



Guide for Country Coordination Mechanism (CCM) for Tobacco Control

Centre for Tobacco Control in Africa (CTCA)

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I would also like to acknowledge the Government of Uganda, through Ministry of Health, for facilitating the first TC coordination workshop that facilitated the production of this Guide.

The active participation of TC partners and actors in their respective capacities at national, regional and international levels is highly acknowledged.

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Forward

The Centre for Tobacco Control in Africa (CTCA) is mandated to support African governments build capacity for tobacco control (TC). In order to accomplish this, CTCA avails among others, resources and toolkits on TC to governments and other TC actors in Africa. This publication provides a guide on how governments can coordinate TC partners and actors within a country.

One of the most critical strategies for a successful national TC programming is coordination of all stakeholders and actors at national, regional and international levels.

The capacity assessments carried out in countries by WHO in collaboration with CTCA, found gaps in coordination of TC activities across all countries studied. The development of this Guide is a milestone towards addressing coordination constraints, to ensure harmonious planning among TC partners at country level. Coordination will enable rational utilization of resources and complementation of efforts by leveraging individual organizational strengths. Furthermore, it will promote a common voice against the tobacco industry among the TC actors.

This publication describes the challenges that necessitate the establishment of a coordination mechanism at different levels, to be able to achieve effective TC. The guide also defines what TC coordination is and, provides a comprehensive overview of the actors in the process, their roles and responsibilities.

I sincerely hope that this compilation by CTCA will be of value to governments and other TC actors, in establishing effective TC coordination mechanisms. CTCA appreciates your feedback which could be useful for improving subsequent versions of this Guide. Please forward your comments to; ctca@ctc-africa.org



Dr Possy Mugenyi
CENTRE MANAGER-CTCA

List of Acronyms

AIDS	Acquired Immune Defficiency Syndrome
CCM	Country Coordination Mechanism
CTCA	Centre for Tobacco Control in Africa
CSO	Civil Society Organizations
EPI	Expanded Programme for Immunization
FCTC	Framework Convention on Tobacco Control
HIV	Human Immune Defficiency
MCH	Maternal and Child Health
MOH	Ministry of Health
SWOT	Strengths, Weaknesses, Opportunities and Threats
TAPS	Tobacco Advertising, Promotion and Sponsorship
TB	Tuberclosis
TC	Tobacco Control
TI	Tobacco Industry
TIM	Tobacco Industry Monitoring
WHO	World Health Organisation

Executive Summary

The World Health Organisation (WHO) Framework Convention on Tobacco Control (FCTC) Article 5.2 requires countries to promote multi-sectoral action for tobacco control. However, the capacity assessments conducted in a number of countries by WHO, in collaboration with CTCA, identified weak coordination among TC stakeholders as one of the major gaps existing in the national tobacco control programs. To address this shortfall, CTCA decided to put together this TC Coordination Guide for countries to adopt, for effective TC.

This publication aims at providing a guide for governments and other TC actors across Africa, to establish national TC coordination mechanisms. The publication also seeks to highlight the critical reasons, modalities and other aspects which are relevant to TC coordination.

In Africa, TC coordination at the country level has been generally weak or none existent. This is primarily because of few TC actors and limited TC resources. Coordination at the national level ensures harmonious planning among TC parties, ensures rational utilization of resources by, avoiding duplication of activities and leveraging individual organizational strengths and consolidating TC positions versus that of the Tobacco Industry.

TC coordination in Africa faces the following challenges;

- Competition among actors and partners;
- Donor and development partners influence/interests;
- Lack of consultation of partners with Ministry of Health (MoH);
- Lack of clarity in mandates and
- Sustainability of TC Programs and funding.

Tobacco control coordination is a way of synchronizing and integrating all tobacco control activities, responsibilities and command structures within a country, in pursuit of a common goal. Appropriate TC coordination mechanisms, facilitate better implementation of TC policies and programs at country level. However, for effective results and sustainability, responsible governments need to show interest and full support of the coordination process.

This TC Coordination Guide proposes ways of harmonizing and interlinking TC activities, through mapping of partners and their activities; analysis of their strengths, weaknesses, opportunities and threats (SWOT); identifying important objectives and, finally, agreeing on effective coordination mechanisms. The proposed holistic approach to TC coordination is a cost effective strategy that requires minimum funding, while generating maximum impact.



