



bringing together Heart Foundations across Africa



AHN Newsletter

Edition 20, November 2011

Welcome to AHN Editor of Newsletter

The Nigerian Heart Foundation is delighted to welcome Dr Bisi Abiola, Ph.D as the new Editor of AHN newsletter. Dr. Abiola is a graduate of International Relations from the University of Oxford and the London School of Economics. She is CEO Indulge Limited, a Nigerian based organization that helps to promote healthy living and education on lifestyle management; and publisher of INDULGE Health and Fitness Magazine. She is also the author of two books on Healthy Living.

She joined, Nigerian Heart Foundation in 2007 and was a member of Go Red for Women Committee NHF in 2010. At the May 2011, Executive Board meeting of AHN in Kampala, Uganda, the AHN Board approved the nomination of Dr. Bisi Abiola as the Editor, AHN Newsletter.

Our best wishes on this assignment.

Joy Unegbu
Manager, Marketing / Communication
Nigerian Heart Foundation



Editor's Comment

It is my pleasure to be part of this global initiative on heart wellness. It is a new challenge of course, but one I look forward to with eagerness and passion.

Dr Kingsley Akinroye, President, AHN, “Beginning of beginning” welcome address, which takes us through the remarkable achievements of AHN this year, is a great introduction to this newsletter, which is majorly news on the World Heart Day (WHD) celebration in Africa. The WHD ushered in activities, ranging from walks, heart health screenings, sensitization programme in workplace, awareness on CVD prevention and control and much more. From different Heart Foundations in Nigeria, Rwanda, Zambia, and South Africa (particularly impressive many-sided activities) came inspiring news about what they have done to keep the issue of heart health on the front burner. In Kenya, Jacob Vestbo shared his ‘enlightening’ experience while working as a volunteer with the Kenyan National Heart Foundation, while Bola Ojo, Executive Secretary, AHN, gave some insight into the United Nations Political Declaration on the prevention and control of non-communicable diseases (NCDs), during its High Level Summit in September 2011.

I trust you will find this newsletter informative, and look forward to more exciting stories, no matter how small, to share with other Heart Foundations across Africa. This way we can continue to draw attention of the world to heart health in Africa. I am optimistic you will soon be able to join our discussions on Facebook and follow us on Twitter.

Bisi Abiola, Ph.D
Director, Communications.
Nigerian Heart Foundation



"Beginning of beginning"

Dr. Kingsley K. Akinroye
President, African Heart Network

I am highly delighted to welcome you to the November 2011 Edition of African Heart Network Newsletter. Incidentally; this edition heralds in an exciting time for the global CVD community and especially Africa to address our challenges.



The 11th Annual General Meeting of African Heart Network (AHN) was held 25th – 27th May 2011 in Kampala, Uganda jointly with the Pan – African Society of Cardiology (PASCAR) meeting. The meeting was remarkably successful and WHF Team was represented with the President, Prof. Sidney Smith Jnr; the CEO – Johanna Ralston and the Director of Science, Prof. Kathryn Taubert.

A landmark of the meeting was that it was the first official meeting between the Boards of AHN and PASCAR to build on the partnership. While consolidating on the earlier participation of AHN at the WHO-African Region Ministerial Consultation on NCDs in Brazaville, Congo, in April 2011, AHN went on to participate in the UN-Civil Society meeting on NCDs held in New York on June 16th 2011 with a team of Dr. Vash Singh, Elizabeth Gatumia, Bola Ojo (who featured in a panel discussion) and myself. It was a meeting that heralded our preparations for the main UN-High Level Summit on NCDs which was held from September 19th – 20th 2011.

The UN-High Level meeting had 34 Heads of State present, 133 Member States and over 200 civil society representatives including Elizabeth Gatumia and myself as official delegates that represented AHN. Professor Srinath Reddy and myself were invited to speak at Round Table discussions. While many countries committed to National NCD plans and establishment of NCD units within Ministry of Health, Russia allocated US \$60 million to NCDs in low-income countries and Australia allocated US\$3.9 million towards WHO's NCD Action Plan.

There was the launch of Global Atlas on Cardiovascular Disease Prevention and Control. The UN – Summit Global media coverage was wide; and especially in Nigeria, South Africa and Kenya. On September 20th 2011, world leaders adopted the political Declaration on Non-Communicable Diseases (NCDs), agreeing that "the global burden and threat of NCDs constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world".

The work of the NCD Global Alliance is highly commendable in providing us a road-map. Thus "The good news is we now have more political momentum – and we have cost – effective solutions for addressing both the risk factors, such as tobacco use and salt intake, and the diseases themselves".

It is vital that we continue to build on this momentum, to forge a new partnership between governments, the UN, the NGOs and the Private Sector, to tackle the very preventable causes of this global epidemic. September 29th 2011, the World Heart Day with a theme "One Heart, One Home, One World", was marked by many of our members with Media Conference, Walks, Symposia, Concerts and other activities. The growing annual participation in World Heart Day activities by more Heart Associations, Corporate



Organizations and National governments is a testimony to the improved awareness of heart health in Africa.

