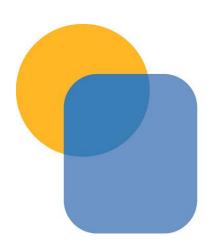
History and Future Global Network





GLOBAL NETWORK FOR TOBACCO FREE HEALTHCARE SERVICES

Edward Murphy, Chair GNTH Manager HSE Tobacco Free Ireland Programme Susann Koalick, Board GNTH President, Forum for Tobacco Prevention in Healthcare Services (FTGS) / GNTH Switzerland,



The History of GNTH: From ENSH to a Global Network



GLOBAL NETWORK FOR TOBACCO FREE HEALTHCARE SERVICES

International Backdrop (1978)



The Roots: Alma-Ata Declaration (1978)

- Alma-Ata Conference: Focused on primary health care as the key to achieving an acceptable level of health worldwide.
- WHO Setting Approach: Maximizing disease prevention in various settings.

Ottawa Charter for Health Promotion

In 1986, the WHO adopted the Ottawa Charter for Health Promotion. It built on the 1980 "Health for All" strategy and introduced the Healthy Settings approach. This marked a key step toward holistic health promotion and sustainable development.



Development in Europe (1981–1999)



GLOBAL NETWORK FOR TOBACCO FREE HEALTHCARE SERVICES

European Development of the Network

Promoting Health: Important Steps

- In 1981, WHO launched the "Health for All" strategy.
- The EU's "Europe Against Cancer" programme followed in 1985.
- This led to the European Network for Smoking Prevention in 1987.



Promoting Health: Important Steps

1993 – 1ST International Conference of HPH (Warsaw) with the establishment of European Pilot Hospitals Project. The concept of Health Promoting Hospital (HPH) is based on the Ottawa Charter.





International Network of Health Promoting Hospitals & Health Services

1993 – 1ST International **Conference of HPH**

11 countries (20 hospitals) - Austria (Vienna), Czech Republic (Prague), France (Paris), Germany (Chemnitz, Riedstadt, Hildshelm, Hamburg), Greece (Athens), Hungary (Budapest), Italy (Milan, Padova), Ireland (Dublin), Poland (Warsaw, Ustron), Sweden (Linkôping), United Kingdom: North Ireland (Londonderry), Wales (Llanelli), Scotland (Glasgow),





HEAI THCARE SERVICES

nternational Network of Health Promoting Hospitals & Health Services

1994 Ireland Important Steps

1994, WHO-EURO required smoke-free policies in Health Promoting Hospitals.

Ireland followed with a national HPH network 1998 survey on hospital smoking policies.



1997 France Important Step

A smoke-free hospital charter was developed in France.



ENSH (1998–2000)



The Birth of ENSH



Next Steps

2001, an EU-funded project linked the European Smoke-Free Hospital Code with Ireland's HPH standards.

2002, common European standards and a self-audit tool were developed. **2003**, the standards were piloted in France, Finland, Ireland, and Italy.



FOR TOBACCO FREE HEALTHCARE SERVICES

2000-2001: **ENSH European** Smoke-free **Hospital Code** adopted by 12 countries.









GLOBAL NETWORK

FOR TOBACCO FREE

HEALTHCARE SERVICES

Austria Belgium Denmark Finland France Ireland Italy Luxembourg Portugal Spain Sweden UK

ENSH Initiative (2003–2006)

ENSH Initiative: Commitment and Progress

Birth of ENSH - European Network for Smoke-Free Hospital (2003)

- Chair: Professor Bertrand Dautzenberg, Assistance Publique – HÔPitaux de Paris, France.
- ENSH Coordinator: Ariadni Ouranou
- ENSH Consultant: Sibylle Fleitmann, Independent Consultant Tobacco Control

GLOBAL NETWORK FOR TOBACCO FREE HEALTHCARE SERVICES



Ariadni Ouranou

WHO Framework Convention on Tobacco Control (FCTC)

The WHO FCTC was adopted in 2003 and took effect in 2005. Ireland led with the first indoor smoking ban in 2004. This initiated the move from smoke-free to tobacco-free healthcare.





ENSH Initiative: Commitment and Progress

- 2005: Development of the ENSH Smoke-Free Hospital Initiative Process.
- 2006: 1107 European hospitals participate in the ENSH Self-Audit survey



Selfaudit Questionnaire

The Selfaudit Questionnaire is an important tool for the implementation of a smoke free health care center.