1.0 Background

Globally, the World Health Organisation (WHO 2012) 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 African 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). WHO estimates indicate that globally, six million deaths occur due to tobacco use. If this trend is left to continue, tobacco will kill more than eight million people worldwide each year, by 2030. An estimated 80% of these premature deaths will occur among people living in low- and middle-income countries.

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 several countries in Africa, particularly among the youth. Tobacco use in Africa is more than a health problem; it exacerbates poverty due to high health costs for tobacco-related diseases, and through reductions in household productivity due to tobacco related morbidity and mortality (Jha and Chaloupka, 2000).

The seeming economic benefits of tobacco farming in the areas of job creation, income to farmers, taxes and export revenues to governments are negated by the adverse health effects of tobacco use through huge health expenditure on illness caused by tobacco use, less productivity and premature death due to tobacco related illnesses. The fact that tobacco use exacerbates poverty and hinders economic development need not be emphasized.

The WHO FCTC requires countries to promote multi-sectoral action for tobacco control. However, the capacity assessments conducted in a number of countries by WHO, in collaboration with CTCA, identified weak coordination among TC stakeholders as one of the major gaps existing in the national tobacco control programs. To address this shortfall, CTCA decided to put together this TC Coordination Guide for countries to adopt, for effective TC.

1.1 Introduction to Coordination

This publication aims at providing a guide for governments and other TC actors across Africa, to establish National TC Coordination Mechanisms. The document also highlights the critical reasons, modalities and other aspects which are relevant to TC coordination.

The involvement of many actors and stakeholders in TC in the past decades, calls for coordination of strategies at the national level, to be able to achieve the desired impact. Additionally, coordination is important for understanding of each actor's mandates and capacities. This in turn promotes a good working relationship and effective partnership in TC. Therefore, coordination for TC is a partnership between government, donors, civil society organizations and other TC actors and stakeholders in conceptualizing TC programs, their implementation and, monitoring and evaluation.

Tobacco control coordination has been mainly happening at the global and regional levels but less so at the country level. At the global level, TC

coordination has mainly been fostered by WHO, and the donor community, and at the regional level, by WHO regional and country offices.

In Africa, TC coordination at the country level has been generally weak or non-existent. This is primarily because of lack of clear coordination mechanism, inadequate expertise and resources and in some instances, few TC actors. The WHO Capacity Assessment Reports for Uganda, Kenya & Mauritania have clearly indicated the need for coordination as more and more donor agencies and civil society get engaged in TC work with the governments in Africa. Coordination at the national level ensures harmonious planning among TC partners, rational utilization of resources by avoiding duplication of activities and, leveraging individual organizational strengths and, consolidating TC positions versus that of the Tobacco Industry.

1.2 The Challenges that necessitate creation of a coordination mechanism at country level

Tobacco control coordination in Africa faces the following challenges;

- **Competition among actors and partners;** there is a tendency for competition among TC partners and donors which impairs smooth implementation of activities at country level.

- **Donor and development partner Influence/ interests;** TC donor's interests may conflict with country priorities and plans.
- **Lack of consultation by partners with MoH;** this often leads to lack of continuity and sustainability of activities.
- **Lack of clarity in mandates;** some donors double as implementers and, this may pose challenges of reporting to government.
- **Sustainability of TC Programs and funding;** this is a major challenge in TC overall. However the challenge is further aggravated by lack of country TC strategic plans that should guide country based actions, hence giving room for individual actors to select niches of their preference. This situation weakens the country position against the Tobacco Industry.
- **Lack of multi-sectoral coordination;** lack of integration of tobacco control in other public service programs such as HIV, MCH, TB and poverty reduction programs and, non-participation of the other sectors of government other than health such as gender, trade, finance, education, environment and agriculture.

Note: *Coordination of Tobacco control should be done at the regional and global levels; and among donors and development partners, so as to positively influence country level coordination and share successes and challenges.*



2.0 Why TC Coordination

The WHO FCTC Article 5: *General obligations; mandates that each party shall:*

(1) Develop, implement, periodically update and review comprehensive multi-sectoral national tobacco control strategies, plans and programmes in accordance with this Convention and the protocols to which is a party; and in accordance with its capabilities, the parties should:

- (a) Establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control; and
- (b) Adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.

The FCTC therefore provides for guidance to countries to strengthen national TC coordination through Article 5.

