

METHODOLOGY FOR COUNTRY CAPACITY ASSESSMENT IN TOBACCO CONTROL **2012**



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Supporting African governments to build and sustain capacity for tobacco control through
technical, institutional and cross sector support.

Methodology for Capacity Assessment for Tobacco Control

Contents: 1. Introduction to the National Capacity Assessment 2. The Capacity
Assessment Methodology 3. Sample Tools and materials

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Acknowledgement

The Centre for Tobacco Control in Africa (CTCA) is mandated to lead processes that build capacity for tobacco control in African governments. In order to accomplish that, CTCA avails resources and toolkits, provides technical support, information awareness and skills development interventions. The tool kit that encompasses the methodology of assessing tobacco control at country level has been developed by the Centre for Tobacco Control in Africa for the African governments and is suitable for the African context.

The Centre for Tobacco Control in Africa is grateful to WHO for sharing their capacity and needs assessment processes and tools, for providing technical support and an in depth review of this toolkit. The CTCA is particularly grateful to the capacity development staff that developed the tool and the entire staff team who devoted themselves to a step by step review of the toolkit.

The CTCA also acknowledges the contribution of the Ministry of Health Uganda, South Africa, Kenya and Mauritania whose tobacco control capacity assessment processes greatly informed the development of this toolkit.



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Summary

Tobacco use is the single most preventable cause of death among adults worldwide. Tobacco use in Africa is increasing and has become more than a health problem: it exacerbates poverty with health expenditures for tobacco-related diseases, and reduces household productivity due to tobacco related morbidity and mortality. The governments in Africa do not have adequate capacity to fight the growing tobacco epidemic. In light of the above threat the World Health Organization with funding from the Bill and Melinda Gates Foundation supported the establishment of a Centre for Tobacco Control in Africa (CTCA) to support governments in the WHO Africa Region in implementing the WHO Framework Convention on Tobacco Control (WHO FCTC). This capacity assessment toolkit developed by CTCA basing on the WHO TFI capacity assessment practice and tools and other organisational capacity assessment tools aims to assist Governments in the region to identify their capacity gaps/strengths as well as priority focus areas in advancing tobacco control.

Acronyms and abbreviations

TORS	Terms of Reference
MoH	Ministry of Health
TC	Tobacco control
UN	United Nations
FAO	Food Agricultural Organisation
NCD	Non communicable diseases
TB	Tuber ciosis
MCH	Maternal Child Health
HR	Human Resource
CSO	Civil Society Organizations
CSR	Corporate Social Responsibility
CTCA	Centre for Tobacco Control in Africa
MOU	Memorandum of Understanding
TC	Tobacco Control
TI	Tobacco Industry
WHO-FCTC	WHO Frame Work Convention on Tobacco Control

Methodology for Country Capacity Assessment in Tobacco Control

1.0 Background

Tobacco use is the single most preventable cause of death among adults. Globally, the World Health Organisation (WHO) estimates that smoking causes about 71% of lung cancer, 42% of chronic respiratory disease, 20% of global tuberculosis incidence and nearly 10% of cardiovascular diseases. Tobacco use is the single most preventable cause of death among adults. The Africa region is at the early stages of the tobacco epidemic. The number of smokers in Africa is expected to more than double, from 84 million in 2000 to 208 million by 2030, if nothing is done (WHO, 2008). Currently, the prevalence of tobacco users among the youth in African countries ranges from 8% to 43% for boys and 5% to 30% for girls. The use of smokeless forms of tobacco is also increasing in a number of countries in Africa, particularly among the youth. Tobacco use in Africa is more than a health problem: it exacerbates poverty with health expenditures for tobacco-related diseases, and through reductions in household productivity due to tobacco related morbidity and mortality (Jha and Chaloupka, 2000).

This country capacity assessment tool kit aims to assist Governments in the region to achieve high quality capacity assessment processes and outcomes with minimum resources. The tool kit also provides a way forward to capacity enhancement for tobacco control at country level.

The content in the guide is based on the following earlier works:

1. WHO's policy recommendations in the WHO FCTC;
2. WHO tobacco control capacity assessment and Convention Secretariat's Needs Assessment practices
3. The joint WHO-CTCA and government tobacco control capacity assessments carried out in four African countries
4. Other capacity development practices and tools particularly for international development organizations.

