



**Canadian Public Health Association**

## **Leadership in Tobacco Control for Public Health Associations in East and Southern Africa**

A workshop organized jointly by the Mozambique Public Health Association (AMOSAPU) and the Canadian Public Health Association (CPHA)

Maputo, Mozambique: May 29 – 31, 2007

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## **ACKNOWLEDGEMENT**

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CPHA and AMOSAPU also wish to thank Cynthia Callard, Executive Director of Physicians for a Smoke-Free Canada, for her assistance in workshop planning, facilitation and report writing. We also acknowledge the role played by representatives of the WHO's Tobacco-Free Initiative and the Research for International Tobacco Control/International Development Research Centre, whose presence contributed to the quality of the discussion and helped formulate the recommendations for future action.

CPHA is grateful to AMOSAPU for the professional organization of the workshop. Its efforts and the services provided contributed to the success of the workshop.

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*Opening ceremony: sitting at the head table are Margarida Matsinhe (President, AMOSAPU) and Dr. Jean-Pierre Baptiste (TFI-WHO/AFRO). Absent: James Chauvin (CPHA), at the podium addressing the delegates*

## Introduction

This workshop marked the first occasion that public health associations in the east and southern Africa region met on the issue of tobacco control. The purpose of the meeting was to promote the active participation of public health associations in this region in the definition and development of strategies for tobacco control policy advocacy and action (programs and practice) at the national and regional levels.

The workshop was organized by the Associação Moçambicana de Saúde Pública (AMOSAPU) and the Canadian Public Health Association (CPHA) as part of the global initiatives co-ordinated and supported through the Canadian Global on Tobacco Control Forum (CGTCF). The workshop took place over two days (May 29 & 30, 2007) at the Pestana Rovuma Hotel in Maputo, Mozambique. The workshop's agenda is presented in Appendix 1 and the participant list in Appendix 2. The workshop participants took part on May 31 in local activities marking World No Tobacco Day organized by the Ministry of Health, the municipal government of Maputo and AMOSAPU.

## Proceedings: Day 1

### Opening remarks

Dr. Francisco Cabo, Executive Director of AMOSAPU, opened the meeting by welcoming the participants. James Chauvin, Director of CPHA's Global Health Programs, thanked AMOSAPU for arranging the meeting, and thanked delegates from Ethiopia, Malawi, Mozambique, South Africa, Tanzania and Uganda for traveling to Maputo to collaborate in this endeavour.

Dr. Jean-Pierre Baptiste, the World Health Organization's Tobacco Free Initiative representative for the Africa region (TFI-WHO/AFRO), encouraged participants to strengthen the role of public health associations in supporting ratification and implementation of the WHO Framework Convention on Tobacco Control (FCTC). He stressed the need for urgent action due to increasing tobacco use in the region, adding that governments which had not yet ratified this international treaty should be urged by civil society groups such as public health associations to do so quickly.

In declaring the meeting officially open, Margarida Matsinhe, AMOSAPU's President, called for leadership on tobacco control within the public health community and stronger action in the region to implement the FCTC.



### Presentations

Copies of presentations are to be found in Appendix 3.

*Presentation 1: The comprehensive approach to tobacco control, as included in the Framework Convention on Tobacco Control.*

Cynthia Callard, Executive Director of Physicians for a Smoke-Free Canada, provided an overview of the key components of a comprehensive tobacco control program in the context of the FCTC Articles. She urged public health associations to become familiar with the FCTC's contents and to encourage their respective governments to implement the FCTC. She advocated for PHAs to play a lead role as advocate for and monitors of the application of the FCTC, especially with respect to those Articles dealing with taxation, smuggling, graphic warning labels, advertising and promotion bans, and smoke-free environments.

*Presentation 2: Where there is smoke....CPHA's involvement in international tobacco control*

Jim Chauvin (CPHA) outlined the longstanding engagement of the CPHA in tobacco control in Canada and abroad, from its pioneering resolution in 1959 urging health agencies to support anti-tobacco educational campaigns, to the present. CPHA's continuing engagement in global tobacco control is reflected in ongoing CPHA projects, such as:

- 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
- Small grants in support of public awareness campaigns on health risks related to tobacco
- Advice on TC policy and regulations to partners
- Global Youth Tobacco Survey (GYTS)/Global Health Professions Students Survey (GHPSS): capacity building for policy and programming, which provided qualitative data related to youth smoking and cessation behaviour and qualitative data for better training in health sciences faculties on TC
- Pregnancy-associated smoking prevalence and cessation relapse
- Role of traditional healers in TC.



Through these activities, CPHA has helped to actively engage PHAs in several countries as strong advocates and has enhanced capacity of PHAs to generate and utilize data for policy, programming and better practice. The results include enhanced clinical practice (through improved knowledge and skills of public health practitioners in smoking prevention, cessation and issues around SHS) and new public policy (through new and/or improved

tobacco control legislation and regulations). The projects supported through CPHA have improved exchange of experience, knowledge and skills/ mentoring among civil society sector and has generally increased the engagement of PHAs in global tobacco control efforts.

The CPHA is looking to enhance this work by helping develop a network of PHA with the more experienced mentoring those beginning to be involved in TC, in order to see:

- 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.

### *Presentation 3: Implementation of the FCTC in the Africa Region*

Jean-Pierre Baptiste of WHO's AFRO office outlined the status of FCTC developments in the region, and the accomplishments of the 31 countries that had ratified or acceded to the FCTC in implementing its measures. He also provided a more detailed picture of the burden of disease caused by tobacco/chronic disease in the region, and the forecast of this growing problem. As this will create a double burden of communicable, infectious and non-communicable diseases, he stressed the need for urgent action. "Act now," he said "to prevent, not manage a tobacco epidemic in sub-Saharan Africa."

