



research for international tobacco control
recherche pour la lutte mondiale contre le tabac



RITC'S FUTURE IN A NEW CENTURY: INSIGHTS FROM PAST EXPERIENCE (1995-1999)

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June 30, 2000

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Acknowledgement

I would like to thank Linda Waverley Brigden, Executive Director, RITC; Rosemary Kennedy, Coordinator, RITC; and Jean Lebel, Chair, RITC's Technical Advisory Committee, for their valuable comments on an earlier draft of this document. A special thanks also to Rosemary Kennedy for her much-valued assistance in finalising this document.

List of Projects

| Project | Year of Approval | Actual or Expected Completion | Reference in Report |
|--|-------------------------|--------------------------------------|----------------------------|
| Political Mapping for Tobacco Control-Vietnam | 1995 | May 1997 | Vietnam Project |
| Comprehensive Tobacco Control Research Programme-South Africa | 1996 | Nov 2000 | South Africa I |
| Economics of Shifting from Tobacco Cultivation-India | 1996 | Nov 2000 | India Project |
| Smoking Behaviours, Attitudes and Practices-Turkey | 1996 | Sept 1997 | Turkey I |
| Cigarette Consumption, Production and Taxation-China | 1998 | Apr 2001 | China Project |
| Tobacco Control Strategies-Turkey | 1998 | May 2000 | Turkey II |
| Building Alliances for a Generation of Tobacco-Free Children and Youth (WHO) | 1999 | Mar 2000 | WHO-Global |
| Global Alliance for a Generation of Tobacco-Free Children and Youth (CPHA) | 1999 | July 2000* | CPHA-Global |
| Economics of Tobacco Control-South Africa | 1999 | Dec 2001 | South Africa II |
| Tobacco Growing and Ecosystem Effects-Brazil | 1999 | June 2001 | Brazil Project |

**An extension request to July 2001 is currently under consideration.*

1. List of Projects.

List of Abbreviations

| | |
|-------|--|
| CAG | Country Activation Group |
| CPHA | Canadian Public Health Association |
| ETS | Environmental Tobacco Smoke |
| FCTC | Framework Convention on Tobacco Control |
| GYTS | Global Youth Tobacco Survey |
| IDRC | International Development Research Centre |
| ITI | International Tobacco Initiative |
| OR | Operations Research |
| RITC | Research for International Tobacco Control |
| RTCCD | Hanoi Research and Training Center for Community Development |
| TFI | Tobacco Free Initiative |
| WFPHA | World Federation of Public Health Associations |
| WHO | World Health Organization |

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Section One: Reflections on the Past and Lessons for the Future

1. EXECUTIVE SUMMARY:

RITC's future will be determined by its responsiveness to changes in the tobacco control research environment, but that responsiveness must also be accompanied by a proactive leading role. In order for RITC to lead and respond, a stop to look at the past and the present is essential. This document is an effort in that direction. The main purpose of the document is to examine the important lessons from RITC's past, highlight the intellectual and procedural challenges for the future, and reflect on some strategies to move forward.

RITC's projects can be divided into two generations. Projects in the first generation focussed on producing information about economics, behaviour, and policy making. The generated information, however, was basic and disconnected from other relevant areas of development. The information influenced policy only to a limited extent (with the exception of the Comprehensive Tobacco Control Research Programme for South Africa project). Projects in the second generation focus on developing tobacco control monitoring systems as well as on exploring the impact of tobacco on ecosystems (including humans).

Approximately 39% of RITC's resources went for research on the economics of tobacco (China, India, and South Africa), 25% on youth and tobacco (global WHO/CPHA research), 14% on monitoring anti-smoking enforcement (Turkey), 9% on tobacco and ecosystem (Brazil)¹, 10% on the determinants of smoking behaviour (Turkey, South Africa, Vietnam), and 3% on political mapping (Vietnam and South Africa).

RITC's projects reflect the priorities identified during three regional workshops held in Africa, Asia and Latin America during the 1998-1999 period. During these workshops, and through a participatory process, researchers from these regions identified a list of tobacco control research priorities. These priorities inform RITC's project approvals, thus, emphasizing RITC's commitment to the themes and process of these workshops.

The projects' results show that, among other things: tobacco and smoking are a high burden on national economies; governments forfeit the chance to maximize the excise tax on cigarettes; interest among tobacco farmers to inter-crop or shift away from tobacco cultivation is not matched with local level opportunities; most smokers start smoking at a young age; it is easier for young smokers to get cigarettes than get help to stop smoking; a culture of smoking reproduces itself especially in the absence of enforcement; and that amongst smokers, smoking becomes a means to deal with social and economic stress.

¹The Brazil Project was developed jointly by RITC, with EcoHealth-IDRC, and IDRC's Latin America and Caribbean Regional Office. The project is funded by the Special Program Fund-IDRC. It is added here to RITC's project list because of RITC's involvement in developing the project and its commitment to provide the necessary technical expertise.

Estimations of RITC's fund allocation per region are somewhat misleading because most regions are represented by one country. For example, during 1995-1999, allocation for Africa, the Middle East and Latin America was approximately 28%, 17% and 9% respectively, while each region was represented by one country (South Africa, Turkey, and Brazil). Given its limited financial resources, RITC can improve its effectiveness by building powerful theme-specific findings and ensuring their accessibility to a wide audience. Priority themes and a clear dissemination plan are two elements of a strategy to enhance RITC's substantive contribution to tobacco control research.

RITC supported two forms of capacity building: formal education training as well as seminars, professional meetings and training workshops. Future RITC projects are encouraged to encompass a sophisticated understanding of diversity in population and policy makers. These projects will require a better understanding of the value of conceptual and methodological complementarity. RITC must be prepared to assist researchers move into this direction.

One of the apparent, and unfortunate, difficulties in the majority of RITC's first generation projects was the failure of most of them to effectively influence policy makers. One of the underlying causes is probably the dearth of studies on the politics and political economy of decision making/governance in developing countries, especially in specific areas such as tobacco control. The scientific contribution of the first generation would have been more effective at the policy level had it taken into consideration the other determinants of social policies in these countries. This situation raises a question about the future role of RITC in ensuring the relevance of research findings for policy making and programming.

In the future, RITC must embrace tobacco control as a human development goal. With this goal as a guiding principle, a stronger RITC could include a clear thematic focus, a two-tier funding system, a multi-disciplinary approach, a good communication strategy, and a responsive administrative system. In all RITC's systems, a distinction must be made between the audience for individual research projects and the audience for RITC's agenda as a whole.

RITC's future challenge is, thus, both conceptual and methodological. RITC must revisit its thematic priorities. Research findings lead us to the conclusion that it is important to study both the supply-side and demand-side of tobacco. These thematic priorities can be based on past research experience in economics, political mapping, and determinants of smoking behaviour, however, they should also include other priorities such as women, youth, and ecosystems, as recommended in the three regional workshops sponsored by RITC in Latin America, Africa and Asia. In addition, to be relevant, research must reflect both the economic and health burden of tobacco on states and people.

With the largest percentage of grants allocated to exploring the economic aspects of tobacco, it is important to emphasize that tobacco control research is most useful when inclusive of both a health focus and an economics focus. A premature separation of the two in tobacco control

research is risky. One of the drawbacks of an over-emphasis on the economics of tobacco is that people's voices become muted. The economic focus also reproduces old models where economic and fiscal responses to social and health problems are considered sufficient for development. RITC's efforts to put forward a more sophisticated argument will be extremely helpful in balancing the ongoing debate about the health and economic aspects of tobacco. RITC's effort will be particularly important to build conceptual frameworks inclusive of the total well-being of society and individuals.

RITC's future intellectual endeavours also require a better combination of methodologies. In this regard, not only are quantitative, qualitative, econometric, and clinical methodologies required, a synthesis of the information generated from all these methodologies will also be required. It will be essential to do this type of synthesis on the levels of projects and themes. These conceptual developments must also include revisiting the purpose of and allocations for capacity building.

To build on the lessons of the first generation, RITC should seek an inclusive strategy. Diverse institutions—including universities, civil society, and government research institutions—can and do produce development-related knowledge. RITC's alliance with and openness to this diversity—in the North and South—will improve the uptake and monitoring of research results and will open the door to access funds and expertise available in and for these institutions.

Currently, RITC's limited financial resources undermine its ability to play the leading role to which it aspires. Perhaps the most challenging aspect of the future will be to maintain a steady flow of financial resources that would allow RITC and individual research projects to fulfil their aims and enable RITC to continue its leading role in stimulating and coordinating efforts in tobacco control research. A close and consultative approach with colleagues and partners will be essential in this regard. A close and consultative approach with the Steering Committee, the Technical Advisory Committee, and grant recipients will be essential to expand RITC's resources.

Summary of Recommendations:

1. Expand research for tobacco control to include the political-economic aspects of policy making, governance, and livelihood.
2. Promote research that is relevant for both policy making and programming. Disseminate the lessons learned.
3. Develop RITC's thematic orientation to include a marriage of disciplines and methodologies to reflect the interaction and interconnectedness of issues and stakeholders.
4. Allocate RITC's resources primarily based on thematic priorities.
5. Establish women and tobacco as one of RITC's priority areas.
6. Increase allocations for capacity building per project including support for North-South and South-South exchange.

7. Develop a fund for research on smokeless tobacco.
8. Foster cross-country and sub-regional comparative research.
9. Strengthen links with civil society institutions and groups of institutions.
10. Study and promote the role of civil society in research and action in tobacco control.
11. Build the capacity of researchers to implement multi-center research projects.
12. Develop links with funding, research, and implementing institutions where a potential exists for addressing the multiple aspects of tobacco control research.
13. Become a catalyst to strengthen the role of non-tobacco control institutions in tobacco control research.
14. Establish a two-tier fund (lower tier \$ 50-75,000).
15. Develop the information dissemination criteria to be integrated in the negotiation process of future projects.
16. Design a communication/dissemination plan for RITC. (Working papers, policy papers, booklets, translations, RITC-sponsored meetings, website, and so forth).
17. Create a RITC listserve for dissemination of information with opportunities for moderated e. discussions.
18. Revisit, develop, and distribute guidelines for submitting concept papers, proposals, reports, proposal evaluation criteria, and so forth.

2. SUMMARY TABLE OF PROJECTS:

| Characteristics | Vietnam 1995 | Turkey I & II 1995 + 1998 | WHO 1998 | CPHA 1998 | China 1998 | India 1996 | Brazil 1999 | S. Africa I 1996 | S. Africa II 1999 |
|---------------------------------------|-----------------|------------------------------|-------------|--------------|---------------|---------------|----------------|---------------------|----------------------|
| <i>RITC Themes</i> | | | | | | | | | |
| Strategic Catalysis ² | | | ✓ | ✓ | | | ✓ | | ✓ |
| Research Support ³ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Capacity Building ⁴ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Advocacy for Research ⁵ | | | | | | | ✓ | | |
| | | | | | | | | | |
| Asia | ✓ | | ✓ | ✓ | ✓ | ✓ | | | |
| Southern Africa | | | ✓ | | | | | ✓ | ✓ |
| The Middle East | | ✓ | ✓ | | | | | | |
| Latin America | | | ✓ | | | | ✓ | | |
| Eastern Europe | | | ✓ | | | | | | |
| | | | | | | | | | |

²Refers to a memo by Enis Baris, former RITC Executive Director, to RITC's Steering Committee members on January 29, 1999, in which this item referred: "to catalyze financial, intellectual and technical support for tobacco control research in less developed countries." (P.1)

³Ibid. Refers: "to provide technical and financial support for policy-relevant tobacco control research." (P.2)

⁴Ibid. Refers: "To strengthen individual and institutional capacity for tobacco control research in developing countries." (P.3)

⁵Ibid. Refers: "to advocate for research activities related to the production and consumption of tobacco in developing countries." (P.3)

RITC's Future: Insights from Past Experience

| Characteristics | Vietnam 1995 | Turkey I & II 1995 + 1998 | WHO 1998 | CPHA 1998 | China 1998 | India 1996 | Brazil 1999 | S. Africa I 1996 | S. Africa II 1999 |
|-----------------------------|-----------------|------------------------------|-------------|--------------|---------------|---------------|----------------|---------------------|----------------------|
| North-South Partnership | ✓ | | ✓ | ✓ | ✓ | | | | |
| South Inst. is Recipient | | ✓ | | | | ✓ | ✓ | ✓ | ✓ |
| Canadian Inst. is Recipient | ✓ | | | ✓ | | | | | |
| | | | | | | | | | |
| Quantitative Methodology | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Qualitative Methodology | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Software Technology | ✓ | | | | | | | ✓ | |
| Secondary Research Activity | | | ✓ | ✓ | | | | ✓ | |
| Medical Examination | | | | | | | ✓ | | |
| Environmental Tests | | | | | | | ✓ | | |
| Training Manual | | | | | | | | ✓ | ✓ |
| | | | | | | | | | |
| Women | ✓ | ✓ | | | ✓ | | ✓ | ✓ | |
| Youth/Children | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| Men | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | |
| Urban | ✓ | ✓ | ✓ | ✓ | | | | ✓ | |
| Rural | ✓ | | | | ✓ | ✓ | ✓ | | |
| Farmers | ✓ | | | | ✓ | ✓ | ✓ | | |

RITC's Future: Insights from Past Experience

| Characteristics | Vietnam 1995 | Turkey I & II 1995 + 1998 | WHO 1998 | CPHA 1998 | China 1998 | India 1996 | Brazil 1999 | S. Africa I 1996 | S. Africa II 1999 |
|--------------------------------------|-----------------|------------------------------|-------------|--------------|---------------|---------------|----------------|---------------------|----------------------|
| Mass Media | ✓ | ✓ | | ✓ | | | | | |
| Smokers | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Non-smokers | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Policy Makers | ✓ | ✓ | | | ✓ | | | ✓ | ✓ |
| Financial Institutions | | | | | | ✓ | | | |
| | | | | | | | | | |
| Report in English or French | ✓ | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Report/Publication in Local Language | ✓ | ✓ | | | | | | | |
| Scientific Journal Publication | | | | | ✓* (1) | | | ✓** (1) | |
| Policy Briefings | | | | | | | | ✓ | ✓ |
| Online Information | ✓ | ✓ (I) | | ✓ | | | | ✓ | ✓ |
| In-country Conferences | ✓ | ✓ | | ✓ | ✓ | ✓ | | ✓ | |
| Regional/International Conferences | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | |
| | | | | | | | | | |
| Proposed Phase II | | ✓ | | | | ✓ | | ✓ | |
| Completed | ✓ | ✓ (I) | | | | | | ✓ | |

*One other article has been submitted to a scientific journal and is currently under review.

