Participating in
Global Tobacco Research

The Experience of a
Low-Income Country, Sudan

2009
Participating in Global Tobacco Research

The Experience of a Low-Income Country, Sudan

2009

Mohamed Salieh
Safa Bashir
Hussein Khashm Elmouse
Donald A. Enarson
Nada Mustafa
Zeinab Swar E Dahab
Asma El Sony

International Union Against Tuberculosis and Lung Disease

Publication of this Guide was made possible thanks to the support of the World Bank
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>i</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>ii</td>
</tr>
<tr>
<td>1 Role of research in tobacco control</td>
<td>1</td>
</tr>
<tr>
<td>2 Tackling tobacco use in Sudan</td>
<td>5</td>
</tr>
<tr>
<td>3 Tobacco prevention activities in the public sector</td>
<td>7</td>
</tr>
<tr>
<td>4 The role of the private sector: the tobacco section in EpiLab</td>
<td>11</td>
</tr>
<tr>
<td>5 Participation in international research networks</td>
<td>17</td>
</tr>
<tr>
<td>6 The way forward</td>
<td>19</td>
</tr>
<tr>
<td>7 References</td>
<td>21</td>
</tr>
</tbody>
</table>
Introduction

Worldwide, tobacco use is a major cause of illness and premature death, and contributes to 50% of deaths due to lung disease. The majority (80%) of all tobacco users in the world reside in low- and middle-income countries, and this emphasises the important role that needs to be played by developing countries to reduce the global burden of tobacco-related diseases.

Sudan is one of the countries in the WHO’s Eastern Mediterranean Region (EMRO). Of the 20 member states in this region, almost half did not have a national tobacco control programme as of 2008. In addition, only one third of the personnel working in these programmes are public health professionals. The main obstacles facing these programmes include a lack of human and financial resources, as well as a lack of research, political commitment and a comprehensive national plan for health. Tobacco control programmes/initiatives in EMRO tend to focus on prevention, implementation of legislation and rights to protection from passive smoke exposure.

Tobacco use in Sudan includes both smoking (mainly cigarettes but also water pipe) and snuff dipping, using a traditional and highly addictive form of moist oral snuff called toombak. Few women admit to tobacco use due to cultural norms in the society, and among males the estimated prevalence is around 20%. This document is a description of Sudan’s experience (as a developing country) in fighting tobacco use and participating in global tobacco research.
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOTS</td>
<td>Originally “directly observed treatment, short-course”, now a 5-element TB control strategy</td>
</tr>
<tr>
<td>EpiLab</td>
<td>The Epidemiological Laboratory</td>
</tr>
<tr>
<td>EMRO</td>
<td>Eastern Mediterranean Region Office (WHO)</td>
</tr>
<tr>
<td>FCTC</td>
<td>Framework Convention on Tobacco Control</td>
</tr>
<tr>
<td>FMoH</td>
<td>Federal Ministry of Health</td>
</tr>
<tr>
<td>GTRN</td>
<td>Global Tobacco Research Network</td>
</tr>
<tr>
<td>INGCAT</td>
<td>International Non-Governmental Coalition Against Tobacco</td>
</tr>
<tr>
<td>ISAAC</td>
<td>International Study on Asthma and Allergies in Children</td>
</tr>
<tr>
<td>ITC</td>
<td>International Tobacco Control Policy Evaluation Survey</td>
</tr>
<tr>
<td>NCD</td>
<td>non-communicable diseases</td>
</tr>
<tr>
<td>NTCI</td>
<td>National Tobacco Control Initiative</td>
</tr>
<tr>
<td>NGO</td>
<td>non-governmental organisation</td>
</tr>
<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>TBMU</td>
<td>Tuberculosis Basic Management Unit</td>
</tr>
<tr>
<td>The Union</td>
<td>The International Union Against Tuberculosis and Lung Disease</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Role of research in tobacco control

One of the crucial challenges to effective action to address public health priorities is a lack of knowledge. This is greatest at the interface between establishing the efficacy of interventions and taking them up into policy and practice. The International Commission on Health Research for Development noted that knowledge is essential for improving health and that new knowledge is created by research. It went on to conclude that research “has enormous – and in great part, neglected – power to accomplish that goal” (improving health).

