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**PROGRAM REPORT 2005-2010
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EXTERNAL REVIEW PANEL**

**by the
INTERNATIONAL DEVELOPMENT RESEARCH CENTRE (IDRC)
RESEARCH FOR INTERNATIONAL TOBACCO CONTROL (RITC)
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LIST OF ACRONYMS

ATCA	African Tobacco Control Alliance
ATCRI	African Tobacco Control Research Initiative
ATSA	Africa Tobacco Situation Analysis
AUB	American University of Beirut
AUB-TCRG	American University of Beirut's Tobacco Control Research Group
AusAID	Australian Government Overseas Aid Program
BILACCTA	Biblioteca de Investigaciones de Latinoamérica y el Caribe sobre Control de Tabaco
BMGF	Bill and Melinda Gates Foundation
CIDA	Canadian International Development Agency
CIET	Centro de Investigación para la Epidemia de Tabaquismo/ Research Centre for the Tobacco Epidemic
COP III/COP3	Third Session of the Conference of the Parties
COP4	Fourth Session of the Conference of the Parties
COPD	Chronic Obstructive Pulmonary Disease
DFID	United Kingdom Department for International Development
DoH	Department of Health (in South Africa)
EMR	Eastern Mediterranean Region
FCTC	Framework Convention on Tobacco Control
GEH	Governance, Equity and Health
IAHF	InterAmerican Heart Foundation
IDRC	International Development Research Centre
ITC	International Tobacco Control Policy Evaluation Project
IUATLD	International Union Against Tuberculosis and Lung Disease
LAC	Latin American and Caribbean
LATU	Technical Laboratory of Uruguay
LMIC	Low and Middle Income Countries
MERCOSUR	Mercado Común del Sur/ Southern Common Market
MRC	Medical Research Council (in South Africa)
NCAS	National Council Against Smoking (in South Africa)
NCS	Norwegian Cancer Society
PALSA Plus	Practical Approach to Lung Health in South Africa
PICTA	Pacific Island Countries Trade Agreement
RHE	Research for Health Equity
RITC	Research for International Tobacco Control
SAFA	South African Football Association
SCTS	Syrian Centre for Tobacco Studies
SEATCA	Southeast Asia Tobacco Control Alliance
SEP	Social and Economic Policy
SRNT	Society for Research on Nicotine and Tobacco
UICC	International Union Against Cancer
WHO	World Health Organization
WHO-TFI	World Health Organization's Tobacco Free Initiative

Executive Summary

RITC's Mission

To create knowledge for the development of policies and programs that will minimize the threat of tobacco production and consumption on health and human development in developing countries.

RITC has continued to build the evidence for tobacco control policies in developing countries. Locally generated research evidence remains critical in addressing the barriers and misinformation that stand in the way of healthy public policy for tobacco control: Barriers and misinformation that are largely perpetuated by the multinational tobacco industry which continues to thrive, largely on profits from developing countries and poor populations around the world.

RITC has provided funding directly to research in developing countries in every region of the world. This has included small grants competitions for research on a breadth of policy issues relevant to the Framework Convention on Tobacco Control (FCTC) as well as larger, longer term grants; in most cases focused on specific priority themes. RITC responds to project ideas from researchers at any time and funding is provided according to need and in accordance with strategic priorities and the resources available. RITC has also facilitated networking of research partners, advocates and policy makers, the dissemination of research results and capacity building among researchers through training, mentoring and ongoing assistance throughout the life of their research projects.

This report describes the majority of the work of RITC for the period 2005 – 2010. It aims to communicate the significant and diverse research findings of this period, how these findings have contributed to outcomes, and the programmatic lessons. Effort has been made to make more than a record of project activities and highlights from the field (which, if not included as appendices are available to readers). The report aims to provide the program's internal perspective on its achievements to our major funding partner, the United Kingdom Department for International Development and for the purpose of an external review and evaluation of the program.

The report concludes with the strategic intent of the program for the next five year period. These future plans will be developed further as recommendations of the review become available and as the program exploits opportunities in the coming months, to discuss strategic priorities with partners.

It should be acknowledged that research projects supported by IDRC do not follow a time line bound by program strategies. At the time of writing, there remain a number of projects that are at different stages and which are yet to produce results.

The last five years have been a period of significant change, opportunity and progress in the field of global tobacco control, necessitating that RITC adapt and communicate with its stakeholders in order to remain relevant while striving for its mission. With the adoption of the Framework Convention on Tobacco Control and with a spike in the availability of philanthropic funding, there has been a dramatic increase in activity: Yet there remains a lot to be done to mitigate the tobacco epidemic and a long term vision for addressing this in low and middle income countries remains a challenge with limited and insecure resources.

Despite limited resources, RITC has been a leader in supporting tobacco control research in developing countries in every region of the world and in recognizing and promoting tobacco control as a multisectoral development issue. RITC has provided sustained and efficient mechanisms for funding tobacco control research in LMIC's based on their development needs, rather than purely on the size of a country's smoking population.

The following four programmatic outcomes are elaborated in this report:

1. New Frontiers: RITC was a pioneer in critical but neglected areas of research

- Established the first globally relevant evidence on the harm of waterpipe smoking leading to policy proposals necessary for the regulation of these products.
- Exposed the truth about the plight of tobacco farmers in developing countries and established the first reliable evidence for sustainable, healthy, alternative livelihoods for poor tobacco farmers in countries with a perceived reliance on tobacco production.
- Remained the only funding agency with a long term commitment to researching and addressing the barriers to tobacco control resulting from perceived economic dependency on tobacco production.
- Contributed to a greater understanding of gender issues in tobacco control research and policy.

2. Regional Strength: RITC strengthened the development of regional capacity for collaboration to address barriers to tobacco control

- Strengthened regional tobacco control movements and research capacity in Latin America, Africa, the Middle East and South East Asia
- Concentrated on building capacity among institutions with regional leadership potential
- Stimulated the first waves of research action in neglected countries with new researchers
- Initiated the development of a tobacco control research network in the Middle East with one of its foci on waterpipe smoking

3. Expanding Policy Capacities: RITC has broadened the capacity for policy influence and increased the supply and demand for policy relevant information

- Four rounds of small-medium grants have given rise to a swathe of projects and new researchers focused on the FCTC
- Networking among tobacco control researchers was strengthened through workshops and training
- Political and context mapping for prioritisation and planning of tobacco control among multisectoral teams took place in twelve African countries
- Researchers' capacity to influence policy was strengthened in a number of countries

4. Global Influence: RITC has had broad policy influence at the global level

- RITC played a leadership role in donor coordination and networking
- Increased recognition of tobacco control as a development issue among funding and development agencies
- Generated evidence for global and regional fora including the WHO on issues such as tobacco smuggling, waterpipe smoking, alternatives to tobacco farming and gender.
- RITC-funded research was a critical determinant of success in the implementation and ratification of the FCTC in countries and regions

In 2010 and beyond RITC aims to grow as an established and mature program of IDRC and as the lessons learned from years of tobacco control research will provide a platform for a broader focus on the prevention and control of the global chronic disease epidemic – recognizing tobacco as its leading cause.

It is hoped that the partnerships with DFID and the Bill and Melinda Gates Foundation (BMGF) will be strengthened and that RITC will be a critical player in a new partnership with the Global Alliance for Chronic Disease. With the prospect of a broader mandate and increased resources, these partnerships will enable a more rapid generation of evidence for the most effective strategies and policies for the prevention and control of chronic disease with a continued focus on tobacco as a multisectoral development issue.

RITC will build on its strengths and learning of the past fifteen years by providing opportunities for developing countries to learn about and explore policies and strategies that address the barriers to tobacco control. We will focus on policy relevant research priorities with the most likelihood of addressing disparities and strengthening sustainable efforts to avoid further exploitation by the multinational tobacco industry. We will attempt to discover policy options that go beyond the limits of the FCTC and to work with countries with the potential to leap-frog others towards more advanced tobacco control policy and/or provide new learning that is of relevance regionally or globally.

SECTION A. PROGRAM FOCUS AND EVOLUTION

RITC's niche remains unique. As outlined in the 2005-10 Program Strategy, this consists of a combination of the traditional IDRC-modalities of supporting Southern-led, multidisciplinary research (that strengthens capacity in the South) together with an exclusive focus on supporting research for tobacco control policies in developing countries, not just from the conventional health perspective but rather from a broader development one. Within that broad framework and based on the key recommendations of the 2004 evaluation of the program, RITC selected the following five key thematic areas on which to focus:

- Poverty and tobacco
- Tobacco farming: the health, social, livelihood and economic impacts
- Healthcare systems interventions
- Globalization, trade and tobacco
- Alternative forms of tobacco use

These themes evolved out of a review of what work had been supported and what project ideas were in the pipeline as well as an assessment of gaps in the field and a need to avoid duplication of efforts of other donors. Prior to 2005, RITC's research themes were:

- Health and social implications of tobacco use
- Economics of tobacco use
- Legislative and policy analysis
- Tobacco farming and alternative livelihoods

Each of these areas was assessed for its level of maturity. The objective of doing that was to evaluate:

- Which areas were sufficiently mature enough to be dropped or wound up quickly; and,
- Which areas needed strengthening in order to develop a significant body of knowledge on the issue.

These areas were also assessed for other donor involvement. For example, in 2005 the World Bank was heavily involved in the economics of tobacco control¹. As a result, RITC decided that within the economics theme, it would reduce its support to research on taxation and demand analysis and have two explicit thematic foci, one on poverty and tobacco and the other on globalization, trade and tobacco.

An attempt was made also to look for areas that would be "cutting edge" and that would address key gaps. For example, the overwhelming focus of the tobacco control community is on cigarettes. However, as the Global Youth Tobacco Surveys have consistently shown, there are many other forms of tobacco consumption which in many regions equal and sometimes dwarf cigarettes. The waterpipe, with its extraordinary growth over the last 15 years in the Middle East and its rapidly growing appearances in specialized cafés and campuses in the West, is a classic example of that. RITC has always endeavoured to support neglected areas of research and in 2005 "Alternative Forms of Tobacco Use" was made an explicit research priority area.

Areas were also assessed for their level of importance in helping convince policy makers to ratify the Framework Convention on Tobacco Control (FCTC) and in overcoming barriers to the implementation of tobacco control legislation. Tobacco farming is one example of an area that needed addressing, given that tobacco companies continually use scare tactics about the supposed negative economic impacts of tobacco control to delay the implementation of tobacco control measures.

¹As it has turned out, the World Bank's support to countries on this issue was not sustained. Some countries have made moderate progress on tobacco tax increases however it remains a critical area of need, requiring renewed focus for research and development assistance.

In addition, in order to further ensure some level of critical mass and as recommended by the external evaluation, RITC selected a few **priority countries** in each of the IDRC regions on which to focus. Countries were chosen based on one or more of the following criteria:

- RITC's experience with the country
- A country from which RITC had received a strong research proposal and the topic of research fell within one of the new priority thematic areas
- Favourable policy climate in a particular country
- Potential of the country to play a catalytic role in the region

The priority countries identified in 2005 were:

Tanzania	Cambodia	Bangladesh	Argentina	Lebanon
Kenya	Laos	India	Venezuela	
	Vietnam		Uruguay	

A further set of countries were earmarked for further consideration:

Malawi	China	Bhutan	Brazil	Palestine
Senegal		Nepal	Chile	
Zimbabwe		Sri Lanka	Cuba	
			Jamaica	
			Mexico	

The larger IDRC grants therefore focused on those countries listed above, addressing at least one of the five new thematic areas. While maintaining a tight geographic focus was deemed desirable in the 2004 external evaluation and RITC addressed that concern by identifying these priority countries, the period of 2004-05 was a pivotal moment in international tobacco control with the adoption of the FCTC. In an effort to be responsive to country needs and to support ratification efforts, RITC in collaboration with other partners launched a Small Grants Research Competition that was open to researchers from any low or middle-income country. The objective of this research competition was to support timely research that would inform and guide policy efforts and decision-making around the FCTC. In addition, RITC saw this as an opportunity to potentially attract new researchers into the field, develop research networks and keep an eye open for new exciting opportunities.

The overwhelming response to the 2004-05 research competition led RITC and our funding partners to launch two additional small grant competitions and one medium grant competition in each of the subsequent years. The rationale was that once countries had ratified, a need would still exist for research to support implementation and enforcement efforts. To help initiate and sustain networking, annual research partner meetings were held to share experiences and lessons learned.

The programming strategy was designed to be more focused thematically and geographically while still being flexible to new challenges or opportunities.

FINE-TUNING THE PROGRAMMING STRATEGY FOR 2008-10

In February 2008, the above strategy was fine-tuned for 2008-10 to revolve around three funding streams for 2008-2010:

- Core Themes
- Support for Ratification, Implementation and Evaluation of the FCTC
- Special Initiatives

These adjustments to the program structure were designed to streamline and strengthen RITC's work, make it easier to engage collaboratively with the other programs in IDRC's Research for Health Equity (RHE) program area and both contribute to and benefit from the broader RHE-wide questions and goals².

Core Themes

When the five thematic focus areas were developed in 2005, it was envisaged that some would move faster than others, some would start later than others, and as some reached maturity, they would get phased out while new thematic areas were phased in. Initially, projects had been developed in each of the areas but it became clear that RITC's budget was insufficient to cover all themes adequately all the time. For 2008-10, therefore, the decision was to shift to a more deliberate rolling work plan that would enable RITC to concentrate on one or two of the five focus themes at a time. RITC, therefore, while still being open to entertaining projects in all five themes, decided to put a major focus on:

- Tobacco Farming: Health, Livelihood, Economic and Environmental Impacts; and,
- Health Policy and Systems Interventions for Tobacco Control

These two themes were chosen because it was felt that close to a significant critical mass of work with agriculture/farming/production as the entry point had been achieved, and that RITC felt it was in a good position to help nudge the global health policy community to a more serious policy and systems approach to "double burden"/non-communicable disease issues. (For short descriptions of the issues and their rationale, please see Appendix 1.)

Support for Ratification, Implementation and Evaluation of the FCTC

A competitive grants mechanism to support the FCTC would remain a cornerstone of the program, but a number of refinements were made for 2008-10:

1. The very successful (but labour intensive) **small grants competition** (i.e. grants less than \$10,000) would alternate with a medium grants competition (up to \$50,000 per grant) every other year; and,
2. A standing "**rapid response mechanism**" would be implemented where small grants could be issued quickly if policy windows open, as they frequently do in tobacco control, and which could be usefully informed by a quick analysis or modest survey.

The new medium-size grant competition was also an attempt to respond to the stated desire of previous grant awardees as well as RITC's funding partners to scale-up the level of support to previous successful applicants. Although priority consideration was given to previous awardees, it was not limited to them.

² Prior to 2005, RITC was a multi-donor funded Secretariat housed at IDRC. On the advice of the 2004 external evaluation, RITC was integrated into IDRC in April 2005 as a program within the Social and Economic Policy (SEP) area, and was linked specifically to SEP's Governance, Equity and Health (GEH) Program Initiative. Subsequently, three programs oriented to increasing equity in health (GEH, RITC and the Global Health Research Initiative) were joined to form a separate program area known as Research for Health Equity (RHE).

Special Initiatives

The final funding stream that was added was the “Special Initiatives” stream which was aimed at exploring new areas that may further inform the “Core Themes” funding stream. One of the main initiatives in this stream is the African Tobacco Situation Analysis (ATSA). This large project was launched in late 2007, with funding from the Bill and Melinda Gates Foundation, with the objective of understanding the critical determinants of success for tobacco control in Sub-Saharan Africa. In addition to the ATSA project, a new exploration on Gender Responsive Tobacco Control was added. The purpose of this is to build on the work done by RITC, with the World Health Organization’s Tobacco Free Initiative, to integrate gender analysis into tobacco control research and policy. This exploration, which was recently launched, will consist of a training program in gender-based policy analysis for developing country researchers followed, possibly, by a grants competition.

