorities of any gender oriented advertising, promotion and sponsorship?
- 3. How do we create a monitoring system of gender oriented tobacco industry marketing strategies and how do we inform the public about their marketing practices?
- 4. What are the opportunities to include gender specific aspects related to tobacco advertising, promotion and sponsorship in countries research agenda? How do we monitor male and female demand for specific brands to identify existing marketing strategies and orient gender sensitive policies
- 5. How do we use the gender argument to make the case for a total ban of advertising, promotion and sponsorship in the country as oriented by WHOFCCTC article 13 guidelines?

Topic 4: practical implementation plans to take gendered education and communication approaches in tobacco control

- 1. What are the messages that will need gender oriented focus?
 - a. Health impact with gender perspective
 - b. Tobacco industry gender-oriented marketing strategies
 - c. Quit smoking gender sensitive approaches
- 2. When, how and what sort of material oriented by gender do we need to produce?
 - a. Maternal health education
 - b. Youth education
 - c. Other opportunities
- 3. What are the examples on gender-sensitive communication/education existing experiences and what were the strategies used and practical steps to prepare them?

4. How do we use cross cutting gender oriented approaches for awareness raising and training initiatives on specific groups? Examples on health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons.
5. What are the opportunities to include gender and education/ communication in countries research agenda?
6. How do we include gender perspective in the implementation of the WHOFCTC especially on article 12?

Topic 5: practical implementation plans to include large, visible and regularly changing health warnings

1. What sort of messages should be included in specific textual and pictorial health warnings for men and for women (following article 11 guidelines). Do we have practical examples?
 - a. sex and gendered effects
 - b. patterns of tobacco uptake
 - c. cessation aspects
 - d. opportunity costs
 - e. agriculture and environment
2. What other packaging and labeling measures with gender focus can be implemented?
 - a. Ban of misleading descriptors (usually targeted to women)
 - b. Inserts and onserts with gender oriented messages and specific tips for cessation
 - c. Plain packaging
3. What are the opportunities to include gender specific aspects of health warnings and details of inserts / onserts in countries research agenda?
4. How do we include gender perspective in the implementation of the WHOFCTC especially on article 11?

Topic 6: practical implementation plans to integrate gender perspectives into treatment services

1. How to introduce the gender perspective to increase availability and access to treatment services
 - a. Focusing practice and policies and educating health workers
 - i. Using primary health care services opportunities: adopt women-centered in pre-natal; use child care opportunities.
 - ii. Taking advantage of professionals that have gender specific patients: women and obstetricians, pediatricians, gynecologists; men and urologists, andrologists
 - iii. Taking advantage of TB treatment, cardiology, respiratory disease, cancer treatment units
 - b. Introduce differential smoking cessation support by gender on:
 - National guidelines
 - Training materials
 - Smoking cessation information to public
 - Quitlines ounseling
 - Others
2. What are the opportunities to include gender specific aspects of smoking cessation treatment in countries research agenda?
3. How do we include gender perspective in the implementation of the WHOFCTC especially on article 12?

Topic 7: practical implementation plans for gender-sensitive information collection

1. Data collection and surveillance initiatives
 - a. Collect and analyse
 - i. sex-specific and gender-specific information on tobacco use
 - ii. gender specific information on effectiveness of tobacco control measures
 - b. Create specific gendered health indicators
2. Include gender in research initiatives
 - a. Collate previous research discussion points from Topic 1-7
 - b. Stimulate the introduction of gender aspects in different health and non-health related research initiatives
3. How do we include gender perspective in the implementation of the WHOFCTC especially on article 20, 21 & 22?

Topic 8: integrate gender perspective into tobacco control planning and as part of multisectoral agendas

1. How do we use the gender argument to ensure no interference of the tobacco industry on public health policies according to article 5.3 guidelines?
2. Who are the groups that should be involved in these initiatives? Building networks and coalitions.
3. Including tobacco and gender as a cross-cutting issue in different health agendas
4. Including tobacco and gender aspects in other agendas: women, development, labor, human's rights etc
5. Infrastructure and funds: how can we shift gender from a marginal to a central agenda item?

Annex 2 – List of participants

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