

The Uganda Tobacco Control Act, 2015- An assessment of what worked well and what did not

1.0 Preamble

The Tobacco Control Act, 2015 was passed by Parliament on the 25th July 2015 and assented to by the President on the 19th September 2015. This Act makes Uganda one of the few countries that have gone through the process of enacting a comprehensive legislation compliant with the WHO Framework Convention on Tobacco Control (FCTC). The object of the Act is to protect the present and future generations from the devastating health, social, economic, and environmental consequences of tobacco use and exposure. It gives effect to the obligations Uganda has undertaken to protect her people against tobacco-related harms and ensures that Uganda meets its obligations as per the WHO (FCTC), having signed and ratified the Convention in 2005 and 2007 respectively.

In this publication, we highlight the enabling factors to the passing of this act, the lessons learnt as well as challenges to the process, with a view of informing future initiatives. This paper has been informed by CTCA's involvement at the different stages of the legislative process in Uganda

2.0 Enabling Factors

A number of factors facilitated the process in Uganda ranging from the establishment of the Centre for Tobacco Control to the role played by the farmers themselves, as highlighted herein.

2.1 Establishing the Centre for Tobacco Control in Africa

The creation of CTCA, hosted by Makerere University's School of Public Health, was a critical enabling factor considering that CTCA played a pivotal role in the entire process. Key among the roles of the Centre was the provision of technical assistance to both the Ministry of Health and Parliament, building the capacity of legislators and TC actors, provision of TC resources and local evidence, as well as facilitating the establishment of a TC Coordination Mechanism. The presence and active involvement of the CTCA was therefore a great facilitating factor to the passing of the TC bill.

2.2 Tabling the Bill as a Private Member's Bill

The TC bill was introduced as a Private Member's Bill in Parliament by Hon. Dr. Chris Baryomunsi, MP Kinkizi West, seconded by Hon. David Bahati, MP Ndora west. This strategy ensured that the bill did not have to go through the slow bureaucratic process characterised by government bills introduced to parliament through cabinet.

2.3 Commitment by the Mover of the Bill

The personal commitment, charismatic and aggressive nature of both the prime mover and seconder of the bill provided such an invaluable patronage to the process. The duo were so committed to the cause that even when they were promoted to ministerial positions, much as they could no longer sponsor a private members motion, they used their new positions to advocate for the bill from another level. By virtue of their privileged positions as ministers, they effectively carried out advocacy within parliament, cabinet and with the presidency. They also closely monitored the bill after it had been sent to the president, and were able to avert potential tobacco industry interference.

2.4 Provision of TC Evidence

The provision of TC evidence, both global and indicative local evidence, provided a significant justification for the urgent need for the law. This evidence, provided in a timely manner, was multi-pronged, explaining the health hazards of tobacco, the local magnitude of the problem including the health, economic, environmental and social effects of tobacco, as well as proof that the proposed law can mitigate the effects. Relatedly, the evidence was used to garner support from line government departments and Ministries like Finance whose consensus was crucial during the consultations by the Parliamentary Health Committee. In 2013 for instance, CTCA, in partnership with the Ministry of Health and CDC commissioned a study to establish the health cost of tobacco in Uganda. The preliminary findings of this study greatly enriched the evidence that was provided during the parliamentary consultations.

2.5 Capacity Building

The provision of evidence per se was not enough to have a comprehensive legislation. There was need for continuous Capacity building and engagement of both TC actors and the media to ensure that they were well informed and empowered carry out advocacy from an informed point of view. CTCA and WHO played a critical role in this regard, while Uganda Health Communications Alliance (UHCA) spearheaded the media engagements. Relatedly, there was need to train the parliamentary technical team in tobacco control legal drafting, a process that was largely facilitated by CTFK.

2.6 Establishment of a Coordination Mechanism

As the process of the TC Bill gained momentum, many partners came on board. While this was a great enabling factor, it equally posed a coordination challenge, creating a necessity for coordination. Accordingly in 2013, CTCA, working with global partners from the Union and ATCC mobilized TC actors in Uganda to adopt a coordination mechanism. The Mechanism, chaired by the Ministry of Health with CTCA as the secretariat, greatly added value to the process with Partners working and supporting each. It provided a platform for coordinated monitoring and response to the Tobacco Industry, efficient use of resources, and distribution of roles based on expertise, and ensuring maximum synergy amongst actors, while being accountable to each other.