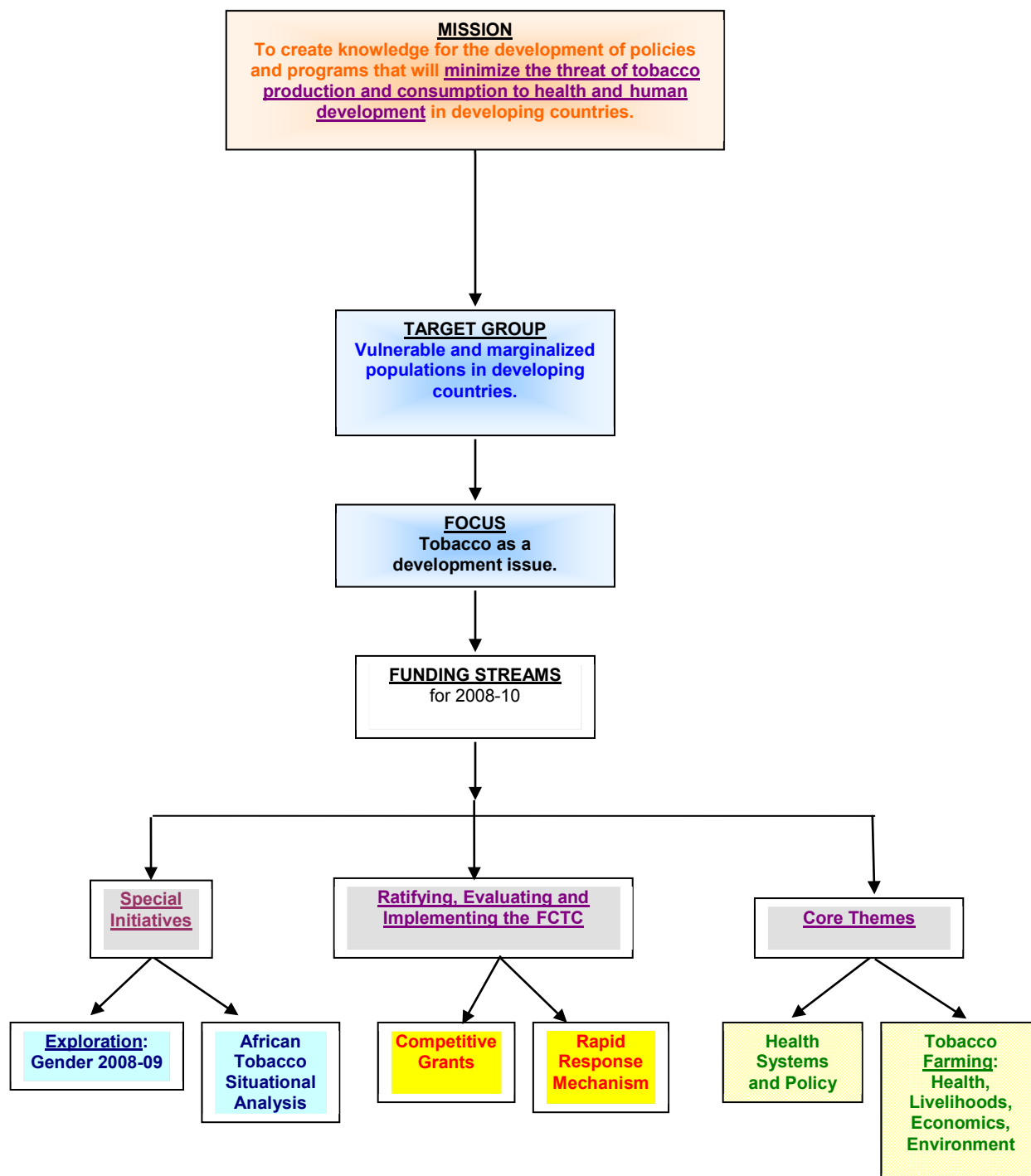
Priority Countries

In 2005, RITC had developed a “first tier” and “second tier” list of **priority countries**; this list was thoroughly reviewed and subsequently modified in February 2008. RITC decided to work with just one list of priority countries and this list was used solely for internal purposes to assist with prioritizing the pipeline. Among the former second tier countries, the following were added to the priority list: Malawi, Senegal, China, Bhutan, Brazil, and Palestine. As well, countries of the Eastern Caribbean were added in view of potential opportunities opening up in that region. The revised consolidated list of priority countries was, therefore, as follows:

RITC Priority Countries			
Africa	Asia	LAC	Middle East
Kenya	Bangladesh	Argentina	Lebanon
Malawi	Bhutan	Brazil	Palestine
Senegal	Cambodia	Eastern Caribbean	
Tanzania	China	states	
	India	Uruguay	
	Laos		
	Vietnam		

The revised program for 2008 – 2010 is illustrated in the following diagram.

Research for International Tobacco Control Programming 2008 - 2010



Distribution of Funding

The following table gives a rough sense of the distribution of the funding among the five core themes. While many projects cover more than one theme, it was felt that for simplicity's sake, that projects should be defined by their primary focus only. (For example, while most farming projects had a strong poverty aspect to them, they were classified as farming projects only as this was their primary focus.)

The distribution, as shown below in the second column, includes the ATSA funding which, to a very large extent, focused on Health Policy and Systems Interventions. The third column excludes the ATSA Special Initiative. Included in the theme column is a category "Other FCTC Themes". This covers many from the small and medium grants competition that did not fall under the core themes. These grants were not confined to the core themes and were allowed to address any of the FCTC provisions.

Table 1: Distribution of funding by core theme

Core Themes (Apr 1, 2005 – Jan 30, 2010)*	Amount Approved (CAD\$)	Amount Approved (CAD\$) (Excluding ATSA Initiative)
Poverty and Tobacco	702,180 (7.4%)	679,780 (8.6%)
Health Policy & Systems Interventions	3,802,191 (40.3%)	2,794,391 (35.5%)
Globalization, Trade and Tobacco	330,376 (3.5%)	301,776 (3.8%)
Tobacco Farming: Health, Livelihoods, Economics, and Environment	1,952,346 (20.7%)	1,952,346 (24.8%)
Alternative Forms of Tobacco Use	953,405 (10.1%)	953,405 (12.1%)
Other FCTC Themes	1,703,202 (18%)	1,196,602 (15.2%)
Total	9,443,700	7,878,300

**Please note that included in this list were projects that were approved prior to April 1, 2005 but that ended during the 2005-10 period including the first round of the Small Grants competition. (A few of the small grants from that first round actually were completed before April 1, 2005 but the overall project was only completed in late 2005.)*

Note also that these totals also do not include non-research projects, referred to at IDRC as Research Support Projects (RSPs) which support proposal development work, dissemination activities, workshops, training, etc.

ATSA, FCTC Grant Competitions and Core Theme Funding Distribution:

- ATSA Projects: \$1,565,400 (this figure only includes the research projects in each country and does not include the meetings, the synthesis exercise and operational expenses of the project.)
- ATSA Specific Research Support Projects: \$1,329,834
- FCTC Small and Medium Grant Competitions: \$1,347,762
- Core Theme Projects: \$6,530,538
- Research Support Projects (not including ATSA): \$488,320

TOTAL: \$11,261,854

Annual Financial Contributions to RITC are included in Appendix 2.

The following table illustrates the geographic distribution of funding in the core themes with the priority countries highlighted. (Again, these include countries that were funded before April 1, 2005, but whose projects were only completed in 2005-10.)

Table 2: Countries that received Funding in the five core thematic areas:

Countries that received \$ from core thematic projects (excluding small/medium grants and ATSA)	Amount Approved (CAD\$)
Argentina	309,720
Bangladesh	1,199,414
Brazil	80,000
China	130,000
Colombia	150,600
Ghana	5,000
Pilot Mentorship Program (Global)	200,000
Guatemala	222,400
Jamaica	60,000
Kenya	733,688
Lebanon	986,005
Malawi	318,000
Pakistan	426,700
Palestine	155,700
Poland	34,229
Regional Initiatives (includes Cambodia, Laos, Peru, Guatemala, Ecuador, Panama, Colombia, Argentina, Trinidad & Tobago, Venezuela, and Brazil)	535,800
South Africa	654,930
Uruguay	328,352
Total	6,530,538

The final table below (Table 3) illustrates the breadth of countries covered by the various small and medium grants competition focused on the FCTC. (Again, as with the table above, priority countries are highlighted.)

Table 3: FCTC Small and Medium Country Grant Recipients at RITC (2005-2010)

Countries that received \$ for small and medium grants (excluding ATSA)	Amount Approved (CAD\$)
Argentina	73,964
Armenia	29,825
Azerbaijan	25,654
Bangladesh	9,000
Bhutan	50,000
Bosnia & Herzegovina	42,700
Brazil	29,830
Bulgaria	3,675
Burkina Faso	8,285
Cambodia	19,069
Cameroon	49,200
Chile	9,300
China	97,292
Ecuador	58,445
Egypt	20,000
Eritrea	38,300
Georgia	31,900
Ghana	17,860
Guatemala	20,000
India	64,300
Indonesia	28,934
Kazakhstan	10,000
Kenya	18,720
Kyrgyzstan	31,186
Lebanon	52,845
Malaysia	30,000
Mexico	14,934
Mongolia	10,000
Niger	8,877
Nigeria	10,000
Pacific Islands	10,000
Pakistan	29,300
Philippines	9,878
Poland	10,000
Regional Focus (<u>Uruguay, Argentina</u> , West African States, and Latin American region)	35,875
Romania	52,700
Russia	9,000
Senegal	8,300
Serbia	46,830
South Africa	10,000
Tanzania	10,000
Trinidad & Tobago	9,300
Uganda	9,364
Ukraine	18,300
Uruguay	90,100
Vietnam	74,720
Total	1,347,762

SECTION B. KEY RESEARCH FINDINGS

RITC has funded a wide variety of projects in many different countries. The following findings focus on themes in which research has generated significant new learning. Tables of specific projects follow each of the five thematic areas. A sixth table of projects which fall outside of these themes is included at the end of this section on research findings. A complete listing of all RITC project outputs for the 2005 – 2010 period is available in the appendix.

THEMATIC 1 - TOBACCO FARMING

Over the past five years, RITC has come to be seen as the principal international donor organization that systematically supports research studies investigating potential viable and sustainable alternatives to tobacco growing especially among tobacco small-holder farming communities. RITC has supported 12 projects on tobacco agriculture, farming, and production, six of which have officially completed their research, and, as a result, has started to accumulate a significant and critical mass of work in this area. Central to this work are three larger projects focused on Bangladesh, Kenya and Malawi, two of which are now entering their second phase. These projects attempt to tackle the problems faced by small tobacco farmers in three very different ways, making a useful comparative study. The Bangladesh project and its second phase, focus on moving into diversified food production and developing a transition strategy, while the Kenyan project and its second phase aim to replace tobacco with another cash crop, bamboo, to which farmers could add value through processing. The third project in Malawi has the objective of helping tobacco farmers diversify, to limit their reliance on tobacco, but not necessarily replace tobacco altogether in the short run, while taking climate variability into consideration.

Many of the projects were developed after consultation with a cross-section of farmers and all, in various ways, set out to assess how lucrative a crop tobacco really was and to determine if there were other viable alternatives.

The litany of complaints from the farmers about the negative social, environmental, health and economic impacts of tobacco farming was remarkably consistent from one country to the next. Almost all the studies went a long way towards destroying the myth that tobacco farming is a lucrative livelihood or crop for small-holder tobacco farmers. Many studies, in fact, showed that tobacco farmers were in many ways worse off than farmers who did not farm tobacco in the same region.

Social impacts

A number of studies stressed how extremely labour intensive tobacco farming was (e.g. Brazil-103769-026; Kenya-103765; and Bangladesh-103435). The Bangladesh study found that tobacco production was more labour intensive than most other crops including potato, maize, or lentil, tomato, fenelon, coriander, and French bean. It was even more labour intensive than rice farming. This has a major impact on farming families who end up providing much of the unpaid labour. The entire family has to get involved. The Brazil study found that the use of family labour was extensive and represented approximately 90% of the total workers involved in tobacco growing activities in Rio Pardo Valley. Interviews with farmers in Kenya and Bangladesh revealed a high use of child labour among tobacco growing families, especially during the harvesting and curing period. The Bangladesh study concluded, as did other studies, that food production is negatively affected as women, who are traditionally responsible for food, are forced to drop everything to help with the tobacco production. In addition, the Kenyan project discovered that a number of farmers married more than one wife in order to increase the reserve of “free” labour in the family.

Chemical Overuse, Environmental Pollution and Health Risks

Farming of tobacco, as with many other crops, increases the level of environmental pollution and health risks due to the large amount of fertilizers, insecticides, pesticides and other chemicals. Use of these chemicals is particularly high in the case of tobacco. Many RITC funded studies have compared the level of pesticide use for tobacco production with other crop combinations and confirmed that the level of pesticide use was higher for tobacco. In Bangladesh (103435), the pesticides used to control weeds polluted water supplies and contaminated wells with arsenic, while at the same time, destroyed soil organisms needed to maintain soil health. Similar concerns were raised in Kenya (103765), particularly as relates to the runoff into Lake Victoria.

Using pesticides also affected the health of the farmers as most could not afford the protective gear. Many farmers reported suffering from nausea, weakness, dizziness, vomiting, blood pressure fluctuations, and heart palpitations. In Uganda (103769-023), during the pre- and post-processing of tobacco, farmers (particularly women and children) complained of asthma attacks, coughing, and headaches. In addition to the health hazards from the pesticides, others include smoke inhalation from tending to the drying kilns, “green tobacco disease” from picking the wet leaves, and, as the Malawi study (103772) showed (and also noted in the Kenyan (103765) and Lebanese (103454-002) studies), inhalation of the fine tobacco dust from storing the dried leaves in the homestead. In the Lebanon study, female family members, children and infants were the most exposed to this indoor tobacco dust. The Bangladesh study has produced a useful table about the various human health problems during the stages of tobacco farming (see Appendix 3 for qualitative research results) and is studying these in more depth in its second phase.

Other environmental impacts include severe deforestation in areas where the tobacco is flue or smoke cured. Tobacco farming requires a high demand of wood fuel during the curing and treatment process, which accelerates deforestation and soil degradation, and threatens many indigenous tree varieties with extinction. The Bangladesh study (103435) found that 30,000 metric tones of fuel wood are burned each year for tobacco curing, 90% of which is now logged from government reserve forests as the surrounding trees have long since been utilized – including fruit trees. In Kenya (103765), the type of tobacco grown in the study area demands a lot of wood-fuel for curing. Consequently, many trees are felled for curing purposes. As a result, soil erosion is rampant and most of the indigenous trees have disappeared over time due to the high demands for fuel wood in tobacco curing.

Furthermore, the tobacco plant leaches several nutrients from the soil and in many places, contaminates it, reducing the soil quality and leaving it almost barren. The Bangladesh study (103435) found that mono-cropping of tobacco favours the development of persistent weeds, which creates extra pressure on soil fertility as weeds grow extensively around the tobacco plants and uptake soil nutrients. Furthermore, the plant residue from tobacco stalks has virtually no ecological or economic value to farmers and the leftover biomass is not suitable manure, fuel, or livestock feed.

Displacement of Tobacco Agriculture

Several studies showed how tobacco production also competes directly with agriculture and is displacing food and other economic crops from prime land in areas where it is introduced. The project in Bangladesh (103435) has determined that lands heavily used for tobacco production will require considerable soil restoration before the land is usable for food or other economic crops. This finding is particularly important for transition strategies or policies as large investments will have to be made to recover lands suffering from long-term soil degradation.