A certain body of knowledge already exists to establish the way forward in tobacco control that has been judged sufficient to develop a global strategy. Despite this, many gaps in our knowledge remain, even at global level. While there are estimations of the size of the problem at the global level, actual measurement of the extent and impact at local level is frequently lacking and the global estimates are frequently imprecise. Assembling the information to improve the precision of measurement of the global burden and the impact of control measures requires coordination of data collection and analysis. If this is not done, the interventions proposed and the monitoring of their impact will remain imprecise. As a result, errors in the focus and direction of interventions may be substantial and thus could undermine these strategies. Thus tobacco research requires coordination and consultation at global level.

While general knowledge is essential for establishing overall direction, policy makers in local settings (for example, in national Ministries of Finance and of Health) are often more susceptible to arguments based on knowledge obtained locally. One of the crucial roles of policy makers is to make decisions, among a competing set of options, as to what the priorities are. This is not easy to do, and studies of priority-setting in health institutions in developing countries indicate that it is often not done well. Decisions are not taken on a rational basis of how important the problem is in terms of the burden of the disease, nor of what interventions are available, nor to what extent they are feasible and efficient.
It is easy to criticise policy makers. However, their task is not easy. In many instances, they do not have access to the knowledge they need in making their decisions and, as a consequence, are susceptible to the self-interest and pleading of those who present themselves. Research, both global and local, provides the knowledge that facilitates rational decision making; without such knowledge, the sector continues with “business as usual”.

This point is illustrated clearly in the large “Health Sector Priorities Review” project funded by the World Bank in the late 1980s. This project was intended to gather and evaluate the information available to establish a mechanism by which policy makers could establish priorities for the health sector in developing countries. The project had to, at the outset, develop a mechanism by which disparate pieces of information (on morbidity, mortality, disability) could be summarised in a single measure to facilitate comparison. The use of disability-adjusted life-years (DALYs) has subsequently been widely (if sometimes controversially) used to accomplish this. Within this project, tuberculosis services, based on the model developed in The Union and subsequently adopted and branded by WHO as the DOTS strategy emerged as among the most cost-effective of any health intervention in developing countries. Clearly, to some extent, this policy package or strategy merited this position. On the other hand, it represented an unfair advantage due to the fact that it had been constructed in a framework of operations research that produced systematic and standardised information from large populations groups at a national level that was not available for other programmes considered within the project.

In many settings, where a culture of research is not well established, local professionals are uncomfortable undertaking research in general, feeling a sense of unease at their ability to do so, or undertake research whose methods are not sufficiently robust for the results to be acknowledged or published. Even where local research is undertaken, the professionals frequently do not pursue the research to publication, with the result that, while the research is used occasionally, in addition to the local reputation of the researcher, for local decision making, it is subsequently lost to the community it is meant to serve and never contributes to the community of knowledge needed at global level to inform choices.

The corollary of these observations is that there is a need for a framework for research that allows local professionals to be empowered and encouraged to undertake research within and relevant to their local communities. One example of this approach is the ISAAC initiative.
This approach was developed in response to the lack of information at the global level on the extent of the problem of asthma, and subsequently on the reasons for the variability in the size and trend of the problem in various locations. The initiative started with the aim of assisting local professionals who did not have extensive experience or skills in undertaking epidemiological research to develop the confidence and experience to apply a general framework to the local setting, adapting the framework to address questions of local interest and relevance. The initiative was initially met by major experts in the field with a great degree of scepticism, but it has emerged over the years as a powerful vehicle to provide extensive knowledge that has informed policy and practice both globally and locally.

Substantial progress has been made, as noted above, in establishing a global framework for this type of research for tobacco control. Some components of the framework are more appropriate than others with respect to their accessibility and appropriateness to local research. However, this framework, if used in the manner in which the ISAAC initiative has been used, promises to create the local and global knowledge needed to move forward in tobacco control. The essential values of such research initiatives need to be such that they are:

1. accessible for use by local investigators who do not have extensive experience in research;
2. adaptable to accommodate local interests, concerns and questions within their framework;
3. standardised to permit international comparisons of the information produced;
4. coordinated so that the information collected is collated and presented for public use;
5. inexpensive to apply to enable local researchers to carry out the research relatively independently, without having to depend on external financial resources.