2.0 Introduction to the Country Capacity Assessment

2.1 What is a country capacity assessment?

The capacity assessment is a process that supports a government to identify the country's ability to implement tobacco control. It is focused on the WHO Framework Convention on Tobacco Control (FCTC) and seeks to generate information on population and individual levels on:

- the tobacco control interventions in the country
- the strengths and opportunities of the country regarding tobacco control
- the gaps in tobacco control effort
- Makes recommendations on how tobacco control can be strengthened.

2.2 Who carries out the country capacity assessment?

The assessment is a joint activity by the Government and supported by WHO and CTCA. The government provides leadership and responsibility while the WHO and CTCA provide the expertise and other resources that may be lacking in the country.

2.3 When is the country capacity assessment done?

The assessment can take place at any time during the life of the country's tobacco control work. It's the Government's responsibility to decide when they would like to assess their tobacco control interventions. It may however be repeated after 5 years to enable the country to review their progress. During the implementation period however, a quick assessment by the government itself can be done as a component of monitoring without necessarily doing the full assessment that may attract a big cost.

2.4 Where is the country capacity assessment done?

The assessment is done in the country that requested for it. The questions raised during the assessment will be answered by Government departments, civil society institutions including Private sector, Professional bodies and other stakeholders involved in tobacco control in the country. A list of potential key informants/organizations is included as *appendix 1*.

2.5 How is the country assessment done?

The assessment is done using an interactive process and through a set of questions in the area of funding, human resources, policy, partnerships and programs etc for tobacco control in the country. Visits may also be done to specific places like Smoke Free Places e.g. hotels and hospitals to observe the practice. The status of all the provisions of the WHO FCTC are assessed. The detailed methodology follows in section 3.0 below.

3.0 The Capacity Assessment Methodology

3.1 Preface

The National capacity assessment methodology is based on lessons learnt out of the WHO capacity assessment practice, the Convention Secretariat's Needs Assessment practice and other organizational development models and practices relevant for capacity assessment. Some key activities are incorporated to build momentum for the Capacity Assessment and raise awareness of policy makers, civil society or media on the need for capacity enhancement for comprehensive tobacco control without lengthening the time the team spends in the country. The assessment endeavors to elicit commitment for tobacco control from the government right from the first engagement to ensure that urgent strategic change actions are implemented as soon as the assessment ends. Such commitment can be expressed through the signing of an Aide Memoir, for example. Sample Aide Memoir is included as *appendix 2*.

The lessons and observations from the field need to be documented and used to improve the methodology on an ongoing basis. Every member of the assessment team is requested to provide feedback. The team feedback form is included as *appendix 3*.

3.2 The aim of the methodology

To facilitate high quality capacity assessment processes and outcomes in a manner that ensures efficient use of resources.

3.2 Phase 1: Pre-engagement

This phase involves the first steps of contact between the CTCA working through the World Health Organization Country Office, and the Focal Person for tobacco control in the Ministry of Health in the country. This initial communication should normally last not more than two weeks.

The outcome of the Pre-engagement phase:

- The invitation letter from Government confirming that they want a capacity assessment mission to the country

The sample invitation letter is included as *appendix 4*.

3.2 Phase 2: Planning Phase

In between the pre-engagement and capacity assessment is the planning phase which should not last more than 8 weeks. During this phase, CTCA capacity assessment coordinator will work closely with the MoH Coordinator and the WHO Country Office to develop the budget and arrange all logistics for the capacity assessment. Generic budget items and a checklist for materials required are included as the *appendix 5 and 6* respectively.

Additionally, the Coordinators will identify members of the national and international assessment team, define their roles and ensure that the Government invites both national and International members of the team. The TORS and roles are included as *appendix 7*. Background information including a detailed country profile will be developed under the supervision of the Country Coordinator (they may contract a Consultant to help them) and shared with all assessment team members at least a week to the capacity assessment. The country profile may outline the geographical and historical, political-administrative, social economic and health contexts. The profile will describe the demographics, tobacco trade production and trade, tobacco use and health, and finally tobacco control in the country. Please see the write up on the country profile in *appendix 8*

Tools for data collection and any key questions will be sent to the national key informants at least a week to the assessment. This is important because the assessment team does not have a lot of time during the visit to the informant in their work environment. The informant therefore needs to be well informed in

advance of the goals of the capacity assessment and be given sufficient time to prepare any key documents and information they may wish to use during the assessment.

The Coordinators will also prepare the report format that the capacity assessment Team will follow, and all the materials and presentations they will require during the orientation for the capacity assessment team. The format for reporting during the data collection and the final report are included as *appendix 9a and 9b*. All preparation meetings shall be virtual except where the Coordinators feel there is a need for a face-to-face meeting. In that case, a physical meeting shall be arranged between the CTCA Coordinator and the Country Coordinator.