Among the challenges to tobacco control efforts are gaps in evidence and action. Data from Sub-Saharan Africa is not comparable to data from the developed world. Consumption is vastly underestimated, due to the high level of illicit trade. There is limited data from most countries on respiratory disease, circulatory diseases, stroke and other diseases of the circulatory system.

Although African countries have demonstrated their willingness to tackle non-communicable diseases in their response to the FCTC, fewer than 30% of the region's members had the technical and financial resources needed to implement a tobacco control plan of action. The first logical step in the process of implementing the obligations of the FCTC is to put in place the legal and institutional framework that is required under the provisions of the Convention or to adapt the existing framework to the requirements of the Convention. He also noted the need to establish national institutions that will implement the legal measures and undertake effective communication and cooperation.

Dr. Baptiste then presented preliminary Results of the Global Tobacco Control Report for six countries in the AFRO region.

### *Presentation 4: The Bloomberg Grant Initiative (BGI) to reduce tobacco use*

Christopher Fitzpatrick from WHO's Geneva-based Tobacco Free Initiative outlined the development of the Bloomberg Global Initiative, the grants awarded to date, and the process to apply for the upcoming round of grants.

He described the structure of the initiative and the role of the key partners (the Campaign for Tobacco-Free Kids, Centers for Disease Control and Prevention (CDC) Foundation, Johns Hopkins Bloomberg School of Public Health, the World Health Organization and the World Lung Foundation) as well as the organizations which are grant managers (the International Union Against Tuberculosis and Lung Disease (IUATLD) and the Campaign for Tobacco-Free Kids).

Although priority countries identified are those with the greatest number of smokers (Bangladesh, Brazil, China, Egypt, India, Indonesia, Mexico, Pakistan, Philippines, Poland, Russia, Thailand, Turkey, Ukraine, and Vietnam), applications from other countries classified by the World Bank as low- and middle-income are also considered. Eligible recipients include governments (including state and provincial authorities) and non-governmental organizations (NGOs) from low- and

middle-income countries. Projects leading to substantial, sustainable improvements in tobacco control laws, regulations, policies and programs are eligible. The first round of grants, announced in early 2007, resulted in the submission of 588 project concepts from 68 countries. Of these, 98 concepts from 33 countries were invited to submit proposals for funding consideration. Forty-two grants were approved, to be implemented by 39 organizations (of which 32 were non-governmental) from 22 countries.

*Presentation 5: Generation & Utilization of Evidence for Tobacco Control Advocacy and Action*

Dr. Ayda Yurekli, Director of the Research for International Tobacco Control (RITC) programme at Canada's International Development Research Centre (IDRC), discussed the need for policy-relevant research to convince decision-makers and inform programs. Although some research can be generalized, some must be specific to the local situation and context. In addition to epidemiological data, other sources may be required (e.g., economic data may sway the Minister of Finance; data on poverty and tobacco may contribute to shaping social agenda). Research needs to be communicated in a manner useful to and easily understood by policy-makers, and as well tailored to the needs of the public and scientific community. Not all communities utilize data in like manner.

The challenge is to use research evidence and exchange knowledge to promote integration of research evidence into tobacco control policy, programming and practice. Research is more likely to be used when:

- There is early and ongoing involvement of relevant decision-makers in the conceptualization and conduct of a study
- Local differences are factored into the decision-making process, whether at the clinical, system or policy level"
- There is personal contact between researchers and policy makers
- The research is of good quality, timely and relevant, including a summary and clear conclusions
- Research is communicated in effective and compelling ways

The impact of research is enhanced by effective advocacy. Advocacy requires an understanding that:

- Change is a slow evolutionary process
- There will be setbacks, and that they can be turned around into victories
- Favourable opportunities will arise and should be taken advantage of
- There may be a need to develop rapid-response, short-term strategies as well as long-term goals
- Efforts benefit with creativity in seeking allies
- There is a need for optimism and a continuous sustained effort

## **Presentations from South and East African Public Health Associations**

### *Mozambique*

Dr. Dalmazia Cossa of the Ministry of Health of Mozambique provided estimates of the prevalence of utilization of all forms of tobacco in Mozambique (36% for men and 6.4% for women). Over thirty percent of men smoke regularly, while 5.6% of women reported to be regular smokers. Approximately 60% of current smokers use manufactured cigarettes. The frequency of cigarettes smoked daily by a regular smoker was approximately 6 per day.

The Ministry's objectives for tobacco control are to protect present and future generations from the health, social and economic impact of tobacco use, and to adopt measures which reduce smoking at a national level. To this end, the Ministry is working on a regulation which will include comprehensive measures to

- Ban smoking in all public places, with an exception for smoking rooms (not to exceed 25% of public space),
- Prohibit all forms of false or misleading advertising,
- Prohibit the sale of tobacco products in health facilities, and
- Provide public education on the risks of smoking.

At a programmatic level, the Ministry is developing strategies and measures to address the health consequences of smoking, including support for quitting. Clinical services, cessation programs, increasing access to treatments and other approaches are planned. Public education efforts include integrating education about tobacco use into the curriculum of all teachers and students. Smoking will be banned in public facilities, like sports and cultural arenas.

Tobacco manufacturers will be required to comply with product standards (such as ISO), and will be licensed. Anti-contraband measures will be increased.