2.1 What is TC Coordination?

Coordination is the synchronization and integration of activities, responsibilities and command and control structures to ensure that the resources are used most efficiently in pursuit of the specified objectives. Along with organizing, monitoring and evaluation, coordination is one of the key functions of management. Coordination is a basis for more coherence and collective planning as well as a response focusing on:

- essential outputs and services
- coordinated assessments, analysis and planning to address gaps
- establish priorities and avoid duplication, as well as
- monitoring and evaluating the implementation to ensure effective use of resources - financial , time and human

Tobacco control coordination therefore, is a way of synchronizing and integrating all tobacco control activities, responsibilities and command structures within a country in pursuit of a common goal. TC coordination is looked at as a managerial function in which different TC activities are collectively harmonized and interlinked to maximally optimize the potentials of each.

2.2 Why TC Coordination?

Purpose and Objectives

Today, there is a considerable amount of funds into TC and the portfolio is continuously growing, hence, increased number of actors and stakeholders, who certainly need to be coordinated for a better service delivery and harmony among the players.

The nature of TC programs at country level, which involves many government sectors and agencies and, the complex nature of TC programming, requires a coordination point for common goal congruence. The objectives of TC country coordination include:

- I. To leverage the many TC actors' comparative advantage and avoid duplication.

- II. To minimize TC program funding gaps
- III. To develop a coherent coordination mechanism framework and comprehensive capacity to implement TC.
- IV. To build a strong force to respond effectively to TI interference.
- V. To increase awareness at national, regional and international levels, on the importance of investing in TC programs and resource mobilization.
- VI. To increase efficiency, limit tiring government actors, avoid confusing the public by sending a common and harmonized message and, more importantly, reduce friction among donors.
- VII. To enhance accountability on the part of the three major actors, i.e., government, donors, civil society organizations and other TC actors, as shown in Figure 4

2.3 Who Coordinates TC and what is coordinated?

TC coordination should be done by the Ministry of Health or any mandated government organ such as the TC National Board/Committee in partnership with WHO Country Office and Civil society organizations. TC coordination will involve coordinating actors including; government departments and agencies, donors, Civil Society and development partners.

The Ministry of Health mandate will be to facilitate rather than control the process and ensure a conducive environment is created to harness the potential of each individual organization, for the furtherance of tobacco control agenda in the country.

The coordination office will have the responsibility to link and bring together all actors to meet and will be accountable to the realization of the coordination ideals. The TC actors will reciprocate by promoting the coordination mechanism agreed upon jointly by the parties. For TC coordination to become functional, decisions will be taken by consensus. The TC coordination will be at two levels:

(1) Strategic level

The roles at this level include:

- Overall direction and setting of goals
- Allocating tasks and responsibilities and ensuring that they are reflected in a national TC strategic plan.
- Advocacy, specifically at high level
- Resource mobilization
- Monitoring and evaluation of the overall implementation of the TC programmes
- Information management and sharing

(2) Operational coordination: this will comprise of substantive coordination in relation to specific sectors, TC areas and, implementing partners. Stakeholders may wish to coordinate within a particular area of expertise, for example, organizations working on taxation, tobacco advertising, promotion and sponsorship (TAPS) or, TI monitoring, may need to work closely together for advancement of a specified TC thematic area. Also CSOs supported by a particular donor or grant maker may wish to coordinate to improve their working mechanism.

Donor coordination will focus on sharing information amongst themselves and, availing and sharing

funding opportunities with the country team. This will help governments to align funding with the national TC Strategic Plan.

2.4 Outcomes and benefits of TC Coordination

The outcomes and benefits of coordination include:

1. A Tobacco Control Coordination Mechanism model
2. A coordination plan and budget
3. Partner roles and responsibilities

2.5 Guiding Principles

Coordination for TC should be guided by the following principles:

- (i) Shared planning for key or major activities by all partners and actors
- (ii) Flexibility especially with regard to joint implementation and funding
- (iii) Transparency (resources & activities)
- (iv) Mutual trust among partners
- (v) Respect for independence of partner organizations. Partners should retain their mandates and autonomy.
- (vi) Consultation with Ministry of Health as a way of ensuring government support and buy-in to ensure sustainability, and avoid delays.



3.0 Operationalizing the TC Coordination

Operationalizing the TC Country coordination mechanism involves linking Tobacco Control Partner activities to the national TC policy and adaption to the country context, with an aim of “goal congruence” for TC.