Without any doubt, September 2011 has been a remarkable month for African Heart Network, particularly when Kenyan-Heart National Foundation's (KHNF) Rheumatic Heart Disease(RHD) prevention program was announced as a recipient of the 2011 Louise Lown Heart Hero Award from ProCor and the Lown Cardiovascular Research Foundation. We highly commend the dedication and tenacity of purpose of Elizabeth Gatumia, the Executive Director of KHNF for this achievement

I wish to welcome AHN new Editor of Newsletter, Dr. Bisi Abiola, PH.D, an expert in International Relations and Publisher of Indulge; a Health and Fitness Magazine. She is the Director of Communication, Nigerian Heart Foundation. It is my great pleasure to welcome her to the Editorial position of AHN and I am sure she would bring-in a great deal of experience in communication skills.

This edition of African Heart Network newsletter brings in the zeal for the 'Beginning of beginning' into more promising years for cardiovascular health in Africa.



News in Brief

WORLD HEART DAY ACTIVITIES IN AFRICA

KENYA

MY FIRST VISIT TO ONE OF KENYAN-HEART'S PARTICIPATING SCHOOLS: JOSNAH PRIMARY SCHOOL:

My name is Jakob Vestbo, I am 26 years old and just finished my studies back in Denmark. I studied at Copenhagen Business School, first taking a bachelor degree in Economy and Philosophy, and then doing my Masters degree in International Marketing & Management. Throughout my studies I have been very interested in the international perspective, going on exchange to both Canada and France.

I am currently here in Kenya, working as a volunteer for the Kenyan-Heart National Foundation (KHNF), and enjoying it very much.

Prior to my arrival at Kenya I was very preoccupied finishing my thesis and therefore I had little time to learn how Kenyan-Heart works as an organization. My first impression was amazement at how much they have managed to accomplish with a very limited amount of people. It is, for example, much harder to share and gather knowledge than I had anticipated. It requires more man-hours because you cannot just send out letters or emails and assume that the schools and other recipients will receive them. You have to physically deliver the letters to guarantee they have been received.

In the early stage of my stay in Nairobi, I had the opportunity to attend a meeting at the City Education Department in the Nairobi City Hall, involving some head-teachers and teachers from different schools in Nairobi-Eastlands working with Kenyan-Heart, at Mrs. Tabitha Kamau's office, the Chief Advisor to Schools. During this meeting, I got the opportunity of being invited to visit the different schools that were represented at the meeting, something that I happily



accepted.

On Wednesday, 10th of August 2011, I was able to visit the first school, Josnah Primary School, in Ruai, Nairobi. Josuah Primary School was the first school to invite me, out of the seventeen Schools that attended the meeting. Here I met with class 8, consisting of approximately 120 students together with their teacher, Benjamin Kuria Mwangi. The session started with a brief presentation on Kenyan-Heart and its activities by a Kenyan-Heart staff member, Jayne, who had accompanied me. The children had a surprising amount of questions concerning Rheumatic Heart Disease (RHD) and the heart in general, it was clear that they could use more information on heart diseases, and that they would gladly learn more.

After this I gave a brief talk about Denmark



in general and the importance of education in particular. I told them about the geography, history and current affairs of Denmark, and then I described in detail how the educational system in Denmark functions, from primary school to university. I was pleasantly surprised at the feedback from the children. As soon as they got over their initial shyness, they started asking me several questions varying from infrastructure and medical care in Denmark to what Kiswahili I know and what Kenyan name I would want.

All in all it was a thoroughly enjoyable and enlightening experience that I hope to be able to repeat in other Nairobi Eastlands schools.

Jakob Vestbo

Kenyan-Heart National Foundation

NIGERIA

Report: World Heart Day 2011.

In commemoration of the 2011, World Heart Day themed 'One World, One Home, One Heart' the Nigerian Heart Foundation (NHF) organised a Press briefing on September 29.

Speaking at the Press Conference, the Nigerian Heart Foundation Executive Director, Dr. Kingsley Akinroye said that the importance of the WHD 2011, theme could not be over-emphasized as CVD has become World's leading cause of death and morbidity accounting for more than one out of every 10 deaths. 'According to WHO, over 17.1 million people die from cardiovascular diseases globally and over 12 million of these deaths are recorded in developing countries including Nigeria', Dr. Akinroye said.

He regretted that many Nigerians with hypertension would have to painfully part with more than N10, 000, monthly or N120, 000 annually on drugs to manage the condition which would not only impoverish families managing such an ailment but jeopardises the nation's economy as no current framework is in place to make drugs for hypertension affordable and accessible to those who need them. Therefore, he urged the Federal Government to subsidise the cost of treatment of CVDs and associated non-communicable diseases; cancers, diabetes and chronic respiratory diseases noting that government should pay more attention to the health risks caused by urban air pollution through the implementation of effective policies on environmental health. He confirmed that such initiative would enable millions of Nigerians grappling with the burden of CVDs and NCDs live a meaningful life.

