

## Project for **Civil Society Engagement for Health For All Research**

Title: Civil Society Engagement for Tobacco Control in Brazil

Authors:

Paula Johns

Mônica Andreis

Introduction

The PHM IDRC project is a 3 year action research project intended to document (and support) the People's Health Movement (PHM) in its activities as a social movement that promotes 'health for all', while locating health in an understanding that embraces the structural and social determinants. Much of this work centers around 6 countries where PHM has activist groups: Brazil, India, South Africa, Italy, Colombia and the DR Congo. Other aspects of the study will be undertaken by PHM globally, through a small group of personnel located in three offices of the PHM: India, South Africa and Egypt.

While the study is designed to support the activities of the PHM, its scope includes not just the PHM but a range of CSOs that work to promote 'health for all'. Thus the project seeks to generate knowledge about how social movements and CSOs are influencing health systems and the social and structural determinants of health (and building a larger, stronger movement) at both national, and global levels. The term 'Health for All (HFA) movement' is used to refer in aggregate to the various civil society organizations and networks who are working, alongside the PHM, to achieve Health for All including for decent health care for all and for social conditions which support good health.

There are 5 main themes of the study, which interrelate and overlap to some extent:

1. Campaigns and advocacy
2. Movement building
3. Knowledge generation, dissemination and use
4. Capacity building
5. Engagement with global health governance

These 5 modules represent different facets of PHM's current and past activities; as well as those of other social movements working on health issues.

Specific context of this Project

The Alliance for the Control of Tobacco Use and for Health Promotion (ACT+) was created as an informal coalition to support the ratification and implementation of the WHO-FCTC (Framework Convention for Tobacco Control) in Brazil. The FCTC is the first global health treaty negotiated under the leadership of WHO to curb the global tobacco epidemic.

Brazil chaired the international negotiations for the development of the treaty. However, as Brazil is the second largest producer and major tobacco leaf exporter, the country faced various internal challenges, led by the tobacco industry using tobacco growers associations as front groups, during

the ratification process. In order to counter tobacco industry and its allies lobby it was necessary to coordinate various sectors of the society and to develop advocacy and communications strategies to guarantee the priority of health over profits.

ACT+ was formally incorporated in 2006 as a not for profit association, but has been building and strengthening a coalition (“Rede ACT”) and carrying out several activities to influence the formulation of public policies in the area of tobacco control. ACT+ has developed expertise in advocacy and become a reference in the area.

The prevalence of tobacco use has decreased 30,7% in the last nine years. The analysis of the elements that have contributed for the reduction shows that civil society engagement is fundamental for the adoption of high impact policies. The tobacco control experience can be useful for other public interest issues.

Since 2013 ACT+ has expanded its scope of action and has included the prevention of other risk factors for non-communicable diseases (NCDs), such as harmful alcohol consumption, mal-nutrition/obesity and lack of physical activity, and also the strengthening of the universal health system (SUS).

This project aims to describe and analyze civil society’s role in the implementation of health policies through the case study of ACT – Alliance for the Control of Tobacco Use in the area of tobacco control.

### Process and methods

Several sources of information were used in the description of ACT+ case, including historical records, in depth interviews with partners and coalition members recorded individually in video and in group transcribed by a mediator from the area of communications.

The individual interviews were recorded by ACT+ staff members (Mônica Andreis and Fabiana Fregona) in an ACT+ Coalition meeting gathering civil society, academia and government officials from various regions.

The group interview was collected in a meeting coordinated by a communications expert, named Nádia Rebouças<sup>1</sup>. The group was composed by leaders from various civil society organizations acting in different areas (education, health, gender, youth, and environment, among others).

### Analysis

Eight individual interviewees were selected in order to have regional, gender and sectorial diversity and balance. The selection also considered people who have known ACT+ for a long time and more recent partners.

The following leading questions were posed:

- 1) How long have you known ACT?

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<sup>1</sup> Communication’s consultant for Changing - <http://www.reboucaseassociados.com.br/home.php>

- 2) What would you highlight in the work done by ACT, what are the strengths?
- 3) Do you have a memorable story in your interaction with ACT?
- 4) What would you improve in the work done by ACT? What are the weaknesses?

The discourse analysis was used to analyze the information gathered.

The group meeting was to discuss challenges for civil society organizations working for public interest issues. The discussions were compiled in a report and the relevant information has contributed for the analysis of civil society's role in the implementation of health policies in Brazil.

## Results

### Case Study 1

In 2011, Brazil became the largest country in the world to have a smoke-free law, according to the World Health Organization<sup>2</sup>. However, federal law 12546 only was properly implemented in 2014, when Decree 8262<sup>3</sup> was published. The decree regulates the smoking prohibition in closed places across the country.

Evidences of the legislation's benefits are irrefutable. Improving the air quality of closed places positively impacts the health of workers and customers.