**Two other articles have been submitted to scientific journals and are currently under review.

3. HIGHLIGHTS OF FINDINGS:

| Project | Highlights of Findings |
|---|---|
| Vietnam: Political Mapping for Tobacco Control | <ul style="list-style-type: none">- In general, the Vietnamese public is unaware of the detrimental effect of smoking on their well-being.- The classification of individual and institutional stakeholders/players in terms of their potential to influence tobacco control policies is essential.- In Vietnam, political mapping requires the input of a wide range of partners.- Effective scanning of the tobacco control policy-making scene requires relevant, timely, accessible, and comprehensive information—a challenging requirement in Vietnam.- A combined quantitative-qualitative approach better reflects the tobacco control policy environment. |
| South Africa I: Comprehensive Tobacco Control Research Programme | <ul style="list-style-type: none">- In South Africa, the real price of cigarettes has dropped over the past 24 years. Financially, this is bad news for the South African government and good news for tobacco companies.- Taxation is an important element of any optimal policy mix for tobacco control.- Higher tobacco taxation is important in South Africa but is not enough to control tobacco.- It is advisable for the government to encourage people to stop smoking—a step which will lead to a net job gain. The South African government must step up its anti-smoking measures before more women—and men—take up smoking and make it part of their culture.- Coping with stresses through smoking is increasingly becoming part of South African culture. |

| Project | Highlights of Findings |
|--|---|
| India: Economics of Shifting from Tobacco Cultivation | <ul style="list-style-type: none"> - In the Indian state of Karnataka, tobacco cultivation is determined by both social and economic factors. - In this state, the acceptance of inter-cropping (tobacco plus another crop) depends on the amount of water available for irrigation. - Appropriate support and a proper calculation of cultivation cost will encourage shifting in this state, and possibly in other locations in India. - While tobacco is a cash crop for a large percentage of farmers in Karnataka, it is also a social and health menace. - Successful shifting away from tobacco cultivation must happen gradually. |
| Turkey I: Smoking Behaviours, Attitudes and Practices | <ul style="list-style-type: none"> - In Turkey, where a culture of smoking already exists, smokers start smoking at a young age. - It is more acceptable in Turkey to smoke at work place and restaurants than at schools and healthcare facilities. - In Turkey, more female teachers than male teachers smoke but fewer sportswomen smoke than sportsmen. - It is crucial to monitor the enforcement of the recent Turkish anti-smoking law. |
| China: Cigarette Consumption, Production and Taxation | <ul style="list-style-type: none"> - In China, men smoke much more than women. - A higher level of education is associated with less smoking and better health in China. - People in rural China consume fewer cigarettes and are less likely to smoke than those in urban areas. - In China, cigarettes are a commodity. They are associated with a certain lifestyle. They should also be taxed as a commodity. - Cigarettes tax the national Chinese economy. - Higher taxes on cigarettes is a policy option for the Chinese government. Taxes will reduce consumption and improve the overall health status of the Chinese Population. |
| Turkey II: Tobacco Control Strategies | In Progress |

| Project | Highlights of Findings |
|--|--|
| WHO: Building Alliances for a Generation of Tobacco-Free Children and Youth | In Progress |
| CPHA: Global Alliance for a Generation of Tobacco-Free Children and Youth | <ul style="list-style-type: none">- Most Moscovites smoke, and many start smoking at a very young age.- School students obtain cigarettes easily and can easily smoke in public.- Help to stop smoking is not readily available in Russia, but cigarettes are.- Few Moscow school students report seeing or hearing anti-smoking messages.- The education system is not very active in tobacco use prevention in Russia. |
| South Africa, II: Economics of Tobacco Control | In Progress |
| Brazil: Tobacco Growing and Ecosystem Effects | In Progress |

4. INTRODUCTION:

4.1. The Aim:

RITC's future will be determined by its responsiveness to changes in the field of tobacco control research, but that responsiveness must also be accompanied by a leading role in this field. In order for RITC to lead and respond, it is essential to examine the past and the present. This document is an effort in that direction. The main purpose of this document is to:

1. Examine the important lessons from RITC's past.
2. Highlight the intellectual and procedural challenges in the future.
3. Reflect on possible future strategies for RITC to assume a leading role in the field of research for tobacco control.

This document, however, has certain limitations:

1. Staff changes during RITC's history and their current geographical disbursement preclude—at this point—the solicitation of their potentially valuable input.
2. The documentation of the achievements of RITC-funded projects varies greatly. It is, thus, impossible to claim that this review is based on a thorough knowledge of all the successes and challenges that each project faced.
3. The relevance of future recommendations is limited because of the inability to foresee the level of resources that will be made available to implement these recommendations.

With these points in mind, it is important to point out that RITC has always been blessed with a strong team. RITC's current team benefits from the many years of experience of its members in RITC (formerly ITI), IDRC, Canada and internationally. It is with this human capacity in mind that analysis and recommendations are presented.

- To catalyse financial, intellectual and technical support of tobacco control research in developing countries.
- To provide technical and financial support for policy-relevant international tobacco control research.
- To strengthen individual and institutional capacity building for tobacco control research in developing countries.
- To advocate for research activities related to the production and consumption of tobacco in developing countries.

2. RITC's Aims.

4.2. RITC's Objectives:

During the period of August 1998-January 1999, RITC organized three regional workshops with the main purpose of producing regionally relevant tobacco control research agendas. The workshops were implemented in Africa, Asia, and Latin America. RITC's process was unique in that it was participatory in nature and maximized on existing expertise in each region. In addition, the cross-fertilization between regions occurred as regional representatives attended the other regions' workshops. In addition to being enriching and providing an initial impetus for regional and international networking in tobacco control research, these workshops drew an intellectual map for RITC. RITC is still pursuing the map drawn up by this participatory process.

Participants at all three workshops identified the following research priorities:

1. The lack of standardized and comparable data.
2. The absence of a network for communication of information, data, and best practices.
3. Lack of adequate capacity for tobacco control research, especially in non-health related areas such as economics and policy analysis.
4. A need for concerted mobilisation of human and financial resources in order to implement a comprehensive research agenda, build partnerships and stimulate comparative research and analysis.

3. Regional Tobacco Control Research Priorities. (Source: Baris, E. et al. 2000. "Research Priorities for Tobacco Control in Developing Countries: A Regional Approach to a Global Consultative Process." *Tobacco Control*, 9:217-223. (refer specifically to pp. 218-219).

RITC's projects reflect the priorities identified during these workshops. These priorities inform RITC's project approvals, thus, emphasizing RITC's commitment to the themes and process of these workshops. Throughout this document, reference will be made to these priorities.

4.3. Document Layout:

Section One is a discussion of RITC's projects during the 1995-1999 period. The tone of this section is futuristic because a more detailed profile of individual projects is presented in Section Two. The last chapter of Section One includes conclusions and recommendations. Section Two

will offer a summary profile of each RITC-funded project. Section Three provides a table that illustrates how each of RITC's projects address the tobacco control research priorities that were identified at the three regional meetings. The following table provides a summary of the RITC's 1995-1999 projects:

| Region | Country | Project | Budget | % | Theme |
|-----------------------------|----------------|----------------|---------------------|--------------|--|
| Africa | S. Africa | S. Africa I | \$ 300,000 | 18.4% | -Economics -Capacity Building -Determinants of Smoking -Political Mapping |
| Africa | S. Africa | S. Africa II | \$ 155,500 | 9.5% | Economic Monitoring |
| Africa Subtotal | | | \$ 455,500 | 27.9% | |
| Middle East | Turkey | Turkey I | \$ 51,410 | 3.2% | Determinants of Smoking |
| Middle East | Turkey | Turkey II | \$ 224,750 | 13.8% | Law Enforcement Monitoring |
| Middle East Subtotal | | | \$ 276,160 | 17% | |
| Asia | China | China | \$ 71,880 | 4.4% | Economics |
| Asia | Vietnam | Vietnam | \$ 28,400 | 1.7% | Political Mapping |
| Asia | India | India | \$ 242,360 | 14.9% | Economics |
| Asia Subtotal | | | \$ 342,640 | 21% | |
| Global | Global | WHO | \$ 200,000 | 12.3% | Youth |
| Global | Global | CPHA | \$ 205,200 | 12.6% | Youth |
| Global Subtotal | | | \$ 405,200 | 24.9% | |
| Latin America | Brazil (*) | Brazil | \$ 150,000 | 9.2% | Ecosystems |
| L. America Subtotal | | | \$ 150,000 | 9.2% | |
| TOTAL | | | \$ 1,629,500 | 100% | |

4. RITC's 1995-1999 Fund Allocations Per Region, Country, and Theme. * = Funds for Brazil were drawn from IDRC's Special Program Fund. The funds are shown here to reflect RITC's contribution to the development of this project and its commitment to ensuring its success.

5. RESEARCH THEMES: PAST, PRESENT AND FUTURE:

5.1. First Generation Projects:

It is possible to consider RITC-funded projects in terms of a generational evolution. The first generation of projects was focussed on providing pertinent economic, behavioural, and political mapping information. With one exception however, this generation generated discrete knowledge. In other words, the generated information was not entirely linked to other pertinent knowledge. The research on the economic aspects, only contributed exceptionally to policy making. Knowledge generated from scanning the policy making environment was not actively communicated to policy makers, even within the same country.

| | |
|--------------------------|----------------------------------|
| Largest Grant | \$ 300,000 (South Africa I-1996) |
| Smallest Grant | \$ 28,400 (Vietnam-1995) |
| Average Amount Per Grant | \$ 162,950 |

5. RITC's 1995-1999 Grants.

The focus on this basic information was and is justifiable given the lack of knowledge about tobacco control in developing countries—which was also agreed upon in the three regional workshops sponsored by RITC in Africa, Latin America and Asia (see Box 3). Yet, this focus missed a chance to link policy makers with researchers, people's perceptions and behaviours with the economics of tobacco control, and the production of knowledge with its application. Some important lessons were learned for the second generation of RITC projects.

| First Generation Grants | Second Generation Grants |
|---|--|
| <ol style="list-style-type: none"> 1. Political Mapping for Tobacco Control-Vietnam. 2. Smoking Behaviour, Attitudes and Practices-Turkey. 3. Comprehensive Tobacco Control Research Programme-South Africa. 4. Economics of Shifting from Tobacco Cultivation-India. 5. Cigarette Consumption, Production and Taxation-China. 6. Global Alliance for Generation of Tobacco-Free Children and Youth-CPHA. 7. Building Alliances for Generation of Tobacco-Free Children and Youth-WHO. | <ol style="list-style-type: none"> 1. Tobacco Control Strategies-Turkey. 2. Economics of Tobacco Control-South Africa. 3. Tobacco Growing and Ecosystem Effects-Brazil. |

6. First and Second Generation Grants.

5.1.1. From Health to Economics:

In Box 7 it can be seen that RITC allocated the largest percentage of its resources (39%) to the economics of tobacco in three countries, namely, China, India, and South Africa. These projects were characterized by a coverage of a diverse set of issues including taxation (China, and South Africa I), alternative cropping (India), capacity building of economics of tobacco control researchers (South Africa I), and later, monitoring the effectiveness of the new taxation policies (South Africa II).

These issues are pertinent and address an important gap in the literature. In contrast with other RITC-funded projects, the teams in charge of these projects invested in efforts to reach policy makers through:

- media releases and policy briefings (e.g. South Africa I)
- seminars with policy makers (e.g. China)
- seminars with local and international stakeholders (e.g. India)
- scientific publications (e.g. China and South Africa I)

Using surveying, econometrics, and qualitative methodologies, this group uncovered important findings:

- tobacco and smoking pose a high economic burden on the state (China).
- governments forfeit the chance to maximize the excise tax on cigarettes (South Africa I).
- interest among many farmers to inter-crop or switch from tobacco cultivation is not matched with local level opportunities (India).

These projects targeted at least two identified regional priorities (see Box 3): the need for basic information and the need for capacity building, especially in non-health areas. In addition, these projects are in harmony with the priorities of the RITC/WHO Global Agenda for Tobacco Control Research presented to the 1999 Global Forum for Health Research in Geneva. This global agenda identified the need for country specific research as well as economic and legislative policy intervention research as priorities (WHO and RITC 1999:5-6).⁶ The India project specifically addressed the priority, identified in the global agenda, of improving the understanding of tobacco farming (WHO and RITC 1999:8)⁷.

Still, with the largest percentage of grants allocated to this area, it is important to point out that tobacco control research must be inclusive of both a health focus and an economics focus. A premature separation of the two in tobacco control research is risky. Governments and populations still consider health a central focus and a justifiable means to total well-being. In addition, the performance of governments—in or out of tobacco control—is not only measurable in economic terms but also in terms of the overall health status of the population. A premature division precludes in-depth understanding of either.

These projects raise several questions for the future:

1. How will it be possible in the future to study the particular ways tobacco cultivation, marketing, and consumption affect women and men differently?
2. How early-on involvement of policy makers can give research results the best chance to be integrated in tobacco control policies?
3. How will it be possible in the future to study the links between the economic aspects of tobacco and people's well-being? How does tobacco control relate to the overall development priorities of societies? What is the optimal policy mix for each society?
4. How will it be possible to link together research components in a final analysis?

⁶ WHO and RITC. 1999. *Confronting the Epidemic: A Global Agenda for Tobacco Control Research*. Geneva: WHO.

⁷ Ibid. (Confronting...)

| Theme | Country/Project | \$\$\$ | % |
|--|---|------------------------------------|------|
| 1. Economics | China | \$ 71,880 | 4% |
| | India | \$ 242,360 | 15% |
| | South Africa I (Capacity Building and Economics Components) | app. \$ 98,000 + app. \$ 72,000 | 10% |
| | South Africa II | \$ 155,500 | 10% |
| Subtotal | | \$ 639,740 | 39% |
| 2. Youth | Global-WHO | \$ 200,000 | 12% |
| | Global-CPHA | \$ 205,200 | 13% |
| Subtotal | | \$ 405,200 | 25% |
| 3. Ecosystem | Latin America/Brazil | \$ 150,000 | 9% |
| Subtotal | | \$ 150,000 | 9% |
| 4. Anti-Smoking Enforcement | Turkey II | \$ 224,750 | 14% |
| Subtotal | | \$ 224,750 | 14% |
| 5. Political Mapping | Vietnam | \$ 28,400 | 1.7% |
| | South Africa I (One Component) | app. \$ 22,000 | 1.3% |
| Subtotal | | \$ 50,400 | 3% |
| 6. Determinants of Smoking Behaviour (*) | South Africa I (One Component) | app. \$ 108,000 | 7% |
| | Turkey I | \$ 51,410 | 3% |
| Subtotal | | \$ 159,410 | 10% |
| TOTAL | | \$ 1,629,500 | 100% |

7. RITC 1995-1999 Fund Allocations Per Theme. * = A small component of the Vietnam project also focussed on Determinants of Smoking Behaviour.

5.1.2. Youth and Smoking:

Approximately 25% of RITC grants were allocated for two projects implemented by the WHO and CPHA as a part of a larger international Global Youth and Tobacco Survey (GYTS). This is the only specific youth activity that RITC has funded. The delayed survey results mean that

RITC still has only a modest substantive contribution to make in this field. The subject of youth and tobacco is rife with interesting debates about social and generational issues on which RITC has been unable to leave a mark. In the field of youth and tobacco, RITC could play a leading role relying on social and health sciences literature that is trying to steer away from simplistic models.

RITC's funds in this field meets one of the main priorities from the regional workshops, namely, the need to network institutions and do comparative research. This research also corresponds with the need, expressed during these workshops, for "detailed information broken down by sex, age group, population at risk, and regions and provinces" (Baris et al. 2000:219).⁸ It is safe to say that WHO and CPHA are effectively pursuing the research objectives, however, it remains unclear if some other priority issues from the regional research priorities will be addressed in this research. Political environment mapping, gender differences, economic aspects, rural-urban differences are all important areas which may or may not be addressed in this survey.

The focus of this research seems to be on patterns of consumption. The CPHA research in Russia reveals that:

- Most smokers start smoking at a very young age.
- It is easier for young smokers to get cigarettes than it is to get help to stop smoking.
- the curriculum at schools doesn't contain adequate anti-tobacco information.

Among the questions this theme raises is:

1. How can RITC strike a balance between supporting large research projects and its limited financial resources?
2. How can RITC strike a balance between contributing to research projects of large international organizations (e.g. WHO) without risk to RITC's limited resources? How to be involved in the global agenda given RITC's limited resources?
3. How can a dissemination plan be an integral component of negotiating new research projects?
4. How can RITC-supported research include analysis that is sophisticated enough to capture the social, health and economic environment surrounding youth?

⁸ Baris, E. et al. 2000. "Research Priorities for Tobacco Control in Developing Countries: A Regional Approach to a Global Consultative Process." *Tobacco Control*, 9:217-223.

5.1.3. Anti-Smoking Enforcement:

RITC allocated 14% of its funds to research anti-smoking enforcement in Turkey. Turkey II fills the gap in knowledge about the effectiveness of anti-smoking measures, particularly in societies of high smoking prevalence and in developing countries. The results are not yet available but RITC's concern here should be:

1. How will these results be communicated to and useful for other developing countries?
2. How can the measurement of one or two aspects of anti-smoking measures reflect the complex aspects of social change with regard to smoking? For example, will a change in patterns of smoking among men influence gender relations? How does anti-smoking enforcement pose a political, economic, and civil society challenge in developing countries?
3. How can monitoring anti-smoking enforcement be done through mutual efforts between researchers, civil society, and the governments?