### *Tanzania*

Patricia Maganga and Susan Maganga, both representing the Tanzanian Public Health Association (TPHA), explained that although Tanzania only recently ratified the FCTC, the country has already taken many steps towards implementing the treaty by reviewing and planning improvements to its legislation. The 2003 *Tobacco Products (Regulation) Act* built on existing restrictions for smoking in public by adding measures aimed at ending inducements for youth to use tobacco products, protecting non-smokers from exposure to smoke, informing the public of the dangers of tobacco products and creating an environment supportive of a smoke-free life. Among the challenges in developing legislation and support for the FCTC was the economic significance of tobacco production to Tanzania's export economy.

The FCTC process and Tanzania's involvement in most of the negotiating sessions helped achieve the 2003 law. Parliamentary and government support for ratification was developed between 2003 and 2007 and included a vigorous parliamentary debate.

The TPHA promoted the treaty process by raising public awareness and demand for action, by developing public information materials (and translating existing materials into Swahili), by disseminating research and other forms of support to the Ministry, and by holding press conferences and other lobbying activities. The TPHA also used World No Tobacco Day and other events to draw attention to the issue, and contributed to the establishment of the Tanzania Tobacco Control Forum to engage other supporters.

Success in ratification is attributed to the steadfastness over time of those working for ratification, and to the strong collaboration between partners inside and outside Tanzania. This collaboration has been expressed in financial support, technical support and strategic activities.

The TPHA anticipates increasing advocacy to support full implementation and to upgrade the legislation and to further strengthen collaboration between government and non governmental agencies. Research on alternative crops is an identified need, as is reaching youth (in and out of school). This continued work can only happen if financial resources are sustained.

### *South Africa*

Flavia Senkubuge and Dehran Swart of the Public Health Association of South Africa (PHASA) explained that South Africa is the one country in the region where tobacco use is declining (although smoking levels are still amongst the highest in the region). Daily smoking prevalence has fallen from 30% in 1995 to 24% in 2004 – a reduction in about 2.5 million smokers. Between 1999 and 2002, the number of students who never smoked increased by 20% (to 62%). Despite these encouraging statistics, tobacco use remains a significant cause of mortality in South Africa, responsible for 8% - 10% of deaths.

South Africa has effectively used taxation to reduce tobacco use. For example, it increased the real price of cigarettes through excise taxes. This not only resulted in reduced smoking, but in increased government revenues. PHASA has not been at the forefront on tobacco control, although individual members have been strong advocates. PHASA could and should take on a more active role in tobacco control, both at the national and regional levels.

### *Malawi*

Samuel Mullenje and Yohane Nyasulu of the Malawi Public Health Association (MPHA) explained the particular context of Malawi and the important role that tobacco plays in the country's economy. Given Malawi's predominantly agricultural economy, limited resource base and slow growth in the national economy and government revenue, tobacco production has a major role in national growth, employment and income of rural households and government. Its economic benefit are better known and appreciated than are the risks it poses to the health of the country's people. Presently, there are over 30,000 tobacco growing estates.

In 1998, the government prohibited BAT manufacturing cigarettes in Malawi. The factory was subsequently closed. Since then, all cigarettes sold in the country are imported by large commercial import/export companies, often without tax applied. The customs and excise department is aware of this situation and taxes are now applied on cigarettes at point of sale.

In 2005 a meeting of government and non-governmental representatives was held to discuss ratification of the FCTC. The meeting ended with no agreement and Malawi is yet to ratify the FCTC. Efforts continue to convince the government of the importance of ratifying the FCTC.



Recently the MPHA and other civil society stakeholders started a serious dialogue on the issue of tobacco control with the Minister of Health. The discussion centered on advocacy and awareness. In 2003, the local health committees in cooperation with civil society organizations persuaded the Ministry of Trade and Industry to support the banning of tobacco smoking in buses, restaurants, hotels and other public places. The MPHA

also undertook primary school education on the dangers of smoking tobacco.

Given the concerns about tobacco and food security, prospects for the economic viability of traditional cash and food crops, Malawi has been pursuing an agricultural diversification strategy. Several studies have explored the cost-benefit and practicality of alternative crops with potential comparative advantage and better market prospects in the country and outside. A number of potential crops, such as legumes, beans, cotton, ground nuts, cashew nut, spices, macadamia nuts, tea, coffee and sugar have been proposed.

The MPHA has identified several challenges to advancing tobacco control. These include recruiting more members to supplement the few active volunteers, increasing advocacy efforts, developing educational materials, improving the coordination of efforts with the Ministry of Health, and increasing its organizational capacity to write marketable proposals to generate funds in support of its tobacco control efforts. However, in Malawi, support for tobacco control-related initiatives is difficult to find.

### *Uganda*

Victoria Mukasa of the Uganda National Association for Community and Occupational Health (UNACOH) and Hassan Sekajoolo of Straight Talk Foundation explained that Uganda faces a number of challenges with respect to tobacco control. Extreme poverty (Uganda is one of the poorest 25 countries in the world), a very young population, and a very high proportion of the population living in rural areas and dependent upon agricultural work are some of the many factors affecting the success of tobacco control efforts. Tobacco is grown in the country's western and northern regions and is a major cash crop.

UNACOH has developed an active membership base of health and non-health professionals organized in branches in 21 districts. With support from CPHA, it has focused on providing health advocacy to decision makers, on promoting a positive health culture to the public, information exchange, research and tobacco related activities.

UNACOH has followed and participated in tobacco control efforts since 1996. Among the national activities implemented by UNACOH on tobacco control was the production of a booklet aimed at youth, talks in schools, inclusion of tobacco in two Annual Scientific Conferences of 2004 and 2005 was the Effect of Lifestyle on health (including tobacco use), the organization of a workshop for MPs and Ministers in May, 2005, presentation of a paper on students' response to anti tobacco school talks presented at the 13<sup>th</sup> World Conference of Tobacco or Health, and research. The GTYS, conducted by UNACOH, showed that in 2000 in the country's tobacco leaf growing areas, the percentage of male smokers was 23% and for women, 3%.

