WORKING TOGETHER TO CREATE A WORLD WITHOUT CANCER

Global Strategies that Advance Cancer- and Tobacco-Control Efforts

Mid-Term Report of the Global Health Partnerships Program
February 2010
# Introduction

Tackling Cancer with a Comprehensive Approach

Pfizer Foundation Global Health Partnerships Map

## Building the Evidence for Enhancing Care
- American Cancer Society (ACS), Asia
- Cancer Foundation of China
- European Organisation for Research and Treatment of Cancer (EORTC), Belgium
- International Union Against Cancer (UICC)
- Irish Cancer Society
- The Good Dog Foundation, United States
- The Health Policy Institute, Japan
- The New Hope in Health Foundation (SUVAK), Turkey

## Screening to Save Lives
- American Cancer Society (ACS), Latin America
- Breast Cancer Network Japan — Akebonokai
- Cause Marketing Fundraisers, South Africa

## Navigating Patients Through Complicated Systems of Care
- The George Washington University Medical Center, United States
- Ralph Lauren Center for Cancer Care and Prevention, United States
- Shanghai Municipal Center for Disease Control and Prevention (SCDC)

## Building Awareness About the Harm of Tobacco Use
- Alliance for Control of Tobacco Use (ACT), Brazil
- Hellenic Thoracic Society (HTS), Greece
- SAMBA, Sweden
- Umberto Veronesi Foundation, Italy

## Developing Tobacco Control Capacity
- Action on Smoking and Health (ASH) International, Region of the Americas (AMRO)
- Action on Smoking and Health (ASH) International, Eastern Mediterranean Region (EMRO)
- Mexican Council Against Tobacco (CMCT)

## Protecting Nonsmokers From Secondhand Smoke
- American Cancer Society (ACS), North Africa
- Chinese Association on Tobacco Control (CATC)

## Helping Smokers Quit
- Comprehensive Cancer Center Freiburg (CCCF), Germany
- Health Promotion Foundation, Poland
- Heart and Stroke Foundation of Ontario, Canada
- Hungarian Academy of Teaching Family Physicians (HATFP)
- Japan Medical-Dental Association for Tobacco Control
- Partnership for Prevention, United States
- Philippine Business for Social Progress (PBSP)
- QUIT®, UK

## Monitoring and Evaluation

Page dimensions: 540.0x792.0
A PROMISE IN PROGRESS

As the world’s largest pharmaceutical company, Pfizer has a responsibility to direct our resources and expertise to address the world’s most enduring health challenges. Cancer is one of these challenges. We recognize that only by working together with those who share a vision of a healthier world can we make a significant impact toward eradicating this disease that has outlived too many generations.

Pfizer’s Global Health Partnerships (GHP) Program is one approach we are taking to tackle the global cancer epidemic. Through GHP, we are investing $47 million over four years in the growth of 31 promising cancer- and tobacco-control organizations united by the shared mission of accelerating the pace of progress in the fight against cancer. Throughout 46 countries, our partners are leaders in their regions, employing new approaches to reducing cancer or tobacco use, patient-by-patient, hospital-by-hospital, community-by-community. Together, our partners explore promising practices and innovations to deliver on the promise of a healthier world for generations to come. This compendium seeks to share some of the extraordinary work being carried out each day by GHP partners throughout the world.

WHO Statistics (2010):

- By 2020, the incidence of new cancers is expected to rise by 50 percent to between 15 million cases and 16 million cases annually. Of these, 75 percent will strike in developing countries, those least prepared to respond.
- Tobacco use is the largest single preventable cause of cancer.
- 40 percent of all cancer deaths can be prevented.
Championing Innovation and Thoughtful Evaluation

One of the most important goals of GHP is to foster a culture of results-oriented discovery and innovation. While each partner is encouraged to innovate and test new models, they also receive critical assistance from the Johns Hopkins Bloomberg School of Public Health to improve the implementation, measurement, and evaluation of their work. Each organization receives a unique combination of customized capacity building support. This includes participation in monitoring and evaluation (M&E) workshops and tailored trainings as well as individual support that goes beyond building capacity to developing customized evaluation plans for each organization. Senior evaluators work with each partner to identify indicators of success, offer analytical and data skills as needed, and discover how results can be effectively packaged and disseminated within the global health community. With additional resources for evaluation and stronger systems in place, GHP partners are able to closely track their progress and substantially increase the impact of their programs over time.

“Through Global Health Partnerships, Pfizer and the Pfizer Foundation are working with some of the world’s most innovative organizations in 46 countries. In partnership, we are improving cancer-related health outcomes through financial support, public awareness, technical assistance and patient advocacy. Global Health Partnerships is one of our most extensive health programs and best examples of how we are working together for a healthier world.”

– Caroline Roan, President, Pfizer Foundation
Supporting Global Diversity

The partners of the GHP program focus on a range of innovations that span across the cancer continuum, each building upon their own unique models, country contexts, and strengths. With such a diverse range of organizations and efforts, seven key areas of focus or cluster groups were defined early on in the program. By outlining seven distinct approaches, partners have an opportunity to connect even further with peers who are doing similar work, develop shared indicators of success across their peer group, and eventually, aggregate best practices and identify promising models to be shared with the broader health community. You can learn more about these areas of focus on the next page. Throughout this compendium, partners share more about how they are innovating within each one of them.

Fostering Collaboration and Global Partnership

Through networking events, connections between partners, and regular internal reports, we aim to foster the kind of global collaboration we believe is necessary if we are to see measurable progress in reducing the cancer epidemic. The peer network developed through this partnership is an important cornerstone of its success and sustainability.

In this compendium, you will learn how some partners are reducing tobacco use through nationwide awareness campaigns, navigating patients through complicated systems of cancer care and treatment, or increasing cancer survivorship by improving access to screening. On the following pages, partners describe the unmet cancer- and tobacco-control needs in their countries, how they are meeting those needs, and the impact they expect their programs to have. They have provided photos and firsthand accounts and each story offers a glimpse into the dedication of those who work in this field.

The best of these rich and varied projects are expected to become global models for improving cancer-related outcomes and tobacco-control country efforts on local, community, and national levels. The information gathered and lessons learned from these projects will help inform evidence-based practices for national cancer agencies and other organizations to improve public health policies and services.

“We’re catching breast cancer all of the time. Without this mammogram truck, a lot of breast cancer would have gone undetected and many women’s lives would have been cut short. The Pfizer grant is the sole reason we have this truck.”
– Noelene Kotschan, Director, Cause Marketing Fundraisers

“For me, I came up with the idea of a patient navigation system 19 years ago and set out to apply it in this Harlem community. I began working to create a model for others to duplicate. The Pfizer grant allowed me to use my model and create a proposal to take it to five places in America. It’s been an amazing opportunity to see something you created grow and spread into other places.”
– Dr. Harold P. Freeman, President and Founder, Ralph Lauren Center for Cancer Care and Prevention
“Coming together is a beginning. Keeping together is progress.

TACKLING CANCER WITH A COMPREHENSIVE APPROACH

BUILDING THE EVIDENCE FOR ENHANCING CARE
Improving cancer care by expanding the comprehensiveness, quality and accessibility of patient services.

SCREENING TO SAVE LIVES
Increasing cancer survivorship by improving access to screening.

NAVIGATING PATIENTS THROUGH COMPLICATED SYSTEMS OF CARE
Expanding patient services to address emotional, psychological and financial aspects of treatment and to improve the state of cancer care.
**BUILDING AWARENESS ABOUT THE HARM OF TOBACCO USE**
Raising public awareness through media campaigns focused on changing knowledge, attitude, and beliefs about the risk factors for cancer such as diet, lack of exercise and tobacco use.

**DEVELOPING TOBACCO CONTROL CAPACITY**
Building strong capacity within tobacco-control organizations to enable them to advocate for effective program implementation and policy development worldwide.

**PROTECTING NONSMOKERS FROM SECONDHAND SMOKE**
Increasing the number of workplaces that implement and enforce smoke-free policies worldwide.

**HELPING SMOKERS QUIT**
Increasing access to evidence-based tobacco dependence treatments to increase the number of successful quit attempts among smokers and decrease smoking prevalence.

