smoking on health increased from 29% to 49%. In 2011 66% of the population was aware of the existence of national tobacco legislation. In 2013 this number was 85%. The number of smokers indicating that they would like to quit increased from 33% to 72% during the project.

600 teachers from the 296 schools in the Oblast have been trained during the project resulting in improved knowledge (37%–91%) about tobacco control issues by the teachers trained.

Monitoring activities also included analysis of outpatient primary health care medical cards, assessment of skills in counseling smokers as well as interviews with patients. Tobacco dependence treatment has been included in the curriculum of medical students in the Kyrgyz State Medical Academy.

Conclusion: The project has provided a model for successful intervention that WHO and Kyrgyz experts recommend to be expanded nationwide. There is interest to implement the model more widely in Central Asian countries. One of the key preconditions for a successful implementation of tobacco control policies is to establish favorable conditions and social norms to fight the tobacco epidemic. This model for community-based tobacco control can support and complement the governmental tobacco control efforts by raising awareness and improving knowledge on local and grass-roots level.

Multi-sectoral coordination at national and global levels

PP008
COPS OUTCOMES AND WORK TOWARDS SUCCESSFUL COP6
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Background: In November 2012, the Conference of the Parties (COP) to the WHO Framework Convention on Tobacco Control (FCTC) held its fifth session in Seoul, Republic of Korea. Each session of the COP sets the tone for global, as well as national, tobacco control for the years to come. Apart from adopting numerous important decisions to strengthen the fight against tobacco epidemic, COP5 highlighted the need to secure a “whole of government” commitment for numerous important decisions to strengthen the fight against tobacco epidemic, well as national, tobacco control for the years to come. Apart from adopting numerous important decisions to strengthen the fight against tobacco epidemic, COP5 highlighted the need to secure a “whole of government” commitment for implementation of the FCTC. The contributions of the civil society in supporting implementation of the FCTC inter-sessional process

Objective: 1) Outline the content of the newly adopted guidelines and guiding principles that governments need to implement in their national tobacco control efforts – Article 6, Article 9 and 10. 2) Describe ongoing work on treaty provisions and opportunities for governments and civil society to participate in the FCTC inter-sessional process – Article 6, Article 9 and 10, Article 17 and 18, Article 19. 3) Review obligations under the Convention which all governments need to fulfill in the inter-sessional period – reporting, payment of contributions.

Result: The presentation will also provide information on additional topics expected to be discussed during COP6 in 2014.

Method: Poster presentation.

Conclusion: It is expected that the presentation will contribute towards:

• The understanding of the viewers about newly adopted guidelines by the COP5
• Help in campaigning for the improved civil society participation in the intersessional work between COP5 and COP6
• Help viewers revisit various intersessional campaigns including reporting, payment of voluntary assessed contributions, etc.

Objective: COP5 outcomes will be only as strong as their follow-up. Governments need to implement newly adopted guidelines and guiding principles that governments need to implement in their national tobacco control efforts – Article 6, Article 9 and 10. 2) Describe ongoing work on treaty provisions and opportunities for governments and civil society to participate in the FCTC inter-sessional process – Article 6, Article 9 and 10, Article 17 and 18, Article 19. 3) Review obligations under the Convention which all governments need to fulfill in the inter-sessional period – reporting, payment of contributions.

Conclusion: COP5 outcomes will be only as strong as their follow-up. Governments need to implement newly adopted guidelines and guiding principles, fulfilling their treaty obligations such as reporting, and sustain their work on further treaty instrument. Civil society has an important role to play during this process – by supporting the governments directly in their tobacco control efforts, serving as a watchdog to monitor whether countries comply with the FCTC provisions, or providing input to FCTC’s inter-sessional work, such as participating at in FCTC working groups.

PP010
TOBACCO CONTROL IN NEPAL – CHALLENGES AND COUNTERMEASURES
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Background: Tobacco kills about 16,000 people every year in Nepal and 90 per cent of them die due to lung cancer. Cigarette and Beedi smoking, chewing tobacco and using tobacco products such as Pan, Parag, Gutka, etc. are common in Nepal. The prevalence of smoking is 52% and 13.3% for males and (female) (15 years and older) respectively. The recent studies have shown that doctors, teachers, civil servants and adolescents are more in this addiction. Nepal signed the Framework Convention on Tobacco Control (FCTC) on December 3, 2003, and ratified it on November 7, 2006. Initially tobacco control and Regulatory activities were led by Government of Nepal on May 2011.

Objective: To share the challenges and countermeasures on tobacco control in Nepal.