2.7 Political will

A key enabling factor in the entire process was the political will that was exhibited at different levels;

- i. **The Presidency:** Despite the lies of the Tobacco Industry indicating that they contribute so much to the economy through taxes, Uganda's President, Yoweri K. Museveni consistently rebuked tobacco use, which facilitated the advocacy messages. After the Bill was passed by Parliament, the President remained true to his message and assented to the bill in record time, despite the efforts of the TI to influence him.
- ii. **Parliamentary level:** At parliamentary level, the leadership, i.e. The Speaker and Deputy Speaker of Parliament were very supportive. When CTCA was launched in 2011, the Speaker of Parliament Hon. Rebecca Kadaga pledged to ensure that the tobacco control bill is passed by the 9th Parliament, and indeed her commitment to the cause, as demonstrated throughout the entire process, as invaluable. Relatedly, the Deputy Speaker of Parliament who presided over the proceedings was equally supportive.
- iii. **The Parliamentary Forum on Non-Communicable Diseases:** The commitment and ardent support of the Parliamentary Forum on NCDs (PFNCDs) also played a critical role. TC advocates found it necessary to form an alliance with the PFNCDs to spearhead advocacy within parliament. Their active involvement greatly enriched the process because by virtue of the privileged position of the Institution of Parliament, the members of the PFNCDs were able to carry out advocacy for the Bill at varying fronts including the presidency, cabinet, Parliament, and the general public.
The Forum was also critical in advocating for the Bill in tobacco growing communities as well as sensitizing farmers on the harmful effects of tobacco. Some of the members of this Forum that transformed into TC Champions that spearheaded the debate.
- iv. **Champions in Parliament:** Apart from the movers of the motion, there was a pool of TC champions within parliament developed over the years through sustained advocacy by different partners including WHO. This team was very instrumental in advocating for the Bill within parliament, mobilizing other legislators and sustaining the debate in the house. They were also instrumental in monitoring TI activities within parliament and informing the TC Coordination Mechanism for timely and coordinated response.
- v. **Commitment of the Ministry of Health:** The high level commitment exhibited by the Ministry of Health spearheaded by the Tobacco Control Focal Person clearly played a key role. It is this kind of commitment and strong leadership that inspired the TC partners to rally behind the Ministry under the Coordination Mechanism which strongly moved the process forward.

2.8 Role of Civil Society Organization (CSOs)

When the process in Uganda started off, global partners like CTFK and ATCC came on board to support the Civil Society Organizations. These provided both financial and technical support to the

CSOs which greatly moved the process forward. Consequently, Uganda, with the strong supportive role of the MOH, experienced a growing critical mass of a vibrant CSO movement. Depending on their expertise, the CSOs used multiple innovative methods to carry out aggressive advocacy, awareness creation, as well as holding MPs accountable, calling for action whenever need arose, and consequently generating demand for the bill. CSOs were also critical in generating qualitative evidence through use of testimonies.

2.9 Media Advocacy

The media advocacy was carried out through both the conventional and social media channels.

2.9.1 Conventional media

Right from the start, strategies were put in place to mobilize the media and build a team of TC Media advocates. CTCA for instance worked with a media based CSO, Uganda Health Communications Alliance, (UHCA), to facilitate and engage the media through various forums, like monthly sensitization dialogs, visits to the tobacco growing regions, and capacity building. UHCA was later supported by CTFK, enabling it to consistently rally the media to support the Bill. Those targeted included editors, health reporters and parliamentary reporters. This helped to create a network of TC Media Champions which resulted into earned media.

Relatedly, Celebrities were identified within the fraternity and used as TC Ambassadors to reach out to their audiences. Multiple approaches were used like quizzes, radio skits, talk shows, Q&A sessions, among others to sensitize the public on the dangers of tobacco use and consequently generate demand for the bill.

2.9.2 Social media

This was facilitated by one of the CSOs in the Coordination Mechanism that works to create behavior change through social media. By virtue of their mandate, the CSO, TTCM, was able to sensitize the public and generate support for the Bill through online interactive forums like face book and twitter. They also took up the responsibility of managing the social media platform for the prime mover of the Bill, Hon. Dr. Chris Baryomunsi, giving him an opportunity to regularly interact with the public, especially the youth, and consequently popularizing the Bill and tobacco control in general. A website specifically targeting legislators, and other key policy makers, famous people and opinion leaders was also developed; www.tobaccoctrlug.org with the aim of providing updates on the Bill and any related information, in addition to the partner websites. The website also had a page that acted as a **wall of fame**, aimed at holding the MPs accountable.

2.10 Public demand

Public demand was generated through a multi-pronged approach carried out by many actors. Strategies were put in place to create awareness among the general public about the harmful effects of tobacco .This was mainly through the media, including wide coverage of all the advocacy and sensitization meetings, TC partners participating in various radio and TV programs, news features,

spot ads, radio dramas, and DJ mentions. Radio was further used to mobilize listeners to send SMS messages on a popular station indicating their position on the Bill, their Representative in Parliament, and consequently urging their MPs to support the Bill. Their telephone contacts were used as 'signatures' that were compiled with the messages and presented to the Health Committee, to show the public's support for the Bill and to put pressure on the respective MPs to support the Bill. The CSOs also mobilized members of the public affected by tobacco to testify before the Parliamentary Committee on Health, an innovation that augmented the public hearings.

2.11 The role of farmers

Farmers were involved right from the start when CTCA carried out a situational analysis in the tobacco growing regions to establish the magnitude of the problem among farmers. Some farmers had already diversified while others expressed the desire to transit to alternative enterprises. The involvement of farmers was further enhanced by the Parliamentary Forum on NCDs which also actively reached out to them.