"Coming together is a beginning. Keeping together is progress. Working together is success." —Henry Ford
PFIZER FOUNDATION GLOBAL HEALTH PARTNERSHIPS

Action on Smoking and Health (ASH) International, AMRO ●
Action on Smoking and Health (ASH) International, EMRO ●
Alliance for the Control of Tobacco Use (ACT), Brazil ●
American Cancer Society (ACS), Asia ●
American Cancer Society (ACS), Latin America ●
American Cancer Society (ACS), North Africa ●
Breast Cancer Network Japan — Akebonokai ●
Cancer Foundation of China ●
Cause Marketing Fundraisers, South Africa ●
Chinese Association on Tobacco Control (CATC) ●
Comprehensive Cancer Center Freiburg (CCCF), Germany ●
European Organisation for Research and Treatment of Cancer (EORTC), Belgium ●
Health Promotion Foundation, Poland ●
Heart and Stroke Foundation of Ontario, Canada ●
Hellenic Thoracic Society (HTS), Greece ●
Hungarian Academy of Teaching Family Physicians (HATFP), Hungary
International Union Against Cancer (UICC)
Irish Cancer Society
Japan Medical-Dental Association for Tobacco Control
Mexican Council Against Tobacco (CMCT)
Partnership for Prevention, United States
Philippine Business for Social Progress (PBSP)
QUIT®, UK
Ralph Lauren Center for Cancer Care and Prevention, United States
SAMBA, Sweden
Shanghai Municipal Center for Disease Control and Prevention (SCDC)
The George Washington University Medical Center, United States
The Good Dog Foundation, United States
The Health Policy Institute, Japan
The New Hope in Health Foundation (SUVAK), Turkey
Umberto Veronesi Foundation, Italy

● Tobacco Control
● Cancer Control
AMERICAN CANCER SOCIETY (ACS), ASIA

Unlike in the United States and Europe, where advocacy groups are well-established, many Asian nongovernmental organizations are in their infancy — small start-ups founded by a single cancer survivor or dedicated health care professional. But these vibrant groups hold the future for cancer control in the region.

With this grant, the American Cancer Society (ACS) is partnering with the most innovative, dynamic groups in the region to build their capacity for early detection of cancer and patient support.

In the Philippines, for example, ACS partnered with the ICanServe Foundation (ICS), a group marked by enthusiasm, survivorship and volunteerism, including Filipino celebrities. The group has launched one of the country’s pioneer community-based breast cancer screening programs, supported by the mayor of Marikina City and Pfizer Philippines. The group also hosted the second regional ACS-led training on cancer-control strategies for NGOs in 2009 in Manila.

Another program attracting attention is “Men Care,” an innovative initiative founded by Malaysia’s National Council of Women’s Organisations (NCWO) in 2006, in which men encourage and accompany their wives to undergo breast cancer screening. The expanded program, launched in 2007 with assistance from ACS and supported by Pfizer Malaysia, focuses on Malay, Chinese, and other ethnic women who often do not seek medical attention until late stages of breast cancer. To date, NCWO has published more than 9,000 copies of outreach materials aimed to educate men about the risks of and treatment for breast cancer, and the kinds of support they can provide their wives and other female family members.

ACS aims to help these and other grassroots programs blossom from local programs to well-heeded national initiatives.

Countries: Malaysia, the Philippines, Singapore, Taiwan, Thailand

Team: Hope Society for Cancer Care (Taiwan), ICanServe Foundation (the Philippines), National Council of Women’s Organisations (Malaysia), Queen Sirikit Centre for Breast Cancer (Thailand), Singapore Cancer Society and other NGOs in the region

Focus: Cancer: Building the Evidence for Enhancing Care

Problem: Asian countries lack strong cancer control programs that incorporate recommended cancer screening and care as compared to other regions such as Europe.

Solution: ACS aims to provide technical assistance for promising grassroots initiatives in Asia to improve access to and utilization of cancer control services.
With one-fifth of the world’s population, China is grappling with its own burgeoning cancer burden: the country reports between 1.8 million and 2 million new cancer cases each year and between 1.4 million and 1.5 million cancer deaths annually. “Cancers commonly seen in both developing and developed countries now co-exist at high incidence levels in China,” according to the Cancer Foundation of China.

Under this grant, the nonprofit Cancer Foundation is working to reverse this trend by building capacity and improving education for health care professionals who work on cancer prevention and control, especially in rural areas where knowledge is limited.

The group hopes to improve cancer prevention and control in China, which reports say has not kept pace with the country’s socio-economic progress. Today, cancer is the leading cause of death in the country.

Under this program, experts will provide training for a new generation of scientists and professionals. The Foundation is developing a core training curriculum for health professionals from rural high-risk areas of 32 provinces, entitled the “Cancer Prevention and Control Academy Course.” It is also developing a week-long “hands-on” clinical training program in early cancer registration, detection and treatment for esophageal, cervical and colon cancer.

In addition, the program is working to form a nationwide network to transfer the latest scientific and medical knowledge about cancer prevention and control from program trainees to local health professionals throughout the country. The program eventually will collect data about the cost-effectiveness, benefit and utility of several cancer screening technologies and detection methods. The program expects to provide academic training to between 160 and 320 health professionals from rural areas who will serve thousands of patients in more than 50 hospitals nationwide.
EUROPEAN ORGANISATION FOR RESEARCH AND TREATMENT OF CANCER (EORTC), BELGIUM

For more than 15 years, the European Organisation for Research and Treatment of Cancer’s Quality of Life team has pioneered the field of understanding how an accurate evaluation of patient well-being improves cancer treatment and outcomes.

This project, Patient Reported Outcomes and Behavioral Evidence (PROBE), headed by Dr. Andrew Bottomley, Assistant Director and Head of the Quality of Life Department at EORTC, enables the organization to improve upon the current standard of care. The focus is to undertake a secondary analysis of already collected psychosocial and clinical data to ensure that clinicians understand quality-of-life issues in cancer patients and to improve future clinical trial research.

Since its inception in 1962, EORTC has provided a standard of care for cancer treatment throughout Europe. More than 2,000 clinicians worldwide voluntarily collaborate on 15 key disease- or treatment-oriented groups, including quality-of-life issues.

To support this project, EORTC has collected high-quality psychosocial/quality-of-life data from 120 clinical trials. EORTC researchers used a specially developed questionnaire designed to assess the quality of life of cancer patients (QLQ-C30) that includes information about a patient’s perception about his/her own health. Research shows that such perceptions may play a key role in cancer prognosis.

To date, the PROBE project has set up an advisory panel of international experts and hosted three successful biannual meetings to disseminate research findings and discuss new research topics. In addition, the program has developed a Web site (www.eortc.be/probe) to share findings with the global cancer community and will hold additional global conferences in the near future. The PROBE team has presented their key findings at 10 international conferences and published its results in major scientific journals, creating a set of new standards of care.

The PROBE project thus holds out the promise of significant improvement in the understanding of quality-of-life issues in the treatment of cancer patients everywhere.
INTERNATIONAL UNION AGAINST CANCER (UICC)

On World Cancer Day, 4 February 2009, UICC communicated globally the key campaign message: “Three to four million new cases of cancer could be prevented every year by avoiding overweight and obesity.” These words marked the start of the organization’s “I love my healthy childhood” campaign, the second wave of a UICC effort aimed at reducing the global cancer burden through simple prevention measures.

The Geneva-based UICC, an independent NGO of 342 member organizations in over 100 countries, is conducting a four-year awareness campaign, “Today’s Children, Tomorrow’s World,” aimed at educating the world’s parents and policy-makers about the healthy choices that can reduce the risk of children developing cancer later in life.

The 2009 campaign focuses on obesity as a cancer risk, which follows the 2008 campaign addressing the risk of cancer from exposure to secondhand smoke. Avoiding cancer-related infections and adopting sun-smart behaviors are to follow in 2010 and 2011.

Under this grant, the UICC supports the global campaign through development of a population-based survey tool on cancer-related beliefs and behaviors. The survey was conducted in 42 countries and provides data from a country-, U.N.-region and global perspective.

The UICC is supporting member organizations with a workshop series using the survey data to develop their own population-based, culturally appropriate cancer control programs. In addition, the grant helps build local capacity in the UICC membership, particularly in low- and middle-income countries, through the creation of a campaign Web site and provision of other media and communication tools such as public service announcements and media fact sheets.

These efforts will help children and parents everywhere better understand cancer-causing behaviors.

Countries: Seventy countries worldwide, including Europe, Africa, Asia and Latin America

Team: International Union Against Cancer (UICC)

Focus: Cancer: Building the Evidence for Enhancing Care

Problem: Cancer is often perceived as a fate to be accepted or even a death sentence, but experts estimate that 30 percent to 40 percent of cancers are preventable.