Such legislation was a major victory for public health and a major step to ensure the protection of the public from secondhand smoking.

The measure is in accordance with Article 8 of the Framework Convention on Tobacco Control (FCTC), which deals specifically with the protection from exposure to tobacco smoke. It is recognized unequivocally that this exposure causes disease and death, even among non-smokers. Among the principles described in the guidelines for the application of this article, it states that all people should be protected from exposure to tobacco smoke and all enclosed workplaces and enclosed public places, should be free of tobacco smoke<sup>i</sup>.

As described in a publication of Pan American Health Organization (PAHO)<sup>ii</sup>, *São Paulo Respira Melhor: adoção de ambientes livres de tabaco no maior estado brasileiro (São Paulo Breathes Better: adoption of smoke-free law in the largest Brazilian state)*, as well as in the chapter<sup>iii</sup> *Como tornamos o Brasil livre de fumo (How we got Brazil smoke free)*, the civil society, especially through ACT+, played a key role in the proposal, approval and implementation of smoke free laws in Brazil, at local and national level.

By means of several activities such as political articulation in direct contact with parliamentarians and government's representatives (advocacy initiatives), dissemination of technical / scientific

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<sup>2</sup> <http://revistaepoca.globo.com/Saude-e-bem-estar/noticia/2011/12/brasil-e-o-maior-pais-do-mundo-ter-uma-lei-antifumo-diz-oms.html>

<sup>3</sup> Lei Federal 12546/2011, disponível em [http://www.planalto.gov.br/ccivil\\_03/\\_ato2011-2014/2011/lei/l12546.htm](http://www.planalto.gov.br/ccivil_03/_ato2011-2014/2011/lei/l12546.htm), Acesso em 05/02/2016.

information, conducting research and campaigns, mobilization and development of partnerships, networking, and regular communication with media, it was possible to pass a smoke free law in line with international best practices, protecting people from exposure to tobacco smoke.

Some elements developed during the law approval are recognized as fundamental to the success of this initiative. Lessons learned from tobacco control in Brazil, involving civil society and multisector collaboration can be very important to guide efforts in other areas of public health, such as childhood obesity or alcohol abuse<sup>iv</sup>.

## Case Study 2

Since 2000 there is national legislation in Brazil banning tobacco advertising in mass media, excepting the point of sale. Federal law 12546/2011 (mentioned above) also determined the ads ban at points of sale, except for the display of products.

The exception of packs exhibition is a law's gap, which has been widely exploited by tobacco companies.

Nonetheless, progressive restriction in tobacco ads has been important and the current goal is to achieve the total prohibition of tobacco advertising, accordingly to FCTC Article 13.

The role of civil society through the ACT network has also been significant in the issue of tobacco products ads ban in Brazil. Research and campaigns have been conducted on the subject over the past 10 years.

Reports on the marketing strategies used by the tobacco industry, to attract new customers, especially among young people, have been produced to denounce violations to the authorities and the media.

Legal opinion in defense of the complete ban on tobacco advertising was produced and sent to law professionals, as well as legislators and representatives of the executive power. Other advocacy activities were conducted to support this tobacco control policy.

Although we have significant progress is necessary to overcome the gaps that still remain in the most recent federal legislation.

As a result of civil society pressure, there are two bills being discussed at National Congress providing a total ban on advertising, promotion and sponsorship of tobacco products, as well as the plain packaging. These measures are in accordance with guidelines for implementation of FCTC articles 11 and 13.

Once again communication activities, coalition building/mobilization and advocacy are combined in regular and persistent initiatives for tobacco control policies adoption in Brazil.

In both cases the role of civil society was decisive for the development of activities on the five themes below:

1. Campaigns and advocacy
2. Movement building

3. Knowledge generation, dissemination and use
4. Capacity building
5. Engagement with global health governance

Interviews conducted with members of the ACT network highlighted some topics:

- **Coalition building and mobilization capacity**, joining people and organizations of different areas such as Health, Law, Gender and Environment was mentioned as very important to understand tobacco problem interfaces and to develop collaborating initiatives. It also provides the strengthening of the civil society's role in defense of public health policies.
- **The ability to promote multisector articulation** among civil society, government, academia and media is also valued by coalition members.
- **The ability to develop advocacy initiatives** is considered quite outstanding. The implementation of advocacy activities at different levels and power instances as Executive, Legislative and Judiciary is decisive.
- **Evidence-based activities**, as well as research and informative material production, contribute to the coalition members updating and population awareness increasing.
- Finally, **the commitment and credibility** make the organization a public reference in its field and motivate the engagement of other potential partners.

