

“Strengthening Global Tobacco Control”
Evaluative Report

Submitted to:
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Canadian Global Tobacco Control Forum
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1. Project Title:

“Strengthening Global Tobacco Control”

2. Introduction:

The Canadian Global Tobacco Control Forum (CGTCF) is a multi-agency consortium for which the Canadian Public Health Association (CPHA) is the coordinating and administrative agency. In the five month period December 2005 to April 2006, the CGTCF provided financial and technical support to non-governmental organizations (NGOs) and government partners in various key countries and regions who could benefit from Canadian expertise to achieve ratification of the Framework Convention on Tobacco Control (FCTC) and/or implementation of FCTC measures. Activities focused on tobacco control alliance-building in Burkina Faso, Congo-Brazzaville, Mozambique, and Niger; capacity building in Cuba, Brazil, Peru, Mexico, and Colombia; and regional action towards FCTC implementation through the support of FCTC Conference of the Parties (COP) and Commonwealth Health Minister Meeting activities. In addition, collaborative partnerships were established with key agencies in China. These “strengthening global tobacco control” activities were made possible through a \$190,000 grant provided by Health Canada’s International Affairs Directorate. A financial report for the overall grant will be submitted by CPHA following receipt of all respective field reports.

The CGTCF is pleased to provide this report summarizing the key results achieved through this grant.

3. Overall Objectives:

The objectives of this CGTCF initiative were:

1. To facilitate FCTC ratification/accession in selected countries and thereby increase the number of member state parties to the FCTC;
2. To facilitate implementation of FCTC measures regardless of whether or not a country had already formally ratified and thereby increase member state compliance to the obligations of the FCTC;
3. To help countries and regions establish more effective tobacco control networks, in both the governmental and non-governmental sector and thereby strengthen regional and international capacity to implement the FCTC in addition to assisting countries with little to no tobacco control activities to begin establishing networks, building capacity, and initiating tobacco control activities and programmes;
4. To explore and evaluate the most effective and cost-effective means of providing Canadian expertise and assistance to tobacco control in developing countries.

4. Snapshot of Activities Undertaken by Partner Organizations:

A. Tobacco Control Alliance-Building in Francophone Africa

Organization, Country	Activities	Key Challenges and Observations	Key Outputs/Results
1) PATH Canada, Niger (Partner: SOS Tabagisme Niger)	<ul style="list-style-type: none"> Held a two-day information-sharing colloquium entitled « <i>la jeunesse africaine face à la menace du tabagisme</i> » and a sub-regional seminar on tobacco control Provided seed grants to assist with the development of NGOs' tobacco control capacity 	<p>Challenges</p> <ul style="list-style-type: none"> Flexibility is required to work in an informal environment and adapt to the culture of working within wide social networks Difficulties are common with intra-regional travel and communications <p>Observations</p> <ul style="list-style-type: none"> Important to provide long term support to key individuals Ongoing support required for FCTC implementation Canadian and European technical assistance and leadership differ with regards to their acceptability and credibility 	<p>Outputs</p> <ul style="list-style-type: none"> Colloquium and seminar brought together more than 120 representatives from civil society and six national governments; participants included civil society, military representatives, Members of Parliament, and Niger's Health Minister Developed concrete action plans and declarations to increase NGO involvement in, and capacity for, tobacco control <p>Results</p> <ul style="list-style-type: none"> Increased regional awareness and understanding of how the tobacco industry works, the health consequences of tobacco use, tobacco use among youth, the goals and objectives of the FCTC, tobacco control laws in Niger, and the role of civil society and the media in tobacco control Increased intra-regional collaboration and cooperation in tobacco control Media uptake at conference likely contributed to FCTC ratification
2) Burkina Faso Public Health Association, Burkina Faso	<ul style="list-style-type: none"> Developed a strategic plan Consolidated resources Performed advocacy training 	<ul style="list-style-type: none"> Cross-sectoral action on tobacco is effective Good strategic planning and coordination is essential for coalitions 	<ul style="list-style-type: none"> Built a coordinated tobacco control advocacy approach
3) Congo-Brazzaville Public Health Association, Congo-Brazzaville	<ul style="list-style-type: none"> Held a national meeting on tobacco control 	<ul style="list-style-type: none"> Bureaucratic red tape and poor infrastructure are major constraints for NGOs working in Congo-Brazzaville 	<ul style="list-style-type: none"> Field Report not yet available
4) Mozambique Public Health Association, Mozambique	<ul style="list-style-type: none"> Held 3 subnational planning meetings Established a national secretariat 	<ul style="list-style-type: none"> Increased tobacco control work in the north is strategically important, given that tobacco growing is increasing and seen as economically beneficial National coalitions take time to build in a country with a vast territory 	<ul style="list-style-type: none"> Increased the scope of the tobacco control movement; for the first time it has a national reach, beyond the capital city
5) Niger Public Health Association, Niger	<ul style="list-style-type: none"> Held meeting Supported the travel for 2 PHA representatives, one from Burkina Faso and the 	<ul style="list-style-type: none"> Networking between public health associations (PHAs) in Francophone Africa on tobacco control is at an incipient level and needs to expand Interest and motivation for networking on the 	<ul style="list-style-type: none"> Planted the seeds for a network of Francophone PHAs working on tobacco control