Solution: The project aims to improve public and professional knowledge of positive lifestyle choices that can reduce the risk of cancer in later life.

“Overweight and obesity are part of the causal chain for many cancers. In fact, current lack of public understanding between the link between body weight and cancer probably parallels our attitudes to smoking and cancer in the 1950s.”

—David Hill, President of the International Union Against Cancer, in a 2009 speech
In Ireland, the burden of cancer is great, with one in three people expecting a diagnosis in their lifetime. The 2006 publication, “A Strategy for Cancer Control in Ireland,” acknowledged the importance of psychosocial care as a critical component of a multidisciplinary approach to managing cancer and to minimizing the physical and psychosocial impact of the disease and its treatment. The strategy recommended that the Irish Cancer Society (ICS) develop a code of practice for cancer self-help groups, support groups and support centers for the estimated 40-plus groups across Ireland. Further, it defined affiliation with the ICS of these same groups as a “progressive step forward” in increasing access to and improving quality of cancer care while minimizing fragmentation.

Cancer survivors, along with their caregivers, report that health care professionals often do not fully understand their psychosocial needs. The Irish Cancer Society’s approach includes offering patients proven types of psychosocial support to reduce depression, anxiety and stress. In addition, the ICS offers a National Cancer Helpline, Web-based information and a directory of known groups. Some studies have shown that effective psychosocial support lowers overall health service utilization by 7 percent to 11 percent.

“We recognize the immeasurable benefit that support groups have for patients and their families. Because of this, we endeavour to foster and aid the development of support groups by offering professional advice and assistance,” says ICS Chief Executive John McCormack.

Under this grant, the society has conducted the first inventory of available cancer support groups across the country. Next, the group will identify key principles of effective cancer support to develop standards of care and codes of practice. Finally, the group will establish a cancer support network model to develop and support the establishment of more support groups.

In light of the increasing cancer burden and the acknowledged benefits of improved well-being that participation in cancer support groups can offer, it is timely to take stock of this important health resource, to implement a plan to increase accessibility and ultimately to improve the quality of life for all cancer patients in Ireland.
THE GOOD DOG FOUNDATION, UNITED STATES

At U.S. hospitals, patients are being treated to unconventional visitors to help provide support, comfort and healing to cancer patients: four-legged friends with wagging tails, wet noses and comforting temperaments.

These “animal-assisted visits,” supported by the Brooklyn-based Good Dog Foundation, have been linked to positive health benefits that include such varied outcomes as lower blood pressure, decreased loneliness and increased socialization. The Foundation provides its services in 190 institutions in four states, including New York, and it makes 200,000-plus visits a year to patients and clients, in addition to 60,000 visits to staff.

Intuitively, researchers think that the animal-human bond provides security, health and happiness. Under this grant, The Good Dog Foundation takes the lead in conducting verifiable scientific studies with the Continuum Cancer Centers of New York at Beth Israel Medical Center to quantify benefits of therapy-dog treatment for cancer patients. This project is to be led by Dr. Stewart Fleishman and the staff of the Cancer Center.

The overall engagement is expected to result in peer-reviewed scientific studies. These studies are to look at the association between the animal-assisted visits and clinical outcomes in inpatient oncology treatment and outpatient chemotherapy infusion. They will address issues such as drug therapy compliance, pain management, surgical recovery time and tolerance of chemotherapy. The results are expected to provide further guidance for animal-assisted therapy in cancer treatment programs. One Norwalk Hospital patient put it this way: “When the dogs started visiting me during my cancer treatment, it was the turning point. My attitude improved, and my health started improving. It never dawned on me that therapy dogs would be such an important part of my well-being.”

Country: United States
Team: The Good Dog Foundation, Continuum Cancer Centers of New York at Beth Israel Medical Center
Focus: Cancer: Building the Evidence for Enhancing Care
Problem: Cancer treatment often lacks human or personal elements. Some patients become discouraged and do not complete full courses of treatment.
Solution: Program aims to evaluate the effect of animal-assisted visits on a patient’s quality of life and adherence to treatment for maximal response.
THE HEALTH POLICY INSTITUTE, JAPAN

In 2003, Japan’s Emperor Akihito underwent surgery for removal of a cancerous prostate gland in a public hospital, the first time that a Japanese emperor had ever undergone surgery outside the palace grounds. The operation was a success, and the break from tradition helped usher in a new era of cancer treatment in Japan.

Under this grant, the Health Policy Institute, Japan, founded a year after the emperor’s operation, will spearhead continued efforts to modernize Japanese cancer diagnosis and treatment. In one survey, the Institute reports that 90 percent of the Japanese public expressed dissatisfaction with the country’s health care policies.

Specifically, the grant is being used to determine the differences in cancer incidence, treatment and outcome across the nation’s prefectures. First a database will be set up for best practices in cancer and tobacco control. Then the program will develop a network of cancer patient advocates across the country. Both efforts are expected to increase capacity. The program is innovative in Japan, where participation in health care issues and policy is not as integrated as in other nations.

Still, Japan has 3 million cancer survivors and 600,000 newly diagnosed cancer patients each year. The program will focus on the six prefectures with the highest cancer rates, which include a total population of 5 million people. Roughly 1,000 stakeholders will be trained and educated in an effort to establish effective cancer- and tobacco-control ordinances and laws. A Web site will be developed to disseminate successful intervention strategies and personal stories.

These efforts should substantially advance Japan’s new era in cancer treatment and tobacco control.
THE NEW HOPE IN HEALTH FOUNDATION (SUVAK), TURKEY

Sometimes what you don’t know can hurt you.
In Turkey, insufficient cancer surveillance data and the lack of a national cancer registry for decades have kept health officials and advocates in the dark about the causes and extent of Turkey’s cancer burden.

But times are changing. The Health Directorate of Istanbul declared 2009 the year to fight cancer, and this project makes hitting that goal more likely.

Under this grant, the New Hope Foundation and the Ministry of Health have teamed up in a project called “Step Forward to Fight Against Cancer.”

As a first step, the group recruited and trained cancer registrars from the four provinces of Izmir, Antalya, Samsun and Erzurum. A total of 38 registrars were trained in the principles of cancer registry and geographic information systems. Cancer registry data of Izmir, Antalya, Samsun and Erzurum will be published in 2009. The 2007 data of these four registries will be published in 2010.

Perhaps even more importantly, the “Step Forward” project has brought together the country’s cancer advocacy groups. In the “Hand-in-Hand Against Cancer” meeting, more than 60 participants from 14 advocacy groups were united for the first time at the Ankara Esenboga Airport Hotel. These groups are now working on being recognized as a federation, giving them access to federal funds. The federation has 18 members, and this number is likely to increase. A “Hand-in-Hand” logo, two people joined in the shape of a heart, was agreed upon and will be used on education and marketing materials.

The New Hope in Health project has made great strides in establishing a system for reliable cancer data in Turkey. In turn, this should lead to stronger advocacy campaigns.

Country: Turkey
Team: The New Hope in Health Foundation (SUVAK), Turkey’s Ministry of Health
Focus: Cancer: Building the Evidence for Enhancing Care
Problem: Cancer control efforts are hampered by insufficient cancer surveillance and registry systems as well as poorly coordinated advocacy networks.
Solution: Project aims to improve national capacity to collect and maintain high-quality cancer registry data and use this to establish advocacy groups.
Through a competitive grants program, the American Cancer Society is funding a select group of 14 nongovernmental local organizations dedicated to supporting cancer early detection efforts in Latin America.

These local partners are planning and implementing early detection projects that are relevant to their communities and are working toward activating a grassroots approach to advocacy. The program has conducted a comprehensive assessment of the organizational capacity needs of each organization and is developing specific training programs. The NGOs are also receiving two years of individual technical assistance to address organizational weaknesses. In addition, the program is helping countries adopt best-practice guidelines that are appropriate to Latin American health systems.

Many people do not access early detection services because cancer is perceived as a “death sentence.” By working with survivors, this program raises their profile, giving a face of hope to cancer. The program is an integrated approach to improving the civil society response to cancer control by increasing NGO capacity from both an organizational and programmatic standpoint. The program has also involved the media in dispelling the myths that surround cancer.

"As a breast cancer survivor I knew I wanted to help change the lives of women who are confronting this horrible disease, but I didn’t feel like I had the right skills! With the integrated support of the Latin American Regional Health Grants, I feel like I have gotten a wide range of support, knowledge and my organization has changed profoundly. Thank you for this unique opportunity."