UNACOH was involved in the launching of a Tobacco or Health Forum, which presently has about 20 organizational members. Current activities include hosting of World No Tobacco Day Events and the Quit and Win Contest in Uganda. A proposal recommending tax increases was recently presented to the Minister of Finance.

Although a law banning smoking in public places was implemented in 2003, tobacco control faces considerable political blocks at the current time. Uganda's President recently praised BAT for its contribution to the country's economic growth and the Vice President who, despite being a medical doctor and former Dean of the Makerere University Medical School, appeared in the media smoking a cigar. The former Minister of Health reportedly owns shares in BAT



### *Ethiopia*

Solomon Worku of the Ethiopian Public Health Association (EPHA) focused on the inter-twined problems of khat and tobacco use. Khat production in Ethiopia has become a significant part of the economy, and smoking (and other drug use) is significantly increased following khat use. A large proportion of cigarettes are smuggled into Ethiopia across borders with neighbouring countries. Government revenues have increased with khat exports, but in the context of losses to illegal cigarette imports, these may not be a net gain.

There are few tobacco control measures in place: There is little government control over cigarettes, as much is smuggled from neighbouring countries. Although a ban on smoking in public places has been proclaimed, it is not widely respected. There is no signage to support the ban. There are no warning labels on cigarettes, no NGOs working on the issue in the region, and no one responsible for the issue at the Ministry of Health. Children frequently sell cigarettes, and there is no minimum age for use. In rural areas, tobacco is smoked from unprocessed tobacco (i.e. no manufactured cigarettes).

## Discussion about the effective tobacco control efforts

### *Identified challenges:*

Several factors that affect the capacity of public health association leadership and success in moving forward the tobacco control agenda in their respective countries were identified and discussed:

- *Convincing PHAs to take tobacco control on as an issue:* With so many competing pressures, public health associations have to assess carefully what issues they can take on at any one time. Tobacco control is an important issue. The challenge is not so much in convincing PHA membership to place tobacco control at the top of the list – rather, the challenge is finding the resources, information and energy required to advocate effectively on tobacco control within environments where tobacco control is not necessarily on the government's radar.
- *Making tobacco control advocacy effective:* PHAs need to take a more aggressive stance in advocating on tobacco control. The PHA representatives felt much could be achieved through sharing and building upon the experience of other PHAs. The PHASA proposed sharing the experience in South Africa with other countries. The PHAs also agreed that aligning countries on a consensus tobacco control strategy would be one means of strengthening national and regional action and advocacy. A suggestion was made to examine the potential for a regional study on the availability and quality of curricula on tobacco control within post-secondary health sciences training programs, using the GHPSS as a basis and also carrying out a more qualitative study. The objective would be to enhance formal training within academic institutions and to identify opportunities by PHA to offer continuing education on tobacco control to health sector practitioners, with effective follow-up monitoring.
- *Educating policy and decisions makers:* in like manner, policy makers also have to deal with multiple priorities within resource constrained environments. Poverty eradication is a priority issue; convincing governments that tobacco control is a means of reducing disease burden among the poor is a challenge, particularly in countries that rely on tobacco in the agriculture and manufacturing sectors. The influence exerted by tobacco companies is also an important issue. Tobacco companies have a lot of information and make convincing arguments to decision makers in defence of the industry. NGOs must forge a strong and supportive working relationship with government ministries to make tobacco control advocacy work. They need to make as convincing an argument as the tobacco industry, advocating for government commitment to support or promote action on tobacco control within an environment of competing priorities.
- *Sustainability of action:* PHAs have to provide practical alternatives. For example, calling for crop substitution strategies is not enough. Workshop participants were reminded that although Africa has not as yet reached an epidemic point, it is on the brink of the "tipping point" in terms of public health consequences. PHAs have to present practical plans to governments about the cost-benefit to society of moving ahead on tobacco control (or the consequences of doing nothing). PHAs should develop their capacity to mobilize popular support for social action. They have a strong organizational capacity, with voluntary and

staff resources. The FCTC is new, and inaction at the early stages may discourage governments or permanently stall progress. PHAs should try to move from short-term project-based funding to longer term program-based grants. The challenge is, who funds such endeavours?

#### *Identified Gaps*

- Lack of scientifically sound baseline data for advocacy on tobacco control and the FCTC
- Using data effectively and convincingly
- Effective public private initiatives (between government and civil society)
- Using research from the field which will have impact on policy and program
- Lack of effective legislation – scattered legislation, not well defined, influenced by tobacco industry (tobacco friendly legislation), but not advocating tobacco control specifically
- Diverse social and health systems cross countries
- PHAs lack of resources to do effective social marketing

#### *Project ideas*

- Dissemination and distribution of advocacy materials.
- Economic costs of tobacco use.
- Organizational capacity building, coalition building with non-health groups (e.g. poverty reduction).
- Quantitative and qualitative study on curricula within health sciences post-secondary academic institutions on tobacco control and the role of PHA in providing continuing education on tobacco control for health sector practitioners.
- Compendium by WHO/AFRO as to who is doing what on tobacco control in terms of research for policy change.
- Developing research capacity within PHAs on tobacco control.