During this phase, CTCA will discuss with the Ministry of Health and the WHO country office the nature and scope of capacity assessment and will detail the high level courtesy visits that will be carried out, the objectives of the capacity assessment, the role of the capacity assessment Coordinator from the host country and will set the date for the assessment. If the country prefers to include a site visit to a tobacco growing area for example, the sites will be proposed. Talking about these issues in detail at this stage helps the country to plan better for the capacity assessment.

The outcome of the planning phase:

- A comprehensive country profile,
- The agenda and program for the capacity assessment,
- The logistics required and budget for the capacity assessment
- Data collection tools,
- Roles of the assessment team
- Invitations to members of the assessment team (Invitation letters to the International members of the assessment will also be sent during this phase.)
- Advocacy messages to be used during the courtesy calls

3.2 Phase 3: Capacity Assessment

The national assessment team will arrive in time to have a full day's orientation before the actual assessment begins. The team will assemble in the hotel where the orientation will take place and will be oriented by the coordinators on the objectives, tools, how to conduct and document the interviews and any

cultural specificities of that country. The whole process of capacity assessment will also be explained. Sample agenda for the whole capacity assessment mission and the detailed agenda for day of the orientation of the assessment team are included as *appendix 10a and 10b*

Following the orientation, the second day will be spent on high level engagement meetings (courtesy calls) by the team of Experts to select government and non government departments. It's important to engage high level politicians and policy makers to generate commitment for the assessment and the quick actions that may be required following the completion of the assessment. The expert team must have a clear well coordinated message that they would like to advocate for with each office visited during the courtesy calls. These messages will be developed in advance by the coordinators and refined during the one-day orientation meeting.

Data collection for the capacity assessment (interviews) will be held on the second and third days following a previously agreed upon schedule that depends on the number of confirmed interviews per day. The Coordinators are responsible for setting up the interviews and for preparing the interview schedule. Key informants will be identified from different organizations and each individual will be allocated a time frame in any of the two days in which the interviews must take place. The capacity assessment team will divide itself up into smaller groups to conduct interviews as scheduled. Each group of the assessment team should at least have an international and local expert. (The number of local and international experts will vary from country to country depending on the TC expertise already in the country).

Reports from each interview will be prepared by the assessment team that carried out the interview in tandem with the reporting template included as *appendix 9a*. The findings will be presented for discussion to the bigger assessment team on a daily basis. The fifth day is the general report writing day. Summary findings and recommendations will also be prepared by the small interview teams and discussed by the whole team on the report writing day so as to enable the coordinators to prepare a summary version of the report and executive summary for approval by the Ministry of Health before dissemination of key findings and recommendations to key stakeholders on the last day. On the dissemination day, a leadership meeting will also be organised to sensitise key stakeholders and policy makers on tobacco control. Sample agenda is included as *appendix 11*. The whole capacity assessment phase will last 5 days excluding the travel days.

The table below explains what happens on each of the 5 days.

DAY	ACTIVITY
Day 0	Orientation for the assessment team
Day 1	Engagement mission (courtesy calls to select high level offices (including UN country coordinator, FAO)
Day 2 & 3	Conduct interviews and summarize reports
Day 4	Report writing by the assessment team
Day 5	Leadership training workshop / dissemination of capacity assessment findings and press conference
	Break / End of capacity assessment
	Draft report writing by a select group

In addition, the CTCA will spend about 2 days with MoH and selected experts to finalize the report.

It is the responsibility of the whole team to provide input into the report. The Coordinators and select members of the assessment team should develop the first draft which will be circulated to the whole assessment team for their comments. It would be useful to have that draft developed as soon as the assessment is complete before the team disperses. A final report will then be written and approved by the Ministry of Health of the Host country. The drafting, completion and submission of the report, shall take between 4-6 weeks after the assessment.

Before the Coordinators leave, they shall hold a meeting with the Ministry of Health contact person (if coordinator is different from the MoH contact person) and a representative of the WHO Country office to agree on how to implement urgent first steps that need to be done to keep the momentum for tobacco control in the country. The proposed activity that can take place in between the capacity assessment and the follow up include media workshops, policy workshop and other key change strategies for TC.

This methodology enables the country assessment to be done with smaller resources (including smaller and efficient assessment teams, fewer days in the country as most of the work is done during planning) while generating many outcomes.

