



Decades of Tobacco Control Capacity Development on the Continent

2022

TOBACCO CONTROL RESEARCH AGENDA

**RESEARCH FINDINGS
COMPENDIUM**

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FOREWORD

Tobacco control is dynamic.

Over the last decade there has been a significant number of developments that were not even imagined 30 years ago.

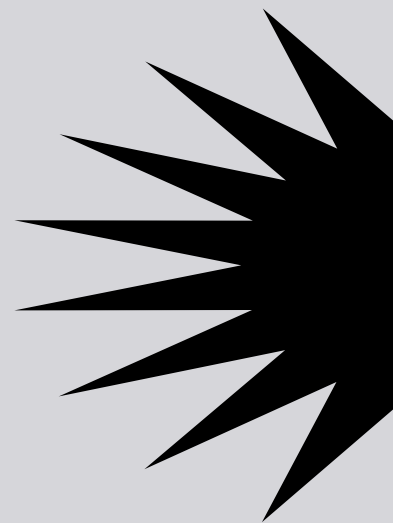
These changes require updated evidence to suit the changing landscape and dynamic nature of the implementation environment.

The Tobacco Control Research Agenda for Africa was developed to address research gaps in terms of tobacco control on the African continent .

When the agenda was developed in 2019 the vision was that it would outline a research framework that identifies research priorities and existing research capacities and gaps. It would provide a guide for research coordination at regional and national level as well as identifying mechanisms that bring policymakers and researchers together to share information and translate research findings into actions.

This research agenda, therefore, is expected to continually guide tobacco control-related research and provide a platform to bring actors together to carry out evidence-based programming.

Prof William Bazeyo
CEO: CTCA



PROJECT OVERVIEW

The vision of the TCRA was to continually deliver tobacco control-related research that can guide evidence-based programming in Africa. And so our journey towards this has begun.

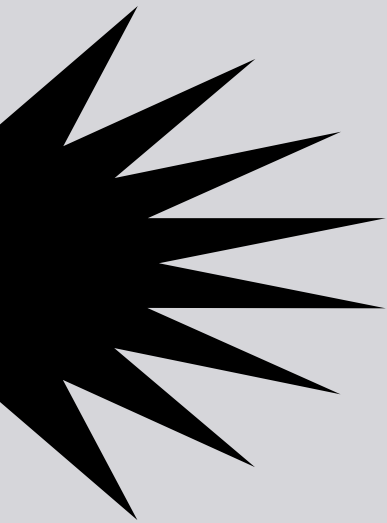
The first cohort of researchers awarded grants under the TCRA have delivered a diverse set of research findings around tobacco control issues. These range from smoking prevalence among the youth in various settings to the effects of secondhand smoke, to tobacco farming and child nutrition.

We would be remiss not to note the impact that the global COVID-19 pandemic has had on our project -- delaying the launch, call for researchers, awards and the research programme.

Despite these challenges, we are proud to note that 12 African researchers have been able to deliver. As they endeavour to publish their findings academically, there are various learnings that we as the CTCA take on going forward.

This cohort was only the first step. The CTCA commits to continue this process in years to come as we strive towards a tobacco free Africa.

Dr Jim Arinaitwe
Centre Manager: CTCA



Tobacco use among young people in the Wakiso District in Uganda

ALEX DAAMA

BACKGROUND

Uganda is one of the countries with the largest population of young people. In a national study, it has been found that about 9% of people between the ages of 18 and 69 smoke. And research has shown that young people who take up smoking between the ages of 15 and 30 have a higher risk of addiction.

In recent years, in line with global standards, the Ugandan government has made a significant effort to curb tobacco use among young people between the ages of 18 and 34.

Yet, despite many youth tobacco control programs by government and the private sector, smoking among youths remains a public health challenge. The problem has been compounded by the fact that there is a limited amount of data about tobacco use at the district level. What this means that there is no way to measure how effective efforts by government to curb tobacco use has been. In our study, we zoned in on a specific district in Uganda – Wakiso – where we sought to understand the prevalence of tobacco use among young people in the area as well as the factors that led them to smoke.