The knowledge created by this approach can then be used to underpin policies and strategies that are developed at the global level and championed by the responsible agencies (such as WHO), but adopted and applied locally, based on the same type of knowledge that has been created for the global developments.

Financial support for research into tobacco control and prevention has been inadequate. Several global initiatives have been developed that have a research component. Some of these initiatives are listed below:
CHAPTER 1

1 The WHO Tobacco Free Initiative: this initiative is multi-faceted, but has a clear strategy for research and guided policy making. It promotes research on various aspects of tobacco production and consumption and their impact on health and economics. Policy recommendations are developed based on this research and in accordance with the provisions of the WHO FCTC.9

2 The Global Tobacco Research Network (GTRN): this is a partnership of organisations committed to enhancing global tobacco control research by improving its existing online components and its collaboration with other organisations. In addition, GTRN is establishing new components to provide better access to information, increased communication and networking between colleagues, and improved technical assistance.10

3 International Tobacco Evidence Network (ITEN): was established as a partnership between the WHO and the World Bank. Its primary aim is to maintain a formal network of economists, epidemiologists, social scientists and other tobacco control experts able to provide rapid, policy-relevant research on country-level, regional or international tobacco control issues. Through this effort, as well as through the personalised technical assistance available to researchers via the website’s Research forum, ITEN is working to build and expand capacity for global policy-relevant research.11

4 International Tobacco and Health Research and Capacity Building Program: this programme was established by the Fogarty International Center of the National Institutes of Health (NIH) and partner institutions. The overarching goal of the programme was to foster a global network of tobacco control researchers. The network would generate data, train the next generation of tobacco control scientists and share state-of-the-art findings related to best practices, obstacles and opportunities related to tobacco control research.12

5 Research for International Tobacco Control (RITC), the International Development Research Centre (IDRC), Canada: RITC’s mission is to create a strong research, funding and knowledge base for the development of effective tobacco control policies and programmes that will minimise the threat of tobacco production and consumption to health and human development in developing countries.13
Tackling tobacco use in Sudan

Improving public health and the systems and services designed to promote it faces many obstacles in developing countries. Common challenges, such as lack of political commitment in combination with bureaucracy and lack of technical know-how, impede efforts to bring stakeholders around the table to join efforts in overcoming these obstacles.

Tobacco, on a global scale, is a difficult public health problem to tackle. Despite the shocking statistics, political commitment and availability of human and financial resources are major obstacles to anti-tobacco initiatives.

This makes tobacco a highly undesirable public health issue in which to get involved. Although recently, more interest and efforts have been geared towards fighting tobacco, it is still a relatively marginalised public health priority in developing countries, given its actual scale of damage.

Evaluation of the economic burden of tobacco use in Sudan has not been comprehensive. However, estimates of the magnitude of tobacco trade in Sudan are available.

In the year 2000, the Eastern Mediterranean Tobacco Country Profile Survey estimated that:

- An average pack of cigarettes cost 1.6 USD,
- 2218 million cigarette sticks were consumed,
- 1.823 tons of cigarettes were imported, and
- 500 metric tons of cigarette leaf were imported.

In addition, a 20% sales tax is imposed on cigarettes, and a 200% tax is imposed on imported cigarettes.
3
Tobacco prevention activities in the public sector

Sudan is a federal state in which many responsibilities for public services are devolved to the level of the States.

Organisation of tobacco control in the public sector

Responsibility for the bulk of health services provision and oversight rests with the State governments which have the duty of maintaining the network of health facilities, the personnel needed for providing the health services and the cost of running these services. A small proportion of the health services are covered by health insurance, largely organised through employment in large firms.

Responsibility for national policy, prevention programmes, centralised referral agencies and national logistics rests with the Federal government through the FMoH. Within the FMoH, Sudan's Initiative for Tobacco Control (synonymous with the National Tobacco Control Programme) was originally named in 2001 as a Health Promotion Directorate programme. Since 2007, however, it has been placed under the umbrella of the Directorate of Non-Communicable Diseases (NCD), under the General Directorate of National Control Programmes, Communicable and Non-Communicable Diseases.