The outcomes of the Capacity assessment Phase:

- A pool of policy makers, media personnel and civil society members that are sensitized on tobacco control during leadership workshop
- Report with Key findings and recommendations in tobacco control in the country
- An action plan or Aide memoir with urgent next steps, clear timelines, resources needed and responsibility centers
- Key change strategies like sharing model tobacco control laws, launching of communication channels e.g. website, media workshop,
- Feedback from the assessment team on how to improve the process

3.2 Phase 4: Follow up

This is the last phase of the Capacity assessment for tobacco control. It's an important phase that should be given all the support to ensure that the assessment recommendations are translated into implementable actions. Since many key- change strategic activities like the leadership training, media workshop, sharing of model tobacco control laws happen during the capacity assessment itself, the follow up should build on what started then to enhance momentum and deepen tobacco control work. During the follow up, technical assistance to prepare a more detailed national plan of action or strategic plan is given.

The CTCA, in consultation with WHO will hold discussions with the Host government on how to implement the recommendations and to identify areas for technical support. If the assessment report has not been disseminated, this can be also be done.

The CTCA may use the follow up to implement other activities like dissemination of tools and products, carry out relevant training, engaging legislators in case of a country that has no policy and law and capturing baseline data on knowledge on specific areas of FCTC. This follow up shall not last more than five days.

The outcome of the follow up phase:

- A more detailed national action plan that builds up on work that started during the capacity assessment
- Strategic activities by CTCA including training in policy change and strengthening the TI monitoring framework
- Deepening key change strategies that began in capacity assessment phase

4.0 Appendices: Sample Tools and Materials

Appendix 1: A list of potential key informants for the national capacity assessment

Ministry of Health	Separate Meetings with Minister/Director
	Focal Point Tobacco (MoH)
	Health Promotion Office, NCD Others (eg. TB, MCH, Budget and Planning as per relevance)
Minister of Finance	Planning/Tax Policy Unit/ Health Desk Revenue Authority/Customs
Ministry of Trade	
Ministry of Industry	
Ministry of Communication	
Ministry of Education	
Ministry of Interior	
Ministry of Local Government	
Ministry of Justice	
Bureau of Standards	
Cancer Research Institute	
Medical Research Institute, Medical schools including teaching hospitals and Nursing School	
Teaching Hospital	
Ministry of Youth/Sports	
School of Public Health	
Ministry of Public Transport	
Media	TV, Radio, Print
CSOS, NGOs, Faith Based Organizations	Tobacco Control NGOs NCD, Gender, Environment
Ministry of Agriculture,	
Ministry of Environment	
Government Parastatals eg Bureau of Standards	
Any group that influences tobacco control policy	

Appendix 2: Sample Aide Memoir

A Team consisting of officials from WHO Headquarters, Geneva, WHO-AFRO and the Centre for Tobacco Control in Africa (CTCA) - Makerere University, School of Public Health, Kampala, Uganda affected a Tobacco Control Engagement Meeting in (Name of Country) from 16 to 19 April, 2012.

The objective of the Engagement Meeting was to seek support and commitment of the Government of (Name of Country) to work together with WHO and CTCA in advancing tobacco control policies in (Name of Country) under the Gates funded WHO TFI Africa Project. The Engagement also provided an opportunity to introduce the CTCA), which was recently set up with the technical assistance and support of WHO, and its mission to advance tobacco control in Africa.

WHO-CTCA offered to provide technical assistance to the Government of Angola to advance the Implementation of the WHO Framework Convention on Tobacco Control (WHO- FCTC). WHO-FCTC provides evidence based tobacco control strategies, based on the agreed commitments by the Parties to the Provisions of the Convention and related Protocols. The support to this initiative comes from a grant to WHO from the Bill and Melinda Gates Foundation.

The logistics and success of the Engagement Mission in (Name of Country) was greatly facilitated by the WHO Country Office and the Ministry of Health, (Name of Country), which enabled the mission Team to meet important personalities, including the WHO Country Representative, Minister of Health, Secretary of State for Industry and Mining, Minister of Justice, and the National Director of Finance - Tax, as appropriate to the country. All Ministers and officials visited welcomed the initiative and assured strong commitment and support for tobacco control (Name of Country) to protect the health and socio-economic status of its citizens .

The Ministry of Health agreed to host a WHO Capacity Assessment Mission, later in 2012, in which WHO /CTCA and tobacco control experts in the country will discuss with selected stakeholders on the current situation in tobacco control, and identify key priorities for intervention. WHO and Centre will provide technical assistance in future; to government of (Name of Country) to enable achieve the priorities, where WHO/CTCA have the necessary capacities.

