Part II

Putting theory into practice
Part II

Putting theory into practice

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Developing a national plan of action

In nothing do men more nearly approach the gods than in giving health to men.

—Cicero
Nearly all countries proclaim their commitment to providing health for the people (1) in national policy, seeking to live up to the noble expectations of Cicero’s statement.

Yet, if governments are sincere about their proclaimed commitment to provide health comprehensively and equitably for their people, they must deal with tobacco use, which is one of the major preventable causes of death worldwide (2). Tobacco-related diseases are perhaps the world’s most easily preventable ones because the “causative agent”, tobacco, is not necessary for life or good health. Indeed, cessation of tobacco use is associated with improved health and quantifiable socioeconomic benefits to the users, their family, their friends, the community and the nation at large.

While tobacco control activities can be carried out at various levels in society, experience demonstrates that meaningful changes in tobacco consumption result from coordinated and strategic national efforts. Building a national plan of action for tobacco control and establishing the infrastructure and capacity to implement the plan of action are key steps in the successful mitigation of the tobacco epidemic.

The national plan of action for tobacco control is a document that explicitly describes the goals and objectives of a country in relation to its health priorities, the strategies and activities that are needed to achieve these goals and objectives, the resources that the Government is willing to commit, the parties responsible for each activity, and the mechanism for tracking progress. It is essentially a road map outlining how a country intends to deal with the tobacco epidemic and setting a time line and target date for completion. This chapter provides an overview of the process of developing a national plan of action.

FINDING THE ARCHITECTS OF THE PLAN: ESTABLISHING A NATIONAL COORDINATING MECHANISM

Building institutional capacity is essential for the long-term sustainability of tobacco control efforts. It is also critical to the development of a comprehensive and relevant national plan of action for tobacco control, and to the plan’s successful implementation.

Designating a national focal point for tobacco control

The Ministry of Health is the logical government agency to spearhead the process of developing capacity for tobacco control. In practice, the first step to attaining institutional capacity is the official designation of a national focal point for tobacco control within the Government. Often, the focal point is an individual within a unit of the Ministry of Health or related administrative agency. The focal point’s main responsibility is to coordinate the country’s response to the tobacco epidemic. This requires mobilizing other ministries and agencies, building alliances with civil soci-
ety, enhancing public information and advocacy, training a core group of advocates and champions, and setting up a mechanism to coordinate the implementation of a national plan of action. Ideally, the focal point does not work alone, but leads a team within the Ministry of Health: the National Tobacco Control Programme (NTCP). The NTCP is directly responsible for the implementation of the action plan, and is usually independent of the National Steering Committee for Tobacco Control (see below), although it often serves as the Steering Committee’s technical support group or secretariat. Establishing the NTCP is discussed in Chapter 6.

Creating a national steering committee for tobacco control

A successful national plan of action to control the tobacco epidemic requires broad popular support, so various key stakeholders must be involved in the development of the plan. The experience of many countries with progressive tobacco control programmes indicates that this is best achieved through the creation of a multisectoral national committee, task force, working group or steering committee for tobacco control. In larger countries it may be necessary to establish multisectoral committees for tobacco control at the state, district and provincial levels in order to set up an appropriate plan of action at those administrative levels.

The purpose of those committees is to develop a national plan of action for tobacco control, to select and coordinate the appropriate components and activities involving policy and legislation, smoking cessation, education and advocacy, and to integrate other elements embodied in the WHO FCTC. Ideally, the committees should have a regular reporting mechanism to ensure accountability and allow public involvement and participation. While national tobacco control committees can initially be created on an ad hoc basis, over time, they should be made official, permanent, established in law and provided with national funding.

The composition of these committees should be carefully studied. As a general rule: aim for the broadest possible representation but take care not to include those who would impede or counter the committee’s efforts at controlling the tobacco epidemic. The following groups or institutions should be carefully evaluated for their potential to advance the development of the national plan of action for tobacco control, based on the particular situation in each country. Select only the essential members to keep the size of the committee manageable.

Government ministries

- Health ministry – It usually has the lead role in tobacco control. The health ministry often has data on the impact of tobacco use on the nation’s health indicators, and technical expertise in training, health education and smoking cessation. Many countries have national health policy and sector strategy papers that set the frame for the scope of state-supported health services. When there is a possibility for stakeholder dialogue during development or review of such documents, the importance of including a reference to the national plan for tobacco control should be emphasized. The national infrastructure for public health is a critical component of
the implementing network once the plan is ready to be set into motion, and should be taken into account already during the development of the plan.

- Finance and treasury ministries – The ministry of finance and the treasury establish tax policy and tax collection procedures, which are key elements in tobacco control.

- Customs and excise ministries – These ministries can:
  - provide information on tobacco smuggling, and advise on developing and enforcing anti-smuggling measures;
  - provide information on current and past tobacco taxation levels, tobacco sales and tobacco tax revenues; and
  - alert the national committee to tobacco industry tactics to circumvent the intent of tobacco tax laws, or to exploit favourable tax treatment of particular tobacco products.

- Trade and commerce ministries – These ministries can provide economic alternatives to tobacco growing and manufacturing. Licensing authorities can also be used to prohibit the sales of tobacco products to minors.

- Consumer affairs ministry – This ministry implements regulatory requirements on tobacco marketing, advertising, packaging and labelling, tobacco testing and disclosure of information on tobacco additives and toxic ingredients.

- Agriculture ministry – This ministry can facilitate the realignment of national agricultural policies away from tobacco agriculture.

- Ministries of international trade and foreign affairs – Coordinated international policy for tobacco control is envisioned in the WHO Framework Convention on Tobacco Control (WHO FCTC). In addition, these ministries can:
  - analyse the balance of payments for tobacco;
  - advise on international law implications of tobacco control policy proposals;
  - assist in developing complementary tobacco control strategies in neighbouring countries; and
  - respond to challenges by foreign tobacco companies which might attack domestic tobacco policies.

- Law and justice ministries – Their collaboration is vital when developing, implementing and enforcing legislative measures to control tobacco use. In addition, the justice ministry can also:
  - defend against legal challenges to tobacco control legislation;
  - advise on constitutional matters and international treaty obligations;
  - assist in developing and drafting tobacco control laws and legislation.

- Ministries of labour, transport and public service personnel – The participation of these ministries is essential when developing and implementing interventions to protect the public from second-hand smoke exposure in workplaces, public transportation and other public places.

- Education ministry – A comprehensive national plan of action for tobacco control requires the involvement of the education ministry.

- Defence ministry – The armed forces can contribute to a national plan of action by promoting a fit and tobacco-free lifestyle amongst their personnel, assisting in the enforcement of tobacco control laws and requiring that all tobacco products sold
in military establishments (e.g. army shops and ‘PX’ stores) be sold at a price that is at least as high as in non-military stores.

• Culture and sports ministries – Involvement of culture and sports ministries in the development of national plans of action can facilitate the elimination of tobacco sponsorships from cultural and sports events.

• Ministry of the environment – This ministry should participate in the development of interventions to reduce the adverse impact of tobacco use on both outdoor and indoor environments.

• Religious ministries – Where present, religious ministries can support the creation of a feasible national plan of action by marshalling support for tobacco control within religious communities, ensuring that places of worship are smoke-free and encouraging religious leaders to serve as role models for a tobacco-free life.

The private sector: legitimate stakeholders

A truly multisectoral tobacco control programme should involve the private sector. In most countries, the national steering committee includes several representatives of this sector. The WHO FCTC recognizes the importance of participation of civil society to achieve the goal of reducing tobacco-related mortality and morbidity. In some instances, the impetus for developing a national tobacco control programme comes from the private sector, and in a number of countries, it is this sector that leads the national tobacco control committee.

Stakeholders in tobacco control within the private sector include:

• The media – The media can help develop a communications strategy to support the national plan of action for tobacco control.

• Nongovernmental organizations (NGOs) involved in tobacco control – In a number of countries, dynamic tobacco control NGOs have become the driving force behind government action, directly addressing issues that government agencies may not be in a position to tackle. When political constraints require moderation in the official government stance on particular tobacco control issues, NGOs can be outspoken, insisting that policies adhere to scientific evidence for efficacy. Competing interests can distract the government’s attention from tobacco control, but NGOs can maintain a single-minded focus on reducing tobacco consumption. Governments come in and out of power, but NGOs can provide the continuity needed for a national plan of action to come to fruition. Finally, when tobacco companies try to influence government policy, NGOs can bring this to public attention and support government officials to refuse the industry’s overtures.

• Health professionals – Health professional organizations can incorporate tobacco control in their agenda to support the national plan of action for tobacco control\(^1\).

• Lawyers – Lawyers are needed to bring about effective legislative changes; to draft and amend laws; to respond to the tobacco industry’s attempts to delay legislative progress; to monitor the enforcement of existing laws; to explore ways of applying general laws (e.g. consumer protection laws, children’s rights, environmental laws).

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\(^1\) WHO Informal meeting of health professional organizations and tobacco control. http://www.who.int/tobacco/events/30jan_2004/en/
to tobacco control; and to investigate the possibility of litigation against the tobacco industry.

- Economists – They can provide the economic analyses that demonstrate the cost-effectiveness of tobacco control and the adverse long-term economic impact of continued tobacco use.
- Business, industry and labour unions.
- Other stakeholders – Other potential partners for tobacco control include women’s and children’s rights groups, environmental groups, religious groups, consumer organizations, teachers and youth groups, and parents’ organizations.

**Who are not legitimate stakeholders in the control of the tobacco epidemic?**
The tobacco industry and its affiliates often present themselves as stakeholders in tobacco control, and usually attempt to gain entrance into national planning committees or bodies for tobacco control. **Ultimately, sales of tobacco products – which is the business the tobacco industry is in – implicitly promote tobacco use. This is directly in opposition to the goal of tobacco control.** At present it is highly unlikely that the tobacco industry and its representatives will earnestly work for effective strategies to reduce tobacco promotion and sales. National focal points and other legitimate members of the national steering committee need to carefully consider the consequences of allowing the tobacco industry into the planning process for tobacco control. WHO strongly urges its Member States not to engage the tobacco industry when designing, implementing and evaluating plans of action for tobacco control.

**DETERMINING NEEDS AND RESOURCES: CONDUCTING A SITUATION ANALYSIS (3)**

“In policy making, evidence is power.” In no other public health area is this truer than in tobacco control. Once the national tobacco control committee is in place, the next step in developing a relevant plan of action for tobacco control is to conduct an analysis of the current situation in the country. Deciding on the policy mix for the national plan will depend on the specific needs of the country, and the resources available to meet those needs.

Developing the capacity to collect and generate reliable data is an indispensable step because the right information can:

- Facilitate public understanding and support for measures to reduce tobacco consumption.
- Determine the specific policies and interventions in the national plan of action.
- Persuade political decision-makers to adopt tobacco control policy and legislative recommendations.
- Provide the baseline for measuring progress in tobacco control efforts.
- Ensure regular feedback to improve existing policies and interventions.
In general, four types of information are needed at the outset. The first involves mapping out the political environment in relation to tobacco control. The successful national plan of action for tobacco control requires political will. Essential aspects of the political environment include:

- the state of tobacco control in the country, including existing policies, practices, visions, debates, and the stakeholders involved
- the role of the tobacco industry in the country, including its resources, programmes and activities, its allies and affiliates, its links — both informal and formal — to government officials and agencies, the extent of its influence on government policy and the ability of the government to influence tobacco industry strategies (for example, in the case of state-owned industries)
- the role of tobacco control advocates in the country, including concerned professional associations (health, legal professions), consumer groups and other NGOs, academia, government bodies
- the current attitude of key institutions such as the media and the business community, their likely reactions to the advancement of tobacco control

The second category of information revolves around the health and economic impact of tobacco use, and the effectiveness of various tobacco control interventions. Drawing on the experience of many countries, WHO has identified a list of indicators which should be monitored by each country to support the health policy process. These include:

- sociodemographic characteristics
- tobacco production, trade and industry
- tobacco consumption patterns
- estimates of the health and economic impact of tobacco use
- population coverage regarding access to information and support for cessation of tobacco use, prevention of uptake and tobacco control policies.

The third set of information encompasses public knowledge, opinions, beliefs and attitudes. Opinion surveys can identify critical gaps in knowledge. More importantly, these surveys indicate areas where public support for tobacco control needs to be reinforced through advocacy and education. On the other hand, proof of strong public support for specific tobacco control interventions can sway policy leaders to back these interventions through the enactment of laws and/or the adoption of policies.

Finally, and importantly, effective capacity for tobacco control includes the ability to monitor and expose the tobacco industry’s activities. In many countries, the main sources of this type of information are the internal documents of the tobacco industry, which are now publicly available as a result of litigation in the United States. Every country should attempt to search these documents for country-specific information that could shed light on attempts to undermine local tobacco control efforts in the past. Relationships with political and health leaders can be identified, and strategies to obstruct progress in tobacco control can be exposed. Studying the internal documents of the tobacco industry can provide valuable insight when planning for future tobacco control interventions.
Collecting all these types of information may seem a daunting task, particularly in countries where resources are scarce and research capacity is not fully developed. However, there are several sources of data in government agencies and academia, and having representatives of these bodies on the national steering committee can facilitate data collection. If national data are unavailable, it may be possible to derive estimates using existing local, regional or global information. Academic institutions, foundation-funded programmes and external groups can be tapped for technical assistance in designing formal data collection mechanisms.

**SETTING THE STRATEGIC DIRECTION (4)**

**Definitions**

A **vision** describes an ultimate state or condition where all outcomes are achieved under ideal conditions. In general, vision statements should be:

- Understood and shared by members of the community
- Broad enough to allow a diverse variety of local perspectives to be encompassed within them
- Inspiring and uplifting to everyone involved
- Easy to communicate (short enough to fit on a T-shirt)

A **mission statement** describes the overall purpose of an organization; in this case, the National Tobacco Control Programme (NTCP). It should describe *what* the NTCP is going to do, and *why* it is going to do it. The mission statement should be:

- **Concise.** Although not as short a phrase as a vision statement, a mission statement should still get its point across in one sentence.
- **Outcome-oriented.** Mission statements explain the overall outcomes the NTCP is working to achieve.
- **Inclusive.** While mission statements highlight the programme’s overarching goals, it is very important that they do so very broadly. Good mission statements do not restrict the strategies or sectors of the community that may become involved in the project.

A **goal** is a desired general end point that an organization or programme wants and expects to accomplish in the future.

An **objective** is a specific measurable result expected within a particular period of time, consistent with a goal. It is a means by which the success of a goal is attained, the end result of a set of actions or activities.

The **vision** of all tobacco control programmes is to create a tobacco-free society. The **mission** of a national tobacco control programme is to foster individual, community
and government responsibility to prevent and reduce tobacco use by enabling multi-sectoral participation in tobacco control.

The goal of a national plan of action for tobacco control should be to reduce the mortality and morbidity caused by the use of tobacco products. The objectives that will guide the achievement of this goal should include:

- Helping those who do not use tobacco to stay tobacco-free.
- Promoting cessation of tobacco use by assisting and encouraging current tobacco users to quit.
- Protecting the health and rights of non-smokers by eliminating exposure to tobacco smoke.

A national plan of action for tobacco control should be developed with the vision, mission, goal, and objectives in mind. While the specific elements of the plan may vary from country to country, depending on national capacity, availability of resources, political will, and unique sociocultural features, the overall plan should be designed to attain the goal of reducing the health burden from tobacco use.