#### *Mechanisms*

- Connect what PHAs want to see as policy change to what PHAs have/are doing – and link with government agenda.
- Need to celebrate small victories. This is not an easy road to walk. There are many obstacles that will be put in our path, so marking progress is all the more important.
- Public health associations should work on the lack of baseline data for most countries. This data can be used to convince government officials and others of the importance of ratifying the FCTC and working on tobacco. Most PHAs do not currently have the facts to convince the authorities and it becomes difficult to educate them and to emphasize the point that it is important that tobacco is an evil.

- Countries such South Africa could mentor and assist neighboring countries.
- Noteworthy is the Tanzania experience and the effective collaboration between government and civil society organization.
- Stronger relationship and better communications between NGOs and WHO country representatives.

## **Proceedings: Day 2**

### **Theme 1: The Bloomberg Global Initiative**

Jean-Pierre Baptiste and Christopher Fitzpatrick discussed the opportunity presented by Round 2 of the Bloomberg Global Initiative. They explained WHO's role in encouraging and supporting governments in preparing applications. The most likely proposals to be funded, it was suggested, are those which involve in their development the WHO country representative, Ministry of Health, NGOs and public health associations. Involving all of those who are involved in tobacco control will be most likely to be funded. As there was a very low level of submissions from the region in the first round, it was suggested that Public Health Associations could usefully advocate for each ministry of health to have a proposal. WHO representatives strongly encouraged PHAs to develop concept proposals before the deadline for submission of concepts to the second round of the call for application (June 13 2007).

Participants expressed a number of reservations about the BGI initiative and their ability to get proposals in before the June 13 deadline. They had concerns about the probability of success. It was noted that of the 11 proposals submitted from 6 countries in the AFRO region in the first round, only 2 were successful in obtaining funding. The Mozambique participants voiced their concerns about the language barrier and the burden this places on the applicant to locate and fund translation as well as the dominance of English as the language of application review.

Participants identified the following as potential items that needed funding in the region or in their respective countries:

- Host meetings with policy makers
- Implement public awareness media campaigns (dangers of tobacco use, harms of second hand smoke, importance of tobacco control)
- Develop advocacy materials
- Increase capacity by engaging full-time staff on tobacco control
- Establish coordinating body/agencies in countries where they do not already exist, or in the region
- Outreach to potential partners
- Establish a tobacco control research center within PHAs in the region

## Theme 2: Research opportunities.

Ayda Yurekli introduced RITC and briefly described proposals submission process. She expressed admiration for the high level of NGO involvement in tobacco control in the AFRO region. She described the problems that arise when research on tobacco control is not communicated or disseminated to those who need the information in order to advance tobacco policy. She urged participants to identify the information needs for policy making and to accelerate the translation of research into policy. She suggested that the establishment of research centres or 'think tanks' on tobacco control in the region. She suggested that PHAs are well-placed to nest research centers because they appreciate and can facilitate the generation of information needed by governments. She suggested that a couple of pilot projects would help establish the viability of this approach. South-to-south mentoring and alliances are needed, she suggested, to increase the collaboration between researchers.



She encouraged participants to submit proposals for funding, to Bloomberg and other funders. It is very important to focus proposals on activities that benefit the countries: even if the activities are small in scope, they should be focused on supporting policy change.

Ensuing discussion reflected on the merits of building on existing frameworks for any new research centre. It was suggested, and agreed that the East, Central and Southern African Public Health Association (ECSAPHA) be mandated to carry out a feasibility study for the development of a regional tobacco control research centre/program and that this request be made before its next meeting in Kampala this September 2007.

## Theme 3: Strategic Planning

Representatives from each country reflected on the key needs of the company, the actions that were available to them to take, and the resources needed to undertake these actions.

### South Africa

*What needs to happen?*

- Establish a tobacco control desk or interest group within the Public Health Association of South Africa
- Establish a formal link with the national Department of Health, PHA and other NGOs

*What can we do?*

- Report back to Public Health Association on workshop achievements/conclusions
- Mobilize individual public health association members in south Africa to join the tobacco control desk or interest group
- Formulate activities to keep the interest group busy
- Contributing to mentorship program to support other public health associations in southern and other parts of Africa

*What is needed to make it happen?*

- Need political will and buy in from the department of health and government
- Need to develop a national register of tobacco control research so that we know what is being done in the country, so that public health association can use the information, disseminate the information and use it for advocacy purposes.
- Resources are needed – most of the public health association members participate in the association a voluntary basis.

The South Africa delegation reflected on the utility of the Global Youth Tobacco Survey (GYTS) as a means to advance knowledge and action on tobacco control related to youth. Mr. Swart was the GYTS research coordinator in South Africa in 1999 and again in the repeat survey of 2002. One of the most exciting projects involved in, there is a wealth of information that countries can use in their proposals. All the countries that are here have participated in one or two rounds of GYTS. Lots of information on prevalence of cigarette use, other tobacco use, exposure of young students to advertising and marketing, exposure to second hand smoke, receiving free gifts and free cigarettes and other issues. All these issues can be linked to FCTC.

## **Ethiopia**

*What is needed?*

- Establish formal link with the Ministry of Health non-communicable disease control units and focal person assigned to tobacco control as a means of advancing and formalizing collaborative efforts on tobacco control

*What can we do?*

- Report back to the Ethiopian Public Health Association's Board and members about what needs to be done in tobacco control, the role played by to date and potential future action of EPHA
- Mobilize sister organizations such as the Ethiopian Medical Association, nursing association and private practitioners' associations to become members of a tobacco control coalition
- Look for existing statistics and studies already conducted.
- Gather opinions of other stakeholders, political leaders, the community through perhaps focus group discussions and in-depth interviews – identify responses.

- Conduct rapid surveys using the question guide – maybe WHO will assist us whether there are standard questionnaires and could be translated into local languages.

