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**REPORT OF THE STEERING COMMITTEE MEETING TO PREPARE
AN INTERNATIONAL CONSULTATION ON
ENVIRONMENTAL TOBACCO SMOKE (ETS) AND CHILD HEALTH**

WHO Headquarters, Geneva
17-19 February 1998

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Table of contents

1. Background
2. Objectives of the Steering Committee Meeting
3. Opening
4. Introduction to the Declaration of the Environment Leaders
5. Objectives of the Consultation on ETS and Child Health
6. Presentation of activities/interests related to ETS and Child Health
 - 6.1 Country presentations
 - 6.2 WHO Programme presentations
7. Background on past activities on ETS and Child Health
8. Scope and structure of the Consultation
9. Participation in the Consultation
10. Output and target audience of the Consultation
11. Production of background documents, and draft elements for Consultation outcome
12. Additional funding support
13. Venue and time plan
14. Tasks of the Steering Committee
15. Expected pre and post-consultation actions and follow-up

1. Background

During their Summit in Miami in May 1997, the Environment Leaders of the Eight¹ adopted a Declaration on Children's Environmental Health. In this Declaration it was proposed that WHO or another appropriate organization convene an international conference on environmental tobacco smoke (ETS) and child health. This conference would serve as an implementation action for the protection of child health. The aim of the conference as stated was "to synthesize and share the latest scientific information on risks to infants and children from environmental tobacco smoke and compile information on the most effective educational strategies concerning exposure to children."

The World Health Organization has agreed to organize this conference in consultation with a Steering Committee, composed of representatives of the health sector and the environment sector of the governments of the G8 countries.

2. Objectives

The objectives of the Steering Committee meeting are to take decisions on the format, content, date and organization of the Consultation. These include working out the following elements:

- objectives of the Consultation, and how these can be achieved;
- content and structure of the Consultation;
- criteria for participation and size of the Consultation;
- selection of key speakers and presenters;
- organization of production of review and background papers, and of draft elements for a consensus document;
- role of the Steering Committee in organizing the preparation;
- identify possible additional funding support for the Consultation;
- suggestions for promoting the Consultation.

3. Opening

The meeting was opened by Dr Wilfried Kreisel, Executive Director, Health and Environment, who welcomed the participants. Dr Kreisel highlighted the importance of exposure to ETS its inherent risks to children's health and provided background information. He noted that the implementation of intervention strategies related to ETS are still encountering political hesitation and are not always treated with the importance they deserve. He also expressed the importance of involving the various health sectors relevant to the subject and welcomed the broad participation of other Programmes within WHO. Dr Kreisel reminded participants that the Declaration also contains other issues that are very relevant to children's health.

¹Canada, France, Germany, Italy, Japan, Russian Federation, United Kingdom of Great Britain and Northern Ireland, United States of America

Dr Richard Helmer, Director of the Division of Operational Support in Environmental Health, WHO Headquarters, chaired the meeting. He thanked participants for their involvement and expressed his pleasure at the large representation of the G8 countries at the meeting. Participants were invited to briefly introduce themselves.

Ms Annette Prüss, also of the Division of Operational Support in Environmental Health, acted as Rapporteur. The Committee agreed to the proposed agenda (Annex 1). The participants are listed in Annex 2.

4. Introduction to the Declaration of the Environment Leaders

Ms Mary Smith briefly reiterated the background of the Declaration on Children's Environmental Health of the Environment Leaders of the Eight (relevant extracts of the Declaration are listed in Annex 3). She stressed the importance of ETS as one of the key issues addressed during the Summit of the Environment Leaders in Miami, May 1997.

Dr Helmer noted the strong support of the G8 countries for this declaration. The declaration's key message includes the assessment of the health risks, as well as the policy, education and implementation aspects.

5. Objectives of the Consultation on ETS and Child Health

Ms Annette Prüss outlined the proposed scope and expected outcome of the Consultation on ETS and Child Health, which the Steering Committee would further develop during this meeting.

Dr Murray Kaiserman mentioned the need for inclusion of the measurement of ETS in the home, which has been a neglected field. He also suggested to analyse the effectiveness of public education strategies which have been implemented in the past. He noted that many studies and several meta-analyses have already been conducted on ETS and child health.