Economic Impact

As detailed under theme 2 (Poverty) below, several studies (e.g. Kenya, Bangladesh, etc.) showed how far from being a lucrative crop to grow, farmers ended up being caught in a vicious debt cycle with the tobacco companies.

Alternatives to Production

The three larger projects (Bangladesh, Malawi and Kenya), in particular, are generating evidence that shows that there are more lucrative alternatives and have begun to plot strategies to make that transition. While the alternatives tend to be location specific, the approach to helping farmers was what was crucial. The projects all started with convening meetings with the farmers to find out what they liked and did not like about tobacco farming and then worked with them to find solutions rather than imposing on them a ready made solution. This was done with an aim not to just replace one crop with another but to focus on developing sustainable livelihoods.

Field experiments in the Kenyan project have shown that bamboo can do well in soil, agro-climatic and topographical conditions similar to those of tobacco and will fetch 4-5 times more in terms of income, partly because the market potential for bamboo products is huge. In keeping with the sustainable livelihoods approach, the farmers were also trained how to process the bamboo and add more value to the raw product and develop economies of scale through setting up producing and manufacturing cooperatives.

The first phase of the Bangladesh project developed a better understanding of the constraints farmers face and promising directions for helping farmers shift out of tobacco into socially and economically sustainable and ecological forms of agriculture. The project showed that alternative crop combinations performed very well on four criteria considered important for farmers (food stock, market potential, diversity of uses, and labour) and all crop combinations were more profitable than tobacco in terms of labour and land returns. The findings also pointed to the need for public investment in the rehabilitation of soils degraded by years of tobacco production, urgent action to halt the expansion of tobacco into new and fragile environments, the critical role of farmer-based seed systems in facilitating a transition out of tobacco cultivation, and the need for public investment in marketing infrastructure for food and other economic products.

Table 1: Tobacco Farming Research Projects at RITC (2005-2010)

Project #	Comp #	Project Title	Start Date	End Date	Value (CAD\$)
1726	49	From Tobacco to Fish: A Socio-Economic Assessment of the Potential for Diversification from Tobacco to Production of Wood Fuel for Fish Processing in Western Kenya	Jul 8, 2004	Jun 30, 2005	9,000
103330	25	Sustaining tobacco control through alternative livelihoods: the case of Gbefi community (Ghana)	Sep 14, 2005	Sep 14, 2006	8,680
103435		From Tobacco to Food Production: Assessing Constraints and Transition Strategies (Bangladesh) – Phase I	Mar 1, 2006	Sep 1, 2008	334,414
103454	2	Tobacco Control Research and Capacity Building in Lebanon: Raw Tobacco Price Subsidy - Implications for Farm Income and Natural Productive Resources	Oct 17, 2005	Apr 17, 2008	8,600
103765		Diversification of Household Livelihood Strategies for Tobacco Small-holder Farmers (South Nyanza region, Kenya): Phase I	Apr 21, 2006	Apr 21, 2009	351,688
103769	23	Comparative Study of Knowledge, Attitudes and Practices on Tobacco Production and Associated Health Risks (Uganda)	Mar 20, 2007	Jun 20, 2007	9,364
103769	26	The Impact of Tobacco Farming on Local Development and Rural Livelihoods in Brazil: Socio-Economic Assessment of Diversification Strategies in the Rio Pardo Valley Region (Brazil)	Jun 19, 2007	Apr 30, 2009	10,000
103772		Legume diversification in smallholder tobacco systems in Malawi: Climate risk management and market opportunities	Feb 7, 2008	Feb 8, 2010	318,000
103994	4 & 7	Regional tobacco control research initiative (LAC): Study on Alternatives for Tobacco Crop Substitution (Argentina, Dominican Republic and Brazil)	Mar 7, 2009	Sep 30, 2011	100,000
104399	12	Health problems, health costs and health beliefs related to tobacco cultivation (Vietnam)	Apr 28, 2009	Apr 28, 2010	45,600
105069		From Tobacco to Food Production: Consolidation, Dissemination and Policy Advocacy (Bangladesh) – Phase II	Apr 1, 2009	Apr 1, 2011	375,000
105791		Bamboo Production as an Alternative Crop for Smallholder Tobacco Farmers (South Nyanza, Kenya): Phase II	Jun 11, 2009	Jun 11, 2012	382,000
				Total	1,952,346

THEMATIC 2 - POVERTY AND TOBACCO

Much of the focus on poverty and tobacco in the international literature is on the impact of smoking on household income of the poor. While RITC has supported projects in that area, it has also explored poverty in relation to tobacco farming and the social determinants of smoking among poor, marginalized youth.

Household Economics and Poverty

Overall, the studies in household economics have shown that the poor who smoke spend a high percentage of income on tobacco and healthcare, resulting in less income to spend on other basic essential needs. For instance, researchers in Kenya (103330-021) found that among households with a tobacco user, tobacco expenditures represented 8.8% of the monthly household income, which was higher than the monthly budget allocated for essential items such as clothes, education, or health. In Uruguay (103330-027), 41.3% of poor or indigent people over 12 years of age smoked, and monthly household spending accounted for 14.27% of their total average household expenditure. Similar results were found in China (103434), but the findings also stressed that the medical costs faced by these families are proportionately greater for the poorest 20% of rural households, where excessive medical spending due to smoking as a percentage of income is 3.5 times that for the highest income quintile.

Poverty and Tobacco Farming

In the area of tobacco farming, a number of projects (e.g., Uganda-103769-023; Kenya-103765; Brazil-103769-026) have shown that tobacco farming has made little or no difference to the livelihood of tobacco farmers in comparison to non-tobacco farming households in the same region. Smallholder tobacco farmers more often than not have fewer assets, lower incomes, have lower education levels (or are illiterate), and spend more on health care services than non-tobacco farmers.

The Brazil (103769-026), Bangladesh (103435), Malawi (103772), and Kenya (103765) farming studies have shown that the costs of tobacco production are high especially in comparison to other farming alternatives. Some of these costs include the hiring of additional employees; leasing of lands, permits, or licences; use of chemical fertilizers, insecticides, and pesticides; greater irrigation needs; and higher capital costs, all of which have decreased the real income of tobacco farmers.

In addition to the high costs of tobacco production, tobacco farmers more often than not find themselves tied into a vicious debt bondage cycle with a tobacco company. Interviews with farmers in Bangladesh (103435), Malawi (103772) and Kenya (103765) showed in a variety of ways how tobacco companies provided them with loans for the inputs at the beginning of the season but the companies are often the sole graders and buyers of the dried leaves at the end of the season. Claims by the farmers of serious undergrading are almost universal with the net result that they end up in debt to the company.

As mentioned in the section above on farming, however, many of the projects have shown there are viable, more lucrative and sustainable livelihood possibilities for the farmers to consider.

Social determinants of smoking

A multi-country study in Argentina, Colombia and Palestine (103437) is examining youth smoking behaviour in relation to the role of classical risk factors for tobacco use (e.g. peer pressure, smoking by family members, exposure to tobacco advertising, etc.) together with exposure to stressful environments (e.g. societal violence, discrimination, marginalization and poverty). Research is needed to understand the psychosocial determinants of tobacco use by youth living in developing-country contexts, where economic and political crises abound, and where youth may feel a sense of anomie about their future opportunities. This project will soon be completed in Argentina and Colombia. In Palestine, the results indicate a strong association between violence exposure and

smoking. The study also showed that higher coping/resilience scores were statistically significantly related to lower smoking levels. Students who reported negative coping mechanisms/lower resilience when dealing with problems (e.g. hitting or humiliating others), were more likely to be smokers compared to those who reported positive coping mechanisms (e.g. talking to someone, drawing or playing sports).

Table 2: Poverty and Tobacco Projects at RITC (2005-2010)

Project #	Comp #	Project Title	Start Date	End Date	Value (CAD\$)
103330	21	Domesticating the FCTC in Kenya: providing the evidence	Dec 16, 2005	Jun 16, 2006	9,720
103330	27	Smoking and poverty in Uruguay: analysis of the economic impact of tobacco consumption on the low-income population	Oct 1, 2005	Sep 23, 2006	10,000
103330	5	Analysis of tobacco and poverty (Cambodia)	Aug 22, 2005	Feb 22, 2006	9,160
103434		Active and Passive Smoking, Chronic Diseases and Poverty (China)	Apr 4, 2006	Apr 4, 2008	81,200
103437	3,4,5	Youth Smoking in Stressed Environments: Determinants and Resiliency (Argentina, Colombia, Palestine)	Jan 1, 2007	Mar 1, 2010	459,800
103769	29	Study of the Impact of Tobacco Consumption on the Poor (Indonesia)	Jul 17, 2007	Nov 17, 2007	9,900
103994	5	Regional tobacco control research initiative (LAC): Community-based assessment of inequities related to tobacco control policies in disadvantaged populations of LAC (Argentina, Trinidad & Tobago, Venezuela)	Jan 19, 2009	Mar 19, 2009	100,000
105835		Poverty and Tobacco (Niger) - ATSA	Aug 14, 2009	Mar 20, 2010	22,400
				Total	702,180

THEMATIC 3 - GLOBALIZATION, TRADE AND TOBACCO

This area was one that RITC had envisaged would start later than some of its other more mature thematic areas and as a result, it received less funding than the others. While a significant number of projects were supported in this area, most were small grants funded through the FCTC small grants research competition³. The projects in this area have dealt with smuggling, trade agreements, tobacco industry marketing and advertising, and analyses of tobacco industry strategies to obstruct and undermine tobacco control.

Smuggling

Six projects have examined tobacco smuggling in Vietnam (001726-054), Argentina (001726-065), Poland (1726-067), Azerbaijan (103330-013), Niger (1726-047) and Lebanon (103454-003). Results from Poland showed that the extent of smuggling was grossly over-estimated by tobacco industry-sponsored studies. In Vietnam and Argentina, both studies demonstrated the complexity of the smuggling issue, as it operates on many different levels – from major organized crime operations to the involvement of residents of poor border communities who rely heavily on smuggling of cigarettes for their income. Researchers found that the two types of smuggling that occur in Niger were transit smuggling and bootlegging. The study in Azerbaijan showed that 15% of the cigarettes sold on the market are smuggled and laboratory analyses of the chemical ingredients revealed that the amount of hazardous substances in smuggled cigarettes was higher than established standards. In Lebanon, a study carried out by a RITC-supported doctoral student under-scored that smuggling is a key component of British American Tobacco's market entry strategy in that country.

³ It should be noted here that it was not a requirement of the competition that proposals had to define a research topic that fit within one of RITC's five thematic areas in order to be considered for funding. Some small grant proposals that were eventually funded did coincidentally fit neatly within a given thematic area, while others did not.

Trade Agreements and Tobacco

Two RITC-supported projects (001726-051 and 103330-034) examined regional trade agreements (one in the Pacific Islands and one in MERCOSUR) and their relationship to tobacco control and the FCTC. The impetus for these studies is rooted in the public health community's belief that governments must consider "health first" when it comes to removing economic barriers to trade in products that cause harm and disease. One of those studies was undertaken by the Secretariat of the Pacific Community as a response to a growing awareness that tobacco and alcohol pose major disease risks in Pacific Island countries. The results of this research describe how the provisions of Pacific Island Countries Trade Agreement (PICTA) affect regional tobacco and alcohol regulation, and how the consumption of these products is likely to increase if trade in tobacco and alcohol is governed by PICTA.

Tobacco Industry Strategies

Projects in Argentina (103330-031) and Lebanon (103454-003) have examined strategies pursued by the tobacco industry to influence national policy decisions around tobacco control. These analyses, which utilized online tobacco industry documents, reveal commonalities in the strategies pursued by the industry in both countries to block or weaken the passage of tobacco control legislation, particularly through lobbying or alliance building with key in-country stakeholders and policymakers.

In Argentina, the principal strategy used by the industry was lobbying of provincial legislators and federal officials from the Ministry of the Economy by the tobacco growers' associations. This lobbying strategy emphasized the economic value of the crop and the supposed adverse consequences that tobacco control regulations would inflict on the country's tobacco growing regions. Legislators from the tobacco producing provinces have regularly blocked the passage of comprehensive bills on tobacco control. These tactics have led to repeated and continuous delays not only in passage of legislation but also in ratification of the FCTC, despite the President's signature of the treaty in 2003.

In Lebanon, strong alliances have been forged among the transnational tobacco companies, the state-owned tobacco company (the Regie), associated industries (i.e, advertising, distributors, farmers) and senior officials representing tobacco-dependent constituencies. These alliances have opposed bills at various stages of government discussion. Industry advocates have deployed economic arguments to oppose restrictions, backed by the vested interests of senior policy makers. The industry has advocated ineffective voluntary codes to undermine binding regulations and has benefited from weak governance caused by political and economic instability in the country.

Tobacco marketing and advertising

Transnational tobacco companies frequently use point-of-sale advertising as a strategy to circumvent advertising restrictions on tobacco products. Researchers from Argentina and Guatemala (104754) collaborated to compare point-of-sale advertising practices by the tobacco industry. Data on point-of-sale advertising is almost non-existent in developing countries, making this research collaboration leading edge in that regard. They found that all the establishments visited had some type of tobacco point-of-sale advertising and the tobacco companies divide the client base among their brands based on income level or by socio-economic neighbourhood.

In Poland (1726-063), researchers investigated the extent to which the industry is using the internet for advertising and the sale of cigarettes. The findings revealed that these cigarettes are often sold at discounted prices without legal verification of age or display of health warning labels. The project also provided an estimate of the tax losses due to internet-based cigarette sales.

In China (103475), researchers collected baseline data in 2005 from 5 cities to provide a basis for estimating the change in tobacco consumption patterns due to penetration of the Chinese tobacco market by the multi-national tobacco companies. The baseline results showed that 18% of smokers consumed Marlboro cigarettes and the percentage of Marlboros consumed in China as a total of all cigarettes was approximately 6%. The researchers

concluded that consumption of foreign band cigarettes would rise in the absence of appropriate strategies and measures to control their penetration into China.