DEVELOPING THE BLUEPRINT FOR ACTION: DRAFTING THE NATIONAL PLAN

Once the national steering committee is in place and a current assessment of the tobacco control situation, needs and resources of a country has been carried out, drafting of the national plan of action can begin. International experience attests to the importance of including a comprehensive mix of policies, legislation and interventions for successful tobacco control. The various elements that should be considered for inclusion in the national plan are outlined in the WHO FCTC, and every effort should be made to incorporate strategies for the ratification of the WHO FCTC in the plan of action. In addition, country planners should heed the lessons learned by other countries that have already gone through the process of tobacco control planning and implementation. The experiences of those countries can highlight pitfalls to avoid and successful strategies to incorporate in the national plan.

Some of the legislative, economic and programme elements of the national plan of action are discussed in detail in the succeeding chapters of this book. The situation analysis will determine the selection of particular elements for each country, and the order of their implementation. The plan should be practical and viable in the country for which it has been designed, while adhering to the evidence for effectiveness. This means it must be carefully adapted to the country’s unique sociocultural and politicoeconomic qualities without sacrificing the principles that render interventions effective.

The plan of action should clearly identify general and specific objectives, and the corresponding strategies and activities required to achieve these objectives. Strategies
explain how the initiative will reach its objectives. Five specific strategies can help
guide most interventions:

- Providing information and enhancing skills (e.g. offering skills in cessation coun-
selling).
- Enhancing services and support (e.g. starting a quit line for smokers).
- Modifying access, barriers, and opportunities (such as expanding prevention pro-
grammes to cover young people who are not attending school).
- Rewarding efforts (e.g. providing incentives for restaurants to become smoke-free).
- Modifying policies (e.g. changing consumer laws to ban all tobacco advertising).
- Anchoring tobacco control strategies and activities in relevant planning documents
at national and other levels (e.g. ensuring a reference to the national plan of action
for tobacco control in the formulation of a national health policy).

Expected outputs should be listed for each objective, and responsible persons/agen-
cies assigned to each activity. Resources needed to carry out the activities must be
ascertained and potential sources of funding pinpointed. A timeline should be set
up, with target dates for completion. Finally, indicators of progress and an evalua-
tion mechanism should be specified. Good planning provides for careful evaluation
of progress, successes and failures as policy and programme implementation proceed.
The results of such evaluation should then be used to revise, improve and update
successive planning and programming, in a continuing effort to reduce tobacco con-
sumption. Annex 1 provides a sample template for a national plan of action.

While countries share the same goal for tobacco control, no two national action
plans will be identical. However, there have been sufficient similarities among coun-
tries within the same WHO Region to allow the development of regional plans of

Overview of the elements of an action plan

1. State the vision. The vision should communicate what the NTCP believes is the ideal
condition for the nation.
2. Develop the mission statement. The mission statement should clearly describe
what the NTCP is trying to accomplish.
3. Draft a brief background that summarizes key findings of the situation analysis,
and outlines the rationale for taking action.
4. Set the goal and objectives.
5. For each objective, select the strategies and expected results needed to achieve
the objective.
6. Identify specific activities within each strategy.
5. Indicate who is responsible for each activity.
6. Note down the target date for completion of each activity.
7. Determine the resources needed to complete each activity.
8. Note down the progress indicator to measure the effectiveness of implementation.
action for tobacco control. Countries may use these Regional action plans as a basis for the development of their own national plans, adapting certain sections to address their specific needs. More importantly, countries should strive for consistency with the recommendations of the WHO FCTC.

ENSURING LEGITIMACY: OFFICIAL ADOPTION OF THE NATIONAL PLAN OF ACTION

A national plan of action is only a piece of paper until it is ready to be implemented. Successful implementation requires at least two additional steps:

- Broad consultation to establish ownership of the plan amongst the implementing and enforcing parties.
- Formal recognition of the national plan, granting it official status.

The careful selection of members of the national steering committee, and the provision of opportunities for other stakeholders to provide feedback and input into the national plan, help it gain acceptability among key stakeholders. Once the plan has been revised in consultations with those stakeholders, the committee needs to go one step further and secure legitimacy for the plan by ensuring its official adoption by the government. Only at that point can implementation begin.

LAUNCHING THE NATIONAL PLAN OF ACTION

The creation and official adoption of the national plan of action should be widely publicised so that the nation is informed of the country’s intention to reduce tobacco consumption. This can be done in various ways, such as through a press conference or other media events (see Chapter 9). A number of countries have launched their national plans of action to coincide with the celebration of World No Tobacco Day. This is an effective way of capturing the public’s attention and ensuring broad media coverage.

CONSIDERATIONS

In smaller countries, the adoption of a national plan of action is sufficient to initiate a sustainable process for controlling tobacco use. However, in large or heavily populated countries, the administration of tobacco control policies is often delegated to
local governments. In some cases, local governments are ahead of national action on tobacco control. Where local government plays a role in tobacco control, the establishment of a complementary infrastructure and plan of action at the local level can be extremely helpful in ensuring the success of efforts to reduce tobacco consumption. National authorities and bodies, such as the national steering committee, should provide support and encouragement to their local counterparts, and maintain open lines of communication to foster coordination. The process for developing a plan of action at the local government level is similar to the one described in the preceding sections, although the scope and activities may have to be adapted to correspond to the local situation. Establishing the infrastructure to ensure coordination amongst the various levels is discussed in the next chapter.

CRITICAL ISSUES TO CONSIDER WHEN DEVELOPING A PLAN OF ACTION

It is useful to identify common problems and obstacles which hinder tobacco control in many countries. These must be addressed in any meaningful plan of action for tobacco control.

Low political will

In many countries, particularly among the developing nations where infectious diseases still pose a major challenge to health and survival, the tobacco epidemic is generally not viewed as a priority health problem. In countries where the State owns or subsidizes the tobacco industry, Government may be reluctant to enact policies meant to reduce consumption, as these may be viewed as being in direct conflict with the economic interests of the State. In addition, political leaders who receive support from the tobacco industry may withhold support or, worse, directly oppose tobacco control efforts. An effective control plan must build political will, identifying those factors which oppose the successful establishment of a tobacco control programme, and choosing interventions to persuade political decision-makers to support efforts to curtail tobacco use. This may require strategic political mapping and targeted advocacy to educate policy-makers about the magnitude of the tobacco problem and the effective interventions needed to address this problem. Beyond education, political decision-makers need to be convinced and persuaded that tobacco control is in the best interest of their careers, their political parties, and their constituencies.
**Lack of data on tobacco control policy**

Data that are inadequate or ineffectively communicated reinforce the lack of political will for action on tobacco control. An effective plan of action must tackle this problem by:

- **Making provisions for local studies and surveillance** of the health and economic impact of tobacco use, the effectiveness of interventions for tobacco control and the factors that hinder efforts to control the tobacco epidemic (including the activities of the tobacco industry), using standardized and innovative approaches for data analysis and information dissemination so that effective messages are communicated to policy leaders.

- **Ensuring optimal use of existing data**, which may be achieved by pooling and re-analysis.

**Inadequate resources for tobacco control**

Closely linked to “low political will” is the issue of “inadequate resources” for tobacco control, largely due to allocation of resources to other perceived priority health problems. This is especially critical in developing countries where health resources are extremely limited to start with. **Resource mobilization must thus feature prominently in a tobacco control plan of action (POA)**, recognizing that there can be innovative ways of identifying funds within Government for tobacco control (e.g. through earmarked taxes). In addition, external funds exist (e.g. from bilateral and multilateral grants or from philanthropic institutions); these should be sought, identified and utilized. Substantial efficiency gains can be achieved by designing tobacco control activities as part and parcel of national health services.

**Ineffective tobacco control policies**

Some governments adopt weak tobacco control policies as a compromise position, erroneously believing that stronger policies might have harmful economic consequences (7). This is especially true for the few countries that derive a substantial portion of their national revenue from tobacco agriculture, manufacturing or trade. A meaningful plan of action for tobacco control must take this into account and ensure that policy-makers accept the truth about tobacco’s adverse impact on national economies, and the substantial economic benefits of tobacco control.

In addition, enforcement strategies of national tobacco control policies are too often **not devolved** to subnational or local levels, resulting in inconsistent and ineffective implementation. A plan of action for tobacco control needs to be designed so that implementation and monitoring can be readily decentralised.
The influence of the tobacco industry

The tobacco industry continues to counteract effective tobacco control (5) through its various activities, both overt and covert, particularly in developing countries where tobacco control legislation is either non-existent, weak or poorly enforced. An effective tobacco control plan must tackle the tobacco industry’s influence on the development of national tobacco control policy through effective counter-mechanisms (see Chapter 13). It must also emphasize the need for strong legislation and public dissemination of information about the industry’s real motives.

Tobacco control relegated to the health sector

Tobacco control activities are often relegated to the health sector even though the problem transcends this domain. It is a multisectoral concern involving agriculture, environment, finance, education, information, sports, arts and culture ministries. Furthermore, the private sector, NGOs, international agencies and various community groups have crucial roles to play in tobacco control. An effective control plan should therefore involve as many relevant sectors and stakeholders as possible in the development, implementation and dissemination of tobacco control interventions. It should not only provide the required direction and focus, but also ensure that all relevant sectors have the opportunity to build a strong alliance for the effective control of the tobacco epidemic.

References

4. Work Group on Health Promotion and Community Development. Community tool box: Strategic planning tool kit. University of Kansas (http://ctb.ku.edu/)
5. Wakefield M, Chaloupka F. Effectiveness of comprehensive tobacco control programs in reducing teenage smoking in the USA. Tobacco Control, 2000, 9(2):177-86.

Bibliography


Annex 1. Sample template of a national plan of action for tobacco control

**VISION:** A world free from tobacco  
**MISSION:** The mission of the National Tobacco Control Programme is to foster individual, community and government responsibility to prevent and reduce tobacco use by enabling multisectoral participation in tobacco control.  
**GOAL:** To reduce the mortality and morbidity caused by the use of tobacco products

**BACKGROUND:** Please insert background information and rationale for action in your country here.

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<th>Objective</th>
<th>STRATEGY</th>
<th>EXPECTED RESULT</th>
<th>ACTIVITIES</th>
<th>RESPONSIBLE AGENCIES</th>
<th>RESOURCES NEEDED</th>
<th>TARGET DATE OF COMPLETION</th>
<th>POTENTIAL BARRIERS</th>
<th>PROGRESS INDICATORS</th>
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<td>Objective 1: Preventing tobacco use</td>
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<td>Objective 3: Protecting non-smokers from exposure to second-hand smoke</td>
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Establishing effective infrastructure for national tobacco control programme

Careful planning will lead to success.
—Sun Tzu, The Art of War, 500 BC
As the development of a national plan of action unfolds, the national focal point or the equivalent official must begin to establish the infrastructure to implement it. The specific requirements for this will vary from one country to another. Ministries of health usually take the initiative by creating an instrument of implementation, most often a National Tobacco Control Programme (NTCP), whose responsibility is to ensure the successful implementation of tobacco control interventions, with the national focal point as the lead programme officer. Usually, the NTCP functions independently of the national steering committee or task force for tobacco control, although it often serves as the technical support group for either of them. This chapter outlines a model for setting up a national network and infrastructure for tobacco control that is driven by the NTCP.

**OVERVIEW**

A successful National Tobacco Control Programme must, by definition, cover the entire population. Strategic planning for the NTCP usually occurs at central level, within the Ministry of Health. In larger countries, however, the programme must be designed for flexible implementation, through decentralization of authority to the municipal and county/village levels so that interventions can target and reach each and every citizen.

This requires resources and skills at all levels of the programme management infrastructure. In addition to human resources, the NTCP needs material and financial resources. No national programme can become operational without logistic support. The capacity and resources to manage a programme of such magnitude are usually available at central level, but in many developing countries, few resources are allocated to local authorities. Since the programme is carried out at local level, therefore, success depends on ensuring the availability of adequate resources and building the capacity of local public health professionals and government leaders.

Where central and local levels possess adequate capabilities and resources, and work in synergy, an integrated organizational framework can be used to disseminate and implement the proven effective interventions for tobacco control contained in the WHO Framework Convention on Tobacco Control (WHO FCTC).

Tapping existing resources and networks is a pragmatic way of keeping down the implementation costs of the NTCP. In most cases, the physical and human resources needed for the NTCP are already in place within ministries of health, under related programmes such as prevention of noncommunicable diseases (NCDs), health promotion, and control of substance abuse. Using the existing resources and infrastructure also allows the NTCP to take advantage of lessons learned from successful disease prevention and health promotion activities.

The WHO FCTC defines the proven tobacco control interventions for all countries. However, because countries are so different from one another, each NTCP, guided by the national plan of action, will need to decide which implementation
strategies are appropriate and most likely to succeed with its own health system, in
the political, sociocultural and economic circumstances.

Countries with a central unit for planning and policy development in the Ministry of Health, and local units for implementation and enforcement, are well placed to carry out tobacco control activities. In countries where central and local levels of health governance function independently of each other, the central level can still play an important role in the development of national policy guidelines and standards, national surveillance and monitoring, and information dissemination. In all cases, it is of the utmost importance for the central level to respect local priorities.

The size and complexity of the NTCP infrastructure depends also on variables such as the country’s area, population, and geopolitical divisions. Given that some 72% of countries have populations of under 10 million, the framework suggested above, with a decentralized system that links central and local levels within the public health network, appears feasible. This framework will be used as the reference for the rest of this chapter.

Other important variables that can affect the successful establishment of the NTCP include the political environment, socioeconomic conditions and the cultural peculiarities of individual countries. These can work for or against tobacco control. Ministry of Health officials and staff running NTCPs, and their partners in civil society, face the unique challenge of determining the most effective way to take advantage of their countries’ particular circumstances to bolster their efforts to control tobacco consumption and garner support for the NTCP.

Coordination of the NTCP, at the central and local levels, will be essential to ensure that the tobacco control interventions reach the target population. In addition, a system for monitoring the implementation process and its outcomes, including a periodic assessment of the NTCP’s impact on health indicators, is necessary. The following sections address these issues in greater detail.

**NATIONAL COORDINATION OF THE NTCP**

**Where to place the national coordination of the NTCP**

Ideally, before the NTCP is established, there must be an official government mandate for tobacco control. As part of this mandate, the role of coordinator of the NTCP should be clearly defined and officially designated within the Ministry of Health. Careful analysis of the organizational set-up of the Ministry and its affiliated institutes is important to determine the most suitable position of the coordinator within the overall structure.

Depending on the level of political commitment to tobacco control, three scenarios are possible:
1. The Member State has signed and ratified, or is preparing to ratify the WHO FCTC, but it does not have an official NTCP and has not yet designated an official coordinator or coordinating body for tobacco control.

Once a country has officially signed and ratified the WHO FCTC, the Ministry of Health is in a particularly strong position to establish a NTCP. Following the official signing, it must be ensured that the government ratifies the WHO FCTC, because the sooner the WHO FCTC comes into force, the sooner signatories become bound to honour their commitment to the treaty. Allies outside the Ministry of Health can help persuade the government to formally mandate the establishment of an NTCP under the Health Ministry, in anticipation of the treaty’s entry into force. These allies include prominent members of the legislature who support tobacco control, allies in civil society and representatives of bilateral, multilateral and international partners who recognize the benefits of tobacco control for the country.