Mr William Long proposed that the Consultation identify the additional research needed to assess emerging health outcomes.

Dr Nigel Bruce mentioned the need to review intervention strategies related to ETS. He proposed that health promotion strategies that have been implemented for various other health risks related to children in different regions of the world be considered.

6. Presentation of activities/interests related to ETS and Child Health

6.1 Presentations of Country representatives

The country representatives briefly described their research and policy interventions related to ETS and child health.

Dr Pavlov, Russian Federation, stressed the importance of ETS and child health in the Russian Federation due to the high prevalence of smoking habits. More information from the Ministry of Health will be provided in the preparatory phase to the Consultation.

Dr Murray Kaiserman, Health Canada, outlined the scope of research and public health interventions in Canada for tobacco in general and ETS in particular. He also described the legal and political difficulties related to implementation of legislation and regulation. Canada has been making a major effort in encouraging adults to stop smoking around children at home. Also, 'youth and smoking' is one of the high priorities on the agenda of Health Canada.

Ms Mary Smith, Environmental Protection Agency, United States of America (USEPA), outlined the main achievements related to ETS, including the production of a comprehensive risk assessment on ETS in 1992, and outreach to the public health community. Since then, the USEPA has been putting significant efforts into outreach activities on ETS.

Dr Donald Sharp, Centre for Disease Control (CDC), Atlanta, explained that the CDC had produced the Surgeon General's Report on ETS in 1986. In addition, three new Surgeon General's Reports are being prepared on the subject of the effectiveness of interventions, and ETS is given attention. The US Government has made available important resources on the control of ETS at the Federal, state and local levels. The issues of youth tobacco use and youth exposure to ETS are high priorities with the Department of Health and Human Services.

Dr Dawn Milner, Department of Health, United Kingdom of Great Britain and Ireland, mentioned that the Government has recently produced a public health consultation paper, and that ETS is gaining importance. There are also various health education campaigns, including one for teenagers. The campaigns attempt to reach the population through various pathways, including schools, work places, antenatal clinics etc. The UK has not yet specifically focused on parent's behaviour in regard to protecting children's health from exposure to ETS. However, the forthcoming report of the Scientific Committee on Tobacco and Health (SCOTH) is expected to raise the profile of the health effects of ETS. A tobacco control 'white paper' is expected in summer 1998. This will set out a range of policy initiatives to reduce smoking prevalence through price, tax and fiscal measures, public education, consumer protection, and smoking cessation services. There will also be measures to address smoking in public and work places, and smuggling.

Dr Yumiko Mochizuki-Kobayashi, Ministry of Health and Welfare, Japan, explained that an Action plan on Tobacco was developed in 1995. The main points of the action plan include preventing children from starting smoking, protecting non-smokers from passive smoking and supporting smokers to give up smoking. Guidelines have been produced on how to achieve voluntary restriction of smoking in public places and workplaces. Hospitals and schools are almost smoke free. To disseminate health information, 220 000 volunteers are organized nationwide by the Japan Food and Life Association. A blueprint for tobacco control based on risk management will be published in 1998; a national survey will be conducted later this year to monitor prevalence of nicotine addiction and ETS exposure; a white paper on smoking and health will be published next year; a national health strategy "Health Japan 4" will be introduced by the year 2000 which puts higher priority on tobacco control by target segmentation.

Dr Francesco Cicogna, Ministry of Health, Italy, mentioned the recently launched national health plan 1998-2000, in which tobacco smoke is given particular attention. The health plan stresses the importance of health promotion, community awareness, community participation and child health, each of which is related to the subject of ETS and child health. This plan also underlines the need for intersectoral collaboration for successful intervention strategies.

Mme Lefevre explained the actions taken in France in the field of ETS. Six years ago, a law to prohibit smoking in all public settings was implemented. Though the exposure to ETS could in general be reduced, efforts are still to be made in promoting tobacco control in schools. Last year, a report on passive smoking was issued, containing recommendations focusing on respecting this law, in particular in schools and at work, improving research, organizing campaigns to prevent parents from smoking, and protecting pregnant women from ETS at work. The French Ministry of Health expects from the Consultation to raise public awareness on the risks of passive smoking, and issue guidelines.

