

# INTERNATIONAL TOBACCO INITIATIVE

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1994 - 1997

## *Foreword*

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The International Tobacco Initiative (ITI) was created in 1994. The Initiative was established to assure the existence of a strong research, funding, analysis and knowledge base for the development of effective public policies for tobacco control for sustainable and equitable development. Based in the International Development Research Centre (IDRC) in Canada, with initial funding support from IDRC and Canada's federal Ministry of Health (see Appendix A), the Initiative has responded to the invitation of the Bellagio Conference participants (see Appendix B) to lead the round-table process of consulting with other agencies, countries and experts to develop tobacco control strategies and global partnerships. ITI has encouraged new and efficient linkages between donor agencies and expert organizations, and, has worked to foster relationships between Northern and Southern organizations.

Tobacco consumption and production in Southern countries is a complex issue with few quick answers. In an effort to address these complicated issues, and in support of the view of Southern researchers that the lack of substantial multi-disciplinary research has hampered previous tobacco control strategies, ITI has emphasised comprehensive, multi-disciplinary, multi-agency initiatives that focus on broad-based research directed at policy development, capacity building in the South, and information dissemination to ensure access to research results and new information.

This Report highlights the progress and achievements of ITI since its inception. The Summary section outlines a strategic, multi-pronged vision for the future, discussing possibilities for economic, environmental, health, agricultural and public policy research. The Projects and Grants sections highlight achievements in Vietnam, Turkey, India and Southern Africa, which have encompassed economic, medical, agricultural, political, and sociological research. The Guidelines section provides information on how to prepare proposals for consideration by ITI. A list of present and past ITI members is included at the end of this document.

ITI is pleased to present this Report on the eve of the 10th World Conference on Tobacco or Health in Beijing. We look forward to continued collaboration with all our global partners, and welcome comments and discussion on this Report.

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# SUMMARY

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## ***MISSION STATEMENT***

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To create a strong research, funding, analysis, and knowledge base for the development of effective public policies which will minimize the threat to sustainable and equitable development posed by tobacco production and consumption in the South.

## ***STRATEGIC VISION***

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The International Tobacco Initiative (ITI) will serve as a strategic catalyst in making tobacco a higher public policy priority in Southern countries. From its base in Canada's International Development Research Centre, ITI will establish linkages among organizations and individuals working on tobacco control measures.

ITI will use its facilities to disseminate new information, research results, and reports on international progress in tobacco control to researchers and policy makers worldwide. It will also promote research by governmental and non-governmental organizations when a need for strategic information in specific countries or regions can be demonstrated.

As appropriate, ITI will draw upon extensive Canadian experience in tobacco policy development.

## ***ROLE OF ITI***

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The main role of ITI has been identified as the **initiation and implementation of multi-disciplinary, research based projects in the South**, in order to assist in the development of effective tobacco-control strategies, programs and policies. In addition to this primary research role, ITI has two secondary activities, **capacity building and dissemination of information**, to ensure that research data will be utilized and shared among recipients, organizations, and countries for policy development. Major areas of research (with key examples) include the following:

### **Health and Socio-Behavioural Issues**

- ▶ Comparative studies of the best current interventions in the South in:
  - i) effective health promotion, health education and smoking cessation programs;
  - ii) progressive elimination of tobacco advertising; and
  - iii) mandating prominent health warnings on tobacco product packaging.
- ▶ A study of the history of tobacco use and consumption in the South, including manufactured and "roll-your-own" cigarettes and pipe tobacco and kreteks, bidis, cigars, chutta (medium-sized cigars smoked with burning end in mouth - India), briar, chilum and sulpa (clay pipes - India and Nepal), hookah (Bangladesh, India, Nepal, Pakistan), goza (Egypt and South-West Asia), naswar (Afghanistan) and other chewing tobacco (plug, looseleaf and twist), pain (betel quid), mishri (for cleaning

teeth), adzoghane (dried tobacco mixed with wood placed under the tongue - Gabon), snuff (dry nasal or moist oral snuff) etc.

## **Public Policy**

- ▶ Comparative study of Southern countries which have recently implemented successful tobacco policy measures to determine the key factors in their success, and of those who have failed to implement successful tobacco policies, with a view to determining lessons to be learned for future endeavours.

## **Agriculture**

- ▶ Comparative studies on direct and indirect government subsidies for tobacco growing or leaf tobacco sales, including production and supply management programs; provision of seed, fertilizer and other inputs; “soft” loans to farmers; guaranteed prices; premiums to buyers of domestic leaf and export subsidies.
- ▶ Research in support of Southern government programs that provide financial support for farmers, and/or tobacco growing communities, for measures such as crop substitution, retraining, and income protection, which assist in diversifying their economic base away from growing tobacco.

## **Economics**

- ▶ Track consumer expenditures on tobacco, for example, as a proportion of all consumer expenditures, as a percentage of per capita gross national product and as a percentage of smoker gross national product.
- ▶ Examine opportunities for trade and commerce ministries to provide incentives for industrial development that can replace economic activity in the tobacco growing and manufacturing sectors.
- ▶ Study southern governments’ practices of absorbing the costs of tobacco package “tax paid” markings and enforcement of restrictions on tobacco sales to children.
- ▶ Analyse policies designed to reduce direct and indirect economic costs to government, business, the individual smoker and the environment<sup>1</sup>.

