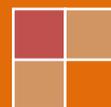


2014

African Meeting: Broadening the Focus from Tobacco Control to NCDs

September 25-27, 2014, Cape Town, South Africa

Meeting Report



Acknowledgements

This report was prepared by HealthBridge Foundation of Canada on behalf of the Global Tobacco Control Forum (the Forum), an informal network of Canadian organizations with a shared interest in global tobacco control.

Special thanks go to the HealthBridge partners who joined the meeting:

Ibrahim Maiga Djibo, President SOS Tabagisme, Niger

Furaha Abwe, Lecturer, Mount Meru University, Tanzania

Dr. Vicki Lambert, Professor, University of Cape Town

Clare Bartels, Secretary, African Physical Activity Network

Etai Even-Zahav, Student, Stellenbosch University

Candice Starke, Student, University of Cape Town

Kristie Daniel, Director, Livable Cities, HealthBridge Foundation of Canada

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Introduction

Non-communicable diseases (NCDs) represent one of the major threats to sustainable development in this century, affecting developed and developing countries alike. Addressing NCD risk factors – tobacco, alcohol, unhealthy diet and physical inactivity – is by far more cost-effective than treating illnesses such as cancer or heart diseases. Yet no consensus on effective interventions on NCD risk factors exists, the only exception being for tobacco control. The experience accumulated in tobacco control reveals what policy and advocacy strategies have worked well and which ones less so. These lessons learned should benefit work on other NCD risk factors.

In September 2014, HealthBridge Foundation of Canada organized a 3-day meeting to share experiences on NCD prevention and to exchange knowledge about the strategies to address unhealthy diet and physical inactivity with local partners in Africa. The event was held in cooperation with the Global Tobacco Control Forum (the Forum), an informal network of Canadian organizations with a shared interest in global tobacco control, and with financial support from the International Development and Resource Center (IDRC).

The meeting was attended by five organizations that work in tobacco control and NCD prevention, and was designed to encourage among participants the exchange of experiences and lessons learned, and to highlight the value of sharing learnings. The mix of participants included researchers and experts in healthy eating and physical activity, tobacco control and urban planning/transportation.

Meeting Objectives

The overall purpose of the meeting was knowledge exchange between organizations interested in working on strategies to address unhealthy diet and physical inactivity in the region, and for those organizations to exchange their experiences and knowledge with a tobacco control expert from Niger.

The meeting had the following objectives:

- Exchange knowledge on lessons learned from Tobacco Control (TC) and prevention of NCDs, with a focus on policy-based solutions.
- Provide an opportunity for African participants to have a better understanding of effective population-wide interventions to prevent NCDs.
- Increase capacity among African participants to implement effective population-wide interventions to prevent NCDs.
- Create greater ties among and between African partners and tobacco control experts.

Meeting Format, Presentations and Discussions

The format of the meeting allowed for participants to exchange experiences on NCD prevention through individual presentations, moderated discussions, group activities and brainstorming sessions. Given that most of the participants had not yet undertaken programs in physical activity and healthy eating, information was shared that explained the overall concepts, and then specific programs from Asia were highlighted as examples. During the moderated discussions, participants were asked to consider the problems they face in their own countries related to NCDs, identify why the problem is happening, consider who the stakeholders would be in a local program to tackle the problem, outline what outcomes they would achieve via a local program, the indicators they would use to measure success, and the activities they would implement. Because none of the non-academic partners were currently

implementing NCD initiatives, after each issue was discussed they created a logic model and compiled a list of questions they would like answered as part of a situation assessment in their own countries.

Day 1

Following introductions, Kristie Daniel gave an overview of the HealthBridge Livable Cities program and identified the key, NCD-related issues that the program addresses: healthy transportation environments, recreational environments and healthy food environments. In addition, she identified the overall expected outcomes of the program, the support that is provided to local NGOs and the logic model planning framework that is used by local partners interested in implementing NCD programs.

Next, Kristie provided a comprehensive introduction to active transportation (AT) environments, including the key ways in which AT environments impact health. During the discussion which followed, Ibrahim Djibo discussed the similarities between the NCD risk factors of physical inactivity and tobacco use, and the need to create supportive environments for healthy behaviours. The next presentation addressed the ways in which the AT environment can be measured, and highlighted the HealthBridge pedestrian audit tool. Participants were then given an opportunity to test the tool by walking several road segments in the area surrounding the workshop venue. After the participants audited the surrounding area, they discussed their results.

During the afternoon, participants discussed examples of programs addressing AT environments including: research conducted in Niger; the Bangladesh pedestrian program; Active and Safe Routes to School programs in Vietnam, India and Canada; pedestrian-only programs in India and Nepal, and fiscal policies. The presentation on these programs used the key learnings and material presented at a meeting at ____ on ____ date. In response, many participants shared their views on the feasibility of such programs in their home countries. Once again, the importance of built environments – be they smoke-free places or parks and green spaces – was emphasized as a key component of ways to address the rising toll of NCDs globally. In particular, Ibrahim Djibo discussed the important role that tobacco taxes play in reducing tobacco consumption and the group discussed ways that fiscal policies could increase the attractiveness to governments of developing active transportation environments.