6.2 WHO Programme presentations

Ms Barbara Zolty presented the Programme on Tobacco or Health. The Programme focuses on the following activities:

- the collection of data on tobacco or health, including epidemiological surveillance, dissemination of information on tobacco use and health effects, preparation of guidelines for assessment of public health data and promotion of research;
- promotion, public information and education, including sponsorship and preparation of World No-Tobacco Day (31 May) and the publication and dissemination of other materials on the subject of Tobacco or Health;
- strengthening national and international tobacco control programmes, including technical assistance, advice and capacity building to Member States and collaboration with international agencies to implement and strengthen tobacco control policies.

A ten-point programme has been developed for a comprehensive strategy on tobacco control (Annex 4).

Dr Smith outlined the activities of the Programme for the Promotion of Chemical Safety (PCS) related to tobacco smoke. PCS has been preparing a draft monograph entitled 'Interactions arising from tobacco use and exposure to chemical, physical or biological agents' which should be published later this year. In this document it was decided to exclude ETS due to the difficulties in measuring exposure and outcome in the context of interaction with other exposures. Dr Smith provided copies of the draft to the meeting participants. Dr Smith also mentioned the Polish Institute of Occupational Medicine and Environmental Health (International Programme on Chemical Safety) and their symposium on the indoor environment and respiratory illnesses and relevant reports were made available.

Mr Carlos Corvalan informed the participants that the International Society for Environmental Epidemiology will meet in August 1998 and this would present a good opportunity for advertising the Consultation on ETS and Child Health. He described WHO's Global Environmental Epidemiology Network (GEENET) which can also be used to promote and disseminate the output of the Consultation. He stressed the importance of involving developing countries at the earliest stage in the preparation of the Consultation, as otherwise the outcome of this Consultation may not be applicable to these regions.

Ms Prüss advised that the 'Air quality guidelines' produced by the WHO Regional Office for Europe in 1987 were being updated to include a volume on indoor air which addresses ETS. The revised version, the result of a review meeting held in 1996, should be published by the end of 1998.

Dr Nigel Bruce introduced activities of the Division of Child Health and Development (CHD), with emphasis on the prevention of Acute Lower Respiratory Disease (ALRI) through the reduction of indoor air pollution. Many children, particularly in developing countries, are exposed to very high levels of indoor air pollution. This is due mainly to domestic use of biomass fuels (wood, dung, fibres). However, ETS also contributes to indoor air pollution and there is concern about growing ETS exposure of children as smoking, especially among women, increases in developing countries. The main activities of CHD which are relevant to the ETS Consultation can be summarized as follows:

- Review of ALRI risk associated with ETS in developing countries;
- Assessment of the epidemiology (including trends) of exposure in various settings;
- Promotion and evaluation of effective interventions, which include reduction of ETS exposure as part of a healthy home approach.

Dr Desmond O'Byrne, Health Education and Health Promotion, outlined the health promotion efforts that have been initiated and experienced in the context of tobacco smoke, ETS and child health.

Dr Matthew Furner, Health Education and Health Promotion, outlined the health promoting efforts of the Global School Health Initiative. A Health-Promoting School can be characterized as a school constantly strengthening its capacity as a healthy setting for living, learning and working. The four strategies of this initiative are:

- Building capacity to advocate for improved school health programmes;
- Creating networks and alliances for the development of Health-Promoting Schools;
- Strengthening national capacities;
- Research to improve school health programmes.

A document entitled 'Tobacco use reduction: An important entry point for the development of Health-Promoting Schools' is currently being produced to support interventions and prevent ETS in schools. This document contains useful advocacy material, as well as guidance on planning of interventions, training material for school personnel, evaluation methods etc.

7. Background on ETS and child health

Over the past years, several key reviews and meta-analyses have addressed the issue of ETS related to health risks. The major studies identified by the meeting participants are listed in Annex 5. Efforts will be made by the Steering Committee members and the authors of the background papers to complete this list. The completed list, and the most recent studies not yet considered in these global analyses, would provide a starting point for development of the scientific background papers for the International Consultation. The authors of these background papers would not consider primary literature but rather use comprehensive reviews, evaluations and mega-studies.