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<sup>1</sup> The information in this section (with some variations) comes from Tobacco Control Fact Sheet 5, International Union Against Cancer (UICC) (Geneva, March 1993), condensed from Judith Mackay’s, What Tobacco Really Does to Your Country’s Economic Health: An Advocate’s Guide is to the Economic Arguments in Support of Tobacco Control.

## Environment

- ▶ Research how many acres of forest are required to cure one acre of tobacco, what the extent of the destruction of forests is and whether it brings about floods, soil erosion and or threatens watersheds.
- ▶ Research how successes in the international environmental movement can be transferred to tobacco issues (i.e., the “polluter pays” principle which is well established in environmental economics, but is rarely applied in the case of tobacco).
- ▶ Research into other environmental issues including the use of pesticides and herbicides on tobacco crops.

In support of these roles, ITI will look to **forging partnerships with international organizations** in the following manner:

- i) building a network of knowledge and ideas;*
- ii) collaborating in activities that assist in developing tobacco control strategies in developing countries; and*
- iii) facilitating financial support to undertake research, capacity building and information-sharing activities that will assist in policy development in developing countries.*

# GUIDELINES

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## ***PURPOSE***

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This section presents the current guidelines for proposals and decision-making on project funding for the International Tobacco Initiative (ITI). The criteria presented here are intended to assist researchers in preparing proposals for the Initiative, and to serve as planning and decision-making tools for ITI. To simplify the process, the criteria have been divided into two sections: general and tobacco-specific.

## ***GENERAL CRITERIA***

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ITI has chosen to use the International Development Research Centre's (IDRC's) basic guidelines for research proposals. The following are some of the general suggested guidelines; please note that the extent of the information required will vary according to the scope of the proposed project, and not all of the sections listed below may be necessary. Researchers are advised to consult with ITI prior to submitting a formal proposal, so as to determine which sections are essential in their case.

### 1. Background

This section should provide clear, concise descriptions of the problem to be investigated and the questions that will guide the research process. It may also discuss points such as how the research relates to the development priorities of the country or countries concerned, the magnitude of the problem and how the research will contribute to its solution, why and for whom the research is important, gender perspectives and impacts, national, regional and local contexts, and whether the research relates to any of the researcher's other ongoing or planned activities.

### 2. Objectives

This section should include a **general objective** (a short statement on the ultimate goal of the research) and **specific objectives** (the precise objectives of the proposed research that the methodology will address).

### 3. Methodology

The methodology should describe how each specific objective will be achieved, with enough detail to enable an independent assessment of the proposal. This section should include:

- ▶ Research tasks: hypotheses, research questions, division of labour;
- ▶ Study population and sampling: description of study areas, populations and the procedures for their selection;
- ▶ Data collection: description of the approaches and methods used to collect

information;

- ▶ Data analysis: description of data processing and analysing procedures; and
- ▶ Laboratory procedures: descriptions of standardized procedures and protocols and new or unique procedures.

#### 4. Users and Beneficiaries

This section should describe how research results will be used and discuss the immediate or intermediate users of the results. The impact of research results can also be discussed in reference to:

- ▶ their potential use in other countries;
- ▶ existing technical and scientific knowledge;
- ▶ the process of policy formulation and/or implementation;
- ▶ development processes at the local, national and/or regional levels;
- ▶ the research capacity of the recipient institution; and
- ▶ issues of gender.

Outline any possible obstacles to the development of the research.

#### 5. Socio-Economic Analysis

If a project objective is to produce a “hard” or “soft” technology, and there are reasonable expectations that it will be widely distributed and/or marketed, the proposal should discuss any socio- economic implications, including, where applicable:

- ▶ Demand and supply: level of demand, marketing requirements, user willingness/ability to pay; alternative supply sources; competitiveness; input and credit availability;
- ▶ Profitability: the financial viability for entrepreneurs, farmers or consumers; cost - effectiveness relative to alternatives; and
- ▶ Social impact: the impact on working conditions or quality of life; distribution of benefits; degree and nature of local participation; long - term sustainability.

#### 6. Evaluation

Projects which are particularly innovative or require a high level of accountability benefit from an evaluation component. Such components should be described in the project proposal.

## 7. Institutions and Personnel

- ▶ Institutions: describe the institution's history, objectives, strengths and past achievements; provide information on collaborating agencies; discuss how the proposed research could complement the institution's existing programming;
- ▶ Personnel: list who will be involved in carrying out the project, their roles, time commitments, qualifications, experience and other relevant information; include résumés of the principle professional staff.

For collaborative projects with Canadian institutions, outline the reasons for collaboration with Canadian scientists, and, how the cooperation and division of labour between Canadian researchers and developing country researchers will be organized.

## 9. Timetable

Indicate the time needed to carry out each principal phase of the project, as well as the project's total duration. Indicate possible constraints in adhering to the timetable.

## 10. Training

Identify how the project might contribute to the training of staff. If training is required, indicate what sort of training might be most appropriate and how it would be organized.

## 11. Dissemination of Results/Outputs

Outline plans for disseminating or implementing the findings of the proposed research. Detail the expected outputs of a project (reports, articles, new methodologies or technology).

## 12. Project Administration and Budget

Estimate the project's total costs, indicating the yearly contributions to be made by each institution or agency involved. The budget should be divided into two categories, the **IDRC contribution** and the **local (recipient) contribution**. The local contribution can be an estimate of "in kind" resources, such as salaries, equipment, etc. The following are the standard IDRC budget categories; please note that a budget note is required for each line item in the budget.