It enables hospitals to monitor and review their own progress towards the achievement of a tobacco free policy.

It is also a tool to acknowledge and reward continuous improvement by facilitating health care centers to categorize their progress.

Why complete Selfaudit Questionnaire?

- Helps to identify areas needing attention
- Provides a guide for policy development

Results from 1107 European hospitals having conducted the ENSH self audit survey

ENSH self audit questionnaire is easy to perform and enables the monitor, review and follow up of the progress made in the implementation of smoke free policies within all 25 European countries !

+ Ireland

A store of 38 then proves free transition name conducted the solves, the average size source more same target by 14 them a solves does not be average size and a solves and by 14 them a solvest and the provement of a constant sector and a provide the solution of the them and the them are proved as the solvest of the solution of the them are offset average of the solvest of the so

* Belgium

A figure, of heapths have performed in the sould server. The destinate wants invest that the DOL's suggested automation are built for having injectmented in the performance of public former theory of the sould. The service and the sould form the source of the source parts are source that "publicles of source of the source parts are source and a longer, and on the bound of antipe and the source parts are source source from the source parts are source and a longer, and on the bound of antipe and the source are a longer, and on the bound of antipe and the source parts are source source from the source parts are source are a longer, and on the bound of antipe and the source parts are source source from the source from anyons a 4 longers goal.

+ France Si's hospitals rearders taxs participand in the sizes, 210 of their samp members of the French schemet. The average score is all parts. A comparison study of the suith schemet the members of the Franch schemet, and house of the solution take their combuted by the French Namood, 2006 the average, status the members has been \$2 points against 35 for the regi

+ Spain

to these, a total of 20 hospitale have conducted the survey with an average server of 50 parels. Heavily sever the converse and are average travel failed basis made in all services and more present, in mission control, commission, converses and areas and areas who the average severing and more several provides and who the average severing and thereas.

TAN DRIVE AND AND HOSPING INFORMATION OF A DRIVE OF TANKANG AND

+ Finland In Presend, the basis ecces of the 1 houghtain that have constanted the monay varies them 32 points to bit, structing that obtained must between the foreign household and that progress is a new must be the foreign to be the participation to a the must be approximate the structure of the participation to \$7.4 points approve 68 of last point. · Germany

• Germany will, the Endin such audit has been addressed logs the address of the one programme in heaptains and exemptions of the end of the

The Health Mesory and the Farenal Drug Com expressed a strong interest in the results of the set audit. The results of the purvey are arguebed to be published in a scientific report by the Faderal Institute for Occupational Safety and Health Behalts in the scores of 2008.

* Romania

Between 2004 2005, It's self audit survey has been reconducted Program of the second sec

 demonstratives engaged in following prevention are writing to encourage. The EXEM implementation: project in Runwessa Take least a strong interest in the EXEM concept in temptate. where the managers are not smallers. The limited frances maps uses in some inspirate a real lighter for impartanting the EASIM policy.

Slovenia

000

ona 2 All Sinverse's hospituits have been muted to cooperate to this when avoid. The results report that sorred to cooperate a their resources dictated by the two however, the number of patientees when support entities have however, the number of although when support entities have however, the specially in the fault of use when support and althoughing header in suchars, to fault yand, or mere is definitely topic for improvement. The results reveal impor-tant differences between the trouptes industrial science, the Select that this reflects rather subjective differences in annualing the quantities than actual differences in hospital' scales have BETENTY (KACHE.

BURGHEAN SMOKE PRES HOSPITAL NETWOOK - 1011 TALE + (COLUMN 2008)

and the

CONTRACT OF

FINEARD.

o Geren

POLANO

HUNGARY

ROMAND.

CELON-REPORT C

RECORDA.

LONAL

TIALY

UTHORNA

THEORY

DENGULAR,

COMBINAL PROPERTY.

5

ns

ENTER KINGCOM

50

0

17NA



Selfaudit Questionnaire

The Selfaudit Questionnaire is an important tool for the implementation of a smoke free health care center.

It enables hospitals to monitor and review their own progress towards the achievement of a tobacco free policy.