Organization, Country	Activities	Key Challenges and Observations	Key Outputs/Results
	other from Congo, to Niger	issues is high (e.g. opportunity to network was worth the logistical complications involved) <ul style="list-style-type: none"> • Having discussions in French is important 	
6) Physicians for a Smoke-Free Canada, Cameroon	<ul style="list-style-type: none"> • Conducted in-country status report 	<ul style="list-style-type: none"> • There are a few individuals working in civil society organizations who are engaged in tobacco control efforts, but they are not sufficiently resourced to launch a campaign • The government has made no real moves towards controlling tobacco 	<ul style="list-style-type: none"> • Produced a report on the status of tobacco control in Cameroon

B. Supporting National Action/Capacity Building in Latin America

Organization, Country	Activities	Key Challenges and Observations	Key Outputs/Results
1) PATH Canada, Brazil (Partner REDEH (Human Development Network))	<ul style="list-style-type: none"> • Produced a FCTC monitoring report • Released and disseminated the report 	<p>Challenges</p> <ul style="list-style-type: none"> • Short history of civil society participation in tobacco control • NGOs are just starting to be recognized for their expertise • Lack of coherence in tobacco control policies and enforcement <p>Observations</p> <ul style="list-style-type: none"> • Outside funding (i.e. funding by Canadian government or agencies) of NGOs can increase their legitimacy and strengthen their ability to promote change 	<p>Outputs</p> <ul style="list-style-type: none"> • Produced an FCTC monitoring report that compares government-produced information on the FCTC implementation status with independent analysis and provides recommendations that could be used nationally and as examples at the COP • Tobacco Zero Network officially presented the report to the National Commission for the Implementation for the FCTC in Brazil <p>Results</p> <ul style="list-style-type: none"> • Increased awareness of actions that will improve FCTC implementation and compliance
2a) InterAmerican Heart Foundation, Mexico (Promoting Tobacco Control Advocacy)	<ul style="list-style-type: none"> • Developed national strategies • Hosted meetings with various national and international agencies, including government • Held a press conference with national media • Created a database of individuals supporting tobacco control • Updated and improved national advocacy plans 	<ul style="list-style-type: none"> • Awareness is still government led, public awareness is not yet sustainable • Advocacy work is challenging and requires increased sophistication and sensitivity to cultural norms • Network is still young and tentative to take risks • People in government and NGOs have been unable to speak out against the agreement between the Ministry of Health (MoH) and the tobacco companies that jeopardizes implementation of the FCTC 	<ul style="list-style-type: none"> • Brought the damage caused by the relationship between tobacco companies and the MoH to fund health expenditures into the open; since January there has been significant public dialogue about this matter • Larger than anticipated media pick up, both nationally and internationally is expected to help ensure that this type of agreement does not repeat itself in Mexico, and perhaps in other parts of the world • Re-energized civil society community working in tobacco control, strengthened national network, and improved advocacy skills • Emerging new tobacco control leaders, in spite of challenges
2b) InterAmerican	<ul style="list-style-type: none"> • Developed national 	<ul style="list-style-type: none"> • Tobacco control work in Colombia is at its initial 	<ul style="list-style-type: none"> • Provided added support for the adherence of Colombia

