



Where there is smoke.... CPHA's involvement in international tobacco control

Canadian Public Health Association
1565 Carling Avenue, Suite 400
Ottawa, ON
Canada K1Z 8R1

Canadian Public Health Association: The voice of Public Health in Canada since 1910.
Association canadienne de santé publique : La porte-parole de la santé publique au Canada depuis 1910.



In the beginning....

1959: CPHA members pass a resolution urging health agencies to support anti-tobacco educational campaigns

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Global Tobacco Control

Purpose:

To enhance the capacity of civil society organizations, such as Public Health Associations, to participate actively in tobacco control in their respective countries and globally.

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Since 1996

- Workshops for PHAs from resource-constrained countries on strategies for effective advocacy on TC policy and programs
- Skills training in "better" practices on smoking prevention and cessation & utilization of data for policy
- Advocating through WFPHA and PHAs for signature and ratification for FCTC.

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- Small grants in support of public awareness campaigns on health risks related to tobacco
- Advice on TC policy and regulations
- GYTS/GHPSS: capacity building for policy and programming
- Qualitative data related to youth smoking and cessation behaviour
- Qualitative data for better training in health sciences faculties on TC
- Pregnancy-associated smoking prevalence and cessation relapse
- Role of traditional healers in TC

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PHA Capacity Building in tobacco control

- | | |
|--------------|----------------------|
| Burkina Faso | Niger |
| Congo | Malawi |
| Uganda | Mozambique |
| Tanzania | Costa Rica |
| Haiti | Cuba |
| Russia | Romania |
| Serbia | Montenegro |
| Turkey | Bosnia & Herzegovina |
| | Kosovo |

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Results?

- Committed, active PHAs as strong advocates
- Enhanced capacity to generate and utilize data for policy, programming and better practice
- Generation and utilization of data for policy, programming and better practice
- Improved knowledge and skills of public health practitioners in smoking prevention, cessation and issues around SHS
- New/improved TC legislation and regulations, plus building capacity in support of application
- Improved exchange of experience, knowledge and skills/ mentoring among civil society sector
- Engagement of PHAs in global TC effort

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The Future

- Network of PHA with the more experienced mentoring those beginning to be involved in TC
- PHAs as active members of TC coalitions nationally, regionally and globally
- PHA-generated research for policy, program and better practice
- PHAs providing continuing education to health professionals on TC
- PHAs participate/take leadership in FCTC shadow reporting

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