RESEARCH FINDINGS

We found that only 3% of young people in Wakiso used tobacco. This figure is lower than the national prevalence of 9% and is inconsistent with similar age groups in Rwanda.

Our study found that the older cohort of men in the 18 to 34 year old age group, who drank, lived with smokers and were HIV positive were more likely to smoke. This was in line with a systematic review conducted in Nigeria.

WHAT THIS MEANS

Our studies provides insides into how tobacco control interventions should be shaped in Uganda.

As a start, any interventions in Uganda hoping to reduce the prevalence of tobacco use should be focussed on males, older young people, alcohol users, and HIV-positive young people, including those living with friends or relatives who smoke.

In addition, the Ministry of Health should intensify anti-smoking campaigns among men aged 30 and above. They should also target anti-tobacco preventive messages to alcohol users, integrate anti-smoking campaigns into HIV care and implement programs that discourage tobacco-smoking at household level more especially families with a history of smoking.

Additionally, district health teams should organize continuous health education within health facilities to equip health workers with the knowledge about likely effects of smoking among youths who are males, alcohol users, HIV positive status and those who live with smokers.

Understanding why Burundian prisoners smoke

PATRICK
BITANGUMUTWENZI



BACKGROUND

Although smoking prevalence has fallen significantly over the past several years, the level of use is extremely high among incarcerated people and tends to increase with the number of years spent in prison.

Although tobacco is particularly widely used in prisons, there is little known about tobacco use in Burundi's prisons.

The purpose of this study is to determine smoking prevalence, assess prisoners' knowledge of smoking-related diseases and their possible symptoms, and analyse the determinations of tobacco use.

RESEARCH FINDINGS

A cross-sectional study was conducted at Mpimba Central Prison on a sample of 366 inmates.

The prevalence of smoking among inmates is 37.7%. The average age of our respondents was 36.7 years with extremes ranging from 17 to 75 years. Tobacco is more commonly consumed by men (33%) than by women (4.7%).

The study also found high consumption among participants with primary education, convicts and those who were employed with 16.1%, 27.3% and 23.8% respectively.

Regarding the assessment of prisoners' knowledge of smoking-related diseases, symptoms attributable to smoking and risks to pregnancy, our results show good knowledge of tuberculosis (83.61%) and cancer (63.39%) for diseases; weight loss (54.37%) for signs and risk of abortion (59.56%) for risks to pregnancy.

The level of education for the university level and marital status for the bride and groom are significantly related to tobacco use.

WHAT THIS MEANS

This study showed a high prevalence of smoking among inmates. Tobacco use is less observed among women than among men. Factors significantly related to smoking were education level for university level and marital status for the bride and groom.

The relatively high prevalence of tobacco use among detainees in Burundi requires immediate tobacco control interventions among at-risk groups.

How tobacco farming affects child nutrition and food security in Zambia

RICHARD ZULU

BACKGROUND

Food security remains a persistent challenge in Zambia, where more than half the population live below the poverty line.

About 35% of children exhibit stunting [short-for-age], a condition linked to chronic undernutrition and food insecurity.

As the staple food in Zambia, many farmers in the country engage in maize subsistence farming to mitigate food security.

But some farmers have reported that the maize that they grew on their own land is not enough to last their family for the year and they had to purchase maize to make up the difference. The stock lasted their household between seven and nine months.

In our study we wanted to understand how this food scarcities differed between tobacco farming households and non-tobacco households? And how do these

by the results in late 2014. The five child nutrition status outcomes.

The survey results show that 91 percent of the participants had a daily expenditure on food and beverages of less than ZMK 22.00 (less than a dollar). The household dietary diversity indicators show that 52.4 percent of the households had vegetables, 30.0 percent protein while the least 1.3 percent had gravy.

The survey indicators further show that 34.3 % of the measured children had normal nutrition and 18.9% were stunted among households that reported to have had enough food in the last 6 months prior to the survey is quite large.

A comparison between tobacco farming and non-tobacco farming household's child nutrition shows that there is sufficient evidence that there is some difference between tobacco farming and non-tobacco farming and daily expenditure on food and beverages (though minimal).