2. The Member State is not considering signing, ratifying or acceding to the WHO FCTC.

In this case, one must seek other avenues to support tobacco control activities and sensitize decision makers into recognizing the urgency of establishing tobacco control as a national public health priority. In some countries, actions to institute and coordinate national and subnational tobacco control activities were initiated by nongovernmental organizations (NGOs); nationwide institutions such as National Cancer Centres and National Health Promotion Centres; and, at subnational level, by academic or even government institutions such as municipal health bureaus. The experience of Brazil, Mexico, Peru and Thailand demonstrates how NGOs, universities and other groups can assume leading roles in tobacco control activities. The rationale of the involvement of multiple sectors of society in tobacco control programmes is that when governments fail to take the lead in tobacco control, an alternative grassroots approach can be explored and vice versa.

In some countries, potential tobacco control leaders sought and received technical support from WHO, through its representatives and country offices – WHO Representatives (WRs) and Country Liaison Officers (CLOs). Responding to requests from countries, WHO provided technical and logistical support for capacity building, helping countries to acquire the necessary skills and tools for effective tobacco control.

One potential media event is WHO’s “World No Tobacco Day”, which is celebrated by virtually all of its Member States. By strategically developing an advocacy campaign around this day, several countries have successfully raised the profile of tobacco control, winning greater political commitment for a national campaign to prevent and reduce tobacco use.

3. The Member State has signed and ratified, or is moving towards ratification of the WHO FCTC, and an NTCP is in place.

The best possible scenario is when a country has endorsed the treaty and the Health Minister has officially designated a coordinator or coordinating body and a central structure for the NTCP. In most cases, national coordination of the NTCP should be directly under the Health Ministry. It is the most appropriate governmental insti-
tution to oversee tobacco control, given its mandate to preserve and protect public health. An additional advantage is its ability to tap into an extensive, official governmental network and to access other government ministries and agencies that need to play a role in tobacco control.

Alternatively, it is possible to entrust national coordination of the NTCP to an independent institution outside the Health Ministry. This is occurring with varying degrees of success in a number of countries. However, even in those countries with highly successful tobacco control activities, such as Canada, tobacco control experts admit that bridging the gap between the private and public sectors can be a challenge. Moreover, when national tobacco control efforts emanate from outside the government, synchronization between the interventions proposed by the NTCP and the required governmental actions to support them can be difficult (1).

Basic requirements for national coordination of the NTCP at central level (Health Ministry)

The basic requirements for successful establishment and coordination of the NTCP at central level include human, material and financial resources.

Human resources at central level

Nominating the Coordinator

Ideally, the Minister of Health should nominate the coordinator of the NTCP. Selecting this person, if possible from existing public health staff, saves time otherwise spent in the selection process and obviates the need to increase staff costs. Usually the coordinator is also the designated national focal point for tobacco control.

The person selected should possess the skills and knowledge of a public health professional. While familiarity with tobacco control interventions is an advantage, what is more critical is the individual’s commitment to and interest in tobacco control. It is possible to rapidly acquire the knowledge about the tobacco epidemic and effective interventions to control it, but tobacco control cannot be successfully overseen by someone who lacks the passion for and dedication to the field. Most importantly, the person selected should have neither personal nor professional relations or pecuniary interests in the tobacco industry. The integrity of the individual selected to oversee the country’s NTCP is extremely important, and the person should be willing to make an affidavit stating that he or she has no conflict of interest in this regard.

Other desirable qualities for this position include:

– the ability to think and plan strategically and creatively;
– the ability to inspire confidence, to act as team leader and to successfully manage other staff members and implementing partners at the local level;
– the ability to communicate effectively, both verbally and in writing;
– the ability to administer day-to-day tasks required to keep a national programme running, in an organized and result-oriented manner;
– the ability to interact effectively with others, and to build partnerships and alliances to expand the tobacco control network within the country;
– the ability to work well under pressure, particularly in the face of overt or covert pressure from the industry and its supporters;
– the ability to identify opportunities for maximizing resources, given the meagre budgets that most health ministries are allocated;
– the ability to fully understand the political context of tobacco control and to interact with political decision-makers in a compelling and persuasive manner.

Other qualifications depend on the particular situation of a given country. Technical expertise in the field of tobacco control is desirable, but it should not be the sole or major criterion. Experts are not always the best managers. Instead, the ability to successfully manage the intricacies of running a national programme and an unswerving commitment to tobacco control should be at the top of the list.

**Staffing the tobacco control team**

Depending on the size of the country and population, the NTCP coordinator may need to look for other staff members. The ideal NTCP team would include:
– other public health professionals with skills and experience in programme management, health policy development, epidemiology and surveillance, advocacy, health promotion and prevention of noncommunicable diseases (NCDs), management of substance abuse, environmental health, health education and training;
– a health economist;
– a legal counsellor who is familiar with the WHO FCTC and legal issues pertaining to tobacco control;
– a media and communications person;
– support/secretarial staff with good computer skills, particularly in word processing, spreadsheets, database management, Internet searches, and the like.

In all cases, it would be best to choose the necessary personnel from existing Ministry staff. This minimizes the need for establishing new posts and securing the budget lines to fund them. In some cases, however, the Health Ministry may need to hire new staff. If so, a thorough search to identify the best qualified and committed individuals to fill these posts is required, keeping in mind the essential qualities discussed in the preceding section. It is extremely important to ensure that those being considered for posts within the NTCP have no links whatsoever with the tobacco industry.

Realistically, in many developing countries, and in developed countries where tobacco control is not among the top priorities of the Ministry of Health, staffing will be a challenge: in a number of those countries, NTCP staff may be limited to one or two people. However, establishing a successful NTCP takes time, and progress is often gradual. When the Ministry of Health assigns dedicated staff to tobacco control, even if the number of people is limited, it should be considered the first in a series of successes.

Some countries, such as Brazil, South Africa and Thailand started with a limited programme, but eventually developed successful NTCPs (2).
Preparing the tobacco control team
The NTCP Coordinator and the tobacco control team need to prepare for the challenging and often gruelling work ahead. They must be knowledgeable about:

– the evidence of the adverse health effects of tobacco and second-hand tobacco smoke;

– the proven as well as the less effective interventions to reduce and prevent tobacco use, and the provisions of the WHO FCTC;

– the strategies of the tobacco industry and how best to counter them; and

– the state of the tobacco epidemic in a particular country, using all available local data and a thorough assessment of the political and economic environment that may affect the work of the NTCP.

A number of countries began by asking WHO to help with training courses on capacity building and technical advice from tobacco control consultants. WHO regional offices can assist Member States in this process if requested by governments. Furthermore, all the WHO Regions have regional action plans for tobacco control, which are developed by Member States on the basis of the specific needs and resources available within each Region. The action plan for your region can be a helpful starting point when the tobacco control team draws up its strategies and work plan. If a national plan of action for tobacco control is already in place, this should be used as well.

The duties and responsibilities of the NTCP team
They are as follows:

• The collecting of local data and the building of a national tobacco control database to support the development and implementation of a strategic national plan of action, and the preparation of related technical and advocacy material.

• Regular conduct of awareness-raising activities for both the general public and selected target audiences on the magnitude of the tobacco epidemic and the urgent need for action to control tobacco. Target audiences include political decision-makers, community opinion leaders, special interest groups such as environmental groups and children’s rights groups, and the media. Remember to adapt your message to the specific concerns of each of your target audiences. For example, political decision-makers need to hear about the economic benefits of raising tobacco taxes, while environmental and children’s rights groups would be interested in the issue of second-hand tobacco smoke as an environmental pollutant that impairs the health of children.

• Compilation of a directory of all potential stakeholders of tobacco control in the country and creation of relevant mailing lists using this directory. This is best achieved using electronic mail, and several types of software exist for this purpose. However, in countries where the Internet is not readily available, the use of fax, telephone and regular mail will achieve the same purpose. The key is a system for readily reaching those whose support for the NTCP is vital. This type of readily accessible directory can facilitate day-to-day communication, provision of regular updates to relevant stakeholders on issues related to tobacco control, distribution of educational and advocacy materials, mobilization of supporters for specific ac-
tivities like "World No Tobacco Day", and lobbying of legislative decision-makers for particular tobacco control policies or legislation. Where possible, the database should contain the complete contact details of each individual, including institutional, professional and personal postal addresses, phone numbers and e-mail addresses.

- Forging of partnerships with other public health programmes within the Ministry of Health, such as health promotion, NCD control, prevention of substance abuse, and environmental health.
- Development and maintenance of good relationships with the media, providing them with regularly updated information on tobacco-related issues and responding in a timely manner to their requests for information and interviews.
- Facing the tobacco industry whenever required, ensuring that the official spokesperson is fully prepared to counter the industry’s allegations with facts and compelling arguments to support measures that lead to a reduction in tobacco use.
- Preparation of studies, in partnership with different institutions and groups, to collect and assess local epidemiological data, to develop and test intervention and evaluation strategies, including methodology and instruments, to create and test educational and advocacy materials; the results of these studies must be disseminated to the relevant audiences and the general public in a timely and informative manner.
- Establishment, in partnership with different stakeholders, of a network to decentralize the coordination and implementation of the NTCP; linking states, municipalities, and other levels of local governance with the relevant government agencies, partners in the private sector, academia, and the NGO community.
- Coordination of regular national campaigns, such as World No Tobacco Day, providing technical support to participating partners.
- Dissemination of information on the country’s progress in tobacco control and recent actions and controversies through various media, including print (newspaper articles, fact sheets and newsletters), radio and television, and the electronic media (Internet bulletins and web pages).
- Organization of technical seminars, meetings and congresses to stimulate discussion and information exchange on tobacco issues among various groups within the country.
- Provision of technical support to other ministries on pertinent tobacco-related issues.
- Provision of technical support and information on tobacco-related issues to legislators.
- Promotion and provision of technical assistance for the establishment of comprehensive national tobacco control policies and legislation.
- Coordination of advocacy activities to persuade legislators to support effective tobacco control legislation.
- Promotion and support for the establishment of an interministerial committee for tobacco control to support the NTCP and to facilitate the ratification of the WHO FCTC.
• Encouragement and technical support for local governments, individuals and institutions, nongovernmental and governmental organizations, interested in tobacco control.
• Encouragement of open communication between governmental and nongovernmental organizations, in order to maintain and reinforce good working relationships between these two sectors.
• Coordination of tobacco control monitoring with relevant partner agencies, and local government counterparts, ensuring continuity over time.
• Encouragement and support for universities and research institutions in the development and conduct of research related to tobacco issues.
• Representation of the Ministry of Health on tobacco-related topics, whenever needed, particularly when dealing with WHO and other national and international organizations concerned with tobacco control.
• Convening of an annual meeting on tobacco control evaluation and planning for national and subnational counterparts of the NTCP, to monitor national progress and to decide about future priorities and activities.

Basic material infrastructure

Office space
It is important to have an officially designated location for the NTCP: it provides a point of reference for individuals and groups interested in tobacco issues around the country, an address from which information, educational, advocacy and training materials can be obtained, and where the NTCP staff can be reached.

The availability of resources will determine the location, size and set up of the NTCP office, but even when resources are meagre, it is often possible to find a suitable space. The NTCP office should be large enough to allow the coordinating team to perform its activities, hold meetings, interviews, research, studies and workshops, and accommodate basic equipment, furniture, document files and a supply of technical and advocacy materials.

Furniture
Internal documents, reports, publications and files are vital for the development and management of the NTCP. The proper organization and storage of these files and documents calls for shelves, filing systems and cupboards. Confidential documents may require security systems such as locked storage cabinets and paper shredders. Other basic furniture requirements include computer desks, a meeting table, work tables, chairs, a blackboard, message boards, flip charts, and a projection screen.

Equipment
The basic equipment should include the following:
– computers with CD-ROM drive; text editor software; slide editor software; direct mail programme; and an epidemiological statistics programme (ideally Epi-Info), at a ratio of 1 computer for every 2 members of staff; at least one laptop for training and presentation purposes
– a printer
– a typewriter
– a fax machine
– telephone lines with extensions
– audio and video recorders
– Internet access with e-mail address
– a TV and VCR
– overhead and slide projectors, a multi-media projector
– a camera
– a photocopier with a supply of paper.

**Support material**

*Office supplies:* these should include a defined mailing budget. General office supplies will also be needed, such as writing paper, pens, clips, pencils, fax paper, address labels, files, rubber bands, staples, briefcases, markers, stickers, diaries and organizers.

*Technical, educational and advocacy materials:* these include reference materials, practical guides, manuals, bulletins and posters, folders and stickers. Estimate the amount needed for planned activities, with sufficient copies for states/regions/provinces/municipalities/counties and interested parties.

**Transportation**

Transport is essential to enable the coordinating team to perform its duties. The team will often be on the move for various reasons: training, advocacy, technical support, meetings and conferences, research, surveillance and monitoring. The type of transport will be dictated by available resources and by topography. For example, in mountainous areas without paved roads, mountain bikes and animal transport may be needed. In countries where communities are separated by large bodies of water, such as in the Amazon and the Pacific, boats are essential.

**Financial resources**

The NTCP needs to have a working budget. This is often the biggest challenge faced by tobacco control advocates within the Ministry of Health, as health budgets are notoriously small, and a new national programme for tobacco control will have to compete with other programmes for its share of the funds. Nevertheless, the NTCP team must use all of its persuasiveness to convince decision-makers that tobacco control is an urgent national priority, so that specific resources are allocated to the NTCP.

Every country has regular meetings attended by the Minister of Health and Secretaries of State. They should be presented with compelling evidence of the seriousness of the tobacco epidemic, and the specific actions they need to take, including allocation of a budget for the NTCP. This strategy was successfully adopted in Brazil: it won official commitment and a specific budget for NTCP approved by the Health Ministry.

In addition to government resources, the NTCP national coordinator should always look for opportunities to secure funding from other legitimate sources. Sometimes donations or grants from national NGOs or international funding agencies are
available to provide start-up funds for the programme. In Thailand, for example, the Rotary Club helped to support the first set of activities of the country’s NTCP.

Another innovative option is the realignment of funds allocated to related programmes, such as cardiovascular disease control, for tobacco control. By linking tobacco control to other programmes within the Ministry of Health, it may be possible to access additional funding for the NTCP.

Support from international multilateral organizations is another potential source of funding for the NTCP. The WHO FCTC includes provisions that discuss the various options for funding tobacco control activities, particularly in less developed countries. Recently, the European Union expressed interest in reviewing proposals for grant funding wherein tobacco control is integrated with the development process.

One source of funding that should not be sought by the NTCP is the tobacco industry, its partners and representatives. In the past, the industry has offered support to governments, but given the nature of the NTCP, this would give rise to a direct conflict of interests and should not be pursued.

Financial resources must be sufficient to cover costs for staffing, office space and equipment, transportation and supplies, as well as the costs for the implementation of NTCP activities.

Decentralizing the coordination of the NTCP to establish an implementation network

Once a country has established its centrally coordinated NTCP, a strategy to ensure that the programme interventions are widely and properly implemented needs to be developed. In most cases, this involves decentralization of authority to partners at the various local levels of governance who have the autonomy to implement and enforce the interventions recommended by the NTCP. Integration of these various levels of local governance with the NTCP is essential.

Within most national health systems, it is possible to designate tobacco control focal points at each level of local governance. These focal points must have the capacity to deal with tobacco control issues and to manage the required infrastructure at the local level. Identifying the focal points, securing their commitment to the NTCP and integrating them into a national network for tobacco control is the first step to ensuring effective implementation of NTCP interventions.