5.1.4. Determinants of Smoking Behaviour:

Three projects¹ fall under this category, Turkey I, one component of South Africa I, and a component of the Vietnam project to the total of approximately 10% of RITC's funds. Some important information was revealed by this research:

- A culture of smoking reproduces itself especially in the absence of enforcement and where smoking starts at an early age (Turkey I).
- In a culture where smoking is integrated into everyday life, it is hard to resist the prevailing norms (Vietnam).
- In a culture of smoking, smoking becomes a means to deal with social and economic stress. In the face of adverse social conditions, the priority for smokers is to cope with the surrounding environment. For smokers, whether smoking is good or bad is irrelevant under these circumstances (South Africa I).

These research projects correspond with the need, expressed in the regional workshops, to produce standardized and comparable data broken down sex, age, and population at risk. This research also corresponds to the emphasis given at the regional workshops on doing research on both the supply-side and demand-side of tobacco (Baris et al. 2000:219)⁹. In addition, research in this area corresponds to the need for: "behavioural research to test prevention and treatment programmes and sociocultural studies to elucidate differences in responsiveness to interventions

⁹Ibid. (Research...)

among ethnic and cultural groups” (WHO and RITC 1999:6)¹⁰. This is particularly so in order to build conceptual frameworks inclusive of the total well-being of society and individuals. Research in this field raises some important questions for the future:

| Demand-Side Research | Supply-Side Research |
|---|--|
| Building Alliances for a Generation of Tobacco-Free Children and Youth (WHO) | Economics of Tobacco Control-South Africa (Phase II) |
| Cigarette Consumption, Production and Taxation-China | Cigarette Consumption, Production and Taxation-China |
| Smoking Behaviours, Attitudes and Practices-Turkey (Phase I) | Tobacco Control Strategies-Turkey (Phase II) |
| Comprehensive Tobacco Control Research Programme-South Africa (Phase I) (one component) | Economics of Shifting from Tobacco Cultivation-India |
| Global Alliance for a Generation of Tobacco-Free Children and Youth (CPHA) | Comprehensive Tobacco Control Research Programme-South Africa (Phase I) (two components) |
| | Political Mapping for Tobacco Control-Vietnam |
| | Tobacco Growing and Ecosystem Effects-Brazil |

8. RITC's Support for Demand-Side and Supply-Side Research.

1. What strategies should RITC pursue to support an integrated understanding of the supply- and demand-side of tobacco control? What are the methodological challenges? And how to address them?
2. How to reach a better understanding of the gender differences in social, health, and economic implications of the lack of tobacco control in developing countries?
3. To what extent is civil society involved in ameliorating the demand-side? How can research help to understand this role?

¹⁰Ibid. (Confronting...)

5.1.5. Political Mapping:

Policy Maker is a software that was initially developed at Harvard with a grant from IDRC and ITI (now RITC). It was a pioneering initiative that aimed at using software in policy research and the Policy Maker software was used for the first time in the field of tobacco control research. Through RITC's support, Policy Maker software was tested in Vietnam and South Africa I. RITC's projects which tested Policy Maker fit with the regional research priority of generating standardized and comparative data and the priority of capacity building in tobacco control research, including policy analysis (see Box 3).

The software documents the policy making environment and analyzes possible strategies for the future. RITC spent about 3% of its resources on this theme. While the purpose was and should continue to be a priority for RITC, its implementation had a limited success. Findings from political mapping were presented as lists of stakeholders with a ranking of their level of importance in policy making. These lists are then followed by the additional lists of potential solutions and strategies that are ranked as high, moderate and low in terms of their importance.

These generated lists poorly prepare researchers to effectively reach policy makers because, inevitably, there are many listings under each ranking (high, medium and low). This style of presentation of the results makes it also hard to reach a conclusion about the results of testing this software—an opportunity is lost. This loss is clearest in South Africa I where one program component comprised testing this software. Because there was no synergy between testing the software and the economics of tobacco component, a chance to test and learn the effectiveness of this software is lost.

Still, the objective of political mapping must remain a priority and RITC will have to test new ways and develop new projects to this end. Whether through software, another methodology, or a combination of methodologies, RITC should invest in capacity building and in research that will reveal the political and policy environment of tobacco control.

This experience raises several questions:

1. What methodologies can be used to scan the policy environment in the future?
2. How will scanning the policy environment be integrated into RITC criteria for future funding?
3. Who is best equipped to do this kind of research? Will capacity building be required? In what form?
4. How can the complementarity of methodologies take place seamlessly?

5.2. Second Generation RITC Projects:

RITC has entered its second generation of projects on two legs: monitoring and diversity.

5.2.1. Monitoring as a Second Generation Characteristic:

Two monitoring/follow-up projects have been approved by RITC: South Africa II and Turkey II (see Box 9) (see Turkey II in 5.1.3.). These projects aim to monitor recent tobacco control policies in these countries. In the case of South Africa, it is safe to say that the knowledge generated in Phase I represented a significant contribution to new national tobacco control policies. The significance of this new generation of RITC projects is twofold: it meets a need—expressed during the regional workshops—to provide a knowledge base and a system to monitor the performance of tobacco control policies. Along the same line, it also meets the need to “determine the impact of tobacco control policies” (WHO and RITC 1999:5)¹¹, as expressed in the Global Agenda for Tobacco Control Research. The knowledge will be relevant for these countries and elsewhere. Both projects are expected to contribute to the ongoing debate about the direction and optimal mix of tobacco control policies in developing countries.

| Region/Country | Initial Funding | Repeat Funding | Total \$\$\$ | % of Total RITC Grants |
|-----------------------|------------------------|-----------------------|---------------------|-------------------------------|
| Africa/South Africa | \$ 300,000(*) | \$ 155,500 | \$ 455,500 | 28% |
| Middle East/Turkey | \$ 51,410 | \$ 224,750 | \$276,160 | 17% |

9. Percentage of RITC's 1995-1999 Budget Spent on Phase II of Projects. * = The Fund for the Component Titled “The Economics of Tobacco Control” was approximately \$ 72,000.

The implementation of these projects is in progress, but relevant questions include:

1. What is the appropriate mix of methodologies to monitor the supply- and demand-side of tobacco?
2. Would monitoring tobacco control be more effective if implemented through in-country multi-institutional collaboration involving universities, the government, and civil society?
3. How can the results of monitoring influence policy adjustments?

¹¹Ibid. (Confronting...)

5.2.2. Diversity and Interconnectedness: The Case of Ecosystems:

This project is exemplary of the second generation because it attempts to capture the complex nature of tobacco control through the study of the interaction of systems and the inclusion of diverse stakeholders.¹² The project aims to study the impact of tobacco cultivation on the ecosystem and human health in a region in Brazil. The interconnectedness is also exemplified in the plan to communicate the results to both local leaders and policy makers. The project also links the study of attitudes and behaviours with social, health, and clinical realities of men and women from different ethnic and socioeconomic backgrounds. At the end, this research will reflect a more comprehensive picture of the situation and the road ahead.

5.3. Conclusion:

One of the apparent and unfortunate difficulties in the majority of the projects of the first generation was their failure to influence tobacco control policies. It is already pointed out that influencing policy is best when planned early-on in the research. The missing link between research and policy persists because of the lack of attention to the numerous studies on the political economy of decision making/governance in developing countries, especially when it comes to specific development topics. This is the end to which political mapping was supposed to contribute. The study of economics, or health, or the role of media in tobacco promotion or control is not enough in tobacco control research. Such studies must be supplemented with knowledge about the broader political, economic and social relationships within which the issue is situated. In other words, it is clear that the scientific contribution of the first generation of RITC-funded research would have been more effective on the policy level had it also taken into account the other determinants of social policies in these countries.

¹²This project is funded by IDRC's Special Program Fund. It is included here in RITC's work and budget to reflect RITC's active involvement in developing the project and RITC's commitment to provide technical expertise.

Even with this lesson, in contemplating the future, one is faced with the question of relevance. How relevant will the research findings be in terms of policy making and programming? One cannot be too separate from the other. Both can be studied concurrently or sequentially and, in all cases, a successful model must be promoted. To this end, it might be useful to reflect on a successful research model that links policy, programs, and research. The point here is to enlarge the scope of RITC to include more applied/intervention research that rests on two prongs: policy and programming. (see Box 10)

This mix between policy and programming was also expressed in the RITC/WHO Global Agenda for Tobacco Control Research presented at the 1999 Global Forum for Health Research. The agenda proposed that in terms of program interventions: “the global health research agenda should be grounded in a comprehensive public health model of nicotine addiction that encompasses environment, agent, host and vector” (WHO and RITC 1999:6).¹³

Operations Research (OR) originated in the field of family planning. As a type of applied research, this research model is concerned with translating policy recommendations—in the field of family planning—into effective programs through research.

In this model, the effectiveness of a specific intervention for program improvement is tested. The premise is that the successful integration of research findings into programs is essential for successful policy implementation. OR follows a study-intervene-study model with the idea that this intervention, if successful, will also be applied elsewhere.

10. OR: An Example of a Model of Applied Research.

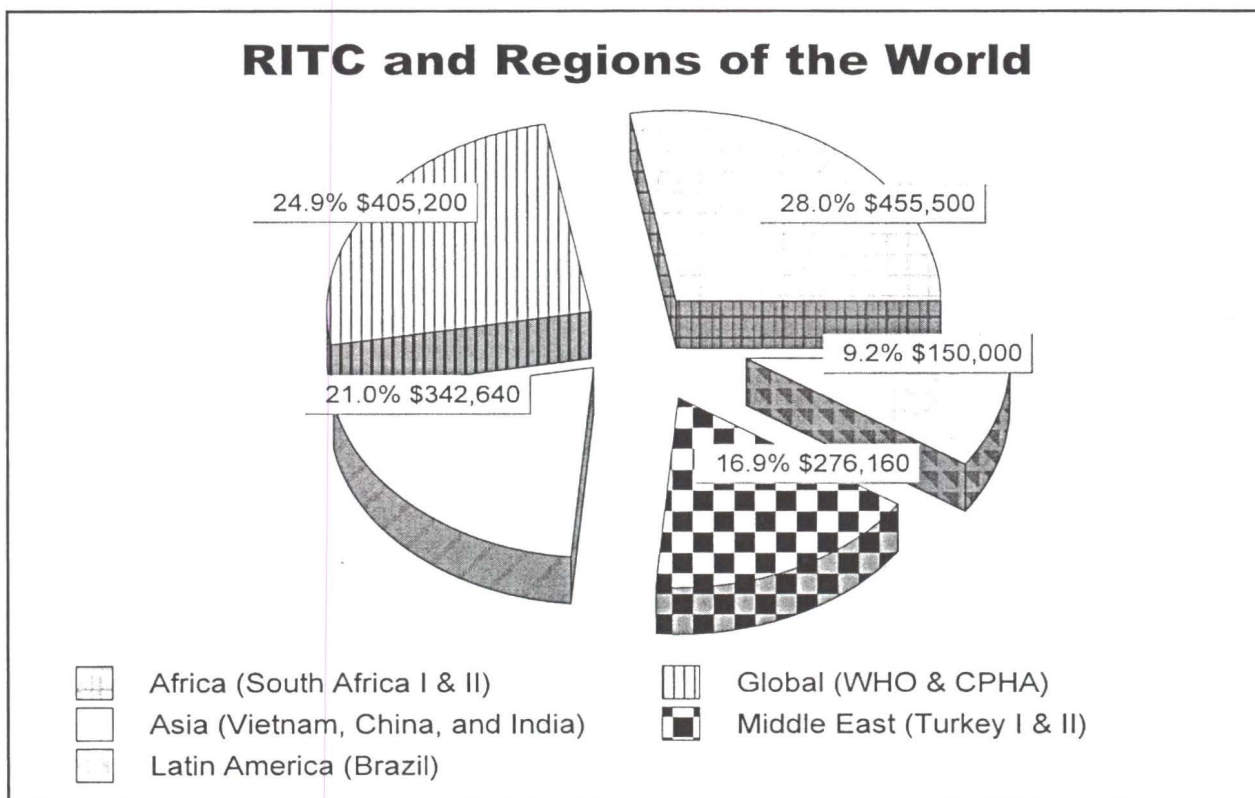
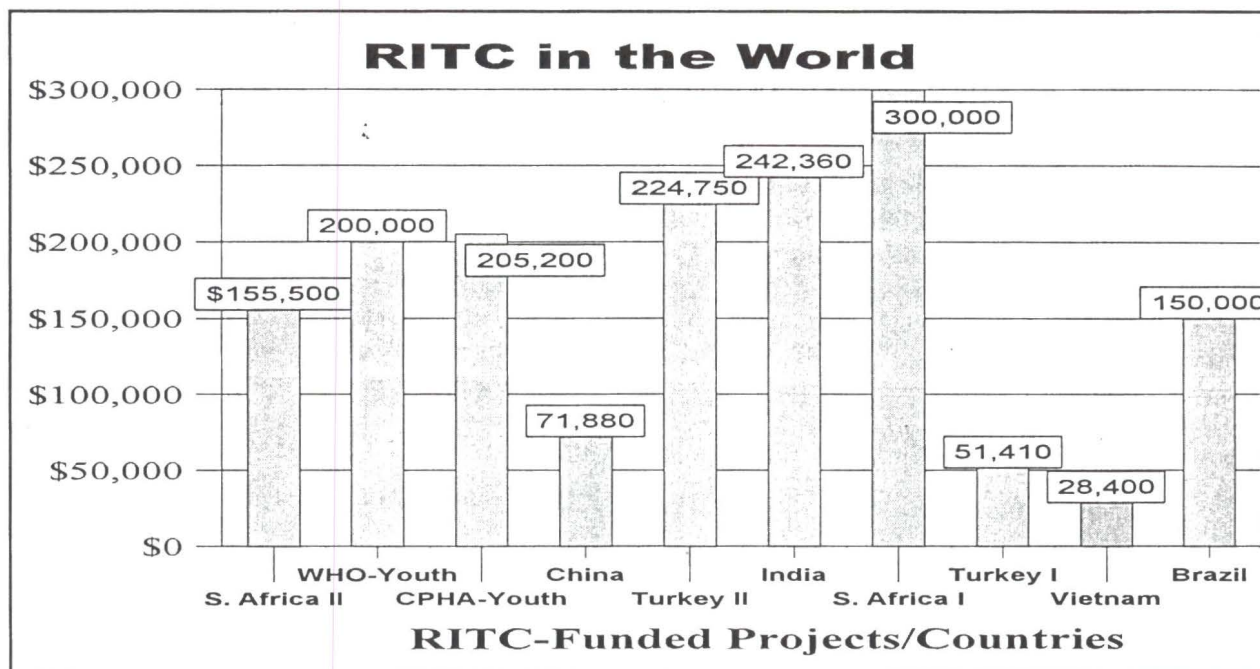
1. Expand tobacco control research to include the political-economic aspects of policy making, governance, and livelihood.
2. Promote research that is relevant for both policy making and programming. Disseminate the lessons learned.

11. Lessons From the Generations.

6. GEOGRAPHY MATTERS:

Analysis of RITC's grant allocation per region is somewhat misleading since most regions are represented by one country. During 1995-1999, allocation for Africa, the Middle East and Latin America was approximately 28%, 17% and 9% respectively, however, only South Africa, Brazil and Turkey were represented in these regions.

¹³ Ibid. (Confronting...)



This analysis is mainly useful to highlight: a) the need for additional funds, and b) the need to develop a thematic focus to maximize learning and exchange of knowledge. RITC can improve its effectiveness through building powerful thematic findings and ensuring their accessibility to a wide audience. Cross-learning was minimal among the first generation of RITC projects partly because of the vast thematic dispersion. Identifying priority themes and structuring opportunities for exchange will strengthen RITC's thematic contribution to tobacco control.