The National Directorate of Taxes/MOF Agreed to work with WHO TFI on improving tobacco tax administration and on the tobacco tax modeling. MOF shall constitute a team of experts from MOF, Customs and others to work with WHO Team.

In order to ensure the success of this collaboration, the following areas have been agreed upon between the WHO and the Ministry of Health, (Name of Country), WHO and CTCA shall provide technical assistance to advance tobacco control in (Name of Country), initially from 2012 to 2014. Further support shall depend on availability of funds and desire by the two parties to continue the collaboration.

The MOH shall be the main partner of the WHO-CTCA in all areas of tobacco control in the country and shall facilitate WHO and CTCA to carry out the agreed activities in (Name of Country), initially by introducing to CTCA the major stakeholders in tobacco control with which CTCA will collaborate towards accomplishing the planned Capacity Assessment and subsequent interventions in areas of need.

1. The MOH shall facilitate the establishment of an inter- ministerial Working Group (WG) to steer tobacco control in (Name of Country). The WG shall be coordinated by MOH and shall collaborate with the WHO-CTCA for the capacity assessment and beyond.

2. WHO-CTCA and the MoH, together, shall facilitate the establishment of a collaborating institution in (Name of Country), preferably an institution of higher learning, which shall serve as the CTCA tobacco control “hub” . The “hub” shall serve as a resource centre for capacity development research, training and outreach in tobacco control) for (Name of Country) and the neighbouring countries.

(Name of Country) April 19, 2012

Appendix 3: Assessment team members’ feedback form

This form requests for your feedback as a member of the just completed national capacity assessment for tobacco control in(Name of Country). The objective of the feedback is to improve the capacity assessment practice and methodology. Please answer all the questions:

1. Which parts of the assessment did you find most beneficial and why?
 - a) Preparation including travel details and information shared with you to prepare you to be a part of the assessment

- b) Orientation for the assessment team
- c) Data collection
- d) Report writing
- e) Sensitization workshop
- f) Dissemination of findings

2. Which parts of the assessment did you find least beneficial and why?

- a) Preparation including travel details and information shared with you to prepare you to be a part of the assessment
- b) Orientation for the assessment team
- c) Data collection
- d) Report writing
- e) Sensitization workshop
- f) Dissemination of findings

3. Suggest ways to improve the capacity assessment process and methodology

4a) Would you participate in another capacity assessment if you were requested to? Yes No

4b) Why?

Appendix 4: Sample letter of request to do a capacity assessment from Government to WHO/CTCA

Government of (Name of country),
Ministry of Health
P. O. Box *****
Name of Country

The Director,
Centre for Tobacco Control in Africa,

Date

Dear (Name of Director)

Request for assistance to assess the national tobacco control work in (Name of Country)

The government of (Name of Country) through the Ministry of Health requests the CTCA to provide assistance to carry out a national tobacco control capacity assessment during the month of **** 20**.

(Name of country) is a signatory to the WHO FCTC having signed the treaty in **** and ratified it in ****. Currently, (Name of country) has..... (State some achievements). The magnitude of these interventions and their impact on policy and program change has not been comprehensively measured.

The government of (Name of country) would therefore like to jointly work with the CTCA to assess its tobacco control work.

Thank you very much for your support.

Sincerely,

Signature
Name and Position
Government Department

(Ensure the letter is on official headed paper and is stamped)

Appendix 5: Budget template for national capacity assessment

Mission for National Capacity Assessment on the Implementation of Effective Tobacco Control Policies					
TEMPLATE					
No.	Item	Unit	No. of days	Unit cost	Total Cost
1	Accomodation				
	National Team Members				
	International team members				
Sub Total					
2	Meeting Venue				
	Meeting rooms for assessment teams, press conference, report dissemination and interviews				
	Stationery, LCD, Printer toner, photocopying etc				
Sub Total					
3	Administration				
	communication costs (telephone, fax,)				
	Coordination costs (transport)				
Sub Total					
4	Preparation of background documents				
	Consultant for country profile, etc				
	Translation				
Sub Total					
5	Logistics				
	Vehicles for use during assessment				
	Up country Travel (include field visits if any)				
	Facilitation for Nationals				
	Facilitation for Internationals (including allowances				
	Refreshments for assessment teams, press conference, report dissemination meeting				
				Sub total	
GRAND TOTAL					