- ▶ Salaries: all remuneration, allowances, and benefits paid to recipient project staff and advisors hired for a specific project;
- ▶ Research expenses: services and materials (including reference materials) to carry out all research;

- ▶ Capital equipment: equipment purchased by either the recipient or IDRC on behalf of the recipient, that has a useful life of more than one year and costs over \$1000 CAD per item;
- ▶ Conferences: costs of attending project-related seminars, meetings and conferences that may be organized by the recipient, not including those held specifically to disseminate IDRC research results (See Dissemination, below);
- ▶ Consultants: all expenses related to acquiring a consultant for a specific activity within the project;
- ▶ Training: costs incurred during a trainee's participation in degree or diploma programs, short courses, student field work, post-doctoral training or other scholarly activities;
- ▶ Travel: costs incurred by project staff outside of the local research area;
- ▶ Dissemination: all IDRC dissemination activities, including project - related seminars, meetings or conferences that may be organized by the recipient for the purpose of disseminating IDRC funded research results;
- ▶ Support services: administrative costs that are not directly related to research;
- ▶ Overhead: if the recipient cannot or will not absorb the overhead or administrative costs of a project as part of its local contribution, IDRC will contribute overhead costs up to a maximum of 13% of recipient - administered costs, excluding capital equipment costs; and
- ▶ Coordination: expenses related to the coordination of a project to ensure that all concerned follow the objectives and approaches, including budgetary monitoring.

For a more detailed description of the IDRC proposal guidelines, please refer to "How to Apply for IDRC Funding; Guidelines for Writing a Research Proposal", available from all International Development Research Centre offices.

## ***TOBACCO - SPECIFIC CRITERIA***

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In order to meet ITI objectives, specific criteria are required to determine the potential of project proposals to contribute to effective public policies which minimize or regulate tobacco's threat to sustainable and equitable development. This section presents the tobacco-specific criteria that should be considered when developing project proposals for consideration by ITI. These criteria vary in scope, from broad, global considerations to more specific, country-level notes. Obviously, research proposals will also vary in scope, and may emphasize some of these criteria over others; still, all the criteria should be considered, if not included, during the proposal development.

### ***1) Proposals should assist in the global understanding of tobacco issues***

Tobacco issues have local, regional, national and international aspects. These aspects have health, economic, public policy, agricultural, environmental and social facets. Although every country's experience with tobacco is unique, often, the manner in which a country chooses to act on this matter affects other countries and the global community. Understanding these linkages and the levels on which they connect is crucial to building a global understanding of tobacco issues, which, in turn, is crucial to effectively addressing these issues. Without relevant research, our understanding of, and ability to address, tobacco control strategies will be severely limited. Appendix C in this document provides information on global strategies for tobacco control, and, listings of other resources that can be referred to while developing project proposals.

Research proposals should exhibit a familiarity with current international and relevant national tobacco control initiatives, and illustrate how the research will build on existing work. The proposal should also demonstrate an understanding of the multi-disciplinary nature of global tobacco issues, and in addition to discussing how the proposed research will contribute to the discipline it focuses on, outline any possible cross-disciplinary implications. By incorporating these elements into the proposal, the researcher positions it within the context of global tobacco issues in such a way as to ensure the maximum utility of the research.

### ***2) Proposals should contribute to policy development***

Several forces affect how a particular country will consider tobacco control policies: first, the overall political situation in the country; second, the predominate values and knowledge in the general population (which circumscribe how strong or weak government actions can be towards developing and/or implementing tobacco-related policies); and, third, the effectiveness of the civil and/or state apparatus in influencing research and recommendations on tobacco control issues. When assessing these forces, a number of factors should be considered. Decision-makers have to be identified. The positions of the relevant ministries (Health, Finance, Environment, Agriculture, etc.) should be analysed, and considered within the context of regional and international positions. The interests and impact of the domestic tobacco industry as well as the position and marketing strategies of the trans-national tobacco industry should be weighed. Gathering this information is critical to pinpoint existing gaps and formulating how the proposed research could assist in the policy-making process.

### **3) *Proposals must enhance capacity building***

Proposals should also take into account the need for capacity building in the country/countries targeted in the proposal. Where feasible, the proposal should consider how the proposed project will contribute to building local leadership, and, to enhancing indigenous capacity to deal with tobacco control issues. Depending on the context, capacity-building could take several forms, including training, information, network-building and resource development. A careful analysis of the information gathered for policy development purposes could assist in determining where capacity building is most urgently required, as such an analysis highlights what is needed to facilitate the development of tobacco control initiatives.

### **4) *Proposals should consider methods of information dissemination***

Disseminating new information and research results in a manner that ensures wide access is a crucial part of the research process, and, provides an important support for the other issues discussed above. The research proposal should include a method of information dissemination that will enable those who will most benefit by the use of this information to gain access to it as efficiently as possible. In developing this method, the researcher should consider the following:

- ▶ who will want to see this information: policy-makers, academics, government, other researchers?
- ▶ for what purpose: policy development? use in international conferences? planning? teaching? furthering other research?
- ▶ how the research should be presented: seminars, publications, conferences, meetings?
- ▶ how could ITI assist in the process?

# PROJECTS

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## POLITICAL MAPPING FOR TOBACCO CONTROL (VIETNAM)

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*Responsible Officer:* Bertha Mo  
*Recipient:* Programme for Appropriate Technology in Health (PATH Canada)  
*Grant:* \$31 056 CAD  
*Duration:* November 21, 1995 - September 30, 1997

The general objective was to collect, analyze, and make available to Vietnamese policy-makers information regarding tobacco issues which would assist them in planning more effective tobacco control strategies.