It is also a tool to acknowledge and reward continuous improvement by facilitating health care centers to categorize their progress.

Why complete Selfaudit Questionnaire?

- · Helps to identify areas needing attention
- Provides a quide for policy development

ean Network **Smoke-free Hospital**

EDITORIAL

CREATING SYNERGY tween ENSH, HOPE and HPH

94 maning, which was of February 2006, our em how aspressed the Homen DIGH and rele-ady. DIGH is sanking to M. Promoting Haravials shell and Healthcore

M Promoting Hospitals etherologi of over 700 5 conneties. The main of some in Roupitals by 4 of Assolit promotion. chiles into all An i implementation of a liter for mundership at homework of cal-tarks and the adapt menanded to all HP

denotion is a street he experience or n policy level. the sprovements in the ss of the European capitol care first ince electronic tion of hospital se th they function?

alari honeu mmon objectives, in in the hospital and effective tools rontee the wide n the other hand

comuniption has been closelled as a optional prior most European countries.

(NSH gothers [3 national hospital networks among Intelligence on the second mapping instances among its 20 Environment methods. This approach second second 1,000 Environment happened and 2,000 Standb profile strends, methods in the gran sources (PKP) is not able built on them of methods in the gran sources grant based on instances and approximate the second second second second sources are required as concentre import on method handb authorities.

network health extension. I the IASM concept a secondary and effect socializer imple-mentation instruments for the new LLI exactly members who are very interested in this sprager and who have supremaind a instrug desire to make progress through net-verking

 Edestres secular is a main masses of endoor publicion in work places and public places including longstatis. It is the days of longstatis to provide their patients with a class amore reor request to possible their possible with a classe ansiets ment, werknickly regarding are quotify. Salesel hand andering is a raik for otheir postent, who are assumations antennely visionable in the analogical and water, especially in mere such as possibilities and cardinalize As a neuroscie-seneord-fored anodering groudy increases the raik of illness, and in sing someth, hard disease, single and exploritory advance.

 Smoking in the hospital: a major soliny problem regarding free prevention and calley. Medical treatment measurates the case of highly inflormable products. Medical gauss such an origin or the increase like risks. It is solit majority of cases, fire outbreaks within hospitals are related to the median induction. context/regigent use of a cigorette. • Stocking is the highest risk factor in much pathology

ending. Therefore, to not department of colliding ending. Therefore, to not department tracking from it means, the cashing reaction therapy is a necessary ending ending reaction therapy is a necessary

comparate to indicat instances. I ringshift most leads professionals are increasingly beca-ming the "Mingle" model for the whole sector. The com-need distriptioner and ingenerative of the sector has been been as the sector of the sec-bility and individuality of articles are been in the laid of before control. INSM sector of the sector of the impor-tion individuality and the sector of the imporsing information and inconfidige in spaces target growth and high this words such an maternity services and pay-observe departments. General: analying consistent services-need to become more tailored to the mode of different population groups

Development and implementation of a smake-lines pulsey and environment requires full management commitment and the active support and involvement of all employees. Key to active support and involvement of all amploymes. Kay to increase is committeed and communication, in one the netwo-dection of an affective monotoring and menus protom. The foregreen Network of Senike-free Houghtah (INGH) has developed a process to support the implementation and monitoring of a senick-free houghtah environment. In this way the INGH model and back preside a good framework of corporation with HCHE, HPH and other networks in attacking prevention one within the Academia and prevention area within the hospital setting.

Each retwork brings unique strengths to this collaboration. HCMI has access to and the ability to influence management and political perspectives. HPH provides access to and the participation of hospital setworks in the implementation of Install while its hoghest rais to be a much pathology of hald literate directly related to tobocco consumption high is its mole have many specialists and clinical services are directly another while the pathology and the service are directly another while the pathology and the service are directly another while the pathology and the service are directly another while the pathology and the service are directly another while the pathology and the service are directly another while the pathology and the service are directly another while the pathology and the service are directly another and 25 years of same in frances in 1995.