Dr. Akinroye, who was a National delegate at the just concluded UN High level meeting on NCDs, said it was agreed that governments across the world would vote the sum of \$1.2 million monthly to subsidise cost of hypertensive drugs. He explained that families have crucial role to play in reducing incidence of CVD 'by highlighting the steps that can be taken in the home to prevent Heart disease and Stroke'.

The Press Briefing was covered by major Media Organizations in Nigeria. Photographs of the event



appeared in Punch Newspapers, a national daily that enjoys the largest circulation and in This Day. The news story also appeared in Guardian and Vanguard Newspapers. Other Media Organizations that covered the Press Conference were Radio Nigeria, international broadcast network of the Federal Government of Nigeria, Cool FM/Wazobia and Silverbird Television. Furthermore, Dr. Akinroye appeared on the National Television Authority (the largest TV network in Africa) one hour Programme, 'One on One'.

As part of the activities marking the 2011 WHD, NHF is partnering with MTN Nigeria, the largest telecommunication network in Nigeria to send Heart-health messages to Nigerians. World Heart Day activities will be rounded up in Nigeria with a Heart Walk which has been scheduled to hold on Saturday Nov. 12. The Walk is expected to be flagged off by the Deputy Governor of Lagos State, her Excellency Mrs. Joke Adefulire.

Other Partners for the Nigerian Heart Foundation World Heart Day 2011 are Grand Cereals Ltd., MTN and Turn Back Time.

On the occasion to mark the World Heart Day in Abuja, Nigeria, the Honourable Minister of Health, Prof. Onyebuchi Chukwu, put hypertension as the biggest single risk factor for heart disease and stroke. The Nigeria's health minister indicated that the incidence is likely to increase by 50 percent over the coming years due to economic transition, urbanization and globalization bringing about lifestyle changes and risk factors that promote heart diseases.

Furthermore, while celebrating World Heart Day in Ibadan, Oyo State, Nigeria, Dr. Ola Oduwole, a member of Nigerian Heart Foundation and President, 'Association of Concerned Others', said that most people fear heart disease and Stroke, and with good reason because they are the leading cause of death for men and women. 'But something that people may not realise is that preventing these diseases are often within their control', Dr Oduwole said. He enumerated such preventive healthy steps as healthy diet, regular physical activities and avoiding tobacco.

Again, the Chike Okoli Foundation organised a one day seminar in Lagos to mark the World Heart Day 2011. Keynote speakers at the event included seasoned Professionals from the Lagos University Teaching Hospital (LUTH). Participants at the seminar were given free medical health screening.

Also, Forever Living Products organised a week of activities to mark the World Heart Day 2011, which included a Seminar themed "Your Heart, Your Responsibility". The keynote speakers were Dr. K.K. Akinroye, Executive Director of NHF and Dr. Abayomi Aiyesimoju, a neurologist and International Public Speaker.



Nigerian Heart Foundation gets new Executive

The Nigerian Heart Foundation elected new officers in June 2011 for the year 2011 – 2013

President	-	Prof. Oladipo O. Akinkugbe
Vice – President	-	Mrs. Francesca Y. Emanuel
Chairman	-	Prof. Basden Onwubere
Vice – Chairman 1	-	Prof. Olusola Omuetti Ph.D
Vice – Chairman 11	-	Dr. Femi Miobolaji-Lawal
Executive Director	-	Dr. Kingsley K. Akinroye
Director, Research	-	Paul Ishola Alade Ph.D
Director, Nutrition	-	Prof. Olusola Omuetti Ph.D
Director, Finance	-	Mallam Ismaila Shuaibu
Director, Fund Management-		Mr. Bade Adeshina
Director, Tobacco	-	Mr. Dapo Rotifa
Director, Communication	-	Bisi Abiola Ph.D

Sola Oyetunji
Administrative Manager
Nigerian Heart Foundation

RWANDA

Rwanda Remembers Children on WHD...

As part of the celebrations to mark World Heart Day, Rwanda Heart Foundation conducted an echocardiography RHD prevalence study in 2,800 school children 06 to 16 years old in 10 days, with the help of 12 sonographers with sonosite echo machines, between September 12 to 23rd. It was an amazing experience because no one else as far as we are aware, has done that so quickly? We screened around 300 kids every day, randomly selected in 10 schools, with different socio economic levels, randomly selected in a District of 400,000 inhabitants with rural, suburban and urban areas. Initial findings indicate that there is a very low prevalence although the data is yet to be fully analysed.

Joseph Mucumbitsi



ZAMBIA

Zambia Activities on World Heart Day

The Zambia Heart Foundation worked hard this year, advocating for joint events to mark World Heart Day. Our efforts with the Ministry of Health to commemorate WHD was successful. The Permanent Secretary of the Ministry of Health launched the Day on the national TV station and the Heart Foundation did some community sensitization. After a 2.7Km walk to a venue within a National stadium, the celebrations continued with speeches from WHO Rep, MoH and the Zambia Heart and Stroke Foundation. It was encouraging to see the outcome of the advocacy work and how we were able to raise awareness about CVD prevention and reduction.