Table 3: Globalization, Trade and Tobacco Research Projects at RITC (2005-2010)

Project #	Comp #	Project Title	Start Date	End Date	Value (CAD\$)
1726	42	The Tobacco Industry and Corporate Social Responsibility in Brazil	Jul 13, 2004	May 1, 2005	9,830
1726	47	The Illicit Trade in Tobacco as a Contributing Factor in the Propagation of Tobacco Use (Niger)	4-Jul-04	4-Jan-05	8,877
1726	51	Ratification of the FCTC and its Impact on the Inclusion or Exclusion of Tobacco from the Pacific Islands Trade Agreement	Jun 17, 2004	Apr 30, 2005	10,000
1726	54	Cigarette Smuggling in Vietnam: Problems and Solutions	3-Aug-04	15-Mar-05	10,000
1726	63	Cigarettes and e-commerce: implications for comprehensive tobacco control in Poland and a pressing challenge for the FCTC	Jun 1, 2004	May 31, 2005	10,000
1726	65	Characteristics and Economic Impact of Cigarette Smuggling in Argentina	Aug 10, 2004	Aug 10, 2005	9,000
1726	66	Tobacco Advertising and Youth of the Rio de la Plata (Uruguay and Argentina)	Aug 19, 2004	Aug 19, 2005	9,000
1726	67	The Market for Legal and Illegal Cigarettes: A Closer Look at Demand and Supply Side Characteristics (Poland)	Oct 1, 2004	Jul 1, 2006	34,229
103330	9	Direct and indirect tobacco advertising and promotion in four cities in China	9-Feb-06	9-Feb-07	9,990
103330	13	Investigation of smuggled tobacco circulation (Azerbaijan)	Aug 23, 2005	Mar 1, 2006	9,880
103330	14	International experience of tobacco advertising legislation (Armenia)	Sep 15, 2005	Jul 15, 2006	10,000
103330	20	Treaty (FCTC) accession and implementation at the regional level: a case study of the Economic Community of West African States (ECOWAS)	Sep 12, 2005	Apr 12, 2006	8,275
103330	31	Strategies pursued by the tobacco industry to obstruct the signature, ratification and implementation of the FCTC in Argentina	Oct 4, 2005	Sep 12, 2006	6,495
103330	33	Cigarette advertising and the psychological imprinting of tobacco among teenagers (Argentina)	Sep 12, 2005	Apr 30, 2007	9,500
103330	34	The impact of international trade agreements on the application of the FCTC, with special reference to MERCOSUR	Jan 17, 2006	Jan 17, 2007	8,600
103454	3	Tobacco Control Research and Capacity Building in Lebanon: An Analysis of Tobacco Industry Documents on the Middle East - Implications for the FCTC and Tobacco Control in Lebanon	Oct 17, 2005	Apr 17, 2008	24,000
103475		Impact on tobacco consumption of MNCs penetration into China	Feb 9, 2006	Aug 9, 2006	48,800
103769	8	Surveillance of Tobacco Industry Marketing Strategies at Retail Outlets (Malaysia)	Nov 13, 2006	Nov 13, 2007	10,000
103769	30	Research to Document Promulgation of a Law Prohibiting All Advertising, Promotion and Sponsorship of Tobacco (Senegal)	Oct 11, 2007	Apr 11, 2008	8,300
104754	1, 2	Tobacco Industry Marketing Practices at Point-of-Sale (Guatemala and Argentina)	Sep 6, 2007	Nov 30, 2008	47,000
105895	4	Malawi ATSA Project	Aug 12, 2009	Feb 12, 2010	28,600

THEMATIC 4 - ALTERNATIVE FORMS OF TOBACCO USE

RITC's support to this thematic area for the period 2005-2010 has concentrated exclusively on waterpipe use (also known as narghile) through a series of related projects that have generated ground-breaking results. Narghile use is a growing phenomenon throughout the world and false perceptions prevail with regard to the relative safety of this form of tobacco use compared to cigarette use. RITC-supported research in Lebanon has focused on: investigating the components of smoke; identifying biomarkers of use; describing narghile use and the epidemiology related to use among the youth; assessing the long-term impact of use; understanding the acceptability of use among women; comparing parent and child views toward use; understanding public attitudes to a variety of potential legislation for tobacco control; and, describing the policy environment surrounding tobacco control in Lebanon.

The researchers, after developing a unique narghile smoking machine, found that narghile smoke delivers in a single session as much tar as an entire pack of cigarettes and it contains toxic compounds such as carbon monoxide, formaldehyde, polyaromatic hydrocarbons, nitric oxide, arsenic, heavy metals and other cancer-causing chemicals. Smokers of narghile inhale in a single puff the volume of smoke approximately equivalent to that inhaled for an entire cigarette. Narghile smokers are subject to the same health risks as incurred by cigarette smokers and narghile secondhand smoke poses a serious health risk for non-smokers with pregnant women and the foetus being particularly vulnerable when exposed to narghile smoke. The research data also showed that, like cigarettes, narghile smoking is strongly associated with tobacco/nicotine dependence.

In addition, the Lebanon projects illustrated how narghile has developed deep-rooted socio-cultural dimensions, particularly over the last fifteen to twenty years and with the move to flavoured tobacco within the region. Narghile smoking was associated with an ambiance of leisure, stress relief and dissociation from the present. The older generation perceived narghile smoking as a sign of status, while in some contexts, the younger generation emphasized its sexual connotations often expressed through the smokers' body language.

The sensory characteristics of narghile smoking, such as the smell, volume of smoke produced, and the sound of the bubbling water, researchers found, enhanced the experience of smoking. In addition to the latter feature of narghile smoking, availability, accessibility, affordability, innovations in product design, and lack of a policy regulation framework were perceived as contributing factors to the popularity of narghile. When compared to cigarette smoking, narghile smoking was not perceived as leading to dependence and, as a result, people saw it as less harmful and, thus, more acceptable. The study found that 20% of adolescents were current smokers and that parents' attitude/knowledge had a significant effect on adolescents' smoking status.

Additional epidemiological research showed an association between coronary artery disease and water pipe smoking: those who were heavy water pipe smokers were 3 times more likely to develop coronary artery disease than those who never smoked, controlling for age, sex, cigarette smoking status, classical risk factors, alcohol, education and mode of payment.

Despite the popularity of narghile smoking and the level of ignorance about its health effects, research indicated that substantial support exists among the Lebanese public for a wide variety of narghile (and other tobacco use) control policies.

Table 4: Alternative Forms of Tobacco Use Projects at RITC (2005-2010)

Project #	Comp #	Project Title	Start Date	End Date	Value (CAD\$)
1726	23	Tobacco Control Policies, their implementation and their implication on the health of narghile users (Lebanon)	Jan 1, 2002	Jul 1, 2005	205,605
103436		Determinants and Consequences of Smoking the Narghile: Extending the Research Agenda	Nov 13, 2006	May 13, 2010	509,600
103454	1	Tobacco Control Research and Capacity Building in Lebanon: Estimating Smoker Exposure to Toxicants from the Mainstream Smoke Aerosol of the Narghile Waterpipe	Oct 17, 2005	Apr 17, 2008	30,600
105792		Supporting Tobacco Control Research and Public Policy in Lebanon	Jun 1, 2009	Feb 1, 2012	207,600
				Total	953,405

THEMATIC 5 - HEALTH POLICY AND SYSTEMS INTERVENTIONS FOR TOBACCO CONTROL

A growing body of evidence demonstrates the importance of systems approaches for advancing tobacco control and enhancing our understanding of the inherent complexities in the tobacco control environment. The provision of cessation services within the healthcare system is a vital component of the systems approach, as are health policy interventions that are proven effective for reducing the use of tobacco at societal level. RITC's support to this thematic area has focused largely on: (i) research to optimize the adoption and effectiveness of evidence-based cessation interventions within existing healthcare systems, and (ii) evaluating the effectiveness of health policy interventions in a number of countries, with a special emphasis on smoke-free environments.

Integrating cessation services into existing healthcare delivery

Healthcare delivery systems, including the healthcare professionals who deliver tobacco use prevention and cessation advice and counselling, are critical components of cessation efforts. RITC has supported a number of studies (including South Africa-103198, Trinidad-103330-028, Eritrea-104399-003, China-103769-017) that have assessed smoking prevalence rates among doctors and nurses, measured support for tobacco control measures among health professionals, documented their knowledge of the health consequences of tobacco use, and their attitudes towards providing smoking cessation services to their patients. Findings from these studies generally show that doctors are often unaware of the guidelines offering clinicians brief, structured approaches to smoking cessation counselling. The majority of health professionals agree that offering cessation services is an important function for them and they are highly supportive of comprehensive tobacco control policy measures to reduce tobacco use. Perceived barriers to providing smoking cessation interventions include a lack of counselling skills and educational resources, other pressing health priorities, and lack time of medical staff due to over-burdened health systems. All studies found a significant gender difference in the smoking prevalence rates of men and women, noting much higher rates among male health professionals.

A number of other studies explored the integration of cost-effective smoking cessation interventions into existing health systems and services. One such study in South Africa (001726-069) sought to develop practical interventions to address the growing burden of Chronic Obstructive Pulmonary Disease (COPD), which is linked to both smoking and tuberculosis. In the study area (a low-income urban population in Cape Town), 59.1% of men and 43% of women smoke, which is one of the highest rates for women in the world. Rates of COPD were also among the highest documented anywhere (29% among men and 20% among women). The study also showed that a history of previous pulmonary tuberculosis was a strong predictor of COPD. A key project recommendation was to use an integrated approach to include smoking cessation counselling as part of the management of the care of patients with respiratory disorders through PALSA Plus (Practical Approach to Lung Health in South Africa).

PALSA Plus is part of the South Africa's national health strategy, and as a result of this study, it has been rewritten to include strong messages regarding smoking cessation.

In another South African study (103198), researchers developed, implemented and evaluated the impact of an intervention in antenatal public health clinics that offers smoking cessation advice to disadvantaged, pregnant women through counselling provided by midwives and peer counsellors. Of specific interest was whether an intervention that conformed to best practice guidelines from developed countries could be successful in a developing country with scarce resources and competing health priorities. Results showed that the intervention increased the number of women who reported a reduction in smoking intensity by 13%, and the difference in quitting between the intervention and control groups was 7.6%. The latter result exceeded the benchmark of 6% reported in the Cochrane Review of 2007. Quitters in the intervention group came from all categories of smokers, from light to heavy smokers. The study concluded that an additional 6-12% quit rate difference is achievable, even with pregnant women of low socio-economic status in developing countries like South Africa. The research demonstrated that social support for disadvantaged pregnant women is a vital component of the intervention. Peer counsellors played a key role in providing social support and easing the workload for nurses. Another conclusion is that interventions for pregnant women should address multiple risk behaviours, such as smoking, alcohol and drug use.

A 2007 WHO/IUATLD monograph lays out the scientific foundations for joint action on tuberculosis and tobacco control, and two ongoing studies funded by RITC in China (104399-014) and Pakistan (104825) are currently investigating the integration of tobacco control into tuberculosis health services. Preliminary findings from China indicate high smoking rates among male and female patients and very few have received assistance from their doctor to quit. Among healthcare providers, only 58.49% were aware of the smoking status of their patients and only about half believed that tobacco use is an important risk factor for tuberculosis. An overwhelming majority agreed that smoking should be banned in tuberculosis clinics and that healthcare providers have an important role to play in advising patients to quit smoking. Identified barriers to integrating cessation advice as part of their routine practice were lack of scientific evidence linking tobacco use and tuberculosis, lack of funding, and lack of pharmacotherapy for treating tobacco use dependence. In Pakistan, the initial pilot stage of research has developed a patient educational tool and leaflet, pharmacotherapy guidelines and a training package for medical staff. Using these tools, preliminary results have shown that the intervention arm that was purely counselling led to a quit rate of 36%, whereas the intervention arm that offered pharmacotherapy and counselling led to a quit rate of 58%. These are preliminary results and the project is now moving towards a randomized trial. Qualitative research is ongoing to identify barriers and practical issues in delivering the intervention.

Evaluating tobacco control policy interventions

The ATSA Initiative (104907) is an integral part of the RITC program and is supported by IDRC and the Bill and Melinda Gates Foundation. ATSA's focus is on understanding the critical determinants of success for tobacco control in Sub-Saharan Africa. By mapping the broad political, social, and economic context in which tobacco control exists, teams in each country are identifying policy priorities and analyzing selected policy interventions within those priority areas. The policy objective that was found to have the most political will among ATSA countries in the short-term was smoke-free environments. Country teams in Kenya (105582) and Zambia (105676) have undertaken observational studies to determine the level of enforcement of smoke-free laws and results showed that enforcement was minimal. In Mauritius (105753), a survey was conducted only two months after the smoke-free law was implemented. These early results are promising, showing compliance and effect to be moderately high in restaurants, bars and pubs since the ban. Mauritius is the first country in the world to ban smoking in cars with passengers (not just children). Results showed overwhelming support for this ban, including among smokers.

Outside of the ATSA Initiative, RITC has supported a large number of projects that have measured environmental tobacco smoke levels in public places and attitudes toward smoke-free environments, and have evaluated the enforcement of smoke-free policies. Overall, these projects have shown a high-level of smoke exposure in different settings. RITC-supported research in Guatemala (103769-006; 103330-026) is particularly noteworthy given the policy impact of the findings. Nicotine was detected in 68% of the locations surveyed, including

workplaces where smoking was banned. The highest levels were found in bars and restaurants. These findings were highly influential in the eventual passing of Law 3309 in December 2008, which includes a comprehensive ban on smoking in all public places, including bars and restaurants.

RITC has a suite of ongoing projects that are evaluating a broad range of tobacco control policy interventions beyond just smoke-free environments. These longitudinal studies in Uruguay (103993), Bangladesh (104831), Mauritius (105753) and Bhutan (104399-010) are part of the International Tobacco Control Policy Evaluation Project (ITC). Among these, wave 1 results are currently available from Mauritius. In addition to the findings on smoke-free environments mentioned above, the project in Mauritius has generated findings on graphic warning labels, taxation, and advertising.

Mauritius is the first African country to implement graphic warning labels. Wave 1 was implemented prior to the legislation coming into effect in June 2009. Results show that smokers will likely respond to graphic warnings and both non-smokers and smokers want more information on the health risks of smoking to appear on cigarette packages. With regard to taxation, results indicate that a strong policy could provide incentive for Mauritians to quit smoking. Two months after implementation of a strengthened law on tobacco advertising, promotion and sponsorship, the findings indicate that there was infrequent exposure to advertising and promotion, but some advertising is still present.

Table 5: Health Policy and Systems Interventions for Tobacco Control Projects at RITC (2005-2010)

Project #	Comp #	Project Title	Start Date	End Date	Value (CAD\$)
1726	40	Research on the Economic Burden of Smoking in a Tobacco-Producing Region: A Contribution to Coalition Building (Argentina)	15-Jun-04	15-Jun-05	10,000
1726	41	Recent mortality trends of lung cancer, chronic obstructive pulmonary disease and myocardial infarction (Mexico 1980-2001)	26-Jul-04	26-Jan-05	7,068
1726	55	Empowering Policymakers and Law Enforcers to Ensure Early and Effective Implementation of the FCTC in India	Mar 23, 2005	Mar 23, 2006	9,500
1726	56	Determining Healthcare Expenditure for Tobacco-Related Disease and its Impact on the Government Budgetary Allocation for Health and Families' Financial Status (Philippines)	26-Jun-04	31-Jan-05	9,878
1726	60	Attitudes, Practices and Beliefs Toward Worksite Smoking Policy Among Business Owners and Public Administrators in Armenia	20-Sep-04	15-Oct-05	9,147
1726	61	National Epidemiological Study of Tobacco Use Prevalence in Kyrgyzstan	15-Jul-04	30-Oct-05	9,726
1726	69	Burden of Obstructive Lung Disease (South Africa)	Nov 1, 2004	May 1, 2007	164,620
1726	71	Estimating the Economic Burden of Tobacco-Related Healthcare Costs (Uruguay)	Mar 30, 2005	Jul 31, 2006	28,352
103198		Smoking Cessation Intervention for Disadvantaged Women Phase II (South Africa)	Jun 29, 2005	Dec 29, 2008	340,310
103330	3	Impact of advanced tobacco control training for community health practitioners on FCTC ratification on Malaysia	Mar 1, 2006	Mar 1, 2007	10,000
103330	15	Secondhand smoke exposure among hospitality industry workers and patrons (Serbia)	Sep 20, 2005	Dec 20, 2006	8,630
103330	16	Prevalence of tobacco use among physicians and nurses	Nov 1, 2005	Nov 1, 2007	8,570
103330	19	Medical students of Kyrgyzstan: how committed are they to promoting smoking cessation and prevention in their future practice?	Sep 5, 2005	Mar 5, 2006	7,190