Building and maintaining the decentralized network

Actions needed at central level:
The NTCP coordinator and programme staff need to take the following steps:

- Secure the support of the Health Minister to request that health officials at the state, regional and provincial levels designate local coordinators or focal points for the NTCP, and to meet the basic requirements for a corresponding local tobacco control programme.
Define the terms of reference for the local coordinator or focal point for tobacco control and outline the basic parameters of a local tobacco control programme.

Oversee training workshops on capacity building at each level of local governance where a tobacco control programme is to be established. These workshops should bring together in each region, the official state, regional and provincial coordinators (or the equivalent in the administrative structure of the country) and selected staff members.

Local health officials might not be eager to establish a local tobacco control programme. If this is not a priority for a particular local government unit, the NTCP should explore alternatives. Academic institutions or NGOs may be interested in the role of local coordinator for that particular area. If so, the NTCP should support and enable them to do so.

The process of securing the commitment of each successive level of local governance should be repeated until the smallest local government unit is reached, a local coordinator for tobacco control is selected and trained, and a local version of the tobacco control programme is established at each level. Each local tobacco control coordinator or focal point is responsible for initiating the process at the next level down. This creates a “cascade” system, very much like the “ripple effect”, which multiplies the number of designated tobacco control workers within the country. The cascade system should also be used for training: NTCP staff train state-level health workers, who, in turn, train regional health professionals; these will train provincial health workers, and so on, until health workers in the smallest government unit are trained.

**Actions required of all local government tobacco control coordinators and their staff**

Once designated and trained, the coordinators or focal points and staff of the local tobacco control programme should take the following steps:

- Build a database of important contacts at their level of governance, with the names of local official representatives and other stakeholders.
- Convene an annual evaluation and planning meeting, prior to the national evaluation and planning meeting, to assess the state of implementation at local level of the national plan of action for tobacco control, and to map out the next year’s priorities and activities.
- Provide technical support and materials to the next level down in governance, to enable it to conduct local tobacco control activities effectively.
- Conduct local surveillance, monitoring and research, in accordance with the NTCP plan of action, and report the results of those activities to the NTCP.
- Maintain an open channel of communication for all levels of management in the NTCP.

Duties and responsibilities, required resources and operational processes for local counterparts of the NTCP will closely parallel those of the national programme, although they will need to be scaled down and adapted to each particular location. Staff of the local tobacco control programme will be working more closely with com-
munities and the population in general, addressing tobacco control issues at the micro level.

The “cascade” system, by generating capacity for tobacco control at each level of governance, promotes the establishment of an effective network for the successful implementation of tobacco control interventions throughout the country. This process must complement and support the development of a national action plan. Together, they comprise the basic infrastructure that will enable countries to effectively tackle the tobacco epidemic.

References


Bibliography


The end of all education should surely be service to others. We cannot seek achievement for ourselves and forget about progress and prosperity for our community.

— Cesar Chavez
SUCCESSFUL TOBACCO CONTROL depends largely upon the availability of human resources to develop and implement a range of activities at different levels. The activities described in this book call for specific knowledge and skills, some of which may not exist in a particular country. Hence, training and education needs should be identified and integrated into the country programme from the outset.

Education is the method of transferring information and understanding about tobacco control and tobacco use. Different target groups require different types of information in order to resist tobacco, cease using it, support cessation efforts, or plan and implement a range of tobacco control measures.

Capacity building is essential for effective tobacco control, and is a wise investment for every country. Appropriate policies cannot be developed if those making decisions do not know how to apply their knowledge to bring about change. New measures may fail if people lack confidence or skills in carrying out new duties, including the capacity to form partnerships. Successful programmes and interventions require skills in investigating the problem, and in planning, monitoring and evaluating the necessary actions.

Education about how tobacco threatens health is rarely enough to make people quit smoking. People need to understand the process of behavioural change; they may need interventions that tackle obstacles to quitting within their society. Health professionals also need to understand how change happens and how they can support it. Those working in cessation clinics or telephone help lines require skills to meet the varied needs of clients.

People working to prevent tobacco use in the community need to know how to reach their target audiences. Young people, for instance, may need general “life skills” in order to avoid risk, while non-tobacco users may need skills in “saying no” over the long term.

This chapter is a brief overview of a complex area, and is not intended to be comprehensive. Wherever possible, additional resources to support training and educational activities will be identified.

This chapter focuses on the following questions:
1. Who needs what type of education?
2. What materials are suitable for different targets?
3. How can these materials be located, adapted or developed?
4. Who needs to be trained?
5. What skills and training materials are needed for tobacco control?
6. Who can and should conduct training?
7. What training methods are likely to be effective?
8. How can you plan an effective training workshop?
Terminology and organization of the chapter

*Training* refers to the transfer of skills to build capacity in order to undertake effective tobacco control. *Education* means imparting knowledge and understanding about (a) methods of effective tobacco control and (b) the dangers of tobacco, and methods of cessation. There is not always a meaningful distinction between transfer of information and transfer of skills (e.g. theories versus techniques for quitting). However, information alone may be suitable and sufficient for some target groups (e.g. community awareness campaigns to increase support for smoking bans). The discussion about the content of education appears in the sections dealing with education and training.

Decision points, tips and examples

Throughout the chapter, the most important decisions, as well as helpful tips, guiding principles, and examples of previously used or recommended training activities, are highlighted in text boxes. The final section contains generic training guides, one for countries just beginning tobacco control activities, and another for countries with more established policies and programmes.

KNOW THE COUNTRY: LINKS BETWEEN NEEDS ASSESSMENT AND DECISIONS ON TRAINING AND EDUCATION

Chapter 5 described the crucial role of a situation analysis or needs assessment for developing a national plan of action. This should include training and education for tobacco control.

Any decision concerning *who* needs *what* knowledge or skills should be based on a needs assessment, which should reveal:
- Who uses tobacco (age, sex, ethnicity, location, social class).
- In what form tobacco is used by each subgroup (e.g. cigarettes, *bidis*, smokeless or chewing tobacco, cigars, etc.).
- Influences on starting tobacco use (e.g. gender norms, image, cultural beliefs, peer pressure, advertising).
- What, if any, forms of control exist, and whether they are implemented fully (e.g. advertising bans, taxes and price rises, bans on the use of tobacco in public places, age restrictions on purchase).
- What, if any, prevention or cessation programmes exist (e.g. cessation clinics, help lines, media campaigns, educational programmes, nicotine replacement therapies).
Training Needs Assessments

A Training Needs Assessment (TNA) is the process of identifying systematically what knowledge and skills are needed, and what exists within the pool of human resources. This chapter will assist in this process. A TNA also helps reduce duplication by building upon existing strengths and identifying capacities and gaps.

Question 1. Who needs what type of education?
If the needs assessment revealed few control measures or programmes, and high tobacco-use prevalence among men, women and young people, the targets would be broader. Education should probably focus on raising community awareness, promoting advocacy for restrictions, and introducing knowledge about the methods and benefits of cessation.

If the country has adopted strong control measures and has achieved large reductions, the targets will be narrower. Education should then focus on stronger restrictions, prevention information for young people, and specialised quitting interventions for particular subgroups.

For most countries, there will be two main target groups (there will be some overlap).

Target Group I – Those planning or supporting tobacco control measures and programmes
Targets in Group I require education about tobacco control processes and strategies:
– government officials from relevant ministries such as health, finance, agriculture and education, at central, state, provincial and district levels
– key decision-makers from teachers’ groups, youth associations, employers, employees’ associations, and community groups
– the legal community
– health workers
– media representatives

Target Group II – Those involved in individual or community tobacco prevention and cessation activities
Targets in Group II require education about the health risks of tobacco and methods of quitting:
– tobacco users
– general community
– media representatives
– young people and others at risk of initiating tobacco use
– staff at cessation clinics, help lines, etc.
– health workers

Decision point:
Compile a list of these two target groups in the country.
Question 2. What materials are suitable for different targets?
Educational materials should suit the degree of literacy, age, background, position of targets and expected learning outcomes.

Target Group I – Those planning and supporting tobacco control measures, such as policies, legislation and programmes, need more complex materials to explain complicated arguments, including economic and legal aspects. Others need simpler frameworks for use at community level. Box 1 below, outlines information needs for different actors.

Box 1. Information needs for Group I

<table>
<thead>
<tr>
<th></th>
<th>Government officials</th>
<th>Teachers, employers, community groups</th>
<th>Youth leaders, employee representatives</th>
<th>Legal community</th>
<th>Health workers</th>
<th>Media</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health risks of tobacco</td>
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<td>Health and economic burden of tobacco</td>
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<tr>
<td>Steps to quitting</td>
<td></td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td></td>
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<tr>
<td>Models for developing smoke-free schools, workplaces</td>
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<td>✓</td>
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<td>Models of successful tobacco control measures</td>
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<td>Price elasticity issues</td>
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</tbody>
</table>

Target Group II – Those needing information about the harm caused by tobacco and how to quit include people from all walks of life. While good materials exist, it may be worth producing country-specific ones to ensure cultural acceptability for each target group. Box 2 outlines information needs for members of Group II.

Box 2. Information needs for Group II

<table>
<thead>
<tr>
<th></th>
<th>Tobacco users</th>
<th>General community</th>
<th>Media representatives</th>
<th>Young people and others at risk</th>
<th>Cessation clinic staff</th>
<th>Health workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco health risks</td>
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<tr>
<td>Quitting strategies</td>
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<td>✓</td>
<td>✓</td>
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<td>✓</td>
</tr>
</tbody>
</table>

95
**Decision point:**
Using the lists under Question 1, make a table to identify the types of information needed by each subgroup.

**Question 3. How can these materials be located, adapted or developed?**
It is quite likely that the NTCP will want to use some existing resources and develop others, so this section covers both approaches.

**Locating materials**
The search will be influenced by the available time, budget, technology and links with national and international organizations.

- Convene an information-sharing meeting with people likely to have relevant materials (e.g. government departments, universities, research institutes, health promotion and health professional organizations and nongovernmental organizations):
  - ask participants to bring along resources or reference details;
  - during the meeting, invite participants to suggest other sources;
  - during or after the meeting, invite selected participants to conduct a more systematic search;
  - conduct an electronic search (libraries and web browsers, such as google.com), using key words, such as tobacco, smoking prevention, health education, health promotion, health worker training, smokeless tobacco, bidi, smoking cessation.
- Check the web site of the WHO Tobacco Free Initiative (http://www.who.int/tobacco/en) regularly, or e-mail TFI at: tfi@who.int. The WHO Regional Offices may also have materials in the main languages of their respective Regions. The web sites of the Regional Offices can be accessed from the TFI web site above.
- Visit relevant web sites on cancer control, health promotion, health education and youth health, such as
  - http://www.uicc.org/
  - http://www.tobaccopedia.org/
  - http://www.ash.org/
  - http://www.inwat.org/
  - http://tobaccofreekids.org/
- Contact the above organizations by telephone, letter or e-mail, asking for resources or suggestions. Many of these organizations provide copies of their materials free of charge.
- Select materials carefully, ensuring that the sources are reliable. The tobacco industry and its affiliated groups also put out materials allegedly in support of tobacco control strategies, particularly in the area of youth smoking prevention. However, research into these industry-generated materials indicates that the strategies they emphasize are either ineffective or minimally effective. To help you decide which materials are credible, ask for a copy of the TFI (WHO Regional Office for the Western Pacific) brochure Seeing Beneath the Surface: The Truth Behind the Tobacco
Industry’s Youth Smoking Prevention Programmes by e-mailing: tfi@wpro.who.int. Also see the publication of WHO Eastern Mediterranean Regional Office, ‘The Tobacco Industry Documents: What they are, what they tell us and how to search them. A practical manual’. (http://www.emro.who.int/tfi/TobaccoIndustry-English.pdf)

Adapting materials
Adapting is often cheaper than developing new materials.
• Compile existing materials and invite a team of health education and communications experts, and representatives of the target population to review these materials and to provide feedback.
• Identify precisely what components are appropriate for the country in terms of content, style, length and language and what needs alteration, bearing in mind existing budgets and skills.
• When translating into another language, hire a professional to ensure the language is technically and culturally correct.

Tip: Always pretest materials with target populations after initial modification.

Identifying the gaps
After searching for and adapting existing materials, identify the gaps in order to meet specific educational needs. Ask members of the teams described above to help make these strategic decisions (consider timing, budget and available human resources). List the types of material still needed, and for whom it is intended, before deciding to prepare new documents.

Decision point:
Identify what materials are needed and for whom; assess availability and decide whether to prepare new materials, modify existing ones, or both.

Developing materials
Materials developed by the NTCP are more likely to suit the country’s needs. Even though existing material may initially be used, new materials may have to be developed if the existing ones are not effective. Key steps in developing materials are summarized below.
• Once gaps have been identified, determine the role and purpose of proposed materials. Some will be useful for both information and training, while others will be more appropriate for a specific task.

Information materials should:
- be clear and easily understood by target audience;
- counteract myths perpetrated by the tobacco industry;
- be appropriate in terms of length, language, and technical complexity for the intended target group;
- offer additional information, e.g. where to get help to quit.

Training materials (including manuals) should:
- have detailed explanations and step-by-step instructions;
- have many examples and exercises;
- be appropriate in terms of complexity, length and language;
- be realistic in terms of the time and resources of those expected to use it;
- list additional resources.

- Think about the best method of communication with the audience. Each of the following offers different advantages in different settings (1, 2):
  - stories and plays
  - posters
  - flipcharts
  - photographs
  - audio and video tapes or CDs
  - newspaper or magazine articles
  - publications in journals or newsletters
  - manuals
  - electronic materials, through web sites or e-mail groups.

- A suggested sequence for preparing communication materials (2):
  - decide the overall content and specific content
  - write a rough draft
  - review the draft with experienced people and target audience
  - pretest with target audience
  - modify where indicated
  - arrange for printing/production and distribution.

**Question 4. Who needs to be trained?**

Refer once again to the needs assessment. Countries with limited tobacco control and high rates of tobacco use will need to train more broadly. Where prevalence is lower and tobacco control more developed, targets will be narrower.

In determining who needs skills, use a framework similar to the one used to consider information needs.

Staff needing capacity building might include:
- policy-makers and their advisors (government officials across sectors);
- programme/intervention designers (government and NGO);
- health professionals or counsellors who advise on smoking cessation;
- teachers, youth workers, others involved in prevention including “life skills” training;
– health promotion workers;
– tobacco users wanting to quit;
– public health advocates prepared to make a strong case for tobacco control;
– tobacco control NGOs.

**Question 5. What skills and training materials are needed for tobacco control?**

“Task analysis” (2) is used to identify precisely the capacities needed to do a job effectively. Tobacco control activities are varied, each with its own set of tasks. A task analysis will help select learning objectives, teaching materials, and appropriate trainers. “Tasks” typically involve learning attitudes and knowledge, as well as skills.

**Activities and training needs**
The table below is a basic guide to identifying the skills needed for specific tasks, but the NTCP should develop its own list.