Dr Fastone Goma, President, Zambia Heart and Stroke Foundation

SOUTH AFRICA

Encouraging ALL South Africans to get tested!

This year the HSFSA teamed up with Clicks, a popular nationwide health and beauty chain store, to offer a number of heart health assessments at nominal cost to the public, and a competition to incentivize people to take the test. The heart health checks varied from basic blood pressure and BMI screening to full lipogram testing.

September is **Heart Awareness Month**
Have your heart health assessed
& WIN FANTASTIC PRIZES!

 The Heart and Stroke Foundation South Africa is encouraging you to have your heart health assessed at your nearest Clicks Clinic.

THE HEART AND STROKE FOUNDATION SOUTH AFRICA

Enter the competition and stand a chance to WIN FANTASTIC PRIZES!
Terms and conditions apply Visit www.heartfoundation.co.za

In association with:  life care

Assessments by appointment only. To find your nearest Clicks Clinic, call 0860-254-257 or visit www.clicks.co.za 

PR and Media Activities

The HSFSA enjoyed fantastic media coverage during Heart Awareness Month and in the lead up to World Heart Day. We started our PR campaign in August with a selection of 'teaser' articles which were sent to national media and which acted as a 'call to action', encouraging all South Africans to take responsibility for their and their family's heart health and get tested. Our use of shock tactics seems to have borne fruit – we don't pull our punches and will happily shock Joe Public if it means that they will begin to take heart health seriously.

Once September started, we ran a comprehensive Facebook campaign, updated daily with heart health snippets, facts, figures, stats and suggestions on how to live a healthy lifestyle. Throughout September we also ran adverts and jingles on national radio and television, all as part of complimentary free minutes which we have been allocated.



Towards the end of September, we called in our Heart Health Ambassador, popular radio DJ and Idols presenter Gareth Cliff to lend his voice to our campaign. Our celeb-endorsed final press release made it into the national media within hours of its release!



Gareth Cliff

As a result of our various activities, we were invited to be interviewed on 10 national radio stations and contributed to a major release in SA's most popular national weekend newspaper. Health talks by our qualified dieticians were held across Cape Town during September. These were held in a variety of settings, including the University of Cape Town (UCT), seniors' centres and offices.

Heart Health Screenings

On World Heart Day - 29th September - the HSFA was to be found at Gugulethu Square, Cape Town offering free blood pressure, cholesterol and glucose screenings to any member of the public. There were various types of entertainment and treats for the children, as well as a visit from South African Women Road Running Star Zintle Xinewe, encouraging all to adopt a healthy lifestyle. Gugulethu is one of Cape Town's township areas made up of an under-resourced community that does not have easy access to health screenings and people who cannot afford private healthcare. This makes our day with the local community even more special for us.

Free community screenings were carried on almost a daily basis throughout September, in shopping malls, hospitals and other public spaces throughout South Africa as part of our community outreach programme and as a result of generous sponsorship from local pharmaceutical company, Pharma Dynamics.



Shopping Mall screenings

Workplace awareness

Fedics, a national catering company which runs canteens in hospitals and office blocks, partnered with the HSFA to celebrate Heart Awareness Month. The promotion ran in the KwaZulu Natal province, with its aim being to encourage and motivate employees to make heart healthy food choices. Fedics Head Office also hosted an exciting Wellness Day, where +- 30 staff were screened for BP, blood cholesterol, blood sugar and BMI.



The Fedics team with Dana Govender of HSFA



Altech UEC, a leading developer of digital technology for the international pay-TV industry also held a Wellness Programme for their employees. This is an initiative taken by the management to pamper and look after their employees. The HSFSa participated in this event by having an information table and encouraging all employees to make simple changes in their lifestyles which can have a significant impact on their heart health.

Fedics, a service provider for Altech UEC played an important role by preparing heart healthy meals in the canteen for all employees. Other service providers present were Mnagwanini Spa, who did foot, head and neck massages. Employees were also tested for prostate cancer, had their eye testings and also had screenings of cholesterol, glucose and BP.

Life Vincent Pallotti : Hospital Health Day

The HSFSa partnered with a leading hospital Life Vincent Pallotti in Cape Town in a complimentary Heart Health Day offering free testing, counselling and information to the general public.

Our Partners

Two of our partners deserve a special mention and these are:

1. Clicks for their fabulous help, input and sponsorship of subsidised public heart health screenings in-store as outlined above.