—Claudia Saa, cancer survivor and founder of AMESE, a breast cancer organization in Colombia
 BREAST CANCER NETWORK JAPAN — AKEBONOKAI

In the late 1970s, Japanese activist Takako Watt discovered a lump in her breast. She sought medical attention but was advised to take a wait-and-see attitude. Watt persisted. After a second opinion, a doctor biopsied the lump and discovered the cancer immediately.

It was that experience that led Watt to found Akebonokai, “the Dawn Association,” in 1978. It has since become one of the world’s leading breast cancer patients’ associations. In Japan, the group has more than 4,000 members in 30 local branches. Today it is a model for self-help groups dealing with cancer-related issues around the globe.

With this grant, the group tackles one of the most discouraging problems in Japan’s largest city. Tokyo has the highest breast cancer mortality rate in the country and the third-lowest mammography screening rate for women age 40 and older. Only 15 percent of these women are seeking screening.

The group conducts research to investigate obstacles to mammography screening. These findings help health officials address women’s reasons for not seeking screening. The group runs an education campaign to highlight the importance of early detection and treatment. This effort includes biannual lectures and distribution of educational materials such as self-exam tools and online educational Web sites.

The group also provides easy access to screening by supporting a mobile mammography unit that can travel to government or corporate offices. These units have proven successful in other parts of the world.

These efforts should go a long way toward reaching Akebonokai’s goal of boosting screening rates by 2012.

Country: Japan

Team: Breast Cancer Network Japan — Akebonokai, the Japanese Breast Cancer Society, Tokyo Metropolitan Government

Focus: Cancer: Screening to Save Lives

Problem: Despite numerous breast cancer screening campaigns, the mammography screening rate among women ages 40 and over in Tokyo remains low.

Solution: Program aims to improve screening among women age 40 and over from 15 percent today to 50 percent by 2012.

“We have two major goals. One is to help breast cancer patients reintegrate into society. The other is to raise people’s awareness of breast cancer so our experiences will not have been for nothing.”

—Takako Watt, breast cancer survivor, founder of Akebonokai, 2005 Interview with the Daily Yomiuri
CAUSE MARKETING FUNDRAISERS, SOUTH AFRICA

In the rural and suburban areas of South Africa, women die of breast cancer in part because the cancer is either never diagnosed or diagnosed late. As many as one in 26 women in the country now suffer from the disease.

Under this program, South Africa has launched its first two mobile Mammography and Breast Check Units to provide breast cancer screening. These mobile trucks travel in Johannesburg communities to provide screening and educate women about the value of early detection. The education is done through easy-to-understand materials as well as hands-on demonstrations of correct breast self-examination techniques. The early-detection screening is done by a resident mammographer within the mobile truck.

The project also aims at becoming self-supporting. Working women, for example, will pay for mammograms conducted in shopping malls, offices and other central locations. The fees will help pay for free screening for poorer women in cities and rural areas.

“The launch of these units is an amazing opportunity for all South Africans to benefit from accessible education and assistance in dealing with a disease that can be beaten,” says M-Net Director of Marketing Koo Govender, who is working on the project.

“This new breast cancer mobile unit will assist in educating and saving lives at the grassroots level. As a breast cancer survivor myself, I urge all women to regularly go for checkups.”

—Former Deputy Speaker of the National Assembly, Nozizwe Madlala-Routledge
It’s not easy being a cancer patient. Even well-educated patients with access to good information have difficulty navigating the U.S. health care system. If a patient is uneducated, poor, underinsured or uninsured, the task of finding a way through the system is even more difficult.

To help offset this disparity, The George Washington University Medical Center has launched The Center for the Advancement of Cancer Survivorship, Navigation, and Policy with a $1.2 million commitment from Pfizer. The Center serves as a model for others, focusing on the long-term impact of cancer on survivors, training institutional leaders with the skills and knowledge to implement patient-centered programs, and educating policy-makers on the range of cancer patient needs.

The Center focuses on the concept of “patient navigation,” in which a trained “navigator” guides an individual through the complex cancer care system. Navigation helps decrease fragmentation of care and coordinates services with the goal of reducing disparities in mortality and quality of life among cancer patients.

Also, the Center acts as a resource center for other institutions by training clinicians and administrators who want to implement similar programs across the country. The Center conducts training for navigators, nurses, social workers and case workers who want to implement best practices in their institutions.

Additionally, the Center monitors the national health care reform debate to provide objective analysis of how legislative proposals address the comprehensive needs of cancer patients and cancer survivors.

“\textit{This Center will serve as a model for other organizations interested in implementing patient navigation and survivorship programs that cover the continuum of cancer health care from screening to end of treatment and beyond.}”

—Steven Patierno, Ph.D., The George Washington Cancer Institute

\textbf{Country:} United States

\textbf{Team:} The Center for the Advancement of Cancer Survivorship, Navigation and Policy

\textbf{Focus:} Cancer: Navigating Patients Through Complicated Systems of Care

\textbf{Problem:} U.S. cancer care is characterized by disparities in quality of treatment and health outcome, with differences in mortality rates for racial, ethnic and socioeconomically disadvantaged groups.

\textbf{Solution:} Program aims to adopt a multi-disciplinary approach to patient navigation, cancer survivorship and health policy to provide minority and medically underserved patients with access to better quality care.
In Harlem, cancer patients have learned a thing or two about overcoming barriers in health care. Here — in one of the United States’ most economically troubled neighborhoods — Dr. Harold P. Freeman has revolutionized care with his patient navigation concept, which helps patients of any socio-economic status through the complex health care system.

With this grant, the Harold P. Freeman Patient Navigation Institute, a division of the Ralph Lauren Center, will train administrators from five sites nationwide to help those centers better treat minority and underserved populations. The Institute will provide this training and certification in order to develop and expand the concept of “patient navigation.”

Patient navigation programs help patients by providing trained “navigators” who help guide individuals through diagnosis and treatment of cancer.

In its first year, the center witnessed several exciting results: At the Mary Bird Perkins Center in Baton Rouge, La., more than 50 women screened for breast cancer were provided with patient navigators to help them resolve abnormal breast findings. In Washington, D.C., at Providence Hospital, approximately 180 patients were referred to the newly formed patient navigation program. Of those, 23 patients were diagnosed with breast cancer. The average time between diagnosis and treatment dropped to 16 days.

In the future, principal investigators from all five sites will attend a two-day conference in New York to help facilitate ways to improve their patient navigation efforts nationwide.
**SHANGHAI MUNICIPAL CENTER FOR DISEASE CONTROL AND PREVENTION (SCDC)**

Shanghai, one of the world’s largest cities, is grappling with the same cancer crisis seen in industrialized areas worldwide. In 2007, a study found that the breast cancer rate among Shanghai women had almost doubled over the previous 20 years and was the highest in China.

Under this grant, the Shanghai Municipal Center for Disease Control and Prevention (SCDC) provides technical support to the city’s community health service centers and conducts targeted programs among selected populations to improve the quality of cancer care.

The grant enhances the quality of cancer patients’ lives through family support, counseling and treatment referrals. One focus is palliative care, first outlined in China’s national cancer pain relief policy in 1992, to help reduce pain and suffering. The grant also supports training of physicians so they can be more effective at providing services and resources.

Medical officials work in seven regional hospitals and seven communities within seven Shanghai districts to build partnerships between the hospitals and community health service centers. They expect to work with thousands of Shanghai residents: 240 clinicians in the hospitals, 400 general practitioners in the community health centers, 2,800 cancer survivors and 422,000 high-risk residents.

In addition, the 2,800 cancer survivors will receive education and individualized care plans; regular physical examinations; consultation about diet, exercise, and mental health; and home visits and psychological counseling and services. Project staff members will monitor the beneficial changes in survivors’ behavior, such as diet, exercise, smoking cessation, clinical improvement and overall quality-of-life improvements. They will monitor patients’ pain with a newly developed pain scorecard to assess physical and psychological suffering.

These efforts should certainly go a long way toward improving the quality of care for Shanghai’s many cancer patients.

---

**Country:** China  
**Team:** Seven tier III hospitals in Shanghai and seven community health service centers.  
**Focus:** Cancer: Navigating Patients Through Complicated Systems of Care  
**Problem:** Coordination of cancer care needs to be improved to ensure that patients and survivors receive timely and adequate care.  
**Solution:** Program aims to improve the quality of cancer care in Shanghai by improving screening, diagnosis and referral in order to reduce late-stage cancer diagnosis in breast, colorectal and other common cancers.