From European to Global Network (2007-2009)

Globalization: From European to Global Network



Globalization: From European to Global Network

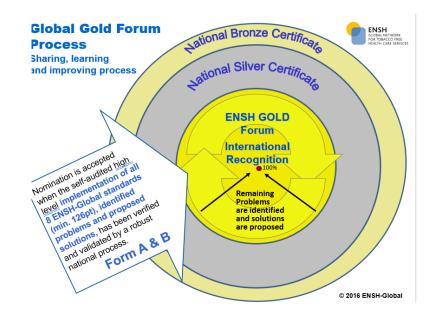
- 2007: Development of tools to support smoke-free hospitals.
- 2008: ENSH Gold Process for international recognition.
- 2009: Birth of the Global Network for Tobacco Control in Hospitals and Healthcare Services



2008 Gold Forum

ENSH commences work on the development on of GOLD Process for the international level





ENSH Gold Forum

of the ENSH Global Network for Tobacco Free Health Care Services







2009

A collaborative Taskforce between HPH and ENSH to promote synergy and common actions within each network

Advocacy Subgroup developed the TFU Pact for organizations and the TFU Charter for individuals

TFU Pact on Tobacco for Hospitals and Health Services

Objective:

Support a comprehensive tobacco control policy within and outside member organisations



TFU workshop - Crete fi-it May 2009

TFU Charter for Health Personnel

Personal engagement to reduce Tobacco consumption in the professional and personal environment





TFU workshop - Crote 6-8 May 2009

Global Network for Tobacco Free Healthcare Services (2010-2018)



Jacque·Dumont, ·Belgium, ·Ann ·O'Riordan, ·Ireland, · Christa · Rustler, · Germany, · Dr, · David · Chalom, · Sweden, · **Chairperson**·of·GNTH:·Ann·O'Riordan,·Ireland¶

Coordinating · Centre · transferred · from · the · Assistance · Control·Unit·of·ICO,°Barcelona·under·the·direction·of· Prof. · Esteve · Fernández, · Catalonia, · Spain · ¶



2010 – 1st AGM Meeting (GNTH), Barcelona, Spain





GLOBAL NETWORK FOR TOBACCO FREE HEALTHCARE SERVICES

Ø Representatives from Belgium, Estonia, Finland, France, Germany, Ireland, Spain – Catalonia, Galicia, Sweden

Activities

- Standards and audit tools translated into 18 languages.
- Work began on a Policies and Operations Manual
- Workshops and conferences held in Zurich, New Haven, Dublin, Vienna, and Andalucía.

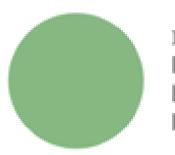


ENSH-GLOBAL

"Aiming to deliver safe quality care in relation to tobacco for every service user, every time and everywhere"

STRATEGIC PLAN 2015-2018





International Network of Health Promoting Hospitals & Health Services

Memorandum·of·Understanding·¶ for·Collaboration·between·the·International·Network·of·Health· Promoting·Hospitals·&·Health·Services·and·the·ENSH-Global· Network·for·Tobacco·Free·Health·Care·Services·¶

2015-2018¶ ¶

This Memorandum of Understanding (hereinafter referred to as "MoU") establishes a framework for collaboration between the International Network of Health Promoting Hospitals & Health Services (hereinafter referred to as "HPH Network"), and the ENSH-Global Network for Tobacco Free Health Care Services (hereinafter referred to as "ENSH-Global") to develop and implement joint activities - according to Article III in the HPH Constitution.¶



HPH Conference June 2016 Yale University, New Haven, Connecticut, United States ENSH-Global Short Open Lunch-time "Round Table" Meeting

