Zambia

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Executive Summary

Despite Zambia’s sizeable tobacco cultivation and its significant resource constraints (it is rated 165th of 177 countries on the Human Development Index), it is actually emerging as a tobacco control story with promise. It has signed and ratified the FCTC, and has existing, though decidedly problematic, laws and apparent will in several key sectors to take on new tobacco control challenges. Prevalence rates have been poorly measured for adults, but appear to be high relative to other Sub-Saharan African countries. By some accounts, 40% of male adults are smokers (though probably not daily smokers) while less than 10% of women are smokers. Youth smoking is lower at around 10% for daily smokers. Zambia also has a growing problem with non-cigarette tobacco use.

By nearly all accounts, most of the existing legislation is vague and weak, and requires re-development. There is a movement in the advocacy community to seek these changes in the form of new legislation. This, however, will require major efforts on the part of the advocacy community to educate (and seek to influence) policymakers using solid research. With a new government, there may be a genuine window of opportunity to pursue this avenue in the short term and many high-level policymakers have indicated overt support for tobacco control including the President, the Vice-President, the Minister of Agriculture and the Mayor of Lusaka (the capital city). Moreover, there is an active tobacco control advocacy community, and several competent research professionals are engaged in tobacco control. Enforcement of the existing laws has been traditionally weak (even non-existent in some areas). While waiting for new legislation, however, some new efforts to enforce the existing laws are in progress. There is a large (ATSA-sponsored) movement to enforce the smoke-free laws in Lusaka, which has thus far received widespread public support including from high-level officials and the media.

The tobacco control community has also recently pursued the development of cessation programs and the incorporation of tobacco control into the healthcare curriculum. In 2009, four different clinics in Lusaka began to offer cessation services (which is very rare in most of Africa). Cessation and other aspects of tobacco control are being introduced into the curriculum of most health care professional programs including medicine, nursing and medical technology.

The tobacco industry is visibly present in the country and uses various marketing techniques and particularly corporate social responsibility (CSR) strategies to remain visible. The new legislation will need to address this challenge directly.
Zambia\(^1\)

| 2009 Population (World & Africa Ranking): | 11,862,740 (72, 19) |
| Geographical Size (Ranking): | 752,618 sq km (46) |
| GDP Real Growth Rate 2006-08: | 6.2% |
| 2008 GDP per Capita & Ranking: | $1,500 US Dollars (199) |
| Main Industries: | Copper Mining and Processing, Construction, Foodstuffs, Beverages, Chemicals, Textiles, Fertilizer, Horticulture (including corn, sorghum, rice, peanuts, sunflower seed, vegetables, flowers, tobacco) |
| Languages: | English (Official), Bemba, Kaonda, Lozi, Lunda, Luvale, Nyanja, Tonga, Other (70+ indigenous languages) |
| ODA as a percent of GDP: | 7.3% |
| Largest Donors (disbursements): | USA 165.3, Japan 94.6, EC 82.4, Norway 74.4, UK 74, Netherlands 71.5, Sweden 53.7, Global Fund 41.8, 2007 |

2007 Tobacco Production by Volume and Value: Tobacco unmanufactured, 48,000 MT, $8,751,000 (# 50 in world)

2007 Tobacco Exports: Tobacco unmanufactured: 36,649 MT at $3,139 per ton, #1 export; Cigarettes: 126 tons at $5,405 per ton, #18 export

Tobacco imports: Cigarettes: 965 MT, at $8,824 per ton, #3 import

**Brief Description of Political System**

**Type:** Zambia is a presidential republic.

**Executive:** President Rupiah Banda (since 19 August 2008); Vice President George Kunda (since 14 November 2008);* 2

**Cabinet:** Appointed by the president among members of the National Assembly.

**Legislature:** There is a unicameral National Assembly with 158 seats. 150 members are elected by popular vote and 8 members are appointed by the president to serve five-year terms. There is a movement for multiparty democracy. The MMD has 72 seats, the Patriotic Front (PF) has 44 seats, and the United Democratic Alliance (UDA) has 27 seats.

**Judiciary:** Justices are appointed by the president.

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* Sources: CIA World Factbook [https://www.cia.gov/index.html](https://www.cia.gov/index.html); except Organization of Economic Cooperation and Development for development assistance statistics, and FAOSTAT for tobacco production.

* President Banda has been acting president since the illness and death of ex-president Levy MWANAWASA on August 28, 2008. He was elected president on October 30, 2008 to serve out the remainder of MWANAWASA’s term.
Prevalence

Summary: The existing prevalence data suggest that smoking rates in Zambia are high for Sub-Saharan Africa. Recent government surveys demonstrate that current smoker rates are likely greater than 30% for Zambian men (though it is less clear what daily smoker rates are). Rates, however, are consistently much lower – less than 10% – for women. Estimates have also been generated by the GYTS for youth, 13-15 year-olds, and rates are significantly lower than adult rates at less than 10%. The GYTS also highlights an emerging issue with the heavy use of non-cigarette products.

The results from prevalence surveys in Zambia vary widely, as reported in Table 1. The surveys use different methodologies and are not easily comparable. One likely cause of the discrepancies in the surveys is the lack of distinction between “daily” smoker, and “current” smoker – the latter category includes both those who smoke daily and those who smoke occasionally. For example, the Ministry of Health and Central Statistical Office estimated in 1998 that adult (>18 years) smoking prevalence rates were 35% for males and 10% for females. The estimates for 2001 demonstrated a probable increase to 40% among adult males while there was a decline to 7% among females. These surveys appear to be reporting current smokers.

In contrast, the Demographic and Health Survey (DHS) of 2007 showed a significantly lower smoking prevalence: 23.8% among men and 0.7% among women (15-49 years of age). Similarly, the WHO’s most recent World Health Survey in 2003 cites prevalence of daily smoking of tobacco (i.e. cigarettes and other products) to be 14.8% among men and 3.2% among women. The much lower statistics from the DHS and WHO most likely reflect daily versus current user (daily and non-daily). However, in a country like Zambia, where many smokers cannot afford to smoke every day, it is important to consider both statistics.