The specific objectives of the Project were:

- ▶ to identify key players in tobacco in Vietnam (i.e., government, the media, the tobacco industry, indigenous/international NGOs, United Nations organizations, and bilateral agencies), their positions, and the extent and degree of concentration of power and interests;
- ▶ to identify obstacles to, and options for, tobacco control policies and strategies;
- ▶ to identify groups in Vietnam (NGOs, community- based organizations) with a potential role in tobacco control strategies and to build awareness among them;
- ▶ to prepare a background paper on the Vietnamese experience with, and the impact of, the political mapping process and its potential applicability and relevance to tobacco control in other developing countries in the Southeast Asian region, as well as in other regions.

### *Results:*

This project utilized decision-mapping, a computer-assisted method of policy analysis, to synthesize tobacco control data collected by two teams of health and social science researchers. The Final Technical Report discussed policy options, ranked according to priority, and, described the players, their positions and their relative power, and the financial, administrative and political consequences of each policy option for each player. These were used to develop several tobacco control strategies and consider their possible impacts. The Report includes a comprehensive overview of the tobacco situation in Vietnam and a discussion of the acceptability and feasibility of the use of computer - assisted decision-mapping in the country. The findings of this project will be presented at the 10th World Conference on Tobacco, August, 1997, in Beijing, China.



## SMOKING BEHAVIOUR AND ATTITUDES (TURKEY)

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*Responsible Officer:* Enis Baris  
*Recipient:* Hacettepe Public Health Foundation  
*Grant:* \$51 410 CAD  
*Duration:* March 11, 1996 - March 11, 1997  
Final report due in September 1997

Cigarette smoking is a very common health problem in Turkey. Following the free import of foreign brand cigarettes into the country in 1986, there was an increase in absolute and relative numbers of smokers, along with a shift in favor of the imported foreign cigarettes. The general objective of this study is to determine patterns in, and trends of, the occurrence of cigarette smoking in Turkey across several segments of the population.

The specific objectives of the study are:

- ▶ to determine the relative weight of the different factors which play a role in the occurrence of cigarette smoking;
- ▶ to study the change in the relative role of the factors over time and across several segments of the population;
- ▶ to investigate the extent of the shift in the selection of Turkish versus foreign brands of cigarettes; and
- ▶ to seek the opinion of different segments of the population regarding smoking in public places, and, vis-a-vis cigarette smoking and possible public interventions.

The long term aim of the study is to raise people's awareness about smoking and to promote the promulgation of the anti-smoking bill in Parliament.

### *Results:*

The preliminary results of this study provide an extensive review of smoking practices, attitudes, behaviours, and opinions of the following groups in the Ankara region of Turkey: students, teachers, mothers, physicians, artists, sportsmen, journalists and parliamentarians. Data were collected by twenty interviewers, trained and supervised by a field co-ordinator, through the use of questionnaire/surveys. Preliminary results indicate that the prevalence of smoking is highest among journalists, teachers and physicians. Based on the data analysis, the study provides thirty-four recommendations on reducing tobacco use in these groups, including increased health education in schools, smoking bans in areas frequented by young people, advertising restrictions, progressive tax measure on cigarettes, and increased community action on the issue. The findings of this project will be presented at the 10th World Conference on Tobacco, August, 1997, in Beijing, China.

## ***COMPREHENSIVE TOBACCO CONTROL RESEARCH PROGRAMME FOR SOUTH AFRICA***

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*Responsible Officer:* Wardie Leppan  
*Recipient:* South African Medical Research Council (MRC)  
*Grant:* \$120 000 (for components 1 and 4)  
*Duration:* July 25, 1996 - July 25, 1998

*Responsible Officer:* Wardie Leppan  
*Recipient:* University of Capetown (UCT)  
*Grant:* \$180 000 (for components 2 and 3)  
*Duration:* July 30, 1996 - July 30, 1998

At the 45th Regional African Office Meeting of the World Health Organization (WHO), held in September 1995 in Libreville, Gabon, tobacco was named as the number two priority, second only to AIDS in the African region. The research evidence points to rapidly increasing tobacco consumption in many parts of Africa, leading to an epidemic of tobacco related disease and death which will overtake AIDS in terms of cumulative deaths by the year 2010.

The overall smoking rate for adults above 16 years of age in 1990 in South Africa was 31%, with more recent figures rising to 34%. This represents approximately 7 million South African smokers as of 1995, with suggested significant increases in the last five years.

The four sub-components of this project address the necessity for capacity development, social marketing, national-level policy development and analysis of economic issues related to tobacco production and sale.

### *Component 1 - Capacity Development for Tobacco Control in the Southern African Region*

The general objective of this sub-component is to develop and sustain capacity for tobacco control in Southern Africa.

The specific objective is to develop the capacity of two high calibre professionals who are able to initiate and sustain effective tobacco control strategies in their country of origin in Southern Africa by providing training courses and programs relevant to tobacco control strategies.

### *Component 2 - Economics of Tobacco Control in South Africa*

The general objective of this sub-component is to understand and analyze the economic issues related to tobacco control.

The specific objective is to develop a detailed framework for a proposal which will:

- ▶ facilitate a comprehensive economic evaluation of tobacco control in South Africa;
- ▶ provide accessible documents for anti-tobacco groups within and outside the Ministry of Health in the country; and
- ▶ train at least one local economist specializing in the economics of tobacco control.