Sudan's National Initiative for Tobacco Control is largely a health promotion strategy that aims to promote healthy lifestyles and therefore reduce the prevalence of high-burden tobacco-related NCDs, such as diabetes mellitus, hypertension, asthma and cancer. It is also an entry point for the creation of an environment conducive to partnership building and promotion of the role of the private sector in public health. Essential elements of the National Tobacco Control Initiative (NTCI) are health education, advocacy, surveillance of risk factors, research and control of advertising and marketing.
Sudan ratified the FCTC on 31 October 2005, and FCTC policies are being used to identify the strategic directions of the NTCI.

The objectives of the NTCI are:

1. Primary prevention of tobacco use,
2. Secondary prevention of tobacco use,
3. Encouragement of research,
4. Protection of passive smoking rights,
5. Follow-up of implementation of tobacco legislation,
6. Policy-making and programme development.
The NTCI, supported by a national multi-sectoral committee, has largely focused its activities so far on:

Estimation of tobacco use/prevalence:
1 International Survey on Health Professionals and Tobacco, Round 1, EMRO (2004),
2 Global Youth Tobacco Survey (2005): a school-based survey of students in 8th (primary), 1st and 2nd grades (secondary),

Advocacy:
2 Development of anti-tobacco legislation in line with FCTC policies (2005),
3 There have been attempts to adjust the criteria for health warnings and labelling but no clear-cut outcome has yet been observed,
4 Occasional public awareness campaigns (in partnership with private and civil society stakeholders) on the health risks of tobacco, including campaigns targeting youth and decision-makers/educators/social workers/health workers.

The following areas have **not yet** been tackled by the NTCI or its supporting committee:
1 Establishment of a national tobacco surveillance system,
2 Access of the public to information about the tobacco industry,
3 Protection of environmental and public health with regard to the hazards of tobacco agriculture and manufacturing,
4 Availability and accessibility of tobacco cessation services within existing health (and other public facilities) structures,
5 Research on the determinants and impact of tobacco consumption on individuals and communities.

The main constraints facing the implementation of tobacco prevention and control measures by the national program are largely centred on political commitment and consequent lack of financial resources (at both national and global levels).
The following priority areas relating to FCTC policies have been identified by the NTCI:

1. Enforcement of Sudan’s National Tobacco Control Law (Tobacco Free jurisdictions),
2. Establishment of a surveillance system for tobacco,
3. Tobacco cessation centres (provision of nicotine replacement therapy),
4. Support of labelling and health warnings.
The role of the private sector: the tobacco section in EpiLab

As a stakeholder in public health, the Epidemiological Laboratory (EpiLab), a private, not-for-profit NGO in Khartoum, Sudan, approaches public health issues with a health activism approach, keeping “health is a human right” at the forefront of its mission at all times. Our strategy is to tackle threats to health and deficiencies in health systems/services through focused research within the existing health services, using the technical expertise gained through the success gained in its initial activities, those of providing high-quality tuberculosis services. We believe that research provides the means to create the new knowledge needed to initiate action to improve or extend health services and thereby to improve the health of the community.

As an NGO, our approach to improving public health services, while not the only way forward, is one effective method of making progress in a country riddled with, and crippled by obstacles. We address and overcome obstacles by piloting new interventions at small-scale levels, then present and promote successful initiatives to national policymakers and other stakeholders for adoption and nationwide scale-up and expansion. One important advantage of EpiLab's multiple pilot projects and suggested interventions is the spill-over to health systems strengthening (through training of personnel, improving logistics and information systems, among others).

Lobbying development partners for support of EpiLab's research and implementation activities is only carried out after enough evidence is gained to justify new ideas and after a promising evidence-based technical solution is tested and can be proposed. This ensures that the partners are aware of exactly where the support is needed and that there is a high chance of success of the initiative.

EpiLab's involvement in tobacco research stemmed from its initial involvement with tuberculosis and then lung health. It started early in 2000, with our engagement in testing The Union's approach to tobacco cessation. It was obvious at that stage that there was very little interest in tobacco use in Sudan at national level, and therefore a pilot project to
assess the feasibility of a tobacco cessation intervention using brief advice (The Union model) engaging tuberculosis patients as a first step, was launched. Our experience in optimising tuberculosis services guided our approach to tobacco cessation, and this project formed the basis of the tobacco section at EpiLab.