<table>
<thead>
<tr>
<th>Tobacco Control Activities</th>
<th>Required Skills</th>
</tr>
</thead>
</table>
| Drafting and implementing policy measures (pricing, bans, sales restrictions) at all levels | • developing cross-sectoral partnerships  
• conducting health and economic analyses of impact of policy measures  
• drafting legislation and implementing appropriate rules and regulations that can be implemented |
| Advocacy at all levels | • conducting community surveys (including sampling, data gathering and analysis) on the acceptability of the measures  
• effective report-writing and presentation of data in a range of media to disseminate information and influence target groups  
• critically reviewing existing health data and countering tobacco industry arguments  
• identifying partners and building strategic alliances |
| Monitoring tobacco use patterns | • population-based survey techniques  
• data management and analysis  
• report-writing and dissemination of information |
| Planning and implementing interventions at national, provincial, district or organizational levels (e.g. school-based education; media campaigns; smoke-free workplaces) | • accurate “situation analysis” (qualitative, quantitative and rapid assessment investigation of influences on tobacco use)  
• data analysis and interpretation  
• strategic health programme planning, based upon situation analysis  
• designing appropriate curricula and educational materials  
• communicating persuasively with target groups  
• programme monitoring and evaluation |
| Smoking cessation programmes at provincial, district and community levels | • counselling for behavioural change and provision of support  
• managing and supporting counsellors |
| Avoiding or quitting smoking for individuals | • “life skills” (ability to perceive risk and peer pressure; saying no; understanding decision-making)  
• techniques for quitting and staying off tobacco (with or without nicotine replacement therapy and/or bupropion) |
Capacities required by different personnel
Box 3 looks at the skills needed by the various categories of individuals targeted for training and education.

Building on existing human resources
People with the above skills probably exist in the country, even if they are not involved in tobacco control. It would be better simply to upgrade such people’s skills to enable them, if they are keen, to work in tobacco control, rather than starting with complete beginners.

Box 3. Who needs what skills?

<table>
<thead>
<tr>
<th></th>
<th>Youth</th>
<th>Adults</th>
<th>Community groups</th>
<th>Teachers</th>
<th>Health workers</th>
<th>Cessation clinic staff</th>
<th>Programme planners</th>
<th>Policy-makers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resisting pressure to use tobacco</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Gathering data on tobacco use</td>
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<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Analysing data</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Planning community interventions</td>
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<td></td>
<td></td>
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<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Monitoring and evaluating interventions</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Disseminating information</td>
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<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Conducting economic analysis for decisions on pricing</td>
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<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Implementing media campaigns</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Developing educational materials</td>
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<td></td>
<td></td>
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<tr>
<td>Building partnerships</td>
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<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Developing policies</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
People with research and evaluation skills may be found in institutes and universities; economic modelling experts in government or universities; legal practitioners in universities and the legal profession; policy-makers in government departments; experts on advocacy and partnership building in NGOs; health planners in central and provincial health departments and university public health schools; writers, editors, and communication experts in business, the media, publishing, universities and NGOs; behavioural change counsellors in adolescent health, drug abuse or violence prevention programmes; “life skills” experts in adolescent health and development organizations.

Tip: Be sure those invited to train or develop materials don’t work for the tobacco industry or have other conflicts of interests.

Decision point:
Identify skills to be covered and where to find personnel.

Recommended educational and training materials
The list below, organized by topic, is a starting point for implementing tobacco control education and training. It is not comprehensive; references to other materials can be found in other chapters of this publication.

Tip: World Health Organization materials are often cheaper for developing countries.

1. Health consequences of tobacco use, cost-benefit analysis, decision-making on taxation and pricing, regulation, litigation, materials for advocacy


World Health Organization, Tobacco Free Initiative: http://www.who.int/tobacco/en

2. Smoking cessation methods, behaviour change, nicotine replacement therapies


3. Training methods and materials design for effective learning


The reading room: Training skills (http://www.reproline.jhu.edu/english/6read/6read.htm).

4. Planning and implementing smoke-free workplaces and communities


5. Research methods, rapid assessment methods, health planning and evaluation, evaluation of tobacco control interventions, report writing


6. Prevention strategies among youth, building “life skills”, adolescent healthy development


Manila, WHO Regional Office for the Western Pacific, 2000.

**Decision point:**

Identify which materials are essential and which are desirable; assess availability, and decide whether or not to obtain them.

**Question 6. Who can and should conduct training?**

Tobacco control requires many skills and, therefore, many types of training. Don’t worry if the country lacks designated “tobacco control” trainers. Different sorts of individuals and groups can and should participate in training.

**Using existing trainers**

Trainers almost certainly already exist in the country, even if they work outside tobacco control. Contact government departments, NGOs, universities and institutes,
social marketing organizations, and groups working in behaviour change, planning and evaluation, youth development and legislative change. Ask to speak to their training department or explain your needs. Trainers should have hands-on experience of the skills they will teach. Look for those willing to adapt their skills to a critical new area, but be sure they don’t work for the tobacco industry.

Young people often learn more readily from another young person. If you reckon that age, sex, level of education, language, geographic and cultural background are relevant to the learning process, try and find trainers from the appropriate group.

**Decision point:**
Identify what trainers are needed, where one can find them, and whether they are suitable and available for training in tobacco control.

**Training-of-Trainers (TOT)**
TOT is a useful strategy for disseminating education and skills widely and quickly, particularly when used in a “cascade” system as described in Chapter 6. It is worth spending funds to develop Master Trainers in key areas. They will need to consolidate new information and skills, as well as training techniques. Be sure they have adequate resources, time and budget. Also, consider establishing a “mentor” programme, whereby one or two individuals offer support, feedback, additional materials or refresher training following TOT.

**Tip:** Invite participants to evaluate training (anonymously) to ensure its quality, and find out whether trainers need further skills or have the interest and talent for this important role.

**Question 7. What training methods are likely to be effective?**
Most people learn best if they can practise the new skills they have learned about. Adult learning techniques are relevant and useful. Most people adapt well to active learning, finding it enjoyable and effective even if they feel slightly embarrassed at first, but some societies consider it undignified for adults to role-play or practise publicly, so always consider the cultural setting.

**Tip:** Typical training methods are described in two training guides published by WHO (1,2). Select those most suitable to your audience and to the available skills, budget and materials.

**The trainer’s role**
A good trainer makes learning meaningful and active, provides feedback, ensures assimilation of the lesson, is attentive to individual needs and shows commitment to
the process. Abbatt (2) defines these qualities, and discusses methods of transferring knowledge, attitudes and skills.

**Knowledge**
A few key points for effective teaching:
- Don’t try to teach everything: select key facts and use the appropriate pitch.
- Does the audience need information alone, or skills too?
- Offer several sources of information, providing resources and guidance so that trainees can acquire further information by themselves.
- Use “real world” examples if possible.
- Plan the sequence (what should be learned first, second, etc.).
- Find out what they already know.
- Explain why the information is important.
- Begin with a brief summary.
- Use various methods (lectures, hand-outs, audiovisual aids, role-plays, exercises, group discussion, co-teaching, presentations by participants).
- Encourage questions and discussion.
- Adapt your language to the audience.
- At the end of each session summarize the main points and check that everybody has understood.

**Teaching attitudes**
The right attitudes are particularly important for smoking cessation counselling and advocacy.
- Provide information to shape attitudes (the harm caused by tobacco; obstacles to cessation in certain populations; cost-benefit analysis of tobacco use).
- Provide examples or models (e.g. increased sporting ability after quitting; a successful cessation clinic; advocacy leading to legislation; a video showing an effective counselling session).
- Provide group discussion and role-plays to explore attitudes and gain empathy (e.g. towards smokers, young people).

**An example:**
The resource pack *Helping Smokers Change*, published by WHO Regional Office for Europe in 2001, includes a “pairs exercise” to gain empathy about behavioural change. Each in turn identifies a real habit he/she wants to modify, discussing advantages and disadvantages of change versus non-change, while the other member fills in a grid.

**Skills**
- Do a “task analysis” (2) to identify what skills are needed and at what level, so that these can be analysed and taught in sequence.
• Describe and demonstrate tasks and enable every participant to practise, allowing time for repetition. **Mastering skills may take 2-4 times longer than simply learning facts.**
• Use role-playing to build confidence (for interviews, counselling, public speaking). Ask others to provide feedback; however, never force anyone to do a role-play.
• Use written case-studies (an effective partnership for tobacco control in another setting: a poorly-designed community intervention) for discussion or analysis.
• Job experience is the best way to consolidate skills, but it requires an understanding supervisor and opportunities for support, mentoring or further training.
• Helpful resources exist ([1, 3]) to support training for one-to-one counselling (e.g. skills for quitting).

**An example:**

WHO-sponsored workshops on Community Interventions for Tobacco Control in China in 2002 included daily small-group tasks leading to the completion of a draft intervention proposal submitted for competitive funding. This process consolidated skills in setting objectives, selecting strategies and activities, and identifying indicators for monitoring and evaluation. (See Box 7, p. 110)

**Decision point:**

Undertake a "task analysis" and decide what types of training methods are most suitable for capacity building.

**Question 8: How can you plan an effective training workshop?**

This section summarizes key components of planning and conducting training workshops and provides examples of actual workshops.

Workshops are generally short (2–10 days), highly focused and intensive. They are most suitable for training that can be practised within the classroom. Normally, workshops do not offer intensive training, so participants need materials to take home to refresh their learning, or opportunities for further training.

**Tip:**

When deciding who is to participate, consider that training workshops serve at least two purposes:

1. They offer time, space and the opportunity to gain new knowledge and skills (some applicable to other areas).
2. They help raise awareness and gain new allies and partners.

**Workshop planning checklist**

• Setting objectives:
  – be realistic about setting objectives. Too many objectives may not be attainable;
– ensure that objectives are clearly explained and understood by participants;
– be aware of and acknowledge any hidden objectives (e.g. to gain allies).

• Thinking about the participants:
  – consider their role, capacity and willingness to attend the workshop and utilize new skills;
  – ensure balance of gender, ethnicity, geographical location and organizational background;
  – size: a group of 15-30 participants is large enough for exposure to different views and experience, and small enough to develop relationships and enable active participation;
  – avoid large power imbalances that inhibit open discussion;
  – select some “aware” participants for an energetic start (dynamics are important);
  – invitation letters should explain the purpose, time commitment and expectations for the workshop;
  – invitations should be sent out in time for monitoring of responses.

• Timing
  – the chosen day/month/year should be appropriate for key participants;
  – the duration of training should be sufficient for the transfer of skills (additional workshops or other mechanisms may be needed to consolidate learning).

• Venue
  – choose a venue that is convenient and accessible for most participants;
  – ensure that the participants will not be disturbed by noise, traffic and other distractions;
  – the meeting room should be neither too small (too cramped) nor too large (too intimidating), and should provide a comfortable environment for the participants;
  – provide writing surfaces;
  – ascertain that refreshments and meals are provided or are conveniently available;
  – make sure that audiovisual requirements are met;
  – provide space and writing materials for group work.

• Workshop reading materials
  – moderate amount of reading materials is more likely to be read and used;
  – choose suitable materials for the type of education and focus;
  – provide a bound set to keep the materials secure, with provisions for add-ons;
  – offer tips to find additional materials, and a list of references for future reading.

Limitations of workshops
Though popular and effective, workshops have some limitations:

• Learning styles and preferences: some people can’t focus during intensive sessions; some don’t like group discussion.
• Intensity but no consolidation: many skills, such as research and counselling, require abundant practice and time for assimilation.
• Personality conflicts or strain due to inexperienced facilitators, or large power imbalances between participants, may impede learning.
Examples of tobacco control workshops
Box 4 outlines a generic workshop; boxes 5, 6, 7 summarize actual workshops held. A more detailed agenda of the workshops outlined in boxes 5 and 7 can be found in Annex 1.

Box 4. Generic model of a 2-day awareness workshop on national tobacco control

Objectives
- Increasing knowledge of the health burden of tobacco and producing appropriate responses in key stakeholders.
- Building partnerships.
- Raising awareness of the WHO Framework Convention on Tobacco Control.

Target audience
- Mid- to high-level representatives from relevant ministries (health, finance, education, agriculture, etc.).
- Representatives of major health organisations (e.g. Cancer Council, Heart Council).
- Representatives of major community organizations.

If possible, ensure gender and age balance of target audience.

Presenter/facilitator
Someone at senior level, experienced in building participative exchange and partnerships, with no vested interests in tobacco.

Contents
- Health risks, the benefits of quitting, burden of disease internationally and nationally; trends.
- Economic and social costs.
- The WHO Framework Convention on Tobacco Control and why it is needed.
- The role of health professionals in smoking prevention and cessation.
- Successful models of tobacco control regulations, interventions, cessation and prevention programmes.
- Forming partnerships for tobacco control.
- Developing action plans.
Box 5. Workshop on building and strengthening national capacity for tobacco control. 2

Objectives

• Strengthening and supporting the capacity of countries to assess, plan, monitor and evaluate comprehensive tobacco control programmes that reflect national priorities and realities.
• Building on existing public health systems and strengthening their human and institutional capacity in managerial, technical and political areas.
• Developing a pilot project for similar training workshops on national capacity building for tobacco control.

Target audience
Representatives of ministries of health.

Facilitators
Director, Tobacco Free Initiative, World Health Organization.

Contents

• Global and national issues in tobacco control.
• Making an impact on decision-makers in the area of tobacco control.
• The experience of Brazil.
• Use of communication tools to create a favorable environment for tobacco control.
• The role of civil society in tobacco control.
• National Tobacco Control Programmes: structural issues, coordination mechanisms and self-sustainability.
• Legislative and economic measures.
• How to search tobacco industry documents.

2 Based on a 4-day workshop on strengthening national capacity for tobacco control, intended for Portuguese-speaking countries, held in Brazil, in April 2003. The workshop was hosted by the National Cancer Institute (INCA), Brazil, and cosponsored by WHO/TFI and INCA, Brazil.
Box 6. Tobacco Control and Gender Workshop

Objectives

• Use of social models of health to explore gender dimensions of tobacco use among men and women.
• Understanding of the health impacts of tobacco and sex-related differentials.
• Assimilation of research tools in order to contribute to gender-sensitive programmes and policy design.
• Preparation of action plans to bring gender into tobacco control.

Target audience
Researchers, officials, programme planners familiar with health research and planning.

Facilitators
People with expertise in training, health policy, tobacco control and gender research.

Contents

• Recent epidemiological evidence about health impacts and patterns.
• What is tobacco control?
• Research evidence about sociocultural influences on tobacco use
• Exercises to identify gender issues in individual countries.
• Qualitative and quantitative methods to investigate tobacco use.
• Policy issues for gender and tobacco control.
• Developing effective interventions (planning, monitoring and evaluation).
• Action planning and peer review.

Box 7. Planning Community Interventions for Tobacco Control

Objectives

• Becoming familiar with:
  – strategies for tobacco control in different settings
  – smoking cessation methods, process, impact and outcome evaluation
  – strategies to involve the community in the Chinese context
• Preparing a proposal for a community intervention.

Target audience
• Researchers, policy and programme designers in health education.
• Members of community organizations.

Facilitators
Experts in programme planning and evaluation for tobacco control at community level.

Contents

• Explaining tobacco control.
• The role of social factors in tobacco use.
• How to bring about behavioural change.
• Planning a community intervention.
• Conducting a situation analysis.
• Defining objectives and strategies.
• A practical model for smoking cessation.
• Possible activities in the context of China.
• Monitoring and evaluation of tobacco control.