No large scale reviews of effectiveness of the different interventions to reduce exposure to tobacco smoke could be identified during the meeting.

Related upcoming events

- August 1998: International Symposium on Passive Smoking and Children - Clinical and Experimental Forums, Essen, Germany;
- February 1999: Smoke Free 21st Century, 2nd European and 1st Iberoamerican Consultation on Tobacco or Health.

8. Scope and structure of the Consultation

The meeting considered various possible forms for the event, including an open conference or an expert consultation with selected scientists or government designated officials. The Steering Committee agreed that the output from the Consultation should be strong consensus-based documents and recommendations. It was, therefore, decided that the best means for achieving this was to convene a consultation of invited scientists, administrators, and others representing the various sectors and disciplines concerned.

It was agreed that the event would be called:

'ETS and Child Health - International Consultation on Science and Strategies'

The Steering Committee also discussed the scope of the Consultation and the target group to be addressed. As no definition of 'child' or a specific age limit was given by the Summit of the Environment Leaders, it was agreed to leave the target group flexible as 'children'. The ETS exposure situation was defined by the Steering Committee as the indoor environment, including the home and other relevant settings.

It was still felt that the Consultation should include a section on review of scientific information, despite the existence of important research activities, key reviews and meta-analyses already undertaken in the field of ETS and child health. The reasons for this are as follows:

- a compilation of scientific information would set a basis for the development of policy issues;
- a compilation issued by WHO would bring more weight to bear on this often neglected issue as well as bring the issue to the attention of governments;
- emerging health effects (e.g. role of ETS in causation and exacerbation of asthma) would justify a review of current scientific evidence;
- currently, the scientific knowledge may not be adequately disseminated in developing countries, nor be sufficiently recognized by professionals from sectors other than the health sector.

The Consultation will address three topics:

- review of scientific information and further research needs
- exposure to ETS and public health impacts
- intervention strategies for reducing risks to children's health from exposure to ETS

Each subject will be introduced by a short presentation followed by discussion.

These three topics would be addressed in plenary sessions (2 days) and a poster session. Thereafter, several consensus-based documents would be prepared by working groups on these topics (1.5 days), which would be discussed and finalized in plenary sessions (1 day).

The provisional agenda of the Consultation along these lines is listed in Annex 6.

9. Participation in the Consultation

Participants will be selected by the World Health Organization in close consultation with the Steering Committee. The Consultation would bring together professionals from various sectors (health sector, environment sector, scientists, policy makers, education sector), as multisectorial and interdisciplinary collaboration is necessary for the successful outcome of the Consultation.

For each working group, a core group of about 5 persons would be established to draft consensus based documents. Each working group would be led by an experienced facilitator to ensure active participation of all working group members. The authors of the background papers would be included in the respective working groups and possibly also participate in the drafting process of Consultation documents.

The distribution of participants was roughly estimated as follows:

G8 countries	30
Non-OECD countries	20*
Other OECD countries	10
Authors of the papers	15
WHO, including Regional Offices	10
WHO Collaborating Centres	10
NGOs	10
UN Agencies	5
Steering Committee members	10
Total	about 120 people

*may require financial support for participation

Arrangements will be made for conference facilities which can accommodate up to 200 participants, including two additional rooms for working groups.

On a one per region basis, representatives of developing countries will be selected through the contact points of WHO's Programme on Tobacco or Health to participate in the preparatory tasks of the Steering Committee.

10. Output and target audience of the Consultation

The Consultation is expected to produce the following outputs for the respective target groups:

- a) **Collection of commissioned background papers**
Documents on scientific information, exposure and public health impacts, and interventions would be compiled before the Consultation and would be made available to the participants. The background material is targeted at professionals to provide comprehensive information on the Consultation topics listed in the agenda.
- b) **Final document of the International Consultation**
A basic document of about 20 pages summarizing scientific information, exposure and public health issues and intervention strategies, and containing recommendations, to be drafted by the working groups and then adapted by the plenary Consultation; this is mainly targeted at governments.
- c) **'Call for Action' document (recommendations)**
An executive summary of the recommendations of the final document of the Consultation document, to be adopted by the Consultation participants in about two pages.
- d) **Fact Sheets**
A compilation of fact sheets, summarizing diverse subjects addressed in the Consultation, serving as a sample for regional or national adaptation; it would inform the general public and other interest or target groups, such as health professionals; the format, production and dissemination of these fact sheets will be within the WHO programme of fact sheets.
- e) **Press conference**
Presentation of the key messages of the Consultation through various media channels; dissemination targeted at the general public.