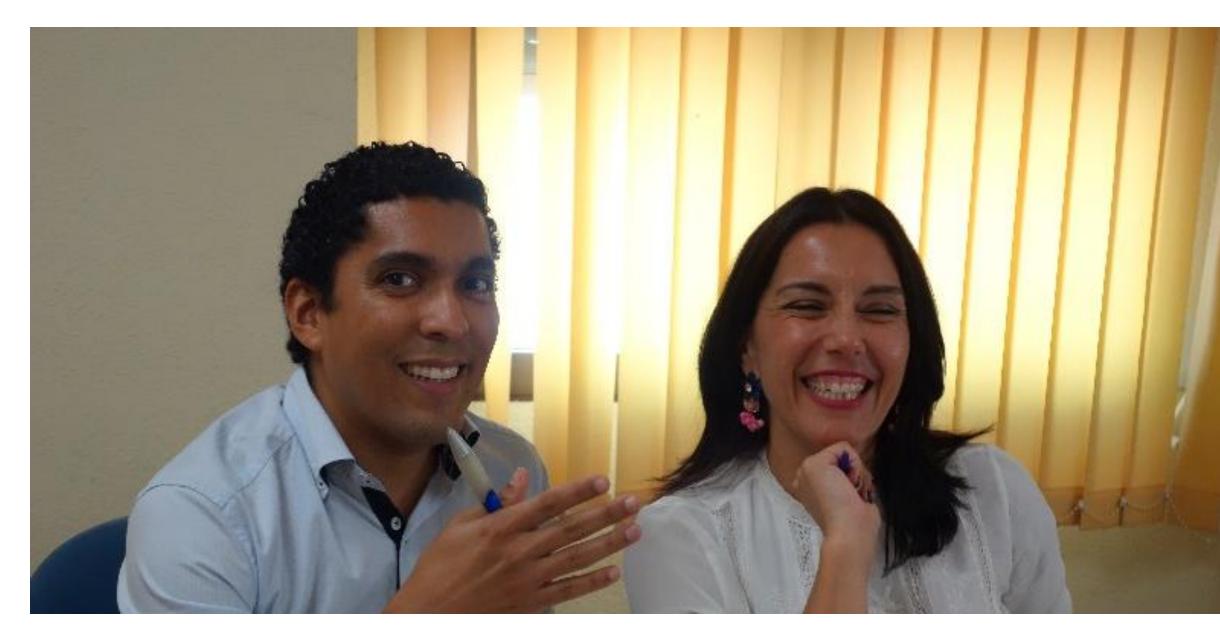


Global Network for Tobacco Free Healthcare Services (2020 - 2025)

