

Reducing tobacco-related harm in the Pacific

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Abstract

Tobacco use is a significant public health issue for the Pacific. Although Pacific Countries recognise this fact, their ability to respond is hampered by a lack of resources. The New Zealand Agency for International Development (NZAID) Tobacco Control in the Pacific Project was launched in 2004 to help address this resource gap and to support the tobacco control work currently under way in six Pacific countries. The project aims to create a sustainable Pacific approach to tobacco control and supplements the support provided by the World Health Organization, the Secretariat of the Pacific Community, and others in the important field of tobacco control. The project uses a comprehensive approach to tobacco control focusing on creating tobacco control action plans for each country, helping with the preparation and passage of tobacco control legislation, non-government organization capacity building, health promotion and assistance with smoking cessation activities.

Background

The World Health Organization (WHO) and the World Bank have identified tobacco use as a global health issue requiring urgent action by the international community. Rapid escalation of smoking rates and tobacco consumption in developing nations is creating a significant global public health problem. Tobacco use is currently responsible for the death of one in ten adults worldwide (about 5 million people per annum). If current smoking patterns continue, it will cause some 10 million deaths per year by 2020¹.

Small Pacific Island states are especially vulnerable to this global trend. Many Pacific states are experiencing an increase in smoking rates and tobacco consumption, and tobacco use is quickly becoming a leading cause of morbidity and mortality. It is difficult for Pacific Island states to assess the extent of the public health problems caused by tobacco use (and to develop tobacco control programmes) because of a paucity of research and data on smoking rates, epidemiology, or cultural and economic impacts of smoking.

The data we do have shows that smoking-related disease is among the leading causes of death in the Pacific.

Approximately half of all smokers die prematurely from the effects of tobacco smoke. Worryingly, there is a global trend in developing countries for increasing rates of smoking among women and young people; social groups that have been targeted by tobacco companies².

In addition to the obvious cost to individuals of tobacco-related diseases, there are less obvious social and economic consequences arising from tobacco use. These include:

- The cost to public (and private) health services;
- The effects of second-hand smoke, particularly on children's health;
- Money diverted to tobacco use versus other productive uses;

- Lost contribution to the economy from those ill or prematurely deceased;
- Time off work for the sick and carers of the sick; and
- Costs associated with fires caused by cigarettes.

The link between tobacco and poverty has been clearly illustrated in the WHO publication *Tobacco and Poverty: A Vicious Circle*³. Just as individuals are impoverished by tobacco consumption, so too are countries due to increased health care costs, lost productivity due to illness and early death, foreign exchange losses, lost revenue on smuggled cigarettes and environmental damage.

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The response to tobacco harms

A number of studies have shown that tobacco control is highly cost-effective as part of a basic public health package in low- and middle-income countries. The World Bank, for example, has reported that anti-tobacco policies 'could, in sum, bring unprecedented health benefits without harming economies'⁴. Particularly important strategies include the prevention of the initiation of smoking among youth and prevention of the increase of smoking rates among social groups that have traditionally had low levels of smoking (such as women, in many countries).

The WHO has stressed the need for countries to adopt comprehensive strategies to combat tobacco use, covering initiatives in each of the following areas:

- Legislation;
- Taxation;
- Health promotion;
- Smoking cessation; and
- Research and surveillance.

To combat the global escalation in tobacco use, member states of the World Health Assembly have developed the WHO Framework Convention on Tobacco Control (FCTC), a multi-lateral treaty that includes a suite of interventions to both reduce the demand for, and supply of, tobacco products⁵.

The regional response

Pacific countries have recognised the need to respond to the tobacco epidemic in the region. All WHO-member countries in the Western Pacific Region have ratified the Framework Convention on Tobacco Control, and many have initiated tobacco control projects, with the assistance of international donors.

Despite their commitment to a strong anti-tobacco framework and to the FCTC, most small Pacific Island nations lack the technical and financial resources necessary to implement the measures that are needed. Without this capacity, Pacific Island nations are seriously hampered in their ability to counter the public health effects of smoking and to meet their obligations under the FCTC. A regional workshop for representatives of Pacific Island Health Ministries, held in Sydney in October 2001, produced a preliminary stock-take of needs⁶. This stock-take indicated that, in particular, there is an acute shortage of:

- Research and analysis into tobacco use in the Pacific;
- National policies on tobacco control;
- Smokefree advocacy skills and information sources;
- Regulatory expertise; and
- Technical expertise in health promotion and smoking-cessation programmes.