WHAT THIS MEANS

The survey shows that there is insufficient evidence to suggest that there is some relationship between tobacco farming household at 54% compared to 46% non-tobacco farming household and children's nutrition. The study shows that the dietary diversity indicators found in this study falls below a minimum acceptable dietary diversity a standard dietary consumption of at least four out of a standardized set of seven food groups.

Thus, a need to organize nutrition sensitization workshops targeting all the child bearing age and caregivers on dietary composition (seven food groups) that would greatly improve the nutrition status of their children in Nkehema District in Zambia. This type of survey may be replicated in other districts to include both rural and urban cities in Zambia.

Assessing the factors that motivate young people in Ouagadougou to smoke

ISSA KABORE



BACKGROUND

Young people aged 15 years and older represent a significant share of tobacco users: 226 million of them live in poverty and are mostly influenced by tobacco marketing techniques such as media, advertising and the internet.

Young people are often exposed to tobacco and alcohol use that is harmful to their health.

Several studies have highlighted how the voluntary dropping out of school and young people seeing people in their families and friendship circles smoke had an impact on young people starting to smoke.

A study in Côte d'Ivoire for example showed that psychological factors such as curiosity, snobbery, and social factors like frequenting smoking initiation sites, the promotion of smoking among young people led young people to smoke.

In our study we wanted to find out what factors encouraged young people in public high schools in Ouagadougou to use tobacco and what were their patterns of tobacco use. We also wanted to understand what tobacco control policies existed that protected these students from tobacco use and how aware these students were of these policies.

RESEARCH FINDINGS

Our study took place in public high schools in the city of Ouagadougou, Burkina Faso. The technique used was an interview with the selected students and a questionnaire as a data collection tool.

The majority of the students interviewed in the study were between the ages of 15 and 20.

In looking at young people's behaviour we looked at it from five different perspectives: intra-personal, interpersonal, organizational, community, political and public. The social-ecological model suggests that a combination of these factors influences an individual's health status and explains an individual's inclination to use tobacco or engage in health risk behaviours.

WHAT THIS MEANS

Although few of their parents smoked, close to 80% of the respondents had a teacher that smoked.

Green Tobacco Sickness among small-scale tobacco farmers in Zambia

MASAUO MOSES PHIRI

BACKGROUND

Tobacco harvesters get exposed to nicotine when they directly handle tobacco leaves. This exposure can lead to them contracting green tobacco sickness (GTS) - a form of acute nicotine poisoning that affects tobacco cultivators and harvesters. The major symptoms of this illness are headaches, dizziness, nausea, vomiting, and seizures.

In this study we sought to determine the prevalence and risk factors of green tobacco sickness among tobacco farmers in the Nkeyema district in the Western province in Zambia.

Our study included 138 small-scale tobacco farmers during the tobacco leaves harvesting season of 2021. We administered a questionnaire and collected urine samples.

RESEARCH FINDINGS

Of the total of 138 adults who were enrolled in the study, a third were female (31.56%), and most of the participants were between the ages of 15 and 39.

More than 40% had green tobacco sickness symptoms while the rest were asymptomatic.

Slightly over 80% of those who had symptoms had harvested tobacco in the last one week compared to 19.2% of those who had symptoms but did not harvest tobacco in the last one week

Although not statistically significant, harvesters who were symptomatic had a mean urinary cotinine level of 53.43 ng/mL compared 33.72 ng/mL of those who did not have symptoms among harvesters.

WHAT THIS MEANS

Green tobacco sickness was highly prevalent among small-scale tobacco farmers in the tobacco growing district.

Green tobacco sickness symptoms were significantly associated with harvesting tobacco leaves.

To help farmers reduce their risk of contracting green tobacco sickness, more education and awareness drives need to be conducted with farmers.

Farmers also need to be taught how to wear personal protective equipment and be given mechanisms that may help to prevent this illness.

How health education can help prevent adolescents from smoking

FRANCIS FAGBULE

BACKGROUND

The prevalence of tobacco smoking among adolescents in many African countries, including Nigeria, is increasing, and more are nursing the intention of smoking in the future. Most educational interventions in Africa have focused on tobacco cessation and have had limited success. However, a potentially more successful way of reducing the burden of tobacco use is to prevent non-smokers from initiating the habit. Hence, we wanted to understand tobacco-related educational interventions' effect on young people's knowledge, perception, and intentions to use tobacco.