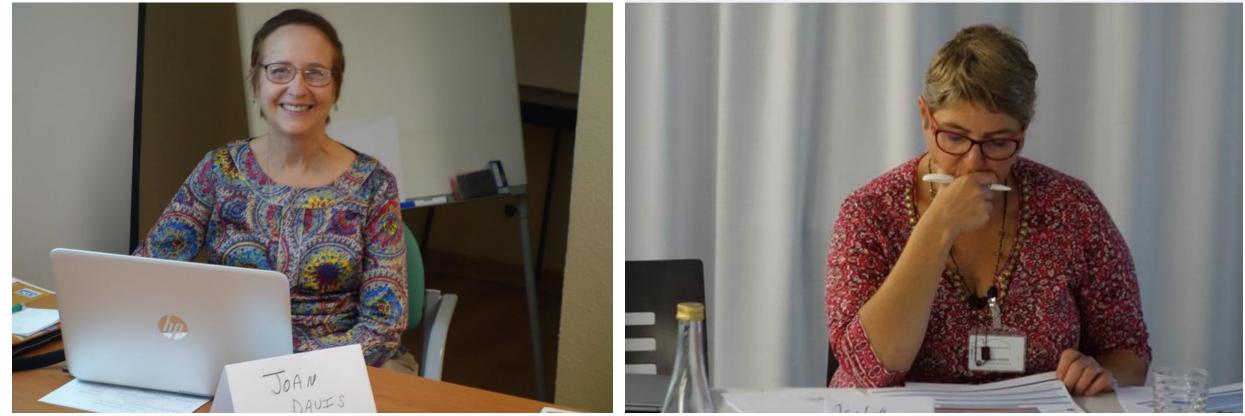






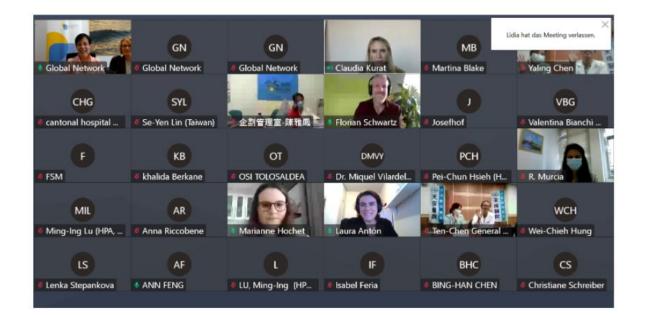


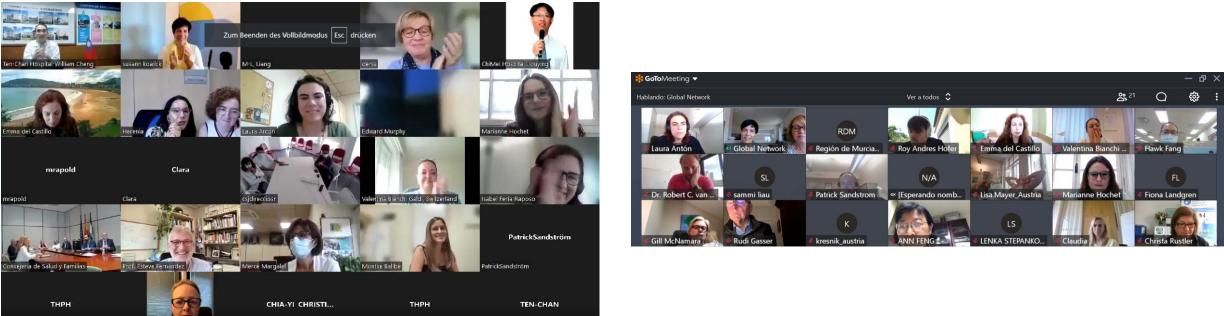






GNTH Conference online 2021 / 2022 Corona Time





GNTH in person meetings 2022



2.12.2022 SYMPOSIUM IN





HSE Event - 2023





















Global Network Conference 20 September 2023















Global Network Conference November 2024

GNTH GA 2025 – 26th June





Future of the Global Network

- Current Initiatives
- Visions and
 Strategic Goals
- Planned Projects



Our GNTH Vision and Mission



Vision

Our vision is to implement tobacco control policies in healthcare organizations that are aligned with the WHO-FCTC objectives.

Mission

Empowering our members to deliver safe quality care in relation to high Standards of tobacco control with a comprehensive scope across the continuum of care.