The WHO-coordinated and developed Western Pacific Regional Action Plan on Tobacco or Health 2005-2009 sets out a vision and strategic plan for tobacco control in the Western Pacific for the next five years⁷. The Plan builds on previous plans and seeks achievement of the following objectives by 2009:

1. Attain ratification of the WHO Framework Convention on Tobacco Control in all Western Pacific Region (WPR) Member States.
2. Strengthen national capacity for tobacco control to enable implementation of comprehensive tobacco control strategies in an effective and sustainable manner in at least 80% (29) of WPR Member States and areas.
3. Develop and formally adopt measures to ensure sustainability of tobacco control programmes in all WPR Member States and areas.
4. Establish Regional, sub-regional and national mechanisms to address transnational tobacco control issues.
5. Enhance surveillance, research, information dissemination and advocacy across the Region

Building Regional Tobacco Control in the Pacific

During 2003 and 2004, the NZAID-funded Building Regional Capacity for Tobacco Control in the Pacific project was undertaken in the Cook Islands and Tonga by Allen and Clarke Policy and Regulatory Specialists Limited and partner agencies. Consequently, the project was extended to four further Pacific countries (Samoa, Solomon Islands, Tuvalu

and Vanuatu), with the second phase of the project running over 2005 to 2007.

Effective and coordinated tobacco control programmes are imperative if the participating countries are to overcome the inter-related threats of tobacco and poverty which adversely affect the health, social and economic well being of their peoples.

Tobacco control is seen by Pacific nations as integral to Healthy Islands, and the project has been designed to be consistent with the Healthy Islands approach⁸.

The project involves the following elements for each of the countries involved:

- To promote local ownership, **tobacco control advisers** are appointed by the Ministries of Health of each country. The advisers lead the project in their respective country, with the assistance of project consultants.
- Initial scoping studies are conducted, surveying existing tobacco-control initiatives in the partner countries, and identifying the available resources and needs of each country. A **review of tobacco control** is prepared with the support of project consultants.
- In fulfilment of the requirements of the FCTC, comprehensive, country-specific **National Tobacco Control Action Plans** are prepared for each country. These plans facilitate the process of planning, resource allocation and decision making on measures to enhance tobacco control initiatives in each country. The plans are intended to be action-orientated, outlining strategies and activities that need to be undertaken and timeframes for implementation, based on the STEPwise framework for action⁹.
- Support is given in the implementation of the Tobacco Control Action Plans. **Capacity building workshops** and **direct technical assistance** is provided to both government officials and local NGOs on mutually agreed aspects of tobacco control. Team consultants attend and participate in the workshops to provide specialist advice and expertise where required. Strategy initiatives include legislative and regulatory initiatives, taxation and pricing initiatives, smoke-free healthy living promotion and smoking cessation programmes.

Project methodology is participatory and emphasises local ownership in the identification, design, implementation and evaluation of tobacco control strategies and actions. This is done to try and ensure the sustainability of tobacco control in the Pacific beyond the lifecycle of this project. In particular, the project introduces a greater degree of regional collaboration, with proposals for the exchange of ideas and approaches, and mutual support and mentoring between the countries involved. The goal is to promote a regionalisation of efforts to ensure that tobacco control activities are based around locally-identified strategies that will be sustainable and effective.

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Status of the project

The project was well underway at the time of writing. With the exception of Samoa, where other priorities have delayed initiation of the project, the other five countries have initiated a wide range of tobacco control activities. Legislative development is well progressed in all six countries, with one country (Tonga) having passed FCTC-compliant tobacco control legislation. The remaining countries, including Samoa, have draft legislation in an advanced state, with at least three countries (Cook Islands, Tuvalu, Vanuatu) expected to pass legislation by the end of 2007. Four countries are exploring novel funding mechanisms for funding future tobacco control initiatives, including the option of establishing Health Promotion Foundations.