*Component 3 - Determinants of Smoking Lifestyles of Black South African Women in the Capetown Townships and Measurement of the Symbolic Meaning of Cigarettes and Smoking*

The general objective of this sub-component is to contribute to counteracting tobacco marketing influences and thereby maintaining a low smoking rate among black South African Women.

The specific objectives are as follows:

- ▶ to identify the beliefs, attitudes, values and behaviours with respect to smoking by black South African women living in the Cape Town area townships so as to:
  - i) understand the current status of Xhosa-speaking females' response to tobacco usage;
  - ii) provide a benchmark against which to measure how that status changes; and
  - iii) provide a basis for speaking to black South African women on their own terms about the need for tobacco control;
- ▶ to identify key determinants of these perceptions and behaviours by investigating the relative impact of such matters as urbanization, socio-economic status and contextual factors such as exposure to media and marketing activities; and
- ▶ to devise recommendations for the design and implementation of public policies and health interventions in order to counteract tobacco marketing influences, and, reinforce appropriate existing beliefs, attitudes, values and determinants that have maintained lower smoking rates in the past.

*Component 4 - Development of Tobacco Policy at the National Level*

The general objective of this sub-component is to develop a comprehensive proposal for tobacco policy in South Africa.

The specific objectives of this project are as follows:

- ▶ to document, synthesize and analyze the existing policy situation with regard to tobacco control in South Africa; and
- ▶ to analyze a pilot study, involving key informant interviews, which will form the basis for the political mapping exercise. The expected output is a framework which will be presented to government, NGOs, health professionals, etc., to formulate an action plan for policy development.

## *Results:*

### ***Component 1***

Three research fellows have been selected. They are: Mr. Dehran Swart, a scientist in the MRC's Health Promotion Office, whose research focuses on adolescent behaviours that can lead to chronic disease; Dr. Kathryn Grammar, a medical doctor for the Industrial Council for Clothing Industry Health Care Fund, who will examine the development, implementation and evaluation of clothing industry worksite "Clean Air" policies, including smoking restriction and cessation programmes; and Ms. Rowena van der Merwe, of the School of Economics, University of Capetown, who will conduct an empirical investigation into the economic aspects of tobacco control in South Africa. All three research fellows will attend the 10th World Conference on Tobacco or Health, being held in Beijing, China, in August 1997.

### ***Component 2***

Four studies have been produced and are available upon request:

- i) Cigarette Prices and Taxes in South Africa, 1970-1995: The Facts
- ii) An Econometric Analysis of the Effect of Advertising on Cigarette Consumption in South Africa: 1970-1995
- iii) An Econometric Estimation of Actual and Potential Revenue from Cigarette Taxation in South Africa: 1970-1995
- iv) An International Comparison of Tobacco Control Policies: Taxation, Pricing and the Control of Advertising

A conference entitled "Economics of Tobacco Control: Towards an Optimal Policy Mix" is being planned for February 1998 at the University of Capetown. The goals of the conference include sharing the research findings of this project with other tobacco control interest groups and international researchers, increasing awareness of tobacco issues to the broader public, and generating policy proposals for South Africa on issues of tobacco control.

### ***Component 3***

This component had been delayed due to changes in research staff, but preliminary studies are now underway.

### ***Component 4***

A preliminary workshop was held in August 1996 to determine policy needs for the country. The next stage is to develop a comprehensive proposal detailing funding and research needs that are necessary to achieve policy development.

***ECONOMICS OF SHIFTING FROM TOBACCO: A MICRO-LEVEL STUDY AND ACTION PROGRAMME (INDIA)***

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*Responsible Officer:* Rohinton Medhora  
*Recipient:* Centre for Multi-Disciplinary Development Research  
*Grant:* \$242 560 CAD  
*Duration:* November 18, 1996 - November 18, 1999

Like several other developing countries, India is at a stage of socio-economic development where tobacco consumption, particularly of cigarettes (which tend to be more damaging to health than more traditional modes of tobacco consumption), has risen sharply and is expected to continue to do so in the foreseeable future. This trend has obvious health and budgetary implications for consumers, producers and (national, state and local) governments.

In countries that are both consumers and significant producers of tobacco, such as India, discouraging tobacco consumption is not quite the "win-win" situation that it is made out to be in, for example, poor countries which are net importers of tobacco. In cases where tobacco cultivation has significant "livelihood" aspects attached to it, a concerted tobacco control strategy has to consider the supply and the demand sides of the tobacco equation.

This project will take a small step towards bettering the 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. Building on previous work that the Centre for Multi-Disciplinary Research has performed on this topic, the "research" part of this exercise will: [1] survey a sample of consumer households to better identify the reasons behind, and trends in, tobacco consumption among various socio-economic groups, including assessing their levels of health awareness; and [2] examine the nature of the tobacco "industry" in the region, from cultivation to marketing to finished product.

The "action" part of this project will help identify farmers who are willing to shift away from tobacco cultivation and will provide crucial support ranging from information and education to the provision of borewells and other agricultural inputs needed to experiment with a viable strategy to shift away from tobacco cultivation.

The research and project advisory teams will of necessity be multi-disciplinary, and interventions will be introduced over a period of two to three years, so that appropriate policy and other lessons may be derived for this region and, perhaps, other similar regions in the world.

The general objective of this project is to develop a methodology for inducing a shift away from tobacco cultivation to other productive activities among cultivators in the Belgaum District of Karnataka, India.