Research has explored prevalence rates in important discrete groups. For example, researchers consistently find rural-urban differences in prevalence rates. While only 0.3% of women 15-49 years-old were smoking in urban areas, more than three times as many (1.1%) were smoking in rural areas. The difference was smaller between urban and rural male smokers but still significant (21.3% urban versus 24.7% rural). The DHS 2007 also showed that smoking was more prevalent among the less educated, and those in the low socioeconomic quintiles. The major tobacco types consumed in Zambia include manufactured cigarettes, hand rolled/refuse tobacco, piped tobacco, chewed tobacco and

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4 Study executed by WHO Regional Surveillance System for Tobacco Control in the publication Regional Survey of Country-specific data 2001. These same data are referenced by Shafey, O. S Dolwick and GE Guindon, editors. 2003. Tobacco Control Country Profiles. Atlanta GA: American Cancer Society. Tobacco control experts have expressed some concerns about the 2001 report because many data sources are unverified or not referenced. Moreover, the studies only provide “current smokers” and do not make any distinction between daily and occasional smokers.
snuff. Furthermore, most of the adults reported that they started smoking when they were adolescents.

The Global Youth Tobacco Survey (GYTS) has been executed twice in Zambia. This school-based survey conducted among 13-15 year olds uses a standard method for constructing the sample, selecting schools and classes, and processing data. The GYTS 2002 demonstrated a prevalence of current smokers of 10.8% among boys and 8.3% among the girls, while in the GYTS 2007, researchers found that a slightly lower 8.2% of adolescents were currently smoking (10.4% for males and 6.2% for females). In Lusaka District, there were no significant gender differences observed in the current cigarette smoking rates between boys and girls in both 2002 and 2007 (9.4% males versus 8.7% females and 6.7% males versus 6.8% females, respectively). However, the surveyors noted that there are significant rural-urban differences among youth as well, with rural youths having higher rates of tobacco use than urban youths (Siziya S, personal communication).

### Table 1 – Most Recent National Prevalence Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Type of Use &amp; Age</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>40</td>
<td>7</td>
<td>Current smokers &gt;18</td>
<td>Ministry of Health Report</td>
</tr>
<tr>
<td>2002</td>
<td>10.8</td>
<td>8.3</td>
<td>Current smoker, 13-15</td>
<td>GYTS 2002</td>
</tr>
<tr>
<td>2002</td>
<td>25.7</td>
<td>23.7</td>
<td>User of any tobacco product, 13-15</td>
<td>GYTS 2002</td>
</tr>
<tr>
<td>2003</td>
<td>14.8</td>
<td>3.2</td>
<td>Daily smokers &gt;18</td>
<td>World Health Survey 2003</td>
</tr>
<tr>
<td>2003</td>
<td>22.7</td>
<td>5.7</td>
<td>Current smokers</td>
<td>World Health Survey, 2003</td>
</tr>
<tr>
<td>2003</td>
<td>23.2</td>
<td>0.70</td>
<td>Daily cigarette smokers 15-49 yrs</td>
<td>DHS, 2003</td>
</tr>
<tr>
<td>2007</td>
<td>21.2</td>
<td>0.3</td>
<td>Daily cigarette smoking-urban 15-49 yrs</td>
<td>DHS 2007</td>
</tr>
</tbody>
</table>

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The GYTS surveys reveal other important findings beyond cigarette smoking. Notably – perhaps even dramatically – in the 2002 survey, researchers found that 25.7% of male and 23.7% of female adolescents in Zambia had been using any form of tobacco. Clearly, non-cigarette tobacco consumption is a major issue. While there are few hard data on the subject, the consensus amongst stakeholders is that a sizeable proportion of the population – particularly in lower socioeconomic groups – uses smokeless tobacco products (such as chewed tobacco). It is also thought to be more prevalent amongst women (who do not want to be seen smoking cigarettes for cultural stigma reasons) and people in rural areas (perhaps most in the tobacco-growing areas). The GYTS 2002 reported a smokeless tobacco prevalence of 20% among males and 22.9% among females aged 13-15 yrs. But data on total consumption of forms of tobacco other than cigarettes is sparse, generating a concern that an over-emphasis on cigarette smoking can obscure the pervasiveness of total tobacco use.

Researchers have been actively seeking to update and improve data. First, the figures from the Non-Communicable Diseases STEPS survey will be disseminated in 2010. Second, Zambia has been selected as one the countries in which the General Adult Tobacco Survey (GATS) will be executed. In 2009, Mr. Richard Zulu, a member of the ATSA consortium, was proposed to coordinate it, and has trained for this task.

**Politics of Tobacco Control**

**Summary:** Tobacco control advocates have sought a keen understanding of the legislative process in Zambia and this, combined with detailed political mapping, has allowed them to develop a comprehensive plan for working with officials to seek policy change. Although there are challenges inherent in developing tobacco control policies in a country that is fast becoming a major producer of tobacco leaf, there are encouraging signs. The Ministry of Health has established a national tobacco control office and appointed a focal person. Zambia has vigorous and diverse civil society and academic communities that are actively involved in the tobacco control movement. A consortium of NGOs, working with local and national authorities, has had some early success in supporting the implementation of a smoke-free Lusaka. Finally, training of public health personnel has resulted in the integration of smoking cessation assistance into the existing health care system.

For a country that produces a large amount of tobacco leaf, there is evidence of support for tobacco control, even at the highest levels of government. There is also an active civil society that is engaged in the effort, and has proven to interact effectively with government on tobacco control issues.

First, it is worthwhile noting the important steps that advocates seeking policy change must understand and navigate in order to improve tobacco control at a systemic level. The legislative process has six major steps process in Zambia and requires support from a number of key actors and institutions. In particular, several key ministries will surely play pivotal roles. All new legislation must be proposed by a ministry, and in any step in the
process can be sent back to that ministry for redrafting. In reality, any draft tobacco control legislation is likely to go to the Ministry of Health to begin the legal process.

**Likely Zambian Legislative Process for Comprehensive Tobacco Control Policy:**

1. The Ministry of Health adopts legislative text after consulting all “stakeholders” and forwards it on to the Ministry of Justice for review (each ministry has its own internal process for this step).
2. The Ministry of Justice reviews legislation and proposes any changes to the initiating ministry. If the two ministries agree on the text, it is forwarded to the Cabinet office for inclusion on the cabinet agenda.
3. The full Cabinet reviews the legislation and if consensus is reached, it is scheduled for presentation to Parliament.
4. A parliamentary selection committee reviews the legislation and if approved, schedules a 1st and 2nd reading in Parliament.
5. If 50% of the 105-member parliament approves the legislation, it is forwarded to the President for final approval.
6. When the President signs the legislation, it becomes law.

At the highest level in 2009, there is some circumstantial evidence that the president, Rupiah Banda, supports tobacco control. The president took office when the previous president, Levy Mwanawasa, died in office in July 2008. Notably, Banda was the vice-president when the FCTC was signed (Mwanawasa was reportedly openly pro-tobacco control). That role acknowledged, President Banda is also sympathetic to the cause of tobacco farmers and has pledged to help them get better prices for their products. In any event, tobacco control advocates identify the strong and continuing need to educate the President and his staff on the FCTC, and to demonstrate that tobacco cultivation and tobacco control, at least at this point, need not be mutually exclusive.