2. Pharma Dynamics for their sponsorship of free national heart screenings.

The National NCD Summit

Dr Vash Mungal-Singh, CEO of the HSFSa, was invited to present a concept paper at the SA NCD Summit organised by the national Department of Health in preparation for the UN High Level Meeting in New York. The meeting was attended by President Zuma, the Minister of Health and two of our first ladies who are ambassadors of NCDs in SA. The paper looked at the "Role of Civil Society Organisations and Social Mobilisation in Addressing NCDs in SA". An immediate win at the Summit was the agreement to create a SA NCD Alliance as a platform for a collaborative approach to NCDs which would work in parallel to government programmes and policies. In addition, SA strongly committed to targets as follows:

- 1) Reduce by at least 25% the relative premature mortality (under 60 years of age) from Non-communicable Diseases by 2020.
- 2) Reduce by 20% tobacco use by 2020.
- 3) Reduce by 20% the relative per capita consumption of alcohol by 2020.
- 4) Reduce mean population intake of salt to < 5grams per day by 2020.
- 5) Reduce by 10% the percentage of people who are obese and/or overweight by 2020.
- 6) Reduce the prevalence of people with raised blood pressure by 20% by 2020 (through lifestyle and medication).
- 7) Screen all women at least every 5 years for cervical cancer by 2020
- 8) Screen all men above 40 years of age for prostate cancer by 2020
- 9) Increase the percentage of people controlled for hypertension, diabetes and asthma by 30% by 2020
- 10) Increase the number of people screened and treated for mental health by 30% by 2030



Salt Reduction Legislation: an update

The HSFSa has played a fundamental role in the formulation of South Africa's (SA) Salt Reduction Strategy by being a member of the National Department of Health Expert Salt Working Group. SA is fortunate to have a proactive Minister of Health, Dr Aaron Motsoaledi, who is committed to addressing lifestyle related health issues. This has led to the decision to legislate salt reduction in SA as opposed to the voluntary approach used elsewhere in the world. The result is a pioneering declaration to radically reduce Non-Communicable Diseases (NCDs) by setting targets to decrease daily salt intake from the current level of 8-10g per day to less than 5 grams per day by 2020.

The HSFSa's role is advocacy and public education., so the salt reduction message has is being included in all health talks, radio interviews and media releases to help educate the public about the major impact it has on reducing blood pressure. The working group has agreed to begin the reduction process in breads as this contributes to 40 to 50% of South African's daily salt intake.

Healthy Lifestyles in the Western Cape

The Premier of the Western Cape, Helen Zille, is driving an attack on diseases of lifestyle, and through the Provincial Department of Health, has created a Healthy Lifestyles Work Group tasked with creating a comprehensive multi-sectoral strategy and implementation plan. We are proud to announce that we are part of this exciting initiative and our CEO, Dr Vash Mungal-Singh, is Chairperson of this work group.

Go Red For Women – The My Red Dress Quest

From May to August, the HSFSa ran a four month heart health challenge in conjunction with the Business Women's Association (BWA) of South Africa – a national association of women in business. Seven BWA members took up the challenge to get fit, lose weight and centimeters and improve their heart health. It was called My Red Dress Quest (MRDQ), since the first prize was a designer red dress fit for a queen!

A glittering Gala Event announcing the MRDQ Champions and launching Heart Awareness Month was held on the 26 August 2011 at the Atlantic Imbizo Banquet Room in Cape Town's V and A Waterfront. Popular Top Billing presenter, Jeannie D, filled the role of MC for the evening, adding a touch of glitz and glamour to the event. All ladies were honoured and the overall champion, Judy Van Zyl, a 48 year old Hospital Manager at Life Suikerbosrand Clinic in Kempton Park, left with the grand prize.

All seven ladies worked tirelessly to get fit, reduce their weight, lower their blood pressure, cholesterol and glucose measurements in general improve their overall heart health.



MC for the evening, Jeannie D



Our sumptuous menu



Winner Judy Van Zyl with HSFSA
CEO , Vash Mungal-Singh



UN High Level Summit on NCDs: "Much achieved, more to be done"

Bola Ojo, (AHN Executive Secretary).

The African Heart Network (AHN) is a member of the NCD Alliance.

September 2011- A step change in the global response to non-communicable diseases (NCDs) was achieved in New York, USA, when the High-Level Meeting of the General Assembly of the UN on the Prevention and Control of Non-communicable Diseases adopted the Political Declaration.¹

A measure of success was the level of participation by heads of state and government, and the number of interventions by countries and other stakeholders. Despite key areas of weakness, the Declaration acknowledges the huge health and economic burden caused by NCDs on all countries, especially low-income and middle-income countries. As we begin the post summit activities, it is essential that the reframing for the discussions in the run up to the post-Millennium Development Goals era beginning in 2015 take up NCDs as a development issue. It is also important that the MDGs process, planning and implementation serves as a learning experience for the NCD agenda.

Despite the absence of time-bound goals and targets, the Declaration incorporates many of the recommendations made by civil society and stresses: research and development; international cooperation; access to medicines under the flexibilities of the trade-related aspects of intellectual property rights agreement. The Declaration provides new opportunities to move the NCD agenda forward and to do that, post summit activities must encourage the successful delivery of the four key short-term commitments agreed in the Declaration by member states and global institutions, including WHO as follows:

- a) The development of a comprehensive global monitoring framework, including voluntary global targets and national indicators by the end of 2012.
- b) The preparation of options by the end of 2012 for an effective partnership to carry forward multi-sectoral actions.
- c) The strengthening of multi-sectoral national policies and plans for the prevention and treatment of NCDs by 2013 and their implementation.
- d) The preparation of a report on the commitments in the Declaration as the basis of a comprehensive review by 2014.