RESEARCH FINDINGS

We randomly selected 394 non-smoking high school students from six schools in Igboora, Nigeria. Firstly, we used a modified global youth tobacco survey questionnaire to ask the students what they knew about tobacco, their perceptions, and their intentions to smoke in future. After this, the students were taught about tobacco's types, contents, and health effects. They were also informed about the tobacco industry's tactics and the benefits of avoiding them and their tobacco products. The education intervention was based on the health belief model (HBM), involving a 50-minute session of lectures and class discussions. The lecture was aided by posters and notebooks customized by tobacco-related texts and pictures.



Following the intervention, the participants' knowledge, perception, and intention to use tobacco were again assessed immediately after the intervention (immediate post-intervention) and after six months (6 months post-intervention).

The baseline result showed that most students had poor knowledge of tobacco, many had a positive perception of tobacco use (supports it), and almost one out of ten had the intention to use tobacco in the next 12 months. However, immediately after the intervention, there was a significant improvement in the participants' knowledge, perception, and the prevalence of intention to use tobacco significantly reduced to about one in every one hundred. After six months, the assessment showed significant results that were achieved immediately after the intervention was sustained.

WHAT THIS MEANS

This study showed that HBM-based educational intervention effectively improved school-going adolescents' knowledge and perception of tobacco use. It also effectively reduced the prevalence of intention to use tobacco in the immediate and medium-term.

Assessing how much young people in Uganda's slums know about tobacco control measures

JESCA NANTUME

BACKGROUND

Each year more than 9500 people die from smoking-related issues in Uganda. In Uganda, about 78% of the population is under the age of 25, making it one of the countries with the highest population of young people. The country also has a rising burden of tobacco smoking and use of tobacco products amongst young people which is currently estimated at 7.9% youths from the age of 15 and above. Rapid population growth in Africa has resulted in an increase in the consumer purchasing power, leading to higher demand and accessibility to tobacco markets.

Our study wanted to evaluate how much young people in Uganda's slums knew about tobacco control measures, how they felt and what they did about it. We conducted structured interviews with 102 randomly selected teenagers between the age of 13-19 years old. We also held focus group and key informant interviews with participants, parents, community leaders, and other key stakeholders.

RESEARCH FINDINGS

Our study found that there were few restrictions on under age young people purchasing tobacco products in the slums. The existing tobacco control measures include arrests by the police, sensitization by the local/community leaders, guidance from parents/caregivers, and a few organizations like the Ghetto Research Lab and Slum Dwellers.

The study found that the cheap price and consumer purchasing power has led to larger and more accessible tobacco markets among young people. The rates of tobacco use are higher among males than among females. However, findings show that there is an increase in tobacco use among girls. Children as young as 10 years old initiate tobacco use. Some are influenced by peer pressure and others copy the behavior from their parents and caregivers.

The study found that there was a glaring knowledge gap around tobacco policy among 13 to 19 year old in Uganda's slums. Those who knew about policies were only aware of one of two. Many young people were keen to understand more about the organizations that support tobacco control.

However, there are few organizations that support slum areas with tobacco control and very little effort is put into tobacco control measures in the slums by governments. The study found that in the slums the government focused on marijuana because they feel it was a more dangerous product.

WHAT THIS MEANS

The findings from this study provides valuable information about tobacco control measures and the response to it in Uganda's slums.

We recommend the need for intervention for tobacco control and engagement of key stakeholders like parents, local leaders and religious leaders.

Awareness creation about the dangers of tobacco use and tobacco use control policies is key.

Ugandan tour guides are still getting exposed to secondhand smoke

LAWRENCE TUBENAWWE

BACKGROUND

Exposure to secondhand smoke has been linked to disease, disability, and premature death.

While several countries have enacted smoke-free legislations, exposure to secondhand smoke may still occur in unregulated private environments, such as in tour cars and the business as whole. The prevalence of exposure to secondhand smoke and the use of E-cigarettes (Electronic Cigarettes) among tour drivers and guides is not well known or documented in Uganda.