Similarly, the current vice-president (2010), George Kunda, is also fairly new to the office, but he was the justice minister when the signing of the FCTC took place, and thus had some input into the broader tobacco control debate (including the accession to the FCTC). Importantly, the team believes that there is need for closer association with him in order to get his overt support. In a very encouraging sign in May of 2009, the vice-president’s office sent a representative (the Deputy Health Minister) to launch officially the smoke-free Lusaka initiative.

A number of key ministries will potentially have major effects on the success of tobacco control measures. Generally in Zambia, there is relatively high turnover among ministers. That said, the pool of applicants generally considered for this type of service is not too large, and pundits have observed that the same small number of individuals tend to hold these highest offices, though their actual positions change from time to time. For example, due to the recent change in presidential administrations in 2009, there are many ministers new to their particular ministry, though many are not new to cabinet. These dynamics could be viewed as both a challenge and an opportunity. On one hand, many of the ministers do not yet know very much about tobacco control, presenting a genuine chance to educate them. On the other hand, there is some stability to who holds the
powerful positions, so education can be an effective tool. Clearly, establishing and maintaining relationships with multiple ministers is a very demanding task that requires enormous efforts and sufficient resources on the part of the tobacco control community. But, this task will be pivotal to the success of the community’s efforts. The tobacco industry is no doubt making similar calculations.

The Ministry of Health is arguably the key ministry for tobacco control. In general, the minister and his/her deputy, and the highest-ranking non-elected officials (especially the Permanent Secretary and the Director for Public Health and Research) tend to be pro-health, pro-tobacco control and keen to support initiatives that enhance the wellbeing of the general public. With high turnover at the ministerial level, there is need to give any new Minister (and those under him/her) orientation on the matters contained in the FCTC and to enhance harmony with the other officers in tobacco control. There is a particular need to enlighten highest-level Ministry officials on the lack of implementation of the Public Health Act (1992) clauses on tobacco control in order to give them the necessary leverage for further policy development and implementation (i.e. new legislation or regulation that improves on the old, problematic regulations).

Moreover, the ATSA team argues that there is a serious need to lobby the Ministry for the enactment of a comprehensive law on tobacco control. In a hopeful sign by the ministry, a national tobacco control office in the Ministry has been established and a focal-point person has been appointed. This focal person has been active in tobacco control activities including the Lusaka smoke-free initiative in 2009 since his appointment. Furthermore, the Deputy Minister of Health was the official ranking representative from the national executive and officially initiated the Lusaka smoke-free initiative in May 2009.

The Ministry for Local Government is another important ministry for tobacco control generally, but perhaps particularly for smoke-free policies. The ministry played a key role in passing Instrument # 39 – a regulatory instrument that reiterated the previous major tobacco-related public health legislation from 1992 (described in greater detail below). There is a need for tobacco control advocates to establish and maintain a strong working relationship with the ministry to gain further necessary support. As of 2010, in addition to Instrument #39 to ban smoking in public places, the Ministry is reportedly in the process of drafting more regulations to supplement this law. There is need to influence this process by meeting with ministry officials to ensure the drafting of competent regulations and/or guidelines.

The Ministries of Education, and Youth and Sport, are also potentially important in tobacco control efforts. The Ministry of Education has not taken a strong stance on tobacco. For example, as of early 2010, completely smoke-free schools are not yet a reality in Zambia. Similarly, there is little inclusion of tobacco issues in school curricula. The Ministry for Youth and Sport has not taken a position on tobacco, but it is known that Ministry representatives have been courted by British American Tobacco (BAT), which has sponsored sports events for youth. There is a serious need to educate these ministers and their staffs on tobacco issues and the tactics of the tobacco industry.
There are concerns that the Ministry of Agriculture may be opposed to the aims of tobacco control programmes because of the economic importance of tobacco production. The first Minister in the Banda administration, Hon. Brigadier General Dr. Brian Chituwo, is a medical doctor and was the Minister of Health who signed the FCTC in the previous government. He is overtly pro-tobacco control, and was expected to be a strong advocate for alternative crops while rendering a strong voice for tobacco control. One of his early major policy decisions was to withdraw technical assistance to tobacco cultivation. Unfortunately, in late 2009, he was moved from the Ministry of Agriculture to the Ministry of Science and Technology. His replacement, the Hon. Peter Daka, has no known position on tobacco control but he comes from the tobacco-growing region of the Eastern Province of Zambia. There is concern in the tobacco control community that he is likely to be one of the biggest adversaries in government.

The position of the Ministry of Commerce, Industry and Trade is more complex. In 2009, the Minister, Felix Mutati, made some statements that could potentially be problematic for tobacco control. Specifically, he exhorted Zambians to do more tobacco processing in Zambia, rather than exporting leaf to other countries for processing.7 He also said that he would be discussing the matter in greater detail with the Minister of Agriculture to see what the government could do to promote the effort. This economic program is an ongoing concern in a country where tobacco cultivation is on the dramatic increase.

One of the Ministry of Finance’s primary foci is to maximize revenue collection for the government. A boost in tobacco production leading to increased tax revenue would be very appealing to the Ministry. The financial burden imposed by health care costs related to tobacco use is usually overlooked compared to the pressures of balancing the national budget. Persuading the Ministry to be more attentive to issues of tobacco control will not succeed without a clear crop substitution – and therefore, revenue replacement – argument.

Legislatively, there has been evidence of solid support for tobacco control measures, as well as some focused opposition. First, the Parliamentary Committee on Health and Social Services has traditionally been enthusiastic to partner with research organizations who can feed into their information systems on any subject of public health importance. There is an immediate need to lobby this committee for the enforcement of the existing laws and for the enactment of a more comprehensive tobacco law. Similarly, the Parliamentary Committee on Local Government facilitated the signing of the Instrument # 39, and is thus seen as a serious ally in the fight against tobacco use. However, the committee members seem to be rather naïve towards the devious tactics of the tobacco industry, which has been seriously courting some of them.

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In terms of legislative opposition, the Members of Parliament from tobacco-growing areas and those courted by the tobacco industry may be opponents. The Parliamentary Committee on Health needs to be sensitized to target them in their internal efforts to promote any new legislation.