3.1 Establish a TC Country Coordination Mechanism (CCM)

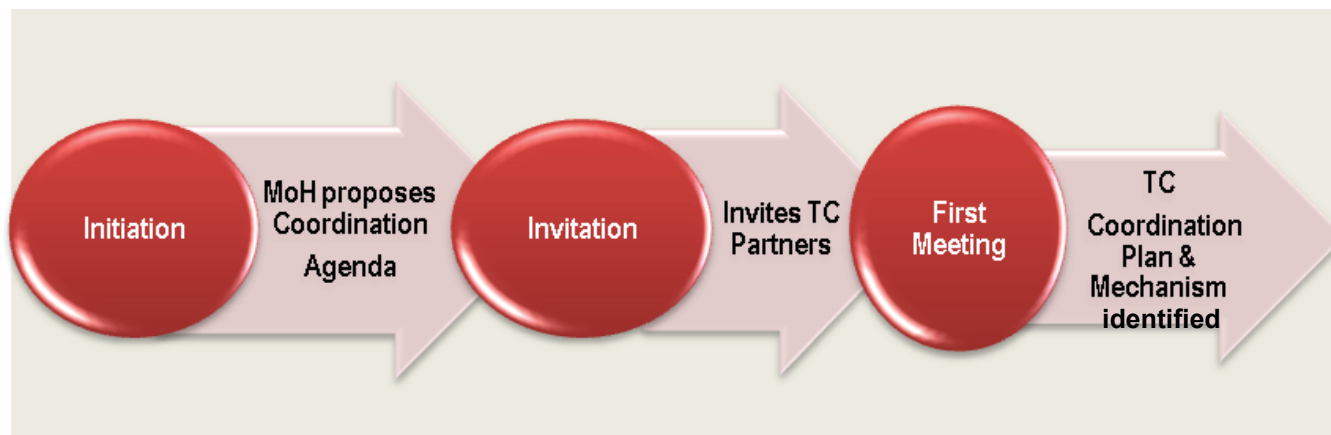
Administration

The MoH serves as the secretariat for the periodic coordination meetings and is responsible for developing the agenda, drafting and sharing of minutes and calling the meetings. Communication to the members of the CCM is done through email and during the monthly meetings.

a. Call for the first TC Coordination Meeting

Using the existing stakeholder mapping data of the TC partners in the country, the National TC Focal Person should initiate and invite all actors/agencies to the first TC Coordination Meeting aimed at developing a coordination mechanism and plan. The Process is described in Figure 1.

Figure 1: Process of setting up the first TC Country Coordination Mechanism (CCM) meeting



a. Role analysis by Partners

The meeting starts with presentations from all partners on their TC activities in the country. The presentation of the activities supported and/or undertaken by each organization will help the partners to develop a role analysis matrix later on. A summary of the TC activities

by organization is then developed. The activities may include support to TC bill and policy, where almost all partners may be involved, implementation of WHO-FCTC Articles, advocacy and capacity building at all levels; as shown in Table 1.

Table 1: Showing TC areas Partners focus on

TC Areas		Policy & Bill	WHO-FCTC	Advocacy	Capacity Building	Communication & Media	Regional Blocs	Taxation	Research, M&E,	TIM	Community Awareness	Materials/ Tools development
Partners/Grant Makers/ Donors												
Implementing Partners	Gov't											
	CSOs											
	Other TC partners											

b. SWOT Analysis

The partners carry out an honest and transparent SWOT analysis for tobacco control coordination and implementation at country level. This analysis helps them appreciate the areas of strength that they need to take advantage of and existing gaps. The SWOT analysis combined with a role analysis helps partner organizations appreciate the importance of working together in a coordinated manner to leverage synergy. Role analysis helps partners to appreciate their own strengths and weaknesses and how they can complement each other.