Following the discussion, participants developed a logic model for Niger that identified how an active transportation program could be implemented.

Day 2

Day 2 focused on healthy food, creating a better understanding of what makes a healthy diet and how our environment supports or detracts from healthy eating. The first presentation outlined the key concepts associated with healthy diets, including the World Health Organization (WHO) healthy eating guidelines, how healthy eating is related to NCDs, the development of national food guides and criticisms of food guides. After the presentation, the role of industry in policy development was discussed, with Ibrahim Djibo sharing his experiences in tobacco control, including the ways in which the tobacco industry tried to interfere with policy development.

The second presentation of the day focused on understanding some of the key concepts associated with healthy food environments: community food environments, consumer food environments and information food environments. The group discussed the different elements of the food environment, policies that could be put in place to affect these different environments and ways that these environments could be measured. Again, the group discussed experiences from the tobacco control

movement and the importance of creating environments that support healthy behaviours.

The final presentation of the day highlighted some examples of healthy food environment programs, including the Saving the Markets program in Vietnam, food advertising in Nepal and Canada, and the soda tax policy in Mexico. Both program details and impacts were discussed as part of the session. Ibrahim Djibo shared examples from tobacco control related to advertising, taxation and policies that the tobacco control movement introduced to try and denormalize tobacco use and raise the cost of tobacco products. The group agreed that such measures were also appropriate for unhealthy foods.

The day ended with a tour of a local market in Cape Town.

Day 3

The first presentation on day 3 focused on key concepts and health impacts related to recreational physical activity environments such as parks, playgrounds and plazas. The presentation included links between NCDs and physical activity environments, the types of environments where recreational activity occurs, and some of the key elements in those environments that encourage people to be active and social. Participants then discussed how these issues were relevant to their own countries.

The group then discussed the ways in which parks, playgrounds and plazas can be measured to determine their accessibility and quality. The HealthBridge park audit tool was reviewed, participants discussing the ways in which the tool may need to be adapted for their own countries' needs. All participants again emphasized the importance of the physical environment for encouraging activity.

The final presentation gave examples of programs that focus on creating park environments. These included the park mapping project in Uganda, a park rehabilitation project in India that focused on children with different needs, and the Parks Master Planning program in Vietnam. Participants also helped develop a research program for parks in Niger.

The day ended with the group using the audit tool during a tour of a local park. Everyone agreed that the tool would be a useful way to collect information about the quality of the park environment.

Meeting Outcomes

Lessons learned from workshop:

The following key aspects were identified as potentially instrumental to achieving success in reducing NCDs in Africa:

Prioritize policy measures that create supportive environments = Creating environments that allow people to be active and purchase healthy food is the measure that has the greatest potential to reduce and prevent NCDs in Africa.

Important to begin working on NCDs now = There are real opportunities to prevent NCDs in Africa. Because the continent is just starting to urbanize, a real potential exists to create cities that support healthy behaviours, and thereby bypass many of the problems occurring in Asia.

More research is needed to fully understand the nature of the problems = Working on physical activity

and healthy eating was new for many of the participants and everyone agreed that more research was needed to fully understand the situation in cities and the interventions that will be the most helpful.

Key lessons learned from the tobacco control experience:

Much can be learned from the experience of tobacco control when working on healthy eating and physical activity. The experiences of tobacco control related to the tobacco industry were particularly relevant for the African partners when speaking about healthy eating. Identifying the need to educate the public about industry's motives and tactics will be particularly important as African partners move forward with healthy eating programming. Actions taken by the tobacco control movement to denormalize tobacco use were particularly important. Lastly, the importance of focusing on supportive environments and policy was a key lesson learned. Although tobacco control is a more straightforward, albeit challenging, issue, the strategies can be adapted for the other NCD issues.

Project planning and evaluation:

An important component of the African meeting was to provide support to partners for program planning and evaluation. At the end of each day, the group was given the opportunity to put into action the information shared by planning a program, which included identifying the expected key outcomes and indicators. The key lesson learned from these activities was the importance of starting with what is to be achieved by a particular program, rather than starting with a list of activities.

Conclusions

Overall the meeting provided a great opportunity to learn from each other about work directed towards NCD prevention in Africa. It was the first time African partners had the opportunity to meet face-to-face, and the result was much stronger connections between them. After the meeting, participants were in a much better position to begin a NCD program. In fact, as a result of the meeting, two proposals have been developed and submitted to HealthBridge for consideration.