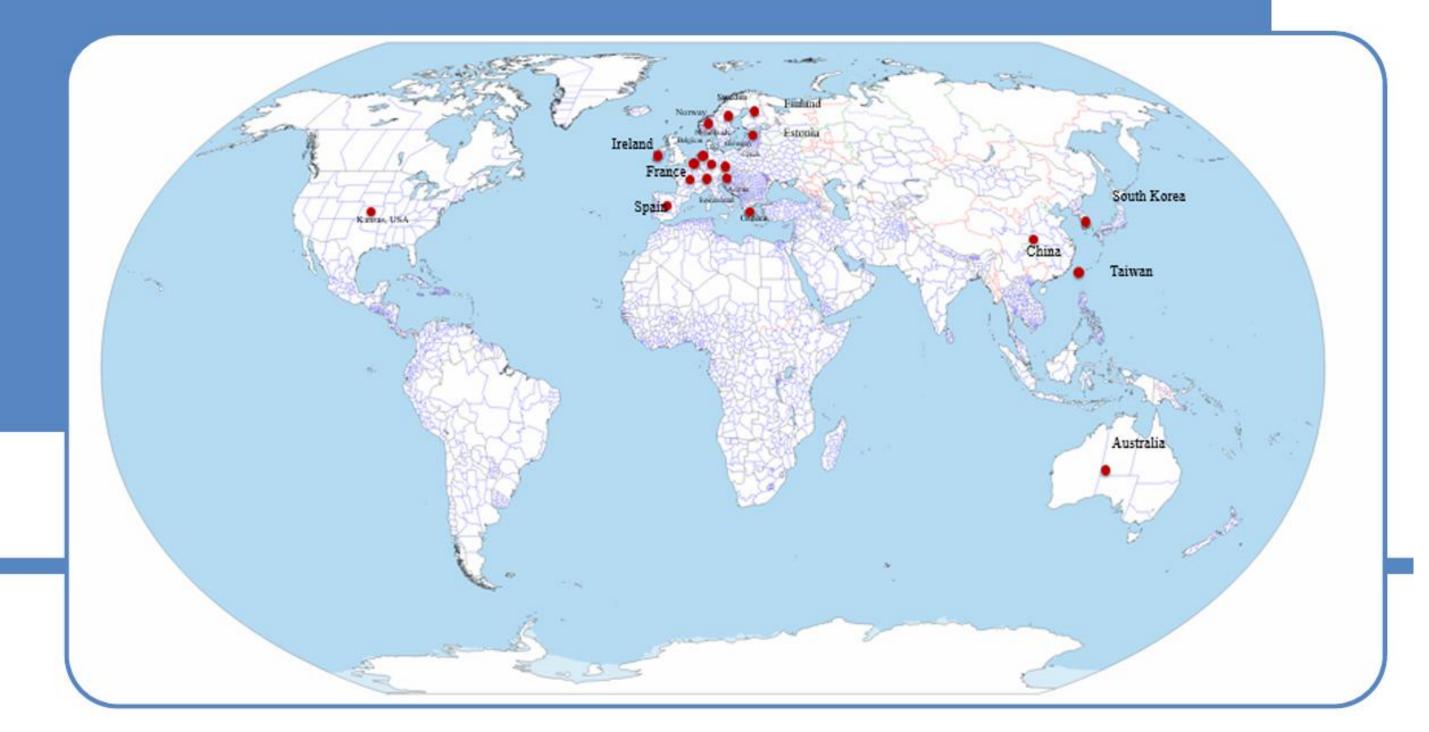


GLOBAL NETWORK FOR TOBACCO FREE HEALTHCARE SERVICES

susann.koalick@ftgs.c



20 NATIONAL/REGIONAL NETWORKS IN 14 COUNTRIES



GLOBAL NETWORK FOR TOBACCO FREE HEALTHCARE SERVICES susann.koalick@ftgs.c

CURRENT GNTH STANDARDS





GNTH CONCEPT LAST REVIEW 2015-2018 10 8 STANDARDS IN 19 LANGUAGE



Parallelite in Parliane chartering		-			·	-	
			- families				
		Martinia - Terretoria de la contra - la contra contra de la contra - la contra contra contra - a contra contra contra - contra contra - co	• •				The second secon
And in construction and the second states and the second states and the second states	1111 Internet of the second se	1115	0	0-	0	0-	-
A Transition	hits for an interaction representation or second a solution of the second second second	-	3	0	0	0-	-

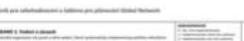
Pandako 1 Ashrang ani Ini Grand Banandalan ani	i Engagemant) gi sher eti ondurtgecunt stanash pasar Tapathar Parak, a	and the second					*
		A March 1999	==			arisement Septembergele filter to de Settem Colleges	
And the Association of the Assoc	All a strain frantigener sound in de l'insurfrance d'alors et et construier i generate management, sur management, sur géneration .	1025-	-	8-	0	0-	2024

With AMD 1. Review or constrained Ministration Strapping and their field in the field state of the strapping and the	
and and an and an and an and an and	
The second	-

legaligativje i Metergegen Seganje se gli kologije je Seganje se je kologije je	<mark>le an provaliticopie</mark> Indep dans construites a an christiansprais dans	terplatistist terplatistik	HUDH	1222			
anna manan					•		
11 Selection and Colored State and Colored State St	103 Statistics Statistics and an address Statistics and a statistics Statistics and a statistics Statistics and a statistics address address and a statistics address	ette tit er vers dent.	0	0	0	0	
10 States of sectors and setting of sectors and setting of sectors and sectors and sectors and sectors and sectors and sectors and sectors and sectors and sectors and sectors and sectors and sectors and sectors and sectors.	141 martines.proved		a	0	12	0	
	144 statistics proved			_			

Sinks Betweek Self-audit Questionagies and Planning Templaty		and the second
PERMITE L'Auggement à argentaux Milles annuel en dont auf de l'annuel et le singe de majorements our petter fait dans	Marcol & Monthly and American - No. (Science) - Science (Science) - Science (Science) - Science (Science)	

ETABLICE (* Executions of commission for balance is grantering for the segment of the pro- metal sector of the sector of the sector of the sector of the sec- tor of the sector of the s					i.		TRADUCT Second Second Second Second Second Second S
		State of the state				•	
	All Manufacture of the August		a	jų,	q	U.	
W household supported	MA STORAGE STREET		α	0	ci	0	



And the second second			12	_	12	-	
artist an (stars)		Entra territori	•	•	*		And the section optimized process interaction optimized and the interaction optimized and the process of the section optimized and the secti
" interest descent in the second seco	-		0	9	0	12	
M. Deserved Confidence	144 -20-000						

		-		+	٠	×	Stational State
" interior	an antistation and		8	40	0	-0	
" interior	and the second s		п	0	0	8	
	Call Control of the local data			15	0	-0	

					i.		- Same
		Tilliner.	•	4		÷	-
			=	п	-	13	
" and the second	· horizonta		=	=	-11	12	
and the second	and Anna Products			à	0	ii.	