c. Setting Coordination Objectives

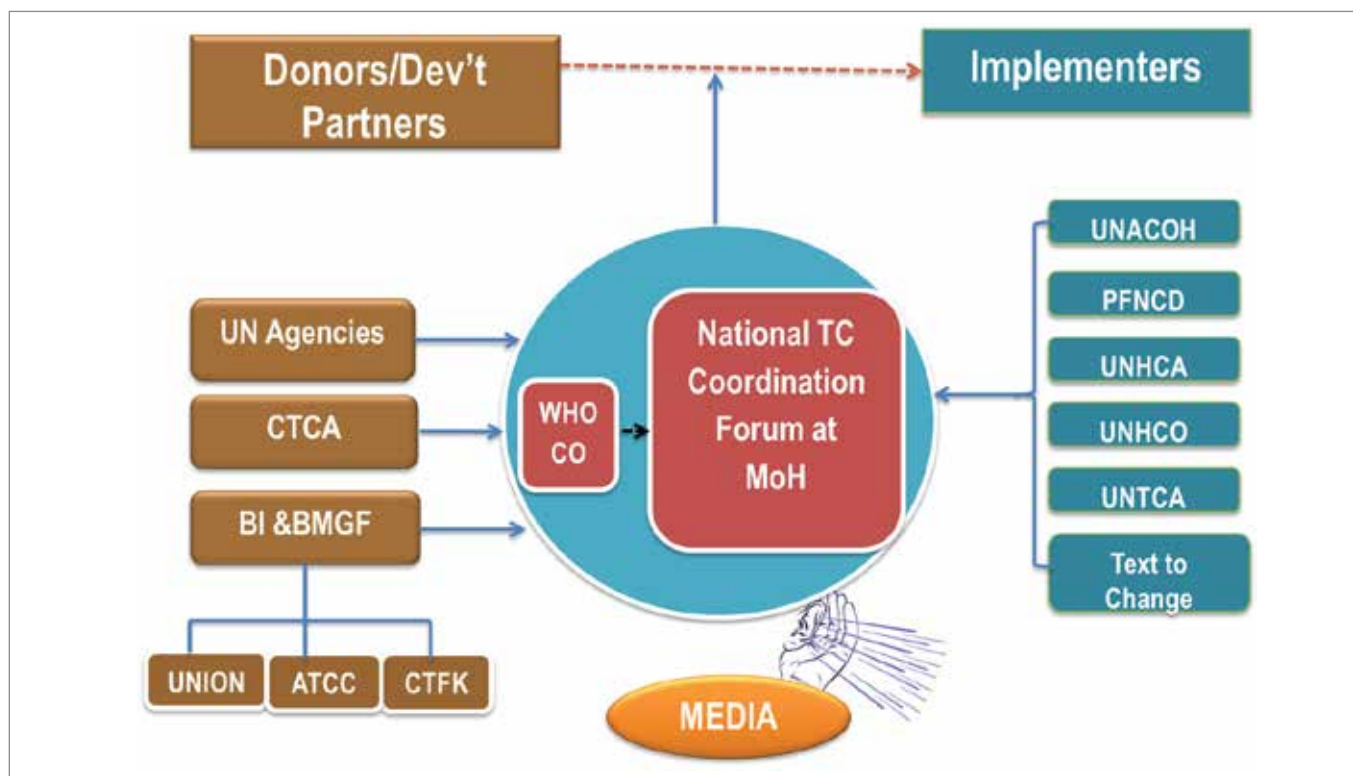
The stakeholders should agree on the objectives for TC coordination, bearing in mind their mandates as organizations. The objectives of TC Coordination should not be seen as overtaking organizational mandates. Agreeing on objectives, guides the actors on the model of coordination to use, identifying coordination areas and what support is available. Examples of country TC Coordination objectives are:

1. To agree on a coordination model
2. To identify current and future activities needed to push the TC agenda forward
3. To identify TC areas not supported by any donor and consult potential donors
4. To share TC priority areas by grant makers (to know who is supporting which area)
5. To agree to develop and implement a coordination plan of action

d. Agree on Country Coordination Mechanism (CCM) Model

A TC Coordination Mechanism is important for any activity to run smoothly. A suggested model which is based on evidence from other programs such as HIV/AIDS, EPI and, malaria control and response, is shown in Figure 2. This coordination mechanism shows all stakeholders and how they could be coordinated.

Figure 2: Example of a TC Country Coordination Mechanism for Uganda



Key:

ATCC-African Tobacco Control Consortium
 ATCA-African Tobacco Control Alliance
 BI-Bloomberg Initiative
 BMGF-Bill and Melinda Gates Foundation
 CTCA-Center for Tobacco Control in Africa
 CTFK-Campaign for Tobacco Free Kids
 FCA-The Framework Convention Alliance for Tobacco Control

UNACOH-Uganda National Association of Community Occupational Health
 PFNCD-Parliamentary Forum on Non-Communicable Diseases
 UNHCO-Uganda National Health Consumers' Organization
 UNTCA-Uganda National Tobacco Control Association
 WHO CO-World Health Organization Country Office

e. Identify TC Coordination areas, strategies and activities

Identifying key coordination areas, strategies and key activities is important for proper coordination. Identification of key areas can be based on the stage and level of TC program implementation of the country. This will also greatly eliminate duplication and increase joint implementation.

f. Agree on roles and responsibilities for the TC Partners

A clear role and responsibility matrix should be developed for all the TC Partners, spelling out their roles and responsibilities in relation to TC coordination in the country.

g. Agree on key strategies to be used in the coordination

The stakeholders should identify areas of focus in the coordination and for each area identified, agree on the strategies to use to achieve their goal.