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3 A 9-day workshop held by the University of Melbourne, in December 2000, for 13 South-East Asian participants.
4 WHO-sponsored workshops in Beijing and Chengdu, China, held in October 2002. Selected interventions developed during the workshop were funded and implemented during 2003.
Suggested framework for education and training in different settings

In the next two subsections we suggest core training and educational requirements for:
(a) countries where tobacco use is widespread or spreading fast, which are planning to introduce regulations in response to the WHO Framework Convention on Tobacco Control;
(b) countries that formerly experienced high prevalence but have succeeded in reducing it through control measures and interventions, with certain groups continuing to use tobacco.

Countries may fall between these two extremes. The NTCP must identify at what stage the country is and how best to tackle the current situation. The models outlined below are only suggestions, and are neither comprehensive nor prescriptive.

Suggested plan for a country with high prevalence and few control measures

1. National awareness-raising and advocacy workshop (see Box 4, p. 108).
2. National workshop to build research capacity in order to undertake national prevalence surveys and rapid assessments or social research into:
   (a) factors influencing tobacco use;
   (b) obstacles to tobacco control (modification of Box 6, p. 110);
   (c) national train-the-trainer smoking cessation workshop for health professionals (see Box 5, p.109);
   (d) provincial and district smoking cessation workshops for health professionals (see Box 5, p.109);
   (e) provincial workshops on establishing smoking-cessation clinics and help lines.
   (f) national workshops to plan media and community-level education and advocacy campaigns;
   (g) national workshops to build capacity in cost-benefit analysis, economic modelling for pricing and taxation, reduction of smuggling (if relevant), and drafting of legislation;
   (h) national workshops to build partnerships for legislative change;
   (i) provincial workshops on planning, monitoring and evaluation of community interventions (Box 7, p. 110).

Suggested plan for a country with medium–low prevalence and several control measures

1. National awareness-raising and advocacy workshop on legislative weaknesses and other obstacles to reduction (see Box 4, p. 108).
2. National workshop to build capacity in order to conduct rapid assessments and/or social research into
   (a) factors influencing tobacco use;
   (b) obstacles to tobacco control (modification of Box 6, p. 110).
3. Provincial and district smoking-cessation workshops for health professionals working with target populations (modification of Box 5, p. 109).

4. National and provincial dissemination and planning workshops to discuss obstacles identified after second national workshop and develop appropriate strategies.

5. Provincial workshops on planning, monitoring and evaluation of community interventions (see Box 7, p. 110).

References


ANNEX 1

Workshop on strengthening national capacity for tobacco control, held in Brazil in April 2003

<table>
<thead>
<tr>
<th>AGENDA</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Opening ceremony</td>
<td>Exercise</td>
<td>Presentation</td>
<td>Exercise</td>
</tr>
<tr>
<td></td>
<td>Presence of Minister of Health, Director of National Cancer Institute and WHO</td>
<td>Completion of country survey questionnaires; discussion on data collected and their importance</td>
<td>The experience of Brazil in tobacco control: the country’s current situation and how it got there</td>
<td>Exercise: Mock interviews on tobacco control issues</td>
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<td>Curbing the Epidemic - identification of key messages of relevance to each country</td>
<td>History of tobacco control in Brazil</td>
<td>Civil society and tobacco control, Social mobilization for tobacco control</td>
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<td>Exercise</td>
<td>Presentations</td>
<td>Experiences from a municipality and 3 states</td>
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<td></td>
<td>Creating a favorable environment for tobacco control: use of communication tools</td>
<td>Channels &amp; general aspects, Popular mobilization, Assessment of communications work, The media &amp; interviews</td>
<td>Civil society and tobacco control, Social mobilization for tobacco control</td>
<td>National Tobacco Control Programmes – Structural issues, coordination mechanisms, self-sustainability</td>
</tr>
<tr>
<td></td>
<td>Presentations</td>
<td>Video presentation</td>
<td>Ice</td>
<td>Ice</td>
</tr>
<tr>
<td></td>
<td>• Channels &amp; general aspects</td>
<td>Ice</td>
<td>Exercise: Mock interviews with participants</td>
<td>Ice</td>
</tr>
<tr>
<td></td>
<td>• Popular mobilization</td>
<td>Ice</td>
<td>Presentations</td>
<td>Ice</td>
</tr>
<tr>
<td></td>
<td>• Assessment of communications work</td>
<td>Ice</td>
<td>• National Tobacco Control Programmes – Structural issues, coordination mechanisms, self-sustainability, Experiences from a municipality and 3 states</td>
<td>Ice</td>
</tr>
<tr>
<td></td>
<td>• The media &amp; interviews</td>
<td>Ice</td>
<td>Ice</td>
<td>Ice</td>
</tr>
<tr>
<td></td>
<td>Exercise</td>
<td>Presentation</td>
<td>Presentations</td>
<td>Presentations</td>
</tr>
<tr>
<td></td>
<td>Exercise</td>
<td>Presentation</td>
<td>Presentations</td>
<td>Presentations</td>
</tr>
<tr>
<td></td>
<td>How to prepare funding proposals for tobacco control, based on key issues to be tackled in the country</td>
<td>How to search tobacco industry documents</td>
<td>Legislation in Brazil, Partnerships with other parts of the Ministry, Economic measures, Municipality presentation, Development of a system of evaluation for tobacco control, Evaluation of tobacco control</td>
<td>Ice</td>
</tr>
<tr>
<td></td>
<td>Exercise</td>
<td>Closing</td>
<td>Presentations</td>
<td>Ice</td>
</tr>
<tr>
<td></td>
<td>Closing</td>
<td>Participants given CD ROMS with workshop details and presentations</td>
<td>Ice</td>
<td>Ice</td>
</tr>
</tbody>
</table>
**WHO-sponsored workshop on planning community interventions for tobacco control, held in China in October 2002**

<table>
<thead>
<tr>
<th>AGENDA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning</strong></td>
<td><strong>Afternoon</strong></td>
</tr>
</tbody>
</table>
| **Opening ceremony**  
Workshop format; self-introduction | **1c. Who uses tobacco and why?**  
Role of social factors |
| **1a. What is tobacco control (TC)?**  
- Health risks of tobacco  
- Tobacco control  
- Cessation vs. prevention  
- Benefits of cessation  
- Quitting with and without assistance  
- What might work in China? | **1d. Behaviour change**  
- How does change happen and what are the typical stages?  
- Overcoming challenges |
| **1b. What is a “community”, an “intervention”?** | **1e. Group work**  
Pairs exercise: understanding stages of change and decisional balance |
| **Day 1** | **Day 2** |
| **2a. Planning an Intervention**  
The “Logical Model”:  
- STEP 1: What are the planning steps?  
- Conducting a situation analysis | **2c. Interventions: choices and decisions**  
- Price increase  
- Media campaign  
- Workplace restriction  
- Home restriction  
- Behavioural counselling  
- Pharmacotherapy  
- Healthcare providers |
| **2b. Group work**  
- Thinking about the situation analysis  
- What information do you need for the baseline? | **2d. Group work**  
Decision point:  
- Define the target group  
- What type of intervention will you choose and why? |
| **Day 3** | **Day 4** |
| **3a. Planning a community intervention for TC**  
STEP 2: Defining objectives and strategies | **3c1. A practical model for smoking cessation** |
| **3b. Group work:**  
- What objectives are “reasonable”?  
- What specific activities will work best to achieve the objectives? | **3c2. Implementing the programme**  
Pros and cons of a range of activities in the context of China |
| **3d. Group work**  
Decision point:  
Define strategies and activities clearly linked to the objectives | **3e. Workshop evaluation**  
Closing ceremony |
| **Day 4** | **Day 4** |
| **4a. Introduction to health programme evaluation for tobacco control**  
- Setting indicators and measures  
- Monitoring; process and impact evaluation  
- Timing of evaluation | **4c. Plenary discussion of proposed interventions** |
| **4b. Group work Day**  
Decision point:  
Prepare outline: objectives, strategies and activities. Include monitoring and evaluation indicators, if possible. | **4d. What happens if the proposal is selected?**  
Plans for next workshop to present feedback, monitoring, evaluation and dissemination |
| **4e. Workshop evaluation**  
Closing ceremony |  |
8
Communication and public awareness to build critical mass

The art of communication is the language of leadership.
—James Humes
INTRODUCTION

Tobacco is heavily marketed. By the skilful application of the four principles of commercial marketing – product, place, price and promotion – the tobacco industry has ensured the social acceptability of tobacco use, and the availability and popularity of tobacco products while generating tremendous profits for its shareholders. The continued consumption of tobacco products, despite the established harm of tobacco, attests to the success of marketing strategies even when the products are known to cause disease and death.

If marketing contributes greatly to the persistence of tobacco use, it stands to reason that the same principles can be applied to achieve the opposite effect. Kotler and Andreasen (1, 2) were among the first to realize that commercial marketing techniques could be adapted to programmes designed to influence the behaviour of a target audience to enhance their well-being. They defined this as social marketing. The use of social marketing for tobacco control is sometimes also referred to as tobacco counter-marketing, because it aims to reduce tobacco consumption, thus countering the efforts of the tobacco industry to promote tobacco use (3).

Box 1. Using the framework of social marketing for tobacco control

- The Product is the tobacco control programme and the interventions it intends to implement.
- The Price refers to both the tangible and intangible costs to engage in action or to participate in the programme; it includes money, time, opportunity costs and even the emotional costs of participation.
- Place refers to the distribution or the location or mechanism for getting tobacco control interventions to consumers.
- Promotion involves all strategies to promote tobacco control and to inform consumers about it and its advantages.
- Sometimes, a fifth “P” – People – can be factored into the framework; this refers to the key people who can either ensure a programme’s success or block its implementation.

To build a critical mass of public supporters of tobacco control, programme planners of the National Tobacco Control Programme (NTCP) need to devise a strategic marketing mix of these “Ps.” Successful social marketing for tobacco control requires the systematic implementation of a process in which the marketing mix is clearly elucidated in six stages that use decision-based research to provide feedback at every stage. The process is a dynamic one that allows programme adjustments based on continuous feedback.
The social marketing of tobacco control requires strategic communication. Communications strategies are key, not only because they ensure that accurate information is accessible to the population but because well-designed communications campaigns can lead to changes in behaviour that are essential for reducing the prevalence of smoking.

**Fig. 1. Six-stage process of successful social marketing**

1. Planning and strategy selection
2. Selecting channels and materials
3. Developing materials and pre-testing
4. Implementation
5. Assessing effectiveness
6. Feedback to refine program

**Box 2. Characteristics of effective counter-marketing efforts**

The United States Centers for Disease Control and Prevention, in its review of the evidence on counter-marketing, conclude that the effective counter-marketing efforts:

- use a comprehensive approach, utilizing media, school and community-based activities;
- must have sufficient reach, frequency and duration; this invariably requires the use of paid media placement;
- combine messages on prevention, cessation, and protection from second-hand smoke;
- target both young people and adults; and address both individual behaviours and public policies;
- include grassroots promotions, local media advocacy, event sponsorships, and other community tie-ins to support and reinforce the state-wide campaign;
- maximize the number, variety and novelty of messages and production styles rather than communicate a few messages repeatedly; and
- use non-authoritarian appeals that avoid direct exhortations not to smoke and do not highlight a single theme, tagline, identifier or sponsor.

tobacco use. The experience of several countries like Australia, Canada and Thailand suggests that effective social marketing and communications campaigns can curtail tobacco use. This chapter presents some key strategies and approaches to designing a social marketing and communications campaign for tobacco control. The National Cancer Institute publication *Making Health Communications Programs Work* (4) and the recent *Designing and Implementing an Effective Tobacco Counter-Marketing Campaign* (3) provide a detailed discussion of this issue.

### THE FIRST STEP: PLAN AND STRATEGIZE

Planning and strategy are the foundation of an effective social marketing and communications campaign. The following are intrinsic to the preparatory phase.

1. **Understand the problem**

   The basis of any attempt to change knowledge, attitudes or behaviour is a systematic review and understanding of the problem that needs to be addressed. For tobacco control campaigns, this refers to the need to be familiar with the tobacco epidemic as it affects a particular target population within a country. Review existing health and demographic data, survey results, study findings and any other available information. In all cases, search for local data, as this will carry greater weight when preparing the specific messages to communicate. If necessary, seek out and talk to experts, who may be found in academic institutions, tobacco control nongovernmental organizations (NGOs) or within the community. Your search should include information on the local tobacco industry, which actively promotes the behaviour that needs to be changed.

   Be clear about the how the problem relates to the overall plan of action for tobacco control. Describe the problem in specific terms, clearly identifying:
   - what the nature of the problem is;
   - who it affects, and in what manner it affects the target population;
   - how bad the problem is, and what indicators can be used to gauge its severity;
   - what and who can enable the resolution of the problem; and
   - what and who can make the problem worse (e.g. the tobacco industry).

2. **Know the target population**

   Look for and study the geographical, demographic, economic and social factors that shape the behaviour of the target population. These could include differences in knowledge, attitudes and practices, age, gender, literacy, ethnicity, educational attainment, income, personality and lifestyle, and values. Also consider individual and
community variables specific to the locale, which determine the patterns of tobacco use. For example, in some Pacific Islander communities, chewing tobacco is the predominant form of tobacco use, and is as much a social activity as an individual behaviour. In some northern African and Eastern Mediterranean countries, the use of water pipes or the shisha is very common, while in parts of South-East Asia, clay pipes known as suipa, chillum or hookli are widely used.

The degree of exposure to mass media is another critical factor since this will determine the channels of communication selected. In many developing countries, the Internet and even television are not available in rural communities, but radios are extremely common and popular.

If the target population is large and heterogeneous, identify different target segments within the larger population that would respond to different types of messages and channels. Develop a personality profile for each of the identified population segments. By understanding the audience, you can tailor the marketing mix to best appeal to them.

Tip: Draft a profile of the target audience.

3. Identify other factors that can affect the campaign

Identify resources, strengths and weaknesses of the NTCP and the sociopolitical environment that relates to the ability to successfully address the problem at hand. Review existing programmes, policies and laws that may have an impact on the intended campaign. Know the key players and stakeholders in the locality. Anticipate the impact of the communications campaign on these stakeholders, and prepare for potential reactions to the campaign. In particular, be ready for potential adverse reactions from the tobacco industry and related organizations. In addition, be aware of the promotional activities of the tobacco industry to increase tobacco use, and possible effects of having a tobacco control campaign while tobacco industry promotional campaigns are ongoing.

Tip: Make a list of all these factors, separating the positive from the negative.