ARABIC	ESPAÑOL	KOREAN
AUSTRIAN-GERMAN	ESTONIAN	NORWEGIAN
CATALAN	FINNISH	ROMANIAN
CHINESE	FRENCH	SWEDISH
CZECH	GERMAN	SWISS GERMAN
DUTCH	GEORGIAN	
ENGLISH	ITALIAN	

***		AND ADDREES AND ADDREES AND AD		÷	÷			
A DECEMBER ADDRESS			0	0	12	11		
-			0	42	0	0	-	
	BROOMSLAND		0		-0			
	aportmetro.		0	63	0	0	-	
and a	the Distance of the division of		0	. 67	0	10		

With Strength & reprint 1				11			·
		States		-	-		August and an other states
		105-	6	5	0-	54	-
		-	0	0	-	-	-

					-		
-		THE R. P. LEWIS CO., LANSING MICH.					Sand Providence
	The Address of the Ad		0	0	15		
1	100 100 100 100 100		0	12	12		
	All Andreas and a		8	17	C.		
	in the second		1.73	0	110	1.15	

Control - Deprimetry - Nargin				Ę.		
	No. of Concession, Name	•			•	
		٥	0		-	
Construct and provide the second		0	a	0		

Institution and Parenting Tampitote		The second second	Start Service Int and Service	
and the state attempt to a state of the	Same Add Conception of the second sec			manara .
States States in a state state States in a state state		Application Report An appropriate (1)		

			-	

		Designment of the	1		Ľ.	· ^	
14 001000000000000000000000000000000000	- state or of	9	-0	0	12	41	
· BRIDGER				42	0	0	
and the second second	BROWNSLABOUR	-			0	42	
- Belleville - Cold	approximates.		0	4			
10.00	THE OWNER WATCHING		0	. 67	0	-0	
Stationer Side	tersiek Siel Autori ersp	anta da gizarikanis					
Annual An	-			1111	iii		F
		anune .		11	-	-	Agricowant

disate and to be bridged for a manager constraint or pitter and the							
		And the second s		•	•		An orașe de
In Construction of the Con			0		0		
and it and the second s	Comment of Advent		0			2	

14.1900.00 MB		 48 81 80 				
**			-	÷	÷	85.95 98 - 98 99 - 97
AND CONTRACTORS	the second dependent of a second dependent of the second dependence of the		R	ij.	Ĥ	
AL DESIGNATION	an analy description	22		а.	12	
And the second second	COLUMN TRANSPORT	11	Ū.	Ū.	11	



- - control.



Major Successes

 Global Network - Building a strong international community. • Standards & Tools - Providing resources for effective tobacco

 Policy Influence - Promoting healthier environments.

GLOBAL NETWORK FOR TOBACCO FREE HEALTHCARE SERVICES

Ongoing Challenges

 Limited Resources -Securing funding and staffing. Tobacco Industry -Countering opposition to tobacco control. Sustainability -Maintaining longterm commitment.

THANK YOU ALL

We extend our heartfelt thanks to all those who helped build the Global Network for Tobacco-Free Healthcare Services (GNTH). Your dedication, vision, and tireless work have laid the foundation for a strong, international community committed to tobacco-free healthcare.

From the early pioneers to today's active members – you made this global journey possible. Together, we continue to inspire change.

Collaboration



International Network of Health Promoting Hospitals & Health Services

About Us Membership Standards Innovation

Hea

Promo

Knowledge & News & Events Library

P

Improving the health of patients, staff, communities and environments



GLOBAL NETWORK FOR TOBACCO FREE HEALTHCARE SERVICES







Countries ~					Q	内	Select language
Europe							🗢 Donate
cs ~	Our work ~	Newsroom ~	Data 🗸	Emergencies 🗸	About us 🗸		

Home / Newsroom / Events / World No Tobacco Day 2025: unmasking the appeal