“Early detection and treatment are crucial for cancer prevention and recovery.”

—Lu Wei, Vice Director of the Shanghai Municipal Center for Disease Control and Prevention, in a 2007 interview
ALLIANCE FOR CONTROL OF TOBACCO USE (ACT), BRAZIL

Brazil has enjoyed a reputation of being at the forefront of tobacco control efforts since adoption of a 1996 federal law that restricts the use of tobacco in indoor environments, though it still allows designated areas for smoking. Facing the difficulties of changing the federal law, the Alliance for Control of Tobacco Use has adopted a strategy to work at the local level. It began a project for smoke-free initiatives in 2007 that can be intensified with the GHP project.

Efforts on advocacy, coalition and communications had been concentrated in São Paulo State, with the largest population in Brazil (40 million people). Some key activities had been developed to achieve the goal of a smoke-free law, including public opinion polls and intensive press assistance resulting in a huge earned media coverage. In April 2009 a 100 percent smoke-free law was approved in São Paulo State. After that, many other states and cities also proposed their own local laws. In August 2009, Rio de Janeiro State approved its smoke-free law.

ACT’s “Brazil Breathing Better” campaign uses grant funds to improve public awareness by providing evidence on the hazards of exposure to secondhand smoke in public places, especially in workplaces, including bars and restaurants.

To move from these local efforts to extend the no-smoking policy to the entire country, the group has developed workshops for strategies to help NGOs and partners educate the public about both the dangers of secondhand smoke indoors and the benefits of smoke-free establishments.

Brazil has the resources to make this campaign a success, including its national tobacco-control program and widespread public support for regulating secondhand smoke in closed environments. The “Brazil Breathing Better” campaign will make use of these resources and strengths to lead to a reduction in exposure to secondhand smoke, a better-informed public and healthier workers.

Country: Brazil
Team: Alliance for Control of Tobacco Use (ACT)
Focus: Tobacco: Building Awareness About the Harm of Tobacco Use
Problem: Brazil has a federal law that still allows designated areas for smoking.
Solution: Program aims to support activities to promote smoke-free workplaces and to expand at the national level a campaign against secondhand smoke.

“There is a clear consensus in the global scientific community with regard to two statements: There is no safe level of exposure to environmental tobacco pollution, and no ventilation system eliminates the risks of passive smoking in closed areas.”

—Paula Johns, Executive Director of the Alliance to Control Tobacco Use
Café and restaurant owners across Greece scrambled to abide by a ban on indoor smoking that took effect on July 1, 2009. Newspapers reported phone lines jammed in early July with callers raising questions about the ban.

The Hellenic Thoracic Society (HTS) is capitalizing on this attention to smoke-free laws to push its own agenda to get smokers across the country to give up their deadly habit. With backing from Pfizer, the group is leading the effort to get smokers access to the country’s smoking-cessation support, even advertising quitlines on public buses.

Greece has one of the highest smoking prevalence rates in Europe. And while support is available through smoking-cessation clinics in hospitals, many smokers are unaware of them. HTS has launched a three-year, multimedia campaign to increase awareness about the health dangers of smoking and opportunities for smokers to get help with quitting. It is targeting Greek physicians, who it hopes will serve as role models for other citizens.

Among other activities, the group has launched an informative Web site and plans for users to get access to educational materials and share program experiences on a smoking-cessation blog. Ads and articles on smoking cessation will run in Greek newspapers and in non-scientific magazines. A positively themed message, “Call to Life,” will air on national TV and radio. These efforts will refer smokers to a support line, where they will be encouraged to quit smoking and referred to smoking cessation clinics in their neighborhoods.

HTS efforts should go a long way toward easing Greece’s transition to smoke-free environments by giving smoking citizens information about evidence-based cessation treatments.

“Every year, one third of Greek smokers try to quit, which is comparable to what happens in the European Union. However, in the EU, 18 percent of smokers who try to quit seek professional help. Among Greeks, this percentage drops to only 6 percent. We are working to change this.”

—Paraskevi Pataka, Professor of Respirology, Aristotelian University of Thessalonica

Country: Greece
Team: Hellenic Thoracic Society
Focus: Tobacco: Building Awareness About the Harm of Tobacco Use
Problem: Greece has one of the highest smoking prevalence rates in the European Union.
Solution: Program aims to raise public awareness of the hazards of smoking and put in place awareness and opportunities for smokers to get help with quitting.
SAMBA, SWEDEN

In 2008-2009, Swedish middle schools took part in a national competition, sponsored by SAMBA, to design a publication explaining to young teens the dangers of smoking.

One winning entry, from a sixth-grade class from the municipality of Salem, near Stockholm, was entitled “butts for the future.” On the cover, a man’s mouth was stuffed with cigarettes. In his hand, his money was burning. On the next page, the students wrote: “Life is too short to waste.”

The magazine exemplifies the purpose of SAMBA’s project, which is to empower the youth of Sweden to create their own campaigns to control tobacco use. The Dizza Tobak project, created by teens for teens, includes a teen-filmed YouTube spot and a hip Web site that is innovative and urban in its design.

The hope is to decrease tobacco use among Swedish teens. While overall smoking rates in Sweden are low, tobacco companies are aggressively pushing products on the youth. Moist snuff is especially popular. A recent study of Swedish teens found that 40 percent of females and 36 percent of males in the upper teen ages regularly use moist snuff and/or cigarettes. Every year, an estimated 16,000 teens begin using tobacco products.

The program is innovative because it allows teens to develop their own “do-not-start” initiatives by building communication platforms. That results in teens taking ownership of the projects and more easily spreading the message to peers. As a final effort, the program will aim at educating parents to reinforce the education presented to teens.

Country: Sweden

Team: A network-based organization incorporating roughly 40 groups

Focus: Tobacco: Building Awareness About the Harm of Tobacco Use

Problem: While smoking prevalence rates are relatively low in Sweden, teens are turning to cigarettes and snuff at alarming rates.

Solution: Program aims to involve teens in the development and implementation of tobacco-control initiatives.

“The best thing for your health is to never start smoking. It’s extremely important to prevent smoking among children and adolescents.”

—Blossom Tainton-Lindquist, presenter, speaker, fitness consultant and Dizza Tobak jury member
It’s one thing to understand intellectually the dangers of smoking. It’s quite another to take a step inside a human body — to see nicotine-stained teeth, a saliva-covered uvula, a pulsing heart and giant pulmonary tumors.

But visitors to the Umberto Veronesi Foundation’s tobacco-control exhibit in Milan last year were able to take such a journey. Visitors stepped inside a replica of the human respiratory system to understand how tobacco smoke plays havoc with the human body. The multisensory exhibit, “No Smoking Be Happy,” supported by a Pfizer grant, was such a hit in October 2008 that plans were made in 2009 to travel to Rome, Verona, Naples, Turin and Milan, once again in the context of World No Tobacco Day. “There are plenty of smokers in Italy, more than 11 million. And while they know the risks caused by cigarettes, many cannot quit this harmful habit,” says Paolo Veronesi, President of the Umberto Veronesi Foundation. “This experience lets them see what is happening inside their bodies every time they smoke a cigarette.”

In all, more than 30,000 people toured the multisensory exhibit. Scientific guides led the crowds through the entrance of a tent-like structure that was shaped like a large cigarette. Inside, visitors experienced smells and sounds of tobacco smoke as it attacked body systems. At the tour end, visitors were given information about cessation as an incentive to kick the habit.

The revolutionary approach to tobacco control education caught attention around the globe. And it remains the cornerstone of a three-year education campaign by the Umberto Veronesi Foundation to educate Italian residents. In addition, the foundation has set up a “No Smoking Be Happy” Web site that disseminates program information with links to its slideshare, YouTube and Flickr simulations of the exhibit.

The multisensory exhibit shows that innovative approaches to tobacco-control education can be highly effective.

**Country:** Italy  
**Team:** Umberto Veronesi Foundation  
**Focus:** Tobacco: Building Awareness About the Harm of Tobacco Use  
**Problem:** Cigarette smoking remains pervasive in Italy, especially among youth and women.  
**Solution:** Program aims to promote a sweeping tobacco-control education program to teach the public about the health hazards of smoking.

“The state of health of a city is measured by the welfare of its citizens. In this spirit, the Department of Health supports and promotes this creative initiative.”