4. Establish a framework to influence the behaviour of the target population

A theoretical framework that explains why, how and in what order people make changes in their health knowledge, attitudes, intentions and behaviours can guide the selection of objectives, strategies, and messages for a social marketing campaign. Several models exist; in practice, many programmes use a combination of these theories. The following table summarizes the major theoretical models for behaviour change.
Table 1. Summary of theories: focus and key concepts

<table>
<thead>
<tr>
<th>Theory</th>
<th>Focus</th>
<th>Key concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual level</td>
<td>Stages of change model</td>
<td>• Pre-contemplation</td>
</tr>
<tr>
<td></td>
<td>Individuals’ readiness to change or attempt to change toward healthy</td>
<td>• Contemplation</td>
</tr>
<tr>
<td></td>
<td>behaviours</td>
<td>• Decision/determination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Action</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Maintenance</td>
</tr>
<tr>
<td>Health belief model</td>
<td>Persons’ perception of the threat of a health problem and the</td>
<td>• Perceived susceptibility</td>
</tr>
<tr>
<td></td>
<td>appraisal of recommended behaviour(s) for preventing or managing the</td>
<td>• Perceived severity</td>
</tr>
<tr>
<td></td>
<td>problem</td>
<td>• Perceived benefits of action</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Perceived barriers to action</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cues to action</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Self-efficacy</td>
</tr>
<tr>
<td>Consumer information processing</td>
<td>Process by which consumers acquire and use information in making</td>
<td>• Information processing</td>
</tr>
<tr>
<td>model</td>
<td>decisions</td>
<td>• Information search</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Decision rules/heuristics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consumption and learning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Information environment</td>
</tr>
<tr>
<td>Interpersonal level</td>
<td>Social learning theory</td>
<td>• Behavioural capability</td>
</tr>
<tr>
<td></td>
<td>Behaviour explained via a three-way, dynamic reciprocal theory in</td>
<td>• Reciprocal determinism</td>
</tr>
<tr>
<td></td>
<td>which personal factors, environmental influences, and behaviour</td>
<td>• Expectations</td>
</tr>
<tr>
<td></td>
<td>continually interact</td>
<td>• Self-efficacy</td>
</tr>
<tr>
<td>Community level</td>
<td>Community organization theories</td>
<td>• Observational learning</td>
</tr>
<tr>
<td></td>
<td>Emphasis of active community participation and development of</td>
<td>• Reinforcement</td>
</tr>
<tr>
<td></td>
<td>communities that can better evaluate and solve health and social</td>
<td>• Empowerment</td>
</tr>
<tr>
<td></td>
<td>problems</td>
<td></td>
</tr>
<tr>
<td>Organizational change theory</td>
<td>Processes and strategies for increasing the chances that healthy</td>
<td>• Problem definition</td>
</tr>
<tr>
<td></td>
<td>policies and programmes will be adopted and maintained in</td>
<td>(awareness stage)</td>
</tr>
<tr>
<td></td>
<td>formal organizations</td>
<td>• Initiation of action</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(adoption stage)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Implementation of change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Institutionalization of change</td>
</tr>
<tr>
<td>Diffusion of innovations theory</td>
<td>How new ideas, products, and social practices spread within a society</td>
<td>• Relative advantage</td>
</tr>
<tr>
<td></td>
<td>or from one society to another</td>
<td>• Compatibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Complexity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Trialability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Observability</td>
</tr>
</tbody>
</table>

Source: NCI, 1995 (5).

5. Determine the objectives

Clearly worded objectives are necessary to devise appropriate strategies and messages. Possible general outcomes of tobacco-control social marketing are:
• Raise awareness of the problem and/or the tobacco control programme
• Enhance knowledge about specific issues
• Influence individual attitudes or values, contributing to behaviour change
• Shift community norms
• Propel people to act (e.g. call a quit line)
• Win broad public support for tobacco control issues (5)

Set objectives that are SMART:
• Specific
• Measurable
• Appropriate
• Realistic
• Time-bound

Develop achievable objectives for the target population, and quantify the changes in knowledge, attitudes, behaviour or advocacy that you wish to achieve within a given period of time. If you identified sub-groups or segments from within the larger target population, draft specific objectives for each sub-group.

6. Choose the approaches to achieve the objectives

There are several approaches to tobacco counter-marketing (3):
• Advertising: a communication strategy in which messages are repeatedly delivered directly to a mass audience. Advertising permits control over the message’s tone, content, placement and amount of exposure.
• Public relations: uses “earned” media coverage to reach target audiences, through cultivating relationships with media gatekeepers.
• Media advocacy: uses media and community advocacy strategically to create changes in social norms and policies.
• Grassroots marketing: actively involves people in the community in counter-marketing activities.
• Media literacy: develops skills that enable people to assess the use of mass media critically in propagating tobacco use.

Each of these approaches has its inherent strengths and weaknesses. The choice of which approach or combination of approaches to use will depend on the objectives of the social marketing campaign. In general, using a combination of approaches is more effective than using any one approach. The approach chosen must be consistent with the overall strategy and resources of the NTCP.
7. Design the programme strategy

Every social marketing and communications programme needs a strategic design. This translates the analysis in the preparatory phase into an unambiguous road map with clear directions on how to accomplish the project objectives.

Prepare a concise strategy statement that delineates the objectives, target audience profile, the desired behaviour change, potential obstacles, and specific activities and interventions to achieve that change. Clearly indicate how to show the intended audiences a clear benefit from the services or practices promoted, and what is needed to convince them of the benefit.

8. Create an implementation plan

Set up a plan for implementing the programme. Design all programme tasks, ensuring that each one contributes to the established objectives of the strategy statement. Clearly identify the person or persons responsible for each task. Prepare a budget for each phase of the project. Include a timeline or work schedule with periodic indicators to monitor progress.

9. Develop the evaluation mechanism

Develop an evaluation scheme before launching the project. Plan to measure the expected changes in the target audience using multiple data sources. Collect baseline data, and ensure that the evaluation scheme is clearly laid out before implementing the interventions.

THE SECOND STEP: SELECT CHANNELS AND MATERIALS

Channels

Channels are the avenues or pathways to deliver programme messages, materials and activities to your target audience. The different channels, and their relative advantages and disadvantages are summarized in the table below.
Table 2. Communication channels and activities: pros and cons

<table>
<thead>
<tr>
<th>Type of channel</th>
<th>Activities</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
</table>
| **Interpersonal channels** | • Hotline counselling  
                          • Patient counselling  
                          • Instruction  
                          • Information  
                          • Discussion | • Can be credible.  
                          • Permit two-way discussion.  
                          • Can be motivational  
                          • Most effective for teaching and helping/caring. | • Can be expensive.  
                          • Can be time-consuming.  
                          • Can have limited intended audience reach.  
                          • Can be difficult to link into interpersonal channels; sources need to be convinced and taught about the message themselves. |
| **Organizational and community channels** | • Town hall meetings and other events  
                          • Organizational meetings and conferences  
                          • Workplace campaigns | • May be familiar, trusted, and influential.  
                          • May provide more motivation/support than media alone.  
                          • Can sometimes be inexpensive.  
                          • Can offer shared experiences.  
                          • Can reach larger intended audience in one place. | • Can be costly, time-consuming to establish.  
                          • May not provide personalized attention  
                          • Organizational constraints may require message approval.  
                          • May lose control of message if adapted to fit organizational needs. |
| **Mass media channels**  | **Newspaper**  
                          • Ads  
                          • Inserted sections on a health topic (paid)  
                          • News  
                          • Feature stories  
                          • Letters to the editor  
                          • Op/ed pieces  
                          • Question and answer articles in magazines or newspapers | • Can reach broad intended audiences rapidly.  
                          • Can convey health news/breakthroughs more thoroughly than TV or radio.  
                          • Intended audience has chance to clip, reread, contemplate, and pass along material.  
                          • Small circulation papers may take print public service announcements (PSAs). | • Coverage demands a newsworthy item.  
                          • Larger circulation papers may take only paid ads and inserts.  
                          • Exposure usually limited to one day.  
                          • Article placement requires contacts and may be time-consuming. |
|                          | • Radio  
                          • Ads (paid or public service placement)  
                          • News  
                          • Public affairs/talk shows  
                          • Dramatic programming (entertainment education) | • Range of formats available to intended audiences with known listening preferences.  
                          • Opportunity for direct intended audience involvement (through call-in shows).  
                          • Can distribute ad scripts (termed ‘live-copy ads’), which are flexible and inexpensive.  
                          • Paid ads or specific programming can reach intended audience when they are most receptive. Paid ads can be relatively inexpensive.  
                          • Ad production costs are low relative to TV.  
                          • Ads allow message and its execution to be controlled. | • Reaches smaller intended audiences than TV.  
                          • Public service ads run infrequently and at low listening times.  
                          • Many stations have limited formats that may not be conducive to health messages.  
                          • Difficult for intended audiences to retain or pass on material. |
### Table 2 (continued)

<table>
<thead>
<tr>
<th>Type of channel</th>
<th>Activities</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
</table>
| **Television**   | - Ads (paid or public service placement)  
- News  
- Public affairs/talk shows  
- Dramatic programming (entertainment education) |
  - Reaches potentially the largest and widest range of intended audiences.  
  - Visual combined with audio good for emotional appeals and demonstrating behaviours.  
  - Can reach low-income intended audiences.  
  - Paid ads or specific programming can reach intended audience when most receptive.  
  - Ads allow message and its execution to be controlled.  
  - Opportunity for direct intended audience involvement (through call-in shows). |
  - Ads are expensive to produce.  
  - Paid advertising is expensive.  
  - PSAs run infrequently and at low viewing times.  
  - Message may be obscured by commercial clutter.  
  - Some stations reach very small intended audiences.  
  - Promotion can result in huge demand.  
  - Can be difficult for intended audiences to retain or pass on material. |
| **Internet**     | - Web sites  
- E-mail mailing lists  
- Chat rooms  
- Newsgroups  
- Ads (paid or public service placement) |
  - Can reach large numbers of people rapidly.  
  - Can instantaneously update and disseminate information.  
  - Can control information provided.  
  - Can tailor information specifically for intended audiences.  
  - Can be interactive.  
  - Can provide health information in a graphically appealing way.  
  - Can combine the audio/visual benefits of TV or radio with the self-paced benefits of print media.  
  - Can use banner ads to direct intended audience to your programme’s web site. |
  - Can be expensive.  
  - Many intended audiences do not have access to Internet.  
  - Intended audience must be proactive—must search or sign up for information.  
  - Newsgroups and chat rooms may require monitoring.  
  - Can require maintenance over time. |

Adapted from DHHS, 2003 (3)
Table 3: Pros and cons of different formats for focus groups and individual interviews.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Face to-face</strong></td>
<td>Can assess body language. If videotaped, can share with others who couldn’t attend. Have participants' undivided attention.</td>
<td>Responders lose some anonymity. Higher travel expenses due to multiple locales. Usually excludes people in rural areas or small towns.</td>
</tr>
<tr>
<td><strong>Telephone</strong></td>
<td>More convenient for participants and observers. Can easily include people in rural areas, in small towns, and who are homebound. For professional groups, may be easier to gain participation because it is less likely participants will know each other. Relative anonymity may result in more frank discussion of sensitive issues.</td>
<td>Can’t assess nonverbal reactions. More difficult to get reactions to visuals (although they can be sent ahead of time). Participants can be distracted by their surroundings. Requires technology that allows teleconferencing.</td>
</tr>
<tr>
<td><strong>Radio</strong></td>
<td>Radio readily available in developing countries. Can easily include people in rural areas, in small towns, and who are homebound. For professional groups, may be easier to gain participation because it is less likely participants will know each other. Relative anonymity may result in more frank discussion of sensitive issues.</td>
<td>Can’t assess nonverbal reactions.</td>
</tr>
<tr>
<td><strong>Internet chat sessions</strong></td>
<td>Complete record of session instantly available. Relative anonymity may result in more frank discussion of sensitive issues.</td>
<td>Requires access to computer technology, the internet and “chat rooms”. Only useful for participants comfortable with this mode of communication. Relatively slow pace limits topics that can be covered. No way to assess if participants meet recruitment criteria. Can’t assess body language or tone of voice. More difficult to get reaction to visuals.</td>
</tr>
</tbody>
</table>

Adapted from DHHS, 2003 (3)
Table 4: Graphics and audio visual

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provides timely reminders</td>
<td>• May not be cost effective</td>
</tr>
<tr>
<td>• Attracts the attention of the target audience at the place of exposure</td>
<td>• Often used out of cultural and educational context</td>
</tr>
<tr>
<td>• Provides basic information on the product and its benefits</td>
<td>• Training necessary for proper use and display</td>
</tr>
<tr>
<td>• Demonstrates steps of behaviour</td>
<td></td>
</tr>
<tr>
<td>• Provides complex information</td>
<td></td>
</tr>
<tr>
<td>• Is handy and reusable</td>
<td></td>
</tr>
<tr>
<td>• Supports interpersonal communication</td>
<td></td>
</tr>
<tr>
<td>• Provides accurate, standardized information</td>
<td></td>
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<tr>
<td>• May be produced locally</td>
<td></td>
</tr>
<tr>
<td>• Provides instant feedback</td>
<td></td>
</tr>
<tr>
<td>• Gives confidence and credibility to person communicating messages</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from NCI, 1989 (4)

When deciding on channels:
• Determine the channels most appropriate for the issue and message.
• Decide which channels reach the target audience most effectively. Tailor the channel selected based on the profile of the target audience.
• Select channels that best address the objectives.
• Evaluate the availability, reach and costs of the different channels, based on your time line and budget, and on existing technology.
• Use a combination of channels for maximum impact. When using multiple channels, identify the primary channel and supporting channels.
• Consider the cost-effectiveness of the channel.

Materials

Materials are the communication tools that carry the message to your target audience. Materials can come in multiple formats: print materials, such as booklets and posters, videotapes, public service announcements and web-based materials.

When selecting materials:
• Find out if there are existing materials that you can use or adapt. If you are considering the use of existing materials, contact the original producer to discuss:
  – how the messages were developed;
  – whether the materials were tested;
  – how they have been used and by whom; and
  – whether they were effective.

Obtain permission to use the materials. This is especially important when using copyrighted materials.
Box 3. World No Tobacco Day, 31 May

1988: Tobacco or Health: Choose Health
1989: Women and Tobacco
1990: Childhood and Youth Without Tobacco
1991: Public Places and Transport: Better Be Tobacco-free
1992: Tobacco-free Workplaces: Safer and Healthier
1993: Health Services: Our Windows to a Tobacco-free World
1994: Media And Tobacco: Get the Message Across
1995: Tobacco Costs More than You Think
1996: Sports and the Arts without Tobacco: Play it Tobacco-free
1997: United for a Tobacco-free World
1998: Growing Up Without Tobacco
1999: Leave the Pack Behind
2000: Tobacco Kills: Don’t Be Duped
2001: Second Hand Smoke Kills: Clear the Air
2002: Tobacco Free Sports: Play it Clean
2003: Action: Tobacco Free Films and Fashion
2004: Tobacco and Poverty: A vicious circle

World No Tobacco Day (WNTD) is now celebrated in almost all of the World Health Organization’s (WHO) 192 Member States. It provides an excellent opportunity to highlight specific tobacco control messages at both national and international levels. Because of the attention given by the international community to WNTD, it has the potential to grab the attention of top national leaders and key decision-makers and media. In past WNTD celebrations, several ministries of health and WHO officially recognized the efforts of individuals and organizations to promote tobacco control within their respective countries, giving legitimacy to the work of these tobacco control advocates. In addition, several ministries of health, some tobacco control nongovernmental organizations (NGOs) and even the International Federation of Football Associations (FIFA) have timed the launch of specific tobacco control initiatives to coincide with WNTD. For example, on WNTD 2002, FIFA’s first tobacco-free World Cup kicked off simultaneously in Japan and the Republic of Korea, coinciding with the WNTD theme of “Tobacco Free Sports: Play it Clean.” Doing this expands the media mileage for specific initiatives while at the same time strengthening the general social acceptability of reducing tobacco use. Consequently, national tobacco control planners should include the celebration of WNTD into their communications strategy.
• If you determine the need to produce new materials, be guided by:
  – the complexity, sensitivity, style and objective of the message;
  – the communications preferences of the target audience;
  – the nature of the channels through which the materials will be disseminated;
    and
  – the costs, and availability of resources.