Appendix 6: Capacity assessment logistics checklist

Item/event	Status	Remarks
1. Daily agenda for all the days of the assessment		
2. International assessment team itineraries		
3. Orientation of the assessment team Presentations Interview matrix Team reporting Template Agenda for the day Background materials-WHO-FCTC, country profile		
4. Meetings with Government and Civil society Presentations Presentation formats and questions		
5. Media training-where applicable Presentations Copies of WHO-FCTC Participants registration forms Any IEC materials like fliers, Banners etc		
6. Schedule for interviews complete with names of institutions, interviewing teams and time.		
7. Refreshments per day for assessment teams- coffees and bites		
8. Administration Meeting rooms, internet, computer, printer, photocopier, paper, notebooks, pens, projector-PPT, stapler/wires		
9. Background materials for assessment team including Country Profile & WHO-FCTC		
10. Translations		
11. Dissemination meeting Presentations Press conference		
12. Transport		

Appendix 7: Terms of reference for the assessment team for the joint national capacity assessment

Composition of the national assessment team

The Assessment Team will be made up of International and local experts. While the local experts bring local experience and expertise garnered from their understanding of local context and history, the International experts provide specific expertise, experience and bring new perspectives to local tobacco control.

Assessment team members are selected in their personal capacity and do not represent the institutions where they normally work, even if they may be assigned and funded by those institutions. International team members should complement the national team members who should have good knowledge and understanding of the issues faced in tobacco control within the social and political context of the country; should have excellent verbal and written communication skills.

Roles of the assessment team

- The team collects the necessary information to assess the country's capacity to implement effective tobacco control policies,
- Prepares reports and briefing notes,
- Discusses the findings,
- Draws up summary of findings and preliminary recommendations.

Additionally, the Local experts shall provide background information for international experts in addition to the back ground materials already shared. They shall:

- Analyze the information available (country profile and other documents) on tobacco use, control strategies and programme organization
- Check through observation and interviews whether the information provided is consistent with reality and is sufficient for deciding policy and interventions
- contribute to the discussions of the assessment team internally,
- Identify areas for improvement,
- Propose priorities for action, issues for operational research,
- And directly contribute to specific sections of the final report.

Conflict of Interest

The international and national consultants will each sign a declaration of conflicts of interest, specifying their past and present paid or unpaid involvement with the tobacco or pharmaceutical industries and other commercial interests.

Appendix 8: Tobacco control country profile

The country profile is intended to give, at a glance, the impression of a country of interest with respect to geographical, historical, political, socio-economic and demographic perspectives, which may impact on tobacco production and use, in general, and tobacco control in particular. In this context, the profile will focus in-depth on production of tobacco, tobacco trade, tobacco use and its impact on the health of the populations. The profile will finally zero on measures being taken to control tobacco, based on the best practices recommended by the WHO-Framework Convention on Tobacco Control (FCTC).

Geographical and historical (half a page)

This should refer to the geo-position of the country on the continent and important historical and socio-anthropological reflections.

Political-administrative (one page)

This section will refer to the type of governance in place including: legislative, executive and administrative machinery

Social-economic (one page)

This section of the profile will refer to the economic bases of the country (e.g Agriculture, mining, Petroleum, tourism), within and outside the country (revenue and foreign trade). Important socio, economic strategies and plans will be mentioned.

Demographics (half page)

This section will reflect on the population of the country, segregated into gender, age and distribution e.g. regional/district; urban versus rural

Health (two pages)

Here will be presented the National Health Policy, health provision structure and its management, Health financing, health insurance, the role of government vs the private sector and civil society in Health provision and the share of the government budget allocated to health vs. health expenditure projections. Major health concerns (eg. sanitation, water, housing, food sufficiency, child/ maternal mortality, health insurance ...) communicable and non-communicable diseases, major health programs (e.g malaria, HIV-AIDS, maternal and child health), health research, and participation of partner (donors) in health programs.

Tobacco Production and trade (two pages)

This section of the profile shall describe in some detail the production of tobacco (farming and/or manufacturing), where these exist, it will further reflect on the tobacco use trends for the recent past (5-10 years) contribution of the tobacco industry to the government economy (taxation/revenue, foreign exchange, employment.) Also, it will refer to pro tobacco policies, programs relating to production and trade. Major trading trends (export vs import), tobacco taxation and situation of illicit trade will be included.