Project #	Comp #	Project Title	Start Date	End Date	Value (CAD\$)
103330	26	Secondhand smoke surveillance in workplaces and public places (Guatemala)	Sep 14, 2005	Aug 14, 2006	10,000
103330	28	Assessment of the capacity to offer smoking cessation services in primary healthcare facilities (Trinidad)	Sep 14, 2005	Apr 14, 2006	9,300
103330	29	Smoke-free municipality initiative in Argentina: assessing short-term effects on workplace absenteeism, productivity and medical services utilization	Sep 7, 2005	Sep 7, 2006	9,469
103439		Research to support FCTC implementation (Cambodia/Laos)	Jul 23, 2006	Dec 23, 2008	235,800
103769	5	Evaluation of the Enforcement of Legislation on Smoking Restrictions in Healthcare Institutions (Georgia)	Nov 14, 2006	Jul 14, 2007	12,300
103769	6	Exposure to Secondhand Smoke Among Workers in Smoking Venues and Complete Smoking Ban Venues (Guatemala)	Dec 1, 2006	Sep 1, 2007	10,000
103769	12	Disease Burden Associated with Smoking in Argentina Phase II: Extravascular Pathology and Extrapulmonary Tumors	Dec 4, 2006	Dec 4, 2007	10,000
103769	13	Comparative Analysis of Current Smoke-Free Policies in Latin America and the Caribbean: a regional perspective	Jan 15, 2007	Jun 30, 2008	10,000
103769	17	Measures for Banning Smoking and Tobacco Smoke Concentration in Restaurants in Beijing	Jul 12, 2007	Jul 12, 2008	10,430
103769	21	Evaluation of the Implementation of Smoke-Free Regulations in Public Places in Cairo (Egypt)	Mar 22, 2007	Mar 22, 2008	10,000
103769	22	Health Facilities' Smoking Control Policies: Implementation, Barriers and Challenges (Egypt)	Mar 22, 2007	Mar 22, 2008	10,000
103769	25	Survey of Primary Healthcare Providers' Readiness for Implementing FCTC Provisions in Shanghai	Apr 3, 2007	Apr 3, 2008	10,000
103769	28	Survey of Tobacco Use Among Tuberculosis Patients (China)	Jan 6, 2007	May 6, 2007	8,392
103769	31	Tobacco Use Among Tuberculosis DOTs Patients and Tobacco Control	Nov 5, 2007	May 5, 2008	9,909
103993		Establishment of a National Coordinating Body for Tobacco Control Research (Uruguay)	15-Apr-07	31-Aug-09	300,000
104399	3	Tobacco use among health professionals (Eritrea)	Jan 13, 2009	Oct 13, 2009	38,300
104399	5	Evaluation of the impact of pictorial health warnings (Romania)	Jan 9, 2009	Nov 9, 2009	43,100
104399	7	Impact of a smoking ban in enclosed public places on the incidence of acute myocardial infarction (Uruguay)	Apr 28, 2009	Oct 28, 2009	49,900
104399	9	Smoke-free policies: lessons learned and recommendations for the future (Lebanon)	Mar 2, 2009	Mar 2, 2010	45,400
104399	10	Evaluation of the ban on sale of tobacco products (Bhutan)	Mar 31, 2009	Mar 31, 2010	50,000
104399	11	Study of air pollution from tobacco smoke in homes and cars (Uruguay)	Mar 6, 2009	Nov 6, 2009	20,900
104399	14	Developing/evaluating the effectiveness of a tobacco control strategy in a TB dispensary (China)	Mar 24, 2009	Mar 24, 2010	50,000

Project #	Comp #	Project Title	Start Date	End Date	Value (CAD\$)
104399	15	Strengthening tobacco control legislation to be compliant with the FCTC (India)	Apr 9, 2009	Apr 9, 2010	46,400
104399	16	Assessment of smoke-free policy and practice in healthcare institutions (Serbia)	Mar 18, 2009	Mar 18, 2010	38,200
104639		Young Tobacco Control Researchers Support Fund: Assessing the level of secondhand smoke in public places in Ghana	Jun 1, 2007	Jun 1, 2008	5,000
104825		Evaluation of an Integrated Intervention to Stop Tobacco Use Among Suspected Tuberculosis Patients (Pakistan)	Dec 17, 2008	Dec 17, 2011	426,700
104831		Evaluation of tobacco control policies (Bangladesh)	Aug 1, 2008	Aug 1, 2011	490,000
105068		Chronic disease control research fellowship program (Guatemala)	29-Jan-09	29-Jan-12	201,900
105582		Situational Analysis of Tobacco Control in Kenya – ATSA	Dec 19, 2008	Dec 19, 2009	118,100
105583		Tobacco Free Schools Environment Initiative (Eritrea) – ATSA	Jan 6, 2009	Jan 6, 2010	106,300
105642		Promoting the effective implementation of the tobacco control laws and policies in Nigeria – ATSA	Feb 24, 2008	Dec 24, 2009	119,200
105663		Strengthening Tobacco Control in South Africa – ATSA	Feb 19, 2009	Dec 19, 2009	147,500
105676		Zambia Tobacco Control Campaign – ATSA	Feb 19, 2009	Dec 12, 2009	104,900
105753		Support to tobacco control strategies in Mauritius – ATSA	Mar 31, 2009	Dec 31, 2009	124,500
105799		Lieux de travail et espaces publics sans fumée au Cameroun – ATSA	Jul 29, 2009	Feb 28, 2010	91,100
105819		Renforcement du cadre juridique et réglementaire de la lutte contre le tabac au Sénégal – ATSA	May 28, 2009	Dec 28, 2009	110,300
105895	2	Burkina Faso ATSA Project	Jun 28, 2009	Feb 28, 2010	48,200
105895	3	Ghana ATSA Project	Sep 25, 2009	Mar 25, 2010	37,700
				Total	

Table 6: Other Tobacco Control Policy Projects at RITC that fall outside of core themes (2005-2010)

Project #	Comp #	Project Title	Start Date	End Date	Value (CAD\$)
1726	37	Developing Youth Leadership for Tobacco Control through Action-Research in Argentina	21-Jan-03	21-Jan-06	119,720
1726	39	Economics of tobacco control (Jamaica)	1-Jan-05	1-Sep-05	60,000
1726	43	Analysis of Determining Factors and Key Players, and Definition of Strategies in Support of Ecuador's Signature and Ratification of the FCTC	16-Aug-04	31-Dec-04	8,645
1726	44	Beliefs, Values and Attitudes of Brazilian Lawmakers Towards the FCTC	2-Aug-04	31-Mar-06	10,000
1726	48	An Analysis of the Effects of the Tobacco Control Amendment Act on Revenues and Perceptions of the Restaurant Industry in South Africa	30-Jun-04	31-May-05	10,000
1726	50	Towards a Tobacco Control Policy in Tanzania: The Way Forward after the FCTC	1-Aug-04	31-Jan-05	10,000
1726	52	Estimating Financial Costs of FCTC Implementation (Bangladesh)	7-Aug-04	1-Mar-05	9,000
1726	57	Tobacco Control in Ukraine: Public Attitudes And Legislation	22-Jun-04	22-Oct-04	10,000
1726	58	Opinion Poll Survey on Passive Smoking in Workplaces (Bulgaria)	18-Jun-04	18-Jun-05	3,675
1726	59	Information Support of Georgian Executive and Legislative Organs about the FCTC	26-Jul-04	21-May-05	9,850
1726	62	Political Analysis of FCTC Process in Russia	15-Jul-04	15-Jul-05	9,000
1726	64	Public Positions Toward FCTC Related Tobacco Control Policies in Lebanon	1-Aug-04	31-Mar-06	7,445
103330	4	Facilitating FCTC implementation through media personnel support	14-Nov-05	14-Nov-06	9,830
103330	6	Survey of public opinion toward the FCTC in Shanghai	10-Jun-06	10-Jun-07	8,480
103330	7	Understanding and measuring determinants of smoking initiation among youth in Yogyakarta Municipality	23-Dec-05	23-Feb-07	9,434
103330	8	Knowledge, attitudes and perceived barriers regarding implementation of the FCTC and tobacco control measures in Kerala	30-Sep-06	30-Nov-07	8,400
103330	10	Assessment of conformity of national tobacco control policies with the FCTC	24-Aug-05	24-Oct-06	10,000
103330	11	Survey of what consumers think of passive smoking	26-Aug-05	26-Jun-06	9,290
103330	12	Research to assist in drafting, implementing and enforcing tobacco control legislation in Ukraine and other former USSR countries	30-Aug-05	30-Aug-06	8,300
103330	17	Education support of mass media for ratification and implementation of the FCTC	31-Aug-05	28-Feb-06	9,750
103330	18	Survey of public opinion toward the FCTC	1-Sep-05	23-Mar-06	10,000
103330	22	Study of socio-economic and legal arguments to facilitate ratification of the FCTC	6-Sep-05	6-Nov-06	8,285
103330	23	Survey of the implementation of the FCTC	1-Mar-06	1-Sep-07	9,180
103330	30	Identifying factors that promote or discourage tobacco control in secondary schools of Montevideo and the metropolitan area	23-Sep-05	30-Apr-08	9,300
103330	32	The association between tobacco advertising expenditure and tobacco consumption (1996-2004)	26-Dec-05	26-Sep-07	9,300
103440		Cigarette taxation (Tanzania) – ATSA	Aug 1, 2009	Aug 1, 2010	45,000
103767		Facilitating gender-responsive tobacco control	20-Oct-08	20-Apr-10	80,000

Project #	Comp #	Project Title	Start Date	End Date	Value (CAD\$)
		(Brazil)			
103769	4	Population-Based Follow-up Survey of Knowledge, Attitudes and Practices Related to Tobacco Control Policy	18-Dec-06	18-Oct-07	10,678
103769	7	Analysis of Print Media Coverage with regard to the FCTC	20-Nov-06	30-Jun-08	10,000
103769	9	Survey of Levels of Support or Opposition to the FCTC by Important Constituencies	13-Nov-06	13-Nov-07	10,000
103769	10	Public Opinion Poll on Preventing Children from Exposure to Environmental Tobacco Smoke (ETS) in Playgrounds in Jogjakarta	23-Nov-06	23-Nov-07	9,600
103769	11	The Impact of Tax Policy on Tobacco Consumption	30-Nov-06	30-Sep-07	7,866
103769	14	Tobacco Use and Tobacco Smoke Exposure Among Secondary School Students	20-Dec-06	20-Dec-07	10,000
103769	15	Knowledge, Attitudes and Behavior of Pregnant Women and New Mothers Toward Smoking, Smoking Cessation and Tobacco Control Policies	22-Nov-06	22-Nov-07	9,600
103769	16	Assessing Existing Tobacco Control Measures and Determining the Necessity of Enforcing and Implementing the FCTC	27-Nov-06	27-Jun-07	5,774
103769	18	Legal Enforcement of the FCTC	20-Dec-06	20-Dec-07	10,000
103769	19	Legislators' Opinions on the FCTC	22-Dec-06	22-Dec-07	9,500
103769	27	Tobacco Products Health Warnings: Cultural Adaptation and "Golden Middle" in Successful and Painless FCTC Implementation	8-Jun-07	8-Nov-07	5,700
103773	1, 4, 5, & 6	Pilot Mentorship Program for tobacco control researchers	5-Nov-07	11-Dec-08	200,000
103994	2	Regional tobacco control research initiative (LAC): The demand for tobacco products and determining the optimal tobacco taxation rates in Peru, Guatemala, Ecuador, Panama and Colombia	26-Feb-08	30-Sep-09	100,000
104399	4	Study and promotion of political and legal interventions for FCTC strengthening (Ecuador)	24-Apr-09	24-Jan-10	49,800
104399	6	Gender-based analysis of young adults' tobacco use and perceptions of tobacco control policies (Bosnia & Herzegovina)	5-Mar-09	5-Mar-10	42,700
104399	8	Higher taxation policy on tobacco products (Cameroon)	23-Feb-09	23-Feb-10	49,200
104399	13	Gender-based analysis of government run tobacco control initiative (Pakistan)	2-Mar-09	2-Mar-10	29,300
104639	4	Young Tobacco Control Researchers Support Fund: Support for graduate study for disadvantaged indigenous students (Argentina)	11-Nov-07	1-Sep-10	10,000
105136		Rapid response fund for opportunities to advance tobacco control policy		24-Sep-12	150,000
105842		African Tobacco Control Research Initiative (ATCRI) Scoping Exercise	Jun 5, 2009	Sep 18, 2010	159400
105896	1, 2, 3, & 4	Coordination and collaboration of efforts with organizations in Africa (ATCA) – ATSA	Aug 4, 2009	Sep 22, 2010	302,200
				Total	1,703,202

SECTION C: RITC PROGRAM-LEVEL OUTCOMES

NEW FRONTIERS

RITC was a pioneer in critical but neglected areas of research:

- Established the first globally relevant evidence on the harm of waterpipe smoking leading to policy proposals necessary for the regulation of these products.
- Exposed the truth about the plight of tobacco farmers in developing countries and established the first reliable evidence for sustainable, healthy, alternative livelihoods for poor tobacco farmers in countries with a perceived reliance on tobacco production.
- Remained the only funding agency with a long term commitment to researching and addressing the barriers to tobacco control resulting from perceived economic dependency on tobacco production.
- Contributed to a greater understanding of gender issues in tobacco control research and policy.

Tobacco taxation policy is an example of an area that was a new frontier for RITC in its formative years. RITC's Programming Strategy Document 2005-2010 highlights its desire to remain ahead of the curve and responsive to emerging issues in tobacco control as they arise. Waterpipe smoking, tobacco farming and gender-specific tobacco control are three more recent examples of neglected areas that were supported by RITC.

MIDDLE EAST AND WATERPIPE SMOKING

The use of the waterpipe (or narghile as it is commonly known in the Middle East) is growing around the globe, but there is a paucity of research on the toxicology of the waterpipe smoke and the determinants and health consequences of this form of smoking. RITC has been an international leader in supporting such research since 2002 through a multidisciplinary team at the American University of Beirut (AUB) in Lebanon. As one of the researchers stated, "RITC definitely was the first to fund narghile-specific work in the region. It was also the first to fund in-depth scientific work on the smoke constituents of narghile which became the basis for policy attention to the subject" and funded a unique multidisciplinary team of engineers, chemists, public health experts and health professionals.

The AUB researchers developed, for the first time, a smoking machine capable of reading and replicating detailed narghile puffing behaviour from recorded smoking topography data allowing them to characterize the components of the particulate phase of the waterpipe smoke. A new smoking topography unit appropriate for pulsating high flow smoking rates, such as the narghile, was also developed and tested. This allowed measurement of narghile smoking behaviours among café goers and the results were fed back into the smoking machine thus providing a realistic puff topography. These technologies were the first of their kind and have been exported to Syria for use there with interest also expressed by Egyptian and American researchers among others.

RITC was the first to fund research on tobacco control in Lebanon and Palestine and along with the US National Institutes of Health (through Fogarty Grants) was a pioneer in the region.

ALTERNATIVE LIVELIHOODS TO TOBACCO FARMING

RITC's previous external evaluation established that no other international donor organization systematically funds research among tobacco small-holder farming communities, or attempts to do so in the holistic fashion that RITC takes in supporting research. This issue is of growing importance (as witnessed at COP III of the FCTC with the formation of a Working Group to address the issue). Research, it was recognized, is urgently needed to address the tobacco companies' arguments regarding the negative economic impacts of tobacco.

RITC-supported research has highlighted the problems faced by small-scale tobacco farmers and demonstrated economically viable alternative livelihoods for tobacco farmers in a number of regions that could potentially raise the living standards of farmers. RITC has supported projects in a variety of countries including Uganda, Brazil,

Ghana, Vietnam, Malawi, Bangladesh, Kenya, and Lebanon. As a result, RITC has accumulated a critical mass of evidence in a variety of agricultural and climatic environments.

In Bangladesh, during the first phase of the project, 351 farmers made the switch out of tobacco. The Kenyan project set out to assess the viability of bamboo but even before the first phase of the project had been completed, 50% of the tobacco farmers involved in the study decided to make the shift out of tobacco. (Farmers were particularly encouraged by the added value they could provide to the new crop. The market potential for selling household products fabricated from bamboo impressed them immensely and, as a result, following training in processing, they formed community-based farming groups in each of the four project sites to process the bamboo.)