Organization, Country	Activities	Key Challenges and Observations	Key Outputs/Results
Heart Foundation, Colombia (Promoting Tobacco Control Advocacy)	<p>strategies</p> <ul style="list-style-type: none"> • Hosted meetings with various agencies, including government • Held a press conference with national media • Created a database of individuals supporting tobacco control 	<p>stages, but this effort has provided an important incentive</p> <ul style="list-style-type: none"> • Fragmented NGO community feels isolated; this network is still young and tentative to take risks • At present, civil societies efforts are not sustainable • International attention is welcomed • Country did not sign or ratify the FCTC • City of Bogotá is very progressive having defined and created the “ciudad humana” concept • There is likely more support for the FCTC than may be seen at first glance 	<p>to the FCTC</p> <ul style="list-style-type: none"> • Increased tobacco control capacity among NGOs, government, and media • Increased media exposure at the time of a legislative discussion on the issue of Colombia’s adherence to the FCTC
2c) InterAmerican Heart Foundation, Mexico and Peru (Monitoring FCTC Progress)	<ul style="list-style-type: none"> • Established national reporting activities in Mexico and Peru • Established national Action plans and FCTC monitoring reports in Mexico and Peru 	<ul style="list-style-type: none"> • Countries have different monitoring report needs which need to be considered • Some countries need to better understand the role of civil society in monitoring FCTC implementation • Discussion of monitoring is useful in identifying civil society priorities and particular interests for each nation • Support for legal analysis was helpful in the Mexico case 	<ul style="list-style-type: none"> • Conducted a FCTC monitoring session in Mexico City to review and consider various monitoring models • Used the Canadian FCTC model to draft both monitoring reports • Drafted reports in Mexico and Peru, both of which will be printed and used as advocacy tools for the May 31, 2006 World no Tobacco Day and as models for future reports
2d) InterAmerican Heart Foundation, Latin America (Online Tobacco Control Workshop)	<ul style="list-style-type: none"> • Developed an on-line FCTC and tobacco control workshop for Latin America advocates 	<ul style="list-style-type: none"> • There is much tobacco control information in English, but only a limited amount in Spanish • Many capacity building events have only reached a small number of people • There are many more interested individuals that can benefit from capacity building events 	<ul style="list-style-type: none"> • Establishing an on-line course to help expand the community of tobacco control advocates in Latin America and the Caribbean (some partners include InterAmerican Heart Foundation, Framework Convention Alliance, and Pan American Health Organization) • Organized a plan, selected a webmaster, and contracted a URL • Selected on-line topics and currently seeking permission from authors to use their material on the site
3. Cuban Public Health Association, Cuba	<ul style="list-style-type: none"> • Hosted Eduardo Bianco, who provided technical assistance to the enforcement of SHS legislation in Cuba 	<ul style="list-style-type: none"> • Although the Cuban health system is very advanced, they can learn from other countries on tobacco control activities • Legislation on its own is not sufficient for effective tobacco control 	<ul style="list-style-type: none"> • Field report not yet available

C. Building Canada-China Collaboration to Strengthen Tobacco Control

Organization, Country	Activities	Key Challenges and Observations	Key Outputs/Results
1) Physicians for a Smoke-Free Canada, China	<ul style="list-style-type: none"> Developed an action plan for Canadian government and NGO action to promote more effective tobacco control in China Engaged with and solicited views from Chinese agencies working on tobacco control 	<ul style="list-style-type: none"> There is more room for NGOs as scouts and for NGOs to do research and development work Having a trusting relationship with government is necessary for NGOs to navigate China is now developing new tobacco control policies (having recently ratified FCTC), and this may be an important time for external support 	<ul style="list-style-type: none"> Submitted a proposal for CHINA-CANADA CIDA funding