However, EpiLab did not stop at tobacco cessation. National anti-tobacco strategies focused largely on prevention and health promotion, so EpiLab took the initiative to focus on bridging the gap between legislation and research among other fields.

EpiLab's experience in tackling public health problems, including tobacco, is based on persistence and patience coupled with affirmative decision-making and actions. Another important strategy for EpiLab's involvement in national and global anti-tobacco initiatives has been the constant participation in public global and national fora as well as undertaking continuous monitoring of other countries' experience and activities in fighting tobacco use.

To overcome the kind of obstacles faced in developing countries, these characteristics and strategies are needed for the sustainability and eventual success of all new public health initiatives.

The focus of EpiLab is to provide a link between the academic community and the public services to improve health and health services related to tuberculosis, lung disease and other public health priorities. The EpiLab had its origins in the graduate research that led to the DrPhil degree of the Director of the National Tuberculosis Programme. The community base of this research was maintained and extended to develop a platform for continuing critical evaluation of health services with the aim of improving their accessibility, quality and effectiveness. The structure of EpiLab closely corresponds to that of The Union in providing a forum for intellectual exchange for professionals and activists with an interest in tuberculosis, lung diseases and related public health priorities (Figure 4.1).

To carry out its activities, EpiLab focuses on technical assistance to public health programmes both nationally and internationally. On the basis of its expertise and experience in providing technical assistance, it participates in training and in research, embedded in its activities of technical assistance. In addition, it provides a platform for multiple stakeholders in its areas of priority.

EpiLab has structured itself into sections with a focus on tobacco control and other topics. Professionals and activists are welcome to join EpiLab as members of the sections to enhance the activities of individual members and collaborating institutions. In addition to having
individual members of the sections, it also has formal Memoranda of Understanding (MoU) with academic, public service and governmental agencies to undertake specific tasks. It also houses specific funded projects (the majority of them focused on research) supported by international and local development agencies.

In the area of tobacco control, its activities are supported by units dealing with cessation, legislation, health education and advocacy and research.

As a first step in its activities, the Tobacco Control Section developed a manual on smoking cessation intervention to guide health care workers on assisting patients to stop using tobacco. This manual focused on the use of brief advice without the use of nicotine replacement therapy, as this promised to provide a means to undertake the intervention without the need for external support. This manual was developed using the model of The Union (noted in reference 19).
Following the development of the manual, and with technical assistance and funding from The Union, EpiLab undertook a feasibility study to determine the ease with which such services could be integrated into routine activities of the tuberculosis services at the level of the Tuberculosis Management Unit. This study was completed and published, demonstrating that the services could be introduced without detrimental effect on the routine services and with a good acceptance by both health care workers and by patients.

Building on this experience, EpiLab entered into partnership in an international multicentre project entitled “A Comprehensive Approach to Respiratory Illness Prevention and Lung Health Promotion” led by The Union and funded by the World Bank. The goal of this partnership was to address the burden of respiratory illness, especially in low-income countries, through the development of innovative and multisectoral methods to enhance access to, and quality of, existing lung health services and to prevent suffering and untimely deaths due to respiratory illness. The project aimed:

1. to demonstrate the feasibility of a comprehensive approach to lung health services;
2. to engage multiple partners from other sectors with the competence centre to promote lung health;
3. to develop a model for a national/regional competence centre for public health to enhance access to, and quality of, existing health services focusing on successful approaches to lung health promotion and service delivery.

The expected outputs of the project included:

1. A comprehensive model, combining two or more elements of successful individualised approaches for lung health promotion/services, implemented within existing public health services;
2. A coordinated national/international network of technical experts with knowledge, skills and experience in developing, implementing, scaling up and monitoring public health activities;
3. An established national/regional competence centre in partner countries with the knowledge, skills and capacity to assist public health authorities in the area of lung health.

The previous work in pioneering the feasibility of brief advice for tobacco cessation for tuberculosis patients was one of the components in
the comprehensive approach to lung health of this project. As part of this project, EpiLab introduced brief advice for tuberculosis patients in 14 TBMUs in the country. To accomplish this, EpiLab developed MoUs with three State Ministries of Health in Sudan to establish smoking cessation interventions for TB patients in these states.