At the local level, tobacco control advocates recognize that mayors, city councilors, town clerks & local authorities will play very large roles in the success of some of these measures, particularly the enforcement of smoke-free policies. These local officials are important because they can sometimes pass even stiffer bylaws, but will definitely need to exert greater effort at publicizing and enforcing tobacco control bylaws in the municipality where they govern (see the discussion below on Lusaka).

Fortunately, Zambia has a vigorous civil society and academic community that have taken particular interest in these issues, and are actively involved in the tobacco control movement. The Zambia Consumer Association (ZACA) has been instrumental in spearheading the tobacco control campaign in Zambia. With support from international organizations such as the Bloomberg Foundation’s Campaign for Tobacco-Free Kids (CTFK) and Corporate Accountability International, ZACA has worked closely with the Ministry of Health to foster the signing/accession of the FCTC, enhancing the profile of the “World No Tobacco Day” commemoration, and has been a keen participant at the FCTC’s Conference of Parties (COP) meetings. It has held numerous events that sensitize important actors – journalists, senior civil servants, lawyers – to tobacco control issues. It has also begun to build a network of other NGOs – the Tobacco Control Network – with which they have worked on other consumer issues to help further the cause. These organizations include the Resident Doctors Association (RDA), the Young Women’s Christian Association of Zambia (YMCA), the Female Lawyers Association of Zambia (FLAZ), the Young Men’s Christian Association of Zambia (YMCA) and the University of Zambia Students Union.

The Tobacco Free Association of Zambia (TOFAZA) is a rather newly-constituted group with wide participation from the Mount Makulu Research Centre (an agricultural research organization), the Ministry of Agriculture and the general public. Membership in the association gives particular advantage when it comes to working with certain offices, particularly the Ministry of Agriculture. While it is strong when it comes to lobbying activities, TOFAZA also has capacity for research formulation, data analysis and scientific dissemination of information.

The Zambia Anti-Smoking Society (ZASS) has been a partner in all previous tobacco control lobby groups in Zambia. They are strong at lobbying, especially at the Ministry of Health where they worked toward ensuring the signing of the FCTC.

The Mental Health Association of Zambia (MHAZ) is a professional organization that has identified tobacco as a substance of abuse and is keen to facilitate processes that would lead to its “cure”. Thus, the MHAZ is keen to promote efforts towards preventing use/abuse of tobacco, and also in helping with cessation programs.
The University of Zambia (UNZA) is currently the leading institution in tobacco-related research, particularly through its School of Medicine (SoM) and the Institute for Economic and Social Research (INESOR). Several members of the Tobacco Control Consortium are from these institutions and will be instrumental in preparing the necessary evidence-based tobacco control research as the greater program matures and bears fruit. In particular, these professionals have been and will be instrumental in facilitating cessation programs in the various health centres. However, UNZA personnel have identified a need for some amount of orientation to build further capacity. In particular, scholars suggest that it would be desirable to set specific training for faculty (training of trainers), students and allied health workers in issues of tobacco use and tobacco control with emphasis on training for cessation of tobacco use. These actors will be pivotal in the dissemination of the tobacco control messages especially from a health perspective. The current gap in knowledge will be demonstrated by the results of the forthcoming Global Health Professions Students Survey (GHPSS) that reportedly demonstrates considerable gaps about tobacco in the curricula of medical, pharmacy and nursing students.

Both print and electronic media have carried positive messages on smoke-free environments but to a large extent there is need for training to have them as true strategic partners. Media organizations or personnel would not be opponents of tobacco control in the ordinary meaning of the word “opponent.” However, they may be influenced by contractual relationships (especially advertising) and personal material benefits (for individual journalists or editors). Tobacco campaigns all over the world continue to use their abundant resources to peddle influence. The ATSA team argues that there is need to facilitate increased activity among the different media through capacity-building, and actively began such efforts in 2009.

Key potential opponents to tobacco control include the tobacco industry (discussed below) and the Tobacco Board of Zambia. The Board is a parastatal organization that was established by the national government in the early 1970s to promote tobacco farming in Zambia, which was seen then as a potential foreign exchange earner outside of copper production. The Board in the past has offered technical advice and loans to small scale farmers in order to increase their participation in the tobacco farming. Over time, the role of the tobacco board has changed to that of providing a trading platform (auction) for tobacco farmers and leaf buying companies. It has great influence in the tobacco trade in Zambia.

There are a number of other important agricultural organizations in Zambia that may be potential opponents. All of these organizations are comprised of members who benefit directly or indirectly from tobacco growing and trade. The organizations include:

- Tobacco Association of Zambia (TAZ) – a grouping of commercial tobacco growers.
- Agricultural Consultative Forum – a public/private organization that promotes dialogue and fosters partnerships in the agriculture sector.
- Zambia Association of High Value Crops (ZAHVAC)
- Zambia Women in Agriculture (ZWIA)
• National Farmers’ Union (ZNFU)
• National Peasants and Small-Scale Farmers Association
• Zambia Export Growers Association (ZEGA)

ATSA Action – Enforcement of a Smoke-free Lusaka (capital city)

Many of the most important political actors that will ensure the success of a smoke-free Lusaka are municipal-level officials including the mayor, the city council, and high-level city/town clerks. Furthermore, relevant enforcement agencies – the police, the environmental health officers and members of the provincial/district administration – continue to be pivotal in implementing/enforcing smoke-free laws. Finally, health authorities are an integral part of the ongoing campaign. With a major initiative underway, there is an opportunity to examine closely the politics of this effort.

In terms of promoting a smoke-free Lusaka, UNZA, ZACA and the Ministry of Health have facilitated the formation of a consortium of NGOs, which was named the Zambia Tobacco Control Campaign (ZTCC). They have also identified and sought to engage other interest groups who should be involved in tobacco control, particularly those already involved in public education and awareness (including women, children, environment, religious, consumer, youth, farmers’, and other community-based groups). Such groups can help to disseminate information and conduct the public education and awareness campaign for smoke-free places. The ATSA team proposed utilizing drama groups/ local celebrities/other civic leaders, and the National Arts Council/Musicians in the public awareness campaigns (e.g. radio programs) and other targeted activities. In the early part of the ZTCC effort in 2009, they had already trained and were utilizing drama groups for dissemination activities.