According to the researchers, the wider level impact of the Kenyan project was:

“The Members of Parliament totally changed their previous support of tobacco farming because they strongly castigated it during local project forums/ field days. The Ministry of Agriculture has also started involving the Groups in regional development events because they are the most active in the region. The Ministry of Information and Communication has also visited and filmed and aired the activities of the four groups in local TV channels. Furthermore, local newsmen have occasionally reported on the process of farmers shifting from tobacco to bamboo due to the health and socio-cultural problems associated with the crop. In brief, the policy of changing to alternative crops is quickly taking root in the region since the inception of this project.”⁴

GENDER PERSPECTIVES IN RESEARCH AND POLICY

The need for gender specific tobacco control strategies is highlighted in the preamble of the FCTC. Recognizing that the implementation of the FCTC could be enhanced by applying a gender perspective to each of its provisions, RITC and WHO initiated the development of policy recommendations for gender-responsive tobacco control. In November 2005 an International Seminar on Women and Tobacco was co-hosted by RITC with WHO's Tobacco Free Initiative and the WHO Department of Gender, Women and Health and brought together 25 participants to develop the policy recommendations. A significant outcome of that effort was the publication of an official **WHO/IDRC Policy Brief on Gender and Tobacco Control** in the latter part of 2007. This policy brief aims at providing national governments with a menu of evidence-based options for building or strengthening comprehensive and effective tobacco control programs, policies and interventions that address the specific needs of men and women, girls and boys. A companion document entitled **Sifting the Evidence: Gender and Tobacco Control** was also produced, which provides suggestions for creating a gender-sensitive global response to tobacco use, with particular reference to the opportunities presented by the FCTC.

⁴ In addition, the Kenyan project website now regularly receives more than 350 hits per month giving some indication of the interest that the project has created.

REGIONAL STRENGTH

RITC strengthened the development of regional capacity for collaboration to address barriers to tobacco control:

- Strengthened regional tobacco control movements and research capacity in Latin America, Africa, the Middle East and South East Asia
- Concentrated on building capacity among institutions with regional leadership potential
- Stimulated the first waves of research action in neglected countries with new researchers
- Initiated the development of a tobacco control research network in the Middle East with one of its foci on waterpipe smoking

Given the global scope of the tobacco epidemic, no country can achieve optimal tobacco control on its own, no matter how effective its policies, programs and legislation. RITC is actively pursuing a regional approach of focused research funding to provide a cumulative body of knowledge in particular regions and a regional evidence base for policy making to address barriers to tobacco control.

LATIN AMERICA

RITC has a long history of supporting countries in the Latin American and Caribbean (LAC) region as they strive to generate research evidence needed to advance tobacco control policy. For example, the Research Centre for the Tobacco Epidemic (known as CIET in Spanish – Centro de Investigación para la Epidemia de Tabaquismo) was established in 2007 in Uruguay with RITC's encouragement and support, to provide an evidence base for developing, implementing and evaluating national tobacco control policies. CIET serves as the national coordinating body for tobacco control in Uruguay and its mandate includes mobilizing researchers, civil society and government to work together toward the application and translation of research results to policy. Although in its infancy, CIET shows strong promise of evolving into a regional centre of excellence for tobacco control. Members of CIET were named by the Ministry of Health to serve on the steering committee of COP4, which will be held in Uruguay in Nov 2010.

The cigarette smuggling issue is illustrative of how CIET is playing a leadership role on a critical regional issue, encouraging cooperation and collaboration among individuals and agencies in both the North and the South. In May 2007, CIET created a working group with a team of researchers and advocates from Uruguay, Argentina, Paraguay and Brazil to begin exploring tobacco smuggling in MERCOSUR countries and to pinpoint the main areas that need to be addressed to influence policy changes. A preliminary report was presented in July 2007 to the Second Session of the Conference of the Parties to the FCTC, where CIET was invited to convene a future regional conference on illicit trade in tobacco products. The conference was held in Montevideo in December 2007 and delegates from 30 Member States in the Americas region attended, representing sectors such as finance and revenue, customs and excise, law enforcement and public health. Participating institutions included the World Health Organization's Tobacco Free Initiative, the Pan-American Health Organization, the European Union, the Framework Convention Alliance and the Bloomberg Global Initiative to Reduce Tobacco Use. A significant outcome of the regional conference, as recognized by the FCTC Convention Secretariat, is that it prepared the groundwork for negotiations by the Intergovernmental Negotiating Body in early 2008 on a Protocol to the FCTC on Illicit Trade in Tobacco Products.

RITC has also supported regional tobacco control research projects in the LAC region. In March 2007, RITC and the Interamerican Heart Foundation (IAHF) co-hosted the 2nd Interamerican Workshop on Tobacco Control Research to establish tobacco control research priorities for the LAC region. The workshop was a follow-up to a first regional meeting convened by RITC in 1999. Approximately 30 LAC participants active in tobacco control research and advocacy from a variety of professional fields attended the workshop. Outlines of collaborative research projects were developed within the following five research areas that were identified by participants as priorities for the region: smoke-free environments; economics of tobacco; tobacco industry strategies to hinder FCTC policies; tobacco crop cultivation; tobacco and poverty. That effort spawned the creation of a Regional Tobacco Control Research Initiative for Latin America and the Caribbean (103994), through which RITC is supporting multi-country

studies aimed at addressing those research priorities. The regional initiative also enabled IAHF to compile a database of tobacco control research projects in the region. The database, known as “Biblioteca de Investigaciones de Latinoamérica y el Caribe sobre Control de Tabaco” (BILACCTA), was unveiled in October 2009 at the 2nd SRNT IAHF Latin America Tobacco Control Conference. This database is the first ever virtual library that compiles tobacco control research studies developed in the region. BILACCTA is a tool that will facilitate collaboration among researchers in different countries throughout the region. For more information, please visit: <http://bilaccta.interamericanheart.org>.

SUB-SAHARAN AFRICA

RITC is facilitating collaboration among 18 African country teams of researchers and advocates taking part in ATSA. The ATSA initiative has generated the first waves of action and intersectoral communication on addressing the tobacco epidemic within these Sub-Saharan countries and regionally. It has also provided, through a participatory process of context mapping and situational analysis, a wealth of information on countries’ priorities for action and research, data needs and the capacity for action among those who will be needed for successful tobacco control. This information is sought after for the development of funding strategies among agencies supporting tobacco control in the region. The final products will be published and disseminated throughout this year and will form the basis of ongoing situation analyses for a growing number of countries and will be made available online through web sites of the African regional tobacco control organisations.

While the ATSA initiative was starting situational analyses at the country level, two separate regional African tobacco control initiatives were developing concurrently: the African Tobacco Control Alliance (ATCA) and the African Tobacco Control Research Initiative (ATCRI). To support regional efforts, the ATSA initiative provided funding to ATCA for an organizational development grant and ATCRI for a project to conduct scoping exercises in six additional sub-Saharan countries outside the original twelve ATSA countries. While these projects are in their infancy and outcomes are not yet known, ATSA was instrumental in attracting new people to the tobacco control field who are now active in these regional groups and at the country level.

MIDDLE EAST

At the regional level, the American University of Beirut’s Tobacco Control Research Group (AUB-TCRG), with the support of RITC (105792), is building a research network to contribute to the evidence base on tobacco control in the region in order to enrich discussions on tobacco control research and promote future joint research projects.

This network is building on the initial work undertaken in earlier projects which included holding of two regional meetings, leading courses at the first international summer school on tobacco control in the region that was hosted by their partner, the Syrian Centre for Tobacco Studies (SCTS), and undertaking a joint study with Egyptian, Syrian and Palestinian researchers on attitudes in the region towards women smoking narghile (one component of project 103436). As mentioned earlier, technology transfer of the smoking machine and topography unit has taken place. For example, the SCTS borrowed the topography instrument developed at AUB with RITC funding to conduct their own smoking topography measurements in a clinical study of narghile smokers in Aleppo.

SOUTHEAST ASIA

The Southeast Asia Tobacco Control Alliance (SEATCA), which was formed in 2000, has emerged as a leader on tobacco control policy issues that affect all countries in the region. It has proven to be an effective institutional model that moves beyond the concept of a stand-alone research centre, to an institutional framework that integrates research, advocacy and policy. RITC's support to SEATCA began in 2006, allowing it to extend its reach in Cambodia and Lao People's Democratic Republic (103439). At that time, Cambodia had only recently ratified the FCTC, while Laos was a signatory but had not yet ratified the treaty. With the support of RITC, SEATCA and its partners in Cambodia and Laos implemented a research program to promote the successful implementation of the Framework Convention on Tobacco Control (FCTC) in these countries. SEATCA is working closely with tobacco control leaders in both countries to address the urgent need to strengthen research capacity and policy formulation in these two countries through policy relevant tobacco control research.

EXPANDING POLICY CAPACITIES

RITC has broadened the capacity for policy influence and increased the supply and demand for policy-relevant information:

- Four rounds of small-medium grants have given rise to a swathe of projects and new researchers focused on the FCTC
- Networking among tobacco control researchers was strengthened through workshops and training
- Political and context mapping for prioritisation and planning of tobacco control among multisectoral teams took place in twelve African countries
- Researchers' capacity to influence policy was strengthened in a number of countries

FCTC RESEARCH GRANT COMPETITIONS

A cornerstone of RITC's programming has been the incremental development of a competitive grants mechanism to support the FCTC in low and middle-income countries. The competition was initially launched by RITC in 2004-05 in collaboration with the Canadian Tobacco Control Research Initiative and the American Cancer Society. The underlying rationale for the competition was that timely research was needed to inform and guide tobacco control policy efforts and decision-making with respect to the FCTC, particularly with regard to generating needed evidence to advance ratification and implementation efforts

These small research grants are extremely useful in countries where there is no financing for these projects. They permit the generation of necessary local information for the development of effective policies. In addition, they facilitate the capacity building of local resources, which contributes to creating a mass of researchers who will in the near future be able to plan research projects of greater regional reach.

R Mejia, round 2 small grant awardee, Argentina

What was initially conceived of as a one-time, stand-alone research competition blossomed into a full program of support beyond the provision of grant funding. Two subsequent rounds of the competition provided support for capacity building in the area of proposal writing, a variety of training opportunities, and enhanced networking among researchers. The enthusiasm of the original donor partners with this small grants modality is evidenced by their desire to sustain or increase their original funding pledges in rounds two and three. Additionally, two new funding partners joined in 2005 (Cancer Research UK) and 2006 (Institut National du Cancer, France) — a testament to the effectiveness of this small grants modality in stimulating interest among the broader donor community.

We feel that the scheme is good value for money and is having great impact and therefore would like to increase our next grant. The Technical Advisory Group met recently and is very pleased with the progress made to date and recommended continued support for this work.

Elsbeth Lee, Tobacco Control Manager, Cancer Research UK

Typical examples of FCTC Small Research Grants

Kenya —timely research on tobacco and poverty at the household level was carried out during discussions by parliament of a draft Tobacco Control Bill. The research informed the eventual passing of that Bill in April 2007 through presentations of the study's results to the Parliamentary Health Committee and the Kenyan Cabinet through the Minister for Health.

Mongolia – the presentation to policymakers in March 2007 of the study’s results, which assessed conformity of national tobacco control policies with the FCTC, resulted directly in the establishment of a multisectoral committee to coordinate tobacco control and removal of all billboards in Ulaanbaatar City that advertise tobacco products

Vietnam – prior to this study which surveyed consumers’ associations about tobacco control, these associations had shown limited interest in the topic. However, following their involvement in this research, these consumers’ associations are now firmly engaged in the issue and have integrated tobacco control as part of their mandate to protect consumers’ rights.

Kyrgyzstan – researchers presented the study’s findings on smoking prevalence rates to the President’s Administration, which is the institutional body responsible for drafting a National Strategy for Tobacco Control. Ratification of the FCTC was pending at the time this study was conducted and the Administration had requested data on smoking prevalence in the country. The FCTC was subsequently ratified in May 2006.

Guatemala – research results on exposure to secondhand smoke in public places were provided to Congress to support the passage of Law 3309 to establish smoke-free workplaces. At the time of this study, the draft bill was under discussion in Congress and the bill was subsequently passed in December 2008.

Pacific Island States – the Pacific Forum Trade Ministers cited this research study in announcing the Forum’s decision to postpone any inclusion of tobacco and alcohol in the Pacific Island Countries Trade Agreement for two years, calling for additional research on the health and social impact of the trade agreement.

FCTC RESEARCH GRANT COMPETITION WORKSHOPS

Since the launch of the first research competition to support ratification and implementation of the FCTC, RITC has hosted two large-scale capacity-building workshops for small grant awardees. Each workshop involved over 50 researchers from Africa, Asia, Latin America and the Caribbean, Eastern Europe, and the Middle East. The evaluation responses received from awardees who had participated in a proposal writing “mentorship” program attached to the competition revealed an overwhelming interest in also receiving guidance on how to improve knowledge transfer strategies for better use of research results to advocate for ratification or implementation of the FCTC in their countries. RITC thus included within its 2007 workshop several training sessions that were specifically geared toward building capacity around knowledge transfer and exchange for promoting research evidence into policy and practice. Elements of the training included: Turning good research into better policy through dissemination and advocacy; Overcoming Obstacles to Knowledge Transfer and Policymaking – A Case Study; and Influencing Policy through Knowledge Transfer.

Very useful and excellent workshop to bring everybody from various countries with different backgrounds and knowledge to be able to share with the participants.

We would like to emphasise that these workshops were extremely useful in many ways: to learn more on tobacco control, to learn from the experience from the researchers around the world and their sometimes very original strategies to combat tobacco and [its] consequences, and to meet the international society involved in tobacco control.

Comments by participants attending the 2007 *Research for Action on the FCTC* workshop.

BUILDING CORE CAPACITY IN THE MIDDLE EAST TO INFLUENCE POLICY

RITC's ongoing support to researchers at the American University of Beirut has had considerable implications for capacity building in tobacco control research in Lebanon. Faculty and the many students who took part in the projects and who were members of the multidisciplinary Tobacco Control Research Group found that this contributed considerably to their professional development. Many now see narghile research as an important current and future component of their research portfolio. (This is remarkable considering that for some members of the research group, their involvement in this project was their first foray into tobacco control research.)

Perhaps more importantly, the projects moved the faculty into an area of critical importance to public health – policy analysis and change. In the absence of civil society pressure for policy change, the researchers realized that they, themselves, had to start to take on that role. Their most recently approved RITC-funded project (105792), has as one of its aims to promote the translation of research into policy through: setting up a website and an Arabic information clearinghouse of national and regional tobacco control research; issuing newsletters and policy briefs; and, targeting various media. Furthermore, together with the Ministry of Health, in September 2009, they organized a workshop aimed at building NGO capacity for tobacco control advocacy. This was attended by 26 NGOs and appears to have been very successful. (By the end of the workshop, all participants had expressed their commitment to advocating for effective tobacco control policy.)

As will be seen below on the section on global influence, they have already had some remarkable success in influencing policy at that level.

EXPANDING POLICY CAPACITY THROUGH THE ATSA INITIATIVE

The ATSA Initiative, supported by IDRC and the Bill and Melinda Gates Foundation, is an important part of the RITC program and has broadened the capacity for policy influence and increased the supply and demand for policy relevant information in Africa. A political mapping process conducted in each country enabled the teams to articulate the larger context within which their priorities fit and to develop a policy action plan for both the immediate and longer-term. Through the political mapping process, research teams have subsequently executed rigorous and systematic analyses of their proposed tobacco control activities and policy interventions. In many cases, the process identified activities that were unrealistic and permitted the research teams to re-evaluate and re-shape their priorities to be more feasible within the time and resource constraints, and the – sometimes challenging – political contexts more broadly.