*What do we need?*

- Political commitment from the government, with the involvement of Ministries of Labour and Social Affairs
- Human resources, financial resources, capacity building of local groups, technical assistance.
- Once this is done, we can move to the next level.

**Malawi**

*What is needed?*

- Strong collaboration between PHA and government
- Establish a tobacco control desk within MOH
- Carry out advocacy activities
- Build capacity in tobacco research
- Strengthen public private partnerships in country
- PHA to include more members to effectively carry out PH initiatives

*What can we do?*

- Collaborate more effectively with MOH and other groups, community and private organizations
- Hold organized discussion with public and private audience about tobacco control
- Encourage health related professionals to join the war on tobacco control
- Hold training sessions

*What do we need?*

- Material and technical assistance, funds, Moral support
- To build capacity for research within PHA
- Train the members in proposal writing
- Undertake advocacy in the country for public health association on tobacco control

**Tanzania**

*What needs to be done?*

- Ask government to hasten process of amending the tobacco control legislation to put in line with FCTC.
- Have a program to empower users and farmers of tobacco to know the risks of tobacco use

*What can we do?*

- Promote advocacy at different levels on the need to amend tobacco control legislation.
- Provide information and advocacy that will confirm that users of tobacco are at risk
- Enhanced advocacy to fully implement the Tobacco products Regulation Act (TPRA) 2003, and, similarly, to review the TPRA to conform to the FCTC.
- Strengthen leadership in public health and tobacco control be it at local/national, regional and global level e.g. sub-regional meeting for east Africa PHAs to move ahead.
- Enhanced synergy/strengthened public-private-partnerships.
- Promote and support research on alternative crops in lieu of tobacco and other related issues in tobacco control.

*What do we need?*

- Inculcating a tobacco-free movement within in and out-of-school youth.
- Resources to conduct awareness to different layers of society (leaflets, mass media)
- Strengthen collaboration and partnership with various stakeholders.

**Uganda**

*What needs to happen?*

- Comprehensive tobacco legislation and enforcement that works
- Policy makers who are fully aware and devoted to tobacco control
- Public socially responsible to fight tobacco use
- Research on epidemiological and economic aspects of tobacco use
- Strong vibrant well organized and coordinated PHA activities
- Increased awareness of the effects of tobacco use among the general population, which will empower them about their rights to clean air, and help enforce smoke-free environments

*What can we do?*

- Collaborate with other countries, share experiences and strategies on how to move tobacco control agenda forward.
- Lobby government to make tobacco control as a priority prevention issue.
- Organize a symposium on tobacco control for key policy makers.
- Go back and brief the Uganda tobacco and health forum about Maputo meeting.
- Prepare proposal and submit to Bloomberg Grants Initiative.
- Together with tobacco or health forum, prepare and implement a project to increase the level of awareness about the effects of tobacco use in the general population.

*What do we need?*

- Networking and lobby skills
- Need support for country baseline data research
- Need support for lobby activities, material production and dissemination
- Tobacco or health forum is already in place (Ministry of Health and 20 NGOs). Need to liaise with TFI in WHO country office for more capacity building regarding successful grant writing.
- More research.

**Mozambique**

*What needs to happen?*

- More coordination of the PHA and government
- More information for government regarding the PHA project, based on research results and surveys
- Consolidate alliances with other NGOs.
- Work with government, with state and with others to get ratification of the convention

*What can we do?*

- Use meetings with the government to lobby and advocate
- Use media and other associations to develop information for various levels (schools, communities)

*What do we need?*

- Capacity building of institutions and specific human resources
- Small surveys and research

Discussion on these country level assessments identified a number of common issues, especially the need for coordination with government, the need for information resources, the need to create public awareness of the problem.

Additional political opportunities were identified in the upcoming Second Conference of the Parties. PHAs can meet with their respective Ministries of Health before and after this meeting (the beginning of July) to discover how they can work together to advance the treaty and its measures.

To assist in the development of country level and regional level proposals and programs of activity, participants agreed to remain in touch through e-mail, or group internet discussions.

## Meeting outcomes

This regional meeting marked the first occasion that public health associations in east and southern Africa met on this particular topic. The workshop participants felt that the meeting was of vital importance in not only increasing their respective PHA's engagement in tobacco control, but as well, the agenda reflected very well the priority concerns, challenges and opinions of people from the African continent. A press release was issued with significant media attention on radio, television and newspapers (see Appendix 4). This press release was sent as well to the WHO and the World Federation of Public Health Associations (WFPHA).

In the end, this workshop resulted in:

- Identification of a common strategy and a desire for increased collaboration among PHAs in the east and southern Africa region to take a leadership role in tobacco control.
- Consideration of a proposal to establish a PHA-based regional tobacco research centre and a call to table the concept for consideration as a regional initiative at the next meeting of the East, Central and Southern Africa Public Health Association meeting in late September 2007.
- A call for a proposal to examine smoking prevalence among health sciences students and to carry out a study on the availability and quality of tobacco control curricula in post-secondary health sciences academic institutions.
- Increased awareness about the FCTC and tobacco control among workshop participants from 6 Public Health Associations
- Significant media attention about tobacco control in Mozambique. AMOSAPU provided several interviews with local and international press representatives (TV, radio and newspaper), including the BBC Portuguese service.
- The Ministry of Health of Mozambique declared that the workshop helped to strengthen the Ministry's position at the Cabinet table on the tobacco control issue. The workshop also served to strengthen the collaboration between the Ministry of Health and AMOSAPU on tobacco control-related issues.

The participants closed the meeting with a strong common commitment to assume leadership on tobacco control in their countries and in the region. Several voiced the desire to advocate for a pan-African PHA movement on tobacco control. They called for immediate local and regional action and an assessment in a year's time as to what had been accomplished by the PHAs.