This study aimed to explore for the prevalence, determinants, knowledge, attitude and perception of exposure to secondhand smoke.

RESEARCH FINDINGS

The study design was a cross sectional one. The study area was the Kampala Metropolitan Area among the tour companies. The study applied a mixed research method. Face to face interviews were done using a semi structured questionnaire to pick both quantitative and qualitative data.

Our study found that more than 75% of the participants described themselves as exposed.

In the seven days preceding the interview period, 13.5% had experienced a client who smoked e-cigarette inside their tour vehicles, while 86.5% had not and 6.6% were



not sure.

Only 5 (1.3%) of the tour drivers and guides smoked e-cigarette products. while close to 60% did not know about e-cigarettes.

Our model found that exposure to secondhand smoke exposure varied positively by the time spent with a smoker client, having no knowledge that smoking causes bladder cancer and having a perception that there is no or minor difference on the effect of e-cigarettes compared to other cigarettes. Tour drivers and guides believed that it was part of customer care to have client smoke as they wish so that they do not lose business because of purported poor hospitality.

WHAT THIS MEANS

This study indicates that the prevalence of exposure to secondhand smoke among tour drivers and guides is high. This is mostly associated with time spent with a client who smokes, lack of knowledge that smoking causes bladder cancer and having poor perception that there is no difference on the effect of e-cigarettes compared to other cigarettes. The Ministry of Health should design targeted policies and interventions to prevent this kind of exposure and its effects.

Using cognitive social theory to predict tobacco consumption among students

MAHAMADOU BARRO

BACKGROUND

Tobacco use is a major public health issue worldwide. Africa, in particular presents a significant risk with an estimated 77 million smokers across the continent.

The World Health Organisation predicts that by 2025, these numbers will increase by 40%. This is the highest increase in the world.

Statistics from the national STEP survey shows that in Burkina Faso, in 2009, the smoking prevalence was 19.6%. At the time close to 20% of students between the ages of 13 and 15 smoked cigarettes and 16.8% reported using a tobacco products. Boys made up the vast majority of the numbers. There were several factors that encouraged young people to smoke, including their parents, role models and peers smoking.

RESEARCH FINDINGS

The objective of our study was to determine the prevalence of smoking intention and the factors of the Social Cognitive Theory (SCT) associated with it among students.

Social cognitive theory argues that a person's knowledge is directly related to them observing others within the context

of social interactions and experiences. WE used university students as a catch-all for people from different backgrounds.

We conducted a descriptive and analytical cross-sectional study of students at Joseph KI-ZERBO University (JKU). A total of 1074 students or a weighted enrollment of 8592 students were included of which 63.18% were male.

The mean age of the students was 22.18 years.

The prevalence of smoking intention was 20.23%. Social Cognitive Theory factors associated with smoking intention were: gender, expectations not to smoke, environmental conditions toward smoking, self-efficacy for overcoming barriers without smoking and emotional management for not smoking.

WHAT THIS MEANS

Tobacco control remains a priority. A youth participatory approach incorporating behavioral and cognitivist models would help reduce the scourge.

Looking at perceptions about the role of the tobacco industry in delaying South Africa's new policy



TEURAI RWAFAPONELA

BACKGROUND

In South Africa, tobacco control lobbyists have been working towards getting a new tobacco control policy enacted for nearly a decade. Despite government having initiated an update to existing tobacco laws in 2018 to keep pace with global recommendations, the policy-making process has been in cul-de-sac.

Therefore, the purpose of this study was to explore perceptions of factors affecting the adoption of new tobacco policy among key stakeholders.

Data was collected using key informant interviews with lobbyists, experts and advocates.

RESEARCH FINDINGS

The interviews revealed that there were perceptions that South Africa is lagging in implementing international tobacco control recommendations.

Participants described the tobacco industry as an entrepreneur, which stands to lose if new tobacco policy changes are implemented.

Some stakeholders believed that while a tobacco draft bill exists, there is limited political will and the COVID-19 pandemic had affected the window of opportunity for adoption of the new policy. Others assumed that this window may have closed, resulting in a policy delay.

WHAT THIS MEANS

Reducing tobacco related harm and countering the tobacco industry's attempts to delay the passage of the new tobacco control policy is possible through the country making significant strides towards adopting and implementing the proposed bill.