The project has also culminated into twelve country syntheses which once approved by teams will be published in a book and made available to the public online. These case studies provide the most up-to-date and thorough analysis of the tobacco situation on the continent. These syntheses will assist decision makers and advocates on the ground in their policy campaigns and programs and will guide funders in making decision based on evidence. A final consultation meeting will be held in Senegal in April 2010 to bring together African tobacco control stakeholders, including donor agencies to discuss the results of ATSA and determine priority research, policy and actions for the future.

Several ATSA team leaders have already reported that they are using or plan to use the political mapping process for public health initiatives in other policy areas. For example, one of the Nigerian team leaders plans to incorporate the process in a new hypertension program that has many challenging political dimensions.

Among a number of country-level outcomes that were stimulated by ATSA, the following are highlights:

South Africa

The National Council Against Smoking (NCAS) is making excellent progress in achieving its ATSA priority of making all spectator-viewing areas at venues hosting FIFA Soccer World Cup 2010 matches smoke-free. Following a submission by the NCAS to parliamentary hearings, the local organizing committee, the government and FIFA agreed that all spectator-viewing areas at venues hosting World Cup matches will be smoke-free. NCAS has made a further proposal to the South African Football Association (SAFA) outlining strategies to implement the policy and requesting that SAFA make the World Cup 100% tobacco-free. SAFA is considering the proposal and if it goes through it will have global implications.

Kenya

Kenya passed the Tobacco Control Act in August 2007, which contains some of the most comprehensive tobacco control provisions in Africa. For example, among a host of other provisions, it prohibits smoking in almost all public places. However, research conducted through the ATSA initiative has shown that this provision of the Act is poorly enforced. The ATSA team has spent the last year developing the evidence and materials needed to sensitize policymakers and the public about the importance of enforcement, with a focus on implementation in Nairobi. It is clear that an enormous and concerted effort by the tobacco control community is needed to realize the goal of 100% smoke-free environments, and such efforts must go beyond the passing of legislation. The work of the ATSA team to develop a strategy that considers implementation and enforcement issues is an important step forward.

While direct advertising in print and electronic media no longer takes place in Kenya, indirect advertising, sponsorship and promotion by the tobacco companies still occurs. The Kenyan Ministry of Health is attaching priority to developing a formal monitoring system and to strengthen the legislation through development of regulations for advertising, promotion, and sponsorship. The ATSA team is also developing other mechanisms through its growing tobacco control coalition to monitor tobacco industry activities on a consistent basis.

Nigeria

An important outcome of the ATSA initiative's Nigerian team was the passing of a Bill in Osun State in 2009 that prohibits smoking in public places. The Nigerian team seized on the political connections of its team leader and the political will of State legislators to pass this legislation. The new law is strong and prohibits smoking in any part of an enclosed or partially enclosed public place or workplace including all types of entertainment facilities. According to the law, smoking will also be restricted in a 500 metre radius of public places like schools, health centres, sporting areas and any other place described by government for public use. The ATSA team will use its six month time extension to ensure that the new legislation is enforced.

HEALTH SERVICE POLICY IMPACT IN SOUTH AFRICA

Researchers at the Medical Research Council (MRC) in South Africa have shared with the Department of Health (DoH) the results of their research (103198) to develop a smoking cessation intervention that provides counselling to disadvantaged pregnant women attending antenatal clinics. DoH is now considering delivering the intervention in public antenatal clinics across the country and is particularly intrigued by the peer counselling approach, which could be applicable for other healthcare priorities, such as counselling HIV/AIDS patients. Given the country's over-stretched healthcare system, using community health workers as peer counsellors could be a viable and cost-effective option for dealing with the acute shortages of nursing staff in the primary healthcare services in South Africa. DoH also wishes to expand the intervention to include screening and counselling for other issues such as alcohol and drug use during pregnancy. Before rolling out the intervention more widely, DoH would like to further test the intervention as part of a pilot project. The results of the pilot (which is being supported by RITC) will inform future policy decisions for rolling out the intervention nationwide and reproducing education materials to be offered to the public sector antenatal services as part of a training intervention. (RITC is providing funding to support that through its Rapid Response Mechanism (105136).

GLOBAL INFLUENCE

RITC has had broad policy influence at the global level:

- RITC played a leadership role in donor coordination and networking
- Increased recognition of tobacco control as a development issue among funding and development agencies
- Generated evidence for global and regional fora including the WHO on issues such as tobacco smuggling, waterpipe smoking, alternatives to tobacco farming and gender
- RITC-funded research was a critical determinant of success in the implementation and ratification of the FCTC in countries and regions

RITC plays a key role in promoting networking and coordination among other donors and stakeholders in international tobacco control research. Since 2002, RITC has actively participated in the International Tobacco Control Funders' Forum and has consistently used this platform to emphasize tobacco as a development issue. RITC was the sole voice speaking to the issue at earlier Forum meetings, but it is now at the forefront of the agenda at more recent meetings. While it is difficult to directly attribute this change to RITC, there is undoubtedly a marked shift in awareness of the issue among all donors at the Forum. At a meeting in Edinburgh, Scotland, Forum members agreed to work together to ensure that tobacco as a development issue be a central topic on the agenda of the World Conference on Tobacco or Health in Mumbai, India, March 2009.

RITC was invited by the World Health Organization's Tobacco Free Initiative (WHO-TFI) to speak precisely on the topic of tobacco as a development issue at the August 2008 UICC World Cancer Congress during a panel session entitled "Tobacco and Development: The Donors' Perspective". The session was chaired by WHO-TFI and included other speakers from the Bloomberg Global Initiative to Reduce Tobacco Use, the Bill and Melinda Gates Foundation, and the Centres for Disease Control and Prevention. Among the 150 people in attendance was the International Affairs Advisor of the Norwegian Cancer Society (NCS), who advised that NCS is keen to get tobacco control onto the Norwegian government's development aid agenda. He indicated that RITC's approach to supporting tobacco control in the broader context of development could be influential for lobbying the Norwegian government to allocate funding for tobacco control.

RITC's recognition as a leader in mobilizing and catalyzing tobacco control research for development globally is evidenced by the decision of the Bill and Melinda Gates Foundation to award its first tobacco control grant to RITC/IDRC. The Foundation provided funding of \$5.2 million USD to enable RITC to coordinate comprehensive situational analyses of the tobacco control environment in Sub-Saharan Africa.

GLOBALLY COMMUNICATING THE HEALTH RISKS OF TOBACCO USE TO YOUTH THROUGH AN INNOVATIVE MULTIMEDIA EXHIBIT

In August 2007, Uruguayan President Dr. Tabaré Vázquez inaugurated "Uruguay Breathes", an interactive exhibit that entices visitors to learn about the damaging health impacts of tobacco use. The exhibit was designed by RITC-funded researchers at the Centro de Investigación para la Epidemia del Tabaquismo (CIET) in collaboration with the Technical Laboratory of Uruguay (LATU)—a well-respected, nongovernmental organization dedicated to education, recreation, and the diffusion of science and technology—which is hosting the exhibit at its museum in Uruguay. The exhibit is an effective communication tool for raising awareness and understanding about the negative health effects of tobacco addiction, environmental tobacco smoke, and the drain of cigarette purchases on household income.

At the request of WHO's Director General, the exhibit was showcased at the Third Session of the Conference of the Parties to the FCTC in Durban, South Africa in November 2008. A ceremony to open the exhibit was presided over by the President of Uruguay and other South African and WHO dignitaries. Nearly 600 delegates participated in the Conference and the exhibit attracted significant attention among country government officials and civil society observers. This impressive exhibit toured a number of cities in South Africa at the request of the South African

Department of Health. A presentation on "Uruguay Breathes" was also a popular feature of the World Conference on Tobacco or Health in March 2009 in Mumbai, India.

WATERPIPE RESEARCH

A significant international policy outcome of the research supported in the Middle East is the major role it played in stimulating the World Health Organization (WHO), through its Study Group on Tobacco Product Regulation, to issue in 2006 a Scientific Advisory Note on Waterpipe Tobacco Smoking: Health Effects, Research Needs and Recommended Actions by Regulators. This advisory note addresses the growing concerns about the increasing prevalence and potential health effects of tobacco smoking using waterpipes and provides guidance to WHO Member States and other research agencies interested in a more thorough understanding of the health effects of waterpipe smoking.

At the Third Session of the Conference of the Parties (COP3) to the WHO FCTC, the work of two of RITC's partner researchers at the American University of Beirut (AUB) disseminated their research and a pamphlet proposing health warning labels for waterpipes. This pamphlet and other research materials generated immense interest among delegates from countries such as Malaysia, Germany, Oman, Bahrain, Saudi Arabia, Turkey and Djibouti, all inquiring about copyright and implementation issues related to the use of the warning labels. The presentation of these materials was particularly timely, given that the agenda of COP3 included discussion of guidelines relating to Article 11 of the FCTC on packaging and labelling of tobacco products. An important outcome of the dissemination efforts at COP3 was that several country delegates from the Eastern Mediterranean Region (EMR) expressed their commitment to place the issue of narghile smoking on the forefront of the agenda of the next WHO Ministers of Health EMR meeting. The research also received radio and newspaper coverage in the South African media. The researchers' participation at COP3 was an overwhelming success as their interaction with policymakers and public health practitioners informed narghile smoking prevention strategies and influenced public health decision-makers around the world.

ALTERNATIVE LIVELIHOODS TO TOBACCO FARMING

As mentioned earlier RITC has supported numerous research studies investigating potential alternatives to tobacco growing and the results of those studies are being disseminated to inform international policy efforts. The inaugural session of the Conference of the Parties (COP) to the WHO Framework Convention on Tobacco Control (FCTC) formed the Ad Hoc Study Group on Alternative Crops, which held its first meeting in February 2007 in Brazil. The Study Group was established: to promote discussion of economically viable alternatives for tobacco workers, growers and sellers; to recommend mechanisms for impact assessment of tobacco companies' practices; to report on nation-wide initiatives; and, to suggest cost-effective diversification initiatives.

RITC's Senior Program Specialist was invited to join the Study Group as an Expert Advisor in recognition of RITC's long history of supporting tobacco farming research. Following its first meeting in Brazil, the study group changed its name to the Study Group on Economically Sustainable Alternatives to Tobacco Growing and at a meeting in June 2008 in Mexico City, RITC-funded researchers from Bangladesh, Kenya and Lebanon were invited as temporary advisors to the Study Group. At that meeting they presented their research experiences and lessons learned about the viability of various alternative crop options and livelihood strategies. Their and RITC's participation served not only to promote knowledge exchange about the issue, but also raised awareness among Study Group members of the need to focus attention beyond crop substitution to a broader focus on sustainable livelihoods.

In November 2008 at COP3, the status of the Study Group was elevated to a formal Working Group on Economically Sustainable Alternatives to Tobacco Growing, the members of which, at their first meeting, voted to include representation from RITC. The FCTC Convention Secretariat intends to collaborate closely with RITC and its research partners to channel RITC's research expertise and project results into the global arena, through the Working Group.

SECTION D. LESSONS AND CONCLUSIONS

GETTING THE RIGHT MIX: FOCUSED FUNDING VERSUS BROAD REACH

RITC has learned from the advantages and disadvantages of providing a number of relatively large grants to selected partners for research on the core themes as well as conducting regular small grants competitions which have helped to reach out to a wider variety of researchers on a broad mix of tobacco policy issues.

The focused funding with larger grants and longer term partnerships have demonstrated, in a number of cases, the value of persistence and continuity. We have seen how these partnerships have generated findings that are of local, regional and in some cases, global significance. They have also allowed for the development of productive relationships with teams whose development and capacity needs are better understood and assisted by RITC program staff. These projects have led to the development of new ideas and methodologies as well as provided linkages to other researchers. Obvious disadvantages of these focused funding approaches are that they cost more and usually take longer to produce results.

The small grants competitions have been a popular and productive mechanism for reaching out to a wider community of tobacco control researchers and activists, often bringing in much needed capacity to the field. They have helped to establish new partnerships in countries where there had been no RITC engagement previously. Many of the projects have, as intended, provided critical information to stimulate policy progress. The small grants have demonstrated that a lot can be done with a minimum of funding. A disadvantage of these grants is that they are administratively as burdensome as larger projects and despite being smaller, the processing of proposals still takes time and may delay action on the ground or miss opportunities for policy influence. For this reason, RITC has recently established a rapid response funding mechanism that allows a limited number of small grants to be available when opportunities arise to stimulate immediate action or to strengthen a promising, existing initiative.

Due to the broad geographical reach of the small grants competitions and the promotion of them as a funding mechanism, a perception may have developed among the tobacco control community that this is the only, or predominant, funding mechanism available from RITC. This may have prevented some potential partners from approaching RITC with new ideas and highlights the importance of how we communicate our strategy as a program, including our openness to receiving concept notes.

While there were advantages in the small grants having a very broad number of policy foci, this also presents a challenge in measuring the outcomes and limits the extent to which learning can be accumulated on any one particular tobacco control policy. This may justify that future rounds of small grants be focused on specific themes or policies.

Careful consideration will need to be made in future programming to ensure a manageable mix of funding mechanisms that allows RITC to maintain a focus on priorities and neglected research areas as well as reach out to a broader population of researchers with a spectrum of interests and new ideas.

STRENGTHENING ENGAGEMENT AND CONTEXT MAPPING IN ORDER TO IMPROVE POLICY RELEVANCE IN A DYNAMIC ENVIRONMENT

IDRC has had a long-term commitment to what it colloquially refers to as a “grants plus” approach to partnerships and development programming. This includes the collegial engagement of partners in identifying and prioritizing policy relevant research and working with them on new ideas and methods, drawing on additional expertise if required. It also promotes creating linkages between developing-country researchers, advocates and policy makers and promotion of southern led decision making. In applying this approach, RITC continues to learn the value of understanding the political context within the countries where we work in order to ensure the relevance of the research we fund. Continued effort is needed to understand these contexts in partner countries in the future, especially as the number of stakeholders (researchers, advocates, policy makers, donors etc.) increase as they have done in the last five years, creating a more complex environment.

ATSA is an example of a concerted attempt to describe the context for tobacco control across a number of African countries where there has been very little donor engagement to date. With more success in some countries than others, the engagement of multisectoral country teams has helped to prioritize action and to identify individual researchers working in isolation and has helped them engage with other local stakeholders in the translation of their findings to policy messages and advocacy. While the ATSA model of situation analysis is not necessarily applicable in all countries, it has helped to demonstrate a need to ensure a more complete understanding of context in countries before embarking on new projects.

Another lesson from the ATSA project was the potential downside of building multisectoral alliances, which in some instances created “forced marriages” between stakeholders in-country that sometimes affected the power dynamic in ways that were detrimental to the tobacco control community and created leadership in some teams that did not have the ability and/or connections to advocate policy change.

As prioritization of thematic and geographic focus continues, RITC will draw on existing knowledge of partners and countries where we work and increase efforts to understand context by spending time in the field and communicating and cooperating with other development agencies.

NEED FOR CONTINUED GEOGRAPHIC AND THEMATIC FOCUS

As was noted in the 2004 external review of RITC, finding reasons to exclude funding proposals was a challenge due to the breadth of its programming despite limited resources. Efforts have been made to develop more focus over the course of this strategy period. There have been some positive results where there has been either geographical foci (e.g. Lebanon, Uruguay) and/or thematic foci (e.g. alternative livelihoods to tobacco farming) . As noted above, establishing a focus and clearly articulating this to partners will assist decision making internally as well as improve the program’s ability to promote its strategy to developing countries and other development agencies. Programmatic foci will be developed in accordance with need, but also according to the comparative advantage that RITC has as a result of established relationships with people in developing countries and where it is possible to build on areas of knowledge for which RITC has developed a niche and reputation.