It is complicated to measure where RITC is most needed and where it can be most effective geographically. For example, in Box 12, Sub-Saharan Africa, which has 13% of the population of developing countries, has only 6% of the world's smokers. In this region, however, 33% of men and 10% of women smoke—a high percentage even if the sheer numbers are not high, given the unpopulous nature of most of Sub-Saharan Africa. In a similar vein, 7% of the population of developing countries live in the Middle East and 3% of the world's smokers live there, but 44% of men and 5% of women smoke. In addition, these numbers don't speak to the health status of the population, or to state of healthcare in these countries and regions, or the percentage of GDP allocated to healthcare, or the culture of smoking in any of these regions. Clearly, tobacco control research is needed everywhere, but the financial resources are limited, thus, the preference should be for a thematic contribution in this field.

| Region | Population % of all Developing Countries | Smokers % of World Smokers | % Male Smokers | % Female Smokers | Location of RITC Projects | % of RITC Budget |
|--|---|-------------------------------------|-------------------|---------------------|---------------------------------|------------------------|
| East Asia and Pacific | China 27% | 35% | 59% | 4% | Vietnam and China | 6% |
| Latin America and Caribbean | 11% | 8% | 40% | 21% | Brazil | 9% |
| Middle East and North Africa | 7% | 3% | 44% | 5% | Turkey I and II | 17% |
| -South Asia: Cigarettes | India 21% (Rest of Asia 21%) | 8% | 20% | 1% | India | 15% |
| -South Asia: Bidis | | 8% | 20% | 3% | | |
| Sub- Saharan Africa | 13% | 6% | 33% | 10% | South Africa I and II | 28% |

12. RITC's Response to a Global Phenomenon.(Source of Global Information: *Curbing the Epidemic: Governments and the Economics of Tobacco Control*. Washington, D.C.: World Bank, p15; Source of Population Figures: *Profiles for Family Planning and Reproductive Health Programs: 116 Countries*. John Ross et al., Washington, D.C.: The Futures Group International:p3).

An important consideration for future thematic development is the need to at least keep smoking at its current low level among women and work towards averting the recruitment of more female smokers. This consideration was also recommended in the regional workshops and the RITC/WHO Global Agenda for Tobacco Control Research. This goal will require research on women's health and their gender roles in developing countries. For example, compared with the prevalence of cigarette smoking among women that ranges from 1% in South Asia to 21% in Latin America, the same regions see 20% (twenty-fold) and 40% (twofold) prevalence of

smoking among men respectively. These percentages indicate that commonalities and disparities among men and women smokers must be carefully studied.

7. CAPACITY BUILDING:

Capacity building is one of RITC's main aims. Two forms of capacity building were supported, the first and most common is in the form of seminars, professional meetings and training workshops in most projects, and the second is in the form of formal education training (South Africa I and Turkey II). In all cases the researchers who received formal training are still very active in the field of tobacco control research. Some of them are also involved in bringing tobacco control research findings to the policy and program levels in their respective countries. In addition, the benefits of capacity building are realized at the institutional level. For example, two of the institutions that received funds during the first generation went on to develop more sophisticated projects that received a second phase of RITC funding. The projects of these two institutions—Turkey II and South Africa II—are helping define the second generation of RITC's projects. In general, during the 1995-1999 period, capacity building efforts were focussed on technical upgrading and exchange opportunities.

The next generation of projects will require an additional set of skills. An overall more sophisticated understanding of diversity among populations and levels of policy makers will be required. A better understanding of the complementarity of methodologies and their potential contribution to tobacco control research is also required. Multidisciplinary teams will need to be nurtured to develop conceptual frameworks suitable for understanding the complex nature of tobacco control. The skills required to link research on the supply-side and on the demand-side are also almost non-existent in most developing countries. These are all areas that must be carefully considered by RITC. RITC's capacity building efforts should also aim at integrating tobacco control research in the overall social development agenda.

It is clear from the available project documents that at least three capacity building priorities are needed as regards:

1. How to conceptualize multidisciplinary research frameworks?
2. How to influence policy makers?
3. How to disseminate research findings to other researchers and stakeholders?

8. DISCUSSION:

RITC projects have already entered a new stage of conceptual development that requires new strategies. Fresh thinking and lessons from the past can enhance RITC's future strategies to reach its aims. To this end, three domains of development are proposed: the conceptual domain, the institutions domain and the operationalization domain.

8.1. The Conceptual Domain:

Old popular binary models prevail in the field of tobacco control. The examples include the dichotomy between the state and people, tobacco companies and civil society, smokers and non-smokers, quantitative and qualitative methodologies, health and economics, and so forth. Unfortunately, some of these dichotomies are reproduced in previous RITC-funded projects. The image is that of good and evil at opposite ends. Yet, it seems certain that there is more to reality than these simple models. Operating within these models could explain why RITC-funded research has not been ubiquitously successful in reaching policy makers. The challenge is both conceptual and methodological. Research that defies these dichotomies is uncommon. Therefore, supporting research that is informed by a more sophisticated conceptual framework can be where RITC's future lies.

A basic element of RITC's future should be to develop a conceptual agenda where substantive thematic contributions are easier to produce. Thematic priorities should be informed by past projects but must also explore other conceptual grounds such as youth and tobacco, women and tobacco, governance and decision making in social policy, to name a few, which are also in harmony with the priorities identified at the three regional workshops. Furthermore, in developing countries, still more needs to be known about the interaction of the supply-side and demand-side of tobacco and how that affects states, farmers, youth, men and women. This conceptual development must also reflect both the interaction between economics and health on the level of the state and population. Dr. Gro Harlem Brundtland notes:

The importance of the role of health in overall development is being rapidly embraced by governments around the world. Increasingly, governments realise they need to integrate health into the broader context of development. They are also beginning to look at investments in health as more than simply a mere consumption expenditure. Instead, health is increasingly being seen as a major opportunity for growth, productivity, human progress and poverty alleviation (Gro Harlem Brundtland 2000:2).¹⁴

With the largest percentage of grants allocated to exploring the economic aspects of tobacco, it is important to point out that tobacco control research is most useful when inclusive of both a health focus and an economics focus. A premature separation of the two in tobacco control research is risky. A drawback of an over-emphasis on the economics of tobacco is that people's voices become muted. The economics focus also reproduces old models where economic and fiscal responses to social and health problems are considered sufficient for development. RITC's

¹⁴Gro Harlem Brundtland's Opening Speech at the WHO International Conference on Global Tobacco Control Law: Towards a WHO Framework Convention on Tobacco Control, New Delhi, India, January 7, 2000. www.who.int/director-general...hes/english/20000107_new_delhi.html.

efforts to put forward a more sophisticated argument will be extremely helpful in balancing the ongoing debate about the health and economic aspects of tobacco. RITC's effort will be particularly important to build conceptual frameworks inclusive of the total well-being of society and individuals. As Warner notes:

Economics, and economists, have much to offer [in terms of] the pursuit of optimal tobacco control policy. But tobacco use, like all other social phenomena, is not discipline-specific problem. Rather, it is a multi- and inter-disciplinary problem, one demanding, in addition to that of economists, the thoughtful input of sociologists, political scientists, lawyers, philosophers and ethicists, and, of course, physicians and biomedical scientists. (Warner 1998:19)¹⁵

Another inclusive development is that related to smokeless tobacco. While most of tobacco consumption in the world is in the form of cigarettes, smokeless tobacco consumption is also popular, especially among women in conservative societies, such as in Asia and Africa (WHO 1992:13-14, 22).¹⁶ Women constitute a large portion of the population affected by this phenomenon (WHO 1992).¹⁷ This phenomenon is also significant because it is entwined with local level production and consumption, unlike manufactured cigarettes where the influence of tobacco companies is more visible. Therefore, a focus on smokeless tobacco will link with two priorities that were already identified during the three regional meetings, namely, that of the need to research the influence of tobacco on different social groups, and research the impact of tobacco cultivation on health and livelihood¹⁸. Because the enemy is not readily visible doesn't mean the battle is not worth the fight. In the future RITC should be able to make a contribution in this area.

¹⁵Source: Warner, Kenneth E. 1998. Economics of Tobacco and Health: An Overview. A Presentation at the Conference on the Economics of Tobacco Control: Towards an Optimal Policy Mix, Cape Town, South Africa, February.

¹⁶WHO. 1992. *Women and Tobacco*. Geneva. WHO.

¹⁷Ibid. (Women...)

¹⁸On this last point, see also WHO and RITC. 1999. *Confronting the Epidemic: A Global Agenda for Tobacco Control Research*. Geneva: WHO. pp8-9.

The term "tobacco product" covers any product for the purpose of smoking, snuffing, sucking or chewing, inasmuch as it is, even partly, made of tobacco; it includes, *inter alia*:

1. smoking tobacco: :
 - (a) cigarettes:
 - (i) regular tobacco (manufactured or hand-rolled);
 - (ii) kreteks (containing cloves);
 - (iii) bidis;
 - (b) cigras:
 - (i) large cigars;
 - (ii) small cigars
 - (iii) cigarillos;
 - (c) for pipes:
 - (i) clay;
 - (ii) wooden;
 - (iii) hubble-bubbles;
2. non-smoking/smokeless tobacco:
 - (a) snuff:
 - (i) moist;
 - (ii) dry;
 - (b) chewing tobacco:
 - (i) *pan masala* (can also be made without tobacco);
 - (ii) *gutka* (can also be made without tobacco);
 - (iii) loose-leaf or plug.

13. Definitions of Tobacco in the Proposed FCTC. Source: WHO. 29 February 2000. Provisional Texts of Proposed Draft Elements for a WHO Framework Convention on Tobacco Control. Second Meeting of the Working Group.

Following this inclusive strategy has additional requirements. RITC's future intellectual endeavours require a better combination of methodologies. In this regard, not only are quantitative, qualitative, econometric, and clinical methodologies required, a synthesis of the generated information from all these methodologies will also be required. It is no longer conceptually fulfilling to analyze the findings from one methodology without integrating findings from the others.

On another front, thus far, RITC has been supporting in-country research. While this is the proper level for national level policy research, it is not the only relevant level. Similarities and differences exist between countries in close geographical proximity as became evident during RITC's three regional workshops (see Baris et al. 2000:219-220)¹⁹. This case was clearest in the example in South Africa I where exchange between the South African research team and a Zimbabwean team proved mutually rewarding. Comparative information about problems and solutions has the potential to influence regional and international tobacco control strategies. RITC's support for cross-country and regional research will ensure that solutions are appropriate and effective. This direction will also be in harmony with what has been suggested at the three regional meetings (see Box 3).

These conceptual developments, however, will not come easily. They will require conscious and persistent efforts by RITC and, equally important, researchers who are qualified to pursue these conceptual challenges. Hence the need to revisit RITC's capacity building aims and allocations to reflect these developments.

1. Develop RITC's thematic orientation to include a marriage of disciplines and methodologies to reflect the interaction and interconnectedness of issues and stakeholders.
2. Allocate RITC's resources primarily based on thematic priorities.
3. Establish women and tobacco as one of RITC's priority areas.
4. Increase allocations for capacity building per project including support for North-South and South-South exchange.
5. Develop a fund for research on smokeless tobacco.
6. Foster cross-country and sub-regional comparative research.

14. Conceptual Level Recommendations.

8.2. *The Institutions Domain:*

RITC's partners included mostly universities but also some non-government organizations. Implicitly, RITC's cooperation confirms that the state is no longer the sole initiator or monitor of a population's well-being. Universities and civil society make substantial contributions to research and programs. The case of tobacco control, particularly in the West, is exemplary; civil society and universities have led governments towards the path of tobacco control. The role of civil society in tobacco control is different—but potentially substantial—in developing countries. Government research institutions are also effective in shaping a state's policies. It is, therefore, essential for RITC to support the contribution of diverse institutions to tobacco control

¹⁹Ibid. (Research...)

knowledge. This support, however, may require adapting to the different political, economic, and operational realities of these diverse institutions.

RITC already benefits from Canadian expertise in the field of tobacco control research (WHO, CPHA, and Vietnam projects). This resource is not fully utilized yet and will have to be further tapped into in the future. A form of North-South collaboration will enable partners in the South to establish research priorities, improve methodologies, strengthen data analysis, improve capacity and possibly diversify the sources of financial support of tobacco control research. South-South and North-South exchange is essential in tobacco control research. Through an inclusive strategy, RITC would make a better contribution to tobacco control research by strengthening the collaboration of different types of institutions from various geographical locations.

One of RITC's unique aspects is that its staff have the capacity to easily cross all institutional barriers. While RITC is focussed on supporting tobacco control research in developing countries, it is also concerned with bringing the priorities that emerge from these research projects to the international arena of tobacco control (see Box 13) and to the attention of other influential international players—a role many institutions in developing countries need but are unable to do. RITC's three regional workshops were a significant step in that direction. What RITC still hears from its recipient partners is that this role is still very much needed and should be further enforced. A close link with a wide range of relevant institutions will be essential.

RITC's 1995-1999 work has supported the development of the FCTC in at least six different ways:

1. Funding research that matches several of the obligations proposed in the FCTC.
2. Funding capacity building for tobacco control researchers from the South who could play a leading role in the implementation of FCTC's aim of encouraging research that contributes to reducing tobacco consumption, particularly in developing countries.
3. Supporting the participation of tobacco control researchers from the South in the preparatory meetings associated with the FCTC.
4. Supporting NGOs which are seen by WHO and TFI as essential partners in the development of and implementing the FCTC. (*)
5. Supporting national-level institutions which are viewed by WHO and TFI as essential partners in the development of and implementing the FCTC. (**)
6. RITC's Executive Director played an active role in communicating RITC's partners' views and findings in the FCTC working group meetings.

15. RITC and the Framework Convention on Tobacco Control. * = see FCTC Technical Briefing Series # 3. 1999. *Mobilizing NGOs and the Media Behind the International Framework Convention on Tobacco Control*. Geneva: WHO. **=see FCTC Technical Briefing Series # 5. 1999. *The Role of National Institutions in Developing and Implementing the WHO Framework Convention on Tobacco Control*. Geneva: WHO.

RITC's alliance with and openness to the diversity of institutions will achieve at least a threefold benefit. Embracing this diversity will, first, make the uptake and collaborative monitoring of research results more likely. Second, the door will be open for RITC to draw on funds and expertise available in and for these institutions. Third, openness will contribute particularly to narrowing the gap between knowledge and application in tobacco control and buttress the link between tobacco control research and development issues in developing countries in general.

1. Strengthen links with civil society institutions and groups of institutions.
2. Study and promote the role of civil society in research and action in tobacco control.
3. Build the capacity of researchers to implement multi-center research projects.
4. Develop links with funding, research, and implementing institutions where a potential exists for addressing the multiple aspects of tobacco control research.
5. Become a catalyst in strengthening the role of non-tobacco control institutions in tobacco control research.

16. Institutions Level Recommendations.

8.3. *The Operationalization Domain:*

RITC's operation must reflect developments on the conceptual and institutions domains. Not all recipient institutions will be able to match RITC's ambitious developments. This situation translates into a need for a more nuanced package of support by RITC. The support will probably have to be jointly defined early-on for each project.

Based on the review of RITC's projects, it is clear that project requirements are successfully met when the responsibilities of partners and RITC's support are made clear early-on. For example, in the future, RITC's chance of accumulating influential thematic research findings will be easier if reporting and scientific expectations are explicit and negotiated early-on. Such contribution enables RITC to play its information sharing role and boost its credibility.

A distinction should be made between the audience for an individual research project and RITC's audience. In reality, this may mean that RITC develops an additional plan to disseminate research findings and information on top of the dissemination plan for each project.

Another element of the nuanced support package is a two-tier funding system. Funding criteria will be developed for each tier. Smaller funds could be made available for research on smokeless tobacco control, exploratory and basic research, funding the development of research proposals for large projects that are beyond RITC's financial resources, or for organizations with small research capacity, to name a few areas. Larger funds will be made available for multidisciplinary, in-country, cross-country, and comparative research for example. In all cases, the aim is to create synergy between developments in RITC's conceptual, institutions and operationalization domains.

1. Establish a two-tier fund (lower tier \$ 50-75,000).
2. Develop the information dissemination criteria for integration into the negotiation process of future projects.
3. Design a communication/dissemination plan for RITC. (Working papers, policy papers, booklets, translations, RITC-sponsored meetings, website, and so forth).
4. Create a RITC listserv for dissemination of information with opportunities for moderated e. discussions.
5. Revisit, develop, and distribute guidelines for submitting concept papers, proposals, reports, proposal evaluation criteria, and so forth.

17. Operationalization Level Recommendations.

9. CONCLUSIONS:

RITC funded research has filled an important gap on local and national levels according to the priorities identified in the three regional workshops. In filling a gap in tobacco control research, RITC has also proven its commitment to the themes and process of these workshops. It is important to build on the successes of the past, but equally important, is promoting mechanisms to augment the utility of research findings on national, regional, and international levels. To this effect, RITC must also work towards minimizing the often counter-productive and prevailing simplistic binary oppositions in the field of tobacco control. RITC can play an active role in bringing stakeholders together for making research more comprehensive and effective at the policy level.