Assessing how Kenya's counties implement tobacco control policies



JOSEPH MUTAI

BACKGROUND

Fifteen years ago Kenya passed its Tobacco Control Act to address the rising scourge of tobacco use in the country. The governments have been mandated to implement the Act in their states and pass laws that enhance the Act's implementation to reduce socio-health consequences associated with use of tobacco products.

For our research, we decided to investigate and determine whether Nakuru and Kisumu are compliant with the Kenya Tobacco Control Act, 2007.

RESEARCH FINDINGS

The study population were owners and/or managers of public places with a sample size of 384. Questionnaire, structured observation guide, Key informant interviews and focus group discussions were the main methods used to collect data. The study interviewed 22 key informants and 6 focus group discussions.

There were three categories of public establishments surveyed: Bars or pubs, Restaurants which had a bar and restaurants alone (4%, n=15).

Regarding compliance with the Tobacco Act, smoking took place in two types of establishments, bars (43%, n=147) while restaurants (57%, n=195) did not allow smoking on the premises. About 49% (n=23) of bars and 58% (n=75) of restaurants didn't display no-smoking signs.

From 2010, both Kisumu and Nakuru Counties had passed one law relating to tobacco control. However, the fines meted against violations of any provision are different. There were mixed reactions to various issues in tobacco control as majority of the county managers noted that significant milestones have been put in place contrary to the opinion of most clients in public premises who observed minimal efforts in regard to compliance of tobacco control.

WHAT THIS MEANS

Compliance with all provisions of the Tobacco Control Act and laws at the County level remains a huge social and health concern as most of the public premises have not complied with them. The Ministry of Health should revise/amend certain sections of the Act and the County Laws to seal existing gaps that seem to, in a way, make tobacco control policies weak.

What motivates young people in Uganda's slums to smoke?

JOYCE NAKITENDE

BACKGROUND

Tobacco use remains a major public health concern worldwide. It presents as the most important risk factor for development of non-communicable diseases. Currently, the youth population is three times more than the number of adults who use tobacco in Uganda. The youth, particularly those who live in the slums, have the highest levels of tobacco use than elsewhere. Since 2015, strict laws on the public use of tobacco were implemented in Uganda. Although these laws have been passed and implemented, there has been no significant decline in tobacco consumption among the youth. We therefore sought to document the motivators of persistent use of tobacco and cessation barriers among the youth dwelling in slum areas of Kampala, Uganda.

Our research aimed to assess what motivates the persistent use of tobacco among the youth, and to observe why they don't respond to the legislation that has been put in place discouraging the use of tobacco. Our focus is the youth in Bwaise slum, Kampala, Uganda. We adopted the cross-sectional study which utilized mixed methods of data collection.

RESEARCH FINDINGS

The prevalence of current tobacco use was 52.6% while ever use of tobacco was 71.6%. Most of the participants knew about the negative health effects of tobacco use.

Despite this men were more than two times more likely than women to smoke. And those older than 21 were more than two times more likely to smoke than those who were 20 years and younger.

Also, participants who had no knowledge that smoking causes serious illness were four times likely to smoke than those who had knowledge.

The most frequently reported personal motivator of smoking was to relieve stress. Others mentioned significantly included to increase intelligence quotient, due to idleness and passing time, and smoking for pleasure while the most frequently reported barrier to tobacco use cessation was the addiction to the substance in tobacco, nicotine.

More than a half of the young slum dwellers use tobacco despite having knowledge on the health effects of tobacco use. Being male aged 21-30 years and unaware of the serious illness caused by smoking tobacco was strongly associated with tobacco use.

WHAT THIS MEANS

These findings suggest that both the current and future interventions should target sensitizing male slum dwellers about the ill tobacco use health effects. Khat/mira chewing should be embedded in the Uganda tobacco control act and importantly tobacco use cessation programmes should be encouraged in slum settings to support the youths who want to quit.