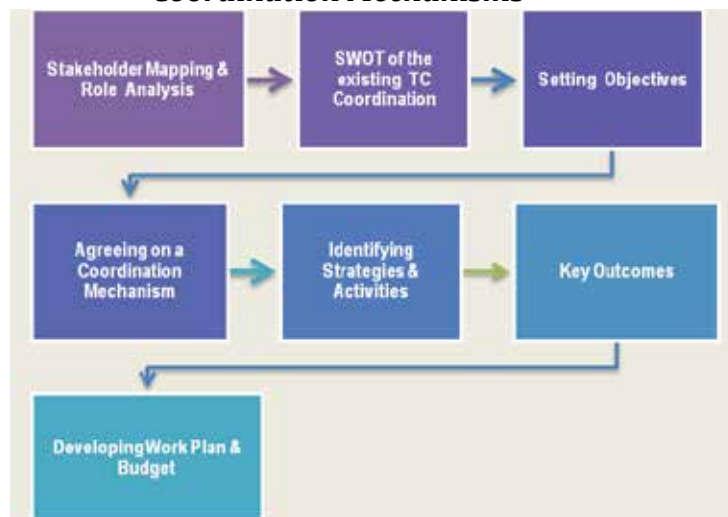
h. Agree on key outcomes for the coordination

A good coordination mechanism should have clear coordination outcomes and how to measure those outcomes. Examples of coordination indicators include; joint implementation, joint budgeting, regular meetings, reduced costs of activities, joint resource mobilization.

i. Develop a work plan and Budget

Stakeholders should agree on a work plan and budget for the identified activities under each of the broad areas of focus. Each stakeholder can then identify which area to fund based on the work plan and budget. The process of establishing TC Country Coordination Mechanism can be summarized in the Figure 3.

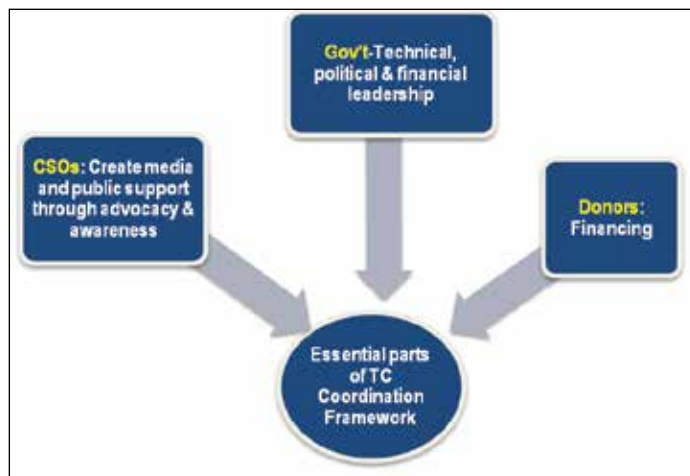
Figure 3: Process of Establishing TC Country Coordination Mechanisms



3.2 The Major stakeholders

The key actors in TC include: Government, Donors/ Development partners and Civil Society Organizations with the media playing a critical supportive role as indicated in Figure 4.

Figure 4: Essential parts of an effective TC Coordination Framework



3.3 Implementation of TC Coordination Mechanism

Operationalizing the TC coordination mechanism follows the key activities indicated below:

a. Joint strategic planning and budgeting

On an annual basis, TC actors develop annual action plans based on their organizations' priority areas and the National TC Strategic Plan. These plans are

costed, where each partner clearly identifies its role and the budget for the identified activities.

b. Regular meetings

TC coordination meetings are monthly or more often if needed, as well as ad-hoc meetings if there are situations of concern. Each actor brings to the table information provided by their organization. Minutes are drafted and shared with partners.