RITC's future role must combine leadership and responsiveness. While the already identified priorities guide RITC's work, RITC must also play an active role in exploring new emerging trends and concerns. In all cases, RITC's agenda must embrace tobacco control as a human development goal for which RITC must be prepared to evolve. Elements of a new role for RITC include a clear thematic focus, a two-tier funding system, a multi-disciplinary approach, a good communication strategy, and a responsive operational system.

Currently, RITC's limited resources undermine its ability to play this responsive leading role. With an enhanced agenda and links to other human development priorities, however, RITC would be poised to play a leading role in promoting a wholistic approach to tobacco control research—something that is largely missing in this field. RITC's integrated agenda would enable it to access additional resources available for other development sectors such as women's health, civil society and governance, biodiversity and natural resource conservation, to name a few.

Perhaps the most challenging aspect of the future will be to maintain a steady flow of financial resources that would allow RITC and individual research projects to fulfil their aims and enable RITC to continue its leading role in stimulating and coordinating efforts in tobacco control research. A close and consultative approach with colleagues and partners will be essential in this regard.

9.1. *Summary of Recommendations:*

1. Expand research for tobacco control to include the political-economic aspects of policy making, governance, and livelihood.
2. Promote research that is relevant for both policy making and programming. Disseminate the lessons learned.
3. Develop RITC's thematic orientation to include a marriage of disciplines and methodologies to reflect the interaction and interconnectedness of issues and stakeholders.
4. Allocate RITC's resources primarily based on thematic priorities.
5. Establish women and tobacco as one of RITC's priority areas.
6. Increase allocations for capacity building per project including support for North-South and South-South exchange.
7. Develop a fund for research on smokeless tobacco.
8. Foster cross-country and sub-regional comparative research.
9. Strengthen links with civil society institutions and groups of institutions.
10. Study and promote the role of civil society in research and action in tobacco control.
11. Build the capacity of researchers to implement multi-center research projects.
12. Develop links with funding, research, and implementing institutions where a potential exists for addressing the multiple aspects of tobacco control research.
13. Become a catalyst to strengthen the role of non-tobacco control institutions in tobacco control research.
14. Establish a two-tier fund (lower tier \$ 50-75,000).
15. Develop the information dissemination criteria to be integrated in the negotiation process of future projects.
16. Design a communication/dissemination plan for RITC. (Working papers, policy papers, booklets, translations, RITC-sponsored meetings, website, and so forth).
17. Create a RITC listserve for dissemination of information with opportunities for moderated e. discussions.
18. Revisit, develop, and distribute guidelines for submitting concept papers, proposals, reports, proposal evaluation criteria, and so forth.

Section Two: Project Summaries

MONITORING SOUTH AFRICA'S PERFORMANCE IN TOBACCO CONTROL

Economics of Tobacco Control in South Africa (Phase II)

Applied Fiscal Research Centre, University of Cape Town

\$ 155,500

Approved: 1999

Contact Person: **Corné van Walbeek, CWalbeek@humanities.uct.ac.za**
Tania Ajam, ajam@humanities.uct.ac.za

Purpose:

This project will provide an economic impact analysis of tobacco control policies for South Africa and will develop a working manual for similar research in developing countries.

Rationale:

This research will build upon the results from Phase I which informed a set of new tobacco control policies in South Africa. A need to monitor and analyse the economic impact of these policies exists. This type of research is much neglected. The research will help to assess the distributional efforts of tobacco control measures particularly with respect to the poor, an area that has not been well defined in either the developed or developing world.

This research will also address a priority that was identified during the regional meetings organized by RITC, namely, the need for capacity building in tobacco control research, especially in non-health-related areas such as economics and policy analysis.

During Phase I, the first international conference on the economics of tobacco control was organized as a part of project activities. The first of its kind in the area of economics, this conference was a showcase of the research results generated by researchers in a developing country. The participants—including representatives from the government and international organizations—urged all governments to implement six resolutions for tobacco control, one of which was to expand to other developing countries the economic model developed in Phase I by researchers at the University of Cape Town. RITC's support to efforts in this regard is, thus, crucial and fulfils a priority.

Methodology:

The analytical framework of this project will include microeconomic and econometric analyses within standard economic models that were honed in Phase I. A partial approach will be used for the measurement of demand elasticity, income, expenditure, and possibly employment in the

tobacco sector. A Social Accounting Matrix (SAM)-model will be used to measure the distributional effects, net employment and aggregate multiplier impact of various tobacco control measures. Local census and survey data will also be used.

Methodological techniques will be made accessible to international tobacco control scholars. This project also has the potential to develop and further refine the framework for economic analysis and methodologies that could be used in analysing the impact of tobacco control policies in other countries. The results of Phase I indicate the importance of this analysis in determining the direction and optimal mix of tobacco control policies for a specific country. While taxation appears to be an effective tool for reducing tobacco consumption in developing countries, its impact on various income groups or the population as a whole may preclude its use as a significant part of an overall tobacco control strategy. Hence the need for the kind of research, planned here, among different subgroups of the population.

Last but not least, a working manual will be developed from this phase in order to facilitate access to research methodologies developed during this phase and the previous phase.

Highlights of Findings:

In Progress

Reports/Publications/Material:

N/A

Lessons Learned:

This project is probably the first of a new generation in RITC-funded research. One of its aims is to capture the differential impact of tobacco control policies on subgroups of population, thus, opening the door to more group-specific and, presumably, more effective tobacco control policies. It is also unique in that the capacity building component is specific, capitalizes on a methodological success story, and is based on a South-South exchange formula. Last but not least, this project aims to monitor the policy impact, a much needed approach to follow-up on the basic knowledge research. It will be important to monitor to what extent this project meets these high hopes. Some thoughts:

- follow-up research on the impact of economic policies is of concern to policy makers, economists, other professionals, and lay people. The voice of people—through qualitative research—would be relevant in this kind of research.
- the effectiveness of manuals is enhanced with on-site testing and adaptation. Testing and adaptation require a careful allocation of funds to ensure the effective transferral of knowledge—more thought on this as the project progresses.

HARNESSING THE EVIDENCE ON YOUTH SMOKING FOR FUTURE ACTION

Building Alliances and Taking Action for a Generation of Tobacco-Free Children and Youth
WHO
\$ 200,000
Approved 1999
Contact Person: Dr. Derek Yach, yachd@who.ch

Purpose:

The overall purpose was to support the work of six researchers from six developing countries, under the auspices of the WHO, to collect the relevant evidence about the situation of youth and tobacco in these countries. The mandate of these researchers is to synthesize the evidence already available within their countries, and countries of their regions, that demonstrate the relationship between maternal smoking and fetal/early childhood effects and between parental smoking and early childhood illness. Further, the researchers will collate other contextual, economic, political, and relevant information indicating how the tobacco industry targets and markets to children in those countries.

The second component is to conduct a critical review of the Convention of the Rights of the Child and how the convention language needs to be interpreted as being supportive of tobacco control.

Rationale:

In most developing countries, most people start smoking between the ages of 10-14, making youth a logical target for public policies and interventions in tobacco control – as well as being the target of tobacco industry marketing strategies. Although tobacco promotion and use undermine the health and development rights of children and adolescents, tobacco and its effects are not widely perceived as important issues for child and adolescent health in developing countries.

This project is planned by WHO as a three-phase project. The first phase, funded by RITC, is the “harnessing the evidence” phase. The plan is to follow this phase with two other phases namely, an activating phase and a going-to-scale phase (without RITC funds). The purpose is to conduct situational assessments within the countries selected for phase I and to follow up with certain relevant action plans and to expand the study and action components to other countries.

Methodology:

The initial countries represent the different regions of the world: Latin America, Asia, Eastern Europe, the Middle East, and Africa. As is customary for WHO, the implementation is planned in partnership with the Ministry of Health or other ministries in these countries. A consultant is identified and hired in each country to perform the tasks. An additional consultant is hired to work on the analysis and recommendations with regard to the Child's Convention. Content analysis and discourse analysis will be the main methods for analysis.

Highlights of Findings:

The analysis is still in progress.

Lessons Learned:

This project follows a logical path of gathering information, action, and expansion. At this point rather than lessons learned, these are points to contemplate:

- would it have been a good opportunity to think of how capacity building could be integrated in this project? (E.g. research assistants to the main researchers; or links between the researchers and formal and informal institutions for planning, implementation, or analysis of information; translations; or other means.)
- a clearer criteria for selecting the countries could be very helpful. In the course of this project, it appears from the document that Colombia and Egypt were replaced by Jordan and China, then by China and Oman. A more logical layout of the selection criteria with first and second options may have helped in the study design.
- being a small contributor to a large project is often risky. RITC was right in insisting to allocate its funds for the research phase. A relevant question will always remain: are the knowledge produced and alliances made worth the allocated funds? Were there alliances made? Is RITC any more credible in the end-user countries after the project than before the project?
- The whole project and RITC could have benefited from allocating additional funds to publish the findings from the six countries. A commitment in the budget would have ensured that RITC's message about the importance of disseminating research—especially in the local language—is confirmed.
- Almost no details are provided as to why ten months and a six-country field visit are needed to do “a critical review of the Convention of the Rights of the Child and [see] how the Convention language needs to be interpreted as being supportive of tobacco control” (Derek Yach's letter to Enis Baris, October 20, 1998:2)

WILL RUSSIA'S YOUTH GO UP IN SMOKE?

Global Alliance and Taking Action for a Generation of Tobacco-Free Children and Youth

Canadian Public Health Association, Ottawa, Canada

\$ 205,200

Approved 1999

Contact Person: Ms. Patricia Trites, ptrites@cpha.ca

Purpose:

The project is designed to complement the activities of the WHO/UNICEF initiative "Building Alliances and Taking Action for a Generation of Tobacco-Free Children and Youth." This project will contribute to the efforts of the global WHO/UNICEF initiative by supporting the synthesis and dissemination of research carried out in the core countries and through the addition of Russia to the group of participating countries.

Rationale:

RITC supported the first stage of WHO's "Building Alliances and Taking Action for a Generation of Tobacco-Free Children and Youth" by funding researchers in six developing countries. The purpose of this phase was to "harness the evidence" regarding all issues that relate to youth and tobacco in these countries and their geographic regions. This phase was planned to overlap with a second phase where this evidence will compliment a Global Youth Tobacco Survey (GYTS).

Effective linking between these many countries, synchronizing the work, and documenting the findings and process is crucial for the success of this project. This is a major role which CPHA proposed to assume with support from RITC. In addition, building on the expertise of CPHA in Russia and close links with the Russian Public Health Association, and the increased smoking prevalence among youth in Russia, it was foreseen that the addition of Russia would, primarily, strengthen the findings of the research and, secondarily, strengthen the links between Russian researchers and other researchers in Canada and developing countries.

Findings from the research and the ensuing phase of activating in-country groups contributes to an enhanced interpretation of the Convention on the Rights of the Child to encompass tobacco issues. This enhanced interpretation will improve the power of WHO and other institutions to improve the tobacco control policies in developing countries in particular and in the world in general.

Methodology:

In order to implement the activities in this project, the CPHA developed an information sharing mechanism, a national Russian working group, a research fund, and technical assistance to the Russian team. CPHA's input was geared to support the documentation and facilitating a Russian contribution to the GYTS.

The GYTS was developed by CDC with input from WHO and participating countries. The survey included a set of core questions and additional optional questions. The questions were divided into sections about prevalence, school curriculum, cessation, Environmental Tobacco Smoke (ETS), knowledge and attitudes, and media and advertising. The school-based survey was implemented among children up to age 16 in Moscow. The team was trained by CDC on the use of Epi Info. Software. CPHA also has plans to expand and include a qualitative study about youth and tobacco in Russia.

CPHA played a role in the communication for and documentation of meetings and findings. CPHA also established a Country Activation Group (CAG) in Russia to lead the in-country work. CPHA will bring the tobacco control issue to the forefront of the World Federation of Public Health Associations (WFPHA) meeting later in 2000. In addition, the RPHA submitted a proposal to the Russian government to redraft the Law on Tobacco.

Highlights of Findings:

The research is still ongoing. The following are some preliminary highlights:

- ***Most Moscovites smoke, and many start very early:***

The picture of smoking in Moscow is one of high prevalence: 66.77% ever smoked, 33.5% are currently smoking and 15.9% smoke frequently. Many begin smoking at an early age, 22.4% start before the age of 11. More details will be provided in the final analysis, but the picture is already the worst compared with most of the countries included in the GYTS.

- ***Students obtain cigarettes easily and can easily puff their purchase in public.***

Most Moscow school students (63.0%) buy their cigarettes in a store or from street vendors. Most of school students who smoke do so in public places (48.1%).

- ***Help is not readily available...but cigarettes are.***

Many smokers tried to quit in the past year (74.8%) and many want to stop smoking now (69.8%). Simultaneously, very few ever received any help to quit smoking from a program or a professional (2%). The bulk (60.9%) received no help at all. This indicates a very high unmet need. On the other hand, the survey documents the role of the very active cigarette representatives who offer free cigarette to students, especially for smokers (24.7%). In addition, 63% of Moscow school students are buying their cigarettes in a store or from street vendors.

- ***What you see is what you get. But what you need is what you don't get.***

Tobacco advertising in the mass media is inescapable. Many Moscow school students see cigarette advertising in printed press (25.7%), in TV programs (40.2%), and especially on billboards (58.4%). At the same time, fewer anti-smoking messages are seen by students in Moscow than in any other country (42.3% at sports events, 25.5% in the past 30 days).

On the other hand, a low proportion of school children remember being taught in school of dangers of smoking (33.7%), discussed reasons why people smoke (23.2%), and negative effects of smoking (31.3%) in any of the classes.

Reports/Publications/Material:

1. CPHA. 1999. "Tobacco, Smoking and Youth. Gathering the Evidence and Implement Best Practices to Protect Children and Young People from Becoming Addicted." *CPHA Health Digest*, XXIII(4):5.
2. CPHA. 1999. "Where There is Smoke...There's Trouble." *CPHA Health Digest*, XXIII(4):7.
3. Demine, Andrei. 1999. Global Youth and Tobacco Study Implementation in the Russian Federation. <http://www.glasnet.ru/~hefrus/gyts.htm>.
4. Demine, Andrei; and Demina, Irina A. 1999. Issues of Tobacco and Health in the Russian Federation with a Special Reference to the Effects of Tobacco Smoke on the Health of Children, Youth and Adolescents. A Report. Moscow: Russian Public Health Association.
5. UNICEF/WHO. 1999. Initial Planning Meeting on Children and Adolescents for a Tobacco-free world: an International Child Rights Action Project. A Report on Meeting in Mohonk, New York, 28 February-4 March 1999.
6. WHO/UNICEF. 1999. *What in the World Works? International Consultation on Tobacco and Youth. 28-30 September 1999, Singapore*. Pending Final Publication.

Lessons Learned:

This project complements RITC's collaboration with WHO on the Global Youth Tobacco Survey. At this point, and because the project is still ongoing, rather than lessons learned, these are points to contemplate:

- RITC's contribution is a good investment in the production of knowledge in Russia—a place where, still, more up-to-date information is needed. It is not clear how the generated information, however, will be accessible to Russian or other researchers except in WHO's report on the whole survey. This raises questions about acknowledgement of RITC's support and its role in improving access to information in Russia.
- At \$ 25,000, the research fund in a \$ 200,000 project, with no tangible capacity building outcome, and a balance that is used to cover analysis meetings, RITC's investment seems disproportional to the value CPHA, RITC, or Russian researchers actually get. While there is no doubt that meetings are essential, RITC's limited resources could have been well-spent if used for actual research activities, dissemination, studying other parts of Russia, or supporting other means to improve access to the generated information.
- Were Russian researchers—and others—aware that RITC made more than a \$25,000 contribution to their useful work?

CHINA: TAX TO CARE!

Cigarette Consumption, Production and Taxation Policy in China
University of California, Berkeley, USA
\$ 71,880
Approved 1998
Contact Person: Prof. Teh-wei Hu, thu@uclink4.berkeley.edu

Purpose:

To estimate the price elasticities of the demand for cigarettes in China and to estimate the possible impact of increasing cigarette tax in China on the prevalence of smoking and production of cigarettes in China. In addition, the purpose is to find a policy alternative for tobacco control.