Similarly, a number of major professional organisations – the Zambia Medical Association (ZMA), the Zambia Nurses Association (ZNA), the Resident Doctors Association (RDA), and other allied professional organizations – have been keen to contribute to tobacco control efforts. These groups – all comprised of health professionals – are important as potential allies in the campaign because people believe in health professionals to provide accurate information and frank advice in any health-related discourse. The ZMA is part of the tobacco control consortium and has proven to be an excellent ally in the information dissemination campaign, particularly providing information for the phone-in radio programs. Doctors presented tobacco-related topics in obstetrics/gynecology, pediatrics, and surgical oncology, among other specific areas. The programs attracted widespread public attention because of the respect that health officers command in Zambian society, and because they were very lively with many hard-hitting questions and corresponding insightful answers. Though the ZNA did not join the consortium after being approached to participate, nurses are part of the cessation trainings in the ATSA-sponsored program, and a large number of nurses are being used to screen patients in the urban clinics. Finally, the RDA was approached but did not join the consortium. Notably, individual doctors, resident doctors and nurses are participating actively in the consortium.
To date, several international development agencies – including the WHO, which is already part of the Tobacco Control Consortium – have been very supportive of tobacco control initiatives. The team has proposed approaching other organisations including UNICEF, UNFPH, and CIDA in order to get further support for smoke-free campaigns. Mainly the support sought was financial and technical in areas of specialization. None of these organizations has so far played a part in the Lusaka Smoke-free Campaign.

At an early stakeholders’ meeting in April, 2009, the ZTCC leadership (spearheaded by UNZA and the Ministry of health tobacco focal point official) brought together many of the key stakeholders. By the leaders’ account, a major lesson learnt was that there are many in the Zambian population who desire to participate in tobacco control, and a little stimulus (such as an inclusive meeting/workshop) goes a long way in engaging them. In fact, the City Council was more than willing to take leadership in enforcement of the smoke-free law – they had simply lacked the means to get the whole process into motion.

After the April 2009 meeting, the ATSA team visited the following officials to discuss and solicit support for the ZTCC: the Permanent Secretary for Lusaka Province; the Town Clerk of the Lusaka City Council; the Director of Public Health and Research, Ministry of Health; Senior Chieftainess Nkomeshya Mukamambo II; the District Commissioner for Lusaka; the Permanent Secretary Ministry of Local Government and Housing; the Commissioner of the Zambia Police; the Commissioner of the Drug Enforcement Commission (DEC); the Permanent Secretary of the Ministry of Justice; the Administrator of the High Court; and the Mayor of Lusaka. All of these officials could influence a successful campaign.

In an effort to reach out directly to groups that might be affected by the ban on smoking the team visited many actors. Beyond the overarching opponents to tobacco control described above, some key members of the business community, especially bar/tavern owners, may actively oppose smoke-free efforts as there is a perception that it will reduce their business clientele. Importantly, the team engaged the President of the Liquor Traders Association (from Lusaka), and he offered his support. There is a continuing need to educate these actors in order to comply with the tobacco-free environmental laws, including displaying appropriate NO-SMOKING signs and not selling tobacco to minors.

Under the same initiative, the Tobacco Free Association of Zambia (TOFAZA) led a workshop in May, 2009 to build capacity in the area of disseminating information about smoke-free policies. In the workshop, a total of 20 TOFAZA members were trained. A core team of 12 are being used as resource persons for training drama artists for creative dissemination to the general public, which addresses some central communication challenges including literacy issues. A drama group was subsequently identified from the Ng’ombe Community, which had a number of educated, young men and women who understood English well but also performed well in their local language, which greatly facilitated the process since there was no need to translate the material for presentation.

The Zambia Tobacco Control Campaign project was successfully launched officially on 20th May 2009 at Lusaka’s Mulungushi International Conference Center. In partnership
with the Lusaka City Council’s Mayor, the Town Clerk, and Environmental Health Officers, ZACA organized the event. The event began with a two-kilometer march through city streets past a prominent shopping area to the conference center. The participants were led by the Mayor, the Deputy Mayor, The Town Clerk, the ranking official from the District Commissioner’s office, and Dr. Goma (UNZA) and Mr. Musenga (ZACA) from the ZTCC. The Permanent Secretary for Lusaka Province and the Commissioner of the Drug Enforcement Commission joined the team at the venue. Other important participants included ZACA officials, Environmental Health Officers from the Lusaka City Council and the Ministry of Health, teachers, community members, TOFAZA members, media practitioners and consortium members. The Vice-President’s office sent the deputy health minister, Mr Mwendoi Akakandelwa, to read the Vice President’s speech and cut the official opening ribbon. All of the speeches, including those of the Mayor and the President of the Liquor Traders’ Association, emphasized the need for enforcement of the smoke-free law. One of the highlights was a performance by the newly-trained drama group from Ng’ombe about the perils of smoking, which was received with great enthusiasm by the attendees.

Building on their early success, the smoke-free Lusaka effort is ongoing. After the event, the ZTCC has followed up with vigorous public awareness efforts including leaflets, brochures, major distribution of “no smoking” signs, radio programmes, and TV appearances by ZTCC members. A two-day training for Environmental Health Officers (EHOs) within Lusaka District was conducted to prepare them for the implementation and enforcement of the smoke-free Lusaka campaign. Relevant materials were distributed by the EHOs to public outlets within the city.

After the event, local authorities expressed interest in following up on the enforcement of the law. Accordingly, ZACA and the town clerk met to discuss future actions. Shortly thereafter, the local authorities undertook to meet with various stakeholders in the city in order to sensitize them to the implementation of the smoke-free law in Lusaka. These stakeholders include: the Liquor Traders Association of Zambia, the Zambia Chamber of Commerce and Industry, the Zambia National Marketers Union, the Zambia Bus Drivers and Taxis Association, and the Zambia National Hotel Caterers Association. These groups are comprised of businesspeople who run bars and restaurants, marketers who sell cigarettes informally in street markets, and taxi and bus owners who must observe the law insofar as smoking in public transport is concerned. These meetings were held separately with each interest group in order to avoid conflicts due to vested interests.

Also, the local authorities undertook to carry smoke-free messages on their internally-generated documents that go to the public such as bills for house rent, bills for municipal water and sanitation services, bills for land rates and other official correspondence. As of early 2010, these measures have not yet been implemented due to under-staffing, the high expenses to alter existing documents, and technical limitations in the public relations unit. However, city authorities continue to assure the ZTCC and ZACA that they will follow through with the program. Finally, the city authorities expressed a desire for a study-tour of several cities that have successfully implemented smoke-free policies, and ZACA is endeavoring to facilitate such a tour.
ATSA Action – Tobacco Cessation

As described in the overall political context above, the Ministry of Health is generally supportive of initiatives that promote general health and well-being. While they will be keen to render support for cessation programs, there will be need for positive engagement so that for the sake of long-term sustainability, they will take ownership of the program and domesticate it within the selected institutions and within the existing health system. This is being done with the direct help of the Ministry’s Tobacco Focal Point Person who is a member of the Consortium.