The specific objectives are as follows:

- ▶ to conduct a sample survey of between 1750 and 2000 households in three sub-districts of Belgaum to identify patterns of tobacco consumption and production;
- ▶ to prepare a study of the tobacco industry, from the cultivation to the marketing of a finished product, in the region;
- ▶ with the participation of fifty cultivators, and using motivators and incentive mechanisms, experiment with various strategies to shift away from tobacco production; and
- ▶ to prepare research reports for each of the above specific objectives, and disseminate the research results through annual research meetings and one final project seminar.

*Results:*

The Project Advisory Committee has been finalized, and constitutes:

Dr. N.H. Antia, Chairman and Director, Foundation for Research in Community Health, Mumbai.  
Dr. M.V. Nadkarni, Professor and Head, Ecological Economics Unit, Institute of Economic and Social Change, Bangalore.  
Dr. V.M. Rao, Bangalore.  
Dr. S.D. Sawant, Professor, Agricultural Economics, Mumbai University, Mumbai.

The Chicodi and Nipanee villages have been selected as sites. Farmer selections have begun, most of whom have plots ranging from 2-15 acres, all of whom grow tobacco either exclusively or in part. The motivators and surveyors for the first field survey have been recruited, in time for a post-monsoon survey. This survey will cover consumers of tobacco as well as the production and distribution study that is part of this project. A thematic operating guide that will be used to compile the sample instrument and guide the survey work has been prepared and this, along with the sample instruments, will be sent shortly. Finally, contacts have been made with local financial institutions to supplement the funding available through this project, as an incentive for farmers to shift away from tobacco. The responsible officer will be visiting the project site for a monitoring visit, and, possibly, a Project Advisory Committee meeting, in late October, 1997.

# GRANTS

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## ***GRANTS***

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### **Soul City Media Project**

*Recipient:* Dr. Garth Japhet  
The Institute of Urban Primary Health Care, Johannesburg, South Africa  
*Amount:* \$1 710 CAD  
*Date:* December 11 - 14, 1994

The Soul City Media Project is an innovative health education project based in the Institute for Urban Primary Health Care in Johannesburg, South Africa. As part of the Institute's media project, Dr. Japhet developed "Soul City", a 13-part television series which uses a soap opera format to educate about basic health issues. The series draws its characters from a large, urban primary health care clinic, and the townships and surrounding area that it services. Through a grant provided by ITI, Dr. Japhet travelled to Cairo, Egypt to participate in a meeting with the producers of "Family House" ( a public health soap opera) to discuss the possibilities of tobacco-related story lines in public health soap operas.

### **Child Health 2000 Congress**

*Recipient:* Child Health 2000 Congress  
*Amount:* \$23 120 CAD  
*Date:* May 30 - June 1, 1995

Child Health 2000, the 2nd World Congress on Child Health issues, was held May 30<sup>th</sup> - June 1<sup>st</sup>, 1995, in Vancouver, Canada. The second day of the Congress, May 31<sup>st</sup>, featured the official launch of the WHO 1995 World No-Tobacco Day initiative. Ceremonies included the annual "Tobacco or Health" awards and a plenary session on Global Child Health and the Economics of Tobacco. Through a grant provided by ITI, five delegates were able to attend the conference, including four of the speakers for the plenary session.

### **Political Mapping Methodology and Software Support Development: "PolicyMaker"**

*Recipient:* Harvard School of Public Health. Takemi Program in International Health  
*Amount:* \$23 952 CAD  
*Date:* June 1 1995 - March 31, 1996

Dr. Michael Reich of the Harvard School of Public Health developed "PolicyMaker" to be a Computer-Assisted Political Analysis (CAPA) tool that can be applied to any policy problem that involves multiple players with diverging interests. "PolicyMaker" aids in describing the political dimensions of a policy decision, explaining how a policy decision was made in the past, and designing effective strategies for influencing a policy's feasibility. This research was assisted through a grant provided in part by ITI, and in part by the Essential Health Intervention Program of IDRC.



#### **4th Annual Conference of the Asia - Pacific Association for the Control of Tobacco (APACT)**

*Recipient:* PATH Canada  
*Amount:* \$31 817 CAD  
*Dates:* November 22 - 25, 1995

The 4th Annual APACT conference was held November 21<sup>st</sup> - 25<sup>th</sup>, 1995, in Chiang - Mai, Thailand. Following the conference, a one-day working session was held for delegates from four countries which are considered to have limited tobacco control activities and poor information bases (Vietnam, Cambodia, Laos, and Myanmar). The intent of the session was to provide assistance and support to strengthen the indigenous capacity for tobacco control in these countries. Through a grant from ITI, PATH Canada arranged the working session and supported the four country delegates' participation in the APACT conference.

#### **4th International Conference on Preventative Cardiology**

*Recipient:* 4th International Conference on Preventative Cardiology, Montreal, Canada  
*Amount:* \$25 000 CAD  
*Date:* June 29 - July 3, 1997

The 4th International Conference on Preventative Cardiology was held in Montreal, Canada, June 29<sup>th</sup> - July 3<sup>rd</sup>, 1997. 2 700 health professionals and scientists from more than 75 countries met to discuss progress and challenges in the prevention of heart disease. It was agreed that controlling tobacco use is an essential strategy for reducing heart disease worldwide. Through a grant provided by ITI, the conference's International Liaison Committee was able to bring five delegates from India, South Africa and China to participate in this important meeting.