Both CTCA and PFNCDs worked with the Ministry of Agriculture to support the Tobacco farmers to carry out a profitability analysis of tobacco farming vis a vis other available options, which revealed that tobacco production exposes farmers to a net loss. This kind of indicative evidence, developed together with the farmers, greatly strengthened the argument and justification for the Bill.

The farmers later formed a group that petitioned the Speaker of Parliament to fast track the passing of the Bill, and to provide for policies for alternative livelihoods. This involvement was also an added value to the process.

3.0 Lessons Learnt

The Uganda experience provides quite a number of lessons that can be used as reference for future initiatives in Africa. We highlight some of the key lessons learnt.

3.1 Emphasizing Public Health argument for TC

During the advocacy and sensitization forums, it is important to emphasize the public health argument as the driving factor for the legislation. It is critical to highlight the fact that the law is intended to primarily protect the health of citizens particularly children and involuntary users against second hand smoke. This easily motivates politicians to rally in support of the Bill because they want to associate with a pro-people cause.

3.2 Continuous engagement with Parliament

Whereas Parliament has the mandate to pass laws, efforts must be made to build capacity for tobacco control among legislators and to continuously engage them to sustain the momentum. In the case of Uganda, both the TC actors and the farmers constantly engaged the legislators.

3.3. Capacity building for the Parliamentary Technical Team

Considering that parliament has a technical team responsible for drafting legislations, this team needs to be prioritized for capacity building at an early stage. Where possible, they should be supported to undertake training in tobacco control legislation. If this team is not sensitized or even trained, they are likely to water down the spirit of the Bill as they will not appreciate the uniqueness of the key provisions of the TCB and its harmonization with the WHO FCTC.

3.4 Developing TC champions

TC advocates cannot possibly reach out to all sectors of the public, let alone having the resources to do so. It is therefore useful to create champions who, by virtue of their positions, are able to reach out to various categories of people and advocate for the Bill. In Uganda's case, the champions were identified from among the legislators and the media. The TC partners proactively gave them the necessary information, empowered them to own the subject and even promoted them through the media. In the end, it is the champions in parliament who helped in tracking the Bill, reached out to cabinet members, carried out one on one and group sensitization sessions within parliament. They also spearheaded the opinion survey for parliamentarians.

3.5 Providing for a policy framework for Alternative Livelihood

In countries that grow tobacco, one of the surest ways of convincing legislators to support the Bill is providing assurance that the livelihood of tobacco farmers will be taken care of. It is therefore important to devise a policy framework for supporting farmers to diversify to alternative enterprises. Information on the cost benefit analysis of tobacco compared to other crops/ enterprises is critical to demonstrate to policy makers that tobacco is not an economically viable crop.

4.0 Challenges and Constraints

The process did not go without any challenges. We highlight some of them herein;

4.1 Tobacco Industry changing tactics

The multi-faceted tactics of the tobacco industry was a great challenge. The TI used subtle but very aggressive ways to interfere with the legislative process at different stages. They lobbied and reached out to various levels of decision makers including the president, key government ministries, and legislators. This delayed the process at various stages including the drafting, Health Committee level, debating on the floor of parliament, and even at the Presidency where they tried to influence the president not to assent to the law. It took a lot of advocacy and strong intelligence to beat the TI network.

Relatedly, the TI used the media to try and appeal to public sentiments on how the law would cripple their activities and hamper their contribution to the tax base, as well as the number of people would allegedly lose jobs including farmers. One of the major TI companies underwent a lot of restructuring, for purposes of maximizing profits in the region, but indicated that it was due to the proposed legislation. They announced closure of their offices in Uganda, and said that they would not be in

position to buy tobacco leaf from the farmers any more. All this was meant to appeal to the general public and legislators to adjust their position on the Bill.

4.2 Poor Coordination of Partners at the beginning

When the process of the Bill rolled out, so many actors came on board. This resulted in having a big but uncoordinated team, with partners competing amongst each other, pulling each other down, duplication of resources, etc. This was however later streamlined by the establishment of a TC Coordination Mechanism.

4.3 Late Capacity building for the Parliamentary technical team

The Parliamentary technical team was not involved early enough which set back the process in a way. This is because when the draft Bill was first given to them to review as per the parliamentary procedures, they made amendments that substantially changed the spirit of the Bill. They were then oriented, and the drafting process had to start afresh.

5.0 Conclusion

The process in Uganda was certainly not always smooth. In fact there were moments when tempers flared among the partners. But in all this, there was one common goal, achieving the passing of a comprehensive TC legislation. This common goal superseded everything else, and when partners agreed to work together under the Coordination Mechanism, the process became easier to manage. Therefore moving forward, coordination of partners is critical to the success of the process, and the sooner it is done, the better.

Reference

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Milestones for the Uganda Tobacco Control Legislative process