—Giampaolo Landi di Chiavenna, Head of Health of the Municipality of Milan
ACTION ON SMOKING AND HEALTH (ASH) INTERNATIONAL, REGION OF THE AMERICAS (AMRO)

Latin America is a region of contrasts with some countries, such as Brazil, Uruguay and Panama, having made considerable progress at the national level on tobacco-control policies (health warnings, smoke free environments (SFE), advertising ban), and other countries having achieved accomplishments at the local level (SFE in Argentina, Mexico DF). However, many countries still lag far behind.

Under this grant, the Framework Convention Alliance (FCA), an international coalition of more than 350 NGOs, and ASH International, a U.S.-based charity, have developed a regional coordination center to support tobacco control throughout the region. Countries include Brazil, Argentina, Venezuela, Mexico, Colombia, Chile, Costa Rica (as priority countries) and other countries in the AMRO region of the WHO.

Over its duration, the project has three main goals: to increase Latin American countries’ commitment to the Framework Convention on Tobacco Control; build country capacity by increasing involvement of government, NGOs and media representation; and implement a monitoring and reporting system of FCTC measures in the Latin America region.

To accomplish these goals, the program has established a regional coordination center. It is also conducting capacity-building workshops in target countries. The workshops will follow FCA’s “training the trainers” model and will train at least 260 advocates per year who will then train others in their nations.

The project is also disseminating tobacco-control information through civil society networks and media outlets and developing national tobacco-control plans. These strategies aim to increase awareness and knowledge among NGO and government officials about best practices and the dangers of secondhand smoke.

FCA and ASH International believe that the project will result in support for greater tobacco-control efforts from key decision-makers. Ultimately, the aim is decreased tobacco use throughout the region.

Countries: Argentina, Brazil, Chile, Colombia, Costa Rica, Mexico, Venezuela

Team: Action on Smoking and Health (ASH) International and Framework Convention Alliance (FCA)

Focus: Tobacco: Developing Tobacco Control Capacity

Problem: While advances in tobacco-control are apparent, government officials and decision-makers lend little support to advocates.

Solution: Program aims to reinforce and expand a network of tobacco-control experts in the region.

“According to the WHO, more than 1 million people die every year from tobacco-related diseases in the region. If we do not act to stop this deadly epidemic, the WHO projects that tobacco consumption will continue to rise and tobacco-related deaths will triple in the next several decades. The work done by civil society in collaboration with governments in the region to support effective, evidence-based tobacco-control measures that are consistent with the WHO FCTC will help save millions of lives in Latin America.”

—Laura Salgado, FCA Regional Coordinator for AMRO
A decade ago, the Middle East saw an explosion in smoking, with a 29 percent increase in cigarette consumption, more than in any other area of the world. Today, half the men there smoke.

But advocacy groups are stepping in. Under this grant, the Framework Convention Alliance (FCA), an international coalition of more than 350 NGOs, and ASH International, a U.S.-based charitable organization, have developed a regional coordination center to support tobacco control throughout the region. Countries include Algeria, Egypt, Kuwait, Lebanon, Morocco, Saudi Arabia, Tunisia and the UAE as top priorities, but the program also plans to reach other countries in the EMRO region.

The center provides expert assistance to support evidence-based tobacco-control strategies. The FCA is conducting workshops based on the “training of trainers” model — designed to build the capacity of NGOs and governments to develop, implement and evaluate evidence-based interventions. Newly trained experts will provide assistance to tobacco-control efforts in selected countries.

In addition, the program will award five to ten small grants to fund strategic initiatives. The FCA has already identified promising local organizations as grant candidates. The grants will be based on outcomes of needs assessments within each country or region.

Through this training, seed-grants and other technical assistance to tobacco-control stakeholders, this regional center aims to develop national level tobacco-control alliances that will become sustainable agents for civil society support on tobacco control.

The overarching goal is the increased implementation of national tobacco-control activities and policies that conform to the FCTC standards. Ultimately, the aim is decreased tobacco use throughout the region.

**Countries:** Algeria, Bahrain, Egypt, Jordan, Kuwait, Lebanon, Morocco, Oman, Qatar, Saudi Arabia, Tunisia, the UAE

**Team:** Action on Smoking and Health (ASH) International and Framework Convention Alliance (FCA)

**Focus:** Tobacco: Developing Tobacco Control Capacity

**Problem:** Smoking rates have increased dramatically in this region, with 50 percent of men smoking.

**Solution:** Program aims at building capacity by training and supporting effective tobacco-control initiatives.

"Tobacco is a major cause of mortality and morbidity in the Eastern Mediterranean Region. According to the World Health Organization, tobacco-related cancers as a percentage of all cancers are on the rise in the region, and in Egypt alone, 90 percent of lung cancer deaths are attributed to tobacco use. The work done by civil society in collaboration with governments to support the implementation of tobacco-control measures consistent with the WHO FCTC will help curb the tobacco epidemic in the region and save millions of lives in the Middle East and Maghreb countries."

—Hani Algouhmani, FCA Regional Coordinator for EMRO
MEXICAN COUNCIL AGAINST TOBACCO (CMCT)

In Mexico’s tobacco control circles, there’s a new kid on the block: the recently created Mexican Council for Tobacco Control (CMCT). And the group is attracting attention.

Under this grant, the CMCT has embarked on a sweeping program with three primary goals: to impel effective tobacco-control efforts, to protect nonsmokers’ rights and to reduce tobacco consumption in the country.

The first objective is being addressed on a policy level.

After assessment of public perceptions of tobacco and tobacco-control activities, results are being distributed to opinion leaders and policymakers. By demonstrating public support for smoke-free laws, the program will help persuade politicians and legislators to strengthen legislation that protects nonsmokers’ rights. Further, an accurate picture of the economic burden of tobacco use will help policymakers in their decision making.

The CMCT is also developing training materials for medical students and health care providers about prevention and cessation of tobacco use. Patients who smoke will be informed and counseled about the dangers of using tobacco.

Finally, the CMCT will help reduce tobacco consumption by providing resources and materials so that corporations develop smoke-free workplaces.

The aim of CMCT’s efforts is to reduce tobacco use among Mexicans by investigating and addressing public opinion, increasing awareness and advocacy among health care professionals, and involving policymakers and industry in tobacco-control activities and policies. The CMCT sees that it is poised to make a significant difference.
AMERICAN CANCER SOCIETY (ACS), NORTH AFRICA

In the battle against tobacco, the North African and Eastern Mediterranean regions have received significantly less international funding than other areas of the world, according to a study by the American Cancer Society (ACS).

It is this lack of funding that could impede the region’s ability to make inroads into the spread of tobacco through the region. Under this program, ACS coordinates efforts to identify, train and provide technical assistance to tobacco-control leaders in Algeria and Tunisia.

The program is called the Tobacco Control Leadership Academy (TCLA) “Smoke-free at Work” Initiative. The program has three broad goals: general capacity-building for tobacco control and health advocates, increasing the number of smoke-free workplaces and mobilizing youth advocates to support smoke-free workplaces.

The program, launched in 2008, provides training for tobacco control advocates in the Maghreb region. The workshops focus on building a diverse set of skills, from conducting a tobacco control campaign to developing a program plan and media advocacy. In addition, youth are continuously recruited to participate in a Youth Advocacy Program. Seven NGOs in the region have received grants to jump-start their programs at the local level. In total, they are targeting 45 workplaces, where comprehensive smoke-free measures would protect the health of 20,000 employees.

These efforts will go a long way toward building capacity in this region and promoting the benefits of smoke-free environments.

Countries: Algeria and Tunisia

Team: American Cancer Society

Focus: Tobacco: Protecting Nonsmokers from Secondhand Smoke

Problem: While tobacco-control activities are gaining ground in North Africa, resources are limited and consumption continues to increase by 4.3 percent a year.

Solution: Program aims to build tobacco control capacity among advocates to increase smoke-free worksites, including factories, schools and administrative offices.
CHINESE ASSOCIATION ON TOBACCO CONTROL (CATC)

It is a key point of tobacco control in China to persuade doctors to stop smoking and provide a role model for patients.

Under this grant, the Chinese Association on Tobacco Control (CATC) has produced a set of educational materials and technical guidelines for creating smoke-free hospitals. The Chinese Ministry of Health has adopted the guidelines, which have been implemented in the first 20 hospitals in Beijing and Shanghai. These hospitals have 16,060 beds, with 29,789 staff members, including 8,639 doctors.