AHN joins in the task of raising awareness, ensuring the widest possible distribution of the Declaration. It must be shared, circulated and talked about by the public, academia, media, and all levels of government. Non-governmental organisations, led by the NCD Alliance have a key role in dissemination and ensuring that NCDs remain firmly on both the health and development agendas.

The development of new models of national funding is essential. Lack of funding should not be an excuse for lack of action. There are examples from low-income and middle-income countries for raising funds from additional taxes on tobacco and alcohol for health promotion. Most countries already have national policies and plans for the prevention and treatment of NCDs. Often missing, however, are the resources to implement and evaluate programmes.



Civil Society has a major role to play in evaluation and monitoring, encouraging compliance with the WHO proposed global monitoring framework 2 and set of targets 3 to monitor progress in reducing the burden of NCDs. The monitoring framework should be part of a larger accountability mechanism approved by the UN Secretary-General should include three components: global goals and national targets and indicators; an independent review of national progress towards these targets; and a mechanism for offering advice and support to countries to help them maintain progress. Time-bound, ambitious, measurable, and achievable goals and targets are essential to encourage accountability. Evaluation of the progress on global and national commitments will be a core part of the report in 2014 to the Secretary-General.

As demonstrated in the lead up to the UN summit, partnerships are essential and the partnership should include all key stakeholders—civil society, UN agencies, including WHO, the World Bank, and the private sector—with transparent rules of engagement for all partners. The partnership must have a clear action agenda. Ideally, the UN operational partnership should be in place by early 2012.

Regional and national political and social action can help keep NCDs prominent on the agendas of the major global meetings, such as the G20 and Rio+20 UN Conference on Sustainable Development in 2012. Ongoing galvanised action generated by the UN Declaration will depend in part on an inclusive and democratic civil society movement that is proactive, politically focused, and able to work cooperatively with global and national institutions, Let us all work together to make it so.

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Impact of smoking ban in public places: a rapid assessment in the Seychelles

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ABSTRACT BACKGROUND

We assessed the impact of a smoking ban in hospitality venues in the Seychelles 9 months after legislation was implemented. Methods Survey officers observed compliance with the smoking ban in 38 most popular hospitality venues and administered a structured questionnaire to two customers, two workers and one manager in each venue. Results Virtually no customers or workers were seen smoking in the indoor premises. Patrons, workers and managers largely supported the ban. The personnel of the hospitality venues reported that most smokers had no difficulty refraining from smoking. However, a third of workers did not systematically request customers to stop smoking and half of them did not report adequate training. Workers reported improved health. No substantial change in the number of customers was noted. Conclusion A ban on public smoking was generally well implemented in hospitality venues but some less than optimal findings suggest the need for adequate training of workers and strengthened enforcement measures. The simple and inexpensive methodology used in this rapid survey may be a useful approach to evaluate the implementation and impact of clean air policy in low and middle-income countries.

INTRODUCTION

Comprehensive smoke-free laws fully protect non-smokers, help smokers quit, reduce cigarette consumption, diminish the worldwide burden of disease from exposure to secondhand smoke and are easier to enforce than partial bans.^{1e4}

The Republic of Seychelles is located in the Indian Ocean, east of Kenya, and the majority of the 86 000 population is of African descent. The crude national gross domestic product per capita grew from US \$600 in 1976 to US\$8492 in 2004, as a result of booming tourism and industrial fishing industries and a growing service-oriented economy. Since the late 1980s, an active tobacco control programme has been ongoing, including health education programmes, policy prohibiting all tobacco advertising and smoking in health and education premises, high tax on tobacco products and a programme for smoking cessation.⁵



Consistent with these efforts, the prevalence of smoking decreased markedly between 1989 and 2004 among adults (with a much higher prevalence in men than women),⁶ but remains fairly high among youths (with only a small gender difference).⁷ In 2003, Seychelles ratified the Framework Convention on Tobacco Control (FCTC) (the first country in the African region).

The Seychelles Tobacco Control Act, prepared by a national multisectoral committee appointed by the Minister of Health in 2000, was unanimously adopted at the National Assembly in June 2009 and enacted in August 2009. It took several years to overcome resistance to a total ban on public smoking from the hospitality industry in a country that relies heavily on tourism, and the drafting of the law by the office of the Attorney General was not a high priority. The legislation is comprehensive and includes a total ban on smoking in all enclosed public places, workplaces, in all outdoor areas of health and education premises, sport stadiums and on all public transport,⁸ and mandates that 'no smoking' signs are displayed in places where smoking is prohibited. This ban has been widely and repeatedly publicised in all mass media and through information sent to owners of the affected places. Although the legislation allows for substantial fines for a person who smokes and for an owner who lets a person smoke where it is prohibited, no legal suit was filed against offenders up to the time of the survey.

We conducted a survey to evaluate the compliance with the smoking ban in hospitality venues in the Seychelles and to assess support for the law, impact on the health of workers and on business as reported by customers, workers and managers of hospitality venues.