One of the first steps by the ATSA team was to inform and engage the provincial and district directors of health about the benefits of cessation programs, particularly in order to facilitate the processes for the implementation of the programs in the Zonal Health Centres. The health centre personnel, the medical officers, medical licentiates, nurses and environmental health officers are the implementing officers. These professionals need adequate competence training in various cessation techniques, and will need to interface with the community-based structures such as the Health Centre Committees (HCC), which will carry positive information into the communities.

The consortium sought to build capacity in the team by training trainers in cessation work. First, Dr. Fastone Goma, a physician on the team attended the Training Enhancement in Applied Counseling and Health (TEACH Project) course offered by the Centre for Addiction and Mental Health (CAMH) at the University of Toronto, Canada. Second, to further the process of training, technical assistance was requested from IDRC, which sent Dr Lekan Ayo-Yusuf, an Associate Professor at the University of Pretoria with expertise in training in motivational interviewing, to Lusaka to assist the team. The District Medical Officer allowed 3-5 health care professionals from each clinic to participate in this training. This first training had 19 participants who included clinical officers, dental therapists and nurses. It effectively covered two days, with the first day being dedicated mostly to theory and didactic lectures, whereas the second day was more about skills-building. By all accounts of the participants, the training was very successful. Substantively, there is a deliberate inclination towards non-pharmacological approaches to the treatment of tobacco dependence in order to address poverty and the specific tobacco use practices in Zambia.

Following the training, each team from a selected clinic was given the task of formulating an action plan of how to implement the cessation program in their particular clinics. These action plans were discussed at a meeting held on 17th August, 2009. These action plans were further harmonized at a consensus-building workshop. The participants of the meeting generated the following recommendations: 1) train all the health workers in the clinics so that cessation becomes a routine practice, 2) establish cessation “corners” for more in-depth counseling and follow-up visits, 3) train community agents such as Community Health Workers and TB Counselors in cessation of tobacco use, and 4) establish community-based tobacco use cessation support groups.
The processes to regularize cessation practice have commenced in the selected clinics. From inception, it is being made clear that this is an exercise that just enhances the traditional clinical practice and it is not a parallel program. Thus the brief motivational interviewing is to be routine practice for each frontline health worker. However, these workers have been supplied with additional records for the purposes of monitoring and evaluation. The cessation corners share facilities with other corners such as tuberculosis, reproductive health and anti-retroviral therapy, which have been running as routine counseling sites for the clinics. This structure should guarantee sustainability beyond the project’s life cycle.

An analysis of GHPSS data shows a deficiency of tobacco-related issues in the curricula of the health professional students (Goma, personal communication). There is need to lobby further for the inclusion in the standard health training so that it really becomes routine practice. From the team of the trained health workers it is anticipated that a team of trainers will be identified who can then facilitate in-service training of their colleagues.

**Tobacco industry monitoring**

**Summary:** The tobacco industry is a worrisome entity in two major respects in Zambia: tobacco production employs many thousands of Zambians and the industry is keen on reinforcing this economic importance, and particularly BAT is extremely active in Corporate Social Responsibility (CSR) activities.

**Production:** Zambia is rapidly becoming one of the world’s leading producers of tobacco leaf. Production statistics from the Ministry of Agriculture demonstrate steady increases in the production of Burley and Virginia tobacco from 1989/90 to 2001/02, from about 5000 to 13,000 metric tons (combined). In 2003/04, there was a large spike when production exceeded 20,000 tons for the first time. This increase is in large part a result of tobacco farmers fleeing the political and economic instability in Zimbabwe and immigrating to Zambia to grow tobacco (among other crops). There has also been a recent shift from cultivating Burley tobacco to Virginia tobacco, which is better suited for Zambian soil conditions. Tobacco is an important cash crop for government revenues, and the government has been giving subsidies to small farmers in order to encourage more tobacco growing. Zambia lacks tobacco processing capabilities; instead, nearly 99% of Zambian tobacco is exported. The destinations of tobacco exports include neighboring countries like Zimbabwe, Malawi, and South Africa, as well as the European Union (from FAOStat).

**Employment:** There is currently a gap in specific data on tobacco-related employment, both direct and indirect, in Zambia. There is implied evidence that many Zambians are employed as growers; furthermore, BAT has argued that robust tobacco control efforts would deprive many rural peasants of their incomes.

**Advertising & promotions** (interactions with public): BAT is very active in Zambia and targets most of its advertising to a younger audience. It sponsors the ambiguously named
Youth Free Smoking Campaign, which underwrites community projects. Tobacco control advocates argue that the Campaign’s main purpose is to introduce children to tobacco since it seeks to attract the youth with attractive billboards, posters, and banners, and by giving away tobacco-themed T-shirts and ball caps.

According to BAT’s own annual reports, the range of community projects that BAT underwrites is enormous. Ironically, the projects are often community health-related, such as digging boreholes for drinking water, anti-malarial spraying, and HIV/AIDS public awareness campaigns. BAT also interacts directly with schools through donations to individual schools and colleges and by sponsoring interscholastic trophies for athletic competitions. Many of these efforts resemble the “corporate good-neighbor” behavior seen in post-industrial countries, suitably and effectively tailored to Zambian needs and cultural practices.

ZACA has closely monitored the activities of the tobacco industry (particularly BAT) in its attempt to influence health policy. BAT has unsuccessfully attempted to participate in workshops hosted by ZACA, but the association has stoutly refused to cooperate with BAT in any way. BAT had also presented to the Ministry of Local Government and Housing its own version of smoke-free regulations aimed at influencing the process: instead of 100% smoke-free environments, the BAT proposal allows for designated smoking zones. Further, at the time when the smoke-free law in Zambia was being hotly debated by the public, BAT invited the Minister of Local Government and Housing, the Honourable Sylvia Masebo, to officiate at the launch of its Corporate Social Responsibility programme, the Youth Smoking Prevention Programme. At this time, the Minister almost back-tracked in her support for a 100% smoke-free law – ZACA had to hold a meeting with her to advise her of her responsibility as a public official under Article 5.3 of the FCTC.

BAT also donated a large quantity of T-shirts and caps to the Ministry of Local Government and Housing at the launch of the Youth Smoking Prevention Programme. The T-shirts were later donated to the Annual General Meeting (AGM) of the Local Government Association of Zambia (LGAZ), which is comprised of mayors and town clerks drawn from various cities and municipalities around Zambia. Rather cleverly on the part of BAT, the meeting’s participants are the chief officers responsible for overseeing the implementation and enforcement of prohibition of smoking in public places.