Tobacco use and health (one page)

This chapter will refer to tobacco use (demographics and trends), and on known or perceived health impact of tobacco use in the country. Knowledge on the health hazard of exposure to tobacco smoke will be documented

Tobacco control (3pages)

This chapter will refer to existing measures to control the production and especially the use of tobacco products before and after the ratification of FCTC. Policies, strategies/plans and legislative tools to control tobacco shall be described. These shall refer to demand and supply measures to include: Protection from exposure to tobacco smoke, prohibit handling of tobacco products by underage, increase in tobacco taxation (excise, ad valorem), ban on advertisement promotion and sponsorships, enforcement of labeling and health warning messages, search for alternative livelihoods to tobacco and curbing illicit tobacco trade. Major players in tobacco control (government, partners, civil society), and the coordination of their activities shall be mentioned. Achievements made on each of the strategic tobacco control areas shall be indicated. The challenges posed by the pro tobacco policy and tobacco industry versus tobacco, and strategies to counter the industry interference will be mentioned.

Appendix 9a: Team reporting template

National Capacity Assessment Reporting Template

Team number.....

Members:

.....
.....
.....

How many people were met from how many institutions.....

Name of institutions only (no names of people)

.....
.....
.....
.....
.....
.....

Section 1: National TC efforts / NTCP

1. Policy status (national commitment to tobacco control / status – WHO FCTC; existing tobacco control priorities on the governmental agenda; relationship with tobacco industry (monitoring tobacco industry and preventing interference...))

.....
.....
.....
.....

2. Programme Management (formal mandate and commitment for NTCP, existing focal governmental structure for tobacco control, authority and responsibilities; specific written government objectives, strategic plans, national action plan; mechanism for intersectoral coordination and management; communication and reporting between institutions and to the public...):

.....
.....
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3. People (existing human resources for TC activities and for the national coordination; existing governmental / non-governmental efforts for training of human resources for TC and for management of national programme; professional motivation for HR in TC; academic education for TC..):

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4. Provision of funds (existing funding for tobacco control efforts from government sources and from non-government sources; dedicated budget; competitive or regular; grants..):

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5. Partnerships (sectoral cooperation inside the government and between government and NGOs, civil society, academia, professional associations etc.):

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Section 2: All the articles of the WHO FCTC will be assessed one by one following the questions below:

1. Policy status (existing legislation and regulations for offering support for tobacco cessation; institutions that are responsible for a tobacco cessation system...)

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2. Programme Management (leadership and commitment to development and implementation of guidelines for tobacco cessation; existing infrastructure for tobacco cessation; Government and non-government cessation services / clinics; national quit line; national essential medicines' list; integration of brief advice into the primary health care..):

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3. People (existing human resources for developing a tobacco cessation system, guidelines and mechanisms for data collection and reporting on tobacco cessation; existing training for health professionals in brief advice; specialized support; training for quit line operators.):

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4. Provision of funds (existing internal / international funding for tobacco cessation; reimbursement of services and medicines; availability of NRT..)

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5. Partnerships (sectoral cooperation inside the government and between government and NGOs, civil society, academia, professional associations for cessation for offering help to quit; partnership of “cessation” focal team with with the “health warnings” focal team for placing quitline number on tobacco packs.):

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Appendix 9b : Interview Guide: Five Ps

	P ₁ POLICIES / WHO FCTC PROVISIONS	P ₂ PROGRAMME MANAGEMENT	P ₃ PROVISION OF FUNDS	P ₄ PARTNESHIPS	P ₅ PEOPLE (HUMAN RESOURCES)
5 P _s MATRIX FOR THE OVERAL NATIONAL TOBACCO CONTROL EFFORTS	National commitment to tobacco control / status – WHO FCTC Existing tobacco control priorities on the governmental agenda Relationship with tobacco industry (monitoring tobacco industry and preventing interference)	Formal mandate and commitment for National Tobacco Control Programme Existing focal governmental structure for tobacco control, authority and responsibilities Specific written government objectives, strategic plans, national action plan Mechanism for coordination and management	Existing funding for tobacco control efforts from Government sources Existing funding for tobacco control efforts from non-government sources	Intra-sectoral cooperation (among governmental institutions) Inter-sectoral cooperation (among governmental and non-governmental organizations and other stakeholders)	Existing human resources for tobacco control activities and for the national coordination Existing governmental / non-governmental efforts for training of tobacco control human resources Academic education for tobacco control
Price and tax measures to reduce demand for tobacco Art. 6	Current specific policy development's status	Management / coordination and organization of services responsible to implement the specific policy			