11. Production of background documents

With precise terms of reference (Annex 7), the Steering Committee will commission experts to prepare background papers. A paper would be prepared for each of the topics listed on the Consultation agenda. The Steering Committee prepared a tentative list of authors for each of these papers (Annex 8).

The draft papers will be reviewed by selected reviewers and designated Steering Committee members; the comments would then be incorporated by the authors.

12. Additional funding support

The preparation of background papers and/or the participation of developing countries in the Consultation would require funds in addition to those made available by the USEPA. The other G8 countries would be invited to contribute to the Consultation, by directly supporting the participation from developing countries, presenters or other participants or by making funds available to the organizers for this purpose.

13. Venue and time plan

Geneva is the agreed venue, unless one of the G8 countries (e.g. Italy) would be prepared to host the Consultation. The timetable, aimed at making available the outcome of the Consultation before the Environment Leader's Summit in April/May 1999, was established as follows:

Time frame

March 1998	Commissioning of the background papers
31 Aug 1998	Deadline for submission of the background papers
30 Sept 1998	Deadline for peer review of the background papers
31 Oct 1998	Deadline for finalization of the background papers
Nov/Dec 1998	Printing of the background papers as a comprehensive collection
Dec 1998	Sending out of the background documents to the participants
Jan 1999	Consultation
April 1999	Presentation to Environment Leader's Summit
May 1999	Presentation to the World Health Assembly

The provisional dates for the Consultation are Monday 11 to Friday 15 January 1999. A booking has been made at the Geneva International Conference Centre for this purpose. The language of the Consultation is English.

14. Tasks of the Steering Committee

- pre-consultation promotional activities
- recommendations for finalization of the list of authors
- provision of guidance to authors of background papers and follow-up
- solicitation of participants from the health, environment and other sectors
- recommendations for Consultation participants
- review of the background papers
- mobilization of additional funding resources

15. Expected pre and post-consultation actions and follow-up

- Creation of an Internet site for the Consultation (by WHO) for dissemination of the background papers, with daily updates during the Consultation if feasible, and electronic publication of the documents produced by the Consultation;
- Promotion of the Consultation, establishment of contacts and dissemination of the outcome through the network on tobacco smoke control, entitled 'Global Link',
- Production of promotional material for the Consultation by WHO (e.g. a flier);
- Promotion of follow-up action and future work in this area, by approaching the G8 delegates to the World Health Assembly 1999, Environment Ministries and other government bodies on the basis of the outcome of the Consultation.

Finally it was agreed that the work during the period leading up to the Consultation would be coordinated by correspondence, particularly by e-mail. The next meeting should be held the day before the Consultation.

Annex 1

Agenda of the Steering Committee Meeting

to prepare of the Consultation on Environmental Tobacco Smoke (ETS) and Child Health
WHO, Geneva, 17-19 February 1998

1. Opening and Welcome to the participants
 - Introduction of the participants
 - Objectives of the meeting
2. Introduction to the Declaration of the Environment Leaders of the Eight on Children's Environmental Health
3. Objectives and expected outputs of the Consultation on ETS and Child Health
 - Expected follow-up actions of the Consultation
 - Discussion document (Doc. 1)*
4. Short presentation of activities/interests related to ETS and child health
 - 4.1. Country presentations
 - 4.2. WHO Programme presentations
5. Background: Short recapitulation of past actions/events on the subject
 - Assessment studies, policy summaries etc.
6. Identification of the target audience
 - Conditions for participation- *Discussion*
 - Drafting of list of core participants - *draft list (Doc. 2)*
 - Distribution of invitations
7. Scope and structure of the Consultation, including session themes
 - Sample Outline with Annotation (Doc. 3) - Discussion*
8. Organization of production and circulation of review and background papers, including the role of the Steering Committee
 - Prepare proposed list*
9. Preparation of draft elements of the expected output documents (e.g. a consensus document)
10. Funding support for the Consultation, including additional financial sources
11. Pre-consultation promotional activities
12. Conclusions
 - Specific recommendations
 - Review of work plan and timetable
 - Assignment of preparatory tasks
 - Administrative arrangements for the Consultation (date, place, etc.)
13. Post-consultation work
 - Publications, proceedings etc.