Interactions with government (at all levels): Tobacco control activists believe that the national Zambian government generally favors effective tobacco control. Recent leadership from the executive branch including from key pro-tobacco control ministers of health and education sets the tone. The government under the previous president Levy Mwanawasa was generally recognized internationally as more efficient and honest than previous Zambian governments, and generally aware of the scope of tobacco control, and the new administration overlaps considerably with the previous one. Certain ministers, according to the ATSA team, however, are not supportive of tobacco control; in particular, the Minister of Youth and Sport has been open to sponsorship from the
tobacco industry. Advocates believe that he needs more education about the health risks of tobacco.

Serious problems have arisen with the ability and willingness of local levels of government to enforce FCTC provisions. The Ministry of Local Government has been uneven in their performance. In 2008, the Minister organized a public awareness campaign on the entry into force of Instrument #39, a law that banned smoking in public places. Mixed results followed; some local radio and print coverage supported the act, but a group of aggrieved smokers grumbled against it. The members of the Parliamentary Committee on Local Government have been mostly anti-tobacco by inclination – but BAT has been offering them unspecified incentives. Legislators are often a potential obstacle to the executive branch’s wishes on these issues, especially on a low-priority issue such as tobacco control. At the first ATSA stakeholders’ meeting in 2008, participants ranked tobacco control last among a list of six major public health programmes.

**TABLE 2: RANKING OF SIX PUBLIC HEALTH PROGRAMMES**

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<td>Portable water</td>
<td>4</td>
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<tr>
<td>HIV/AIDS</td>
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<td>Tobacco Control</td>
<td>6</td>
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<td>Nutrition</td>
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**Existing tobacco control laws, executive orders and regulations, and pending legislation**

Zambia started its campaign against tobacco long before the FCTC. In 1992, the government passed a number of tobacco-related bills that banned sales to minors under 16 (The Public Health (Tobacco) Regulation, 1992), product giveaways (PH(T)R 1992 and Health regulation-Statutory Instrument No. 163 of 1992; dated 7 December 1992), pro-tobacco advertising in the media, and smoking in various public places (including, but not limited necessarily to, government buildings, private worksites, educational facilities, health care facilities, and public transport). In addition, each tobacco product package had to read “WARNING: TOBACCO IS HARMFUL TO HEALTH” (Baseline
Assessment 2). However, this forward-thinking legal framework was not effectively enforced, leading to a decade and a half of inertia in Zambian tobacco control.

According to a World Bank summary of tobacco-related legislation, after a WHO/AFRO Conference on Tobacco in 1999, Zambia reiterated bans on smoking in public places and advertising; control and regulation of production and trade of tobacco; and restrictions on the marketing and packaging of tobacco products. However, it was still a number of years before new regulations were promulgated.

On 28 May, 2008, the Zambian government acceded to the FCTC. Later in the year, it enacted Local Government Statutory Instrument #39, which reiterated the ban on smoking in public places; moreover, it specified that the package warning be printed on the two largest sides of each packet in bold letters against a contrasting background. However, even this improved legislation has been said to be too vague and vulnerable to abuse. Tobacco control advocates widely believe that a single and more comprehensive law must now be enacted to reflect the demands of the FCTC to which Zambia has become a party.

The legal infrastructure to establish effective tobacco control in Zambia is already in place. Zambian elected officials, with the possible exception of certain MPs on the relevant tobacco control sub-committee, are not impeding tobacco control. Tobacco control advocates argue convincingly that there is a genuine opportunity for advancement in key tobacco control policies in the near term.

**FCTC CORE PRIORITIES:**

**Advertising, Promotion and Sponsorship**

*Summary:* The 1992 restrictions on tobacco advertising, promotion and sponsorship were broad, somewhat ambiguous and poorly enforced. Recently revised provisions require research to determine their effectiveness.

The parameters of Zambia’s advertising, promotion and sponsorship legislation and regulation are broad, and therefore argued by most everyone to be prone to significant loopholes. The 1992 Public Health regulation bans tobacco advertising in the “mass media,” but it is clear that this has not been enforced effectively. The same regulation also bans free products or samples. In terms of sponsorship, the regulation bans the giving of money and cigarettes to winners, and has provisions that restrain tobacco manufacturers from sponsoring sporting activities. Again, it is pretty clear by all accounts that these measures are not well enforced, though the ATSA team notes that the government has expended some resources to sensitise the public to the issue of the dangers of tobacco use. Research was conducted in 2009 to examine this issue more systematically.
The ban was reiterated in 1999, stemming from the WHO/AFRO Conference on Tobacco. Finally, after FCTC accession in 2008, the government issued a new regulatory Instrument, #39, that also reiterated the ban. The team believes that even the new regulation is not specific and comprehensive enough in its wording. There is ongoing research to determine the extent of ban violations.

Packaging and Labeling

**Summary:** Lack of specificity in past and current regulations on cigarette packaging and labeling compromise their effectiveness.

The 1992 Public Health regulation and specifically Statutory Instrument #163 compel health warnings on cigarette packs (in fact, on all tobacco products). There is not great detail in the regulation, however, of what is exactly required of manufacturers. In 2008, Instrument #39 decreed explicitly that the warnings must appear on the two largest sides of the pack and be in contrasting colours (black on white, or white on black). Beyond these details, much is missing including the size of the warnings; the language (there is no provision for pictorial warnings); rotation of warnings; wording of specific text phrases; or what authority develops, approves and/or enforces the labeling requirement. Tobacco control advocates emphasize the general lack of effectiveness of the existing regulation.

Undoubtedly, the tobacco industry will challenge any proposed new legislation on packaging and labeling. In addition, retail merchants and other actors in the tobacco product supply chain may be likely opponents.

Smoke-free Policies

**Summary:** While smoking in public places is officially banned as of 1992, the regulation has not been systematically enforced (or heeded in many circumstances). Tobacco control advocates complain that the wording needs to be more explicit. For example, enforcement is not systematically addressed in the regulation. Finally, more efforts to sensitize the public are necessary to convince them of the benefits of a smoke-free environment.

The 1992 Public Health regulation restricts smoking in public places, including schools, health care facilities, on public transportation and in government buildings. Furthermore, the Food and Drug Act classifies environmental pollution due to smoke as a nuisance punishable by fine. But smoking bans are not observed in many public places (with the possible exception of government offices), and rarely enforced. The wording of the legislation in this case is not likely as important as the immediate need to enforce the policy (as anticipated by the ATSA team’s choice to pursue the enforcement of a smoke-free capital city, Lusaka).
Additionally, after a 1999 WHO/AFRO Conference, the government reiterated the earlier ban. It also made explicit other places in the ban including non-smoking zones in factories (the “Factories Act”) to prevent fires, and in certain food premises such as butcheries and dairies. Additionally, regulation bans smoking during all domestic flights.