Tobacco-control interventions were implemented among the staff. The hospitals’ leadership and doctors were extensively trained by CATC so that they understand the harm of tobacco and grasp the skill of smoking cessation. Large numbers of health care providers have come to realize that they must be role models in the campaign to reduce tobacco use and prevent diseases.

In the kickoff meeting for this project in February 2008 in Beijing, more than 100 participants, including the leader of Peking University’s Department of Medicine, Shanghai Health Education Institute and the presidents and executives of 20 hospitals attended the first standardized training. Han Qide, vice chairman of the Standing Committee of the National People’s Congress (NPC), and Liu Qian, the vice minister of Ministry of Health, attended the kickoff meeting and offered their encouragement for the project.

Country: China
Team: Sixty hospitals in three cities
Focus: Tobacco: Building Awareness About the Harm of Tobacco Use
Problem: Smoking rates among Chinese doctors are high, especially among male doctors, 45.8 percent of whom smoke.
Solution: Program promotes creation of smoke-free hospitals and aims at educating health care providers about the dangers of tobacco and the techniques of smoking cessation so that cessation services can be offered.

“Health professionals should give up smoking and do more work informing people of the harmfulness of smoking and help them quit.”

—Han Qide, Vice Chairman of the Standing Committee of the National People’s Congress
COMPREHENSIVE CANCER CENTER FREIBURG (CCCF), GERMANY

Nearly one-third of adult Germans are regular smokers. Although smoking cessation programs are numerous, these programs are not standardized or coordinated through the country. As a result, Germans who smoke need support in developing motivation to quit and deciding which cessation program to choose.

Under this grant, the Comprehensive Cancer Center Freiburg has taken the lead on developing a multidisciplinary Cancer Prevention Management Team (CPMT) that will act as a link between smoking patients and the wide range of smoking cessation programs available in the country.

The program staff will implement a team of trained health professionals as tobacco treatment specialists who will counsel smoking patients, inform them about health risks of smoking and available cessation resources as well as help draft individual treatment plans. Smoking patients will be identified through a screening process, and their motivation to quit will be assessed. Smokers who agree to participate in the program will be enrolled in therapy and supported through the quitting process.

In addition to helping individual smokers, the CPMT program will serve as a nucleus for an integrated and standardized smoking cessation effort in Germany by implementing the prevention structures at other Comprehensive Cancer Centers of the CCCNG.

Country: Germany

Team: Cancer Prevention Management Team at the Comprehensive Cancer Center Freiburg (CCCF), Comprehensive Cancer Center Network Germany (CCCNG)

Focus: Tobacco: Helping Smokers Quit

Problem: In Germany, there is a lack of structured links between smoking patients and existing cessation programs.

Solution: Program aims to establish a Cancer Prevention Management Team that will motivate smokers to quit and refer them to a newly established network of cessation programs.
Studies show that tobacco smoking is the major preventable cause of premature death in Poland, with 55 percent of male premature cancer deaths attributable to tobacco use.

While cessation programs are available, studies show that Polish health care providers, especially physicians, can improve their participation in such programs. If health care providers approach tobacco addiction as a medical issue, they can improve treatment by developing a cessation protocol.

Under this grant, the Health Promotion Foundation is developing tobacco control curricula for the country’s medical schools. In addition, the program is developing four training modules to educate medical doctors, pharmacists and medical students about cessation programs. In all, the program expects to educate 2,000 doctors who will then use the “train the trainer” model to educate another 250 trainers across the country. More than 2,500 pharmacists will also be trained in 12 regions.

Based on previous experience, the program is expected to have a dramatic impact on smoking. Among male doctors, daily smoking prevalence dropped from 30 percent in 1986 to 15 percent in 2007.

A similar decrease in overall smoking would help Poland significantly reduce its premature deaths from tobacco-attributable diseases.
HEART AND STROKE FOUNDATION OF ONTARIO, CANADA

Canada is on to something: Doctors are reporting good results with a hospital-based approach to smoking cessation known as “The Ottawa Model.”

The Ottawa Model for Smoking Cessation was developed at the University of Ottawa Heart Institute in 2002 to help hospital heart patients quit smoking. The program provides tobacco-addicted patients with supportive advice and nonsmoking medications while they are in the hospital and undergoing withdrawal symptoms. Patients are given follow-up care and counseling after their hospital release.

Canada is working to expand the number of hospitals using the Ottawa Model to a total of 46 hospitals nationwide by the end of 2009. Participating institutions report an 11 percent increase in the number of nonsmoking patients six months after being in the hospital as a result of the model. “This has made a real difference in the lives of thousands of people,” said Health Minister Tony Clement in 2007.

Under this grant, the Heart and Stroke Foundation of Ontario is developing a national network of hospital-based smoking-cessation programs using the model. The program will also develop three regional Centers of Excellence. In addition, the effort aims at increasing the number of smokers treated from 10,000 to 20,000 annually. If all hospitals across Canada were to adopt this hospital-based cessation program and achieve a conservative 20 percent annual cessation rate, researchers say, roughly 100,000 Canadians would stop smoking each year.

The Ottawa Model is an evidence-based cessation approach, and it is likely to greatly increase the number of smokers abandoning the practice.

**Country:** Canada

**Team:** Heart and Stroke Foundation of Ontario

**Focus:** Tobacco: Helping Smokers Quit

**Problem:** Although tobacco use is the most avoidable cause of illness and death in Canada, few Canadian hospitals have systems that ensure and support the identification and treatment of tobacco users admitted to their institutions.

**Solution:** Program aims to increase hospital-based programs to provide smoking cessation to patients admitted to medical institutions.

“The majority of smokers know they shouldn’t smoke. They don’t want to smoke, but they have difficulty stopping. Smokers don’t need more education or lectures. They need distinct assistance.”

—Andrew Pipe, M.D., Chief of the Division of Prevention and Rehabilitation at the University of Ottawa Heart Institute
HUNGARIAN ACADEMY OF TEACHING FAMILY PHYSICIANS (HATFP)

Budapest, one of Eastern Europe’s most vibrant and beautiful cities, conjures up images of smoke-filled cafés, lively music and feisty political discourse. Health advocates are working to retain the city’s romantic image, without the harmful tobacco smoke.

Under this grant, the Hungarian Academy of Teaching Family Physicians undertakes an ambitious program to provide Hungarian residents with the resources needed to kick the tobacco habit. Among other things, the program provides training to Hungarian physicians on the dangers of tobacco smoke. Two team leaders have been trained in smoking cessation and tobacco treatment.

In addition, program officials plan to train at least 30 tobacco-cessation specialists as well as 500 nurses and doctors to provide citizens with cessation services. In all, the effort aims at providing group or individual counseling to at least 1,000 smokers in Budapest. The program also plans to establish telephone counseling to another 10,000 patients through quitlines and other services.

Finally, the program plans to establish a Center for Smoking Cessation in Budapest to act as a clearinghouse for information about the dangers of tobacco smoke. This effort is expected to reduce the number of smokers in Hungary, which has remained stable for the past 10 years.
In its latest attempt to curb smoking, Japan has approved insurance coverage for smoking-cessation treatments in registered health institutions, a move that is likely to continue the nation’s downward smoking trend.

The smoking prevalence rate for men was 39.4 percent, high among developed nations but half the rate of four decades ago, according to a 2007 survey by the National Health and Nutrition Survey. The Health Promotion Law, which took effect in 2003, says schools, hospitals, department stores and other public places must make efforts to protect people from secondhand smoke. But there is no punishment for noncompliance.

Under this grant, the Japan Medical-Dental Association for Tobacco Control has developed a new program aimed at improving the quality of smoking-cessation treatments. The program, Japan Smoking Cessation Training Outreach Project, or J-STOP, coordinates efforts with other associations to train 1,000 health care providers, such as physicians, nurses, pharmacists and others, on best practices in smoking cessation. Many health care providers are not trained in such practices after finishing medical school.

The program has developed two online e-learning tools and workshop training courses. These materials target physicians who have little experience with or confidence in smoking-cessation treatments. Once trained in cessation practices, more physicians are expected to register clinics or hospitals with the reimbursement program for cessation treatments.

Ultimately, the J-STOP program will increase the number of Japanese smokers who successfully quit tobacco use in combination with advanced public health intervention.
PARTNERSHIP FOR PREVENTION

In the United States, 20 percent of the adult population uses some form of tobacco. Effective cessation therapies have been proven to be successful – they save lives and save money. However, treatments to help users quit tobacco use are only available to some, and access is largely a function of geography, income, employment status, and demographics.