As it engaged in the international collaborative project noted above, EpiLab became part of the National Tuberculosis Control Committee. This group had not yet been constituted when the international collaborative project began but, after a recommendation of the technical advisory group associated with the project in September 2006, the group was constituted. Promptly after the establishment of the group, a MoU was completed between EpiLab and the NTCI in the FMoH to underpin the cooperation and partnership. In this group, EpiLab joined partners in lobbying to modify Sudan’s 2005 tobacco law to endorse a broader range of the FCTC strategies.

In order to engage all stakeholders in the country, a number of activities have been undertaken by EpiLab at local level. These have included lectures at partner universities, hospitals, army, police, youth and women organisations to raise awareness. The lectures were conducted by national and international consultants within EpiLab.

In addition, engagement of civil society has been promoted through press conferences to raise awareness, which also were conducted by national and international consultants. These have been supplemented with Quit and Win programmes, group discussions and radio broadcasts to raise awareness about the dangers of tobacco use by EpiLab staff, and seminars on the dangers of tobacco use, in collaboration with governmental and international partners.

The lessons learnt have been shared in a variety of professional venues. These have included: the annual Scientific Conference on Respiratory Medicine, Khartoum, 2007; three regional conferences – the 24th Union Middle East Conference on Lung Health (2002), the 25th Regional Conference on Mediterranean Communities Against Tuberculosis and Lung Diseases (Damascus, 2005); The Middle East Regional Conference on Lung Health (Casablanca, 2006 – sponsored national focal point for tobacco to attend) and two global conferences: the 13th World Conference on Tobacco OR Health, Washington, DC, USA and the Union World Conference in Paris, both held in 2006.

Within the National Tuberculosis Control Committee, EpiLab has taken a lead in assisting the FMoH through its tobacco control initiative to pioneer appropriate treatment of those addicted to tobacco who are willing to stop. The pioneering work has established an intervention
that is appropriate to the culture and community and that draws on existing resources within the health services without any measurable negative consequences for those resources, as demonstrated by the feasibility study carried out by EpiLab. EpiLab has been a leader in demonstrating the utility of appropriate operations research to show the way forward for cessation services within the local setting.

EpiLab thus functions as a catalyst to assist the FMoH in carrying out the practical research the Ministry needs to formulate policy and introduce practice in tobacco control. EpiLab also functions as a facilitator in linking academic and governmental groups in the country to undertake such research either independently or as a partner in global research initiatives. EpiLab has a long history of international partnership in which the interests of the country are placed front and centre in the partnership and external interests are subordinated to the needs of the country.

EpiLab is not alone on the side of the private sector and civil society in its partnership with government and in its efforts for tobacco control. Its stated aim is to act as a bridge between government ministries and the academic community to ensure that the needs of the community, for which the government, by and large, has responsibility, are met by the academic community in its role in providing the new knowledge on which to base appropriate action.

EpiLab has formal partnerships with a large number of academic institutions within the country, with most of whom it has formal MoU. Under these agreements, EpiLab acts as facilitator to link the academic community with government organisations.

EpiLab promotes this linkage through joint research projects undertaken by itself or its partners with government programmes. It facilitates this role by encouraging graduate training either nationally or internationally that, while it builds capacity within the country, also focuses the developing academic community on such needs of the community as tobacco control. At any given point, EpiLab is involved with around a dozen graduate students, half of whom are pursuing higher education through international scholarships.
Participation in international research networks

From the platform of the project, EpiLab also became principal implementer of the International Tobacco Control Policy Evaluation Survey (ITC) in Sudan, planned to begin in 2009. Contact with the international group leading the initiative came through the input into the project of INGCAT and was furthered through participation of EpiLab staff in the international Congress on Tobacco Control, where links with this international initiative were cemented during the Congress sessions.

As part of the international collaborative project, INGCAT undertook to facilitate participation of EpiLab in an international initiative to evaluate the economic aspects of tobacco control. Data for this analysis existed already in the FMoH. Unfortunately, this link was not established and the analysis was not completed.