## Day 3: World NO Tobacco Day

Workshop participants took part in a public event marking World No Tobacco Day at the Escola Secundaria "Estrela Vermelha" (Red Star Secondary School). Several hundred students attended the event, which included participation by the Minister of Health represented by Dr. Benigna Matsinhe and by Dr. Antonio Tiago Langa, Deputy Director of Education and Culture for the City of Maputo. In addition to being presented with WNTD statements from officials, students and workshop participants were entertained by a theatrical sketch on tobacco use and dancing.



*Margarida Matsinhe (President, AMOSAPU) addressing the student assembly on WNTD*



*Maputo Workshop Participants*



## Appendix 1 WORKSHOP AGENDA

Leadership in Tobacco Control of Public Health Associations in East and Southern Africa  
A Workshop organized jointly by the Mozambique Public Health Association (AMOSAPU)  
and the Canadian Public Health Association (CPHA)

Maputo, May 29 – 31, 2007

DATA	SUBJECT	FACILITATOR
<b>29/05/07</b>	<b>Objective: setting the context about tobacco control in east and southern Africa</b>	
08.00 - 08.10h	Welcome and introduction of Workshop Objectives	Francisco Cabo AMOSAPU Executive Director
08.10 – 08.30h	Self-Introduction of Participants	All participants
08.30 – 09.15h	A comprehensive approach to Tobacco Control: what does it involve?	Cynthia Callard Physicians for a Smoke-Free Canada
09.15 – 10.00h	The Framework Convention on Tobacco Control (FCTC) – where are we at?	FCA Representative (tbc)
10.00 – 10.45h	Tobacco Control Situation in Africa	Jean-Pierre Baptiste WHO AFRO Representative
<b>10.45 – 11.00h</b>	<b>Coffee Break</b>	
11.00 – 11.45h	Public Health Approach to Tobacco Control: the Role of Public Health Associations in Tobacco Control	James Chauvin Canadian Public Health Association (CPHA)
11.45 – 12.30h	The Generation and Utilization of Evidence for Tobacco Control Advocacy and Action	Ayda Yurekli Research for International Tobacco Control (RITC)
	Tobacco Control in Selected East and Southern African	➤ Mozambique ➤ Uganda

12.30 – 13.00h	Countries	<ul style="list-style-type: none"> <li>➤ Ethiopia</li> <li>➤ Malawi</li> <li>➤ Tanzania</li> <li>➤ South Africa</li> </ul>
<b>13.00 – 14.30h</b>	<b>Break for Lunch</b>	
14.30 – 15.15h	<p>Discussion: What are the gaps in tobacco control in East and Southern Africa?</p> <ul style="list-style-type: none"> <li>➤ Where are East and Southern African countries with respect to the signing and ratification of the FCTC? What are the factors affecting signing/ratification of the FCTC and what is the role of PHAs?</li> <li>➤ What is known/not known about the economics of tobacco in East and Southern Africa?</li> </ul>	
<b>15.45 – 16.00h</b>	<b>Coffee Break</b>	
16.00 – 16.45h	<p>Discussion: What are the challenges for tobacco control in East and Southern Africa?</p> <ul style="list-style-type: none"> <li>➤ reliance of some countries on tobacco as a major agricultural crop</li> <li>➤ the financial implications of tobacco control</li> <li>➤ how do you prepare a Minister of Health to debate successfully on tobacco control at the Cabinet table?</li> </ul>	
16.45 – 17.30h	<p>Discussion: What are the roles of for the Public Health Associations in Tobacco Control in East and Southern Africa?</p> <ul style="list-style-type: none"> <li>➤ advocacy: about what? For what purpose? Using what data? What messages?</li> <li>➤ Public awareness: for wht purpose? Using what data? What audiences? What messages?</li> </ul>	
17.30 – 18.00h	House keeping issues and closure of day's sessions	

<b>30/05/07</b>	<b>Objective: defining strategies for moving forward the public health agenda</b>	
08.00 – 08.20h	Recap of the previous day's discussions	Francisco Cabo
08.20 – 09.00h	Framework for preparing a strategic plan for tobacco control	Cynthia Callard
09.00 – 11.00h	<p>Working Groups: Tobacco control Strategies involving PHA in East and Southern Africa: Potential sources of funding and action</p> <ul style="list-style-type: none"> <li>➤ Joint project proposal submission to the Bloomberg</li> </ul>	James Chauvin & Ayda Yurekli

	<p>Initiative (deadline June 13, 2007)?</p> <ul style="list-style-type: none"> <li>➤ Establishment of a tobacco control research centre/knowledge network among PHAs in the region to support FCTC implementation by providing research-generated evidence?</li> <li>➤ “toolkit” to assist PHAs access up-to-date and relevant information on tobacco control for advocacy and action?</li> <li>➤ Other ideas?</li> </ul>	
<b>11.00 – 11.15h</b>	<b>Coffee Break</b>	
11.15 – 13.00h	Continuation of previous session's discussion, and action – developing the framework for proposal(s)	James Chauvin & Ayda Yurekli
<b>13.00 – 14.30h</b>	<b>Lunch break</b>	
14.30 – 15.15h	<p>Discussion:</p> <ul style="list-style-type: none"> <li>➤ What can PHA in East and Southern Africa do as a regional grouping through ECSAPHA?</li> <li>➤ What can they do to strengthen the tobacco control efforts of the World Federation of Public Health Associations (WFPHA)?</li> </ul>	
15.15 – 15.45h	Next steps?	
15.45 – 16.30h	Reflections on the workshop (Assessment of achievements)	
16.30 – 17.00h	Closing session remarks	<ul style="list-style-type: none"> <li>➤ WHO</li> <li>➤ CPHA</li> <li>➤ AMOSAPU</li> </ul>