THE THIRD STEP: DEVELOP AND PRE-TEST THE MESSAGES AND MATERIALS

Message development in public health communications combines science and art. Messages need to be guided by the analysis and strategic design accomplished in the preparatory phase, but they also must be scientifically accurate and emotionally moving, to influence the target audience towards some action or change in behaviour.

1. Begin with message concepts

Based on the results of the analysis and design strategy, develop message concepts by identifying the key words, themes or storylines and the accompanying visual images that reflect the overall strategy. For maximum impact, keep messages clear and simple. Avoid complexity. Highlight benefits and practical solutions that address people’s needs.

2. Work with tobacco control and public health professionals

For public health communications projects, work closely with health professionals to ensure that the technical information is accurate. An additional advantage to working

Box 4. Preparing effective messages

1. Establish a ‘personality’ for the message. Make the message appealing, to make it stand out.
2. Position the message carefully. Carefully delineate how the message fits into the lifestyle and values of the target audience.
3. Highlight a compelling benefit that addresses a real need among the target audience.
4. Create trust. The message should be simple, direct, empathic and credible.
5. Appeal to both heart and mind. Invest the message with emotional as well as intellectual value.
6. Maintain focus. Ensure that the message deals directly with the health issue under consideration.
with health professionals is the opportunity to establish an ongoing working relationship with them that facilitates winning their support for the project.

### 3. Work with communications professionals

Presenting technically accurate information is not enough to mount a successful public health communications project or campaign. Work closely with experts in mass communications and with other creative talent to produce messages and materials that are packaged to have maximum impact on the audience. In many countries, this type of expertise may not always be found within the ministry of health. Identify professionals and creative talent in the private sector who understand and empathize with the issues being promoted. For ongoing communications programmes, develop a network of contacts in the communications and creative arts fields that can be tapped readily when needed.

### 4. Follow the seven Cs of effective communication

2. Cater to the heart and the head.
3. Create a clear message.
4. Communicate a benefit.
5. Convey a consistent message.
6. Call for action.
7. Create trust.
5. Pre-test with pilot audiences

Always pre-test and re-test message concepts and materials with sample groups of the intended audience, to obtain feedback about their clarity and effectiveness. During these testing sessions, encourage active discussion among the participants to draw out their reactions to the intended messages and materials. Devote special attention to pictures and non-verbal materials that might be misunderstood, or that may convey an idea different from what was intended. For mass media campaigns, which often generate the greatest controversy, solicit the feedback of media professionals and political gatekeepers. Take note of both positive and negative feedback.

6. Revise as needed

Revise any messages and materials that are not well understood or easily remembered, or that are irrelevant, controversial or offensive to the intended audience. Be prepared for unanticipated changes. Use the feedback from the test audiences to guide the revisions, then re-test the new messages and materials again, until the feedback is satisfactory.

7. Produce materials efficiently and promptly

Strive for the best quality when producing materials, within the limits of the resources. High-quality materials are more likely to catch the attention of intended users, hold their value, be reused many times and generate revenue than poorer-quality counterparts. Producing materials in large volumes is often more cost-effective than repeated production runs, so ensure that the estimates for materials are accurate. Finally, ensure that materials are available when needed. Late materials mean that a good opportunity to deliver the message was lost.

THE FOURTH STEP: IMPLEMENT THE PROGRAMME EFFICIENTLY

During the implementation phase, the fully developed social marketing programme is introduced to the target audience; promotion and distribution begin through all channels. Programme components are periodically reviewed and revised if necessary. Audience exposure and reaction are tracked to permit alterations if needed.
1. Introduce the programme

One effective tactic to gain instant visibility for the programme is to use mass media to introduce it to society. This requires preparation, and may involve the steps that follow:

- Prepare a directory of media contacts and outlets.
- Inform all organizations that should be involved, particularly if they are gatekeepers to important institutional or community channels.
- Ensure that the programme staff is ready to respond to inquiries.
- Have materials in sufficient quantities for distribution.
- Convene a media event, such as a press conference, to launch the programme.

2. Track progress

In reality, implementation may take longer than anticipated. Problems and issues may arise, which, if not immediately addressed, can lead to further delays. This is why a monitoring system is vital to track progress, and identify potential flaws and oversights before they become major obstacles to success. The monitoring system should contain mechanisms to track:

- completeness and timeliness of work performed;
- expenditures;
- participation, inquiries and other responses;
- effectiveness and quality of response systems; and
- intermediate indicators of audience awareness, knowledge and actions.

3. Consider working with others

On many occasions, it may be necessary to work with other individuals, organizations and groups to extend the programme’s reach and credibility. For example, many National Tobacco Control Programmes join forces with national cancer societies and associations of health professionals. Partnerships can be crucial when the partners control access to target audiences. Potential partners can enhance the programme’s credibility, contribute additional resources and expertise and promote co-sponsorship of events. On the other hand, establishing partnerships requires time, flexibility and the willingness to turn over some of the “ownership” and control over the programme. Weigh the benefits and the drawbacks carefully when contemplating partnerships.

4. Review and revise programme components as needed

Periodic assessments and progress reports are necessary to determine whether: activities are on track and on time; target audiences are being reached; particular strategies
are more effective than others; portions of the programme need to be modified or eliminated; and expenditures are cost-effective.

Monitoring feedback to the programme and responding with the necessary revisions are essential to the success of a social marketing campaign. Monitoring should lead to specific improvements, such as rescheduling broadcasting at more popular hours, locating billboards in more visible areas, re-drafting specific messages or shifting internal workloads and responsibilities. Alert and train staff members to identify potential problems early, and to respond with the needed revisions quickly.

THE FIFTH STEP: ASSESS EFFECTIVENESS

Evaluating the effectiveness of a tobacco control social marketing and communications campaign is essential to demonstrate whether objectives have been met, knowledge, attitudes and behaviours have been changed to favour a healthier lifestyle and policies have been influenced to support tobacco control. Campaigns that are not evaluated are a waste of time and resources, because they cannot guide future development. The evaluation process, by identifying the effectiveness of different campaign activities on target audiences, can support advocacy initiatives, stimulate programme improvements and guide funding allocations.

1. Early planning

Plan impact evaluation at the beginning of a campaign or project, not at its end. Design it as carefully as the campaign itself. To demonstrate change, you will need to compare data before and after the interventions are made. This requires the collection of baseline data about the specific parameters you intend to change in the target audience, before implementation of any intervention. In some cases, a comparison group that did not receive the interventions should be identified. Design the tools for evaluation. In many cases, surveys will be required; hence design the survey questionnaire to include all relevant questions. Budget for both internal and external evaluations at a level proportionate to the available resources.

2. Use multiple evaluation methods

Explore different ways to collect and analyse data for individuals, families, communities, service sites or regions. Use both quantitative and qualitative methods, as appropriate, and the corresponding statistical tools to determine if change occurred and if it can be attributed to the communications interventions. Even with minimal resources, some form of evaluation is possible. The following table illustrates evaluation options based on available resources.
Table 5. Evaluation options based on available resources

<table>
<thead>
<tr>
<th>Type of evaluation</th>
<th>Minimal resources</th>
<th>Modest resources</th>
<th>Substantial resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formative</td>
<td>Readability of materials</td>
<td>Intercept interviews</td>
<td>Focus groups, Individual In-depth interviews</td>
</tr>
<tr>
<td>Process</td>
<td>Record-keeping (e.g. monitoring activity timetables)</td>
<td>Programme checklist (e.g. review of adherence to programme plans)</td>
<td>Management audit (e.g. external management review of activities)</td>
</tr>
<tr>
<td>Outcome</td>
<td>Activity assessments (e.g. number of print ads on smoke-free restaurants published in newspapers)</td>
<td>Monitoring of progress in attaining objectives (e.g. calculation of percentage of public aware of ads)</td>
<td>Assessment of target audience for changes in knowledge and attitudes (e.g. pre- and post-test of change in audience knowledge and attitudes)</td>
</tr>
<tr>
<td>Impact</td>
<td>Print media review (e.g. monitoring of content of news articles on tobacco-free restaurants appearing in newspapers)</td>
<td>Public surveys (e.g. telephone surveys of self-reported behaviour – smokers reporting not smoking inside restaurants)</td>
<td>Studies of behaviour change (e.g. measurement of cotinine in air samples inside restaurants, and in breath samples of waiters in restaurants)</td>
</tr>
</tbody>
</table>

Source: NCI, 1995 (5)

3. Determine cost effectiveness

Identify the costs of the campaign and measure these against the impact achieved. Study which interventions and which media result in the greatest cost-effectiveness.

4. Disseminate evaluation results

Share the results of the evaluation process with all the appropriate audiences. Use press conferences, reports, publications, meetings, Internet, e-mail and mass media to publicize successful campaigns, tailoring the reporting format to the intended audience. For example, potential donors may be interested in a report, while media professionals would prefer a one-page press release.

MEASURING CHANGE

A communications project or campaign can change knowledge, attitudes or practices. This brief lists identifies a number of measurable variables to consider when evaluating the impact of communications.
Knowledge

- Recall of specific messages.
- Understanding of what messages seek to convey.
- Recognition of products, methods, practices or sources of services or supplies that are being promoted (e.g. what number to call for the Quit Smoking line and where to obtain nicotine replacement products).

Approval

- Favourable response to a message (e.g. when surveyed, respondents react favourably to establishing smoke-free areas, after a communications campaign on second-hand smoke).
- Discussion of messages or issues with personal networks (e.g. a waitress discusses the issue of work-related second-hand smoke exposure with her co-workers after viewing a communications campaign on second-hand smoke in the workplace).
- Belief that family and friends approve of an issue.
- Approval of a practice (e.g. respondents report that they support a ban on smoking in restaurants and bars after a communications campaign on second-hand smoke).

Intention

- Recognition that specified health practices address a personal need (e.g. after viewing a commercial on the importance of smoking cessation, a long-time smoker recognizes that he or she needs to quit).
- Intention to consult a provider.
- Intention to adopt the practice at some point.

Practice

- Consultation of a provider for help or obtaining more information (e.g. increased visits to doctors for help with cessation).
- Choice of a method or practice and initiation of a health practice (e.g. the life-time smoker who desires to stop chooses nicotine replacement therapy to help him or her quit smoking).
- Continuation of a health practice (e.g. non-smoking mothers remain tobacco free).
Advocacy

- Acknowledgement of the benefits of a health practice (e.g. the life-long smoker above who has successfully quit smoking admits that he or she feels more energetic and coughs less now that he or she has stopped using tobacco).
- Advocacy of the health practice to others (e.g. the woman or man in the example above tries to convince his or her smoker-friends to quit too).
- Support for programmes in the community (e.g. the woman or man joins a support group for smokers attempting to quit).

FINALLY, PLAN FOR CONTINUITY

Communication is an ongoing process. Achieving significant and sustained changes in attitudes, behaviours and community norms requires time, effort and persistence. The communications process is also cyclical—it builds on experience and adjusts to changing conditions and needs. The evaluation process is key to identifying the strengths and weaknesses of a particular communications campaign. Use this process to find out what moves audiences to change, then build on proven strengths while correcting weak areas.

As the campaign proceeds, conduct periodic assessments to determine if policies, programmes and other conditions are changing from baseline as a result of the interventions being implemented. Redefine objectives and adapt the strategies to meet new and evolving needs. Expand successful projects to cover wider geographical areas and new audiences. Build on early successes to maintain the momentum.

Early on, identify and mobilize resources for continuity. Ensure that existing resources will continue, or search for additional and new resources. Outside of government budgets, other potential sources of additional funding include the private sector, bilateral or multilateral donors, philanthropic institutions or commercial sources. However, be aware of tobacco industry efforts to funnel money and assistance to tobacco control activities, including communications campaigns and projects. Refuse all offers of funding and assistance from the tobacco industry because they represent a serious conflict of interest with the ultimate goal of reducing tobacco consumption.

Promote linkages among related services and organizations to improve access. For example, counselling to quit smoking could be integrated into prenatal visits. The national lung association could echo the message for smoke-free public places. By getting messages across at these opportune moments, and through these partner groups, vulnerable populations can be reached more effectively. These linkages also stretch the value of resources considerably.

Finally, support the establishment of coalitions for tobacco control. Train and support staff for communications and advocacy, and work towards attaining a critical mass of skilled communications professionals who can carry the work into the future.
CAMPAIGNING FOR TOBACCO CONTROL

Tobacco control campaigns are among the most challenging in public health. Governments are often ambivalent about tobacco control, particularly when they derive significant revenues from tobacco or when they own or control the domestic tobacco industry. In addition, the tobacco industry is a formidable opponent of tobacco control. They have, and continue to use, their considerable resources, networks and political influence to counter tobacco control efforts. When developing a communications strategy for a tobacco control campaign, a clear vision of what needs to be done to accomplish campaign objectives is critical.

What are we campaigning for?

The tobacco control measures contained in the WHO FCTC should be reflected in the national plan of action for tobacco control. Tobacco control campaigns should work towards mobilizing support for these interventions that have been proven to reduce tobacco consumption, prevent tobacco use among non-tobacco users and reduce the exposure of non-smokers to second-hand smoke.

Where should we campaign?

Many of the measures outlined in the WHO FCTC, ideally reflected in a national plan of action for tobacco control, need government legislation, necessitating a national campaign to garner popular support. In large countries, the regional or provincial government units may be of greater importance in the short term. This level may be the most appropriate to launch or begin a campaign. In contrast, community advocates and NGOs may need to start by building up grassroots support, working with communities, local governments and businesses. The scope or coverage of the campaign will vary depending on the nature of the tobacco control measure being supported.

Whom should we seek to influence?

In general, the National Tobacco Control Programme (NTCP) seeks to influence governments, decision-makers and key policy-makers. These actors are, in turn, influenced by public opinion. Public opinion is determined by public education and information. Public education consists of programmes aimed at specific target groups, such as school children or women. Public information acts chiefly through the news media. It aims to provide a steady flow of accurate information about tobacco, both for the general public and for target groups such as politicians. To be effective, pub-
lic information must keep tobacco issues continuously at the forefront of both the selected and general audiences.

**How should opinion leaders be approached?**

- To begin, make a list of all the key individuals and organizations that are important stakeholders in tobacco control. Keep this reference database and update as needed.
- Identify how, when and through whom these stakeholders could best be contacted.
- Use professional and personal connections and networks as much as possible.
- Look for events that would allow you to meet and make presentations to these important opinion leaders.
- Use mailing lists – both regular and electronic – to reach them.
- If you have no other way to connect with these stakeholders, arrange for a formal meeting and try to establish a rapport.

**Box 7. Approaching politicians**

Politicians have the power to decide on tobacco control policies and legislation. Often the best approach is to meet them personally to present the concerns. These meetings tend to be brief, so keep the talking points direct, brief and focused. Identify those actors who can influence politicians and work on them as well. Because politicians are sensitive to public opinion and public pressure, frame the issue to reflect a popular perspective or cause. For example, the need for a policy on smoke-free public places can be framed as a means to protect the health of children, who are vulnerable to the ill effects of tobacco smoke. Politicians are more readily persuaded to support an issue if they perceive it to have popular support. Using letter writing or e-mail campaigns can be effective when you need to attract their attention on a particular tobacco control issue.
References


3. Designing and implementing an effective tobacco counter-marketing campaign. Atlanta, United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, First ed., October 2003.