#### **Tobacco Control Commission for Africa**

*Recipient:* Tobacco Control Commission for Africa  
*Amount:* \$17 860 CAD  
*Date:* July 13 - 17, 1997

The Tobacco Control Commission for Africa (TCCA) hosted a workshop on developing a "Regional Plan on Tobacco Control in Africa" in Yaounde, Cameroon, July 13<sup>th</sup> - 17<sup>th</sup>, 1997. Participants included health, government and media country representatives from Cameroon, Zambia, Zimbabwe, South Africa, Kenya, Senegal and Mauritius, a regional WHO representative, an United States Centre for Disease Control representative and a delegate from the Organization for African Unity. Through a grant from ITI, the TCCA was able to bring these participants together to discuss data needs, policy options and communication and information initiatives.

# ITI MEMBERS

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## ***ACKNOWLEDGMENTS***

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ITI would like to acknowledge the following individuals whose contributions were integral in its development:

Shahid Akhtar, Anne Bernard, Guy Bessette, Michelle Charest, Don de Savigny, Tracey Goodman, Janet Hatcher Roberts, Yianna Lambrou, Hugo Li - Pun, John Markham, Solange Melanson, Mary Moore, Luis Navarro, David Nostbakken, Anne Phillips, Annette Stark, Rosina Wiltshire.

# APPENDICES

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### **INTERNATIONAL DEVELOPMENT RESEARCH CENTRE**

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The International Development Research Centres (IDRC) is a public corporation created in 1970 by the Canadian government to help communities in the developing world find solutions to social, economic and environmental problems through research. IDRC connects people, institutions, and ideas to ensure that the results of the research it supports, and the knowledge that research generates, are shared equitably among all its partners, North and South. IDRC's head office is in Ottawa, Canada, and its regional offices are in: Singapore, Nairobi, Kenya, Dakar, Senegal, Montevideo, Uruguay; New Delhi, India, Cairo, Egypt, and Johannesburg, South Africa.

To deal with the tangled nature of development issues, IDRC has pioneered new approaches for delivering its program of research support. Rather than starting with one discipline and seeking to solving a problem, IDRC will start with the problem and consider what knowledge and which disciplines can contribute to its solution. This multi-disciplinary focus continues IDRC's search for effective and holistic solutions to development challenges.

IDRC has chosen six development themes to guide its work: Food Security, Equity in Natural Resource Use, Biodiversity Conservation, Sustainable Employment, Strategies and Policies for Healthy Societies, and Information and Communication. These research themes are carried out through Program Initiatives, Explorations and International Secretariats.

International Secretariats are created when critical avenues of research require more effort and resources than IDRC can provide. In such cases, IDRC often acts as a catalyst for the funds and resources needed to create an international secretariat. These secretariats facilitate donor support by providing the necessary financial and administrative infrastructure needed to undertake a long-term research agenda. Independent steering committees ensure that the appropriate research priorities are followed. The International Tobacco Initiative is such a secretariat in IDRC's head office in Ottawa.

### **HEALTH CANADA**

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Canada's federal Ministry of Health (Health Canada) has a Departmental Secretariat, and five Branches: Health Promotions and Programs, Health Protection, Medical Services, Policy and Consultation, and Corporate Services. Health Canada's mission is to help the people of Canada maintain and improve their health.

Health Canada has conducted extensive research regarding tobacco use in Canada under the Tobacco Demand Reduction Strategy. It has also developed comprehensive legislation aimed at reducing tobacco demand and restricting tobacco trade. These legislative measures include the "Tobacco Demand Reduction Strategy" and "Tobacco Control: A Blueprint to Protect the Health of Canadians". Health Canada supports the International Tobacco Initiative through its International Affairs Directorate in its Policy and Consultation branch.

### **Bellagio Statement on Tobacco and Sustainable Development**

*A group of 22 international organizations and individuals met at the Rockefeller Foundation's Bellagio Study and Conference Centre in Italy, June 26<sup>th</sup> - 30<sup>th</sup>, 1995, to examine the implications of current global trends in tobacco production and consumption, especially in developing countries, for sustainable development. In the course of presentations and discussions on tobacco use and control, and situation analyses from Africa, Asia, and Latin America, the following were noted:*

- ▶ world-wide, there are only two major underlying causes of premature death that are increasing substantially - HIV and tobacco;
- ▶ each year, three million of the 30 million adult deaths in the world are attributable to tobacco. On current smoking patterns, by about 2025, this annual number will rise to 10 million deaths, of which seven million will then be in developing countries;
- ▶ of today's children and teenagers, about 200 million will, on current smoking patterns, eventually be killed by tobacco use. The addiction usually starts before adult life;
- ▶ each additional 1 000 tonnes of tobacco production will eventually result in about 1 000 deaths;
- ▶ the net economic costs of tobacco are profoundly negative - costs of treatment, mortality and disability exceed estimates of the economic benefits to producers and consumers by at least 200 billion US dollars annually, with one third of this loss being incurred by developing countries;
- ▶ there are about 800 million smokers presently in developing countries, and the number is still increasing. It is estimated that half of the men and almost 10 percent of the women in developing countries smoke;
- ▶ smoking during pregnancy substantially reduced birth weight, and low birth weight is strongly associated with infant mortality and illness;
- ▶ parental smoking increases the incidence of acute respiratory infections and asthma in children; and
- ▶ women and youth in developing countries are being targeted as a growth market for tobacco.

*Participants concluded that tobacco is a major threat to sustainable and equitable development.*

In the developing world, tobacco poses a major challenge, not just to health, but also to social and economic development and to environmental sustainability.