D. Enhancing Regional Action Towards FCTC Implementation

Organization, Activity	Activities	Key Challenges and Observations	Key Outputs/Results
1) InterAmerican Heart Foundation, COP	<ul style="list-style-type: none"> Supported the travel of individuals from Peru and Uruguay to the COP 	<ul style="list-style-type: none"> The COP needs to figure out how to support travel for developing country representatives The government of Taiwan supported some representatives, which created unhelpful tensions during negotiations Civil society funding of participation could be equally problematic 	<ul style="list-style-type: none"> Very proactive country representatives, who otherwise could not have attended, participated at the COP Increased tobacco control legislation innovation in Uruguay
2a) Physicians for a Smoke-Free Canada, COP	<ul style="list-style-type: none"> Supported a workshop on package labeling issues where individuals from Brazil, the European Union, Australia, and Singapore presented on their experiences 	<ul style="list-style-type: none"> The COP is open to NGO initiated meetings, and NGO-government collaboration; as a result, providing technical assistance seminars was well received This funding allowed Canadian NGOs to have a much greater influence on COP processes than would otherwise be the case 	<ul style="list-style-type: none"> Circulated a package of informational materials, including a full description of health warning systems and background research, to each party
2b) Physicians for a Smoke-Free Canada, Commonwealth Secretariat Commonwealth Health Ministers Meeting	<ul style="list-style-type: none"> Developed public service announcements (PSAs) from 5 Commonwealth countries and a monitoring report on FCTC implementation in the Commonwealth Assembling a kit, including the PSAs and monitoring report, to give to the Health Ministers Co-sponsoring a reception at the meeting 	<ul style="list-style-type: none"> Multilateral agencies are willing to engage with NGOs on FCTC promotional activities; there was no difficulty in getting tobacco control on the agenda Existing networks and relationships (i.e. Commonwealth secretariat) can be approached to support FCTC activities 	<ul style="list-style-type: none"> Activities not yet completed

5. Overall Observations

PROJECT IMPLEMENTATION

- Social and family networks often cross over national borders in Africa, which may make regional or sub-regional activities work more easily than in Canada
- Canadians are well accepted in Francophone Africa; they are not burdened with a colonial past and they have a reputation for responding to local needs, for fulfilling their commitments, and for remaining engaged
- It is necessary to think about how to work in a relatively informal environment
- Although 'networks' exist in developing countries, these are often small and involving only a few individuals
- Beneficiary countries are in different stages of development and therefore have different needs
- It is important to give individuals in developing countries the freedom to do their work, through sustained salary funding, rather than having them constantly writing grant proposals, etc.
- Outside funding (i.e. Funding by Canadian government or agencies) of NGOs in developing countries can increase their legitimacy in their country and can strengthen their ability to promote change
- Long term relationships and support is essential for tobacco control work in developing countries; this would be compromised in the absence of long term funding
- Some funding flexibility is needed during the project to allow for emergent needs: perhaps a small percentage of future project funds could be applied to 'opportunistic' or 'emergent' needs.
- Institutional meetings (like the regional meetings of the WHO) occur regularly, but if they do not coincide with the planning cycle of the grant, then the opportunity to engage them is lost. For example, it was anticipated that we could use the regional support funds to advance issues at WHO regional meetings, but the funding was approved many weeks after these meetings were over. Perhaps multi-year funding could ensure that a full annual planning cycle can be used to ensure that tobacco is put on the agenda of such important meetings.

PROJECT STRUCTURE

- The CGTCF's collective reach through its ancillary networks and contacts is a great strength
- Forum would be able to carry out an extended proposal, but would need Health Canada or other funding (provincial networks, Quebec government) to continue