METHODS

In May 2010, seven survey officers visited 38 of the Seychelles' 58 restaurants, including the most popular ones and all bars, discotheques and nightclubs. Managers and workers were not informed in advance of the visits. In each venue, one survey officer observed for 15 minutes whether patrons and workers were smoking in the enclosed premises and then administered a structured closed-ended questionnaire to two patrons selected randomly, two workers and one manager of the venue. The two selected patrons were the most centrally located but from separate tables. The selected manager was the one in charge. The two selected workers were those most involved with service with the selected patrons. The survey officers were volunteers (laboratory technicians, teachers and a fireman) from the National Forum for Consumers, a non-profit non-governmental organisation that aims to promote consumer and social wellbeing. Survey officers were trained for the administration of the questionnaire during a 1-day session. Visits to the establishments took place at expected peak times: end of the week and late evening for bars and discotheques. The survey had been approved by the Ministry of Health after technical and ethical review.

Interviews were conducted anonymously and on a voluntary basis. No patron, worker or manager declined to participate in the survey. However, in a few small hospitality venues, fewer than two patrons, fewer than two workers or no manager could be found at that time.

The questionnaire inquired whether clients, managers and workers, respectively, were aware of the Tobacco Control Act, how frequently they had noticed patrons smoking on the premises over the past week, how they felt about the smoking ban, what owners/managers and workers did if a client was smoking, whether they observed a change in attendance of the place after the smoking ban and whether workers noticed a change in their health status or in attendance of clients. (The questionnaire can be obtained from the authors.)

RESULTS



The survey was conducted in 38 hospitality venues and a questionnaire was administered to 63 patrons (36 women and 27 men aged 18e57), 66 workers (39 women and 27 men aged 17e51) and 34 managers. Among them, 10 patrons, 13 workers and five managers were current smokers. Table 1 summarises the main findings.

Several indicators show reasonable compliance with the smoking ban: survey officers witnessed virtually no smoking in the visited indoor premises and answers from patrons, workers and managers further suggest that compliance with the smoking ban is fairly good.

However, a third of workers and managers had requested a customer to stop smoking during the past week, suggesting some residual smoking. Most managers and workers reported that smokers readily agreed to discontinue smoking when asked to do so. But about a third of workers had not systematically requested it. There was strong support for the smoking ban, by approximately 90% of patrons, workers and managers.

Most managers (97%) reported to have provided adequate training to their workers but less than half of the latter declared having received such training. Only 71% and 56% of customers, respectively, knew that a smoker could be fined for smoking where it is prohibited and a manager could be fined for allowing it. One worker out of five declared better subjective health after the smoke-free law was implemented, as assessed by a question

Table 1 Compliance with smoking ban as reported by patrons, workers and managers of 38 hospitality venues in the Seychelles

Dimension explored	N	%
A smoking sign can be seen from a seat located in the centre of the premise	26/38	68.4
No ashtray can be seen in the premise where smoking is prohibited	31/38	81.5
COMPLIANCE WITH SMOKING BAN IN ENCLOSED HOSPITALITY VENUES		
Premises where survey officers did not see patrons smoking	37/38	97.4
Premises where survey officers did not see workers smoking	38/38	99.6
Premises where patrons reported they saw no smoking in past weeks	21/29	72.4
Premises where workers reported smoking ban was always/often implemented	32/36	88.9
Premises where manager reported smoking ban was always/often implemented	33/34	97.1
ENFORCEMENT OF SMOKING BAN BY WORKERS OF HOSPITALITY VENUES		
Workers reporting they intervened often/always when a patron smokes	42/65	64.6
Managers reporting they intervened often/always when a patron smokes	30/34	88.2
Workers who intervened during past week because a patron smoked	23/62	37.1
Managers who intervened during past week because a patron smoked	12/34	35.3
Workers reporting that offenders generally agree readily to stop smoking	60/61	98.4
Managers reporting that offenders generally agree readily to stop smoking	30/34	88.2



TRAINING ON HOW TO ENFORCE SMOKING BAN IN ENCLOSED PUBLIC PLACES		
Managers reporting workers were trained	30/31	96.8
Workers reporting they were trained	27/66	40.9
SUPPORT TO SMOKING BAN IN ALL ENCLOSED PUBLIC PLACES		
Patrons	55/63	87.3
Workers	59/66	89.4
Managers	30/34	88.2
Patrons supporting that there is no smoking area in enclosed premises	55/63	87.3
KNOWLEDGE ON SMOKING BAN IN ENCLOSED PUBLIC PLACES		
Patrons aware of ban	54/63	85.7
Workers aware of ban	66/66	100.0
Managers aware of ban	34/34	100.0
Patrons knowing how an enclosed public place is defined	56/63	90.5
Workers knowing how an enclosed public place is defined	65/66	98.5
Managers knowing how an enclosed public place is defined	33/34	97.1
Patrons knowing that a smoker can be fined	45/63	71.4
Patrons knowing that manager can be fined if patron smokes	35/63	55.6
IMPACT ON HEALTH AFTER SMOKING BAN WAS IMPLEMENTED		
Workers reporting their health improved (eg, breath, cough)	13/64	20.3
IMPACT ON BUSINESS AFTER BAN WAS IMPLEMENTED		
Managers reporting business decreased	7/33	21.2
Workers reporting business decreased	6/66	9.1
Managers reporting increasing number of new clients	7/33	21.2

on breath and cough. With respect to its impact on business, 21% of managers and 9% of workers reported a decrease in the number of customers, but 21% of managers observed the presence of new clients.