FOR EACH POLICY / WHO FCTC PROVISION THAT IS ASSESSED	Price and tax measures to reduce demand for tobacco Art. 6	Leadership and commitment to development and implementation of the policy	Existing structures for the development/ introduction/ enforcement / monitoring of the assessed policy	Existing funding for tobacco control efforts from Government sources for the specific assessed policy	Intra-sectoral cooperation (among governmental institutions) for the specific assessed policy	Existing human resources for the specific policy development and implementation	
	Protection from exposure to tobacco smokes Art. 8	Legislation and regulations for the specific policy	Distribution and location of responsibilities (institutions for data collection, reporting, monitoring, evaluation, communication, etc.)	Existing funding for tobacco control efforts from non-governmental sources for the specific assessed policy	Inter-sectoral cooperation (among governmental and non-governmental organizations and other stakeholders) for the specific assessed policy	Existing governmental / non-governmental efforts for training for the specific assessed policy (including enforcing agents)	
	Regulation of the contents of tobacco products and tobacco product disclosures Art. 9 and 10	Enforcement and litigation for the specific policy	Monitoring of implementation and research for the specific policy				Academic education for tobacco control
	Packaging and labeling of tobacco products. Art. 11						
	Education, communication, training and public awareness. Art. 12						
	Bans on tobacco advertising, promotion, and sponsorship of tobacco products Art. 13						
	Sale to and by minors. Art. 16		Lobby and Advocacy				
	Provision of support for economically alternative activities and protection of the environment and						

Appendix 10a: Sample agenda for the national capacity assessment exercise

Sample schedule for Tobacco Control Capacity Assessment				
	Day 0	Time	Arrival	Responsible
1	Day 1		Capacity assessment team orientation meeting	CA Coordinators
2	Day 2		Courtesy calls to high level Policy Makers and Politicians Meet Government agencies/Institutions who are involved, or can contribute to tobacco control.	Assessment team led by WCO Representative
3	Day 3	9.00 – 18hrs	Conduct interviews/ report writing	CA Team
4	Day 4	9.00 – 18hrs	Conduct interviews/ report writing	CA Team
5	Day 5		Report writing	CA Team
6	Day 6		Sensitization meeting, dissemination of findings & press briefing	CA Team and stakeholders
7	Day 7		Departure	

Appendix 10b: Sample agenda for orientation: capacity assessment team

Time	Event Responsible	Remarks
	Introduction	
	Welcome remarks	
	Agenda of the week	
	ToR for the assessment team	
	CA Methodology and guide	
	Country profile	
	WHO FCTC	
	Composition of teams to carry out interviews	
	Closing	

Appendix 11: Generic Agenda and Objectives for the National Sensitization workshop for policy and key stakeholders in tobacco control

The sensitization meeting will be a one day seminar targeting Policy makers and key stakeholders in tobacco control. Where as it is recommended that the meeting combines all the stakeholders in one meeting, country contexts should be considered to maximize outcome by grouping similar agencies together for example Government and Civil Society separately. The objectives of the sensitization workshop include:

- 1) Raising awareness of policy makers on the dangers and impact of tobacco production, use and exposure to tobacco smoke.
- 2) Understanding global /regional efforts and available strategies to reduce tobacco particularly the WHO-FCTC
- 3) Highlights on tobacco control activities in the country
- 4) Highlights on the Mandate for The Centre for Tobacco Control in Africa; its mission, objectives and scope of activities.
- 5) Setting a basis and commitment for implementing the recommendations from the national capacity assessment in tobacco control

The agenda and expected outcomes are shown below

Sessions	Topic/Event	Expected outcome
1	The global epidemic of tobacco and its Impact	Participants will understand the global magnitude of the tobacco epidemic at and its health, environmental and socio-economic impacts
2	The global response to the global tobacco epidemic	Participants will understand the scope and importance of the WHO Framework Convention on Tobacco Control (FCTC) as the global strategy for tobacco control, and obligations of Parties to the Convention
3	Tobacco control situation in the country	Participants will have a general overview of local (national) efforts being made by the government and other players to implement WHO- FCTC
4	Presentation of the CTCA and its mandate	Participants will be introduced to CTCA, its mission and mandate, and its areas of focus in tobacco control in Africa
5	The importance of the capacity assessment recommendations	Participants will be informed of the need to implement the recommendations from the country capacity assessment.

About CTCA

The Centre for Tobacco Control in Africa (CTCA) was established by the World Health Organization (WHO) with funding from the Melinda Gates Foundation.

CTCA's mandate is to support governments in African countries develop tobacco control policies and legislation as well as build and sustain institutional capacity for tobacco control. This is done through offering technical, institutional and cross sector support for tobacco control at national and regional levels. The Centre is hosted by the School of Public Health at Makerere University College of Health Sciences, www.musph.ac.ug, as part of a consortium of three organizations.



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