Method: To implement the anti-tobacco law, Government has formed national and district level Monitoring Committees. Secretary of the Ministry of Health and Population (MoHP) is the coordinator of the national level committee. MoHP has assigned National Health Education Information and Communication Centre (NHEICC) as the focal body to monitor and make surveillance of the effective implementation of the act. The Assistant CDOs in the three districts of the Kathmandu Valley have yet to consider enforcing the anti-smoking as a priority. Most of the times they are busy mobilizing security forces during protests and rallies. Some assistant CDOs even do not know about the anti-smoking law.

Result: Through the health tax fund, coordination, awareness raising and advocacy activities have been implemented. In this endeavour, Somme NGOs are playing key roles in awareness raising and act as pressure group for the effective implementation of act.

Conclusion: Government alone cannot ensure the effective implementation of the tobacco control and regulatory act – 2011. National NGOs should play crucial role in this endeavou. An effective enforcement strategy and mechanism should be developed and implemented. Massive advocacy on awareness raising programme should be launched using Local bodies and civil society role. Political and financial support from Government and donors equally plays significant role for successful implementation of the law.

PP015
IMPLEMENTATION OF WOMEN AND CHILD LABOR LAW IN TOBACCO INDUSTRY: A CASE STUDY IN BANGLADESH
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Background: Tobacco consumption in Bangladesh is widespread which is worsening poverty and health both on the individual and national level. Cottage industries in Bangladesh manufacture biri (unfiltered cigarette), chewing tobacco and process loose tobacco. The workers of such factories are mainly women and children who have no option but to undertake such work. However, this is not only hazardous to their health, it also violates the ethics of international conventions and national laws.

Objective: 1. Create a conducive legal and policy environment by mainstreaming child and women labor issues in national and sectoral social and economic policies, legislation and programmes. 2. Build and strengthen technical, institutional and human resource capacity of stakeholders dealing with child and women labor elimination. 3. Directly combat child and woman labor through prevention, withdrawal, rehabilitation and re-integration of working children and their families. 4. Improve the knowledge base on child and women labor for informed policy.

Method: 1. Licensing of cigarette/biri factories. 2. Monitoring the activities of small/medium factories. 3. Improving legislations that specifically ban women and children labor in factories and ensuring implementation of the legislation. 4. Provide alternative jobs to women so that income and stability is realized in relevant areas. 5. Mandatory schooling of children in relevant areas. 6. Health screening for those labor already affected.

Conclusion: It is a long term, multi-faceted initiative and if implemented, will slowly eradicate women and child labor in such said hazardous factories.

Method: 1. LICENSING OF CIGARETTE/BIRI FACTORIES. 2. MONITORING THE ACTIVITIES OF SMALL/MEDIUMfactories. 3. IMPROVING LEGISLATIONS THAT SPECIFICALLY BAN WOMEN AND CHILD LABOR IN Factories AND ENSURING IMPLEMENTATION OF THE LEGISLATION. 4. PROVIDE ALTERNATIVE JOBS TO WOMEN SO THAT INCOME AND STABILITY IS REALIZED IN RELEVANT AREAS. 5. MANDATORY SCHOOLLING OF CHILDREN IN RELEVANT AREAS. 6. HEALTH SCREENING FOR THOSE LABOR ALREADY AFFECTED.

PP029
NATIONAL TOBACCO CONTROL COORDINATION: THE COST EFFECTIVE STRATEGY FOR HARMONIZING IN-COUNTRY TOBACCO CONTROL ACTORS
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Introduction & background:
• Many in-country tobacco (TC) control actors, with poor national coordination for example in Uganda
• Competition among TC actors limiting consultation and sharing among actors
• Duplication of activities leading to high costs of implementation
• Failure to follow national priorities due to lack of a coordinating mechanism

Objective: Congruence for all TC actors, specifically focusing on:
1. Leveraging comparative advantage for TC actors and partners
2. Reduce duplication of activities and cost for implementation
3. Critical mass to respond to TI interference

Method: Initially:
• Establishing a national coordination point & secretariat
• Establishing and equipping the coordination committee
• Identifying partners and their roles and responsibilities
• Reporting and reviewing progress
Results:
1. TC Coordination Mechanism established
2. Improved coordination for key activities such support to TC bill, WNTD
3. Reduced costs for TC implementation
4. Alignment of TC actor activities with the national TC Strategic plan
5. Organised and coordinated response to TI interference
6. Joint high level advocacy for TC policy and legislation
TC Coordination Mechanism: E.g. Uganda.
Conclusion: National TC coordination is a cost effective strategy, because it requires minimal funding and has multiple benefits including:
1. Defines/sets country priorities in TC
2. Reduces costs (reduce competition and enhances complementarities)
3. Increases ownership and sustainability of TC program
4. Strengthens TC through a “common front” vs. pro-tobacco & TI interference.