DISCUSSION

This study shows that a ban on smoking in all enclosed public places in the Seychelles was generally well implemented in hospitality venues 9 months after legislation was enacted. Compliance with smoke-free law is consistent with experience in other countries.^{9e11} Observed during a 'grace period', our findings support the view that smoke-free laws have a large potential for self-implementation, conditional on some favourable circumstances, but there is room for improvement. In England and Ireland, nearly complete compliance with smoke-free laws has been documented,^{12 13} which may be attributable to enforcement of penalties to offenders (a measure not yet enacted in the Seychelles at that time). Future surveys should include information on whether the incidents where staff intervened or where smoking was observed were isolated or common occurrences, and whether groups of people were smoking or just one or two individuals.

Consistent with other countries,^{10 14e16} a large majority of customers, managers and workers at the hospitality venues supported the smoking ban thanks to favourable circumstances in the Seychelles. Several tobacco control measures had been taken over 20 years.⁵ It has been shown that high public awareness of harmful effects of secondhand smoke and effective communication about it promote smoke-free policy compliance.^{17 18} It has been demonstrated in several countries that the acceptance of tobacco control measures is enhanced when anti-tobacco behaviours and social disapproval of smoking



are already prevalent¹⁹ and, in contrast, a weak and fragmented social tissue.^{18 20} Finally, the absence of local franchises of large tobacco companies in the Seychelles has helped prevent interference with the law-making processes.²⁰

Almost a third of workers were reluctant to intervene with the minority of customers who would not refrain from smoking. This has also been noticed among hospitality workers in other countries.²¹ In the Seychelles, limited willingness to intervene may reflect inadequate training of workers and lack of enforcement of fines for offences. Also, because it is socially more acceptable for men than women to smoke in the Seychelles, women hospitality workers may not feel comfortable asking a man to stop smoking. These findings emphasise the need for adequate training and strict enforcement of the law. Previous studies showed implementation of smoke-free laws should be authoritative, consistent, coordinated, uniform and continuously reinforced by the health authorities in order to obtain long-lasting compliance.^{22 23}

Based on only one question about cough and breath, 20% of workers reported improved subjective health since the smoking ban had been implemented. This positive effect is consistent with the well demonstrated health benefits associated with clean air policy.^{2 10 11 24} Better evidence might have been obtained if health had been assessed with objective tools such as spirometry, inflammatory markers or hospital admissions.^{2 10 24}

It has been shown that smoke-free policy has little negative impact on business in hospitality venues.^{2 10 11 25} In our study, although a minority of workers and managers reported a decrease in business after the smoking ban, some managers observed an increase in new clients, consistent with findings in an Irish study.¹⁰ However, our data are qualitative and other measures would be needed to accurately evaluate this aspect of implementation since this is an element favouring bar owners' compliance.²²

There are several limitations in our survey. We did not measure cotinine, particulate matter or other objective measures of smoke exposure. These methods are costly, limiting their use in low and middle-income countries. To our knowledge, only one study in Ghana has used such an objective instrument in the African region.²⁶ The lack of data on implementation of smoke-free policies in Africa and the limited resources available emphasise the need for inexpensive methods. The sample size was small, but consistency in answers supports some validity of our findings and we surveyed a large portion of hospitality venues. We cannot exclude a social desirability bias since answers were obtained through face-to-face interviews.

Our rapid survey provides an example of a simple and inexpensive tool to evaluate the implementation of a smoke-free law in hospitality venues. While we could include all most popular hospitality premises in our study, a similar methodology could be applied in larger countries by selecting an adequate sample of establishments, perhaps oversampling venues most highly frequented by smokers, like nightclubs, discotheques and bars.²⁷ While customers, workers and managers of hospitality venues may not necessarily represent the general population, information gathered from those most involved in implementation is useful for improving enforcement.

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Competing interests None. **Ethics approval** The study was approved by the authorities of the Ministry of



Health of the Republic of the Seychelles after technical and ethical review.

Contributors BV coordinated the conduct of the survey, participated in the study design and reviewed the manuscript. CP led the writing of the report. PB designed the study, analysed the data and co-led the writing of the manuscript. JG participated in the study design, conduct of the survey and write up of the manuscript.

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What this paper adds
< A ban on smoking in all enclosed public places in the Seychelles was generally well implemented in hospitality venues 9 months after legislation was enacted.
< Good acceptance of the smoking ban may have been moulded by vigorous tobacco control activities during the past two decades.
< However, less than optimal compliance suggests the need for adequate training of workers and strengthening of enforcement measures.
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