MEET THE RESEARCHERS



MASAUSO MOSES PHIRI

Masauso is an early-stage investigator who currently serves as a Lecturer and Research Fellow at the University of Zambia, in the School of Medicine, Department of Pathology and Microbiology. He also works as a Research Fellow at the Centre for Primary Care Research (CPCR) where he has carried out research related to noncommunicable diseases, with a particular focus on tobacco control as one of the major risk factors.



JOYCE NAKITENDE

Joyce is a final year master of Public Health student, at the school of Public health Makerere University in Uganda. She also works with MRC/UVRI & LSHTM in Uganda, where she manages a portfolio of scientific research projects. She is deeply passionate about the health of young people in minority settings.



FRANCIS FAGBULE

Francis is a dentist from Ibadan, Nigeria. He obtained a Master's Degree in Global Health (Global Disease and Tobacco Control) from the University of Ibadan, Nigeria in 2019 and a Graduate Certificate in Global Tobacco Control from the Institute of Global Tobacco Control, Johns Hopkins University, USA, in 2021.

MEET THE RESEARCHERS



JOSEPH MUTAI

Dr Joseph holds a PhD in Anthropology from the University of Nairobi. He is currently working at the Kenya Medical Research Institute as an Assistant Principal Research Officer and a faculty member of the Graduate School at KEMRI and at the Jomo Kenyatta University of Agriculture and Technology. He also teaches and supervises students pursuing public health studies at postgraduate level.



MAHAMADOU BARRO

Mahamadou is a specialist in Public Health and PhD student in Biostatistics. His field of interest is biomedical research. Recently he has been working on the analysis of the spatio-temporal dynamics of malaria in cluster randomized trials. He is developing biostatistical methods for the analysis of spatio-temporal clusters, and for the evaluation of malaria transmission dynamics.



TEURAI RWAFA-PONELA

Dr Teurai is a public health specialist, conducting health promotion related research in South Africa. I work as a Senior Researcher at the SAMRC/Wits Centre for Health Economics and Decision Science – PRICELESS SA in the School of Public Health, University of the Witwatersrand, Johannesburg, South Africa. Currently, my work focuses on healthy public policy, food environments and systems, effects of the COVID-19 pandemic, and mental health.

MEET THE RESEARCHERS



RICHARD ZULU

Richard is a Senior Researcher at the Centre for Primary Care Research in Zambia and has over 27 years experience in research. Of this, 10 years of his research has focused on areas within Tobacco Control research and advocacy. He has also specialized in data collection, analysis and report writing.



JESCA NANTUME

Jesca is a public health Monitoring and evaluation specialist currently pursuing a Masters of Public Health Monitoring and evaluation at Makerere University, School of Public Health. She is an early career researcher focusing on policy evaluations and social determinants that affect access to health service delivery.



ALEX DAAMA

Alex is a demographer working with the Rakai Health Sciences Program since May 2015. His work has included HIV surveillance in the Rakai community cohort study (RCCS) & HIV programming. He is currently an MPH finalist awaiting graduation at the Makerere university, School of Public health, Kampala Uganda supported by Fogarty fellowship scholarship. His research interests include HIV epidemic control, smoking, COVID-19, and noncommunicable comorbidities.

MEET THE RESEARCHERS



PATRICK BITANGUMUTWENZI

Patrick is a post-doctoral student at the University of Burundi. His primary interest in public health is the fight against Non Communicable diseases. He is currently conducting a physician internship for the Neonatal Medicine Service at the Guadelope University Hospital Center. His TCRA study aimed to develop a tangible tool to help policymakers implement a new tobacco control policy for people in prisons.



LAWRENCE TUBEWANE

Lawrence is a Ugandan Environmental, Epidemiology and Biostatistics Specialist, Researcher and an Entrepreneur. He is currently an Environmental Health Officer at the Ministry of Water and Environment. In 2018, he joined Makerere School of Public Health to complete a Master of Public Health degree specializing in Epidemiology and Biostatistics.



ISSA KABORE

Issa is a medical doctor and a public health masters student. Since 2020 he has participated in numerous studies on health financing, tobacco use, maternal and child health alongside the Research for Health and Development (RESADE) team, the Institute of Research in Health Sciences (IRSS), and the Department of Public Health of the Joseph Ki-Zerbo University.



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Center For **Tobacco** Control In Africa

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