Under this grant, the Partnership for Prevention supports the National Working Group’s Call for ACTTION (Access to Cessation Treatment for Tobacco In Our Nation), which recommends that all tobacco users nationwide have access to cessation treatment. Partnership’s efforts are supported by Pfizer Inc, the Pfizer Foundation, the American Legacy Foundation, and the Centers for Disease Control and Prevention.

“They are 70% of the nation’s smokers say they want to quit, only 30% are using proven cessation techniques. And only 1 in 50 employers currently provide workers with comprehensive cessation treatment coverage,” says Rob Gould, president of Partnership for Prevention. “Ending tobacco addiction is crucial to our nation’s health and economic well-being.”

Partnership’s program is working to stimulate systemic and lasting changes to several key sector areas identified as vital to curbing tobacco use. These include:

- **Insurers**: Working to provide comprehensive first-dollar coverage for tobacco use treatment under public and private health plans.
- **Employers**: Promoting the benefits of cessation to employees and providing barrier free access to all proven cessation treatments.
- **Quitlines**: Strengthening state quitline infrastructures, increasing promotion, and modeling quitline services on proven best practices.
- **Health care systems**: Working to institutionalize the routine treatment of tobacco use in all out-patient and in-patient service delivery.

This Partnership for Prevention program will create a “tipping point of activity” to drive change in key sectors. It will develop and fund alliances with state and national organizations to implement initiatives aimed at increasing access to cessation treatments. It seeks to develop leaders and champions within each sector and raises awareness about the need for uniform access, coverage and utilization of cessation services for all tobacco users in the United States.
PHILIPPINE BUSINESS FOR SOCIAL PROGRESS (PBSP)

In April 2008, the Philippine Business for Social Progress unveiled its new Quit Smoking Support (QuitsS) program with great fanfare that included an appearance by the character Quitty — a dancing, bouncing mascot brandishing a cracked cigarette stick.

This mascot will make periodic appearances through 2010 at companies across the Philippines as part of a program launched by PBSP to promote smoke-free workplaces. At its inception, 14 companies participated in developing the model and piloting the QuitsS Program in 2008, resulting in customized quit-smoking support programs for their workers.

PBSP is assisting an additional 30 companies and hopes to extend the program to at least 20 schools and universities by 2010. Today, roughly 33 percent of Filipinos smoke, and 80 percent want to quit but do not know how to start. Each year, about 20,000 people die in the country from tobacco-related disease.

Under this grant, PBSP aims at educating between 12,000 and 20,000 employees about the health effects of smoking and benefits of quitting. Employees’ families and dependents will also be reached indirectly through the employees’ information, education and behavioral changes, program leaders say.

The program has developed educational materials for smokers, trained workplace health care providers about smoking cessation and helped with the implementation of smoke-free policies in participating companies. Program administrators expect that once participating companies see the benefits of a smoke-free workplace, they will recommend the program to other businesses.

“We will help companies form a support system based on the needs of their employees,” says QuitsS Program Manager Eric Camacho.

As an added benefit, program managers expect less secondhand smoke in the workplaces as employees kick the habit.
QUIT®, UK

Tobacco-control experts have noticed a troubling trend across Europe. Smokers in some countries have far fewer resources to help them quit using tobacco products. As a result, they may die as much as a decade earlier than smokers in other countries.

This disparity is due to wide differences in tobacco control, services and availability of clinically proven cessation programs across the continent, experts say.

In Latvia, for example, children as young as 6-years-old start to smoke, experts say. In Bulgaria, doctors often smoke in front of patients, according to researchers at QUIT, the lead agency of the European Network of Quitlines.

“We must have a level playing field in public health for workers and consumers,” says Kawaldip Sehmi, Director of Health Inequalities for QUIT.

In August 2008 the European Network of Quitlines launched a major initiative to tackle this disparity in Central and Eastern Europe. The project will mentor quitlines in this region to develop strategies to reach and support socially excluded communities. These include people with low incomes, minority ethnic communities, lone parents, pregnant smokers and young people.

“A consumer visiting a smoke-free restaurant in London should have the same socializing environment in a restaurant if he/she visits Warsaw,” says Sehmi. “A worker in Paris should be able to transfer jobs to Sofia and expect the same smoke-free environment.”

Ten countries will participate in the program. They include Poland, Bulgaria, Romania, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Slovakia and Slovenia. The highest rates of smoking and the highest health inequalities are experienced by disadvantaged populations of these countries.

Countries: Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Romania, Slovak Republic, Slovenia

Team: QUIT®, the European Network of Quitlines (ENQ)

Focus: Tobacco: Helping Smokers Quit

Problem: EU officials have seen an increasing association between smoking and social disadvantage, widening the gap of health inequity.

Solution: ENQ aims at helping countries with less developed tobacco control programs start smoking-cessation support for the socially disadvantaged.

“It is essential that the disparity between European countries is urgently addressed in order to reduce the health inequalities gap and ultimately save thousands of lives.”

—Kawaldip Sehmi, Director of Health Inequalities for QUIT
MONITORING AND EVALUATION

Pfizer is committed to making the world a healthier place for future generations. In the case of cancer, this means strategically investing in the growth of 31 promising cancer and tobacco control organizations around the world. This investment includes technical assistance in monitoring and evaluation by the Johns Hopkins Bloomberg School of Public Health, one of the most prestigious public health institutions in the world, to help strengthen our partners’ efforts and effectiveness. Furthermore, the program provides partners with large-scale networking opportunities to directly connect them with colleagues around the world.

Each partner begins with an evaluation by Johns Hopkins to determine the strengths and weakness of their programs. Based on that evaluation, partners receive customized trainings, tools, and one-on-one support by senior evaluators to help each organization improve the implementation, measurement, and evaluation of their programs. With stronger evaluation capacities and systems in place, organizations are able to increase the effectiveness of their work and long-term impacts.

The program’s evaluation team, led by Frances Stillman, Ed.D., at the Bloomberg School of Public Health and co-led by Carol Schmitt, Ph.D., at RTI International, work individually with each partner to identify model and sustainable cancer and tobacco control programs. The goal of this effort is to build each partner’s expertise in evaluation, identify its impacts related to cancer-related outcomes, and document them along with recommendations of promising models which may be explored by others in the future.

“Pfizer is investing in grantees to help them determine what best practices and evaluation are and how they can improve what they are doing. It’s not just about giving money and saying “go do it.” It’s about providing assistance and helping the grantees constantly figure out how they can do things better. We show them how we can help and how we can help them get things done.”

—Dr. Frances Stillman, Johns Hopkins Bloomberg School of Public Health
Overview: Evaluation Goals and Approaches

Document the impact of GHP programs on cancer-related outcomes

Each of the 31 GHP partners have been assigned to cluster groups based on the similarity of their missions and programs. Together, partners within each cluster group work together to develop shared measures so that they can track their collective progress over time. In addition to shared measures or indicators, cluster groups are encouraged to exchange information about their experiences, both successes and failures, so that they can learn from one another directly. The process of active knowledge exchange between partners is supported through web-based exchange forums, annual networking events, and regular communications regarding specific results, progress, and experiences.

Identify “model” programs that can be successfully reproduced

A major goal of this program is to develop a report of case studies which highlight the programs that show the most potential as exceptional models to be shared and scaled with others. These “model programs” will provide valuable insights and lessons to other organizations and the cancer control community at large. Johns Hopkins will develop this worldwide report, disseminate it widely and submit components of this report to peer-led publications in partnership with GHP partners.

Build grantee expertise in evaluation

Throughout this program, partners have received specialized training in areas of monitoring and evaluation. A cornerstone of any successful public health intervention, strong monitoring and evaluation is a core value of the GHP program. Each of the 31 partners have participated in evaluation workshops, received training materials tailored to their unique needs, and benefited from customized support from a member of the Johns Hopkins evaluation team. Moving forward through the final years of the program, partners will have an opportunity to participate in small group seminars to build upon their newly developed evaluations skills and capabilities.

Working Toward A World Without Cancer

The visionary and passionate leadership these partners bring to their work is evident by the results and progress many have made in their country or regions. The evaluation team is eager to assess the final impacts of each program, aggregate them and evaluate new, emerging models of best practice.

At the end of the grant period, many partners will have accelerated the pace of progress in tobacco and cancer control in their region. Their individual successes may seem modest in light of the crushing burden of cancer, but collectively represent critical advancement toward a world without cancer.