In keeping with a long-held regard for tobacco control as a development issue, decisions on geographic foci will be made according to development needs and opportunities for original learning rather than, for example, the size of the smoking population.

LESSONS IN SPECIFIC RESEARCH AREAS

Poverty and tobacco: It is beyond the scope of RITC's program to have demonstrated significant reductions in poverty through tobacco control research, however this was a key thematic area at the outset of the strategy period which did not evolve into a major focus with outstanding results. We have described above some relevant and valuable work that has been done in low-income countries and among some of the poorest sub-populations (including tobacco farmers) although much more can be done to renew RITC's focus on poverty and other disparities as a research theme. This should be done not just to describe, for example, the impact that tobacco use has on the poor, but also the impact that tobacco control policies have or may not have on poor populations or disparate sub-populations.

Alternative livelihoods to tobacco farming: Having had demonstrable success in this area of research, it should be recognized that these projects have done a lot more than identified agriculturally viable alternatives to tobacco farming. They have explored the complex economic, physical and social transitions for communities and environments, not just for individual farmers. Only through this deeper understanding can credible recommendations be made for policy and the economic myths perpetuated by the tobacco industry be dispelled.

Challenging and neglected economic issues: Tobacco taxes and illicit trade of tobacco are both issues that are very politically sensitive and difficult to research as there is a lack of accessible data and often a lack of willing or able researchers. Further opportunities need to be sought to engage economic researchers, preferably who have appropriate linkages with Ministries of Finance (or equivalent), who can take ownership for their findings and communicate policy messages. These are critical policy areas which need to be recognized for their potential to contribute to equitable development in LMICs but are often not given high priority by advocates who generally lack expertise in this area.

SECTION E. FUTURE PLANS

In 2010 and beyond, RITC aims to grow as an established and mature program of IDRC. The lessons learned from years of tobacco control research will provide a platform for a broader IDRC focus on the prevention and control of the global chronic disease epidemic – recognizing tobacco as its leading cause.

It is hoped that the partnerships with DFID and the Bill and Melinda Gates Foundation (BMGF) will be strengthened and that RITC will be a critical player in a new partnership with the Global Alliance for Chronic Disease.⁵ With the prospect of a broader mandate and increased resources, these partnerships will enable a more rapid generation of evidence for the most effective strategies and policies for the prevention and control of chronic disease with a continued focus on tobacco as a multisectoral development issue.

RITC will build on its strengths and learning of the past 15 years by:

- Working through regional initiatives that enable shared learning across borders and new learning on how to engage in susceptible countries with low levels of capacity and action for tobacco control. Notably, the African Tobacco Situational Analysis project will wrap up its activities in eighteen Sub-Saharan Countries with valuable information on the context and next steps for tobacco control in the region. Ongoing and new initiatives in Latin America, the Middle East and South East Asia are likely to provide for networking, multi-country studies and South to South mentorship, especially in research that engages the interest and action of economists and development strategists. In particular, there will be new opportunities for regional or multi-country studies on the links between tobacco use and tuberculosis and to better describe the role that tobacco control policies can have on addressing social inequities and poverty.
- Enabling the lessons from tobacco control research to provide for lessons on the broader issues surrounding preventable chronic disease in developing countries. The long standing approach that RITC has taken in recognizing tobacco as a multisectoral development issue will be just as applicable to other chronic disease issues that cannot be addressed by the health sector alone. For example, gains in health and economic development as a result of increasing tobacco taxes may provide for lessons for other healthy fiscal policies. Having been a pioneer in tobacco taxation policy research in developing countries in RITC's formative years, too little progress has been made in fiscal policies for health since the early successes. RITC will renew its focus on support to research that will overcome the barriers to this critical policy. Research on fiscal policies that drive down the consumption of tobacco, alcohol and obesogenic food at the same time as generating much needed revenue for health systems and development initiatives may be particularly relevant in suffering economies. Similarly, the regulation of product packaging, marketing and consumer information remain a challenge for tobacco products as well as for foods that contribute to obesity.
- Increasing the emphasis on addressing the economic arguments, misinformation and influence of the tobacco industry and other industries that are primarily responsible for the chronic disease epidemic. This implies researchers taking a greater role in understanding, describing and exposing the role that industry plays in influencing society's attitudes and policy decisions. This work will help to establish the evidence required for countries to meet their obligations related to article 5.3 of the Framework Convention on Tobacco Control that aims to protect public health policy development from the influence of the tobacco industry.
- Consolidating the evidence generated by past and ongoing projects focused on alternative livelihoods to tobacco farming. It is important that the lessons learned from these projects and others are consolidated and generalized and that future research in the area builds on the work already done. One step towards

⁵ The Global Alliance for Chronic Disease is made up of six of the world's foremost health agencies and is being created to support a coordinated research effort to address chronic non-communicable diseases in low and middle income countries. <http://www.ga-cd.org/>

achieving this will be through the formation of a network of key actors in the field, with the objective of promoting a broader and deeper understanding of the problems facing small-scale tobacco farmers and the possible alternatives available. The aim will be to draw out the lessons for policy and practice and make a range of actors and agencies in developing countries more aware of these. Another step will be the production of a monograph or other peer-reviewed publication detailing and comparing the methodologies, results, and lessons learned of these various research studies. This information will contribute to increasing the body of evidence that is needed to dispel the myths about the contribution that growing makes to poor communities and developing economies as we move on to more work around other issues associated with tobacco production and supply.

- Providing training and resources for researchers to employ a greater depth of analysis of gender and social inequities in policy relevant research. A workshop in March 2010 will explore needs, opportunities and methodologies for the integration of gender analysis in tobacco control research and policy and will provide lessons and plans for ongoing work in this area.

There remains a need to engage other development agencies in tobacco control research that better describes tobacco control as a health and development priority and which demonstrates how tobacco control can contribute to development. With this in mind, we aim to establish strategic discussions with CIDA and AusAID especially on fiscal and taxation policy research for health and development. We will also work with other tobacco control donors including the Bloomberg Initiative to improve cooperation and communication, including continued contributions to the International Tobacco Control Funders Forum.

An external review of RITC's work of the last five years will help to inform the next five year strategy, as will other exploratory activities in the coming months including the final consultation for the African Tobacco Situation Analysis (Senegal, April 20-22, 2010) and the upcoming workshop on gender analysis in tobacco control research and policy (Ottawa, March 22-26, 2010).

Appendices

APPENDIX 1: Descriptions of priority themes developed in 2008

Tobacco Farming: Health, Livelihood, Economic and Environmental Aspects

One of the five key focus areas of RITC is on the livelihood, health, economic and environmental aspects of tobacco farming. This is in line with Article 17 of the FCTC which calls upon Parties to “promote, as appropriate, economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers” which should be done “in cooperation with each other and with competent international and regional intergovernmental organizations”. The area of work has become particularly important because a number of countries, even those who have ratified the FCTC, are worried about the economic impact of the treaty. While much work has been done and is continuing to be done on the positive impact of increased taxation on reducing smoking while maintaining, if not increasing, state revenue, the tobacco companies continue raise the impact of the FCTC on employment and the economy in an effort to undermine its implementation. For tobacco-farming countries finding a viable alternative is, therefore, crucial.

It is not, however, solely from a tobacco control point of view that alternatives need to be found. It is also essential from a development aspect. Tobacco is farmed in more than 125 countries and the problems associated with it are legion. For small-scale farmers these include:

- Tobacco farming is **extremely labour intensive**. This has a major impact on farming families who end up providing much of the unpaid labour. Examples of child labour are numerous with children often being pulled out of school at key harvesting times. Women are negatively affected as well, as is food production for the family as a result. (In Kenya for example, men have been known to marry more than one wife in order to increase the reserve of “free” labour in the family.)
- The tobacco plant leaches nutrients from the soil and, in many places, requires pesticides (which often creating health hazards for the farmers). Other **environmental impacts** include severe deforestation in areas where the tobacco is flue or smoke cured.
- In addition to the **health hazards** from the pesticides, others include smoke inhalation from tending to the drying kilns, “green tobacco disease” from picking the wet leaves, inhalation of tobacco dust from storing the dried leaves in the homestead, etc.
- Economically, while providing farmers with much needed cash, they more often than not find themselves tied into a **vicious debt bondage cycle** with a tobacco company. (The company provides them with loans for the inputs but then often is the sole grader and buyer of the dried leaves with obvious consequences. Claims of under grading are rife in the industry.) This has been exacerbated by falling tobacco prices.

Researchers, thankfully, are starting to address the issue. RITC, itself, has supported five smaller grants on tobacco farming as well as three larger grants (in Kenya, Bangladesh and Malawi). (Early discussions in Southeast Asia, Argentina and Tanzania could also produce additional substantive projects.) The three larger projects in Kenya, Bangladesh and Malawi are tackling the issue from a variety of different perspectives. While the Kenyan project aims to replace one cash crop with another, in Bangladesh the focus is more on moving into diversified food production. In Malawi, the aim is to help tobacco farmers diversify, taking into account the increasing problems of climate variability, to limit their reliance on tobacco, but not necessarily replace tobacco altogether in the short term.

RITC is also considering, in addition to research on alternatives, funding research around health impacts of tobacco farming as well as research into the working conditions of farm labourers on the large-scale farms. Early discussions are underway regarding the possibility of setting up an alternatives-to-tobacco-farming-research network.

Health Policy and Systems Interventions for Tobacco Control

*Tobacco control is an excellent example of intersectoral action for health through addressing social and economic determinants of health on both “supply” and “demand” sides. Within the health sector, tobacco control incorporates the full spectrum of health and health care interventions, from primary prevention through education to integrating smoking cessation within health services at all levels of care. Along with HIV/AIDS control, tobacco control demonstrates the importance of drawing on research, advocacy, practitioner and decision maker perspectives and contributions. Yet neither the tobacco control community, nor the broader health policy and systems research community, are taking full advantage of the experience and knowledge of the other. Bridging this gap will contribute to a more robust implementation of the WHO understanding of **health systems** as the policies, activities, and institutions put in place with the primary goal of improving health (WHO 2000). This stream of RITC’s work will support health policy, systems and service-focused approaches and interventions in support of tobacco control. It will also strengthen the linkages between the tobacco control community and the broader health policy and systems community, with an emphasis in informing the development of health systems capable of addressing the “double burden” of acute and chronic diseases.*

RITC has since its creation addressed tobacco as a development issue, and not only as a health issue. Tobacco cultivation, production, distribution and use raise a broad range of economic, agricultural, environmental, health, and other questions. However, tobacco is a development “problem” primarily because of its health effects. Tobacco use is the leading preventable cause of death and disability among adults in the world today. Developing countries now account for approximately 70% of global tobacco consumption. By the year 2025, 70% of the anticipated 10 million annual tobacco-related deaths will occur in developing countries. With HIV/AIDS increasingly recognised as a chronic disease, chronic and non-communicable diseases are becoming the primary contributors to the overall burden of disease in all regions of the world. Yet despite the growing recognition of the “double burden” of infectious and non-communicable disease and high-level calls for intersectoral action for health oriented to prevention and promotion as well as treatment, health policies and health services in most countries are still primarily oriented to diagnosing and treating acute, episodic illness. The Framework Convention for Tobacco Control is the first health-focused international treaty. It outlines the elements of a truly comprehensive approach to a multi-dimensional and multisectoral health problem, tackling both “upstream” primary prevention from the supply and demand sides, and “downstream” secondary prevention through smoking cessation and improved approaches to preventing and managing tobacco-related illness, including among tobacco industry workers.

Tobacco control is an excellent “case study” in prevention, health promotion, and intersectoral action for health – a case study about which the rest of the health policy and systems and disease control community remains very poorly informed. Conversely, tobacco control practitioners within health services have tended to focus on individual smoking cessation interventions and have not effectively integrated broader public health, health promotion and healthy public policy approaches into their more clinically oriented focus.

Through its focus on health policy and systems interventions for tobacco control over 2008-2010, RITC aims to help bridge these gaps and contribute to four objectives:

1. Continue to develop and evaluate primary prevention strategies and interventions with well-articulated links to health policy and health system priorities (for example, implementation of smoke-free environments could be addressed and evaluated as part of a broader strategy for chronic disease prevention, and not simply as an anti-smoking measure);
2. Continue to develop and evaluate strategies to integrate cost-effective smoking cessation interventions into existing health systems and services;
3. Inform the development of health policies and systems that can better address the “double” or “triple” burdens of acute, chronic, and non-communicable disease. RITC will do this through fostering dialogue and exchange among the tobacco control community, the health policy and systems community, the chronic non-communicable disease control community, and the HIV/AIDS control community to support the development of comprehensive, evidence-informed approaches to health policy and systems development, implementation, financing and evaluation across the full spectrum of prevention, treatment, and care ;
4. Contribute to building a critical mass of shared knowledge and experience about tackling complex, contested intersectoral health and development challenges that require the combined efforts of researchers, decision makers, advocates, practitioners, and civil society.

APPENDIX 2: Annual Financial Contributions to RITC (excluding Gates contribution to ATSA)

FUNDER	2005	2006	2007	2008	2009	TOTAL
IDRC	1,000,000	1,000,000	1,000,000	1,500,000	1,000,000	5,500,000
HEALTH CANADA	160,000	207,170				367,170
DFID	140,000	1,400,610		1,365,900		2,906,510
CIDA						0
SIDA						0
ROCKEFELLER FOUNDATION						0
CANADIAN TOBACCO CONTROL RESEARCH INITIATIVE (CTCRI)	100,000	100,000		50,000		250,000
AMERICAN CANCER SOCIETY	12,400	22,272				34,672
CANCER RESEARCH UK	54,795	43,689				98,484
INSTITUT NATIONAL DU CANCER (INCA)		24,286				24,286
JOHNSON & JOHNSON			15,000			15,000
TOTAL	1,467,195	2,798,027	1,015,000	2,915,900	1,000,000	9,196,122

16/06/2009

Notes:

IDRC contribution \$1,200,000 over 3 yrs April 2002-March 2005, plus \$15,602 contribution from IDRC's Senior Health Advisor for a project on Tb and tobacco in Sudan.

HC 2004: The contribution was \$275,000 CAD, and an additional \$60,000 was received for a project on tobacco taxation in Jamaica.

DFID: \$140,000 allocated to program activities in f/y 2005/06.

DFID: \$1,400,610 allocated to program activities between April 1, 2006 and March 31, 2007.

DFID: \$1,365,900 allocated to program activities in f/y 2008/09.

APPENDIX 3: Human Health Problems As Impacted By Different Steps of Tobacco Production

Sl No	Steps of production	General problems (female and male)	Female	Male
1.	Seed sowing on seed bed	Burning sensation on hand, eyes, nose; throat pain, vomiting tendency, loss of taste of food, headache and eye sore	Shoulder pain, palpitation	-
2.	Raising earth around the tobacco plant for making a hill	Knee, waist, and body pain, Burning sensation in the body; Renal problem and Gastritis, etc.	Pain on the abdomen; Leucorrhoea and risk of pregnant mothers for abortion	Loss of potency
3.	Pruning of axillary buds	Hands become sticky by sap from the tobacco Leaves, Palm, elbow, nail joint become black and initiate itching and lesion. Skin burning and loss of body hair.	Crumpling of hair, loss of hair and discoloration of hair. Renal problems.	„
4.	Harvest of leaves and making stick	Impaired eye vision. Asthma, other respiratory problems and jaundice	Hypertension, Risk of pregnant mothers for abortion	
5.	Curing tobacco leaves	Urinating tendency increased. Constipation and irregular bowel clearance. Risk of life during collection of cured Leaves from the kiln	Risk of pregnant mothers to be affected by asthma. New born baby may be affected by asthma	
6.	Grading of leaves	Loss of taste for food. Increased cough, cold, pneumonia, asthma of children	-	-