c. Joint implementation

Representatives of partner organizations working on a TC activity meet to plan, review progress, share information and jointly implement it. For instance, for commemoration of World No Tobacco Day; all actors coordinate and come up with joint activities and budgets and activities are executed jointly. The actors also recommend specific actions, including setting up working groups that will accomplish tasks.

d. Monitoring and Reporting on TC Coordination

Monitoring and reporting are essential components of strategic coordination. This will include monitoring and reporting on the performance, following rules of coordination, information collection and analysis and, overall coordination process. Reporting should be quarterly and annually.

e. Evaluation of TC Coordination efforts

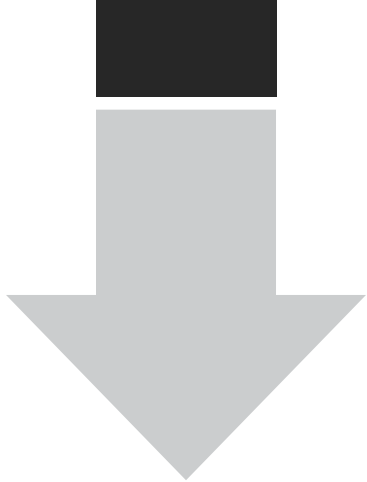
The evaluation of TC coordination shall focus on the objectives of the coordination mechanism: What was the goal for TC coordination; Did the coordination achieve its goal and, were the objectives relevant to achieving TC program harmonization at the national level. Ideally, an evaluation approach should be decided in consultation with all the members of the coordination mechanism and, where possible, with some external support.

The evaluation will help the actors to assess relevance, appropriateness, coverage, efficiency, effectiveness and impact of the TC coordination. Evaluation can either use the logical framework approach or a case study approach. This can be decided basing on the type of coordination programs and/or activities.

TC Coordination Benefits

National TC coordination is a cost effective strategy; which requires minimal funding but with multiple benefits including:

1. Increased ownership and sustainability of TC programs
2. Reduced costs for activity implementation through reduced duplication of activities
3. Multi-sectoral collaboration and mainstreaming of tobacco control
4. Consolidated and effective TI Monitoring
5. Improved communication among partners



4.0 Tools to be used in TC Coordination

4.1 A Coordination plan

The Coordination plan may include the following:

1. Purpose of coordination
2. Description of the program
3. Objectives for coordination
4. Roles and responsibilities for the lead agency/institution and participating agencies/institutions
5. Focus areas
6. Key outcomes
7. Available resources and opportunities

4.2 Template for roles and responsibilities and contact information for members on the TC CCM Forum

(a) Template for Roles and responsibilities for the different partners

Agency Name	Role	Responsibility
MoH	Lead Institution	Convening meetings, communication to partners, linking partners to donors etc
CTCA	Technical Support and Secretariat	Provide TC technical guidance

In order to make TC coordination communication easier, partners and TC implementers need to identify contact persons and their details.