Following the facilitation of a range of capacity building workshops (on such topics as advocacy, smoking cessation, health promotion, legislation enforcement, and strategy development), a number of country-specific initiatives have been put in place. These initiatives have been selected by the partner countries themselves, often in the context of the development of a National Action Plan on Tobacco. The action plans, and the specific initiatives, reflect local circumstances and desires. Target groups for these initiatives have also been selected locally, with a particular focus on young people, health professionals, and community leaders.

Regionally, the project team has worked in closely with other regional funders and provider agencies, including the World Health Organization. In July 2005, a regional tobacco control workshop for Pacific countries was hosted in Suva, co-funded by the WHO and the NZAID project. This workshop was an opportunity for sharing ideas and approaches for tobacco control, identifying further future capacity needs, and promoting the idea of establishing a regional Pacific network for tobacco control.

It is planned that the Tobacco Control in the Pacific project will be comprehensively evaluated by NZAID at its conclusion in early to mid-2007. It is clear that, in order to be sustainable, local ownership of both the problem of tobacco use, and the solutions, is essential. Countries still face resourcing (personnel, technical and financial) constraints which continue to pose a challenge to this project – and the future sustainability of efforts. It will be important for regional funders and providers to work closely together in the long term to support Pacific countries in their stated desire to achieve a Smoke-free Pacific.

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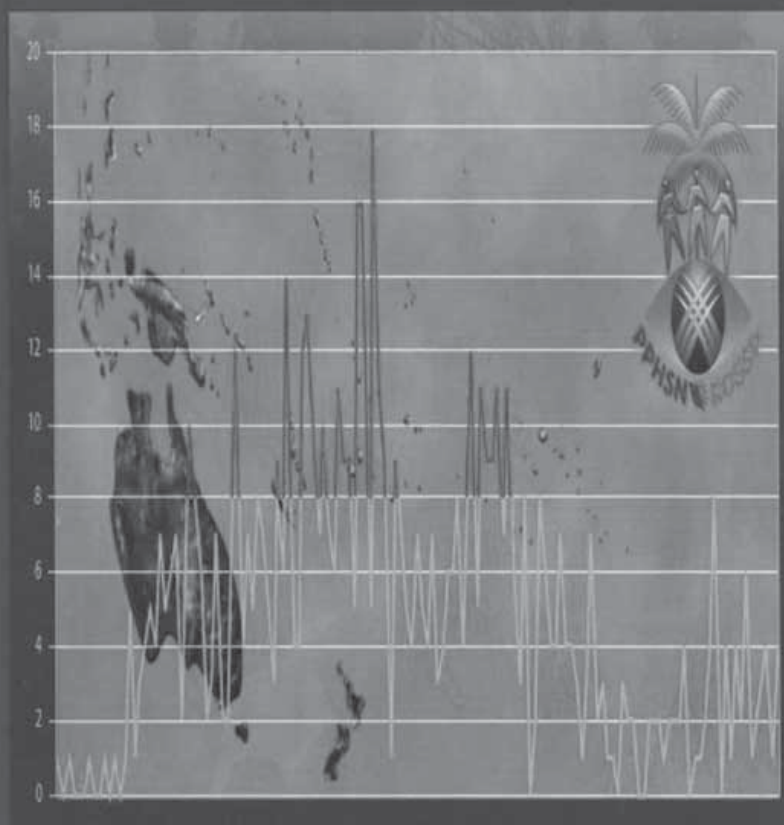
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8. See Sydney Agreement on Tobacco Control, 13 October 2001, available at <http://www.treatycheck.org/SydneyAgreement.htm>
9. The STEPwise framework is a process developed by WHO (see Bonita R, de Courten M, Dwyer T, Jamrozik K, Winkelmann R. Surveillance of risk factors for noncommunicable diseases: The WHO STEPwise approach. Summary. Geneva, World Health Organization, 2001) to assist with surveillance of NCDs. At the 2003 regional meeting of Ministers of Health for the Pacific Island Countries, however, this framework was extended to cover NCD prevention and control strategies. The framework is a matrix which anticipates interventions taking place at a national, community or individual level (eg smoking cessation). The matrix provides for these interventions being presented as either core, expanded or optimal activities based on the timeframe for intervention and resources available. Optimal interventions, for example, would be those implemented over a longer timeframe, subject to resourcing being made available. Core interventions would generally be those that could be built into existing work programmes, within existing resources. Individual countries decide what can be done under what timeframes and what resourcing (if any) is required to facilitate implementation.

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