Rationale:

China has a high prevalence rate of cigarette smoking and accompanying high healthcare cost. On the other hand, substantial revenues from a tobacco industry, that is a state monopoly, make the government reluctant to increase taxes on the sale of cigarettes. It is universally recognized that increased taxation reduces consumption, especially in developing countries. Knowledge about in-country price elasticities and communication with policy makers lie at the foundation of effective taxation change.

From 1987 to 1992, the percentage of male smokers ranged from 57% to 80% in different regions in China. According to a 1996 Chinese national survey, 63% of the adult males (aged 15 and over) are current smokers and 3.8% of the adult females are current smokers. The result indicates that there are over 320 million cigarette smokers in China, who account for nearly one-third of smokers in the world. China is also the largest cigarette producing country in the world. Of these smokers, about 50% of the males began smoking between the ages of 20-24.

In recent years, China has made major progress in reducing consumption by banning cigarette smoking in some public places. However, the central government has not yet raised the cigarette tax to reduce consumption. The government sees a conflict of interest in imposing additional taxes, fearing that, in the long run, the government would generate less revenue and job loss would occur in the cigarette industry and among tobacco farmers. Policy makers in China need more knowledge and information concerning the effects of cigarette tax on consumption, government revenues, and the cigarette industry.

Methodology:

This research provides the first individual data on cigarette demand in China. Also the study provides the first evidence of the effect of price on the probability of smoking and on average consumption by continuing smokers in developing countries.

The data set used in the study were obtained from a survey of smoking behaviour in several Chinese provinces. The survey was based on a multistage cluster sampling design. The clusters include labour workers, farmers, government officials, technicians, the self-employed, and students. The survey data contain information on smoking participation; quantities of cigarette consumption by smokers; the price of cigarettes; respondent demographic variables such as monthly income, age, sex, and education; and measures of respondent health behaviour.

The purpose of the survey was to estimate: a) the price elasticities of demand for cigarettes in China, b) the impact of increasing the tax on cigarette consumption in China, and c) the impact of an increase in the cigarette taxes on the cigarette industry and tobacco farming in China. A study of the impact of increased tobacco taxation on smuggling was also implemented using ethnographic and qualitative research methods.

The research is also followed by active participation in policy seminars and consultations with the relevant Chinese ministries.

Highlights of Findings:

Analysis is still in progress. The following are some highlights:

- ***Men smoke much more than women.***

“Approximately 57.1% of males smoke and 3.1 % of females are current smokers” (Hu and Tsai 1999:2).

- ***Education means health.***

Persons with secondary education and those with higher education were less likely to smoke than persons with no schooling (Hu and Tsai 1999:3). The education background of smokers was not significantly related to daily consumption of cigarettes, but it did correlate with the annual expenses of smoking. “Persons with higher levels of education tended to spend more on tobacco...It is likely that an individual with a higher level of education is also paid more and therefore can afford to spend more on higher-priced cigarettes” (Hu and Tsai 1999:10). In China, therefore, supporting higher education as a policy priority would be an important investment in human capital.

- ***People in rural China consume fewer cigarettes and are less likely to smoke than those in urban areas.***

Farmers were more likely to smoke than workers, but, compared to workers, they smoked 1.79 fewer cigarettes per day and spent 55% less on cigarettes per year (Hu and Tsai 1999:3).

- ***Cigarettes are a commodity.***

A striking finding of the study is that not only is cigarette smoking in China significantly responsive to price, but also relatively more responsive to price than is the case in more developed countries (Mao et al. 1999). Like other consumer goods, an increase in economic level in China has led to an increase in cigarette consumption. Given the health consequences of cigarette smoking, the increase in cigarette consumption resulting from fast economic growth will generate a significant cost to China in the near future. A more active role of the government in tobacco control is needed.

- ***Cigarettes are a burden on the national economy.***

Cigarette taxes contributed 11.24% toward total industrial and commerce tax revenues in 1980, and 13.58% in 1997. The tax reached its highest mark in 1996, at 15.74%. Between 1980 and 1997, cigarette tax fluctuated between 5.91% and 13.94% of total government tax revenue (Hu, Mao, and Hsieh 1999:10-11).

On the other hand, the total medical care cost caused by smoking in 1989 was estimated to be Y6.94 billion, and the cost of loss of productivity was estimated to be Y20.13 billion, thus, the total cost of Y27.07 billion exceed the government tax revenue from cigarettes in the same year, estimated at Y24.00 billion. The figures suggest that as the rate of smoking prevalence increases in China, the economic burden of smoking will increase substantially beyond the year 2000 (Hu, Mao, and Hsieh 1999:12).

- ***"Taxes that care" is a policy option.***

An increase in the taxation of cigarette consumption in China from the current level of 40% of price per pack to the international average of 70% would enable the government to fund health promotion and disease prevention programs (Hu, Mao, and Hsieh 1999:13), and provide alternative agricultural production opportunities for tobacco farmers, such as tea, flowers, and cash crops (p. 16). The data indicate that "the overall share of the contribution to the agricultural sector and manufacturing industry...[is] around 1-2% ...[while] the health care

sector is currently facing limited financial resources, therefore the option of raising additional revenues from an increased cigarette tax presents a golden opportunity...to finance health care reform and activities in health promotion and disease prevention" (Hu, Mao, and Hsieh 1999:18).

Reports/Publications/Material:

1. Hu, Teh-wei. 2000. Earmarking Tobacco Taxes: Lessons Learned. A Paper Presented at the Conference on Policy Development of Tobacco Control in China in the 21st Century, Organized by the Chinese Academy of Preventive Medicine, May 2000.
2. Hu, Teh-wei; Mao, Zhengzhong; and Hsieh, Chee-Ruey. 1999. Economic Analysis of Tobacco and Options for Tobacco Control: China Case Study. A Paper Presented at the Conference of the Atlantic Council of the United States, Beijing, November 1999.
3. Hu, Teh-wei; and Tsai, Yi-wen. 1999. Cigarette Consumption in Rural China: Survey Results from Three Provinces. *American Journal of Public Health*. (Publication pending).
4. Mao, Zhengzhong; Hsieh, Chee-Ruey; Hu, Teh-wei; and Jiang, Jialing. 1999. The Demand for Cigarettes in China. A Paper Submitted to *Health Economics*.

Lessons Learned:

This is a very interesting and well-thought out project. The project provided information that was pertinent for policy making and the researchers are pursuing a proactive strategy of communicating the results to the Chinese government and other researchers. Some relevant lessons include:

- involving policy makers in policy research cannot come early enough. Policy makers need the information and researchers must have a clear plan as to how they will link with policy makers, in a timely fashion, to advocate the relevance of their findings.
- in policy research, researchers need to study well the policy options and solutions and not only the problem. RITC-supported research must reflect concern with both problems and solutions.
- policy makers exist at all levels of government. It is essential that the research objective matches the level of government it intends to inform. Local level or regional level governments are also effective players in tobacco control but are often neglected in tobacco control research.
- qualitative methods can complement and inform the quantitative findings. It is not clear to what extent the planned qualitative component was implemented or how it will contribute to the analysis.
- the need to produce different types of project reports throughout the duration of a project so that interim and final results may be disseminated to various audiences as required.

- the reports are well presented and confirm the need to have the dissemination steps planned from the beginning of the project. Investment in dissemination is a very good investment because it improves access to information and builds the credibility of recipient and donor organizations.

**SMOKING PATTERNS AND THE ROLE OF ANTI-SMOKING LAWS IN
INFLUENCING THESE PATTERNS IN TURKEY**

Smoking Behaviour and Attitudes of Turkish People, Turkey (Phase I)

Tobacco Control Strategies, Turkey (Phase II)

Hacettepe Public Health Foundation, Turkey

\$ 51,410 + \$ 224,750

Approved 1996 and 1998

Contact Person: Dr. Nazmi Bilir, nbilir@hacettepe.edu.tr

Purpose:

The overall purpose of Phase I was to raise the awareness of people and law makers of the various tobacco control issues through documentation of the patterns of and trends in cigarette smoking across several segments of the population in Turkey. Phase II is concerned with establishing tools for and monitoring the impact of the new anti-smoking law in Turkey.

Rationale:

Turkey is a country of high smoking prevalence. In 1988, smoking prevalence in the population over 15 years-old was 43.6%; men had a high rate of 62.8% while the rate for women was 24.3%. Phase I of this research identified the prevalence of smoking among subgroups of the population. It was found out that 3.5% of secondary school students, 28.3% of high school students, 30.2% of mothers, 50.8% of teachers, 43.9% of physicians, 34.9% of sportsmen, 46.2% of artists, 63.9% of journalists, and 27.1% of parliamentarians are smokers. With prevalence so high among the "role model" population and with the pending formulation of a new tobacco control law in Turkey, phase II was planned to measure changes in prevalence and law enforcement one year and two years after the enactment of the law.

The research was planned to achieve several purposes simultaneously: collect information, sensitize key figures and law makers, and inform and establish baseline data for future monitoring. Like other developing countries, a gap exists in Turkey between law makers, the people, and researchers. This research, with its multiple phases, was set to provide opportunities for informal and formal information sharing about the size of the problem and its implication on the Turkish society.

Methodology:

Phase I was implemented in Ankara, the capital, while Phase II was implemented in 14-out of 80-provinces and 3 metropolis. In Phase II, the 858 districts of the sample were classified according to a socio-economic index developed by the State Planning Organization.

Subsequently, one of the most developed and one of the least developed districts from each sampled province were selected; a total of 34 districts from 17 provinces constituted the study sample. In both phases, the focus was on collecting information from several groups: doctors, teachers in secondary and high schools, secondary (mean age is approximately 13) and high school students (mean age is approximately 16), mothers of the sampled school children, current parliamentarians, a selected group of soccer players and movie and music stars, and journalists. Phase I was carried out on 2503 subjects in the 9 population subgroups. In Phase II, selected public service offices were identified for observation and exit interviews to measure the enforcement of the “anti-smoking law” of November 7, 1996.

In Phase I, the research methods included a cross-sectional survey on smoking behaviour. In Phase II, the selection of methods was influenced by the elements of the new law. Phase II included a descriptive study on the adoption of the prohibition of advertisement and introduction of cigarette brands, and on the time and duration of the education programs on the hazards of smoking and about the Law on broadcast. This phase also included cross-sectional surveying of the level of adoption of and attitudes related to this Law, adoption of prohibition of selling cigarettes to minors, and on the level of adoption of the prohibition of smoking in the places specified by the Law. Bivariate analysis, logistic regression, and discourse analysis were selected for data analysis.

Highlights of Findings:

Phase II is still ongoing. The following highlights are mainly from Phase I.

- *In a culture of smoking, smokers start at a young age.*

“...half of the teachers (50.8%), one third of the mothers (30.2%) and almost half of the physicians (43%) are current smokers. These groups consist of individuals that can act as a model for students who are at the beginning of adolescence. Although smoking prevalence is low in secondary schools students, a considerable proportion of these children start smoking when they come to high school. Approximately one high school student out of 4 (28.3%) is a smoker according to our findings” (Bilir et al. 1997:78). The age of smoking initiation is declining. The mean age of starting smoking is 14.2 in high school students and 12.4 in secondary school students.
- *The path to heavy smoking is paved at an early age.*

“Mean number of cigarettes smoked daily is over 20 in physicians and parliamentarians. They are followed by journalists (17.1 +/- 7.4) and artists (17.5 +/- 6.3). In all study groups except students, the mean number of cigarettes smoked per day is over 10. While this figure is 3.4 +/- 3.4 in secondary school

students, it increases twice in high school students (7.4 +/- 7.3)" (Bilir et al. 1997:79). In the study's population "52.9% started smoking between the ages of 16-20 and 92.4% of these subjects over 40 started smoking after 20 years of age... Although the percentage of smokers who started smoking before the age of 12 is very low among smokers over 40, 12.6% of the smokers under 20 started smoking before the age of 12" (Bilir et al. 1997:80).

Another cause for concern is that women seem to take up smoking at a younger age. While among mothers in the age group of 50 and above, only 15.2% smoke, the percentage climbs to 33.3% among the mothers who are 29 years-old or younger (Bilir et al. 1997:23).

- ***Smoking is more acceptable at workplace and restaurants but less so at schools and healthcare facilities.***

Offices, restaurants, trains, buses and airplanes were found to be places that are highly approved for smoking in contrast with views on smoking in hospitals and schools. It was concluded that this diversity will influence the effective implementation of the new Law. Phase II will reveal to what extent this is the case.

- ***More female teachers than male teachers smoke but fewer sportswomen smoke than sportsmen.***

Of the study population, 64.3% of teachers were found to be past or current smokers. "The percentage of current smokers in female teachers (53.8%) is more than in male teachers (46.5%)... While 35.9% of the sportsmen interviewed during the study smoke, this percentage drops to 27.9% in sportswomen" (Bilir et al. 1997:19).

- ***An anti-smoking law without enforcement is like a car without wheels.***

The preliminary results of Phase II indicate that the Law's most effective contribution is that it decreased the adult's intensity of smoking significantly. The smoking rates among physicians, teachers and students are much lower now than what was found in Phase I. The Law seems to be better enforced in medical establishments than in other public places. Bilir and Onder (2000) note that the successful enforcement of the law will lead to a decrease in smoking rates in Turkey (p6). Hence, the importance of follow-up studies.

Reports/Publications/Material:

1. Bilir, Nazmi. 1997. *Smoking Behaviour and Attitudes (Ankara-Turkey)*. Ankara: Hacettepe Public Health Foundation. (Turkish and English Versions).
2. Bilir, Nazmi; and Onder, Zeynep. 2000. Impact of the Ban on Smoking in Public Places in Turkey. Paper Presented at the 7th International Conference on System Science in Health Care, Budapest, Hungary, May 2000.
3. Bilir, Nazmi. 2000. Adoption of Antismoking Law in Public Places, Turkey, 1999. Paper Prepared for 11th World Conference on Tobacco OR Health, Chicago, August, 2000.

Lessons Learned:

The two phases of this research dove-tailed well and matched at least two identified needs: the need for baseline data and for follow-up studies on changes in patterns of tobacco consumption. Some relevant lessons include:

- in behavioural research, qualitative methods can complement and inform the quantitative findings. It is not clear to what extent the focus groups that were initially planned were actually implemented and how they contributed to the analysis of data.
- the report/publication on Phase I is well presented and confirms the need to have the dissemination steps planned from the beginning of the project. Investment in dissemination is a very good investment because it improves access to information and builds the credibility of recipient and donor organizations.
- it is important to promote the multidisciplinary aspects of research in tobacco control. This research provided some links between the law, behaviour, economics, gender issues, and cultural factors. Analysis of the links between the findings in these spheres is often hard to fully interpret except through team work. Multidisciplinary research analysis events may be a good investment for RITC to make.
- Timely dissemination and publication is crucial. The effectiveness of Phase I of this research was somewhat limited by not having its findings more readily available during the period when the Law was being discussed. Timing of dissemination will improve the uptake of research findings by its intended target audience. Still, “although it would be pretentious to claim that the Phase I study was instrumental in the passage of Law 4207, it would be safe to presume that the personal interviews with parliamentarians, in partnership and in-synch with other lobbying efforts at that time must have resulted in non-partisan support—a rare occurrence in Turkish politics—for its enactment”(E. Baris, Oct. 1, 97 Memo)
- secondary non-research activities should be documented. The lobbying that was done by the team for the new Law is not documented in the reports. We should encourage our partners to document and share with us all activities surrounding the particular research they are implementing. We should be concerned about how research is woven into their professional work and in the social causes of their societies.
- encourage and support journal publications.

INDIA: SHIFTING LIVELIHOOD IN TOBACCO GROWING-DEPENDENT COMMUNITIES

**Economics of Shifting From Tobacco: A Micro Level Study and Action Programme
(Karnataka, India)**

Centre for Multi-Disciplinary Development Research

\$ 242,360

Approved 1996

Contact Person: Dr. P.R. Panchamukhi, cmdr@bgl.vsnl.net.in

Purpose:

To develop a methodology for inducing a shift away from tobacco cultivation among cultivators of tobacco in Karnataka, India.