<b>31/05/07</b>	<b>Objective: Participation in World No Tobacco Day Celebrations 2007</b>	
08.30 – 12.30h	All participants are invited to take part in WNTD celebrations in Maputo	<ul style="list-style-type: none"> <li>➤ Ministry of Health</li> <li>➤ WHO</li> <li>➤ Município de Maputo</li> <li>➤ AMOSAPU</li> </ul>
<b>12.30h +</b>	<b>Afternoon free (departure of participants)</b>	



## Appendix 2

### PARTICIPANT LIST

Country	Name	Affiliation
Ethiopia	Dr. Solomon Gobezie	Ethiopian Public Health Association
Uganda	Victoria Mukasa	Uganda National Association for Community & Occupational Therapy
Uganda	Sekajooto Hassan	Straight Talk Foundation Uganda
Tanzania	Susan Maganga	Tanzanian Public Health Association
Tanzania	Patricia Maganga	Ministry of Health / Tanzania
Malawi	Yohane Nyasulu	Malawi Public Health Association
Malawi	Samuel Mulenje	NGO (Environmental pollution)
South Africa	Flavia Sinkubuge	PHA South Africa
South Africa	Dehran Swart	PHA South Africa / PASASA
WHO AFRO Regional Office	Jean-Pierre Baptiste	WHO/AFRO Tobacco-Free Initiative
Canada	Ayda Yurekli	RITC/IDRC
Canada	Cynthia Callard	Physicians for a Smoke-Free Canada
Canada	James Chauvin	CPHA
WHO	Christopher Fitzpatrick	WHO FTI Geneva
Mozambique	Margarida Matsinhe	AMOSAPU - Mozambique Public Health Association
Mozambique	Francisco V. Cabo	AMOSAPU - Mozambique Public Health Association
Mozambique	Abraão Jalane	AMOSAPU - Mozambique Public Health Association
Mozambique	Teresa Mapasse	AMOSAPU - Mozambique Public Health Association
Mozambique	Armando Manusse	AMOSAPU - Mozambique Public Health Association
Mozambique	Arcângelo Amussala	Niassa Provincial Department of Health

Mozambique	Bernardo Amica	Cabo Delgado Provincial Secretary of Red Cross
Mozambique	Maria Elisa Rodrigues	Mozambique Women's Organization – Nampula
Mozambique	António Luís Manama	Manica Provincial Department of Health
Mozambique	Leonardo Franco Solulu	Tete Provincial Department of Health
Mozambique	Herculano Bata	Maputo City Council – Department of Health
Mozambique	Fernando Mbanze	AMOSAPU Journalist
Mozambique	Gloria Chonguica	WHO – Country Office
Mozambique	Raquel Mahoque	WHO – Country Office
Mozambique	Orlando Carlos	Maputo City Department of Health
Mozambique	Francisco Mause	Ministry of Science and Technology
Mozambique	Ana Guiongo	AMOSPU Administrative Secretary
Mozambique	Brígida Macuacua	AMOSAPU Volunteer
Mozambique	Francisco Machai	AMOSAPU Volunteer
Mozambique	Abel Felizardo Viajeiro	Translator

## **Appendix 3**

### **PRESENTATIONS**



## **Appendix 4**

### **PRESS RELEASE**

## **LEADERSHIP IN TOBACCO CONTROL FOR PUBLIC HEALTH ASSOCIATIONS IN EAST AND SOUTHERN AFRICA**

May 29 & 30, 2007: Maputo

Organized by the Mozambique Public Health Association and the Canadian Public Health Association.

In 2005 non-communicable diseases (NCD) accounted for 2.4 million deaths in sub-Saharan Africa, equivalent to 23% of all deaths in this region. By the year 2030 it is estimated that total cumulative deaths due to NCD in this region will exceed 28 million people. Tobacco is a major risk factor for NCD morbidity and mortality. This situation represents a major global public health crisis.

Public Health Associations play a leadership role in the promotion and protection of public health policy, programs and practice. The Mozambique Public Health Association, in cooperation with the Canadian Public Health Association, organized in Maputo on May 29 and 30, 2007 a workshop on Leadership in Tobacco Control for Public Health Associations in East and Southern Africa. Representatives of public health associations in Ethiopia, Uganda, Tanzania, Malawi, South Africa and Mozambique, as well as representatives from the World Health Organization, the Research for International Tobacco Control/International Development Research Centre, and Physicians for a Smoke-Free Canada met to prepare an action strategy on tobacco control for public health associations in the East and Southern Africa region. This strategy identifies how public health associations can contribute to generating scientifically-sound data to advance the public health cause related to tobacco control, the utilization of this evidence for advocacy strategies to promote the ratification/accession and implementation by national governments of the world's first public health treaty, the Framework Convention on Tobacco Control (FCTC), and identify how public health associations can contribute to national and regional monitoring of the application of the FCTC. This strategy will be implemented in partnership with other civil society organizations and governments.

The workshop participants unanimously call on all governments in east and southern Africa to acknowledge tobacco control as a serious public health issue, to ratify/accede to the FCTC as soon as possible, and use it to advance tobacco control and protect the health of their people. The workshop participants also call on all governments, public health associations and NGOs involved in tobacco control in east and southern Africa to prepare and submit proposals to existing funding mechanisms, be they local sources or international sources, such as the Bloomberg Global Initiative.

The workshop took place when World No Tobacco Day is celebrated in every country on earth.