Beyond cigarettes: smokeless tobacco, ENDS (electronic nicotine delivery system) and other tobacco and non-tobacco products

PP001
PREVALENCE OF GREEN TOBACCO SICKNESS AMONG FCV TOBACCO FARMERS IN ANDHRA PRADESH, INDIA
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Background: Growing and handling Flu Cured Virginia tobacco (FCV) presents some hazards, a condition known as green tobacco sickness (GTS) due to the moisture and nicotine content. GTS is an occupational poisoning which affects workers who cultivate, harvest and handle FCV tobacco during any stage, which is characterized largely by nausea, vomiting, headache, muscle weakness, and diarrhoea.

Objective: We studied the prevalence of GTS among FCV farmers and farmers growing other crops including non FCV farmers in the state of Andhra Pradesh, India.

Method: This cross sectional study was conducted in the two districts of Kurnool and Prakasam of Andhra Pradesh, India during March 2012-August 2012. The farmers were divided into two groups, one growing FCV, the other growing Non FCV and other alternative crops. The farmers and household of both the group who were interviewed during any stage of the crop growing and handling were included in the study. We used a pretested questionnaire collecting self-reported information on symptoms of GTS. We included nine symptoms namely tiredness, vomiting, shortness of breath, itching, increased sweating, poor appetite, sleeplessness, increased salivation and body ache which are associated with GTS

Result: We included 27221 households in the study with 14521 (53.3%) belonging to FCV and 12701 (47.7%) belonging to other group. The reliability in terms of internal consistency among the nine symptoms we included as measured by Cronbach’s alpha coefficient was acceptable (α=0.7). The symptoms of vomiting (52% increased perspiration (54%), sleeplessness (54%) and increased salivation (54%) was found to be strongly associated with growing FCV (p<0.001). The other symptoms of tiredness, loss of appetite and body ache though more associated with FCV household was not statistically significant (p=0.01).

Conclusion: With the global battle of controlling disease caused by tobacco chewing and smoking, it’s time we also start focusing on the effects of growing tobacco crops by farmers and other individuals who are involved in different stages of the cropping. With more children getting involved in tobacco farming, the symptoms of GTS had to be made aware among the farmers. The health care professionals should be made to probe among farmers growing tobacco for GTS.

PP003
ACCEPTABILITY OF FEMALE SMOKING & SMOKELESS TOBACCO USE IN INDIA: FINDINGS FROM THE TCP INDIA SURVEY
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Background: In many lower and middle-income countries, there is a gender gap in smoking whereby female smoking rates are much lower than males. A unique situation exists in India, where female smoking rates are low but the use of smokeless tobacco is high.

Objective: The aim of this study is to examine acceptability of female smoking and smokeless tobacco use in India, and to distinguish the factors that might explain female tobacco use in comparison to male tobacco use, such as social norms and beliefs about tobacco.

Method: Data are from Wave 1 of the TCP India Project (2010–2011), a survey of 8051 tobacco users and 2534 non-users in 4 states.

Result: Smokeless tobacco-only use was the most common form of tobacco use, especially among females (96-99.6%) of female tobacco users across 4 states; 38.9–77.6% of male tobacco users). The use of smokeless tobacco among females was perceived as more acceptable than both female cigarette and bidi smoking. Female smokers were significantly more likely than male smokers to say female cigarette and bidi smoking is acceptable (15 vs. 21-24, 165 p<0.001; and 17 vs. 2p<0.001). Similar patterns were found between female and male mixed tobacco users. The majority of tobacco users said society disapproves of tobacco use, with more agreement that society disapproves of smoking than smokeless tobacco use. More males (38% vs. 32.3%), females (48% and mixed tobacco users (38%) were the least likely to say that society disapproves of smoking. Female smokeless (5%) and mixed tobacco users (40%) were also less likely than males (57% and 52% respectively) to agree that society disapproves of smokeless use. The belief that it is acceptable for females to smoke/use smokeless tobacco, and the belief that society approves of smoking/smokeless tobacco were associated with lower likelihood of intending to quit smoking/smokeless tobacco. Both of these relations were slightly stronger among females than males.

Conclusion: Smokeless tobacco was more acceptable than smoking in India, particularly for females. Female tobacco users tended to view their own tobacco use behavior as more acceptable than other types of tobacco use and than their male counterparts perceived it to be. Beliefs about social acceptability of female tobacco use may be an important predictor of intentions to quit tobacco.