Article 4 of the FCTC identifies the responsibility of signatories to establish treatment facilities for tobacco cessation. This task was completed by EpiLab within the framework of its collaboration with The Union, using The Union’s approach to brief advice, which EpiLab demonstrated to be feasible and then scaled up within the international collaborative project on comprehensive lung health services. Sudan, through EpiLab, has thus become a pioneer among developing countries through its ground-breaking research demonstrating feasibility and sustainability of these interventions for developing countries. These steps place EpiLab in an excellent position to contribute to the Global Treatment Partnership that has been set up to assist countries in meeting their obligations under the FCTC.

With these links established to the international community of tobacco control, and with its links to the Bloomberg Global Initiative through its membership in The Union, EpiLab will collaborate in a broader range of international collaborative tobacco research activities as it develops its capacity further. Moreover, EpiLab has positioned itself as a vehicle for communications with the broader national coalition for tobacco control.
The International Tobacco Control Policy Evaluation Project (the ITC Project) is an international collaboration of tobacco control researchers whose mission is to evaluate the psychosocial and behavioural effects of national-level tobacco control policies throughout the world. The ITC Project is evaluating the policies of the FCTC—the first ever health treaty, which has been ratified by over 160 countries.21

Its objectives are to:

1. Conduct rigorous evaluation of FCTC policies at the level of the individual smoker,
2. To understand the causal mechanisms responsible for policy impact—to understand how and why a policy had its impact,
3. To actively disseminate research findings not only to researchers, but especially to policy makers, advocates and the wider tobacco control community in order to promote strong, evidence-based implementation of the FCTC.

Sudan is due to initiate the implementation of the project through EpiLab, in partnership with the FMoH, in early 2009. The setting is a face-to-face cohort survey of 2500 tobacco users (both smokers and smokeless tobacco-users) and non-tobacco users in four states: Khartoum, El Gezira, North Kordofan, and Central Equatoria (in Southern Sudan). The ITC Sudan Survey will produce the first multi-state prevalence estimates for three types of tobacco use: cigarettes, shisha and toombak. The survey will seek to understand the behaviours and attitudes regarding tobacco use and tobacco product promotion of a representative sample of the adult population in Sudan. Government decision makers and health organisations will benefit from understanding what policies will work in Sudan at a national level, and in specific cultural contexts, to effectively reduce the use of tobacco products and to limit the negative health impact on the population.
Clearly a great deal needs to be done if the drastic impact of the expanding tobacco epidemic is to be stemmed in developing countries. Creating new knowledge at a local level is a key component of the way forward. This can only be done by high quality research that provides the new knowledge necessary for action at each local level.

Important first steps have been made to see this happen. However, from the perspective of a developing country, it is not obvious that the global framework for tobacco research is reaching the level necessary to lead to action. While these resources have been tapped to some extent, the mechanisms of the emerging framework run the risk of recreating the separation between knowledge and action that has characterised many previous initiatives. The past tendency to restrict the creation and use of knowledge to elite groups in society must be overcome to engage all players so that not only is new knowledge created, it is also applied in locally appropriate and feasible ways so that the resulting actions will be sustainable in the long term.

These issues must be explicitly addressed within the global framework and a new mentality will be required. The ISAAC initiative has been a pioneer in promoting access to skills and understanding that has encouraged local investigators to embark on research in their communities. But more than this, an integral part of the research plan must be the path from knowledge to action, and this must be modelled and mentored if the global efforts to stem the tide of health consequences of tobacco use are to succeed. Sudan has made only its first steps in this direction. Other countries must be encouraged to do the same but, more importantly, the international community must ensure that these initiatives are more accessible and appropriate to local communities. It is only at this level that the foundations can be laid that will eventually lead to an effective global effort.


ITEN Coordinating Center. The International Tobacco Evidence Network. Chicago, IL, USA: ITEN. http://www.tobaccoevidence.net/aboutiten.html


Republic of Sudan, Federal Ministry of Health. 25 year Strategic Plan for Health Sector. Khartoum, Sudan: FMoH.

World Health Organization EMRO. The International Survey on Health professionals and tobacco shows 32% of health professionals smoke, 10% quit.


21 The International Tobacco Control Policy Project. Waterloo, ON, Canada: ITC. http://www.itcproject.org/