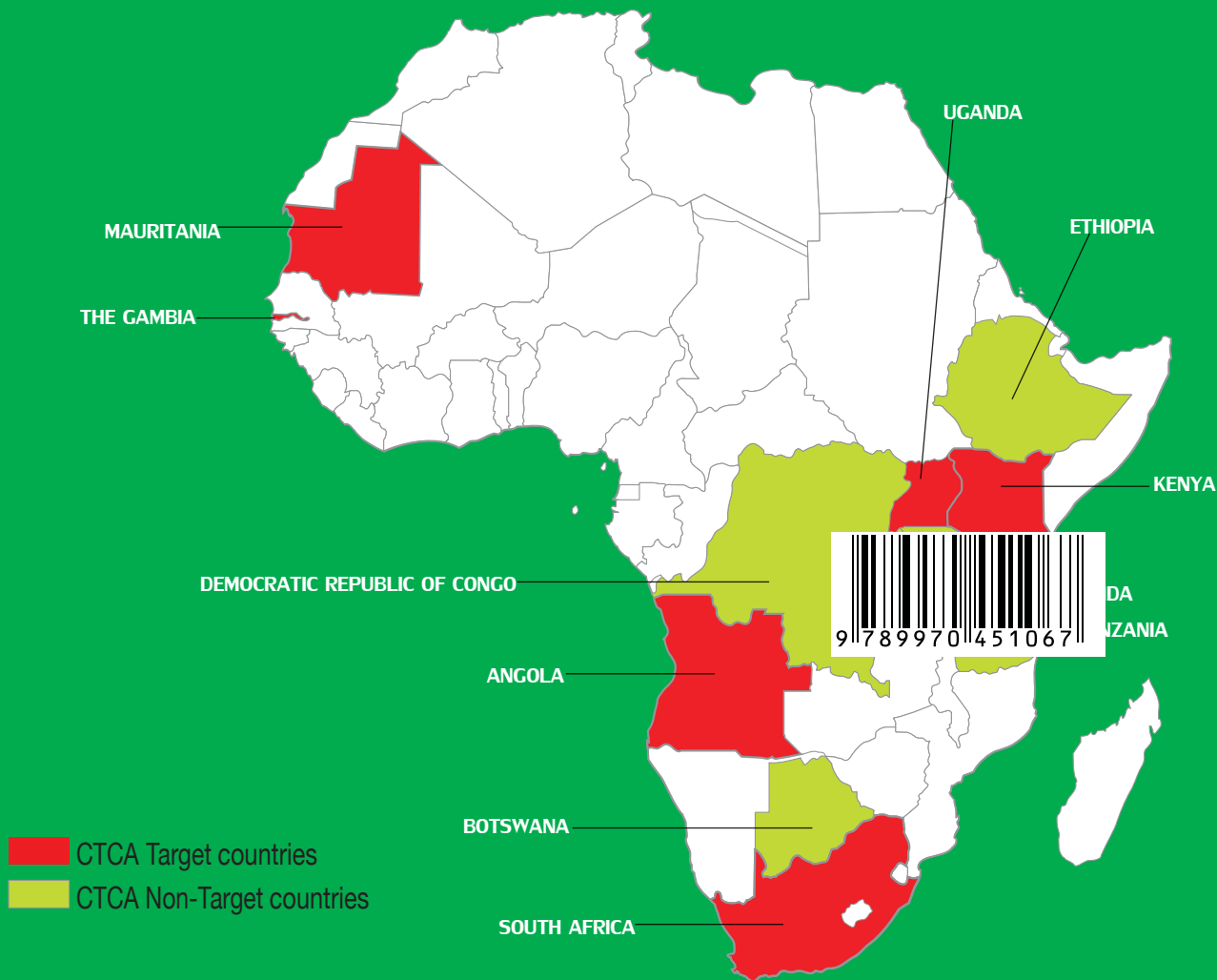
(a) Template for lead/contact persons per organization

Agency	Contact person	Title	Email	Tel Number
MoH				
WHO CO				
Donors				
CSOs				

Appendix 1: Example of Coordination Meeting Agenda

TC Coordination Agenda for Uganda

<i>Time</i>	<i>Activity</i>	<i>Person Responsible</i>	<i>Session Chair</i>
Day One: xxxxxxxxxxxxxxxx			
8.30am-9.30am	Review of program & workshop objectives	xxxxxxxxxxxxxxxx	Xxxxxxxxxxxxxx
	Opening Remarks	xxxxxxxxxxxxxxxxxxxxxx	
9.30am-10.40am	Presentation of Partner Activities	Partners: xxxxxxxxxxxxxx Implementers xxxxxxxxxxxxxxxx	
10.40am-11.00am	Q&A on Partner presentations	xxxxxxxxxxxxxx	
11.00am-11.30am	Health Break	All	
11.30am-1.00pm	What is Coordination, Why & Model of coordination for TC in Uganda	Presentation- xxxxxxxxxxxxx	Xxxxxxxxxxxxxx
	Discussion on Coordination	Discussion-xxxxxxxxxxxxxxxx	
1.00pm-2.00pm	Lunch Break	All	
2.00pm-3.00pm	Missed opportunities and untapped potentials for coordination and mainstreaming TC in existing programs	xxxxxxxxxxxxxxxxxxxxxx	Xxxxxxxxxxxxxx
3.00pm-5.00pm	Developing a template for in-country TC Coordination	xxxxxxxxxxxxxxxxxxxxxx	
Day Two: xxxxxxxxxxxxxxxx			
8.30am-10.00am	Discussion & adoption of TC Coordination	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxx
10.00am-11.00am	Identification of unfunded TC areas		
11.00am-11.30am	Health Break	All	
11.30am -1.00pm	Information sharing on grant makers priorities	xxxxxxxxxxxxxxxxxxxxxx	
	Plan development		
1.00pm-1.30pm	Conclusion and way forward	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
	Closure	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	



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