Rationale:

India's tobacco consumption, particularly of cigarettes, has risen sharply and is expected to continue to do so in the foreseeable future. This trend has health and budgetary implications on the national, local and state levels. In many instances, macro measures to control tobacco production get circumscribed because of institutional limitations or lack of uptake of these measures at the local level.

This project aims to reach a better understanding of consumption and production patterns in several districts in the state of Karnataka, one of the leading tobacco cultivation regions in India, with a view to designing policies that enable a shift away from tobacco consumption and production. The research will also meet the need for more information on the supply-side and the demand-side of tobacco control. Institutional models and knowledge about alternative livelihoods are scarce. This project is designed to generate the necessary knowledge about how to change the current supply and demand at the local level.

Methodology:

This is an action-oriented research project. The team: 1) surveyed a sample of tobacco consuming households to better identify the reasons behind and trends in tobacco consumption among various socioeconomic groups, including assessing the level of health awareness among them; and 2) examined the nature of the tobacco industry from the stage of cultivation to the stage of marketing the finished product in 50 villages. The survey was conducted on 2000 households, of which 1652 were involved in tobacco cultivation alone, 162 in mixed cropping without tobacco, and 144 in mixed cropping with tobacco.

The surveying was followed up by an action part where some farmers who were willing to shift away from tobacco cultivation were identified. These farmers were supported through a package of information, education, credit, and agricultural inputs as an experiment of a viable strategy to shift away from tobacco cultivation. The project provided quality soybean seeds to about 60 farmers who expressed a desire to sow soybean in place of tobacco in parts of their tobacco area. The project also facilitated credit facilities from the lead banks of the region for purchase of quality milch animals to more than 30 tobacco farmers with a commitment that the project will assume the partial repayment of the loan for one year. The focus of this project was on bidi tobacco, one of the most popular types in the area.

Highlights of Findings:

Analysis is still in progress. The following are some highlights:

- ***Tobacco cultivation is determined by both social and economic factors.***

Significant factors influencing tobacco cultivation are the size of the land holding, percentage of irrigated area, literacy rate, and infrastructure. Tobacco cultivation is affected positively by the size of land holdings, while literacy level of the farmers was found to be negatively associated with tobacco cultivation. While richer farmers tend to prefer tobacco to other crops, the small farmers take to tobacco cultivation as something inevitable in the absence of a suitable alternative.

- ***Inter-cropping (tobacco and another crop) depends on the level of irrigation.***

Farmers may be encouraged to grow tobacco with sugarcane where irrigation is available and tobacco with soybean where irrigation is not available. This is also a factor in the case of full shifting from tobacco production. These factors were taken into consideration for the design of the tested package.

- ***Appropriate support and a proper calculation of cultivation cost will encourage shifting.***

Marginal farmers are misled by the gross returns from tobacco sales which appear to be much higher than for other crops. In addition, as compared to 3-4 months average for other crops, tobacco stays longer in the ground, up to 6 months. It was found that the net return from tobacco is much less than from other crops. The other crops, however, require different inputs which are not accessible to small farmers.

- ***Tobacco is also a social and health menace.***

Frequent spraying of fertilizers and insecticides causes respiratory ailments for farmers. Plucking and handling tobacco leaves for storage or transport was found to cause skin irritation and diseases. Aroma of tobacco due to storing and curing have been found to cause respiratory problems for children and women, in particular of the tobacco cultivating families. Finally, children who work in tobacco agriculture operations are kept away from schooling.

- ***Successful shifting must happen gradually.***

This is necessary because tobacco is a major source of livelihood for farmers in the tobacco belts of the country. A package of mixed cropping, shift to other crops with suitable crop insurance facilities, adequate farm inputs for alternative crops, and adequate marketing facilities will be necessary to ensure successful shifting.

Reports/Publications/Material:

1. Panchdmukhi, P.R. 2000. Agricultural Diversification as Tool of Tobacco Control. A Presentation at the WHO Conference on Global Tobacco Control Law: Towards a WHO Framework Convention on Tobacco Control, 7-9 January 2000, New Delhi, India.

Lessons Learned:

This is a unique project in that it researched a problem, proposed a solution strategy, and tested it. Many development problems require this kind of applied research in order to strengthen the link between research, action, and policy. Some relevant lessons include:

- there is a willingness to switch to non-tobacco farming, especially among small farmers.
- well-studied problems and tested solutions are more effective if combined with specific policy targets. It is important to create direct links between researchers and policy makers in order for research findings to be meaningfully used for a wider impact.
- qualitative methods can complement and inform the quantitative findings. It is not clear to what extent the qualitative component will contribute to future steps in analysis.
- dissemination steps should be planned from the beginning of the project. Investment in preparation of written outputs is important to improve access to information and build the credibility of recipient and donor organizations.
- secondary non-research activities should be documented. The partnership with local banks, for example, is a new kind of partnership between researchers and financial institutions that may be relevant for others. We should encourage our partners to document and share with us all activities.

- a closer assessment and reporting on the health of tobacco farmers and their families' health by the team would have also constituted a significant contribution to knowledge about the issue. A broader conception of multidisciplinary is needed.
- price elasticities would make for a great follow-up study.

**SOUTH AFRICA'S SMOKING AND THE WELL-BEING
OF PEOPLE AND THE ECONOMY**

**Comprehensive Tobacco Control Research Programme for South Africa
School of Economics and Business, University of Cape Town; University of Western
Cape; Centre for Methodology Development, Human Sciences Research Council; and
the Medical Research Council, South Africa**

\$ 300,000

Approved: 1996

**Contact Person: Prof. Iraj Abedian, IAbedian@mail.sbic.co.za; Dehran Swart,
dswart@eagle.mrc.ac.za; Priscilla Reddy, preddy@eagle.mrc.ac.za**

Purpose:

The overall purpose of this research is to collect, analyze, and make available to South Africa's policy-makers information as regards the economics of tobacco production and consumption in South Africa in order to assist them in planning effective tobacco control strategies.

Rationale:

The prevalence of smoking is on the rise among South African men and women. The political and economic developments of the last decade in South Africa have changed the patterns of consumption among large segments of the society, particularly the black population. In this environment, the marketing of cigarettes as a lifestyle commodity has changed the prevalence of smoking and the image associated with it. Cigarettes became increasingly significant during this era of political liberation and economic liberalization.

Rapid urbanization is also taking place in South Africa, thus, changing the economic status and behavioural attributes. These changes, however, are not gender neutral. Women and men are affected differently but it is still unclear to what degree. Women's relatively low prevalence is under threat because of promotions and advertising. More knowledge is needed to curb the spread of smoking among women. All of these changes raise more questions than answers about the role of the state, the market, men, women, smokers, and non-smokers in negotiating the significance of cigarettes in the new South African society. More knowledge was and is needed to ensure that setting limits on cigarette production and consumption is a national priority during this time of flux.

Methodology:

This programme consisted of four components:

1. Training of high quality tobacco control researchers who will play a leading role in research and training in this field in South Africa.
2. Studying the different aspects of the economics of tobacco in South Africa through quantitative surveys and secondary analysis of existing documents.
3. Studying smoking among black women in Cape Town townships and its symbolic meaning, using ethnographic methods and discourse analysis first, followed by survey methods. This part of the research was conducted in three Cape Town townships using a WHO questionnaire translated into Xhosa.
4. Identifying tobacco control policy issues and strategies on the national level by using Political Mapping software to analyze the information gathered through key informant interviews. With this software, the data included the description of relationships among players and proposal, of various tobacco control strategies and their effect on the different players.

In summary, the components of this programme are comprehensive in terms of topical and methodological coverage of the pertinent issues for tobacco control in South Africa.

Highlights of Findings:

- *The real price of cigarettes has dropped over the past 24 years...*

If we equate all prices to 1990 prices, the real cost of a packet of cigarettes in 1971 was about R2.58. In 1995 this price had declined to R2.03. The proportion of the retail price made up by excise taxes has declined by an even greater amount. In 1971, 45% of the retail price of cigarettes was made up by excise taxes; in 1995, this figure had fallen to 20% (van der Merwe 1997:1).

- *...financially, this is bad news for the government and good news for tobacco companies.*

In effect, the drop in the value of excised tax means less revenue for the government. Had this been taken into consideration, the government could have ended up with an increase of 1.2% in total revenue or 8.4% of the health budget in 1995 (Abedian in van der Merwe 1997a:2). The drop in the value of excise tax during the 1970-1995 period could have lead to an estimated 34% fall in consumption of cigarettes (van der Merwe 1997a:2).

- *Higher taxation is important...*

In 1997 the South African government announced a tax increase from the 25% of 1995 to 52% in 1997. This positive step can, however, be further buttressed based on evidence from this research. Another 50% increase in excise duties would increase the government revenue, decrease consumption, with no effect on the profitability to the industry (van der Merwe 1997b:13). Furthermore, a 10% increase in the price of cigarettes in South Africa is estimated to yield a 6% decrease in consumption in the short run, and 7% in the long run. In South Africa, cigarette demand is slightly more price responsive than in developed countries (van der Merwe 1997b:17).

- *...but not enough.*

Using Political Mapping, several other policy issues emerged as priorities. They indicate the need for comprehensive and timely policies. These include protection from involuntary exposure to tobacco smoke at home or in public places; prevent the uptake of tobacco use; and encourage smokers to quit; maintain a strong inter-governmental coordination; use tobacco taxes for tobacco control measures; build capacity in tobacco control; eliminate direct and indirect tobacco advertising, promotion, and sponsorship. Political Mapping also indicated that while there is support for such measures among a good sector of the public and some policy makers, many are still not mobilized (Swart and Reddy 1998).

- *Smoking cessation is likely to create jobs.*

Net employment effects will be positive if consumption expenditure is switched from tobacco to other goods and services in the economy. An input-output model was used in conjunction with actual and scenario consumers expenditure vectors to assess the net impact on South African output and employment. The results indicate that a cessation of cigarette purchasing would lead to significant increases in South African output and employment. The problem is that many of the tobacco-sector job losses are identifiable, while the larger number of new non-tobacco jobs, spread throughout the economy, may not be visible or readily associated with specific individuals (van der Merwe and Abedian 1999:421).

- *An increasing number of women and men take-up smoking and make it part of their culture.*

The study found that in higher primary school pupils, boys smoked much more than girls (ratio: app. 17:8) and smoking prevalence in adults ranged from 53% in men to 6% in women. Urban experience of 6 or more years and being in a higher

paid profession increased smoking prevalence among men. Urbanisation often translates into more economic spending power among city dwellers than in rural areas. Often, this phenomenon is manifested by an increase in tobacco consumption among black townships residents. While the majority (74.2%) believed that smoking is very bad for health, it was commonly felt that smoking is a culturally acceptable way to deal with social and emotional hardship.

- ***Coping through smoking is increasingly becoming part of culture.***

Women who smoke reported reasons for smoking as: to cool their nerves (17.1%), life's problems/worries (15.4%), and stress/frustration/tension (13.3%), while the majority of women who use snuff do so to relieve headache (46%), don't know (11.3%), to cool their nerves (10%), and to relieve stress/tension (8.8%). One might conclude that many social stressors encourage women to smoke or use snuff. Sadly, smoking and snuff are increasingly linked to presumed medicinal and healing properties, thus, highlighting the importance of specific studies on women and tobacco. Clearly, more women are smoking and more of them do it out of frustration and as a means of coping with distress. It seems that for many, the use of tobacco is symbolic of a carefree lifestyle.

Reports/Publications/Material:

1. Abedian, Iraj; van der Merwe, Rowena; Wilkins, Nick; and Jha, Prabhat. 1998. *The Economics of Tobacco Control: Towards an Optimal Policy Mix*. Cape Town: Applied Fiscal Research Centre, University of Cape Town.
2. Swart, Dehran; and Reddy, Priscilla. 1998. *Strengthening Comprehensive Tobacco Control Policy Development in South Africa Using Political Mapping*. Cape Town: Medical Research Council.
3. Marks, Amy Seidel; and Eleftheriou, Eleni. 1999. Interim Draft of the Final Report: Determinants of the Smoking Lifestyles of Black Women in Cape Town Townships. Cape Town: University of Cape Town.
4. Marks, Amy Seidel; Hofmeyr, Jannie; and Eleftheriou, Eleni. 2000. Application of the Conversion Model to Analysis of the Determinants of Black South African Women's Smoking Lifestyles. Paper Presented at Innovations in Social Marketing Conference Washington, D.C., June 2000.
5. van der Merwe, Rowena. 1997a. Media Release: The Economics of Tobacco Control Project in South Africa. Cape Town: University of Cape Town.
6. van der Merwe, Rowena. 1997b. Project Update # 4: An International Comparison of Tobacco Control Policies: Taxation, Pricing, and the Control of Advertising. Cape Town: School of Economics, University of Cape Town.
7. van der Merwe, Rowena. 1997. Project Update # 5: Tobacco and Jobs: A Review of International Research. Cape Town: School of Economics, University of Cape Town.

8. van der Merwe, Rowena. 1997. Project Update # 6: The Output and Employment Effects of Reducing Tobacco Consumption in South Africa. Cape Town: School of Economics, University of Cape Town.
9. van der Merwe, Rowena; and Abedian, Iraj. 1999. "A Reduction in Consumer Expenditure on Cigarettes and its Effect on Employment: A Case Study of South Africa." *Contemporary Economic Policy*, 17(3):412-422.
10. Abedian, Iraj; and Annett, Nigel. "An Empirical Analysis of Cigarette Taxes and Advertising in South Africa, 1970-1995". A Paper Submitted to the *Journal of Applied Socio-Economics*.
11. Abedian, Iraj; van der Merwe, Rowena; and Annett, Nigel. "Tobacco Control in South Africa: An Analysis of Contemporary Trends and Policy Issues". A Paper Submitted to *Tobacco Control* journal.
12. School of Economics, University of Cape Town: 1998. Final Report on The Economics of Tobacco Control in South Africa Project.

Lessons Learned:

- economics may provide a compelling argument about the negative aspects of tobacco but cultural and behavioural aspects are equally important.
- for a program to be comprehensive, a timely integrated analysis of its components is necessary.
- the ambitious goal of influencing policies is most effectively reached by valid studies, thus, it is important to take precaution so as not to undermine the validity of survey results by limited samples and inadequate funding.
- surveys, ethnographic research, or Political Mapping software, are effective if solid and timely synthesis of the generated data is done. For this to happen, planning for time and staff requirements in the concept phase will prove beneficial during implementation and dissemination. The objectives and the means to reach them must be as compatible as possible.
- secondary outcomes from this research were significant. For example, a comparison with the economics of tobacco in Zimbabwe was done. It is important to invite our partners to comment not only about research findings but also about the process and institutional interaction, to the extent possible.

MAPPING THE FUTURE OF TOBACCO IN VIETNAM

Political Mapping for Tobacco Control in Vietnam

PATH Canada, Ottawa

\$ 28,400

Approved: 1995

Contact Person: Ms. Debra Efroymson, pathcan@citechco.net; Ms. Sian Fitzgerald, sfitzgerald@pathcanada.org

Purpose:

The overall purpose of this research was to collect, analyze, and make available to Vietnamese policy-makers information regarding tobacco to assist them in planning effective tobacco control strategies. The program used the Policy Maker software to collect and analyze the information. A qualitative component was concerned with reaching a better understanding of the determinants of smoking behaviour in Vietnam.

Rationale:

Tobacco plays a central role in the culture of Vietnam. Traditionally, more men than women smoke, with the majority of the consumption is in urban areas. While there have been no large-scale prevalence surveys, a study conducted in 1995 shows that 73% of adult men and 4% of adult women consume tobacco, mostly in the form of purchased cigarettes. The recent market reforms in Vietnam have led to an increase in external investment, including the tobacco industry. The value of all imported material needed to manufacture tobacco increased from US\$ 48.5 m. in 1991 to US\$ 95 m. while the tobacco industry's contribution to domestic revenues has steadily declined from 6.36% in 1991 to 3.2.% in 1994.²⁰

Opening of the Vietnamese market has led to the introduction of new advertising techniques targeting youth and women. Cigarette imports were "...banned in Vietnam, but many joint ventures became licensed in the last few years, and it is these joint ventures which promote the products. The licencing of joint ventures has brought an explosion in the promotion of cigarettes" (RTCCD and PATH, 1998:2). Subsequently, along with its Vietnamese partners, PATH Canada identified the need to explore the perceptions of policy makers, government agencies, NGOs, the public and mass media about smoking and tobacco control policies in Vietnam.