In the speech of some respondents:

*"All civil society mobilization and advocacy, as well as the active monitoring of the bills and definition of a strategy for political incidence are some important things leaded by ACT. Relevant bills on tobacco control have been advanced due to that. (Interview 1)*

*"ACT has the ability to join people who are separated, but fighting for the same goal" (Interview 2)*

*"In our country, without ACT, all tobacco control policies couldn't advance because it was too fragmented and isolated, without a professional work. Advocacy is the great strength of ACT"(Interview 3)*

*"The scientific basis for the work and the coalition composed by people with experience in many areas are important (...) the ability to aggregate people who are doing interesting things, learning from them, is a great feature of ACT ". (Interview 4)*

*"I think we really have been able to change the behavior of decision makers and leaders, have managed to reach people who didn't know they could influence decisively laws` approval and implementation. We can act not only upon the legislators, but also with civil society representatives" (Interview 4)*

*"I always noticed the quality of some initiatives to joining people who have a great knowledge in order to put them working together in the coalition" (Interview 5)*

*"The ratification of the FCTC showed the important role of civil society (and ACT) in this process (...) especially through the advocacy, dissemination of information and industry monitoring" (Interview 6)*

*"The advocacy is perfect! In my point of view, the issue of alcohol is difficult because we did not see anyone taking it forward as ACT did on the issue of tobacco"(Interview 7)*

*"The communication is important, you never forget us. I am with you for 10 years and this communication never stopped. Nothing remains for so many years if not good. This network is very strong"(Interview 8)*

At the group meeting conducted under the coordination of the specialist in communication, it was also highlighted the importance of advocacy and coalition building. It was reiterated by the participants the empowerment of civil society in the discussion of public health policies.

## Discussion

ACT's experience with tobacco control has brought important lessons that can serve as a basis to contribute with other social movements and civil society organizations working in the area of public health and its related social determinants, such as environmental issues, human rights, social inequalities, gender and racial issues, among others.

We have seen that the strategies described in this case study combines elements of the five main components of this study: campaigns and advocacy, movement building, knowledge generation, dissemination and use, capacity building and engagement with global health governance.

From ACT's perspective, the major expertise developed in the process for advocating for tobacco control was the skill of managing and applying the various elements of Advocacy. We started to be perceived and recognized as an organization with expertise in Advocacy by partners and other stakeholders. We have then decided to share this experience and expertise with other organizations and we were invited to put together a training course to help other organizations to develop their own advocacy strategies to achieve their objectives. In addition to it, we have been carrying out a yearly meeting for our tobacco control coalition, for almost ten years, that has a strong advocacy component and real life training in the national congress.

Among civil society organizations and social movements, there is a perception that it is important to empower individuals and organizations to improve their advocacy skills for the public good. We have also found out that there is a strong imbalance between the power and structural capacity (financial and human resources) of public interest lobby and corporate lobby (commercial interest) forces in the dispute to influence the policy making process.

In addition to the development of an advocacy training module for the public interest, one of the main outcomes of ACT's experience is an emerging initiative to bring together organizations active in the national congress to discuss mechanisms to bring more transparency and facilitate participation from the public interest perspective in the policy making process. This initiative is being initiated with a focus on the legislative branch but it has possibilities of expansion to both the judiciary and executive branches of the government. A series of proposals to increase transparency and facilitate participation have been discussed and agreed by organizations from different areas and sent to the Board of Directors of the National Congress. In order to exemplify, one of the tasks is to include in the legislative process all the briefs submitted by all interest stakeholders (both public and private interest) and made available publicly.

In conclusion, the empowerment of organizations and individuals to participate, monitor and seek accountability of policy makers is a fundamental element to strengthen our democracy and to contribute for the construction of a more sustainable and healthier society.

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<sup>i</sup> Diretrizes para implementação do Artigo 8º da Convenção-Quadro para o Controle do Tabaco “Proteção contra a exposição à fumaça do tabaco” Tradução da Secretaria Executiva da CONICQ Março de 2011. Disponível em: [http://www.actbr.org.br/uploads/conteudo/256\\_diretrizes\\_art\\_8.pdf](http://www.actbr.org.br/uploads/conteudo/256_diretrizes_art_8.pdf), Acesso em 17/12/2015

<sup>ii</sup> São Paulo respira melhor : adoção de ambientes fechados livres do tabaco no maior estado brasileiro. Organização Pan-Americana da Saúde. Brasília : Organização Pan-Americana da Saúde, 2010. Disponível em: [http://www.actbr.org.br/uploads/conteudo/422\\_ESTUDO\\_DE\\_CASO\\_SP.pdf](http://www.actbr.org.br/uploads/conteudo/422_ESTUDO_DE_CASO_SP.pdf), Acesso em 04/02/2016.

<sup>iii</sup> Andreis, M, Johns, P, Como tornamos o Brasil livre de fumo, in Lotufo, JP et al, Álcool, Tabaco e Maconha - Drogas Pediátricas, 2016

<sup>iv</sup> Costa e silva et al, Bridging the gap between science and public health: taking advantage of tobacco control experience in Brazil to inform policies to counter risk factors for non-communicable diseases, Policy case studies, Addiction, 2013, doi:10.1111/add.12203