Tobacco control needs to be more widely recognized as a development priority, but it is not on the agenda of most development agencies. Resources available from the donor community to assist in researching and responding to this pandemic are inadequate in view of the growing global burden of tobacco-attributable disease.

The initiative started at Bellagio will continue, and others will be invited to join an informal partnership, which includes those United National and bilateral agencies, individual experts, research institutions, media, private sector groups, national agencies, foundations, and non-governmental organizations with particular interests in developing countries in order to:

- ▶ facilitate interaction and information exchange on tobacco;
- ▶ stimulate appropriate research into the causes and consequences of tobacco use;
- ▶ inform and motivate appropriate development agencies to place tobacco control on their agendas;
- ▶ accelerate action on tobacco control within agencies and governments;
- ▶ build capacity for tobacco control; particularly in developing countries;
- ▶ support ongoing actions and programs within agencies, such as WHO and the United Nations Focal Point on Tobacco or Health; and
- ▶ mobilize new and additional resources for responding to the development implications of tobacco.

To this end, participants invited the International Development Research Centre (IDRC), Canada, to lead a round-table process of consulting with other agencies, countries and experts in the preparation of a broad-based funding strategy and global partnership that responds to tobacco as a major threat to equitable and sustainable development.

Bellagio,  
June 1995



## **Bellagio Consultation on Tobacco and Development**

**June 36 - 30, 1995,**

### **Participants**

John Bailey, Australian Agency for International Development  
Howard Barnum, The World Bank, Washington, D.C.  
Martine Berger, Swiss Development Cooperation, Berne  
Yves Bergevin, Canadian International Development Agency (CIDA), Ottawa  
Neil Collishaw, World Health Organization (WHO), Geneva  
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Warren Feek, UNICEF, New York  
Prakash Gupta, Tata Institute of Fundamental Research, Bombay  
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Judith MacKay, Asian Consultancy on Tobacco Control, Hong Kong  
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Eva Wallstam, Swedish International Development Agency (SIDA), Stockholm  
Anne Whyte, International Development Research Centre (IDRC), Ottawa  
Derek Yach, Tobacco Control Commission for Africa, Pretoria

**INTERNATIONAL TOBACCO ISSUE RESOURCES**

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The following is a short list of existing resources in tobacco issues that researchers may wish to consult while developing their proposals. These resources provide a global context, describing current strategies, past and present research efforts, and analyses of the interconnecting, interdisciplinary issues involved in international tobacco control efforts.

- A) Tobacco and Health, Proceedings of the 9th World Conference on Tobacco or Health, held October 10 - 14, 1994, Paris,  
Karen Slama, (ed), Plenum Press, New York, 1995.

The 9th World Conference on Tobacco and Health covered issues ranging from litigation to women and tobacco to medical consequences of smoking. The proceedings from this conference are a comprehensive and valuable overview of current issues, developments, initiatives, and strategies on tobacco issues, both at the international and at the country level.

At the conference, delegates resolved that all countries should implement the International Strategy for Tobacco Control. The strategy, which is meant to provide a framework for global tobacco control, is as follows:

**An International Strategy for Tobacco Control**

Since measures to deal with the tobacco problem must be comprehensive and long term, the following individual actions should form the basis of such a strategy:

1. Legislation to ban all direct and indirect advertising and promotion of tobacco products.
2. Legislation to protect young people from tobacco promotion and sales.
4. Policies to discourage the onset and maintenance of tobacco use, including:
  - a) intensive health education and information to young people and adults;
  - b) wide availability of support for tobacco users who wish to stop.
5. Effective health warnings and regulation of tobacco product packaging and such promotional material still permitted.
6. A policy for the regulation of tar and nicotine content of tobacco products.
7. "Smoke-free" public policies - to protect the health and rights of people in all common environments.
8. Policies to block future marketing initiatives of the transnational tobacco industry.
9. Effective national monitoring of the tobacco pandemic and the enforcement of these control measures.

- B) Legislative Action to Combat the World Tobacco Epidemic, 2nd Edition  
Ruth Romer, World Health Organization, Geneva, 1993.

This review describes the experiences of various countries with different types of legislation, explains why certain measures have been adopted, and considers how they relate to other tobacco control strategies. It is an important reference for anyone wishing to research comparative legislative action on tobacco tax and pricing, advertising restrictions, judicial issues and health education measures.

- C) Smoke and Mirrors: The Canadian Tobacco War  
Rob Cunningham, International Development Research Centre, Canada, 1996.

Cunningham provides a detailed overview of Canada's tobacco control strategies, including legislative battles to maintain high tobacco taxes, ban tobacco advertising and prohibit smoking in the workplace. He also provides an international context for the Canadian story, describing how the issues that Canada has faced are manifesting themselves elsewhere in the world.

- D) Women and Tobacco, World Health Organization, Geneva, 1992.

In this book, the WHO considers the socio - cultural, personal and environmental factors contributing to the rising numbers of women smokers and the health and economic implications of this increase. This is an important reference for those who will be integrating gender considerations into research proposals.

- E) Smoking: Third World Alert  
Uma Ram Nath, Oxford University Press, 1986.

Ram Nath examines the growing trend of cigarette smoking in developing countries, considering the social and cultural forces that shape this trend and the health implications that arise from it. She also develops a plan of action for Third World countries to address this issue. This book provides a Southern perspective and a comprehensive overview of the health and economic implications of tobacco use.

These sources present tobacco control strategies as interdisciplinary, multi-factorial, multi-level initiatives, which provide a diverse and broad research base. The ITI is also available to assist in providing other resources which may aid in the development of your proposal.

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