In terms of recent enforcement, ZACA has conducted three capacity-building workshops for Health Inspectors (Environmental Health Officers) to enable them to enforce more effectively smoke-free laws in Zambia, particularly Statutory Instrument no. 39 of 2008 and Statutory Instrument No. 163 of 1992. The first such workshop was held in 2008 at UNZA. The second was a “training of trainers” workshop for Senior Environmental Health Officers, while the third workshop was for Environmental Health Officers in Lusaka city only. ZACA also sponsors the “Lusaka Smokefree Campaign Radio Programme”. As described above, the ZTCC is vigorously pursuing the implementation of a smoke-free Lusaka in 2009/10.

Taxation

Summary: Taxation as a tobacco control strategy essentially does not exist yet in Zambia. There was a recent increase in taxes on tobacco products, but it was not for the purposes of tobacco control, but rather, for increased revenue generation.

Taxation as a tobacco control strategy is at a very early stage. While there is an excise tax of approximately 14.5% on tobacco products, there is significant room to employ taxation as a strategy. However, it is not at all clear how much political will exists for such a change in policy.

Tobacco Control Community

Advocacy:
1) Mental Health Association of Zambia (MHAZ) – this professional organization has identified tobacco as a substance that is abused.
2) Tobacco Free Association of Zambia (TOFAZA)
3) Zambian Anti-Smoking Society (ZASS) – is a key advocacy group that has helped to influence existing regulation
4) Zambian Consumer Association (ZACA) – ZACA was party to the negotiation of the FCTC in the early 2000s, and alongside the Zambian Anti-Smoking Society (ZASS), actively lobbied the Ministry of Health, plus other government agencies, to ratify the FCTC and implement its provisions domestically (ratified in 2005). The association has instituted tobacco control partnerships with NGOs such as the Bloomberg Foundation, the Campaign for Tobacco Free Kids, and Corporate Accountability International. These partnerships are crucial at securing durable funding for Zambian tobacco control campaigns.
5) Zambia Tobacco Control Campaign (ZTCC) – umbrella organization of organizations participating in the smoke-free Lusaka effort (includes ZACA, UNZA and the Ministry of Health).

6) Ms. Chale, TOFAZA

7) Mrs Brenda Chitindi. TOFAZA

8) Mr. Muyunda Ililonga – Executive Director of ZACA – plays an integral role in Zambian tobacco control.

9) Ms. Amy Kabwe. Director, ZASS

10) Maimbolwa Mulikelelwa – investigative business reporter with the *Times of Zambia* (the largest paper in the country).

11) Mr. Michael Musenga, Programme Director at ZACA.

12) Ms. Sharon Williams – ZACA Board Chairperson and lawyer, and who is currently working as a senior researcher with the Ministry of Justice.

**Government:**

1) Ms Naomi Banda – Chief Policy Analyst, Ministry of Health

2) Mr John Mayeya – Tobacco Control Focal Point Person, Ministry of Health

3) Dr Victor Mukonka – Director, Public Health & Research, Ministry of Health

4) Dr. Faith Nchito – Coordinator of the School Health & Nutrition Programme, Ministry of Education.

**Academic:**

1) University of Zambia (UNZA), Lusaka – this has become a research center of the Zambian TC community because professionals from the university’s School of Medicine and the Institute for Economic and Social Research (INESOR) provide expertise for the community as a whole. All ATSA funds are disbursed through the UNZA School of Medicine (ATSA Workplan 2). More generally, UNZA plays a pivotal role because of its central location in the capital city and its status as the only one of Zambia’s five universities to house a medical school (Baseline Assessment 7).

2) Dr. Fastone Goma – Co-project leader of the Zambia Tobacco Control Campaign — Cardiovascular Scientist, Department of Physiological Sciences, School of Medicine, University of Zambia; Currently Coordinator for the GHPSS.

3) Mr. Oliver Mweemba - Health Promotion, Department of Community Medicine, School of Medicine, University of Zambia

4) Dr Celestine Nzala, Epidemiologist - Department of Community Medicine, School of Medicine, University of Zambia

5) Prof. Seter Siziya – Project leader of the Zambia Tobacco Control Campaign – Biostatistician, Dept of Community Medicine, University of Zambia.

6) Mr. Richard Zulu – Researcher, Institute of Economic & Social research, University of Zambia. Currently is the GYTS coordinator.

**Media**

ZACA has played a role in sensitizing the media over the last decade. In 2003, the Association conducted its first training for journalists in Kitwe. A second training for journalists was conducted in 2004 in Ndola, while a third training exclusively for editors
and sub-editors was executed in the same year. In 2007, the Association conducted another workshop in Lusaka.

Accessing the media – print, TV and radio – has been a main focus of the Zambian ATSA team. In recent efforts, the Zambia National Broadcasting Corporation (ZNBC) has been very pro-active in including tobacco control-related radio and TV broadcasting. Ms Faith Kandaba, Productions Editor, has been key in linking the ATSA team to the appropriate programs, and creating space for the tobacco control community’s voice to be heard on different TV programs.

The UNZA team also conducted a capacity-building workshop for 25 Lusaka-based journalists and 10 news editors. The aim was to help build capacity of the media in addressing tobacco control issues in Zambia, by adopting an issue-based strategy of broadcasting. The workshop was held at Mika Lodge from 17th to 19th June 2009, with assistance from two training consultants: Mr. Adeola Akinremi from Nigeria (Framework Convention Alliance) and Mr. Kondwani Munthali of Youth Alliance for Social and Economic Development in Malawi, who is also active in Malawi’s ATSA-supported projects. The training also aimed at facilitating the formation of a journalists’ alliance against tobacco in Zambia, which culminated in the formation of the Zambian Media Network Against Tobacco (ZAMNAT) with an initial membership of 21, and chaired by Ms Mercy Zulu from LifeLine-Zambia. This group needs material and technical support for it to grow and stand against efforts of the tobacco industry to promote pro-tobacco messages in the media. This training was augmented by a follow-up seminar supported by the Africa Tobacco Control Research Initiative (ATCRI) facilitated by Mr. Tosin Orugun, the Program Information Officer. The seminar ended with a press release that was widely covered by the different major media institutions.

International Organizations

1) Dr Peter Songolo – NPO/Disease Prevention & Control, World Health Organization.