Annex 1: Meeting Agenda**Agenda Africa Meeting**
September 25-27, 2014

Day 1

Time	Agenda Item	Learning Objectives
9:00 – 10:30	Introductions among participants Introduction to HealthBridge’s Livable Cities Program including our focus on: <ul style="list-style-type: none"> • healthy transportation • access to healthy foods • access to parks, playgrounds, and plazas • using logic models to help with program planning 	By the end of the session participants will know each other and will understand the HealthBridge Program
10:45 – 11:45	Active Transportation Environment – Key Concepts and Health Impacts	By the end of the session participants will have an understanding of the active transportation environment and the ways in which it impacts health.
11:45-12:30	Understanding the quality of the pedestrian environment	By the end of the session participants will understand the HealthBridge pedestrian environment audit tool and will understand key concepts related to the quality of the pedestrian environment.
12:30 - 1:30	Lunch	
1:30- 2:30	Examples of Active Transportation Environment programs <ul style="list-style-type: none"> • Niger study • Bangladesh pedestrian program • Active and Safe Routes to School in India, Vietnam and Canada • Pedestrian-only streets in Nepal and India • Cycling programs • Fiscal policies 	By the end of the session participants will understand some of the key activities related to creating supportive active transportation environments.
2:45 – 5:00	Interactive Session – Applying the concepts to your own setting: <ul style="list-style-type: none"> • What is the quality of the active transportation environment in your own country? How do you know? What additional information do you need? • If you have already started an AT project, what have you learned so far and what are your next steps? • Planning a 2-year program 	By the end of the session, participants will have a 2 year active transportation environment plan
7:00pm	Dinner	

Day 2

Time	Agenda Item	Learning Objectives
9:00- 9:30	What is “healthy food?” <ul style="list-style-type: none"> • What does WHO say? • Discussion among group • What are the impacts of eating healthy vs. unhealthy food 	By the end of the session participants will have had an opportunity to discuss healthy food guidelines and the implications of diet on health
9:30 – 11:30	Healthy Food Environment Key Concepts and health impacts <ul style="list-style-type: none"> • Community Environment • Consumer Environment • Information Environment 	By the end of the session participants will have a better understanding of what makes a healthy food environment and the ways in which it could be measured.
11:30 to 12:30	Examples of Healthy Food Environment programs <ul style="list-style-type: none"> • Market Program in Vietnam • Food Advertising in Canada and Nepal • Fiscal policies – Mexico’s soda tax 	By the end of the session participants will understand some of the key activities related to creating supportive healthy food environments.
12:30-1:30	Lunch	
1:30-3:30	Market Tour – we’ll tour at least one (but two if possible) local markets in Cape Town	By the end of the session participants will have the opportunity to discuss some of the concepts related to healthy food environments and see how they apply in a real world setting.
3:30-5:00	Interactive Session – Applying the concepts to your own setting: <ul style="list-style-type: none"> • What is the state of the healthy food environment in your own country? How do you know? What additional information do you need? • If you have already started a project, what have you learned so far and what are your next steps? • Planning a 2-year program 	By the end of the session, participants will have a 2 year healthy food environment program plan.
7:30	Dinner	

Day 3

Time	Agenda Item	Learning Objectives
9:00- 9:30	Recreational Activity Environment (parks, playgrounds, plazas) – Key Concepts and Health Impacts	By the end of the session participants will understand the key concepts and health impacts of parks, playgrounds, and plazas.
9:30 – 11:30	Measuring the park environment	By the end of the session

	<ul style="list-style-type: none"> • Park accessibility – mapping • Park quality - audits 	participants will have a better understanding of how to measure the park environment.
11:30 to 12:30	<p>Examples of Park Programs</p> <ul style="list-style-type: none"> • Park Mapping Project in Uganda • Playgrounds for special needs children in India • Parks Master Plan in Vietnam 	By the end of the session participants will understand some of the key activities related to creating supportive recreational activity environments.
12:30-1:30	Lunch	
1:30-3:30	Park Tour – we'll map the parks in a small area of Cape Town and audit one park.	By the end of the session participants will understand how to map parks and will understand key concepts related to the quality of the park environment.
3:30-5:00	<p>Interactive Session – Applying the concepts to your own setting:</p> <ul style="list-style-type: none"> • What is the state of the park environment in your own country? How do you know? What additional information do you need? • If you have already started a project, what have you learned so far and what are your next steps? • Planning a 2-year program 	By the end of the session, participants will have a 2-year park environment program.
5:00-6:00	<p>Bringing it all together:</p> <ul style="list-style-type: none"> • What next? • How do we stay connected? • Where can we look for funding? 	
7:30	Dinner	

Annex 2: List of participants

Ibrahim Maiga Djibo, President SOS Tabagisme, Niger
Furaha Abwe, Lecturer, Mount Meru University, Tanzania
Dr. Vicki Lambert, Professor, University of Cape Town
Clare Bartels, Secretary, African Physical Activity Network
Etai Even-Zahav, Student, Stellenbosch University
Candice Starke, Student, University of Cape Town
Kristie Daniel, Director Livable Cities, HealthBridge Foundation of Canada