²⁰ All figures are from PATH Canada's document: "Decision Mapping for Tobacco Control in Vietnam: Report to the International Tobacco Initiative," July 1996.

The Policy Maker software—developed at Harvard University with RITC and IDRC funds—was envisioned to be of value in terms of enabling interested stakeholders to effectively identify tobacco control policy issues and strategies at the national level.

Methodology:

The research was implemented in Hanoi, Ho Chi Minh City, Dalat, Nha Trang, Hue, and Danang. For the purpose of this research, two teams of health and social science researchers were formed with technical assistance from PATH Canada. The methods used were: literature review; personal interviews with health professionals, persons from the tobacco industry, mass media, college students, smokers and non-smokers, and adult women and men; and qualitative research methods. With the aid of the Policy Maker software, analysis of the data included description of relationships among players (network analysis) and proposal of various tobacco control strategies and their effect on the different players.

Highlights of Findings:

The research identified three strategies that could be supported by the Tobacco Control Committee-Ministry of Health with collaboration from other organizations: 1) respond to the economic concerns of the government sector, private sector, farmers, and the public; 2) create public support through greater understanding of policy objectives; and 3) build networks among players. The research also identified two strategies that could be supported by external agencies (e.g. NGOs) in collaboration with government and other NGOs: 1) increase the power and interest of organizations working in tobacco control, and 2) decrease popular support for tobacco companies. Following are highlights from the analysis:

- ***People are generally unaware of the detrimental effect of smoking on their well-being. The implications are serious in terms of their health and to tobacco control policies.***

“My father smoked a lot, then the doctor told him to quit. After several months he got fat very quickly, he looked awful. My mother’s friend said that if anyone smokes you should let them smoke, because if you quit you’ll get fat and that’s not good, and your blood pressure will rise which is more dangerous than diseases from tobacco...two months ago my father started smoking again and he’s thinner. I think it’s better,” (A 10th grade male student, Quang Ninh, quoted in PATH and RTCCD 1998:9).

“I don’t know if tobacco smoke is dangerous, but I raised three children in my husband’s smoke, and they’re very healthy.” (A 60-year-old woman, Nha Trang, quoted in PATH and RTCCD 1998:11).

The implications are two-fold. First, people are careless about the impact of smoking on their health and the health of others. Second, people are hostile to policies and health education messages aimed at tobacco control. People's lack of knowledge makes them hostile to any tobacco control policies. This research identified the need to target the general population in a timely fashion to counteract the tobacco companies' campaigns and to create a supportive environment for tobacco control policies. This targeting and its timing are crucial for lowering the smoking prevalence in a given society.

- ***The classification of individual and institutional stakeholders/players in terms of their potential to influence tobacco control policies is essential.***

In this research, players were classified, based on their position on tobacco control policies, into support, non-mobilised, and opposition groups. The findings point out that, at times of fiscal stress and rapidly increased demand for cigarettes, better targeting is essential for efficient tobacco control policies.

- ***Political Mapping requires everyone's input. Prevailing social norms influence mapping.***

Clearly, to benefit from its value, the relevant institutions must be actively involved in any policy mapping. The absence of players and the absence of explicit commitment compromise policy mapping and policy proposals. Initial and explicit collaborative effort must precede the actual policy mapping. It is also important to distinguish between those who can influence policies but do not and those who actually do. For example, the non-smokers were found to be of medium support to tobacco control policies, and most of the government and many relevant NGOs are non-mobilised to support such policies. The reluctance of the Tobacco Control Committee in the Ministry of Health was attributed to the members' lack of knowledge about decision mapping and a reluctance to openly discuss policy issues.

- ***Effective mapping requires relevant, timely, accessible, and comprehensive information.***

The value of a policy mapping tool is limited if the information is non-existing and not accessible. The value of a policy research in this situation is shaped by both the research methodology and political environment in a given society. To the extent information is available and accessible, policy mapping can be useful as a planning tool.

- *A combined quantitative-qualitative approach better reflects the policy environment.*

The use of qualitative methodology in this research enabled the team to explore the views of the population in this new area of research in Vietnam. The information enhanced the findings of policy mapping by exploring people's perspectives on tobacco control policies in Vietnam.

Reports/Publications/Material:

1. PATH Canada. 1996. *Decision Mapping for Tobacco Control in Vietnam: Report to the International Tobacco Initiative*. Debra Efroymson et al.
2. PATH Canada and RTCCD. 1998. *It's Rude to Say No: Vietnamese Opinions About Tobacco Control*. A Report to RITC.
3. RTCCD and PATH Canada. 1998. *The Promotion of Cigarettes in Vietnam*. An Illustrated Report.
4. Shore, Keane. 1999. "It's Rude to Say No": Vietnamese Attitudes Toward Smoking." *IDRC Reports Online*, February 15.

Lessons Learned:

This is an interesting and low-cost project. The success of the project was somewhat limited because:

- there appeared to be a lack of a clear plan to effectively include the official bodies into planning and implementing the research. The result is that the suspicion and lack of complete cooperation by the Ministry of Health, for example, greatly diluted the relevance of the findings for policy input. A clearer plan, more strategic players, and more resources were probably needed for the findings to influence policy.
- no funds were allocated for translation, printing, or publishing the findings. A clear plan with sufficient funds could have improved access to the findings in and out of Vietnam.
- secondary outcomes from this research were significant. For example, a new NGO was formed--the Research and Training Centre for Community Development-Hanoi--immediately following the cooperation between PATH Canada and the founder of this NGO in this research. There may have also been other outcomes. A clear statement regarding the importance of documenting secondary outcomes in reports submitted to RITC will be helpful in this matter. In the case of projects implemented by a Canadian organization, RITC may also consider requesting a verbal presentation on the findings of the research projects.

BRAZIL: THE CULTIVATION OF TOBACCO THREATENS SUSTAINABILITY

Tobacco Growing and Ecosystem Effects

Universidade de Santa Cruz do Sul, Brazil

\$ 150,000 (Special Projects Fund-IDRC)

Approved 1999

Contact Person: Prof. Virginia Elisabeta Etges, info@unisc.br. Fax 598 2 717 1855

Purpose:

To evaluate the environmental and human health impact of tobacco growing in Santa Cruz do Sul, and to generate new knowledge that will contribute to the implementation of alternatives to tobacco farming based on sustainable ecosystem management approach.

Rationale:

Approximately 43% of Brazil's tobacco grows in the state of Rio Grande do Sul. Within this state, the area of Santa Cruz do Sul is the largest tobacco area and is the main region in terms of tobacco growing in the whole country. In Brazil, 200,000 families cultivate 310,000 hectares of tobacco following a family farming model. The tobacco-producing farms are generally small with an average of 18 hectares. In these farms, it is estimated that 3000 working hours/hectare are spent every year by the family members (compared to 265 hours/year/hectare in the case of maize).

Furthermore, tobacco farms are highly dependent on the intensive use of pesticides. In Brazil, tobacco is among the five top pesticide consuming crops. Workers on tobacco plantations devote 66 hours/person/per hectare for the application of pesticides compared to 20 hours/person/hectare in the case of other crops. The adverse effects of using pesticides are now showing more than before. The highest incidence of these effects occurs in the October-January period, the hottest season, when tobacco crops are ready for harvesting. During this period, an increasing number of workers have to be hospitalized because of intense heat exhaustion and contact of perspiring hands with tobacco leaves. Simultaneously, suicide rates that are associated with signs of depression in tobacco-growing municipalities are higher than the state's average, thus, raising suspicion about possible links between pesticides and neuro-psychiatric illnesses. More troubling yet, the lack of access to good quality medical care and medical records is commonplace in the area.

This research aims to study the impact of tobacco cultivation on the ecosystem and human health in the region of Santa Cruz do Sol, Rio Grande do Sul. The data will be used to communicate with local leaders and policy makers the need to create mechanisms to facilitate alternative crops and to preserve the ecosystem and human health.

Methodology:

The study is divided into three main components: (1) evaluation of environmental degradation due to deforestation of native woods and by studying the pollution of food and water; (2) the effects of exposure to agro-chemicals and nicotine on tobacco-growing families; and (3) knowledge, attitudes, and practices associated with cropping process, health risks, and feasibility of alternative approaches. For these components, a cluster sampling will be used with three levels of selection. A cross-section study will be carried out at two different periods: t0 = low exposure and t1 = high exposure period.

In all stages, a combination of quantitative and qualitative methodologies will be used. The questionnaire will include questions about socio-demographic characteristics, exposure to chemicals, consumption of food products, water sources, smoking habits, passive smoking, knowledge, attitudes, and practices. In addition, for 90 families (270 persons), a clinical examination, blood testing, urine testing, and neuropsychiatric testing will be done.

Highlights of Findings:

Research and analysis are still in progress.

Reports/Publications/Material:

N/A

Lessons Learned:

Even though research and analysis are still in progress, some relevant points include:

- it is important to strike a balance between the value of multidisciplinary and the objectives of a research. It is also important to broaden the meaning of multidisciplinary so as to capture the full significance of a problem.
- It is significant that this is the only RITC research that included medical examination of the people and testing the environmental elements to study the effect of a certain problem. With appropriate preparation and ethical considerations, the combination of methodologies promises to produce a new and relevant set of results.
- Given the limited resources, funding community-based multidisciplinary research is a cost-effective way to produce solid knowledge that is relevant for making policies. A strong community based study is better than larger studies with limited statistical power or too narrow a scope.
- multi-institutional cooperation is essential to improve the uptake of policy research results. Cooperation to define the problem, implement the research, and study the alternatives will ensure the successful implementation of solutions.

- dissemination steps should be planned from the beginning of the project. Accessible information builds the credibility of recipient and donor organizations.
- because this is a joint venture between EcoHealth, RITC and LACRO, a review of the experience will be useful for the future.

Section Three: RITC's Projects in Relation to Regional Priorities

| | <i>The Lack of Standardised and Comparable Data Was Addressed Through:</i> | <i>The Absence of a Network for Communication of Information Was Addressed Through:</i> | <i>Lack of Adequate Capacity for Tobacco Control Research, Especially in Non-Health Related Areas Such As Economics and Policy Analysis Was Addressed Through:</i> | <i>A Need for Concerted Mobilisation of Human and Financial Resources in Order to Implement a Comprehensive Research Agenda, Build Partnerships and Stimulate Comparative Research and Analysis Was Addressed Through:</i> |
|---|--|--|--|--|
| Political Mapping (Vietnam) | Behaviour & attitudes study. Identifying possible policy interventions through political mapping to curb tobacco consumption. | | Partnership between a Canadian and a Vietnamese institution helped improve the capacity of both to do tobacco control research Testing the new political mapping software technology a new Training on Policy Maker | |
| Smoking Attitudes & Behaviour (Turkey) | Behaviour & attitudes study. Focus on different social groups. | Participation in Seminars and Conferences Publishing the research findings in Turkish and English | Training Research Team Participation in National and International Conferences | Developing a Phase II which was later funded by RITC. |

| | <i>The Lack of Standardised and Comparable Data Was Addressed Through:</i> | <i>The Absence of a Network for Communication of Information Was Addressed Through:</i> | <i>Lack of Adequate Capacity for Tobacco Control Research, Especially in Non-Health Related Areas Such As Economics and Policy Analysis Was Addressed Through:</i> | <i>A Need for Concerted Mobilisation of Human and Financial Resources in Order to Implement a Comprehensive Research Agenda, Build Partnerships and Stimulate Comparative Research and Analysis Was Addressed Through:</i> |
|--|--|---|--|--|
| Tobacco Control Strategies (Turkey) | Demand elasticity study. Evaluating tobacco control legislation and its impact. | Participation in national and international seminars. | A Training scholarship Training of researchers | Findings from Phase I are used as a component of the baseline to evaluate the impact of the new Law that is the focus of Phase II. |
| Comprehensive Tobacco Control Research Program (SA) | Demand elasticity study. Behaviour & attitudes study. Developing novel approaches to preventing tobacco use among black women. | Assisting in defining national tobacco control strategies through political mapping. | Training Scholarships. Defining and disseminating findings about optimal policy mix, based on research findings. | Policy papers, national and international conferences, and maintaining close links with national and international institutions. |

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|--|--|---|--|---|
| Economics of Tobacco Control (SA) Phase II | <p>Studying pricing policies.</p> <p>Demand elasticity analysis for various income and racial groups.</p> <p>Determining impact of tobacco on country's economy.</p> | Conferences and seminars. | Determining optimal taxation level and communicating to policy makers. | <p>Conducting an impact analysis assessing the efficacy of national tobacco control measures introduced over the past few years. Communicating results through policy papers and policy briefings.</p> <p>This Phase II builds on the knowledge generated in Phase I.</p> |
| Tobacco Growing and Ecosystem Effects (Brazil) | Knowledge, belief, attitudes and practices of tobacco growing families and those growing alternative crops in Brazil. | Developing and recommending strategies for promoting alternative crop practices. | <p>Analyzing the impact of crop diversification on the health of families.</p> <p>Relationship of tobacco production to destruction of the ecosystem</p> | Collaborative efforts between RITC, and other IDRC programs, and Brazilian partners lead to this project, for which funds were obtained from IDRC's Special Program Fund. |

| | <i>The Lack of Standardised and Comparable Data Was Addressed Through:</i> | <i>The Absence of a Network for Communication of Information Was Addressed Through:</i> | <i>Lack of Adequate Capacity for Tobacco Control Research, Especially in Non-Health Related Areas Such As Economics and Policy Analysis Was Addressed Through:</i> | <i>A Need for Concerted Mobilisation of Human and Financial Resources in Order to Implement a Comprehensive Research Agenda, Build Partnerships and Stimulate Comparative Research and Analysis Was Addressed Through:</i> |
|---|--|--|--|--|
| Cigarette Consumption, Production, and Taxation Policy (China) | <p>Demand elasticity study.</p> <p>Studying the economic structure of the tobacco and cigarette industry in China.</p> <p>Determining Impact of cigarette taxation on regional economy in China.</p> | Studying the importation and smuggling of foreign cigarettes to China. | Developing recommendations for future tobacco control options. | Participation in national policy seminars to inform policy makers of findings and plan future tobacco control policies. |
| Building Alliances for a Generation of Tobacco-Free Children and Youth (WHO) | Harnessing the evidence on tobacco control and activating country-specific interventions based on Global Youth Tobacco Survey implemented by WHO. | Participation of multiple countries and teams in planning, implementing the research and analysis of data. | Training by staff of WHO and Centers for Disease Control-USA on the implementation of the research and data analysis. | Youth survey to be fed into Global Tobacco Surveillance System. |

| | <i>The Lack of Standardised and Comparable Data Was Addressed Through:</i> | <i>The Absence of a Network for Communication of Information Was Addressed Through:</i> | <i>Lack of Adequate Capacity for Tobacco Control Research, Especially in Non-Health Related Areas Such As Economics and Policy Analysis Was Addressed Through:</i> | <i>A Need for Concerted Mobilisation of Human and Financial Resources in Order to Implement a Comprehensive Research Agenda, Build Partnerships and Stimulate Comparative Research and Analysis Was Addressed Through:</i> |
|---|--|--|---|--|
| Global Alliance for a Generation of Tobacco-Free Children and Youth (CPHA) | <p>A survey among school-age youth in Moscow, Russia to contribute to national and international data.</p> <p>A qualitative component on attitudes and behaviours among youth.</p> | Participation of multiple countries and teams in planning, implementing the research and analysis of data. | <p>Provision of scientific material and information on tobacco control to Russian partners.</p> <p>Training by staff of WHO and Centes for Disease Control-USA on the implementation of the research and data analysis.</p> | Coordinating and supporting the implementation of the Global Youth Tobacco Survey implemented by WHO. |
| Economics of Shifting from Tobacco (India) | Identify and test local level opportunities for shifting away from tobacco cultivation. | National seminars to communicate the results. | Training researchers and NGOs on how to test feasibility of diversification away from tobacco farming. | Phase II of research is already in preparation with the objective of expanding the research to other parts of India. |

18. RITC's Projects in Relation to the Regional Priorities