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Steering Committee Meeting on
Environmental Tobacco Smoke (ETS) and Child Health
WHO, Geneva, 17-19 February 1998

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Annex 3**Extracts of the 1997 Declaration of the Environment Leaders of the Eight
on Children's Environmental Health**

Miami, May 1997

“Environmental Tobacco Smoke: Children exposed to environmental tobacco smoke are more likely to suffer from reduced lung function, lower respiratory tract infections and respiratory irritations. Asthmatic children are especially at risk. Many of these symptoms lead to increased hospitalizations of children.

We affirm that environmental tobacco smoke is a significant public health risk to young children and that parents need to know about the risks of smoking in the home around their young children. We agree to cooperate on education and public awareness efforts aimed at reducing children's exposure to environmental tobacco smoke.”

Implementation Actions on Protecting Children's Health and Environment Which the Environment Leaders of the Eight Have Agreed to Promote Within Their Governments and Countries:

“Environmental Tobacco Smoke: Convene a scientific conference, through WHO or another appropriate scientific organization, to synthesize and share the latest scientific information on risks to infants and children from environmental tobacco smoke and compile information on the most effective educational strategies concerning exposure to children.”

**A TEN-POINT PROGRAMME FOR SUCCESSFUL TOBACCO CONTROL
WHO's Programme on Tobacco or Health**

1. Protection for children from becoming addicted to tobacco.
2. Use of fiscal policies to discourage the use of tobacco, such a tobacco taxes that increase faster than the growth in prices and income.
3. Use a portion of the money raised from tobacco taxes to finance other tobacco control and health promotion measures.
4. Health promotion, health education and smoking cessation programmes. Health workers and institutions set an example by being smoke-free.
5. Protection from involuntary exposure to environmental tobacco smoke (ETS).
6. Elimination of socio-economic, behavioural and other incentives which maintain and promote use of tobacco.
7. Elimination of direct and indirect tobacco advertising, promotion and sponsorship.
8. Controls on tobacco products, including prominent health warnings on tobacco products and any remaining advertisements; limits on and mandatory reporting of toxic constituents in tobacco products and tobacco smoke.
9. Promotion of economic alternatives to tobacco growing and manufacturing.
10. Effective management, monitoring and evaluation of tobacco issues.

Annex 5

Major studies identified by the meeting participants

Health effects

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Provisional agenda of the Consultation on ETS and Child Health

Monday

- 08:30 - 09:00 Registration
09:00 - 10:00 Opening session
10:00 - 10:30 *Coffee break*

Adverse health effects

- 10:30 - 11:30 Respiratory effects: asthma, hyperresponsiveness and chronic symptoms; acute respiratory illness; decreased lung development and function;
11:30 - 12:00 Middle ear disease
12:00 - 12:30 Sudden Infant Death Syndrome (SIDS);

12:30 - 14:00 *Lunch*

14:00 - 14:30 Birth weight reduction;
14:30 - 15:00 Cardiovascular disease
15:00 - 15:30 Other developing areas: childhood cancer; cognition/behaviour, others
15:30 - 16:00 *Coffee break*
16:00 - 17:00 Panel discussion
17:00 - 18:00 Poster session
18:00 Reception

Tuesday

Exposure to ETS and public health impact

- 09:00 - 09:30 Surveys: methodology
09:30 - 10:00 Trends
10:00 - 10:30 Measurement of exposure: Chemical measurements and biomarkers
10:30 - 11:00 Population risks and economics
11:00 - 11:30 *Coffee break*
11:30 - 12:30 Panel discussion

12:30 - 14:00 *Lunch*

Intervention strategies

- 14:00 - 14:30 Risk communication
14:30 - 15:00 Behaviour change
15:00 - 15:30 Interventions: specific intervention strategies and evaluation
15:30 - 16:00 *Coffee break*
16:00 - 17:30 Panel discussion, including discussion of case studies
17:30 Inscription for the working groups

Wednesday

- 09:00 - 09:30 Introduction to the three working groups
- Adverse health effects
- Exposure to ETS and public health impact
- Intervention strategies
- 09:30 - 12:30 Working groups and drafting sessions

12:30 - 14:00 *Lunch*

- 14:00 - 15:30 Working groups and drafting sessions
15:30 - 16:00 *Coffee break*
16:00 - 17:30 Working group reports to plenary

Note: Core groups, including the background paper's authors, assume responsibility for drafting of the working group's reports; in addition, a small team of selected participants would work on the 'Call for Action' document throughout the Consultation in collaboration with other participants.

Thursday

- 09:00 - 10:30 Working groups
10:30 - 11:00 *Coffee break*
11:00 - 12:30 Plenary discussion on the 'Final document of the International Consultation'

12:30 - 14:00 *Lunch*

- 14:00 - 15:30 Plenary discussion of the 'Call for Action' document
15:30 - 16:00 *Coffee break*
16:00 - 17:30 Steering Committee meeting

Friday

- 09:00 - 10:30 Final plenary discussion and approval of the 'final document of the International Consultation' and the 'call for action' document
10:30 - 11:00 *Coffee break*
11:00 - 11:30 Press conference
11:30 - 12:00 Closing session

Terms of reference for authors of commissioned background papers

Science papers on adverse health effects

Review relevant international literature based on the list of key reviews and meta-analyses (to be included in the terms of reference), and the most recent literature not yet included in these studies; no use of other primary literature; answer questions as appropriate, such as the following:

- Typical relative risk estimates for the effect
- Potential modifying factors
- Hypothetical mechanisms for disease etiology
- Specific information pertinent to developing countries
- Are there groups at greater risk?
- Does the condition render the child more susceptible to other health effects?
- Is the condition reversible or does it have prolonged effects?
- Are there outstanding issues or areas for further research?

Maximum length: 20 pages, double spaced, A4 format

Annex 8**List of commissioned background papers
Proposed names of authors****A. Adverse health effects**

Respiratory effects: asthma, hyperresponsiveness and chronic symptoms; acute respiratory illness; Decreased lung development and function

D. Cook, D. Strachan (UK); Corbo & Forastiere (Italy); Chen (China), Keil (Germany)

Middle ear disease

Collet (Canada)

Sudden Infant Death Syndrome (SIDs)

R. Anderson, UK; Mitchell (New Zealand)

Birth weight reduction

B. Eskenazi (USA), Jedrychowski (Poland), G. Windham (USA)

Cardiovascular disease

S. Glantz (USA), W. Parmley (USA)

Childhood cancer

Pershagen (Sweden), Mizuno (Japan), J. Tredaniel (France)

Others (cognition/behaviour etc.)

Eskenazi (USA)

Ms Jinnot and Dr Sharp provide guidance to authors on the specific tasks, and organize the review and finalization of the papers.

B. Exposure to ETS and public health impact

Surveys: methodology

China, NCEH (CDC), Jarvis (UK)

Trends

Jarvis (UK)

Measurement of exposure: Chemical measurement and biomarkers

B. Rickert (Canada), Lederer (USA), Repace (USA), Parkli (CDC), Benowitz (USA)

Population risks and economics

Chaloupka (USA), Warner (USA), Pettiti (USA), Townsend (UK), Lopez (Australia), DeFranca (USA)

Dr Kaiserman provides guidance to authors on the specific tasks, and organizes the review and finalization of the papers.

C. Intervention strategies

Risk communication

Liess (Canada), Harvard, Princeton

Behaviour change

Prochaska (USA), Puska (Finland), P.A. Fried (Canada)

Interventions: specific intervention strategies and evaluation

Nakamura (Japan), USEPA

Ms Smith and Mr Long provide guidance to authors on the specific tasks, and organize the review and finalization of the papers.